

Child and parent

Themes and modules

Sociodemography

Household structure

C.SC10. {Does your child, Do you} regularly live in only one family?

- ☐ Ye ☐ No, {he/she, I} alternate between {his/her, my} parents
s

C.SC20. {Think about the two families where {your child, you} live most of the time., }
How many {does your child, do you} live with {(alltogether), }?

Number of children	Number of adults
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	
<input type="radio"/> 4	
<input type="radio"/> 5	
<input type="radio"/> 6	
<input type="radio"/> 7	

If age >= 4, show C.SC30, C.SC40 and C.SC50

C.SC30. {Does your child, Do you} get pocket money?

- ☐ Yes ☐
☐ Weekly ☐ No
☐ Monthl ☐ Don't know /
y refuse

If not “no”, show C.SC40 and C.SC50

C.SC40. How much pocket money {does your child, do you} get each time?

- ☐ (kr)_____ ☐ Don't know /
refuse

C.SC50. How {does your child, do you} usually spend the pocket money?

- ☐ {My child, I} spend all my money as {he/she, I} want ☐ {I, My parents} require that {he/she, I} spend some of the money on certain things

Daily life

Daycare and schools

C.QL10. Where {does your child, do you} spend {his/her, your} time during the day?

The respondent is presented with a sub selection of below answer options appropriate for the respondent's age

- ☐ In school
- ☐ Grade 0
- ☐ Grade 1
- ☐ Grade 2
- ☐ Grade 3
- ☐ Grade 4
- ☐ Grade 5
- ☐ Grade 6
- ☐ Grade 7
- ☐ Grade 8
- ☐ Grade 9
- ☐ 1st year in the gymnasium
- ☐ 2nd year in the gymnasium
- ☐ 3rd year in the gymnasium
- ☐ Class for handicapped children
- ☐ University

- ☐ Daycare and preschool
- ☐ At home
- ☐ Childminder
- ☐ Kindergarden / preschool
- ☐ Work
- ☐ Employed
- ☐ Unemployed
- ☐
- ☐ Don't know / refuse

If C.QL10 is within range "grade 0" to "grade 9", show C.QL20

C.QL20. {Does your child, Do you} go to "fritids" after school?

- | | |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> 4 to 5 days a |
| <input type="radio"/> 1 day a week | week |
| <input type="radio"/> 2 to 3 days a | <input type="radio"/> |
| week | <input type="radio"/> No |

Daily life

Washing

❖ A. IF AGE IN RANGE 1 TO 10 THEN SHOW BELOW QUESTIONS

C.QL40. How often do you wash your child's hands?

- | | |
|---|---------------------------------------|
| <input type="radio"/> More than 3 times a | <input type="radio"/> Less than daily |
| day | <input type="radio"/> Don't know / |
| <input type="radio"/> 1 to 2 times a day | refuse |

C.QL50. How often do you use soap when you wash your child's hands?

- | | |
|---------------------------------------|------------------------------------|
| <input type="radio"/> Never or almost | <input type="radio"/> Always |
| never | <input type="radio"/> Don't know / |
| <input type="radio"/> Half the time | refuse |

❖ **A. CONDITION STOP**

❖ **B. IF AGE < 1 THEN SHOW BELOW QUESTIONS**

C.QL60. How often do you wash your child (give a bath or a shower)?

- | | |
|---|---|
| <input type="radio"/> Daily | <input type="radio"/> 2 to 3 times a week |
| <input type="radio"/> 4 to 6 times a week | <input type="radio"/> 1 time a week or less often |

C.QL70. How often do you use soap when washing your child?

- | | |
|---|---|
| <input type="radio"/> Never or almost never | <input type="radio"/> Always |
| <input type="radio"/> Half the time | <input type="radio"/> Don't know / refuse |

❖ **B. CONDITION STOP**

Daily life

Sun

If age >= 1, show QL730

QL730. When {your child is, you are} out in the sun, which of the following applies to {he/she, you}?

- | | |
|---|--|
| <input type="radio"/> {He/she, You} get easily burned and never tanned | <input type="radio"/> {He/she, You} never get burned and always tanned |
| <input type="radio"/> {He/she, You} get easily burned and eventually tanned | <input type="radio"/> {He/she, You} have a dark skin type - like people from the Mediterranean |
| <input type="radio"/> {He/she, You} get burned only in strong sun and but always tanned | <input type="radio"/> {He/she, You} have black skin - like people from Africa |

QL740. Compared to people of the same age, in general how much {does your child, do you} time do you spend in the midday sun?

- ☐ More than others
- ☐ Less than others
- ☐ Similar to others
- ☐ Don't know / refuse

If age >= 1, show QL750

QL750. How many weeks {did your child, did you} spend at a sunny resort in the last year?

- ☐ Less than 1 week or not at all
- ☐ 5 to 6 weeks
- ☐ 1 to 2 weeks
- ☐ 7 weeks or more
- ☐ 3 to 4 weeks
- ☐ Don't know / refuse

QL760. {Does your child, Do you} regularly protect {himself/herself, yourself} from the sun?

- ☐ Yes
- ☐ {He/she, You} stay in the shadow or indoors
- ☐ With sunscreen lotion
- ☐
- ☐ With clothing
- ☐ No

❖ **C. CONDITION STOP**

Daily life

Diet (in development)

Daily life

Physical activity (in development)

Daily life

Sexual behavior

❖ **F. IF AGE \geq 15 THEN USE THE REDUCED SEXUAL BEHAVIOR MODULE IN THE ADULT DAILY LIFE THEME**

Daily life

Wireless devices

❖ **G. IF AGE IN RANGE 5 TO 10 THEN SHOW BELOW QUESTIONS**

C.QL200. {Does your child, Do you} have a mobile phone?

☐ Yes ☐ No
S o

If “yes”, show C.QL210 and C.QL220

C.QL210. How {does your child, do you} use the mobile phone?

- | | |
|---|---|
| <input type="checkbox"/> {She/he makes, I make} and receive phone calls | <input type="checkbox"/> {She/he, I} use it for internet |
| <input type="checkbox"/> {She/he plays, I play} or exchange music | <input type="checkbox"/> {She/he, I} use it for SMS / MMS |
| <input type="checkbox"/> {She/he plays, I play} games | <input type="radio"/> Don't know / refuse |

C.QL220. How much time each day is the mobile phone usually turned on?

- | | |
|--------------------------------------|---|
| <input type="radio"/> 1 hour or less | <input type="radio"/> 4 hours or more |
| <input type="radio"/> 2 to 3 hours | <input type="radio"/> Don't know / refuse |

❖ **G. CONDITION STOP.**

❖ **H. IF AGE >= 11 THEN USE THE WIRELESS DEVICES MODULE IN THE ADULT DAILY LIFE THEME**

Puberty, menstruation and reproduction

Puberty

❖ **I. IF AGE >= 11 THEN SHOW BELOW QUESTIONS**

The next questions are about development changes that may be happening to your body during puberty. These changes normally happen to young people at different ages. If you

do not understand a question or do not know the answer, just mark “Don’t know / refuse”.

C.QL230. Would you say that {your child’s, your} growth in height:

- | | |
|--|---|
| <input type="radio"/> Has not yet begun to spurt | <input type="radio"/> Seems completed |
| <input type="radio"/> Is definitely on-going | <input type="radio"/> Don’t know / refuse |

C.QL240. Have you noticed any pimples?

- | | |
|---|---|
| <input type="radio"/> No | <input type="radio"/> Yes, a lot of pimples |
| <input type="radio"/> Yes, some pimples | <input type="radio"/> Don’t know / refuse |

C.QL250. Would you say that {your child’s, your} growth of body hair? (“Body hair” means hair in any place other than {your child’s, your} head or face, such as {your child’s, your} armpits.)

- | | |
|--|--|
| <input type="radio"/> Has not yet begun to grow | <input type="radio"/> Is definitely underway |
| <input type="radio"/> Has barely started to grow | <input type="radio"/> Seems completed |

If sex is “male”, show C.QL260 and C.QL270

C.QL260. Have you noticed a deepening of {your child’s, your} voice?

- | | |
|--|--|
| <input type="radio"/> No | <input type="radio"/> Yes, voice changes seem complete |
| <input type="radio"/> Yes, voice changes are definitely on-going | <input type="radio"/> Don’t know / refuse |

C.QL270. {Has your child, Have you} begun to grow hair on {his/her, your} face?

- | | |
|---|---|
| <input type="radio"/> Facial hair has not yet started growing | <input type="radio"/> Facial hair growth has definitely started |
| <input type="radio"/> Facial hair has barely started growing | <input type="radio"/> Facial hair growth seems complete |

If sex is “female”, show C.QL280, C.QL290 and C.QL300

C.QL280. Would you say that the growth of {your child’s, your} breasts:

- | | |
|--|---|
| <input type="radio"/> Have not yet started | <input type="radio"/> Breast growth is definitely on- |
|--|---|

growing

going

- ☐ Have barely started growing ☐ Breast growth seems complete

C.QL290. {Has your child, Have you} begun to menstruate (started to have {a, your} period)?

- ☐ Yes ☐ No
s o

C.QL300. How old were {your child, you} when {she, you} started to menstruate?

- ☐ (Years old) _____ ☐

❖ **I. CONDITION STOP**

Puberty, menstruation and reproduction

Menstruation and reproduction

❖ **J. IF AGE \geq 15 THEN USE MENSTRUATION AND REPRODUCTION MODULE IN THE ADULT DAILY LIFE THEME**

Tobacco, alcohol and drug use

Smoking

❖ **K. IF AGE IN RANGE 0 TO 10 THEN SHOW BELOW QUESTIONS**

C.SM10. Does anybody in {the child's, your} household smoke?

- | | |
|--|---|
| <input type="checkbox"/> Yes, adults | <input type="radio"/> No |
| <input type="checkbox"/> Yes, children | <input type="radio"/> Don't know / refuse |

If "yes, adults", show C.QL360 and C.QL380

C.SM20. How many adults smoke?

- | | |
|---------------------------|-------------------------------------|
| <input type="radio"/> One | <input type="radio"/> Three or more |
| <input type="radio"/> Two | <input type="radio"/> Don't know / |

- ☐ Two
☐ refuse

If “yes, children”, show C.QL370 and C.QL380

C.SM30. How many children smoke?

- ☐ One
☐ Two
☐ Three or more
☐ Don't know /
☐ refuse

C.SM40. Where {does the parent, does the child, do they} usually smoke?

- | | |
|--|---|
| <input type="radio"/> Outdoors mostly | <input type="radio"/> Indoors mostly |
| <input type="radio"/> About equally outdoors and indoors | <input type="radio"/> Don't know / refuse |

❖ **K. CONDITION STOP.**

❖ **L. IF AGE \geq 11 THEN USE SMOKING MODULE IN THE ADULT DAILY LIFE THEME**

See adult module

Tobacco, alcohol and drug use

Snus

❖ **IF AGE \geq 11 THEN USE SNUS MODULE IN THE ADULT DAILY LIFE THEME**

See adult module

Tobacco, alcohol and drug use

Peers

❖ **IF AGE \geq 11 THEN USE THE PEER MODULE IN THE ADULT DAILY LIFE THEME**

See adult module

Tobacco, alcohol and drug use

Alcohol

❖ M. IF AGE IS IN RANGE 11 TO 14 THEN SHOW BELOW QUESTIONS

C.AL10. {Has your child, Have you} ever had a sip of alcohol?

☐ Yes ☐ No
s o

❖ N. EXIT IF "YES" IN C.QL400

C.AL20. {Has your child, Have you} ever had a full drink of alcohol?

☐ Yes ☐ No
s o

❖ O. EXIT IF "YES" IN C.QL410

C.AL30. {Has your child, Have you} ever drunk alcohol without {the parents, your parents} present?

☐ Yes ☐ No
s o

C.AL40. What is the most drinks {your child, you} have ever had in a 24-hour period?

☐ (Number)_____ ☐

C.AL50. {Has your child, Have you} ever been drunk or intoxicated?

☐ Yes ☐ No
s o

If “yes”, show C.QL450

C.AL60. How old {was your child the first time when he/she, were you the first time you} were drunk or intoxicated?

☐ (Years old)_____ ☐

If survey is answered by “child”, show C.AL70 and C.AL80

The next two questions are about your drinking during the past 12 months.

C.AL70. How often do you have a drink containing alcohol?

- | | |
|---------------------------------------|---|
| <input type="radio"/> Never | <input type="radio"/> 2-3 times a week |
| <input type="radio"/> Monthly or less | <input type="radio"/> 4 or more times a |
| <input type="radio"/> 2 to 3 times a | week |
| month | <input type="radio"/> Don't know / refuse |
| <input type="radio"/> 1 time a week | |

C.AL80. How many drinks containing alcohol do you have on a typical day when you are drinking?

- | | | |
|----------------------------|----------------------------|------------------------------------|
| <input type="radio"/> 1 to | <input type="radio"/> 5 to | <input type="radio"/> 10 or more |
| 2 | 6 | <input type="radio"/> Don't know / |
| <input type="radio"/> 3 to | <input type="radio"/> 7 to | refuse |
| 4 | 9 | |

❖ **M. CONDITION STOP**

❖ **P. IF AGE \geq 15 USE THE ALCOHOL MODULE IN THE ADULT TOBACCO, ALCOHOL AND ILLICIT DRUG THEME**

See adult module

Tobacco, alcohol and drug use

Drug use

❖ **Q. IF AGE \geq 15 USE THE ILLICIT DRUGS MODULE IN THE ADULT TOBACCO, ALCOHOL AND ILLICIT DRUG THEME**

See adult module

Medication OTC

OTC

❖ **R. CHILD USES ADAPTED VERSION OF THE OTC MODULE IN THE ADULT MEDICATION OTC THEME**

See adult theme. If age $<$ 15, then include “alvedon, ibumetin, treo, lotion, bowel constipation reliever, bloated stomach; else full adult version. If age $>$ 2 also include Inolaxol. If age in range 2 to 12, also include Movicol Junior. If age \geq 12 also include iron.

❖ **R. CONDITION STOP**

Complementary and alternative medicine

Products, treatments, techniques

❖ **S. IF AGE \geq 8 THEN USE THE CAM MODULE IN THE ADULT COMPLEMENTARY AND ALTERNATIVE MEDICINE THEME**

See adult module

Medical history

Dental health

❖ **T. IF AGE \geq 5 THEN USE THE DENTAL MODULE IN THE ADULT MEDICAL HISTORY THEME**

See adult module

Medical history

Diseases (in development)

C.DS10. {Does your child have any of the following diseases, Did your child have any of the following diseases in his /her first year of life}?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Fever seizures |
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Immunodeficiency |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> |
| <input type="checkbox"/> Asthma | <input type="radio"/> No, none of these |
| <input type="checkbox"/> Pseudo croup | <input type="radio"/> Don't know / |
| <input type="checkbox"/> Pneumonia | refuse |
| <input type="checkbox"/> Urinary tract infection | |
| <input type="checkbox"/> Pinworm
(enterobiasis) | |

❖ **V. FOR EACH CHECKED ANSWER IN C.DS10 SHOW BELOW CORRESPONDING QUESTIONS**

If C.DS10 is “asthma”, show C.DS12

C.DS12. Has your child been diagnosed asthma by a doctor{in his/her first year of life}?

- ☐ Yes, (months old)_____ ☐
- ☐ No
- ☐ Don't know /
refuse

If C.DS10 is “eczema”, show C.DS14

C.DS14. Has your child been diagnosed eczema by a doctor{in his/her first year of life}?

- ☐ Yes, (months old)_____ ☐
- ☐ No
- ☐ Don't know /
refuse

If C.DS10 is “cold”, show C.DS23

C.DS23. Has your child been treated with antibiotics for cold{in his/her first year of life}?

- ☐ Yes, one time ☐ No
- ☐ Yes, several times ☐ Don't know /

refuse

If C.DS10 is “ear infection”, show C.DS24

C.DS24. Has your child been treated with antibiotics for ear infection{in his/her first year of life}?

- | | |
|--|---|
| <input type="radio"/> Yes, one time | <input type="radio"/> No |
| <input type="radio"/> Yes, several times | <input type="radio"/> Don't know / refuse |

If C.DS10 is “pneumonia”, show C.DS25

C.DS25. Has your child been treated with antibiotics for pneumonia{in his/her first year of life}?

- | | |
|--|---|
| <input type="radio"/> Yes, one time | <input type="radio"/> No |
| <input type="radio"/> Yes, several times | <input type="radio"/> Don't know / refuse |

If C.DS10 is “tonsillitis”, show C.DS25

C.DS25. Has your child been treated with antibiotics for tonsillitis{in his/her first year of life}?

- | | |
|--|---|
| <input type="radio"/> Yes, one time | <input type="radio"/> No |
| <input type="radio"/> Yes, several times | <input type="radio"/> Don't know / refuse |

If C.DS10 is “urinary tract infection”, show C.DS26

C.DS26. Has your child been treated with antibiotics for urinary tract infection{in his/her first year of life}?

- | | |
|--|---|
| <input type="radio"/> Yes, one time | <input type="radio"/> No |
| <input type="radio"/> Yes, several times | <input type="radio"/> Don't know / refuse |

❖ **V AND U. CONDITIONS STOP**

Medical history

Vaccination

IM10. Has your child been given the vaccinations in the Swedish vaccination program?

- | | |
|---------------------------------------|---|
| <input type="radio"/> Yes, completely | <input type="radio"/> No |
| <input type="radio"/> Yes, partly | <input type="radio"/> Don't know / refuse |

If IM10 is “yes, partly”, show IM20

IM20. For which of the following has your child been given vaccine? (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> DTP - diphtheria, pertussis, tetanus | <input type="checkbox"/> HPV (human papillom virus) |
| <input type="checkbox"/> IPV - polio | <input type="checkbox"/> BCG - tuberculosis (Bacillus Calmette-Guérin) |
| <input type="checkbox"/> Hib (haemophilus influenzae type b) | <input type="radio"/> None of these |
| <input type="checkbox"/> Pneumococcal | <input type="radio"/> Don't know / refuse |
| <input type="checkbox"/> MMR - measles, mumps, rubella | |

If IM10 is “no”, show IM25

IM25. Why did your child not get the vaccinations in the Swedish vaccination program?

- | | |
|--|--|
| <input type="radio"/> I lived abroad and got the vaccine there | <input type="radio"/> Other |
| <input type="radio"/> I believe the vaccine is harmful | <input type="radio"/> Vet ej / vill ej svara |

IM30. Has your child been vaccinated for any of the following? (Mark all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> HepB - hepatitis b virus |
| <input type="checkbox"/> Rotavirus | |

- ☐ Varicella (chicken pox)
☐ TBE (tick-borne encephalitis)

- ☐
☐ No
☐ Don't know / refuse

Medical history

Sleep

❖ **Z1. IF AGE < 15 THEN SHOW BELOW QUESTIONS**

SECTION PACIFIER:

❖ **AA1. IF AGE <= 6 THEN SHOW BELOW QUESTIONS**

C.SP10. Does your child use or has your child used any of the following?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> |
| <input type="checkbox"/> Pacifier | <input type="radio"/> No |
| <input type="checkbox"/> Suck the thumb or finger | <input type="radio"/> Don't know / |
| <input type="checkbox"/> Something to cuddle (toy or rag) | refuse |

If C.SP10 is "pacifier", "suck..." or "something...", show C.SP15

C.SP15. Does your child use pacifier, suck the thumb or finger or something to cuddle at present?

- ☐ Yes ☐
s
☐ No

C.SP20. When {does, did} your child use pacifier, suck the thumb or finger or something to cuddle?

- ☐ Always ☐ For comforting
- ☐ At night ☐ Don't know / refuse

If C.SP15 is “no”, show C.SP25

C.SP25. How old was your child when he/she quit using pacifier, suck the thumb or finger, or use something to cuddle?

- ☐ (Years old)_____ ☐
- ☐ (Months old)_____

❖ AA1. CONDITION STOP

SECTION NAP:

❖ AA2. IF AGE IN RANGE 1 TO 10 THEN SHOW BELOW QUESTIONS

C.SP35. Does your child take a nap during the day?

- ☐ Yes, in weekdays
- ☐ Yes, in weekends
- ☐ No

If C.SP35 is “yes, in weekdays” or “yes, in weekends”, show C.SP37 and C.SP40

C.SP37. How many naps does your child take on a typical {keyph in C.SP35}?

- ☐ 1 nap
- ☐ 2 naps
- ☐ 3 naps
- ☐ 4 naps or more

C.SP40. How long time does your child nap altogether {keyph in C.SP35}?

- ☐ Less than 30 minutes
- ☐ 30 to 59 minutes
- ☐ 1 to 2 hours
- ☐ More than 2 hours
- ☐

❖ **AA2. CONDITION STOP**

SECTION SLEEPING TIME:

❖ **AA3. IF AGE < 15 THEN SHOW BELOW QUESTIONS**

C.SP45. How many hours {does your child, do you} sleep each night?

- ☐ Less than 8 hours
- ☐ 8 to 10 hours
- ☐ 11 to 12 hours
- ☐ 13 to 14 hours
- ☐ More than 14 hours

C.SP50. How long does it usually take for {your child, you} to fall asleep at night?

- | | |
|---|--|
| <input type="radio"/> 5 minutes or less | <input type="radio"/> 31 to 60 minutes |
| <input type="radio"/> 6 to 15 minutes | <input type="radio"/> More than 60 minutes |
| <input type="radio"/> 16 to 30 minutes | <input type="radio"/> Don't know / refuse |

C.SP60. {In weekdays what, On school days what} time {does your child, do you} usually rise?

5 am or earlier	6 am	7 am	8 am	9 am	10 am	11 am or later
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C.SP70. {On the night before a weekday, On the night before a school day what} time {does your child, do you} usually go to bed (put out the light)?

7 pm or earlier	8 pm	9 pm	10 pm	11 pm	12 pm	1 am or later	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C.SP80. On “days off” what time {does your child, do you} usually rise?

6 am or earlier	7 am	8 am	9 am	10 am	11 am	12 am or later	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C.SP90. On the night before "days off", what time {does your child, do you} usually go to bed (put out the light)?

7 pm or earlier	8 pm	9 pm	10 pm	11 am	12 pm	1 am or later	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

❖ AA3. CONDITION STOP

SECTION SLEEPING PROBLEMS:

❖ AA4. IF AGE IN RANGE 1 TO 14 THEN SHOW BELOW QUESTIONS

If survey is answered by “parent”, show C.SP100 and C.SP105

C.SP100. Does your child usually wake up by himself/herself?

- ☐ Yes
- ☐ No, I wake him/her up

If C.SP100 is “no,...”, show C.SP105

C.SP105. Is it usually difficult for your child to wake up?

- ☐ Yes
- ☐ No

C.SP110. {Does your child, Do you} wake at night currently?

- ☐ Seldom or never
- ☐ 1 to 2 times every night
- ☐ 3 times or more every night

If not “seldom or never”, show C.SP120

C.SP120. How long time does it take for {the child, you} to go asleep again?

- ☐ Less than 15 minutes
- ☐ 15 to 30 minutes
- ☐ More than 30 minutes

If age < 4, show C.SP130

C.SP130. Does the child sleep at least half the night in the same bed as the mother or father?

- | | |
|--------------------------------------|---|
| <input type="radio"/> Yes, often | <input type="radio"/> Never |
| <input type="radio"/> Yes, sometimes | <input type="radio"/> Don't know / refuse |

C.SP140. Does your child snore at present?

- ☐ Yes
- ☐ No
- ☐

If C.SP140 is “yes”, show C.SP150 and C.SP160

If survey is answered by “parent”, show C.SP150 to C.SP180

C.SP150. How often does your child snore?

- ☐ Seldom or never ☐
- ☐ 1 time a week
- ☐ 2 to 3 times a week

☐ 4 times or more a week

C.SP160. How loud does your child snore?

- ☐ Mildly quiet ☐ Very loud
☐ Medium loud ☐ Don't know / refuse

C.SP165. How old was your child when you first noticed that he/she was snoring?

- ☐ Younger than 6 months ☐
☐ 6 to 12 months
☐ 1 to 2 years
☐ 3 to 4 years
☐ 5 years or older

C.SP170. Does your child struggle to breathe or stop breathing in the sleep?

- ☐ Never or seldom ☐
☐ 1 to 3 times a month
☐ 1 to 3 times a week
☐ 4 times or more a week

C.SP180. Does your child have problems staying awake during the day?

- ☐ Never or seldom ☐
☐ 1 to 3 times a month
☐ 1 to 3 times a week
☐ 4 times or more a week

- ❖ **AA4 AND Z1. CONDITIONS STOP**
- ❖ **Z2. IF AGE \geq 15 THEN ACTIVATE THE SLEEP MODULE IN THE ADULT MEDICAL HISTORY THEME**

Medical history

Headache

- ❖ **AB. IF AGE \geq 11 THEN USE THE HEADACHE MODULE IN THE ADULT MEDICAL HISTORY THEME**

See adult module

Medical history

Hearing

- ❖ **AC. IF AGE \geq 11 THEN USE THE HEARING MODULE IN THE ADULT MEDICAL HISTORY THEME**

See adult module

Inflammation and allergy

Asthma

❖ **AD. IF AGE < 15 THEN SHOW BELOW QUESTIONS**

C.IA10. {Has your child, Have you} ever had wheezing or whistling in the chest?

- ☐ Yes ☐ N
s o

If C.IA10 is “yes”, show C.IA20

C.IA20. {Has your child, Have you} had wheezing or whistling in the chest in the past 12 months?

- ☐ Yes
☐ No
☐

If C.IA20 is “yes”, show C.IA30, C.IA40 and C.IA50

C.IA30. When is the wheezing or whistling in the chest present?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> During colds | <input type="radio"/> Don't know / |
| <input type="checkbox"/> During or after exercise | refuse |
| <input type="checkbox"/> During pollen or pet exposure | |
| <input type="checkbox"/> At other occasions | |

C.IA40. In the past 12 months, how often, on average, {has your child's, has your} sleep been disturbed due to wheezing in the chest?

- | | |
|--|--|
| <input type="radio"/> Never | <input type="radio"/> One or more nights per |
| <input type="radio"/> Less than one night per week | week |
| | <input type="radio"/> Don't know / refuse |

C.IA50. How many attacks of wheezing {has your child, have you} had in the past 12 months?

- | | |
|-------------------------------|---|
| <input type="radio"/> 1 to 3 | <input type="radio"/> More than 12 |
| <input type="radio"/> 4 to 12 | <input type="radio"/> Don't know / refuse |

❖ **AF. EXIT MODULE IF C.IA30 IS NOT ANSWERED "DURING OR AFTER EXERCISE " AND C.IA40 IS ANSWERED "NEVER"**

C.IA60. In the past 12 months, has the wheezing limited {your child's, your} speech to only one or two words at a time between breaths?

- ☐ Yes
☐ No
☐

C.IA70. In the past 12 months, {has your child, have you} had a dry cough at night, apart from a cough associated with a cold or chest infection?

- ☐ Yes ☐ No
s o

C.IA80. {Does your child, Do you} use any medication for {his/her, your} asthma?

- ☐ Yes ☐ No
s o

If "yes", show C.IA90 and C.IA100

IA202. {Has your child, Have you} used fast-acting bronchodilator medicine, e.g. Bricanyl, Ventoline, Buventol or Airomir for {his/her, your} asthma more than two times in the past week?

- ☐ Yes ☐ No
s o

C.IA204. {Has your child, Have you} during the past 6 months used:

	Yes s	No	Don't know / refuse
Cortisone for inhalation - Pulmicort, Flutide, Becotide, Asmanex, Beclomet, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-acting bronchodilator medicine - Serevent, Oxis, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A combination of long-acting bronchodilator and cortisone - Seretide, Symbicort, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singulair (tablets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Ye s	No	Don't know / refuse

❖ **AD. CONDITION STOP**

❖ **AG. IF AGE \geq 15 THEN USE THE ASTHMA MODULE IN THE ADULT INFLAMMATION AND ALLERGY THEME**

Inflammation and allergy

Allergy

❖ **AH. IF AGE $<$ 15 THEN SHOW BELOW QUESTIONS**

C.IA110. {Is your child, Are you} allergic to pets?

☐ Ye ☐ N
s o

C.IA115. {Is your child, Are you} allergic to pollen?

☐ Ye ☐ N
s o

If C.IA110 is “yes”, show C.IA116

C.IA116. {Has your child, Have you} been diagnosed pet allergy by a doctor?

☐ Ye ☐ N
s o

If C.IA115 is “yes”, show C.IA117 and C.IA118

C.IA117. What kind of pollen allergy {does your child, do you} experience?

☐ Tree ☐ Grass
e s

C.IA118. {Has your child, Have you} been diagnosed pollen allergy by a doctor?

☐ Yes ☐ No
s o

❖ **AH. CONDITION STOP**

❖ **AI. IF AGE >= 15 THEN USE THE ALLERGY MODULE IN THE ADULT INFLAMMATION AND ALLERGY THEME**

See adult module

Inflammation and allergy

Rhinitis

C.IA290. {Does your child, Do you} have any nasal allergies including hay fever?

☐ Yes ☐ No
s o

❖ **F. IF C.IA290 IS “YES” THEN SHOW BELOW QUESTIONS**

C.IA291. {Has your child, Have you} been troubled by nasal allergies in the last 12 months?

☐ Yes ☐ No
s o

C.IA292. {Has your child, Have you} ever been troubled by nasal allergies for more than 4 days in any one week?

☐ Yes ☐ No
s o

If C.IA292 is “yes”, show C.IA293

C.IA293. Did this happen for more than 4 weeks continuously?

☐ Yes ☐ No
s o

If C.IA291 or C.IA292 is “yes”, show C.IA294

C.IA294. Has {your child’s, your} nose problem been accompanied by itchy or watery eyes?

☐ Yes ☐ No
s o

❖ **AJ. EXIT MODULE IF C.IA294 IS “NO”**

C.IA180. In which of the past 12 months did this nose problem occur? (Mark all that apply)

<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> May	<input type="checkbox"/> July	<input type="checkbox"/> September
<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> August		
<input type="checkbox"/> April	<input type="checkbox"/> October			

C.IA190. In the past 12 months, how much did this nose problem interfere with {your child’s, your} daily activities?

<input type="radio"/> Not at all	<input type="radio"/> A moderate amount
<input type="radio"/> A little	<input type="radio"/> A lot

C.IA200. {Has your child, Have you} ever had hay fever?

☐ Yes ☐ No
s o

If “yes”, show C.IA210

C.IA210. {Has your child, Have you} ever been diagnosed with hay fever by a doctor?

☐ Yes, (years old) _____ ☐ No
☐ Yes, (months old) _____ ☐ Don't know /
refuse

Inflammation and allergy

Pet exposure

C.IA220. Are there any pets in {the child's, your} home?

☐ Yes ☐ Birds
☐ Cat ☐ Other (what) _____
☐ Dog ☐
☐ Rodent ☐ No pets
t

❖ AK. IF C.IA220 IS “NO PETS” IN C.IA220 THEN SHOW BELOW QUESTIONS

C.IA230. {Has your child, Have you} regular contact with any animal?

☐ Yes
☐ No
☐

If C.IA230 is “yes”, show C.IA240

C.IA240. How often {has your child, have you} contact with that or these animals?

	Every day	Once a week	Once a month	Never	Don't know / refuse
Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If C.IA240 is “other”, show C.IA250

C.IA250. What other animal?

C.IA260. Does anyone in {your child's, your} household have regular contact (more than monthly) with any animal?

- ☐ Yes, with
☐ Cat
☐ Dog
☐ Horse
- ☐ Other animal (state) _____
☐ No, no contact
☐ Don't know / refuse

❖ **AK. CONDITION STOP**

C.IA270. Have you at any time got rid of a pet because of pet allergy?

- ☐ Yes
☐ No

C.IA280. Have you avoided getting a pet because of pet allergy?

- ☐ Yes
☐ No

Inflammation and allergy

Eczema

❖ AL. IF AGE ≥ 0.5 THEN SHOW BELOW QUESTIONS

C.IA290. {Has your child, Have you} ever had an itchy rash which was coming and going for at least six months?

- ☐ Yes
- ☐ No
- ☐

If C.IA290 is “yes”, show C.IA300 and C.IA310

C.IA300. Has this itchy rash at any time affected the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes?

- ☐ Yes
- ☐ No

C.IA310. {Has your child, Have you} had this itchy rash at any time in the past 12 months?

- ☐ Yes
- ☐ No

❖ AM. IF C.IA290 IS “YES” THEN SHOW BELOW QUESTIONS

If age ≥ 3 , show C.IA320 (make below age sensitive)

C.IA320. How old {was your child, were you} when {he/she, you } first have this itchy rash?

- ☐ Younger than 2 years
- ☐ 2 to 4 years
- ☐ 5 years or older
- ☐ Don't know / refuse

C.IA330. Has this rash cleared completely at any time during the past 12 months?

- ☐ Yes
- ☐ No

C.IA340. In the past 12 months how often, on average, {has your child, have you} been kept awake at night by this itchy rash?

- ☐ Never
- ☐ Less than one night a week
- ☐ One or more nights a week
- ☐ Don't know / refuse

❖ **AM. CONDITION STOP**

If age in range 0.5 to 7, show C.IA380 and C.IA390

C.IA380. {Does your child, Do you} have dry skin?

- ☐ Yes
- ☐ No
- ☐

C.IA390. {Has your child, Have you} ever had urticaria / hives?

- ☐ Yes
- ☐ No

If C.IA390 is "yes", show C.IA400

C.IA400. {Has your child, Have you} been diagnosed urticaria / hives by a doctor?

- ☐ Yes
- ☐ No

❖ AL. CONDITION STOP

Injuries

Adult module used

See adult module. (Questions addressed to children and parents)

Mental health

Infant behaviour

❖ **AN. IF AGE IN RANGE 3 TO 12 MONTHS THEN SHOW BELOW QUESTIONS**

As you read each description of the baby's behavior below, please indicate how often the baby did this during the last week (the past seven days). The "Does Not Apply" column is used when you did not see the baby in the situation described during the last week. "Never" is used when you saw the baby in the situation but the baby never engaged in the behavior listed during the last week.

[illegible]

[illegible][illegible]

[illegible][illegible]

[illegible][illegible]

[illegible]

	Never	Very rarely	Less than half the time	About half the time	More than half the time	Almost always	Always	Does not apply
the baby squirm and turn body?								

❖ **AN. CONDITION STOP.**

Mental health

Infant toddler socio-emotional questions

❖ **AO. IF AGE IN RANGE 1 TO 3 YEARS THEN SHOW BELOW QUESTIONS**

In a typical week, how much time does your child spend with other young children (not including brothers and sisters)?

- ☐ (hours per week) _____
 ☐ Don't know / refuse
- ☐ No contact with other children

Do you use any type of childcare for your child?

- ☐ No ☐ Yes

How many hours do you use childcare in a typical week?

- ☐ (hours per week) _____
 ☐ Don't know / refuse

Many statements describe normal feelings and behaviors, but some statements describe feelings and behaviors that may be a problem. Please do your best to respond to every statement.

	Not true / rarely	Somewhat true / sometimes	Very true / often	
1. Shows pleasure when he or she succeeds (for example, claps for self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gets hurt so often that you can't take your eyes off of him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Seems nervous, tense, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Wakes up at night and needs help to fall asleep again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cries or has tantrums until he or she is exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is afraid of certain places, animals, or things. (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has less fun than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Looks for you (or other parent) when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true / rarely	Somewhat true / sometimes	Very true / often	
11. Cries or hangs onto you when you try to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Worries a lot or is very serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Looks right at you when you say his or her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does not react when hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is affectionate with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true / rarely	Somewhat true / sometimes	Very true / often	
16. Won't touch some objects because of how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Runs away in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Plays well with other children (not including brother or sister). (Circle N if there is no contact with other children.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Can pay attention for a long time (other than when watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true / rarely	Somewhat true / sometimes	Very true / often	
21. Has trouble adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Tries to help when someone is hurt (for example, gives a toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Often gets very upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Gags or chokes on food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Imitates playful sounds when you ask him or her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Hits, shoves, kicks, or bites children (not including brother or sister) (Circle N if there is no contact with other children.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Points to show you something far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Hits, bites, or kicks you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true / rarely	Somewhat true / sometimes	Very true / often	
31. Hugs or feeds dolls or stuffed animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Seems very unhappy, sad, depressed, or withdrawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Purposely tries to hurt you (or other parent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When upset, gets very still, freezes, or doesn't move	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following statements describe feelings and behaviors that can be problems for young children. Some of the descriptions may be a bit hard to understand, especially if you have not seen the behavior in your child. Please do your best to respond to all statements. Please click the response that best describes your child's behavior in the last month

	Not true / rarely	Somewhat true / sometimes	Very true / often	
35. Puts things in a special order over and over and gets upset if he or she is interrupted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Repeats the same action or phrase over and over without enjoyment. (describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Repeats a particular movement over and over (like rocking or spinning) (describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Spaces out. Is totally unaware of what's happening around him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Does not make eye contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Avoids physical contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Hurts self on purpose (for example, bangs head) (describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Eats or drinks things that are not edible, like paper or paint (describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

❖ **AO. CONDITION STOP.**

Mental health

Parenting

❖ **AP. IF AGE IN RANGE 0 TO 17 YEARS THEN SHOW BELOW QUESTIONS.
QUESTIONS SENSITIVE TO APPROPRIATE AGE**

The following are a number of statements about your family. Please state how often the following typically occurs in your home.

	Never	Almost never	Sometimes	Often	Always
You let your child know when he/she is doing a good job with something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You threaten to punish your child and then do not actually punish him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child fails to leave a note or to let you know where he/she is going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child talks you out of being punished after he/she has done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child stays out in the evening past the time he/she is supposed to be home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You compliment your child when he/she does something well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You praise your child if he/she behaves well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Almost never	Sometimes	Often	Always
Your child is out with friends you don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You let your child out of a punishment early (like lift restrictions earlier than you originally said)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

❖ **AP. CONDITION STOP**

Mental health

Family environment

❖ **AQ. IF AGE IN RANGE 0 TO 17 YEARS THEN SHOW BELOW QUESTIONS**

The following are a number of statements about families. You are to decide how correct these statements are for most of the members in your family. Remember, we would like to know what your current family seems like to you. So do not try to figure out how other members see your family.

	Not correct at all	Not correct	Neither correct, nor incorrect	Correct	Exactly correct
Family members really help and support each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We fight a lot in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We feel it is important to be the best at whatever we do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We often talk about political and social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not correct at all	Not correct	Neither correct, nor incorrect	Correc t	Exactly correct
problems					
Family members rarely become openly angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting ahead in life is very important in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We rarely go to lectures, plays or concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends often come over for dinner or to visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are generally very neat and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are very few rules to follow in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not correct at all	Not correct	Neither correct, nor incorrect	Correc t	Exactly correct
It's hard to "blow off steam" at home without upsetting somebody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nobody in our family is active in sports, Little League, bowling, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a feeling of togetherness in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We tell each other about our personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members hardly ever lose their tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are not that interested in cultural activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We often go to movies,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not correct at all	Not correct	Neither correct, nor incorrect	Correc t	Exactly correct
sports events, etc.					
Being on time is very important in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are set ways of doing things at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members often criticize each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not correct at all	Not correct	Neither correct, nor incorrect	Correc t	Exactly correct
We always strive to things a little better next time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We rarely have intellectual discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a strong emphasis on following rules in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of time and attention for everyone in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone usually gets upset if you complain our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members rarely worry about job promotions, school grades, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members are not very involved in recreational activities outside work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members make sure their rooms are neat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is very little group spirit in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not correct at all	Not correct	Neither correct, nor incorrect	Correc t	Exactly correct
Money and paying bills is openly talked about in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not correct at all	Not correct	Neither correct, nor incorrect	Correc t	Exactly correct
In our family, we don't try that hard to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person's duties are clearly defined in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We really get along well in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members often try to one-up or out-do each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members go out a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules are pretty inflexible in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are a lot of spontaneous discussions in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members really like music, art and literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishes are usually done immediately after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can't get away with much in our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

❖ AQ. CONDITION STOP

Mental health

Development and well-being (In development)

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true	Somewhat true	Certainly true
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('age').toNumber() <= 4 ? 'Often argumentative with adults' : 'Often lies or cheats' ; ^	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('age').toNumber() <= 4 ? 'Can stop and think things out before acting' : 'Thinks things out before acting'; ^	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('age').toNumber() <= 4 ? 'Can be spiteful to others' : 'Steals from home, school or elsewhere'; ^	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

- ☐ No
- ☐ Yes, minor difficulties
- ☐ Yes, definite difficulties
- ☐ Yes, severe difficulties

How long have these difficulties been present?

- ☐ Less than a month

- ☐ 1-5 months
- ☐ 6-12 months
- ☐ Over a year

Do the difficulties upset or distress you?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Very much
- ☐ Extremely
- ☐

Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^f('age').toNumber() <= 4 ? 'Classroom learning' : 'Learning' ;^	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties upset or distress you?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Very much
- ☐ Extremely
- ☐

self 11-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items asbest you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how thingshave been for you over the last six months.

	Not true	Somewhat true	Certainly true
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths and Difficulties

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

	Not true	Somewhat true	Certainly true
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true	Somewhat true	Certainly true
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Strengths and Difficulties

Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

- ☐ No
- ☐ Yes, minor difficulties
- ☐ Yes, definite difficulties
- ☐ Yes, severe difficulties

Strengths and Difficulties

How long have these difficulties been present?

- ☐ Less than a month
- ☐ 1-5 months
- ☐ 6-12 months
- ☐ Over a year

Do the difficulties upset or distress you?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Very much
- ☐ Extremely
- ☐

Strengths and Difficulties

Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties upset or distress you?

- ☐ Not at all
- ☐ Slightly
- ☐ Somewhat
- ☐ Very much
- ☐ Extremely
- ☐

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How does [Name] compare with other children/people of his/her age in the following situations:

	A lot worse than average	A bit worse than average	About average	A bit better than average	A lot better than average
Able to laugh around with others, for example accepting light-hearted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A lot worse than average	A bit worse than average	About average	A bit better than average	A lot better than average
teasing and responding appropriately					
Easy to chat with, even if it isn't on a topic that specially interests him/her	□	□	□	□	□
Able to compromise and be flexible	□	□	□	□	□
Finds the right thing to say or do in order to defuse a tense or embarrassing situation	□	□	□	□	□
Graceful when s/he doesn't win or get his/her own way. A good loser	□	□	□	□	□
Other people feel at ease around him/her	□	□	□	□	□
By reading between the lines of what people say, s/he can work out what they are really thinking and feeling	□	□	□	□	□

How does [Name] compare with other children/people of his/her age in the following situations:

	A lot worse than average	A bit worse than average	About average	A bit better than average	A lot better than average
After doing something wrong, s/he's able to say sorry and sort it out so that	□	□	□	□	□

	A lot worse than average	A bit worse than average	About average	A bit better than average	A lot better than average
there are no hard feelings					
Can take the lead without others feeling they are being bossed about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of what is and isn't appropriate in different social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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R1. Thinking about [Name]'s school work and about his/her ability to reason things out, is s/he about average for his/her age, ahead, or behind?

- ☐ Ahead ☐ Behind
☐ Average ☐

R2. At present, roughly what sort of age level is s/he at in his/her school work and ability to reason things out?

☐ (Years old)_____ ☐

R2. Is [Name]'s ability to use language – to say what s/he means and to understand what other people are saying – about average for his/her age, ahead or behind?

- ☐ Ahead ☐ Behind
☐ Average ☐

R4. At present, roughly what sort of age level is s/he at in his/her use and understanding of language?

☐ (Years old)_____ ☐

R5. Can s/he get round difficulties in explaining what s/he wants to say by other means, for example by using gestures, signs, facial expressions or acting things out?

- ☐ No ☐ A
☐ A lot
little ☐

R6. Going back to his/her first 3 years of life, was there anything that seriously worried you or anyone else about:

	No	Yes	Don't know / refuse
the way [Name]'s speech developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how s/he got on with people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the way his/her pretend or make-believe play developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
any odd rituals or unusual habits that were very hard to interrupt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
his/her ability to learn and do new things – things such as puzzles or helping get dressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R7. Have the things that seriously worried you or someone else now cleared up completely?

- ☐ Cleared up completely ☐ Don't know /
☐ Some continuing refuse
problems

R8. Could s/he use any real words other than 'mama' or 'dada' before the age of 2 years?

- ☐ Yes ☐
s

☐ No

R9. After using single words, children go on to join them up into phrases or short sentences like 'Go park see ducks' or 'Mama give biscuits'. Did [Name] join words together into phrases or short sentences before the age of 3 years?

☐ Yes ☐

s

☐ No

R10. Toddlers often communicate through physical gestures such as waving goodbye, pointing to things, blowing a kiss, or bringing a finger to their mouth and saying Shh! When s/he was a toddler, did [Name] use these sorts of gestures as much as other children of the same age?

☐ About the same

☐ A lot less

☐ A little less

☐ Don't know / refuse

R11. Some children like playing nursery games like Ring a Ring a Roses, Round and Round the Garden, Peekaboo or Peepo. Did [Name] ever like these games?

☐ No ☐ A

☐ A lot
little ☐

R12. Young children often try to share their enjoyment or interests or achievements, for example by pointing out something that they think you will enjoy seeing or find interesting. As a toddler and young child, did [Name] want to share his/her enjoyment, interests or achievements with other people?

☐ No ☐ A

☐ A lot
little ☐

R13. Some children spend a lot of their play time repeating the same action over and over again, for example spinning the wheels on a toy car, turning taps or light switches on and off, or opening and shutting doors. Has this ever been true of [Name]?

☐ No ☐ A

☐ A lot
little ☐

R14. Children are sometimes very interested in unusual aspects of toys or other things. For example, rather than playing with a toy, they may spend their time sniffing it, or running their fingers over its surface, or holding it to their face to feel any vibration that it makes. Has this ever been true of [Name]?

- ☐ No ☐ A
☐ A lot
 little ☐

R15. Make-believe play is important to some children. This can include pretend games with other children – games such as cops and robbers, or mummies and daddies. Even when they are by themselves, children may act out stories with dolls, action men or make-believe objects. ^f('age').toNumber() < 11 ? 'As a preschool child and more recently, has [Name] taken part in make-believe play?' : 'Thinking about when s/he was younger (say between 5 and 10), did [Name] take part in make-believe play?';^

- ☐ No ☐ A
☐ A lot
 little ☐

R16. ^f('age').toNumber() < 11 ? 'At present, can [Name] make allowances according to who s/he is playing with? For example, not being too rough when playing with younger children, and not being too bossy when playing with older children.' : 'When s/he was younger (say around 10), could [Name] make allowances according to who s/he was playing with? For example, not being too rough when playing with younger children, and not being too bossy when playing things with older children.';^

- ☐ No ☐ A
☐ A lot
 little ☐

R17. When s/he's with other children/teenagers, does s/he have difficulty taking turns, sharing or co-operating?

- ☐ No ☐ A
☐ A lot
 little ☐

R18. Some children/teenagers enjoy putting a lot of time into collecting things, or get a lot of pleasure out of focusing on just one topic, such as sport, cars or a particular pop group. In everyday language, we often say that these children/teenagers are 'obsessed' by their interest, but this is not an unpleasant obsession – this is something they like and usually enjoy talking about. Has [Name] had any long-lasting obsessions of this sort?

- ☐ No ☐ A
☐ A lot
 little ☐

R19-26. Obsessions may be about common or unusual topics. For example, it is fairly common for an 8 year old to be obsessed by dinosaurs, but it is unusual for an 8 year old to be obsessed by Victorian fireplaces, bar codes or street lamps.

	No	A little	A lot	
Is or was the topic of [Name]'s obsession unusual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does or did the obsession dominate his/her life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does or did it tend to dominate his/her conversation with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does or did it stop him/her doing other important things in his/her life, such as playing, studying or going out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is [Name] able to start conversations with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other people start conversations with him/her, can [Name] keep the conversation going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is [Name] genuinely interested in chatting with other people in order to hear what they have to say about their experiences and interests - even if those interests are different from his/her own interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R27. Some children/teenagers have trouble adjusting their language to suit different social occasions. For example they may speak too casually to a teacher or too formally to other children. Does [Name] change the way s/he speaks according to whether it is a formal or informal situation?

- ☐ No ☐ A
☐ A lot
little ☐

R28. It is relatively easy to tell what some children/teenagers are feeling by observing their facial expressions, their tone of voice and their body language. It is harder to tell with other children/teenagers, particularly if you don't know them very well. Do most people have difficulty knowing what [Name] is feeling by observing his/her face, body language or tone of voice?

- ☐ No ☐ A
☐ A lot
little ☐

R29. The other way round, children/teenagers vary in their ability to know what other people are feeling. Some children/teenagers are good at recognising subtle clues in body language, facial expressions, or tone of voice. For example, they can immediately tell when their mother is starting to get a little cross, or when another child/teenager is feeling a bit embarrassed. Other children/teenagers find this much harder. Does [Name] have difficulty recognising the clues in other people's facial expressions, body language and tone of voice?

- ☐ No ☐ A

☐ A lot
little ☐

R30. When we're talking with someone face-to-face, eye contact is very important. It generally makes us feel uneasy, or as if there's something wrong, if the other person makes too little eye contact, or too much, or makes it at the wrong time. Has [Name] ever been through a phase of making too little or too much eye contact, or making it in the wrong sort of way?

☐ No ☐ A
☐ A lot
little ☐

R31. Many young children go through a phase of repeating what someone has just said to them. For example, if you said, "We'll be going home in a few minutes", they might parrot back "We'll be going home in a few minutes". Or they might echo back the last word, "minutes", in your tone of voice. Some young people do this a lot. Has [Name] ever echoed or parroted speech in this way?

☐ No ☐ A
☐ A lot
little ☐

R32. Some children/teenagers ask the same questions over and over again. For example, "When are we going to the park?" or "What's for dinner?" or "Are we going swimming this weekend?" They keep repeating these questions even though they've already been told the answers many times. The questions that are repeated may not be exactly the same from week to week. Has [Name] ever tended to ask repetitive questions?

☐ No ☐ A
☐ A lot
little ☐

R33. Another way in which young people repeat themselves is by using the same catch-phrase or cliché over and over again. For example, almost every sentence may begin "If you want my opinion ..." or "Logically speaking ..." Occasionally the phrase is appropriate, but it is used far more than is really needed. Has [Name] ever filled his/her speech with these fairly empty catch-phrases or clichés?

☐ No ☐ A
☐ A lot
little ☐

R34. Some children enjoy routines and want things to be the same every day. For example, they may want to eat the same food off the same plate while sitting in the same chair every single day. Or there may be very fixed routines for dressing or undressing. Has [Name] ever had strong or unusual routines that s/he has insisted on because s/he enjoyed doing it that way?

- ☐ No ☐ A
☐ A lot
little ☐

R36. Some children are easily upset by small changes in their routines. For example, they may be very upset by having to go to school a different way, by having to take a bath at a slightly different time, or by the furniture being moved around. Has [Name] ever been easily upset by changes in routine?

- ☐ No ☐ A
☐ A lot
little ☐

R37. Some preschool children go through a phase of flapping or waving their hands or arms up and down if they are excited or upset. Some continue doing this for years. Since [Name] has been going to school, has s/he tended to flap his/her arms when excited or upset?

- ☐ No ☐ A
☐ A lot
little ☐

R38. You have answered a lot of questions about [Name]'s pattern of development - focusing particularly on language, play, routines and his/her ability to get along with other people. Are you concerned at present about any of these aspects of [Name]'s development?

- ☐ No ☐ A
☐ A lot
little ☐

R39. Thinking about the last 12 months, have difficulties in any of the areas that we have covered resulted in him/her becoming upset or distressed?

- ☐ No ☐ A
☐ A lot
little ☐

R40. Have difficulties with language, routines, play, or social ability interfered with...

	Not at all	A little	A medium amount	A great deal	
how well s/he gets on with you and the rest of the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
making and keeping friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learning or class work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playing, hobbies, sports or other leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	A little	A medium amount	A great deal	
activities?					

R41. Have these difficulties put a burden on you or the family as a whole?

- ☐ Not at all ☐ A great deal
☐ A little ☐
☐ A medium amount ☐

R42. Some children's development is unusual from birth onwards. With hindsight, their parents realise that development was never quite normal. That's not always the case, though. Sometimes parents are sure that development was completely normal for a while and then there was a relatively sudden change. Which was true for [Name]?

- ☐ Always there to some extent
☐ Sudden change
☐ Don't know / refuse

R43. How old was [Name] when this change happened?

- ☐ (Years old) _____ ☐

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Most young people are particularly attached to a few key adults, looking to them for security and comfort, and turning to them when upset or hurt. A1
 ^f('answered_by').get() == 'p' ? 'To who is [Name] most attached?' : 'Are you specially attached to the following adults? (Mark all that apply)';^

- | | |
|--|---|
| <input type="checkbox"/> ^f('answered_by').get() == 'p' ? 'M' : 'Your m';^other (biological or adoptive)
<input type="checkbox"/> ^f('answered_by').get() == 'p' ? 'F' : 'Your f';^ather (biological or adoptive)
<input type="checkbox"/> Another mother figure (stepmother, foster mother, father's partner)
<input type="checkbox"/> Another father figure (stepfather, foster father, mother's partner)
<input type="checkbox"/> One or more grandparents
<input type="checkbox"/> One or more other adult relatives (e.g. aunt, uncle, grown-up brother or sister) | <input type="checkbox"/> Childminder, nanny, au pair
<input type="checkbox"/> One or more teachers
<input type="checkbox"/> One or more other adult non-relatives (e.g. a family friend or neighbour)
<input type="radio"/> Not specially attached to any adult
<input type="radio"/> Don't know / refuse |
|--|---|

DAWBA

A1a. Is (Child) specially attached to the following children or young people? (Mark all that apply)

- ☐ One or more brothers, sisters or other young relatives

☐ One or more friends

☐ Not specially attached to anyone

☐ Don't know / refuse

DAWBA

A2. What I'd like to know next is how much ^f('answered_by').get() == 'p' ? '[Name]' : 'you';^ worry about being separated from ^f('s1_dw_a2_keyph').get()^. Most young people have some worries of this sort, but I'd like to know how you compare with others of ^f('answered_by').get() == 'p' ? 'his/her' : 'your';^ own age. I am interested in how you are usually - not on the occasional 'off day'. Overall, in the last 4 weeks, ^f('answered_by').get() == 'p' ? 'has s/he' : 'have you';^ been particularly worried about being separated from ^f('s1_dw_a2_keyph').get()^?

- ☐ Yes
- ☐ No

DAWBA

A3. Over the last 4 weeks, and ^f('answered_by').get() == 'p' ? 'compared' : 'comparing yourself';^ with other people of the same age...

	No more than others (or Not applicable)	A little more than others	A lot more than others
a) have you worried either about something unpleasant happening to your attachment figures, or about losing them?	□	□	□
b) have you worried unrealistically that you might be taken away from your attachment figures, e.g. by being kidnapped, taken to hospital or killed?	□	□	□
c) have you not wanted to go to school in case something nasty happened to your attachment figures while you were at school? (Do not include reluctance to go to school for other reasons e.g.	□	□	□

	No more than others (or Not applicable)	A little more than others	A lot more than others
fear of bullying or exams)			
d) have you worried about sleeping alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) have you come out of your bedroom at night to check on, or to sleep near, your attachment figures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) have you worried about sleeping in a strange place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) have you been afraid of being alone at home if your attachment figures pop out for a moment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) have you had repeated nightmares or bad dreams about being separated from your attachment figures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) have you had headaches, stomach aches or felt sick when you had to leave your attachment figures or when you knew it was about to happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) has being apart from your attachment figures or the thought of being apart from your attachment figures led to worry, crying, angry outbursts or misery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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A4. Have your worries about separation been there for at least 4 weeks?

- ☐ Yes
☐ No

A5. How old were you when your worries about separation began? (if since birth, enter 0)

☐ (Years old)_____

A6. How much have these worries upset or distressed you?

- ☐ Not at all

- ☐ A little
- ☐ A medium amount
- ☐ A great deal

DAWBA

A7. Have these worries interfered with...

	Not at all	A little	A medium amount	A great deal
a) how well you get on with the rest of the family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) making and keeping friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) learning or class work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) playing, hobbies, sports or other leisure activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A8. Have these worries made it harder for those around you (family, friends, teachers etc.)?

- ☐ Not at all
- ☐ A little
- ☐ A medium amount
- ☐ A great deal

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C1. Overall, does [Name] particularly fear or avoid social situations that involve a lot of people, meeting new people, or doing things in front of other people?

- ☐ No ☐ Don't know /
 - ☐ Yes refuse
- s

C2. Has [Name] been particularly afraid of any of the following social situations over the last 4 weeks?

	No	A little	A lot	
a) Meeting new people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Meeting a lot of people, such as at a party?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	A little	A lot	
c) Eating in front of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Speaking in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Reading out loud in front of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Writing in front of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Most young people are attached to a few key adults, feeling more secure when they are around. Some young people are only afraid of social situations if they don't have one of these key adults around. Other young people are afraid of social situations even when they are with one of these key adults. Which is true for [Name]?

- ☐ Mostly fine in social situations as long as key adults are around
 ☐ Don't know / refuse
- ☐ Social fears are marked even when key adults are around

C4. Is [Name] just afraid with adults, or is s/he also afraid in situations that involve a lot of young people, or meeting new people of your own age?

- ☐ Just with adults
 ☐ With both adults and young people
- ☐ Just with young people
 ☐ Don't know / refuse

C5. Outside of these social situations, is [Name] able to get on well enough with the adults and young people s/he know best?

- ☐ No
 ☐ Don't know / refuse
- ☐ Yes

C6. Do you think his/her dislike of social situations is because s/he is afraid s/he will act in a way that will be embarrassing or show him/her up?

- ☐ No
 ☐ Definitely
- ☐ Perhaps
 ☐ Don't know / refuse

C7. Is his/her dislike of social situations related to specific problems with speech, reading or writing?

- ☐ No
 ☐ Definitely
- ☐ Perhaps
 ☐ Don't know / refuse

C8. How long has his/her fear of social situations been present?

- ☐ Less than 1 month
- ☐ 1-5 months
- ☐ 6 months or more
- ☐ Don't know / refuse

C9. How old was s/he when this fear of social situations began?

- ☐ (Years old)_____
- ☐ Don't know / refuse

C10. When [Name] is in one of the social situations s/he fears, or when s/he thinks s/he is about to come up against one of these situations, does s/he become anxious or upset?

- ☐ No
- ☐ A lot
- ☐ A little
- ☐

C11. How often does his/her fear of social situations result in him/her becoming upset like this?

- ☐ Every now and then
- ☐ Most weeks
- ☐ Most days
- ☐ Many times a day
- ☐ Don't know / refuse

C12. Does his/her fear lead to [Name] avoiding social situations?

- ☐ No
- ☐ A lot
- ☐ A little
- ☐

C13. Does this avoidance interfere with his/her daily life?

- ☐ No
- ☐ A lot
- ☐ A little
- ☐

C14. Does s/he think that this fear of social situations is over the top or unreasonable?

- ☐ No
- ☐ Definitely
- ☐ Perhaps
- ☐ Don't know / refuse

C15. Is s/he upset about having this fear?

- ☐ No ☐ Definitely
☐ Perhaps ☐ Don't know /
s refuse

C16. Has [Name's] fear of social situations put a burden on you or the family as a whole?

- ☐ Not at all ☐ A great deal
☐ A little ☐ Don't know /
☐ A medium refuse
amount

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G2. Does [Name] ever worry?

- ☐ No ☐
☐ Yes
s

G2A. Some children worry about just a few things, sometimes related to specific fears, obsessions or separation anxieties. Other children worry about many different aspects of their lives. They may have specific fears, obsessions or separation anxieties, but they also have a wide range of worries about many things. Is [Name] a worrier in general?

- ☐ No, s/he just has a few specific worries ☐ Don't know /
☐ Yes, s/he worries in general refuse

G3. Over the last 6 months, has [Name] worried so much about so many things that it has really upset him/her or interfered with his/her life?

- ☐ No ☐ Definitely
☐ Perhaps y
s ☐

G4. Over the last 6 months, and by comparison with other children of the same age, has [Name] worried about...

	No more than others	A little more than others	A lot more than others	Don't know / refuse
Past behaviour: Did I do that wrong? Have I upset someone? Have they forgiven me?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School work, homework or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No more than others	A little more than others	A lot more than others	Don't know / refuse
examinations				
Disasters: Burglaries, muggings, fires, bombs etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her own health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad things happening to others: family, friends, pets, the world (e.g. wars).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The future: e.g. changing school, moving house, getting a job, getting a boy/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death and dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being bullied or teased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/Her appearance or weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specific worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G6. Over the last 6 months has s/he worried excessively on more days than not?

☐ No ☐

☐ Yes

s

G7. Does s/he find it difficult to control the worry?

☐ No ☐

☐ Yes

s

G8a. Does worrying lead to him/her feeling restless, keyed up, on edge, or unable to relax?

		For more days than not in last 6 months?
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes

		For more days than not in last 6 months?
		<input type="radio"/>
		<input type="radio"/> No
		<input type="radio"/> Yes
		<input type="radio"/>

G8b. Does worrying lead to him/her feeling tired or worn out more easily?

Ye s	No	For more days than not in last 6 months?
		<input type="radio"/> No
		<input type="radio"/> Yes
		<input type="radio"/>
		<input type="radio"/> No
		<input type="radio"/> Yes
		<input type="radio"/>

G8c. Does worrying lead to difficulties in concentrating or his/her mind going blank?

Ye s	No	For more days than not in last 6 months?
		<input type="radio"/> No
		<input type="radio"/> Yes
		<input type="radio"/>
		<input type="radio"/> No
		<input type="radio"/> Yes
		<input type="radio"/>

G8d. Does worrying lead to irritability?

Ye s	No	For more days than not in last 6 months?
		<input type="radio"/> No
		<input type="radio"/> Yes
		<input type="radio"/>
		<input type="radio"/> No
		<input type="radio"/> Yes
		<input type="radio"/>

G8e. Does worrying lead to muscle tension?

Ye s	No	For more days than not in last 6 months?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/>

G8f. Does worrying interfere with his/her sleep, e.g. difficulty in falling or staying asleep, or restless, unsatisfying sleep?

Ye s	No	For more days than not in last 6 months?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/>

G9. How upset or distressed is [Name] as a result of all his/her various worries?

- ☐ Not at all ☐ A great deal
☐ A little
☐ A medium amount ☐

Have his/her worries interfered with...

	Not at all	A little	A medium amount	A great deal	
how well s/he gets on with you and the rest of the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
making and keeping friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learning or class work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playing, hobbies, sports or other leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G11. Have these worries put a burden on you or the family as a whole?

- | | |
|--|-------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> A great |
| <input type="radio"/> A little | deal |
| <input type="radio"/> A medium
amount | <input type="radio"/> |

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H1. In the last 4 weeks, have there been times when [Name] has been very sad, miserable, unhappy or tearful?

- ☐ No ☐
- ☐ Yes
- S

H2. Over the last 4 weeks, has there been a period when s/he has been really miserable nearly every day?

- ☐ No ☐
- ☐ Yes
- S

H3. During the time when s/he has been miserable, has s/he been really miserable for most of the day? (i.e. for more hours than not)

- ☐ No ☐
- ☐ Yes
- S

H4. When s/he has been miserable, could s/he be cheered up?

- | | |
|---|--|
| <input type="radio"/> Easily | <input type="radio"/> Not at all |
| <input type="radio"/> With difficulty / only
briefly | <input type="radio"/> Don't know /
refuse |

H5. Over the last 4 weeks, the period of being really miserable has lasted:

- | | |
|--|--|
| <input type="radio"/> Less than 2
weeks | <input type="radio"/> Don't know /
refuse |
| <input type="radio"/> 2 weeks or more | |

H7. In the last 4 weeks, have there been times when [Name] has been grumpy or irritable in a way that has been out of character for him/her?

☐ No ☐
☐ Yes
S

H8. Over the last 4 weeks, has there been a period when s/he has been really grumpy or irritable nearly every day?

☐ No ☐
☐ Yes
S

H9. During the period when s/he has been grumpy or irritable, has s/he been like that for most of the day? (i.e. for more hours than not)

☐ No ☐
☐ Yes
S

H10. Has the irritability been improved by particular activities, by friends coming round, or by anything else?

<input type="radio"/> Easily	<input type="radio"/> Not at all
<input type="radio"/> With difficulty / only briefly	<input type="radio"/> Don't know / refuse

H11. Over the last 4 weeks, the period of being really irritable has lasted:

<input type="radio"/> Less than 2 weeks	<input type="radio"/> Don't know / refuse
<input type="radio"/> 2 weeks or more	

H13. In the last 4 weeks, have there been times when [Name] has lost interest in everything, or nearly everything, that s/he normally enjoys doing?

☐ No ☐
☐ Yes
S

H14. Over the last 4 weeks, has there been a period when this lack of interest has been present nearly every day?

☐ No ☐
☐ Yes
S

H15. During these days when s/he has lost interest in things, has s/he been like this for most of each day? (i.e. for more hours than not)

- ☐ No ☐
☐ Yes
 S

H16. Over the last 4 weeks, this loss of interest has lasted:

- ☐ Less than 2 weeks ☐ Don't know / refuse
☐ 2 weeks or more

H17. Has this loss of interest been present during the same period when s/he has been really miserable or irritable for most of the time?

- ☐ No ☐
☐ Yes
 S

H18. During the period when [Name] was sad, irritable or lacking in interest...

	No	Yes	
did s/he lack energy and seem tired all the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was s/he eating much more or much less than normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did s/he either lose or gain a lot of weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did s/he find it hard to get to sleep or to stay asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did s/he sleep too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was s/he agitated or restless for much of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did s/he feel worthless or unnecessarily guilty for much of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H18. During the period when [Name] was sad, irritable or lacking in interest...

	No	Yes	
did s/he find it unusually hard to concentrate or to think things out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did s/he think about death a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did s/he talk about harming himself/herself or killing himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did s/he find it hard to get to sleep or to stay asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did s/he try to harm himself/herself or kill himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H18L. Over the whole of his/her lifetime, has s/he ever tried to harm himself/herself or kill himself/herself?

- ☐ No ☐
☐ Yes
s

H19. How much has [Name's] sadness, irritability or loss of interest upset or distressed him/her?

- ☐ Not at all ☐ A great
☐ A little deal
☐ A medium ☐
amount

H19a. How old was s/he when this sadness, irritability or loss of interest upset or distress began?

- ☐ (Years old) _____ ☐ Don't know /
refuse

H20. Has his/her sadness, irritability or loss of interest interfered with...

	Not at all	A little	A medium amount	A great deal	
how well s/he gets on with you and the rest of the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
making and keeping friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learning or class work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playing, hobbies, sports or other leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H19. Has his/her sadness, irritability or loss of interest put a burden on you or the family as a whole?

- ☐ Not at all ☐ A great
☐ A little deal
☐ A medium ☐
amount

H22. Over the last 4 weeks, has s/he talked about deliberately harming or hurting himself/herself?

☐ No ☐
☐ Yes
S

H23. Over the last 4 weeks, has s/he tried to harm or hurt himself/herself?

☐ No ☐
☐ Yes
S

H24. Over the whole of his/her lifetime, has s/he ever tried to harm or hurt himself/herself?

☐ No ☐
☐ Yes
S

Copyright DAWBA.No logic turned on. This section of the interview is about [Name's] level of activity and concentration over the last 6 months. Nearly all children are overactive or lose concentration at times, but what I would like to know is how [Name] compares with other children of his/her own age. I am interested in how s/he is usually - not on the occasional 'off day'.

J1. Allowing for his/her age, do you think that [Name] definitely has some problems with overactivity or poor concentration?

☐ No ☐
☐ Yes
S

J2. I would now like to go through some more detailed questions about how [Name] has usually been over the last 6 months. I will start with questions about how active s/he has been. Over the last 6 months, and compared with other children of his/her age...

	No more than others	A little more than others	A lot more than others	Don't know / refuse
Does s/he often fidget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it hard for him/her to stay sitting down for long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he run or climb about when s/he shouldn't?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he find it hard to play or take part in other leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No more than others	A little more than others	A lot more than others	Don't know / refuse
without making a lot of noise?				
If s/he is rushing about, does s/he find it hard to calm down when someone asks him/her to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J3. The next few questions are about impulsiveness. Over the last 6 months, and compared with other children of his/her own age...

	No more than others	A little more than others	A lot more than others	Don't know / refuse
Does s/he often blurt out an answer before s/he had heard the question properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it hard for him/her to wait his/her turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often butt in on other people's conversations or games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he find it hard to play or take part in other leisure activities without making a lot of noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often go on talking even if s/he has been asked to stop, or if no one is listening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J4. The next set of questions are about attention. Over the last 6 months, and compared with other children of his/her own age...

	No more than others	A little more than others	A lot more than others	Don't know / refuse
Does s/he often make careless mistakes or fail to pay attention to what s/he is supposed to be doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often seem to lose interest in what s/he is doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often not listen to what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No more than others	A little more than others	A lot more than others	Don't know / refuse
people are saying to him/her?				
Does s/he often not finish a job properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it often hard for him/her to get himself/ herself organized to do something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often try to get out of things s/he would have to think about, such as homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he often lose things s/he needs for school or games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is s/he easily distracted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is s/he often forgetful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J5. Have [Name's] teachers complained over the last 6 months of problems with...

	No	A little	A lot	
fidgetiness, restlessness or overactivity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
poor concentration or being easily distracted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
acting without thinking about what s/he is doing, frequently butting in, or not waiting his/her turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J6. Have [Name's] difficulties with activity or concentration been there for at least 6 months?

☐ No ☐

☐ Yes

s

J7. How old was s/he when his/her difficulties with activity or concentration began?

☐ (Years old)_____ ☐

J8. How much have [Name's] difficulties with activity or concentration upset or distressed him/her?

- ☐ Not at all ☐ A great deal
☐ A little
☐ A medium amount ☐

J9. Have [Name's] difficulties with activity or concentration interfered with...

	Not at all	A little	A medium amount	A great deal	
how well s/he gets on with you and the rest of the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
making and keeping friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learning or class work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playing, hobbies, sports or other leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J10. Have these difficulties with activity or concentration put a burden on you or the family as a whole?

- ☐ Not at all ☐ A great deal
☐ A little
☐ A medium amount ☐

Copyright DAWBA.No logic turned on. This next section of the interview is about behaviour. Nearly all children are awkward and difficult at times – not doing what they are told, being irritable or annoying, having temper outbursts, and so on. What I would like to know is how [Name] compares with other children of the same age. I am interested in how s/he is usually, and not just on occasional 'off days'.

K1. Thinking about the last 6 months, how does [Name's] behaviour compare with other children of his/her age?

- ☐ Less awkward or troublesome than average ☐ More awkward or troublesome than average
☐ About average ☐ Don't know / refuse

K4. Has [Name's] awkward behaviour been there for at least 6 months?

- ☐ No ☐
☐ Yes

K5. How old was s/he when this sort of awkward behaviour began?

- ☐ (Years old) _____ ☐

K6. Has [Name's] awkward behaviour interfered with...

	Not at all	A little	A medium amount	A great deal	
how well s/he gets on with you and the rest of the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
making and keeping friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learning or class work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playing, hobbies, sports or other leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K7. Has his/her awkward behaviour put a burden on you or the family as a whole?

- ☐ Not at all ☐ A great deal
☐ A little
☐ A medium amount ☐

I'm now going to ask about behaviour that sometimes gets children into trouble, including dangerous, aggressive or antisocial behaviour. Please answer according to how s/he has been over the last year I'm switching to the last 12 months for this next set of questions.

K8. As far as you know, over the last 12 months...

	No	Perhaps	Definitely	
has s/he often told lies in order to get things or favours from others, or to get out of having to do things s/he is supposed to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has s/he often started fights? (Other than with brothers and sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Perhap s	Definitel y	
has s/he often bullied or threatened people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has s/he often stayed out after dark much later than s/he was supposed to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has s/he stolen from the house, or from other people's houses, or from shops or school? (This doesn't include very minor thefts, e.g. stealing his/her brother's pencil or food from the fridge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has s/he run away from home more than once, or ever stayed away all night without your permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has s/he often played truant (bunked off) from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K9. Did s/he start playing truant (bunking off) from school before s/he was 13?

- ☐ No ☒
☐ Yes

May I now ask you about a list of less common but potentially more serious behaviours. I have to ask all people all questions even when they are not likely to apply.

K10. As far as you know, have any of the following happened even once in the last 12 months?

	No	Perhap s	Definitel y	
Has s/he used a weapon or anything that could seriously hurt someone? (e.g. a bat, brick, broken bottle, knife, gun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has s/he really hurt someone or been physically cruel to them? (e.g. has tied up, cut or burned someone).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has s/he been really cruel on purpose to animals and birds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has s/he deliberately started a fire? (This is only if s/he intended to cause severe damage. This question is not about lighting campfires, or burning individual matches or pieces of paper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has s/he deliberately destroyed someone else's property? (This question is not about fire setting or very minor acts, e.g. destroying sister's drawing. It does include behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Perhap s	Definitel y	
such as smashing car windows or school vandalism)				
Has s/he been involved in stealing on the streets, e.g. snatching a handbag or mugging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has s/he tried to force someone to have sexual activity against their will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has s/he broken into a house, any other building or a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K11. Have [Name's] teachers complained of troublesome behaviour over the last 6 months?

☐ No ☐

☐ Yes

s

K11AA. Has his/her troublesome behaviour been present for at least 6 months?

☐ No ☐

☐ Yes

s

K11A. Has [Name] ever been in trouble with the police?

☐ No ☐

☐ Yes

s

K12. Has [Name's] troublesome behaviour interfered with...

	Not at all	A little	A medium amount	A great deal	
how well s/he gets on with you and the rest of the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
making and keeping friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learning or class work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playing, hobbies, sports or other leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K13. Has his/her troublesome behaviour put a burden on you or the family as a whole?

- ☐ Not at all ☐ A great deal
☐ A little ☐
☐ A medium amount ☐

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P1.

	No	Yes	
Has [Name] ever thought s/he was fat even when other people said s/he was very thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would [Name] be ashamed if other people knew how much s/he eats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has [Name] ever deliberately made him/herself vomit (throw up)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do worries about eating (what? where? how much?) really interfere with his/her life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If [Name] eats too much, does s/he blame him/herself a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How tall is [Name]? (approximately)(cm)	_____
How much does [Name] weigh at present? (approximately)(kg)	_____
What was his/her lowest weight in the last 12 months?(kg)	_____
What was his/her highest weight ever? (excluding pregnancy)(kg)	_____

P3. At present, would you describe [Name] as very thin, thin, average, plump or fat?

- ☐ Very thin ☐ Plump
☐ Thin ☐ Fat
☐ Average ☐ Don't know / refuse

P4. Comparing how s/he is this year with how s/he has been in previous years, would you say s/he was even thinner in previous years, always this thin, a little thinner this year than in previous years, or a lot thinner this year than in previous years?

- | | |
|---|--|
| <input type="radio"/> Even thinner in previous years | <input type="radio"/> A lot thinner this year than in previous years |
| <input type="radio"/> Always this thin | <input type="radio"/> Don't know / refuse |
| <input type="radio"/> A little thinner this year than in previous years | |

P5. At present, would s/he describe him/herself as very thin, thin, average, plump or fat?

- | | |
|---------------------------------|---|
| <input type="radio"/> Very thin | <input type="radio"/> Plump |
| <input type="radio"/> Thin | <input type="radio"/> Fat |
| <input type="radio"/> Average | <input type="radio"/> Don't know / refuse |

P6. Have you or other people – family, a friend, a doctor – been seriously concerned that his/her weight has been bad for his/her physical health?

- ☐ No ☐
☐ Yes

P7. What does [Name] think? Does s/he think that his/her weight has been bad for his/her physical health?

- ☐ No ☐
☐ Yes

P8. Is [Name] afraid of gaining weight or getting fat?

- | | |
|--------------------------------|---------------------------|
| <input type="radio"/> No | <input type="radio"/> A |
| <input type="radio"/> A little | <input type="radio"/> lot |

P9. Does the thought of gaining weight or getting fat really terrify him/her?

- ☐ No ☐
☐ Yes

P9. If a doctor told [Name] that s/he needed to put on Easy Difficult Impossible five pounds (two kilograms) for the sake of her health, would s/he find this easy, difficult or impossible to accept? (If a child has physical problems that make it hard for him/her to

put on weight, the question is whether s/he is willing to try, not whether s/he can succeed.)

- ☐ Easy ☐ Impossible
- ☐ Difficult ☐ Don't know /
t refuse

P11. Does [Name] avoid the sorts of food that s/he thinks will make him/her fat?

- ☐ No ☐ A
- ☐ A lot
- little ☐

P12. How often does [Name] succeed in this? (i.e. avoiding fattening food)

- ☐ Never ☐ Always
- ☐ Sometimes ☐ Don't know /
- ☐ Most of the refuse
- time

P13. Does [Name] spend a lot of his/her time thinking about food?

- ☐ No ☐
- ☐ Yes
- s

P14. Sometimes people say that they have such a strong desire for food, and that this desire is so hard to resist, that it is like the way an addict feels about drugs or alcohol. Does this apply to [Name]?

- ☐ No ☐ A
- ☐ A lot
- little ☐

P15. Sometimes people lose control over what they eat, and then they eat a very large amount of food in a short time. For example, they may open the fridge and eat as much as they can find – eating and eating until they feel physically ill. This usually happens when people are by themselves. Does this happen to [Name]?

- ☐ No ☐
- ☐ Yes
- s

P16. Over the last three months, how often on average has this happened?

- ☐ Hasn't happened ☐ Twice a week or
- ☐ Occasionally more

☐ About once a week ☐ Don't know / refuse

P17. When this happens, does [Name] have a sense of having lost control over his/her eating?

☐ No ☐ Yes
☐ Yes
☐ No

P18. Over the last three months, has [Name] done any of the following to avoid putting on weight:

	No	Tries to but not allowed	A little	A lot	Don't know / refuse
Eating less at meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skipping meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going without food for long periods, e.g. all day or most of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiding or throwing away food that others give him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercising more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making him/herself vomit (throw up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking pills or medicines in order to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing other things (e.g. not taking insulin if diabetic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P19. You told me earlier about the times when [Name] loses control and eats too much. After s/he does this, does s/he normally then (restrict eating/ exercise/ vomit/ take pills or medicine) to stop him/herself putting on weight?

☐ No ☐ Yes
☐ Yes
☐ No

P20. Has she had any periods in the last three months?

☐ No ☐ Yes
☐ Yes
☐ No

P21. Has she ever had any periods?

☐ No ☐

☐ Yes

S

P22. Is she taking any hormone pills or injections? (including contraceptives)

☐ No ☐

☐ Yes

S

P26. You have told me about [Name]'s eating pattern and concern about weight or body shape. How upset or distressed is s/he by this?

☐ Not at all ☐ A great

☐ A little deal

☐ A medium ☐

amount

P27. How much have [Name]'s eating pattern or concern about weight and body shape interfered with...

	Not at all	A little	A medium amount	A great deal	
how well s/he gets on with you and the rest of the family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
making and keeping friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learning or class work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
playing, hobbies, sports or other leisure activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P28. Has her eating pattern or concern about weight or body shape put a burden on you or the family as a whole?

☐ Not at all ☐ A great

☐ A little deal

☐ A medium ☐

amount

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Q1. Over the last 12 months, has [Name] had any tic movements that s/he couldn't seem to control – such as excessive eye blinking, facial grimaces, nose twitches or head nodding?

☐ No ☐

☐ Yes

S

Q2. Over the last 12 months, has [Name] had any tic sounds that s/he couldn't seem to control – such as excessive sniffing, coughing or throat clearing?

☐ No ☐

☐ Yes

S

Q3. What doctors mean by 'motor tics' are repeated movements that are sudden and rapid, that follow more or less the same pattern every time, and that occur without the person really wanting them to. Thinking about the whole of [Name]'s life, has s/he ever had motor tics involving any of the following types of repeated movement?

	No	Yes	
Excessive blinking of eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising of eyebrows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squinting of eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolling eyes up, down or sideways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitching of nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flaring of nostrils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pouting of mouth (as if giving a kiss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretching mouth wide open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nodding of head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screwing up of face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. What doctors mean by 'motor tics' are repeated movements that are sudden and rapid, that follow more or less the same pattern every time, and that occur without the person really wanting them to. Thinking about the whole of [Name]'s life, has s/he ever had motor tics involving any of the following types of repeated movement?

	No	Yes	
Touching chin to shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes	
Stretching neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrugging shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jerking movement of arm or leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. Sometimes, movements that look like tics turn out to have some other explanation. For example, some children squint because they need to wear glasses or change to stronger glasses. Similarly some children have nose and eye problems during the hay fever season. Do you think that some or all of [Name]'s movements could have been caused by other things?

- ☐ No ☐
☐ Yes

Q6. We are now going to move on from motor tics to vocal tics. These are sounds that come from the mouth, nose or throat. They are sudden and rapid, they follow more or less the same pattern every time, and they occur without the person really wanting them to. Thinking about the whole of [Name]'s life, has s/he ever had vocal tics involving any of the following types of repeated sounds?

	No	Yes	
Throat clearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive sniffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coughing as a habit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gulping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-pitched squeaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making little noises, e.g. 'Ah', 'Eh', 'Eee'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sucking noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burping, not just when eating or drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A word said repeatedly and out of context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swearing, without meaning to and without being annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7. Sometimes, sounds that seem like tics turn out to have some other explanation. For example, some children clear their throat when they are nervous or cough a lot because they have a tickly throat with a cold or hay fever. Do you think that some or all of [Name]'s sounds could have been caused by other things?

- ☐ No ☐
☐ Yes

Q9. Do the tics go away when s/he is asleep?

☐ No ☐

☐ Yes

S

Q10. Do the tics sometimes worsen when s/he relaxes, e.g. while watching TV after a busy day at school?

☐ No ☐

☐ Yes

S

Q11. If [Name] tries really hard, can s/he stop the tics from happening?

☐ No ☐

☐ Yes

S

Q12. If s/he uses her will power to keep the tics under control for a while, does s/he get a rebound later, e.g. fewer tics when visitors come, but an extra burst of them later when they've gone?

☐ No ☐

☐ Yes

S

Q13. How old was s/he when the tics first began?

☐ (Years old) _____ ☐

Q21. How upset or distressed is [Name] as a result of all his/her tics?

☐ Not at all ☐ A great

☐ A little deal

☐ A medium amount ☐

Q22. Have his/her tics interfered with...

	Not at all	A little	A medium amount	A great deal	
how well s/he gets on with you and the rest of the family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
making and keeping friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learning or class work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
playing, hobbies, sports or other leisure activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23. Have the tics put a burden on you or the family as a whole?

☐ Not at all ☐ A great

☐ A little deal

☐ A medium amount ☐

