Definitions and questions

INTERVIEW #

INTERVIEWER

FIRST DAY OF PRIMARY PERIOD

TIME AT BEGINNING OF INTERVIEW

TIME AT END OF INTERVIEW

Codes

CAA3X01
PVIEWER

CAP0X01
PINTLOC

CAQ1D01
Young Adult Psychiatric Assessment

Definitions and questions

QUALITY OF INTERVIEW

Code your subjective impression as to the quality of the information collected during the interview. The subject may have refused to provide adequate descriptions of symptoms or been deliberately misleading on occasion.

0 = Adequate

2 = The interview is inadequate, in relation to the specified area, only in certain parts of the interview. Note the section where data is probably inadequate.

3 = The whole interview is inadequate.

Codes

CQA9X01  CQA9X02  CQA9X03  CQA9X04  CQA9X05  CQA9X06  CQA9X07  CQA9X08

Quality of interview
Adequacy of Interview
Misleading Answers or Lies
Did Not Answer Many Questions Verbally
Guarded Informant
Refused to Continue
Impaired Consciousness
Intoxicated with Alcohol or Drugs
Unsuitable Interview Environment

Interviewer Comments
______________________________________________________________
______________________________________________________________
______________________________________________________________
### Definitions and questions

#### SUBJECT

<table>
<thead>
<tr>
<th>GENDER</th>
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<tbody>
<tr>
<td>M = Male</td>
</tr>
<tr>
<td>F = Female</td>
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<table>
<thead>
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<th>DATE OF BIRTH</th>
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<table>
<thead>
<tr>
<th>ETHNIC ORIGIN</th>
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</thead>
<tbody>
<tr>
<td>1 = African American</td>
</tr>
<tr>
<td>2 = American Indian or Alaskan Native</td>
</tr>
<tr>
<td>3 = Asian or Pacific Islander</td>
</tr>
<tr>
<td>4 = Hispanic</td>
</tr>
<tr>
<td>5 = Other</td>
</tr>
<tr>
<td>6 = White (European or Middle Eastern)</td>
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<table>
<thead>
<tr>
<th>BIRTH WEIGHT (pounds/ounces)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>GESTATIONAL AGE (Weeks)</th>
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<table>
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<table>
<thead>
<tr>
<th>LANGUAGE SPOKEN AT HOME</th>
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<tbody>
<tr>
<td>1 = English</td>
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<tr>
<td>2 = Spanish</td>
</tr>
<tr>
<td>3 = Other</td>
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<table>
<thead>
<tr>
<th>AGE AT ADOPTION (Years and Months)</th>
</tr>
</thead>
<tbody>
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</table>
## Definitions and questions

### Parental Figures

#### Biological Parents Marital Status
1. Married
2. Widowed
3. Separated
4. Divorced
5. Cohabited >6 months
6. Cohabited <6 months
7. Never cohabited

#### Years Biological Parents Lived Together

### Parent #1: Name___________________________

1. Biological parent
2. Adoptive parent
3. Step parent
4. Live-in partner of one parent (>6 months)
5. Live-in partner of one parent (<6 months)
6. Grandparent
7. Other relative
8. Foster parent
9. Unrelated adult serving as parent
10. Deceased biological parent
11. Deceased non-biological parent

#### Gender

M = Male
F = Female

#### Age

#### Education
1. 0-8 years completed
2. Some high school
3. GED or high school equivalency
4. High school degree
5. Post high-school training (vocational, technical, job training)
6. Some college (0-2 years)
7. 2 year associate degree
8. Some college (2-4 years)
9. 4 year college degree
10. Some graduate or professional school training
11. Completed graduate or professional degree

---

### Codes

- CAB2X01
- CAB3F01
- CAB5X01
- CAB5X02
- CAB5X03
- CSA0X01
## Parental Employment and Occupation

### Parent #1

**Current Employment Status**  
1 = Employed full-time  
2 = Employed full-time and part-time  
3 = Employed part-time (1 or more jobs)  
4 = Not employed outside of the home  
5 = Student  
6 = Retired  
7 = Disabled  
8 = Unemployed  

**Type of Employment (Current or most recent)**  
1 = Employee of private business  
2 = Government employee  
3 = Self-employed  
4 = Working without pay  

**Occupation (Current or most recent)**  
Enter code from Census Index of Occupations

**Industry (Current or most recent)**  
Enter code from Census Index of Occupations

**Date Last Employed**  
Code if not employed at the time of the interview

<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
<tr>
<td>CSA1X01</td>
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<tr>
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</tr>
<tr>
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<tr>
<td>CSA1X04</td>
</tr>
<tr>
<td>CSA2001</td>
</tr>
</tbody>
</table>
**Definitions and questions**

### PARENTAL FIGURES

**PARENT #2: Name___________________________**

1= Biological parent  
2= Adoptive parent  
3= Step parent  
4= Live-in partner of one parent (>6 months)  
5= Live-in partner of one parent (<6 months)  
6= Grandparent  
7= Other relative  
10= Foster parent  
11= Unrelated adult serving as parent  
12= Deceased biological parent  
13= Deceased non-biological parent

**Gender**

M= Male  
F= Female

**AGE**

**EDUCATION**

1= 0-8 years completed  
2= Some high school  
3= GED or high school equivalency  
4= High school degree  
5= Post high-school training (vocational, technical, job training)  
6= Some college (0-2 years)  
7= 2 year associate degree  
8= Some college (2-4 years)  
9= 4 year college degree  
10= Some graduate or professional school training  
11= Completed graduate or professional degree
Parental Employment and Occupation

Parent #2

Current Employment Status
1= Employed full-time
2= Employed full-time and part-time
3= Employed part-time (1 or more jobs)
4= Not employed outside of the home
5= Student
6= Retired
7= Disabled
8= Unemployed

Type of Employment (Current or most recent)
1= Employee of private business
2= Government employee
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Occupation (Current or most recent)
Enter code from Census Index of Occupations

Industry (Current or most recent)
Enter code from Census Index of Occupations

Date Last Employed
Code if not employed at the time of the interview
OTHER PARENT #1: Name ______________________
1= Biological parent
2= Adoptive parent
3= Step parent
4= Live-in partner of one parent (> 6 months)
5= Live-in partner of one parent (< 6 months)
6= Grandparent
7= Other relative
10= Foster parent
11= Unrelated adult serving as parent
12= Deceased biological parent
13= Deceased non-biological parent

Gender
M= Male
F= Female

AGE

EDUCATION
1= 0-8 years completed
2= Some high school
3= GED or high school equivalency
4= High school degree
5= Post high-school training (vocational, technical, job training)
6= Some college (0-2 years)
7= 2 year associate degree
8= Some college (2-4 years)
9= 4 year college degree
10= Some graduate or professional school training
11= Completed graduate or professional degree
### Parental Employment and Occupation

**Other Parent #1**

**Current Employment Status**
1 = Employed full-time  
2 = Employed full-time and part-time  
3 = Employed part-time (1 or more jobs)  
4 = Not employed outside of the home  
5 = Student  
6 = Retired  
7 = Disabled  
8 = Unemployed

**Type of Employment (Current or most recent)**
1 = Employee of private business  
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3 = Self-employed  
4 = Working without pay

**Occupation (Current or most recent)**
Enter code from Census Index of Occupations

**Industry (Current or most recent)**
Enter code from Census Index of Occupations

**Date Last Employed**
Code if not employed at the time of the interview
### PARENTAL FIGURES

**OTHER PARENT #2: Name __________________________**

1. Biological parent
2. Adoptive parent
3. Step parent
4. Live-in partner of one parent (> 6 months)
5. Live-in partner of one parent (< 6 months)
6. Grandparent
7. Other relative
8. Foster parent
9. Unrelated adult serving as parent
10. Deceased biological parent
11. Deceased non-biological parent

**Gender**

- M = Male
- F = Female

**AGE**

**EDUCATION**

1. 0-8 years completed
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6. Some college (0-2 years)
7. 2 year associate degree
8. Some college (2-4 years)
9. 4 year college degree
10. Some graduate or professional school training
11. Completed graduate or professional degree
Parental Employment and Occupation

Other Parent #2

Current Employment Status
1 = Employed full-time
2 = Employed full-time and part-time
3 = Employed part-time (1 or more jobs)
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6 = Retired
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Occupation (Current or most recent)
Enter code from Census Index of Occupations

Industry (Current or most recent)
Enter code from Census Index of Occupations

Date Last Employed
Code if not employed at the time of the interview
SIBLINGS

**Siblings**
1= Full Sib
2= Half Sib
3= Step Sib
4= Adopted Sib
5= Unrelated Child
6= Other related child (e.g. cousin, aunt)
7= Biological parent living in the home but non-functional in the parental role

**Sex of Sibling**
M= Male
F= Female

**Age**

**Sibling Living In the Home**
0= Live at home at least 1 month
2= Live away from home

---

1. ______________________
2. ______________________
3. ______________________

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<tr>
<td>CAA6X11</td>
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<td>CAA6X12</td>
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</table>
### SIBLINGS

**Siblings**
1. Full Sib
2. Half Sib
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4. Adopted Sib
5. Unrelated Child
6. Other related child (e.g. cousin, aunt)
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<table>
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<td>CAA6X24</td>
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</table>
### Definitions and questions

#### SIBLINGS

**Siblings**
1= Full Sib  
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M= Male  
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**Sibling Living In the Home**
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<tr>
<td>CAA6X36</td>
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</table>
Definitions and questions

MULTIPLE BIRTH

IDENTICAL/ NON-IDENTICAL
1 = Identical
2 = Non-identical (fraternal)
3 = Other multiple

BIRTH ORDER IN MULTIPLE BIRTH
1 = First born
2 = Second born
3 = Third born

Codes

CAA7X01
Twin

CAA7X02
Triplet

CAA7X04
Other Multiple

CAA7X03
Birth Order
# OTHERS IN HOUSE

**Status**
1= Biological parent  
2= Adoptive parent  
3= Step parent  
4= Live-in partner of one parent (> 6 months)  
5= Live-in partner of one parent (< 6 months)  
6= Grandparent  
7= Other relative  
8= Paying boarder  
9= Other  
10= Foster Parent

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<td>Live-in</td>
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<tr>
<td>Grandparent</td>
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<tr>
<td>Other relative</td>
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<td>Foster Parent</td>
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<td></td>
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List respondent first:

1. ____________________________  
2. ____________________________  
3. ____________________________  
4. ____________________________  
5. ____________________________  
6. ____________________________  
7. ____________________________  
8. ____________________________  
9. ____________________________  
10. ____________________________
**FAMILY SECTION**

**LIVING SITUATION**

Choose the subject's current primary living situation as "Home" for the YAPA if the subject has lived there at least one month of the primary period.

If subject is in college/military/treatment facility/jail, etc. and is being interviewed during a weekend visit to "home", use the setting resided in currently unless subject has been in "home" setting for one month of the last 3 months.

If subject has been incarcerated or in treatment setting for the last 3 months, obtain a secondary period "home" location to use for questioning about "home" items throughout the YAPA.

Now I would like to ask you about your living situation in the past 3 months.

Where do you live?

How many weeks out of the last three months have you lived there?

Have you lived anywhere else during the last three months?

If subject has not lived in same place all 12 weeks of last 3 months, ask...
Where else have you lived?
How long did you live there?

How many people live in your home with you?

Who are they?

Is there anybody else?

What is X's relation to you? (note for each other person in home)

Where do you go on vacation or school breaks?

Would you say that you live in the city, town, small town, country, or other?

### LIVING SITUATION IDENTIFIED

<table>
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<th>Ever:CAA8X39</th>
<th>CAA8X40</th>
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<tbody>
<tr>
<td>Intensity</td>
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</table>

### LIVING SITUATION USED FOR PRIMARY PERIOD

<table>
<thead>
<tr>
<th>0 = Absent</th>
<th>2 = Present</th>
</tr>
</thead>
</table>

| 1 = "Parental" home | 2 = College-dormitory |
| 3 = College-apartment | 4 = College-fraternity or sorority house |
| 5 = Boarding school | 6 = Time spent away from home and parental figures while attending special program or camp, traveling, vacationing, visiting relatives or friends |
| 7 = Living independently (e.g. by self, with spouse, friends, other housemates) | 8 = Staying with friends or non-parental relatives |
| 9 = No permanent residence (e.g. moving around from place to place, living in streets, staying at shelters) | 10 = In treatment facility(ies) |
| 11 = In custodial institution (e.g. detention center, jail, prison) | 12 = Living with parents of spouse/significant other, who do not take parental role |
| 14 = Military-barracks | 15 = Military-apt. or house |
| 16 = Military-other | 17 = Other=___________________ |

### OTHER LIVING SITUATION IN PP

| 1 = "Parental" home | 2 = College-dormitory |
| 3 = College-apartment | 4 = College-fraternity or sorority house |

### Codes

<table>
<thead>
<tr>
<th>Ever:CAA8X39</th>
<th>CAA8X40</th>
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<tr>
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### Frequency

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<tr>
<th>CAA8X41</th>
<th>CAA8X42</th>
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For Review Only

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### Definitions and questions

#### Coding rules

5 = Boarding school  
6 = Time spent away from home and parental figures while attending special program or camp, traveling, vacationing, visiting relatives or friends  
7 = Living independently (e.g. by self, with spouse, friends, other housemates)  
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12 = Living with parents of spouse/significant other, who do not take parental role  
14 = Military-barracks  
15 = Military-apt. or house  
16 = Military other  
17 = Other=___________________

#### # OF WEEKS 2

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#### # PEOPLE IN HOME

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#### OTHERS IN HOUSE

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>CAA8X02</td>
<td>1 = Biological Parent(s)</td>
</tr>
<tr>
<td>CAA8X03</td>
<td>2 = Adoptive Parent(s)</td>
</tr>
<tr>
<td>CAA8X04</td>
<td>3 = Step Parent</td>
</tr>
<tr>
<td>CAA8X05</td>
<td>4 = Live-in partner of one parent (&gt;=6 months)</td>
</tr>
<tr>
<td>CAA8X06</td>
<td>5 = Live-in partner of one parent (</td>
</tr>
<tr>
<td>CAA8X07</td>
<td>6 = Grandparent(s)</td>
</tr>
<tr>
<td>CAA8X08</td>
<td>7 = Other relative(s)</td>
</tr>
<tr>
<td>CAA8X09</td>
<td>8 = Paying boarder(s)</td>
</tr>
<tr>
<td>CAA8X10</td>
<td>9 = Other(s)</td>
</tr>
<tr>
<td>CAA8X11</td>
<td>10 = Foster Parent(s)</td>
</tr>
<tr>
<td>CAA8X12</td>
<td>11 = Live-in Partner or Spouse of Subject</td>
</tr>
<tr>
<td>CAA8X13</td>
<td>12 = Subject's biological child(ren)</td>
</tr>
<tr>
<td>CAA8X14</td>
<td>13 = Subject's legally adopted child(ren)</td>
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Definitions and questions

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<th>Code</th>
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<tbody>
<tr>
<td>14</td>
<td>Child(ren) of spouse/significant other, not subject's own</td>
</tr>
<tr>
<td>15</td>
<td>Male roommate(s)</td>
</tr>
<tr>
<td>16</td>
<td>Female roommate(s)</td>
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<tr>
<td>17</td>
<td>Full sibling(s)-male</td>
</tr>
<tr>
<td>18</td>
<td>Half sibling(s)-male</td>
</tr>
<tr>
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<td>Step sibling(s)-male</td>
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<td>Half sibling(s)-female</td>
</tr>
<tr>
<td>22</td>
<td>Step sibling(s)-female</td>
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<tr>
<td>23</td>
<td>Relatives of spouse/significant other/roommate</td>
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VACATIONS

<table>
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<tr>
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<tbody>
<tr>
<td>1</td>
<td>&quot;Parental&quot; home</td>
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<tr>
<td>2</td>
<td>&quot;Parental&quot; home of spouse/significant other</td>
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<tr>
<td>4</td>
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<td>5</td>
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<td>6</td>
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GEOGRAPHIC SIZE

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CHILDREN OF SUBJECT

Do you have any children?

SUBJECT HAS CHILD(REN)

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</table>

If subject has no biological children, skip to next item.
If subject has no biological children, skip to "citizenship", (Page 12).
Definitions and questions

SUBJECT’S CHILDREN 1
If subject has children, ask...

How many children do you have?

Now I will need to get some basic information about each of your children.

What is your oldest child’s full name?

Is _________ a boy or a girl?

How old is s/he?

What is her/his date of birth?

What is her/his race or ethnic origin?

Is s/he white or caucasian?

Or Native American?

Or Black, African American?

Asian or Pacific Islander?

Some other race I have not mentioned?

Has s/he lived apart from you any time for more than a month?

How long altogether in his/her life has _____ lived apart from you (in months)?

Is s/he living with you now?

Coding rules

BIOLOGICAL CHILD 1
0 = No
2 = Yes

SEX OF CHILD 1
0 = Boy
2 = Girl

AGE

RACE/ETHNIC ORIGIN OF CHILD
1 = Spanish, Hispanic, or Latino
2 = American Indian or Alaskan Native
3 = Asian
4 = African American or Black African
5 = White (European, English, etc.)
6 = Native Hawaiian or Pacific Islander
7 = Some other race

LIVED APART
0 = No
2 = Yes

MONTHS

LIVING WITH SUBJECT
0 = Yes
2 = No
**SUBJECT'S CHILDREN 2**
If subject has children, ask...

*Tell me about your next oldest child.*

**Is _________ a boy or a girl?**

**What is his/her name?**

**How old is s/he?**

**What is her/his date of birth?**

**What is her/his race or ethnic origin?**

*Is s/he of Hispanic or Latin descent?*  
*Or of American Indian heritage?*

**Has s/he lived apart from you any time for more than a month?**

**How long altogether in his/her life has _____ lived apart from you (in months)?**

**Is s/he living with you now?**

---

**BIOLOGICAL CHILD 2**

**SEX OF CHILD 2**

0 = Boy  
2 = Girl

**AGE 2**

**RACE/ETHNIC ORIGIN OF CHILD**

1 = Spanish, Hispanic, or Latino  
2 = American Indian or Alaskan Native  
3 = Asian  
4 = African American or Black African  
5 = White (European, English, etc.)  
6 = Native Hawaiian or Pacific Islander  
7 = Some other race

**LIVED APART**

0 = No  
2 = Yes

**MONTHS**

**LIVING WITH SUBJECT**

0 = Yes  
2 = No
Definitions and questions

SUBJECT'S CHILDREN 3
If subject has children, ask...

Tell me about your next child.
Is _________ a boy or a girl?
What is his/her full name?
How old is s/he?
What is her/his date of birth?
What is her/his race or ethnic origin?
Is s/he of Hispanic or Latin descent?
Or of American Indian heritage?
Has s/he lived apart from you any time for more than a month?
How long altogether in his/her life has _____ lived apart from you (in months)?
Is s/he living with you now?

BIOLOGICAL CHILD 3
0 = No
2 = Yes

SEX OF CHILD 3
0 = Boy
2 = Girl

RACE/ETHNIC ORIGIN OF CHILD
1 = Spanish, Hispanic, or Latino
2 = American Indian or Alaskan Native
3 = Asian
4 = African American or Black African
5 = White (European, English, etc.)
6 = Native Hawaiian or Pacific Islander
7 = Some other race

LIVED APART
0 = No
2 = Yes

MONTHS

LIVING WITH SUBJECT
0 = Yes
2 = No

For Review Only
**SUBJECT’S CHILDREN 4**

If subject has children, ask...

*Tell me about your next child.*

Is ________ a boy or a girl?

What is his/her full name?

How old is s/he?

What is her/his date of birth?

What is her/his race or ethnic origin?

Is s/he of Hispanic or Latin descent?

Or of American Indian heritage?

Has s/he lived apart from you any time for more than a month?

How long altogether in his/her life has _____ lived apart from you (in months)?

Is s/he living with you now?

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</table>
Definitions and questions

SUBJECT'S CHILDREN 5
If subject has children, ask...

Tell me about your next child.
Is ________ a boy or a girl?
What is his/her full name?
How old is s/he?
What is her/his date of birth?
What is her/his race or ethnic origin?
Is s/he of Hispanic or Latin descent?
Or of American Indian heritage?
Has s/he lived apart from you any time for more than a month?
How long altogether in his/her life has _____ lived apart from you (in months)?
Is s/he living with you now?

Coding rules

BIOLOGICAL CHILD 5
0 = No
2 = Yes

SEX OF CHILD
0 = Boy
2 = Girl

AGE

RACE/ETHNIC ORIGIN OF CHILD
1 = Spanish, Hispanic, or Latino
2 = American Indian or Alaskan Native
3 = Asian
4 = African American or Black African
5 = White (European, English, etc.)
6 = Native Hawaiian or Pacific Islander
7 = Some other race

LIVED APART
0 = No
2 = Yes

MONTHS

LIVING WITH SUBJECT
0 = Yes
2 = No

For Review Only

For Review Only
Definitions and questions

SUBJECT'S CHILDREN 6
If subject has children, ask...

Tell me about your next child.
Is _________ a boy or a girl?
What is his/her full name?
How old is s/he?
What is her/his date of birth?
What is her/his race or ethnic origin?
Is s/he of Hispanic or Latin descent? Or of American Indian heritage?
Has s/he lived apart from you any time for more than a month?
How long altogether in his/her life has _____ lived apart from you (in months)?
Is s/he living with you now?

BIOLOGICAL CHILD 6
0 = No
2 = Yes

SEX OF CHILD
0 = Boy
2 = Girl

AGE

RACE/ETHNIC ORIGIN OF CHILD
1 = Spanish, Hispanic, or Latino
2 = American Indian or Alaskan Native
3 = Asian
4 = African American or Black African
5 = White (European, English, etc.)
6 = Native Hawaiian or Pacific Islander
7 = Some other race

LIVED APART
0 = No
2 = Yes

MONTHS

LIVING WITH SUBJECT
0 = Yes
2 = No
**Definitions and questions**

**SUBJECT’S CHILDREN 7**
If subject has children, ask...

*Tell me about your next child.*

*Is ________ a boy or a girl?*

*What is his/her full name?*

*How old is s/he?*

*What is her/his date of birth?*

*What is her/his race or ethnic origin?*

*Is s/he of Hispanic or Latin descent? Or of American Indian heritage?*

*Has s/he lived apart from you any time for more than a month?*

*How long altogether in his/her life has ______ lived apart from you (in months)?*

*Is s/he living with you now?*

**Coding rules**

**BIOLOGICAL CHILD 7**

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**SEX OF CHILD**

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**AGE**

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**RACE/ETHNIC ORIGIN OF CHILD**

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<td>White (European, English, etc.)</td>
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**LIVED APART**

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**MONTHS**

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**LIVING WITH SUBJECT**

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</tr>
<tr>
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</table>
CITIZENSHIP


Where were you born?

Do you have U.S. citizenship?
Are you a naturalized citizen?

If subject's race is Hispanic, specify further.
If subject's race is Asian, specify further.
If subject's race of Islander origin, specify further.
ETHNIC ORIGIN/RACE

Now I would like to ask you about your race, is that alright?

What race do you consider yourself? (subject can identify more than one race)

Are you Spanish, Hispanic, or Latino?
Are you American Indian or Alaskan Native?
Are you Asian?
Are you African American or Black African?
Are you White (European, English, Irish)?
Are you Native Hawaiian or Pacific Islander?
Do you consider yourself of some other race?

ANCESTRY

(For example: Italian, Jamaican, African American, Cambodian, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Scottish, Dutch, Irish, and so on.)

WRITE ANSWER IN DROP-DOWN BOX

What is the ancestry of your family?
I mean, where did your family come from?

LANGUAGE SPOKEN AT HOME

What language do you mainly speak at home?
**Definitions and questions**

**MARITAL STATUS OF SUBJECT**

*Are you married?*

*When did you get married (to current partner)?*

*Had you been married before?*  
*What was the date of your first marriage?*

*How many times have you been married?*

---

**SPouse/Live-IN Partner IN PP**

*(If not already known, ask) In the last 3 months, have you had a spouse or live-in partner?*

*Is your spouse/live-in partner male or female?*

*How old is s/he?*

---

**If Subject Has NEVER BEEN MARRIED, SKIP to EMPLOYMENT**  
**If Subject Has Spouse/Live-IN Partner Ask, Otherwise, Skip to "EMPLOYMENT AND OCCUPATION", (PAGE 16).**

---

**Coding rules**

**Codes**

**MARITAL STATUS OF SUBJECT**

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**DATE OF MARRIAGE TO CURRENT PARTNER**

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**DATE OF FIRST MARRIAGE**

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**NUMBER TIMES MARRIED**

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**SUBJECT HAS SPOUSE/LIVE-IN PARTNER**

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**GENDER OF SPOUSE/LIVE-IN PARTNER**

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**AGE OF SPOUSE/LIVE-IN PARTNER**

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ETHNIC ORIGIN/RACE OF SPOUSE/PARTNER
If subject is married or has a live-in partner, ask...

Is your spouse/partner Spanish, Hispanic, or Latino?
What race is s/he?
You can choose more than one race.
Is s/he American Indian or Alaskan Native?
Or Asian?
African-American or Black African?
White, that is, of European, Middle Eastern, or North African origin?
Native Hawaiian or other Pacific Islander?
Some other race that I haven't mentioned?

Codes

SUBJECT MARRIED OR HAS LIVE-IN PARTNER
0 = No
2 = Yes

SPANISH, HISPANIC, OR LATINO: SPOUSE/PARTNER
0 = No
2 = Yes

AMERICAN INDIAN OR ALASKAN NATIVE
0 = No
2 = Yes

ASIAN
0 = No
2 = Yes

AFRICAN-AMERICAN/BLACK AFRICAN
0 = No
2 = Yes

WHITE
0 = No
2 = Yes

NATIVE HAWAIIAN OR PACIFIC ISLANDER
0 = No
2 = Yes

SOME OTHER RACE
0 = No
2 = Yes
EMPLOYMENT HISTORY
EMPLOYMENT AND OCCUPATION

Are you currently employed?

What do you do for a living?

Tell me about the kind of work that you do/used to do?
What are/were your most important activities or duties at work?
Where do/did you work?
What kind of business or industry is that?
Do you work for a temp (staffing) agency?
Was your job placement through workfare, vocational rehabilitation, or another program subsidized by the government?

(If not currently working) When was the last date that you worked?

CURRENT EMPLOYMENT STATUS
1 = Employed Full-time
2 = Employed Full-time and Part-time
3 = Employed Part-time (1 or more jobs)
4 = Not employed outside the home
5 = Student
6 = Retired
7 = Disabled
8 = Unemployed

TYPE OF EMPLOYMENT
1 = Employee of private business
2 = Government employee
3 = Self-employed
4 = Working without pay
5 = Employed through temporary staffing service
6 = Workfare or other jobs supplied by state placement or subsidy

OCCUPATION

INDUSTRY

IF NO SPOUSE OR PARTNER, THEN SKIP TO HOUSEHOLD WORK ITEMS
IF NO SPOUSE OR PARTNER, SKIP TO "HOUSEHOLD HOURS WORKED ", (PAGE 17).
SPOUSE/PARTNER EMPLOYMENT AND OCCUPATION

Is your spouse/partner currently employed?

What does s/he do for a living?

Tell me about the kind of work that s/he does/used to do. What are/were his/her most important activities or duties at work?

Where does/did s/he work?

What kind of business or industry is that?

Does s/he work for a temp (staffing) agency?

Was his/her job placement through workfare, vocational rehabilitation, or another program subsidized by the government?

(If not working in PP, ask) What was the last date s/he worked?

CURRENT EMPLOYMENT STATUS

1 = Employed Full-time
2 = Employed Full-time and Part-time
3 = Employed Part-time (1 or more jobs)
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TYPE OF EMPLOYMENT

1 = Employee of private business
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6 = Workfare or other jobs supplied by state placement or subsidy

OCCUPATION

INDUSTRY

HOUSEHOLD HOURS WORKED

Has anyone in your household worked in the last 3 months?

How many hours a week do you work overall?

How many hours a week does your spouse/partner work overall?
WORK HISTORY EVER
Include any paid employment (apart from work required in order to qualify for an allowance from parents). Include any type of work: "regular" job, weekend work, after school, or vacation job.

(If unknown) Have you ever had a job?

How many jobs have you had?
If you aren’t sure, think about it and give me your best guess.

How old were you when you got your first job?

Have you ever been dismissed or fired from a job?
Why was that?

Have you ever walked off a job, or quit, without giving notice?
How many times have you done that?

Have you ever quit a job without any other means of support?
How many times?

Have you ever quit your main job without having enough savings to live on?
How many times?

Have you ever been unemployed?
What is the longest period of time that you have been unemployed?
I MEAN, WHILE YOU WERE NOT A STUDENT.
I NEED TO KNOW THE LONGEST PERIOD OF TIME THAT YOU DID NOT WORK AT ALL, IN WEEKS.

WORK HISTORY LAST 3 MONTHS
Include any paid employment in past 3 months at any type of "work"...regular job, part-time job, weekend work, after-school or work-study job, or summer vacation job.

How many weeks have you worked in the last 3 months?
Have there been any weeks that you have not worked in the last 3 months?
SO, YOU HAVE WORKED HOW MANY WEEKS OF THE 12 WEEKS IN THE LAST 3 MONTHS?

HOW MANY HOURS DO YOU USUALLY WORK PER WEEK?

Is that true for all of the past 12 weeks?

Have you been late for work in the last 3 months?

HOW MANY TIMES?

Have you missed any workdays in the last 3 months?

Were any of those days when you were not sick or having some other emergency?

HOW MANY DAYS DID YOU MISS WHEN YOU DID NOT HAVE A VALID EXCUSE?

<table>
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Definitions and questions

FINANCIAL INFORMATION

FINANCIAL NEEDS

Now I would like to ask some questions about your finances, is that OK?

How well can you take care of your financial needs with the money you (and your family) have?

Would you say very well, fairly well, or poorly?

Do you have any trouble making your payments? Are your expenses so much that you can’t pay them at times? Or are your payments and bills not a problem for you? Do you have financial resources for emergencies?

I would like to find out a little about your financial arrangements.

Do you support yourself?

Or does someone else support you as their dependant? About what percent of the money coming into the household comes from your wages?

Do you pay rent, a mortgage payment, or a room fee?

Do you live in subsidized or public project housing?

Do you get rental assistance from HUD or any other public program?

Do you live in sheltered housing (for mentally or physically handicapped, e.g. monitored housing, halfway house, etc.)?

How is it paid for?

Do you get a coupon or voucher? Or do you have a rent reduction? Or do you pay nothing at all?

What is the monetary value of the housing assistance you get?

Do you know what you would have to pay without this assistance? How much would that be?

Coding rules

PERCEPTION OF FINANCIAL NEED

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
<td>Yes</td>
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COVERAGE

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<tbody>
<tr>
<td>0</td>
<td>Very Well.</td>
</tr>
<tr>
<td>1</td>
<td>Fairly Well.</td>
</tr>
<tr>
<td>2</td>
<td>Poorly</td>
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</table>

% OF INCOME TO HOUSEHOLD SUPPLIED BY SUBJECT'S WAGES

RENT/ROOM

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Subject pays rent (mortgage) or room fee, either for independent living situation or contributes to home/household in which s/he resides.</td>
</tr>
<tr>
<td>1</td>
<td>Subject contributes some $ toward rent/room</td>
</tr>
<tr>
<td>2</td>
<td>Subject does not contribute financially for rent/room</td>
</tr>
</tbody>
</table>

HOUSING

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Subsidized or project housing</td>
</tr>
<tr>
<td>3</td>
<td>Sheltered housing</td>
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</table>

HOUSING SUBSIDY FROM GOVT

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>No subsidy, project, or sheltered housing</td>
</tr>
<tr>
<td>1</td>
<td>Coupon</td>
</tr>
<tr>
<td>2</td>
<td>Voucher</td>
</tr>
<tr>
<td>3</td>
<td>Cash payment</td>
</tr>
<tr>
<td>4</td>
<td>Other _____________</td>
</tr>
<tr>
<td>5</td>
<td>Rent Reduction</td>
</tr>
<tr>
<td>6</td>
<td>Free housing</td>
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VALUE OF SUBSIDY

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Definitions and questions**

**SOURCES OF INCOME**
All sources of income coming into the household where the subject resides.

*Where does the money come from to take care of you and your family?*

- Fulltime work?
- Part-time work?
- Parents?
- Alimony?
- Child support?
- Unemployment?
- Disability payments?
- Any type of Social Security?
- Welfare or food stamps?
- Savings or investments?
- Scholarship?
- Other academic funding?
- Other?

**Coding rules**

**INCOME PRESENT**
0 = No
2 = Yes

**SOURCES OF INCOME**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Full-time work, subject</td>
</tr>
<tr>
<td>2</td>
<td>Full-time work, spouse/partner</td>
</tr>
<tr>
<td>3</td>
<td>Part-time work, subject</td>
</tr>
<tr>
<td>4</td>
<td>Part-time work, spouse/partner</td>
</tr>
<tr>
<td>5</td>
<td>Unemployment, subject</td>
</tr>
<tr>
<td>6</td>
<td>Unemployment, spouse/partner</td>
</tr>
<tr>
<td>7</td>
<td>Full-time work, Parent #1</td>
</tr>
<tr>
<td>8</td>
<td>Full-time work, Parent #2</td>
</tr>
<tr>
<td>9</td>
<td>Part-time work, Parent #1</td>
</tr>
<tr>
<td>10</td>
<td>Part-time work, Parent #2</td>
</tr>
<tr>
<td>11</td>
<td>Full-time work, Other</td>
</tr>
<tr>
<td>12</td>
<td>Part-time work, Other</td>
</tr>
<tr>
<td>13</td>
<td>Unemployment, Parent #1</td>
</tr>
<tr>
<td>14</td>
<td>Unemployment, Parent #2</td>
</tr>
<tr>
<td>15</td>
<td>Unemployment, Other</td>
</tr>
<tr>
<td>16</td>
<td>Alimony to Parental figure</td>
</tr>
<tr>
<td>17</td>
<td>Alimony to subject</td>
</tr>
<tr>
<td>18</td>
<td>Alimony to other</td>
</tr>
<tr>
<td>19</td>
<td>Child support to subject's child</td>
</tr>
<tr>
<td>20</td>
<td>Child support to other child</td>
</tr>
<tr>
<td>21</td>
<td>Social Security</td>
</tr>
<tr>
<td>22</td>
<td>SSI for subject's disability</td>
</tr>
<tr>
<td>23</td>
<td>SSI for other person</td>
</tr>
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<td>24</td>
<td>SSDI</td>
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<td>25</td>
<td>Other disability payment</td>
</tr>
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<td>26</td>
<td>Pension</td>
</tr>
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<td>27</td>
<td>Welfare</td>
</tr>
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<td>28</td>
<td>Food Stamps or WIC</td>
</tr>
<tr>
<td>29</td>
<td>Savings</td>
</tr>
<tr>
<td>30</td>
<td>Other legal</td>
</tr>
<tr>
<td>31</td>
<td>Scholarship-need based</td>
</tr>
<tr>
<td>Definitions and questions</td>
<td>Coding rules</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>32 = Scholarship-merit based</td>
</tr>
<tr>
<td></td>
<td>33 = Tuition grant through employer</td>
</tr>
<tr>
<td></td>
<td>34 = Other academic funding</td>
</tr>
<tr>
<td></td>
<td>35 = Illegal</td>
</tr>
<tr>
<td></td>
<td>36 = Other _______</td>
</tr>
<tr>
<td></td>
<td>37 = Per Capita</td>
</tr>
<tr>
<td></td>
<td>38 = Do not know</td>
</tr>
</tbody>
</table>
INCOME

Do you or does anyone in your household have income?

What was your personal income before taxes this year?

This includes salaries, wages, investments, social security, unemployment, disability, child support, welfare, and any other income you might have.

What was your total household income before taxes this year?

This includes all your income and all income from other people in your household.

Approximately what was your "family of origin"'s income before taxes this year?

I mean the "parental" family you most recently lived with, prior to going out on your own.

Coding rules:

<table>
<thead>
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<th>INCOME</th>
<th>Codes</th>
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<table>
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<tbody>
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<td>CSC2I01</td>
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<tr>
<td>1 = 0,001-5,000</td>
<td></td>
</tr>
<tr>
<td>2 = 5,001-10,000</td>
<td></td>
</tr>
<tr>
<td>3 = 10,001-15,000</td>
<td></td>
</tr>
<tr>
<td>4 = 15,001-20,000</td>
<td></td>
</tr>
<tr>
<td>5 = 20,001-25,000</td>
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</tr>
<tr>
<td>6 = 25,001-30,000</td>
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<tr>
<td>7 = 30,001-35,000</td>
<td></td>
</tr>
<tr>
<td>8 = 35,001-40,000</td>
<td></td>
</tr>
<tr>
<td>9 = 40,001-45,000</td>
<td></td>
</tr>
<tr>
<td>10 = 45,001-50,000</td>
<td></td>
</tr>
<tr>
<td>11 = 50,001-55,000</td>
<td></td>
</tr>
<tr>
<td>12 = 55,001-60,000</td>
<td></td>
</tr>
<tr>
<td>13 = 60,001+</td>
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INDEPENDENT HOUSEHOLD INCOME

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</table>

FAMILY OF ORIGIN INCOME

<table>
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<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC5I01</td>
</tr>
</tbody>
</table>
Definitions and questions

**DEBTS**

*Do you have any debts?*

Car payment?
Mortgage?
School loans?
Credit card?
Personal loans?
Other debts?

*How much do you owe altogether?*

**Coding rules**

1 = 0,001-5,000
2 = 5,001-10,000
3 = 10,001-15,000
4 = 15,001-20,000
5 = 20,001-25,000
6 = 25,001-30,000
7 = 30,001-35,000
8 = 35,001-40,000
9 = 40,001-45,000
10 = 45,001-50,000
11 = 50,001-55,000
12 = 55,001-60,000
13 = 60,001 +

**Codes**

**DEBTS**

0 = No
2 = Yes

**TYPES OF DEBT**

1 = Car payment
2 = Mortgage
3 = School loans
4 = Credit card
5 = Personal loans
6 = Other ___________
7 = Medical bills
8 = Taxes
9 = Illegal debts

**DEBT IN DOLLARS**
HEALTH CARE INFORMATION

INSURANCE COVERAGE

Now I would like to ask you about your health insurance information, is that OK?

Who is responsible for arranging for payment for your healthcare?

Are you responsible?
Are one or both of your parents responsible?
Is your spouse/partner responsible?
Or someone else?
Are you covered by a private health insurance plan?
Such as Blue Cross and Blue Shield?
Or a private health plan?
Such as an HMO or PPO?
What is the name of your insurance plan?

Who is the primary policyholder for the insurance you are covered by?

Is it in your name, through an employer or purchased on your own?
Or are you covered as a dependent on someone else’s policy?
Is it a cobra plan (you may have your own policy until age 25 through your parent’s employer)?

Are you covered by Medicare from Social Security?
Do you have Part A of Medicare that covers hospital bills?
Do you have Part B that covers doctor bills?

Are you currently covered by Medicaid?

Are you covered by Health Choice or Baby Love?
Or any other public program such as welfare of public assistance that pays for all or part of your medical care?

What is the name of the program that covers your medical care?

Does your insurance cover all, part, or none of hospital costs for general medical illnesses?

Does your insurance cover all, part, or none of hospital costs for mental illnesses/substance abuse?

Does your insurance cover all, part, or none of the

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions and questions</th>
</tr>
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<tbody>
<tr>
<td>0 = No</td>
<td>INSURANCE INFORMATION</td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>0 = No responsible party</td>
<td>RESPONSIBLE FOR ARRANGING PAYMENTS</td>
</tr>
<tr>
<td>1 = Parent</td>
<td></td>
</tr>
<tr>
<td>2 = Subject</td>
<td></td>
</tr>
<tr>
<td>3 = Other</td>
<td></td>
</tr>
<tr>
<td>0 = Private Plan (BC/BS, Aetna)</td>
<td>PRIVATE HEALTH INSURANCE</td>
</tr>
<tr>
<td>1 = Health Plan (HMO, PPO)</td>
<td></td>
</tr>
<tr>
<td>2 = Private Insurance but do not know name</td>
<td></td>
</tr>
<tr>
<td>4 = Not covered by private health insurance</td>
<td></td>
</tr>
<tr>
<td>0 = No private or job-related insurance</td>
<td>POLICY HOLDER</td>
</tr>
<tr>
<td>1 = Subject is primary policy holder</td>
<td></td>
</tr>
<tr>
<td>2 = Subject is dependent on policy of “parent”, spouse/partner, etc.</td>
<td></td>
</tr>
<tr>
<td>3 = Subject is covered by cobra</td>
<td></td>
</tr>
<tr>
<td>4 = Other ___________</td>
<td></td>
</tr>
<tr>
<td>0 = Part A and Part B</td>
<td>MEDICARE</td>
</tr>
<tr>
<td>1 = Part A only</td>
<td></td>
</tr>
<tr>
<td>2 = Part B only</td>
<td></td>
</tr>
<tr>
<td>3 = Medicare but do not know which part</td>
<td></td>
</tr>
<tr>
<td>4 = Not covered by Medicare</td>
<td></td>
</tr>
<tr>
<td>0 = Covered by Medicaid (Health Choice, Baby Love)</td>
<td>MEDICAID OR OTHER PUBLIC PROGRAM</td>
</tr>
<tr>
<td>1 = Covered by other public program (Indian Health Service, etc.)</td>
<td></td>
</tr>
<tr>
<td>2 = Covered by public program but do not know name</td>
<td></td>
</tr>
<tr>
<td>4 = Not covered by Medicaid</td>
<td></td>
</tr>
</tbody>
</table>

For Review Only
**Definitions and questions**

**doctor bills during a hospital stay?**

Does your insurance cover all, part, or none of doctor bills for care you get outside of a hospital?

Such as outpatient care in a doctor’s office?

**Does your insurance cover all, part, or none of the bills for psychiatric or mental health care you get outside of a hospital?**

Such as outpatient care in the office of a psychiatrist or other mental health professional?

**Is there a limit for mental health coverage?**

Have you reached that limit?

---

**Coding rules**

**NAME OF PUBLIC PROGRAM**

- 1 = Indian Health Service
- 2 = Baby Love
- 3 = NC Health Choice
- 4 = Other

Specify

---

**COVERAGE FOR HOSPITAL COSTS FOR GENERAL MEDICAL ILLNESSES**

<table>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Covers all</td>
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<tr>
<td>1</td>
<td>Covers part</td>
</tr>
<tr>
<td>2</td>
<td>Do not know what is covered</td>
</tr>
<tr>
<td>3</td>
<td>Does not cover</td>
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</tbody>
</table>

**COVERAGE FOR HOSPITAL COSTS FOR MENTAL ILLNESS/SUBSTANCE ABUSE**

<table>
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</tr>
<tr>
<td>1</td>
<td>Covers part</td>
</tr>
<tr>
<td>2</td>
<td>Do not know what is covered</td>
</tr>
<tr>
<td>3</td>
<td>Does not cover</td>
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</table>

**COVERAGE FOR DOCTOR’S CARE WHILE IN HOSPITAL**

<table>
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<td>Covers all</td>
</tr>
<tr>
<td>1</td>
<td>Covers part</td>
</tr>
<tr>
<td>2</td>
<td>Do not know what is covered</td>
</tr>
<tr>
<td>3</td>
<td>Does not cover</td>
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</table>

**COVERAGE FOR OUTPATIENT DOCTOR’S CARE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Covers all</td>
</tr>
<tr>
<td>1</td>
<td>Covers part</td>
</tr>
<tr>
<td>2</td>
<td>Do not know what is covered</td>
</tr>
<tr>
<td>3</td>
<td>Does not cover</td>
</tr>
</tbody>
</table>

**COVERAGE FOR OUTPATIENT MENTAL HEALTH CARE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
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<td>Covers all</td>
</tr>
<tr>
<td>1</td>
<td>Covers part</td>
</tr>
<tr>
<td>2</td>
<td>Do not know what is covered</td>
</tr>
<tr>
<td>3</td>
<td>Does not cover</td>
</tr>
</tbody>
</table>
Definitions and questions

LIMIT FOR MENTAL HEALTH CARE COVERAGE

0 = No limit
1 = Don't know if limit has been reached
2 = Limit but not reached
3 = Limit has been reached

IF DAYCARE NOT APPLICABLE, SKIP TO "SUBJECT HAS DECEASED "PARENT(S)"", (PAGE 35).
Wave P eYAPA 2.0.3

Definitions and questions

**DAYCARE/CHILDCARE**
If subject has child/children ask about daycare/childcare.

Ask separately about each child.

Many young children are regularly placed in a situation where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare can include being taken care of by an individual paid to watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. Include paid babysitting.

**Does your child/do your children go to daycare or childcare?**

**Or have a regular paid babysitter?**

**What is the arrangement?**

**How many hours in an average week does s/he attend daycare/childcare?**

**Or have a babysitter?**

**How much does it cost in an average week?**

**Who pays for it?**

Do you pay for it on your own?
Does anyone help you?
Is it subsidized or reduced by any public program?

<table>
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<tr>
<th>Codes</th>
<th>Descriptions</th>
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<tbody>
<tr>
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<td>Intensity</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>1 = Occasional babysitting only</td>
<td></td>
</tr>
<tr>
<td>2 = Regular arrangement for childcare/daycare</td>
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</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
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<td># OF HOURS IN CHILDCARE PER AVERAGE WEEK</td>
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<table>
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<tr>
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<th>Descriptions</th>
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<tr>
<td>CAW8X02</td>
<td>COST OF CHILDCARE PER WEEK</td>
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<th>Descriptions</th>
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<tbody>
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<td>CAW8X03</td>
<td>PERSON WHO PAYS FOR CHILDCARE</td>
</tr>
<tr>
<td>1 = Subject</td>
<td></td>
</tr>
<tr>
<td>2 = Child's other biological parent</td>
<td></td>
</tr>
<tr>
<td>3 = Child's grandparents</td>
<td></td>
</tr>
<tr>
<td>4 = Fully subsidized</td>
<td></td>
</tr>
<tr>
<td>5 = Other ___________</td>
<td></td>
</tr>
<tr>
<td>6 = Subject and other biological parent share cost</td>
<td></td>
</tr>
<tr>
<td>7 = Partial government subsidy/reduction in cost</td>
<td></td>
</tr>
</tbody>
</table>
DAYCARE/CHILDCARE 2
If subject has child/children ask about daycare/childcare.

Ask separately about each child.

Many young children are regularly placed in a situation where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare can include being taken care of by an individual paid to watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. Include paid babysitting.

**Does your child/do your children go to daycare or child care?**

**Or have a regular paid babysitter?**

**What is the arrangement?**

**How many hours in an average week does s/he attend daycare/childcare?**

**Or have a babysitter?**

**How much does it cost in an average week?**

**Who pays for it?**

**Do you pay for it on your own?**

**Does anyone help you?**

**Is it subsidized or reduced by any public program?**
DAYCARE/CHILDCARE 3

If subject has child/children ask about daycare/childcare.

Ask separately about each child.

Many young children are regularly placed in a situation where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare can include being taken care of by an individual paid to watch the child at home, or the child may be brought to the care giver’s home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. Include paid babysitting.

**Does your child/do your children go to daycare or child care?**

**Or have a regular paid babysitter?**

**What is the arrangement?**

**How many hours in an average week does s/he attend daycare/childcare?**

**Or have a babysitter?**

**How much does it cost in an average week?**

**Who pays for it?**

Do you pay for it on your own?

Does anyone help you?

Is it subsidized or reduced by any public program?
**Definitions and questions**

**DAYCARE/CHILDCARE 4**

If subject has child/children ask about daycare/childcare.

Ask separately about each child.

Many young children are regularly placed in a situation where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare can include being taken care of by an individual paid to watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. Include paid babysitting.

*Does your child/do your children go to daycare or childcare?*

*Or have a regular paid babysitter?*

*What is the arrangement?*

*How many hours in an average week does s/he attend daycare/childcare?*

*Or have a babysitter?*

*How much does it cost in an average week?*

*Who pays for it?*

Do you pay for it on your own? Does anyone help you? Is it subsidized or reduced by any public program?

**Coding rules**

- **DAYCARE/CHILDCARE**
  0 = No
  1 = Occasional babysitting only
  2 = Regular arrangement for childcare/daycare

- **# OF HOURS IN CHILDCARE PER AVERAGE WEEK**

- **COST OF CHILDCARE PER WEEK**

- **PERSON WHO PAYS FOR CHILDCARE**
  1 = Subject
  2 = Child's other biological parent
  3 = Child's grandparents
  4 = Fully subsidized
  5 = Other _____________
  6 = Subject and other biological parent share cost
  7 = Partial government subsidy/reduction in cost
**DAYCARE/CHILDCARE 5**

If subject has child/children ask about daycare/childcare.

Ask separately about each child.

Many young children are regularly placed in a situation where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare can include being taken care of by an individual paid to watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. Include paid babysitting.

*Does your child/do your children go to daycare or childcare?*

*Or have a regular paid babysitter?*

*What is the arrangement?*

*How many hours in an average week does s/he attend daycare/childcare?*

*Or have a babysitter?*

*How much does it cost in an average week?*

*Who pays for it?*

- Do you pay for it on your own?
- Does anyone help you?
- Is it subsidized or reduced by any public program?

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<tr>
<td>1 = Occasional babysitting only</td>
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<td>2 = Regular arrangement for childcare/daycare</td>
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<tbody>
<tr>
<td>1 = Subject</td>
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</tr>
<tr>
<td>2 = Child's other biological parent</td>
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</tr>
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<td>3 = Child's grandparents</td>
<td></td>
</tr>
<tr>
<td>4 = Fully subsidized</td>
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</tr>
<tr>
<td>5 = Other ___________________</td>
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<tr>
<td>6 = Subject and other biological parent share cost</td>
<td></td>
</tr>
<tr>
<td>7 = Partial government subsidy/reduction in cost</td>
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</table>
DAYCARE/CHILDCARE 6

If subject has child/children ask about daycare/childcare.

Ask separately about each child.

Many young children are regularly placed in a situation where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare can include being taken care of by an individual paid to watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. Include paid babysitting.

**Does your child/do your children go to daycare or child care?**

**Or have a regular paid babysitter?**

What is the arrangement?

**How many hours in an average week does s/he attend daycare/childcare?**

**Or have a babysitter?**

**How much does it cost in an average week?**

**Who pays for it?**

Do you pay for it on your own?

Does anyone help you?

Is it subsidized or reduced by any public program?
DAYCARE/CHILDCARE 7
If subject has child/children ask about daycare/childcare.

Ask separately about each child.

Many young children are regularly placed in a situation where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare can include being taken care of by an individual paid to watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. Include paid babysitting.

**Does your child/do your children go to daycare or childcare?**

**Or have a regular paid babysitter?**

**What is the arrangement?**

**How many hours in an average week does s/he attend daycare/childcare?**

**Or have a babysitter?**

**How much does it cost in an average week?**

**Who pays for it?**

Do you pay for it on your own?
Does anyone help you?
Is it subsidized or reduced by any public program?

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<td>2 = Child's other biological parent</td>
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<td>4 = Fully subsidized</td>
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<td>5 = Other</td>
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<td></td>
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<tr>
<td>7 = Partial government subsidy/reduction in cost</td>
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</table>
PARENTS
SUBJECT HAS DECEASED "PARENT(S)"

Have you ever had a "parental figure" pass away / die?

IF IF NO DECEASED "PARENTS"..., SKIP TO "PARENTING- PARENT #1", (PAGE 40).

Subject has deceased "PARENT(S)"

0 = No
2 = Yes
PARENT #1 DECEASED
MARK FROM PREVIOUS INFORMATION OR ASK IF NOT KNOWN; THEN OBTAIN DETAILS.

Has your “Parent #1” passed away?
When did that happen?
What was the cause of death?

CAUSE OF DEATH
1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity

Intensity

Onset

For Review Only

For Review Only

Family Section 36
Definitions and questions

PARENT #2 DECEASED
Has your "Parent #2" passed away?
When did that happen?
What was the cause of death?

Coding rules

PARENT #2 DECEASED
0 = No
2 = Yes

CAUSE OF DEATH
1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity
**OTHER PARENT #1 DECEASED**

*Has your "Other Parent #1" passed away?*

*When did that happen?*

*What was the cause of death?*

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<thead>
<tr>
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<table>
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<tr>
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<td>1 = Physical illness.</td>
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<td>2 = Accident</td>
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<td>8 = Noxious agent.</td>
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<td>9 = Physical violence.</td>
</tr>
<tr>
<td>10 = Physical abuse.</td>
</tr>
<tr>
<td>11 = Captivity</td>
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</tbody>
</table>
OTHER PARENT #2 DECEASED

Has your "Other Parent #2" passed away?

When did that happen?

What was the cause of death?

Coding rules

OTHER PARENT #2 DECEASED

0 = No
2 = Yes

CAUSE OF DEATH

1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity
PARENTING - PARENT #1

Code here any relationship that the subject has with Parent #1.

Do you see your “parent?”
Or have any contact with him/her?

How often do you see your “parent?”

How long does a visit usually last?

How many phone conversations have you had with “parent”?

Have you exchanged any letters or cards?

How do you get along with your “parent?”
Are there any problems?
What sort of problems?
Do you enjoy spending time with him/her?
What kind of things do you do together?
Would you rather not see him/her?

PARENT #1 INFORMATION

0 = No
2 = Yes

DURATION OF VISITS

0 = >1 week
1 = 1 day - 1 week
2 = < 1 day
3 = < 5 hours

NUMBER OF PHONE CALLS/LETTERS

QUALITY OF RELATIONSHIP

0 = No evidence of relationship problems with absent parent.
1 = No relationship and child grieves or is angry over this.
2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent's new partner).
3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).
 DEFINITIONS AND QUESTIONS

PARENTING-PARENT #2
Code here any relationship that the subject has with Parent #2.

Do you see your “parent?”
Or have any contact with him/her?

How often do you see your “parent?”
How long does a visit usually last?

How many phone conversations have you had with “parent?”
Have you exchanged any letters or cards?

How do you get along with your “parent?”
Are there any problems?
What sort of problems?
Do you enjoy spending time with him/her?
What kind of things do you do together?
Would you rather not see him/her?

IF SUBJECT HAS NO DEPENDENT CHILDREN, SKIP TO NEXT SECTION.
OTHERWISE ASK...
IF NO DEPENDENT CHILDREN, SKIP TO “SUBJECT CARES FOR PARENT #1 AND/OR #2” (PAGE 43).

CODING RULES

PARENT #2 PRESENT
0 = Absent
2 = Present

DURATION OF VISITS
0 = >1 week
1 = 1 day- 1 week
2 = < 1 day
3 = < 5 hours

NUMBER OF PHONE CALLS/LETTERS

QUALITY OF RELATIONSHIP
0 = No evidence of relationship problems with absent parent.
1 = No relationship and child grieves or is angry over this.
2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent's new partner).
3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).
PARENT # 1 AND/OR #2 PROVIDE CHILD CARE

Do you ever need your parent(s) to help with child care?

Are they willing to help?
Have you asked them?
How many hours a week?
How long have they been helping like that?

Do you pay them?

Coding rules

PARENT 1 AND/OR 2 PROVIDE CHILDCARE

0 = No children
1 = Children, but no need for parental child care
2 = Unable to provide child care because of distance, health, etc.
3 = Refuse to provide child care
4 = Provide small amounts, but not a regular source
5 = Regular source of child care

PAYMENT FOR CHILDCARE

0 = Not relevant
1 = No payment
2 = Subject pays parents for childcare
Definitions and questions

SUBJECT CARES FOR PARENT #1 AND/OR #2
If Parent #1 and #2 are both dead, skip to next section. Otherwise, ask...

Do you have to provide any care or assistance to your “Parent #1 and Parent #2”?  

Do they need you to help them around the house?  
Or with transportation?  
Or shopping?  
When did that start?  
How many hours a week do you spend helping them?  
Do they pay you to help them?

SUBJECT CARES FOR PARENTS

CARING FOR PARENTS
0 = No  
2 = Yes

SUBJECT CARES FOR PARENTS
1 = Parents need no help  
2 = Parents need help but subject cannot provide it (because of ill-health, distance, poverty, overwork, etc.)  
3 = Parents need help but subject will not provide it (because of bad feeling or quarrels)  
4 = Parents need help but subject’s spouse will not let him/her provide it  
5 = Subject provides needed help for parent(s)  
6 = No Living Parents

CFP100  
CFP101  
CFP102  
HOURS

PAID TO CARE FOR PARENTS
0 = No  
2 = Yes

SUBJECT HAS OTHER PARENTS

Mark “Yes” if subject has more than two parents

IF SUBJECT HAS NO "OTHER PARENTS", SKIP TO "SPOUSE/LIVE-IN PARTNER DISRUPTION OF LIFE ROLE", (PAGE 48).
**PARENTING-OTHER PARENT #1**

Code here any relationship that the subject has with Other Parent #1.

**If Parent dead, move to Other Parent #2. If not, ask,**

Do/did you have another parental figure?

Do you see your "parent?"
Or have any contact with him/her?

How often do you see your "parent?"

How long does a visit usually last?

How many phone conversations have you had with "parent"?

Have you exchanged any letters or cards?

How do you get along with your "parent"?

Are there any problems?

What sort of problems?

Do you enjoy spending time with him/her?

What kind of things do you do together?

Would you rather not see him/her?

**Coding rules**

**OTHER PARENT #1 PRESENT**

0 = Absent
2 = Present

**DURATION OF VISITS**

0 = >1 week
1 = 1 day- 1 week
2 = < 1 day
3 = < 5 hours

**NUMBER OF PHONE CALLS/LETTERS**

**QUALITY OF RELATIONSHIP**

0 = No evidence of relationship problems with absent parent.
1 = No relationship and child grieves or is angry over this.
2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent's new partner).
3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).
Definitions and questions

PARENTING-OTHER PARENT #2
Code here any relationship that the subject has with Other Parent #2.

Have you had any other parental figure?  
Who?  
Do you see your “parent”?
Or have any contact with him/her?

How often do you see your “parent?”
How long does a visit usually last?

How many phone conversations have you had with “parent”?
Have you exchanged any letters or cards?
How do you get along with your “parent?”
Are there any problems?
What sort of problems?
Do you enjoy spending time with him/her?
What kind of things do you do together?
Would you rather not see him/her?

Codings rules

OTHER PARENT #2 PRESENT

0 = Absent
2 = Present

DURATION OF VISITS

0 = >1 week
1 = 1 day-1 week
2 = <1 day
3 = <5 hours

NUMBER OF PHONE CALLS/LETTERS

QUALITY OF RELATIONSHIP

0 = No evidence of relationship problems with absent parent.
1 = No relationship and child grieves or is angry over this.
2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent’s new partner).
3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).
OTHER PARENT #1 AND/OR #2 PROVIDE CHILDCARE

Do you ever need your parent(s) to help with child care?

Are they willing to help?
Have you asked them?
How many hours a week?
How long have they been helping like that?

Do you pay them?

Coding rules

OTHER PARENT 1 AND/OR 2 PROVIDE CHILDCARE

\[\text{Intensity}\]

0 = No children
1 = Children, but no need for parental child care
2 = Unable to provide child care because of distance, health, etc.
3 = Refuse to provide child care
4 = Provide small amounts, but not a regular source
5 = Regular source of child care

PAYMENT FOR CHILDCARE

\[\text{ppc3001}\]

0 = Not relevant
1 = No payment
2 = Subject pays parents for childcare

Codes
### Definitions and questions

**SUBJECT CARES FOR OTHER PARENT #1 AND/OR 2**

IF OTHER PARENT #1 AND #2 ARE BOTH DEAD, SKIP TO NEXT SECTION. OTHERWISE, ASK...

**Do you have to provide any care or assistance to your "other parents"?**

**Do they need you to help them around the house?**

Or with transportation?

Or shopping?

When did that start?

How many hours a week to you spend helping them?

Do they pay you to help them?

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<td>2 = Parents need help but subject cannot provide it (because of ill-health, distance, poverty, overwork, etc.)</td>
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<td>3 = Parents need help but subject will not provide it (because of bad feeling or quarrels)</td>
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<tr>
<td>6 = No Living Parents</td>
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**PAYED TO CARE FOR PARENTS**

<table>
<thead>
<tr>
<th>0 = No</th>
<th>2 = Yes</th>
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</table>

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**If no spouse/partner, skip to next item**

**If spouse/partner not applicable, skip to "Family life and relationships", (Page 52).**
**Definitions and questions**

**SPouse/Live-in Partner Disruption of Life Role**

Psychological, nervous, or psychiatric problems, which have either caused a spouse/partner to seek treatment, or led to family or social disruption or impaired performance in a major life role (e.g. inability to care adequately for household, loss of job etc.).

*Does your spouse/partner have any "emotional" or "nervous" problems like "depression" or "nerves"?*

*Has s/he ever?*

Have they affected your "spouse/partner's" life much? In what way? How about work?

**Spouse/Live-in Partner Sought Treatment from Mental Health Professional**

Has your "spouse/partner" had any treatment for "problem"?

*What sort of treatment?*

**Spouse/Live-in Partner Received Medication**

Has your spouse/partner ever received medication for "problem"?

**Spouse/Live-in Partner Hospitalized for Mental Health Problem**

Has your "spouse/partner" ever been in a psychiatric hospital?

---

**Coding rules**

**Disruption of Life Role**

Ever: abc0106

Intensity

**Sought Treatment from Mental Health Professional**

Ever: CAT6E01

Intensity

**Received Medication**

Ever: CAT7E01

Intensity

**Hospitalized for Mental Health Problem**

Ever: CAT8E01

Intensity
SPouse/Live-In Partner Drug/Alcohol Problem

A level of alcohol or drug use that has caused a spouse/partner to seek treatment, or led to family or social disruption, or impaired performance in a major life role (e.g. inability to care adequately for children, loss of job, loss of driver's license).

Tell me about how much your spouse drinks.

Does your spouse/partner drink much?

Has s/he ever had a problem with drinking?

How much does s/he drink?
How often does s/he drink?
Does s/he use any drugs?

Has s/he ever used drugs?

What does s/he use?
Has that caused him/her any problems?

Does that lead to any problems?
What sort of problems?
Does it cause arguments?
Does s/he ever get violent?
What happens?
Has drinking alcohol caused any problems outside the home?
What sort of problems?

SPouse/Live-In Partner Sought Treatment for Alcohol/Drug Problem

Has s/he ever had any treatment for his/her drinking?
Or treatment for using drugs?
Definitions and questions

**SPOUSE/PARTNER HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM**

Has s/he ever been hospitalized for his/her drinking?
Or hospitalized for using drugs?

**SPOUSE/LIVE-IN PARTNER ARRESTS AND PROSECUTIONS**

Arrest and/or prosecution of spouse/live-in partner since age 18.

Has your spouse/partner ever been arrested?
What happened?
Were charges brought against him/her?
*When was the first time?*
What was the result of the prosecution?
Has s/he spent time in jail or prison?
*How long?*

Coding rules

**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM**

0 = Absent
2 = Treatment for alcohol.
3 = Treatment for drugs.
4 = Treatment for both.

**SPOUSE/LIVE-IN PARTNER ARRESTED**

0 = Absent
2 = Present

**ACTION TAKEN BY POLICE**

0 = Not charged.
2 = Charged

**DATE OF FIRST CHARGE**

**WORST RESULT OF CHARGE**

0 = Not guilty.
2 = Probation and/or community service.
3 = Treatment order.
9 = Fine
10 = Prison/house arrest

**MONTHS**

For Review Only
Definitions and questions

**SPOUSAL/PARTNER ARGUMENTS**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

*Do you have arguments with your spouse/partner?*

What are they usually like?
Do either of you raise your voice, scream, or shout?
How long does an argument last?

How many arguments have you had with him/her over the last 3 months?

When did you start having arguments with him/her?

**INTER-SPOUSAL PHYSICAL VIOLENCE**

Any form of physical aggression from either partner.

*Has either of you ever "hit" or "beat up" the other?*

*Has there ever been any form of violence between you?*

Has there been any violence or hitting between you in the last 3 months?

How many times has that happened in the last 3 months?

When was the first time that either of you hit the other? Or the first time any act of violence occurred between you?

Who usually starts the physical part of it? Have you ever started it?

### Coding rules

#### Codes

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<td>CAS2F01</td>
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<tr>
<td>CAS7I01</td>
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</table>

#### SPOUSAL/PARTNER ARGUMENTS

0 = Absent
2 = Present

#### EVER: INTER-SPOUSAL/PARTNER PHYSICAL VIOLENCE

0 = Absent
2 = Present

#### AGGRESSOR

0 = Subject as aggressor
1 = Spouse/Partner as aggressor
2 = Mixed/Joint (each has been aggressor)
**FAMILY LIFE AND RELATIONSHIPS**

GET A GENERAL PICTURE OF LIFE IN THE HOME, FOLLOWING ANY LEADS PROVIDED BY THE SUBJECT IN GIVING INFORMATION ON THE HOUSEHOLD.

REMEMBER THIS INFORMATION MAY BE IMPORTANT FOR INCAPACITY RATINGS; AVOID A PATHOLOGY FOCUS AT THIS STAGE, BUT ENSURE THAT THE AREAS IMPLICIT IN THE QUESTIONS BELOW ARE COVERED SYSTEMATICALLY.

IF NOT LIVING AT HOME, CODE THE SECTION FOR LIVING OUT OF THE HOME.

**Overall, how do you get along with people in your family?**

**Would you say "mostly positive", "mostly neutral", or "mostly negative"?**

**Coding rules**

**FAMILY LIFE AND RELATIONSHIPS**

0 = Mostly positive  
1 = Mostly neutral  
2 = Mostly negative
SOCIAL ACTIVITIES AND RELATIONSHIPS

NUMBER OF ARGUMENTS WITH PEOPLE WHOM YOU SEE OUTSIDE OF THE SCHOOL OR WORK ENVIRONMENT

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

Do you have arguments with people whom you see outside of “class” or “work?”

Who do you argue with?
Tell me about the last time.
How long do these arguments last?

How many arguments have you had with people (outside of the school or work environment) over the last three months?

When did that start?
Did the arguments get physical?
What happened?
How many times has that happened in the last 3 months?

When was the first time you had an argument that turned physical?

OTHER PHYSICAL VIOLENCE BY SUBJECT (OUTSIDE OF CLASS OR WORK)

Have you “hit” anyone (outside of class or work) over the last three months?

How many times?
When was the first time?
### Definitions and Questions

**FREQUENCY OF CONTACT WITH FRIEND (PEERS AND OTHER ADULTS)**

*How often do you see your friends, outside of college or work?*

*Or other people you know?*

**BEST FRIEND**

An intensive, selective, and exclusive or semi-exclusive friendship with another person, in which there is an expectation that the dyad does things together, and in which there is a preferential sharing of confidences. There may be 1 or 2 "best friends" at any one time, but if the friendship involves 3 or more peers this would not ordinarily be included as a "best friend" relationship.

*Do you have a best friend? (NOTE NAME)*

*Does s/he ever come to your house?*
*Or do you go to his/hers?*
*How long has s/he been your best friend?*
*What about your other friends?*
*In what way is s/he your best friend?*
*Is that different from your other friendships?*
*Do you tell “X” things you wouldn’t tell other people?*

*IF NO “BEST FRIEND” CURRENTLY, ASK:*

*Have you had a best friend in the past?*

---

### Coding Rules

**FREQUENCY OF CONTACT WITH PEERS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Sees at least 1 peer outside of college/work more than once per week.</td>
</tr>
<tr>
<td>2</td>
<td>Sees at least 1 peer outside of college/work between once per week and once every two weeks.</td>
</tr>
<tr>
<td>3</td>
<td>Sees less than 1 peer outside of college/work in 2 weeks.</td>
</tr>
</tbody>
</table>

**BEST FRIEND**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Definite best friend in last year.</td>
</tr>
<tr>
<td>1</td>
<td>Uncertain (including 3 or more close friendships described as &quot;best&quot;).</td>
</tr>
<tr>
<td>2</td>
<td>No best friend in last year.</td>
</tr>
</tbody>
</table>
CONFIDANT(E) AMONG PEERS OR OTHER ADULTS

The presence of a confidante is demonstrated by a personal sharing of intimate feelings with one or more other people in a fashion that is selective to that relationship. The sharing may consist of hopes, worries, personal "secrets," ambitions, problems, fantasies, feelings of love or rejection, etc., but the sharing must be private to the relationship and it must involve some self-disclosure.

Do not include sibling relationships here.

*Do you talk with anyone about your feelings? I mean about your worries or hopes...or about whom you want to make friends with?*

*Do you share "secrets" with anyone?*

*Who is that?*

CONFIDANT(E) IN FAMILY

*Is there anyone in your family you have talked to about your feelings?*

*Who is that?*
DIFFICULTY MAKING OR KEEPING FRIENDS

Subject has difficulty either forming or maintaining friendships, which is evidenced by having no or few friends. The difficulty may be due to failure to approach other people (withdrawal) or aggressive relationships with other people (discord) or both.

Do not include worry or anxiety about friendships unless it leads to difficulty in making or keeping friendships.

**Do you have any difficulty making friends?**

**Do you have any trouble keeping friends?**

**Do you find other people don’t want to "spend time"/"hang out" with you?**

**Do you find you don’t get invited to join in with group activities?**

What happens?

**Do you think you are more shy than other people your age?**

**Does that affect your making/keeping friends?**

**Or do you get into argument or fights with friends or others who might become friends?**

**How do you feel about that?**

**Does it bother you?**

How long have you had difficulty making/keeping friends? Has it always been like that, or can you remember when it started?

IF SUBJECT HAS DIFFICULTY MAKING OR KEEPING FRIENDS DUE TO DISCORD, THEN, SKIP TO "SHYNESS WITH PEERS", (PAGE 5).
**CONFLICTUAL RELATIONSHIP WITH FRIENDS**

The subject has relationships with a friend or friends that include substantial amounts of physical or verbal aggression or arguments. Conflict does not cause problem in making or keeping friends.

You told me that you don't have difficulty making or keeping friends. But, do you have a lot of conflicts with your friends? Do you have any friends that you spend a good deal of time arguing with, fussing, or fighting?

**SHYNESS WITH PEERS**

Sensitive reluctance to approach peers who are little known to the subject.

CONSIDER SOCIAL ANXIETY ESPECIALLY IF SHYNESS IS PRESENT TO THE EXTENT THAT CONTACT IS ACTIVELY AVOIDED.

**Do you think that you're more shy than other people?**

**In what way?**

How shy?
Does that stop you from doing anything?
Can you tell me about the last time it did?

---

**Coding rules**

**CONFLICTUAL RELATIONSHIP WITH FRIENDS**

0 = Absent
2 = Present with at least one friend.
3 = Most or all friendships characterized by conflictual relationships.

**SHYNESS WITH PEERS**

0 = Absent
2 = Shyness involving definite discomfort on meeting new people with whom subject has no special reason to feel such discomfort.
Definitions and questions

SUBJECT IS TEASED/INTIMIDATED
Subject is a particular object of mockery of physical attacks or threats by peers. Include bullying by siblings.

Do you get teased, intimidated, or jerked around at all?
Do you get harassed, picked on, or mocked?
Is that more than other people?
Are other people mean to you?
How much?
Tell me about the last time.
Who does it?
Why do they do it?
Why do they pick on you?
What do you about it?

How many times has that happened at home, in the last 3 months?
How many times in class or at work?
How many times in other places outside home, school, or work?

TEASING/HARASSMENT RACIALLY MOTIVATED
Are you sometimes the target of racial slurs?
What is that like?
Do you think some of this teasing/harassment is racially motivated?

Coding rules

ITEM 15501 LIST
0 = Absent
2 = The subject reports being a particular and preferred object for bullying/intimidation or teasing. That is, s/he is at least somewhat singled out for this sort of attention.

HOME
CAM4F01 Home Frequency
CAM4F02 School/Work Frequency
CAM4F03 Elsewhere Frequency

TEASING/HARASSMENT RACIALLY MOTIVATED
0 = No teasing/harassment associated with race.
2 = Subject feels teasing/harassment is at least sometimes racially motivated.
3 = Subject feels teasing/harassment is almost always racially motivated.
Definitions and questions

"SCHIZOID" LACK OF INTEREST IN PEOPLE
Subject has pervasive lack of interest in peers that is not a consequence of anxiety; does not seek increased contact with them; and lacks a sense of closeness or involvement with other people.

Do you prefer doing things alone or with other people?
Why is that?
Do you enjoy being with people?
How well do you think you fit in with other people?

Are you usually one of the group?

Is there anyone you feel really close to?

Do you have a special friend?
Do you wish you had more friends?
Why don't you have more friends?

LACK OF EMPATHY
A lack of awareness of, and sensitivity to, other people's feelings. Lack of ability to detect other's feelings, not lack of willingness to respond to them. This lack is pervasive and not specific to any particular relationship.

Can you usually tell when other people are upset? Or happy?

What about your family?
Do your friends talk with you about their worries or troubles?
IF NO:
Why not?

SCHOOL HISTORY
GRADUATED HIGH SCHOOL
Did you graduate from high school?
When did you graduate?

Coding rules

"SCHIZOID" LACK OF INTEREST IN PEOPLE
0 = Absent
2 = Present

LACK OF EMPATHY
0 = Absent
2 = Present

GRADUATED HIGH SCHOOL
0 = No
2 = Yes
CBA4O01

CBA41O01

CBA4001
//

Social Activities and Relationships 7
**Definitions and questions**

**DID NOT GRADUATE FROM HIGH SCHOOL**
Continue if subject did not graduate from High School.

**INTERVIEWER: IF SUBJECT DID NOT GRADUATE, ANSWER PRESENT AND ASK FOLLOWING QUESTIONS.**

*Have you gotten your GED?*

*Or attended night school?*

*Or another alternative school?*

**IF LEFT SECONDARY SCHOOL WITHOUT GRADUATING, ASK DATE LEFT SCHOOL.**

*When did you leave school?*

---

**EDUCATION**

Highest level of education completed by subject. Information may already be known to the interviewer from previous sections.

*How many years of school have you completed?*

*How many years of college?*

*Have you had any other kind of school or job training?*

*Do you have a degree?*

*Have you done any graduate training or study?*
EDUCATIONAL SETTING

*Are you currently in an educational setting of any kind?*

- Are you in college?
- Are you working for an undergraduate degree?
- Or a graduate degree?
- Or a professional qualification, like a law degree?
- Or are you receiving technical training?
- Or training in the military?

**SPOUSE/PARTNER EDUCATIONAL SETTING**

*If subject has spouse or live-in partner, continue...*

- Is your spouse/partner currently in an educational setting of any kind?
- Is s/he in college?
- Is s/he working for an undergraduate degree?
- Or a graduate degree?
- Or a professional qualification, like a law degree?
- Or is s/he receiving technical training?
- Or training in the military?

**Coding rules**

**EDUCATIONAL SETTING**

- 0 = Not receiving any education
- 5 = Vocational, technical, job training
- 7 = 2 year associate degree program
- 9 = 4 year college degree program
- 11 = Graduate or Professional school
- 12 = Training in the Military

**SPOUSE/PARTNER EDUCATIONAL SETTING**

- 0 = No
- 2 = Yes

**Codes**

- CSA0102: Intensity
- CSA0104: Intensity
- CSA0105: Intensity
Definitions and questions

NUMBER OF ARGUMENTS WITH INSTRUCTORS, PROFESSORS, OR MILITARY SUPERIORS

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

Do you have arguments with your instructors/professors/commanding officers?

Who do you argue with?

Tell me about the last time.
How long do these arguments last?

How many arguments have you had with them over the last three months?

When did these arguments start?

Have you "hit" a "professor/instructor/superior" over the last three months?

Did the arguments get physical?
What happened?

How many times have you had an argument like that, with instructors, professors or superiors?

When was the first time you had an argument with an instructor, professor, or superior that turned physical?

OTHER PHYSICAL VIOLENCE BY SUBJECT (EDUCATIONAL/WORK SETTING)

Have you "hit" an "instructor, professor or superior" over the last three months?

How many times has that happened?

When was the first time?

Coding rules

NUMBER OF ARGUMENTS WITH INSTRUCTORS, PROFESSORS, OR MILITARY SUPERIORS

0 = No
2 = Yes

ARGUMENTS WITH PHYSICAL VIOLENCE BY SUBJECT

0 = No
2 = Yes

OTHER PHYSICAL VIOLENCE BY SUBJECT (WITHOUT ARGUMENTS)

0 = No
2 = Yes

For Review Only
Definitions and questions

**NUMBER OF ARGUMENTS WITH PEOPLE AT COLLEGE/UNIVERSITY**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

*Do you have arguments with other students you see at college/university?*

Who do you argue with?
Tell me about the last time.

How long do these arguments last?
How often do you have these arguments?

When did you start having arguments with people at college/university?

**SKIPPED CLASSES IN COLLEGE/TECHNICAL/JOB TRAINING PROGRAM**

*Have you ever attended college, technical school, or job training?*

*Did you ever skip, or cut, class...not go when you were expected?*

Or skipped classes?

*Have you cut classes in the last three months?*

Why was that?
Were you sick?

WHEN WAS THE FIRST TIME?
RISKY BEHAVIORS
RISKY BEHAVIORS SCREEN
The subject engages in risky behavior of one or more types; including physically dangerous activity, taking dares, testing oneself, etc.

Over the last 3 months, have you done anything that was risky for you or someone you were with?

Have you done anything potentially dangerous to you or others?

Have you taken dares or done anything to test yourself?

Can you give me an example?

IF NO RISKY BEHAVIORS, SKIP TO "SAFETY OF NEIGHBORHOOD", (PAGE 14).
OTHER PHYSICAL DANGER

What sort of things have you done that are dangerous for you or others?

Can you think of any other examples?
Had you been drinking or using drugs at the time?

TAKING RISKS DESPITE CONSEQUENCES

Do you sometimes do things that you know are dangerous, but you do it anyway?

Can you give me an example?
Do you do it even though you realize it's dangerous?
Had you been drinking or using drugs at the time?

TAKING A RISKY DARE

Over the last three months, what sort of risky dares have you taken?

How many times?
Had you been drinking or using drugs at the time?

DANGEROUS HOBBIES

Do you have any dangerous hobbies?

Or things that you do for fun, that could cause you to get hurt or injured?

What are your hobbies?

Do you drive or ride on a motorcycle?
Do you race cars?
Keep snakes?
Or other wild animals?
Do you go mountain climbing or rappelling?
Are any of your hobbies somewhat dangerous?

Physiological Danger

0 = No
2 = Yes
3 = Only after drinking or using drugs.

Takes Risks Despite Consequences

0 = No
2 = Takes risks in at least 2 activities despite recognizing there might be dangerous consequences.
3 = Takes risks in most activities despite recognizing there might be dangerous consequences.
4 = Only after drinking or using drugs.

Taking A Risky Dare

0 = No
2 = Yes
3 = Only after drinking or using drugs.

Dangerous Hobbies Present

0 = No
2 = Yes

Dangerous Hobbies

1 = Motorcycle
2 = Race cars.
3 = Snakes
4 = Wild animals.
5 = Mountain climbing or rappeling.
6 = Other ____________
Specify
Definitions and questions

**LIKES DANGER**
*Do you get a kick out of doing things that are dangerous?*

Had you been drinking or using drugs at the time?

**TESTING ONESELF**
*Do you do something dangerous just to test yourself?*

Had you been drinking or using drugs at the time?

**SAFETY OF NEIGHBORHOOD**
*Do you feel safe around where you live?*

What is it like?

**ENTERING RISKY NEIGHBORHOODS**

Going to neighborhoods considered dangerous because of crime, fights, drugs, etc. If the subject lives in an unsafe neighborhood, code that item and do not code here.

Have you gone to neighborhoods that some would describe as risky?

Is there a lot of crime there?

Or drugs?

How often have you gone there in the last 3 months?

When you go there, is it only after drinking or using drugs?

**WEARING SEAT BELT- WHEN DRIVING**

*Do you always wear a seat belt when you are driving a car?*

How much of the time?

Coding rules

**ENJOYS DANGER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Only after drinking or using drugs.</td>
</tr>
</tbody>
</table>

**TESTING ONESELF**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Only after drinking or using drugs.</td>
</tr>
</tbody>
</table>

**SAFETY OF NEIGHBORHOOD**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Subject feels neighborhood is safe.</td>
</tr>
<tr>
<td>2</td>
<td>Subject feels neighborhood is unsafe.</td>
</tr>
<tr>
<td>3</td>
<td>Subject's activities in neighborhood are restricted because of perceived lack of safety.</td>
</tr>
</tbody>
</table>

**ENTERING RISKY NEIGHBORHOODS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Only after drinking or using drugs.</td>
</tr>
</tbody>
</table>

**WEARING SEAT BELT- WHEN DRIVING**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes</td>
</tr>
<tr>
<td>3</td>
<td>Seldom</td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
</tr>
</tbody>
</table>
Definitions and questions

WEARING SEAT BELT - WHEN PASSENGER
Do you always wear a seat belt when you are in the right hand passenger seat in a car?

WEARING SEAT BELT - IN BACK SEAT
What about when you are in the back seat of a car?

WEARING SAFETY HELMET
Have you ridden a bicycle, motorcycle, or four-wheeler in the last three months?
Do you always wear a helmet when you ride a bicycle?
Or do you wear a helmet sometimes, rarely or never?
Do you always wear a helmet when you ride a motorcycle or four-wheeler?
Or do you wear it sometimes, rarely or never?

Coding rules

SEAT BELT WHEN PASSENGER
0 = Always
2 = Sometimes
3 = Seldom
4 = Never

SEAT BELT IN BACK SEAT
0 = Always
2 = Sometimes
3 = Seldom
4 = Never

RIDES BICYCLE OR MOTORCYCLE IN PP
0 = No
2 = Yes

SAFETY HELMET ON BICYCLE
0 = Does not ride
1 = Always
2 = Sometimes
3 = Rarely
4 = Never

SAFETY HELMET ON MOTORCYCLE
0 = Does not ride
1 = Always
2 = Sometimes
3 = Rarely
4 = Never
## Definitions and questions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOING OUT AT NIGHT</strong></td>
<td>Going out at night to socialize, shop, hang-out, ride around, etc. with others or alone.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Over the last three months, have you gone out at night?</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>How many times?</em></td>
<td></td>
</tr>
<tr>
<td><strong>GOING OUT ALONE</strong></td>
<td>Going out alone at night to shop, eat, ride around, etc. without a companion.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Have you gone out alone at night in the last 3 months?</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>What kind of things do you do when you go out alone?</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>How many times in the last 3 months have you gone out alone at night?</em></td>
<td></td>
</tr>
<tr>
<td><strong>GOING OUT-BARS</strong></td>
<td>Have you gone to bars?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>How many times?</em></td>
<td></td>
</tr>
<tr>
<td><strong>GOING HOME WITH STRANGER</strong></td>
<td>Have you gone home with someone you just met?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Had you been drinking or using drugs at the time?</em></td>
<td></td>
</tr>
<tr>
<td><strong>INTERCOURSE WITHOUT CONDOM</strong></td>
<td>In the last 3 months, have you had intercourse without a condom?</td>
<td></td>
</tr>
</tbody>
</table>

### Coding rules

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUT AT NIGHT</strong></td>
<td>Over the last three months, have you gone out at night?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>GOING OUT ALONE AT NIGHT</strong></td>
<td>Have you gone out alone at night in the last 3 months?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>GOING OUT-BARS</strong></td>
<td>Have you gone to bars?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>HOME WITH STRANGER</strong></td>
<td>Have you gone home with someone you just met?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = Only after drinking or using drugs.</td>
<td></td>
</tr>
<tr>
<td><strong>INTERCOURSE WITHOUT CONDOM</strong></td>
<td>In the last 3 months, have you had intercourse without a condom?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>
FORMS OF BIRTH CONTROL

Have you used any form(s) of birth control in the last 3 months?

What forms of birth control have you used over the last 3 months?
Such as birth control pills, Depoprovera, the patch, IUD, etc.

Have you used any other forms of birth control over the last 3 months?

HIV TESTING

I want to assure you that the blood we took with the finger prick is only being used to look for hormonal and chemical levels associated with life stressors. That is completely confidential. We are not testing for HIV or AIDS.

But, I would like to ask you, have you ever been tested for HIV?

Did you ever test positive for HIV?

When did you first test positive?

BIRTH CONTROL USED

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

FORMS OF BIRTH CONTROL USED MOST FREQUENTLY IN LAST 3 MONTHS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Condom</td>
</tr>
<tr>
<td>2</td>
<td>Foam/spermicide/cream</td>
</tr>
<tr>
<td>3</td>
<td>Birth control pills</td>
</tr>
<tr>
<td>4</td>
<td>Vasectomy</td>
</tr>
<tr>
<td>5</td>
<td>Tubal Ligation</td>
</tr>
<tr>
<td>6</td>
<td>Norplant (Implants in arm)</td>
</tr>
<tr>
<td>7</td>
<td>Depoprovera (Shots)</td>
</tr>
<tr>
<td>8</td>
<td>Withdrawal/outercourse</td>
</tr>
<tr>
<td>9</td>
<td>Rhythm/calender/charting</td>
</tr>
<tr>
<td>10</td>
<td>Diaphragm/cervical cap</td>
</tr>
<tr>
<td>11</td>
<td>Intrauterine device</td>
</tr>
<tr>
<td>12</td>
<td>Morning after treatment</td>
</tr>
<tr>
<td>13</td>
<td>Contraceptive Ring</td>
</tr>
<tr>
<td>14</td>
<td>Contraceptive Patch</td>
</tr>
<tr>
<td>15</td>
<td>Other</td>
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TESTING FOR HIV

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

TESTING POSITIVE FOR HIV

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Ever:CAW6I01

Ever:CAW6I02

Ever:CAW6O01
**Definitions and questions**

**SEXUAL PARTNERS**
Number of sexual partners in past year, male or female.

*Have you had any sexual partners in the past year?*

HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST YEAR, MALE AND FEMALE?

IF YOU AREN'T SURE, CAN YOU GIVE ME YOUR BEST ESTIMATE?

<table>
<thead>
<tr>
<th>Has had sexual partner in past year</th>
<th>Codes</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
<td>HAS HAD SEXUAL PARTNER IN PAST YEAR</td>
</tr>
<tr>
<td>2 = Present</td>
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<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Present</td>
</tr>
</tbody>
</table>

**For Review Only**
Definitions and questions

PREGNANCY

Have you ever been pregnant/gotten a girl pregnant?

How many times?
Including pregnancies that resulted in live birth, as well as those ended by miscarriage, abortion, or some other outcome.

When was the first time?

What was the outcome (determine for each pregnancy)?

Do you have any children? How many?

Coding rules

EVER: PREGNANCY
0 = No
2 = Yes

DATE OF 1ST PREGNANCY

PREGNANCY OUTCOME
0 = Still pregnant
1 = Miscarriage
2 = Abortion
3 = Live birth, mother kept child
4 = Live birth, father kept child
5 = Child adopted or cared for by another family member
6 = Child released for extra-familial adoption
7 = Child in foster care
8 = Live birth: mother, father and child live together
9 = Live birth: mother and father live separately, however child lives equal time with each

NUMBER OF LIVING CHILDREN
Definitions and questions

RIDES- ACCEPTED RIDE FROM STRANGER OR SLIGHT ACQUAINTANCE

Have you accepted a ride from someone you don’t know?

Or from someone you know only slightly?

How many times?

HAS GIVEN RIDE TO STRANGER OR SLIGHT ACQUAINTANCE

Have you given a ride to someone you don’t know?

Have you given a ride to an acquaintance whom you really didn’t know very well?

How many times?

SUBSTANCE- PASSENGER AFTER SUBSTANCE USE

Over the last three months, have you been a passenger in a vehicle when the driver had been drinking or using drugs?

SUBSTANCE- DRIVING AFTER SUBSTANCE USE

Have you driven a car after drinking or using drugs?

SUBSTANCE- OPERATE MACHINERY

Or tried to operate heavy machinery after drinking or using drugs?

Coding rules

ACCEPTED RIDE FROM STRANGER OR SLIGHT ACQUAINTANCE

0 = No
2 = Yes

HAS GIVEN RIDE TO STRANGER OR SLIGHT ACQUAINTANCE

0 = No
2 = Yes

PASSENGER AFTER SUBSTANCE USE

0 = No
2 = Yes

DRIVING AFTER SUBSTANCE USE

0 = No
2 = Yes

OPERATE MACHINERY

0 = No
2 = Yes
Definitions and questions

SUBSTANCE- LENT A CAR AS TRADE FOR SUBSTANCE
Have you lent a car to someone as a trade for drugs or alcohol?

FRIENDS AND SUBSTANCE- FRIENDS SMOKE
How many of your friends smoke cigarettes?

FRIENDS AND SUBSTANCE- FRIENDS USE DRUGS
How many of your friends use marijuana or other drugs?

FRIENDS AND SUBSTANCE- FRIENDS DRINK
How many of your friends drink alcohol (liquor, beer, wine)?

Coding rules

LENT A CAR AS TRADE FOR SUBSTANCE
CAV7I04
Intensity
0 = No
2 = Yes

FRIENDS SMOKE
CAV8I01
Intensity
0 = None
2 = A few
3 = Some
4 = Most
5 = All

FRIENDS USE DRUGS
CAV8I02
Intensity
0 = None
2 = A few
3 = Some
4 = Most
5 = All

FRIENDS DRINK
CAV8I03
Intensity
0 = None
2 = A few
3 = Some
4 = Most
5 = All
### Definitions and questions

**FRIENDS AND SUBSTANCE- FRIENDS GET DRUNK AT LEAST ONCE A WEEK**

*How many of your friends get drunk at least once a week?*

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
</tr>
<tr>
<td>2 = A few</td>
</tr>
<tr>
<td>3 = Some</td>
</tr>
<tr>
<td>4 = Most</td>
</tr>
<tr>
<td>5 = All</td>
</tr>
</tbody>
</table>

**STRANGERS ON THE INTERNET**

**Do you use the Internet?**

Do you visit chat rooms?  
Have you arranged to meet anyone in person whom you first met through the internet?

**MEDIA VIOLENCE: VIDEO GAMES**

*Over the last 3 months, have you played any video games that contain violence?*

Like first person shooter games?  
Or games rated "mature" like Grand Theft Auto, Halo, Quake, or Doom?  

*How many days a week do you play games like this?*

*How many hours a day do you play?*

*Do you enjoy violence in video games?*  
*Do you choose video games because they are violent?*  
*Or do you just play them because other people do?*

### Coding rules

**FRIENDS GET DRUNK AT LEAST ONCE A WEEK**  
CAV8I04  

<table>
<thead>
<tr>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
</tr>
<tr>
<td>2 = A few</td>
</tr>
<tr>
<td>3 = Some</td>
</tr>
<tr>
<td>4 = Most</td>
</tr>
<tr>
<td>5 = All</td>
</tr>
</tbody>
</table>

**INTERNET**  
CAW0I01  

<table>
<thead>
<tr>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Does not use internet</td>
</tr>
<tr>
<td>1 = Uses internet</td>
</tr>
<tr>
<td>2 = Visits chat rooms</td>
</tr>
<tr>
<td>3 = Has arranged to meet someone met on internet</td>
</tr>
</tbody>
</table>

**MEDIA VIOLENCE: VIDEO GAMES**  
CAX0I01  

<table>
<thead>
<tr>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>

**FREQUENCY**  
CAX0F01  

**DURATION**  
CAX0D01  

**GAMING CHOICE**  
CAX0X01  

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Never plays</td>
</tr>
<tr>
<td>1 = Only plays because others do or violence not a factor in choice</td>
</tr>
<tr>
<td>2 = Likes violence in games</td>
</tr>
<tr>
<td>3 = Chooses games for violence</td>
</tr>
</tbody>
</table>
**Definitions and questions**

### MEDIA VIOLENCE: TELEVISION

Do not include movies, VHS, or DVDs.

*Over the last 3 months, have you watched any violent shows on TV?*

How often do you watch violent shows on TV?  
Like professional wrestling or ultimate fighting?  
How many shows like that do you watch in a week?  
How many hours a week do you spend watching shows like that?

*Do you enjoy violence in TV shows?*

Do you choose TV shows because they are violent?  
Or only watch because other people are watching them?

### MEDIA VIOLENCE: MOVIES

Include movies in theaters, on TV, VHS, or DVD.

*Over the last 3 months, have you watched any violent movies?*

Like "slasher" movies, such as "Saw" or "Friday the 13th"?  
Did you go to a movie theater to watch any violent movies?  
How many times?

*Did you watch any violent movies on TV?*

Did you watch any violent movies on VHS, DVD, or online?  
How many times in the last 3 months?

*Do you enjoy violence in movies?*

Do you choose movies because they are violent?  
Or only watch because other people are watching them?

### Coding rules

<table>
<thead>
<tr>
<th>MEDIA VIOLENCE: TELEVISION</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>CAX1I01 Intensity</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CAX1F01 Frequency</td>
</tr>
<tr>
<td></td>
<td>CAX1D01 Duration</td>
</tr>
</tbody>
</table>

**TELEVISION CHOICE**

0 = Never watches  
1 = Only watches because others do or violence not a factor in choice  
2 = Likes violence in TV shows  
3 = Chooses TV shows because they are violent

<table>
<thead>
<tr>
<th>MEDIA VIOLENCE: MOVIES</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>CAX2I01 Intensity</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CAX2F01</td>
</tr>
</tbody>
</table>

**VIOLENT MOVIES ON TV, VHS, DVD, OR ONLINE**

<table>
<thead>
<tr>
<th>MOVIE CHOICE</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Never watches</td>
<td>CAX2X01</td>
</tr>
<tr>
<td>1 = Only watches because others do or violence not a factor in choice</td>
<td></td>
</tr>
<tr>
<td>2 = Likes violence in movies</td>
<td></td>
</tr>
<tr>
<td>3 = Chooses movies because they are violent</td>
<td></td>
</tr>
</tbody>
</table>
**RELIGION**

**RELIGIOUS AFFILIATION**
Subject affiliates with any particular religious or spiritual group.

*Do you have a religious or spiritual affiliation?*

*What is your religion or spiritual affiliation?*

<table>
<thead>
<tr>
<th>RELIGIOUS AFFILIATION</th>
<th>CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>REL0E01</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>REL0I01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELIGION CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Protestant, no denomination mentioned</td>
</tr>
<tr>
<td>2 = Protestant, interdenominational (2 or more protestant churches attended)</td>
</tr>
<tr>
<td>3 = Apostolic</td>
</tr>
<tr>
<td>4 = Assembly of God</td>
</tr>
<tr>
<td>5 = Baptist (all types)</td>
</tr>
<tr>
<td>6 = Born-again Christian</td>
</tr>
<tr>
<td>7 = Brethren</td>
</tr>
<tr>
<td>8 = Disciples Of Christ/Christian Church</td>
</tr>
<tr>
<td>9 = Christian Reformed</td>
</tr>
<tr>
<td>10 = Church Of God</td>
</tr>
<tr>
<td>11 = Congregational</td>
</tr>
<tr>
<td>12 = Episcopalian or Anglican/Church Of England</td>
</tr>
<tr>
<td>13 = Evangelical</td>
</tr>
<tr>
<td>14 = Holiness</td>
</tr>
<tr>
<td>15 = Jehovah's Witness</td>
</tr>
<tr>
<td>16 = Lutheran</td>
</tr>
<tr>
<td>17 = Mennonite</td>
</tr>
<tr>
<td>18 = Methodist (all types)</td>
</tr>
<tr>
<td>19 = Mormon (Latter Day Saints)</td>
</tr>
<tr>
<td>20 = Nazarene</td>
</tr>
<tr>
<td>21 = Pentecostal</td>
</tr>
<tr>
<td>22 = Presbyterian</td>
</tr>
<tr>
<td>23 = Quaker, Society Of Friends</td>
</tr>
<tr>
<td>24 = Salvation Army</td>
</tr>
<tr>
<td>25 = Sanctified</td>
</tr>
<tr>
<td>26 = Seventh Day Adventist</td>
</tr>
<tr>
<td>27 = Spiritual</td>
</tr>
<tr>
<td>28 = Unitarian</td>
</tr>
<tr>
<td>29 = United Church Of Christ</td>
</tr>
</tbody>
</table>
ATTENDS SERVICES
Subject has attended services of a religious or spiritual nature in the last 3 months.

**How often do you usually attend religious or spiritual services?**

- More than once a week?
- About once a week?
- One to three times a month?
- Less than once a month?
- Not at all in the last 3 months?

**Coding rules**

30 = Protestant, Other _____________
31 = Catholic, no denomination mentioned
32 = Catholic, Roman
33 = Catholic, Ukrainian
34 = Orthodox (Russian, Greek, Serbian)
35 = Catholic (all others)
36 = Jewish, no denomination mentioned
37 = Jewish Orthodox
38 = Jewish Conservative
39 = Jewish Reform
40 = Jewish Reconstructionist
41 = Jewish (all others)
42 = Buddhist (all types, including Zen)
43 = Hindu
44 = Muslim
45 = Rastafarian
46 = Agnostic or Atheist
47 = Wiccan
48 = No religious preference
49 = No religion
50 = Other : ___________

**ATTENDS SERVICES**
1 = More than once a week
2 = About once a week
3 = One to three times a month
4 = Less than once a month
5 = Never
8 = Don't know
9 = Refused
SPIRITUAL BELIEFS

In general, how important are religious or spiritual beliefs in your daily life—very important, somewhat, not very, or not at all important?

coding rules

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>REL0104</td>
</tr>
<tr>
<td>Intensity</td>
</tr>
</tbody>
</table>

SPIRITUAL BELIEFS

1 = Very important
2 = Somewhat important
3 = Not very important
4 = Not at all important
8 = Don’t know
9 = Refused

SEEKS COMFORT

When you have problems or difficulties in your family, work, or personal life, how often do you seek comfort through religious or spiritual means?

This could be praying, meditating, attending a religious or spiritual service, or talking to a religious or spiritual advisor.

Would you say often, sometimes, rarely, or never?

coding rules

<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
<tr>
<td>REL0105</td>
</tr>
<tr>
<td>Intensity</td>
</tr>
</tbody>
</table>

SEEKS COMFORT

1 = Often
2 = Sometimes
3 = Rarely
4 = Never

SPIRITUAL GUIDANCE

When you have decisions to make in your daily life, how often do you think about what your religious or spiritual beliefs suggest you should do?

Would you say often, sometimes, rarely, or never?

coding rules

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>REL0106</td>
</tr>
<tr>
<td>Intensity</td>
</tr>
</tbody>
</table>

SPIRITUAL GUIDANCE

1 = Often
2 = Sometimes
3 = Rarely
4 = Never
WORRIES
GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY.

WORRIES
A round of painful, unpleasant, or uncomfortable thoughts that cannot be stopped voluntarily and that occurs across more than one activity, with a total daily duration of at least one hour.

Do not include worries coded under Hypochondriasis, Panic, Agoraphobia or other more specific categories.

Many people have some worries, what do you worry about?

What is it like when you worry?
Can you give me an example?
Can you stop worrying if you want to?
Any times in the last 3 months when you couldn’t stop?
What are you doing when you are worrying like that?
Does it make any difference what you are doing?
Is it all the time or just now and then?
Does anything make the worrying better or worse?
Can you turn your mind to other things?
How do you stop worrying?
What about when you do other things like watch TV or read?
Does worrying affect your concentration?
Does worrying change how you are with others, like make you irritable or sullen?
Does worrying ever keep you awake at night?
How many days in the past 3 months have you worried like that?
How long does it last?
When did you first start worrying like that?

Do you worry about what will happen in the future?

Do you worry about bad things happening in the future?

Do you worry about things that you have done?

Do you worry about how well you do things?

Like your work at college?
Or your job?
Or how good you are at sports?

WORRIES ABOUT FUTURE EVENTS
0 = Absent
2 = Present

WORRIES ABOUT PAST BEHAVIOR
0 = Absent
2 = Present

WORRIES ABOUT COMPETENCE OR PERFORMANCE
0 = Absent
2 = Present
Definitions and questions

Do you worry about what people will think of you?
Do you get worried when you are around other people?
Or how you are with other people?
Do you get self-conscious?
Do you worry about how you look?

Coding rules

SELF-CONSCIOUSNESS
0 = Absent
2 = Present

CCA0105

WORRIES ABOUT APPEARANCE
0 = Absent
2 = Present

CCA0106
### Definitions and questions

**Do you worry about whether your family will have enough money?**

**Do you worry about how you get along with people?**

**Who do you worry about?**

- Your spouse or significant other/partner?
- Your children?
- Your parents or grand-parents?
- Your boss or employer?
- Your coworkers?
- Other people?

---

### Coding rules

#### WORRIES ABOUT MONEY

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
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</table>

#### HOURS : MINUTES

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<th>Duration</th>
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<td>Frequency</td>
<td>Duration</td>
<td>Onset</td>
</tr>
<tr>
<td>CCA0D01</td>
<td>Duration</td>
<td>Onset</td>
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</tr>
<tr>
<td>CCA0001</td>
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#### WORRIES ABOUT RELATIONSHIPS

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<tr>
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</thead>
<tbody>
<tr>
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</table>

#### FOCUS OF WORRY

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<tbody>
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<td>CCA0X02</td>
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<td>CCA0X03</td>
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<td>Present</td>
</tr>
<tr>
<td>CCA0X06</td>
<td>Absent</td>
<td>Present</td>
</tr>
</tbody>
</table>
WORRIES ABOUT PHYSICAL ILLNESS (HYPOCHONDRIASIS)

All the characteristics of worrying are present including a total daily duration of at least 1 hour, but the worrying is specifically concentrated on the possibility of disease or malfunction in the subject.

Do you worry at all about whether you are physically ill?

That there may be something seriously wrong with you?
What do you worry about?
What do you think might happen?
How much do you worry about that?
Can you stop yourself from worrying?
What do you do?
How long does it last?
When did those worries start?

HYPOCHONDRIASIS

0 = Absent

2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Worrying is intrusive into most activities and nearly always uncontrollable.
ANXIOUS AFFECT

NERVOUS TENSION

Feeling of "nervousness," "nervous tension," "being on edge," "being keyed-up." The feeling is unpleasant and should have a total daily duration of at least 1 hour.

**Do you feel tense, nervous, or on edge?**

*How bad is it?*
*When does that happen?*
*Does anything bring it on?*
*Do you know why?*
*What do you feel "tense" about?*
*If you concentrate on something, or do something you like, does that feeling go away?*
*Do your muscles get sore?*

*How often have you felt like that in the last 3 months?*
*How many times per day?*
*How long does the feeling last?*
*When did it start?*

ANXIOUS FOREBODING

Subjective Anxious Affect with an unaccountable feeling of doom or that something awful may happen. It should have a total daily duration of at least 1 hour.

**Do you ever have a feeling, for no reason, that something awful is going to happen?**

*What?*
*How often does that happen?*
*How long does it last?*
*Is there anything you can do about it?*
*When did it start?*

NERVOUS TENSION

0 = Absent
2 = Nervous tension is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Nervous tension is intrusive into most activities and nearly always uncontrollable.

ANXIOUS FOREBODING

0 = Absent
2 = Anxious foreboding is intrusive into at least 2 activities and uncontrollable for at least some of the time.
3 = Anxious foreboding is intrusive into most activities and nearly always uncontrollable.
SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)

Feelings of fear and apprehension. Consider only the mood state itself here, and not its behavioral concomitants.

This overall item is not coded here but it is subclassified into Free Floating and Situation Specific Anxious Affects at the end of the section.

All anxious affect situations refer to anxiety-provoking stressors that affect the subject either in the presence of the stressor or just by thinking about it. Whether cued by the presence or by the anticipation of the stressor, the key concept is controllability of the anxiety.
Definitions and questions

SOCIAL ANXIETY
Subjective Anxious Affect specific to social interactions. There is desire for involvement with familiar people.

Include fear, self-consciousness, embarrassment, and concern about appropriateness of behavior when interacting with unfamiliar figures.

Do you ever get "nervous" or "frightened" when you have to talk to people you don't know well?

Do you feel very self-conscious or embarrassed around people you don't know well?

Do you ever feel very nervous or shy about asking someone for a date or going on a date?

Do you ever avoid meeting people because of it? What about parties? Do you do anything to avoid it? Has it affected what you do? What effect has it had? Do you get upset when you have to meet new people? Does it stop you from going out with others or dating? When did you start having feelings like that?

Coding rules

SOCIAL ANXIETY
- 0 = Absent
- 1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.
- 2 = Social anxiety is intrusive into at least 2 activities and uncontrollable at least some of the time.
- 3 = Social anxiety is intrusive into most activities and nearly always uncontrollable.
- 4 = Subject has not been in such a situation during the last 3 months because of avoidance, but reports that anxious affect would have occurred if had been in situation.

DISTRESS
- 0 = Absent
- 2 = New or forced social situation leads to (or would lead to) crying, lack of spontaneous speech, withdrawal from social situation.

AVOIDANCE
- 0 = Absent
- 2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
- 3 = Subject lives a highly restricted life because of feared situations.
Definitions and questions

FEAR OF ACTIVITIES IN PUBLIC
Subjective Anxious Affect specific to the public performance of activities that do not elicit fear when performed in private. Include public speaking, eating in public, or going to the bathroom in a store or restaurant.

Do you get nervous or frightened when you have to do things in front of other people?

What about when you are called on to speak in front of people?

Does it embarrass you to eat when other people are around?

What happens?
How does it affect you?
Can you stop yourself from feeling that way?
Do you do anything to avoid having to “do it” in front of others?
What effect has it had on what you do?
When did it start?

Coding rules

FEAR OF ACTIVITIES IN PUBLIC

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CCA9I01</td>
</tr>
<tr>
<td>1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>3 = Fear is intrusive into most activities and nearly always uncontrollable.</td>
<td></td>
</tr>
<tr>
<td>4 = Subject has not been in situation in past 3 months because of avoidance, but reports that anxious affect would be present if had been in situation.</td>
<td></td>
</tr>
</tbody>
</table>

DISTRESS

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = New or forced social situation leads to (or would lead to) crying, lack of spontaneous speech, or withdrawal from social situation.</td>
</tr>
</tbody>
</table>

ONSET: DISTRESS

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.</td>
</tr>
<tr>
<td>3 = Subject lives a highly restricted life because of feared situations.</td>
</tr>
</tbody>
</table>

ONSET: AVOIDANCE

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
</tbody>
</table>
Definitions and questions

ANIMAL FEARS
Subjective Anxious Affect specific to certain animals.

Do not include fears of spiders, insects, snakes, or birds.

Do any animals frighten you?

Which ones?
Why are you frightened of them?
What do you do about it?
Do you try to avoid them?
Are you afraid of them even just seeing a picture or television show?
When did you start being afraid of animals?

FEAR OF ANIMALS
0 = Absent
2 = Fear of animals is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear of animals is intrusive into most activities and nearly always uncontrollable.
4 = Subject has not been in situation in past 3 months because of avoidance, but reports that anxious affect would be present if had been in situation.

AVOIDANCE
0 = Absent
2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
3 = Subject lives a highly restricted life because of feared situations.

ONSET: AVOIDANCE
Definitions and questions

FEAR OF INJURY
Subjective anxious affect specific to the possibility of being injured or hurt.

Do you feel "nervous" or "frightened" about getting hurt or injured?

What is that like?
Does it affect what you do?
In what way?
What do you do about it?
When did you start feeling like that?

Coding rules

FEAR OF INJURY
0 = Absent
2 = Fear of an injury is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear of injury is intrusive into most activities and nearly always uncontrollable.
4 = Subject has not been in situation in the past 3 months because of avoidance, but reports that anxious affect would be present if had been in situation.

AVOIDANCE
0 = Absent
2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
3 = Subject lives a highly restricted life because of feared situations.

ONSET: AVOIDANCE

Codes

CCB6I01
Intensity

CCB6O01

CCB7I01

CCB7O01

For Review Only
FEAR OF BLOOD/INJECTION

Subjective Anxious Affect in relation to sight of blood, receipt or sight of injections, or anticipation of sight of blood or injections.

AIDS-related fears are not coded here.

Distinguish from Fear of Doctor/Dentist

Do you feel "nervous" about the sight of blood?
Are you fearful of getting a shot or injection?
Are you afraid of seeing anyone getting an injection?

How does it affect you?
Can you stop yourself from being afraid?
Do you do anything to avoid it?
When did you start being fearful of that?

Coding rules

FEAR OF BLOOD/INJECTION

0 = Absent
2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear is intrusive into most activities and nearly always uncontrollable.
4 = Subject has not been in situation in past 3 months because of avoidance, but reports that anxious affect would be present if had been in situation.

CCE0001

ADOPTION

0 = Absent
2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
3 = Subject lives a highly restricted life because of feared situations, or has neglected appropriate medical care.

ONSET: AVOIDANCE

CCE1001
Definitions and questions

**ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MÉMOIR**

**Are there any other things that you’re afraid of?**

*IF YES, OR IF ONE OR MORE FEARS ALREADY ELICITED, CHECK ITEMS ON LIST BELOW. OTHERWISE, PROCEED TO SITUATIONAL ANXIOUS AFFECT.*

**Heights**

**Elevators**

**Insects and spiders.**

**Snakes**

**Birds**

**The dark.**

**Frightening things on TV and Movies.**

**War**

**Storms?**

**Still water, like lakes or pools?**

**Closed spaces, like tunnels?**

**Flying?**

**Other**

*When did you start having those fears?*

### Coding rules

#### OTHER FEARS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Fear is intrusive into most activities and nearly always uncontrollable.</td>
</tr>
<tr>
<td>4</td>
<td>Subject has not been in situation in past 3 months because of avoidance, but reports that anxious affect would be present if had been in situation.</td>
</tr>
</tbody>
</table>

#### AVOIDANCE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.</td>
</tr>
<tr>
<td>3</td>
<td>Subject lives a highly restricted life because of feared situations.</td>
</tr>
</tbody>
</table>

#### ONSET: AVOIDANCE

[Codes: CCB8I01, CCB9I01]
Definitions and questions

SITUATIONAL ANXIOUS AFFECT
Anxious Affect that occurs in certain situations/environments.

REVIEW NOTES OF THE ANXIETY CIRCUMSTANCES AND CODE THE PROVOKING OCCURRENCES OF ANY OF THE FORMS OF SPECIFIC ANXIOUS AFFECT.

REMEMBER TO COLLECT FREQUENCIES AND DURATIONS.

How many days in the past 3 months have you had any of these fears?
Does that happen more than once a day on those days?
How long does it usually last?

Coding rules

SITUATIONAL ANXIOUS AFFECT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>The subject feels fear, or experiences anticipatory anxiety, that is at least sometimes uncontrollable in more than one activity or requires excessive reassurance.</td>
</tr>
<tr>
<td>3</td>
<td>The subject feels fear, or experiences anticipatory anxiety, that is almost completely uncontrollable in most activities.</td>
</tr>
<tr>
<td>4</td>
<td>The subject has not been in the anxiety provoking situation during the past 3 months because of avoidance, but reports that the anxious affect would have occurred if s/he had been in such a situation.</td>
</tr>
</tbody>
</table>

Codes

- **CCC0I01** Intensity
- **CCC0F01** Frequency
- **CCC0D01** Duration
- **CCC0O001** / /
### Definitions and questions

**PANIC**

**PANIC ATTACKS**

Panic attacks are discrete episodes of overwhelming subjective anxious affect and autonomic symptoms that reach a peak within 10 minutes of onset, and that the subject usually tries to terminate by taking some definite action, unless they are too "frozen" by panic to do so.

**Do you ever get panicky?**

- Has that happened in the last 3 months?
- What happens then?
- Does it affect you physically at all?
- When does it happen?
- Does it occur for no good reason?
- Does it sometimes happen "out of the blue"?
- What triggers it?
- Do you have to get out of the situation?
- How long does it last?
- What do you do?
- Do you try to avoid situations where you might get panicky?
- How many times has that happened in the last 3 months?
- When did it start?

---

**Coding rules**

**PANIC ATTACKS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Panic attack that is of such severity that subject stops activity engaged in at the time.</td>
</tr>
</tbody>
</table>

**FREE FLOATING**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Panic attack unassociated with any particular situation.</td>
</tr>
</tbody>
</table>

**SITUATIONAL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Panic attack that occurs in certain situations/environments.</td>
</tr>
</tbody>
</table>

---

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCC5I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CCC5I02</td>
<td></td>
</tr>
<tr>
<td>CCC5I03</td>
<td></td>
</tr>
<tr>
<td>CCC5F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CCC5D01</td>
<td>Duration</td>
</tr>
<tr>
<td>CCC5O01</td>
<td></td>
</tr>
</tbody>
</table>

---

IF NO PANIC ATTACKS, SKIP TO "AGORAPHOBIA", (PAGE 15).
Definitions and questions

DEREALIZATION DURING PANIC ATTACK
The subject experiences his/her surroundings as unreal; everything may seem colorless, artificial, or dead.

When you got panicky, did you feel that things around you didn’t seem real?
Or that it was like a stage set with people acting like robots instead of being themselves?
What was it like?

DEPERSONALIZATION DURING PANIC ATTACK
The subject feels as if s/he is unreal, that s/he is acting a part, that s/he is detached from his/her own experiences.

When you got panicky, did you feel as if you weren’t real?
Did you feel like you were acting your life instead of being natural?
Did you feel that you were outside your body looking at yourself from outside your body?

FEAR OF LOSS OF CONTROL DURING PANIC ATTACK
Subject feels as though “going crazy” or is afraid of losing control over body or mind (e.g. urinating in public, falling down, creating a "scene").

When you got panicky, were you afraid of what you might do?
That you might fall down, or create a "scene"?
Did you feel like you were going crazy?
Or losing control of your mind?

FEAR OF DYING DURING PANIC ATTACK
Subject feels as though s/he might die, or is afraid that s/he might die.

When you got panicky, were you afraid that you might die?
CONCERN ABOUT ADDITIONAL PANIC ATTACKS
Concern, worry, or anxious affect related to the possibility that another panic attack may occur.

Are you worried about having another "panic attack"?
Does it bother you much?

CHANGE IN BEHAVIOR
Any change in usual behavior or routines, intended to avoid the possibility of a panic attack recurrence. Or changes in behavior or routine to avoid potential embarrassment or humiliation that the subject fears might result from a panic attack.

Have you done anything to avoid having anymore "panic attacks"?
Does that affect your life much?

WORRY ABOUT IMPLICATIONS
Worry or anxious affect related to possible secondary consequences of having another panic attack.

Do not include such worries or fears during a panic attack which are coded under Fear of Loss of Control During Panic Attack.

Have you been worried about what might happen if you had another "panic attack"?
What do you think might happen?
Have you been afraid that you might die?
Or go crazy?
Or lose control?

IF PANIC NOT PRESENT, SKIP TO "AGORAPHOBIA", (PAGE 15).
### ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS

Autonomic symptoms accompanied by subjective anxious affect.

**When you're** “worried,” “anxious,” or frightened, **does it affect you physically at all?**

**What do you notice?**

**Do you get dizzy, giddy, or faint?**

**Does it affect your breathing?**

**How?**

**Does it affect your heart?**

**Do you get a pain in your chest?**

**Do you get sweaty?**

**Or feel sick?**

#### Coding rules

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS</td>
<td>CCCE190</td>
<td>Intensity</td>
</tr>
<tr>
<td>DIZZINESS/FAINTNESS</td>
<td>CCE5I01</td>
<td></td>
</tr>
<tr>
<td>CHOKING/SMOTHERING</td>
<td>CCE5I03</td>
<td></td>
</tr>
<tr>
<td>DIFFICULTY BREATHING</td>
<td>CCE5I04</td>
<td></td>
</tr>
<tr>
<td>RAPID BREATHING</td>
<td>CCE5I05</td>
<td></td>
</tr>
<tr>
<td>PALPITATIONS/TACHYCARDIA</td>
<td>CCE5I06</td>
<td></td>
</tr>
<tr>
<td>TIGHTNESS OR PAIN IN CHEST</td>
<td>CCE5I07</td>
<td></td>
</tr>
<tr>
<td>SWEATING</td>
<td>CCE5I08</td>
<td></td>
</tr>
<tr>
<td>NAUSEA</td>
<td>CCE5I09</td>
<td></td>
</tr>
</tbody>
</table>

#### Codes

- **Intensity**
- **No**
- **Yes**
Definitions and questions

**Does it affect your stomach?**

**Do you get shaky or twitch?**

**Do you get flushed?**

**Do you get chills?**

**Do you have funny feelings in your fingers or toes?**

**Does your stomach churn?**

Does it only happen in certain situations?  
Or can it happen any time?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUTTERFLIES/PAIN IN THE STOMACH</strong></td>
<td>CCE5I11</td>
</tr>
</tbody>
</table>
| 0 = No  
2 = Yes |
| **TREMBLING/SHAKING/TWITCHING** | CCE5I13 |
| 0 = No  
2 = Yes |
| **FLUSHING OR CHILLS** | CCE5I14 |
| 0 = No  
2 = Yes |
| **PARAESTHESIAE** | CCE5I16 |
| 0 = No  
2 = Yes |
| **ABDOMINAL CHURNING** | CCE5I18 |
| 0 = No  
2 = Yes |
**AGORAPHOBIA**
Subjective anxious affect concerning crowds, public places, traveling alone or traveling away from home.

*Are you afraid of being outside of your home?*
*Do you get afraid when you’re in a crowded place?*
*Are you afraid of traveling in a car, bus, or airplane?*
*How about being on public transportation?*
*Or in public places?*
*Do you feel anxious being in crowded places?*
*Are you nervous standing in lines?*
*Or on a bridge?*

*Is that just because you’re afraid of heights?*
*Do you get worried or upset when you have to leave the house?*
*Do you get worried or frightened when you’re at school/work?*
*Do you ever get frightened that bad things will happen to people you care about when you’re not with them?*
*Do you ever stay at home from work/school because you’re frightened to go?*
*Do you ever have to leave work/school and go home because you feel worried or frightened?*

*Why is that?*
*How does it affect you?*

---

**Codes**

- **AGORAPHOBIA**
  - 0 = Absent
  - 2 = Present

- **FEAR OF CROWDS**
  - 0 = Absent
  - 2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
  - 3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
  - 4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

- **FEAR OF PUBLIC PLACES**
  - 0 = Absent
  - 2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
  - 3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
  - 4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

- **FEAR OF TRAVELING UNACCOMPANIED**
  - 0 = Absent
  - 2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
  - 3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
  - 4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

- **FEAR OF LEAVING HOME**
  - 0 = Absent
  - 2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
  - 3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
Definitions and questions

Codings rules

4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

FEAR WHEN AWAY FROM HOME

0 = Absent
2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

FEAR OF HARM BEFALLING OTHERS WHEN AWAY

0 = Absent
2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

STAYS HOME FROM SCHOOL/WORK

0 = Absent
2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

LEAVES CLASS/WORK

0 = Absent
2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.
Anxious Affect

IF "AGORAPHOBIA" ABSENT, SKIP TO "WORRY/ANXIETY ABOUT MOVING OUT OF THE PARENTAL HOME", (PAGE 19).

Coders

avoidance, but reports that the anxious affect would be present if had been in such a situation.

AVOIDANCE

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situations or needs a companion to enter or stay in situation.

3 = Subject lives a highly restricted life because of feared situations.

ONSET: AVOIDANCE

For Review Only

For Review Only
AVOIDANCE
The development of routines or a lifestyle that allows the subject to avoid agoraphobic symptoms.

FEAR OF PANIC OR PANIC-LIKE SYMPTOMS
Fears described under agoraphobia result from being in places or situations from which the subject feels it would be difficult or embarrassing to escape in the event of a panic attack or panic-like symptoms.

Fears of panic may be present even when subject has not had a panic attack in the recent past.

Are you afraid because you might get panicky in those situations?
Or that you might embarrass yourself?
Or that you couldn’t easily escape if you had to?
Are you afraid because there might be no one to help you if you got panicky?

Does this happen in different situations or places?
Can you stop yourself from being afraid?
Do you avoid going there/doing that?
Does it affect what you do or where you go?
What effect has it had?

AVOIDANCE
0 = Absent
2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
3 = Subject lives a highly restricted life because of feared situations.

FEAR OF PANIC ATTACK OR PANIC-LIKE SYMPTOMS
0 = Agoraphobic symptoms not associated with fear of panic attack or panic-like symptoms.
2 = Some agoraphobic symptoms or sometimes agoraphobic symptoms associated with fear of panic attack or panic-like symptoms.
3 = Agoraphobic symptoms always associated with fear of panic attack or panic-like symptoms.
Definitions and questions

**WORRY/ANXIETY ABOUT MOVING OUT OF THE PARENTAL HOME**

Worry or anxiety specific to moving out of a parental home. The worry or anxiety influences subject's decision regarding moving out.

*Are you worried or frightened about moving out?*

*Or leaving the home where you grew up?*

Moving to your own place?
Or living somewhere else?
Can you tell me a little about that?
Does that worry interfere with other thoughts or things you want to do?
Can you stop yourself from worrying about that?
When did that start?

**WORRY/ANXIETY ABOUT MOVING OUT PREVENTS GOING AWAY TO COLLEGE/MILITARY/POST-SECONDARY PROGRAM**

Worry or anxiety specific to moving away from friends and familiar surroundings that prevents the subject from going away to college/military/post-secondary program.

*Did you decide not to go away to college because you were worried or anxious about moving out?*

*Or leaving your friends?*

*Or familiar surroundings?*

Can you tell me a little about it?
What happened?
What did you decide?

Coding rules

**WORRY/ANXIETY ABOUT MOVING OUT OF THE PARENTAL HOME**

0 = Absent
2 = With anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.
3 = With anticipatory worry or anticipatory anxiety occurring, almost entirely uncontrollable, in most cases.
4 = Subject has not felt worry/anxiety about moving out of the parental home in the last three months because moving out was not imminent, but reports that anxious affect would have been present had he been considering moving out.

**WORRY/ANXIETY PREVENTS GOING AWAY**

0 = Absent
1 = Partial Contributory Reason.
2 = Yes
WORRY/ANXIETY ABOUT LEAVING THE RESERVATION
Worry or anxiety specific to the possibility of moving off of the Reservation to attend school or work.

Did you decide not to go away because you were worried or anxious about leaving the reservation?
Or leaving your friends?
Or familiar surroundings?
Were you worried about losing your identity?
Or that you would lose touch with your culture?
Can you tell me a little about that?

HOMESICKNESS
High level of distress at leaving home or family or friends.

Are you/have you been homesick at school?
Are you/have you been distressed or upset about being away from home or friends?

How bad was it?
How often has that happened in the last 3 months?
How long does it last when you feel like that?
When did you first start feeling like that?

WORRY/ANXIETY ABOUT LEAVING THE RESERVATION
0 = Absent
1 = Partial Contributory Reason.
2 = Yes

HOMESICKNESS
0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable.
3 = Present in most activities and almost always uncontrollable.
4 = Homesickness not present in last 3 months because back at home or home environment, but subject reports would have been homesick if had still been in college, military, post-secondary program setting.

HOURS : MINUTES

For Review Only
DROPPED OUT
Subject dropped out of school or left a job or military training because s/he missed home, family, or friends.

Did you leave or drop out of college/job training/military?
What happened?
Was it because you missed home so much?
Was that the only reason?
Have you dropped out of other programs?

Coding rules:

DROPPED OUT BECAUSE MISSED HOME, FAMILY, OR FRIENDS
0 = Did not drop out
2 = Dropped out because missed home, family or friends.

CCF3O01

For Review Only
HISTORY OF NON-COMPLETION
Subject has a history of dropping out or not completing a program or job preparation.

Have you dropped out of college or not completed other programs for any other reason?
Where was that?
What kind of program was it?
Why didn’t you finish?
Have you done that more than once?
When was that?

REASONS FOR NON-COMPLETION: PROGRAM #1
1 = Dropped out for academic reasons.
2 = Dropped out for financial reasons (e.g. cost of program, cost of supporting self while attending program, lost scholarship).
3 = Homesick
4 = Anxiety, fear of failure, phobias.
5 = Friction with other students.
6 = Friction with program personnel.
7 = Other
8 = Decided it wasn’t the “right” program
9 = Lost interest in education
Specify

REASONS FOR NON-COMPLETION: PROGRAM #2
1 = Dropped out for academic reasons.
2 = Dropped out for financial reasons (e.g. cost of program, cost of supporting self while attending program, lost scholarship).
3 = Homesick
4 = Anxiety, fear of failure, phobias.
5 = Friction with other students.
6 = Friction with program personnel.
7 = Other
8 = Decided it wasn’t the “right” program

Definitions and questions

Codings rules

9 = Lost interest in education
Specify

ONSET 2

REASONS FOR NON-COMPLETION: PROGRAM #3

1 = Dropped out for academic reasons.
2 = Dropped out for financial reasons (e.g. cost of program, cost of supporting self while attending program, lost scholarship).
3 = Homesick
4 = Anxiety, fear of failure, phobias.
5 = Friction with other students.
6 = Friction with program personnel.
7 = Other
8 = Decided it wasn’t the “right” program
9 = Lost interest in education
Specify

ONSET 3

REASONS FOR NON-COMPLETION: PROGRAM #4

1 = Dropped out for academic reasons.
2 = Dropped out for financial reasons (e.g. cost of program, cost of supporting self while attending program, lost scholarship).
3 = Homesick
4 = Anxiety, fear of failure, phobias.
5 = Friction with other students.
6 = Friction with program personnel.
7 = Other
8 = Decided it wasn’t the “right” program
9 = Lost interest in education
Specify
### Definitions and questions

#### Anxious Affect

**FREE FLOATING ANXIOUS AFFECT**

Occurs unassociated with any particular situation; total daily duration of at least 1 hour.

**Do you ever feel frightened without knowing why?**

- How often does this happen?
- How long does it last when you are frightened like that?
- When did it start?

#### Coding rules

<table>
<thead>
<tr>
<th>ONSET 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:CCF8001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXCESSIVE NEED FOR REASSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Seeks reassurance at least weekly (for 4 consecutive weeks), but not to the extent of interfering with ordinary social discourse.</td>
</tr>
<tr>
<td>3 = Seeks reassurance to such an extent that ordinary social discourse with at least one person is interfered with as evidenced by loss of patience, or avoidance of contact with subject, by that person.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FREE FLOATING ANXIOUS AFFECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>2 = The child feels fear, or experiences free-floating anxiety that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.</td>
</tr>
<tr>
<td>3 = The child feels fear, or experiences free-floating anxiety, that is almost completely uncontrollable in most activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CCC1001</th>
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</tbody>
</table>

**Intensity**

- CCC1I01
- CCC1F01
- CCC1D01
IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "CONTENT OF OBSESSIONAL THOUGHTS", (PAGE 4).

For Review Only
**STARTLE RESPONSE**
Exaggerated startle response to minor stimuli. Do not include startling in response to situations that would make most people jump.

*Do you startle easily?*

*What sort of things make you jump?*

**CONCENTRATION DIFFICULTIES**
Difficulty in concentrating, or mind “going blank” when feeling anxious.

*When you feel “anxious” or scared, is it hard for you to concentrate?*

*What happens?*
*Does your mind go blank?*
*How many times has that happened in the last 3 months?*

**EASY FATIGABILITY**
Subject becomes easily fatigued when anxious.

*When you feel “anxious” do you get tired easily?*

*What happens?*
*Does it reduce your ability to do what you need to be doing?*
*How often has that happened in the last 3 months?*

**ANXIOUS AUTONOMIC SYMPTOMS**
Autonomic symptoms accompanied by subjective anxious affect (occurs when subject is frightened, worried or nervous).

*When you’re “anxious” or frightened, does it affect you physically at all?*

*What do you notice?*

*Do your muscles get tensed up?*

---

**STARTLE RESPONSE**

| 0 = Absent | 2 = Startles to an exaggerated degree on slight provocation. |

**CONCENTRATION DIFFICULTIES**

| 0 = Absent | 2 = Concentration impairment sufficient to interfere with ongoing activities. |

**NUMBER OF DAYS IN THE LAST THREE MONTHS**

**EASY FATIGABILITY**

| 0 = Absent | 2 = Feels fatigued after slight exertion but continues with tasks at hand. |
| 3 = Fatigue leads to reduced performance of tasks at hand. |

**NUMBER OF DAYS IN THE LAST 3 MONTHS**

**AUTONOMIC SYMPTOMS**

| 0 = Absent | 2 = Present |

**MUSCLE TENSION**

| 0 = No | 2 = Yes |
## Definitions and questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you get jumpy?</td>
<td>CCD0120</td>
</tr>
<tr>
<td>Keyed up?</td>
<td></td>
</tr>
<tr>
<td>On edge?</td>
<td></td>
</tr>
<tr>
<td>Do you get restless?</td>
<td>CCD0121</td>
</tr>
<tr>
<td>Do you tremble, twitch, or shake?</td>
<td>CCD013</td>
</tr>
<tr>
<td>Do you have muscle aches or soreness?</td>
<td>CCD015</td>
</tr>
<tr>
<td>Do your hands feel cold or clammy?</td>
<td>CCD016</td>
</tr>
<tr>
<td>Does your mouth feel dry?</td>
<td>CCD010</td>
</tr>
<tr>
<td>Do you feel sweaty?</td>
<td>CCD010</td>
</tr>
<tr>
<td>Or feel nauseous?</td>
<td>CCD010</td>
</tr>
<tr>
<td>Do you have diarrhea?</td>
<td>CCD012</td>
</tr>
<tr>
<td>Do you have to urinate more frequently?</td>
<td>CCD010</td>
</tr>
<tr>
<td>Do you have trouble swallowing?</td>
<td>CCD012</td>
</tr>
</tbody>
</table>

## Coding rules

<table>
<thead>
<tr>
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<th>Description</th>
<th>Value</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
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<td>CCD0120</td>
<td>JUMPINESS</td>
<td>0 = No</td>
<td>RESTLESSNESS</td>
<td>0 = No</td>
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<td>CCD0121</td>
<td>RESTLESSNESS</td>
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<td>CCD013</td>
<td>TREMBLING/TWITCHING/SHAKING</td>
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<td>MUSCLE ACHES OR SORENESS</td>
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<td>MUSCLE ACHES OR SORENESS</td>
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<td>COLD OR CLAMMY HANDS</td>
<td>0 = No</td>
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<tr>
<td>CCD012</td>
<td>COLD OR CLAMMY HANDS</td>
<td>2 = Yes</td>
<td>DRY MOUTH</td>
<td>0 = No</td>
</tr>
<tr>
<td>CCD010</td>
<td>DRY MOUTH</td>
<td>2 = Yes</td>
<td>SWEATING</td>
<td>0 = No</td>
</tr>
<tr>
<td>CCD010</td>
<td>SWEATING</td>
<td>2 = Yes</td>
<td>NAUSEA</td>
<td>0 = No</td>
</tr>
<tr>
<td>CCD012</td>
<td>NAUSEA</td>
<td>2 = Yes</td>
<td>DIARRHEA</td>
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<tr>
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<td>DIARRHEA</td>
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<td>URINARY FREQUENCY</td>
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<tr>
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<td>URINARY FREQUENCY</td>
<td>2 = Yes</td>
<td>TROUBLE SWALLOWING</td>
<td>0 = No</td>
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<tr>
<td>CCD012</td>
<td>TROUBLE SWALLOWING</td>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

Do you feel a lump in your throat?

Coding rules

LUMP IN THE THROAT
0 = No
2 = Yes

Codes

CCD0I24
Ruminations and Obsessions

Definitions and questions

**RUMINATIONS AND OBSESSIONS**

*N.B. Get examples of thoughts and behavior and consider codings for Incapacity.*

**RUMINATIONS**

Unproductive dwelling on particular themes, but the content lacks the unpleasant quality of worrying or the alien quality of Obsessions; total daily duration of at least 1 hour.

**Does your thinking tend to go round and round in circles?**

**Do you ever go over the same old thoughts over and over again?**

What is that like?
Do you try to stop it?
Does that work?
Does your thinking seem to be going nowhere sometimes?
What do you think about?
How often is your thinking like that?
Where does this happen?
Does it interfere with other things you want to think about?
Can you do anything about it?
How long does it last?
When did it start?

**Coding rules**

**RUMINATIONS**

0 = Absent

2 = Rumination intrusive into at least 2 activities and uncontrollable at least sometimes.

3 = Rumination intrusive into almost all activities and hardly ever controllable.

**HOME**

**SCHOOL/WORK**

**ELSEWHERE**

**HOURS : MINUTES**

**Codes**

<table>
<thead>
<tr>
<th>CCD2I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>CCD2F01</th>
<th>Home Frequency</th>
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</table>

<table>
<thead>
<tr>
<th>CCD2F02</th>
<th>School/Work Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CCD2F03</th>
<th>Elsewhere Frequency</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>CCD2D01</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CCD2O01</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>//</td>
</tr>
</tbody>
</table>
OBSESSIONAL THOUGHTS

Painful, recurrent, repetitive ideas, thoughts, or images that the subject experiences as intrusive and unwanted. Subject regards these as being incompatible with his/her image of him/herself as a person, but does not regard these as being external implants.

Do you have thoughts that get stuck in your mind that you can't get rid of?

Do you have any awful or ridiculous thoughts that keep coming back into your mind even though you don't want them to?

What kind of thoughts are they?
Do you have any silly thoughts or words that won't go away?

Do you have any special things you think about to get rid of horrible things in your mind?

What are they?
Do you have to count things over and over?

Do you have thoughts you have to think in a certain way?

Do you feel uncomfortable if you can't think these thoughts just right?
What makes you do it?

Do you try and make the thoughts go away?
Do they interfere with other things you want to think about?
Can you do anything about it?
Do you try not to think about them?
How long do they go on for?
When did they start?
Does that happen at home? at school or work? anywhere else?
How often have you had thoughts like that in the last 3 months?
**OBSESSATIONAL RITUALS**

Recurrent, repetitive ideas, thoughts, images, or mental rituals engaged in to reduce or extinguish the mental discomfort generated by Obsessional Thoughts. Performed despite being regarded as excessive, unreasonable, pointless, or absurd.

Occasionally mental rituals may be performed but the subject is unable or unwilling to describe clear Obsessional Thoughts. Such mental rituals may be coded as Obsessional Rituals provided they meet the other criteria for an Obsessional Ritual.

**OBSESSIONAL RITUALS**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Obsessional rituals are intrusive and uncontrollable in at least 2 activities at least sometimes.</td>
</tr>
<tr>
<td>3</td>
<td>Obsessional rituals are intrusive into most activities and almost always uncontrollable.</td>
</tr>
</tbody>
</table>

**HOME**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**SCHOOL/WORK**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
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</table>

**ELSEWHERE**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
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<tbody>
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</tbody>
</table>

**RESISTANCE TO OBSESSIONAL RITUALS**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Subject tries to resist thinking the obsessional ritual at least sometimes.</td>
</tr>
<tr>
<td>3</td>
<td>Subject usually tries to resist thinking the obsessional ritual.</td>
</tr>
</tbody>
</table>
CONTENT OF OBSESSIONAL THOUGHTS
Code the theme or content of the Obsessional Thoughts. More than one type may be present, in which case code both or all.

IF OBSESSIONAL THOUGHTS ARE ASSOCIATED WITH TRAUMATIC EVENTS, CODE THERE ALSO.

<table>
<thead>
<tr>
<th>CONTENT OF OBSESSIONAL THOUGHTS</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSMITTING DISEASE</td>
<td>CCD6I01</td>
</tr>
<tr>
<td>MAGICAL, E.G., WARDING OFF DANGER</td>
<td>CCD6I02</td>
</tr>
<tr>
<td>SEX RELATED</td>
<td>CCD6I03</td>
</tr>
<tr>
<td>CONCERNS ABOUT PERFORMANCE</td>
<td>CCD6I04</td>
</tr>
<tr>
<td>VIOLENCE</td>
<td>CCD6I05</td>
</tr>
<tr>
<td>OTHER</td>
<td>CCD6I06</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTENT OF OBSESSIONAL THOUGHTS</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
<td>CCD6X01</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
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<tr>
<td>0 = Absent</td>
<td></td>
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<td>2 = Present</td>
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<td>0 = Absent</td>
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<td>2 = Present</td>
<td></td>
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<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
COMPULSIONS

Repetitive, purposeful, and intentional acts associated with a subjective feeling of compulsion arising from within the subject and not forced by any external power or agency, performed despite being regarded as excessive, unreasonable, pointless, or absurd.

NOTE: If a clear external force is reported as being the motivator of compulsive behavior, code under delusions and delusional interpretations.

Do you have to check on things more than other people?
Are there any things that you feel you have to do?
Like touching things in a certain way?
Or washing over and over again?
Do you spend a lot of time putting things in a special order?
Or arranging things so that they are just right?
Do you have any routines or rituals that you have to do?
What would happen if you didn’t do it?
What then?
What are you afraid will happen?
Do you feel uncomfortable if you don’t “do compulsion” just right?
Are you worried about dirt or germs?
What do you do about it?
Why do you do it?

What makes you do it?
How long do you do it for?
When did it start?
Do you try not to do it?

Coding rules

COMPULSIONS

0 = Absent
2 = Compulsions intrusive into at least 2 activities and are at least sometimes uncontrollable.
3 = Compulsions intrusive into most activities and are almost always uncontrollable.

HOME

CCD7F01 Home Frequency

SCHOOL/WORK

CCD7F02 School/Work Frequency

ELSEWHERE

CCD7F03 Elsewhere Frequency

HOURS : MINUTES

CCD7D01 Duration

CCD7O01 Onset

RESISTANCE

0 = Absent
2 = Subject tries to resist performing the compulsive act at least sometimes.
3 = Subject usually tries to resist.

CHECKING (AT LEAST 3 TIMES)

0 = Absent
2 = Present

AVOIDING

0 = Absent
2 = Present
<table>
<thead>
<tr>
<th></th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOUCHING</td>
<td>0 = Absent</td>
<td>CCD8I03</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>WASHING/CLEANING</td>
<td>0 = Absent</td>
<td>CCD8I04</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>REPEATING</td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>VIOLENCE</td>
<td>0 = Absent</td>
<td>CCD8I06</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
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</tr>
<tr>
<td>OTHER</td>
<td>0 = Absent</td>
<td>CCD8I07</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
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</tr>
</tbody>
</table>
**Definitions and questions**

**DEPRESSED AFFECT**

*Now we are going to talk about some of your feelings. N.B. GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY*

**DEPRESSED MOOD**

Feelings of low mood. Includes feeling unhappy, miserable, blue, low spirited, being down in the dumbs or dejected.

Distinguish from other unpleasant affects e.g. Nervous Tension or Anxiety, Apathy and Anhedonia. It is also important to make sure that it is the mood itself that is being rated and not its "expected" concomitants (such as apathy, self depreciation or crying). Items such as these are rated separately. If they are used as evidence of depression as well, spurious relationships will be generated by the interviewer.

*Have you been feeling "down" at all?*

*Have you been unhappy or depressed in the past 3 months?*

*Do you cry because of this feeling? Can you tell me what it's like when you feel like that? Is/Was it serious? If I had seen you then would I have been able to tell? What made you feel "miserable"?*

*How often have you felt like that (in the last 3 months)? Is that on your mind all the time? Or only some of the time? What happens when you're doing something else? When you feel like that, how long does it last? When did you first start having feelings like that?*

*Was there a week when you felt "miserable" most days? Were there two weeks when you were "miserable" on at least 8 days? Has there been a period of at least 2 months in the last year when you didn't feel like that?*

---

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDA0I01</td>
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<tr>
<td>CDA0F01</td>
</tr>
<tr>
<td>CDA0D01</td>
</tr>
<tr>
<td>CDA0O01</td>
</tr>
</tbody>
</table>

**EPISODE OF DEPRESSED MOOD**

| 0 = Absent |
| 2 = At least 1 week with 4 days depressed mood. |
| 3 = Period of 2 consecutive weeks where depressed mood present on at least 8 days. |

**PERIOD OF 2 CONTINUOUS MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR?**

| 0 = Present |
| 2 = Absent |
Definitions and questions

LOOKS UNHAPPY
Subject's evaluation that s/he characteristically looks unhappy to an extent abnormal for the subject's age or developmental stage.

Has anyone said that you look unhappy or sad, in the last 3 months?

Do you think that you generally look unhappy or sad?

How much do you laugh or smile?
Is that similar to other people your age?
Is it less?
What about when nice things happen?
Do you look more cheerful then?
How many days out of the past 3 months would you say you have looked "unhappy"?

How much of the day did you look that way?

When did that start?

IF "DEPRESSED MOOD" OR "LOOKS UNHAPPY" PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 6).

Coding rules

LOOKS UNHAPPY
0 = Absent
2 = Subject looks unhappy in at least 2 activities but looks more cheerful at times.
3 = Subject hardly ever looks normally cheerful.

HOURS : MINUTES

Onset

Codes
DISTINCT QUALITY OF DEPRESSED MOOD
Depressed mood has a subjectively different quality from sadness. Thus the rating should be contrasted with an experience that caused sadness, such as loss of a pet or watching a very weepy film.

Check that the provoking situation is one that is appropriate for sadness. Prompt on such situations if necessary.

Is it different from the feeling you get when something sad happens or you see a sad tv show or movie?

Is your feeling "depressed" like that or does it feel different?

Can you tell me how it is different?

ALLEVIATION OF DEPRESSED MOOD BY SELF-GENERATED MEANS
Alleviation of depressed mood refers to means that the subject may find effective in alleviating his/her depressed mood.

Alleviation by self generated means: The subject alleviates mood by actively involving him/herself in other thoughts or activities.

N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.

N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD". IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELIEVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED”.

When you feel "miserable", can anything cheer you up?

What?

Can you do anything to cheer yourself up?

How long would it take to cheer yourself up? Or make yourself feel better?
Definitions and questions

**ALLEVIATION OF DEPRESSED MOOD BY EXTERNAL MEANS**

Alleviation of depression refers to means that the subject may find effective in alleviating his/her depressed mood.

Alleviation by external means: The mood is alleviated by a more passive process in which other activities or events occurring without the subject's willful use of them for this purpose alleviated depressed mood.

**N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.**

**N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD". IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELEIVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIAABLE. CODE AS "NEVER EMPLOYED".**

*When you feel "miserable," can others do anything to cheer you up?*

*Do you cheer up when you take part in some kind of activity?*

Like hanging out with friends?  
Or going out for a walk or to the mall?  
How much of the time would things "cheer" you up?

**DIURNAL VARIATION OF MOOD - AM WORST**

Depressed mood is consistently worse in the first half of the day, irrespective of external events. (lasting at least 14 days [not necessarily consecutive])

The subject must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

*Is there any time of the day when you feel more "depressed" or "sad" than others?*

*Do you feel more "sad" in the morning/evening?*  
*How long does the worst time last?*  
*How would anybody know that you felt like that?*
Definitions and questions

DIURNAL VARIATION OF MOOD - PM WORST
Depressed mood is consistently worse in the second half of the day, irrespective of external events.

The subject must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

Do you feel more "sad" in the afternoon or evening?

SUBJECTIVE AGITATION
Markedly changed motor activity associated with depressed mood. Account of a severe level of inappropriate, unpleasant motor restlessness during a period of dysphoric mood, indicated by pacing, wringing of hands, or similar activities; with a total daily duration of at least 1 hour.

DO NOT INCLUDE SIMPLE RESTLESSNESS OR FIDGETINESS IN THE ABSENCE OF MOOD CHANGE.

Do you get very restless when you're "miserable"?
Do you have difficulty keeping still?

What is that like?
Can you keep yourself still?
Do you have to move around?
What do you do?
Are you always like that?
How about when you're not "miserable"?

How many times has that happened in the last 3 months?

How long does it last?
When did that start (feeling agitated when depressed)?
### REPORTED TEARFULNESS AND CRYING

Eyes filling with tears or actual shedding of tears as a response to an internal state of unhappiness or misery.

Do not rate crying precipitated by usual precipitants (such as sad situations or anger)

**Do you ever feel so “miserable” that you want to cry?**

*What happens then?*

**Do you actually cry?**

*Can you stop yourself?*

*What do you do?*

*How many times has that happened in the last 3 months?*

*How long does it last?*

*When was the last time?*

*Tell me about it.*

*Do you cry more easily than you used to?*

*Do you cry more than other people?*

*When did you start being tearful?*

### TOUCHY OR EASILY ANNOYED

The subject is generally more prone to FEELINGS of anger, bad temper, short temper, resentment, sulking or annoyance, UNDER MINOR PROVOCATION than most people. This pattern need not represent a change in behavior.

**Do things get on your nerves easily?**

*What sorts of things?*

**Do you think you get annoyed more easily than most people?**

*What do you do?*

*How often does that sort of thing happen?*

*When that happens, how long does it usually last?*

*How long have you been that way?*

---

### Definitions and questions

### Coding rules

<table>
<thead>
<tr>
<th>REPORTED TEARFULNESS AND CRYING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = When feeling miserable, the eyes fill with tears, or shed tears, at least sometimes uncontrollably, in at least 2 activities.</td>
</tr>
<tr>
<td>3 = When feeling miserable, the eyes nearly always uncontrollably fill with, or shed, tears in most activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOUCHY OR EASILY ANNOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Present</td>
</tr>
</tbody>
</table>

### Codes

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDA4I01</td>
</tr>
<tr>
<td>CDA4F01</td>
</tr>
<tr>
<td>CDA4D01</td>
</tr>
<tr>
<td>CDA4O01</td>
</tr>
<tr>
<td>CDA6I01</td>
</tr>
<tr>
<td>CDA6F01</td>
</tr>
<tr>
<td>CDA6D01</td>
</tr>
<tr>
<td>CDA6O01</td>
</tr>
</tbody>
</table>
ANGRY OR RESENTFUL

The subject is generally more prone to MANIFESTATIONS of anger or resentment (such as snappiness, shouting, quarreling or sulking) under minor provocation, than most people.

This pattern need not represent a change in behavior.

**Do you get angry very often?**

**Do you get “sulky” or “pout“?**

What do you do...can you describe it for me?
How many times would you say that has happened in the last 3 months?
How long does it last when you do that sort of thing?

How long have you been like that?

---

**Coding rules**

**ANGRY OR RESENTFUL**

0 = Absent
2 = Present

---

**Codes**

CDA7I01 Intensity
CDA7F01 Frequency
CDA7D01 Duration
CDA7O01 Onset

---

**HOURS : MINUTES**

For Review Only

For Review Only
**IRRITABILITY IN PP**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance. (Change may predate the primary period and continue into at least part of the primary period.)

N.B. INFORMATION OBTAINED HERE MAY ALSO BE RELEVANT TO LOSING TEMPER AND TEMPER TANTRUMS.

Note that this rating is of a change in the subject’s usual ability to be precipitated into anger, it does not refer to the form of the anger once it has been precipitated.

N.B.: The irritable mood itself is being rated, not just its manifestations; thus, frequency and duration ratings refer to the number and length of episodes of the mood, not of the episodes of snappiness, shouting or quarrelsomeness.

IF IRRITABLE PRESENT FOR A WEEK (7 CONSECUTIVE DAYS), REMEMBER TO COMPLETE THE MANIA SECTION.

Have you been more irritable than usual in the last 3 months?

Or made angry more easily?

What have you been “touchy” about?
Is that more than usual?
What do you do when you feel like that?

How often has that happened in the last 3 months?

How long does it last when you feel like that?
Have you been snappy with friends or family members?
Have you gotten into arguments lately?
What has happened?
What did you say?
What did you do?
Have you hit or broken anything when you were angry?

When did you start to get “irritable” like that?

Was there a week when you felt “irritable” most days?

Were there two weeks when you were “irritable” on at least 8 days?

Has there been a period of at least 2 months in the last year when you didn’t feel like that?

In the last 3 months has there been a week when you were irritable like that every day?

**IRRITABILITY IN PP**

0 = Absent

2 = Irritable mood present in at least 2 activities manifested by at least one instance of snappiness, shouting, quarrelsomeness and at least sometimes uncontrollable.

3 = Irritable mood present in most activities, accompanied by snappiness, shouting, quarrelsomeness, and nearly always uncontrollable.

**EPISODE OF IRRITABLE MOOD**

0 = Absent

2 = At least 1 week with 4 days irritable mood.

3 = Period of 2 consecutive weeks where irritable mood present on at least 8 days.

**PERIOD OF 2 CONTINUOUS MONTHS WITHOUT IRRITABLE MOOD IN LAST YEAR**

0 = Present

2 = Absent
Definitions and questions

LOSS OF AFFECT
Complaint of loss of a previously existing ability to feel or experience emotion.

Have you felt that you didn't have any feelings (emotion) left?

Or that you had lost your feelings?

Had your feelings gone completely?
Could you feel any emotions?

When did you start to lose your feelings?

CONATIVE PROBLEMS

BOREDOM
Activities actually engaged in are felt to be dull and lacking in interest while interest in other possible potential activities is expressed.

Everyone gets bored sometimes, so code positively here only if subject is more often bored than not. But code positive even if the activities are truly dull. It must seem to the subject that other potential activities would be of interest even if s/he is uncertain what those other activities might be.

Differentiate from anhedonia and loss of interest where nothing seems to be of potential interest or likely to give pleasure.

Code even if the activities described are truly boring in your opinion.

How much of the time are you bored?

Do you get bored more than other people?

What can you do to stop yourself from being bored?
What would you like to be doing?

How long have you been feeling so bored?
Definitions and questions

**LOSS OF INTEREST**
Diminution of interest in usual pursuits and activities.

Either some interests have been dropped or the intensity of interest has decreased. Everyone has interests of some sort, but the extent of the diminution must be measured in the context of the range and depth of the subject's usual activities. Take into account everyday school/work and home activities as well as watching TV, playing games, taking an interest in clothes, food, appearance, hobbies, etc. Inevitably, those with more intense and varied interests initially will have more room to lose interest than those who have never taken a great interest in things.

Distinguish from "growing out of activities" or changing interests or reduction due to school/work pressures.

*Have things been interesting to you as much as they used to?*

*Have you lost interest in activities you used to do?*

*Like hobbies or sports?*

*Have you taken up new interests since then?*

*When did you start losing interest in those things?*

CDB1I01
Intensity

CDB1O01
Onset

**Codings**

**LOSS OF INTEREST**

0 = Absent
2 = Generalized diminution in interest taken in normally interesting activities.
3 = The subject is completely or almost completely uninterested in everything or nearly everything.
Definitions and questions

ANHEDONIA
A partial or complete loss or diminution of the ability to experience pleasure, enjoy things, or have fun. It also refers to basic pleasures like those resulting from eating favorite foods.

Anhedonia concerns the mood state itself. Loss of Interest, Loss of Initiative, Lack of Protest, inability to engage in activities, or loss of the ability to concentrate on looking at books, games, TV or school may accompany Anhedonia, so the interviewer may code different aspects under different items. Do not confuse this item with a lack of opportunity to do things. Comparison should be made with enjoyment when the subject is normal. This may not be accessible in episodes of very long duration.

DISTINGUISH FROM BOREDOM AND LOSS OF INTEREST OR LACK OF OPPORTUNITIES FOR PARTICIPATION.

Can you have fun or enjoy yourself?

Are there things you used to enjoy but don't anymore?
Do you feel that you can't enjoy things anymore?
What things are fun (or enjoyable) now?
When did you start to feel like that?

SUBJECTIVE ANERGIA
Subjective report of a lack of energy compared with usual state, a general rating of subject's overall energy level.

DIFFERENTIATE FROM FATIGABILITY, SUBJECTIVE MOTOR SLOWING AND HYPERSONIA.

Have you been feeling energetic?
Do you have as much energy as you used to have?
Or have you lost any of your usual energy?

Have you been feeling a lack of energy?
Do you have enough energy to do things?
How has that bothered you?
Do you put things off because you haven't got enough energy?
When did you start feeling less energetic?
SUBJECTIVE MOTOR SLOWING

Subject is slowed down in movement AND speech compared with his/her usual condition.

Total daily duration of at least 1 hour.

*Have you been moving more slowly than you used to?*

*Do you do things more slowly than you used to?*

*Or talk more slowly?*

Can you give me an example?

How often has that happened in the last 3 months?

How long does it last?

Can you do anything to speed yourself up? What?

When did you start to feel slowed down?

MOTOR SLOWING

0 = Absent

2 = Slowing present and cannot be overcome in at least 2 activities.

3 = Slowing present and cannot be overcome in almost all activities.

HOURS : MINUTES

/ /
SUBJECTIVE COMPLAINTS ABOUT THINKING

INEFFICIENT THINKING
Unpleasant difficulty with thinking clearly or efficiently or concentrating, even about simple matters; total daily duration of at least 1 hour.

Do your thoughts get muddled or confused easily?

How long has it been like that?
Can you think clearly if you need to?
Does it cause you any trouble? What?
Is there any interference with your thoughts?

When did you start to have trouble with your thinking?

INDECISIVENESS
Unpleasant difficulty in reaching decisions, even about simple matters. This is a general rating of subject's ability to make decisions.

Are you good at making decisions (making up your mind)?

Why not?
Have you had any trouble making decisions?

Why?
When was the last time you had that sort of trouble?
What happens when you have to make up your mind?
Has it always been like that?
Does it cause you any trouble (if so, specify)?
When did you start having trouble making decisions?

Coding rules

INEFFICIENT THINKING
0 = Absent
2 = Sometimes uncontrollable in at least 2 activities.
3 = Almost always uncontrollable and occurring in relation to almost all situations where clear thinking required.

INDECISIVENESS
0 = Absent
2 = Sometimes uncontrollable in at least 2 activities.
3 = Almost always uncontrollable and occurring in relation to almost all decisions.
Definitions and questions

SUBJECTIVE RUSHING THOUGHTS
Subjective, unpleasant sensation of thoughts passing through the mind at an abnormally rapid speed; lasting at least 1 hour in daily total.

Do your thoughts ever go too fast?
What's that like?
Is it unpleasant?
How often has that happened in the last 3 months?
How long does it usually last?
When did you first notice that your thoughts were going too fast?

SUBJECTIVE SLOWED THOUGHTS
Subjective, unpleasant sensation of thoughts passing through the mind at an abnormally slow rate; lasting at least 1 hour in daily duration.

Do your thoughts ever go to slow?
What's that like?
Is it unpleasant?
How often has that happened in the last 3 months?
How long does it last?
When did your thoughts start going so slowly?

Coding rules

SUBJECTIVE RUSHING THOUGHTS
0 = Absent
2 = Rushing of thoughts intrusive in at least 2 activities and cannot be completely controlled.
3 = Rushing of thoughts intrusive in nearly all activities and almost completely uncontrollable.

SUBJECTIVE SLOWED THOUGHTS
0 = Absent
2 = Slowing of thoughts intrusive in at least 2 activities and cannot be completely controlled.
3 = Slowing of thoughts intrusive in nearly all activities and almost completely uncontrollable.

For Review Only
Definitions and questions

DEPRESSIVE THOUGHTS

_In the definitions in this section the term “feeling” is frequently used, despite the fact that cognitions are being referred to. For most people, the term “feeling” carries both cognitive and affective components. However, these items refer not to mood states per se, but to certain cognitions, thoughts, opinions or attitudes. In other words, it is the content of the thought that is to be coded, not its affective tone._

LONELINESS

A feeling of being alone and/or friendless, regardless of the justification for the feeling; with a total daily duration of at least 1 hour.

Differentiate from feeling unloved.

NOTE RELEVANT INFORMATION FROM PEER RELATIONSHIPS.

_Do you ever feel lonely?_

_How often is that?_  
_When was the last time?_  
_Can you tell me about that, how did you feel?_  
**Do you have any friends who you can count on?**

_Do they care about you?_  
_Do you feel lonely even though you have friends?_  
_Would they want to help you if you needed help?_  
_Do you get left out by others?_  
_How do you feel about that?_  
_Do you think that’s likely to change?_  
_Can you stop yourself from feeling lonely?_  

_When did you start to feel lonely like that?_
FEELS UNLOVED
A generalized feeling of being unloved and uncared for, regardless of the justification for that feeling.

DIFFERENTIATE FROM LONELINESS.

RELEVANT INFORMATION TO CODE THIS ITEM MAY HAVE EMERGED IN THE FAMILY LIFE AND RELATIONSHIPS SECTION.

Is there anyone who loves you?
Who?
HOW DO YOU KNOW?

What about your parents?
What about your spouse/significant other/romantic partner?
Your child/children?
Has it always been like that?
Will it always be like that?
How do you know?

When did you start to feel like that?

FEELS UNLOVED
0 = Absent
2 = The subject feels that there are others who love him/her but that s/he is loved or cared for less than other people.
3 = The subject feels that almost no one loves him/her, or hardly ever believes that anyone does.

CDC0I01
Intensity

CDC0001
Onset

/ /
SELF-DEPRECIATION AND SELF-HATRED
An unjustified feeling of inferiority to others (including unjustified feelings of ugliness). Self-hatred involves severe hostility directed by the subject against him/herself, accompanied by expressed dislike or self-criticism.

Do not rate delusional phenomena here.

How do you feel about yourself?
Do you like yourself?

How do you feel about your appearance (looks)?
What are you like compared with others?
If you had to choose, would you say you were good-looking, average, or ugly?

How ugly do you think you are?
Are you much worse-looking than most people?
How much of the time do you feel like that?
Is there anything that you are good at?
As a person are you as good as other people?

Are you any good at all?
Do you think you're no good...at anything?
Is everyone better than your are?
Do you think you will ever be any better?
Do you think that all the time or only part of the time?
What things do you do that you are proud of?

When did you start to feel like this?

FEELING SORRY FOR ONESELF
A feeling that life or people have been unfairly unpleasant or troubling and that the subject deserves better. Subject feels unlucky; victim of "bad luck".

Code regardless of justification.

Do you think that life has been fair to you?
Do you think you deserve better?

In what way?
Do you feel like that all the time or only some of the time?
When do you feel like that?
Is everything unfair or just some things?
Do you deserve a better deal?
Will it always be like that?

When did you start to feel that life hasn't been fair to you?
PATHOLOGICAL GUILT
Excessive self-blame for minor or non-existent wrongdoings. Subject realizes that guilt is exaggerated (otherwise, code as Delusions of Guilt).

Do you feel bad or guilty about anything that you've done?
What?
How often do you feel like that?
When was the last time?
Do you blame yourself at all?
Do you deserve to have bad things happen to you?
Do you think you deserve punishment?
Why?
Do you ever feel guilty about things that you know aren't really your fault?
Do you feel that a lot of things that go wrong are your fault?
What?
How guilty do you feel?
When did you start to feel that you were "to blame?"

DELUSIONS OF GUILT
Delusional self-blame for minor or non-existent wrongdoings. Subject DOES NOT realize that guilt is exaggerated; may believe that s/he has brought ruin to his/her family by being in his/her present condition or that his/her symptoms are a punishment for not doing better. Distinguish from pathological guilt without delusional elaboration, in which the subject is in general aware that the guilt originates within him/herself and is exaggerated.

Have you committed a crime?
Or sinned greatly?
Do you deserve to be punished?
Do you think that you might hurt or ruin other people?
IDEAS OF REFERENCE
Subjective feeling of being noticed or commented about in public settings that are not justified by reality. Comments seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that subject actually was being noticed or commented upon.

IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS.

Sometimes people get the feeling that other people are looking at them even when they know they aren’t really. Does that happen to you?

When was the last time?
Can you tell me about that?
What do you think people think or say when you feel that they’re noticing you?
Do you ever feel that people are talking about you?

Do you ever feel they might be laughing at you or saying rude things about you?
Do people follow you or watch you?
How do you know they are?
Are you imagining it?
Are people blaming you for something? What?
Are people accusing you of something? What?
How do you know they are?
What do they do?
Do you think they really are or are you just being sensitive?

How often does that happen?

How long does it last when you feel like that?

When did you first start feeling like that?
HELPLESSNESS
The subject feels that there is little or nothing s/he can do to improve his/her situation or psychological state, though such a change would be welcome. This is a generalized feeling.

Is there anything about the way things are or the way you are that you would like to change?

Can you tell me about that?
Do you sometimes feel helpless?

Is there anything you could do to make things better?

Would it work, do you think?

When did you start to feel that you couldn’t do anything to improve your situation?

HOPELESSNESS
The subject has a bleak, negative, pessimistic view of the future, and little hope that his/her situation will improve. This is a generalized feeling.

WHAT DO YOU THINK YOUR FUTURE WILL BE LIKE?

WILL THINGS GET BETTER FOR YOU? OR WORSE?

Do you think anyone can help you?
Do you feel hopeless about the future?
In what way?
How often do you feel like that?
Can you do anything about it?

When did you start to feel that the future didn’t hold good things for you?
SUICIDE

Purposes of the Section

This section has 1 major function:

(1) To assess the suicidal and self injurious intentions and actions of the subject.

Organization of the Section

The section is organized in 2 sub areas:

(1) Suicidal ideation and behavior.

(2) Non suicidal deliberate self harm.

SUICIDE AND SELF-INJURIOUS BEHAVIOR

Have you thought about death or dying?

Have you thought you couldn't go on any longer?

Have you felt like life was not worth living?

Have you wished you were dead?

Have you thought about ending it all?

When was that?

Have you felt like that in the past 3 months?

Have you tried to hurt or kill yourself?

Have you done anything that made people think you wanted to die?

What?

When was that?

What happened?

IF EVER SUICIDE SCREEN NEGATIVE, SKIP TO "NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS", (PAGE 29).
THINKING ABOUT DEATH

Thoughts about death and dying, whether referred to self or others.

Include thoughts about not being able to go on any longer and life not being worth living.

CODE THOUGHTS ABOUT TAKING ONE’S OWN LIFE UNDER SUICIDAL THOUGHTS.

You said you have thought about death or dying, can you tell me about that?
How much do you think about it?
Do you sometimes wish you were dead?
Do you want to die?
Why do you feel like that?
What are you doing when you have these thoughts?
Can you stop yourself from thinking these thoughts?

How often, in the last 3 months, have you thought about that?

How long have you been thinking like that?

SUICIDAL THOUGHTS

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

Do not include suicidal plans.

Do you ever think about ending it all?
When was the last time?
What do you think about?
Are you actually going to do this?

How many times have you had these thoughts in the last 3 months?

Can you tell me the first time you remember having these thoughts?

IF SUICIDAL THOUGHTS NOT PRESENT, SKIP TO "SUICIDAL ATTEMPTS", (PAGE 23).

THINKING ABOUT DEATH

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present but not including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.</td>
</tr>
<tr>
<td>3</td>
<td>Including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.</td>
</tr>
</tbody>
</table>

SUICIDAL THOUGHTS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>At least sometimes uncontrollable suicidal thoughts, recurring in at least 2 activities.</td>
</tr>
<tr>
<td>3</td>
<td>Usually uncontrollable suicidal thoughts intruding into most activities.</td>
</tr>
</tbody>
</table>
Definitions and questions

**SUICIDAL PLANS**

Suicidal thoughts that contain plans of a suicidal act and some intent to carry them out.

If suicidal attempt has been made, determine whether a plan was present prior to the attempt.

**Have you thought about actually killing yourself?**

**Have you thought what you might do?**

Are you going to do this?
Have you done anything to prepare for killing yourself?
Like storing up pills or getting a weapon?
Can you tell me about the plan/preparations?

How many times in the last 3 months have you considered a plan like that?

**When did you first make a plan?**

**SUICIDAL ATTEMPTS**

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the subject's intention was to die. If unsure about intention to die, code if the subject can describe a clear self-harmful event.

**Have you actually tried to kill yourself?**

What happened?
Where did you do it?
Were there any people around at the time?
How were you feeling?
Did you really want to die?
Who found you?
Did you go to the hospital?

When did you first try to kill yourself?

When did you last try to kill yourself?

How many times have you tried?

What do you think about it now?
Would you do it again if you had the chance?
Do you wish you were dead now?

In the last 3 months, how many times have you tried?

**Coding rules**

**SUICIDAL PLANS**

0 = Absent
2 = A specific plan, considered on more than 1 occasion, over which no action was taken.
3 = A specific plan, considered on more than 1 occasion, with preparatory action taken, for example storing up pills.

**SUICIDAL BEHAVIOR**

0 = Absent
2 = Present

**DATE OF FIRST ATTEMPT**

**DATE OF LAST ATTEMPT**

**SUICIDAL BEHAVIOR IN LAST 3 MONTHS**

0 = Absent
2 = Present
EVER: METHODS OF SUICIDE ATTEMPT(S)
Methods of self harm used with the intention of ending life. Rate here, no matter how unlikely to cause death the attempt was, so long as the subject’s intention was to die.

SUICIDE ATTEMPTS PRESENT
0 = Absent
2 = Present

OVERDOSE OF PRESCRIBED OR OVER-THE-COUNTER MEDICATION
0 = Absent
2 = Present

ILLICIT DRUG OVERDOSE
0 = Absent
2 = Present

HANGING
0 = Absent
2 = Present

STABBING/CUTTING
0 = Absent
2 = Present

SHOOTING
0 = Absent
2 = Present

RUNNING INTO TRAFFIC
0 = Absent
2 = Present

OTHER
0 = Absent
2 = Present
Specify

IF SUICIDE ATTEMPT(S) MADE IN THE LAST 3 MONTHS, COMPLETE METHODS OF SUICIDE ATTEMPT(S) (NEXT PAGE). OTHERWISE, SKIP TO "SUICIDAL INTENT", (PAGE 27).
**METHODS OF SUICIDE ATTEMPT(S)**

Methods of self harm used in the last 3 months with the intention of ending life. Rate here, no matter how unlikely to cause death the attempt was, so long as the subject's intention was to die.

<table>
<thead>
<tr>
<th>Method</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Suicide Attempt(s) Present in the Last 3 Months</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Intensity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overdose of Prescribed or Over-the-Counter Medication</td>
<td>CDD4101</td>
<td></td>
<td></td>
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<tr>
<td>Illlicit Drug Overdose</td>
<td>CDD4102</td>
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<td>Hanging</td>
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<td>Stabbing/Cutting</td>
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<tr>
<td>Shooting</td>
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<tr>
<td>Running into Traffic</td>
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For Review Only

Depression 26
SUICIDAL INTENT
Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here; that is coded under "Suicidal" Behavior without Intent.

Which time were you most serious about killing yourself?
What did you do?
Did you really want to die?
Were you serious about killing yourself when you tried in the last 3 months?

LETHALITY OF SUICIDAL ATTEMPT
Code here the degree of threat to life resulting from the most serious suicidal attempt.

Did you have to have medical attention?
Were you unconscious as a result?
Did you have your stomach pumped or have any type of operation?

SUICIDAL INTENT
1 = Subject reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.
2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.
3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

LETHALITY OF SUICIDAL ATTEMPT
1 = Mild: No Medical attention needed or sought.
2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).
3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

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1 = Mild: No Medical attention needed or sought.
2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).
3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.
Definitions and questions

ALCOHOL OR DRUG INTOXICATION AT TIME OF SUICIDE ATTEMPT

Alcohol or drug consumption prior to attempt sufficient for subject to be experiencing effects at time of attempt.

When you tried to kill yourself, had you had anything to drink?

Had you used any drugs?

How long was that before you tried to kill yourself? Were you drunk? Were you high? Was the alcohol (drug) having any effect on you at the time you tried to kill yourself?

Were you drunk or high when you tried in the last 3 months?

“SUICIDAL” BEHAVIOR WITHOUT INTENT

Actions threatening suicide, without intention of ending life, e.g., taking a gun and threatening to shoot oneself, in order to control others’ behavior.

Have you done anything that made people think you wanted to die?

Why did you do it? Have you pretended to be suicidal to get attention or make somebody do something?

How many times have you done something like that? How about in the last 3 months?

When was the first time?

Coding rules

INTOXICATION AT TIME OF ATTEMPT

0 = Absent
2 = The subject had drunk alcohol or used drugs but was not showing marked effect at the time of the attempt.
3 = Definitely intoxicated, drunk or high at time of attempt.

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0 = Absent
2 = The subject had drunk alcohol or used drugs but was not showing marked effect at the time of the attempt.
3 = Definitely intoxicated, drunk or high at time of attempt.

“SUICIDAL” BEHAVIOR WITHOUT INTENT

0 = Absent
2 = Present

“SUICIDAL” BEHAVIOR WITHOUT INTENT

0 = Absent
2 = Present

LAST 3 MONTHS

0 = Absent
2 = Present
NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

Self-mutilation, etc., not accompanied by any wish or intention to die (e.g., cutting on skin with a knife, burning self, deliberately putting finger in door jam and closing door, wrist-slashing or cigarette burns).

Have you hurt yourself on purpose (apart from when you wanted to die)?

Or cut yourself on purpose?

Why did you do it?
What did you feel like before you did it?
Did it make you feel better?
Did you want to kill yourself?

How many times have you done that in the last 3 months?

How many times, EVER, have you done something to hurt yourself like that?

When was the first time you did something like that to hurt yourself?

IF NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS ARE PRESENT, COMPLETE, OTHERWISE, SKIP TO "3 OR MORE FEELING ASSOCIATED WITH PMS...OTHERWISE SKIP TO HYPOMANIA". (PAGE ERROR! BOOKMARK NOT DEFINED.)
**Definitions and questions**

**DYSPHORIA OF SELF-MUTILATORY TYPE**

Highly unpleasant mounting feeling of inner tension, released by a self-mutilatory act.

Questions as under non-suicidal physical self-damaging acts.

*How did you feel when you hurt or cut yourself?*
*Did you feel tense before you did it?*
*Did you feel better after you did it?*

*How many times have you hurt/cut yourself (in the last 3 months)?*

*How long does that feeling last?*

*When did you first get it (the tension)?*

**Coding rules**

**CDE1I01**

**Intensity**

0 = Absent

2 = Present

**CDE1F01**

**Frequency**

**CDE1D01**

**Duration**

**CDE1O01**

**Onset**

/ /
PREMENSTRUAL SYNDROME
Many women find that their mood becomes much worse in the week before their menstrual period and then returns to normal within a few days after their period starts. The changes in mood usually involve things like feeling sad, depressed, sensitive, anxious, tense, or irritable.

MALE OR FEMALE
Mark without asking; subject is female = Yes

IF SUBJECT IS MALE, SKIP TO NEXT SECTION
IF SUBJECT IS MALE, SKIP TO "DECREASED NEED FOR SLEEP", (PAGE 6).

SUBJECT IS FEMALE
0 = No
2 = Yes

pms0001
Intensity
PREMENSTRUAL SYNDROME

Marked change in mood in the week before menstruation evidenced by feelings of sadness, depression, sensitivity, anxiety, tension, or irritability lasting at least one hour and intrusive into at least 2 activities. The subject finds these symptoms to be uncontrollable at least some of the time.

Have you had any times, in the last 3 months, when your mood became much worse in the week before your menstrual period?

Tell me what that is like for you.
Did you feel sad or depressed?
Were you really sensitive emotionally?
Were you tense?
Were you anxious or irritable?
What were you doing when you felt this way?
Could you stop yourself from feeling that way?
How long did it last, when you felt that way?
In the last 3 months, how many times would you say that has happened?
When did it start?

PMS

0 = Absent
2 = Present

HOURS : MINUTES

For Review Only

For Review Only
Definitions and questions

**FEELINGS ASSOCIATED WITH PMS**

Any of the following symptoms associated with a bout of PMS: sadness or depression, feeling worthless or guilty, tension or anxiety, nervous, keyed-up or on edge, tearful, sensitivity, irritable or angry, loss of interest, difficulty concentrating, fatigue, increased appetite, sleepiness and/or difficulty sleeping, inability to cope with day-to-day problems, or physical pain, bloating, or tenderness.

*Which of the following problems did you usually experience either most of the time, or all of the time, during the week before your menstrual period?*

*Did you usually feel sad or depressed most of the time?*

*Did you usually feel worthless or guilty?*

*Did you feel tense or anxious?*

*Did you usually feel keyed up or on edge?*

*Did you have mood swings when you felt suddenly sad or tearful?*

*Did you usually feel much more sensitive than normal, like your feelings were easily hurt?*

*Did you usually feel irritable or angry?*

*Did you have a lot less interest than usual in activities like work, classes, friends, or hobbies?*

*Did you have more difficulty than usual focusing on your activities or concentrating?*

*Did you usually feel especially tired, easily fatigued, or without energy?*

*Did you have a much bigger appetite or have cravings for certain foods?*

*Did you sleep more than usual or find it especially hard to wake up?*

*Did you have more trouble than usual with getting to sleep or staying asleep?*

*Did you often feel emotionally unable to cope with day-to-day problems?*

*Did you have physical symptoms like breast tenderness or swelling, headaches, joint or muscle pain, weight gain, or a "bloated" feeling?*

---

**Coding rules**

**PMS PRESENT**

<table>
<thead>
<tr>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>

**FEELINGS ASSOCIATED WITH PMS**

| 0 = Absent |
| 2 = Present |

---

**Codes**

- PMS0X00
- PMS0X01
- PMS0X02
- PMS0X03
- PMS0X04
- PMS0X05
- PMS0X06
- PMS0X07
- PMS0X08
- PMS0X09
- PMS0X10
- PMS0X11
- PMS0X12
- PMS0X13

---
SCREEN POSITIVE FOR PMS

Mark without asking. Are there 3 or more symptoms associated with PMS?

IF 3 OR MORE DIFFERENT FEELINGS ASSOCIATED WITH PREMENSTRUAL SYNDROME ARE PRESENT IN THE LAST 3 MONTHS, ASK ABOUT INTERFERENCE WITH WORK, SOCIAL LIFE, OR PERSONAL RELATIONSHIPS. IF 3 OR MORE FEELING ASSOCIATED WITH PMS...OTHERWISE SKIP TO HYPOMANIA, SKIP TO "DECREASED NEED FOR SLEEP", (PAGE 6).
INTERFERENCE WITH FUNCTIONING

During the week before menstruation, the subject experiences feelings associated with menstruation to a degree that causes interference with either work, social life, or personal relationships.

You mentioned a number of different feelings that occurred during the week before your menstrual period.

Refresh subject's memory of those items coded positively on previous page.

How much did these problems interfere with your work or college classes?

How about with your social life?

How much did this interfere with your personal relationships?

Tell me what usually happens during these times. Over the last 3 months, how many times has that happened?

How long does an episode usually last?

Can you make these feelings go away?

Or does it feel like there is nothing you can do about it?

When did these feelings first start interfering with your work, school, social or personal life?
**IMPACTS DAILY ACTIVITIES**

Subject is unable to carry out daily activities because of the problems that occur during the week before menstruation, at least some of the time.

*How often were you unable to carry out your daily activities because of the problems that occurred during the week before your menstrual period?*

In the last 3 months?
How long does it last when you find you just cannot do your normal daily activities?
Do you have to stay in bed or lie on the couch during that time?
When did you first start having difficulty like that?

**Coding rules**

**IMPACTS DAILY ACTIVITIES**
0 = Absent
2 = Present

**HOME**

**SCHOOL/WORK**

**ELSEWHERE**

**HOURS : MINUTES**

**Codes**

PMS0I91 Intensity
PMS0F91 Home Frequency
PMS0F92 School/Work Frequency
PMS0F93 Elsewhere Frequency
PMS0D91 Duration
PMS0O91 Onset
HYPOMANIA AND MANIA
MANIC MOOD DISTURBANCE

REMEMBER TO GET EXAMPLES AND BEHAVIORAL DESCRIPTIONS.

EXPANSIVE MOOD
Feelings of euphoria or elation lasting at least 1 hour at a time, which represents a substantial change from the subject's usual mood and which are not a response to specific situations.

Do not include drug/alcohol induced euphoria.

Do not include responses to happy events (such as sporting victories, birthdays, falling in love, etc.).

IF EXPANSIVE MOOD IS PRESENT BE PREPARED TO RECONSIDER PREVIOUS RATINGS OF IRRITABILITY.

Have you felt really high for no special reason?

What was that like?

Have you felt unusually good in yourself?

Did anyone comment on your behavior?
What did they say?
Did they think you were over the top?
What did you do?
When you were "high", had you had anything to drink?
Were you drunk?
Had you taken any drugs?
Had you been sniffing glue?
Had anything happened to make you feel happy?
How long does that feeling last?

How many times have you been like that in the last 3 months?

When did you first start having times like that?

IF EVIDENCE OF EXPANSIVE MOOD IS NOT PRESENT, AND IRRITABILITY IS NOT PRESENT 4 HOURS A DAY FOR A WEEK, SKIP TO "AMENORRHEA", (PAGE 15).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>

**Hypomania and Mania**
Definitions and questions

IRRITABILITY WITH EXPANSIVE MOOD
If both Irritability and Expansive Mood have been present together, or within the same 24 hour period, then code here.

DEPRESSED MOOD WITH EXPANSIVE MOOD
Both Depressed Mood and Expansive Mood present within same 24 hour period. Either the two moods must both separately meet the criteria for each, or if the two rapidly alternate, the two taken together must last at least one continuous hour at a level that meets the other minimum criteria.

Were there times when you were both "really happy" and "depressed" on the same day?

Tell me about that.
Were you usually like that?
Or were you usually either one or the other?
How long did it last?

When did you start to get the "depression" and "feeling really happy" so close together?

Has there been a period of at least 2 months during the last year when you didn't have either "depressed mood" or "expansive mood"?

MORE TALKATIVE THAN USUAL
Subject is more talkative than usual. Speech may be loud, rapid, nonstop, or difficult to interrupt during periods of Expansive, Expansive/Irritable, or Irritable Mood.

Have you had times when you were more talkative than usual?
What was that like?
Could others get a word in edgewise?
When did that start?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRRITABILITY WITH EXPANSIVE MOOD</td>
<td>CDE4I01</td>
</tr>
<tr>
<td>0 = Expansive Mood not accompanied by Irritability.</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Expansive Mood accompanied by Irritability.</td>
<td></td>
</tr>
</tbody>
</table>

DEPRESSED MOOD WITH EXPANSIVE MOOD | CDE6I01 |
| 0 = Absent | Intensity |
| 2 = Present, with both moods, either separately or together, meeting the intensity level '2' criteria. |

PERIOD OF 2 MONTHS WITHOUT EITHER DEPRESSED MOOD OR EXPANSIVE MOOD IN LAST YEAR | CDE6O01 |
| 0 = Absent | Onset |
| 2 = Present |

MORE TALKATIVE THAN USUAL | CDF4I01 |
| 0 = Absent | Intensity |
| 2 = More talkative than usual, intrusive into at least two activities but retains some regard for others' wishes to communicate. |
| 3 = More talkative in most activities with little regard for others' wishes to communicate. |

CDF4O01 | Onset |
| 2 |

For Review Only
Definitions and questions

SUBJECTIVE FLIGHT OF IDEAS
A subjective description of images and ideas flashing through the mind, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Lasting at least 1 hour daily total.

Have you had times when lots of thoughts flashed through your head one after the other very fast?

What was that like?
Did your mind keep jumping from one thing to another when you were “high”?

Did your thoughts come so fast that you could hardly keep up with them?
Were they faster than you could get into words?
Were they so fast that you got confused?
What did other people think of your ideas at the time?
How long did it last?

When did it start?

SUBJECTIVE PRESSURE OF SPEECH
A subjective description of periods of talking fast, with a sensation of pressure to get words and ideas out, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Were you talking very fast?

What was that like?
How long did that last?
When did you first notice it?

Coding rules

SUBJECTIVE FLIGHT OF IDEAS
0 = Flight of ideas absent.
2 = Flight of ideas intrusive into normal thinking, involving at least 2 activities, but some coherent thought processes possible, even if with effort to maintain control.
3 = Flight of ideas so intrusive as to be almost completely disruptive of normal thought.

SUBJECTIVE PRESSURE OF SPEECH
0 = Pressure of speech absent.
2 = Pressure of speech intrusive into normal communication in at least 2 activities; but some coherent communication possible, even if with an effort to maintain control.
3 = Pressure of speech so intrusive and uncontrollable as essentially to prevent normal communication.
**SUBJECTIVE MOTOR PRESSURE**

Feeling of increased physical energy or capacity expressed in motor behavior, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

*Have you had times when you felt really energetic?*

What did you do?
*When you were feeling "high", did you do any physical activities that you wouldn't normally?*

Had you developed any new interests?
How did you become interested in that?
What did other people think of your activities?
Were you moving faster than usual?
When did this first happen to you?

**SUBJECTIVE AGITATION**

Markedly changed motor activity associated with Expansive or Expansive/Irritable or Irritable Mood. Account of a severe level of inappropriate, unpleasant motor restlessness during the mood state, indicated by pacing, wringing of hands, or similar activities; with a total daily duration of at least 1 hour.

Do not include simple restlessness or fidgetiness in the absence of mood change.

*Do you get very restless when you're "miserable"?*

*Do you have difficulty keeping still?*

What is that like?
Can you keep yourself still?
Do you have to move around?
What do you do?
Are you always like that?
How about when you're not "miserable"?
How long does it last?

**Coding rules**

**SUBJECTIVE MOTOR PRESSURE**

0 = Absent
2 = Motor pressure leads to increased activity only within the child's usual range of activities involving at least 2 activities.
3 = Child actually takes up new physical activities as a result of increased motor activity.

**SUBJECTIVE AGITATION**

0 = Absent
2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the subject can inhibit his/her agitation with effort.
3 = Agitation almost entirely uncontrollable.

**HOURS : MINUTES**
**Definitions and questions**

**DISTRACTIBILITY**

Inability to screen out irrelevant external stimuli during the period of mood disturbance. May have difficulty keeping thoughts on themes relevant to the topic.

*Do you have difficulty paying attention when you can look out of the window or hear other people talking in the next room?*

*Do you find yourself easily distracted by things going on around you?*

Can you give me an example?
Is it like that in all activities or just some?
Can you stop yourself from getting distracted?
Is that all the time or just sometimes?

**DECREASED NEED FOR SLEEP**

During the period of mood disturbance, subject felt adequately rested with at least 1 hour less sleep than usual per night, for at least 1 week.

Differentiate from Insomnia, where reduced sleep is associated with a feeling of being inadequately rested.

*When you were “high”, did you need as much sleep as usual?*

*How much sleep were you getting?*

Did you feel as if you needed more sleep?
When you woke up did you feel properly rested?
When did that start?

**Coding rules**

**DISTRACTIBILITY**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the subject.

3 = Present in most activities and at least sometimes uncontrollable by the subject or by admonition.

**DECREASED NEED FOR SLEEP**

0 = Absent

2 = 1-2 hours less sleep than usual per night.

3 = More than 2 hours less sleep than usual per night.
GRANDIOSE IDEAS AND ACTIONS
An unusually increased level of self-esteem or self-appraisal of worth, such as the feeling of being superbly strong, or exceptionally able, or intelligent, when in Expansive or Expansive/Irritable Mood or Irritable Mood.

Distinguish from fantasy play unrelated to mood changes.

**What did you think of yourself when you felt “high”?**

**Were there any times when you felt that you were a really great or marvelous person?**

Or a super-hero?

**Did you think you were very important when you were “high”?**

Who/what did (do) you think you were (are)?

What did you do when you felt like that?

Did you feel super efficient?

Did you think you had (have) special powers or talents?

Have you felt specially healthy?

Have you been buying any interesting things lately?

When did you start feeling that way about yourself?

POOR JUDGMENT DURING EPISODE

Uncharacteristic behaviors performed with disregard for possible negative consequences during Expansive or Expansive/Irritable Mood state or Irritable Mood.

**Did you do anything that you regret when you were “high”?**

What did you do?

**Did you spend a lot of money then?**

What did you spend it on?

Did you behave in ways that seem embarrassing or silly now?

**Did you get into any trouble when you were “high”?**

What happened?

Have you been left with any problems by...?

When did you first do something like that?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDF1I01</td>
<td>CDF1O01</td>
<td>CDF2I01</td>
</tr>
<tr>
<td>Intensity</td>
<td>Onset</td>
<td>Intensity</td>
</tr>
<tr>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>
INCREASE IN ADAPTIVE ACTIVITY AS COMPARED WITH USUAL LEVEL

Increased appropriate involvement or activity during periods of Expansive or Expansive/Irritable Mood or Irritable Mood.

Do not include responses to there being sudden needs to meet deadlines or to avoid punishment.

*When you felt “so good” how did it affect your work?*

*Were you able to work better or more efficiently than usual?*
*How did you get along with your parents or friends when you were “high”?*

*Did you get more involved in things than you normally would?*

*Did you take more interest in things than you normally like to?*
*Did you get more done?*

*When did that first happen to you?*

---

**Coding rules**

**INCREASE IN ADAPTIVE ACTIVITY AS COMPARED WITH USUAL LEVEL**

CDF3001 Onset

CDF3101 Intensity

0 = Absent
2 = Increase in adaptive activity in at least 2 activities.
3 = Increase in adaptive activity in almost all activities.
Definitions and questions

PHYSICAL HEALTH
GENERAL HEALTH ASSESSMENT
Subject's assessment of their own health in general.

If you would please, answer "mostly true" or "mostly false"

My health is excellent
I seem to resist illness very well
I seem less healthy than other people I know
When there is something going around, I usually catch it
I am somewhat clumsy
I seem accident prone
When I am sick or injured, I usually recover quickly
Have you ever been seriously ill?
Were you so sick that you thought you might die?
Do you ever think about how long you might live?
If you had to guess, how long do you expect your life to be?
How old do you think you will live to be?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>C0072</td>
<td>HEALTH</td>
<td>0 = Mostly True, 2 = Mostly False</td>
</tr>
<tr>
<td>C0073</td>
<td>RESISTANCE</td>
<td>0 = Mostly True, 2 = Mostly False</td>
</tr>
<tr>
<td>C0074</td>
<td>COMPARISON</td>
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<tr>
<td>C0075</td>
<td>EASE OF CONTRACTION</td>
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<tr>
<td>C0076</td>
<td>CLUMSINESS</td>
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<tr>
<td>C0077</td>
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<tr>
<td>C0078</td>
<td>RECOVERS QUICKLY</td>
<td>0 = Mostly True, 2 = Mostly False</td>
</tr>
<tr>
<td>C0079</td>
<td>SERIOUS ILLNESS</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>C0080</td>
<td>POSSIBLE DEATH</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>C0081</td>
<td>EXPECTED AGE AT DEATH</td>
<td>0 =</td>
</tr>
</tbody>
</table>
Definitions and questions

GLASSES/CONTACT LENSES
Do you wear glasses or contact lenses?
When was your last eye examination?

DENTAL CARE
Have you ever been to the dentist?
When did you last see someone for dental care?

HEADACHES SCREEN
Have you had any headaches over the last three months?
When you have a headache, how long does it last?
Does it ever last longer than that?
Do your headaches ever last more than an hour?

IF SUBJECT REPORTS HEADACHES LASTING AT LEAST ONE HOUR, CONTINUE. OTHERWISE, SKIP TO "REDUCED APPETITE", (PAGE 8).

Coding rules

GLASSES/CONTACTS
0 = No
2 = Yes
PHF0001

DENTAL CARE
0 = Absent
2 = Present
PHF0002

HEADACHES SCREEN POSITIVE
0 = Absent
2 = Headaches lasting at least one hour.
CEE4I01
## Definitions and questions

**MIGRAINE HEADACHES**

**SUBJECT REPORTS HEADACHES LASTING AT LEAST ONE HOUR.**

Have you had some headaches during which your head seemed to throb?

Where did it hurt?

Does it sometimes hurt on just one side of your head?

Does it sometimes hurt all the way across the front of your head?

Is it bad enough to keep you from doing things?

What does it keep you from doing?

Does the pain get worse when you do something physical?

Such as climbing stairs? Or dancing?

Do you get sick to your stomach?

Do you throw up?

When you have a headache, does light sometimes bother you?

What about noise? Does noise bother you when you have a headache?

When you have a headache, does it affect your sight?

What is that like? Do you seem to see spots? Or have less vision (like out of the corner of your eye)? Do you lose some of your vision?

During the hour before the headache starts, does it affect your sight?

When you have a headache, do you get pale?

Has anyone mentioned that you get pale?

During the hour before the headache starts, do you get pale?

When you have a headache, do you get bad tempered?

Or angry, touchy, or easily annoyed?

During the hour before the headache starts, do you get bad tempered?

Does the headache make you lose your appetite?

---

## Coding rules

### HEADACHES PRESENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
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</table>

### THROBBING

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### UNILATERAL

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### INHIBITS DAILY ACTIVITIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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### PAIN WORSENED BY PHYSICAL ACTIVITY

<table>
<thead>
<tr>
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<tbody>
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<td>0</td>
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### SICK TO STOMACH/NAUSEA

<table>
<thead>
<tr>
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<tbody>
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<td>0</td>
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### VOMITING

<table>
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<th>Description</th>
</tr>
</thead>
<tbody>
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<td>0</td>
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</table>

### PHOTOPHOBIC/BOTHERED BY LIGHT

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
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<tr>
<td>2</td>
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</tr>
</tbody>
</table>

### PHONOPHOBIC/BOTHERED BY SOUNDS

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
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</tr>
</tbody>
</table>

### AURA PRECEDES OR PRESENTS WITH HEADACHE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>Definitions and questions</td>
<td>Coding rules</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PALLOR PRECEDES OR PRESENTS WITH HEADACHE</td>
<td>0 = No</td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
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<tr>
<td>IRRITABILITY PRECEDES OR PRESENTS WITH HEADACHE</td>
<td>0 = No</td>
</tr>
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<tr>
<td>LOSES DESIRE TO EAT</td>
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</tr>
<tr>
<td></td>
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</table>
### Definitions and questions

**NAUSEA, VOMITING OR AURA PRESENT WITH MIGRAINES**

RECALL FROM LAST SECTION IF NAUSEA, VOMITING OR AURA IS PRESENT.

You mentioned that over the last three months you have had headaches that (summarize migraine symptoms) or made you feel (summarize migraine symptoms).

**How would you rate these headaches on a scale of 1-10, with 1 being mild and 10 being really bad?**

**Do you have time between these headaches when you have no pain?**

**Do sleep and rest help the headache to go away?**

**How many headaches with symptoms like this have you had over the last three months?**

On average, how long does this kind of headache last? How long do the symptoms last?

**When did you start getting headaches like this?**

**Have you missed any classes/work because of these headaches?**

**Have you seen a doctor about these headaches?**

**What does your doctor say is wrong?**

**What did s/he do?**

**Have you taken any medications for these headaches?**

**Did the doctor prescribe any medications for these headaches?**

**How much do these headaches affect your life?**

### Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions</th>
</tr>
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<tbody>
<tr>
<td>abc5000</td>
<td>Intensity</td>
</tr>
<tr>
<td>CEE5I01</td>
<td>SEVERITY (CODE 1-10, WITH 10 AS MOST SEVERE)</td>
</tr>
<tr>
<td>CEE5I02</td>
<td>PAINFREE INTERVALS</td>
</tr>
<tr>
<td>CEE5I03</td>
<td>SLEEP AND REST HELP</td>
</tr>
<tr>
<td>CEE5F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CEE5D01</td>
<td>Duration</td>
</tr>
<tr>
<td>CEE5O01</td>
<td>MISSED CLASS OR WORK</td>
</tr>
<tr>
<td>CEE5I04</td>
<td>PHYSICIAN</td>
</tr>
<tr>
<td>CEE5O05</td>
<td>MEDICATION</td>
</tr>
<tr>
<td>CEE5I06</td>
<td>ALTERED LIFE PATTERN</td>
</tr>
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</table>

### Codes

<table>
<thead>
<tr>
<th>Codes</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>CEE5I01</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>CEE5I02</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>CEE5I03</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>CEE5F01</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>CEE5D01</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>CEE5O01</td>
<td>0 = No school or work missed on account of symptom, 2 = At least 1 day of school or work missed</td>
</tr>
<tr>
<td>CEE5I04</td>
<td>0 = No contact, 2 = Any medical contact related to symptoms</td>
</tr>
<tr>
<td>CEE5I05</td>
<td>0 = No treatment, 2 = Any non-prescribed medical/surgical treatment related to symptoms, 3 = Any prescribed medical/surgical treatment related to symptoms</td>
</tr>
<tr>
<td>CEE5I06</td>
<td>0 = No effect on functioning</td>
</tr>
</tbody>
</table>
Definitions and questions

**NON-MIGRAINE HEADACHES**

*In the last 3 months, have you had headaches without nausea, vomiting, or aura?*

*Over the last three months, have you had headaches where your whole head was hurting? (Not just on one side)*

*When you had that kind of headache, did it feel like a rubber band was putting pressure around your head? Or like your head was in a vise?*

*During this kind of headache, did you throw up? Or feel sick to your stomach?*

*During this kind of headache, was your vision affected? Did you see spots or lights? Did you lose some of your sight?*

Coding rules

2 = Some reduction in functioning.

**NON-MIGRAINE HEADACHES IN PP**

<table>
<thead>
<tr>
<th>0 = Absent</th>
<th>2 = Present</th>
</tr>
</thead>
</table>

**Intensity**

<table>
<thead>
<tr>
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</table>

**GENERALIZED LOCATION**

<table>
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<tr>
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</table>

**BANDLIKE PRESSURE**

<table>
<thead>
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<th>2 = Yes</th>
</tr>
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</table>

**FELT LIKE HEAD IN A VISE**

<table>
<thead>
<tr>
<th>0 = No</th>
<th>2 = Yes</th>
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</thead>
</table>

**HEADACHE WITH VOMITING**

<table>
<thead>
<tr>
<th>0 = Absent</th>
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</table>

**HEADACHE WITH NAUSEA**

<table>
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<tr>
<th>0 = Absent</th>
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</tr>
</thead>
</table>

**HEADACHES WITH AURA**

<table>
<thead>
<tr>
<th>0 = Absent</th>
<th>2 = Present</th>
</tr>
</thead>
</table>
**Definitions and questions**

**NAUSEA, VOMITING AND/OR AURA WITH NON-MIGRAINE HEADACHES**

You mentioned you have had headaches with (summarize symptoms) over the last three months.

How painful are these headaches?

How would you rate these headaches on a scale of 1-10, with 1 being mild and 10 being really bad?

How often over the last 3 months have you had a headache like that?

How long do the symptoms usually last?

When did you start getting this kind of headache?

How old were you then?

Have you missed any classes/work because of these headaches?

Have you seen a doctor about these headaches?

What does your doctor say is wrong?

What did s/he do?

Have you taken any medications for these headaches?

Did the doctor prescribe any medications for these headaches?

How much do these headaches affect your life?

---

**Coding rules**

<table>
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<tbody>
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<td>abc5001</td>
<td><strong>Intensity</strong></td>
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<tr>
<td>CEE7I01</td>
<td><strong>Severity (Code 1-10, with 10 as Most Severe)</strong></td>
</tr>
<tr>
<td>CEE7F01</td>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>CEE7D01</td>
<td><strong>Duration</strong></td>
</tr>
<tr>
<td>CEE7O01</td>
<td><strong>Missed Class or Work</strong></td>
</tr>
<tr>
<td>CEE7I02</td>
<td><strong>Physician</strong></td>
</tr>
<tr>
<td>CEE7I03</td>
<td><strong>Medication</strong></td>
</tr>
</tbody>
</table>

- **NON-MIGRAINE HEADACHES**
  - 0 = Absent
  - 2 = Present

- **SEVERITY (CODE 1-10, WITH 10 AS MOST SEVERE)**
  - 1 = Least Severe
  - 2 = 2 Severity
  - 3 = 3 Severity
  - 4 = 4 Severity
  - 5 = Medium Severity
  - 6 = 6 Severity
  - 7 = 7 Severity
  - 8 = 8 Severity
  - 9 = 9 Severity
  - 10 = Most Severe

- **HOURS : MINUTES**

- **PHYSICIAN**
  - 0 = No contact.
  - 2 = Any medical contact related to symptoms.

- **MEDICATION**
  - 0 = No treatment.
  - 2 = Any non-prescribed medical/surgical treatment related to symptoms.
  - 3 = Any prescribed medical/surgical treatment related to symptoms.
FOOD RELATED BEHAVIOR

REDUCED APPETITE

Reduction of normal appetite, or reduced interest in, or enthusiasm for, food. Include change in appetite due to substance use or side effects of medication.

How has your appetite been in the last 3 months?

Has it been less than usual?

Has the amount you eat changed at all?

Are you eating at all?
Why are you eating less than usual?
How much have you been eating, in a typical day?
How long has it been this way?
When did your appetite start to fall off?

WEIGHT LOSS

Have you lost weight during the last 3 months?

How much?
When did you start losing weight?

Coding rules

ALTERED LIFE PATTERN
0 = No effect on functioning.
2 = Some reduction in functioning.

REDUCED APPETITE
0 = Absent
2 = Food intake has been definitely reduced below normal level because of lack of appetite for at least 1 week.
3 = Subject can only be induced to eat by marked parental or other persuasion.

WEIGHT LOSS
0 = Absent
2 = Present
Definitions and questions

EXCESSIVE APPETITE
An increase in appetite outside the normal range of the subject, including eating for comfort. Include change in appetite due to substance use or side effects of medication.

Have you had a bigger appetite than usual in the last 3 months?
Why?
Have you actually eaten more than usual?
How much more?
When did you start eating more?

WEIGHT GAIN
Do not include normal developmental weight gain, premenstrual weight gain, or weight gain because of pregnancy.

Have you gained weight in the last 3 months?
How much?
How long have you been putting on weight?

Coding rules

EXCESSIVE APPETITE
0 = Absent
2 = Food consumption has been definitely increased above the subject's usual level for at least 1 week.

CFA2O01

WEIGHT GAIN
0 = Absent
2 = Present

CFA3I01

WEIGHT GAIN IN LAST 3 MONTHS
CFA3X01

CFA3O01
Definitions and questions

ANOREXIA/BULIMIA SCREEN
IF THERE IS EVIDENCE OF DIETING LASTING AT LEAST ONE WEEK, FEAR OF GETTING FAT, EXERCISING TO LOSE WEIGHT LASTING AT LEAST ONE WEEK, OR PRIVATE BINGES, THEN COMPLETE SECTION.

Have you been on a diet in the last 3 months?
How long did you stick to it?
Are you afraid of getting fat?
Do you ever have really severe eating binges on your own?
In private?
When no one else is around?
Do you avoid foods that might make you fat?
Have you done any exercise specifically to lose weight?
Have you done anything else to lose weight?
Do you think you need to lose weight?
Does your weight bother you at all?

IF IF ANOREXIA/BULIMIA SCREEN NEGATIVE, SKIP TO "SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT", (PAGE 16).

Coding rules

ANOREXIA/BULIMIA SCREEN POSITIVE
0 = No
2 = Yes

Codes

CFA5I01
Intensity
**Definitions and questions**

**DELIBERATE REDUCTION OF BODY WEIGHT**

Deliberate attempts to reduce body weight by dieting or any other method, for any reason.

A "diet" refers to any attempt to reduce body weight by the deliberate restriction of caloric intake (no matter how feebly adhered to), lasting at least 1 week.

"Exercise" refers to any physical activity undertaken for at least 1 week with the specific intention of reducing body weight. Do not include items such as jogging for general health purposes, unless the subject also states that a supplementary aim is weight reduction.

Do not include diets or exercise regimens prescribed by physician or other medical advisor.

**How do you keep your weight down?**

**Are you on a diet?**

*What sort of diet are you on?*
*Did a doctor recommend this diet?*
*When did you start dieting?*

**Do you exercise to lose weight?**

*When did you start exercising to lose weight?*

**Do you make yourself vomit?**

*When did you start vomiting to lose weight?*

**Do you take any medicines or pills for your weight?**

*Like appetite suppressants or laxatives?*
*Or things to increase metabolism or fat-burning?*

*When did you first take anything like that for your weight?*

**Coding rules**

**Codes**

**DELIBERATE REDUCTION ATTEMPTS PRESENT**

*0 = No*
*2 = Yes*

**DIETING**

*0 = No*
*2 = Yes*

**VOMITING**

*0 = No*
*2 = Yes*

**EXERCISE**

*0 = No*
*2 = Yes*

**DRUGS USED TO REDUCE BODY WEIGHT: PURGATIVES**

*0 = No*
*2 = Yes*

**APPETITE SUPPRESSANTS**

*0 = No*
*2 = Yes*

**DIURETICS**

*0 = No*
*2 = Yes*

**OTHER**

*0 = No*
*2 = Yes*
Definitions and questions

PREOCCUPATION WITH FOOD AND EATING
Unusual and excessive amount of time spent thinking or worrying about food and eating; total daily duration of at least 1 hour.

Distinguish from Worrying About Becoming Fat. If impossible to separate, code under Worrying About Becoming Fat.

If neither symptom meets the one hour daily criterion, but the two symptoms together last 1 hour or more in daily total, code under Preoccupation With Food And Eating and base frequency, duration, and onset on combined symptoms.

How much do you think about food and eating?
What do you know about how fattening foods are?
Do you worry about food?
How much?
Why do you think (worry) about food?
How much time do you spend thinking about food or eating?
How long have you been bothered about food and eating?

WORRY ABOUT BECOMING FAT
An episode of painful, unpleasant or uncomfortable thoughts about becoming (or being) fat or obese; total daily duration of at least 1 hour.

Do you think you are the right weight?
How much do you think you should weigh?
Do you worry about getting fat?

Codings rules

PREOCCUPATION WITH FOOD AND EATING

<table>
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<th>Codes</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>CFB0F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CFB0D01</td>
<td>Duration</td>
</tr>
<tr>
<td>CFB0O01</td>
<td>Onset</td>
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</tbody>
</table>

WORRY ABOUT BECOMING/BEING FAT

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
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<td>CFB1101</td>
<td>Intensity</td>
</tr>
<tr>
<td>CFB1F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CFB1D01</td>
<td>Duration</td>
</tr>
<tr>
<td>CFB1O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>
BODY IMAGE DISTURBANCE
Unrealistic conviction that subject is fatter than is the case.

Do not code fat people, who realistically report that they are fat.

How do you see your body size?
Are you fatter than average?
What do you think if I tell you that I think you’re actually thinner than average (really just right)?
When did you start to feel like that?
IF SUBJECT IS OBVIOUSLY THIN ASK THE FOLLOWING ITEM
Do you think it is dangerous to be so thin?

0 = Absent
2 = The subject has a persistent unrealistic view that s/he is fat but sometimes can be induced to agree that s/he may not be overweight.

DENIES SERIOUSNESS OF LOW BODY WEIGHT
0 = Absent
2 = Subject denies seriousness of current low body weight.
Definitions and questions

**BULIMIA (EATING BINGES)**
Discrete, secret, episodes of excessive, rapid eating of easily ingested food. Do not include snack “binges” (for instance on return from workout or sports) where there is no attempt at secrecy, even though there may be no one else around. Do not include public displays of greed, or individuals who normally have large appetites.

**Do you have eating “binges” or attacks?**

What are they like?
What do you eat?
Do you go off on your own to eat?
Does anything trigger the episodes?
Do you try to resist them?
What ends a “binge”?
How do you feel afterwards?
Do you feel miserable?
Do you feel bad about yourself?
Or ashamed?
Or guilty?
What is that like?
How long do these “binges” last?
When did you start having “binges”?

**Coding rules**

**EATING BINGES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Binges at least sometimes uncontrollable.</td>
</tr>
<tr>
<td>3</td>
<td>Binges almost always uncontrollable.</td>
</tr>
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</table>

**HOURS : MINUTES**

**ONSET**

**EPISODE TERMINATED BY:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Abdominal Pain.</td>
</tr>
<tr>
<td>3</td>
<td>Self-Induced Vomiting.</td>
</tr>
<tr>
<td>4</td>
<td>Sleep</td>
</tr>
<tr>
<td>5</td>
<td>Social Interruption.</td>
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</table>

**DEPRESSED FOLLOWING BINGE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**GUILT, SHAME AND/OR LOW SELF ESTEEM**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**AMENORRHEA**

Absence of periods for at least 3 months in a row after onset of regular periods. Onset of regular periods means that subject has had a period three times in a row, no more than 36 days apart.

**Have you ever had regular periods (at least 3 months in a row)?**

**Have they stopped again?**

When did they stop (when was your first missed period)?
Do you know why they stopped?
Do you get Depoprovera injections?
Did they stop because of pregnancy, recent delivery or because you're nursing?

**Coding rules**

**SUBJECT IS FEMALE**

0 = No
2 = Yes

**AMENORRHEA**

0 = Absent, or female subject has not begun regular periods.
2 = Present

**DEPOPROVERA INJECTION**

0 = No
2 = Yes

**PREGNANT**

0 = No
1 = Possible
2 = Yes

**RECENT DELIVERY/NURSING**

0 = No
2 = Yes

**OTHER ARTIFICIAL, PURPOSIVE MEANS**

0 = No
2 = Yes
SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT

The subject's evaluation of him/herself is reported to be strongly dependent on his/her shape or weight. Thus s/he regards his/her value as a person, evaluation by peers or others as being heavily influenced by his/her shape or weight. Do not include being underweight or underdeveloped.

Does your weight make a difference to how you feel about yourself?

How important is your weight or shape in affecting how you feel about yourself?
Is it the most important factor in the way you think about yourself?
Do you think it affects how other people see you and what they think of you?

Would you feel better about yourself if you were thinner?

Would it make a really big difference?
When did you start to feel like that about your weight or shape?

SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT

0 = Absent
2 = The subject's self evaluation includes body shape and/or weight as an important component.
3 = The subject's self evaluation is overwhelmingly influenced by considerations of body shape or weight.
**Definitions and questions**

**SLEEP**

*Now I want to talk with you about your sleep, I want to understand what usually happens when you go to bed, what happens during the night, and what it is like waking up in the morning. Tell me about what kind of sleeper you are and if you have always been like that.*

**INSOMNIA (OVERALL)**

Disturbance of usual sleep pattern involving reduction in actual sleep time during subject's sleep period, accompanied by subjective feeling of need for more sleep. Do not include externally imposed changes in overall sleep pattern (e.g. change in job hours, arrival of new baby), or insomnia during first 2 weeks following such changes.

Sleep problems are scored irrespective of taking medication for them, but note whether medication is being taken. Also include changes attributed to side effects of medication or to substance use.

*How has your sleep been in the last 3 months?*

**What time do you go to bed?**

*Is it hard to fall asleep when you want to?*

*How long does it take?*

*How do you know?*

*Do you wake up in the night after you have gone to sleep?*

*Or wake up too early and find you can't get back to sleep?*

*Is that every night?*

*How often?*

*Is there any reason for it (e.g. fear of the dark, new baby)?*

*How long does it take you to get back to sleep?*

*Why is it that you wake up in the night?*

*Is that earlier than you need to?*

*When you have nights like that, do you feel like you need more sleep?*

*When did you start having sleep problems?*

**Coding rules**

**INSOMNIA (OVERALL)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>If the insomnia covers a period between 1 and 2 hours.</td>
</tr>
<tr>
<td>3</td>
<td>If its duration is greater than or equal to 2 hours per night.</td>
</tr>
</tbody>
</table>

**INSOMNIA (OVERALL)**

- **Intensity**
  - CFB7I01
  - CFB7I02
  - CFB7I03
  - CFB7I04

- **Frequency**
  - CFB7F01
  - CFB7F02

- **Onset**
  - CFB7O01
  - CFB7O02

**INITIAL INSOMNIA**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
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<tr>
<td>2</td>
<td>If the insomnia covers a period between 1 and 2 hours.</td>
</tr>
<tr>
<td>3</td>
<td>If its duration is greater than or equal to 2 hours per night.</td>
</tr>
</tbody>
</table>

**MIDDLE INSOMNIA**

- **CFB7I03**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Any middle insomnia under 1 hour</td>
</tr>
<tr>
<td>2</td>
<td>1-2 hours of middle insomnia</td>
</tr>
<tr>
<td>3</td>
<td>More than 2 hours of middle insomnia</td>
</tr>
</tbody>
</table>

**TERMINAL INSOMNIA**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>If the insomnia covers a period between 1 and 2 hours.</td>
</tr>
<tr>
<td>3</td>
<td>If its duration is greater than or equal to 2 hours per night.</td>
</tr>
</tbody>
</table>
Definitions and questions

MEDICATION FOR INSOMNIA

Do you take anything to help you sleep?
What do you take?
Does it work?
Is it an over-the-counter sleep aid?
Was it prescribed by a doctor?

NIGHT SHIFT WORK

The subject has one or more job(s) that require nighttime work.

Do you have any jobs (apart from looking after your kids) that require you to work nights?
How many nights per week, on average?
When did you start working nights?

VARYING SLEEP TIME

Subject gets varying hours of sleep on different days. Variance could result from being awakened by family, need to care for another person, shift work, etc.

Do you get different amounts of sleep on different days?
Tell me about that.
Is this because kids or other family wake you up?
Or do you have to care for someone who is sick or needs assistance?
Is it because you work shifts?
How much difference is there in the number of hours you sleep?
When did that start?

Coding rules

MEDICATION FOR INSOMNIA
0 = No
2 = Yes

NIGHT SHIFT WORK
0 = Absent
2 = Present

SLEEP TIME VARIANCE
0 = Approximately same # hours sleep each day
2 = # hours sleep varies by at least 2 hours on different days
3 = # hours sleep varies by 3 or more hours on different days

Codes

CFB7I05 Intensity

CFB0I00 Intensity
CFB0F00 Frequency
CFB0O00 Onset

VST0I00 Intensity
VST0O00 Onset
Definitions and questions

**REGULAR SLEEP PATTERN**
Subject would sleep regular number of hours if not disturbed by others or necessity.

*Would you sleep the same number of hours per night if you weren’t awakened or working night shift?*

*Would the number of hours you sleep vary by 2 hours? Three hours or more?*

**CHAOTIC SLEEP PATTERN-WEEKDAYS**
Subject has a chaotic, rather than regular, sleep pattern, that has lasted for 1 month or more. Variation refers to the number of hours slept, not variation in the time subject goes to sleep or wakes up.

A chaotic sleep pattern might reflect 3 hours of sleep one night followed by 15 hours the next, whereas a regular sleep pattern might reflect six hours of sleep a night.

Do not code if due to insomnia.

Do not code isolated incidents (e.g. prom night, concert, etc.)

*I would like to ask you a little more about your sleep patterns.*

*Do you get a different amount of sleep at night on weekdays and weekends?*

*First let’s talk about how many hours of sleep you get on weekday nights.*

*I mean Sunday through Thursday nights.*

*How many hours do you usually sleep on weekday nights?*

*Does that vary much on different weekday nights? What is your usual sleep pattern during the week?*

*When did you start having an irregular sleep pattern during the week?*
Definitions and questions

**CHAOTIC SLEEP PATTERN-WEEKENDS**

*Now, how many hours of sleep do you usually get on weekends?*

*Here, I mean Friday and Saturday nights.*

*Do you get the same number of hours of sleep each weekend night?*

*Or does it vary a lot?*

*Why is that?*

*When did that start?*

**HYPERSOMNIA**

Total hours sleep exceed usual amount by at least one hour, unless subject prevented from sleeping.

Do not include "catch-up" sleep.

*Do you feel sleepy during the day?*

*More sleepy than usual?*

*More than most other people?*

*Do you actually sleep during the day?*

*How long do you sleep?*

*Can you stop yourself from sleeping during the day?*

*How many times, in the last 3 months, have you been unable to stop yourself from sleeping in the day?*

*When did you start being more sleepy than usual?*

**Coding rules**

**WEEKEND SLEEP PATTERN**

0 = Approximately same # of hours of sleep on weekend nights

2 = # of hours of sleep varies by at least 2 hours on different weekend nights

3 = # of hours of sleep varies by 3 or more hours on different weekend nights

**HOURS : MINUTES**

**INCREASED NEED FOR SLEEP**

0 = Absent

2 = Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.

3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.

**Physical Health**

20
Definitions and questions

RESTLESS SLEEP
Subject describes sleep as restless. Restless sleep may occur with insomnia, with hypersomnia, or with neither of these.

How would you describe an average night’s sleep?
Do you sleep soundly?
Do you toss and turn?
Are you a restless sleeper?
When did this start?

INADEQUATELY RESTED BY SLEEP
Sleep disturbance does not meet criteria for insomnia, but subject describes being inadequately rested by sleep upon waking.

Do you usually get a good night's sleep?
Are you fairly well rested when you get up?
Or after sleeping during the day?
How do you feel?
When did that start?

NIGHTMARES
Frightening dreams that waken the subject with a markedly unpleasant affect on wakening (which may be followed rapidly by feelings of relief).

If Nightmares are associated with traumatic events, and meet criteria for codings, code them here and there also.

Do you have any bad dreams or nightmares?
Do they wake you up?
What are they about?
What are they like?
How often?
When did the nightmares start?

Coding rules

RESTLESS SLEEP
0 = Absent
2 = Present

INADEQUATELY RESTED BY SLEEP
0 = Absent
2 = Present

NIGHTMARES
0 = Absent
2 = Bad dreams have woken the subject in the last 3 months.
Definitions and questions

**TIREDNESS**
A feeling of being tired or weary at least half the time.

*Have you been feeling especially tired or weary?*

*How much of the time have you felt tired like that?*

How long have you been feeling tired like that?
*When did it start?*

Coding rules

**TIREDNESS**
0 = Absent
2 = Feels tired at least half of the time.
3 = Feels tired almost all of the time.
**FATIGABILITY**
Subject becomes tired or "worn out" more easily than usual.

*Have you become tired or "worn out" more easily than usual?*

*Do you feel exhausted even by things that would have been no problem before?*

When you get tired like that, does it take you a long time to get over it?
Is that more than usual for you?
How long have you felt that way?

*Did the exhaustion start suddenly or come on gradually?*

*When this fatigue or exhaustion started, did it start full blown?*

Or did it start and then gradually worsen?

*Are you exhausted most of the time?*

Or does the exhaustion come and go?

*Do you feel exhausted for the greater part of every day?*

Or does it come and go?

*Does rest make the exhaustion better?*

If you take a nap or rest, does the exhaustion improve?

*After you exercise (take a walk, play sports), do you feel exhausted and more worn out than you used to?*

How long does it take for the exhaustion to improve?
Does it take more than 24 hours?

*Since you became this exhausted have you noticed any problems with your ability to remember things?*

Do you have problems remembering phone numbers or where you put things?
Did this problem with your memory start when you became so tired?

*Have you noticed any effects of the fatigue or exhaustion?*

*Have you missed any college classes or work because of exhaustion?*

*Have you seen a doctor about your exhaustion?*

---

**Coding rules**

- **FATIGABILITY**
  - 0 = Absent
  - 2 = Increased fatigability not meeting criteria for 3.
  - 3 = Even minimal physical activity rapidly results in subject feeling exhausted, and recovery from that exhaustion is slow.

- **GRADUAL OR ABRUPT ONSET OF EXHAUSTION**
  - 0 = Gradual onset.
  - 2 = Sudden, abrupt onset.

- **PERSISTENCE OF EXHAUSTION**
  - 0 = Exhaustion comes and goes; is not constant.
  - 2 = Constantly exhausted more than half the time.

- **REST**
  - 0 = Improves exhaustion.
  - 2 = Does not improve.

- **FATIGUE FOR MORE THAN 24 HOURS WITH EXHAUSTION**
  - 0 = Absent
  - 2 = Present

- **IMPAIRED SHORT TERM MEMORY**
  - 0 = Absent
  - 2 = Present

- **EFFECTS OF FATIGUE/EXHAUSTION**
  - 0 = No
  - 2 = Yes

- **MISSED SCHOOL OR WORK**
  - 0 = No school or work missed on account of symptom.
  - 2 = At least 1 day of school or work missed.

- **PHYSICIAN**
  - 0 = No contact.
  - 2 = Any medical contact related to
Definitions and questions

**What does your doctor say is wrong?**
**What did s/he do?**

**Have you taken any medications for your exhaustion?**

**Did the doctor prescribe any medications for your exhaustion?**

**How much has this fatigue or exhaustion affected your life?**

**Coding rules**

**MEDICATION**

0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

**ALTERED LIFE PATTERN**

0 = No effect on functioning.
2 = Some reduction in functioning.
Definitions and questions

**MUSCULAR ACHES AND PAINS**
Aches and pains in muscles.

Do not include headaches or stomach aches, which are coded separately, or aches and pains resulting only from involvement in sports.

**Do you get a lot of aches and pains in your muscles?**
How often does this happen?
When did you start feeling muscular aches and pains?

Have you given up any activities because of aches and pains in your muscles?

Have you missed any class or work because of muscular aches and pains?

Have you taken any medications for muscular aches and pains?

Have you seen a doctor about your muscular aches and pains?
What does your doctor say is wrong?
What did s/he do?

Have you seen a doctor about your muscular aches and pains?

How much do these muscular aches and pains affect your life?
Do they interfere with your ability to carry out your normal daily activities?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MUSCULAR ACHES AND PAINS</strong></td>
<td>CEE9I01</td>
</tr>
<tr>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Describes muscular aches and pains as occurring at least three times per week for each week of the primary period.</td>
<td></td>
</tr>
<tr>
<td>3 = Muscular aches and pains almost constantly present.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Onset</th>
<th>CEE9O01</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>AVOIDANCE</strong></th>
<th>CEE9I02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.</td>
<td></td>
</tr>
<tr>
<td>3 = Subject lives a highly restricted life because of feared situations.</td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
<th><strong>MISSED CLASS OR WORK</strong></th>
<th>CEE9I03</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PHYSICIAN</strong></th>
<th>CEE9I04</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No contact.</td>
<td></td>
</tr>
<tr>
<td>2 = Any medical contact related to symptoms.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MEDICATION</strong></th>
<th>CEE9I05</th>
</tr>
</thead>
<tbody>
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<td></td>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ALTERED LIFE PATTERN</strong></th>
<th>CEE9I06</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No effect on functioning.</td>
<td></td>
</tr>
<tr>
<td>2 = Some reduction in functioning.</td>
<td></td>
</tr>
</tbody>
</table>
MUSCLE WEAKNESS

Do you feel that your muscles are weaker than they used to be?

How long have your muscles been weak?
Does muscle weakness make it difficult for you to walk?
Have you needed a cane or wheelchair to help you move about?

ITEM 15641 LIST

0 = Absent
2 = Present most of the time for at least one month but does not affect ability to walk.
3 = Present most of the time for at least one month and does affect ability to walk.
JOINT ACHES AND PAINS
Aches and pains in joints.

Do not include headaches or stomach aches, which are coded separately, or aches and pains resulting from involvement in sports.

**Do you get a lot of aches and pains in your joints?**
**Like in your knees, elbows, shoulders, ankles or wrist?**

How often does this happen?

When did this pain start?

Have you given up any activities because of aches and pains in your joints?

Have you missed any school/work because of aches and pains in your joints?

Have you seen a doctor about aches and pains in your joints?

What does your doctor say is wrong?

What did s/he do?

Have you taken any medications for aches and pains in your joints?

Did the doctor prescribe any medications for aches and pains in your joints?

How much do aches and pains in your joints affect your life?

---

**Coding rules**

**JOINT ACHES AND PAINS**

0 = Absent  
2 = Describes joint aches and pains as occurring at least three times per week for each week of the primary.  
3 = Joint aches and pains almost constantly present.

**AVOIDANCE**

0 = Absent  
2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.  
3 = Subject lives a highly restricted life because of feared situations.

**MISSED SCHOOL OR WORK**

0 = No school or work missed on account of symptom.  
2 = At least 1 day of school or work missed.

**PHYSICIAN**

0 = No contact.  
2 = Any medical contact related to symptoms.

**MEDICATION**

0 = No treatment.  
2 = Any non-prescribed medical/surgical treatment related to symptoms.  
3 = Any prescribed medical/surgical treatment related to symptoms.

**ALTERED LIFE PATTERN**

0 = No effect on functioning.  
2 = Some reduction in functioning.
Definitions and questions

**JOINT SWELLING**

_Do you have swelling in your joints?_

_Give details. Like your knees, elbows, shoulders, ankles or wrists?_

_What joint(s) is/are affected?_  
_How long does the swelling last?_

_When did the swelling start?_

**MORNING STIFFNESS**

_In the morning, do you feel stiff in your muscles or joints?_

_How often over the last three months have you felt morning stiffness?_

_When did that start?_

Coding rules

**JOINT SWELLING**

0 = Absent  
2 = Joint swelling present in at least one joint most of the time for at least one month in the last three months.

**MORNING STIFFNESS**

0 = Absent  
2 = Describes morning stiffness of muscles or joints as occurring at least three times per week for each week of the primary period.
Definitions and questions

**DIZZINESS**

*Do you get dizzy?*

How long does the dizziness last?

How often have you felt dizzy in the last three months?

When did the dizziness start?

Have you missed any school/work because of dizziness?

Have you seen a doctor about your dizziness?

What does your doctor say is wrong?

What did s/he do?

Have you taken any medications for dizziness?

Did the doctor prescribe any medications for dizziness?

How much does the dizziness affect your life?

**Coding rules**

**DIZZINESS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
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</tr>
</tbody>
</table>

**CEDS105**

Intensity

**CEDSF01**

Frequency

**CEDSO01**

Onset

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**MISSED SCHOOL OR WORK**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</table>

**CEDS101**

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**PHYSICIAN**

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<tbody>
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</table>

**CEDS102**

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**MEDICATION**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

**CEDS103**

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**ALTERED LIFE PATTERN**

<table>
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<tbody>
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</table>

**CEDS104**
### FAINTING

DO NOT INCLUDE BLACKOUTS OR A LOSS OF CONSCIOUSNESS DUE TO ALCOHOL INTOXICATION OR OTHER DRUG USE.

**Have you fainted during the last three months?**

**Or had any blackouts or loss of consciousness?**

**How often has this happened in the last three months?**

**Have you missed any school/work because of fainting?**

**Have you seen a doctor about your fainting or losing consciousness?**

**What does your doctor say is wrong?**

**What did s/he do?**

**Have you taken any medications because of fainting or loss of consciousness?**

**Did the doctor prescribe any medications for fainting or loss of consciousness?**

**How much does fainting or losing consciousness alter your life?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEB0I05</td>
<td>Intensity</td>
</tr>
<tr>
<td>CEB0F01</td>
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<table>
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</thead>
<tbody>
<tr>
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<tr>
<td>CEB0I02</td>
<td>PHYSICIAN</td>
</tr>
<tr>
<td>CEB0I03</td>
<td>MEDICATION</td>
</tr>
<tr>
<td>CEB0I04</td>
<td>ALTERED LIFE PATTERN</td>
</tr>
</tbody>
</table>

### FEELS UNWELL

A generalized feeling of illness or unwellness.

**Have you felt physically unwell at all during the last 3 months?**

**Less well than usual?**

**How much of the time?**

**When did you start feeling less well than usual?**

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>CEE2I01</td>
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</tr>
<tr>
<td>CEE0O01</td>
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</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEB0I05</td>
<td>FEELS UNWELL</td>
</tr>
<tr>
<td>CEB0I06</td>
<td>FEELS UNWELL</td>
</tr>
</tbody>
</table>

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**Definitions and questions**

**Coding rules**

**Codes**
Definitions and questions

**SICKLY**
The subject states that s/he has been sickly for a good part of their life, including the last 3 months.

*How would you describe your health in general?*

Have you had a lot of illness?
Have you been seriously ill?
How did the illness affect you?
How long have you been ill?
Have you been ill or sickly for most of your life?

*Does your body work normally?*

**DIABETES (SUGAR)**

*Have you ever been diagnosed with diabetes (sugar)?*

When was it first diagnosed?
Have you missed any work or class time because of it?
Have you seen a physician because of "X"?
Have you taken any medications because of it?

*What medications have you taken?*

Does "X" affect the way you are able to lead your life?

---

**Coding rules**

**SICKLY**

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<tr>
<td>2</td>
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**DIABETES**

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</table>

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**MISSED CLASS OR WORK**

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<tr>
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<tbody>
<tr>
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**PHYSICIAN**

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**MEDICATION**

<table>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>No treatment.</td>
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<tr>
<td>2</td>
<td>Any non-prescribed medical/surgical treatment related to symptoms.</td>
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<tr>
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<td>Any prescribed medical/surgical treatment related to symptoms.</td>
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**ALTERED LIFE PATTERN**

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No effect on functioning.</td>
</tr>
<tr>
<td>2</td>
<td>Some reduction in functioning.</td>
</tr>
</tbody>
</table>
**EPILEPSY**

*Have you ever been diagnosed with epilepsy?*

*When was it first diagnosed?*

*Have you missed any work or class time because of it?*

*Have you seen a physician because of "X"?*

*Have you taken any medications because of it?*

*What medications have you taken?*

*Does "X" affect the way you are able to lead your life?*

**Coding rules**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPILEPSY</td>
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<td>Absent</td>
</tr>
<tr>
<td></td>
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<td>2 = At least 1 day of school or work missed.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td></td>
<td>0 = No contact.</td>
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<tr>
<td></td>
<td></td>
<td>2 = Any medical contact related to symptoms.</td>
</tr>
<tr>
<td>MEDICATION</td>
<td></td>
<td>0 = No treatment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Any non-prescribed medical/surgical treatment related to symptoms.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Any prescribed medical/surgical treatment related to symptoms.</td>
</tr>
<tr>
<td>ALTERED LIFE PATTERN</td>
<td></td>
<td>0 = No effect on functioning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Some reduction in functioning.</td>
</tr>
</tbody>
</table>

**Codes**

- **Ever:PHG9X01**
  - **Intensity**
  - **Onset**

- **Ever:PHG9O01**
  - **Ever:PHG9I01**
  - **Ever:PHG9I02**
  - **Ever:PHG9I03**
  - **Ever:PHG9I04**
URINARY TRACT INFECTION (UTI)/CYSTITIS

Have you ever been diagnosed with urinary tract infections or cystitis?

When was it first diagnosed?

Have you missed any work or class time because of it?

Have you seen a physician because of "X"?

Have you taken any medications because of it?

What medications have you taken?

Does "X" affect the way you are able to lead your life?

Coding rules

<table>
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<tr>
<th>Codes</th>
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<tbody>
<tr>
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<tr>
<td>0 = Absent</td>
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<td>2 = Present</td>
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| Ever:PHH4O01 |

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<tr>
<th>Codes</th>
<th>Ever:PHH4I01</th>
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</table>

| MISSED CLASS OR WORK |
| 0 = No school or work missed on account of symptom. |
| 2 = At least 1 day of school or work missed. |

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<tr>
<th>Codes</th>
<th>Ever:PHH4I02</th>
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</table>

| PHYSICIAN |
| 0 = No contact. |
| 2 = Any medical contact related to symptoms. |

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<tr>
<th>Codes</th>
<th>Ever:PHH4I03</th>
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</thead>
</table>

| MEDICATION |
| 0 = No treatment. |
| 2 = Any non-prescribed medical/surgical treatment related to symptoms. |
| 3 = Any prescribed medical/surgical treatment related to symptoms. |

<table>
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<tr>
<th>Codes</th>
<th>Ever:PHH4I04</th>
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</table>

| ALTERED LIFE PATTERN |
| 0 = No effect on functioning. |
| 2 = Some reduction in functioning. |
SEXUALLY TRANSMITTED DISEASE

Have you ever been diagnosed with a sexually transmitted disease?

Which one?
Any of these (read list)?

When was it first diagnosed?

Have you missed any work or class time because of it?

Have you seen a physician because of "X"?

Have you taken any medications because of it?

What medications have you taken?

Does "X" affect the way you are able to lead your life?

Coding rules

SEXUALLY TRANSMITTED DISEASE
0 = Absent
2 = Present

STD: SPECIFY
1 = Clamydia
2 = Gonorrhea
3 = Herpes
4 = HIV/AIDS
5 = Pelvic Inflammatory Disease
6 = Syphilis
7 = HPV (Human papilloma virus)
8 = Non-gonorrheal urethritis (NGU)
9 = Cytomegalovirus
10 = Hepatitis
11 = Crabs or scabies
12 = Candidiasis (thrush)
13 = Present, do not know name
14 = Other ____________

MISSED CLASS OR WORK
0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN
0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION
0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN
0 = No effect on functioning.
OTHER SERIOUS HEALTH PROBLEM
Have you had any other serious health problems in your life?

When was it first diagnosed?

Have you missed any work or class time because of it?

Have you seen a physician because of "X"?

Have you taken any medications because of it?

What medications have you taken?

Does "X" affect the way you are able to lead your life?

Coding rules
2 = Some reduction in functioning.

OTHER SERIOUS HEALTH PROBLEM

Ever:PHH9X01
Intensity

0 = Absent
2 = Present

Ever:PHH9O01
Onset

MISSED CLASS OR WORK

0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.
2 = Some reduction in functioning.
TICS
*Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated. Observed tics are coded elsewhere. The subject's account of his/her tics is sought here. If a subject has a tic but does not mention it, draw his/her attention to it but do not press further if answers are not forthcoming. To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.*

REPORTED MOTOR TICS

Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated.

To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

Do you have any t**witches**, like winking, that people notice?

Or any other kind of frequent jerk or spasm?
What do you do?
Can you show me?
How often does that happen?
Why do you do that?
What happens if you try to stop?
When did that start?

**RE**PORTED MOTOR TICS

0 = Absent
2 = Single motor tic
3 = More than one type of tic.

FREQUENCY PER HOUR
1 = Less than 10 per hour.
2 = More than 10 per hour.
3 = More than 100 per hour.
Definitions and questions

REPORTED PHONIC TICS
Phonic tics are sudden, rapid, stereotyped, repetitive, predictable, purposeless, phonic productions.

To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

Do you make any odd noises that people notice?
Can you show me?
How often does it happen?
When did that start?

About how many times per hour would you say that happens?
How many days out of the last 3 months has that happened?

IF PHONIC TICS ARE PRESENT IN THE LAST THREE MONTHS, ASK ABOUT COPROLALIA. OTHERWISE, SKIP TO "ABLE TO REMAIN SEATED", (PAGE 1).

Coding rules

REPORTED PHONIC TICS
0 = Absent
2 = Single phonic tic type.
3 = More than one type of tic (includes coprolalia)

FREQUENCY PER HOUR
1 = Less than 10 per hour.
2 = More than 10 per hour.
3 = More than 100 per hour.
COPROLALIA
A complex phonic tic resulting in the uttering of obscenities.

Do you sometimes utter swear words, or dirty words in that way?

Can you show me what you do?
When did that start?

Coding rules

COPROLALIA
0 = Absent
2 = Present

Codes

CFC7I01
Intensity

CFC7001
Onset
HYPERACTIVITY
Now I would like to ask you about how active you are and how well you concentrate while involved in different sorts of activities.

OVERACTIVITY

BEHAVIORAL BLURTING
Subject rarely or minimally stops and thinks before acting in response to stimuli.

Are you the kind of person who acts before thinking?
For instance, do you stop what you are doing and go off and do something else if it looks interesting?
Do you stop and think about things before doing them?
In the last 3 months, have you done things without thinking first?
When did you start being like that?

ABLE TO REMAIN SEATED
Do not code if subject has a bad back or other physical problem that makes sitting difficult.

Do you leave your seat in meetings, at church, or in other situations in which you are expected to remain seated?
Can you stop yourself?
Were there times in the last 3 months when you could not help yourself?
How long do you think you can remain in your seat in an hour?
When did you start being like that?
Definitions and questions

**FIDGETINESS**
Unnecessary movements of parts of the body when stationary overall (e.g. tapping of feet, squirming in seat).

*Do you find yourself fidgeting with your hands or feet?*

*Or squirming or wiggling in your seat?*

*Is that more than other people?*

What do you do?
Is it like that in all activities?
Or just some activities?
Can you stop yourself?
All the time?
Were there any times in the last three months when you couldn't stop yourself?
How often?
How long can you keep from fidgeting in an hour?
When did you start being like that?

**IF FIDGETINESS IS ABSENT, SKIP TO NEXT ITEM**
**IF FIDGETINESS ABSENT, SKIP TO "FEELINGS OF INNER RESTLESSNESS", (PAGE 3).**
FIDGETINESS - SITUATIONAL SPECIFICITY
Rate in the following 3 situations:

a) Fidgetiness while involved in an interesting activity at home.

b) Fidgetiness during the most interesting activity at college/work.

c) Fidgetiness during an interesting activity elsewhere (not at home, not at college/work).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR FIDGETINESS.

You've told me that you can be fidgety.

Are you like that at home when doing something interesting?

Are you like that at college/work during an interesting activity?

Are you like that elsewhere when doing something interesting?

Is it like that everywhere?
Can you stop yourself from being like that?
What if someone tells you to stop?
How long can you stop for?
When did you start being like that?

FEELINGS OF INNER RESTLESSNESS
Do you sometimes feel restless?

Or that you manage to sit still but you feel like you need to burst out of the situation?

Like at dinner? Or church?
Can you stop yourself?
When did you start to be like that?

FIDGETINESS - SITUATIONAL SPECIFICITY
0 = Symptom absent during interesting activity.
2 = At least sometimes uncontrollable, in at least 2 interesting activities in any situation.
3 = Almost never controllable in most interesting activities.

HOME
0 = Absent
2 = Present

SCHOOL/WORK
0 = Absent
2 = Present

ELSEWHERE
0 = Absent
2 = Present

FEELING OF INNER RESTLESSNESS
0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable
3 = Present in most activities and almost never controllable
Definitions and questions

ALWAYS ON THE GO

Would you say you are "always on the go"?

Or as if you are "driven by a motor"?

What do you do?
Is it like that in all activities?
Or just some activities?
Can you stop yourself?
All the time?
Were there any times in the last three months when you couldn't stop yourself?
What about if someone asks you to stop?
When did you start being like that?

IF FIDGITINESS AND RESTLESSNESS ABSENT, SKIP TO "DIFFICULTY CONCENTRATING ON TASKS REQUIRING SUSTAINED ATTENTION ", (PAGE 7).

Coding rules

ALWAYS ON THE GO

0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable
3 = Present in most activities and almost never controllable

Codes

CRC4I01
Intensity

CRC4O01
Onset

For Review Only
RESTLESSNESS - SITUATIONAL SPECIFICITY

- Increased unnecessary whole body movements (e.g. getting up and moving around).

Rate in the following 3 situations:

a) Restlessness while involved in an interesting activity at home.

b) Restlessness during an interesting activity at work/college.

c) Restlessness during an interesting activity elsewhere (not at home, not at work/college).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATING FOR RESTLESSNESS.

You've told me that you can be restless.

Are you like that at home when doing something that is interesting?

How about at college/work during an interesting activity?

How about elsewhere when doing something interesting?

Are there other times when that happens?

Is it like that everywhere?

Can you stop yourself from being like that?

What about if someone asks you to stop?

How long can you stop for?

When did you start being like that?

TALKS EXCESSIVELY

Do people complain that you talk too much?

Do you think you talk too much?

What do you do about it?

Does that work?

Is it like that in all activities?

Or just some activities?

Can you stop yourself?

All the time?

Or just sometimes?

When did you start being like that?

RESTLESSNESS

0 = Symptom absent during interesting activities.

2 = At least sometimes uncontrollable, in at least 2 interesting activities in any situation.

3 = Almost never controllable in most interesting activities.

HOME

0 = Absent

2 = Present

SCHOOL/WORK

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

TALKS EXCESSIVELY

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable
Definitions and questions

FINISHING PEOPLE’S SENTENCES
When you are talking to people, do you find yourself finishing their sentences for them?

Even when they were going to finish the sentence themselves?
Are you like that all the time?
Or only sometimes?
Is it just with one particular person?
Are you like that at home and at work/college?
Can you stop yourself from doing it?
Have you found yourself doing that in the last 3 months?
When did you start doing that?

NEED FOR SPONTANEOUS MOVEMENT
Do you prefer activities that let you move around as you want?

Have you ever decided not to do something because you would have to sit still for a long time (like going to a movie or to church)?
Have you made career choices, like going to college or choosing a job, based on whether it would require you to sit still for long periods of time?

When did you start being like that?

DIFFICULTY WINDING DOWN
Difficulty unwinding or relaxing when there is time to do so.

Do you have a hard time unwinding and relaxing even when you have time to do so?

Like on vacation?
Are you always like that?
Or just sometimes?
Were there any times in the last 3 months when you could not relax when you had the time?
When did you start to be like that?

Coding rules

FINISHING PEOPLE’S SENTENCES
0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable
3 = Present in most activities and almost never controllable

NEED FOR SPONTANEOUS MOVEMENT
0 = Absent
1 = Expresses preference for activities allowing spontaneous movement, but need for spontaneous movement does not influence participation or choice of activity.
2 = Subject has avoided at least two activities because they don’t allow for spontaneous movement.
3 = Need for spontaneous movement has influenced important decisions such as attendance at college or job choice.

DIFFICULTY WINDING DOWN
0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable
3 = Present in most activities and almost never controllable
INATTENTION

Now I’d like to focus on how well you concentrate. Please think about what you are like in activities that require concentration, both ones you are required to do and ones you choose.

DIFFICULTY CONCENTRATING ON TASKS REQUIRING SUSTAINED ATTENTION

Are you able to concentrate on things when you have to?

Do you have more problems concentrating or focusing on things than other people?

Are you able to concentrate when doing something alone?

Like assignments from class?

What do you do?

Is it like that in all activities?

Or just some activities?

When did it start to be like that?

DIFFICULTY ORGANIZING TASKS AND ACTIVITIES

Difficulty organizing tasks and activities when structure is not imposed by others (e.g., at a loss to start or structure a project, to have all the right materials on hand).

How are you at organizing a task or activity?

Like doing a project?

Can you gather all materials needed to do a project around the house or for class?

Do you know where to start?

If you get started, do you then get disorganized?

When did you start being like that?
Definitions and questions

DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS

How good are you at following through on instructions from others?

Do you tend not to complete things you've been asked to do?

What about with things you've been told to do?

What do you do?
Is it like that in all activities?
Or just some activities?
Do you complete things if you make an effort?
Is that all the time?
Or just sometimes?
Does that happen at work/college as well as at home?
When did you start being like that?

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

Do you try to get out of things where you will have to concentrate?

Like doing a crossword puzzle?

What do you do?
Is it like that in all activities?
Or just some activities?
When did you start being like that?

EASILY DISTRACTED BY EXTRANEOUS STIMULI

Do you have difficulty paying attention when you can look out of the window or hear other people talking in the next room?

Are you easily distracted by things going on around you?

Are these things that would distract anyone?
What do you do?
Is it like that in all activities?
Or just some activities?
Can you stop yourself?
Is that all the time or just sometimes?
When did you start being like that?
Definitions and questions

FORGETFUL IN DAILY ACTIVITIES
Forgetful in daily activities (e.g., forgets to brush teeth or hair, or to do simple chores).

Are you often forgetful in your daily activities?
Can you give me an example?
When did you start being like this?

OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS/ACTIVITIES AT WORK OR COLLEGE
Loses clothing, keys, assignment books, etc.

Do you lose things more than other people do?
Do you lose things you need for work/school?
Do you leave things, like keys or clothing, at work/school or friend’s houses?
Does it cause you trouble losing things?
Do you leave things in restaurants or at the gym?
When did you start being like that?

OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID
Do you think you’re good at listening to what is said to you?
Do people complain that you don’t seem to listen to what they are saying to you?

What do you do?
Is it like that in all activities?
Or just some activities?
Can you make yourself listen?
When did you start being like this?

Coding rules

FORGETFUL IN DAILY ACTIVITIES

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<td>2</td>
<td>Present in at least 2 activities and at least sometimes uncontrollable</td>
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<td>3</td>
<td>Present in most activities and almost never controllable</td>
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CRB8I01 Intensity
CRB8O01 Onset

OFTEN LOSES THINGS

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CRB2I01 Intensity
CRB2O01 Onset

DOES NOT LISTEN

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CRB3I01 Intensity
CRB3O01 Onset
FAILS TO PAY CLOSE ATTENTION TO DETAILS AT SCHOOL OR WORK

How good are you at paying attention to details when working on something?

Do you tend to do things incorrectly or sloppily because you haven’t paid enough attention to the task?

What do you do?
Is it like that in all activities?
Or just some?
Can you make yourself pay attention to details?
How often do you fail to pay close attention to details?
When did you start being like this?

MAKES CARELESS MISTAKES

Do you make a lot of careless mistakes?

Does that affect your work at college or on the job?
What do you do?
Is it like that in all activities or just some?
Can you stop yourself?
All of the time or just sometimes?
When did you start being like this?

FAILS TO PAY ATTENTION TO DETAIL

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

MAKES CARELESS MISTAKES

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable
### Definitions and questions

**DIFFICULTY REMEMBERING APPOINTMENTS OR OBLIGATIONS**

Do NOT CODE if subject has effective strategies for reminding self of appointments, etc.

**Do you have a hard time remembering appointments or things you have to do?**

- Like Doctor’s or Dentist’s appointments?
- Or people’s birthdays?
- What do you do to help yourself remember?
- Does that work?
- Do you have a hard time remembering things you need to do in all your activities (home, college, work, etc)?
- Is it like that all of the time or only sometimes?
- Were there times in the last 3 months when you forgot an appointment or something else you had to do?
- Have you forgotten to pick up a child from daycare/school or a friend?
- When did you start to be this way?

**DIFFICULTY COMPLETING TASKS**

Difficulty completing the final details of a project once the challenging parts have been done.

**Do you have a hard time finishing off the final details of a project once you have done the fun or challenging parts?**

- Is it like that in all activities or just some?
- Can you make yourself complete a project?
- Were there times in the last 3 months when you couldn’t make yourself complete a project you had started?
- Tell me about the last time that happened.
- When did you start being like this?

### Coding rules

#### DIFFICULTY REMEMBERING APPOINTMENTS OR OBLIGATIONS

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#### DIFFICULTY COMPLETING TASKS

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### Codes

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<td>DCT0001</td>
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DIFFICULTY GETTING STARTED
Avoids or delays getting started on a task that requires a lot of thought or effort.

When you have a task that needs a lot of thought or effort, do you have a hard time getting started on it?

Do you avoid getting it going?
Or delay the start of it?
Is it like that in all activities?
Or just some?
Can you make yourself get going?
Were there times in the last 3 months when you delayed or avoided starting a task like that?
When did you start doing that?

IF NO INATTENTION ITEMS PRESENT, SKIP TO "DIFFICULTY WAITING FOR TURN WHERE NECESSARY", (PAGE 14).

DIFFICULTY GETTING STARTED
0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable
3 = Present in most activities and almost never controllable
INATTENTION - SITUATIONAL SPECIFICITY

Failure to maintain sufficient involvement to allow proper completion of task.

Rate in the following 3 situations:

a) Inattention while involved in an interesting activity at home.

b) Inattention during an interesting activity at work/school.

c) Inattention during an interesting activity elsewhere (not at home, not at work/school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR INATTENTION.

You’ve told me that you have difficulty paying attention.

Are you like that at home when doing something interesting?

How about at work or in class during an interesting activity?

How about elsewhere when doing something interesting?

Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? How long do you stop for? When did you start being like that?

INATTENTION

CRB5I01

INTENSITY

0 = Inattention absent.

2 = Present but does not interfere with functioning.

3 = Present and interfered with functioning.

HOME

CRB5I02

0 = Absent

2 = Present

SCHOOL/WORK

CRB5I03

0 = Absent

2 = Present

ELSEWHERE

CRB5I04

0 = Absent

2 = Present

CRB5001

/ /
Definitions and questions

**IMPULSIVITY**

**DIFFICULTY WAITING FOR TURN WHERE NECESSARY**

Distinguish from normative eagerness.

*Can you wait your turn for things?*

*As well as most people?*

*In the supermarket, can you stand in line?*

*What if there's a traffic jam?*

*Does not being able to wait get you in trouble?*

*Can you control it and make yourself wait your turn?*

*When did you start being like this?*

**DIFFICULTY WAITING FOR TURN**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

**IMPATIENCE**

Inability to wait patiently or tolerate delay causes negative outcomes. Implies lack of self-control rather than intolerance of intelligence of others or irritability, which is coded elsewhere. Do not code successful proactive behavior.

*Has anyone ever told you that you were impatient?*

*Do you agree with that?*

*Can you give me an example?*

*When else have you acted like that?*

*Are you more impatient than other people?*

*When did you start being like this?*

**IMPATIENCE**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

*Do you tend to blurt out the answers before the person’s finished asking the question?*

*How often does that happen?*

*Can you give me an example?*

*Does it get you into trouble?*

*Can you control it?*

*When did you start to be like this?*

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

0 = Absent

2 = Present and at least sometimes uncontrollable by the child or by admonition.

3 = Present and almost never controllable by the child or by admonition.
Definitions and questions

ACCIDENT PRONE

Prone to accidents or injury because of IMPULSIVE action rather than CLUMSINESS.

Do you think you are “accident-prone”?
Is this because you rush things?
Or do things suddenly?
Do you seem to break things more than others do?
Or knock things over or spill things a lot?
Are you the one that usually gets hurt when things happen?
Do you tend to get injured more often than others?
When did you start being like this?

ACTING BEFORE CONSIDERING POTENTIALLY DANGEROUS CONSEQUENCES

Impulsive actions lead to doing something dangerous. Code only if didn’t think through possible consequences. If subject realized danger and decided to risk it, code under Taking Risk Despite Knowing Consequences.

Have you done something that seemed really stupid afterward because you hadn’t thought of the negative consequences?

Was it dangerous?
Can you give me an example?
When did you start doing things like this?

Coding rules

ACCIDENT PRONE

0 = Absent
2 = Mildly accident prone in at least 2 activities.
3 = Accident prone in most activities.

ACTING THOUGHTLESSLY

0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable
3 = Present in most activities and almost never controllable

For Review Only
Definitions and questions

OFTEN INTERRUPTS OR INTRUDES ON OTHERS
Distinguish from normative eagerness and excitement and desire to participate in social interactions.

Do you tend to interrupt other people when they’re talking to someone else?

What about butting into other people’s conversations without being invited?

How often does that happen?
Can you give me an example?
Is it like that everywhere?
Or only at home?
Or work/school?
Or elsewhere?
Can you stop yourself?
When did you start being like this?
What if others say something?

IF IMPULSIVITY ABSENT, SKIP TO "ACCESS TO WEAPONS", (PAGE ERROR! BOOKMARK NOT DEFINED.).
**Definitions and questions**

**IMPULSIVITY - SITUATIONAL SPECIFICITY**
Pattern of acting before thinking adequately about the consequences of actions.

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR IMPULSIVITY.

You’ve told me that you can be impulsive.  
Are you like that at home?  
Are you like that at work or in class?  
Are you like that elsewhere?  
Are there other times when that happens?  
Is it like that everywhere?  
Can you stop yourself from being like that?  
When did you start being like that?

**Coding rules**

**IMPULSIVITY**
0 = Symptom absent  
2 = Present in at least 2 activities, and at least sometimes uncontrollable  
3 = Present in most activities in a particular situation and almost never controllable  

**HOME**
0 = Absent  
2 = Present  

**SCHOOL/WORK**
0 = Absent  
2 = Present  

**ELSEWHERE**
0 = Absent  
2 = Present  

**Codes**

CRC3I01  
CRC3I04  
CRC3I05  
CRC3I06  
CRC3O01
OPPOSITIONAL/CONDUCT DISORDER
SECTION
OPPOSITIONAL BEHAVIOR

REMEMBER TO GET EXAMPLES AND
BEHAVIORAL DESCRIPTIONS

RULE BREAKING
Violation of standing rules at school/college/university or elsewhere but NOT at home.

N.B. "Rule-breaking" at home is rated as disobedience since families do not have formal rules.

Do not include breaking laws or violating parole.

How good are you at obeying the rules?
Do you break rules at school/college/university?
What sort of rules do you break?
What about at work?
Do you break rules anywhere else...like restaurants, movie theaters, concerts?
Tell me about the rules you break.

Do the instructors/professors describe you as a troublemaker?
What if someone asks you to comply with the rules?
Do you comply then or keep breaking the rules?
Do you mouth off to people who point it out to you?
Do you get in any trouble for rule-breaking?

How often do you break the rules?
Do you do it on your own or with other people?

How often, in the last 3 months, have you broken rules outside of school or work?

Do you break rules on your own?
Do you break rules with other people?
Are you with others 50% or more of the time when you break rules?

When did you start to break rules at school, work or elsewhere?

RULE BREAKING
0 = Absent
2 = The subject breaks rules relating to at least 2 activities, and at least sometimes responds to admonition by public failure to comply.
3 = Rule breaking occurs in most activities and the subject sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.

CGA0I01
Intensity

CGA0F0

CGA0O0

For Review Only
**DISOBEEDIENCE**

Failure to carry out specific instructions when directly given.

NOTE: Failure to carry out instructions occurs after being told instructions three (3) or more times.

**What happens when you are told to do things and you don't want to do them?**

**Are you disobedient to your parents?**

**How many times must you be told to do something before you will do it?**

Do you ignore it when you are given instructions?  
Do you continue doing things people don't want you to do even if they ask you to stop?  
Like continuing to watch t.v. or play videos if asked to do chores or other tasks?  
When was the last time?  
What happened?  
Can they usually get you to do what they want in the end?  
How do they do it?  
How often have you been disobedient at home in the last three months?  
How many times, in the last 3 months, have you disobeyed at school/college/university?  
**Are you disobedient with teachers/instructors/professors?**

**What about other places such as the supermarket or the mall?**

Or sporting events, concerts, or other public venues?  
When did you start to be disobedient?

Note: 3 frequency boxes, home, school and work, then elsewhere
**BREAKING CURFEW**

Staying out late despite parental prohibitions. Do not include accidental lateness caused by circumstances over which the subject had little or no control.

Do not include breaking curfew imposed by probation/parole, which is coded as probation/parole violation.

---

**Do you have a curfew?**

**How good are you at keeping to it?**

**Do you ever get in later than you are supposed to?**

What happens then?
When did you start staying out late?
Do you get into trouble over it?
How many times have you done that in the last 3 months?

---

**Coding rules**

**BREAKING CURFEW**

0 = No
2 = Yes

**Codes**

[Blank]

[Blank]

For Review Only
ANNOYING BEHAVIOR

Indulgence in active behaviors that annoy or anger peers, siblings, or other adults. The subject's intention need not be to annoy, but the behaviors would obviously annoy their recipient.

Do not include annoying behaviors that are the result of unintentional acts, for instance, annoyance caused by clumsiness, or failure to understand the rules of games.

Do not include behaviors that conform to the definitions of Rule Breaking and Disobedience. Do not code the specific annoying behavior of Teasing here but in the next item.

Do you find that other people get annoyed by things you do?

Do you bother people a lot?

What do you do to annoy people?

Do you do things deliberately to annoy other people?

Or do you find that people get annoyed because of things you do for fun?

What happens?
Can you tell me about the last time?
Do you annoy adults, such as yourself, or teachers or employers?
How about your brothers or sisters?
Or your boy/girlfriend, spouse, or romantic partner?
How often does something like that happen at home?
Or at school?
Or elsewhere?
Do you do these things on your own or with other people?
When did it start?

Coding rules

ANOYING BEHAVIOR
0 = Absent
2 = Annoying behavior occurs in at least 2 activities and subject is at least sometimes unresponsive to admonition.
3 = Annoying behavior occurs in most activities and the subject sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.

HOME

SCHOOL/WORK

ELSEWHERE

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

Onset

Codes
**Definitions and questions**

**SPITEFUL OR VINDICTIVE**

Spiteful: The subject engages in deliberate actions aimed at causing distress to another person.

Vindictive: The subject responds to failure to get his/her own way, disappointment, or interpersonal disagreement with adults or peers with deliberate attempts to hurt the other or gain revenge. For instance, by pinching, pushing or attempting to get the other person into trouble.

Do not include behaviors coded under Assault, Cruelty, Bullying, or Lying.

**Do you ever do things to upset other people on purpose?**

Like messing up their things or hiding their stuff? Or try to hurt them on purpose?

Such as pushing someone’s buttons because you feel angry or disappointed?

**Do you ever try to get other people into trouble on purpose?**

What do you do?
What about during the last 3 months?
Why do you do it?
Who have you done that sort of thing to?
Your friends or co-workers?
Brothers, sisters, or other family members?
Where does that sort of thing happen?
When did you start doing that sort of thing?

In the past 3 months, how many times have you done that at home?
At school/college/university?
At work?
How many times have you done that in other places?

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<thead>
<tr>
<th>Codes</th>
<th>Definition</th>
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<tbody>
<tr>
<td>CGA3I01</td>
<td>Intensity</td>
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<tr>
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<td>Elsewhere Frequency</td>
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<tr>
<td>CGA3O01</td>
<td>Onset</td>
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</tbody>
</table>

**Codes**

**SPITEFUL OR VINDICTIVE**

0 = Absent
2 = Present

**HOME**

**SCHOOL/WORK**

**ELSEWHERE**

**DIRECTED AGAINST SIBLINGS**

0 = Absent
2 = Present

**DIRECTED AGAINST PEERS**

0 = Absent
2 = Present

**DIRECTED AGAINST ADULTS**

0 = Absent
2 = Present
Definitions and questions

STEALING

*Taking something belonging to another without permission and with the intention of depriving the owner of its use.*

*Do not include items intended eventually for general distribution that will include the subject (such as general food from the refrigerator or school erasers).*

STOLEN - HIGHEST VALUE OF ITEMS STOLEN IN SINGLE EPISODE

*Taking something belonging to another without permission and with the intention of depriving the owner of its use.*

Do not include items intended eventually for general distribution that will include the subject (such as general food from the refrigerator or school eraser.)

Have you ever stolen anything?

What is the most you have stolen at one time?

How much is that worth?

How many times have you ever stolen something?

IF THERE IS EVIDENCE OF STEALING IN THE PAST 3 MONTHS, COMPLETE. OTHERWISE, SKIP TO "BREAKING PROMISES", (PAGE 14).
STEALING AT HOME OR FROM FAMILY

Have you stolen anything at home or from family?

Who did you steal it from?
What did you steal?
Did you steal on your own or with anyone else?

How often have you stolen anything from home or family in the last 3 months?

When was the first time you stole anything from home or from family?

Coding rules

STEALING AT HOME OR FROM FAMILY

0 = No
2 = Yes

STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON

0 = No
2 = Yes

STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS

0 = No
2 = Yes

Codes

CGA6X01 Intensity

CGA6I01

CGA6I02

CGA6F01 Frequency

CGA6O01 Onset
STEALING AT SCHOOL/WORK

Have you stolen anything form school/work in the last 3 months?

What did you steal?
Who did you steal it from?
Did you steal on your own or with anyone else?
Why did you do it?

How often have you stolen anything in the last 3 months?

When was the first time you stole anything from school/work?

Coding rules

<table>
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<th>Codes</th>
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<tr>
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<tr>
<td>CGA7I01</td>
<td>STEALING ITEMS NOT AVAILABLE FOR A GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON</td>
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<tr>
<td>CGA7I02</td>
<td>STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSON</td>
</tr>
<tr>
<td>CGA7F01</td>
<td>Frequency</td>
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<tr>
<td>CGA7O01</td>
<td>Onset</td>
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</table>

For Review Only
STEALING ELSEWHERE

Have you stolen anything elsewhere in the last 3 months?
What did you steal?
Who did you steal it from?
Did you steal on your own or with anyone else?
Why did you do it?

How often have you stolen anything in the last 3 months besides at home, school, or work?

When was the first time you stole anything outside home, school or work?
Definitions and questions

**PATTERNS OF STEALING**

Note: Shoplifting- Stealing, alone or in company, from a shop that is open for business. The act is covert and does not involve confrontation with the shop staff or members of the public. Detection may provoke a confrontation, but the intention is to avoid it.

*Were you on your own or with anybody else?*

*Did anyone find out?*

*What did they do?*
*What happened as a result?*
*Have you stolen anything else?*
*Or taken anything from a store?*
*What did you do?*

---

**PATTERNS OF STEALING - BREAKING AND ENTERING**

Breaking and entering: Includes breaking into a house, building, store to steal. Code breaking into a car separately.

*Have you ever broken into anywhere?*

*How many times have you ever broken into anywhere?*

*When was the first time you broke into anywhere?*

---

**Coding rules**

**STEALING IN PRIMARY PERIOD**

0 = Absent
2 = Present

**STEALING ALONE**

0 = Absent
2 = Present

**STEALING WITH ONE OTHER**

0 = Absent
2 = Present

**STEALING IN A GROUP**

0 = Absent
2 = Less than 50% of the time.
3 = More than 50% of the time.

**SHOPLIFTING**

0 = Absent
2 = Present

**BREAKING AND ENTERING**

0 = Absent
2 = Present

For Review Only
Definitions and questions

PATTERNS OF STEALING - BREAKING INTO A CAR
Breaking into a car to steal.

Have you ever broken into a car to steal something?
How many times have you ever broken into a car?
When was the first time you broke into a car to steal?

PATTERNS OF STEALING - STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY
Includes attempts to steal a motor vehicle; also occasions when subject takes and drives away a car/motorcycle, even if s/he does not intend to steal it but rather to use it for his/her own purposes in an unauthorized way (e.g. joy rides).

Have you ever stolen a motor vehicle?
Or taken a car or a motorcycle to use, without permission?
How many times have you stolen a motor vehicle or took one and drove away?
When was the first time you stole a car or took and drove it away without permission?

PATTERNS OF STEALING - STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE
The victim is directly confronted and money or goods are demanded; threats may be made directly or implicitly (e.g. by the presence of a weapon), but no actual violence is done.

Have you ever threatened anyone to make them give you something?
How many times have you ever threatened anyone to make them give you something?

Coding rules

BREAKING INTO A CAR
Ever:CGB2I01
Intensity
0 = Absent
2 = Present

Ever:CGB3V01
Intensity
0 = Absent
2 = Present

Ever:CGB3O01
Onset
/
/

STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY
Ever:CGB4I01
Intensity
0 = Absent
2 = Present

Ever:CGB5V01
Intensity
0 = Absent
2 = Present

Ever:CGB5O01
Onset
/
/

STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE
Ever:CGB6I01
Intensity
0 = Absent
2 = Present

Ever:CGJ0V01
Frequency
0 = Absent
2 = Present
Definitions and questions

PATTERNS OF STEALING - STEALING INVOLVING ACTUAL VIOLENCE

The victim is directly confronted or set upon in some way and some violent action actually takes place. For instance, the victim might be kicked or punched.

Have you ever mugged anyone?

Did you hurt him/her?
Have you done that in the last 3 months?
How many times have you ever mugged someone?
When was the first time?

PATTERN OF STEALING - STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

As a result of violence committed during stealing, the victim sustained broken limbs, or required hospitalization, or was unconscious for any period.

Have you ever mugged anyone and caused serious injury?
How often have you mugged someone and caused serious injury?
When was the first time you seriously injured someone in a mugging situation?

Coding rules

EVER: STEALING INVOLVING ACTUAL VIOLENCE
0 = Absent
2 = No physical injury to the victim.
3 = Some physical injury (e.g. black eye, cuts)

EVER:CGB6I02
Intensity

EVER:CGB7V01
Frequency

EVER:CGB7O01
Onset

EVER:CGB8I01
Intensity

EVER:CGB9V01
Frequency

EVER:CGB9O01
Onset
Definitions and questions

**PATTERNS OF STEALING - USE OF WEAPON**
Use of any item that could be used to threaten or intimidate a victim. Include carrying a weapon even if it is concealed and not used.

*Have you ever carried a weapon when you stole anything?*

What?
Did you use it?

*How many times have you ever carried a weapon when you stole something?*

*When was the first time you carried a weapon to steal?*

**OUTCOME OF STEALING**
IF SUSPENDED OR EXPELLED FROM SCHOOL BECAUSE OF STEALING, CODE HERE AND UNDER SCHOOL SUSPENSION, IN-SCHOOL SUSPENSION OR SCHOOL EXPULSION.

CODE POLICE INVOLVEMENT UNDER POLICE CONTACT.

*Did you get caught at all in the last 3 months?*

What happened?
Did you get punished?
Were the police involved?
What happened?

**Coding rules**

**USE OF WEAPON**
0 = Absent
2 = Carried weapon while stealing.
3 = Used weapon to threaten victim.

**OUTCOME OF STEALING**
0 = Absent
2 = Present

**ACTIVITIES WITH PEERS RESTRICTED**
0 = Absent
2 = Present

**ACTIVITIES WITH ADULTS RESTRICTED**
0 = Absent
2 = Present

**OTHER PUNISHMENT BY FAMILY OR OTHERS**
0 = Absent
2 = Present

**BANNED FROM PREMISES OR ORGANIZATIONS/SUSPENDED OR EXPelled FROM SCHOOL/COLLEGE/UNIVERSITY**
0 = Absent
2 = Present
BREAKING PROMISES

Failure to carry out actions for which a direct commitment has been given to another person. Do not include behavior that meets criteria for lying.

How good are you at keeping your promises?

Have you broken any promises in the last 3 months?

What happened?
What did you do?
Have you broken any promises at home with family?
What about at school/college/university?
Have you broken any promises at work?
Anywhere else?

How many times have you broken promises in the last 3 months?
How many of those were at home?
How many at school/college/university?
How many at work?
And how many elsewhere?

When was the first time you recall breaking a promise?
Definitions and questions

**DECEPTION**

**LYING**
Distortion of the truth with intent to deceive others. Barefaced lies are told with little or no effort or ability to conceal the untruth, for example the subject obviously has possession of an object but denies taking or having it. Subtle lies involve more elaborate distortion of the truth.

NOTE: IF BLAMING OTHERS, CODE IN BLAMING.

*Most people tell lies sometimes. Have you told any lies in the last 3 months?*

What about? Whom to? Where? Why did you do it? Do you ever tell lies to get out of things you don’t want to do?

*When something goes wrong that’s your fault, do you admit it?*

How often do you tell lies? When did you start telling lies? Is it usually obvious that you are lying or is it hard to tell?

How many lies have you told at home in the last 3 months? How many at school or work? How many elsewhere?

When you tell lies, do you do it on your own or with others?

**LYING**

0 = Absent
1 = Made up stories or fictions which are not told for gain or to escape punishment.
2 = Lies told for gain or to escape punishment, in at least 2 activities that do not result in others getting into trouble.

**HOME**

CGC3F01 Home Frequency

**SCHOOL/WORK**

CGC3F02 School/Work Frequency

**ELSEWHERE**

CGC3F03 Elsewhere Frequency

**FREQUENCY: BAREFACED LIES**

**FREQUENCY: SUBTLE LIES**

**SOLITARY/ACCOMPANIED**

0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
**Definitions and questions**

**BLAMING**
Falsely attributing misdemeanors to another so as to avoid reproach or punishment.

*Do you lie if you think you can get out of trouble by blaming someone else?*

Do your lies get others into trouble?  
Could they?  
What do you do?  
What is the result?  
Where do you do this?  
How often do you do this?  
When did you start doing it?

Do you do this on your own or with others?

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<table>
<thead>
<tr>
<th>Coding rules</th>
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<tbody>
<tr>
<td><strong>BLAMING</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
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<tr>
<td>2 = Lies in at least 2 activities, that result in others being blamed for subject's misdemeanors or otherwise getting into trouble or lies which, if believed, would have the same result.</td>
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<tr>
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<td>CGJ3F02 School/Work Frequency</td>
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<tr>
<td>CGJ3F03 Elsewhere Frequency</td>
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<tr>
<td>CGJ3O01 Onset</td>
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**SOLITARY/ACCOMPANIED**

0 = Solitary  
2 = Often accompanied (25-49% of the time).  
3 = Accompanied 50% or more of the time.

---

**Codes**
**CON-ARTISTRY**

Lying in order to obtain goods or favors with a monetary value of at least $10.

*Have you ever tried to con anyone to get them to give you something?*

*Or to do a favor?*

Or tried to trick them to get money or something else? What happened?

*How many times have you done that in the last 3 months?*

*When was the first time you tried to con someone like that?*

*Do you con people on your own or with others?*

---

**Coding rules**

**CON-ARTISTRY**

0 = Absent

2 = Simple lies.

3 = "Scam" involving at least some planning to develop and implement scheme.

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.
Definitions and questions

**CHEATING**
Attempts to gain increased success by unfair means. Include higher grades at school/college/university and increased recognition or reward at work or elsewhere.

**Do you ever cheat?**

**In tests or assignments at school/college/university?**

**At sports or in games?**

**Do you copy other people’s work and call it your own?**

Do you cheat at home in any way?
Anywhere else?
What about during the last 3 months?
How often do you cheat at each of these places?
Have you ever been caught cheating?
What happened when you got caught?
When did you start cheating?

**CODING RULES**

**CHEATING**
- 0 = Absent
- 2 = Cheating in at least 2 activities and at least sometimes not responsive to admonition if caught.
- 3 = Cheating may occur in many or most activities and is hardly ever responsive to admonition if caught.

**HOME**

**SCHOOL/WORK**

**ELSEWHERE**

**CODES**

CGC5O01 Onset
CGC5F01 Frequency
CGC5F02 School/Work Frequency
CGC5F03 Elsewhere Frequency
CGC5I01 Intensity
MINOR FORGERY
Deliberate non-illegal imitation of documents, letters or signatures for the subject's own ends.

Includes getting others to forge documents for the subject's purposes, but do not include illegal acts.

Have you faked documents for school?
Or faked your parent's or someone else's signature on something?
What was it?
Or forged anything else like that?
When was the first time?
Have you done this is the last 3 months?
How often have you done it?
Where did that happen?
Did you do that on your own or with others?

Coding rules

EVER: MINOR FORGERY
0 = No
2 = Behaviors that are neither illegal nor likely to result in police action, such as faking school reports or sick notes.

CGC6001

MINOR FORGERY
0 = No
2 = Behaviors that are neither illegal nor likely to result in police action, such as faking school reports or sick notes.

CGC6I01

HOME

CGC6F01

School/Work

CGC6F02

Elsewhere

CGC6F03

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
Definitions and questions

**MAJOR FORGERY**
Deliberate illegal imitation of documents, letters or signatures for the subject's own ends.

Include getting others to forge documents for the subject's purposes.

Include only illegal acts.

*Have you ever forged a fake ID?*
*Or anything else?*
*Have you gotten anyone else to forge anything for you?*

When?
Why?
What was the result?
How many times have you ever done that?

When was the first time?

Have you done anything like that in the last 3 months?

How often have you done that at home in the last 3 months?
How about at school or work?
Anywhere else in the last 3 months?

Were you doing that on your own or with others?

Coding rules

**MAJOR FORGERY**
0 = No
2 = Illegal acts such as credit card fraud, forging a fake ID, etc.

**HOME**
0 = No
2 = Illegal acts such as credit card fraud, forging a fake ID, etc.

**SCHOOL/WORK**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
Definitions and questions

ACCESS TO WEAPONS

Access to weapons, such as handguns, shotguns, semi-automatics, machine guns.

Do not include individuals authorized to carry/use weapons (e.g. military personnel, police, or security officers).

GUNS

Does anyone in your household keep a gun in the house or car?

Do you have your own gun?

Is the gun locked up?

Whom does it belong to?

What kind of gun is it?

A handgun?

A rifle or shotgun?

Some other kind?

ACCESS TO GUN

CGC9I01

0 = Absent

1 = Family member has gun, but subject does not have access because gun is locked up.

2 = Subject has access to gun belonging to family member or friend, but does not have own gun.

3 = Subject has own gun(s) and may have access to other guns as well.

HANDGUN

CGC9I02

0 = Absent

2 = Present

SHOTGUN OR RIFLE

CGC9I03

0 = Absent

2 = Present

OTHER GUN (SEMI-AUTOMATIC, MACHINE GUN, ETCETERA)

CGC9I04

0 = Absent

2 = Present

IF NO ACCESS TO/POSSESSION OF GUN, SKIP TO "KNIVES", (PAGE 24).
**CURRENTLY CARRIES A GUN**
Do you carry a gun when you go out?
Why?
Where do you go with it?
How often have you carried a gun in the past 3 months?

**TAKES GUN TO SCHOOL/COLLEGE/UNIVERSITY**
Have you taken a gun with you to school/college/university in the past 3 months?
Do you usually or just sometimes?

**GUNS - ACCOMPlice TO SHOOTING**
Have you ever been there when someone else shot at someone?
What happened?
Has that happened in the last 3 months?

**GUNS - SHOT AT ANOTHER PERSON**
Have you ever shot at anybody?
Have you actually shot another person?
Did you hit them?
What happened to them?
What happened to you?

**CURRENTLY CARRIES A GUN**
0 = Has not carried a gun in last 3 months
2 = Sometimes has carried a gun
3 = Usually carries a gun

**TAKES GUN TO SCHOOL/COLLEGE/UNIVERSITY**
0 = No
2 = Sometimes
3 = Usually

**GUNS - ACCOMPlice TO SHOOTING**
0 = No
2 = Yes

**GUNS - SHOT AT ANOTHER PERSON**
0 = No
2 = Yes

**INJURED ANOTHER WITH A GUN**
0 = No
2 = Yes
Definitions and questions

**GUNS - PURCHASE OF LONG GUN**

It is legal in N.C. to purchase a long gun at 18 with no permit.

*Have you ever purchased a rifle or shotgun?*

Did you buy it from a private party (friend, acquaintance, family member)? How about through commercial sources (store, pawn shop, etc.)?

Have you purchased a rifle or shotgun in the last 3 months?

**GUNS - PURCHASE OF HANDGUN**

It is legal in N.C. to purchase a handgun (after a waiting period and permit), at age 21.

*Have you ever purchased a handgun?*

Did you buy it from another person or a store?

**PERMIT**

*Do you have a permit?*

Coding rules

- **PURCHASE OF GUN**
  - 0 = No
  - 1 = Yes, through private sources (acquaintance, family, etc.).
  - 2 = Yes, through commercial purchase.

- **PURCHASE OF HANDGUN**
  - 0 = No
  - 1 = Yes, through private sources (acquaintance, family, etc.).
  - 2 = Yes, through commercial purchase.

- **PERMIT**
  - 0 = Absent
  - 2 = Present

Codes

- Ever:CGM0E01
- abc3764
- Ever:CGM0I02
- CGM1101
**Definitions and questions**

### KNIVES

**Have you ever used a knife in a fight or to threaten somebody?**

**Have you ever injured anyone with a knife?**

What happened?

**Have you carried a knife as a weapon or for protection?**

How often have you carried it in the last 3 months; sometimes or usually?

Where do you take it?

Have you taken a knife to school/college/university in the last 3 months?

### OTHER WEAPONS

**Have you carried anything else as a weapon or for protection?**

Like brass knuckles, chains, sticks, or bottles? Or a BB gun, pellet gun, or ball bat?

How often have you carried “other weapon” in the last 3 months?

Where do you carry it?

In the last 3 months, have you taken it to school/college/university?

### Coding rules

#### USED KNIFE IN FIGHT OR TO THREATEN

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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<td>No</td>
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<tr>
<td>2</td>
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</table>

#### INJURED ANOTHER WITH A KNIFE

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<th>Code</th>
<th>Description</th>
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<tr>
<td>0</td>
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<td>2</td>
<td>Yes</td>
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</table>

#### CURRENTLY CARRIES KNIFE

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Has not carried a knife in last 3 months</td>
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<tr>
<td>2</td>
<td>Sometimes has carried a knife</td>
</tr>
<tr>
<td>3</td>
<td>Usually carries a knife</td>
</tr>
</tbody>
</table>

#### TAKES KNIFE TO SCHOOL/COLLEGE/UNIVERSITY

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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>No</td>
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<tr>
<td>2</td>
<td>Sometimes</td>
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<td>3</td>
<td>Usually</td>
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</table>

#### CURRENTLY CARRIES OTHER WEAPON

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<th>Description</th>
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<tr>
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<td>Sometimes has carried other weapon</td>
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</table>

#### TAKES OTHER WEAPON TO SCHOOL/COLLEGE/UNIVERSITY

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<th>Code</th>
<th>Description</th>
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<tr>
<td>2</td>
<td>Sometimes</td>
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<tr>
<td>3</td>
<td>Usually</td>
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</tbody>
</table>
**OTHER SELF DEFENSE EQUIPMENT**

*Have you carried anything like mace or a stun gun?*

*Or a bat to defend yourself?*

*In the last 3 months, have you taken any self-defense equipment to school/college/university? Is that just sometimes or usually?*

---

**Coding rules**

**CURRENTLY CARRIES SELF-DEFENSE EQUIPMENT**

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<tr>
<td>2</td>
<td>Sometimes has carried self defense equipment</td>
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<tr>
<td>3</td>
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</table>

**TAKES SELF DEFENSE EQUIPMENT TO SCHOOL/COLLEGE/UNIVERSITY**

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<tr>
<td>2</td>
<td>Sometimes</td>
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<td>3</td>
<td>Usually</td>
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</table>
CONDUCT PROBLEMS INVOLVING VIOLENCE

LOSING TEMPER

Discrete episodes of temper manifested by shouting or name calling but without violence and not meeting criteria for a temper tantrum.

**Do you have a "bad" or "hot" temper?**

**What sort of temper do you have?**

**What happens when you lose your temper?**

*In the last 3 months, have you lost your temper enough to shout, yell, or call names?*
*How often do you lose your temper?*
*When did that start?*

*In the last 3 months, how many times have you lost your temper (at home, school, work, elsewhere)?*
*When did you start losing your temper?*

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
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<tbody>
<tr>
<td>CGE0001</td>
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<td>CGE0F02</td>
<td>Home Frequency</td>
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<tr>
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<td>School/Work Frequency</td>
</tr>
<tr>
<td>CGE0F04</td>
<td>Elsewhere Frequency</td>
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</tbody>
</table>

**LOSING TEMPER**

0 = Absent
2 = Present
Definitions and questions

**TEMPER TANTRUMS**

Discrete episodes of excessive temper, frustration or upset, manifested by shouting, crying or stamping, and involving violence or attempts at damage directed against people or property.

Violence or damage done here does not constitute Vandalism or Assault.

**Do you ever get into a tantrum?**

What do you do?
Tell me about the last time.
What do people say or do about it?
Where does that happen?

How often does it happen?

How long does it go on for?

When did it start?

Coding rules

<table>
<thead>
<tr>
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<tbody>
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<table>
<thead>
<tr>
<th>TEMPER TANTRUMS</th>
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<tbody>
<tr>
<td>0 = Absent</td>
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<tr>
<td>2 = Non destructive violence directed only against property, (e.g. slamming doors, stamping, etc.).</td>
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<tr>
<td>3 = With destructive violence (e.g. smashing window) or violence against persons.</td>
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<tr>
<th>SCHOOL/WORK</th>
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<tr>
<td>CGE1F02 School/Work Frequency</td>
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<th>Codes</th>
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<tr>
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<table>
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<th>HOURS : MINUTES</th>
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<tr>
<td>CGE1O01 Onset</td>
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</table>
VANDALISM
Damage to, or destruction of, property without the intention of gain. Includes breaking, cutting or tearing up belongings.

Have you deliberately or willfully damaged or broken or smashed up anything?

What have you done?
How about writing on walls, streets or buildings?

What about breaking or smashing up things at school/college/university?

What about at work?

When was that?
Did you know the people whose stuff you messed up?
How often do you do that sort of thing?
When did you first do something like that?

In the last 3 months, how many times have you done things like that at home?
At school or work?
Other places (note)?

When you do that, are you alone or with other people?

Coded as:

CGE2I01
Intensity

CGE2F01
Home Frequency

CGE2F02
School/Work Frequency

CGE2F03
Elsewhere Frequency

CGE2I02
Directed against communal property

CGE2I03
Directed against unknown individual’s property

CGE2I04
Directed against known individual’s property

CGE2X01
Solitary/Accompanied

CGE2O01
Onset

CGE2O02
Onset
**FIRESETTING**

Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

N.B. "EVER" CODED IF FIRE SETTING HAS OCCURRED BUT NOT IN LAST 3 MONTHS.

*Do you like to play with matches or lighters?*

*Or playing with fire?*

*Do you like burning things?*

*Have you ever started any fires in places where you're not supposed to?*

Why did you do it?  
Where did you do it?  
When was the first time you did that?

*How many times have you ever started fires like that?*

---

**Coding rules**

**FIRESETTING**  
0 = Absent  
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.  
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.
Definitions and questions

Have you played with fire or set a fire in the last three months?
Did anyone find out?
What happened?
How often have you done that sort of thing in the last 3 months?
Have you ever done any damage with fire?

Where have you set fires in the last 3 months?
Do you play with fire or start fires on your own or with others?

FIRESETTING
0 = Absent
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

HOME

SCHOOL/WORK

ELSEWHERE

DIRECTED AGAINST COMMUNAL PROPERTY
0 = No
2 = Yes

DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY
0 = No
2 = Yes

DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY
0 = No
2 = Yes

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
Definitions and questions

**FIGHTS**

Physical fights in which both (or all) combatants are actively initiating. Otherwise code as assault.

If subject is a victim of an attack and fights back only to protect him/herself, do not rate here or under Assault.

Code worst result of fights in last 3 months.

**Do you get into physical fights at all?**

**Have you gotten into any fights in the last 3 months?**

Who with?
How often?
Tell me about the last fight you were in.
Was it a friendly fight?
What is the worst that's happened in a fight you were in?
Did anyone get hurt?
What happened?
Have you been in any fights that someone else broke up?
Who?
Why?
When did you start fighting?

Do you have fights where other people are in the fight on your side?

**FIGHTS- RESULTING IN SERIOUS INJURY**

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

**Have you ever been in a fight where someone was badly hurt?**

Have you ever used a weapon in a fight?
Like a knife or stone or anything else?

How many times have you ever used a weapon in a fight?

When was the first time?

**Coding rules**

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</table>
Definitions and questions

Have you been in a fight where someone was badly hurt in the last three months?

How many times have you ever been in a fight where someone was badly injured?

When was the first time you were in a fight where someone was badly injured?

ASSAULT
Attack upon or attempt to hurt another without the other's willful involvement in the contact.

If subject is the victim of an attack and fights back only to protect him/herself, do not rate here or under Fight.

Have you hurt or attacked anyone who didn't want to fight you?

Who did you hurt?
How did it happen?
Did you injure him/her?
How much?
Why did you do that?

How many times have you done that in the last 3 months?
Was that at home, school, work, or some other place?

Were you on your own or with other people?

When was the first time you did something like that?

Coding rules

0 = None
2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

FREQUENCY - FIGHTS RESULTING IN SERIOUS INJURY

ASSAULT
0 = No assault
2 = Assaults did not result in any physical injury to either party
3 = The victim sustained some physical injury as a result (e.g. black eye or cuts)

HOME

SCHOOL/WORK

ELSEWHERE

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
Definitions and questions

ASSault Resulting in Serious Injury

In the last 3 months, have you been involved in an assault where someone was seriously injured?

How many times have you ever been involved in an assault where someone was seriously injured?
What was the serious injury?
When was the first time?

Assault with a Weapon

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon.

Have you ever used a weapon in an assault?

Like a knife or stone?
Or used something else as a weapon?

How many times have you ever used a weapon to attack someone?
When was the first time you used a weapon in an attack?

If Assault Occurred, Ask About Cruelty. Otherwise, Skip to "Bullying/Extortion", (Page 36).

Coding rules

Assaults Resulting in Serious Injury

0 = None
2 = As a result, either combatant sustained broken limbs, required hospitalization, or was unconcious for any period

Use of Weapon in Assault

0 = None
2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.
CRUELTY TO PEOPLE

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include cutting or burning a person, holding a person's head underwater, forcing a person to do something with the purpose of causing physical pain or harm, ritualized infliction of pain, and sadistic violence or terrorization.

Have you deliberately inflicted pain or fear on someone after they were already hurt?  
Have you beat, cut, or burned a restrained person?  
Have you tried to terrorize someone?  
Have you done anything like that in the last 3 months?  
How many times?  
Where did you do that?  
Were you on your own or with others?  
When was the first time you did that?

Cruelty to People

0 = Absent  
2 = Cruelty did not result in any physical injury to either party.  
3 = The victim sustained some physical injury as a result (e.g. black eye or cuts).

HOME

CGF3F01

Intensity

CGF3O01

Onset

CGF3I01

Intensit

HOME

CGF3F01

Home

CGF3F02

School/Work

CGF3O01

Onset

CGF3X01

SOLITARY/ACCOMPANIED

0 = Solitary  
2 = Often accompanied (25-49% of the time).  
3 = Accompanied 50% or more of the time.

CGF3F03

Elsewhere
CRUELTY RESULTING IN SERIOUS INJURY

Have you ever seriously injured anyone like that?
How many times?
What happened?
When was the first time?

Have you ever used a weapon when intentionally doing that?
How many times?
When was the first time?

CRUELTY RESULTING IN SERIOUS INJURY
0 = None
2 = As a result of cruelty either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

USE OF WEAPON
0 = No
2 = Yes

Codes

Ever:CGF4I01
Intensity

Ever:CGF5V01
Frequency

Ever:CGF5O01
Onset

Ever:CGF6E01

Ever:CGF6V01

Ever:CGF6O01

For Review Only
BULLYING/EXTORTION
Attempts to force another to do something against his/her will by using threats or violence, or intimidation.

Do not include episodes that meet the criteria for stealing involving confrontation.

Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.

Have you tried to bully someone by threatening them?

Have you forced someone to do something they didn’t want to do by threatening or hurting them?

Was there any actual violence involved?
Who did you bully?
Why did you do it?
How often?
Where?
When was the first time?

Did you do this alone or with someone else?

Have you ever used a weapon when bullying someone?
How many times?
When was the first time?
**FORCED SEXUAL ACTIVITY**

**Have you kissed or fondled anyone who didn't want you to?**

**Have you ever made someone have sex with you when s/he didn't want to?**

**Have you done that in the last 3 months?**

**How many times have you ever done something like that?**

**When was the first time?**

**Did you use a weapon of any sort?**

**In the last 3 months?**

**How many times?**

**When was the first time?**

### Coding rules

**FORCED SEXUAL ACTIVITY**

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<tbody>
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<tr>
<td>2</td>
<td>Using threats only.</td>
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<tr>
<td>3</td>
<td>With actual violence.</td>
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**USE OF WEAPON FOR FORCED SEXUAL ACTIVITY**

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**FREQUENCY - USE OF WEAPON FOR FORCED SEXUAL ACTIVITY**

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**ONSET - USE OF WEAPON FOR FORCED SEXUAL ACTIVITY**

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</table>
SEXUAL ACTIVITY FOR GAIN

Engagement in sexual activity in order to obtain money, goods, or drugs.

IF DRUG RELATED, ALSO CODE UNDER SUBSTANCE-RELATED CRIME.

Have you ever had sex with someone to get something that you wanted?

Or exchanged sexual favors for something you wanted?

Have you done that in the last 3 months?

How many times have you ever done that?

When did you first do that?
Definitions and questions

CRUELTY TO ANIMALS
Deliberate activities involving hurting animals. Include reptiles, amphibians, snakes, and toads. Do not include hunting, fishing, or stomping on ants or other insects. May include smothering, choking, hard kicking.

Note: To distinguish from normative teasing and poorly modulated play, need to determine that the act was deliberate with the purpose of causing pain or distress.

N.B. "EVER" CODED IF NO CRUELTY TO ANIMALS IN LAST 3 MONTHS.

Have you hurt an animal in the last 3 months?
When?
What happened? (Determine way of hurting)
Have you ever killed an animal, aside from hunting?
Were the police brought in?
Where did you do it?
Why did you do it?
How often have you done that?
When was the first time?
What was done about it?

In the last 3 months, how many times have you hurt an animal?

Have you done this on your own?
Has anyone else ever participated with you in hurting an animal?
Is it more often on you own or with someone else?

How many times have you ever seriously hurt or killed an animal?
When was the first time?

Coding rules

CRUELTY TO ANIMALS
0 = Absent
2 = Definite cruelty not resulting in obvious or permanent injury to the animal.
3 = Acts resulting in obvious or permanent injury.

HOME

SCHOOL/WORK

ELSEWHERE

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

CRUELTY TO ANIMALS (ENTER ONLY IF AT INTENSITY LEVEL "3")
0 = Absent
2 = Present

FREQUENCY
Definitions and questions

**LETTER WRITING, TELEPHONE CALLS, MALICIOUS RUMORS**

Sending nasty, obscene, cruel, or otherwise unpleasant anonymous letters, emails, or text messages to a person or persons; or making such telephone calls; or starting malicious rumors.

N.B. (ever) CODED IF NO LETTER WRITING OR TELEPHONE CALLS IN LAST 3 MONTHS.

Have you ever sent an anonymous letter to anyone?

Or made an anonymous phone call that was unpleasant to the receiver?

Have you started or spread rumors about anybody that weren't true?

Have you sent nasty emails or text messages to anyone?

Or told things to your friends or other people about someone to hurt their reputation?

Who did you do that to?

Why did you do it?

Were the police or other authorities brought in?

How many times have you done that in the last 3 months?

When was the first time?

How many times would you say you have ever done something like that?

Coding rules

**LETTER WRITING, PHONE CALLS, OR MALICIOUS RUMORS**

0 = Absent

2 = Letters or phone calls to, or spreading rumors about, unknown person(s).

3 = Letters or phone calls to, or spreading rumors about, person with whom the subject has personal contact.

**LETTER WRITING, TELEPHONE CALLS, MALICIOUS RUMORS**

0 = Absent

2 = Letters or phone calls to, or spreading rumors about, unknown person(s).

3 = Letters or phone calls to, or spreading rumors about, person with whom the subject has personal contact.
Definitions and questions

**POLICE CONTACT**

Any involvement with police resulting from items recorded in Conduct Disorder section or any other behavior or suspected behavior for which a complaint could have been filed.

Do not include simple questioning such as being questioned about something the subject saw.

Do not include speeding tickets, unless they are associated with driving under the influence or reckless driving.

*Have you ever been involved with the police?*

*Have you ever been arrested?*

*What about in the last 3 months?*

*When was the first time?*

**IF POLICE CONTACT HAS OCCURRED, COMPLETE DELINQUENCY SECTION. OTHERWISE, SKIP TO "PROBATION/PAROLE", (PAGE 43).**
Definitions and questions

DELINQUENCY

ACTION TAKEN BY POLICE

What happened as a result of your involvement with the police?

Were you charged with an offense?

Have you had any charges in the last 3 months?

When was the first time you were charged?

How many charges have you had, altogether?

Have you had any DWI’s?

How many?

What types of offenses have you been charged with?

Any crimes against property?

Any crimes against people?

Any crimes involving violence?

Any crimes of a sexual nature?

Any crimes against nature?

Any crimes where death or serious injury resulted?

Any drug related offenses?

Any alcohol related offenses?

Any other type of offense?

What were the results of the charges?

Were the charges dropped or did you go to Court?

Were you found guilty?

Were you placed on probation or given community service?

Did you have to pay a fine?

Did you have to serve time?

Any other results?

How many days were you in jail either awaiting trial or as a result of sentencing?

Coding rules

Codes

EVER: ACTION TAKEN BY POLICE

0 = Not charged.
2 = Charged

CGH8001

TOTAL NUMBER OF CHARGES

EVER:CGH8V01

NUMBER OF DWIS

EVER:CGH8V02

TYPE OF OFFENSE

1 = Property
2 = Personal
3 = Property With Violence
4 = Personal With Violence
5 = Drug Related
6 = Sex Crime
7 = Crime Against Nature
8 = Crime Resulting In Death/Serious Injury
9 = Alcohol Related
10 = Other

EVER:CGH8X01

EVER:CGH8X02

EVER:CGH8X03

EVER:CGH8X04

EVER:CGH8X05

EVER:CGH8X06

EVER:CGH8X07

EVER:CGH8X08

EVER:CGH8X09

EVER:CGH8X10
**Definitions and questions**

**Coding rules**

**EVER: RESULT OF PROSECUTION**

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<thead>
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<tbody>
<tr>
<td>0</td>
<td>Charges dropped.</td>
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<tr>
<td>1</td>
<td>Not guilty.</td>
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<tr>
<td>2</td>
<td>Unsupervised probation/restitution.</td>
</tr>
<tr>
<td>3</td>
<td>Community service.</td>
</tr>
<tr>
<td>4</td>
<td>Supervised probation.</td>
</tr>
<tr>
<td>5</td>
<td>Supervised probation with treatment order.</td>
</tr>
<tr>
<td>6</td>
<td>Treatment order without probation.</td>
</tr>
<tr>
<td>7</td>
<td>Detention</td>
</tr>
<tr>
<td>8</td>
<td>Wilderness camp.</td>
</tr>
<tr>
<td>9</td>
<td>Suspended training school commitment.</td>
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<tr>
<td>10</td>
<td>Training school commitment.</td>
</tr>
<tr>
<td>11</td>
<td>Bound over to superior court.</td>
</tr>
<tr>
<td>12</td>
<td>Fine in superior court.</td>
</tr>
<tr>
<td>13</td>
<td>Prison commitment by superior court.</td>
</tr>
</tbody>
</table>

**PROBATION/PAROLE**

*Have you ever been placed on probation?*  
Or been paroled?

*Are you currently on probation or parole?*

*Have you done anything that was against the terms of your probation/parole?*

How many times have you done something that was against the terms of your probation/parole?  
Like drinking or using drugs?  
Or staying out past the curfew your Probation/Parole Officer set?  

**PROBATION**

<table>
<thead>
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<tbody>
<tr>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
<td>Adult probation.</td>
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<tr>
<td>4</td>
<td>Parole</td>
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**CURRENTLY ON PROBATION/PAROLE**

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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**DAYS**

**Duration**

**Intensity**

**Frequency**

For Review Only
ANTI-SOCIAL BEHAVIOR
FAILURE TO HONOR FINANCIAL OBLIGATION

Subject has not paid money s/he owes, or has not repaid money s/he has borrowed. The debt may have arisen prior to the last three months, but the failure to pay has been ongoing in the last three months. If two or more weeks have passed since the debt was incurred (or bill was due) and payment has not been made, code failure to honor the commitment despite assurance the subject plans to pay in the future. Code failure to pay child support more specifically below.

Over the last three months, have you owed anyone any money?

Or borrowed any money?

Did you pay the money back?

Were there any times in the last three months when you didn't pay someone the money you owed or borrowed?

Did you have any financial obligations that you did not honor?

Are you behind on credit card payments?

Or behind on car payments?

What about cell phone or utility bills?

Do you owe the IRS or the State for any taxes you haven't paid?

How many times over the last three months have you owed someone money but didn't pay them?

Or you have missed a payment for your car, phone, utilities, or credit cards?

When was the first time you didn't pay money you owed for a bill or to someone?

CHILD LIVING ELSEWHERE

Do you have any children who don't live with you?

IF SUBJECT HAS A CHILD THAT LIVES ELSEWHERE, COMPLETE. OTHERWISE, SKIP TO "FINANCIAL CONSEQUENCES", (PAGE 46).
**FAILS TO PAY CHILD SUPPORT**

Is there a court order that requires you to pay child support?

Do you pay child support?

Have you missed any payments in the last three months? 
NOTE: IF NO COURT ORDER ASK

Do you contribute money for the child’s upbringing even though it is not court-ordered?

**FINANCIAL CONSEQUENCES**

Have you ever had a car or other possessions repossessed?

Have you had debts turned over to a collection agency?

Have you been unable to pay your rent or mortgage?

Have you been unable to make a purchase due to bad credit?

Have you been turned down for a loan?

How many times have you experienced the negative consequences of not honoring prior financial obligations?

When was the first time?

**Casting rules**

**FAILS TO PAY CHILD SUPPORT**

0 = Pays either court-ordered child support or voluntarily contributes more than $20 per month to child's upbringing.

1 = Does not contribute financially, or less than $20 per month.

2 = Has missed at least one court-ordered child support payment in the last three months.

**EVER: FINANCIAL CONSEQUENCES**

0 = Absent

2 = Present
LACK OF REMORSE

Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another. Subject steals, cheats, maltreats people or otherwise breaks clear societal boundaries without guilt. Taking inexpensive items or small amounts of money are considered stealing if the owner was not informed and is deprived of the use of the item. Do not code for white lies told to spare the feelings of others.

Do you feel badly when you do something wrong?
Or when you do something that really hurts someone's feelings?
Or when you cause someone to be upset or stressed out?
Do you feel guilty if you lie?
Or if you mislead your girl/boyfriend, spouse, or partner?
Or cheat?
Or steal?
Or break laws that cause harm to others or society in general?
Have you hurt anyone over the last three months?
Do you feel like you should be able to do whatever you want regardless of what affect it might have on others?
Can you give me an example?
How many times have you done something like that over the last three months without feeling badly about it?
How many of those times were at home?
School or work?
Other places?
When did you start doing things like that and not feeling bad about it?

0 = Has not committed any wrongdoing or feels remorse for transgressions.
2 = Expresses no remorse for obvious transgressions.
### HARASSMENT
Repeated or persistent infringement that causes annoyance or torment to another person.

*Over the last three months, have you called someone on the phone, just to make them feel annoyed?*

*Or to make them feel frightened?*

*Can you tell me a little about that?*

*Have you just shown up at someone’s house or property?*

*Why did you go there?*

*What happened?*

*How many times have you done that?*

*When did you start doing that?*

### IMPULSIVITY OR FAILURE TO PLAN AHEAD
Subject acts on impulse without making plans or considering the end result (i.e., quitting a job before having a new job, severing relationships without considering the consequences, taking on responsibilities without any "game plan" for follow through).

*Do you sometimes do things on impulse?*

*Or just decide to do things without planning ahead?*

*Does it cause problems when you do this?*

*Can you give me an example?*

*Do you change your plans frequently?*

*Does that make it difficult for you or others?*

*Have you moved without any specific place to go?*

*Have you left a long term relationship without really thinking it through?*

*What about in the last 3 months?*

*How many times have you done something like that in the last 3 months?*

*When was the first time you acted impulsively like that?*

### Codes

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<td>CGK3I01</td>
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<tr>
<td>CGK3F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CGK3O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>
### NO PERMANENT ADDRESS

Subject has spent at least a month without a home, moving in with one acquaintance or another, living on the streets or in shelters. Do not include camps, hospital stays, visits with friends, and situations where the expectation is that they can and will return home.

**Have you ever spent a month or more with no fixed address?**

Did you move around from place to place?  
Or live on the street?  
Or in shelters?  

What about the last three months?  
What is the longest period of time that you lived like that?  
When was the first time you spent at least a month with no fixed address?

### USE OF AN ALIAS

Subject uses another name to fool authority, or gain entree to an opportunity that would not be granted under the subject's own name, or to avoid responsibilities. Do not code literary (authorial) pseudonyms or simple nicknames.

**Have you ever used an alias?**

Or used another name to either get something or avoid something?  

Why was that?  
Have you used an alias over the last three months?  
How many times?  
When was the first time you used another name for those kinds of reasons?

---

**Definitions and questions**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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<td><strong>NO PERMANENT ADDRESS</strong></td>
<td><strong>Ever:CGL3E01</strong></td>
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<tr>
<td>0 = Retained a permanent address.</td>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>2 = No permanent address for a month or more.</td>
<td></td>
</tr>
<tr>
<td><strong>NO PERMANENT ADDRESS IN PP</strong></td>
<td><strong>CGL3I01</strong></td>
</tr>
<tr>
<td>0 = Retained a permanent address.</td>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>2 = No permanent address for a month or more.</td>
<td><strong>Onset</strong></td>
</tr>
</tbody>
</table>

**HOURS : MINUTES**

| Ever:CGL3D01 | Ever:CGL3O01 |

**USE OF AN ALIAS**

0 = Absent  
2 = Uses another name to avoid recognition or responsibility.  
3 = Uses another name for illegal purposes or to avoid legal pursuit.

**USE OF AN ALIAS**

0 = Absent  
2 = Uses another name to avoid recognition or responsibility.  
3 = Uses another name for illegal purposes or to avoid legal pursuit.

**CKG4F01**

**CKG4O01**

For Review Only
GAMBLING

Subject makes wagers on card games, sporting events, etc. There is some intimation that this behavior goes beyond playing poker or football pools for minimal amounts with family and friends.

Do you gamble?

Do you bet at cards?

Do you bet on football or basketball games?

Or horse races or animal fights?

Do you play betting games at Casinos?

Do you play the lottery?

Do you do any other type of gambling?

Do you risk more than $50.00 at a time?

How many times would you say you have gambled in the last 3 months?

When did you first start gambling or taking bets?

How much have you lost over the last three months?

About how much have you ever lost?

IF SUBJECT HAS LOST MONEY BY GAMBLING OVER THE LAST THREE MONTHS, COMPLETE. OTHERWISE, SKIP TO "RECKLESS DISREGARD FOR SAFETY OF SELF OR OTHERS", (PAGE 53).
DIFFICULTIES RESULTING FROM NEED TO COVER GAMBLING LOSSES

Subject is unable to cover gambling debts and this has resulted in further difficulties. If the information conforms to the definitions of other items (Failure to Honor Financial Obligations, Neglect or Failure to Care For a Child, Stealing, etc.), code there as well.

Over the last three months, have you had any trouble covering your gambling losses?

Where do you get the money to pay for your gambling debts?

Have you had to use your savings?
Have you had to work extra hours, or an extra job, to raise the money?
Have you had to borrow from someone else to cover your gambling losses?
Have you paid them back?
Has your gambling affected your ability to cover other expenses?
Were you unable to support your child because of gambling losses?
Have you resorted to stealing to cover gambling losses?
Or dealt drugs to raise the money?
Has anyone been calling you, or harassing you for payment?
Are you in physical danger because you haven't paid your gambling debts?

When was the first time your losses caused these other problems?
**RECKLESS DISREGARD FOR SAFETY OF SELF OR OTHERS**

Subject enters into or causes dangerous situations without considering the consequences to self or others. Do not code car accidents that clearly were not the subject's fault.

*Have you ever been the driver when an auto accident occurred?*

What happened?

*Have you driven a car or motor bike after using alcohol or drugs?*

*Do you like taking risks?*

*Do you consider yourself a reckless person or a risk-taker?*

*Do you do dangerous things?*

Can you give me an example?

*Why did you do that?*

*Do you usually speed when driving a car or motorcycle or 4-wheeler?*

How much over the speed limit do you usually go?

*When was the first time you put yourself or others into a dangerous situation like that?*

*How often have you done dangerous or risky things like that, in the last 3 months?*

**SUBJECT HAS CHILD OR TAKES CARE OF CHILD**

*Do you babysit?*

*Do you watch your brothers or sisters?*

*Or other children?*

*Do you work in a situation where you are responsible for children?*

**IF SUBJECT HAS A CHILD, 'STEPCHILD' OR TAKES CARE OF A CHILD, CONTINUE. OTHERWISE, SKIP TO "ATTEMPTS TO CUT DOWN", (PAGE 13).**
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### NEGLECT OR FAILURE TO CARE FOR A CHILD
Due to the subject's lack of responsibility, a child has suffered or been put into danger.

- **Do you take good care of your child/ the child you babysit?**
- **Have you left him/her alone for a long time?**
- **Or not fed him/her?**
- **Have you had the child in a car without being properly placed in a car seat?**
- **Have you put him/her in danger?**
- **Have you left the child in the care of someone too young to responsibly look after the child?**
- **Or with a stranger?**

What happened?  
When was the first time that happened?  
How many times in the last 3 months?

### CHILD ABUSE
Have you ever spanked or hit a child so hard that it left bruises?  
Have you ever shaken a child real hard?  
What happened?  
Have you hurt a child in any other way?  
Has anyone ever reported you to social services?  
When was the first time you did something like that?  
Has that happened in the last 3 months?  
How many times?

<table>
<thead>
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<td>Frequency</td>
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<tr>
<td>CGL0O01</td>
<td>Onset</td>
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</table>
Definitions and questions

TOBACCO, ALCOHOL, AND DRUGS

TOBACCO USE

*Include use of any tobacco products.*

SMOKING

*Have you ever smoked tobacco?*

Have you ever smoked regularly? (One or more per day?)

HOW OLD WERE YOU THE FIRST TIME YOU EVER TRIED SMOKING?

WHEN DID YOU START SMOKING REGULARLY, I MEAN AT LEAST 1 CIGARETTE PER DAY?

What is the most you have smoked per day on a regular basis?

When did you start smoking at that level?

Have you smoked on a regular basis in the last 3 months?

IN THE PAST THREE MONTHS, HOW MANY CIGARETTES DO YOU SMOKE ON AN AVERAGE DAY?

Coding rules

<table>
<thead>
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<tr>
<td>CHAOV01</td>
<td>DATE BEGAN SMOKING REGULARLY (CODE ONLY IF &gt; 1 PER DAY)</td>
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<tr>
<td>CHAOO03</td>
<td>DATE BEGAN MOST SMOKED PER DAY ON A REGULAR BASIS (CODE ONLY IF &gt; 1 PER DAY)</td>
</tr>
<tr>
<td>CHA0I01</td>
<td>USE IN PP</td>
</tr>
<tr>
<td>CHA0F01</td>
<td>CURRENTLY SMOKING: # PER DAY ON A REGULAR BASIS (CODE ONLY IF &gt;1 PER DAY)</td>
</tr>
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</table>
SNUFF
Have you ever used snuff?
Anything like Skoal, Copenhagen, or Red Wolf?
When did you have your first pinch of snuff?
Have you ever used snuff on a regular basis?
At least 5 times a week?
When did you start using snuff on a regular basis?
Have you used it at least 5 times a week?
When did you start using at that level?
Do you use it now?
How many tins/cans do you use a week?

EVER USED SNUFF
0 = No
2 = Yes

DATE OF FIRST PINCH OF SNUFF

DATE BEGAN USING SNUFF REGULARLY

EVER: MOST SNUFF USED ON A REGULAR BASIS (CODE NUMBER OF 1/2 TINS/CANS PER WEEK, 1/2 TINS/CANS = 1/2 OZ = ABOUT 6 DIPS/CHEWS)

DATE STARTED USING SNUFF AT THAT LEVEL

USE IN PP
0 = Absent
2 = Present

CURRENTLY USING SNUFF (CODE NUMBER OF 1/2 TINS/CANS PER WEEK)
(1/2 TIN/CAN = 1/2 OZ = 5 DIPS/CHEWS)
Definitions and questions

CHEWING TOBACCO

Have you ever chewed tobacco?

Such as Redman, Levi Garrett, Beechnut?

When was the first time you chewed tobacco?

Have you ever chewed tobacco regularly?

At least 5 times a week?

What is the most you have used per week on a regular basis?

When did you start using tobacco at that level?

How many pouches do you use a week?

Have you chewed tobacco in the last 3 months?

TOBACCO SCREEN

Determine if subject has tried or been forced to give up smoking, dipping, or chewing in the last 3 months:

Have you tried to or been forced to give up tobacco in the last 3 months?

IF SUBJECT HAS NOT TRIED TO GIVE UP SMOKING AT LEAST 5 CIGARETTES DAILY, USING SNUFF OR CHEWING TOBACCO > 5X/WEEK, SKIP TO "ALCOHOL USE", (PAGE 7).

Coding rules

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<tr>
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<td>2 = Yes</td>
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<tr>
<td>DATE OF FIRST CHEW OF TOBACCO</td>
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<tr>
<td>DATE BEGAN CHEWING TOBACCO REGULARLY</td>
<td>Ever:CHA2O01</td>
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<td>CHEWS TOBACCO IN LAST 3 MONTHS</td>
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</tr>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
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<td>2 = Present</td>
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<td>EVER: MOST TOBACCO CHEWED ON A REGULAR BASIS (CODE NUMBER OF 1/2 POUCHES PER WEEK) (1/2 POUCH = 1 1/2 OZ = 3 WADS/CHOWS)</td>
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<td>DATE STARTED USING AT THAT LEVEL</td>
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<tr>
<td>ATTEMPT TO ABSTAIN FROM TOBACCO</td>
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<tr>
<td>0 = No</td>
<td>Intensity</td>
</tr>
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Codes

Ever:CHA2E01

Intensity

Ever:CHA2O02

Ever:CHA2O01

CHA2I01

Intensity

CHA2V01 00

CHA2F01

CHA2O03

tob1I00

Intensity
ABSTAINING FROM USE OF TOBACCO

Actual effort at abstaining from tobacco use, lasting at least 8 hours, but which proved to be unsuccessful.

How often have you tried to quit?
For how long?

Have you tried to quit or had to quit in the last 3 months?

In the last 3 months, what is the longest amount of time you went without tobacco?
NICOTINE WITHDRAWAL

Code any of the following symptoms if they occurred during a period of attempted abstinence from nicotine during the last 3 months.

CRAVING

How did you feel?

Did you feel that you really needed a "cigarette"?

How long did that last?

IRRITABILITY

Did it put you in a bad mood?

How long did that last?

Were you bad-tempered? Or irritable?

ANXIETY

Did you feel nervous?

Or anxious?

POOR CONCENTRATION

How was your concentration?

Did you have difficulty concentrating?

Was that different from usual?

RESTLESSNESS

Did you feel restless?

Did you have trouble keeping still?

INCREASED APPETITE

How was your appetite?

Did you eat more than usual?

Did you put on any weight?
BRADYCARDIA

Did you notice your heart rate?
Was it any different from usual?
Was it slowed down?

Coding rules

BRADYCARDIA

0 = No
2 = Subject noticed slowing of pulse.
ALCOHOL

ALCOHOL USE
Include any use of alcohol (beer, wine, hard liquor), even with parental permission.

Have you ever tried drinking alcohol?

What about hard liquor?
What do you prefer to drink (beer, wine, liquor)? When did you first try?

Have you had any in the last 3 months?
How many drinks per week have you had, on average, in the last 3 months?

How often have you drank in the last 3 months? For example, how many times per week or month do you drink?

Do you usually drink alone or with others? Are you with others >50% of the time when you drink?

EVER: ALCOHOL USE
0 = Never drunk alcohol
2 = Has drunk alcohol at some time

ALCOHOL USE IN PP
0 = Absent
2 = Present

NUMBER OF DRINKS (CODE AVG # OF DRINKS/WEKD DURING LAST 3 MOS; 1 DRINK = 1 BOTTLE OF BEER; 1 GLASS OF WINE; 1 SHOT OF SPIRITS

FREQUENCY OF DRINKING EPISODES

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied, but < 50% of the time
3 = Accompained 50% or more of the time

IF THE SUBJECT HAS DRUNK ALCOHOL, CONTINUE, OTHERWISE, SKIP TO "DRUGS", (PAGE 18).
Definitions and questions

**USE OF ALCOHOL WITHOUT PERMISSION FROM A RESPONSIBLE ADULT**

Drinking alcohol without permission from a responsible adult, whether alcohol obtained legally or illegally.

*Have you ever drank alcohol without permission?*

*When was the first time you drank alcohol without permission?*

*What about in the last 3 months?*

*How many times in the last 3 months?*

---

**DRINKING WEEKLY**

Once a week for a month.

*Has there ever been a period when you drank every week for a month or more?*

*When did that start?*

*Have you drank at least once a week for a month or more in the last 3 months?*

---

**DRINKING DAILY**

5 days per week for a month.

*Has there ever been a period when you drank 5 or more days per week for a month?*

*When did that start?*

*How about in the last 3 months?*

---

Coding rules

**EVER: USE WITHOUT PERMISSION**

0 = Has never drunk without permission

2 = Has drunk alcohol without permission at some time

**USE WITHOUT PERMISSION**

0 = Has not drunk alcohol without permission during last 3 months

2 = Has drunk alcohol without permission during the last three months

---

**EVER: USED WEEKLY**

0 = No

2 = Yes

**CHA5O01**

**EVER: USED WEEKLY IN LAST 3 MONTHS**

0 = No

2 = Yes

**CHA5I01**

---

**EVER: USED DAILY**

0 = No

2 = Yes

**CHA6O01**

**EVER: USED DAILY IN LAST 3 MONTHS**

0 = No

2 = Yes

**CHA6I01**
BINGE DRINKING

Subject has during the last 3 months drank an amount of alcohol that was, in their opinion or in fact, in excess of what they could physically handle. The focus here is on the amount drank, not the frequency of drinking. Binge drinking leading to physical illness (i.e. vomiting, blackouts) and/or negative social consequences (i.e. loss of judgement, violence, sexually inappropriate behavior, driving under the influence, etc.) The subject may or may not drink often, but at times drinks to a level that interferes with functioning.

Have you ever drank alcohol to excess?

Do you have drinking “binges”?

Do you, at times, drink more than you intended?
Has that caused you any problems?
Tell me about the last time that happened.
Have you done anything that you really regretted or felt bad or embarrassed about as a result?
Have you vomited or passed out as a result?
Where does that happen?
When was the first time?

Has that happened in the last 3 months?
How many times in the last 3 months?

DRUNK

Subject's self-report of being “drunk”.

Have you ever been “drunk”?

Have you been “drunk” in the last 3 months?
ALCOHOL INTOXICATION

Alcohol ingestion associated with any of the following behavioral or psychological changes: slurred speech, incoordination, unsteady gait, nystagmus, flushed face.

In the last 3 months, have you experienced any physical effects from alcohol use; such as slurred speech or staggering?

At any time in the last 3 months did you feel like you were drunk? HOW DID YOU FEEL OR ACT THAT MAKES YOU SAY THAT?

How many times?

How many times have you vomited because of drinking in the last 3 months?

How many times have you passed out because of drinking in the last 3 months?

Was your speech slurred?

How was your coordination?

Did you have trouble walking straight?
Did you fall down at all?
Or bump into things?
Or knock anything over?
Could you move your arms and hands properly?

Could you fix your eyes on things properly?

Or were they jerking about?

Do you know if your face was red?

How many times in the last 3 months have you had any of these symptoms associated with drinking (signs of intoxication)?

When was the first time you had any of these symptoms associated with drinking?

Did you start to believe any strange or unusual things?
Definitions and questions

IF SUBJECT HAS BEEN INTOXICATED, COMPLETE THIS SECTION, OTHERWISE, SKIP TO "DRUGS", (PAGE 18).
ALCOHOL INTOXICATON CONSEQUENCES

ALCOHOL SCREEN

Subject used alcohol on 5 consecutive days of primary period, used on any 10 days of the primary period, or was intoxicated 2 or more times in the primary period.

Have you drank for 5 days in a row in the last 3 months?

Have you drank on 10 or more days out of the last 3 months?

Have you been drunk 2 or more times in the last 3 months?

IF IN LAST 3 MOS. ALCOHOL WAS USED FOR ANY 5 DAY PERIOD OR AT LEAST 10 DAYS, OR INTOXICATED 2X OR MORE; COMPLETE SECTION, OTHERWISE, SKIP TO "DRUGS", (PAGE 18).
Definitions and questions

DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her alcohol intake. There is no requirement that s/he should have actually done so.

**Do you want to cut down on how much alcohol you drink?**

Have you ever wanted to?
When was the first time?

ADVISED TO CUT DOWN
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her alcohol intake, on at least one occasion.

**Has anyone ever told you that you should cut down?**

Who?
When was the first time?
What do your parents, friends, and other loved ones think?

ATTEMPTS TO CUT DOWN
Actual efforts at reduced alcohol intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

**Have you ever actually tried to cut down on how much alcohol you drink?**

Why was that?
How many times have you tried?
When was the first time?
What about in the last 3 months?
For how long?
Did you substitute other substances while you were cutting down on alcohol?
ALCOHOL WithDRAWAL
To be considered symptoms of withdrawal, symptoms must have occurred within 5 days of ending (or reducing alcohol intake during) a period of heavy ingestion of alcohol (that lasted at least 3 days).

What happens if you cut down on how much alcohol you drink?
Tell me about the last time you cut down?
If you drink less than usual, what happens?
Do you notice any physical symptoms?
If yes, Do you drink any alcohol or use other drugs to make “symptoms” go away?
Does it work?
What happens then?

IF WITHIN THE LAST 3 MONTHS THE SUBJECT HAS HAD PERIODS OF REDUCED ALCOHOL INTAKE ASSOCIATED WITH PHYSICAL SYMPTOMS, SKIP TO “DRUGS”, (PAGE 18).

Drinks or uses another substance to avoid withdrawal symptoms
0 = No
2 = Yes
### Definitions and questions

**TREMOR**
Coarse peripheral tremor, occurring during periods of reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or use of other substances.

*Did your hands (tongue, eyelids) shake?*
*Can you show me what it was like?*
*When did that start?*

**NAUSEA/VOMITING**
Nausea or vomiting, occurring during periods of reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or use of other substances (unless such substances either not available or withheld).

*Did you feel nauseous?*
*Did you vomit?*
*When did that start?*

**AUTONOMIC HYPERACTIVITY**
Signs of autonomic hyperactivity, such as sweating, tachycardia, palpitations, increased respiratory rate, or flushing, associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

*Did you notice any other physical symptoms?*
*Did you get sweaty?*
*Or notice your heart beating fast?*
*When did that start?*

**HEADACHE**
Headache of any sort associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

*Did you get a headache?*
*How long did it last?*
*When did it start?*

### Coding rules

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<th>Code</th>
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<td>AUTONOMIC HYPERACTIVITY</td>
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<table>
<thead>
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<td>2</td>
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</tbody>
</table>
Insomnia
Initial, middle or terminal insomnia, of at least 1 hour duration, associated with reduced alcohol intake, and relieved by alcohol or other substances (unless such substances either not available or withheld).

Was your sleep affected?
What happened?
When did that start?

Anxiety associated with reduced alcohol intake
Anxious affect associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you feel scared or anxious?
What was that like?
When did that start?

Depression associated with reduced alcohol intake
Low mood associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you feel depressed?
What was that like?
When did that start?

Irritability associated with reduced alcohol intake
Irritability associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you get irritable?
What was the like?
When did that start?
PERCEPTUAL DISTORTIONS ASSOCIATED WITH REDUCED ALCOHOL INTAKE

Transient hallucinations or illusions, associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you see or hear any strange things?

Did your imagination play any tricks on you?

Tell me about them.

SEIZURES

Grand mal seizures.

Did you have a seizure or fit?

Did you have spasms?

Or lose consciousness?
DRUG USE

Code all drugs (since the last interview) used by the subject

DRUGS

Have you ever experimented with any drugs?
What about with your friends?
Has anyone ever given you any drugs?

What did you do?
I have a list of drugs here that you might have come across. Is it OK if I ask you about them?

CANNABIS USE

Marijuana, weed, pot, grass, hash, Thai stick.

Have you ever tried smoking pot?
Have you used marijuana in the last 3 months?
When was the first time you ever used marijuana?

COCAINE USE

Coke

Have you ever tried cocaïne?
When did you first try?
Have you used it in the last 3 months?
Definitions and questions

CRACK USE

Have you ever used Crack?
When did you first try it?
Have you used crack in the last 3 months?

Coding rules

CRACK USE
0 = No
2 = Yes

CRACK USE IN THE LAST 3 MONTHS
0 = No
2 = Yes

Codes

Ever:CHB2E01
Intensity

CHB2I01
Intensity

Ever:CHB2O01
Onset
**AMPHETAMINE USE**
Uppers, speed.

*Have you ever used amphetamines (speed, uppers)?*

*When did you first try?*

*Have you had any in the last 3 months?*

---

**ICE USE**

*Have you ever tried Ice?*

*When did you first start?*

*Have you had any in the last 3 months?*

---

**METHAMPHETAMINE USE**
Crystal Meth, Meth, Methamphetamine

*Have you ever used crystal meth?*

*Or any methamphetamine substance?*

*When did you first try it?*

*Have you had any in the last 3 months?*
Definitions and questions

**INHALANT USE**
Glue, lighter fluid, petrol, paint sniffing.

*Have you ever tried inhalants?*

*When did you first try it?*

*How about in the last 3 months?*

**NITRITE INHALANT USE**
Poppers

*Have you ever used nitrite inhalants or poppers?*

*When did it first start?*

*How about in the last 3 months?*

**HEROIN USE**
Heroin, smack

*Have you ever tried heroin?*

*When did you first try it?*

*Have you used it in the last 3 months?*

Coding rules

**INHALANT USE**
0 = No
2 = Yes

**INHALANT USE IN THE LAST 3 MONTHS**
0 = No
2 = Yes

**NITRITE INHALANT USE**
0 = No
2 = Yes

**NITRITE INHALANT USE IN THE LAST 3 MONTHS**
0 = No
2 = Yes

**HEROIN USE**
0 = No
2 = Yes

**HEROIN USE IN THE LAST 3 MONTHS**
0 = No
2 = Yes
Definitions and questions

ECSTASY USE

Have you ever used ecstasy?
When did you first try it?
In the last 3 months?

OTHER OPIOID USE

Morphine, opium, codeine, other opioid pain killers.

Have you tried any other opioids like morphine, codeine, or other pain killers?
When did you first try it?
Have you had any in the last 3 months?

OXYCODONE USE

Oxy, Oxycotin, Oxycodone

Have you ever used Oxycodone (oxycotin, oxy)?
When did you first try it?
Have you had it in the last 3 months?

Coding rules

EVER: ECSTASY USE
0 = No
2 = Yes

ECSTASY USE IN PP
0 = No
2 = Yes

OTHER OPIOIDS USE
0 = No
2 = Yes
OTHER OPIOID USE IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: OXYCODONE USE
0 = No
2 = Yes

OXYCODONE USE IN PP
0 = No
2 = Yes

For Review Only
Definitions and questions

**LSD USE**

*Have you ever used LSD?*

*When did you first try it?*

*Have you used it in the last 3 months?*

**PCP USE**

Angel Dust

*Have you ever tried PCP or Angel Dust?*

*When did you first try it?*

*Have you had any in the last 3 months?*

**PSILOCYBIN USE**

Magic mushrooms

*Have you ever done shrooms?*

*When did you first try it?*

*Have you had any in the last 3 months?*
Definitions and questions

SEDATIVE USE
Downers, sleepers, barbs, Valium, Librium, Xanax, Klonopin

Have you ever used sedatives like Xanex, Klonopin, or Valium?
When did you first try it?
Have you had any in the last 3 months?

OTHER DRUG USE
Have you used anything else?
What was it?
When did you first try it?
Have you had any "other drugs" in the last 3 months?

Coding rules

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<td>2 = Yes</td>
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</table>

For Review Only
### STERIOD USE

**Have you ever used steroids?**

*When did you first try it?*

*Have you used them in the last 3 months?*

*What is the longest period of time you used steroids?*

*How about in the last 3 months?*

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<td></td>
<td><strong>CHC3D02</strong></td>
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</tbody>
</table>
Definitions and questions

DEALING DRUGS
The subject sells illegal drugs to others, gets others to sell drugs for him/her, or gives drugs to others in exchange for goods (including weapons) and services (including sexual favors).

ALSO CODE UNDER SUBSTANCE RELATED CRIME IN THE MALADAPTIVE BEHAVIOR SECTION

Have you ever sold/dealt drugs to anyone?
Have you sold/dealt drugs in the last 3 months?
Or gotten anyone else to sell drugs for you?
Or given anyone drugs in exchange for something you wanted?

What kind of drugs?
How many times?
What were the drugs worth?

Cannabis (Marijuana, weed, pot, grass)?
Cocaine or crack?
Amphetamines (uppers, speed), Ice, or Meth?
Heroin, morphine, opium, other opioids?
What about ecstasy or oxycodone?

LSD, PCP, or Magic Mushrooms?

Sedatives (barbiturates) such as Xanex, Klonopin, or Valium?
When was the first time you ever sold any type of drug?

What about in the last 3 months?
How much were the drugs worth that you sold in the last 3 months?

Coding rules

EVER SOLD DRUGS
0 = No
2 = Yes

EVER: DEALT CANNABIS
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs > $1,000 over last 12 mos.

EVER: DEALT COCAINE, CRACK
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs > $1,000 over last 12 mos.

EVER: AMPHETAMINES, ICE, METH
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs > $1,000 over last 12 mos.

EVER: DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs > $1,000 over last 12 mos.

EVER: DEALT HALLUCINOGENS
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs > $1,000 over last 12 mos.

EVER: SEDATIVES
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs > $1,000 over last 12 mos.
Definitions and questions

Coding rules

DEALT IN PP
0 = No
2 = Yes

DEALT CANNABIS
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

DEALT COCAINE, CRACK
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

DEALT AMPHETAMINES, ICE, METH
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

DEALT HALLUCINOGENS
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

DEALT SEDATIVES
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

VALUE OF DRUGS SOLD IN LAST 3 MONTHS
IF CANNABIS USE ABSENT, SKIP TO "EVER: COCAINE USE WEEKLY", (PAGE 35).
CANNABIS SECTION

When questioning about drugs, substitute the name the subject uses for them.

CANNABIS USE WEEKLY

Earlier you said that you have smoked marijuana...

Have you smoked pot as often as once a week?

For as much as a straight month?
Have you smoked pot weekly in the last 3 months?
When did that start?

CANNABIS USE DAILY

Have you ever used "marijuana" daily; at least 5 days a week for a month or more?
When did you start using at that level?
Have you used "marijuana" daily in the last 3 months?

Coding rules

Ever:CHC5E01
Intensity

0 = No
2 = Yes

Onset

Ever:CHC5O01

Used weekly (at least 1 day per week for a month)

0 = No
2 = Yes

Ever:CHC5I01

Intensity

CHC5I01

Onset

CANNABIS USE WEEKLY IN PP

0 = Absent
2 = Present
Definitions and questions

**CANNABIS USE IN COMBINATION**

Did you use alcohol with "marijuana" in the last 3 months?

How often was that?

Did you use any other "drugs" with marijuana in the last 3 months?

What other drugs?

**EVER: CANNABIS INTOXICATION**

Did/Do you get high when you used "marijuana"?

Did/Do you notice any physical effects?

What did you notice?

When was the first time you got "high" or noticed physical effects from "marijuana"?

Coding rules

**USED IN COMBINATION WITH ALCOHOL**

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<td>2</td>
<td>&lt; 50% of the time</td>
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<tr>
<td>3</td>
<td>&gt; 50% of the time</td>
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**USED IN COMBINATION WITH DRUGS**

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<td>Cannabis</td>
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<td>Cocaine/Crack</td>
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<td>Amphetamines/Ice/Meth</td>
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<td>4</td>
<td>Inhalants</td>
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<td>5</td>
<td>Heroin/Ecstasy</td>
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<td>Opiods/Oxycodone</td>
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<td>7</td>
<td>Hallucinogens/PCP/Psylocybin</td>
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<td>Sedatives</td>
</tr>
<tr>
<td>9</td>
<td>With more than one of the above groups</td>
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</table>

**EVER: CANNABIS INTOXICATION**

Did/Do you get high when you used "marijuana"?

Did/Do you notice any physical effects?

What did you notice?

When was the first time you got "high" or noticed physical effects from "marijuana"?
**CANNABIS INTOXICATION IN PP**

Any of the following signs within 2 hours of using cannabis: conjunctival injection, increased appetite, dry mouth, tachycardia.

*Have you had any physical effects in the last 3 months?*

*How many times in the last 3 months have you been intoxicated from marijuana?*

**Did your eyes get bloodshot?**

**Did you get a dry mouth?**

**Did you notice your heart beating fast?**

**Did your appetite change at all? Was it bigger?**

**How did you feel?**

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<tr>
<td>CHC8X01</td>
<td>BloodShot Eyes</td>
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<tr>
<td>CHC8X02</td>
<td>Dry Mouth</td>
</tr>
<tr>
<td>CHC8X03</td>
<td>Tachycardia</td>
</tr>
<tr>
<td>CHC8X04</td>
<td>Increased Appetite</td>
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</thead>
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<tr>
<td>CHC8I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CHC8F01</td>
<td>Frequency</td>
</tr>
</tbody>
</table>

**INTOXICATED IN LAST 3 MONTHS**

0 = No

2 = Has been intoxicated during the last 3 months
CANNABIS INDUCED BEHAVIORAL CHANGES
This item applies to Cannabis use in the last 3 months.

Do/Did you feel really happy when you smoke(d) pot?
Do/Did you feel suspicious of people?
Does/Did time seem to be slowed down?
Do/Did you feel anxious?
Did you want to be with other people or did you get withdrawn?
What was that like?
Did you seem to see, hear or feel strange things that weren’t really happening?
Did you start to believe any strange or unusual things?

CANNABIS - DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her cannabis intake. There is no requirement that s/he should have actually done so.

Do you want to cut down on how much "marijuana" you smoke?
When was the first time you thought you wanted to cut down?

BEHAVIORAL CHANGES: CANNABIS
0 = Absent
2 = Present

ADDITIONAL BEHAVIORAL CHANGES
1 = Euphoria
2 = Suspiciousness/Paranoid Ideation
3 = Sensation of Slowed Time
4 = Anxiety
5 = Social Withdrawal
6 = Auditory, Tactile, or Visual Illusions
7 = Auditory, Tactile or Visual Hallucinations
8 = Delusions

EVER: DESIRE TO CUT DOWN
0 = No desire to cut down
2 = Wishes to cut down
Definitions and questions

CANNABIS- ADVISED TO CUT DOWN
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her cannabis intake, on at least one occasion.

Has anyone ever told you that you should cut down?
Who?
When was the first time?
What do those close to you think?

CANNABIS - ATTEMPTS TO CUT DOWN
Actual effort at reduced cannabis intake or abstention have been made, lasting, at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you tried to cut down?
What happened?
How many times have you tried?
When did that start?

How long did it last?
Have you tried in the last 3 months?
How long did that last?

Coding rules

EVER: ADVISED TO CUT DOWN
0 = Never advised by parents or others to cut down
2 = Advised to cut down

EVER: TRIED TO CUT DOWN
0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

TRIED TO CUT DOWN
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

Tobacco, Alcohol, and Drugs
Definitions and questions

CANNABIS TOLERANCE

The need for an increased intake of "marijuana" (by at least 50%) to produce previously experienced psychological or behavioral changes associated with marijuana use.

***CODE ONLY IF IN THE LAST 3 MONTHS

Do you need to use more "marijuana" than you used to, to have the same effect?

Are you able to tolerate larger amounts than you used to?

How much more does it take now?

When did you start needing more to get the effect you wanted?

CANNABIS WITHDRAWAL

To be considered symptoms of withdrawal, symptoms must have occurred within 5 days of ending (or reducing marijuana intake during) a period of heavy ingestion of marijuana (lasting at least 3 days). Include symptoms such as tremor, nausea, vomiting, autonomic hyperactivity, headache, stomach ache, and insomnia.

What happens if you cut down on how much marijuana you use?

Tell me about the last time you cut down.

Do you notice any physical symptoms when you cut down?

Did your hands shake?

Did you have nausea or vomiting?

Were you sweating more or having a rapid heartbeat?

Did you have headache, stomachache, or trouble sleeping?

Do you smoke pot or use some other substance to make those "symptoms" go away?

When was the first time you noticed these "symptoms" when you tried to cut down?

IF COCAINE/CRACK USE ABSENT, SKIP TO "AMPHETAMINE", (PAGE 45).
**COCAINEN SECTION**

*When questioning about drugs substitute the subject’s name for them.*

**EVER: COCAINE USE WEEKLY**

*You said you have used cocaine before...*

- How often have you used it?
- Have there been times when you have used it more than that?
- *Have you ever used it as often as once a week?*

*When did that start?*

**EVER: USED WEEKLY**

0 = No
2 = Yes

**EVER:USED WEEKLY IN THE LAST 3 MONTHS**

0 = No
2 = Yes

**EVER: COCAINE USE DAILY**

0 = Absent
2 = Present

**EVER: COCAINE USE DAILY IN PP**

0 = Absent
2 = Present
Definitions and questions

CRACK SECTION

When questioning about drugs substitute the subject's name for them.

CRACK

You said that you have used crack...

How often have you used it?
Have there been times when you have used it more often than that?
Do you use it now?

How often in the last 3 months?
Have you used it as often as once a week for a straight month?

When did that start?
Have you used it as often as every day?
Or more than that?
When did that start?
What about in the last 3 months?

Coding rules

USED WEEKLY (AT LEAST ONCE PER WEEK FOR A MONTH)

Ever:CHD5E01
Intensity
0 = No
2 = Yes

Ever:CHD5O01
Onset

USED WEEKLY (AT LEAST 1 DAY PER WEEK FOR A MONTH) IN LAST 3 MONTHS

Ever:CHD5I01
Intensity
0 = No
2 = Yes

USED DAILY

0 = No
2 = Yes

USED DAILY (AT LEAST 5 DAYS PER WEEK FOR A MONTH) IN LAST 3 MONTHS

0 = No
2 = Yes
Definitions and questions

MODE OF ADMINISTRATION (COCAINE/CRACK)

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

NOTE LIFETIME CODING FOR INJECTING/SHARING NEEDLES

COCAINE/CRACK ADMINISTRATION

How do you use it?
What about snorting it?
Do you smoke it?
What about freebasing?
Have you injected it?

What about during the last 3 months?
Have you shared a needle with anyone?

Did you do anything to clean the needle?
What did you do?

Coding rules

MODE OF ADMINISTRATION (COCAINE/CRACK)

0 = No
2 = Yes

COCAIN/ CRACK ADMINISTRATION METHODS

1 = Oral
2 = Smoked
3 = Freebased
4 = Snorted
5 = Injected: Subcutaneous/IM
6 = Injected: IV
Specify

SHARED NEEDLES

0 = No
2 = Yes, with attempt at hygienic precautions
3 = Yes, without attempt at hygienic precautions

Codes

Ever:CHD7X01
Intensity

Ever:CHD7I01

Ever:CHD7I02

Ever:CHD7I03

Ever:CHD7I04

Ever:CHD7I05

Ever:CHD7I06

Ever:CHD7E03

For Review Only
COCAINE/CRACK USE IN COMBINATION

Did you use anything else with "cocaine" in the last 3 months?

What?
What about alcohol?
How often was that?
When did that start?

What other drugs have you used with cocaine/crack in the last 3 months?

Coding rules

USED IN COMBINATION WITH ALCOHOL

0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS

0 = No
2 = Yes

COCAINE/CRACK USED IN COMBINATION WITH OTHER DRUGS

1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opioids/Oxycodone
7 = Hallucinogens/PCP/Psylocybin
8 = Sedatives
9 = With more than one of the above groups
Specify

For Review Only
**COCAIN INTOXICATION**

Any of the following signs within 2 hours of using cocaine:
tachycardia, pupillary dilation, perspiration or chills, nausea or vomiting, agitation or retardation, chest pains, confusion or seizures, unconsciousness or neuromuscular problems.

**Do you get high when you use “cocaine“?**

What is that like?
*Have you ever noticed any physical effects when you used “cocaine“?*

Or have any chills?

What did you notice?
When did you first notice that?
What about during the last 3 months?
How often?
*Did you notice your heart beating fast?*

*Did your heart beat irregularly?*

*Did you get any chest pain?*

*Did you feel nauseous?*

Or vomit?

*Did you get sweaty?*

Or have any chills?

*Did anyone notice that your pupils were bigger than usual?*

*Did you notice any problems with your movements?*

Like not being able to control your movements properly?

*Did you get delirious on “cocaine“?*

*Did you pass out?*

*Did you have a fit or seizure?*

How did you feel?

Do you feel really happy?

*Did you get agitated?*

Or get slowed down in your movements?

What was that like?

Were you moving around a lot?

*Did you feel nervous or worried about what was going on around you?*

*Did you feel that something bad might be going on?*

---

**Coding rules**

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<td>CHD9X02</td>
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<td>CHILLS</td>
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<td>CHD9X04</td>
<td>PUPILARY DILATION</td>
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<tr>
<td>CHD9X15</td>
<td>NEUROMUSCULAR PROBLEMS</td>
</tr>
</tbody>
</table>
### Definitions and questions

*Did you find yourself keeping a sharp lookout on what was going on?*

*Did you get suspicious about anything?*

*Did you start to feel important?*

*Or that you were a really powerful person?*

*Or feel that you could do things that you couldn’t usually do?*

*Did you see or hear anything that wasn’t really there?*

*Did you start to believe any strange or unusual things?*  

### Coding rules

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**COCAIN-: DESIRE TO CUT DOWN**

The subject has at certain times felt that s/he would like to reduce his/her cocaine/crack intake. There is no requirement that s/he should have actually done so.

*Do you want to cut down on how much you use "cocaine"?*

Have you ever wanted to?
When was that?

**COCAIN-: ADVISED TO CUT DOWN**

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her cocaine/crack intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

Who?
When was the first time?
What do those people close to you think?

### Coding rules

**COCAIN-: DESIRE TO CUT DOWN**

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<td>2</td>
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**COCAIN-: ADVISED TO CUT DOWN**

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<td>Never advised by parents or others to cut down</td>
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<tr>
<td>2</td>
<td>Advised to cut down</td>
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</table>

### Codes

**Ever:CHE0E01**

- Intensity
- Onset

**Ever:CHE0001**

- Intensity
- Onset

**Ever:CHE1E01**

- Intensity
- Onset

**Ever:CHE1001**

- Intensity
- Onset
COCAINE: ATTEMPTS TO CUT DOWN
Actual effort at reduced cocaine/crack intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?

Why was that?
How many times have you tried?
When was the first time?
What about during the last 3 months?
How long did it last?

COCAINe: TRIEd TO CUT DOWN
0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

DAYS

TRIED TO CUT DOWN IN LAST THREE MONTHS
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

DAYS
COCAINE WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of cocaine ingested during) a period of heavy ingestion of cocaine/crack (that lasted at least 3 days).

What happens if you cut down on your "cocaine" use?

Tell me about the last time you cut down.
Did you notice any physical symptoms?
What happened?
Did you use cocaine or other substances to get the symptoms to go away?
Did it work?
What happened then?
When you cut down did you feel tired?
Was it bad enough to interfere with what you wanted to do?
Could you do anything or did you take anything to get yourself going?
Did it affect your sleep?
Did it affect your dreams?
Or your appetite?
Were you slowed down in your movements?
Or did you move around alot?
Did you have an increase in anxiety or depression or irritability?

<table>
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<td>CODES X 2</td>
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<td>CHE4I07</td>
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</tbody>
</table>
### Definitions and questions

**IF AMPHETAMINE/ICE/METH USE ABSENT, SKIP TO "INHALANT", (PAGE 58).**
Tobacco, Alcohol, and Drugs

AMPHETAMINE, ICE, METHAMPHETAMINE
SECTION

AMPHETAMINE

IF SUBJECT USED ONLY "ICE" OR "METH", MARK THIS PAGE AS STRUCTURALLY MISSING AND CONTINUE.

You said that you have used amphetamines...

How often have you used it?

Have you ever used amphetamines as often as once per week for a month?

When did that start?

Have you ever used amphetamines on a daily basis?

For how long?

Have you used at a level of 5 days a week for a month or more?

When did that start?

How often have you used in the last 3 months?

Ever: Used Weekly

Intensity

Ever: CHE5E01

Onset

Ever: CHE5O01

Ever: CHE6E01

Onset

CHE6O01

Ever: CHE6I01

USED WEEKLY

0 = No

2 = Yes

USED WEEKLY IN LAST 3 MONTHS

0 = No

2 = Yes

USED DAILY IN LAST 3 MONTHS

0 = No

2 = Yes
### ICE

**Definitions and questions**

**ICE**

IF SUBJECT DID NOT USE "ICE", MARK AS STRUCTURALLY MISSING.

*Have you ever used Ice as often as once per week for a month?*

*When did that start?*

*Have you ever used Ice daily?*

*For how long?*

*How often have you used Ice in the last 3 months?*

*When did you start using on at least 5 days per week for a month or more?*

### Coding rules

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<td>CHE7I01</td>
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<tr>
<td>USED DAILY IN LAST 3 MONTHS</td>
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</table>

For Review Only
**METHAMPHETAMINE**

**IF SUBJECT DID NOT USE METHAMPHETAMINE, MARK AS STRUCTURALLY MISSING.**

*Have you used methamphetamines as often as once a week for a month or more?*

*When did that start?*

*Have you used that often in the last 3 months?*

*Have you ever used meth as often as 5 days per week for a month or more?*

*When did that start?*

*How often have you used meth in the last 3 months?*

### Coding rules

**EVER: USED WEEKLY**

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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<td>2</td>
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**EVER: USED DAILY**

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**USED WEEKLY IN LAST 3 MONTHS**

<table>
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</thead>
<tbody>
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<td>0</td>
<td>No</td>
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<td>Yes</td>
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**USED DAILY IN LAST THREE MONTHS**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
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</tbody>
</table>
MODE OF ADMINISTRATION (AMPHETAMINE/ICE/METHAMPHETAMINE)

ADMINISTRATION (AMPHETAMINE/ICE/METHAMPHETAMINE)

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

NOTE: LIFETIME CODING FOR INJECTING/SHARING NEEDLES.

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED.

You said that you have used amphetamines/ice/meth in the last 3 months, now I am going to ask you a little more about that.

How did you take it?

Was it a pill that you swallowed?
Did you inhale it?

Have you ever injected it?

What about in the last 3 months?
Did you inject it into the muscle or into a vein?

Did you ever share a needle with anyone?

Did you do anything to clean the needle? What?
Have you shared a needle in the last 3 months?

USE OF AMPHETAMINES/ICE/METH IN PP

CHE9X01

Intensity

0 = No
2 = Yes

ORAL

CHE9I01

0 = No
2 = Yes

INHALED

CHE9I02

0 = No
2 = Yes

EVER: INJECTED: SUBCUTANEOUS/IM

CHE9E01

0 = No
2 = Yes

INJECTED IN LAST 3 MONTHS: SUBCUTANEOUS/IM

CHE9I03

0 = No
2 = Yes

EVER: INJECTED: IV

CHE9E02

0 = No
2 = Yes

INJECTED IN LAST 3 MONTHS: IV

CHE9I04

0 = No
2 = Yes

EVER: SHARED NEEDLES

CHE9E03

0 = No
2 = Yes, with attempt at hygienic precautions
3 = Yes, without attempt at hygienic precautions
### Definitions and questions

**USE IN COMBINATION (AMPHETAMINE/ICE/METH)**

*Did you use anything else when you used amphetamines, ice or meth in the last 3 months?*
- What was it?
- What about alcohol?
- Did you use something else with it more or less than 50% of the time?

### Coding rules

**USED IN COMBINATION PP**

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**USED IN COMBINATION WITH ALCOHOL**

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<td>0</td>
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</tr>
<tr>
<td>2</td>
<td>&lt; 50% of the time</td>
</tr>
<tr>
<td>3</td>
<td>&gt; 50% of the time</td>
</tr>
</tbody>
</table>

**USED IN COMBINATION WITH DRUGS**

1. Cannabis
2. Cocaine/Crack
3. Amphetamines/Ice/Meth
4. Inhalants
5. Heroin/Ecstasy
6. Opioids/Oxycodone
7. Hallucinogens/PCP/Psilocybin
8. Sedatives
9. With more than one of the above groups

### Codes

- CHE9X05
- CHE9I05
- CHE9I06
- CHE9I07
- CHE9I08
- CHE9I09
- CHE9I10
- CHE9I11
- CHE9I12
- CHE9I13
- CHE9I14
**INTOXICATION (AMPHETAMINE/ICE/METH)**

Any of the following signs within 2 hours of using amphetamine/ice/meth: tachycardia, pupillary dilation, perspiration or chills, nausea or vomiting, agitation, retardation, chest pains, confusion, convulsion or seizure, unconsciousness, or neuromuscular problems, suspiciousness or paranoia, facial sores or skin lesions.

*Have you ever noticed any physical effects when you used amphetamines/ice/meth?*

**What did you notice?**
**When was the first time you noticed that?**
**What about during the last 3 months?**
**How often, in the last 3 months, have you had any of those effects when you used?**

*Did you notice your heart beating fast?*

*Was your heartbeat irregular?*

*Did you get any chest pain?*

*Did you feel nauseous?*

*Did you vomit?*

*Did you get sweaty?*

*Or have chills?*

*Did anyone notice that your pupils were bigger than usual?*

*Did you notice any problems with your movements?*

*Like not being able to control your movements properly?*

*Did you get delirious on “amphetamines, ice or meth”?*

*Did you pass out?*

*Did you have a seizure or convulsions?*

*Did you become suspicious or paranoid around other people?*

*Did you get sores on your face or skin?*

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVER: INTOXICATED</strong></td>
<td><strong>INTOXICATED IN LAST 3 MONTHS</strong></td>
</tr>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Has been intoxicated at some time</td>
<td>2 = Has been intoxicated during the last 3 months</td>
</tr>
<tr>
<td><strong>TACHYCARDIA/ARRHYTHMIA</strong></td>
<td><strong>CHEST PAIN</strong></td>
</tr>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
</tr>
<tr>
<td><strong>NAUSEA/VOMITING</strong></td>
<td><strong>SWEATING</strong></td>
</tr>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
</tr>
<tr>
<td><strong>CHILLS</strong></td>
<td><strong>PUPILARY DILATION</strong></td>
</tr>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
</tr>
<tr>
<td><strong>NEUROMUSCULAR PROBLEMS</strong></td>
<td><strong>NEUROMUSCULAR PROBLEMS</strong></td>
</tr>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
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### Definitions and questions

**Coding rules**

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<tr>
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<tbody>
<tr>
<td><strong>CONFUSION</strong></td>
<td>CHF0X14</td>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>UNCONCIousNESS</strong></td>
<td>CHF0X15</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>SEIZURE/CONVULSIONS</strong></td>
<td>CHF0X16</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>SUSPICION/PARANOIA</strong></td>
<td>ywn9991</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>STORIES/LESIONS</strong></td>
<td>ywn9992</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>
AMPHEMINE INDUCED BEHAVIORAL CHANGES
CODE FOR THE PAST 3 MONTHS.

IF THE SUBJECT HAS BEEN HYPERVIGILANT, UNDULY SUSPICIOUS, AGITATED, OR GRANDIOSE, PROBE FOR DELUSIONAL SYNDROME.

MAKE A NOTE HERE THAT AMPHETAMINE/ICE/METHABUSE HAS BEEN PRECIPITANT OF PSYCHOTIC SYMPTOMS.

How did you feel?
Did you feel really happy?
Did you get agitated?

Or get slowed down in your movements?

What was that like?
Were you moving around alot or having trouble keeping still?

Did you feel nervous or worried about what was going on around you?

Did you feel that something bad might be going on?

Did you keep a sharp lookout for what was going on?
Did you start to feel really important?

Or that you were more powerful than usual and could do unusual things?

Did you see or hear anything that wasn’t really there?

Did you start to believe any strange or unusual things?
If the subject has been hypervigilant, unduly suspicious, agitated, or grandiose, probe for delusional syndrome. Make a note here that amphetamine abuse has been precipitant of psychotic symptoms. If during the last 3 months subject has used substance daily for any 5 day period, or has used at least 10 days, or been intoxicated at least 2 times, complete desire to cut down and maladaptive behavior. Evidence of additional behavioral change(s) also requires completion of maladaptive behavior section. Otherwise, skip to next drug. If if during the last 3 months subject has used amphetamine daily...otherwise, skip to "inhalant", (Page 58).
**Definitions and questions**

**AMPHETAMINE/ICE/METH: DESIRE TO CUT DOWN**

The subject has at certain times felt that s/he would like to reduce his/her amphetamine/ice/meth intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use amphetamines, ice, or meth?*

*When did you first feel that way?*

**AMPHETAMINE/ICE/METH: ADVISED TO CUT DOWN**

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her amphetamine/ice/meth intake, on at least one occasion.

*Has anyone told you that you should cut down?*

*Who?*

*When was the first time?*

*What do those who care about you think?*

---

**Coding rules**

### EVER: DESIRE TO CUT DOWN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No desire to cut down</td>
</tr>
<tr>
<td>2</td>
<td>Wishes to cut down</td>
</tr>
</tbody>
</table>

### EVER: ADVISED TO CUT DOWN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never advised by parents or others to cut down</td>
</tr>
<tr>
<td>2</td>
<td>Advised to cut down</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:CHF1E01</td>
<td>Intensity</td>
</tr>
<tr>
<td>Ever:CHF1O01</td>
<td>Onset</td>
</tr>
<tr>
<td>Ever:CHF2E01</td>
<td>Intensity</td>
</tr>
<tr>
<td>Ever:CHF2O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>
AMPHETAMINE/ICE/METH: ATTEMPTS TO CUT DOWN

Actual effort at reduced amphetamine, ice, or meth intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever actually tried to cut down?

What happened?
How many times have you tried?
When was the first time?
Have you tried in the last 3 months?
For how long did you cut down?

Coding rules

EVER: TRIED TO CUT DOWN
0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

TRIED TO CUT DOWN IN PP
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

DAYS
AMPHETAMINE/ICE/METH WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of amphetamine, ice, or meth ingested during) a period of heavy ingestion of amphetamine, ice or meth (that lasted at least 3 days).

What happens if you cut down on your amphetamines, ice, or meth?

Tell me about the last time you cut down. Did you notice any physical symptoms?

What happened?
Did you use amphetamines to make the "symptoms" go away?
Did it work?
When you cut down, did you feel tired?

Did it interfere with what you wanted to do? Could you do anything to get yourself going?

Did it affect your sleep?

In what way?
Did it affect your dreams?

Or your appetite?

Were you slowed down in your movements?

Or did you move around a lot?

Did you notice that you were more depressed or irritable than usual?

IF INHALENT/NITRITE INHALENT USE ABSENT, SKIP TO "HEROIN/ECSTASY", (PAGE 68).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Review Only
INHALANT/NITRITE INHALANT SECTION

INHALANT
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM.

You said that you have used inhalants...

Have you ever tried sniffing gas or glue?

Have you ever sniffed anything else like paint thinner, correction fluid, or markers?

What all things have you used as an inhalant?

Have you ever used inhalants as much as once a week for a month?

When did that start?

Have you ever used it as often as 5 days per week for a month or more?

When did that start?

How often have you used inhalants in the last 3 months?

EVER: USED WEEKLY
0 = No
2 = Yes

EVER: USED DAILY
0 = No
2 = Yes

USED WEEKLY IN LAST 3 MONTHS
0 = No
2 = Yes

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes

For Review Only
INHALANT USE IN COMBINATION

Did you use anything else with the inhalants in the last 3 months?

Did you use alcohol with the inhalants?
Or some other drug?
What was it?
How often was that?

Coding rules

INHALANT USE IN PP

0 = Absent
2 = Present

USED IN COMBINATION WITH ALCOHOL

0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS

1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opiods/Oxycodone
7 = Hallucinogens/PCP/Psylocybin
8 = Sedatives
9 = With more than one of the above groups
INHALANT INTOXICATION

Any of the following signs within 2 hours of using inhalant: dizziness, slurred speech, tremor, unsteady gait, incoordination, lethargy, psychomotor retardation, generalized muscle weakness, nystagmus, blurred vision/diplopia, euphoria, stupor/unconsciousness.

Did you get high when you used inhalants?

What about in the last 3 months?
What is that like?
Have you ever noticed any physical effects?

What did you notice?
When did that start?
How many times in the last 3 months have you been "high" from it?
Did you get dizzy?

Was your speech affected?

What was it like?
Did your hands shake?

Was your balance affected?

Were you unsteady on your feet?

Could you control your movements properly?

Was your energy affected?

In what way?
Were your movements slowed down at all?

Did you feel weak?

Did you actually lose power in your muscles?
Could you fix your eyes on things properly?

Or were they jerking about?

Was your vision affected?

Was it blurred?
Did you have double vision at any time?

Did you feel really happy?

Did you lose consciousness?
IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE(S) REQUIRES COMPLETION OF MALADAPTIVE SECTION. OTHERWISE SKIP TO NEXT DRUG.

IF IF SUBJECT HAS USED INHALANT FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "NITRITE INHALANT", (PAGE 65).
DEFINITIONS AND QUESTIONS

**INHALANT: DESIRE TO CUT DOWN**
The subject has at certain times felt that s/he would like to reduce his/her inhalant intake. There is no requirement that s/he should have actually done so.

*Do you want to cut down on how much you use inhalants?*

*When was the first time you wanted to?*

**INHALANT: ADVISED TO CUT DOWN**
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her inhalant intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*

*What do your loved ones and parents think?*

*When was the first time someone told you that you should cut down?*

**CODING RULES**

**EVER: DESIRE TO CUT DOWN**
0 = No desire to cut down
2 = Wishes to cut down

**EVER: ADVISED TO CUT DOWN**
0 = Never advised by parents or others to cut down
2 = Advised to cut down
**INHALANT: ATTEMPTS TO CUT DOWN**

Actual effort at reduced inhalant intake or abstention has been made, lasting at least 8 hours, but proving unsuccessful at permanently reducing intake.

*Have you ever tried to cut down?*

What happened?
How many times have you tried?
What's the longest period of time that you managed to cut down?
Have you tried to cut down in the last 3 months?
When did you first try to cut down?
How long did that last?

**EVER: TRIED TO CUT DOWN**

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

**EVER:CHG2E01**
*Intensity*

**EVER:CHG2V01**
*Frequency*

**EVER:CHG2D01**
*Duration*

**EVER:CHG2O01**
*Onset*

**TRIED TO CUT DOWN**

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

**CHG3I01**
*Intensity*

**CHG3D01**
*Duration*
INHALANT WITHDRAWAL
To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of inhalant ingested during) a period of heavy ingestion of inhalant (that lasted at least 3 days).

What happens if you cut down on your inhalant use?
Tell me about the last time you cut down.
Do you notice any physical symptoms?
What kind?
Did you use inhalant or other substances to make the symptoms go away?
What happened then, did it work?
When you cut down did you feel tired?
Was it bad enough to interfere with what you wanted to do?
Could you do anything or did you take anything to get yourself going?
Did it affect your sleep?
What happened to your sleep?
Did you get agitated?
What was that like?
What do you do about it?
How long did it last?

Codings rules

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHDRAWAL IN PP</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>FATIGUE</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Tiredness or lassitude to a degree greater than normal</td>
<td></td>
</tr>
<tr>
<td>INSOMNIA</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = If the insomnia covers a period between 1 and 2 hours.</td>
<td></td>
</tr>
<tr>
<td>3 = If its duration is greater than or equal to 2 hours per night.</td>
<td></td>
</tr>
<tr>
<td>AGITATION</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the subject can inhibit his/her agitation with effort.</td>
<td></td>
</tr>
<tr>
<td>3 = Agitation almost entirely uncontrollable.</td>
<td></td>
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</tbody>
</table>

Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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<td>Intensity</td>
</tr>
<tr>
<td>CHG4I01</td>
<td></td>
</tr>
<tr>
<td>CHG4I02</td>
<td></td>
</tr>
<tr>
<td>CHG4I03</td>
<td></td>
</tr>
</tbody>
</table>
NITRITE INHALANT
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

Have you ever tried poppers?
When was the first time?
How often?
Do you use poppers now, in the last 3 months?
Have you ever used it as often as once a week, for a month or more?
When did that start?
Have you ever used it as often as 5 days a week, for a month or more?
When did you start using at that level?
How about in the last 3 months, how much are you using?

Codings rules

EVER: USED WEEKLY
0 = No
2 = Yes

EVER: EVER CHM5E01

CHM5O01 Onset
/
/

EVER: USED WEEKLY IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: CHM6E01

CHM6O01 Onset
/
/

EVER: USED DAILY
0 = No
2 = Yes

EVER: CHM6E01

CHM6O01 Onset
/
/

EVER: USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: CHM6E01

CHM6O01 Onset
/
/
NITRITE INHALANT: USE IN COMBINATION

Did you use anything else with poppers in the last 3 months?

Did you use alcohol with it?
How often was that?
Did you use some other substance?
What all did you use?
Did you start to believe any strange or unusual things?

IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST TWICE, COMPLETE MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE REQUIRES COMPLETION OF MALADAPTIVE BEHAVIOR SECTION.
IF IF SUBJECT HAS USED NITRITE INHALANT FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "HEROIN/ECSTASY", (PAGE 68).
IF HEROIN/EXSTACY USE ABSENT, SKIP TO "OTHER OPIOIDS/OXYCODONE", (PAGE 77).
HEROIN/EXSTASY SECTION

HEROIN/ECSTASY

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

You said you have tried heroin or ecstasy before.

How often have you used it?
Do you use it now?
Have you ever used heroin as often as once a week for a month or more?

When did that start?
Have you ever used it as much as 5 days a week for a month or more?

When did you start using at that level?
How much are you using now, during the last 3 months?

EVER: USED WEEKLY
0 = No
2 = Yes

EVER: USED DAILY
0 = No
2 = Yes

USED WEEKLY IN LAST 3 MONTHS
0 = No
2 = Yes

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes
Definitions and questions

HEROIN/EXSTACY: MODE OF ADMINISTRATION

Code the manner in which heroin or ecstasy has been administered during the last three months. If more than one method has been used, code them all.

NOTE LIFETIME CODING FOR INJECTING

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED.

Has there been heroin or ecstasy use in the last 3 months?

How do you take it?

Have you ever smoked it?
What about freebasing?

Have you ever injected it?

What about during the last 3 months?

Have you ever shared a needle with anyone?

Did you do anything to clean the needle?
What did you do?
When you used a needle, did you inject into your muscle or into a vein?

Coding rules

<table>
<thead>
<tr>
<th>HEROIN USED IN PP</th>
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</tr>
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<tbody>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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</table>

<table>
<thead>
<tr>
<th>ORAL</th>
<th>CHG7I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INHALED</th>
<th>CHG7I02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EVER: INJECTED:SUBCUTANEOUS/IM</th>
<th>CHG7E01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVER: INJECTED IN LAST 3 MONTHS:SUBCUTANEOUS/IM</th>
<th>CHG7I03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVER: INJECTED/IV</th>
<th>CHG7I04</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVER: SHARED NEEDLES</th>
<th>CHG7E03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes, with attempt at hygienic precautions</td>
<td></td>
</tr>
<tr>
<td>3 = Yes, without attempt at hygienic precautions</td>
<td></td>
</tr>
</tbody>
</table>
**HEROIN/EXSTACY: USE IN COMBINATION**

*Did you use anything else with heroin in the last 3 months?*

*What?*

*What about alcohol?*

*How often was that?*

**Coding rules**

**HEROIN USE IN PP**

0 = Absent

2 = Present

**USED IN COMBINATION WITH ALCOHOL**

0 = No

2 = < 50% of the time

3 = > 50% of the time

**USED IN COMBINATION WITH DRUGS**

1 = Cannabis

2 = Cocaine/Crack

3 = Amphetamines/Ice/Meth

4 = Inhalants

5 = Heroine/Ecstasy

6 = Opiods/Oxycodone

7 = Hallucinogens/PCP/Psilocybin

8 = Sedatives

9 = With more than one of the above groups
HEROIN/EXSTACY INTOXICATION

Any of the following signs within 2 hours of using heroin: drowsiness, slurred speech, impaired attention/memory.

Do you get high when you use heroin?

What is that like?
How often do you get high?

Have you ever noticed any physical effects when you use heroin?

What did you notice?
When was the first time you got high from heroin?

How many times in the last 3 months have you been high on heroin?

Did anyone notice or do you know if your pupils were smaller than usual?

Did you feel drowsy?

Did you actually go to sleep?

Was your speech affected?

What was it like?

Was your concentration affected?

What happened?

Could you concentrate or did you find you couldn't be bothered by anything?

Was your memory affected?

What happened with your memory?

Did you lose interest in what was going on around you?

How did you feel?

Did you start to feel depressed or irritable or anxious after a while?

Were you physically slowed down?

Did you seem to see, hear, or feel strange things that weren't really happening?

Did you start to believe any strange or unusual things?
Definitions and questions

Coding rules

2 = Yes

AUDITORY, TACTILE, OR VISUAL ILLUSIONS

0 = No
2 = Yes

AUDITORY, TACTILE, OR VISUAL HALLUCINATIONS

0 = No
2 = Yes

DELUSIONS

0 = No
2 = Yes

IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRES COMPLETION OF MALADAPTIVE SECTION. OTHERWISE, SKIP TO NEXT DRUG. IF IF SUBJECT HAS USED HEROIN OR EXSTACY DAILY FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "OTHER OPIOIDS/OXYCODONE", (PAGE 77).
**HEROIN/EXSTACY: DESIRE TO CUT DOWN**

The subject has at certain times felt that s/he would like to reduce his/her heroin intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use heroin?*

*When was the first time?*

**HEROIN/EXSTACY: ADVISED TO CUT DOWN**

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her intake of heroin, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*  
*When was the first time?*  
*What do your loved ones or your parents think?*
HEROIN/EXTACY: ATTEMPTS TO CUT DOWN

Actual effort at reduced heroin intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?

What happened?
How many times have you tried?
When did you first try to cut down?

EVER: TRIED TO CUT DOWN

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

EVER:CHH1E01
Intensity

EVER:CHH1V01
Frequency

EVER:CHH1D01
Duration

EVER:CHH1O01
Onset

DAYS

TRIED TO CUT DOWN

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

CHH2I01
Intensity

CHH2D01
Duration

DAYS
HEROIN/EXSTACY: WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of heroin ingested during) a period of heavy ingestion of heroin (that lasted at least 3 days).

**What happens if you cut down on your heroin?**

Tell me about the last time you cut down.

**Do you notice any physical symptoms?**

What happened?

Did you use heroin to make the symptoms go away?

Did it work?

What happened then?

Did you feel that you really needed some heroin very badly?

Did you feel nauseous?

Or vomit?

Did your muscles ache?

Did your eyes water?

Or your nose run?

Did you get goose-bumps?

Or get sweaty?

Did anyone notice or did you see that your pupils were very large?

Did you have diarrhea?

Did you yawn a lot?

Did you get a fever?

Was your sleep disturbed?

In what way?

**WITHDRAWAL SYMPTOMS IN PP**

<table>
<thead>
<tr>
<th>CHH3X11</th>
<th>0 = Absent</th>
<th>2 = Present</th>
</tr>
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</table>

**CRAVING**

<table>
<thead>
<tr>
<th>CHH3X01</th>
<th>0 = No</th>
<th>2 = Yes</th>
</tr>
</thead>
</table>

**NAUSEA/VOMITING**

<table>
<thead>
<tr>
<th>CHH3X02</th>
<th>0 = No</th>
<th>2 = Yes</th>
</tr>
</thead>
</table>

**MUSCLE ACHES**

<table>
<thead>
<tr>
<th>CHH3X03</th>
<th>0 = No</th>
<th>2 = Yes</th>
</tr>
</thead>
</table>

**LACRIMATION/RHINORRHEA**

<table>
<thead>
<tr>
<th>CHH3X04</th>
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<th>2 = Yes</th>
</tr>
</thead>
</table>

**PILLORECT/SWEATS**

<table>
<thead>
<tr>
<th>CHH3X05</th>
<th>0 = No</th>
<th>2 = Yes</th>
</tr>
</thead>
</table>

**PUPILLARY DILATION**

<table>
<thead>
<tr>
<th>CHH3X06</th>
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</tr>
</thead>
</table>

**DIARRHEA**

<table>
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<tr>
<th>CHH3X07</th>
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</tr>
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</table>

**YAWNING**

<table>
<thead>
<tr>
<th>CHH3X08</th>
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</table>

**FEVER**

<table>
<thead>
<tr>
<th>CHH3X09</th>
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<th>2 = Yes</th>
</tr>
</thead>
</table>

**INSOMNIA**

<table>
<thead>
<tr>
<th>CHH3X10</th>
<th>0 = No</th>
<th>2 = Yes</th>
</tr>
</thead>
</table>
IF OTHER OPIODS/OXYCODONE USE ABSENT, SKIP TO "LSD", (PAGE 86).
OTHER OPIOIDS/OXYCODONE
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

You said that you have used other opioids and/or oxycodone...

How often have you used them?
*Have you ever used "other opioids" at least once a week for a month or more?*

When did that start?
*Have you ever used it as often as 5 days a week for a month or more?*

When did you start using at that level?
*How much do you use now (in the last 3 months)?*

---

**Coding rules**

**EVER: USED WEEKLY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHH4E01</td>
<td>Intensity</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>CHH4O01</td>
<td>Onset</td>
<td>/* */</td>
</tr>
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</table>

**USED WEEKLY IN LAST 3 MONTHS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHH4I01</td>
<td>Intensity</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>CHH4O01</td>
<td>Onset</td>
<td>/* */</td>
</tr>
</tbody>
</table>

**EVER: USED DAILY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHH5E01</td>
<td>Intensity</td>
<td>0 = No, 2 = Yes</td>
</tr>
<tr>
<td>CHH5O01</td>
<td>Onset</td>
<td>/* */</td>
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</table>

**USED DAILY IN LAST 3 MONTHS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHH5I01</td>
<td>Intensity</td>
<td>0 = No, 2 = Yes</td>
</tr>
</tbody>
</table>
WAVE PEYAPA 2.0.3

Definitions and questions

OTHER OPIOIDS/OXYCODONE SECTION

OTHER OPIOIDS/OXYCODONE: MODE OF ADMINISTRATION

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

NOTE LIFETIME CODING FOR INJECTING.

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED AND THEN INJECTED.

**How do you take it?**

Do you take pills?

*Have you ever smoked it?*

What about freebasing?

*Have you ever injected it?*

Into your muscles or into a vein?

What about during the last 3 months?

*Have you ever shared a needle with anyone?*

Did you do anything to clean the needle?

What did you do?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTERED IN PP</td>
<td>CHH6X01</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>ORAL</td>
<td>CHH6I01</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>INHALED</td>
<td>CHH6I02</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>EVER: INJECTED: SUBCUTANEOUS/IM</td>
<td>Ever:CHH6E01</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>INJECTED IN LAST 3 MONTHS: SUBCUTANEOUS/IM</td>
<td>CHH6I03</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>EVER: INJECTED: IV</td>
<td>CHH6I04</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>EVER: SHARED NEEDLES</td>
<td>Ever:CHH6E03</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes, with attempt at hygienic precautions</td>
<td></td>
</tr>
<tr>
<td>3 = Yes, without attempt at hygienic precautions</td>
<td></td>
</tr>
</tbody>
</table>
OTHER OPIOIDS/OXYCODONE: USE IN COMBINATION

Did you use anything else with "other opioids or oxycodone" in the last 3 months?

What was it?
What about alcohol?
How often was that?

Coding rules

USED IN PP
0 = No
2 = Yes

USED IN COMBINATION WITH ALCOHOL
0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS
1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opioids/Oxycodone
7 = Hallucinogens/PCP/Psylocybin
8 = Sedatives
9 = With more than one of the above groups
OTHER OPIOIDS/OXYCODONE: INTOXICATION
Any of the following signs within 2 hours of using opioids:

Check following signs of intoxication:

Do you get high when you use opioids or oxycodone?
What is that like?
How often do you get high?
Have you ever noticed any physical effects when you use other opioids/oxycodone?

What did you notice?
When was that?
What about during the last 3 months?

Did you feel sleepy?
Did you actually go to sleep?
Was your speech affected?
In what way?
Was your concentration affected?
What happened?
Could you concentrate on anything or was that a problem?

Did anyone notice that your pupils were smaller than usual?

Did you lose interest in what was going on around you?

How did you feel?
Did you start to feel depressed or irritable or anxious after a while?

Were you physically slowed down?
Did you start to believe any strange or unusual things?

EVER: INTOXICATED
0 = No
2 = Has been intoxicated at some time

INTOXICATED
0 = No
2 = Has been intoxicated at some time

PUPILLARY CONstriction
0 = No
2 = Yes

SLURRED SPEECH
0 = No
2 = Yes

IMPAIRED ATTENTION/MEMORY
0 = No
2 = Yes

APATHY
0 = No
2 = Yes

DYSPHORIA
0 = No
2 = Yes

PSYCHOMOTOR RETARDATION
0 = No
2 = Yes

DELUSIONS
0 = No
IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. BEHAVIORAL CHANGE ALSO REQUIRES COMPLETION OF MALADAPTIVE SECTION. OTHERWISE, SKIP TO NEXT DRUG.

IF SUBJECT HAS USED OTHER OPIOIDS/OXYCODONE FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "LSD", (PAGE 86).
OTHER OPIOIDS/OXYCODONE: DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her opioid intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use opioids or oxycodone?*

*When did you first want to cut down?*

OTHER OPIOIDS/OXYCODONE: ADVISED TO CUT DOWN
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her opioid intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*

*What do your loved ones and parents think?*

*When was the first time you were told you should cut down?*
OTHER OPIOIDS/OXYCODONE: ATTEMPTS TO CUT DOWN

Actual effort at reduced opioid intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?

What happened?
How many times have you tried?
When was the first time?
What about during the last 3 months?
What was the longest you were able to cut down for?
For how long did you cut down in the last 3 months?

Coding rules

EVER: TRIED TO CUT DOWN

0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

EVER:CHI0E01
Intensity

EVER:CHI0V01
Frequency

DAYS

EVER:CHI0D01
Duration

EVER:CHI0O01
Onset

TRIED TO CUT DOWN

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

DAYS

CHI1101
Intensity

CHI11D01
Duration
OTHER OPIOIDS/OXYCODONE: WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of opioids ingested during) a period of heavy ingestion of opioids (that lasted at least 3 days).

What happens if you cut down on your use of opioids or oxycodone?

Tell me about the last time you cut down. Do you notice any physical symptoms?

What happened?
Did you use opioids or oxycodone to make the symptoms go away?
Did it work?
What happened then?
Did you feel that you really needed some opioids or oxycodone very badly?

Did you feel nauseous?
Or vomit?
Did your muscles ache?
Did your eyes water?
Or your nose run?
Did you get goosebumps?
Or get sweaty?
Did anyone notice or could you tell that your pupils were very large?

Did you have diarrhea?
Did you yawn a lot?
Did you get a fever?
Was your sleep disturbed?
In what way?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPIOID WITHDRAWAL IN PP</td>
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<td>Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRAVING</td>
<td>CHI2X01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAUSEA/VOMITING</td>
<td>CHI2X02</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSCLE ACHES</td>
<td>CHI2X03</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LACRIMATION/RHINORRHEA</td>
<td>CHI2X04</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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</tr>
<tr>
<td>Piloerection/Sweats</td>
<td>CHI2X05</td>
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<td>DIARRHEA</td>
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<td>2 = Yes</td>
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<td>FEVER</td>
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</tr>
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<td>2 = Yes</td>
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<td></td>
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<td>INSOMNIA</td>
<td>CHI2X10</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IF HALLUCINOGEN USE ABSENT, SKIP TO "SEDATIVE", (PAGE 102).
HALLUCINOGENS SECTION

LSD

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT’S NAMES FOR THEM

You said you have tried LSD.

How often have you taken it?
Have you ever taken LSD on at least one day a week for a month or more?

When did that start?
Have you ever used it as often as 5 days a week for a month or more?

When did you start taking it at that level?
How often have you used LSD in the last 3 months?

Coding rules

|EVER: USED WEEKLY|CHI3E01
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>Onset</td>
</tr>
</tbody>
</table>

|USED WEEKLY IN LAST 3 MONTHS|CHI3I01
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>Onset</td>
</tr>
</tbody>
</table>

|EVER: USED DAILY|CHI4E01
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>Onset</td>
</tr>
</tbody>
</table>

|USED DAILY IN LAST 3 MONTHS|CHI4I01|
PSilocybin (MAGIC MUSHROOMS)

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

**You said you have tried mushrooms.**

How often have you used shrooms?

Have you ever used it at least once a week for a month or more?

When did that start?

Have you ever used them for 5 days a week for a month or more?

When did you start using at that level?

How often have you used them in the last 3 months?

**Hallucinogen: Mode of Administration**

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

**How do you use LSD?**

Do you smoke it?

How about in eye drops?

---

**Coding rules**

**EVER: USED WEEKLY**

0 = No  
2 = Yes  

**EVER: USED DAILY**

0 = No  
2 = Yes  

**USED WEEKLY IN LAST 3 MONTHS**

0 = No  
2 = Yes  

**USED DAILY IN LAST 3 MONTHS**

0 = No  
2 = Yes  

**Used in last 3 months**

0 = Absent  
2 = Present  

**Oral**

0 = No  
2 = Yes  

**Skin absorption**

0 = No  
2 = Yes  

**Eye drops**

0 = No  
2 = Yes
HALLUCINOGEN: USE IN COMBINATION

Did you use anything else with "LSD" in the last 3 months?

What?
What about alcohol?
How often was that?

Codings rules

USE IN COMBINATION IN PP

0 = Absent
2 = Present

USED IN COMBINATION WITH ALCOHOL

0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS

1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opiods/Oxycodone
7 = Hallucinogens/PCP/Psylocybin
8 = Sedatives
9 = With more than one of the above groups
**Definitions and questions**

**HALUCINOGEN: INTOXICATION**

Any of the following signs within 2 hours of using a Hallucinogen: tachycardia, pupillary dilatation, sweating, palpitations, blurred vision, tremor, incoordination.

**IF EVER USED OF HALLUCINOGEN BE SURE TO ASK ABOUT HALLUCINOGEN MOOD DISORDER AND POST HALLUCINOGEN PERCEPTION DISORDER**

**What happens when you use “LSD” ?**

- Have you ever gotten high from it?
- What is that like?
- How often have you gotten high from it in the last 3 months?
- Have you ever noticed any physical effects when you used LSD?
  
  - What did you notice?
  - When did that start?
  - Has that happened in the last 3 months?
  - How often?
  - Did you notice your heart beating fast?

  - Or irregularly?

  - Did you get sweaty?
  - Or have any chills?

- Was your vision affected?
  
  - What happened to it?
  - Did your hands shake?

- Was your balance affected?
  
  - Did anyone notice that your pupils were bigger than usual?

  - Did you see or hear any strange things?

  - What?
  - Did things seem much brighter or louder than usual?

  - Did you feel unreal?

  - Or that the world was unreal?

- Did you see anything that wasn’t really there?

- Or hear anything that wasn’t really there?
Definitions and questions

Did any sensation seem to get changed into other sensations?
Like being able to feel colors or see sounds?

Did you feel nervous or worried about what was going on around you?

Did you feel that something bad might be going on?
Did you find yourself keeping a sharp lookout on what was going on?

Did you get suspicious about anything?

Did you start to feel important?
Or that you were a really powerful person?
Or feel that you could do things you couldn't usually do?

CHANGED PERCEPTIONS
0 = No
2 = Yes

DEREALIZATION
0 = No
2 = Yes

DEPERSONALIZATION
0 = No
2 = Yes

HALLUCINATIONS
0 = No
2 = Yes

SYNTHESIA
0 = No
2 = Yes

HYPERVIGILANCE
0 = No
2 = Yes

GRANDIOSITY
0 = No
2 = Yes

DElusIONS
0 = No
2 = Yes

HALLUCINOGEN: DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her LSD intake. There is no requirement that s/he should have actually done so.

Have you ever wanted to cut down on how much you use LSD?
When was the first time?

EVER: DESIRE TO CUT DOWN
0 = No desire to cut down
2 = Wishes to cut down
Definitions and questions

**HALLUCINOGEN: ADVISED TO CUT DOWN**
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her LSD intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

Who?
What do your parents and other loved ones think?
When was the first time someone told you that you should cut down?

**HALLUCINOGENS: ATTEMPTS TO CUT DOWN**
Actual effort at reduced LSD intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

*Have you ever tried to cut down?*

What happened...tell me about the last time.
How many times have you tried?
How long did it last?
When did you first try to cut down?
Have you tried to cut down in the last 3 months?
How long did that last?

*IF NO PCP USE, SKIP TO "RE-EXPERIENCED PERCEPTUAL SYMPTOMS", (PAGE 101).*

Coded rules

**EVER: ADVISED TO CUT DOWN**
0 = Never advised by parents or others to cut down
2 = Advised to cut down

**EVER: TRIED TO CUT DOWN**
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

**TRIED TO CUT DOWN**
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

For Review Only
Definitions and questions

PCP

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

You said you have tried PCP.

How often have you taken it?
Have you ever used it as often as once a week for a month or more?

When did that start?

Have you ever used it as often as 5 days per week for a month or more?

When did you start using at that level?

How often have you used in the last 3 months?

Codings rules

EVER: USED WEEKLY

0 = No
2 = Yes

EVER: USED DAILY

0 = No
2 = Yes

EVER: USED WEEKLY IN LAST 3 MONTHS

0 = No
2 = Yes

EVER: USED DAILY IN LAST 3 MONTHS

0 = No
2 = Yes
PCP: MODE OF ADMINISTRATION

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

NOTE LIFETIME CODING FOR INJECTING.

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED.

How do you take it?

Have you ever smoked it?
What about freebasing?
Have you ever injected it?

What about during the last 3 months?
Have you ever shared a needle with anyone?
PCP: USE IN COMBINATION

Did you use anything else with PCP in the last 3 months?

What was it?
What about alcohol?
How often was it that you used alcohol with PCP, more or less than 50% of the time?

Coding rules

USED PCP IN PP
0 = No
2 = Yes

USED IN COMBINATION WITH ALCOHOL
0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS
1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opiods/Oxycodone
7 = Hallucinogens/PCP/Psilocybin
8 = Sedatives
9 = With more than one of the above groups
Definitions and questions

PCP: INTOXICATION
Any of the following signs within 1 hour of using PCP: nystagmus, numbness/reduced pain response, ataxia, dysarthria, muscle rigidity, seizure, hyperacusis.

Did you ever get high when using PCP?
What is it like?
How often do you get high?
Have you ever noticed any physical effects?
What did you notice?
Did you notice your heart beating fast?
Did the world seem to be spinning?
Did any parts of your body feel numb?
Did you notice that you weren’t feeling pain as much as usual?
Did you have any difficulty walking?
What was the problem?
Were your muscles affected?
How?
Did you ever have a fit or seizure?
Was your speech affected?
Was it slurred?
Did sounds seem unusually loud?
Or colors seem unusually bright?
Did you seem to see, hear, or feel strange things that weren’t really happening?
Did you start to believe any strange or unusual things?

Coding rules

EVER: INTOXICATED
0 = No
2 = Has been intoxicated at some time

INTOXICATED IN LAST 3 MONTHS
0 = No
2 = Yes

NYSTAGMUS
0 = No
2 = Yes

NUMBNESS/REDUCED PAIN RESPONSE
0 = No
2 = Yes

ATAXIA
0 = No
2 = Yes

DYSARTHRIA
0 = No
2 = Yes

MUSCLE RIGIDITY
0 = No
2 = Yes

SEIZURE
0 = No
2 = Yes

HYPERACUSIS
0 = No
2 = Yes

AUDITORY, TACTILE, OR VISUAL ILLUSIONS

For Review Only
Definitions and questions

Coded rules

0 = No
2 = Yes

AUDITORY, TACTILE, OR VISUAL HALLUCINATIONS

0 = No
2 = Yes

DELUSIONS

0 = No
2 = Yes

IF USE OF HALLUCINOGEN, COMPLETE HALLUCINOGEN MOOD DISORDER AND POST HALLUCINOGEN PERCEPTION DISORDER. IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR HAS BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR SECTION. OTHERWISE, SKIP TO NEXT DRUG. IF IF USE OF HALLUCINOGEN FOR ANY 5 DAY PERIOD...OTHERWISE, SKIP TO "SEDATIVE", (PAGE 102).
PCP: DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her PCP intake. There is no requirement that s/he should have actually done so.

Have you ever wanted to cut down on how much you use PCP?
When did you first think you wanted to cut down?

PCP: ADVISED TO CUT DOWN
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her PCP intake, on at least one occasion.

Has anyone ever told you that you should cut down?
Who?
What do your parents and other loved ones think?
When was the first time you were advised to cut down?

Ever: DESIRE TO CUT DOWN
0 = No desire to cut down
2 = Wishes to cut down

Ever: ADVISED TO CUT DOWN
0 = Never advised by parents or others to cut down
2 = Advised to cut down
Definitions and questions

**PCP: ATTEMPTS TO CUT DOWN**
Actual effort at reduced PCP intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

*Have you ever tried to cut down?*

What happened?
How many times have you tried?
When was the first time?
Have you tried to cut down in the last 3 months?
How long did that last?

Coding rules

**EVER: TRIED TO CUT DOWN**
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

**EVER: CHK0E01**
Intensity

**EVER: CHK0V01**
Frequency

**EVER: CHK0D01**
Duration

**EVER: CHK0O01**
Onset

**TRIED TO CUT DOWN**
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

**CHK1I01**
Intensity

**CHK1D01**
Duration
HALLUCINOGEN MOOD DISORDER

Low mood, Subjective Anxious Affect, or Elevated Mood occurring within 3 weeks of beginning hallucinogen use, and persisting at least 24 hours after the cessation of such use.

IF EVER USED HALLUCINOGEN, ASK ABOUT HALLUCINOGEN MOOD DISORDER.

MAKE CAREFUL WRITTEN NOTES OF THE SYMPTOMATOLOGY ASSOCIATED WITH HALLUCINOGEN USE.

N.B. BE SURE TO ASK ABOUT ALL HALLUCINOGENS USED.

Did your mood change at all when you used "hallucinogen" in the last 3 months?

How did you feel?
What was it like?
How long did the mood change last?
Did you try stopping using "hallucinogen"?
Did that make any difference?
Was your mood still changed after you stopped?
For how long?
When did this first happen?
How often has it happened in the last 3 months?

HALLUCINOGEN MOOD DISORDER

0 = Absent
2 = Mood changes have occurred only in relation to hallucinogen use
3 = Mood changes have occurred both in relation to hallucinogen use and independently of it

DAYS

CHK2I01
Intensity

CHK2D01
Duration

CHK2F01
Frequency

CHK2O01
Onset

For Review Only
POST-HALLUCINOGEN PERCEPTION DISORDER

IF EVER USED ANY HALLUCINOGEN, ASK ABOUT POST-HALLUCINOGEN PERCEPTION DISORDER.

N.B. ASK ABOUT ALL HALLUCINOGENS USED.

RE-EXPERIENCED PERCEPTUAL SYMPTOMS

The subject re-experiences one or more of the perceptual symptoms that characterized his/her use of a hallucinogen, when the hallucinogen has not been taken within the preceding 24 hours.

Have you ever had a flashback? (explain if necessary)

What was it like?
What did you see?
Was that like what happens/ed when you took "hallucinogen"?
How long did it last?
Have you had any in the last 3 months?
How many times?
When did you first have a flashback?

DISTRESS

During a period of re-experience of perceptual symptoms, the subject experienced Subjective Anxious Affect, or other unpleasant mood states.

How did you feel when you were having the flashback?

Did you feel frightened?
What were you doing when you felt that way?
Could you stop yourself from feeling that way?

IF SEDATIVE USE ABSENT, SKIP TO "MALADAPTIVE SCREEN", (PAGE 111).
SEDATIVE SECTION

SEDATIVE
WHEN QUESTIONING ABOUT DRUGS, SUBSTITUTE THE SUBJECT’S NAMES FOR THEM

You said that you have tried "sedatives".

How often have you taken them?
Have you ever used "sedative" as often as once a week for a month or more?

When did that start?
Have you ever used "sedative" as often as 5 days a week for a month or more?

When did you start using at that level?
How often have you used "sedative" in the last 3 months?

EVER: USED WEEKLY
0 = No
2 = Yes

EVER: CHK5E01
Intensity

EVER: CHK5O01
Onset

USED WEEKLY IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: CHK5I01
Intensity

EVER: CHK6E01
Onset

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: CHK6I01
Intensity

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes
SEDATIVE: MODE OF ADMINISTRATION

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

Note: LIFETIME CODING FOR INJECTING

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED

Now, I need to know "how" you used sedatives in the last 3 months.

How do you take it?

Was it some type of pill?

Have you ever injected "sedative"?

Have you done that in the last 3 months?

Have you ever shared needles with anyone?
Did you do anything to clean the needle?
What did you do?
SEDATIVE: USE IN COMBINATION

Did you use anything else with the "sedative" in the last 3 months?

What?
What about alcohol?
How often was that?

USED SEDATIVE IN COMBINATION

0 = No
2 = Yes

USED IN COMBINATION WITH ALCOHOL

0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS

1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opiods/Oxycodone
7 = Hallucinogens/PCP/Psylocybin
8 = Sedatives
9 = With more than one of the above groups
SEDATIVE: INTOXICATION
Any of the following signs within 24 hours of using "sedative": slurred speech, incoordination, unsteady gait, impaired memory or attention.

Do you get high when you use "sedative"?
What is that like?
How often do you get high?
How do you feel then?
Have you ever noticed any physical effects?
What did you notice?
When was that?
What about during the last 3 months?
Was your speech affected?
What was it like?
Was it slurred?
Were your movements affected?
Did you lose your balance?
Could you walk properly?
Or did you tend to stagger a bit?
Did you bump into things at all?
Could you move your arms and hands properly?
Was your coordination affected? (explain if necessary)
Could you pay attention to things properly?
Or was your concentration affected?
What about your memory?
Did it have any effect on that?
What happened?
Was it difficult to remember things?
Did you start to believe any strange or unusual things?

<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVER: INTOXICATED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>Ever:CHK9E01</td>
<td></td>
</tr>
<tr>
<td>2 = Has been intoxicated at some time</td>
<td>Ever:CHK9001 Onset</td>
<td></td>
</tr>
<tr>
<td><strong>INTOXICATED IN LAST 3 MONTHS</strong></td>
<td>CHK9I01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CHK9F01 Frequency</td>
<td></td>
</tr>
<tr>
<td>2 = Has been intoxicated during the last 3 months</td>
<td>CHK9X01</td>
<td></td>
</tr>
<tr>
<td><strong>SLURRED SPEECH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CHK9X02</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CHK9X03</td>
<td></td>
</tr>
<tr>
<td><strong>INCOORDINATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CHK9X04</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CHK9X05</td>
<td></td>
</tr>
<tr>
<td><strong>UNSTEADY GAIT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMPAIRED MEMORY OR ATTENTION</strong></td>
<td>CHK9X01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DELUSIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IF DURING THE LAST 3 MONTHS SUBJEC T HAS USED "SEDATIVE" FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR HAS BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE REQUIRES COMPLETION OF THE MALADAPTIVE BEHAVIOR SECTION. OTHERWISE, SKIP TO NEXT SECTION. IF IF SUBJECT HAS USED SEDATIVE FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "SUBJECTIVE NEED FOR "SUBSTANCE"", (PAGE 113).
Definitions and questions

**SEDATIVE: DESIRE TO CUT DOWN**

The subject has at certain times felt that s/he would like to reduce his/her "sedative" intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use "sedative"?*

*When did that start?*

**SEDATIVE: ADVISED TO CUT DOWN**

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her "sedative" intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*

*What do your parents and other loved ones think?*

*When was the first time you were advised to cut down?*

Coding rules

**EVER: DESIRE TO CUT DOWN**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No desire to cut down</td>
</tr>
<tr>
<td>2</td>
<td>Wishes to cut down</td>
</tr>
</tbody>
</table>

**EVER: ADVISED TO CUT DOWN**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never advised by parents or others to cut down</td>
</tr>
<tr>
<td>2</td>
<td>Advised to cut down</td>
</tr>
</tbody>
</table>
SEDATIVE: ATTEMPTS TO CUT DOWN
Actual effort at reduced "sedative" intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?
What happened?
How many times have you tried?
When was the first time?
Have you tried in the last 3 months?
How long did that last?

Codings rules

**EVER: TRIED TO CUT DOWN**
0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

**EVER:CHL2E01**
Intensity

**EVER:CHL2V01**
Frequency

**EVER:CHL2D01**
Duration

**EVER:CHL2O01**
Onset

**TRIED TO CUT DOWN**
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

**CHL3I01**
Intensity

**CHL3D01**
Duration
SEDATIVE: WITHDRAWAL

To be considered symptoms of withdrawal, symptoms must have occurred within 8 hours of ending a period of heavy ingestion of "sedative" (that lasted at least 3 days), or of a reduction in the amount of "sedative" used.

Have you experience any withdrawal symptoms in the last 3 months?

What happens if you cut down on your "sedative"?

Tell me about the last time you cut down.

Did you notice any physical symptoms?

What happened?

Did you take any "sedative" to make the symptoms go away?

Did it work?

Did you feel nauseated?

Did you vomit?

Did you feel weak?

Did it affect your activities at all?

In what way?

Did you notice your heart beating fast?

Or irregularly?

Did you notice yourself breathing faster than usual?

Did you notice your stomach churning?

Did you get sweaty?

Or have diarrhea or have to urinate frequently?

Did you get a lump in your throat?

Or get flushed?

Did you feel anxious?

Or nervous or worried?

What was that like?

Did you get bad-tempered?

Did you get dizzy when you stood up at all?

Did your hands shake?

Did you have shakes anywhere else?

Was your sleep affected?

Did you have any blackouts?

Or fits?

Did you seem to see, hear or feel strange things that weren't really happening?
Did you ever take “sedative” or anything else to stop these symptoms?

Coding rules

2 = Yes

AUDITORY, TACTILE, OR VISUAL HALLUCINATIONS

0 = No
2 = Yes

TAKES “SEDATIVE” TO PREVENT WITHDRAWAL SYMPTOMS

0 = No
2 = Yes
MALADAPTIVE BEHAVIORAL CHANGES

Complete the Maladaptive section on alcohol use meeting criteria as well as any drug meeting criteria.

MALADAPTIVE SCREEN

Alcohol or any drug met criteria for entry into the Maladaptive Section i.e was used on at least 10 days of the primary period, was used 5 days in a row, or caused intoxication at least 2x, or any additional behavioral changes.

Let’s review then...

Was there alcohol use sufficient to enter the Maladaptive section?
Did subject get drunk 2x, drink on 5 consecutive days, or drink on any 10 days of the last 3 months?

Was there any drug use sufficient to enter the Maladaptive section?
Did subject get high from any drug at least twice in the past 3 months?

Did subject experience any “additional behavioral changes” in the last 3 months?
Which ones?

IF ANY SUBSTANCE USED DAILY FOR ANY 5 DAY PERIOD DURING THE LAST 3 MONTHS, OR USED ON AT LEAST 10 DAYS, OR SUBJECT HAS BEEN INTOXICATED AT LEAST TWICE, COMPLETE THIS SECTION. POSITIVE CODINGS FOR ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRE ENTRANCE INTO THE MALADAPTIVE SECTION.

IF ANY SUBSTANCE USED DAILY FOR ANY 5 DAY PERIOD IN LAST 3 MOS, OR USED ON > 10 DAYS OR INTOXICATED 2X, COMPLETE SECTION, OTHERWISE, SKIP TO ""ARREST: FIRST PERSON" NOT PRESENT", (PAGE ERROR! BOOKMARK NOT DEFINED.).
**SUBJECTIVE NEED FOR “SUBSTANCE”**

A feeling of need or craving to consume "substance", that is, at least sometimes, intrusive into other thoughts or activities, and cannot always be controlled except through using "substance".

**Do you sometimes need “substance” to help you get through the day?**

**Does it bother you if you don’t have “substance” on any given day?**

**Do you crave it?**

**When did that start?**

**How often in the last 3 months?**

**When do you have your first “substance” of the day?**

**Do you miss it if you can’t get “substance”?**

**What happens if you don’t get “substance”?**

---

**SUBJECTIVE NEED FOR "SUBSTANCE"**

0 = Absent

2 = At least some days feels uncontrollable need for substance, intrusive into at least 2 activities, unless satisfied

3 = Most days feels uncontrollable need for substance, intrusive into at least 2 activities, unless satisfied

---

**SUBSTANCE LIST**

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives
**USES "SUBSTANCE" TO IMPROVE MOOD**

The subject describes using "substance" in an attempt to relieve dysphoria, anxiety, or irritability, or to induce an increased feeling of well-being.

*Do you sometimes use "substance" to cheer yourself up when you feel low?*

*Or to keep yourself from getting down?*

*Or to keep from feeling anxious or stressed?*

*Do you use to keep from feeling irritable?*

*When did that start?*

*How often does that happen?*

*Is that usually why you use "substance"?*

---

### Coding rules

#### USES "SUBSTANCE" TO IMPROVE MOOD

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes uses substance to improve mood (&gt;=50% of the time)</td>
</tr>
</tbody>
</table>

#### SUBSTANCE LIST

<table>
<thead>
<tr>
<th>Code</th>
<th>Substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alcohol</td>
</tr>
<tr>
<td>2</td>
<td>Cannabis</td>
</tr>
<tr>
<td>3</td>
<td>Cocaine/Crack</td>
</tr>
<tr>
<td>4</td>
<td>Amphet./Ice/Meth</td>
</tr>
<tr>
<td>5</td>
<td>Inhalants</td>
</tr>
<tr>
<td>6</td>
<td>Heroin/Opioids/X/Oxy</td>
</tr>
<tr>
<td>7</td>
<td>Hallucinogens</td>
</tr>
<tr>
<td>8</td>
<td>Sedatives</td>
</tr>
</tbody>
</table>
Definitions and questions

**TIME SPENT IN "SUBSTANCE" RELATED BEHAVIOR**

Amount of time spent in "substance" related behavior including activities associated with getting and consuming "substance" and recovering from the effects of using "substance".

*How much time do you spend using "substance"?*

*Or getting "substance", including locating it, going after it, etc.?*

*Or getting it ready to use (whatever preparatory measures are appropriate for the substances used)?*

*Or recovering from the effects of using it (being hungover, sleeping it off, etc.)?*

How much time, in an average day, do you spend in "substance-related" activities?

**COST OF SUBSTANCES PER WEEK IN LAST 3 MONTHS**

*Have you spent any money on substances in the last 3 months, including drugs or alcohol?*

*How much did you spend per week in the last 3 months on drugs and alcohol?*

*How do you pay for your use of "substance"?*

Where do you get the money?

Coding rules

**TIME SPENT**

0 = < 1 hour per day
2 = 1-3 hours per day
3 = > 3 hours per day

**COST**

0 = No
2 = Yes

**COST PER WEEK FOR ALL SUBSTANCES COMBINED**

CIA2101

CIA2102

CIA2103

CIA2104

CIA2105

CIA2106

CIA2107

CIA2108

CIA2109

CIA2X01

CIA2X02
TOLERANCE
The need for increased intake of "substance" (by at least 50%) to produce previously experienced psychological or behavioral changes associated with "substance" use.

Do you need to use more "substance" than you used to, to have the same effect?

Are you able to tolerate larger amounts of "substance" than you used to?

How much more?
When did you start to need more?

TOLERANCE
0 = Does not show tolerance.
2 = Needs to use "substance" at least 50% more than previously to obtain desired effect or can tolerate at least 50% more than previously.

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
OVERCONSUMPTION
Consumption of more "substance" than intended on a particular occasion. If regular overconsumption is present, consider carefully whether the subject's behavior also conforms to the definition of a Narrowed "Substance" Use Repertoire.

Do you sometimes use more "substance" than you mean to?
Like intending to have just one or two, but then using much more?
How often has that happened in the last 3 months?
When did that start?

OVERCONSUMPTION
0 = Has not used "substance" more than meant to.
2 = Sometimes uses "substance" more than meant to.

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphetamine/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
UNCONTROLLABLE "SUBSTANCE" USE
Episodes in which, whatever his/her original intentions, the subject keeps on using "substance" until unable to use "substance" any more, either because of the unavailability of further "substance" or because of physical incapability (e.g. severe nausea).

Once you start using "substance", do you ever find that you just can't stop until it's all gone?

Or until you physically can't take any more (e.g. because of unconsciousness, vomiting, "sore lungs", etc.)?

Do you ever use "substance" just because it's there?

How often does that happen?

When did that start?

UNCONTROLLABLE SUBSTANCE USE
0 = Never unable to resist using "substance" until no further "substance" available or unable to use "substance" any more.
2 = Sometimes unable to stop (3 = Usually (> 50% of the time) unable to stop until no further "substance" available or unable to use "substance" any more.)

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
NARROWED "SUBSTANCE" USE REPETOIRE

The subject tends to use "substance" in the same way in any situation, even when a particular pattern may be inappropriate. For instance using "substance" heavily when on a first date, or using "substance" as much whether alone or in company. Subject is unable to have a repertoire of substance using behaviors; patterns of heavy use are no longer differentiated by environment.

Do you "get high (drunk) (use substance)" in inappropriate circumstances?

Like where?
Do you have different patterns of using "substance" in different situations?

Do you vary how you use "substances" depending on the situation?
When did that start to happen?
Like when you go on a date, as compared with when you are with your friends?

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
Definitions and questions

MORNING “SUBSTANCE” USE
Use of "substance" within 2 hours of rising. Take into consideration persons who work shift-work and question "within 2 hours of rising" even if that is not "in the morning".

Do you use "substance" soon after you get up?
How soon after you get up?
How often in the last 3 months?
Do you feel you need it in the morning?
When did that start?
Do you ever try anything else instead or as a substitute?

Coding rules

MORNING SUBSTANCE USE
0 = No
2 = Yes

Codes

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
DISINHIBITED AGGRESSION

After using "substance" the subject has been verbally or physically aggressive in a way that is not characteristic of his/her behavior when not intoxicated.

Have you gotten into any arguments when you were "high (drunk)"?

When you've used a lot of "substance" do you get bad-tempered or angry?

More than usual?
How often in last 3 months?
When did that start?
Have you gotten into any physical fights when you were "high (drunk)" in the last 3 months?

Do you think you are more aggressive when you use drugs or alcohol?

How often?
When did that start?

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
Definitions and questions

DISINHIBITED SEXUALITY
After using "substance" the subject is sexually provocative, or forward in a way that is not characteristic of his/her behavior when not intoxicated.

Have you made a pass at anyone when you were "high (drunk)"?

Have you tried to pick anyone up when you were "high (drunk)"?

Have you done anything of a sexual nature while drunk or high that you would not normally do?

What happened?
Is that the sort of thing that you would do when you hadn't been using "substance"?
How often in the last 3 months?
When did that start?

Coding rules

DISINHIBITED SEXUALITY
0 = No episodes of disinhibited sexuality during last 3 months.
2 = Has been atypically sexually disinhibited while under the influence of "substance" during the last 3 months.
3 = Has sexually assaulted someone while under the influence of "substance", during the last 3 months.

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
POOR JUDGMENT

After using "substance", the subject shows poor judgment, as defined in the Mania section.

Uncharacteristic behaviors performed with disregard for possible negative consequences.

Did you do anything that you regret?

Or anything that seemed really stupid afterwards?

What?
How many times in the last 3 months have you done something like that?
When did that start?

POOR JUDGMENT
0 = Absent
2 = Treatment for alcohol.
3 = Treatment for drugs.
4 = Treatment for both.

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
**SOCIAL PROBLEMS AT HOME**

Relationship problems with spouse, significant other, parents or siblings that have resulted from "substance" use.

CODE AS IN INCAPACITY SECTION.

*Is your "substance" use ever involved in any problems at home?*

- With whom?
- How does your spouse/significant other feel about it?
- How do your parents react?
- Has anyone done anything about it?
- Like what?
- When did it start to be a problem at home?

**SOCIAL PROBLEMS IN FAMILY**

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**SUBSTANCE LIST**

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<tr>
<td>CIB1104</td>
<td>3 = Cocaine/Crack</td>
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<td>4 = Amphet./Ice/Meth</td>
</tr>
<tr>
<td>CIB1106</td>
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</tr>
<tr>
<td>CIB1107</td>
<td>6 = Heroin/Opioids/X/Oxy</td>
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<td>CIB1108</td>
<td>7 = Hallucinogens</td>
</tr>
<tr>
<td>CIB1109</td>
<td>8 = Sedatives</td>
</tr>
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</table>
SOCIAL PROBLEMS WITH FRIENDS
Relationship problems with peers that have resulted from "substance use".

CODE AS IN INCAPACITY SECTION.

What do your friends think?

Have you changed your friends since you've been using "substance"?

Has it caused any trouble with your friends or other people your own age?

What happened?
When did that start?
Have you lost any friends because of using "substance"?

Are there people who just won't hang around you anymore because of your using?
REDUCED ACTIVITIES
A reduction in activities that has resulted from "substance" use.

Have you stopped doing any things that you used to enjoy because of using "substance"?

Like sports or hobbies?
What?
Why did you stop?
Have you given up anything else?
When did that start?

REDUCED ACTIVITIES
0 = Absent
2 = Partial incapacity
3 = Complete incapacity

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
Definitions and questions

**SCHOOL/COLLEGE/UNIVERSITY/WORK AFFECTED**

Negative effects on school/college/university or work, performance and/or achievement that have resulted from "substance" use.

**CODE AS IN INCAPACITY SECTION.**

Has your education or work ever been affected because you were using "substance"?

When was that?
When happened?
What about during the last 3 months?

Have you ever been to school/college/university or work when you were "high (drunk)"?

What happened?

Have you gotten into any trouble there because "substance" was involved?

What happened?

Have you neglected your studies or work because of "substance"?

Have you missed any classes or work because of "substance use"?

How much?
When was that?
What about in the last 3 months?

### Coding rules

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<td>6 = Heroin/Opioids/X/Oxy</td>
<td>CI84I05</td>
</tr>
<tr>
<td>7 = Hallucinogens</td>
<td></td>
</tr>
<tr>
<td>8 = Sedatives</td>
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</tbody>
</table>
DANGEROUS ACTIVITIES
Activities that physically endanger either the subject or others, undertaken while intoxicated, such as driving while intoxicated, or operating machinery while intoxicated.

Have you done any dangerous things when you were "high (drunk)" in the last 3 months?

Like driving?
Or showing off or taking risky dares?
What happened?
How often in the last 3 months?
When did that start?

Coding rules

DANGEROUS ACTIVITIES
0 = No
2 = Yes

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives

For Review Only

For Review Only
"SUBSTANCE" RELATED CRIME
Illegal activities undertaken either to obtain "substance", or associated with intoxication with "substance".

PROSTITUTION IS ALSO CODED AS SEXUAL ACTIVITY FOR GAIN.

DEALING IS ALSO CODED AS DEALING DRUGS.

Have you done anything illegal while you were "high" in the last 3 months?

What did you do?
Did you get caught?
What happened?
When was the first time?

Have you ever stolen to get money for "substance"?

Or stolen any "substance"?

Have you ever been a runner or dealer to get money for "substance"?

Have you ever had sex with anyone or engaged in prostitution to get "substance"?

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
Definitions and questions

MANUFACTURING/DISTRIBUTION OF SUBSTANCE

Participation in the growing, manufacturing, and/or distribution of illegal substances. Include trafficking across state lines and from other countries.

Have you grown any illegal substances in the last 3 months?
Have you made or manufactured any illegal substances?
Have you been involved in distributing "illegal substances"?
What did you do?
Have you used your home or vehicle in "substance" related activity?
Or have you rented a building or vehicle to use in "substance" related activity?
Have you taken substance across state lines or into another country?
What "substances" were involved?
When was the first time you did something like that?

Coding rules

MANUFACTURING/DISTRIBUTION OF SUBSTANCE
0 = No
2 = Yes

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
TROUBLE WITH THE LAW

Any involvement with the police associated with using "substance".

Have you been in trouble with the police in the last 3 months on account of using "substance"?

Have you been arrested, been to Court, been in jail or on probation because of drugs or alcohol?

What happened?
When was the first time?

TROUBLE WITH LAW

0 = No
2 = Yes

SUBSTANCE LIST

1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives

For Review Only
MOOD LABILITY

Unstable mood swings, often from excessive joviality to maudlin misery or anxiety. Mood lability should only be coded here if it is sufficiently pronounced as to lead to effects that seem inappropriate to the situation (such as copious, apparently unprovoked, weeping in a bar), or appear to have interfered with the normal course of conversation or activities.

Does your mood change at all when you are high?

How do you feel?
What is it like?
Does your mood go way up and down?
What about in the last 3 months?
When did that start?

MOOD LABILITY

0 = Absent
2 = Symptom intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Symptom intrusive into almost all activities and hardly ever controllable.

SUBSTANCE LIST

1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives

For Review Only
**Definitions and questions**

**PHYSICAL PROBLEMS**

Include any physical problems that either stem directly from intoxication (such as those resulting from injuries from an accident while intoxicated), or that a physician has told the subject are related to "substance" use.

MAKE WRITTEN NOTE OF NATURE OF PHYSICAL PROBLEMS.

*Have you had any other physical problems on account of "substance" in the last 3 months?*

Like coughing, shortness of breath, nausea, headaches, etc.

*Have you been to a Doctor as a result of substance use in the last 3 months?*

When did that start?

Did anyone tell you that using "substance" was responsible?

Were you hospitalized because of it?

Did you keep on using "substance" anyway?

---

**Coding rules**

**PHYSICAL PROBLEMS**

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

**SUBSTANCE LIST**

1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives

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**Codes**

CIB9I01

CIB9I02

CIB9I03

CIB9I04

CIB9I05

CIB9I06

CIB9I07

CIB9I08

CIB9I09
BLACKOUTS
Episodes of amnesia lasting at least 1 hour that occur in relation to bouts of heavy "substance" use.

Have there been any times when you couldn’t remember what had happened when you were using "substance"?

Did you black out?
Tell me about it.
When did that start?
Has it happened in the last 3 months?
How often?
How long was the period that you couldn’t remember?

EVER: BLACKOUTS
0 = No
2 = Yes

BLACKOUTS
0 = No
2 = Yes

HOURS : MINUTES

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
Definitions and questions

UNCONSCIOUSNESS
Code here episodes in which the subject uses "substance" until unconscious.

Have you ever passed out?

How about in the last 3 months?
When did that first happen?

How many times have you passed out from substance use in the last 3 months?

Coding rules

UNCONSCIOUSNESS
0 = No
2 = Yes

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
LIFE EVENTS
Events occurring in the life and environment of the subject including major stressors and life threatening events. Life threatening events are events that have caused, or had the potential to cause, death or severe injury. The events should be those in which people actually died or were seriously injured and/or property was extensively damaged, or those events which had the potential to have these outcomes. A person may also experience or witness an event that involves a serious threat to the physical or psychological integrity of him/herself or another person. An example would be sexual abuse or loss of a primary caregiver/parent. MOST EVENTS SHOULD HAVE BEEN NOTED IN THE INTERVIEW BY THIS POINT. SOME EVENTS ARE CODED AS PRESENT IF THEY OCCUR TO THE SUBJECT OR SOMEONE CLOSE TO THE SUBJECT (E.G., CHILD, ROMANTIC PARTNER). FOR EACH EVENT THAT OCCURRED, COMPLETE ALL DESCRIPTORS, ATTRIBUTIONS, AND SCREENS. Descriptors: Questions to better characterize the individual's experience of the event. Attributions: Subject states that life event has contributed to a problem or symptom already identified. There are three (3) screens: painful recall, avoidance, and hyperarousal. Painful Recall: Subject experiences unwanted, painful and distressing recollections, memories, thoughts, or images of life event. Avoidance: Subject avoids situations, thoughts, or feelings that might provoke painful recall. Hyperarousal: Symptoms of anxiety or increased arousal not present before the trauma (or exacerbated by the trauma) that may include difficulty falling or staying asleep, hypervigilance (increased general level of awareness and alertness toward the subject's surroundings in the absence of imminent danger which may be manifested by an exaggerated startle response, jumpiness, scanning the environment for danger). Some individuals report irritability, anger or difficulty concentrating or completing tasks. IF ANY OF 3 SCREENS IS ENDORSED, NOTE ON PTSD CHECKLIST.

GROUP A EVENTS
If any "Group A" event(s) code (with at least one positive PTSD screen), remember to complete PTSD-A section.
**Interviewer instruction:** Inform subject that you will be asking about all kinds of events that may have happened in the last 3 months and in their lifetime.

Tell them that at the end of the section, you will ask them if any of these events happened to someone close to them.

Prompt them to be thinking about that throughout the section so that they can tell you about any significant event happening to someone close to them.
NEW CHILD(REN) LIVING IN HOME
New child(ren) (less than 18 years of age) who have come to live in the home permanently during the primary period. May be newborn or adopted child, foster child, or child(ren) of a previous relationship.

CODE ID # OF SIBLING FROM FAMILY SECTION.

Have any children come to live in your home in the last 3 months?

Who is that?
Who did s/he come to live with you?
Who looks after him/her?
What is your relationship to "X"?

IF "NEW CHILD(REN) LIVING IN HOME" NOT PRESENT, SKIP TO "CHANGE IN JOB STATUS: FIRST PERSON", (PAGE 7).
**Definitions and questions**

**DESCRIPTORS: NEW CHILD(REN) LIVING IN THE HOME**

*I have a few questions to better understand your experience of the "life event"?*

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"? Not at all; a little; some; a lot.**

**How humiliating was "life event"? Not at all; a little; some; a lot.**

**How expected or predictable was "life event"? Not at all; a little; some; a lot.**

**How much support did you have from friends and family following the event? None at all; a little; some; a lot.**

**Coding rules**

**DESCRIPTORS ASKED**

0 = No

2 = Yes

**PERCEIVED CONTROL**

0 = None

1 = A little

2 = Some

3 = A lot

**PERCEIVED STRESS**

0 = None

1 = A little

2 = Some

3 = A lot

**PERCEIVED HUMILIATION**

0 = None

1 = A little

2 = Some

3 = A lot

**PERCEIVED PREDICTABILITY**

0 = None

1 = A little

2 = Some

3 = A lot

**PERCEIVED SUPPORT**

0 = None

1 = A little

2 = Some

3 = A lot
NEW CHILD(REN) LIVING IN HOME - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

NEW CHILD(REN) LIVING IN HOME: PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?

ATRIBUTION
0 = Absent
2 = Present

ATRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

PAINFUL RECALL SCREEN
0 = Absent
2 = Present
Definitions and questions

NEW CHILD(REN) LIVING IN HOME - AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

NEW CHILD(REN) LIVING IN HOME - HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

CHANGE IN JOB STATUS: FIRST PERSON
Fired, demoted, or forced to leave a primary or secondary job during the primary period. Code for involuntary status changes only.

Have you been fired, demoted, or forced to leave your job in the last 3 months?
What happened?
When did this occur?
Have you found a new job?

IF "CHANGE IN JOB STATUS: FIRST PERSON" NOT PRESENT..., SKIP TO "PARENTAL DIVORCE", (PAGE 10).
**Definitions and questions**

**DESCRIPTORS: CHANGE IN JOB STATUS: FIRST PERSON**

*I have a few questions to better understand your experience of the "life event"?*

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"? Not at all; a little; some; a lot.**

**How humiliating was "life event"? Not at all; a little; some; a lot.**

**How expected or predictable was "life event"? Not at all; a little; some; a lot.**

**How much support did you have from friends and family following the event? None at all; a little; some; a lot.**

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<td>DESCRIPTORS ASKED</td>
<td>Intensity</td>
<td>PERCEIVED CONTROL</td>
<td>PERCEIVED STRESS</td>
<td>PERCEIVED HUMILIATION</td>
<td>PERCEIVED PREDICTABILITY</td>
<td>PERCEIVED SUPPORT</td>
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<td>3 = A lot</td>
</tr>
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</table>
Definitions and questions

CHANGE IN JOB STATUS: FIRST PERSON-ATRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyeractivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

PAINFUL RECALL SCREEN
0 = Absent
2 = Present

CHANGE IN JOB STATUS: FIRST PERSON-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?
Definitions and questions

CHANGE IN JOB STATUS: FIRST PERSON-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

CHANGE IN JOB STATUS: FIRST PERSON-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been “on the alert” for bad things happening?

PARENTAL DIVORCE
Parental figures have completed divorce proceedings in the last 3 months.
Have your parents finalized a divorce in the last 3 months?
When did that happen?

IF "PARENTAL DIVORCE" NOT PRESENT, SKIP TO "BREAKUP/DIVORCE WITH BOY/GIRLFRIEND; SPOUSE/ROMANTIC PARTNER", (PAGE 13).

Coding rules

AVOIDANCE SCREEN
cjs4i01
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
cjs5i01
0 = Absent
2 = Present

ONSET: DIVorce IN LAST THREE MONTHS
cka4o01
//
**Definitions and questions**

**DESCRIPTORS: PARENTAL DIVORCE**

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?

None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

**Coding rules**

**DESCRIPTORS ASKED**

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**PERCEIVED STRESS**

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<td>1 = A little</td>
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**PERCEIVED HUMILIATION**

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**PERCEIVED PREDICTABILITY**

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<td>3 = A lot</td>
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**PERCEIVED SUPPORT**

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<tr>
<td>2 = Some</td>
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<td>3 = A lot</td>
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</tbody>
</table>
Definitions and questions

PARENTAL DIVORCE - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what ways?

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

PARENTAL DIVORCE-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any disturbing memories of the event?

PAINFUL RECALL SCREEN

0 = Absent
2 = Present
Definitions and questions

**PARENTAL DIVORCE-AVOIDANCE**
*Do certain things/thoughts remind you of "life event"?*
*Do you try to avoid these things/thoughts?*

**PARENTAL DIVORCE-HYPERAROUSAL**
*Since "life event", have you been more jumpy or irritable?*
*Have you had any trouble sleeping?*
*Have you been "on the alert" for bad things happening?*

**BREAKUP/DIVORCE WITH BOY/GIRLFRIEND; SPOUSE/ROMANTIC PARTNER**
Relationship with boy/girlfriend, spouse, or romantic partner ends because of conflict, "falling out of love", or geographical move. Do not include love relationships that turn into regular friendships without conflict, or love relationships maintained by phone calls, letters/email, and/or visits. Code marital separation or divorce here as well.

*In the last 3 months, have you broken up with a boy/girlfriend, spouse or romantic partner?*

What happened?
*Have you broken up for good?*
*Are you still friends?*
*Do you still have contact with him/her?*

*When did this happen?*

**IF BREAKUP/DIVORCE WITH BOY/GIRLFRIEND, SPOUSE, OR ROMANTIC PARTNER PRESENT, COMPLETE, SKIP TO "MOVING HOUSE", (PAGE 16).**

Coding rules

**AVOIDANCE SCREEN**

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**HYPERAROUSAL SCREEN**

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**BREAKUP WITH BOY/GIRLFRIEND, SPOUSE, OR ROMANTIC PARTNER**

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For Review Only
Definitions and questions

**DESCRIPTORS: BREAKUP/DIVORCE**

I have a few questions to better understand your experience of the "life event"?

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"?** Not at all; a little; some; a lot.

**How humiliating was "life event"?** Not at all; a little; some; a lot.

**How expected or predictable was "life event"?** Not at all; a little; some; a lot.

**How much support did you have from friends and family following the event?** None at all; a little; some; a lot.

Coding rules

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<td>3 = A lot</td>
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<td>2 = Some</td>
<td></td>
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<tr>
<td>3 = A lot</td>
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</table>
Definitions and questions

BREAKUP/DIVORCE WITH BOY/GIRLFRIEND, SPOUSE, OR ROMANTIC PARTNER - ATTRIBUTION

In the last 3 months, has this affected any of the problems we've talked about?

Which ones?
In what way?

ATTRIBUTION

0 = Absent
2 = Present

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

BREAKUP/DIVORCE - PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any disturbing memories of the event?

PAINFUL RECALL SCREEN

0 = Absent
2 = Present

Ever: CKB8104
Intensity

For Review Only
Definitions and questions

**BREAKUP/DIVORCE-AVOIDANCE**
*Do certain things/thoughts remind you of "life event"?*
*Do you try to avoid these things/thoughts?*

**BREAKUP/DIVORCE-HYPERAROUSAL**
*Since "life event", have you been more jumpy or irritable?*
*Have you had any trouble sleeping?*
*Have you been "on the alert" for bad things happening?*

**MOVING HOUSE**
Subject moved, with or without change of family structure.

*Have you moved to a new place in the last 3 months?*
*Did the people you live with change when you moved?*
*When did you move?*

**IF MOVING NOT PRESENT, SKIP TO "CHANGE OF SCHOOL/COLLEGE/UNIVERSITY", (PAGE 20).**
Definitions and questions

DESCRIPTORS: MOVING HOUSE

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED
0 = No
2 = Yes

PERCEIVED CONTROL
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT
0 = None
1 = A little
2 = Some
3 = A lot
### Definitions and questions

#### MOVING HOUSE - ATTRIBUTION

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

**Which ones?**

*In what way?*

#### MOVING HOUSE - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

**Even when you didn’t want them to?**

*What was that like?*

*Have you had any disturbing memories of the event?*

---

#### Coding rules

**ATTRIBUTION**

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**INTERNITY**

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

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<th>Description</th>
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<td>Worries/anxiety.</td>
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<tr>
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<td>Obsessions/compulsions.</td>
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<td>Mania</td>
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<td>Food-related behavior.</td>
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<td>9</td>
<td>Hyperactivity/ADD</td>
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<td>Conduct disorder.</td>
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<tr>
<td>11</td>
<td>Alcohol/drugs</td>
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<td>12</td>
<td>Psychosis</td>
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<tr>
<td>13</td>
<td>Relationships with parent #1 and/or parent #2.</td>
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<td>14</td>
<td>Relationships with other parent #1 and/or other parent #2.</td>
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<tr>
<td>15</td>
<td>Relationships with other adults.</td>
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<td>16</td>
<td>Sibling relationships.</td>
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<td>17</td>
<td>Peer relationships.</td>
</tr>
<tr>
<td>18</td>
<td>Relationships with spouse or romantic partner</td>
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**Specify**

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**PAINFUL RECALL SCREEN**

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<td>Present</td>
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*For Review Only*
Definitions and questions

MOVING HOUSE-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

MOVING HOUSE-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been “on the alert” for bad things happening?

Coding rules

AVOIDANCE SCREEN
Ever: CKB0105

Intensity
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
Ever: CKB0106

Intensity
0 = Absent
2 = Present

For Review Only
Definitions and questions

CHANGE OF SCHOOL/COLLEGE/UNIVERSITY
Subject changed schools/colleges/universities. Change may be routine (from 2-year school to 4-year school or from undergraduate to graduate school) or non-routine either because of moving, family choice, necessity, or expulsion from previous school.

Have you changed schools in the last 3 months?
What change occurred?
Did you start at a college or university for the first time in the last 3 months?
Why did this change happen?
When did these changes occur?
Are any friends from your old school/college/university at the new one?
Do you know anyone there?

CHANGE OF SCHOOL/COLLEGE/UNIVERSITY
0 = Absent
2 = Present

REASON (CODE ONE)
1 = Graduated previous school
2 = Changed to program not available at previous school
3 = Planned change of institution for advanced training
4 = Education required by employer
5 = Move
6 = Family preference
7 = Need for special services.
8 = Expulsion from previous setting.
9 = Cost
10 = Other
Specify

IF CHANGE OF SCHOOL NOT PRESENT, SKIP TO "LOSS OF SIGNIFICANT OTHER THROUGH MOVING", (PAGE 24).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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For Review Only
Definitions and questions

DESCRIPTORS: CHANGE OF SCHOOL/COLLEGE/UNIVERSITY

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED

LED3I00
Intensit

PERCEIVED CONTROL

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT

0 = None
1 = A little
2 = Some
3 = A lot
Definitions and questions

CHANGE OF SCHOOLS - ATTRIBUTION

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

CHANGE OF SCHOOLS - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn’t want them to?*

What was that like?
Have you had any disturbing memories of the event?

Coding rules

**ATTRIBUTION**

0 = Absent
2 = Present

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

Specify

**PAINFUL RECALL SCREEN**

0 = Absent
2 = Present
Definitions and questions

CHANGE OF SCHOOLS-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

CHANGE OF SCHOOLS-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

LOSS OF SIGNIFICANT OTHER THROUGH MOVING
Move by subject or significant other resulted in the end of a close relationship, with significant figure no longer available for friendship and companionship. Do not include friendships or relationships maintained after move through regular phone calls, letters, and/or visits.

Have you lost contact with someone you cared about in the last 3 months because one of you moved?
Who moved?
Do you still have some contact with him/her?
When did that happen?

Coding rules

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present

LOSS OF SIGNIFICANT PERSON THROUGH MOVING
0 = Absent
2 = Present

SIGNIFICANT FIGURE
1 = Parent #1
2 = Parent #2
3 = Other parent #1
4 = Other parent #2
5 = Foster parent
6 = Grandparent (or step grandparent)
7 = Spouse/Romantic Partner
8 = Other adult
9 = Friend
10 = Sibling
11 = Other
Specify
IF LOSS OF SIGNIFICANT OTHER THROUGH MOVING NOT PRESENT, SKIP TO "BREAKUP WITH BEST FRIEND", (PAGE 28).
DESCRIPTORS: LOSS OF SIGNIFICANT OTHER THROUGH MOVE

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

DESIGNATORS ASKED

PERCEIVED CONTROL

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED INTENSITY

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT

0 = None
1 = A little
2 = Some
3 = A lot
**Definitions and questions**

**LOSS OF SIGNIFICANT OTHER THROUGH MOVING - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

**LOSS OF SIGNIFICANT OTHER THROUGH MOVE-PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?

**Coding rules**

**ATTRIBUTION**

0 = Absent
2 = Present

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
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14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

**PAINFUL RECALL SCREEN**

0 = Absent
2 = Present
Definitions and questions

**LOSS OF SIGNIFICANT OTHER THROUGH MOVE-AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

*Do you try to avoid these things/thoughts?*

**LOSS OF SIGNIFICANT OTHER THROUGH MOVE-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been “on the alert” for bad things happening?*

**BREAKUP WITH BEST FRIEND**

Loss of a best friend through conflict or quarrel. Loss should seem permanent.

*Have you ended a relationship with a best friend in the last 3 months?*

*Was that due to a disagreement or fight?*

*Who was that?*

*What happened?*

*When did this happen?*

**IF BREAKUP WITH BEST FRIEND PRESENT CONTINUE, OTHERWISE, SKIP TO "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT", (PAGE 31).**
## Definitions and questions

**DESCRIPTORS: BREAKUP WITH BEST FRIEND**

*I have a few questions to better understand your experience of the "life event"?*

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"? Not at all; a little; some; a lot.**

**How humiliating was "life event"? Not at all; a little; some; a lot.**

**How expected or predictable was "life event"? Not at all; a little; some; a lot.**

**How much support did you have from friends and family following the event? None at all; a little; some; a lot.**

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BREAKUP WITH BEST FRIEND - ATTRIBUTION

In the last 3 months, has this affected any of the problems we have been talking about?

Which ones?
In what way?

ATTRIBUTION
0 = Absent
2 = Present
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
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BREAKUP WITH BEST FRIEND - PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any disturbing memories of the event?
Definitions and questions

BREAKUP WITH BEST FRIEND-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

BREAKUP WITH BEST FRIEND-
HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

LIVES/ATTENDS SCHOOL/WORKS IN
CHRONICALLY UNSAFE ENVIRONMENT
Subject lives, attends school/college/university or works in an area seen as chronically unsafe or threatening.

CODE DISCRETE THREATENING EVENTS WITNESSED
BY SUBJECT SEPARATELY.

Do you live or go to school/college/university in an unsafe place?
Do you feel safe where you work?

What is it like?
Have you been afraid that you might be hurt?
Or that you would die?

When did you first start feeling unsafe there?
How long have/had you been in that unsafe situation?

IF "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT" NOT PRESENT, SKIP TO "ARREST: FIRST PERSON", (PAGE 34).
**DESCRIPTORS: LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT**

_I have a few questions to better understand your experience of the "life event"?_

**How much control did you have over "life event"?**
- None at all, a little, some, or a lot.

**How stressful was "life event"?** Not at all; a little; some; a lot.

**How humiliating was "life event"?** Not at all; a little; some; a lot.

**How expected or predictable was "life event"?** Not at all; a little; some; a lot.

**How much support did you have from friends and family following the event?** None at all; a little; some; a lot.

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Definitions and questions

LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION:
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression.
6 = Mania.
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD.
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16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner.
Specify

Life Events 33
LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT - PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any disturbing memories of the event?

LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT - AVOIDANCE

Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT - HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

ARREST: FIRST PERSON
If more than one arrest, code for the most upsetting.

Were you arrested in the last 3 months?

What happened?
Was it for something serious?

When were you arrested?

IF "ARREST: FIRST PERSON" NOT PRESENT, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 37).
Definitions and questions

DESCRIPTRORS: ARREST: FIRST PERSON

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

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For Review Only
Definitions and questions

ARREST: FIRST PERSON - ATTRIBUTION

*In the last 3 months, has this “life event” affected any of the problems we have been talking about?*

Which ones?
In what way?

ARREST: FIRST PERSON-PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of “life event” come into your mind?*

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?

Coding rules

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PAINFUL RECALL SCREEN

*In the last 3 months, have thoughts or pictures of “life event” come into your mind? Even when you didn’t want them to? What was that like? Have you had any disturbing memories of the event?*
**Definitions and questions**

**ARREST: FIRST PERSON-AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

*Do you try to avoid these things/thoughts?*

**ARREST: FIRST PERSON-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*

**REDUCTION IN STANDARD OF LIVING**

Noticeable reduction of family standard of living as evidenced by inability to pay bills, need to sell things, need to move (including moving in with relatives), going on welfare or food stamps, inadequate food, clothing, heat. May be result of changes in household status and needs such as separation or divorce, death, taking in additional dependents, high medical bills or loss of household income due to cutback in hours, layoff or loss of job, inability to find employment, under-employment, loss of unemployment benefits, depletion of savings, etc.

*Has your family's income been less than usual in the last 3 months?*

*What changes have resulted?*

*Why have things changed?*

*When did the change occur?*

**IF "REDUCTION IN STANDARD OF LIVING" NOT PRESENT, SKIP TO "FORCED SEPARATION FROM HOME", (PAGE 40)**
DESCRIPTORS: REDUCTION IN STANDARD OF LIVING

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

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Definitions and questions

REDUCTION IN STANDARD OF LIVING - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?
What was that like?
Have you had any disturbing memories of the event?

Coding rules

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.
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Specify

PAINFUL RECALL SCREEN

0 = Absent
2 = Present
Definitions and questions

REDUCTION IN STANDARD OF LIVING-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

REDUCTION IN STANDARD OF LIVING-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

FORCED SEPARATION FROM HOME
Subject and family loses home because of eviction, end of lease, damage to home by a fire or natural disaster, or other reason and are not resettled in a home for at least one month. During that time, the subject and family could be at a shelter, on the street, in a vehicle, staying temporarily at a friend or relative’s home, at a hotel etc. The place where subject is staying must be meant to be temporary. Do not include intentional moves to a new setting.

In the last three months, have you and your family been forced to leave your home?
What happened?
When did that happen?
Why?
Where did you go?
Had you planned to go there?
How long were you/have you been without a home of your own?

IF FORCED SEPARATION FROM HOME PRESENT, COMPLETE OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS", (PAGE 43).
**Definitions and questions**

**DESCRIPTORS: FORCED SEPARATION FROM HOME**

I have a few questions to better understand your experience of the "life event"?

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"?** Not at all; a little; some; a lot.

**How humiliating was "life event"?** Not at all; a little; some; a lot.

**How expected or predictable was "life event"?** Not at all; a little; some; a lot.

**How much support did you have from friends and family following the event?** None at all; a little; some; a lot.

**Coding rules**

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<td>2 = Some</td>
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<tr>
<td>3 = A lot</td>
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</table>
Definitions and questions

FORCED SEPARATION FROM HOME - ATTRIBUTION

*In the last 3 months, has this affected any of the problems we've been talking about?*

Which ones?
In what way?

FORCED SEPARATION FROM HOME - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

What was that like?
Have you had any disturbing memories of the event?

Coding rules

**ATTRIBUTION**

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**PAINFUL RECALL SCREEN**

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Codes

**CKCS101**

Intensity

**CKCSX01**

Ever:CKC6I04

Intensity
Definitions and questions

**FORCED SEPARATION FROM HOME-AVOIDANCE**

Do certain things/thoughts remind you of "life event"?

Do you try to avoid these things/thoughts?

**FORCED SEPARATION FROM HOME-HYPERAROUSAL**

Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

**DIAGNOSIS OF PHYSICAL ILLNESS**

Diagnosis of an illness carrying current risk of death or chronic disability (e.g. cancer, AIDS, cystic fibrosis, diabetes).

NB: Asthma requiring more than 24 hour hospitalization.

Have you ever gotten very sick?

Have you been in the hospital?

When did that happen?
What illness did/do you have?
When did you get better?
Are you going to get better, do you think?
Have you had it in the last 3 months?
Has it gotten worse?

IF "DIAGNOSIS OF PHYSICAL ILLNESS" NOT PRESENT, SKIP TO "SERIOUS ACCIDENT", (PAGE 46).

Coding rules

**AVOIDANCE SCREEN**

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**DIAGNOSIS OF PHYSICAL ILLNESS**

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Definitions and questions

**DESCRIPTORS: DIAGNOSIS OF PHYSICAL ILLNESS**

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

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<td>2 = Some</td>
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</tr>
<tr>
<td>3 = A lot</td>
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</tbody>
</table>
**Definitions and questions**

**DIAGNOSIS OF PHYSICAL ILLNESS - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

**Coding rules**

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<thead>
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**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

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<td>3 = Worries/anxiety.</td>
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<td>4 = Obsessions/compulsions.</td>
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<td>7 = Physical symptoms.</td>
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<td>8 = Food-related behavior.</td>
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<td>9 = Hyperactivity/ADD</td>
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<td>10 = Conduct disorder.</td>
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<td>11 = Alcohol/drugs</td>
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<td>12 = Psychosis</td>
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<tr>
<td>13 = Relationships with parent #1 and/or parent #2.</td>
<td></td>
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<tr>
<td>14 = Relationships with other parent #1 and/or other parent #2.</td>
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<tr>
<td>15 = Relationships with other adults.</td>
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<tr>
<td>16 = Sibling relationships.</td>
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</tr>
<tr>
<td>17 = Peer relationships.</td>
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</tr>
<tr>
<td>18 = Relationships with spouse or romantic partner</td>
<td>Specify</td>
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**DIAGNOSIS OF PHYSICAL ILLNESS-PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?

**PAINFUL RECALL SCREEN**

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</table>
Definitions and questions

**DIAGNOSIS OF PHYSICAL ILLNESS- AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

*Do you try to avoid these things/thoughts?*

**DIAGNOSIS OF PHYSICAL ILLNESS- HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*

**SERIOUS ACCIDENT**

Serious physical harm caused involuntarily by self or others (e.g. car accident, boating accident, other accident) that is life-threatening or carries risk of long-term disfigurement or disability. Code accidents involving fire under Fire.

IF ACCIDENT IN LAST 3 MONTHS OR IF RESULTS OF PREVIOUS ACCIDENT STILL POSE THREAT TO LIFE, DISFIGUREMENT, OR DISABILITY, COMPLETE ATTRIBUTION AND SCREENS. OTHERWISE SKIP TO DEATH OF LOVED ONE.

*Have you ever been in a serious accident?*

*Or been badly hurt in an accident?*

What happened?

Could you have died?

Did it change the way you look or how your body works?

Are you still affected by it?

How many serious accidents have you ever had?

In the last 3 months, have you had or been affected by a serious accident?

When did that accident happen (the one still affecting you in the last 3 months)?

IF "SERIOUS ACCIDENT" NOT PRESENT, SKIP TO "DEATH OF ADULT LOVED ONE", (PAGE 52).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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Life Events

47
**Definitions and questions**

**DESCRIPTORS: SERIOUS ACCIDENT**

* I have a few questions to better understand your experience of the "life event"?

* How much control did you have over "life event"?
  None at all, a little, some, or a lot.

* How stressful was "life event"? Not at all; a little; some; a lot.

* How humiliating was "life event"? Not at all; a little; some; a lot.

* How expected or predictable was "life event"? Not at all; a little; some; a lot.

* How much support did you have from friends and family following the event? None at all; a little; some; a lot.

**Coding rules**

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<tr>
<td>3 = A lot</td>
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</table>
SERIOUS ACCIDENT: ATTRIBUTION

In the last 3 months, has this affected any of the problems we’ve been talking about?

Which ones?
In what way?

SERIOUS ACCIDENT: FIRST PERSON-ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

SERIOUS ACCIDENT-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of “life event” come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any disturbing memories of the event?

PAINFUL RECALL SCREEN

0 = Absent
2 = Present
Definitions and questions

SERIOUS ACCIDENT-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

SERIOUS ACCIDENT-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

Coding rules

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GROUP B EVENTS

*If any "Group B" event(s) code (with at least one attribution variable coding), remember to complete PTSD-B section.*
DEATH OF ADULT LOVED ONE

Death of someone close to the subject: biological parent, other parental figure, other relative with whom subject has close ties, other adult who has played a significant role in the subject’s life.

IF MORE THAN 2 DEATHS, CODE DEATH OF PARENTAL FIGURE AND ANOTHER THAT THE SUBJECT REPORTS WAS MOST UPSETTING.

Has anyone close to you died?

Who was that?
What happened?
When did it happen?
What did s/he die of?

Codes

DEATH OF LOVED ONE #1: RELATIONSHIP TO SUBJECT
0 = Absent
1 = Biological parent.
2 = Step/adoptive/foster parent.
3 = Other parental figure.
4 = Grandparent
5 = Aunt or uncle.
6 = Close unrelated adult.
8 = Other close related adult.

Ever: CKE3E01
Intensity

EVER: DATE OF DEATH LOVED ONE #1

CAUSE OF DEATH #1
1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity

DEATH OF LOVED ONE #2: RELATIONSHIP TO SUBJECT
0 = Absent
1 = Biological parent.
2 = Step/adoptive/foster parent.
3 = Other parental figure.
4 = Grandparent
5 = Aunt or uncle.
6 = Close unrelated adult.
8 = Other close related adult.

Ever: CKE4E01

EVER: DATE OF DEATH LOVED ONE #2

Ever: CKE4O01
CAUSE OF DEATH - 2
1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity

IF DEATH OF ADULT LOVED ONE NOT PRESENT, SKIP TO "DEATH OF A CHILD", (PAGE 57).
Definitions and questions

DESCRIPTORS: DEATH OF ADULT LOVED ONE

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coded values:

DESCRIPTORS ASKED
0 = No
2 = Yes

PERCEIVED CONTROL
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT
0 = None
1 = A little
2 = Some
3 = A lot
 Definitions and questions

DEATH OF ADULT LOVED ONE - ATTRAITION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

DEATH OF ADULT LOVED ONE - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?

Coding rules

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ATTRAITION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

| 1 = School non-attendance. | CKE3X02 |
| 2 = Separation anxiety.   | CKE3X03 |
| 3 = Worries/anxiety.      | CKE3X04 |
| 4 = Obsessions/compulsions.| CKE3X05 |
| 5 = Depression            | CKE3X06 |
| 6 = Mania                 | CKE3X07 |
| 7 = Physical symptoms.    |         |
| 8 = Food-related behavior.|
| 9 = Hyperactivity/ADD     |         |
| 10 = Conduct disorder.    |         |
| 11 = Alcohol/drugs        |         |
| 12 = Psychosis            |         |
| 13 = Relationships with parent #1 and/or parent #2. |
| 14 = Relationships with other parent #1 and/or other parent #2. |
| 15 = Relationships with other adults. |
| 16 = Sibling relationships.|
| 17 = Peer relationships.  |         |
| 18 = Relationships with spouse or romantic partner |
Specify

PAINFUL RECALL SCREEN

<table>
<thead>
<tr>
<th>Ever: CKE5104</th>
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<tbody>
<tr>
<td>0 = Absent</td>
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<tr>
<td>2 = Present</td>
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</table>
Definitions and questions

DEATH OF ADULT LOVED ONE-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

DEATH OF ADULT LOVED ONE-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present

Codes
DEATH OF A CHILD

Death of subject's biological or adoptive child(ren).

Also code for non-biological child(ren) living in subject's household.

Also code for subject's sibling, cousin, or friend if died as child.

IF MORE THAN 2 DEATHS, CODE THOSE THAT THE SUBJECT REPORTS AS MOST UPSETTING.

Has any child close to you died?
Or one of your brothers or sisters or cousins?

Who was that?
What happened?
When did it happen?
What did s/he die of?

Coding rules

DEATH OF A CHILD
0 = Absent
1 = Biological child
2 = Adoptive child
3 = Step or foster child
4 = Cousin or other close child
5 = Non-biological child living in the home
6 = Childhood friend from school

ONSET: DEATH OF A CHILD

DEATH OF A CHILD: CAUSE OF DEATH
1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity

DEATH OF A CHILD #2: CAUSE OF DEATH
### Definitions and questions

IF DEATH OF A CHILD NOT PRESENT, SKIP TO "NATURAL DISASTER: FIRST PERSON", (PAGE 62).

### Coding rules

<table>
<thead>
<tr>
<th>Code</th>
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<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>Accident</td>
</tr>
<tr>
<td>3</td>
<td>Suicide</td>
</tr>
<tr>
<td>4</td>
<td>Natural disaster (flood, earthquake)</td>
</tr>
<tr>
<td>5</td>
<td>Fire</td>
</tr>
<tr>
<td>6</td>
<td>War or terrorism</td>
</tr>
<tr>
<td>7</td>
<td>Riots or urban violence</td>
</tr>
<tr>
<td>8</td>
<td>Noxious agent</td>
</tr>
<tr>
<td>9</td>
<td>Physical violence</td>
</tr>
<tr>
<td>10</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>11</td>
<td>Captivity</td>
</tr>
</tbody>
</table>
### Definitions and questions

**DESCRIPTORS: DEATH OF A CHILD**

*I have a few questions to better understand your experience of the "life event"?*

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"? Not at all; a little; some; a lot.**

**How humiliating was "life event"? Not at all; a little; some; a lot.**

**How expected or predictable was "life event"? Not at all; a little; some; a lot.**

**How much support did you have from friends and family following the event? None at all; a little; some; a lot.**

### Coding rules

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<td>3 = A lot</td>
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<tr>
<td>PERCEIVED HUMILIATION</td>
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<td>2 = Some</td>
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</tr>
<tr>
<td>3 = A lot</td>
<td></td>
</tr>
<tr>
<td>PERCEIVED SUPPORT</td>
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<td>1 = A little</td>
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</tr>
<tr>
<td>2 = Some</td>
<td></td>
</tr>
<tr>
<td>3 = A lot</td>
<td></td>
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---

*For Review Only*
### DEATH OF A CHILD - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?

*In what way?*

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<th>ATTRIBUTION</th>
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<tr>
<td>2 = Present</td>
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</tr>
</tbody>
</table>

### ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

| 1 = School non-attendance. | CKE6X02 |
| 2 = Separation anxiety.   | CKE6X03 |
| 3 = Worries/anxiety.      | CKE6X04 |
| 4 = Obsessions/compulsions.| CKE6X05 |
| 5 = Depression            |         |
| 6 = Mania                 |         |
| 7 = Physical symptoms.    |         |
| 8 = Food-related behavior |         |
| 9 = Hyperactivity/ADD     |         |
| 10 = Conduct disorder.    |         |
| 11 = Alcohol/drugs        |         |
| 12 = Psychosis            |         |
| 13 = Relationships with parent #1 and/or parent #2. |
| 14 = Relationships with other parent #1 and/or other parent #2. |
| 15 = Relationships with other adults. |
| 16 = Sibling relationships. |
| 17 = Peer relationships.  |
| 18 = Relationships with spouse or romantic partner |

### DEATH OF A CHILD-PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn’t want them to?*

What was that like?

*Have you had any disturbing memories of the event?*

<table>
<thead>
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<th>PAINFUL RECALL SCREEN</th>
<th>Ever:CKE5I07</th>
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<tbody>
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<td>2 = Present</td>
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</tbody>
</table>
Definitions and questions

DEATH OF A CHILD-AVOIDANCE
*Do certain things/thoughts remind you of "life event"?*
*Do you try to avoid these things/thoughts?*

DEATH OF A CHILD-HYPERAROUSAL
*Since "life event", have you been more jumpy or irritable?*
*Have you had any trouble sleeping?*
*Have you been "on the alert" for bad things happening?*

Coding rules

<table>
<thead>
<tr>
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<th>Intensity</th>
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<td>2 = Present</td>
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<table>
<thead>
<tr>
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<th>Intensity</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

**NATURAL DISASTER: FIRST PERSON**

Events not caused by intentional human actions (e.g. floods, hurricanes, tornadoes) in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

*Have you ever been in a terrible storm, tornado, or hurricane?*

*Or an earthquake?*

*Or a flood?*

What happened?  
How bad was it?  
Were people killed?  
Were you afraid that people would be killed or badly hurt?  
Or that you would die or be badly hurt?  
When did that happen?

How many times have you ever been in a disaster like that?

**Coding rules**

**NATURAL DISASTER**

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<tbody>
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<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Storm</td>
</tr>
<tr>
<td>3</td>
<td>Tornado</td>
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<td>4</td>
<td>Hurricane</td>
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<tr>
<td>5</td>
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</tr>
<tr>
<td>6</td>
<td>Flood</td>
</tr>
<tr>
<td>7</td>
<td>More than one type.</td>
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</table>

**Codes**

For Review Only

--

IF "NATURAL DISASTER: FIRST PERSON" NOT PRESENT, SKIP TO "FIRE", (PAGE 65).
Definitions and questions

**DESCRIPTORS: NATURAL DISASTER-FIRST PERSON**

I have a few questions to better understand your experience of the "life event"?

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"?** Not at all; a little; some; a lot.

**How humiliating was "life event"?** Not at all; a little; some; a lot.

**How expected or predictable was "life event"?** Not at all; a little; some; a lot.

**How much support did you have from friends and family following the event?** None at all; a little; some; a lot.

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Intensity</th>
<th>PERCEIVED CONTROL</th>
<th>PERCEIVED STRESS</th>
<th>PERCEIVED HUMILIATION</th>
<th>PERCEIVED PREDICTABILITY</th>
<th>PERCEIVED SUPPORT</th>
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</thead>
<tbody>
<tr>
<td>LEE8I00</td>
<td>0 = No</td>
<td>2 = Yes</td>
<td>0 = None</td>
<td>1 = A little</td>
<td>2 = Some</td>
<td>3 = A lot</td>
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<tr>
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<td>1 = A little</td>
<td>2 = Some</td>
<td>3 = A lot</td>
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<td>2 = Some</td>
<td>3 = A lot</td>
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<td></td>
</tr>
<tr>
<td>LEE8I03</td>
<td>0 = None</td>
<td>1 = A little</td>
<td>2 = Some</td>
<td>3 = A lot</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>3 = A lot</td>
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</tr>
<tr>
<td>LEE8I05</td>
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<td>1 = A little</td>
<td>2 = Some</td>
<td>3 = A lot</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

NATURAL DISASTER - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

Coding rules

<table>
<thead>
<tr>
<th>ATTRIBUTION</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CKE9I99</td>
</tr>
<tr>
<td>2 = Present</td>
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</tbody>
</table>

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

PAINFUL RECALL SCREEN

<table>
<thead>
<tr>
<th>PAINFUL RECALL SCREEN</th>
<th>Codes</th>
</tr>
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<tbody>
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<td>0 = Absent</td>
<td>Ever:CKF0I04</td>
</tr>
<tr>
<td>2 = Present</td>
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</table>

NATURAL DISASTER: FIRST PERSON - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn't want them to?
What was that like?
Have you had any disturbing memories of the event?
Definitions and questions

NATURAL DISASTER: FIRST PERSON-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

NATURAL DISASTER: FIRST PERSON-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

FIRE
Fire, either accidentally or deliberately set, in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Have you ever been in a terrible fire?
What happened?
How bad was it?
Were people killed?
Were you afraid that people would be killed or badly hurt?
Or that you would die or be badly hurt?
When did that happen?
How do you think that the fire started?

Was it an accident?
How many times have you been in a fire like that?

IF "FIRE" NOT PRESENT, SKIP TO "WAR OR TERRORISM: FIRST PERSON", (PAGE 69).

Coding rules

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present

FIRE
0 = Absent
2 = Accidental fire.
3 = Intentionally set fire.

IF "FIRE" NOT PRESENT, SKIP TO "WAR OR TERRORISM: FIRST PERSON", (PAGE 69).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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</tbody>
</table>
Definitions and questions

DESCRIPTORS: FIRE-FIRST PERSON

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Codings rules

DESCRIPTORS ASKED
0 = No
2 = Yes

PERCEIVED CONTROL
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT
0 = None
1 = A little
2 = Some
3 = A lot
FIRE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

FIRE: FIRST PERSON-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?
Definitions and questions

**FIRE: FIRST PERSON-AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

*Do you try to avoid these things/thoughts?*

**FIRE: FIRST PERSON-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*

**WAR OR TERRORISM: FIRST PERSON**

Subject has lived for at least a day in an area in which civil law was disrupted (e.g. a country at war or an area in which civil war or terrorism has disrupted normal life).

*Have you ever been in a war?*

*Or somewhere where armies or terrorists were fighting?*

*What happened?*

*When did that happen?*

*What did you see?*

*Were people killed?*

*Were you afraid that people would be killed?*

*Were you afraid that you might be hurt?*

*Or that you would die?*

*How long were you there?*

---

**AVOIDANCE SCREEN**

<table>
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**WAR OR TERRORISM**

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IF "WAR OR TERRORISM: FIRST PERSON" NOT PRESENT, SKIP TO "LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT", (PAGE 73).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
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</table>
**Definitions and questions**

**DESCRIPTORS: WAR OR TERRORISM: FIRST PERSON**

*I have a few questions to better understand your experience of the "life event"?*

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"?** Not at all, a little, some, a lot.

**How humiliating was "life event"?** Not at all, a little, some, a lot.

**How expected or predictable was "life event"?** Not at all, a little, some, a lot.

**How much support did you have from friends and family following the event?** None at all, a little, some, a lot.

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<table>
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**WAR OR TERRORISM - ATTRIBUTION**

_In the last 3 months, has "life event" affected any of the problems we have been talking about?_

Which ones?
In what way?

---

**WAR OR TERRORISM: FIRST PERSON- PAINFUL RECALL**

_In the last 3 months, have thoughts or pictures of "life event" come into your mind?_

Even when you didn't want them to?

What was that like?
Have you had any disturbing memories of the event?
Definitions and questions

WAR OR TERRORISM: FIRST PERSON-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

WAR OR TERRORISM: FIRST PERSON-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT
Subject learned about exposure to noxious agent such as chemicals, environmental contaminants, infectious agents such as HIV, or other poisons capable of causing death or severe physical injury. Include radiation exposure after a nuclear power plant accident or accidental ingestion of a toxic substance like pesticide. Do not include fluoridated water or common illnesses like chicken pox.
Have you ever had contact with anything that you thought might make you sick or die?
Like chemicals, radiation, or other poisons?
Or to a disease that you could die from?
How did that happen?
When did you first have contact with something like that?
Have you been exposed to anything like that in the last 3 months?

IF LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT ABSENT, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 77).

Coding rules

AVOIDANCE SCREEN
Ever:CKF4I05
Intensity

0 = Absent
2 = Present

HYPERAROUSAL SCREEN
Ever:CKF4I06
Intensity

0 = Absent
2 = Present

EXPOSURE TO NOXIOUS AGENT
Ever:CKF9E01
Intensity

0 = No
2 = Yes, exposure to chemical
3 = Yes, exposure to infectious agent

Ever:CKF9O01
Onset

//

EXPOSURE TO NOXIOUS AGENT
CKF9I01
Intensity

0 = No
2 = Yes, exposure to chemical
3 = Yes, exposure to infectious agent

CKF9O02
Onset

//
Definitions and questions

DESCRIPTORS: LEARNED ABOUT EXPOSURE

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED

0 = No
2 = Yes

PERCEIVED CONTROL

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT

0 = None
1 = A little
2 = Some
3 = A lot
LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT - ATTRIBUTION

Which ones?
In what way?

In the last 3 months, has this affected any of the problems we’ve been talking about?

LEARNED ABOUT EXPOSURE - PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?
Even when you didn’t want them to?
What was that like?
Have you had any disturbing memories of the event?

ATRIBUTION OF LIFE EVENT AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

ATTRIBUTION
0 = Absent
2 = Present

PAINFUL RECALL SCREEN

0 = Absent
2 = Present

For Review Only
LEARNED ABOUT EXPOSURE-AVOIDANCE

Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

LEARNED ABOUT EXPOSURE-HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

0 = Absent
2 = Present

HYPERAROUSAL SCREEN

0 = Absent
2 = Present
CAUSING DEATH OR SEVERE HARM

Subject caused an event resulting in death or severe physical injury.

Include causing a car accident, shooting or otherwise injuring another person, i.e. starting a fire in which someone was hurt. Do not include delusional guilt over events not under subject's control.

Have you or someone you were with ever hurt another person badly?

Or caused another person to die?

What happened?
Did you mean to hurt him/her?
Was it an accident?

When did that happen?

Who was injured or killed?

Has anything like that happened in the last 3 months?

Coding rules

CAUSING DEATH OR SEVERE HARM
0 = Absent
2 = Severe Harm
3 = Death

PERSON HURT
2 = Stranger
3 = Acquaintance
4 = Friend
5 = Family member

INTENTIONALITY
0 = Harm was accidental.
2 = Intended to hurt.
3 = Intended to kill.

CAUSING DEATH OR SEVERE HARM
0 = Absent
2 = Severe Harm
3 = Death

PERSON HURT
2 = Stranger
3 = Acquaintance
4 = Friend
5 = Family member

INTENTIONALITY
0 = Harm was accidental.
2 = Intended to hurt.
3 = Intended to kill.
### Definitions and questions

| IF CAUSING DEATH OR SEVERE INJURY NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)", (PAGE 82). |

### Coding rules

### Codes
**Definitions and questions**

**DESCRIPTORS: CAUSING DEATH OR SEVERE HARM**

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

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</table>
Definitions and questions

**CAUSING DEATH OR SEVERE HARM - ATTRIBUTION**

*In the last 3 months, has “life event” affected any of the problems we have been talking about?*

Which ones?
In what way?

---

**CAUSING DEATH OR SEVERE HARM - PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of “life event” come into your mind?*

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?

---

**Coding rules**

**ATTRIBUTION**

CKG1I99

0 = Absent
2 = Present

**ATTRIBUTION OF “LIFE EVENT” AS CONTRIBUTING TO PROBLEM WITH:**

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

Specify

---

**PAINFUL RECALL SCREEN**

Ever: CKG1X25

0 = Absent
2 = Present
**Definitions and questions**

**CAUSING DEATH OR SEVERE HARM-AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

*Do you try to avoid these things/thoughts?*

**CAUSING DEATH OR SEVERE HARM-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been “on the alert" for bad things happening?*

**Coding rules**

**AVOIDANCE SCREEN**

Ever: CKG1X26

Intensity

0 = Absent

2 = Present

**HYPERAROUSAL SCREEN**

Ever: CKG1X07

Intensity

0 = Absent

2 = Present
VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)

Subject has been the victim of physical violence, with one or more people using force against the subject with potential to cause death or serious injury. Force may have been used in order to get something (e.g., mugging, robbery), or to intimidate or frighten subject, or for its own sake (assault, fight, torture). Victim may have been threatened with a weapon.

Code physical abuse by family member separately.

Has anyone ever hit or hurt you badly?

Has anyone ever robbed or mugged you?

Or beaten you up really badly?
What happened?
Did they threaten you with a weapon?
Why did they do it?
Do you know who did it?

How many times has something like that ever happened?
How about in the last 3 months?

When was the first time?

Has that happened in the last 3 months?
Wave P eYAPA 2.0.3

Definitions and questions

Coding rules

**PERSON USING FORCE**

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**THREATENED WITH WEAPON**

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**For Review Only**

IF VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE) NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 87).
### Definitions and questions

**DESCRIPTORS: VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)**

*I have a few questions to better understand your experience of the "life event"?*

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was “life event”? Not at all; a little; some; a lot.**

**How humiliating was “life event”? Not at all; a little; some; a lot.**

**How expected or predictable was “life event”? Not at all; a little; some; a lot.**

**How much support did you have from friends and family following the event? None at all; a little; some; a lot.**

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Definitions and questions

**VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE) - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

---

**VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE) - PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

*What was that like?*

*Have you had any disturbing memories of the event?*

---

**Coding rules**

**ATTRIBUTION**

0 = Absent

2 = Present

**ATTRIBUTION:**

1 = School non-attendance.

2 = Separation anxiety.

3 = Worries/anxiety.

4 = Obsessions/compulsions.

5 = Depression

6 = Mania

7 = Physical symptoms.

8 = Food-related behavior.

9 = Hyperactivity/ADD

10 = Conduct disorder.

11 = Alcohol/drugs

12 = Psychosis

13 = Relationships with parent #1 and/or parent #2.

14 = Relationships with other parent #1 and/or other parent #2.

15 = Relationships with other adults.

16 = Sibling relationships.

17 = Peer relationships.

18 = Relationships with spouse or romantic partner

Specify

---

**PAINFUL RECALL SCREEN**

0 = Absent

2 = Present
Definitions and questions

VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)-AVOIDANCE

Do certain things/thoughts remind you of “life event”?
Do you try to avoid these things/thoughts?

VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)-HYPERAROUSAL

Since “life event”, have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been “on the alert” for bad things happening?

Coding rules

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present

Codes

Ever: CKG4105
Intensity

Ever: CKG4106
Intensity

For Review Only
Definitions and questions

**VICTIM OF PHYSICAL ABUSE**

Subject has been the victim of intentional physical abuse by a member of the family (including parents, siblings, spouses/partners, or other adult family members).

Has anyone in your family ever hit or hurt you badly?

Or beaten you up really badly?
Have you been slammed against the wall?
Or pushed down the stairs?
What happened?
Did they threaten you with a weapon?
Like a knife or gun?
Or a bottle or bat?
Has any one in your family ever put you in very hot water and scalded you as punishment?
Has any one burned you?
Like with a cigarette lighter?
Or made you put your hand on a hot stove or heater?
Has any one in your family ever broken one or more of your bones?
Why did they do it?
How badly were you hurt?
What were your injuries like?

When was the first time that happened?

Who were the people who did these things?

How many times has that happened?

How about in the last 3 months?

**Coding rules**

**VICTIM OF PHYSICAL ABUSE**

0 = Absent
2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.
3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

**PERSON USING FORCE**

1 = Parent #1
2 = Parent #2
3 = Other Parent #1
4 = Other Parent #2
5 = Grandparent (including step grandparent)
6 = Other adult family member.
7 = Sibling in the home.
8 = Sibling not in the home.
9 = Babysitter/Daycare provider.
10 = Unrelated child (peer) living in the home
11 = Other
12 = Spouse or Romantic Partner
Specify

**THREATENED WITH WEAPON**

0 = Absent
2 = Weapon used to threaten but not to hurt victim.
3 = Weapon used to threaten and injure victim.

**VICTIM OF PHYSICAL ABUSE PP**

0 = Absent
2 = Some physical injury (e.g., black eye,
Definitions and questions

Cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

**PERSON USING FORCE**

1 = Parent #1
2 = Parent #2
3 = Other Parent #1
4 = Other Parent #2
5 = Grandparent (including step grandparent).
6 = Other adult family member.
7 = Sibling in the home.
8 = Sibling not in the home.
9 = Babysitter/Daycare provider.
10 = Unrelated child (peer) living in the home
11 = Other
12 = Spouse or Romantic Partner

**THREATENED WITH WEAPON**

0 = Absent
2 = Weapon used to threaten but not to hurt victim.
3 = Weapon used to threaten and injure victim.

Life Events
SEEKING HELP (PHYSICAL ABUSE)

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the subject to such services, or removing the subject from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the subject if anyone else ever told.

Did you ever tell anyone about these things?

Someone your age?
A family member?
An adult outside your family?
Has any agency been involved in helping you?
Did s/he help?

What happened?
What did s/he do?
Did you feel s/he/they could have done more?

Coding rules

SEEKING HELP (PHYSICAL ABUSE)

Ever:CKG6E02
0 = Absent
2 = Present

SUPPORIVE RESPONSE

Ever:CKG6X01
2 = Listening
3 = Personal intervention.
4 = Intervention involving professional agency.

UNSUPPORTIVE RESPONSE

Ever:CKG6X04
2 = Unwillingness to listen.
3 = Reluctance to get involved.
4 = Denial of truth of story.
5 = Threaten subject if ever tell anyone.
**Definitions and questions**

**DESCRIPTORS: VICTIM OF PHYSICAL ABUSE**

I have a few questions to better understand your experience of the "life event"?

**How much control did you have over "life event"?**
None at all, a little, some, or a lot.

**How stressful was "life event"?** Not at all; a little; some; a lot.

**How humiliating was "life event"?** Not at all; a little; some; a lot.

**How expected or predictable was "life event"?** Not at all; a little; some; a lot.

**How much support did you have from friends and family following the event?** None at all; a little; some; a lot.

**Coding rules**

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**PERCEIVED HUMILIATION**

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**PERCEIVED SUPPORT**

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<tr>
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<tr>
<td>1</td>
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<tr>
<td>2</td>
<td>Some</td>
</tr>
<tr>
<td>3</td>
<td>A lot</td>
</tr>
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</table>
Definitions and questions

VICTIM OF PHYSICAL ABUSE - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?

*In what way?*

Coding rules

<table>
<thead>
<tr>
<th>ATTRIBUTION</th>
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<td>0 = Absent</td>
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<tr>
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</tbody>
</table>

ATRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.  
2 = Separation anxiety.  
3 = Worries/anxiety.  
4 = Obsessions/compulsions.  
5 = Depression  
6 = Mania  
7 = Physical symptoms.  
8 = Food-related behavior  
9 = Hyperactivity/ADD  
10 = Conduct disorder.  
11 = Alcohol/drugs  
12 = Psychosis  
13 = Relationships with parent #1 and/or parent #2.  
14 = Relationships with other parent #1 and/or other parent #2.  
15 = Relationships with other adults.  
16 = Sibling relationships.  
17 = Peer relationships.  
18 = Relationships with spouse or romantic partner  

Specify

PAINFUL RECALL SCREEN

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

What was that like?

*Have you had any disturbing memories of the event?*
VICTIM OF PHYSICAL ABUSE-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

VICTIM OF PHYSICAL ABUSE-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present
Definitions and questions

CAPTIVITY
Being held against one’s will (usually by someone older) under circumstances with potential for death, severe physical injury, sexual or physical assault. Include being kidnapped or held hostage. Do not include grounding, time outs, or being required to stay with a non-desired person or in a non-desired setting such as day care, camp, a hospital, or a correctional facility.

Have you ever been kidnapped?

Or taken as a hostage?

Have you ever been locked up against your will?

What happened?
Who did it?
For how long?
How did they treat you?
What did they want you to do?
How did they make you do what they wanted?
How did you feel at the time?

How many times did that happen?
Has it happened in the last 3 months?

How long were you in that situation (days/hours/minutes)?

When did that (first) happen?

IF CAPTIVITY NOT PRESENT, SKIP TO "SEXUAL ABUSE", (PAGE 97).

Coding rules

CAPTIVITY
0 = Absent
2 = Held captive against will for at least a day.
3 = Captivity included threats of death, severe injury, or never seeing family member(s) again.

Ever: CKG8E01
Intensity

Ever: CKG8V01
Frequency

HOURS : MINUTES

Ever: CKG8D01
Duration

Ever: CKG8O01
Onset
/
/

CKG8I01
Intensity

CKG8F01
Frequency

CKG8O02
Onset
/
/
Definitions and questions

DESCRIPTORS: CAPTIVITY

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED
0 = No
2 = Yes

PERCEIVED CONTROL
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT
0 = None
1 = A little
2 = Some
3 = A lot
Definitions and questions

**CAPTIVITY - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*
*In what way?*

**CAPTIVITY - PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

*What was that like?*
*Have you had any disturbing memories of the event?*

---

**Coding rules**

**ATTRIBUTION**

0 = Absent
2 = Present

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

Specify

**PAINFUL RECALL SCREEN**

0 = Absent
2 = Present

---

For Review Only
### Definitions and questions

**CAPTIVITY-AVOIDANCE**
- Do certain things/thoughts remind you of "life event"?
- Do you try to avoid these things/thoughts?

**CAPTIVITY-HYPERAROUSAL**
- Since "life event", have you been more jumpy or irritable?
- Have you had any trouble sleeping?
- Have you been "on the alert" for bad things happening?

### Coding rules

#### AVOIDANCE SCREEN

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<tbody>
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<td>Intensity</td>
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<td>0 = Absent</td>
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<tr>
<td>2 = Present</td>
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</tbody>
</table>

#### HYPERAROUSAL SCREEN

<table>
<thead>
<tr>
<th>Ever: CKG9106</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Present</td>
</tr>
</tbody>
</table>
SEXUAL ABUSE
Sexual abuse episode(s) in which a person, termed a perpetrator, involves the subject in activities for the purpose of the perpetrator's own sexual gratification. These activities can include kissing (that makes a person uncomfortable), genital fondling (over or under clothing), oral-genital or oral-anal contact, genital or anal intercourse, or use of instruments. Sexual abuse does not include medical exams or "playing doctor" with a same-age peer.

Rape is a sudden unexpected (usually isolated) event involving sexual intercourse.

Have you ever been the victim of sexual abuse or rape?
What happened?
Who was involved?
How did you feel about it?
Were you upset?
When did it first happen?
How many times has it happened?
Has it happened in the last 3 months?

IF NO EVIDENCE OF POSSIBLE SEXUAL ABUSE, SKIP TO "RAPE", (PAGE 102).
Definitions and questions

DESCRIPTORS: SEXUAL ABUSE

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED

LEG4100

Intensity

0 = No
2 = Yes

PERCEIVED CONTROL

LEG4101

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS

LEG4102

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION

LEG4103

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY

LEG4104

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT

LEG4105

0 = None
1 = A little
2 = Some
3 = A lot
COERCION (SEXUAL ABUSE)
Use of threat to constrain victim.

Did the person ever threaten to hurt you or get you in trouble if you didn’t do what s/he/they wanted?

Did s/he/they threaten you if you told someone?

Did s/he/they actually hurt you?

Did you get any cuts, bruises, or marks?

Coding rules

COERCION

0 = Absent

2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.

3 = Moderate coercion: threats (of death or severe physical injury to victim or another person) but not actual use of force.

4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.

Codes

Ever: CKH2E01

Intensity

CKH2I01

Intensity

For Review Only
SEEKING HELP (SEXUAL ABUSE)

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the subject to such services, or removing the subject from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the subject if anyone else ever told.

Did you ever tell anyone about these things?
Someone your age?
A family member?
An adult outside your family?
Did s/he help?
What happened?
What did s/he do?
Did you feel s/he/they could have done more?

Coding rules

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<td>2 = Present</td>
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<tr>
<td>SUPPORTIVE RESPONSE: FAMILY MEMBER</td>
<td>2 = Listening</td>
<td>3 = Personal intervention.</td>
</tr>
<tr>
<td>3 = Intervention involving professional agency.</td>
<td></td>
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</tr>
<tr>
<td>UNSUPPORTIVE RESPONSE: FAMILY MEMBER</td>
<td>2 = Unwillingness to listen.</td>
<td>3 = Reluctance to get involved.</td>
</tr>
<tr>
<td>4 = Denial of truth of story.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 = Threaten subject if ever tell anyone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 = Threatens to harm others if subject tells.</td>
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<td>SUPPORTIVE RESPONSE: OTHER ADULT</td>
<td>2 = Listening</td>
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<td>4 = Intervention involving professional agency.</td>
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<td>UNSUPPORTIVE RESPONSE: OTHER ADULT</td>
<td>2 = Unwillingness to listen.</td>
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<td>4 = Denial of truth of story.</td>
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<tr>
<td>5 = Threaten subject if ever tell anyone.</td>
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<tr>
<td>6 = Threatens to harm others if subject tells.</td>
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<th>Codes</th>
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**SEXUAL ABUSE: ATTRIBUTION**

*In the last 3 months, has this affected any of the problems we've been talking about?*

Which ones?
In what way?

**SEXUAL ABUSE-PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn't want them to?
What was that like?
Have you had any disturbing memories of the event?

### Definitions and questions

- **Coding rules**
- **Codes**

### ATTRIBUTION

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</table>

#### ATTRIBUTION OF LIFE EVENT AS CONTRIBUTING TO PROBLEM WITH:

1. School non-attendance.
2. Separation anxiety.
3. Worries/anxiety.
4. Obsessions/compulsions.
5. Depression
6. Mania
7. Physical symptoms.
8. Food-related behavior.
9. Hyperactivity/ADD
10. Conduct disorder.
11. Alcohol/drugs
12. Psychosis
13. Relationships with parent #1 and/or parent #2.
14. Relationships with other parent #1 and/or other parent #2.
15. Relationships with other adults.
16. Sibling relationships.
17. Peer relationships.
18. Relationships with spouse or romantic partner

### PAINFUL RECALL SCREEN

<table>
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For Review Only
## Definitions and questions

### SEXUAL ABUSE-AVOIDANCE

**Do certain things/thoughts remind you of "life event"?**

**Do you try to avoid these things/thoughts?**

### SEXUAL ABUSE-HYPERAROUSAL

**Since "life event", have you been more jumpy or irritable?**

**Have you had any trouble sleeping?**

**Have you been "on the alert" for bad things happening?**

### RAPE

**Have you been the victim of a rape, either by someone you knew or a stranger?**

**HOW MANY TIMES HAVE YOU BEEN THE VICTIM OF A RAPE?**

**WHEN WAS THE FIRST TIME (YOU WERE RAPED)?**

**Has that happened in the last 3 months?**

---

### Coding rules

#### AVOIDANCE SCREEN

**Ever:** CKH5I0

<table>
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<th>Code</th>
<th>Description</th>
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<tbody>
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#### HYPERAROUSAL SCREEN

**Ever:** CKH5I06

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#### EVER: RAPE

**Ever:** CKH0E02

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#### EVER: RAPE

**Ever:** CKH0V02

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#### EVER: RAPE

**Ever:** CKH0O03

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#### EVER: RAPE

**Ever:** CKH0I0

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#### EVER: RAPE

**Ever:** CKH0F02

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#### EVER: RAPE

**Ever:** CKH0O04

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<th>Description</th>
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</table>

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**IF RAPE NOT PRESENT, SKIP TO "STALKING", (PAGE 108).**
Definitions and questions

DESCRIPTORS: RAPE

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED
0 = No
2 = Yes

PERCEIVED CONTROL
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT
0 = None
1 = A little
2 = Some
3 = A lot
Definitions and questions

**COERCION (RAPE)**
Use of threat to constrain victim.

*Did the person ever threaten to hurt you or get you in trouble if you didn’t do what s/he/they wanted?*

*Did s/he/them threaten you if you told someone?*

*Did s/he/them actually hurt you?*

*Did you get any cuts, bruises, or marks?*

Coding rules

**COERCION**

0 = Absent

2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.

3 = Moderate coercion: threats (of death or severe physical injury to victim or another person) but not actual use of force.

4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.

**Intensity**

0 = Absent

2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.

3 = Moderate coercion: threats (of death or severe physical injury to victim or another person) but not actual use of force.

4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.
SEEKING HELP (RAPE)

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the subject to such services, or removing the subject from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the subject if anyone else ever told.

Did you ever tell anyone about these things?
Someone your age?
A family member?
An adult outside your family?
Has any agency been involved in helping you?
Did s/he help?
What happened?
What did s/he do?
Did you feel s/he/they could have done more?

SEEKING HELP (PHYSICAL ABUSE)

0 = Absent
2 = Present

Intensity

SUPPORIVE RESPONSE
2 = Listening
3 = Personal intervention.
4 = Intervention involving professional agency.

UNSUPPORTIVE RESPONSE
2 = Unwillingness to listen.
3 = Reluctance to get involved.
4 = Denial of truth of story.
5 = Threaten subject if ever tell anyone.
RAPE: ATTRIBUTION

In the last 3 months, has this affected any of the problems we've been talking about?

Which ones?
In what way?

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF LIFE EVENT AS CONTRIBUTING TO PROBLEM WITH:
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
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9 = Hyperactivity/ADD
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12 = Psychosis
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14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

RAPE: PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any disturbing memories of the event?

PAINFUL RECALL SCREEN

0 = Absent
2 = Present
### RAPE: AVOIDANCE

**Do certain things/thoughts remind you of "life event"?**

**Do you try to avoid these things/thoughts?**

### RAPE: HYPERAROUSAL

**Since "life event", have you been more jumpy or irritable?**

**Have you had any trouble sleeping?**

**Have you been "on the alert" for bad things happening?**

#### Definitions and questions

<table>
<thead>
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<th>Codes</th>
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<td><strong>AVOIDANCE SCREEN</strong></td>
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<td>Intensity</td>
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<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
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</tbody>
</table>
Definitions and questions

**STALKING**
Subject has been the victim of a stalker (including repeated, unwanted following, contacting in person, in writing, by email, by phone, etc. or knowingly harassing) which is perceived to be a violation of the subject's privacy and creates a discomfort or fear for one's safety.

*Has anyone ever followed you or watched you when you did not want them to?*

*Or repeatedly made unwanted contact with you over the phone or in person?*

*Or sent repeated emails or messages?*

*Did you fear for your safety?*
*Have you ever been the victim of a stalker?*

*What happened?*
*When was that?*

*How many times has that happened?*

*Who was it?*
*Why did they do it?*

---

**EVER: STALKING**
0 = Absent
2 = Present

**EVER: PERPETRATOR**
0 = No perpetrator.
2 = Unknown perpetrator.
3 = Acquaintance
4 = Friend
5 = Family member.

---

IF STALKING NOT PRESENT, SKIP TO "SEXUAL HARASSMENT", (PAGE 113).
Definitions and questions

DESCRIPTORS: STALKING

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

<table>
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<th>Codes</th>
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<table>
<thead>
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<th>PERCEIVED CONTROL</th>
<th>Codes</th>
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<td>0 = None</td>
<td>LEH0101</td>
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<tr>
<td>1 = A little</td>
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<td>2 = Some</td>
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</tr>
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<td>3 = A lot</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERCEIVED STRESS</th>
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<tbody>
<tr>
<td>0 = None</td>
<td>LEH0102</td>
</tr>
<tr>
<td>1 = A little</td>
<td></td>
</tr>
<tr>
<td>2 = Some</td>
<td></td>
</tr>
<tr>
<td>3 = A lot</td>
<td></td>
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<table>
<thead>
<tr>
<th>PERCEIVED HUMILIATION</th>
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</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>LEH0103</td>
</tr>
<tr>
<td>1 = A little</td>
<td></td>
</tr>
<tr>
<td>2 = Some</td>
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</tr>
<tr>
<td>3 = A lot</td>
<td></td>
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<table>
<thead>
<tr>
<th>PERCEIVED PREDICTABILITY</th>
<th>Codes</th>
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<tbody>
<tr>
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<td>LEH0104</td>
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<tr>
<td>1 = A little</td>
<td></td>
</tr>
<tr>
<td>2 = Some</td>
<td></td>
</tr>
<tr>
<td>3 = A lot</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERCEIVED SUPPORT</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>LEH0105</td>
</tr>
<tr>
<td>1 = A little</td>
<td></td>
</tr>
<tr>
<td>2 = Some</td>
<td></td>
</tr>
<tr>
<td>3 = A lot</td>
<td></td>
</tr>
</tbody>
</table>
### STALKING: ATTRIBUTION

*In the last 3 months, has this affected any of the problems we've been talking about?*

Which ones?

*In what way?*

### PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn't want them to?

What was that like?

Have you had any disturbing memories of the event?
Definitions and questions

STALKING-AVOIDANCE

Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

STALKING-HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

0 = Absent
2 = Present

HYPERAROUSAL SCREEN

0 = Absent
2 = Present

Codes
Definitions and questions

**SEXUAL HARASSMENT**

Subject has been the victim of unwanted sexual advances, sexual references, sexual demands either at school, work, or elsewhere; made by an individual in a position of authority or influence over the subject.

*Has anyone in a position of authority or influence over you ever made unwanted sexual advances?*

*Or repeated, unwanted sexual comments or references?*

*Or made demands of a sexual nature?*

What happened?
Who did that?
Did you feel like you “had to” put up with it?
Could you have lost your job, home, or ability to go to school?

How many times did that happen?
Has it happened in the last 3 months?

When did that first happen?

**EVER: SEXUAL HARASSMENT**

0 = Absent
2 = Present

**EVER: PERPETRATOR**

0 = No perpetrator.
2 = Unknown perpetrator.
3 = Acquaintance
4 = Friend
5 = Family member.

IF SEXUAL HARRASSMENT NOT PRESENT, SKIP TO “WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY”, (PAGE 118).
Definitions and questions

DESCRIPTORS: SEXUAL HARASSMENT

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED
0 = No
2 = Yes

PERCEIVED CONTROL
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT
0 = None
1 = A little
2 = Some
3 = A lot
 Definitions and questions

SEXUAL HARASSMENT: ATtribution

*In the last 3 months, has that affected any of the problems we've been talking about?*

*Which ones?*
*In what way?*

SEXUAL HARASSMENT: PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

*What was that like?*
*Have you had any disturbing memories of the event?*

Coding rules

SEXUAL HARASSMENT: ATtribution

0 = Absent
2 = Present

ATTRIBUTION OF LIFE EVENT AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

PAINFUL RECALL SCREEN

0 = Absent
2 = Present

For Review Only
**SEXUAL HARASSMENT-AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

*Do you try to avoid these things/thoughts?*

**SEXUAL HARASSMENT-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*
**WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY**

Subject saw or heard but was not the object of an event with potential for life threat or severe physical injury. Include seeing someone shot or killed, hearing someone raped or beaten in an adjacent room, seeing another person killed or severely injured in an accident.

Do not include events seen in movies or on the news.

**Have you ever seen or heard something really terrible happen to anyone?**

Like someone dying?  
Or being badly hurt?  
Or being beaten up?  
What happened?  

**Have you ever seen or heard someone in your family hurting or beating up someone else in your family?**

When was the first time you experienced something like that?  

**Who was the person who injured someone?**

---

**Coding rules**

**WITNESS TO EVENT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present, to stranger.</td>
</tr>
<tr>
<td>3</td>
<td>Present, to acquaintance.</td>
</tr>
<tr>
<td>4</td>
<td>Present, to friend.</td>
</tr>
<tr>
<td>5</td>
<td>Present, to family member.</td>
</tr>
</tbody>
</table>

**PERPETRATOR**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No perpetrator.</td>
</tr>
<tr>
<td>2</td>
<td>Unknown perpetrator.</td>
</tr>
<tr>
<td>3</td>
<td>Acquaintance</td>
</tr>
<tr>
<td>4</td>
<td>Friend</td>
</tr>
<tr>
<td>5</td>
<td>Family member.</td>
</tr>
</tbody>
</table>

---

**Ever:**

- **CKF5E01 Intensity**
- **CKF5O01 Onset**
- **CKF5X01 Ever**
- **CKF5I01 Intensity**
- **CKF5O02 Onset**
- **CKF5X02 Ever**
IF WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY NOT PRESENT, SKIP TO "LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH", (PAGE 123).
Definitions and questions

DESCRIPTORS: WITNESS TO EVENT

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED

0 = No
2 = Yes

PERCEIVED CONTROL

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY

0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT

0 = None
1 = A little
2 = Some
3 = A lot
WITNESS TO EVENT-ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

WITNESS TO EVENT-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

PAINFUL RECALL SCREEN

0 = Absent
2 = Present
### WITNESS TO EVENT-AVOIDANCE

Do certain things/thoughts remind you of "life event"?

Do you try to avoid these things/thoughts?

### WITNESS TO EVENT-HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

### Coding rules

<table>
<thead>
<tr>
<th>AVOIDANCE SCREEN</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Ever:**CKF6105</td>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HYPERAROUSAL SCREEN</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Ever:**CKF6106</td>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

**LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH**

Subject learned about, but did not see or hear, an event with serious potential for life threat or severe physical injury to a loved one (e.g. first or second degree relative i.e. parent, sibling, child or close personal friend, boy/girlfriend, or spouse.

*Has someone you really care about ever had anything really terrible happen to them?*

*Or been badly hurt?*

*Has anyone close to you been beaten up or raped?*

Can you tell me what happened?  
*When was the first time something like that happened?*

---

**IF LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH NOT PRESENT, SKIP TO "OTHER EVENT", (PAGE 127).**
### Definitions and questions

**DESCRIPTORS: LEARNED ABOUT EVENT**

I have a few questions to better understand your experience of the "life event"?

**How much control did you have over "life event"?**

None at all, a little, some, or a lot.

**How stressful was "life event"? Not at all; a little; some; a lot.**

**How humiliating was "life event"? Not at all; a little; some; a lot.**

**How expected or predictable was "life event"? Not at all; a little; some; a lot.**

**How much support did you have from friends and family following the event? None at all; a little; some; a lot.**

### Coding rules

<table>
<thead>
<tr>
<th>DESCRIPTORS ASKED</th>
<th>Codes</th>
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<tbody>
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<td><strong>0</strong> = No</td>
<td><strong>LEF5I00</strong></td>
</tr>
<tr>
<td><strong>2</strong> = Yes</td>
<td><strong>LEF5I01</strong></td>
</tr>
<tr>
<td><strong>PERCEIVED CONTROL</strong></td>
<td></td>
</tr>
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<td><strong>0</strong> = None</td>
<td><strong>LEF5I02</strong></td>
</tr>
<tr>
<td><strong>1</strong> = A little</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> = Some</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> = A lot</td>
<td></td>
</tr>
<tr>
<td><strong>PERCEIVED STRESS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>0</strong> = None</td>
<td><strong>LEF5I03</strong></td>
</tr>
<tr>
<td><strong>1</strong> = A little</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> = Some</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> = A lot</td>
<td></td>
</tr>
<tr>
<td><strong>PERCEIVED HUMILIATION</strong></td>
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<tr>
<td><strong>0</strong> = None</td>
<td><strong>LEF5I04</strong></td>
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<tr>
<td><strong>1</strong> = A little</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> = Some</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> = A lot</td>
<td></td>
</tr>
<tr>
<td><strong>PERCEIVED PREDICTABILITY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>0</strong> = None</td>
<td><strong>LEF5I05</strong></td>
</tr>
<tr>
<td><strong>1</strong> = A little</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> = Some</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> = A lot</td>
<td></td>
</tr>
<tr>
<td><strong>PERCEIVED SUPPORT</strong></td>
<td></td>
</tr>
</tbody>
</table>
LEARNED ABOUT EVENT - ATTRIBUTION

_In the last 3 months, has this affected any of the problems we've been talking about?_

Which ones?
In what way?

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF LIFE EVENT AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

LEARNED ABOUT EVENT - PAINFUL RECALL

_In the last 3 months, have thoughts or pictures of “life event” come into your mind?_

Even when you didn’t want them to?

What was that like?
Have you had any disturbing memories of the event?

PAINFUL RECALL SCREEN

0 = Absent
2 = Present
Definitions and questions

**LEARNED ABOUT EVENT-AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

*Do you try to avoid these things/thoughts?*

**LEARNED ABOUT EVENT-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*

**OTHER EVENT**

Other event that has made subject feel really terrible, upset, frightened, or shook up.

This event could have happened to the subject or someone close to them i.e. a child or spouse/partner.

*Has anything else really bad happened to you?*

*Or made you feel really terrible?*

*Or really upset or frightened you?*

*Has anything like I have asked you about happened to someone very close to you?*

*What happened? When was that?*

*How many times have you had upsetting things like that happen?*

*Has anything like that happened in the last 3 months?*

### Coding rules

#### AVOIDANCE SCREEN

0 = Absent  
2 = Present

#### HYPERAROUSAL SCREEN

0 = Absent  
2 = Present

#### OTHER EVENT

0 = Absent  
2 = Present  
Specify

**Codes**

**Ever:**CKF8I05 Intensity

**Ever:**CKF8I06 Intensity

**Ever:**CKH6E01 Intensity

**Ever:**CKH6V01 Frequency

**Ever:**CKH6O01 Onset

**CKH6I01 Intensity**

**CKH6F01 Frequency**

**CKH6O02 Onset**
IF OTHER EVENT NOT PRESENT, SKIP TO "ACTIVE RECALL", (PAGE 10).
Definitions and questions

DESCRIPTORS: OTHER EVENT

I have a few questions to better understand your experience of the "life event"?

How much control did you have over "life event"?
None at all, a little, some, or a lot.

How stressful was "life event"? Not at all; a little; some; a lot.

How humiliating was "life event"? Not at all; a little; some; a lot.

How expected or predictable was "life event"? Not at all; a little; some; a lot.

How much support did you have from friends and family following the event? None at all; a little; some; a lot.

Coding rules

DESCRIPTORS ASKED
0 = No
2 = Yes

PERCEIVED CONTROL
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED STRESS
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED HUMILIATION
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED PREDICTABILITY
0 = None
1 = A little
2 = Some
3 = A lot

PERCEIVED SUPPORT
0 = None
1 = A little
2 = Some
3 = A lot
Definitions and questions

OTHER EVENT - ATTRIBUTION
In the last 3 months, has "life event" affected any of the problems we have been talking about?
Which ones?
In what way?

OTHER EVENT - PAINFUL RECALL
In the last 3 months, have thoughts or pictures of "life event" come into your mind?
Even when you didn't want them to?
What was that like?
Have you had any disturbing memories of the event?

Coding rules

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

PAINFUL RECALL SCREEN
0 = Absent
2 = Present
Definitions and questions

OTHER EVENT-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
Do you try to avoid these things/thoughts?

OTHER EVENT-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present
POST TRAUMATIC STRESS - A SCREEN FOR LIFE EVENT IN LAST 3 MONTHS
Mark "Present" if any Life Event in last 3 months had a positive screen.

Was there a Life Event in the last 3 months with a positive screen?

IF LIFE EVENT IN LAST 3 MONTHS ABSENT, SKIP TO "ACTIONS RECAPITULATING LIFE EVENT", (PAGE 22).
ACUTE RESPONSES TO TRAUMATIC EVENT
ACUTE EMOTIONAL RESPONSES

Emotional responses to the event when it occurred.

Now I would like to ask you about feelings you may have had when the "life event" occurred.

<table>
<thead>
<tr>
<th>Definition</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD A PRESENT</td>
<td>CLAOI90</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>PTSD A-EVENT</td>
<td>CLAOI01</td>
</tr>
<tr>
<td>1 = New Child(ren) in Home</td>
<td></td>
</tr>
<tr>
<td>2 = Change in job status</td>
<td></td>
</tr>
<tr>
<td>3 = Parental Divorce</td>
<td></td>
</tr>
<tr>
<td>5 = Moving House</td>
<td></td>
</tr>
<tr>
<td>6 = Change of School/College/University</td>
<td></td>
</tr>
<tr>
<td>7 = Loss of Significant Other Through Moving</td>
<td></td>
</tr>
<tr>
<td>8 = Breakup With Best Friend</td>
<td></td>
</tr>
<tr>
<td>9 = Breakup With Boy/Girlfriend, Spouse, Or Romantic Partner</td>
<td></td>
</tr>
<tr>
<td>10 = Chronically Unsafe Neighborhood</td>
<td></td>
</tr>
<tr>
<td>11 = Arrest</td>
<td></td>
</tr>
<tr>
<td>12 = Reduction in Standard of Living</td>
<td></td>
</tr>
<tr>
<td>13 = Forced Separation From Home</td>
<td></td>
</tr>
<tr>
<td>14 = Diagnosis of Physical Illness</td>
<td></td>
</tr>
<tr>
<td>15 = Accident</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you surprised?</td>
<td>CLAI01</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>Did you feel helpless?</td>
<td>CLAI02</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>Did you feel like it wasn’t really happening?</td>
<td>CLAI03</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>Were you afraid or scared?</td>
<td>CLAI04</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>Were you worried that you weren't safe?</td>
<td>CLAI05</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
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<tr>
<td>2 = Present</td>
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<tr>
<td>Definitions and questions</td>
<td>Coding rules</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Did you get angry?</strong></td>
<td>ANGER</td>
</tr>
<tr>
<td><strong>Did you feel horrified?</strong></td>
<td>HORROR</td>
</tr>
<tr>
<td><strong>Did you feel nothing at all?</strong></td>
<td>EMOTIONAL NUMBNESS</td>
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<tr>
<td><strong>Did you feel out of control?</strong></td>
<td>DISGUST/REVULSION</td>
</tr>
<tr>
<td><strong>Did you feel sad?</strong></td>
<td>SAD</td>
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<tr>
<td><strong>Did you feel confused?</strong></td>
<td>CONFUSED</td>
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<tr>
<td><strong>Did you feel out of touch with yourself?</strong></td>
<td>DETACHED</td>
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<tr>
<td><strong>Did you feel guilty?</strong></td>
<td>GUILTY</td>
</tr>
<tr>
<td><strong>Did you feel like someone you trusted had tricked you?</strong></td>
<td>BETRAYED</td>
</tr>
<tr>
<td><strong>Did you feel embarrassed by what was happening?</strong></td>
<td>EMBARRASED</td>
</tr>
</tbody>
</table>
Definitions and questions

**ACUTE SOMATIC RESPONSES**
Physical responses to the life event when it occurred.

When “life event” occurred, *did it affect you physically at all?*

What did you notice?

Did you get dizzy or giddy or faint?

Did you get a dry mouth?

Did it affect your breathing?

How?

Did it affect your heart?

Did you get a pain in your chest?

Did you get sweaty?

Or feel sick?

Did you have to go to the bathroom?

Coding rules

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<th>Description</th>
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<td>CLA2X01</td>
<td><strong>Dizziness/Faintness</strong></td>
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<td>CLA2X06</td>
<td><strong>Palpitations</strong></td>
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<td><strong>Urinating Frequently</strong></td>
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</table>
Did it affect your stomach?

Did you get diarrhea?

Did you get shaky?

Did your muscles get sore?

Did you get flushed?

Or pale?

Did you have funny feelings in your fingers or toes?

Did you get a lump in your throat?

Did your abdomen churn?

INTERVENTION FANTASIES
During the event, subject imagines doing something extraordinary to stop the event.

During "life event", did you imagine or wish that you could do something superhuman to get you or someone else out of danger?

What did you imagine?
What happened?

INTERVENTION FANTASIES PP
0 = Absent
2 = Present during event and realized.
3 = Present during event but unrealized.

Coding rules

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<th>FLUSHING</th>
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<table>
<thead>
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<th>PARAESTHESIAE</th>
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<thead>
<tr>
<th>ABDOMINAL CHURNING</th>
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</tbody>
</table>
Definitions and questions

**RESCUE FANTASIES DURING EVENT**
During the event, subject imagines being rescued.

*During "life event" did you imagine or wish that "person at risk" would be rescued?*

What did you imagine?
What happened?

**REVENGE FANTASIES**
During the event, subject imagines something that punishes the "cause" of the trauma.

*During "life event", did you imagine or wish that you could get revenge or punish "the cause of the trauma"?*

What did you imagine?
What happened?

Coding rules

**RESCUE FANTASIES DURING EVENT PP**

- 0 = Absent
- 2 = Present during event and realized.
- 3 = Present during event but unrealized.

**REVENGE FANTASIES PP**

- 0 = Absent
- 2 = Present during event and realized.
- 3 = Present during event but unrealized.
COGNITIVE INTRUSIONS
EXTERNALLY CUED PAINFUL RECALL
Unwanted, painful and distressing recollections, memories, thoughts, or images of "life event" occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

In the last 3 months have upsetting memories or pictures in your mind of "life event" come back to you?

Do any things or places remind you of "life event"?

What about sounds or things you see?

When that happens does it bring back unpleasant memories of "life event"?

How often has that happened in the last 3 months?
When that happens, is it on your mind all the time or only part of the time?
Does it happen more that once on those days?

When you have those thoughts, how long does it last?
When did you first start having those distressing thoughts/images?

Do you try to avoid any things or places that might remind you of "life event"?

When you remember event, what do you do to feel better?

Do you try to think about other things or do things you like to do to take your mind off of it?
Do you talk to someone and ask them to help you?
Do you have a routine of things you can think about or do to feel better?

Do you notice any physical effects when you remember "life event"?

Like your heart racing?
Or being short of breath?
Or feeling shaky or sick to your stomach?
What do you notice?
Do you get panicky?

Do other people notice when s/he is remembering event?

What do they see?

Coding rules

EXTERNALLY CUED PAINFUL RECALL

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<th>Frequency</th>
<th>Duration</th>
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<tr>
<td>CLA4D01</td>
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ONSET: EXTERNALLY CUED PAINFUL RECALL

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AVOIDANCE

<table>
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NORMAL SUPPRESSION

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OBSESSATIONAL SUPPRESSION

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COMPULSIVE SUPPRESSION

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<td>CLA6I03</td>
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### Post Traumatic Stress - Section A

<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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<tbody>
<tr>
<td>AUTONOMIC EFFECTS</td>
<td></td>
<td>CLA7I01</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Autonomic changes in response to painful recall.</td>
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<td></td>
</tr>
<tr>
<td>PAINFUL RECALL NOTICEABLE TO OTHERS</td>
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<td>CLA7I02</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Subject reports others notice changes (anxiety, daydreaming, etc.).</td>
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</tbody>
</table>
Definitions and questions

**PAINFUL RECALL NOT EXTERNALLY CUED**
Recollections not cued by external cues or stimuli.

May be internally cued responses, occurring in response to emotional states, feelings, particular thoughts, autonomic symptoms, bodily sensations, or any other internal cue or stimulus. If internal cues are a response to external stimulus, code as Externally Cued Recollections.

Recollections also may occur without apparent relationship to either external or internal cues or stimuli.

*In the last three months have any feelings or emotions reminded you of “life event”?*

*Have any physical feelings or changes in your body reminded you of it?*

When that happens, does it bring back unpleasant memories of “life event”?  
What are they like?  
How often does that happen?  
How long does it last?

When did that start?

*When that happens, do you try not to have those “feelings”, so you won’t be reminded of “life event”?*

*Do you do anything so as not to have those “feelings” that remind you of “life event”?*

Do you try not to think about “life event”?  
Do you do anything to stop yourself thinking about “life event”?  
Can you stop thinking about it?  
What do you do?

*Would other people notice when you are remembering “life event”?*

What would they see?

*When you “think about life event”, do you notice any physical effects?*

What do you notice?  
Do you get panicky?

Coding rules

**PAINFUL RECALL NOT EXTERNALLY CUED PP**

0 = Absent  
2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.  
3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

**HOURS : MINUTES**

**NORMAL SUPPRESSION**

0 = Absent  
2 = Attempts to reduce painful recall using thoughts, rituals, or other behaviors.

**OBSESSIAL SUPPRESSION**

0 = Absent  
2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

**COMPULSIVE SUPPRESSION**

0 = Absent  
2 = Uses compulsive behaviors in attempt to reduce painful recall.

**PAINFUL RECALL NOTICABLE TO OTHERS**

0 = No  
2 = Subject reports others notice changes (anxiety, daydreaming, etc.).

**AUTONOMIC EFFECTS**

0 = Absent  
2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks.  
3 = Panic attacks in response to painful
ACTIVE RECALL
Intentional recall of event.

Do you ever think about "life event" on purpose?
Have you in the last three months?
When you do so, how do you feel?
Are the feelings painful for you?
Do you get worried?
Or sad?
Or angry?
Or feel guilty?
Do you feel better able to cope with what happened?

ACTIVE RECALL PP
0 = Absent
2 = Present

HOURS: MINUTES

WORRY
0 = Absent
2 = Present

SADNESS
0 = Absent
2 = Present

ANGER
0 = Absent
2 = Present

GUILTY
0 = Absent
2 = Present

SENSE OF MASTERY
0 = Absent
2 = Present
FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Do you have difficulty remembering some things about "life event"?

What things are hard to remember?
Is that because you don't want to remember them, or that you just can't?
How much can you remember?
Are those memories real clear?
Has it happened in the last three months?

When did that start?

FAILURES OF RECALL

0 = No failure of recall.
1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.
2 = At least some aspects of the event cannot be recalled, even with effort.
3 = Most or all details of the event cannot be recalled.
RELIVING OF LIFE EVENT

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include panic attacks where the mental content of the panic episode is related to the "life event".

Include such phenomena even if they occurred at times of intoxication with alcohol or drugs or during sleep cycle.

CODE NIGHTMARES IN ITEMS THAT FOLLOW.

In the last 3 months, have you felt as though the "life event" was happening to you again, even when it wasn’t?

What was that like?
What did you do?
How long did it last?
How often did it happen?
How real did it seem?

Did you feel as though you were really there, and that it was really happening again?

When it was happening were you aware of what was really going on around you and where you really were?

Did the memory of "life event" seem more real than your actual surroundings?

Did this happen when you were falling asleep?

Or waking up?

Do you ever wake up in the middle of the night feeling this way?

When did that start?

RELIVING OF LIFE EVENT

0 = Absent
2 = Able to report sensory phenomena associated with "life event", but still aware of real surroundings to at least some extent.
3 = No, or almost no, awareness of real surroundings (flashback).

ASSOCIATED PANIC

0 = No associated panic attacks.
2 = With panic attacks.

HYPNOGOGIC (ON FALLING ASLEEP)

0 = Absent
2 = Present

HYPNOPOMPIC (ON WAKING)

0 = Absent
2 = Present

NOCTURNAL

0 = Absent
2 = Present

DAYLIGHT (WHEN UP AND ABOUT)

0 = Absent
2 = Present
Definitions and questions

NIGHTMARES
Frightening dreams that waken subject, with content related to the "life event" (either about "life event" or reminding subject of it). Unpleasant affect apparent when wakening, which may be followed rapidly by feelings of relief.

In the last 3 months, have you had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind you of it?

Tell me about them.

Do they wake you up?

How often do they happen?
When you wake up, do you notice any physical effects?
When you wake up are you panicky?
Is it hard for you to get back to sleep afterwards?
What do you do?
Does fear of these dreams make it hard for you to get to sleep?
Do you have trouble sleeping alone?

When did you start having dreams like that?

Coding rules

NIGHTMARES
0 = Absent
2 = Present

AUTONOMIC EFFECTS
0 = Absent
2 = Notices autonomic changes in response to nightmares.
3 = Has panic attack in response to nightmares.

REASSURANCE
0 = Absent
2 = Upon waking from nightmare, seeks time limited reassurance or contact.
3 = Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).

ANTICIPATORY REASSURANCE
0 = Absent
2 = At bedtime, seeks time limited reassurance or contact (e.g. extended bedtime ritual).
3 = Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).
HYPERAROUSAL
NON-RESTORATIVE SLEEP
Disturbance of usual sleep pattern since "life event" so that subject does not feel rested upon waking and feels tired during the day. Do not include insomnia; sleep is normal but subject feels sleepy during the day.

DO NOT INCLUDE INSOMNIA.

Have you been having problems sleeping well in the last three months?
Do you feel rested when you wake up in the morning?

Has that changed since "life event"?
Do you feel tired during the day from not sleeping well?
Does this make it harder for you to do your work?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?

NON-RESTORATIVE SLEEP PP
0 = Absent
2 = Present but does not interfere with functioning.
3 = Present and interfered with functioning.

Arousal
2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
### Definitions and questions

**INATTENTION**
Difficulty maintaining sufficient involvement to allow completion of age-appropriate and developmentally appropriate tasks requiring concentration.

*In the last three months, have you had more trouble paying attention than before “life event”?*

*Is it more difficult for you to concentrate?*

Do you have trouble remembering things? Has this caused you any problems? How much of the time do you feel this way? Is it worse when you have been thinking about "life event"?

When did that start?

### Coding rules

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<th>Codes</th>
<th>Description</th>
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<td>PHASIC EXACERBATION</td>
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**INATTENTION PP**

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<td>Present but does not interfere with functioning.</td>
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<td>3</td>
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**AROUSAL**

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<tbody>
<tr>
<td>2</td>
<td>Symptom present 0-25% of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Symptom present 26-50% of the time.</td>
</tr>
<tr>
<td>4</td>
<td>Symptom present 51-75% of the time.</td>
</tr>
<tr>
<td>5</td>
<td>Symptom present 76-100% of the time.</td>
</tr>
</tbody>
</table>

**PHASIC EXACERBATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Symptom occurs or increases in response to cues prompting recall or reliving of the &quot;life event&quot;.</td>
</tr>
</tbody>
</table>
Definitions and questions

**ANGER**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance.

*Since "life event" have things "gotten on your nerves" more easily?*

What kinds of things?
Is that more than usual?
What about the last three months?
Or have you been more irritable?

Has this affected how you get along with people?
How so?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?
When did that start?

**Coding rules**

**ANGER PP**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present but does not interfere with functioning or relationships.</td>
</tr>
<tr>
<td>3</td>
<td>Present and interfered with functioning or relationships.</td>
</tr>
</tbody>
</table>

**AROUSAL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Symptom present 0-25% of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Symptom present 26-50% of the time.</td>
</tr>
<tr>
<td>4</td>
<td>Symptom present 51-75% of the time.</td>
</tr>
<tr>
<td>5</td>
<td>Symptom present 76-100% of the time.</td>
</tr>
</tbody>
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**PHASIC EXACERBATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Symptom occurs or increases in response to cues prompting recall or reliving of the &quot;life event&quot;.</td>
</tr>
</tbody>
</table>
Definitions and questions

ANGER DYSCONTROL
Since "life event", increased outbursts of anger have resulted from inability to control expression of anger as well as used to.

In the last three months, have you gotten angry very often?
More than before "life event"?
What has happened?
When you get angry, can you control your anger as much as you used to?

What do you do now?
Has it affected how you get along with other people?
How so?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?
When did that start?

Coding rules

ANGER DYSCONTROL PP
0 = Absent
2 = Present but does not interfere with functioning or relationships.
3 = Present and interfered with functioning or relationships.

AROUSAL
2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, have you been more "on the alert" for bad things happening than before "life event"?

What do you do?
Are you like that even when there isn't much chance of anything bad happening?
How much has that affected your life?
How much of the time are you like that?
Have you given up doing any things because you don't want to take any chances?
Is it worse when you have been thinking about "life event"? When did that start?

HYPERVIGILANCE

0 = Absent
1 = Subjective hypervigilance not manifested in any overt behavioral change.
2 = Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.
3 = Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.

AROUSAL

2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
Definitions and questions

EXAGGERATED STARTLE RESPONSE

Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

In the last 3 months have you startled more easily than before "life event"?

Or have you been more jumpy than usual?

Do unexpected noises make you jump more easily than they used to?

What is it like when that happens?

How often does it happen?

How long do you stay "jumpy" afterwards?

How much of the time do you feel this way?

Is it worse when you have been thinking about "life event"?

When did that start?

Coding rules

EXAGGERATED STARTLE RESPONSE

0 = Absent
2 = Present, but not noticeable to others.
3 = Present, noticeable to others.

AROUSAL

2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
NUMBING

DETACHMENT
A generalized subjective sense of being emotionally cut off from other people that has appeared since the occurrence of a "life event".

Since "life event" have you felt cut off from other people?

Have you been less interested in seeing your friends?

Have you actually seen less of your friends?
Can you tell me why?
Would you like to see more of them?
Or have you decided not to see them anymore?
When did you start feeling "cut off" from others?

LOSS OF POSITIVE AFFECT
Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though you have lost some of your feelings?

Do you have any feelings left?
Can you feel happy or good feelings?

When did you start feeling like you couldn't have good or happy feelings?

LOSS OF NEGATIVE AFFECT
Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed like you've lost some of your unhappy or negative feelings?

When did that start?

Coding rules

<table>
<thead>
<tr>
<th>DETACHMENT PP</th>
<th>CLC1101</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Feels that it is more difficult to relate emotionally to people than before &quot;life event&quot;, but has not reduced social contacts.</td>
<td></td>
</tr>
<tr>
<td>3 = Has reduced social contacts because of difficulty relating emotionally to people.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOSS OF POSITIVE AFFECT</th>
<th>CLC2101</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>3 = Affect is felt to be lost in almost all activities.</td>
<td></td>
</tr>
</tbody>
</table>

ONSET: LOSS OF POSITIVE AFFECT

<table>
<thead>
<tr>
<th>LOSS OF NEGATIVE AFFECT PP</th>
<th>CLC3101</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>3 = Affect is felt to be lost in almost all activities.</td>
<td></td>
</tr>
</tbody>
</table>

ONSET: LOSS OF NEGATIVE AFFECT
**Definitions and questions**

**LOSS OF POSITIVE EMOTIONAL EXPRESSION**

Since "life event", unable or unwilling to express emotions to the degree existing before the "life event."

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Where did that start?

*Is it harder for you to show happy or good feelings?*

**LOSS OF NEGATIVE EMOTIONAL EXPRESSION**

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

*Is it harder for you to show unhappy or bad feelings?*

**Coding rules**

**LOSS OF POSITIVE EMOTIONAL EXPRESSION**

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

**ONSET: LOSS OF POSITIVE EMOTIONAL EXPRESSION**

**LOSS OF NEGATIVE EMOTIONAL EXPRESSION**

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

**For Review Only**
**OTHER BEHAVIORS**

**PLAY RECAPITULATING "LIFE EVENT"**

Play involving activities that recapitulate all or some aspects of "life event" (e.g. preoccupation with crashing cars after being in a car accident, or behaviors that mimic "life event").

**Has the way you entertain yourself changed at all since "life event"?**

*In what way?*  
*In the last 3 months have you done things that are like "life event"?*  
*Or acted out what happened?*  
*What do you do?*  
*When did you start doing things like that?*

**DANGEROUS ACTIVITIES IN PP**

Increased activities that physically endanger the subject or others since "life event".

**Since "life event", have you taken chances and done risky things?**  
**Or dangerous things?**

*What have you done in the last 3 months?*  
*Is this more than before "life event"?*  
*When did that start?*

### Coding rules

**PLAY RECAPITULATING "LIFE EVENT"**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present to an extent greater than before the event.</td>
</tr>
<tr>
<td>3</td>
<td>Actions recapitulating life event has become the most frequent or dominant subject of activity.</td>
</tr>
</tbody>
</table>

**DANGEROUS ACTIVITIES PP**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

For Review Only
Definitions and questions

INCREASED ATTENTION TO RELIGION

Increased interest in or observance of religious ideas and practices since "life event".

Have you become more religious since "life event"?

Do you think more about God?

Or the Devil?

Do you go to "church" more often?
Do you read "scripture" more often?
Or pray more?
When did that start?

DECREASED ATTENTION TO RELIGION

Decreased interest in or observance of religious ideas and practices since "life event".

Do you have less interest in religion since "life event"?

Do you care less about God?

Or the Devil?

Do you go to "church" less frequently?

Do you read "scripture" less?

Or pray less?

When did that start?

Coding rules

INCREASED ATTENTION TO RELIGION

PP

0 = Absent

1 = Subjective report of greater interest in, or mental attention to, religious matters. Include increased level of reading religious works here.

2 = Increase in level of religious observances, including normal prayer.

3 = Increase in religious observances including obsessional rituals and compulsive behaviours.

DECREASED ATTENTION TO RELIGION

PP

0 = Absent

2 = Subjective report of decreased interest in, or mental attention to, religious matters. Include decreased level of reading religious works here.

3 = Decrease in level of religious observances, including prayer.
OMEN FORMATION
Following the "life event", subject has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined "life events".

Are you superstitious about things?
Are there signs that mean bad things will happen?
Or signs that make you think that you'll be OK?

What are they?
Do you think that these signs are really true?
Did you believe in them before "life event" or are they new?
When did you first have these beliefs?

SURVIVOR GUILT
A subjective belief or feeling of responsibility for the "life event" or its prevention, or a feeling that the subject should have substituted (or been substituted) for another who was more severely affected.

Did/Do you feel guilty about what happened during "life event"?
Did you ever feel it was your fault, even though it wasn’t?

Do you sometimes feel that you should have prevented "life event" even though you couldn’t?
Do you ever wish that you and not "specific other person" should have "specific other person’s” fate?
Do you ever feel bad about what you did during “life event”?
When did you start feeling like that?

REVENGE FANTASIES AFTER EVENT
In the last 3 months subject imagined doing something to punish the “cause” of the trauma.

When did you start to feel that way?
Do you still wish that you could get revenge or punish "the cause of the trauma"?
Or that something would happen to get back at “the cause”?
What do you wish would happen?
**Definitions and questions**

**CHANGED EXPECTATION OF LONG-TERM FUTURE**

Marked change in the subject's expectations of the future, involving the expectation that some or all adult roles will NOT be attained. Code regardless of justification, except in the case of subjects with a current life-threatening illness.

Has "life event" changed what you think the future will be like?

In what way?
Has it changed what you think about getting married?

Or having children?

In what way?
Has it changed your thinking about how long you will live?

How long do you think you will live?

**Coding rules**

**CHANGED EXPECTATIONS OF LONG-TERM FUTURE PP**

0 = Absent

2 = Expects to reach adulthood, but predicts poor attainment of adult roles (e.g. does not expect to get married, get a job, or have children); or expects to reach adulthood but is not certain about it.

3 = Does not expect to survive to adulthood.

**Codes**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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For Review Only
POST TRAUMATIC STRESS - B
SCREEN FOR LIFE EVENT: LIFETIME
Mark "Present" if any Lifetime Life Event had a positive screen.

Is there a Lifetime Life Event with a positive screen?

IF LIFETIME LIFE EVENT ABSENT,
SKIP TO "ACTING UPON DELUSIONS
OR HALLUCINATIONS", (PAGE 6).
**ACUTE RESPONSES TO TRAUMATIC EVENT**  
**ACUTE EMOTIONAL RESPONSES**  
Emotional responses to the event when it occurred.

Now I would like to ask you about feelings you may have had when the "life event" occurred.

---

**PTSD B PRESENT**  
0 = Absent  
2 = Present

**CLM0E90**  
Intensity

**PTSD B-EVENT**  
18 = Death of Adult Loved One  
19 = Death of a Child  
20 = Natural Disaster  
21 = Fire  
22 = War or Terrorism  
23 = Witness to Event  
24 = Learned About Event  
25 = Exposure to Noxious Agent  
26 = Causing Death or Severe Harm  
27 = Victim of Physical Violence  
28 = Victim of Physical Abuse  
29 = Captivity  
30 = Sexual Abuse or Rape  
31 = Other  
32 = Stalking  
33 = Sexual Harassment

---

**SURPRISE**  
0 = Absent  
2 = Present

**CLE1X01**

**HELPLESSNESS**  
0 = Absent  
2 = Present

**CLE1X02**

**DEREALIZATION**  
0 = Absent  
2 = Present

**CLE1X03**

**FEAR**  
0 = Absent  
2 = Present

**CLE1X04**
Definitions and questions

Were you worried that you weren't safe?
Or that you might die?

Did you get angry?

Were you horrified?

Did you feel nothing at all?
Like you couldn’t feel anything?
Or didn’t want to feel anything?

Were you grossed out or disgusted by what happened?

Did you feel out of control?
That you might not be able to control your feelings?

Did you feel sad?

Did you feel confused?
Like you couldn’t understand what was happening?
Like it didn’t make any sense?

Did you feel out of touch with yourself?
Or cut off from yourself?
As if you were in a dream?
Or as if "event" wasn’t happening?

Did you feel guilty?
Like it was your fault?

Did you feel like someone you trusted had tricked you?
Definitions and questions

*Did you feel embarrassed by what was happening?*
Or ashamed?

**EVER: ACUTE SOMATIC RESPONSES**
Physical responses to the life event when it occurred.

*When “life event” occurred, did it affect you physically at all?*

*What did you notice?*

*Did you get dizzy or giddy or faint?*

*Did you get a dry mouth?*

*Did it affect your breathing?*
How?

*Did it affect your heart?*

*Did you get a pain in your chest?*

*Did you get sweaty?*

*Or feel sick?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMBARRASED</td>
<td>CLE1X15</td>
</tr>
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<tr>
<td><strong>EVER: ACUTE SOMATIC RESPONSES</strong></td>
<td>CLE2I90 intenity</td>
</tr>
<tr>
<td>0 = Absent</td>
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<tr>
<td>DIZZINESS/FAINTNESS</td>
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<td>DRY MOUTH</td>
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<td>TIGHTNESS OR PAIN IN CHEST</td>
<td>CLE2X07</td>
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<td>SWEATING</td>
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<tr>
<td>NAUSEA</td>
<td>CLE2X09</td>
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<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

Did you have to go to the bathroom?

Did it affect your stomach?

Did you get diarrhea?

Did you get shaky?

Did your muscles get sore?

Did you get flushed?

Or pale?

Did you have funny feelings in your fingers or toes?

Did you get a lump in your throat?

Did your abdomen churn?

Codings rules

**URINATING FREQUENTLY**

0 = Absent

2 = Present

**BUTTERFLIES IN THE STOMACH**

0 = Absent

2 = Present

**DIARRHEA**

0 = Absent

2 = Present

**TREMBLING/SHAKING**

0 = Absent

2 = Present

**MUSCLE SORENESS**

0 = Absent

2 = Present

**FLUSHING**

0 = Absent

2 = Present

**PALLOR**

0 = Absent

2 = Present

**PARAESTHESIAE**

0 = Absent

2 = Present

**LUMP IN THE THROAT**

0 = Absent

2 = Present

**ABDOMINAL CHURNING**

0 = Absent

2 = Present
Definitions and questions

**EVER: INTERVENTION FANTASIES**
During the event, subject imagines doing something extraordinary to stop the event.

*During "life event", did you imagine or wish that you could do something superhuman to get you or someone else out of danger?*

What did you imagine?
What happened?

**EVER: RESCUE FANTASIES DURING EVENT**
During the event, subject imagines being rescued.

*During "life event" did you imagine or wish that "person at risk" would be rescued?*

What did you imagine?
What happened?

**EVER: REVENGE FANTASIES**
During the event, subject imagines something that punishes the "cause" of the trauma.

*During "life event", did you imagine or wish that you could get revenge or punish "the cause of the trauma"?*

What did you imagine?
What happened?

Coding rules

**EVER: INTERVENTION FANTASIES**
0 = Absent
2 = Present during event and realized.
3 = Present during event but unrealized.

**EVER: RESCUE FANTASIES**
0 = Absent
2 = Present during event and realized.
3 = Present during event but unrealized.

**EVER: REVENGE FANTASIES**
0 = Absent
2 = Present during event and realized.
3 = Present during event but unrealized.
COGNITIVE INTRUSIONS
EXTERNALLY CUED PAINFUL RECALL
Unwanted, painful and distressing recollections, memories, thoughts, or images of “life event” occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

ASK AVOIDANCE AND SUPRESSION QUESTIONS IF NO EXTERNALLY CUED PAINFUL RECALL PRESENT.

In the last three months have upsetting memories or pictures in your mind or “life event” come back to you?
Do any things or places remind you of “life event”?

What about sounds or things you see?
When that happens does it bring back unpleasant memories of “life event”?
Has that happened in the last 3 months?
How many times?
How long does it last?
Can you stop yourself from thinking about it?
Or does it stay on your mind during those times?
When did you start having thoughts like that?

Do you try to avoid any things or places that might remind you of “life event”?
When did you start trying to avoid things or places that remind you of “life event”?

Do you notice any physical effects when you remember “life event”?
Like your heart racing?
Or being short of breath?
Or feeling shaky or sick to your stomach?
What do you notice?
Do you get panicky?

Do other people notice when you are remembering “life event”?
What would they see?
When you remember event, what do you do to feel better?

Do you try to think of other things or do things you like to take your mind off it?
Do you talk to someone and ask them to help you?
Do you have a routine of things you can think about or do to feel better?

EXTERNALLY CUED PAINFUL RECALL
0 = Externally cued painful recall absent.
2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.
3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

AVOIDANCE
2 = Avoids situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.
3 = Avoidance leads to disruption of normal life and activities and results in a highly restricted lifestyle.

NORMAL SUPRESSION
0 = Absent
2 = Attempts to reduce painful recall using thoughts, rituals, or other behaviors.

OBSESSATIONAL SUPPRESSION
0 = Absent
2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

COMPULSIVE SUPPRESSION
0 = Absent
2 = Uses compulsive behaviors in attempt to reduce painful recall.
### Definitions and questions

#### Coding rules

**AUTONOMIC EFFECTS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Notices autonomic changes in response to painful recall, but these do not amount to panic attacks.</td>
</tr>
<tr>
<td>3</td>
<td>Panic attacks in response to painful recall.</td>
</tr>
</tbody>
</table>

**PAINFUL RECALL NOTICEABLE TO OTHERS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Subject reports others notice changes (anxiety, daydreaming, etc.).</td>
</tr>
</tbody>
</table>
EVER: PAINFUL RECALL NOT EXTERNALLY CUED

Recollections not cued by external cues or stimuli.

May be internally cued responses, occurring in response to emotional states, feelings, particular thoughts, autonomic symptoms, bodily sensations, or any other internal cue or stimulus. If internal cues are a response to external stimulus, code as Externally Cued Recollections.

Recollections also may occur without apparent relationship to either external or internal cues or stimuli.

In the last three months have any feelings or emotions reminded you of "life event"?

Have any physical feelings or changes in your body reminded you of it?

When that happens, does it bring back unpleasant memories of "life event"?

What are they like?

How often does that happen?

How long does it last?

When did that start?

When that happens, do you try not to have those "feelings", so you won’t be reminded of "life event"?

Do you do anything so as not to have those "feelings" that remind you of "life event"?

Do you try not to think about "life event"?

Do you do anything to stop yourself thinking about "life event"?

Can you stop thinking about it?

What do you do?

Would other people notice when you are remembering "life event"?

What would they see?

When you "think about life event", do you notice any physical effects?

What do you notice?

Do you get panicky?
**EVER: ACTIVE RECALL**

Intentional recall of event.

**Do you ever think about "life event" on purpose?**

Have you in the last three months?
When you do so, how do you feel?
Are the feelings painful for you?
Do you get worried?
Or sad?
Or angry?
Or feel guilty?
Do you feel better able to cope with what happened?

How many times have you done that in the last 3 months?
How long do you think about it?
When did you start intentionally think about it?

---

**Coding rules**

**EVER: ACTIVE RECALL**

0 = Absent
2 = Present

**WORRY**

0 = Absent
2 = Present

**SADNESS**

0 = Absent
2 = Present

**ANGER**

0 = Absent
2 = Present

**GUILT**

0 = Absent
2 = Present

**SENSE OF MASTERY**

0 = Absent
2 = Present
FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Do you have difficulty remembering some things about "life event"?

What things are hard to remember?
Is that because you don't want to remember them, or that you just can't?
How much can you remember?
Are those memories real clear?
Has it happened in the last three months?

When did you start having trouble recalling things about "life event"?

FAILURES OF RECALL

0 = No failure of recall.
1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.
2 = At least some aspects of the event cannot be recalled, even with effort.
3 = Most or all details of the event cannot be recalled.
RELIVING OF LIFE EVENT

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include panic attacks where the mental content of the panic episode is related to the "life event".

Include such phenomena even if they occurred at times of intoxication with alcohol or drugs or during sleep cycle.

CODE NIGHTMARES IN ITEMS THAT FOLLOW.

In the last 3 months, have you felt as though the "life event" was happening to you again, even when it wasn’t?

What was that like?
What did you do?
How long did it last?
How often did it happen?
How real did it seem?
Did you feel as though you were really there, and that it was really happening again?
When it was happening were you aware of what was really going on around you and where you really were?
Did the memory of "life event" seem more real than your actual surroundings?
Did this happen when you were falling asleep?
Or waking up?
Do you ever wake up in the middle of the night feeling this way?

When did that start?

ASSOCIATED PANIC

0 = No associated panic attacks.
2 = With panic attacks.

HYPNOGOGIC (ON FALLING ASLEEP)

0 = Absent
2 = Present

HYPNOPOMPIC (ON WAKING)

0 = Absent
2 = Present

NOCTURNAL

0 = Absent
2 = Present

DAYLIGHT (WHEN UP AND ABOUT)

0 = Absent
2 = Present
### Definitions and questions

**NIGHTMARES**
Frightening dreams that waken subject, with content related to the "life event" (either about "life event" or reminding subject of it). Unpleasant affect apparent when wakening, which may be followed rapidly by feelings of relief.

**In the last 3 months, have you had any nightmares or bad dreams about "life event"?**

**Or nightmares or bad dreams that aren't about it but remind you of it?**

Tell me about them.

**Do they wake you up?**

How often do they happen?
When you wake up, do you notice any physical effects?
When you wake up are you panicky?
Is it hard for you to get back to sleep afterwards?
What do you do?
Does fear of these dreams make it hard for you to get to sleep?
Do you have trouble sleeping alone?
When did you start having these dreams?

---

<table>
<thead>
<tr>
<th>NIGHTMARES</th>
<th>CLF4I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTONOMIC EFFECTS</th>
<th>CLF4I02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Notices autonomic changes in response to nightmares.</td>
<td></td>
</tr>
<tr>
<td>3 = Has panic attack in response to nightmares.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REASSURANCE</th>
<th>CLF4I03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Upon waking from nightmare, seeks time limited reassurance or contact.</td>
<td></td>
</tr>
<tr>
<td>3 = Upon waking, seeks extended reassurance or contact (e.g. won’t go back to bed, conflict arises over need for reassurance).</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ANTICIPATORY REASSURANCE</th>
<th>CLF4I04</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = At bedtime, seeks time limited reassurance or contact (e.g. extended bedtime ritual).</td>
<td></td>
</tr>
<tr>
<td>3 = Seeks extended reassurance or contact (e.g. won’t go to bed, conflict arises over need for reassurance).</td>
<td></td>
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</tbody>
</table>
HYPERAROUSAL
EVER: NON-RESTORATIVE SLEEP
Disturbance of usual sleep pattern since "life event" so that subject does not feel rested upon waking and feels tired during the day. Do not include insomnia; sleep is normal but subject feels sleepy during the day.

DO NOT INCLUDE INSOMNIA

Have you been having problems sleeping well in the last three months?
Do you feel rested when you wake up in the morning?
Has that changed since "life event"?
Do you feel tired during the day from not sleeping well?
Does this make it harder for you to do your work?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?
When did that start?

AROUSAL
2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Coding rules

EVER: NON-RESTORATIVE SLEEP
0 = Absent
2 = Present but does not interfere with functioning.
3 = Present and interfered with functioning.

Codes

CLF5I01
Intensity

CLF5F01
Frequency

CLF5O01
Onset

CLF5I02

CLF5I03
**EVER: INATTENTION**

Difficulty maintaining sufficient involvement to allow completion of age-appropriate and developmentally appropriate tasks requiring concentration.

*In the last three months, have you had more trouble paying attention than before "life event"?*

*Is it more difficult for you to concentrate?*

Do you have trouble remembering things? Has this caused you any problems? How much of the time do you feel this way? Is it worse when you have been thinking about "life event"? When did that start?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Intensity</th>
<th>Onset</th>
</tr>
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<tbody>
<tr>
<td>CLF6I01</td>
<td>0 = Inattention absent.</td>
<td>2 = Present but does not interfere with functioning.</td>
</tr>
<tr>
<td>CLF6O01</td>
<td>3 = Present and interfered with functioning.</td>
<td></td>
</tr>
</tbody>
</table>

**AROUSAL**

2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

**PHASIC EXACERBATION**

0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

---

For Review Only
Definitions and questions

**EVER: ANGER**
Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance.

*Since "life event" have things "gotten on your nerves" more easily?*

What kinds of things?
Is that more than usual?
What about in the last three months?
**Or have you been more irritable?**

Has this affected how you get along with people?
How so?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?
When did that start?

Coding rules

**EVER: ANGER**

<table>
<thead>
<tr>
<th>CLF7I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present but does not interfere with functioning or relationships.</td>
</tr>
<tr>
<td>3</td>
<td>Present and interfered with functioning or relationships.</td>
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</tbody>
</table>

**CLF7O01 Onset**

**AROUSAL**

<table>
<thead>
<tr>
<th>CLF7I02</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
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</tbody>
</table>

**PHASIC EXACERBATION**

<table>
<thead>
<tr>
<th>CLF7I03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>
**EVER: ANGER DYSCONTROL**

Since "life event", increased outbursts of anger have resulted from inability to control expression of anger as well as you used to.

*In the last three months, have you gotten angry very often?*

More than before "life event"?
What has happened?
*When you get angry, can you control your anger as much as you used to?*

What do you do now?
Has it affected how you get along with other people?
How so?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?
*When did you start having trouble controlling your anger?*

---

**Coding rules**

**EVER: ANGER DYSCONTROL**

0 = Absent
2 = Present but does not interfere with functioning or relationships.
3 = Present and interfered with functioning or relationships.

---

**Arousal**

2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

---

**Phasic Exacerbation**

0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
**HYPERVIGILANCE**

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

*In the last 3 months, have you been more "on the alert" for bad things happening than before "life event"?*

What do you do?
Are you like that even when there isn't much chance of anything bad happening?
How much has that affected your life?
How much of the time are you like that?
Have you given up doing any things because you don't want to take any chances?
Is it worse when you have been thinking about "life event"?

When did you start being more "on the alert"?

---

**AROUSAL**

2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

**PHASIC EXACERBATION**

0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
EXAGGERATED STARTLE RESPONSE

Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

In the last 3 months have you startled more easily than before "life event"?

Or have you been more jumpy than usual?

Do unexpected noises make you jump more easily than they used to?  
What is it like when that happens? 
How often does it happen? 
How long do you stay "jumpy" afterwards? 
How much of the time do you feel this way? 
Is it worse when you have been thinking about "life event"?

When did you first notice that you startle more easily?

EXAGGERATED STARTLE RESPONSE

0 = Absent
2 = Present, but not noticeable to others.
3 = Present, noticeable to others.

AROUSAL

2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
NUMBING

EVER: DETACHMENT
A generalized subjective sense of being emotionally cut off from other people that has appeared since the occurrence of a "life event".

Since "life event" have you felt cut off from other people?

Have you been less interested in seeing your friends?

Have you actually seen less of your friends?
Can you tell me why?
Would you like to see more of them?
Or have you decided not to be around them?

When did you start to feel “cut off” from other people?

LOSS OF POSITIVE AFFECT
Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though you have lost some of your feelings?

Do you have any feelings left?
Can you feel happy or good feelings?
When did that start?

EVER: LOSS OF NEGATIVE AFFECT
Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since the "life event" has it seemed as though you had lost some of your unhappy or negative feelings?

When did that start?

Coding rules

EVER: DETACHMENT
CLG1101
Intensity

0 = Absent
2 = Feels that it is more difficult to relate emotionally to people than before "life event", but has not reduced social contacts.
3 = Has reduced social contacts because of difficulty relating emotionally to people.

CLG1001
Onset

LOSS OF POSITIVE AFFECT
CLG2101
Intensity

0 = Absent
2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.
3 = Affect is felt to be lost in almost all activities.

CLG2001
Onset

LOSS OF NEGATIVE AFFECT
CLG3101
Intensity

0 = Absent
2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.
3 = Affect is felt to be lost in almost all activities.

CLG3001
Onset
Definitions and questions

**LOSS OF POSITIVE EMOTIONAL EXPRESSION**

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

*Is it harder for you to show happy or good feelings?*

*When did that start?*

---

**EVER: LOSS OF NEGATIVE EMOTIONAL EXPRESSION**

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

*Is it harder for you to show unhappy or bad feelings?*

*When did that start?*

---

### Coding rules

#### LOSS OF POSITIVE EMOTIONAL EXPRESSION

- **0 = Absent**
- **2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.**
- **3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.**

#### EVER: LOSS OF NEGATIVE EMOTIONAL EXPRESSION

- **0 = Absent**
- **2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.**
- **3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.**
OTHER BEHAVIORS

ACTIONS RECAPITULATING LIFE EVENT
Activity that recapitulates all or some aspects of "life event" (e.g., preoccupation with crashing cars after being in a car accident).

Has the way you entertain yourself changed at all since "life event"?
In what way?
In the last three months have you done things that are like "life event"?
Or acted out what happened?
What do you do?
When did you start doing things like that?

EVER: DANGEROUS ACTIVITIES
Increased activities that physically endanger the subject or others since "life event".

Since "life event", have you taken chances and done risky things?
Or dangerous things?
What have you done in the last 3 months?
Is this more than before "life event"?
When did you start doing things like that?

EVER: INCREASED ATTENTION TO RELIGION
Increased interest in or observance of religious ideas and practices since "life event".

Have you become more religious since "life event"?
Do you think more about God?
Or the Devil?
Do you go to "church" more often?
Do you read "scripture" more often?
Or pray more often?
When did that start?
### EVER: DECREASED ATTENTION TO RELIGION

Decreased interest in or observance of religious ideas and practices since "life event".

**Do you have less interest in religion since "life event"?**

- Do you care less about God?
- Or the Devil?
- Do you go to "church" less frequently?
- Do you read "scripture" less?
- Or pray less?
- When did that start?

**Coding rules**

**EVER: DECREASED ATTENTION TO RELIGION**

- 0 = Absent
- 2 = Subjective report of decreased interest in, or mental attention to, religious matters. Include decreased level of reading religious works here.
- 3 = Decrease in level of religious observances, including prayer.

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CLG9001</td>
<td>Intensity</td>
</tr>
<tr>
<td>CLG9I01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

### OMEN FORMATION

Following the "life event", subject has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined "life events".

**Are you superstitious about things?**

**Are there signs that mean bad things will happen?**

**Or signs that make you think that you'll be OK?**

- What are they?
- Do you think that these signs are really true?
- Did you believe in them before "life event" or are they new?
- When did you start having beliefs like that?

**Coding rules**

**OMEN FORMATION**

- 0 = Not present.
- 1 = Superstitious beliefs not resulting in any overt behavior.
- 2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).
- 3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLH0001</td>
<td>Intensity</td>
</tr>
<tr>
<td>CLH0I01</td>
<td>Onset</td>
</tr>
</tbody>
</table>
SURVIVOR GUILT
A subjective belief or feeling of responsibility for the "life event" or its prevention, or a feeling that the subject should have substituted (or been substituted) for another who was more severely affected.

Do you feel guilty about what happened during "life event"?
Do you ever feel it was your fault, even though it wasn't?
Do you sometimes feel that you should have prevented "life event" even though you couldn't?
Do you ever wish that you and not "specific other person" should have "specific other person's" fate?
Do you ever feel bad about what you did during "life event"?
When did that start?

REVENGE FANTASIES AFTER EVENT
In the last 3 months subject imagined doing something to punish the "cause" of the trauma.

Do you still wish that you could get revenge or punish "the cause of the trauma"?
Or that something would happen to get back at "the cause"?
What do you wish would happen?
When did you start feeling that way?

SURVIVOR GUILT
0 = Absent
2 = Present

REVENGE FANTASIES
0 = Absent
2 = Present
**EVER: CHANGED EXPECTATION OF LONG-TERM FUTURE**

Marked change in the subject's expectations of the future, involving the expectation that some or all adult roles will NOT be attained. Code regardless of justification, except in the case of subjects with a current life-threatening illness.

*Has "life event" changed what you think the future will be like?*

*In what way?*

*Has it changed what you think about getting married?*

*Or having children?*

*In what way?*

*Has it changed what you think about how long you will live?*

*How long do you think you will live?*
**PSYCHOSIS**

**DEREALIZATION**

The subject experiences his/her surroundings as unreal. A classroom or a bus or a street seems like a stage set with actors, rather than real people going about their ordinary business. Everything may seem colorless, artificial, or dead.

DO NOT CODE SYMPTOMS INDUCED SOLELY BY USE OF DRUGS OR ALCOHOL.

*Have you felt that things around you didn’t seem real?*

*Or it was like a stage set with people acting like robots instead of being themselves?*

*What was it like?*

*Did you really believe that the world was not real?*

*How do you explain it?*

*Has that happened in the last 3 months?*

*How many times?*

*How long does it last when you feel like that?*

*When did that start?*

---

**Coding rules**

**DEREALIZATION**

- **0 = Absent**
  - The subject simply experiences a lack of color and life, so that any tendency towards the artificial tends to be exaggerated.

- **2 =** The subject feels as though the world is made of plastic, as though it is not really there at all.

- **3 =** The subject feels as though the world is made of plastic, as though it is not really there at all.

**HOURS : MINUTES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CJA0F01</td>
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</tr>
<tr>
<td>CJA0D01</td>
<td>Duration</td>
</tr>
<tr>
<td>CJA0O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>
DEPERSONALIZATION
The subject feels as if s/he him/herself is unreal, that s/he is acting a part rather than being spontaneous and natural, that s/he is a sham, a shadow of a real person. S/he feels detached from his/her experiences.

Have you sometimes felt as if you weren’t real?
What was it like?
Did you feel as if you were acting your life rather than being natural?
Have you felt that you were outside looking at yourself from outside your body?

Have you felt that you were not a person, not in the living world?
Or that you looked unreal in the mirror?
Or that some part of your body did not belong to you?
Did you feel as if you were actually dead?
Did you really believe that you weren’t real?

How many times has that happened in the last 3 months?
How long does it last?
When did that start?
**CHANGED PERCEPTION/CHANGED PERCEPTION OF TIME/HALLUCINATIONS**

**DO NOT INCLUDE SYMPTOMS INDUCED SOLELY BY USE OF DRUGS OR ALCOHOL.**

Changed Perception: Include here any changes in perception such as heightened or dulled perception. The subject may complain that objects change in shape or size or color or that people change their appearance.

Changed Perception of Time: The subject's perception of time seems to change, so that events appear to move very slowly or very rapidly or to change their tempo or to be completely timeless. Time may appear to stop altogether.

Hallucinations: Hallucinations are false perceptions occurring in clear consciousness. The subject may see images, visions, or hear voices in the absence of any real stimulus to the perception.

ALWAYS WRITE DOWN AN EXAMPLE OF ANY SYMPTOMS ELICTED.

*Have there been any changes in the way things look or sound?*

Sometimes people hear things or see things when there's no one and nothing to explain it. Has that happened to you?

Tell me about that.

*Do you ever get the feeling that something odd is going on that you can't explain?*

*Do you ever hear things that other people can’t hear?*

*Or see things that other people can’t see?*

*Do you ever notice smells or tastes that other people don’t?*

How many times has that happened in the last 3 months?

How long does it last?

When did you start having experiences like this?
PSYCHOTIC ABNORMALITIES OF THOUGHT AND SPEECH

WRITE DOWN EXAMPLES OF ANY SYMPTOMS ELICITED.

Subject's thinking or language has become disordered. Sentences may be hard to follow or completely nonsensical. Ideas may be linked together in unusual ways (such as because of rhymes or puns, as in flight of ideas) or may have no ordinarily comprehensible links (as in "knight's move" thinking).

Distinguish from delusional content or speech; it is quite possible for a subject's ideas to be entirely delusional but for the process of thinking and expressing thoughts to be quite normal.

Differentiate from developmental disorders of speech and language (such as language delay and dysarthria) where speech may be difficult to follow. These disorders will usually always have been present and will not represent a change in the subject's language.

Is there anything unusual happening to your thoughts?
Is there any interference with your thoughts?
What happens?
Is there anything like hypnotism or telepathy affecting you?
When did that start?

Intensit

Onset
DEFINITIONS AND QUESTIONS

A delusion is a firmly-held false belief that is out of keeping with the subject's social and cultural background.

A delusional interpretation also has these characteristics, but is an explanation of some other experience (often of other "psychotic" experiences, such as hallucinations) e.g. a subject might interpret hearing voices talking about him as evidence of a police conspiracy. The conspiracy would be a delusional interpretation.

Do you know any things to be true that other people don't believe?

Is there anything strange or unusual happening to you?

Is anyone out to get you?

Is anyone (or anything) trying to control your body or your mind?

When did that start?

IF THERE IS ANY EVIDENCE OF SENSORY CHANGES AND HALLUCINATIONS OR DELUSIONS AND DELUSIONAL INTERPRETATIONS, COMPLETE GENERAL RATINGS OF DELUSIONS AND HALLUCINATIONS WRITE DOWN DETAILS VERBATIM. IF THERE IS NO EVIDENCE OF ANY OF THESE SYMPTOMS, CONTINUE, OTHERWISE, SKIP TO "ALTERNATIVE PRACTITIONER/OTHER HEALER", (PAGE 14).
### Definitions and questions

**GENERAL RATINGS OF DELUSIONS AND HALLUCINATIONS**

**SYSTEMATIZATION OF DELUSIONS AND HALLUCINATIONS**

*Does this thought or experience affect much of your daily life?*

**PREOCCUPATION WITH DELUSIONS AND HALLUCINATIONS**

**ACTING UPON DELUSIONS OR HALLUCINATIONS**

### Coding rules

**SYSTEMATIZATION OF DELUSIONS AND HALLUCINATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>Delusions and hallucinations not elaborated into a general system affecting much of the subject's experience including encapsulated delusions or isolated hallucinations.</td>
</tr>
<tr>
<td>2</td>
<td>Some systematic elaboration but substantial areas of the subject's experience are not affected.</td>
</tr>
<tr>
<td>3</td>
<td>Subject interprets practically all experience in delusional terms.</td>
</tr>
</tbody>
</table>

**PREOCCUPATION WITH DELUSIONS AND HALLUCINATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>At least sometimes uncontrollably preoccupied with delusions or hallucinations in at least 2 activities.</td>
</tr>
<tr>
<td>3</td>
<td>Uncontrollably preoccupied with delusions or hallucinations in most activities.</td>
</tr>
</tbody>
</table>

**ACTING UPON DELUSIONS OR HALLUCINATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>The subject has acted upon the delusions of hallucinations during the past month or expressed them in public (i.e., outside the small circle of people who would be expected to be sympathetic. This has not, however, resulted in severe social disturbance or a social crisis.</td>
</tr>
<tr>
<td>3</td>
<td>As 2 but the acting out, or public expression, has resulted in severe social disturbance or social crisis, e.g. the subject has attacked a stranger at the command of a hallucinatory voice.</td>
</tr>
</tbody>
</table>
### THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

Extent to which contents of the delusions or hallucinations are consistent with either Elated or Depressed Mood.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Partially mood congruent.</td>
</tr>
<tr>
<td>3</td>
<td>Almost always mood congruent.</td>
</tr>
</tbody>
</table>

### ASSOCIATED MOOD: DEPRESSED

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

### ASSOCIATED MOOD: ELATED

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

### TEMPORAL CO-OCCURRENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

Extent, onset and course of delusions or hallucinations are temporarily related to the onset and course of mood disorder.

When you were (in psychotic state), were you miserable or depressed?
Was your mood affected in any other way?
Were you always like that when you were (in psychotic state)?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Partial temporal co-occurrence.</td>
</tr>
<tr>
<td>3</td>
<td>Delusions/hallucinations only present in association with mood disorder.</td>
</tr>
</tbody>
</table>

### ASSOCIATED MOOD: DEPRESSED

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>2</td>
<td>Present</td>
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</tbody>
</table>

### ASSOCIATED MOOD: ELATED

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>
Definitions and questions

YOUNG ADULT HEALTH SERVICES SCREEN
SERVICES SCREEN

Because it's easy to forget, I'm going to go through a list of places where you might have gotten help or treatment (for any concerns or problems you might have experienced).

I want you to tell me whether you have been to any of them in your life, and in the last 3 months.

INPATIENT SERVICES

Any services received in an inpatient setting (hospital, psychiatric hospital, residential treatment setting, jail or prison, etc.).

Have you ever received services in an inpatient setting, like a hospital?

Have you ever stayed overnight for any kind of treatment or mental health service?

Have you ever been in a detention center, jail, or prison?

OUTPATIENT SERVICES

Any services received in an outpatient treatment setting (mental health center, school, doctor's office, work, counselor's office, etc.)

Have you ever received treatment in an outpatient setting, like from a Doctor or Psychiatrist?

How about from a counselor, either school, work or religious in nature?

Have you ever had a Probation Officer or Court Counselor?

Have you ever sought help by talking with friends or family?

IF SERVICES NEVER USED, SKIP TO "STUDENT SERVICES AT COLLEGE", (PAGE 17).

Coding rules

INPATIENT SERVICES

Ever: wmb0101
Intensity

0 = Absent
2 = Present

OUTPATIENT SERVICES

Ever: wmb0102
Intensity

0 = Absent
2 = Present
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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</thead>
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</tbody>
</table>

For Review Only
Definitions and questions

**PSYCHIATRIC HOSPITAL**

*Have you ever been admitted to a Psychiatric Hospital?*

How many times?
What Hospital(s) were you admitted to?
When was the first time?
How about in the last 3 months?

**GENERAL HOSPITAL PSYCHIATRIC UNIT**

*Have you ever been in a psychiatric ward or unit of a general hospital?*

Where was that?
Have you been there in the last 3 months?
When was the first time?

**DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT**

*Have you ever been in an inpatient alcohol or drug treatment unit?*

Or an inpatient detoxification unit?

Where was that?
Have you been there in the last 3 months?
When was the first time?

Codings rules

**PSYCHIATRIC HOSPITAL**

Ever:CNA0E01
Intensity

Last 3 months:

Ever:CNA0O01
Onset

**GENERAL HOSPITAL PSYCHIATRIC UNIT**

Ever:CNA1E01
Intensity

Last 3 months:

Ever:CNA1O01
Onset

**DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT**

Ever:CNA2E01
Intensity

Last 3 months:

Ever:CNA2O01
Onset
**HOSPITAL MEDICAL INPATIENT UNIT**
* A medical inpatient unit, for any of the kinds of problems that you told me about?
  
In the last 3 months?
When was the first time?

**RESIDENTIAL TREATMENT CENTER**
* Have you been in a residential treatment center because of the problems you told me about?

Where was that?
Have you been there in the last 3 months?
When was the first time?

**DETENTION CENTER/TRAINING SCHOOL/JAIL**
* Have you ever been in a detention center or training school?

In jail or prison?
How many times?
Have you been there in the last 3 months?
When was the first time?
**GROUP HOME/EMERGENCY SHELTER**

*Have you ever been in a group home?*

*Or an emergency shelter?*

Where was that?  
Have you been there in the last 3 months?  
When was the first time?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
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| GROUP HOME/EMERGENCY SHELTER | Ever:CNA6E01  
0 = No  
2 = Yes  
|  |
| Ever:CNA6O01  
Onset  
|  |
| LAST 3 MONTHS | CNA6I01  
Intensity |
| 0 = No  
2 = Yes  
|  |
| LAST 3 MONTHS | SLH0I01  
Intensity |
| 0 = No  
2 = Yes  
|  |

**SHELTERED LIVING/HABILITATION/HALFWAY HOUSE**

*Have you stayed in a sheltered living, habilitation setting or half-way house at all?*

*Or a place that provided some assistance with needs or tasks of day-to-day living?*

Has that been in the last 3 months?  
When did you first stay there?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>
| SHELTERED LIVING/HABILITATION/HALFWAY HOUSE | Ever:SLH0E01  
Intensity  
|  |
| Ever:SLH0O01  
Onset  
|  |
| LAST 3 MONTHS | SLH0I01  
Intensity |
| 0 = No  
2 = Yes  
|  |

**DAY HOSPITAL/PARTIAL HOSPITALIZATION**

*Have you been to a day hospital?*

*Or a partial day program at a hospital?*

Has that been in the last 3 months?  
When was the first time?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>
| DAY HOSPITAL/PARTIAL HOSPITALIZATION | Ever:CNA9E01  
Intensity  
|  |
| Ever:CNA9O01  
Onset  
|  |
| LAST 3 MONTHS | CNA9I01  
Intensity |
| 0 = No  
2 = Yes  
|  |
OUTPATIENT DRUG OR ALCOHOL CLINIC
Have you been to an outpatient drug or alcohol clinic?
Where at?
Have you been in the last 3 months?
When did you first go there?

CRISIS/RAPE CRISIS CENTER
Have you ever been to a crisis center for any kind of help?
Have you been to a rape crisis center?
Have you been in the last 3 months?
When was the first time?

IN-HOME COUNSELING/CRISIS SERVICES
Have you ever had in-home counseling or crisis services?
In the last 3 months?
When did you first have in-home services?
PRIVATE PROFESSIONAL TREATMENT
Have you been to a private professional for help with any problems?
Like a psychiatrist or psychologist?
Or a social worker or a psychiatric nurse?
Or some other professional at a mental health center?
Have you seen them in the last 3 months?
When was the first time?

Coding rules

PRIVATE PROFESSIONAL TREATMENT

0 = No
2 = Yes

EVER: CNB5E01
Intensity

ONSET: CNB5O01

LAST 3 MONTHS

0 = No
2 = Yes

INTENSITY: CNB5I01
**Definitions and questions**

**OTHER PROFESSIONAL HELP**

**COLLEGE-BASED PROFESSIONAL**

*Have you seen a counselor at college for help with the problems we have talked about?*

*Or a psychologist at college?*

*A social worker, therapist, or case worker at college?*

*Have you seen them in the last 3 months? When was the first time?*

*Whom did you see in the last 3 months? (If subject received help in college setting)*

**PROFESSOR/INSTRUCTOR**

*Have you gone to your professor or instructor for help with the kinds of problems we’ve talked about?*

*In the last 3 months? When was the first time?*

**Coding rules**

**Codes**

<table>
<thead>
<tr>
<th>COLLEGE BASED PROFESSIONAL</th>
<th>Ever:CBP0E01</th>
<th>Ever:CBP0E001</th>
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</table>

**LAST 3 MONTHS**

<table>
<thead>
<tr>
<th>PROFESSOR/INSTRUCTOR</th>
<th>Ever:CND7E01</th>
<th>Ever:CND7O01</th>
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</thead>
<tbody>
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<td></td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

For Review Only
Definitions and questions

MARRIAGE COUNSELOR

Have you ever seen a marriage counselor for help with problems like those we have talked about?

Have you seen him/her in the last 3 months? When was the first time?

Whom have you seen in the last 3 months for marital counseling?

Did you go with your spouse/partner?

Whose idea was it to go?

Coding rules

MARRIAGE COUNSELOR

Ever: MCS0E01
Intensity 2 = Yes

Ever: MCS0O01
Onset 

LAST 3 MONTHS

0 = No
2 = Yes
Specify

ACCOMPANIED

0 = Both
2 = Alone

INITIATOR

0 = Both
2 = Self
3 = Spouse/Partner
4 = Court Ordered
5 = Other:
Specify

For Review Only
**WORK RELATED SERVICES**

If Boss, Co-Worker, Or Other Non-Professional, Code Under "Other Non-Professional".

*Have you gone to anyone at work for help with the kinds of problems you have told me about?*

In the last 3 months?  
When was the first time?  
Who have you gone to at work?

**Coding rules**

**WORK RELATED SERVICES**

- 0 = No
- 2 = Yes

**LAST 3 MONTHS**

- 0 = No
- 2 = Yes

**CONTACT**

- 2 = Psychiatrist
- 3 = Psychologist
- 4 = Counselor
- 5 = Nurse
- 6 = Social Worker
- 7 = Other:

Specify

**Codes**

- Ever: WRS001
- Onset
- Intensity
- Ever: WRS001
Definitions and questions

NON-PROFESSIONAL HELP AT WORK
Have you tried to get help for problems that you told me about from a boss, a supervisor, colleague, or co-worker?

Has that been in the last 3 months?
When was the first time?

In the last 3 months, who have you talked to at work about this?

Coding rules

NON-PROFESSIONAL AT WORK
Ever: WRS1E01
0 = No
2 = Yes

Intensity

Onset

LAST 3 MONTHS
0 = No
2 = Yes

SOCIAL SERVICES
Include visits to Social Services and visits by Social Services to the home if related to subject's problems.
Include child-related visits if subject's symptoms are related to children i.e. anxiety, conduct, etc.

Have you seen social services for any of the kinds of problems that you told me about?

Related to issues of your own or with your children?
Have you gone there in the last 3 months?
When was the first time?

Coding rules

SOCIAL SERVICES
Ever: CNB8E01
0 = No
2 = Yes

Intensity

Onset

LAST 3 MONTHS
0 = No
2 = Yes
Definitions and questions

PROBATION/PAROLE OFFICER

Have you ever had a Probation Officer or Parole Officer?

Or some other case worker you were required to see by the Court?

Have you seen them in the last 3 months? When was the first time?

COURT COUNSELOR

Include Juvenile Court Counselor, Court Counselor, Sentencing Advocates, and Adult Court Counselor.

Have you ever had a Court Counselor or advocate appointed by the Court?

In the last 3 months, have you seen him/her? When did you first have a Court Counselor?

FAMILY DOCTOR/OTHER MD

Have you seen your family doctor for any of the kinds of problems we have talked about?

Or any other medical doctor?

In the last 3 months? When did you first see a doctor for problems like that?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROBATION/PAROLE OFFICER</td>
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<tr>
<td>Ever:CNB9E01</td>
</tr>
<tr>
<td>Intensity</td>
</tr>
<tr>
<td>Ever:CNB9O01</td>
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<td>Onset</td>
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<tr>
<td>LAST 3 MONTHS</td>
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<tr>
<td>0 = No</td>
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<td>2 = Yes</td>
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<td>COURT COUNSELOR</td>
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<tr>
<td>Ever:CCS0E01</td>
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<td>2 = Yes</td>
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<tr>
<td>FAMILY DOCTOR/OTHER MD</td>
</tr>
<tr>
<td>Ever:CNC0E01</td>
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<tr>
<td>Intensity</td>
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<td>Ever:CNC0O01</td>
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<tr>
<td>LAST 3 MONTHS</td>
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<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>
Definitions and questions

**HOSPITAL EMERGENCY ROOM**

*Have you been to a hospital emergency room for any of the kinds of problems we have talked about?*

*Have you been there in the last 3 months? When was the first time?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>Int: CNC1I01</strong></td>
</tr>
<tr>
<td><strong>Intensity:</strong> 0 = No</td>
<td>2 = Yes</td>
</tr>
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</table>

**LAST 3 MONTHS**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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<tbody>
<tr>
<td><strong>Ever:</strong> CNC1O01</td>
<td><strong>Onset:</strong> CNC1O01</td>
</tr>
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</table>

**JOB TRAINING/VOCATIONAL REHABILITATION/SHELTERED WORKSHOP**

*Have you had any services for job training or job placement?*

*Or help from Vocational Rehabilitation?*

*Such as working in a special or sheltered workshop? When did you first go there? Have you been there in the last 3 months?*

<table>
<thead>
<tr>
<th>Coding rules</th>
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<tbody>
<tr>
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**LAST 3 MONTHS**

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<tr>
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<tbody>
<tr>
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<td><strong>Onset:</strong> CND9O01</td>
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**RELIGIOUS COUNSELOR**

*If Religious Counselor is a paid pastoral counselor, code under Private Professional.*

*Code here religious, spiritual, faith-based counselors i.e. priest, rabbi, minister.*

*Have you seen a minister (priest, rabbi, etc.) for any of the kinds of problems you told me about?*

*Or any other spiritual or faith-based counselor?*

*Have you seen them in the last 3 months? When was the first time?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>Intensity:</strong> 0 = No</td>
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**LAST 3 MONTHS**

<table>
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<tbody>
<tr>
<td><strong>Ever:</strong> CNC2O01</td>
<td><strong>Onset:</strong> CNC2O01</td>
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</tbody>
</table>

**For Review Only**
**ALTERNATIVE PRACTITIONER/OTHER HEALER**

*Have you seen any alternative practitioners or other healers?*

Such as a faith healer or a curandero? Or a medicine man/woman? Or a traditional Indian healer? An herbalist or root doctor? Or a “New Age” practitioner? Or a touch or massage therapist? Have you seen any of those in the last 3 months? When was the first time?

<table>
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<th>Codes</th>
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<tbody>
<tr>
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<th>Codes</th>
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<tbody>
<tr>
<td>CNC3I01</td>
</tr>
<tr>
<td>Intensity</td>
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</tbody>
</table>
Definitions and questions

OTHER "NON-PROFESSIONAL" HELP

Assistance from others who are not professionally trained, licensed, and/or certified to provide mental health services for fees.

CRISIS HOTLINE

Have you ever called a "crisis hotline" for help with the kinds of problems we have talked about?

Have you called in the last 3 months?
When was the first time?

SELF-HELP GROUP

Have you ever participated in a self-help group?
Such as AA or NA?
Or a domestic violence support group?
Or a group that talks about depression or anxiety together?
Have you been to a group like that in the last 3 months?
When was the first time?

INTERNET SUPPORT GROUP

Internet web sites or chat rooms specific to discussion of certain problems, emotions, disorders, or disabilities.

Have you ever sought help from an internet support group for the kinds of problems we have talked about?
Or participated in chat room conversations about those kinds of issues or concerns?

Have you done that in the last 3 months?
When was the first time you sought help online?
HELP FROM RELATIVES

Have you talked to relatives to get help for problems like we have discussed?

This could be your parents, grandparents, aunts, uncles, etc.
Have you talked to them about that in the last 3 months?
When was the first time?

HELP FROM FRIENDS

Have you went to friends for help with the kinds of problems we've talked about?

Peers or other adults that you felt comfortable talking to?
Have you talked with them about problems in the last 3 months?
When was the first time?
GENERAL SERVICES USE

This page is to be asked of every subject interviewed. The intent is to gather inclusive general information. Detailed Service Forms are not completed on Non-Mental Health related services.

*We have asked you in detail about all services used for emotional, behavioral, or substance related reasons. Now we would like to briefly ask about four services used in general over the last year and over the last 3 months. This will include any services already mentioned plus services used for reasons other than emotional, behavioral or substance related reasons.

STUDENT SERVICES AT COLLEGE

Have you used any student services at college i.e. tutoring services or career guidance counselor?

Have you used them in the last 3 months?

DEPARTMENT OF SOCIAL SERVICES

Have you received any services from DSS (The Department Of Social Services)?

In the last 3 months?

HEALTH PROVIDER

Have you made a visit to a health provider (e.g. family doctor, health center, clinic, ER)?

Have you been in the last 3 months?
MENTAL HEALTH SERVICES FOR OTHER THAN SUBJECT'S OWN PROBLEMS

Have you been to a mental health center or seen a mental health professional privately for other than your own mental health problems (mostly for those of another family member)?

Have you been in the last 3 months?

Ever:CND6I01

Intensity

0 = No
2 = Yes

LAST 3 MONTHS

CND6I02

Intensity

0 = No
2 = Yes
Definitions and questions

DETAILED CHILD SERVICES FORM
COMPLETE ONE OF THESE FORMS FOR EACH SETTING WHERE SERVICES HAVE BEEN USED DURING THE LAST 3 MONTHS. SERVICE PRESENT IN LAST 3 MONTHS

Mark from Services Screen

IF NO SERVICE USE IN PP, SKIP TO "ANTICIPATED LOSS OF OWN CHILDREN", (PAGE 4).

Coding rules

SERVICE USE PRESENT IN PP

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Codes
### TREATMENT SETTING

*Where did you go/whom did you see?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Psychiatric Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Psychiatric unit in general hospital</td>
</tr>
<tr>
<td>3</td>
<td>Drug/alcohol/detox unit</td>
</tr>
<tr>
<td>4</td>
<td>Medical inpatient unit in hospital</td>
</tr>
<tr>
<td>5</td>
<td>Residential treatment center</td>
</tr>
<tr>
<td>6</td>
<td>Detention center/training school/jail</td>
</tr>
<tr>
<td>7</td>
<td>Group home/emergency shelter</td>
</tr>
<tr>
<td>10</td>
<td>Sheltered living/habilitation/halfway house</td>
</tr>
<tr>
<td>11</td>
<td>Partial hospitalization/day program</td>
</tr>
<tr>
<td>12</td>
<td>Drug/alcohol clinic</td>
</tr>
<tr>
<td>15</td>
<td>Crisis/Rape Crisis Center</td>
</tr>
<tr>
<td>16</td>
<td>In-home counseling/crisis services</td>
</tr>
<tr>
<td>17</td>
<td>Private professional treatment</td>
</tr>
<tr>
<td>21</td>
<td>College based professional</td>
</tr>
<tr>
<td>22</td>
<td>Professor/Instruction</td>
</tr>
<tr>
<td>23</td>
<td>Marriage Counselor</td>
</tr>
<tr>
<td>24</td>
<td>Work Related Services</td>
</tr>
<tr>
<td>25</td>
<td>Non-professional help at work</td>
</tr>
<tr>
<td>26</td>
<td>Social Services</td>
</tr>
<tr>
<td>27</td>
<td>Probation/Parole Officer</td>
</tr>
<tr>
<td>28</td>
<td>Court Counsel</td>
</tr>
<tr>
<td>29</td>
<td>Family Doctor/Other MD</td>
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<tr>
<td>30</td>
<td>Hospital ER</td>
</tr>
<tr>
<td>31</td>
<td>Vocational Rehab/Sheltered Workshop/Job Training</td>
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<tr>
<td>32</td>
<td>Religious Counselor</td>
</tr>
<tr>
<td>33</td>
<td>Other Healer/Alternative Practitioner</td>
</tr>
<tr>
<td>34</td>
<td>Crisis Hotline</td>
</tr>
<tr>
<td>35</td>
<td>Self Help Group</td>
</tr>
<tr>
<td>36</td>
<td>Internet Support Group</td>
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<tr>
<td>37</td>
<td>Help From Relatives</td>
</tr>
<tr>
<td>38</td>
<td>Other Non-professional help</td>
</tr>
<tr>
<td>39</td>
<td>Help from friends</td>
</tr>
</tbody>
</table>

Specify

---

For Review Only
FOCUS OF TREATMENT
Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

What were the main reasons that you "went to treatment setting"?

Were there any other reasons?
What were they?

FOCUS IDENTIFIED
0 = No
2 = Yes

FOCUS OF TREATMENT
3 = Worries/Anxiety
4 = Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Eating Disorder
9 = Hyperactivity/ADD
10 = Conduct Disorder/Anti-Social
11 = Alcohol/Drugs
12 = Psychosis
16 = Sibling Relationships
18 = Post Traumatic Stress
19 = Psychological Testing/Evaluation
20 = Follow-up Care
21 = Other __________________
22 = Social Relationships
23 = Work Relationships
24 = Relationship with Spouse/Partner
25 = Relationship with Own Children
NUMBER OF VISITS/DAYS

How often (long) did you go/stay in the last 3 months?
How long was each visit/session?
When did you first go there for this current treatment?

CURRENTLY ATTENDING

Are you still going?

IF SUBJECT HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO FORMAT OF SERVICE CONTACT. IF, SKIP TO "ANTICIPATED LOSS OF OWN CHILDREN", (PAGE 4).
**Definitions and questions**

**REASON STOPPED**

Code 3 reasons in order of apparent importance.

*When did you stop?*

*What were the reasons you stopped treatment?*

**Coding rules**

**HAS STOPPED SERVICE**

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<tr>
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<th>Description</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**COA6001**

**REASON(S) STOPPED**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Planned termination of treatment</td>
</tr>
<tr>
<td>3</td>
<td>Subject improved so stopped going</td>
</tr>
<tr>
<td>6</td>
<td>Bad experience with this provider</td>
</tr>
<tr>
<td>7</td>
<td>Felt discriminated against</td>
</tr>
<tr>
<td>8</td>
<td>“Provider” no longer available (moved or left setting)</td>
</tr>
<tr>
<td>9</td>
<td>Subject refused to go</td>
</tr>
<tr>
<td>10</td>
<td>Insurance limited treatment; would no longer pay</td>
</tr>
<tr>
<td>11</td>
<td>Too expensive</td>
</tr>
<tr>
<td>12</td>
<td>Subject moved away from “provider”</td>
</tr>
<tr>
<td>13</td>
<td>Other: _______________</td>
</tr>
<tr>
<td>15</td>
<td>Spouse/Partner refused to let subject attend</td>
</tr>
<tr>
<td>16</td>
<td>Spouse/Partner refused to attend Specify</td>
</tr>
</tbody>
</table>

**Details**

*IF INPATIENT, OUTPATIENT, OR FAMILY DOCTOR/OTHER MD, CONTINUE. IF OTHER PROFESSIONAL OR NON-PROFESSIONAL, SKIP TO NEXT SETTING. IF LAST 3 MONTHS, SKIP TO "TREATMENTS", (PAGE 7).*
FORMAT OF SERVICE CONTRACT

I am going to ask you about the different types of treatment that you or your family may have received in this setting.
### Definitions and questions

**TREATMENTS**

*Did you receive an assessment, evaluation or psychological testing?*

*Did you have individual therapy?*

*Group therapy?*

*Did you or your family receive family therapy, when the "provider" meets with you and your parents or children together?*

*Did you receive counseling for you and your spouse/partner?*

*Did your parent(s) have counseling by themselves for any problems we have discussed?*

*Did you receive family support or attend educational groups, such as group meetings with other families?*

*Did you receive case management services, that is having someone who helps coordinate the services you receive?*

*Did your "provider" contact your employer or college?*

*Did they contact or work with any other services or agencies?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
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<td><strong>TREATMENTS USED</strong></td>
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<td></td>
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</tr>
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<td>COA7101</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
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<td>COA7103</td>
</tr>
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<td></td>
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<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>GROUP THERAPY</strong></td>
<td>COA7104</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>FAMILY THERAPY</strong></td>
<td>COA7107</td>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>COUNSELING FOR SUBJECT &amp; SPOUSE/PARTNER</strong></td>
<td>COA7113</td>
</tr>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>COUNSELING FOR PARENT AND/OR PARTNER</strong></td>
<td>COA7108</td>
</tr>
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<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>FAMILY GROUP</strong></td>
<td>COA7106</td>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>CASE MANAGEMENT</strong></td>
<td>COA7109</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>CONTACTED WORK/COLLEGE</strong></td>
<td>COA7111</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>CONTACTED OTHER SERVICES OR AGENCIES</strong></td>
<td>COA7112</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

FAMILY INVOLVEMENT

Were other family members involved (apart from your spouse/partner)?

Who?
Did they participate in any sessions?

How many?
Did you feel they should have been more involved?

Or less involved?

SPOUSE/PARTNER INVOLVEMENT

Did your spouse/partner participate in any of the sessions?

Did you feel like s/he should have been more involved?
Or less involved?

How many sessions did s/he participate in?

Coding rules

FAMILY PRESENT
0 = Absent
2 = Present

DEGREE OF INVOLVEMENT 1
0 = Adequate Involvement
2 = Subject feels other family involvement was insufficient
3 = Subject feels other family involvement was too extensive

SPOUSE/PARTNER PRESENT
0 = Absent
2 = Present

SPOUSE/PARTNER DEGREE OF INVOLVEMENT
0 = Adequate Involvement
2 = Subject feels other family involvement was insufficient
3 = Subject feels other family involvement was too extensive
TREATMENT APPROACHES
Now I want to ask you about what went on in any of the treatment sessions you had.

Did your "provider" (or any of your "providers")...

1. Have you keep a diary of your behavior?
2. Help you set up a plan for rewarding your good behavior?
3. Set up a behavioral contract?
4. Give you any "homework" to practice?
5. Suggest using "time-outs"?
6. Teach you ways to manage your behavior?
7. Teach you ways to relax?
8. Teach you how your thoughts can affect how you feel and behave?
9. Teach you social skills?
10. Teach you how to deal with depressing or anxious thoughts?

USED TREATMENT APPROACHES
| 0 = No | 2 = Yes |

TREATMENT APPROACHES
| 0 = No | 2 = Yes |

Intensity

COA8I01
COA8I02
COA8I03
COA8I04
COA8I05
COA8I06
COA8I07
COA8I08
COA8I09
COA8I10
MEDICATION IN PP
Was medication prescribed for you?
Are you still taking it?
When did you stop?

If medication during last 3 months, and if inpatient, outpatient, or family doctor/other MD, complete medication chart. Otherwise, skip to outcomes.
If meds in last 3 months, skip to "medication detail", (Page 11).

MEDICATION PRESCRIBED
0 = No
1 = Prescribed, but never filled or taken
2 = Yes

STILL TAKING
0 = No
2 = Yes

OFFSET
//
### Definitions and questions

**MEDICATION DETAIL**

- **What is the name of the first medication you have taken in the last 3 months?**
- **WHO PRESCRIBED THIS MEDICATION FOR YOU?**
- **WHAT EXACTLY IS THIS MEDICATION FOR?**
  - How many milligrams is the dosage?
  - How many doses at that mg. in 24 hours?
  - Does the dosage vary within 24 hours?
  - How many milligrams is the second dosage?
- **When did you start taking it?**
- **Did the doctor explain what problem(s) or symptom(s) this medication was supposed to help? (record verbatim)**
- **Did the doctor mention any side effects that you need to watch out for?**
  - If yes, what are they?
- **How many different side effects did the doctor tell you about?**
- **Have you experienced any side effects from this medication?**
- **How often do you return to the doctor's office to have the reaction to the medication checked?**
- **May I see the medication bottle to verify that I have the right information?**

---

**Coding rules**

- **NAME OF MEDICATION**
  - 0 = Absent
  - 2 = Present
  - Specify

- **DOSE IN MG 1**
  - 0 = Absent
  - 2 = Present

- **# DOSES AT THIS MG 2**
  - 0 = Absent
  - 2 = Present

- **# DOSES AT THIS MG**
  - 0 = Absent
  - 2 = Present

- **DOCTOR'S EXPLANATION**
  - 0 = No
  - 2 = Yes

- **SIDE EFFECTS**
  - 0 = No
  - 2 = Yes

- **# OF SIDE EFFECTS**
  - 0 = Absent
  - 2 = Present

- **SIDE EFFECTS EXPERIENCED**
  - 0 = No
  - 2 = Yes

- **MEDICATION RECHECK**
  - 0 = Not Checked
  - 2 = Weekly or more
  - 3 = Monthly or more
  - 4 = Every 3 months or more
  - 5 = Every 6 months or more
### Definitions and Questions

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Once a year or more</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Coding Rules

- **CHECKED BOTTLE**
  - 0 = No
  - 2 = Yes
MEDICATION DETAIL 2

What is the name of the first medication you have taken in the last 3 months?

How many milligrams is the dosage?

How many doses at that mg. in 24 hours?

Does the dosage vary within 24 hours?

How many milligrams is the second dosage?

When did you start taking it?

Did the doctor explain what problem(s) or symptom(s) this medication was supposed to help? (record verbatim)

Did the doctor mention any side effects that you need to watch out for?

If yes, what are they?

How many different side effects did the doctor tell you about?

Have you experienced any side effects from this medication?

How often do you return to the doctor’s office to have the reaction to the medication checked?

May I see the medication bottle to verify that I have the right information?
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 = Once a year or more</td>
<td>COABX10</td>
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<tr>
<td>CHECKED BOTTLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MEDICATION DETAIL 3

What is the name of the first medication you have taken in the last 3 months?

How many milligrams is the dosage?

How many doses at that mg. in 24 hours?

Does the dosage vary within 24 hours?

How many milligrams is the second dosage?

When did you start taking it?

Did the doctor explain what problem(s) or symptom(s) this medication was supposed to help? (record verbatim)

Did the doctor mention any side effects that you need to watch out for?

If yes, what are they?

How many different side effects did the doctor tell you about?

Have you experienced any side effects from this medication?

How often do you return to the doctor’s office to have the reaction to the medication checked?

May I see the medication bottle to verify that I have the right information?

NAME OF MEDICATION
0 = Absent
2 = Present
Specify

DOSE IN MG 1

# DOSES AT THIS MG 2

# DOSES AT THIS MG

DOCTOR’S EXPLANATION
0 = No
2 = Yes

SIDE EFFECTS
0 = No
2 = Yes

# OF SIDE EFFECTS

SIDE EFFECTS EXPERIENCED
0 = No
2 = Yes

MEDICATION RECHECK
0 = Not Checked
2 = Weekly or more
3 = Monthly or more
4 = Every 3 months or more
5 = Every 6 months or more

For Review Only
Definitions and questions

Coding rules

6 = Once a year or more

CHECKED BOTTLE

0 = No
2 = Yes

Codes

COACX10
**MEDICATION DETAIL 4**

What is the name of the first medication you have taken in the last 3 months?

How many milligrams is the dosage?

How many doses at that mg. in 24 hours?

Does the dosage vary within 24 hours?

How many milligrams is the second dosage?

When did you start taking it?

Did the doctor explain what problem(s) or symptom(s) this medication was supposed to help? (record verbatim)

Did the doctor mention any side effects that you need to watch out for?

If yes, what are they?

How many different side effects did the doctor tell you about?

Have you experienced any side effects from this medication?

How often do you return to the doctor’s office to have the reaction to the medication checked?

May I see the medication bottle to verify that I have the right information?

---

**CODING RULES**

**NAME OF MEDICATION**

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<td>Intensity</td>
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**DOSE IN MG 1**

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<td>COADF01</td>
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**DOCTOR'S EXPLANATION**

<table>
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</tr>
</thead>
<tbody>
<tr>
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**SIDE EFFECTS**

<table>
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</tr>
</thead>
<tbody>
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<td>COADX07</td>
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**SIDE EFFECTS EXPERIENCED**

<table>
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**MEDICATION RECHECK**

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**DEFINITIONS AND QUESTIONS**

**CODES**

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<tbody>
<tr>
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<td>Onset</td>
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</tbody>
</table>

---

**Detailed Child Services Form**
Definitions and questions

OUTCOMES
Perceived benefits of treatment.

Determine if "No" means "No Change" or "This Was Never A Problem".

*Because of the treatment received with "provider", has your behavior improved?*

*Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?*

PATIENT SATISFACTION
If you needed a "provider" in the future, would you return to the same "provider" again?

If no, why not?

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

If no, why not?

PAYMENT
How was this service paid for?

Did you pay any of the cost yourself? How much have you paid in the last 3 months?

Coding rules

<table>
<thead>
<tr>
<th>6 = Once a year or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECKED BOTTLE</td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
<tr>
<td>BEHAVIOR IMPROVED</td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
<tr>
<td>RELATIONSHIPS IMPROVED</td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
<tr>
<td>RETURN TO PROVIDER</td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
<tr>
<td>RECOMMEND</td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
<tr>
<td>PAYMENT</td>
</tr>
<tr>
<td>0 = Subject paid all of cost of services</td>
</tr>
<tr>
<td>1 = Subject paid some of cost of services</td>
</tr>
<tr>
<td>2 = Subject paid none of cost of services</td>
</tr>
<tr>
<td>SUBJECT PAID</td>
</tr>
</tbody>
</table>
ATTITUDES AND BARRIERS TO SERVICES
RECEPTIVITY TO SERVICES

GENERAL RECEPTIVITY
The degree to which an individual thinks that professional services for emotional or behavioral problems are generally beneficial and an appropriate response to major problems.

When people have a serious emotional or behavioral problem, do you think it is a good idea for them to try to get help or treatment?

Do you think people like counselors or doctors can help with the kinds of emotional and behavioral problems people have?

PERSONAL RECEPTIVITY
Do you think that getting help or treatment for a serious problem would be (has been) a good idea for you?

Would you have liked to see someone (someone else) for any problems you had in the past 3 months?
In the future, if you had a major problem, would you want to see someone?

SPOUSE/PARTNER'S RECEPTIVITY
Does your spouse/partner think that getting help or treatment for a serious problem would be (has been) a good idea for you?

Would s/he have liked you to see someone (someone else) for any problems you had in the past 3 months?
In the future, if you had a major problem, would s/he want you to see someone?

GENERAL RECEPTIVITY
0 = Sees professional services as an appropriate response to major emotional or behavioral problems for people
1 = Sees professional services as probably appropriate for major problems for people
2 = Sees professional services as probably not appropriate for major problems for people
3 = Sees professional services as definitely not appropriate for major emotional or behavioral problems for people

PERSONAL RECEPTIVITY
0 = Sees professional services as an appropriate response to major emotional or behavioral problems, for self.
1 = Sees professional services as probably appropriate for major problems, for self.
2 = Sees professional services as probably not appropriate for major problems, for self.
3 = Sees professional services as definitely not appropriate for major emotional or behavioral problems, for self.

SPOUSE/PARTNER'S PERSONAL RECEPTIVITY
0 = Spouse/Partner sees professional services as an appropriate response to subject's major emotional or behavioral problems
1 = Spouse/Partner sees professional services as probably appropriate for subject's major problems
2 = Spouse/Partner sees professional services as probably not appropriate for subject's major problems
3 = Spouse/Partner sees professional services as definitely not appropriate for subject's major emotional or behavioral problems
PERCEPTION OF BARRIERS TO SERVICE

Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services.

FEAR, DISLIKE, OR DISTRUST OF PROFESSIONALS

Concern or discomfort with using services caused by subject's fear, dislike, or distrust of talking with professionals.

How do you feel about talking with doctors, counselors, or other professionals?

Have you talked with anyone like that about the kinds of problems we have talked about?
Tell me about the last time.
What made you uncomfortable?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because of this feeling about "doctors"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this "feeling" make a difference when you got help in the past 3 months?

What difference did it make?
Did you quit getting services because of it?

FEAR, DISLIKE, DISTRUST OF PROFESSIONALS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services
Definitions and questions

PREVIOUS NEGATIVE EXPERIENCE
Concern or discomfort with using services caused by subject's previous negative experience with professional(s).

Have you ever had a "bad experience/trouble" with a "professional/provider" that kept you from getting help again?

Tell me about it.

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because of "this experience"?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did "this experience" make a difference when you got help in the past 3 months?

What difference did it make?

SELF-CONCIOUSNESS
Reluctance to use services caused by self-consciousness about admitting having a problem or about seeking help for it. Also inability to talk with anyone about such sensitive issues.

Is it hard for you to talk to others about a problem or a concern you might have with your emotions or behavior?

Is it hard for you to ask others for help?

Do you feel embarrassed or self-conscious?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't go to see someone because it would be "embarrassing"?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did this "feeling" make a difference when you got help in the past 3 months?

What difference did it make?

Coding rules

PREVIOUS NEGATIVE EXPERIENCE
0 = Absent
2 = Present

IF SYMPTOMS
0 = Present but did not keep from getting help
2 = Present and delayed subject from getting some/other particular services in past 3 months
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IF SERVICES
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SELF-CONCIOUSNESS
0 = Absent
2 = Present

IF SYMPTOMS
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IF SERVICES
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3 = Quit getting services
Definitions and questions

ANTICIPATION OF NEGATIVE REACTION
Reluctance to use services caused by anticipation of a negative reaction from family, friends, or others to seeking treatment for an emotional or mental problem.

Are you concerned about what your family will think about you getting help?
Or about what your friends would think?
Or about what others would think?
What do you think they would say?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because you were “concerned what others would think”?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did “this concern” make a difference when you got help in the past 3 months?
What difference did it make?

ANTICIPATION OF NEGATIVE REACTION

<table>
<thead>
<tr>
<th>CPA4I01</th>
<th>Intensity</th>
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<tbody>
<tr>
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ANTICIPATION OF NEGATIVE REACTION

IF SYMPTOMS

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<tr>
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<tbody>
<tr>
<td>0 = Present but did not keep from getting help</td>
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IF SERVICES

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<tbody>
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<tr>
<td>3 = Quit getting services</td>
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</tbody>
</table>

ANTICIPATION OF NEGATIVE REACTION

ANTICIPATED LOSS OF OWN CHILDREN
Reluctance to use services caused by fear that subject's children might be at greater risk of out-of-home placement.

Were you concerned that your children might be taken away?
Or placed in foster care?
What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because of “this concern”?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did “this concern” make a difference when you got help in the past 3 months?
What difference did it make?

ANTICIPATED LOSS OF OWN CHILDREN

<table>
<thead>
<tr>
<th>nnn3I01</th>
<th>Intensity</th>
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<tbody>
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<td>0 = Absent</td>
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ANTICIPATED LOSS OF OWN CHILDREN

IF SYMPTOMS

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IF SERVICES

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<tr>
<td>3 = Quit getting services</td>
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</tbody>
</table>
**Definitions and questions**

**ANTICIPATED LOSS OF PARENTAL RIGHTS**
Reluctance to use services caused by fear that subject might be seen as an unfit parent and lose parental rights.

*Were you concerned that you might not be allowed to look after your children anymore?*

*What did you think might happen?*

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

*Was there any time in the last 3 months when you didn’t get help because of “this concern”?*

**IF SERVICES IN LAST 3 MONTHS, ASK:**

*Did “this concern” make a difference when you got help in the past 3 months?*

*What difference did it make?*

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**INCOMPLETE INFORMATION**
Difficulty in getting services caused by lack of information about where to get services or how to arrange them.

*Did lack of information about who to see make it harder for you to get services?*

*Do you think you need more information about who to see about a problem?*

*How would (did) you try to find out who to see?*

*Who would (did) you ask about finding the right person to help with problems?*

*Have you tried to contact anyone for help?*

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

*Were there any times in the last 3 months when you didn’t get help because you didn’t know who to see about the problem?*

**IF SERVICES IN LAST 3 MONTHS, ASK:**

*When you got help in the past 3 months, did you have trouble finding out who to see or where to go?*
Definitions and questions

**TIME**
Reluctance to use services caused by lack of time to get treatment or to make arrangements for treatment.

*Are you concerned about having enough time to get help?*

*Do you have time to go to appointments?*
*Or time to make arrangements?*
*How much time would be needed?*
*What would you not be able to do?*
*Would you have to miss class or work?*
*Would you have to give up a job or going to school?*
*Would you miss out on social activities with friends?*
*Would you have to give up doing things you enjoy?*

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

*Were there any times in the past 3 months when you didn’t get help because of “the time commitment”?

**IF SERVICES IN LAST 3 MONTHS, ASK:**

*Did time make a difference when you got help in the past 3 months?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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<tbody>
<tr>
<td><strong>TIME</strong></td>
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</tr>
<tr>
<td>0 = Absent</td>
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</table>
COST
Inability to use services or underutilization of services caused by perception that services could not be afforded or paid for.

Are you bothered about the cost of getting help?
What do you think it would cost? How did you find out what it would cost?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because it would cost too much?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did cost make a difference when you got help in the past 3 months?
What difference did it make?

IF CONCERN ABOUT COST, ASK:
Was that because your insurance would not cover the cost?
Would your insurance cover part? Could you afford the rest?
TRANSPORTATION
Reluctance to use services caused by difficulty getting to treatment site.

Is it difficult for you to get to “treatment” location?
How far would you need to go?
What transportation would (do) you need to get there?
Is that available?
Why wouldn’t you use it?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn’t get help because you “had no transportation and couldn’t get there”?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did transportation make a difference when you got help in the past 3 months?
What difference did it make?

BUREAUCRATIC DELAY
This item includes bureaucratic hurdles such as excessive pre-visit paperwork or authorizations, difficulty getting an appointment in a timely fashion or being put on a waiting list, or offices where the phone is not answered or calls are not returned.

Have there been difficulties getting services because of “the system”?
Have you had trouble getting through on the phone?
Were you put on a waiting list?
Did you feel like you were “getting the run around”?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn’t get help because of “bureaucratic delay”?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did bureaucratic delay make a difference when you got help in the past 3 months?
**SERVICE NOT AVAILABLE**

Non-availability of a particular service desired by a subject (such as counseling or drug rehab) because it does not exist in the area where the subject lives.

*Are there particular services you would like to use to get help that are not available where you live?*

What kind of service?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

*Were there any times in the past 3 months when you didn’t get help because that service is not available around here?*

**IF SERVICES IN LAST 3 MONTHS, ASK:**

*Did availability or existence of services make a difference when you got help in the last 3 months?*

What difference did it make?

**REFUSAL TO TREAT**

Being refused by the service for various reasons: lack of space/beds, problematic history of subject, fear of liability, etc.

*Did any service agency refuse to provide treatment for you?*

What was the reason given? What do you think was the reason?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

*Were there any times in the past 3 months when you didn’t get help because you were refused treatment?*

**IF SERVICES IN LAST 3 MONTHS, ASK:**

*Did this refusal to treat make a difference when you got help in the last 3 months?*

What difference did it make?

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### Codes

<table>
<thead>
<tr>
<th>Problem with Availability</th>
<th>Intensity</th>
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**REFUSAL TO TREAT**

Being refused by the service for various reasons: lack of space/beds, problematic history of subject, fear of liability, etc.

*Did any service agency refuse to provide treatment for you?*

What was the reason given? What do you think was the reason?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

*Were there any times in the past 3 months when you didn’t get help because you were refused treatment?*

**IF SERVICES IN LAST 3 MONTHS, ASK:**

*Did this refusal to treat make a difference when you got help in the last 3 months?*

What difference did it make?
SUBJECT OR SPOUSE/PARTNER REFUSES TREATMENT
The subject refused to go for treatment for which s/he was referred by a professional; or, the spouse/partner refuses to allow the subject’s participation.

Have you refused to go to any treatment services?

Has your spouse/partner refused to allow you to get treatment?

What was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn’t get help because you or your spouse/partner refused treatment?

IF SERVICES IN PAST 3 MONTHS, ASK:
Did your refusal to go to treatment make a difference in getting help in the last 3 months?
Did your spouse/partner's refusal to let you go make a difference in getting help in the last 3 months?

SUBJECT OR SPOUSE/PARTNER REFUSES TREATMENT
0 = Absent
2 = Present

IF SYMPTOMS
0 = Present but did not keep from getting help
2 = Present and delayed subject from getting some/other particular services in past 3 months
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IF SERVICES
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3 = Quit getting services
Definitions and questions

**LANGUAGE**
Reluctance to use services caused by lack of professionals who speak the native language of this family. Do not include a speech defect in a parent or subject whose native language is English.

IF ENGLISH IS ONLY LANGUAGE, SKIP TO OTHER BARRIERS.

**What languages are spoken in your home?**

Does your spouse/partner speak English?

Is it hard for you to talk about your problems in English? Is it hard for your spouse/partner?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

Were there any times in the last 3 months when you didn't go see someone about a problem because of having to speak English?

**IF SERVICES IN LAST 3 MONTHS, ASK:**

Did having to speak English make a difference when you got help in the past 3 months?

What difference did it make?

**Codes**

**LANGUAGES SPOKEN IN THE HOME**

0 = English is first language
1 = English is second language and other first language(s) is spoken in the home
2 = Only other language(s), not English, spoken in the home

**OTHER LANGUAGE(S)**

0 = Absent
2 = Child is so bothered that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.

**LANGUAGE BARRIER**

0 = Absent
2 = Present for spouse/partner but not subject
3 = Present for subject

**IF SYMPTOMS**

0 = Present but did not keep from getting help
2 = Present and delayed subject from getting some/other particular services in past 3 months
3 = Present and stopped subject from getting some/other particular services

**IF SERVICES**

0 = Present, but no effect on services
2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
3 = Quit getting services
OTHER BARRIERS
Reluctance to use services caused by other factors.

*Are there other things that you are concerned about in relation to getting help for your problems?*

What are they?
Tell me about that.

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**
Were there any times in the past 3 months when you didn't get help because of X?

How did it keep you from getting help?

**IF SERVICES IN LAST 3 MONTHS, ASK:**
Did X make a difference when you got help in the past 3 months?
What difference did it make?

**IF NO CONCERNS OR BARRIERS IDENTIFIED IN ENTIRE SECTION, SKIP TO NEXT SECTION.**
**IF IF CONCERNS OR BARRIERS IN LAST 3 MONTHS, OTHERWISE..., SKIP TO "ACADEMIC PROBATION FROM COLLEGE OR UNIVERSITY", (PAGE 33).**
Definitions and questions

**RELATIVE IMPACT OF BARRIERS**
Subject's weighting of the relative importance of the barriers to service.

You've told me that "barriers" made a difference in the help you got.

Which ones bothered you the most?
Which ones made the most difference in the services you got?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Rel. Impact of Barriers</th>
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</thead>
<tbody>
<tr>
<td>CPB4I01</td>
<td>1 = Fear, dislike, or distrust of professionals</td>
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<tr>
<td>CPB4I02</td>
<td>2 = Previous negative experience</td>
</tr>
<tr>
<td>CPB4I03</td>
<td>3 = Self-consciousness</td>
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<tr>
<td></td>
<td>4 = Anticipated negative reaction</td>
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<tr>
<td></td>
<td>7 = Lack Of Information</td>
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<td>8 = Time</td>
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<td>9 = Cost</td>
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<tr>
<td></td>
<td>10 = Problem With Transportation</td>
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<tr>
<td></td>
<td>11 = Language Barrier</td>
</tr>
<tr>
<td></td>
<td>12 = Other Barrier</td>
</tr>
<tr>
<td></td>
<td>13 = Bureaucratic delay</td>
</tr>
<tr>
<td></td>
<td>14 = Service not available</td>
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<tr>
<td></td>
<td>15 = Refusal to treat</td>
</tr>
<tr>
<td></td>
<td>16 = Refuses treatment</td>
</tr>
<tr>
<td></td>
<td>17 = Anticipated Loss of Own Children</td>
</tr>
<tr>
<td></td>
<td>18 = Anticipated Loss Of Parental Rights</td>
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<th>Codes</th>
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<td>0 = Absent</td>
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<td></td>
<td>2 = Present</td>
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</table>
**SERVICES AFFECTED**

Subject's listing of the providers/treatment settings whose services were most affected by the above barriers.

*Which "services" were affected the most?*

Who didn't you go to see that you would have otherwise? Is there someone you would have liked to have seen? Or an agency or center you would like to have gone to for services?

<table>
<thead>
<tr>
<th>TREATMENT SETTING(S) AFFECTED</th>
<th>CPB5X01</th>
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<tbody>
<tr>
<td>0 = Absent</td>
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<thead>
<tr>
<th>TREATMENT SETTING</th>
<th>CPB5I01</th>
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<tbody>
<tr>
<td>1 = Psychiatric Hospital</td>
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<tr>
<td>2 = Psychiatric unit in general hospital</td>
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<tr>
<td>3 = Drug/alcohol/detox unit</td>
<td></td>
</tr>
<tr>
<td>4 = Medical inpatient unit in hospital</td>
<td></td>
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<tr>
<td>5 = Residential treatment center</td>
<td></td>
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<tr>
<td>6 = Detention center/training school/jail</td>
<td></td>
</tr>
<tr>
<td>7 = Group home/emergency shelter</td>
<td></td>
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<tr>
<td>10 = Sheltered living/habilitation/halfway house</td>
<td></td>
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<tr>
<td>11 = Partial hospitalization/day program</td>
<td></td>
</tr>
<tr>
<td>12 = Drug/alcohol clinic</td>
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<tr>
<td>15 = Crisis/Rape Crisis Center</td>
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<tr>
<td>16 = In-home counseling/crisis services</td>
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<tr>
<td>17 = Private professional treatment</td>
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<tr>
<td>21 = College based professional</td>
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<tr>
<td>22 = Professor/Instructor</td>
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<tr>
<td>23 = Marriage Counselor</td>
<td></td>
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<tr>
<td>24 = Work Related Services</td>
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</tr>
<tr>
<td>25 = Non-professional help at work</td>
<td></td>
</tr>
<tr>
<td>26 = Social Services</td>
<td></td>
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<tr>
<td>27 = Probation/Parole Officer</td>
<td></td>
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<tr>
<td>28 = Court Counselor</td>
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<tr>
<td>29 = Family Doctor/Other MD</td>
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<tr>
<td>30 = Hospital ER</td>
<td></td>
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<tr>
<td>31 = Vocational Rehab/Sheltered Workshop/Job Training</td>
<td></td>
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<tr>
<td>32 = Religious Counselor</td>
<td></td>
</tr>
<tr>
<td>33 = Other Healer/Alternative Practitioner</td>
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<tr>
<td>34 = Crisis Hotline</td>
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<tr>
<td>35 = Self Help Group</td>
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<tr>
<td>36 = Internet Support Group</td>
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<tr>
<td>37 = Help From Relatives</td>
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<tr>
<td>Definitions and questions</td>
<td>Coding rules</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td></td>
<td>38 = Other Non-professional help</td>
</tr>
<tr>
<td></td>
<td>39 = Help from friends</td>
</tr>
</tbody>
</table>
INCAPACITY SECTION

REVIEW BRIEFLY WITH THE SUBJECT THE AREAS WHERE PROBLEMS OR SYMPTOMS HAVE EMERGED DURING THE INTERVIEW. TAKING ONE AREA AT A TIME, REVIEW THE AREAS OF SYMPTOMATOLOGY TO DETERMINE WHETHER SYMPTOMS IN THAT AREA HAVE CAUSED INCAPACITY. USE THIS, AND INFORMATION COLLECTED THROUGHOUT THE INTERVIEW, TO COMPLETE THE INCAPACITY RATINGS. REMEMBER, YOU NEED ONLY TO ASK THE SPECIFIC QUESTIONS IF YOU HAVE NOT ALREADY COLLECTED THE INFORMATION WHILE COVERING THE APPROPRIATE SYMPTOM SECTION. IF INCAPACITY IS PRESENT FIND OUT WHEN IT BEGAN. REMEMBER TO OBTAIN SEPARATE TIMINGS FOR THE ONSET OF PARTIAL AND SEVERE INCAPACITIES.

SUMMARY OF RULES FOR RATING INCAPACITY

SYMPTOM DEPENDENCY

In general, for an incapacity to be rated it must demonstrably have arisen from the presence of particular symptoms or behaviors and be manifested as a change in functions.

However, there are certain exceptions to this rule:

LIFELONG SYMPTOMS/BEHAVIORS

If a symptom or behavior has always been present then an incapacity resulting from that symptom/behavior may be rated as long as there is clear evidence that the symptom/behavior is interfering with functioning in that area.

SITUATION NOT ENTERED

If a particular situation (such as college or work) has not been entered in the preceding three months, but it is clear that incapacity was present in that situation the last time the subject entered it, then an incapacity should be coded on the basis of the state of affairs pertaining at that time.
INCAPACITY SCREEN

Mark positive if you have determined that an incapacity exists in any area.

*Have there been any changes in the way you get along with other people or in how you are able to do the things you want or need to do?*

*Are you unable to do anything that you used to be able to do, because of any of the problems we have talked about?*

MARK YES IF THERE ARE ANY INCAPACITIES RESULTING FROM ITEMS CODABLE IN THE INTERVIEW. IF INCAPACITIES SCREEN, SKIP TO "MEDICATION", (PAGE 45).
RELATIONSHIP WITH SPOUSE/LIVE-IN PARTNER
Complete for spouse or live-in partner of >=6 months.

A subject should be able to maintain relationships with his/her spouse/partner that are relatively harmonious and capable of containing positive and supportive communication.

A change in the relationship, temporarily associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to spouse or partner.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it/Do these things affect how you get along with your "spouse/live-in partner"?

In what way?
What does s/he do about it?
What do you do about it?
Does it cause any arguments?
Does it cause you to avoid each other?
Can you tell me what that is like?
When did you start having problems in your relationship with "X"?
Has there been a time when the relationship became much worse than that?
When did that start?
### Definitions and questions

<table>
<thead>
<tr>
<th>19 = Relationship With Colleagues/Co-Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMD2I15</td>
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<tr>
<td>CMD2I16</td>
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### Incapacity Ratings

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<th>Onset of First Partial Incapacity</th>
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<tbody>
<tr>
<td>ONSET OF FIRST SEVERE INCAPACITY</td>
<td>CMD3O02</td>
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</tbody>
</table>
RELATIONSHIPS WITH OWN CHILD(REN)
A subject should be able to live in reasonable harmony with his/her child(ren). Some arguments and battles are to be expected, but harmonious and loving relations should predominate. The subject should be able to provide the nurturance and parental care that the child(ren) need(s), depending upon their age(s).

WITHDRAWAL: Incapacity involving refusal or inability to provide adequate care or nurturance to child(ren).

DISCORD: Incapacity involving aggression, physical, or psychological violence, arguments, or fights.

Does it affect how you get along with your own child(ren)?
How?
What do you do?
What do they do?
Does it lead to fights or arguments?
Can you tell me about the last time it did?
Does it cause you to avoid each other?
When did that start?
Was there a time when it became much worse?
When was that?

RELATIONSHIP PROBLEMS WITH OWN CHILDREN
0 = Absent
2 = Present

WITHDRAWAL
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREA CAUSING INCAPACITY
1 = Worries/Anxiety/Panic
2 = Obsessions/Compulsions
3 = Depression or PMS
4 = Mania
5 = Physical Symptoms
6 = Food-Related Behavior
7 = Conduct Disorder/Anti-Social Behavior
8 = Alcohol/Drugs
9 = Psychosis
10 = Relationships With Parent #1 and/or Parent #2
11 = Relationships With Other Parent #1 and/or Other Parent #2
12 = Relationship With Spouse/Live-In Partner
13 = Relationships With Others Outside of College/Work
14 = Sibling Relationships
15 = Relationships With People at College/Work
16 = Life Events/Post-Traumatic Stress
17 = Relationships With Own Children/Other Children in Household
18 = Relationship With Employer/Supervisor
19 = Relationship With Colleagues/Co-Workers
**RELATIONSHIPS WITH OTHER CHILDREN IN HOUSEHOLD**

A subject should be able to live in reasonable harmony with other children in the house. Some arguments and battles are to be expected, but harmonious and loving relations should predominate. The subject should be able to provide the nurturance and care that the child(ren) need, depending on their age and how much they are his/her responsibility.

WITHDRAWAL: Incapacity involving refusal or inability to provide adequate care or nurturance to child(ren).

DISCORD: Incapacity involving aggression, physical or psychological violence, arguments, or fights.

*Does it affect how you get along with other children in your household?*

**How?**
- What do you do?
- What do they do?
- Does it cause you to avoid each other?
- Does it lead to fights or arguments?
- Can you tell me about the last time it did?
- When did that start?
- When did it become the worst?

**PROBLEMS WITH OTHER CHILDREN IN HOUSEHOLD**

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<tr>
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**WITHDRAWAL**

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<tbody>
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<td>3 = Severe Incapacity</td>
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**DISCORD**

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**SYMPTOM AREA CAUSING INCAPACITY**

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<tr>
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<td>4 = Mania</td>
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<tr>
<td>5 = Physical Symptoms</td>
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<tr>
<td>6 = Food-Related Behavior</td>
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<tr>
<td>7 = Conduct Disorder/Anti-Social Behavior</td>
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<tr>
<td>8 = Alcohol/Drugs</td>
</tr>
<tr>
<td>9 = Psychosis</td>
</tr>
<tr>
<td>10 = Relationships With Parent #1 and/or Parent #2</td>
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<tr>
<td>11 = Relationships With Other Parent #1 and/or Other Parent #2</td>
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<tr>
<td>12 = Relationship With Spouse/Live-In Partner</td>
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<tr>
<td>13 = Relationships With Others Outside of College/Work</td>
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<tr>
<td>14 = Sibling Relationships</td>
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<tr>
<td>15 = Relationships With People at College/Work</td>
</tr>
<tr>
<td>16 = Life Events/Post-Traumatic Stress</td>
</tr>
<tr>
<td>17 = Relationships With Own Children/Other Children in Household</td>
</tr>
<tr>
<td>18 = Relationship With Employer/Supervisor</td>
</tr>
<tr>
<td>19 = Relationship With Colleagues/Co-</td>
</tr>
</tbody>
</table>

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For Review Only
PARENTAL RELATIONSHIPS - PARENT #1

A subject should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how you get along with your "parent"?
How?
What does s/he do about it?
What do you do about it?
Does it cause any arguments?
Can you tell me about the last time it did?

PROBLEMS WITH PARENTAL RELATIONSHIPS - PARENT #1

WITHDRAWAL
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY
1 = Worries/Anxiety/Panic
2 = Obsessions/Compulsions
3 = Depression or PMS
4 = Mania
5 = Physical Symptoms
6 = Food-Related Behavior
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17 = Relationships With Own Children/Other Children in Household
18 = Relationship With Employer/Supervisor
19 = Relationship With Colleagues/Co-
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<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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<td>CMA0I23</td>
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<tr>
<td>ONSET OF FIRST SEVERE INCAPACITY</td>
<td>CMA0O02</td>
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</table>
PARENTAL RELATIONSHIPS - PARENT #2

A subject should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

*Does it affect how you get along with your “parent”?*

 How?  
What does s/he do about it?  
What do you do about it?  
Does it cause any arguments?  
Can you tell me about the last time it did?

**Symptom Areas Causing Incapacity**

1 = Worries/Anxiety/Panic
2 = Obsessions/Compulsions
3 = Depression or PMS
4 = Mania
5 = Physical Symptoms
6 = Food-Related Behavior
7 = Conduct Disorder/Anti-Social Behavior
8 = Alcohol/Drugs
9 = Psychosis
10 = Relationships With Parent #1 and/or Parent #2
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<tr>
<td>ONSET OF FIRST SEVERE INCAPACITY</td>
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For Review Only
PARENTAL RELATIONSHIPS - OTHER PARENT #1

A subject should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how you get along with "Other Parent #1"?

How?
What does s/he do about it?
Does it cause any arguments?
Can you tell me about the last time it did?

PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #1

0 = Absent
2 = Present

WITHDRAWAL
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY
1 = Worries/Anxiety/Panic
2 = Obsessions/Compulsions
3 = Depression or PMS
4 = Mania
5 = Physical Symptoms
6 = Food-Related Behavior
7 = Conduct Disorder/Anti-Social Behavior
8 = Alcohol/Drugs
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16 = Life Events/Post-Traumatic Stress
17 = Relationships With Own Children/Other Children in Household
18 = Relationship With Employer/Supervisor
Definitions and questions

Coding rules

19 = Relationship With Colleagues/Co-Workers

Codes

CMA2115
CMA2116
CMA2117
CMA2118
CMA2119
CMA2120
CMA2121
CMA2122
CMA2123
CMA2001
CMA2002

ONSET OF FIRST PARTIAL INCAPACITY
ONSET OF FIRST SEVERE INCAPACITY
PARENTAL RELATIONSHIPS - OTHER PARENT #2

Subject should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

**Does it affect how you get along with "Other Parent #2"?**

*How?*  
*What does s/he do about it?*  
*What do you do about it?*  
*Does it cause any arguments?*  
*Can you tell me about the last time it did?*

---

**CMA3I90**  
**Intensity**

**CMA3I01**  
**WITHDRAWAL**

**CMA3I02**  
**DISCORD**

**CMA3I05**  
**SYMPTOM AREAS CAUSING INCAPACITY**

1 = Worries/Anxiety/Panic  
2 = Obsessions/Compulsions  
3 = Depression or PMS  
4 = Mania  
5 = Physical Symptoms  
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15 = Relationships With People at College/Work  
16 = Life Events/Post-Traumatic Stress  
17 = Relationships With Own Children/Other Children in Household  
18 = Relationship With Employer/Supervisor
Incapacity Ratings

19 = Relationship With Colleagues/Co-Workers

CMA3I15
CMA3I16
CMA3I17
CMA3I18
CMA3I19
CMA3I20
CMA3I21
CMA3I22
CMA3I23

ONSET OF FIRST PARTIAL INCAPACITY
CMA3O01

ONSET OF FIRST SEVERE INCAPACITY
CMA3O02
**Definitions and questions**

**SIBLING RELATIONSHIPS: IN HOME**

A subject should be able to live in reasonable harmony with sibling(s). Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporarily associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, sibling(s).

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

**Does it affect how you get along with your (brothers and sisters)?**

How?

What do they do about it?

What do you do?

Does it create any arguments?

Can you tell me about the last time it did?

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<table>
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<th>PROBLEMS WITH SIBLING RELATIONSHIPS - IN HOME</th>
<th>Codes</th>
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<tr>
<td>2 = Partial Incapacity.</td>
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<td>3 = Severe Incapacity.</td>
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<td>2 = Obsessions/Compulsions</td>
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<td>3 = Depression or PMS</td>
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<td>4 = Mania</td>
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<td>10 = Relationships With Parent #1 and/or Parent #2</td>
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<td>19 = Relationship With Colleagues/Co-</td>
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</table>
Definitions and questions

Coding rules

Codes

Workers

- CMA4I15
- CMA4I16
- CMA4I17
- CMA4I18
- CMA4I19
- CMA4I20
- CMA4I21
- CMA4I22
- CMA4I23

ONSET OF FIRST PARTIAL INCAPACITY

CMA4O01

//

ONSET OF FIRST SEVERE INCAPACITY

CMA4O02

//
**SIBLING RELATIONSHIPS: OUT OF HOME**

A subject should be able to live in reasonable harmony with sibling(s). Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporarily associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with, or talk to, sibling.

**DISCORD**: Incapacity involving aggression, arguments, fights, or disruptive behavior

**Does it affect how you get along with your (brothers and/or sisters) who don’t live at home?**

**How?**

- What do they do about it?
- What do you do about it?
- Does it create any arguments?
- Can you tell me about the last time?

---

### PROBLEMS WITH SIBLING RELATIONSHIP - OUT OF HOME

**Intensity**

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<th>Description</th>
<th>Value</th>
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<tbody>
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<td>Withdrawal</td>
<td>0 = Absent, 2 = Present</td>
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<td>CMA5I01</td>
<td>Discord</td>
<td>0 = Absent, 2 = Partial Incapacity, 3 = Severe Incapacity</td>
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### SYMPTOM AREAS CAUSING INCAPACITY

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<td>2 = Obsessions/Compulsions</td>
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<td>CMA5I07</td>
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<tr>
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<td>19 = Relationship With Colleagues/Co-</td>
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Definitions and questions

Coding rules

Codes

Workers

CMA5115
CMA5116
CMA5117
CMA5118
CMA5119
CMA5120
CMA5121
CMA5122
CMA5123
CMA5001
CMA5002

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY
WORK RELATIONSHIPS: EMPLOYER/SUPERVISOR

Subject should be able to get along in reasonable harmony with his/her immediate supervisor or employer. A change in relationships, temporarily associated with other symptoms, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to follow instructions or carry out expected tasks ordered by employer/supervisor, or to interact harmoniously with him/her.

DISCORD: Incapacity involving arguments, violence, or disruptive behavior.

*Does it affect how you get along with your employer/supervisor?*

*How?*
*What do you do?*
*What does s/he do?*
*Does it lead to fights or arguments?*
*Can you tell me about the last time it did?*
*Does it lead you to avoid one another?*
*When did that start?*
*Has it gotten worse at any time?*
*When did that happen?*

<table>
<thead>
<tr>
<th>Symptoms Areas Causing Incapacity</th>
<th>CMD Codes</th>
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<tbody>
<tr>
<td>1 = Worries/Anxiety/Panic</td>
<td>CMD0012</td>
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<tr>
<td>2 = Obsessions/Compulsions</td>
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<td>3 = Depression or PMS</td>
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<td>5 = Physical Symptoms</td>
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<td>6 = Food-Related Behavior</td>
<td>CMD0017</td>
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<td>7 = Conduct Disorder/Anti-Social Behavior</td>
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<td>18 = Relationship With Employer/Supervisor</td>
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</tbody>
</table>
19 = Relationship With Colleagues/Co-Workers

Codes

CMD006

CMD0005

Onset

CMD0006

//

For Review Only
Definitions and questions

**WORK RELATIONSHIPS: COLLEAGUES/CO-WORKERS**

Subject should be able to work in reasonable harmony with colleagues or co-workers. A change in relationships temporarily associated with other symptoms should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL:** Incapacity involving inability or failure to take his/her part in maintaining harmonious relations with colleagues/co-workers.

**DISCORD:** Incapacity involving aggression, frequent arguments, violence, or threats of violence toward colleagues/co-workers.

Does it affect how you get along with the people you work with?

How?
What do you do?
What do they do?
Does it lead to fights or arguments?
Can you tell me about the last time it did?
Does it lead you to avoid each other?
When did you start to have problems with people you work with?
Did it get worse at any time?
When was that?

**Coding rules**

**PROBLEM WITH COLLEAGUES/CO-WORKERS**

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<td>2 = Present</td>
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**WITHDRAWAL**

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<tbody>
<tr>
<td>0 = Absent</td>
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**DISCORD**

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**SYMPTOM AREAS CAUSING INCAPACITY**

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<th>CMD0016</th>
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<tbody>
<tr>
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<tr>
<td>18 = Relationship With Employer/Supervisor</td>
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</tbody>
</table>
SELF CARE
A subject should be able to keep him/herself clean and well-groomed to a degree consonant with his/her age.

The reduction in level of self-care must be marked enough to have led to visible or smellable changes, or to require unusual efforts by others to induce subject to maintain appearance.

What about keeping yourself clean and well-groomed? Has that been affected at all?

Have you let up on how well you take care of your appearance?
Do you care what others think about how you look or smell?
How long has it been affected?
What is it that makes it hard for you to keep yourself clean and neat?

PROBLEMS WITH SELF CARE
0 = Absent
2 = Partial incapacity.
3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY
1 = Worries/Anxiety/Panic
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19 = Relationship With Colleagues/Co-Workers
Definitions and questions

Coding rules

Codes

CMA6I17
CMA6I18
CMA6I19
CMA6I20
CMA6I21
CMA6I22
CMA6O01
CMA6O02

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

For Review Only
CHORES AND HOUSEWORK

A subject should be able to perform reasonable household tasks. "Reasonable" will vary depending upon whether the subject is a full-time homemaker, working outside the home, or living in a parental home. Remember that in most cases a decrement in ability or unwillingness to perform the tasks is required for an incapacity to be noted.

What about the tasks you have to at home?

Like chores or housework?
Do you try to keep your place clean?
Do you care if it gets trashy or nasty?
Has it affected things that you need to do at home at all?

In what way?
Are there any things that you can’t do properly or that you’ve stopped doing because of (the way you’ve been feeling)?

Would it make a difference if you didn’t...(have symptoms)?

What difference would it make?
How do you know that it’s...(symptom)...that causes the trouble?

When did you start having difficulty with chores or housework because of "symptom(s)"?

Was there a time when it became worse? If so, when?
### Definitions and questions

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
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</tbody>
</table>

### Coding rules

- For Review Only

### Codes

- CMA7O01
- CMA7O02

- For Review Only
LEAVING HOUSE
A subject should be able to leave his/her house without difficulty.

DO NOT CODE IF SUBJECT IS PHYSICALLY DISABLED OR CONFINED TO THE HOUSE BECAUSE OF CARING FOR A BABY OR INVALID.

Does...(symptom)...make it hard for you to leave the house?

Does it make you unwilling or unable to go places to do the things you need or want to do?
When did that start?
Did it get worse at any time? If so, when?

PROBLEMS WITH LEAVING HOUSE
0 = Absent
2 = Partial incapacity.
3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY
1 = Worries/Anxiety/Panic
2 = Obsessions/Compulsions
3 = Depression or PMS
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5 = Physical Symptoms
6 = Food-Related Behavior
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19 = Relationship With Colleagues/Co-Workers
### Definitions and questions

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<td>CMA9I22</td>
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**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

For Review Only
**SCHOOL/COLLEGE LIFE - PERFORMANCE**

Deterioration in class work or a decrease in relative performance (as shown by worsening grades) or a notable drop in class position are considered to be evidence of incapacity. A description of things that the subject used to be able to do but can no longer is required for a rating here; do not include subjects whose low intelligence limits their ability to perform school work and have, therefore, always had poor results.

**What about at school or college, does it affect how you get along there?**

**Or affect how well you can do your coursework?**

Have your grades suffered?
How has it affected you at school or college?
Can you tell me about the last time that it did?

When did that start?
Did it get worse at any time?
When was that?
### Definitions and questions

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</table>

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**
ACADEMIC PROBATION FROM COLLEGE OR UNIVERSITY

Have you ever been placed on academic probation from college or university?

Have you had to get a tutor or extra help with your coursework to stay at school?

ACADEMIC PROBATION

0 = No
2 = Yes

ACADEMIC PROBATION IN LAST 3 MONTHS

0 = No
2 = Yes

SYMPTOM AREAS CAUSING INCAPACITY

1 = Worries/Anxiety/Panic
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16 = Life Events/Post-Traumatic Stress
17 = Relationships With Own Children/Other Children in Household
18 = Relationship With

For Review Only
Definitions and questions

Coding rules

Codes

Employer/Supervisor

19 = Relationship With Colleagues/Co-Workers
**INSTRUCTOR/PROFESSOR RELATIONSHIPS**

A deterioration in a subject's relationships with his/her instructors/professors is regarded as an incapacity. The need to use increasing levels of disciplinary action, or a withdrawal from contact with instructor or professor with whom the subject has previously had good relationships, is evidence of disturbance here.

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with or talk to instructors/professors.

**DISCORD**: Incapacity involving aggression, arguments, fights or disruptive behavior.

*Does it affect how you get along with the instructors or professors?*

*Have you had any arguments or fights with them?*
*Are there any of them that you avoid?*
*How have your relationships with instructors or professors been affected?*
*Can you tell me about the last time that it did?*

*When did that start?*  
*Did it get worse at any time?*  
*When was that?*

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<td>18 = Relationship With Employer/Supervisor</td>
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Incapacity Ratings

Coding rules

19 = Relationship With Colleagues/Co-Workers

Codes

CMB4I15
CMB4I16
CMB4I17
CMB4I18
CMB4I19
CMB4I20
CMB4I21
CMB4I22
CMB4I23

ONSET OF FIRST PARTIAL INCAPACITY

CMB4O01

ONSET OF FIRST SEVERE INCAPACITY

CMB4O02
PEER RELATIONSHIPS AT SCHOOL/COLLEGE

Subjects should be able to form mutually interested relationships and to undertake activities together (chatting and hanging-out constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to peers.

DISCORD: Incapacity involving aggressions, arguments, fights or disruptive behavior.

What about how you get along with others your age at school; does it affect that?

What about your friends at school?

Has it made you see your friends less than you used to?
Or try to avoid them?
Or do they seem to want to do things with you less than they used to?
Why is that?

When did that start?
Did it become worse at any time? If so, when?
Definitions and questions

Coding rules

Codes

Workers

CMB5I1

CMB5I16

CMB5I17

CMB5I18

CMB5I19

CMB5I20

CMB5I21

CMB5I22

CMB5I23

ONSET OF FIRST PARTIAL INCAPACITY

CMB5O01

ONSET OF FIRST SEVERE INCAPACITY

CMB5O02
### SPARE TIME ACTIVITIES

Normal out of school/work activities should be reduced by at least one third and to a degree outside their normal range of variation. Care should be taken to ensure that the subject has not lost interest in an activity for no particular reason. That is to say that the reduction in involvement must clearly be a response to some symptomatology.

**Does it affect what you do in your spare time?**

*For example, has it made it difficult to (refer to subject’s interests/hobbies/leisure activities)?*

Do you have any spare time activities?  
Do you find that you are doing less of the things you used to enjoy?

When did that start?  
Did it get worse at any time?  
When was that?

<table>
<thead>
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<th>SPARE TIME ACTIVITIES</th>
<th>Codes</th>
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<tr>
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<td>18 = Relationship With Employer/Supervisor</td>
<td>CMB6I24</td>
</tr>
<tr>
<td>19 = Relationship With Colleagues/Co-Workers</td>
<td>CMB6I25</td>
</tr>
</tbody>
</table>
### Definitions and questions

#### Incapacity Ratings

**ONSET OF FIRST PARTIAL INCAPACITY**
- **CMB6O01**
  - / /

**ONSET OF FIRST SEVERE INCAPACITY**
- **CMB6O02**
  - / /

### Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMB6I17</td>
</tr>
<tr>
<td>CMB6I18</td>
</tr>
<tr>
<td>CMB6I19</td>
</tr>
<tr>
<td>CMB6I20</td>
</tr>
<tr>
<td>CMB6I21</td>
</tr>
<tr>
<td>CMB6I22</td>
</tr>
</tbody>
</table>

For Review Only
**RELATIONSHIPS WITH PEOPLE IN SPARE TIME ACTIVITIES**

Both withdrawal from such relationships and disturbances of their harmony are evidence to be kept in mind for the purposes of a rating here.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with or talk to peers and other adults.

**DISCORD:** Incapacity involving aggression, arguments, fights or disruptive behavior.

*Does it affect how you get along with other people outside the home, college, or work?*

*Like at clubs or the gym, or at church or community activities?*
*Who?*
*How?*
*Can you tell me about the last time that it did?*
*Has it made you see less of other people?*
*Or try to avoid them?*
*Or do they treat you differently?*
*Why?*

*When did that start?*
*Did it become worse at any time?*
*When?*

### Incapacity Ratings

<table>
<thead>
<tr>
<th>Symptom Area</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worries/Anxiety/Panic</td>
<td>CMD4105</td>
</tr>
<tr>
<td>Obsessions/Compulsions</td>
<td>CMD4106</td>
</tr>
<tr>
<td>Depression or PMS</td>
<td>CMD4107</td>
</tr>
<tr>
<td>Mania</td>
<td>CMD4108</td>
</tr>
<tr>
<td>Physical Symptoms</td>
<td>CMD4109</td>
</tr>
<tr>
<td>Food-Related Behavior</td>
<td>CMD4110</td>
</tr>
<tr>
<td>Conduct Disorder/Anti-Social Behavior</td>
<td>CMD4111</td>
</tr>
<tr>
<td>Alcohol/Drugs</td>
<td>CMD4112</td>
</tr>
<tr>
<td>Psychosis</td>
<td>CMD4113</td>
</tr>
<tr>
<td>Relationships With Parent #1 and/or Parent #2</td>
<td>CMD4114</td>
</tr>
<tr>
<td>Relationships With Other Parent #1 and/or Other Parent #2</td>
<td>CMD4115</td>
</tr>
<tr>
<td>Relationship With Spouse/Live-In Partner</td>
<td>CMD4116</td>
</tr>
<tr>
<td>Relationships With Others Outside of College/Work</td>
<td>CMD4117</td>
</tr>
<tr>
<td>Sibling Relationships</td>
<td>CMD4118</td>
</tr>
<tr>
<td>Relationships With People at College/Work</td>
<td>CMD4119</td>
</tr>
<tr>
<td>Life Events/Post-Traumatic Stress</td>
<td>CMD4120</td>
</tr>
<tr>
<td>Relationships With Own Children/Other Children in Household</td>
<td>CMD4121</td>
</tr>
<tr>
<td>Relationship With Employer/Supervisor</td>
<td>CMD4122</td>
</tr>
</tbody>
</table>
Definitions and questions

Coding rules

19 = Relationship With Colleagues/Co-Workers

Codes

CMD4I14
CMD4I15
CMD4I16
CMD4I17
CMD4I18
CMD4I19
CMD4I20
CMD4I21
CMD4I22
CMD4I23

ONSET OF FIRST PARTIAL INCAPACITY

CMD4O01

//

ONSET OF FIRST SEvere INCAPACITY

CMD4O02

//
**EMPLOYMENT**

The performance of the job must actually be substandard to some degree. It is not enough that the subject should simply describe it as being more difficult or tiring.

Include the situation in which the subject lost a job, given up working, or has not had a job because of symptomatology, including drug use.

**Do you have a job?**

If not, is that because of a full schedule at college or university?  
Have you tried to get a job?  
Would you like to be working?  
Has "symptom(s)" affected your ability or desire to work at all?

When did "symptom(s)" start causing problems with employment?  
Did it become worse at any time? If so, when?
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONSET OF FIRST PARTIAL INCAPACITY</td>
<td>ONSET OF FIRST SEVERE INCAPACITY</td>
<td>CMB9O01 CMB9O02</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MEDICATION
Any medication prescribed by a medical practitioner (either mainstream or alternative) or given by parents or guardian. Do not include analgesics taken less than once per week for sporadic headaches, etc. However, such drugs should be included if they are taken more regularly than this.

Note: Type and daily dose if known for any medication mentioned.

Are you on any medication?

Do you take any prescriptions, like for depression, anxiety, or mood?

Or anything suggested by your doctor, either over-the-counter or alternative?

What?

What is that?

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CMC0I90</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td>CMC0I01</td>
<td></td>
</tr>
<tr>
<td>MINOR TRANQUILIZERS/SEDATIVES</td>
<td>CMC0O01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CMC1I01</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CMC1O01</td>
<td></td>
</tr>
<tr>
<td>BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT</td>
<td>CMC2I01</td>
<td></td>
</tr>
<tr>
<td>ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS</td>
<td>CMC3I01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CMC4I01</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CMC4O01</td>
<td></td>
</tr>
<tr>
<td>BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT</td>
<td>CMC5I01</td>
<td></td>
</tr>
<tr>
<td>STIMULANTS</td>
<td>CMC6I01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CMC6O01</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CMC7I01</td>
<td></td>
</tr>
<tr>
<td>BEGINNING OF STIMULANTS TREATMENT</td>
<td>CMC8I01</td>
<td></td>
</tr>
<tr>
<td>ANTIDEPRESSANTS</td>
<td>CMC9I01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CMC10I01</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CMC10O01</td>
<td></td>
</tr>
<tr>
<td>BEGINNING OF ANTIDEPRESSANTS TREATMENT</td>
<td>CMC11I01</td>
<td></td>
</tr>
<tr>
<td>LITHIUM</td>
<td>CMC12I01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CMC12O01</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CMC13I01</td>
<td></td>
</tr>
<tr>
<td>BEGINNING OF LITHIUM TREATMENT</td>
<td>CMC14I01</td>
<td></td>
</tr>
<tr>
<td>ANTICONVULSANTS</td>
<td>CMC15I01</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td>CMC15O01</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td>CMC16I01</td>
<td></td>
</tr>
<tr>
<td>BEGINNING OF ANTICONVULSANTS TREATMENT</td>
<td>CMC17I01</td>
<td></td>
</tr>
<tr>
<td>Definitions and questions</td>
<td>Coding rules</td>
<td>Codes</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>INCAPACITY RATINGS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BEGINNING OF ANTICONVULSANTS TREATMENT**

**OTHER**
- 0 = No
- 2 = Yes
- Specify

**BEGINNING OF TREATMENT**
OFFSETS
Code here if symptoms coded in the symptom section have ceased within the last 3 months primary period.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMC7O03</td>
<td>OFFSET: WORRIES/ANXIETY/PANIC</td>
</tr>
<tr>
<td>CMC7O04</td>
<td>OFFSET: OBSESSIONS/COMPULSIONS</td>
</tr>
<tr>
<td>CMC7O05</td>
<td>OFFSET: DEPRESSION</td>
</tr>
<tr>
<td>CMC7O06</td>
<td>OFFSET: MANIA</td>
</tr>
<tr>
<td>CMC7O07</td>
<td>OFFSET: PHYSICAL SYMPTOMS</td>
</tr>
<tr>
<td>CMC7O08</td>
<td>OFFSET: FOOD-RELATED BEHAVIOR</td>
</tr>
<tr>
<td>CMC7O09</td>
<td>OFFSET: CONDUCT DISORDER</td>
</tr>
<tr>
<td>CMC7O10</td>
<td>OFFSET: ALCOHOL/DRUGS</td>
</tr>
<tr>
<td>CMC7O11</td>
<td>OFFSET: SMOKING CIGARETTES</td>
</tr>
<tr>
<td>CMC7O12</td>
<td>OFFSET: PSYCHOSIS</td>
</tr>
<tr>
<td>CMC7O13</td>
<td>OFFSET: RELATIONSHIPS WITH OTHER PARENTS</td>
</tr>
<tr>
<td>XYZ6043</td>
<td>OFFSET: RELATIONSHIP WITH SPOUSE/LIVE-IN PARTNER</td>
</tr>
</tbody>
</table>
### Definitions and Questions

- **OFFSET: RELATIONSHIPS WITH OTHERS OUTSIDE OF SCHOOL/WORK**
  - XYZ6089

- **OFFSET: SIBLING RELATIONSHIPS**
  - CMC7015

- **OFFSET: RELATIONSHIPS WITH PEOPLE AT SCHOOL/WORK**
  - XYZ5053

- **OFFSET: LIFE EVENTS/POST-TRAUMATIC STRESS**
  - CMC7017

---

**Incapacity Ratings**

48
ENDING THE INTERVIEW

PERCEPTION OF PROBLEMS

We have covered quite a lot of ground, but is there anything that worries you, or causes you problems, that I haven’t asked about?

What?
Tell me a bit about that.
You have told me about many different things; do you think that any of them are problems for you?

PERCEPTION OF PROBLEMS

0 = No
2 = Yes

PROBLEMS WITH:

1 = Worries/Anxiety/Panic
2 = Obsessions/Compulsions
3 = Depression or PMS
4 = Mania
5 = Physical Symptoms
6 = Food-Related Behavior
7 = Conduct Disorder/Anti-Social Behavior
8 = Alcohol/Drugs
9 = Psychosis
10 = Relationships With Parent #1 and/or Parent #2
11 = Relationships With Other Parent #1 and/or Other Parent #2
12 = Relationship With Spouse/Live-In Partner
13 = Relationships With Others Outside of College/Work
14 = Sibling Relationships
15 = Relationships With People at College/Work
16 = Life Events/Post-Traumatic Stress
17 = Relationships With Own Children/Other Children in Household
18 = Relationship With Employer/Supervisor
19 = Relationship With Colleagues/Co-Workers
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CMC8I16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMC8I17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMC8I18</td>
</tr>
</tbody>
</table>
**HELP NEEDED**

*Are there things that you think you need help with?*

- **What?**
- **What sort of help do you need?**

**HELP NEEDED**

**Intensity**

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
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<td>CMC9I90</td>
<td>0 = No</td>
</tr>
<tr>
<td></td>
<td>2 = Yes</td>
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</table>

**HELP NEEDED WITH:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMC9I03</td>
<td>1 = Worries/Anxiety/Panic</td>
</tr>
<tr>
<td>CMC9I04</td>
<td>2 = Obsessions/Compulsions</td>
</tr>
<tr>
<td>CMC9I05</td>
<td>3 = Depression or PMS</td>
</tr>
<tr>
<td>CMC9I06</td>
<td>4 = Mania</td>
</tr>
<tr>
<td>CMC9I07</td>
<td>5 = Physical Symptoms</td>
</tr>
<tr>
<td>CMC9I08</td>
<td>6 = Food-Related Behavior</td>
</tr>
<tr>
<td>CMC9I09</td>
<td>7 = Conduct Disorder/Anti-Social Behavior</td>
</tr>
<tr>
<td>CMC9I10</td>
<td>8 = Alcohol/Drugs</td>
</tr>
<tr>
<td>CMC9I11</td>
<td>9 = Psychosis</td>
</tr>
<tr>
<td>CMC9I12</td>
<td>10 = Relationships With Parent #1 and/or Parent #2</td>
</tr>
<tr>
<td>CMC9I13</td>
<td>11 = Relationships With Other Parent #1 and/or Other Parent #2</td>
</tr>
<tr>
<td>CMC9I14</td>
<td>12 = Relationship With Spouse/Live-In Partner</td>
</tr>
<tr>
<td>CMC9I15</td>
<td>13 = Relationships With Others Outside of College/Work</td>
</tr>
<tr>
<td></td>
<td>14 = Sibling Relationships</td>
</tr>
<tr>
<td></td>
<td>15 = Relationships With People at College/Work</td>
</tr>
<tr>
<td></td>
<td>16 = Life Events/Post-Traumatic Stress</td>
</tr>
<tr>
<td></td>
<td>17 = Relationships With Own Children/Other Children in Household</td>
</tr>
<tr>
<td></td>
<td>18 = Relationship With Employer/Supervisor</td>
</tr>
<tr>
<td></td>
<td>19 = Relationship With Colleagues/Co-Workers</td>
</tr>
</tbody>
</table>
OBSERVATIONAL ITEMS
Complete this section with glossary definitions following interview.

PHONE INTERVIEW
Interview was conducted over the telephone; therefore, no observations

Was the interview conducted over the telephone?

TELEPHONE INTERVIEW CONDUCTED; THEREFORE, NO OBSERVATIONS IF TELEPHONE INTERVIEW PRESENT, SKIP TO "QUALITY OF INTERVIEW", (PAGE 14).

PHONE INTERVIEW
0 = Yes
2 = No
Definitions and questions

PHYSICAL APPEARANCE

PHYSICAL APPEARANCE RATING
0 = No
2 = Yes

PHYSICAL ATTRACTIVENESS OF THE SUBJECT
0 = Good looking, better than average
1 = Ordinary
2 = Rather unattractive
3 = Extremely unattractive

OBSERVED SELF-NEGLECT
0 = Absent
2 = Self-neglect in one area of care, or if the subject smells of perspiration
3 = There is marked self-neglect in more than one area, or if the subject smells of feces or urine

BIZARRE APPEARANCE
0 = Absent
2 = Subject wears clothes or ornaments with idiosyncratic significance
3 = The whole impression is grossly odd and would be remarked on by a fairly unsophisticated person (i.e. wrapped in foil to keep the rays out)

AGE APPROPRIATE APPEARANCE
0 = Subject appearance is generally consistent with his/her age group
1 = Subject appears younger than his/her age
2 = Subject appears older than his/her age

OBSERVED EMOTIONAL DISTRESS ON SEPARATING FROM SIGNIFICANT OTHERS
0 = Separation without distress
1 = Requires added reassurance but leaves with the examiner and does not attempt to go back
2 = Marked protest or reluctance to separate expressed by clinging to significant others
3 = Separation impossible, or cannot be sustained without persistent protest or
### Observational Items

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Code</th>
<th>Coding Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRITICISM OF PARENTS</td>
<td>CQA3X01</td>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>0 = No criticisms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Some criticisms of parents throughout interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Frequent or excessive criticisms of parents throughout interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSERVED MOTOR BEHAVIOR</td>
<td>Ever:CQA4X13</td>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSERVED SLOWNESS OR UNDERACTIVITY</td>
<td>Ever:CQA4X01</td>
<td></td>
</tr>
<tr>
<td>0 = Unobserved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Present through part of the interview but there are periods of normal activity or overactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Subject’s movements are retarded throughout the whole interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSERVED GROSS EXCITEMENTS</td>
<td>Ever:CQA4X02</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Only one brief episode during the interview with other periods when excitement does not disrupt the flow of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = More than one episode of continuous, and subject cannot be interviewed because of excited behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSERVED FIDGETINESS</td>
<td>Ever:CQA4X03</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Fidgety for part of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Fidgety for almost all the interview despite requests to stop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSERVED RESTLESSNESS</td>
<td>Ever:CQA4X04</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Restlessness observed for part of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Restlessness observed for almost all of the interview despite requests to sit down</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

Coding rules

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Single motor tic type</td>
</tr>
<tr>
<td>3</td>
<td>More than one type of motor tic</td>
</tr>
<tr>
<td>2</td>
<td>Single phonic tic type</td>
</tr>
<tr>
<td>3</td>
<td>More than one type of phonic tic</td>
</tr>
<tr>
<td>2</td>
<td>Repeated 3 times or more but not continuous</td>
</tr>
<tr>
<td>3</td>
<td>Almost continuous</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
<tr>
<td>0</td>
<td>No attempts to harm self</td>
</tr>
<tr>
<td>2</td>
<td>Isolated act of self-injurious behavior, e.g. bites self when annoyed, pulls hair, or kicks shin</td>
</tr>
<tr>
<td>3</td>
<td>Definitely present, repeated headbanging, hairpulling, or biting, etc.</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

Observe if present or not at any time:

OBSERVED MOTOR TICS

OBSERVED PHONIC TICS

OBSERVED STEREOTYPIES

OBSERVED MANNERISMS

OBSERVED POSTURING

OBSERVED COMPLUSIONS/RITUALS

POTENTIAL SELF-INJURIOUS BEHAVIOR

CATATONIC MOVEMENTS

OBSERVED SPEECH

FORM OF SPEECH

Intensity

For Review Only
<table>
<thead>
<tr>
<th>Observational Items</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOUD SPEECH</td>
<td></td>
<td>Ever:CQA5X01</td>
</tr>
<tr>
<td>0 = Normal speech volume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Speech too loud for the context at times, but the subject responds when asked to speak more quietly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Speech too loud for most of the interview, despite requests to speak more quietly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOFT SPEECH</td>
<td></td>
<td>Ever:CQA5X02</td>
</tr>
<tr>
<td>0 = Normal speech volume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Speech so soft it is difficult to hear, but the subject responds when asked to speak up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Speech almost impossible to hear for most of the interview despite requests to speak up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLOWNESS OF SPEECH</td>
<td></td>
<td>Ever:CQA5X03</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Noteworthy slowness in answer to questions on emotionally loaded topics that impede the progress of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Severe slowness shown throughout the interview that interferes with progress of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUTENESS</td>
<td></td>
<td>Ever:CQA5X04</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Subject is almost mute, very rarely speaks, and then almost always in monosyllables (a mute subject may talk a lot outside the context of the interview)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Subject utters no words at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESSURE OF SPEECH</td>
<td></td>
<td>Ever:CQA5X05</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Only parts of the interview are characterized in this way, or if only some of the characteristics are evident but not others (although the whole impression is definitely abnormal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Most of the interview is characterized in this way</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTICULATION</td>
<td></td>
<td>Ever:CQA5X06</td>
</tr>
<tr>
<td>0 = Clear enunciation of most sounds attempted; the subject is easy to understand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Can be understood but has specific or limited articulation difficulty (make a note of what the difficulty is)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Marked difficulty in understanding the</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Definitions and questions**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>subject's speech because of articulation difficulty</td>
<td>Ever:CQA5X07</td>
</tr>
<tr>
<td><strong>STUTTER</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Stuttering does not slow the overall flow of conversation</td>
<td></td>
</tr>
<tr>
<td>3 = Stuttering slows the overall flow of conversation</td>
<td></td>
</tr>
<tr>
<td><strong>CLUTTER</strong></td>
<td>Ever:CQA5X08</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present, but not markedly interfering with communication, i.e. does not slow the progress of the interview</td>
<td></td>
</tr>
<tr>
<td>3 = Causing marked interference with communication; slows the interview</td>
<td></td>
</tr>
<tr>
<td><strong>PROSODY</strong></td>
<td>Ever:CQA5X09</td>
</tr>
<tr>
<td>0 = Normally and appropriately varying intonation</td>
<td></td>
</tr>
<tr>
<td>2 = Little variation in pitch and tone; rather stilted or exaggerated rhythm, but not obviously peculiar to the layman</td>
<td></td>
</tr>
<tr>
<td>3 = Odd intonation, or inappropriate pitch and emphasis, or markedly stilted or exaggerated cadence</td>
<td></td>
</tr>
<tr>
<td><strong>STEREOTYPED PHRASES</strong></td>
<td>Ever:CQA5X10</td>
</tr>
<tr>
<td>0 = Rarely or never uses stereotyped phrases</td>
<td></td>
</tr>
<tr>
<td>1 = The majority of speech is spontaneous but some stereotyped phrases</td>
<td></td>
</tr>
<tr>
<td>2 = Frequent stereotyped utterances, but some productive language as well</td>
<td></td>
</tr>
<tr>
<td>3 = Almost all speech consists of stereotyped phrases</td>
<td></td>
</tr>
<tr>
<td><strong>INCOHERENCE OF SPEECH</strong></td>
<td>Ever:CQA5X11</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = A lesser degree of incoherence, so that some of the subject's meaning does get through</td>
<td></td>
</tr>
<tr>
<td>3 = The subject's speech is completely incoherent, as in the above examples</td>
<td></td>
</tr>
<tr>
<td><strong>OBJECTIVE FLIGHT OF IDEAS</strong></td>
<td>Ever:CQA5X12</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Flight of ideas is marked but it is still possible to grasp some of the subject's meaning</td>
<td></td>
</tr>
<tr>
<td>3 = The whole conversation is of this kind,</td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and questions

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>so that it is difficult to conduct a useful interview at all</td>
<td></td>
</tr>
<tr>
<td><strong>POVERTY OF CONTENT OF SPEECH</strong></td>
<td>Ever:CQA5X13</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Vagueness confined to specific topics; these may often be emotionally laden</td>
<td></td>
</tr>
<tr>
<td>3 = Vagueness present throughout the interview</td>
<td></td>
</tr>
<tr>
<td><strong>SELF-DIRECTED SPEECH</strong></td>
<td>Ever:CQA5X14</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Definitely present but not a marked feature of the interview (limited period or limited range of topics)</td>
<td></td>
</tr>
<tr>
<td>3 = A marked feature of the interview (in which case the interview is likely to be incomplete)</td>
<td></td>
</tr>
<tr>
<td><strong>OBSERVED SOCIAL USE OF LANGUAGE AND INTERACTION</strong></td>
<td>Ever:CQA6X20</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>1 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>PROVISION OF INFORMATION</strong></td>
<td>Ever:CQA6X01</td>
</tr>
<tr>
<td>0 = Gives a reasonable account without specific probes after the opening question</td>
<td></td>
</tr>
<tr>
<td>2 = Information restricted to response to specific probes only at the start of the interview but warms up or gives much fuller replies to open questions later</td>
<td></td>
</tr>
<tr>
<td>3 = Subject never produces a free flow of information</td>
<td></td>
</tr>
<tr>
<td><strong>RECIPROCAL SOCIAL COMMUNICATION</strong></td>
<td>Ever:CQA6X02</td>
</tr>
<tr>
<td>0 = Extensive use of verbal or non-verbal behavior for social interchange, i.e. much chat, comment and remarks that appear to have reciprocal intent.</td>
<td></td>
</tr>
<tr>
<td>2 = Some reciprocal social communication, but reduced in frequency/amount or in the number of contexts in which it is used.</td>
<td></td>
</tr>
<tr>
<td>3 = Most communication is either object-oriented or a response to questions, or echolalic, or concerned with particular preoccupations; little or no social chat or give and take</td>
<td></td>
</tr>
</tbody>
</table>

---

**SOCIAL USE OF LANGUAGE AND SOCIAL INTERACTION**

- **Observed Social Use of Language and Interaction**: Indicates whether the observed social use of language is present or not. (0 = No, 2 = Yes)
- **Provision of Information**: Evaluates how the subject provides information in response to questions. (0 = Gives a reasonable account, 2 = Information restricted, 3 = Subject never produces a free flow)
- **Reciprocal Social Communication**: Determines the extent of reciprocal communication in the interaction. (0 = Extensive, 2 = Some, 3 = Most)

---

Wave P eYAPA 2.0.3
### Definitions and questions

<table>
<thead>
<tr>
<th>Observational Items</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOCIAL OVERTURES</strong></td>
<td><strong>Codes</strong></td>
</tr>
<tr>
<td>0 = Integrates facial expression, gesture and words to communicate social intention</td>
<td>Ever:CQA6X03</td>
</tr>
<tr>
<td>1 = Slightly odd quality of social overtures; these overtures may often be personal demands or related to the subject's own interests, but there is some attempt to involve the examiner in those interests</td>
<td></td>
</tr>
<tr>
<td>2 = Lack of integration of non-verbal aspects and social quality of overtures to the interviewer, including bringing up the subject's preoccupations, with no attempt to involve the examiner in discussion of them</td>
<td></td>
</tr>
<tr>
<td>3 = Negligible social overtures of any kind</td>
<td></td>
</tr>
<tr>
<td><strong>SOCIAL RESPONSE</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Varied range of response according to social situation</td>
<td>Ever:CQA6X04</td>
</tr>
<tr>
<td>2 = Shows responsiveness to social situation but is somewhat socially awkward or inappropriate or inconsistent</td>
<td></td>
</tr>
<tr>
<td>3 = Little or no response to the interviewer's attempts to engage subject</td>
<td></td>
</tr>
<tr>
<td><strong>INAPPROPRIATE QUESTIONS AND STATEMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Questions and statements appropriate to conversation and setting</td>
<td>Ever:CQA6X05</td>
</tr>
<tr>
<td>1 = Some questions and statements that are socially inappropriate either because of amount of repetition and/or content</td>
<td></td>
</tr>
<tr>
<td>2 = Frequently asks inappropriate questions or makes inappropriate statements</td>
<td></td>
</tr>
<tr>
<td>3 = Speech largely consists of inappropriate questions/statements</td>
<td></td>
</tr>
<tr>
<td><strong>FACIAL EXPRESSIONS</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Uses a range of appropriate facial expression</td>
<td>Ever:CQA6X06</td>
</tr>
<tr>
<td>1 = A few expressions, but stiff, stilted, or mechanical in manner</td>
<td></td>
</tr>
<tr>
<td>2 = Limited use of facial expression</td>
<td></td>
</tr>
<tr>
<td>3 = Expressions reduced or almost totally lacking</td>
<td></td>
</tr>
<tr>
<td><strong>EMOTIONALLY RESPONSIVE TO INTERVIEWER</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Emotionally responsive in normal way to the interviewer; shows range of emotions appropriate to the interview situation</td>
<td>Ever:CQA6X07</td>
</tr>
<tr>
<td>2 = Limited emotional response to the interviewer; definite evidence of some appropriate response, but restriction of</td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and questions

#### Emotional Involvement

- **3** = Markedly lacking in emotional response to the interviewer

#### Rapport

- **0** = Comfortable interaction with the interviewer, which is appropriate to context
- **2** = Some ability to maintain contact but with an awkward, stilted, mechanical style
- **3** = Markedly bizarre, or one-sided, interaction, giving a very uncomfortable interview

#### Oppositional Behavior

- **0** = Absent
- **2** = At least one episode of deliberately oppositional uncooperative behavior that retards the course of the interview
- **3** = Most of the interview is characterized by deliberately oppositional, uncooperative behavior

#### Unusual Eye Contact

- **0** = Appropriate gaze with subtle changes meshed with other communication
- **1** = Maintains poorly socially modulated eye contact with stares and/or gaze aversion
- **2** = Looks only if attention is demanded; rarely or never initiates socially appropriate eye contact
- **3** = Little or no eye contact that is socially appropriate; no spontaneous use of eye gaze to initiate, terminate, or regulate social interaction

#### Avoidance of Eye

- **0** = No avoidance of eye contact
- **2** = The subject avoids eye contact for part of the interview, but the quality of eye contact may be normal
- **3** = The subject avoids eye contact for most of the interview, but the quality of any eye contact made may be normal, i.e. abnormality of quality is not being rated here

#### Social Distance/Posture

- **0** = Appropriate posture and changes in distance between subject and interviewer
- **1** = Sustains roughly appropriate position but with limited changes, or an over-relaxed or stiff posture (does not include getting up and moving away)
- **2** = Position definitely inappropriate;
## Definitions and questions

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>remaining far distant and/or suddenly becoming too close</td>
<td></td>
</tr>
<tr>
<td><strong>SOCIAL DISINHIBITION</strong></td>
<td></td>
</tr>
<tr>
<td>0 = No obvious social disinhibition</td>
<td>Ever:CQA6X13</td>
</tr>
<tr>
<td>1 = Occasional cheekiness/disinhibition and somewhat socially naive or imperceptive, but not to the extent of embarrassment</td>
<td></td>
</tr>
<tr>
<td>2 = Definite lack of appreciation of social cues in the interview situation; definitely lacks normal social inhibitions and sometimes behaves in socially embarrassing ways</td>
<td></td>
</tr>
<tr>
<td>3 = Marked social disinhibition; the subject appears to be unaware of social cues and social requirements so that his/her behavior is frequently embarrassing or inappropriate</td>
<td></td>
</tr>
<tr>
<td><strong>WHINING OR MOANING</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td>Ever:CQA6X14</td>
</tr>
<tr>
<td>2 = Disrupts part of the interview but the child responds when asked to stop</td>
<td></td>
</tr>
<tr>
<td>3 = Disrupts most of the interview, despite requests to stop</td>
<td></td>
</tr>
<tr>
<td><strong>UNUSUAL PREOCCUPATION WITH SPECIAL INTERESTS/ACTIVITIES</strong></td>
<td></td>
</tr>
<tr>
<td>0 = No preoccupying object, activity or topic of conversation.</td>
<td>Ever:CQA6X15</td>
</tr>
<tr>
<td>2 = Special preoccupying interest but does not interfere in activities.</td>
<td></td>
</tr>
<tr>
<td>3 = Special interest that is preoccupying to the degree that it interfere in at least 2 activities.</td>
<td></td>
</tr>
<tr>
<td>4 = Special interest that is preoccupying to the degree that it interfere in almost all activities.</td>
<td></td>
</tr>
<tr>
<td><strong>OBSERVED socIAllY UNAcceptable hABITS</strong></td>
<td>Ever:CQA6X16</td>
</tr>
<tr>
<td>0 = None</td>
<td></td>
</tr>
<tr>
<td>1 = Occasional and/or partially concealed socially unacceptable habits</td>
<td></td>
</tr>
<tr>
<td>2 = Frequent, repeated, unconcealed, socially unacceptable habits (nose-picking, scratching genitals, etc.)</td>
<td></td>
</tr>
<tr>
<td>3 = Constant display of unconcealed, socially unacceptable habits throughout the interview</td>
<td></td>
</tr>
<tr>
<td><strong>OBSERVED TANTRUMS</strong></td>
<td>Ever:CQA6X17</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
## Definitions and questions

### Coding rules

<table>
<thead>
<tr>
<th>OBSERVED DESTRUCTIVE BEHAVIORS</th>
<th>Code: Ever:CQA6X18</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBSERVED INTERPERSONAL AGGRESSION</th>
<th>Code: Ever:CQA6X19</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Violence neither threatened nor attempted</td>
<td></td>
</tr>
<tr>
<td>2 = Threats of physical violence</td>
<td></td>
</tr>
<tr>
<td>3 = Attempts, successful or not, to throw at or hit another person</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBSERVED AFFECTIVE STATUS</th>
<th>Code: Ever:CQA7X14</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMILING/LAUGHTER</th>
<th>Code: Ever:CQA7X01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Appropriate varied use of smiles</td>
<td></td>
</tr>
<tr>
<td>1 = Smiles in a limited or stilted way</td>
<td></td>
</tr>
<tr>
<td>2 = Rare or inappropriate smiles</td>
<td></td>
</tr>
<tr>
<td>3 = No smiles</td>
<td></td>
</tr>
<tr>
<td>4 = Excessive smiling that appears unconnected with social interchange</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAD EXPRESSION</th>
<th>Code: Ever:CQA7X02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = May sometimes be overcome by discussing neutral material</td>
<td></td>
</tr>
<tr>
<td>3 = Almost never improved by discussing neutral material</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBSERVED ANXIETY</th>
<th>Code: Ever:CQA7X03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = May sometimes be overcome by discussing neutral material</td>
<td></td>
</tr>
<tr>
<td>3 = Almost never improved by discussing neutral material</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTONOMIC DISTURBANCES</th>
<th>Code: Ever:CQA7X04</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No observed autonomic disturbances</td>
<td></td>
</tr>
<tr>
<td>1 = Occasional or slight autonomic disturbances such as blushing or blanching, or sweating under stress</td>
<td></td>
</tr>
<tr>
<td>2 = Obvious autonomic disturbance on several occasions even when not under stress</td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and Questions

#### Coding Rules

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Autonomic disturbances which disrupt the interview</td>
</tr>
</tbody>
</table>

**Observed Tearfulness**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No tears observed</td>
</tr>
<tr>
<td>2</td>
<td>Tears or tearfulness are associated only with emotionally laden topics or circumstances</td>
</tr>
<tr>
<td>3</td>
<td>Almost continuous tearfulness</td>
</tr>
</tbody>
</table>

**Observed Expansive Mood**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>May sometimes be overcome by discussing neutral material</td>
</tr>
<tr>
<td>3</td>
<td>Almost never improved by discussing neutral material</td>
</tr>
</tbody>
</table>

**Irritability**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>May sometimes be overcome by discussing neutral material</td>
</tr>
<tr>
<td>3</td>
<td>Almost never improved by discussing neutral material</td>
</tr>
</tbody>
</table>

**Suspicion**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>May sometimes be overcome by discussing neutral material</td>
</tr>
<tr>
<td>3</td>
<td>Almost never improved by discussing neutral material</td>
</tr>
</tbody>
</table>

**Perplexity**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>May sometimes be overcome by a change of topic</td>
</tr>
<tr>
<td>3</td>
<td>Almost never improved by a change of topic</td>
</tr>
</tbody>
</table>

**Observed Lability of Mood**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Changes in amplitude of mood and rate of change of mood are markedly abnormal, but usually context-dependent</td>
</tr>
<tr>
<td>3</td>
<td>Changes in amplitude of mood and rate of change of mood are markedly abnormal, but independent of the context of the interview</td>
</tr>
</tbody>
</table>

**Blunted Affect**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Blunting is not uniform, e.g. at times the subject responds affectively to the context,</td>
</tr>
</tbody>
</table>
Definitions and questions

Coding rules

but at other times is markedly flat; or responds with some evidence of affect, but definitely less than expected

3 = Severe and uniform blunting, unmodified by context

**INCONGRUITY OF AFFECT**

0 = Absent

2 = Incongruity of affect occurs only a few times during the interview

3 = Incongruity of affect occurs frequently

**DISTRACTIBILITY**

0 = Absent

2 = Occurs quite markedly but the subject can be brought back to task without disrupting the interview

3 = Occurring throughout the interview and disruptive to its progress

**HALLUCINATIONS AND CLOUDING**

- **OBSERVED HALLUCINATIONS AND CLOUDING**
  
  0 = No
  
  2 = Yes

- **BEHAVES AS IF HALLUCINATED BY VOICES**
  
  0 = Absent
  
  2 = Subject appears hallucinated during part of the interview
  
  3 = Subject appears hallucinated throughout the interview

- **CLOUDING OF CONSCIOUSNESS**
  
  0 = Fully oriented
  
  2 = Clouding
  
  3 = Acute delirium with a dream-like change in consciousness which may include visual hallucinations

- **STUPOR**
  
  0 = Absent
  
  2 = Sub-stuporous (the subject may reply briefly to questions in muttered monosyllables)
  
  3 = Stuporous

Codes

Ever:CQA7X12

Ever:CQA7X13

Ever:CQA8X01

Ever:CQA8X02

Ever:CQA8X03
QUALITY OF INTERVIEW

OBSERVATIONS OF QUALITY
0 = No
2 = Yes

ADEQUACY OF INTERVIEW
0 = Adequate
2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.
3 = the whole interview is inadequate.

MISLEADING ANSWERS OR LIES
0 = Adequate
2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.
3 = the whole interview is inadequate.

DID NOT ANSWER MANY QUESTIONS VERALEY
0 = Adequate
2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.
3 = the whole interview is inadequate.

GUARDED INFORMANT
0 = Adequate
2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.
3 = the whole interview is inadequate.

REFUSED TO CONTINUE
0 = Adequate
2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.
3 = the whole interview is inadequate.

IMPAIRED CONSCIOUSNESS
0 = Adequate
2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.
3 = the whole interview is inadequate.
Definitions and questions

Coding rules

INTOXICATED WITH ALCOHOL OR OTHER DRUGS
0 = Adequate
2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.
3 = the whole interview is inadequate.

UNSUITABLE INTERVIEW ENVIRONMENT
0 = Adequate
2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.
3 = the whole interview is inadequate.

IMPROVERISHED HOME ENVIRONMENT
0 = Not impoverished home
2 = somewhat
3 = severe

IQ TEST ADMINISTERED
0 = No
2 = Yes

PROBLEM WITH COMPUTER COMPONENT
0 = No
2 = Yes

PRESENCE OF POSSIBLE PROBLEMS WITH FOLLOWUP
0 = No
2 = Yes

ADDITIONAL COMMENTS
0 = No
2 = Yes
Specify

Codes

Ever:CQA9X07

Ever:CQA9X08

Ever:CQA9X09

Ever:CQA9X10

Ever:CQA9X13

Ever:CQA9X11

Ever:CQA9X12