

Applet Codebook: NIMH KSADS v0.28

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19.57dcptd059	835
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Part I

About

About this applet

This applet was made based on the NIMH KSADS on Redcap. These sections are in currently in progress:

- Register Interview Child Psychiatric
- Tobacco
- Alcohol Abuse and Dependence
- Drug Use
- Caffeine
- Interviewer Observation
- GAF Scale
- Interviewer Notes

The data dictionary used to generate this applet is here.

These questions were constructed as part of a collaboration between the National Institute of Mental Health and the MATTER Lab of the Child Mind Institute (<https://matter.childmind.org>).

Part II

KSADS Sections

Chapter 1

Timeline

1.1 timeline_title

Question: “## Timeline”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

1.2 dctlo005

Question: “What is your birthday?”

Visibility: *Always*

Item Type: Date picker

Responses: *Date via date picker widget*

1.3 dctlo008

Question: “So, how old are you?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.4 dctlo009

Question: “What is your grade in school? (or last completed grade)”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

100

Pre-K

0

Kindergarten

1

1st

2

2nd

3

3rd

4

4th

5

5th

6

6th

7

7th

8

8th

9

9th

10

10th

11

11th

12

12th

13

College Freshman

14

College Sophomore

15

College Junior

16

College Senior

997

997

998

998

999

999

1.5 timeline_instructions1

Question: “Now I’d like to learn more about you (your child), where you live, your school, your family and your friends.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

1.6 dctlo010

Question: “Where did you first live when you were growing up?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.7 dctlo011

Question: “Who did you live with there? (mother, father, siblings, extended family, other)”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.8 dctlo012

Question: “Any moves?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.9 dctlo013

Question: “Parental marriage/separation/divorce”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.10 dctlo014

Question: “Do you have any brothers and/or sisters? Are they older or younger? Do they live with you?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.11 dctlo015

Question: “How well do you get a long with your parents and siblings? Do you do things together?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.12 dctlo016

Question: “When did your last school year begin? When did it end? When did summer break begin?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.13 dctlo017

Question: “Changing schools (grade school to junior high to high school to moves)”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.14 dctlo018

Question: “Did you ever have problems with your grades in school? Get into trouble for your behavior at school?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.15 dctlo019

Question: “Do you (your child) have an Individualized Educational Plan (IEP)? If yes, what is the reason? Learning and/or emotional problems? Describe:”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.16 dctlo020

Question: “Do you have friends in school?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.17 dctlo021

Question: “How often do you see them outside of school?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.18 dctlo022

Question: “Do you have friends in other places (e.g. neighborhoods and/or clubs)?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.19 dctlo023

Question: “Do you have problems making/keeping friends?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.20 dctlo024

Question: “Do you often fight/argue with friends?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.21 dctlo025

Question: “Do you get into trouble with friends?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.22 dctlo026

Question: “Are there any other things that happened in your life that stand out for you as very important? Things that may have happened to you like memorable vacations, team sports, your friends, your family? (positive or negative)”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.23 timeline_instructions2

Question: “The next questions refer to the current school year (when on summer break refer to the past school year).”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

1.24 ctlo0

Question: “Is child out of high school?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

1

No

2

Yes

1.25 dctlo027

Question: “Date at beginning of school year (Month)”

Visibility: $\text{ctlo0} = '1'$

Item Type: Dropdown select

Responses:

Value

Label

1

1

2

2
3
3
4
4
5
5
6
6
7
7
8
8
9
9
10
10
11
11
12
12
97
97
98
98
99
99

1.26 dctlo028

Question: “Date at beginning of school year (Year)”

Visibility: ctlo0 = ‘1’

Item Type: Text input

Responses: *Free text entry*

1.27 timeline_instructions3

Question:

”How are you doing in school? What subjects do you have? What kind of grades do you get?”

INTERVIEWER: Please rate academic subjects on the following scale. List any additional academic subjects and review ratings.”

Visibility: ctlo0 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

1.28 dctlo031

Question: “Reading/English”

Visibility: ctlo0 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Above Average

2

Average

3

Below Average

4

Failing

1.29 dctlo032

Question: “Arithmetic/Math”

Visibility: ctlo0 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Above Average

2

Average

3

Below Average

4

Failing

1.30 dctlo33

Question: “Other subject 1 (list here)”

Visibility: ctlo0 = ‘1’

Item Type: Text input

Responses: *Free text entry*

1.31 dctlo34

Question: “Other subject 1”

Visibility: ctlo0 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Above Average

2

Average

3

Below Average

4

Failing

1.32 dctlo35

Question: “Other subject 2 (list here)”

Visibility: ctlo0 = ‘1’

Item Type: Text input

Responses: *Free text entry*

1.33 dctlo36

Question: “Other subject 2”

Visibility: ctlo0 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Above Average

2

Average

3

Below Average

4

Failing

1.34 dctlo37

Question: “Other subject 3 (list here)”

Visibility: ctlo0 = ‘1’

Item Type: Text input

Responses: *Free text entry*

1.35 dctlo38

Question: “Other subject 3”

Visibility: ctlo0 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Above Average

2

Average

3

Below Average

4

Failing

1.36 dctlo039

Question:

”Are there different reading and arithmetic groups in your class at school?
Which group are you in?”

INTERVIEWER: Review ratings (specify academic “track” or group). If discrepancies exist, make notes but code for highest achievement.”

Visibility: ctlo0 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Above average

2

Average

3

Below average

4

Far below average

9

Not applicable

1.37 dctlo039__notes**Question:** “*Notes about discrepancies.*”**Visibility:** ctlo0 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***1.38 dctlo040****Question:** “During the school year, how much TV do you usually watch every week? After school? After dinner? On Saturday or Sunday?”**Visibility:** ctlo0 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

1

7 or fewer hours per week

2

8-14 hours per week

3

15-21 hours per week

4

22-35 hours per week

5

Greater than 35 hours per week

9

Unknown

1.39 dctlo041

Question: “How much time do you spend playing video/computer games every week? After school? After dinner? On Saturday or Sunday?”

Visibility: ctlo0 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

7 or fewer hours per week

2

8-14 hours per week

3

15-21 hours per week

4

22-35 hours per week

5

Greater than 35 hours per week

9

Unknown

1.40 dctlo042

Question: “Does (child’s name) have any serious problems?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.41 dctlo043

Question: “At home?”

Visibility: $\text{dctlo042} = '1'$

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.42 dctlo044

Question: “At school?”

Visibility: dctlo042 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.43 dctlo045

Question: “With friends?”

Visibility: dctlo042 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.44 dctlo046

Question: “Would you say that (child’s name) has a good sense of humor?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.45 dctlo047

Question: “Would you say that (child’s name) has personality traits that cause problems for him/her?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.46 dctlo048

Question: “Is your child nervous or fearful?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.47 dctlo049

Question: “Would you describe him/her as shy?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.48 dctlo050

Question: “What about his/her moods? Is he/she moody?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.49 dctlo051

Question: “Does he/she have a bad temper?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.50 dctlo052

Question: “Is he/she sensitive to the feelings of others? Too sensitive?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.51 dctlo053

Question: “What do you enjoy most? (e.g. hobbies, sports, clubs, etc.)”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.52 dctlo054

Question: “Is there anything that makes you afraid?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.53 dctlo055

Question: “Are you nervous a lot?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.54 dctlo056

Question: “Do you mostly like to be with other kids, or by yourself?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.55 dctlo057

Question: “How would you describe yourself?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.56 dctlo058

Question: “Have you had any problems with your family or your friends?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.57 dctlo059

Question: “Have you had any serious problems?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.58 dctlo060

Question: “Additional notes:”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.59 dctlo061

Question: “Have you ever had problems with your feelings, nerves, or mood?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.60 dctlo062

Question: “What about problems with the way you act, things you do, or your behavior?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.61 dctlo063

Question: “Have you ever received help for these problems or thought that you needed help?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

1.62 dctlo064

Question: “INTERVIEWER: *If child/parent endorsed treatment of any kind, identify the primary reason for treatment (ADHD, MDD, etc.) and code at the end of the appropriate section.*”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

1.63 ctlo_end

Question: “*INTERVIEWER: END of Timeline section.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 2

Screeners

2.1 screener_title

Question: “## Screener”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.2 cscr0

Question: “*INTERVIEWER: Use timeline to date treatment, symptoms, etc.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.3 dcscr005

Question: “Have you ever talked to a counselor, psychologist, social worker, psychiatrist or some other professional about your feelings or problems with your mood or behaviors? Or are you currently taking medication because of your emotions and/or behaviors?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.4 dcscr006**Question:** “Who was it and why did you speak to them?”**Visibility:** dcscr005 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***2.5 dcscr007****Question:**

”How many separate times did you go to see someone?

*INTERVIEWER: Clarify that these are distinct periods of outpatient services, not individual appointments.”***Visibility:** dcscr005 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***2.6 dcscr008****Question:** “How long did you see someone in total?”**Visibility:** dcscr005 = ‘1’**Item Type:** Single-select radio button

Responses:

Value

Label

1

Less than 6 months

2

6 months to 2 years

3

Over 2 years

2.7 dcscr009**Question:** “About how many talk sessions did you have in total?”**Visibility:** dcscr005 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***2.8 dcscr010****Question:**

”Have you ever had to go to a hospital and stay overnight because of problems with your mood, feelings, or how you were acting?”

INTERVIEWER: Refer to Table of Hospitalizations in the Medical History section.”

Visibility: dcscr005 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

2.9 dcscr011

Question: “When and what happened that lead to you going to the hospital?”

Visibility: dcscr010 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.10 dcscr012

Question: “Have you or anyone else (like your friends, parents, or teachers) ever thought you needed help because of problems with your mood, feelings, or how you were acting?”

Visibility: dcscr005 = ‘0’ or dcscr010 = ‘0’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.11 dcscr013

Question: “If so, who and what did they say?”

Visibility: dcscr012 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.12 screener__instructions1

Question: “I’m now going to ask you some more questions about your feelings, behavior and mood.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.13 cscr4

Question: “Some young people worry a lot. They may often feel nervous, anxious or unable to relax. They may have times when they worry a lot more than usual.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.14 dcscr014

Question: “Have you ever been a worrier?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.15 dcscr015

Question: “Did you worry a lot more than most children your age?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.16 dcscr016

Question: “Has there ever been a time when you felt nervous or scared a lot of the time?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.17 dcscr017

Question: “Has anyone said that you are a worrier or that you worry too much?”

Visibility: dcscr015 = ‘1’ or dcscr016 = ‘1’ or dcscr014 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.18 dcscr018

Question: “Who said that you were a worrier?”

Visibility: dcscr015 = ‘1’ or dcscr016 = ‘1’ or dcscr014 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.19 dcscr019

Question: “Why did he/she say that you were a worrier?”

Visibility: dcscr015 = ‘1’ or dcscr016 = ‘1’ or dcscr014 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.20 cscr5

Question: “Some young people worry a lot about being away from their parents or the grown-up who takes care of them.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.21 dcscr020

Question: “Since you were 5 years old, has there ever been a time when you had a lot of worries about your (attachment figures) and were very upset when you were away from him/her?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.22 dcscr021

Question: “Did you worry about this more than most children your age?”

Visibility: dcscr020 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.23 dcscr022

Question: “Has there ever been a time when you wanted to stay home from school or not go to other places without your (attachment figures)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.24 cscr6

Question: ”

INTERVIEWER: For disruptive behavior disorders (ADHD, ODD, CD), complete the diagnostic section if any of the probes are endorsed.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.25 cscr7

Question: “Some children have trouble paying attention and following instructions. They may be distracted easily and forget what they are supposed to do. These children often have difficulty staying still, are always on the go and often interrupt people.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.26 dcscr023

Question:

”Did you often:

Have trouble paying attention or keeping your mind on your school work, chores, or other activities that you were doing?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.27 dcscr024

Question:

”Did you often:

Have problems following instructions and often fail to finish school, work, or other things you meant to get done?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.28 dcscr025

Question:

"Did you often:

Have difficulty sitting still for more than a few minutes at a time?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.29 dcscr026

Question: “Did a teacher ever talk to your parents about problems paying attention or sitting still?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.30 cscr9

Question: “Some children and adolescents do things that can get them into trouble with adults, like getting angry, arguing or talking back to adults, refusing to do what adults ask them to do, annoying people on purpose, or being touchy, grouchy, or irritable.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.31 dcscr027

Question: “Was there a time when you did things that got you into trouble with adults such as losing your temper, arguing with or talking back to adults, or being grouchy or irritable with them?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.32 dcscr028

Question: “Was there a time when you got into trouble with adults for refusing to do what they told you to do?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.33 dcscr029

Question: “Did you often annoy other people on purpose?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.34 dcscr030

Question: “Did you ever get into trouble for getting even with other people by doing things to hurt them, telling lies about them, or messing up their things?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.35 cscr10

Question: “Some young people do other things that may get them into trouble with adults like breaking rules or getting into trouble with the police or other authorities if they get caught. They may lie a lot, steal, skip school, smoke or drink.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.36 dcscr031

Question: “Was there ever a time when you did things that got you into trouble with adults like lying, stealing or breaking rules?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.37 dcscr032

Question: “Did you ever skip school, stay out at night later than you were supposed to, or run away from home overnight?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.38 dcscr033

Question: “Did you ever set fires, break into cars, or destroy someone else’s property on purpose?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.39 dcscr034

Question: “Do you have a probation officer or have you ever been on probation?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.40 dcscr035

Question: “If yes, what happened?”

Visibility: dcscr034 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.41 cscr11

Question:

”Some people have fears of things, like spiders, heights, elevators, dogs, blood, or shots. When they are faced with the thing that they fear, they become very frightened and upset even though there is no real danger. They may go out of their way to stay away from the thing that they fear.

INTERVIEWER: Read the card to ages 7-12 or for those children with learning/reading problems: Participant Card 2 (Fears)”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.42 dcscr036

Question:

”Have you ever been very nervous or afraid of:
Animals or bugs, like dogs, snakes, or spiders?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.43 dcscr037

Question: “Being in really high places, like a roof or tall building?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.44 dcscr038

Question: “Water or situations involving water, such as a swimming pool, lake, or ocean?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.45 dcscr039

Question: “Storms, thunder, or lightning?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.46 dcscr040

Question: “Doctors, needles, or blood?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.47 dcscr041

Question: “Closed spaces, like elevators or closets?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.48 dcscr042

Question: “Flying or airplanes?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.49 dcscr043

Question: “Other?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.50 cscr15

Question:

”Most people feel uncomfortable when they have to speak in front of people, meet new people, or when they are in situations in which they may say or do something embarrassing. Some people become so uncomfortable in these situations that they either stay away from them or become very upset, even though they know that it doesn’t make sense.

INTERVIEWER: refer to at Participant Card 3 (Social/Performance)”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.51 dcscr044

Question:

”Was there ever a time in your life:

When you felt very afraid or really, really shy with people, like meeting new people, going to parties, or eating or drinking in front of others?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.52 dcscr045

Question: “When you felt very afraid or uncomfortable when you had to do something in front of a group of people, like speaking in class?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.53 cscr18

Question: “Some people have what we call”panic or anxiety attacks“. In these kinds of attacks, people become very scared, even though there is nothing around

to frighten them. Sometimes, they feel they can't breathe or their heart beats fast. The attacks come on very quickly and then go away."

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.54 dcscr046

Question: "Have you ever had an attack like this?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.55 dcscr047

Question: "Describe:"

Visibility: dcscr046 = '1'

Item Type: Text input

Responses: *Free text entry*

2.56 dcscr048

Question: "Has there ever been a time when all of a sudden you felt very, very scared or uncomfortable and your chest hurt, you couldn't catch your breath, your heart beat very fast, or you felt very shaky?"

Visibility: dcscr046 = '0'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.57 dcscr049

Question: “Has there ever been a time when all of a sudden, you felt that something terrible was going to happen, that you were going crazy, or going to die?”

Visibility: dcscr046 = '0'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.58 dcscr050

Question: “How many of these attacks have you had?”

Visibility: dcscr046 = ‘1’ or dcscr048 = ‘1’ or dcscr049 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.59 cscr21

Question: “*INTERVIEWER: Read the card to ages 7-12 or for those children with learning/reading problems: Participant Card 4 (Other fears)*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.60 dcscr051

Question: “Have you ever been very nervous or afraid of being in crowds, going to public places, traveling by yourself, traveling away from home, or using public transportation like a bus or the metro?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.61 dcscr052

Question: “Have you been afraid about (insert situation) because you were worried about having a scary/strange feeling in your body or other body problem(s)?”

Visibility: dcscr051 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.62 dcscr053

Question: “Have you been afraid of being in places because you were worried that you might get trapped, couldn’t escape, would be embarrassed to escape or couldn’t get help?”

Visibility: dcscr051 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.63 cscr23

Question: “*INTERVIEWER: Since the participant replied “no” to the previous two questions, do not complete the **Agoraphobia** section; consider other phobias.*”

Visibility: dcscr052 = ‘0’ and dcscr053 = ‘0’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.64 cscr24

Question: “Some people have unpleasant thoughts or feelings to do things that keep coming back over and over again and they can’t get them out of their head. These thoughts sometimes make these people feel like they have to do things over and over again (like washing their hands, counting, or checking things).”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.65 dcscr054

Question: “Have you ever been bothered by thoughts that don’t make sense to you, that come over and over again and won’t go away?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.66 dcscr055

Question: “Did these thoughts continue to bother you no matter how hard you tried to get rid of them or ignore them?”

Visibility: dcscr054 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.67 dcscr056

Question: “Have you ever had to do something over and over again like washing your hands, or re-arranging or touching things in a certain way that would have made you feel really nervous if you couldn’t do it?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.68 dcscr057

Question:

”Have you ever saved up so many things that people complain or they got in the way?”

INTERVIEWER: Clarify that this is NOT parents complaining that child needs to clean room/tidy up.”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.69 dcscr058

Question: “Please explain:”

Visibility: dcscr057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.70 dcscr059

Question: “Do you feel the need to do things just right (like they have to be perfect)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.71 cscr25

Question:

”What is the longest period that you have had these thoughts or behaviors?

(*N weeks, N months, N years*)”

Visibility: dcscr054 = ‘1’ or dcscr056 = ‘1’ or dcscr057 = ‘1’ or dcscr059 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.72 dcscr064

Question: “Did they prevent you from doing things you normally would do?”

Visibility: dcscr054 = ‘1’ or dcscr056 = ‘1’ or dcscr057 = ‘1’ or dcscr059 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.73 dcscr065

Question: “Did having these thoughts or behaviors bother you a lot?”

Visibility: dcscr054 = ‘1’ or dcscr056 = ‘1’ or dcscr057 = ‘1’ or dcscr059 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.74 dcscr066

Question: “Was there ever a time when you felt really fat or heavy, but other people said that you were too thin?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.75 dcscr067

Question: “At that time, did you lose a lot of weight on purpose (like you were trying to do so)?”

Visibility: dcscr066 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.76 dcscr068

Question: “Has there been a time when your eating was out of control - you’d eat a large amount of food in a short period of time and could not stop yourself?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.77 dcscr069

Question: “At that time, did you ever do anything to stop yourself from gaining weight like taking pills or making yourself throw up?”

Visibility: dcscr068 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.78 cscr27

Question: “*INTERVIEWER: Since the participant endorsed one of the previous probes, complete the entire **Eating** section*”

Visibility: dcscr066 = ‘1’ or dcscr068 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.79 cscr28

Question: “Some people have times when they feel sad, depressed, irritable or moody. They no longer enjoy the things they used to do; they may feel tired and have less energy than usual. These changes are much different from their usual selves.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.80 dcscr070

Question: “Has there ever been a time when you felt sad or depressed most of the time?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.81 dcscr071

Question: “Has there ever been a time when you cried a lot, or felt like crying?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.82 dcscr072

Question: “Was this different from how you usually are?”

Visibility: dcscr070 = ‘1’ or dcscr071 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.83 cscr29

Question: ” *INTERVIEWER: Sometimes a child will initially give a negative answer; if current sadness/depressed affect/state is evident, ask about current mood.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.84 dcscr073

Question: “Has there ever been a time when you felt grouchy, irritable or in a bad mood most of the time; even little things would make you mad?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.85 dcscr074

Question: “Was this different from how you usually are?”

Visibility: dcscr073 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.86 dcscr075

Question: “Has there ever been a time when nothing was fun for you and you just weren’t interested in anything?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No
1
Yes
9
Unknown

2.87 dcscr076

Question: “Was this different from how you usually are?”

Visibility: dcscr075 = ‘1’

Item Type: Single-select radio button

Responses:

Value
Label
0
No
1
Yes
9
Unknown

2.88 dcscr077

Question: “Did other people say that you seemed (more sad, more grouchy, or like you weren’t having as much fun as usual)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value
Label
7
N/A

0

No

1

Yes

9

Unknown

2.89 cscr30

Question: “Some people have periods when they feel much more active, energetic, and talkative. They may think more quickly. They talk a lot. They may be fidgety or unable to sit still and they sometimes do things that are unusual for them, like spending too much money.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.90 dcscr078

Question:

”Increased Motor Activity:

Have there been times when you were much more active than usual, had problems sitting still, or needed to move around a lot?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.91 dcscr079

Question:

”Increased Energy:

Has there ever been a time when you felt so full of energy that you couldn’t stop doing things and you didn’t get tired?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.92 dcscr080

Question:

”Has there ever been a time when you felt like you hardly needed sleep?

INTERVIEWER: Do NOT include isolated events, like a slumber party.”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.93 dcscr081

Question: “Have there been times when you kept talking a lot, or had so many ideas in your head that you could hardly keep track of them?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.94 dcscr082

Question:

”Elevated Mood:

Have you ever had a time when you felt much more happy or excited than you usually do; when there was nothing special going on?

INTERVIEWER: NOT mild elation.”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.95 dcscr083

Question: “Have you ever had a time when you felt like you could do almost anything?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.96 dcscr084

Question:

”Irritable Mood:

Has there ever been a time when you felt unusually grouchy, cranky, or irritable; when the smallest things would make you really mad?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.97 dcscr085

Question: “Did other people, like parents or teachers, notice this change or worry about you?”

Visibility: dcscr078 = ‘1’ or dcscr079 = ‘1’ or dcscr080 = ‘1’ or dcscr081 = ‘1’ or dcscr082 = ‘1’ or dcscr083 = ‘1’ or dcscr084 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.98 dcscr086

Question: “Was this different from how you usually are?”

Visibility: dcscr078 = ‘1’ or dcscr079 = ‘1’ or dcscr080 = ‘1’ or dcscr081 = ‘1’ or dcscr082 = ‘1’ or dcscr083 = ‘1’ or dcscr084 = ‘1’ or dcscr085 = ‘1’ or dcscr085 = ‘0’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.99 dcscr087

Question: “If yes, During that time/those times, how often did you feel that way?”

Visibility: dcscr086 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Almost every day

2

About half of the days

3

Less than half the days

9

Unknown

2.100 dcscr088

Question: “If yes, On the days you felt this way, how much of the day did it last?”

Visibility: dcscr086 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

All of the day

2

Most of the day

3

Half of the day

4

Only a small part of the day

9

Unknown

2.101 dcscr089

Question: “How many times a year?”

Visibility: dcscr086 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.102 cscr37

Question:

”Now I am going to ask you some questions about things that happen to people during stressful times.

INTERVIEWER: When asking psychosis questions, ask child/parent to give examples.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.103 dcscr090

Question:

"Hallucinations:

Have you ever heard voices when no one was there?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.104 dcscr091

Question: "Have you ever seen things that other people couldn't see?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.105 dcscr092

Question: “Have you ever seen visions?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.106 dcscr093

Question: “Have you ever heard things other people couldn’t hear?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.107 dcscr094

Question: “Has there ever been anything unusual about the way things smelled or felt or looked?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.108 dcscr095a

Question:

”INTERVIEWER: List examples

Example 1”

Visibility: dcscr090 = ‘1’ or dcscr091 = ‘1’ or dcscr092 = ‘1’ or dcscr093 = ‘1’ or dcscr094 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.109 dcscr095b

Question: “Example 2”

Visibility: dcscr090 = ‘1’ or dcscr091 = ‘1’ or dcscr092 = ‘1’ or dcscr093 = ‘1’ or dcscr094 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.110 dcscr095c**Question:** “Example 3”**Visibility:** dcscr090 = ‘1’ or dcscr091 = ‘1’ or dcscr092 = ‘1’ or dcscr093 = ‘1’ or dcscr094 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***2.111 dcscr095d****Question:** “Example 4”**Visibility:** dcscr090 = ‘1’ or dcscr091 = ‘1’ or dcscr092 = ‘1’ or dcscr093 = ‘1’ or dcscr094 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***2.112 dcscr096****Question:***”INTERVIEWER: If any hallucination questions endorsed, ask next question ONLY to parent.*

Is this something that is considered unusual for the child?”

Visibility: dcscr090 = ‘1’ or dcscr091 = ‘1’ or dcscr092 = ‘1’ or dcscr093 = ‘1’ or dcscr094 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

2.113 dcscr097

Question: “What is it?”

Visibility: dcscr096 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.114 dcscr098

Question:

”Delusions:

Have you ever had your imagination play tricks on you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.115 dcscr099

Question: “Have you ever believed in things that most other people or your parents don’t believe in? What?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.116 dcscr100

Question: “Have you ever believed in things and later found out they weren’t true, like people being out to get you, or talking about you behind your back, or controlling what you do or think?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.117 dcscr101

Question: “Were you sure of that at the time or did you think it just might be so?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.118 dcscr102a

Question:

"INTERVIEWER: List examples

Example 1"

Visibility: dcscr098 = '1' or dcscr099 = '1' or dcscr100 = '1' or dcscr101 = '1'

Item Type: Text input

Responses: *Free text entry*

2.119 dcscr102b

Question: "Example 2"

Visibility: dcscr098 = '1' or dcscr099 = '1' or dcscr100 = '1' or dcscr101 = '1'

Item Type: Text input

Responses: *Free text entry*

2.120 dcscr102c

Question: "Example 3"

Visibility: dcscr098 = '1' or dcscr099 = '1' or dcscr100 = '1' or dcscr101 = '1'

Item Type: Text input

Responses: *Free text entry*

2.121 dcscr102d

Question: “Example 4”

Visibility: dcscr098 = ‘1’ or dcscr099 = ‘1’ or dcscr100 = ‘1’ or dcscr101 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.122 dcscr103

Question:

”Have you ever had a time when you became so angry you could not control your temper and ended up hitting someone or breaking things?

INTERVIEWER: Use clinical judgement here to rate positively. The item broken should be something of value like a car window or punching holes in the wall, not minor things like breaking a pencil.”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.123 dcscr104

Question: “If yes, what did you do?”

Visibility: dcscr103 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.124 dcscr105

Question: “How many times has this happened?”

Visibility: dcscr103 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.125 dcscr106

Question: “What set it off?”

Visibility: dcscr103 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.126 cscr44

Question:

”FOR INTERVIEWER:

Was the reaction grossly out of proportion to the precipitating event?”

Visibility: dcscr103 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.127 dcscr107**Question:**

”How old were you when this happened the most?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcscr103 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.128 dcscr108

Question: “Have you ever thought a lot about death or dying?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.129 dcscr109

Question: “Have you ever thought about killing yourself?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.130 cscr47

Question: “*INTERVIEWER: If yes to either suicide probe, SKIP to suicide section and assess current risk level.*”

Visibility: dscr108 = ‘1’ or dscr109 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.131 cscr48

Question:

”Now I’m going to ask you about upsetting things that sometimes happen to children or teenagers.

INTERVIEWER: Refer to Participant Card 5 (Stressful Experiences)”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

2.132 dcscr110

Question: “Have you ever been in a flood or a tornado or an earthquake or hurricane or some other natural disaster where you thought you were going to die or be seriously hurt?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.133 dcscr111

Question: “Have you ever been in a situation where you thought you or someone close to you was going to be killed or be hurt very badly? (e.g. family violence)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.134 dcscr112

Question: “Have you ever been attacked by somebody or badly beaten?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.135 dcscr113

Question: “Have you ever been very upset by someone forcing you to do something sexual that you really didn’t want to do?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.136 dcscr114

Question: “Have you ever been attacked sexually or raped?”

Visibility: dcscr113 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.137 dcscr115

Question: “Have you ever been threatened with a weapon?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.138 dcscr116

Question: “Have you ever been in a bad accident?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0
No
1
Yes
9
Unknown

2.139 dcscr117

Question: “Other than television or at the movies, have you ever seen or heard somebody get killed or get hurt very badly or die?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value
Label
0
No
1
Yes
9
Unknown

2.140 dcscr118

Question: “Have you ever been very upset by seeing a dead body or by seeing pictures of the dead body of somebody you knew well?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value
Label

0

No

1

Yes

9

Unknown

2.141 dcscr119

Question:

"Have you ever used:

Tobacco- like cigarettes or chewing tobacco?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.142 dcscr120

Question:

"Tobacco: Age when used the most:

Code 998 if "always", 999 if "unknown"."

Visibility: dcscr119 = '1'

Item Type: Text input

Responses: *Free text entry*

2.143 dcscr121**Question:** “Caffeine- like coffee, tea, or soda?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

2.144 dcscr122**Question:**

”Caffeine: Age when used the most:

Code 998 if “always”, 999 if “unknown”.”**Visibility:** dcscr121 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***2.145 dcscr123****Question:** “Alcohol- lilke beer, wine, or liquor?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

2.146 dcscr124**Question:**

"Alcohol: Age when used the most:

*Code 998 if "always", 999 if "unknown"."***Visibility:** dcscr123 = '1'**Item Type:** Text input**Responses:** *Free text entry***2.147 dcscr125****Question:** "Cannabis- like marijuana?"**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

2.148 dcscr126**Question:**

"Cannabis: Age when used the most:

Code 998 if "always", 999 if "unknown".

Visibility: dcscr125 = '1'

Item Type: Text input

Responses: *Free text entry*

2.149 dcscr127

Question: "Inhalants- like sniffing glue or paint?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.150 dcscr128**Question:**

"Inhalants: Age when used the most:

Code 998 if "always", 999 if "unknown".

Visibility: dcscr127 = '1'

Item Type: Text input

Responses: *Free text entry*

2.151 dcscr129

Question: “LSD/Hallucinogens- like mushrooms or acid?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.152 dcscr130

Question:

”LSD/Hallucinogens: Age when used the most:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcscr129 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.153 dcscr131

Question: “Stimulants- like diet pills to get high, ecstasy, crystal meth?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.154 dcscr132**Question:**

”Stimulants: Age when used the most:

Code 998 if “always”, 999 if “unknown”.”**Visibility:** dcscr131 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***2.155 dcscr133****Question:** “Cocaine- crack, powder, crank?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

2.156 dcscr134**Question:**

”Cocaine: Age when used the most:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcscr133 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.157 dcscr135

Question: “Sedatives- like”downers” (valium)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.158 dcscr136**Question:**

”Sedatives: Age when used the most:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcscr135 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.159 dcscr137

Question: “Opiates- like heroin, oxycontin, percocet?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.160 dcscr138

Question:

”Opiates: Age when used the most:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcscr137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.161 dcscr139

Question: “Steroids- to help improve your performance at sports or to get bigger?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.162 dcscr140

Question:

"Steroids: Age when used the most:

Code 998 if "always", 999 if "unknown"."

Visibility: dcscr139 = '1'

Item Type: Text input

Responses: *Free text entry*

2.163 dcscr141

Question:

"Have you ever taken more perscription medicine or over the counter medicine than you were supposed to, or used someone else's prescription medicine to get high?

INTERVIEWER: If yes, get name of substance and code under appropriate section."

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.164 dcscr142

Question: "Name of substance:"

Visibility: dcscr141 = '1'

Item Type: Text input

Responses: *Free text entry*

2.165 dcscr142a

Question:

"Age when used the most:

Code 998 if "always", 999 if "unknown"."

Visibility: dcscr141 = '1'

Item Type: Text input

Responses: *Free text entry*

2.166 dcscr143

Question:

"Have you ever felt like you got hooked on prescription or over the counter medicine?

INTERVIEWER: If yes, get name of substance and code under appropriate section."

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.167 dcscr144

Question: “Name of substance:”

Visibility: dcscr143 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.168 dcscr144a

Question:

”Age when used the most:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcscr143 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.169 dcscr145

Question: “Have you ever smoked a cigarette, cigar, pipe or other tobacco product, even a single puff?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.170 dcscr146

Question: “What is the reason(s) that you never smoked or used tobacco?”

Visibility: dcscr145 = ‘0’

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Never had opportunity

2

Never interested

3

Didn’t like smell

4

Exposure to smoke from parents or other family members

5

Concern about health risks

6

Religious or cultural beliefs

7

Parents told child not to smoke

8

Not legal

9

Unknown

10

Other

2.171 dcscr148

Question: “What is the reason(s) that you never smoked or used tobacco?
Other 1”

Visibility: dcscr146.includes(10)

Item Type: Text input

Responses: *Free text entry*

2.172 dcscr149

Question: “What is the reason(s) that you never smoked or used tobacco?
Other 2”

Visibility: dcscr146.includes(10)

Item Type: Text input

Responses: *Free text entry*

2.173 dcscr150

Question: “Was there ever a time when you or someone else thought you
needed help or treatment for any problems we haven’t discussed?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

2.174 dcscr151

Question: “Describe:”

Visibility: dcscr150 = ‘1’

Item Type: Text input

Responses: *Free text entry*

2.175 cscr__end

Question: “*INTERVIEWER: END of **Screener** section.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 3

Screener Checklist

3.1 checklist_title

Question: “## Screener Checklist”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

3.2 checklist_b

Question:

”INTERVIEWER: Use the following checklist to record the sections you need to complete.

SECTIONS TO COMPLETE:”

Visibility: *Always*

Item Type: Multi-select checkbox

Responses:

Value

Label

4

Separation Anxiety

5

Generalized Anxiety/Overanxious Disorder

6

Attention Deficit Hyperactivity Disorder

7

Oppositional Defiant Disorder

8

Conduct Disorder

9

Specific Phobia

10

Social Anxiety

11

Panic

12

Agoraphobia

13

Obsessive-Compulsive Disorder

14

Eating

15

Major Depression

16

Mania

17

Suicide

18

Psychosis

19

Post-Traumatic Stress Disorder

20

Tobacco

3.3. CHECKLIST_END

173

21

Caffeine

22

Alcohol

24

Drug/Substance

3.3 checklist_end

Question: “*INTERVIEWER: END of **Screener Checklist** section.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 4

Major Depression

4.1 depression_title

Question: “## Major Depression”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.2 cmdd0

Question: “Earlier, you told me there was a time you felt *(insert participant’s endorsed symptoms in Screener)*. I’d now like to ask you more about that”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.3 dcmdd001

Question: “Do you feel this way now?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.4 dcmdd002

Question:

"How old were you the last time you felt this way?"

Code 998 if "always", 999 if "unknown".

Visibility: dcmdd001 = '0'

Item Type: Text input

Responses: *Free text entry*

4.5 cmdd1

Question:

"How long did you feel this way?"

(N weeks, N months, N years)

Visibility: dcmdd001 = '0'

Item Type: Text input

Responses: *Free text entry*

4.6 dcmdd006

Question:

"How old were you when this ended?"

Code 998 if "always", 999 if "unknown".

Visibility: dcmdd001 = '0'

Item Type: Text input

Responses: *Free text entry*

4.7 cmdd2

Question:

"If now, how long have you felt this way?

(N weeks, N months, N years)"

Visibility: dcmdd001 = '1'

Item Type: Text input

Responses: *Free text entry*

4.8 dcmdd010

Question: "Was there ever a time you felt worse than this, like for a really long time, or a very severe time?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.9 dcmdd011

Question:

"How old were you when you felt this way?

Code 998 if "always", 999 if "unknown"."

Visibility: dcmdd010 = '1'

Item Type: Text input

Responses: *Free text entry*

4.10 cmdd3

Question:

"How long did you feel this way?

(N weeks, N months, N years)"

Visibility: dcmdd010 = '1'

Item Type: Text input

Responses: *Free text entry*

4.11 dcmdd015

Question:

"How old were you when this ended?

Code 998 if "always", 999 if "unknown"."

Visibility: dcmdd010 = '1'

Item Type: Text input

Responses: *Free text entry*

4.12 cmdd4

Question:

"Now I would like to talk more about how you felt then.

*INTERVIEWER: Code **WORST** episode."*

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.13 dcmdd016

Question:

"During this time, did you feel:

Sad or depressed?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.14 dcmdd017

Question: "Was this feeling different from the feeling you get when something really sad happens or when you see a really sad movie?"

Visibility: dcmdd016 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.15 dcmdd018

Question:

"During this time, did you feel:

Hopeless?"

Visibility: *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

4.16 dcmdd019

Question: "Like there was nothing that you could do to stop the sadness (helplessness)?"**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No
1
Yes
9
Unknown

4.17 dcmdd020

Question: “Like things would never get better?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value
Label
0
No
1
Yes
9
Unknown

4.18 dcmdd021

Question:

”During this time, did you feel:

Feel grouchy or irritable?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value
Label

0

No

1

Yes

9

Unknown

4.19 dcmdd022

Question: “Feel angry or like you were mad at almost everyone?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.20 dcmdd023

Question: “Get annoyed more easily with other people for little things?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.21 dcmdd024

Question:

”During this time, did you feel:

Like you just weren’t interested in anything?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.22 dcmdd025

Question: “Like you couldn’t have as much fun as usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.23 dcmdd026

Question: “Bored with things that used to be interesting to you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.24 dcmdd027

Question: “If something good happened, or if someone tried to cheer you up, how much better would you feel, at least for a little while?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

1

Not at all better

2

A little better

3

Somewhat better

4

A lot better

4.25 dcmdd028

Question: “During this time, did you usually feel worse at (a) certain time(s) of the day or night?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.26 dcmdd029

Question:

”What time of day:

Morning?”

Visibility: dcmdd028 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.27 dcmdd030

Question: “Afternoon?”

Visibility: dcmdd028 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.28 dcmdd031

Question: “Evening?”

Visibility: dcmdd028 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.29 dcmdd032

Question: “Late night?”

Visibility: dcmdd028 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.30 dcmdd033

Question: “During this time, did you have problems falling asleep?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.31 dcmdd034

Question: “Did you have problems with waking up in the middle of the night?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.32 dcmdd035

Question: “Did you wake up before you had to in the morning?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.33 dcmdd036

Question: “How many hours earlier?”

Visibility: dcmdd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.34 dcmdd037

Question:

” Did you sleep much more than usual for you?

INTERVIEWER: Count night sleep and naps as well.”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.35 dcmdd038

Question: “During this time, did you eat **less** or feel **less hungry** than usual?
(Did you lose weight)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.36 dcmdd039

Question: “Did you eat **more** or feel **more hungry** than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.37 dcmdd040

Question: “Did you gain weight?”

Visibility: dcmdd039 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.38 dcmdd042

Question: “During this time, did you have trouble sitting still?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.39 dcmdd043

Question: “Did you feel like you had to keep moving around? (Like walking back and forth?)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.40 dcmdd044

Question: “Did you **move** more slowly than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.41 dcmdd045

Question: “Did you **think** more slowly than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.42 dcmdd046

Question: “Did you **speak** more slowly than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.43 dcmdd047

Question: “Did anyone notice that you were (*list endorsed psychomotor changes*)?”

Visibility: dcmdd042 = ‘1’ or dcmdd043 = ‘1’ or dcmdd044 = ‘1’ or dcmdd045 = ‘1’ or dcmdd046 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.44 dcmdd048

Question: “Did you feel really tired or have less energy than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.45 dcmdd049

Question: “Did doing even little things make you feel really tired, like going up stairs, getting out of a chair, or getting out of bed (for school)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.46 dcmdd050

Question: “Did it take more time to do the things that you usually do, like getting dressed in the morning?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.47 dcmdd051

Question: “Did you have trouble getting started doing the activities that you usually do?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.48 dcmdd052

Question: “Did your arms and legs feel heavy, like you were weighed down by them?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.49 dcmdd053

Question: “Was it harder to keep your mind on things—like when doing home-work or trying to remember something?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.50 dcmdd054

Question: “Was it harder to think clearly?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.51 dcmdd055

Question: “Was it harder to make up your mind or make decisions?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.52 dcmdd056

Question: “Did you have problems remembering things?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.53 dcmdd057

Question: “Did you blame yourself for bad things that happened?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.54 dcmdd058

Question: “Did you feel like you didn’t really matter?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.55 dcmdd059

Question:

"Did you feel bad about yourself even though there wasn't any real reason to feel like that?"

For example, did you start feeling that you weren't good-looking enough, that people wouldn't like you, that you weren't smart enough, or that you couldn't do anything well?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.56 dcmdd060

Question: "*(Not specific to episode)* In general, do you get your feelings hurt easily when other kids tease you or don't want to play with you?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.57 dcmdd061

Question: “Do you think that you are more sensitive or get your feelings hurt more easily than other kids your age?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.58 dcmdd062

Question: “Have other people ever told you that you were more sensitive than you should be?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.59 dcmdd063

Question: “(*Episode specific*) When you were feeling (sad, grouchy, like nothing was fun) were you even more sensitive than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.60 cmdd20

Question: “Sometimes kids who feel sad, down, or angry think about death or even wish they were dead.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.61 dcmdd064

Question:

”During this time:

Did you think about death?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.62 dcmdd065

Question: “Did you ever think about killing yourself?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.63 dcmdd066

Question: “How often did you think about these things during this time?”

Visibility: dcmdd065 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Most of the time

2

Sometimes

3

Not very often

9

Don't know

4.64 dcmdd067

Question: “Did you make a plan to kill yourself?”

Visibility: dcmdd065 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.65 dcmdd068

Question: “Did you try to kill yourself?”

Visibility: dcmdd065 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.66 dcmdd069

Question: “You just told me that when you felt (sad/ grouchy/ like nothing was fun) that you also had (*list symptoms*). How often did you have these things?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

1

Most days

2

About half of the days

3

Less than half the days

9

Don't know

4.67 dcmdd070

Question: “On the days you had these things, how much of the day did you have them?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

1

All of the day

2

Most of the day

3

Half of the day

4

Only a little part of the day

4.68 dcmdd071

Question:

Delusions:

During this time, did you think that your (list symptoms) was a punishment for something you had done?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.69 dcmdd072

Question: “Did you think that something terrible was going to happen, or that someone was trying to hurt you or was talking about you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.70 dcmdd073

Question: “Did you think that something had gone wrong with your body?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.71 dcmdd074

Question: “*INTERVIEWER: Based on clinical judgment, were these **real delusions**? (record examples on the following screens)*”

Visibility: dcmdd071 = ‘1’ or dcmdd072 = ‘1’ or dcmdd073 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.72 dcmdd075a

Question: “Delusions Example 1:”

Visibility: dcmdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.73 dcmdd075b

Question: “Delusions Example 2:”

Visibility: dcmdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.74 dcmdd075c

Question: “Delusions Example 3:”

Visibility: dcmdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.75 dcmdd075d

Question: “Delusions Example 4:”

Visibility: dcmdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.76 dcmdd076

Question: “Did these (*list endorsed delusions*) start before, after or at the same time that you started feeling (sad, grouchy, like nothing was fun)?”

Visibility: dcmdd074 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Before

2

During

3

After

9

Don’t know

4.77 dcmdd077**Question:**

"During this time, did you see or hear things that other people could not see or hear?"

PROBE: Like voices talking to you or noises, or visions?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7

N/A

4.78 dcmdd078

Question: "Did you experience funny or unusual smells, tastes, or sensations in your body?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7

N/A

4.79 dcmdd079

Question: “*INTERVIEWER: Based on clinical judgment, were these **real hallucinations**? (record examples on the following screens)*”

Visibility: dcmdd077 = ‘1’ or dcmdd078 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7

N/A

4.80 dcmdd080a

Question: “Hallucinations Example 1:”

Visibility: dcmdd079 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.81 dcmdd080b

Question: “Hallucinations Example 2:”

Visibility: dcmdd079 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.82 dcmdd080c

Question: “Hallucinations Example 3:”

Visibility: dcmdd079 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.83 dcmdd080d

Question: “Hallucinations Example 4:”

Visibility: dcmdd079 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.84 dcmdd081

Question: “Did these (*list endorsed hallucinations*) start before, after or at the same time that you started feeling (sad, grouchy, like nothing was fun)?”

Visibility: dcmdd079 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Before

2

During

3

After

9

Don't know

4.85 dcmdd082

Question: “Did they stay even when you stopped feeling (sad, grouchy, like nothing was fun)?”

Visibility: dcmdd079 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.86 cmddd26

Question:

”For how long did you have them?

(*N days, N weeks*)”

Visibility: dcmdd079 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.87 dcmdd085

Question: “*INTERVIEWER: If respondent had any psychotic symptoms, was the content **consistent** with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7

N/A

4.88 cmdd28

Question: “*INTERVIEWER: Associated condition questions apply **ONLY** to episode being coded.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.89 dcmdd086

Question:

”When you were feeling (sad, grouchy, like nothing was fun):

Did you have a serious physical problem or illness?

Probe: Did the physical problem/illness happen before the sad/depressed feelings or after?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.90 dcmdd087

Question: "Specify the serious physical problem or illness:"

Visibility: dcmdd086 = '1'

Item Type: Text input

Responses: *Free text entry*

4.91 dcmdd088

Question:

"Were you taking any medicines that your doctor told you to take?"

PROBE: Did you start taking the medicine before feeling sad/depressed or after?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.92 dcmdd089

Question: “Specify (Medication 1):”

Visibility: dcmdd088 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.93 dcmdd090

Question: “Specify (Medication 2):”

Visibility: dcmdd088 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.94 dcmdd091

Question: “Specify (Medication 3):”

Visibility: dcmdd088 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.95 cmdd30

Question: “*INTERVIEWER: Is the participant under 12 years old?*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.96 dcmdd092

Question:

"Were you using alcohol often or drugs or both during this time?"

PROBE: Did you increase how you use alcohol/drugs when you started feeling sad/depressed or were you using drugs/alcohol before you started to feel sad/depressed)?"

Visibility: cmdd30 = '0'

Item Type: Multi-select checkbox

Responses:

Value

Label

0

Neither

1

Alcohol

2

Drugs

9

Don't know

4.97 dcmdd093

Question: “Specify (Alcohol and/or drug and quantity 1):”

Visibility: dcmdd092.includes(1) or dcmdd092.includes(2)

Item Type: Text input

Responses: *Free text entry*

4.98 dcmdd094

Question: “Specify (Alcohol and/or drug and quantity 2):”

Visibility: dcmdd092.includes(1) or dcmdd092.includes(2)

Item Type: Text input

Responses: *Free text entry*

4.99 dcmdd095

Question: “Specify (Alcohol and/or drug and quantity 3):”

Visibility: dcmdd092.includes(1) or dcmdd092.includes(2)

Item Type: Text input

Responses: *Free text entry*

4.100 dcmdd096

Question: “Did you start feeling (sad, grouchy, like nothing was fun) soon after someone close to you died?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.101 dcmdd097

Question: “Specify (Relationship):”

Visibility: dcmdd096 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.102 cmdd34

Question: “Date of death”

Visibility: cmdd096 = ‘1’

Item Type: Date picker

Responses: *Date via date picker widget*

4.103 cmdd35a

Question:

”I want to know how much your depression and other symptoms caused problems for you. Please look at the scale: Participant Card 8 (Distress/Impairment)

INTERVIEWER: Remind child how to use scale, if necessary, and assess areas most pertinent to the disorder; e.g. family, school, peers.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.104 dcmdd100

Question: “How much did your feeling (sad, grouchy, like nothing was fun) and (list other symptoms) upset or bother you?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

4.105 dcmdd101

Question: “How much did your feeling (sad, grouchy, like nothing was fun) you told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

4.106 dcmdd102

Question: “Did you stay home from school because of the way you were feeling?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.107 dcmdd103

Question: “How many days of school did you miss? (episode)”

Visibility: dcmdd102 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.108 dcmdd104

Question: “Did you or your parents ever try to find help from a doctor or other professional for (list symptoms)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.109 dcmdd105

Question: “Did anyone, like a teacher or family member, suggest that you get help for (list symptoms)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.110 dcmdd106

Question: “Did you ever go to see a doctor, nurse, counselor, social worker, psychologist, priest/minister or other professional to get help for (list symptoms)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.111 cmdd39

Question:

”What kind of person did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses in the following screens.”

Visibility: dcmdd106 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.112 dcmdd107

Question: “Specify (Professional/Treatment 1):”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.113 dcmdd108

Question: “Code (Professional/Treatment 1):”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.114 dcmdd109

Question: “Specify (Professional/Treatment 2):”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.115 dcmdd110

Question: “Code (Professional/Treatment 2):”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.116 dcmdd111

Question: “Specify (Professional/Treatment 3):”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.117 dcmdd112

Question: “Code (Professional/Treatment 3):”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.118 dcmdd113**Question:**

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.119 dcmdd115

Question: “Code (Professional/Treatment):”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.120 dcmdd116**Question:**

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.121 dcmdd117

Question: “Are you getting help now?”

Visibility: dcmdd106 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.122 dcmdd118

Question:

"How old were you the last time you got help?

Code 998 if "always", 999 if "unknown"."

Visibility: dcmdd117 = '0'

Item Type: Text input

Responses: *Free text entry*

4.123 dcmdd119

Question: "Did you get help during the first time we talked about?"

Visibility: dcmdd106 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.124 dcmdd120

Question: “What did the professional say that you had (diagnoses given)?
List:”

Visibility: dcmdd106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.125 cmdd40

Question: “What kind of treatment(s) have you gotten? (*Check all that apply*)”

Visibility: dcmdd106 = ‘1’

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

4.126 dcmdd124

Question: “Specify (Other treatment):”

Visibility: cmdd40.includes(3)

Item Type: Text input

Responses: *Free text entry*

4.127 dcmdd125

Question:

"Were you on medications?"

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens."

Visibility: dcmdd106 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.128 dcmdd126

Question: "Specify (Medication 1):"

Visibility: dcmdd125 = '1'

Item Type: Text input

Responses: *Free text entry*

4.129 dcmdd127

Question: "Code (Medication 1):"

Visibility: dcmdd125 = '1'

Item Type: Text input

Responses: *Free text entry*

4.130 dcmdd128

Question: “Specify (Medication 2):”

Visibility: dcmdd125 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.131 dcmdd129

Question: “Code (Medication 2):”

Visibility: dcmdd125 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.132 dcmdd130

Question: “Specify (Medication 3):”

Visibility: dcmdd125 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.133 dcmdd131

Question: “Code (Medication 3):”

Visibility: dcmdd125 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.134 dcmdd132

Question: “Specify (Medication 4):”

Visibility: dcmdd125 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.135 dcmdd133**Question:** “Code (Medication 4):”**Visibility:** dcmdd125 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***4.136 cmdd42****Question:** “*INTERVIEWER: The following questions about course address episodes of depression across the lifetime.*”**Visibility:** *Always***Item Type:** User Message/instructions**Responses:** *This item is a markdown message***4.137 dcmdd134****Question:** “*INTERVIEWER: Is there **more than one** depressive episode? (Check with participant if unsure)*”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

4.138 dcmdd135**Question:**

"How old were you the very first time in your life that you felt (sad, depressed/grouchy, like nothing was fun)?

Code 998 if "always", 999 if "unknown".

Visibility: dcmdd134 = '1'

Item Type: Text input

Responses: *Free text entry*

4.139 cmdd47**Question:**

"How long did it last?

(N days, N weeks, N months)"

Visibility: dcmdd134 = '1'

Item Type: Text input

Responses: *Free text entry*

4.140 dcmdd138**Question:**

"How old were you when it ended?

Code 998 if "always", 999 if "unknown".

Visibility: dcmdd134 = '1'

Item Type: Text input

Responses: *Free text entry*

4.141 dcmdd139

Question: "Including the times you just told me about, how many different times in your life have you felt (sad, grouchy, like nothing was fun)?"

Visibility: dcmdd134 = '1'

Item Type: Text input

Responses: *Free text entry*

4.142 cmdd49

Question:

"How long did each of these episodes **typically** last?

(N days, N weeks, N months)"

Visibility: dcdd134 = '1'

Item Type: Text input

Responses: *Free text entry*

4.143 cmdd51a

Question:

"How long was the longest time you felt (sad, grouchy, like nothing was fun)?

(N days, N weeks, N months)"

Visibility: dcdd134 = '1'

Item Type: Text input

Responses: *Free text entry*

4.144 cmdd51

Question:

"How long was the shortest time you felt this way?

(N days, N weeks, N months)"

Visibility: dcdd134 = '1'

Item Type: Text input

Responses: *Free text entry*

4.145 cmdd52**Question:**

”How long do the (sad, depression, grouchy, like nothing was fun) feelings **usually** last?

(N days, N weeks, N months)”

Visibility: dcmdd134 = ‘1’

Item Type: Text input

Responses: *Free text entry*

4.146 dcmdd152

Question: “Have these sad feelings lasted most of the time for as long as one year?”

Visibility: dcmdd134 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.147 dcmdd153

Question: “Would you say that you have been (sad, depressed, grouchy, like nothing was fun) more often than not during your lifetime?”

Visibility: dcmdd134 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.148 dcmdd154

Question: “Did you feel (sad, grouchy, like nothing was fun) at certain times of the year, like in the winter, spring, summer, or fall?”

Visibility: dcmdd134 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No pattern

1

Winter

2

Spring

3

Summer

4

Fall

9

Unknown

4.149 cmd54

Question: " I would now like to talk about the time **in between** the periods when you felt (sad, grouchy, like nothing was fun)."

Visibility: dcmd134 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.150 dcmd155

Question: "Between these times, did you **return** to how you usually feel?"

Visibility: dcmd134 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.151 cmd55

Question: "*INTERVIEWER: Were any episodes coded **atypical in nature**, i.e., the respondent had symptoms of mood reactivity, overeating, oversleeping, interpersonal sensitivity and leaden paralysis? (Check with participant if unsure)*"

Visibility: dcmd134 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.152 cmdd56

Question:

"You mentioned earlier that you had changes in your eating, sleeping, and sensitivity during the times that we discussed. Did you have any of the following during **other times** that you were depressed that we did not talk about:

INTERVIEWER: Proceed questions on the following screens"

Visibility: cmdd55 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

4.153 dcmdd156

Question: "Did you sleep more than usual?"

Visibility: cmdd55 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.154 dcmdd157

Question: “Were you more hungry or did you eat more?”

Visibility: cmdd55 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.155 dcmdd158

Question: “Were you able to cheer up, at least temporarily, when something happened to make you feel better?”

Visibility: cmdd55 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.156 dcmdd159

Question: “Were you more sensitive than usual? (like things hurt your feelings more)”

Visibility: cmdd55 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.157 dcmdd160

Question: “Did you feel weighed down, like your arms, legs were heavy or that you couldn’t move?”

Visibility: cmdd55 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

4.158 cmdd_end

Question: “*INTERVIEWER: END of Major Depression section.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 5

Mania/Hypomania

5.1 mania_title

Question: “## Mania/Hypomania”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

5.2 cman0

Question: “Some young people have times when they are energetic, or cheerful, very different from how they usually feel. At these times, they may also feel more talkative, more active, sleep less and feel more restless.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

5.3 dcman001

Question:

”So you said that you had a time when you’ve felt (more active, excited, energetic):

Do you feel this way now?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.4 dcman002

Question:

"How old were you the last time you felt this way?

Code 998 if "always", 999 if "unknown"."

Visibility: dcman001 = '0'

Item Type: Text input

Responses: *Free text entry*

5.5 cman1

Question:

"How long did you feel this way?

(N days, N weeks, N months)"

Visibility: dcman001 = '0'

Item Type: Text input

Responses: *Free text entry*

5.6 cman2

Question: “How old were you when this ended?”

Visibility: dcman001 = ‘0’

Item Type: Text input

Responses: *Free text entry*

5.7 cman3

Question:

”How long have you felt this way?

(N days, N weeks, N months)”

Visibility: dcman001 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.8 dcman012

Question: “Was there a time that was more intense or lasted longer than this time?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.9 dcmn013

Question:

"How old were you when you felt this way?

Code 998 if "always", 999 if "unknown".

Visibility: dcmn012 = '1'

Item Type: Text input

Responses: *Free text entry*

5.10 cman4

Question:

"How long did you feel this way?

(N days, N weeks, N months)"

Visibility: dcmn012 = '1'

Item Type: Text input

Responses: *Free text entry*

5.11 cman5

Question: "How old were you when this ended?"

Visibility: dcmn012 = '1'

Item Type: Text input

Responses: *Free text entry*

5.12 cman6

Question:

"INTERVIEWER: Code the most intense episode.

Now I would like to talk to you about that time."

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

5.13 dcman020

Question:

”During this time, did you:

Feel really, really happy or excited much more than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.14 dcman022

Question: “Feel grouchy, cranky, or irritable? When the smallest things would make you really mad?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.15 dcman023

Question: “Get easily mad or annoyed?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.16 dcman024

Question:

”During this time:

Did you get through your school work much more easily or faster than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.17 dcman025

Question: “Did you spend much more time with your friends or were you going out more than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.18 dcman026

Question: “Were you more involved with your family?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.19 dcman027

Question:

"INTERVIEWER: Use discretion on whether to ask child this question.

Were you interested in sex more than usual, or more sexually active?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.20 dcman028

Question: "Did you do more physical activities?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.21 dcman029

Question: “Were you really restless or did you have trouble sitting still?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.22 dcman030

Question: “How many hours of sleep do you usually get per night?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

5.23 dcman031

Question: “During this time, how many hours, on average, do you sleep per night?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

5.24 cman13

Question: “Was this fewer hours than normal?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.25 dcman032

Question: “Did you feel rested even though you slept less than usual?”

Visibility: `cman13 = ‘1’`

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.26 dcman033

Question: “Were you able to do more activities than usual with the same amount of sleep?”

Visibility: cman13 = ‘0’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.27 dcman034

Question: “Did you talk more than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.28 dcman035

Question: “Did you feel you just couldn’t stop talking?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.29 dcman036

Question: “Did you talk faster than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.30 dcman037

Question: “Did people have trouble understanding you or try to get you to talk slower?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.31 dcman038

Question: “Did your thoughts go faster than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.32 dcman039

Question: “So fast it was hard to keep up with them?”

Visibility: dcman038 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.33 dcman040

Question: “Did they race through your head?”

Visibility: dcman038 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.34 dcman041

Question: “Did they make sense to you?”

Visibility: dcman038 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.35 dcman042

Question: “Did they make sense to other people?”

Visibility: dcman038 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.36 dcman043

Question: “Did other people have trouble following what you were saying?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.37 dcman044

Question: “Did you have too many thoughts jumping through your mind?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.38 dcman045

Question: “Did you have problems concentrating, or get distracted very easily?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.39 dcman046

Question: “Did you keep noticing things that you would’ve normally ignored?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.40 dcman047

Question: “Did you have trouble keeping your mind on things?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.41 dcman048

Question: “Did it interfere with schoolwork or reading?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.42 dcman049

Question: “Was this so much of a problem that other people noticed?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.43 dman050

Question: “Did you feel more confident in yourself than usual?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.44 dman051

Question: “Did you feel like you could do anything?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.45 dman052

Question: “Did you feel you were a very important person?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.46 dman053

Question: “Did you feel like you had abilities that made you more special, smarter, or better than other people?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.47 dcman054

Question:

”Did you do things that you usually wouldn’t do, or did you do things that you later wished you hadn’t done? For example, did you:

Spend or borrow a lot of money?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.48 dcman055

Question: “Do things that could get you into trouble?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.49 dcman056

Question: “Describe”

Visibility: dcman055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.50 dcman057

Question: “Do things from which you might get hurt?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.51 dcman058

Question: “Describe”

Visibility: dcman057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.52 dcman059

Question: “Make a lot of telephone calls or call people at strange hours?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.53 dcman060

Question: “Anything else?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.54 dcman061**Question:** “Describe”**Visibility:** dcman060 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***5.55 dcman062****Question:** “You just told me that when you felt (more active) that you also had (list symptoms). How often did you have these things?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

1

Most days

2

About half of the days

3

Less than half the days

9

Don't know

5.56 dcman063

Question: “On the days you had these things, how much of the day did you have them?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

1

All of the day

2

Most of the day

3

Half of the day

4

Only a little part of the day

5.57 cman22

Question:

”During this period, did you also feel/have? (As I list these other symptoms, please recall if you have ever had any of them at the same time.)

INTERVIEWER: Refer to Participant Card 7 (Course Pattern) ”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

5.58 dcman064

Question:

”During this period, did you also feel/have:

Depressed/Sad mood?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.59 dcman065

Question: “How long did this last? (N of Days)”

Visibility: dcman064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.60 dcman066

Question: “Loss of interest or pleasure?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.61 dcman067

Question: “How long did this last? (N of Days)”

Visibility: dcman066 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.62 dcman068

Question: “Changes in sleep?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.63 dcman069

Question: “Did you sleep more or less?”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman068 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Decreased

2

Increased

5.64 dcman070

Question: “How long did this last? (N of Days)”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman068 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.65 dcman071

Question: “Changes in eating?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.66 dcman072

Question: “Did you eat more or less?”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman071 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Decreased

2

Increased

5.67 dcman073

Question: “How long did this last? (N of Days)”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman071 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.68 dcman074

Question: “Changes in motor activity or movement?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.69 dcman075

Question: “Did you move more or less?”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman074 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Decreased

2

Increased

5.70 dcman076

Question: “How long did this last? (N of Days)”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.71 dcman077

Question: “Changes in energy?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.72 dcman078

Question: “Did you have more or less energy?”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman077 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Decreased

2

Increased

5.73 dcman079

Question: “How long did this last? (N of Days)”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman077 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.74 dcman080

Question: “Changes in concentration?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.75 dcman081

Question: “Did you concentrate more or less?”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman080 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Decreased

2

Increased

5.76 dcman082

Question: “How long did this last? (N of Days)”

Visibility: dcman064 = ‘1’ and dcman066 = ‘1’ and dcman080 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.77 dcman083

Question: “Did you also feel guilt?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.78 dcman084

Question: “How long did this last? (N of Days)”

Visibility: dcman083 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.79 dcman085

Question: “Did you think that someone was trying to harm you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.80 dcman086

Question: “Did you think that you had powers or abilities that others did not have?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.81 dcman087

Question: “Did you think that you had a special mission?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.82 dcman088

Question: “Did you believe things that other people didn’t think were true?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.83 dcman089

Question: “*INTERVIEWER: Based on clinical judgment, were these **real delusions**? If they were, record examples in the next screens.*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.84 dcman090a

Question: “Delusion Example 1:”

Visibility: dcman089 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.85 dcman090b

Question: “Delusion Example 2:”

Visibility: dcman089 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.86 dcman090c

Question: “Delusion Example 3:”

Visibility: dcman089 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.87 dcman090d

Question: “Delusion Example 4:”

Visibility: dcman089 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.88 dcman091

Question: “Did you start thinking these things before, after, or at the same time that you started feeling (too active/happy/excited/grouchy /energetic)?”

Visibility: dcman089 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Before

2

During

3

After

9

Don’t know

5.89 dcman092

Question: “Did you think this was true, even when you stopped feeling (too happy/excited/grouchy/energetic)?”

Visibility: dcman089 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.90 cman37

Question: “For how long did you think this was true? (N of Days, N of Weeks)”

Visibility: dcman089 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.91 dcman095

Question:

”During this time, did you see or hear things that other people could not see or hear?”

PROBE: Like voices talking to you or noises, or visions?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.92 dcman096

Question: “Did you experience funny or unusual smells, tastes, or sensations in your body?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.93 dcman097

Question: “*INTERVIEWER: Based on clinical judgment, were these **real hallucinations**? If they were, record examples in the next screens.*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.94 dcman098a

Question: “Hallucination Example 1:”

Visibility: dcman097 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.95 dcman098b

Question: “Hallucination Example 2:”

Visibility: dcman097 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.96 dcman098c

Question: “Hallucination Example 3:”

Visibility: dcman097 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.97 dcman098d

Question: “Hallucination Example 4:”

Visibility: dcman097 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.98 dcman099

Question: “Did these (*list endorsed hallucinations*) start before, after or at the same time that you started feeling (too happy/excited/grouchy/energetic)?”

Visibility: dcman097 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Before

2

During

3

After

9

Don't know

5.99 dcman100

Question: “Did they stay even when you stopped feeling (too happy/excited/grouchy/energetic)?”

Visibility: dcman097 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.100 cman40

Question: “For how long did you have them? (N Days, N weeks)”

Visibility: dcman097 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

5.101 dcman103

Question: “*INTERVIEWER: If respondent had any psychotic symptoms, was the content **consistent** with manic themes such as inflated worth, power, knowledge, identity or special relationship with a deity or famous person?*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7

N/A

5.102 cman42

Question: “*INTERVIEWER: Associated condition questions apply **ONLY** to episode being coded.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

5.103 dcman104

Question:

”When you were feeling (too happy/excited/grouchy/energetic):

Did you have a serious physical problem or illness?

Probe: Did the physical problem or illness start before you started feeling (too happy/excited/grouchy/energetic) or after?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.104 dcman105

Question: "Specify (Physical problem or illness):"

Visibility: dcman104 = '1'

Item Type: Text input

Responses: *Free text entry*

5.105 dcman106

Question:

" Were you taking any medicines that your doctor told you to take? Did you take any over the counter medications?"

PROBE: Did you start to feel (too happy/excited/grouchy/energetic) before taking the medicine or after? "

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.106 dcman107

Question: “Specify (Medication 1):”

Visibility: dcman106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.107 dcman108

Question: “Specify (Medication 2):”

Visibility: dcman106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.108 dcman109

Question: “Specify (Medication 3):”

Visibility: dcman106 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.109 dcman110

Question:

"Were you using alcohol often or drugs or both during this time?"

PROBE: Did you start feeling this way before using alcohol/drugs or after or did you increase the quantity after you had these feelings?"

Visibility: *Always*

Item Type: Multi-select checkbox

Responses:

Value

Label

0

Neither

1

Alcohol

2

Drugs

9

Don't know

5.110 dcman111

Question: "Specify (Alcohol and/or drug and quantity 1)"

Visibility: dcman110.includes(1) or dcman100.includes(2)

Item Type: Text input

Responses: *Free text entry*

5.111 dcman112

Question: "Specify (Alcohol and/or drug and quantity 2)"

Visibility: dcman110.includes(1) or dcman100.includes(2)

Item Type: Text input

Responses: *Free text entry*

5.112 dcman113

Question: “Specify (Alcohol and/or drug and quantity 3)”

Visibility: dcman110.includes(1) or dcman100.includes(2)

Item Type: Text input

Responses: *Free text entry*

5.113 cman43b

Question:

”I want to know how your feeling (too happy/excited/grouchy/energetic) and other symptoms caused problems for you. Please look at the scale: Participant Card 8, Distress/Impairment

INTERVIEWER: Remind child how to use scale, if necessary, and assess areas most pertinent to the disorder; e.g. family, school, peers.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

5.114 dcman114

Question: “How much did your feeling (too happy/excited/grouchy/energetic) and (list other symptoms) upset or bother you?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

- 2
- 3
- 3
- 4
- 4
- 5
- 5
- 6
- 6
- 7
- 7
- 8
- 8
- 9
- 9
- 10
- 10
- 998
- Unknown

5.115 dcman115

Question: “How much did the feeling (to happy/excited/grouchy/energetic) you told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value
Label
0
0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

5.116 dcman116

Question: “Did you stay home from school because of the way you were feeling?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.117 dcman117**Question:** “How many days of school did you miss? (episode)”**Visibility:** dcman116 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***5.118 dcman118****Question:** “Did anyone, like a teacher or family member, suggest that you get help for (list behaviors/feelings)?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

5.119 dcman119

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list behaviors/feelings)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.120 cman49

Question:

”What kind of person/people did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens.”

Visibility: dcman119 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

5.121 dcman120

Question: “Specify (Professional/Treatment 1):”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.122 dcman121

Question: “Code (Professional/Treatment 1):”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.123 dcman122

Question: “Specify (Professional/Treatment 2):”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.124 dcman123

Question: “Code (Professional/Treatment 2):”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.125 dcman124

Question: “Specify (Professional/Treatment 3):”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.126 dcman125

Question: “Code (Professional/Treatment 3):”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.127 dcman127**Question:**

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.128 dcman128

Question: “Code (Professional/Treatment):”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.129 dcman129**Question:**

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcman119 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.130 dcman130

Question: “Are you getting help now?”

Visibility: dcman119 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.131 dcman131

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown"."

Visibility: dcman130 = '0'

Item Type: Text input

Responses: *Free text entry*

5.132 dcman132

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dcman119 = '1'

Item Type: Text input

Responses: *Free text entry*

5.133 cman50

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dcman119 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

5.134 dcman136

Question: “Specify (Other treatment):”

Visibility: cman50.includes(3)

Item Type: Text input

Responses: *Free text entry*

5.135 dcman137

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcman119 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.136 dcman138

Question: “Specify (Medication 1):”

Visibility: dcman137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.137 dcman139

Question: “Code (Medication 1):”

Visibility: dcman137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.138 dcman140

Question: “Specify (Medication 2):”

Visibility: dcman137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.139 dcman141

Question: “Code (Medication 2):”

Visibility: dcman137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.140 dcman142

Question: “Specify (Medication 3):”

Visibility: dcman137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.141 dcman143

Question: “Code (Medication 3):”

Visibility: dcman137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.142 dcman144

Question: “Specify (Medication 4):”

Visibility: dcman137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.143 dcman145

Question: “Code (Medication 4):”

Visibility: dcman137 = ‘1’

Item Type: Text input

Responses: *Free text entry*

5.144 dcman146

Question: “Have there been other times when you felt (list symptoms)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.145 dcman147

Question:

"How old were you when this happened for the very first time?

Code 998 if "always", 999 if "unknown"."

Visibility: dcman146 = '1'

Item Type: Text input

Responses: *Free text entry*

5.146 cman57

Question:

"How long did it last then?

(N days, N weeks, N months)"

Visibility: dcman146 = '1'

Item Type: Text input

Responses: *Free text entry*

5.147 dcman152

Question: "How many times have you felt this way in your lifetime?"

Visibility: dcman146 = '1'

Item Type: Text input

Responses: *Free text entry*

5.148 cman59

Question: “What is the most number of episodes you’ve had in one year?”

Visibility: dcmn146 =‘1’

Item Type: Text input

Responses: *Free text entry*

5.149 cman59a

Question:

”How long on average did each of these episodes typically last during that year?

(N days, N weeks, N months)”

Visibility: dcmn146 =‘1’

Item Type: Text input

Responses: *Free text entry*

5.150 cman61

Question:

”How long was the longest episode?

(N days, N weeks, N months)”

Visibility: dcmn146 =‘1’

Item Type: Text input

Responses: *Free text entry*

5.151 cman62

Question:

”How long was the shortest episode?

(N days, N weeks, N months)”

Visibility: dcmn146 =‘1’

Item Type: Text input

Responses: *Free text entry*

5.152 cman63**Question:**

"How long does a typical episode last?

(N days, N weeks, N months)"

Visibility: dcmn146 = '1'

Item Type: Text input

Responses: *Free text entry*

5.153 dcmn173

Question: "Would you say that you have felt this (list participant's endorsed symptoms) more often than not during your lifetime?"

Visibility: dcmn146 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

5.154 dcmn174

Question: "Did the periods of these feelings tend to begin in any particular season?"

Visibility: dcmn146 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No pattern

1

Winter

2

Spring

3

Summer

4

Fall

9

Unknown

5.155 cman_end

Question: “*INTERVIEWER: END of **Mania/Hypomania** section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 6

Suicide/Self-Harm

6.1 suicide__title

Question: “### Suicide/Self-Harm”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

6.2 dcsui001

Question: “Have you ever thought a lot about death or dying?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.3 dcsui002

Question: “Have you ever thought about killing yourself?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.4 dcsui003

Question: “Please tell me about this (context, situation, triggers, etc):”

Visibility: dcsui002 = ‘1’

Item Type: Text input

Responses: *Free text entry*

6.5 dcsui004

Question:

”How old were you the first time (you thought about killing yourself)?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsui002 = ‘1’

Item Type: Text input

Responses: *Free text entry*

6.6 dcsui005

Question:

"How old were you the last time?"

Code 998 if "always", 999 if "unknown".

Visibility: dcsui002 = '1'

Item Type: Text input

Responses: *Free text entry*

6.7 csui2

Question: "*INTERVIEWER: If these thoughts are current, report to clinician.*"

Visibility: dcsui002 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

6.8 dcsui006

Question: "Did you ever plan exactly how you would kill yourself?"

Visibility: dcsui002 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.9 dcsui007

Question: “What did you plan?”

Visibility: dcsui006 = ‘1’

Item Type: Text input

Responses: *Free text entry*

6.10 dcsui008

Question: “Have you ever tried to kill yourself or done anything that could have killed you?”

Visibility: dcsui002 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.11 dcsui009

Question: “How many times have you tried?”

Visibility: dcsui008 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

once

2

twice

3

three

4

four

5

five

6

six or more

6.12 csui4

Question: “Now I am going to ask you some things about that time/each of these times:”

Visibility: dcsui009 > 0

Item Type: User Message/instructions

Responses: *This item is a markdown message*

6.13 dcsui010

Question:

”Age:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsui009 > 0

Item Type: Text input

Responses: *Free text entry*

6.14 dcsui011

Question: “Method:”

Visibility: dcsui009 > 0

Item Type: Single-select radio button

Responses:

Value

Label

Image

1

Hanging

2

Cutting wrists

3

Overdose with pills

4

Other

9

Unknown

6.15 dcsui012

Question: “Describe (Other method):”

Visibility: dcsui011 = ‘4’

Item Type: Text input

Responses: *Free text entry*

6.16 dcsui013

Question: “Required medical assessment?”

Visibility: dcsui009 > 0

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.17 dcsui014**Question:** “Required medical admission?”**Visibility:** dcsui009 > 0**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes-Emergency Room

2

Yes-Inpatient/Medical Ward

9

Unknown

6.18 dcsui015**Question:** “Required psychiatric admission?”**Visibility:** dcsui009 > 0

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Voluntary

2

Yes-Involuntary

9

Unknown

6.19 dcsui016

Question: “Did you want to die?”

Visibility: dcsui009 > 0

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.20 dcsui017

Question: “*INTERVIEWER: How **serious** was the attempt?*”

Visibility: dcsui009 > 0

Item Type: Single-select radio button

Responses:

Value

Label

1

No intent or minimal intent/manipulative gesture

2

Definite intent (but ambivalent)

3

Serious intent (expected to die)

9

No information

6.21 dcsui018

Question: “*INTERVIEWER: How **potentially lethal** was the attempt?*”

Visibility: dcsui009 > 0

Item Type: Single-select radio button

Responses:

Value

Label

1

No danger (no effects/held pills in hand)

2

Moderate (10 seconds/briefly unconscious)

3

Severe (i.e. cut throat)

9

No information

6.22 dcsui019

Question: “*INTERVIEWER: Did this attempt occur in the context of: (Check all that apply)*”

Visibility: dcsui009 > 0

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Depression

2

Mania

3

Mixed state

4

Psychosis

5

Alcohol abuse

6

Drug abuse

7

Other

6.23 dcsui020

Question: “Specify (Other context):”

Visibility: dcsui019.includes(7)

Item Type: Text input

Responses: *Free text entry*

6.24 dcsui028

Question:

”Age:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsui009 > 1

Item Type: Text input

Responses: *Free text entry*

6.25 dcsui029

Question: “Method:”

Visibility: dcsui009 > 1

Item Type: Single-select radio button

Responses:

Value

Label

Image

1

Hanging

2

Cutting wrists

3

Overdose with pills

4

Other

9

Unknown

6.26 dcsui030

Question: “Describe (Other method):”

Visibility: dcsui029 = ‘4’

Item Type: Text input

Responses: *Free text entry*

6.27 dcsui031

Question: “Required medical assessment?”

Visibility: dcsui009 > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.28 dcsui032

Question: “Required medical admission?”

Visibility: dcsui009 > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Emergency Room

2

Yes-Inpatient/Medical Ward

9

Unknown

6.29 dcsui033

Question: “Required psychiatric admission?”

Visibility: dcsui009 > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Voluntary

2

Yes-Involuntary

9

Unknown

6.30 dcsui034

Question: “Did you want to die?”

Visibility: dcsui009 > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.31 dcsui035

Question: “*INTERVIEWER: How **serious** was the attempt?*”

Visibility: dcsui009 > 1

Item Type: Single-select radio button

Responses:

Value

Label

1

No intent or minimal intent/manipulative gesture

2

Definite intent (but ambivalent)

3

Serious intent (expected to die)

9

No information

6.32 dcsui036

Question: “*INTERVIEWER: How **potentially lethal** was the attempt?*”

Visibility: dcsui009 > 1

Item Type: Single-select radio button

Responses:

Value

Label

1

No danger (no effects/held pills in hand)

2

Moderate (10 seconds/briefly unconscious)

3

Severe (i.e. cut throat)

9

No information

6.33 dcsui037

Question: “*INTERVIEWER: Did this attempt occur in the context of: (Check all that apply)*”

Visibility: dcsui009 > 1

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Depression

2

Mania

3

Mixed state

4

Psychosis

5

Alcohol abuse

6

Drug abuse

7

Other

6.34 dcsui038

Question: “Specify (Other context):”**Visibility:** dcsui037.includes(7)**Item Type:** Text input**Responses:** *Free text entry*

6.35 dcsui046

Question:

”Age:

Code 998 if “always”, 999 if “unknown”.”**Visibility:** dcsui009 > 2**Item Type:** Text input**Responses:** *Free text entry*

6.36 dcsui047

Question: “Method:”**Visibility:** dcsui009 > 2**Item Type:** Single-select radio button**Responses:**

Value

Label

Image

1

Hanging

2

Cutting wrists

3

Overdose with pills

4

Other

9

Unknown

6.37 dcsui048

Question: “Describe (Other method):”

Visibility: dcsui047 = ‘4’

Item Type: Text input

Responses: *Free text entry*

6.38 dcsui049

Question: “Required medical assessment?”

Visibility: dcsui009 > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.39 dcsui050

Question: “Required medical admission?”

Visibility: dcsui009 > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Emergency Room

2

Yes-Inpatient/Medical Ward

9

Unknown

6.40 dcsui051

Question: “Required psychiatric admission?”

Visibility: dcsui009 > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Voluntary

2

Yes-Involuntary

9

Unknown

6.41 dcsui052

Question: “Did you want to die?”

Visibility: dcsui009 > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.42 dcsui053

Question: “*INTERVIEWER: How **serious** was the attempt?*”

Visibility: dcsui009 > 2

Item Type: Single-select radio button

Responses:

Value

Label

1

No intent or minimal intent/manipulative gesture

2

Definite intent (but ambivalent)

3

Serious intent (expected to die)

9

No information

6.43 dcsui054

Question: “*INTERVIEWER: How **potentially lethal** was the attempt?*”

Visibility: dcsui009 > 2

Item Type: Single-select radio button

Responses:

Value

Label

1

No danger (no effects/held pills in hand)

2

Moderate (10 seconds/briefly unconscious)

3

Severe (i.e. cut throat)

9

No information

6.44 dcsui055

Question: “*INTERVIEWER: Did this attempt occur in the context of: (Check all that apply)*”

Visibility: dcsui009 > 2

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Depression

2

Mania

3

Mixed state

4

Psychosis

5

Alcohol abuse

6

Drug abuse

7

Other

6.45 dcsui056

Question: “Specify (Other context):”

Visibility: dcsui055.includes(7)

Item Type: Text input

Responses: *Free text entry*

6.46 dcsui064

Question:

”Age:

Code 998 if “always”, 999 if “unknown”.

Visibility: dcsui009 > 3

Item Type: Text input

Responses: *Free text entry*

6.47 dcsui065

Question: “Method:”

Visibility: dcsui009 > 3

Item Type: Single-select radio button

Responses:

Value

Label

Image

1

Hanging

2

Cutting wrists

3

Overdose with pills

4

Other

9

Unknown

6.48 dcsui066

Question: “Describe (Other method):”

Visibility: dcsui065 = ‘4’

Item Type: Text input

Responses: *Free text entry*

6.49 dcsui067

Question: “Required medical assessment?”

Visibility: dcsui009 > 3

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.50 dcsui068

Question: “Required medical admission?”

Visibility: dcsui009 > 3

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Emergency Room

2

Yes-Inpatient/Medical Ward

9

Unknown

6.51 dcsui069

Question: “Required psychiatric admission?”

Visibility: dcsui009 > 3

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Voluntary

2

Yes-Involuntary

9

Unknown

6.52 dcsui070

Question: “Did you want to die?”

Visibility: dcsui009 > 3

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.53 dcsui071

Question: “*INTERVIEWER: How **serious** was the attempt?*”

Visibility: dcsui009 > 3

Item Type: Single-select radio button

Responses:

Value

Label

1

No intent or minimal intent/manipulative gesture

2

Definite intent (but ambivalent)

3

Serious intent (expected to die)

9

No information

6.54 dcsui072

Question: “*INTERVIEWER: How **potentially lethal** was the attempt?*”

Visibility: dcsui009 > 3

Item Type: Single-select radio button

Responses:

Value

Label

1

No danger (no effects/held pills in hand)

2

Moderate (10 seconds/briefly unconscious)

3

Severe (i.e. cut throat)

9

No information

6.55 dcsui073

Question: “*INTERVIEWER: Did this attempt occur in the context of: (Check all that apply)*”

Visibility: dcsui009 > 3

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Depression

2

Mania

3

Mixed state

4

Psychosis

5

Alcohol abuse

6

Drug abuse

7

Other

6.56 dcsui074

Question: “Specify (Other context):”

Visibility: dcsui073.includes(7)

Item Type: Text input

Responses: *Free text entry*

6.57 dcsui082

Question:

”Age:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsui009 > 4

Item Type: Text input

Responses: *Free text entry*

6.58 dcsui083

Question: “Method:”

Visibility: dcsui009 > 4

Item Type: Single-select radio button

Responses:

Value

Label

Image

1

Hanging

2

Cutting wrists

3

Overdose with pills

4

Other

9

Unknown

6.59 dcsui084

Question: “Describe (Other method):”

Visibility: dcsui083 = ‘4’

Item Type: Text input

Responses: *Free text entry*

6.60 dcsui085

Question: “Required medical assessment?”

Visibility: dcsui009 > 4

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.61 dcsui086**Question:** “Required medical admission?”**Visibility:** dcsui009 > 4**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes-Emergency Room

2

Yes-Inpatient/Medical Ward

9

Unknown

6.62 dcsui087**Question:** “Required psychiatric admission?”**Visibility:** dcsui009 > 4

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Voluntary

2

Yes-Involuntary

9

Unknown

6.63 dcsui088

Question: “Did you want to die?”

Visibility: dcsui009 > 4

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.64 dcsui089

Question: “*INTERVIEWER: How **serious** was the attempt?*”

Visibility: dcsui009 > 4

Item Type: Single-select radio button

Responses:

Value

Label

1

No intent or minimal intent/manipulative gesture

2

Definite intent (but ambivalent)

3

Serious intent (expected to die)

9

No information

6.65 dcsui090

Question: “*INTERVIEWER: How **potentially lethal** was the attempt?*”

Visibility: dcsui009 > 4

Item Type: Single-select radio button

Responses:

Value

Label

1

No danger (no effects/held pills in hand)

2

Moderate (10 seconds/briefly unconscious)

3

Severe (i.e. cut throat)

9

No information

6.66 dcsui091

Question: “*INTERVIEWER: Did this attempt occur in the context of: (Check all that apply)*”

Visibility: dcsui009 > 4

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Depression

2

Mania

3

Mixed state

4

Psychosis

5

Alcohol abuse

6

Drug abuse

7

Other

6.67 dcsui092

Question: “Specify (Other context):”

Visibility: dcsui091.includes(7)

Item Type: Text input

Responses: *Free text entry*

6.68 dcsui100

Question:

”Age:

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsui009 > 5

Item Type: Text input

Responses: *Free text entry*

6.69 dcsui101

Question: “Method:”

Visibility: dcsui009 > 5

Item Type: Single-select radio button

Responses:

Value

Label

Image

1

Hanging

2

Cutting wrists

3

Overdose with pills

4

Other

9

Unknown

6.70 dcsui102

Question: “Describe (Other method):”

Visibility: dcsui101 = ‘4’

Item Type: Text input

Responses: *Free text entry*

6.71 dcsui103

Question: “Required medical assessment?”

Visibility: dcsui009 > 5

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.72 dcsui104

Question: “Required medical admission?”

Visibility: dcsui009 > 5

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Emergency Room

2

Yes-Inpatient/Medical Ward

9

Unknown

6.73 dcsui105

Question: “Required psychiatric admission?”

Visibility: dcsui009 > 5

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes-Voluntary

2

Yes-Involuntary

9

Unknown

6.74 dcsui106

Question: “Did you want to die?”

Visibility: dcsui009 > 5

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.75 dcsui107

Question: “*INTERVIEWER: How **serious** was the attempt?*”

Visibility: dcsui009 > 5

Item Type: Single-select radio button

Responses:

Value

Label

1

No intent or minimal intent/manipulative gesture

2

Definite intent (but ambivalent)

3

Serious intent (expected to die)

9

No information

6.76 dcsui108

Question: “*INTERVIEWER: How **potentially lethal** was the attempt?*”

Visibility: dcsui009 > 5

Item Type: Single-select radio button

Responses:

Value

Label

1

No danger (no effects/held pills in hand)

2

Moderate (10 seconds/briefly unconscious)

3

Severe (i.e. cut throat)

9

No information

6.77 dcsui109

Question: “*INTERVIEWER: Did this attempt occur in the context of: (Check all that apply)*”

Visibility: dcsui009 > 5

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Depression

2

Mania

3

Mixed state

4

Psychosis

5

Alcohol abuse

6

Drug abuse

7

Other

6.78 dcsui110

Question: “Specify (Other context):”

Visibility: dcsui109.includes(7)

Item Type: Text input

Responses: *Free text entry*

6.79 csui11

Question: “*INTERVIEWER: This is self-mutilation or self-damage NOT accompanied by the wish or intention to die. Code NO if **only** under context of suicidal ideation or behavior.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

6.80 dcsui118

Question: “Have you ever cut, burned, or scratched yourself on purpose?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.81 dcsui119

Question: “Describe (Self-harm):”

Visibility: dcsui118 = ‘1’

Item Type: Text input

Responses: *Free text entry*

6.82 dcsui120

Question: “Why did you do that? Describe:”

Visibility: dcsui118 = ‘1’

Item Type: Text input

Responses: *Free text entry*

6.83 dcsui121

Question: “Was there something that happened in your life that made you want to do this? (*Check all that apply*)”

Visibility: dcsui118 = ‘1’

Item Type: Multi-select checkbox

Responses:

Value

Label

0

No

1

Loss of loved one

2

Relationship break-up

3

Failure at school/job

4

Learning of serious illness

5

Other

6.84 dcsui122

Question: “Describe (Other):”

Visibility: dcsui121.includes(5)

Item Type: Text input

Responses: *Free text entry*

6.85 dcsui128

Question:

”Did you (cut/burn/scratch) yourself:

Only when you were using **alcohol**?”

Visibility: dcsui118 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.86 dcsui129

Question: “Only when you were using **drugs**?”

Visibility: dcsui118 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.87 dcsui130

Question:

*"INTERVIEWER: If participant is female and reached menses, ask this question.
If not, **Skip**:*

Only around the time of your period?"

Visibility: dcsui118 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

6.88 dcsui131

Question: “How many times would you say you’ve harmed yourself in this way (without the intention to kill yourself)?”

Visibility: dcsui118 = ‘1’

Item Type: Text input

Responses: *Free text entry*

6.89 dcsui132

Question:

”How old were you the **first time** (you tried)?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsui118 = ‘1’

Item Type: Text input

Responses: *Free text entry*

6.90 dcsui133

Question:

”How old were you the **last time**?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsui118 = ‘1’

Item Type: Text input

Responses: *Free text entry*

6.91 csui__end

Question: “*INTERVIEWER: END of **Suicide/Self-Harm** section.*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 7

Psychosis

7.1 psychosis_title

Question: “## Psychosis”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

7.2 cpsy0

Question:

”Earlier you told me about some experiences that you have had (list child’s behaviors). Now I am going to ask you a little about those.

INTERVIEWER: To be rated positively, a hallucination should have been present throughout the day for several days or intermittently throughout a one-week period.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

7.3 dcpsy001

Question: “Did you ever hear sounds or noises that other people couldn’t hear?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.4 cpsy2

Question:

"How long did this last (Estimate duration and dates)?

(*N mins, N hours, N days, N weeks*)"

Visibility: dcpsy001 = '1'

Item Type: Text input

Responses: *Free text entry*

7.5 dcpsy006

Question: "Have you ever heard a voice saying what you were doing, feeling or thinking, and nobody else could hear it?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.6 cspy4

Question:

"How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)"

Visibility: dcpsy006 = '1'

Item Type: Text input

Responses: *Free text entry*

7.7 dcpsy011

Question: "Have you ever heard two or more voices talking to each other that nobody else could hear? What were the voices saying?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.8 cpsy6

Question:

"How long did it last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)"

Visibility: dcpsy011 = '1'

Item Type: Text input

Responses: *Free text entry*

7.9 dcpsy016

Question: "Have you ever heard voices telling you to do something and nobody else could hear it?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.10 cpsy8

Question:

"How long did it last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)"

Visibility: dcpsy016 = '1'

Item Type: Text input

Responses: *Free text entry*

7.11 dcpsy021

Question: “Have you ever heard voices making fun of you? Threatening you? Saying bad things about you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.12 cpsy10

Question:

”How long did it last (Estimate duration and dates)?

(*N mins, N hours, N days, N weeks*)”

Visibility: dcpsy021 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.13 dcpsy026

Question: “Have you ever heard your thoughts spoken out loud, from outside your head so that you or others could hear what you were thinking?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.14 cpsy12

Question:

”How long did it last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy026 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.15 dcpsy031

Question: “Have you ever heard any other voices other people could not hear?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.16 cpsy14

Question:

"How long did it last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)"

Visibility: dcpsy031 = '1'

Item Type: Text input

Responses: *Free text entry*

7.17 dcpsy036

Question: "Please describe (Other verbal hallucinations):"

Visibility: dcpsy031 = '1'

Item Type: Text input

Responses: *Free text entry*

7.18 dcpsy037

Question: "Have you ever seen visions or seen things which other people could not see? Did it come from a shadow? How clearly did you see these things? Were you awake or asleep?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.19 cpsy16

Question:

”How long did it last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy037 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.20 dcpsy042

Question: “Have you ever smelled strange odors other people could not smell?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.21 cpsy18

Question:

”How long did it last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy042 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.22 dcpsy047

Question: “Have you ever had strange feelings in your body like things were crawling on you or someone touching you and nothing or no one was there?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.23 cpsy20

Question:

”How long did it last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy047 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.24 cpsy21

Question:

”*INTERVIEWER: Estimate total duration of the period when hallucinations occurred (can be intermittent over this time):*

(N days, N weeks)”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

7.25 dcpsy054

Question: “Were you drinking a lot then?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.26 dcpsy055

Question: “Had you just stopped drinking?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.27 dcpsy056

Question: “Were you taking drugs- like LSD, speed, crystal meth, ecstasy, mushrooms?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.28 dcpsy057

Question: “Were you physically ill then?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.29 dcpsy058

Question: “Do your parents and family believe in [insert hallucinations] also?
(Part of shared religious or subculture belief system.)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.30 dcpsy059

Question: “*INTERVIEWER: At this point, the interviewer should establish some chronology for him/herself regarding the number of episodes, duration, severity of each, and record this information here.*”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

7.31 dcpsy060

Question: “Have you ever felt that you were under someone else’s control?
Whose?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.32 dcpsy061

Question: “Have you ever felt that you could be made to do something against your will, like say or think to do things, without your wanting to?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.33 cpsy26

Question:

”How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy061 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.34 dcpsy066

Question: “Have you ever felt that people could hear what you were thinking?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.35 cpsy28

Question:

”How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy066 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.36 dcpsy071

Question: “Have you ever felt that people could put thoughts in your mind?
What thoughts were they?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.37 cpsy30

Question:

"How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)"

Visibility: dcpsy071 = '1'

Item Type: Text input

Responses: *Free text entry*

7.38 dcpsy076

Question: "Have you ever felt that people could know what you were thinking or read in your mind?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.39 cpsy32

Question:

"How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)"

Visibility: dcpsy076 = '1'

Item Type: Text input

Responses: *Free text entry*

7.40 dcpsy081

Question: "Have you ever felt that something was happening to your insides or that something was living inside you?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.41 cpsy34

Question:

"How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)"

Visibility: dcpsy081 = '1'

Item Type: Text input

Responses: *Free text entry*

7.42 dcpsy086

Question: “Have you ever felt that you were a very important person or that you had special powers?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.43 cpsy36

Question:

”How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy086 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.44 dcpsy091

Question: “Have you ever felt that the world was coming to an end soon? (Explore)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.45 cpsy38

Question:

"How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)"

Visibility: dcpsy091 = '1'

Item Type: Text input

Responses: *Free text entry*

7.46 dcpsy096

Question: "Have you ever felt people were talking about you behind your back?
What about people in TV or radio?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.47 dcpsy097

Question: “Have you ever thought there were secret meanings for you in what ordinary people did?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.48 cpsy40

Question:

”How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy096 = ‘1’ or dcpsy097 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.49 dcpsy102

Question: “Have you ever felt people were going after you to hurt you or get at you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.50 dcpsy103

Question: “Has there ever been a plot against you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.51 cpsy42

Question:

”How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy102 = ‘1’ or dcpsy103 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.52 dcpsy108

Question: “Have you ever felt like you were being (or should be) punished because you were evil? (Explore)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.53 cpsy44

Question:

”How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy108 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.54 dcpsy113

Question: “*INTERVIEWER: Probe for any other bizarre delusions*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.55 dcpsy114

Question: “Specify (Other bizzare delusions):”

Visibility: dcpsy113 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.56 cpsy45

Question:

”How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy113 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.57 dcpsy119

Question:

”*INTERVIEWER: Estimate total duration of the period when delusions occurred
(can be intermittent over this time):*

(N days, N weeks)”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

7.58 dcpsy120

Question: “Were you drinking a lot then?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.59 dcpsy121

Question: “Had you just stopped drinking?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.60 dcpsy122

Question: “Were you taking drugs- like LSD, speed, crystal meth, ecstasy, mushrooms?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.61 dcpsy123

Question: “Were you physically ill then?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.62 dcpsy124

Question: “Do your parents and family believe in [insert delusions] also? (Part of shared religious or subculture belief system.)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.63 dcpsy125

Question: “*INTERVIEWER: At this point, the interviewer should establish some chronology for him/herself regarding the number of episodes, duration, severity of each, and record this information here.*”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

7.64 dcpsy126

Question: “Have there been times when people said they had trouble understanding what you were saying?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.65 cpsy51

Question:

”How long did this last?

(N minutes, N hours, N days, N weeks)”

Visibility: dcpsy126 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.66 dcpsy131

Question: “Was your speech mixed up?”

Visibility: dcpsy126 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.67 dcpsy132

Question: “Did you make sense?”

Visibility: dcpsy126 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.68 dcpsy133

Question: “Could you make yourself understood if people told you that you couldn’t be understood?”

Visibility: dcpsy126 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.69 dcpsy134

Question: “Were you”high” at the time?”

Visibility: dcpsy126 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.70 dcpsy135

Question: “Were you sick?”

Visibility: dcpsy126 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.71 dcpsy136

Question: “Had you taken pills?”

Visibility: dcpsy126 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.72 dcpsy137

Question: “Did people have trouble understanding you when you weren’t”high“?”

Visibility: dcpsy126 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.73 cpsy50

Question: "INTERVIEWER: If no evidence of psychotic symptoms, choose *End Section*. If there are psychotic symptoms, choose ***Continue***

"

Visibility: dcpsy126 = '0'

Item Type: Single-select radio button

Responses:

Value

Label

0

End Section

1

Continue

7.74 dcpsy139

Question: "Did you ever find that you couldn't move? Could you? Did you stay still for a long time?"

Visibility: dcpsy126 = '1' or cpsy50 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.75 cpsy52

Question:

"How long did this last (Estimate duration and dates)?

(*N mins, N hours, N days, N weeks*)"

Visibility: dcpsy139 = '1'

Item Type: Text input

Responses: *Free text entry*

7.76 dcpsy144

Question: "Did you do anything that called attention to yourself? Like the way you dressed, acted or the things you said?"

Visibility: dcpsy126 = '1' or cpsy50 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.77 cpsy54

Question:

"How long did this last (Estimate duration and dates)?

(*N mins, N hours, N days, N weeks*)"

Visibility: dcpsy144 = '1'

Item Type: Text input

Responses: *Free text entry*

7.78 dcpsy149

Question: “Was your face different from usual? Did people have trouble figuring out how you were feeling by looking at your expression? Please tell me about this?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.79 cpsy56

Question:

”How long did this last (Estimate duration and dates)?

(N mins, N hours, N days, N weeks)”

Visibility: dcpsy149 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.80 cpsy58

Question: “Did you keep to yourself and not spend time with friends?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.81 dcpsy154

Question: “Prodromal (Before acute psychotic symptomology)”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.82 dcpsy155

Question: “Residual (After acute psychotic symptomology)”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.83 cspy59

Question: “Did you not do as well in school as before, stopped doing usual activities?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.84 dcpsy156

Question: “Prodromal (Before acute psychotic symptomology)”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No
1
Yes
9
Unknown

7.85 dcpsy157

Question: “Residual (After acute psychotic symptomology)”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value
Label
0
No
1
Yes
9
Unknown

7.86 cpsy60

Question: “Did you do things that other people couldn’t understand or thought were strange, things you wouldn’t usually do?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value
Label
0
No

1

Yes

9

Unknown

7.87 dcpsy158**Question:** “Prodromal (Before acute psychotic symptomology)”**Visibility:** dcpsy126 = ‘1’ or cpsy50 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

7.88 dcpsy159**Question:** “Residual (After acute psychotic symptomology)”**Visibility:** dcpsy126 = ‘1’ or cpsy50 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

7.89 cpsy61

Question: “Did you let your appearance go? Did you stop caring about how you looked? Did you bathe as usual?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.90 dcpsy160

Question: “Prodromal (Before acute psychotic symptomology)”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.91 dcpsy161

Question: “Residual (After acute psychotic symptomology)”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.92 cpsy62

Question: “Did people say your expression was different, that it was hard to tell how you were feeling, that you looked off in space?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.93 dcpsy162

Question: “Prodromal (Before acute psychotic symptomology)”

Visibility: cpsy62 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.94 dcpsy163

Question: “Residual (After acute psychotic symptomology)”

Visibility: cpsy62 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.95 cpsy63

Question: “Was it hard for people to understand what you wanted to say? Did they have trouble following you? Did you stop saying very much?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.96 dcpsy164

Question: “Prodromal (Before acute psychotic symptomology)”

Visibility: cpsy63 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.97 dcpsy165

Question: “Residual (After acute psychotic symptomology)”

Visibility: cpsy63 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.98 cpsy64

Question: “Did you have unusual ideas, believe things you hadn’t believed before? Were there things that only you believed or cared about?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.99 dcpsy166

Question: “Prodromal (Before acute psychotic symptomology)”

Visibility: cpsy64 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.100 dcpsy167

Question: “Residual (After acute psychotic symptomology)”

Visibility: cpsy64 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.101 cpsy65

Question: “Did you see or hear unusual things or have strange feelings?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.102 dcpsy168

Question: “Prodromal (Before acute psychotic symptomology)”

Visibility: cpsy65 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.103 dcpsy169

Question: “Residual (After acute psychotic symptomology)”

Visibility: cpsy65 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.104 cpsy66

Question: “You didn’t do as much, didn’t have your usual energy, didn’t keep up with things you usually did?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.105 dcpsy170

Question: “Prodromal (Before acute psychotic symptomology)”

Visibility: cpsy66 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.106 dcpsy171

Question: “Residual (After acute psychotic symptomology)”

Visibility: cpsy66 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.107 cpsy67

Question: “*INTERVIEWER: Probe to find out if the above psychotic symptoms were associated with any of the following:*”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

7.108 dcpsy172

Question:

”At the time that you were having (insert symptoms):

Were you also physically ill? (e.g., high fever, migraine, epilepsy)”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Never

2

Sometimes

3

Always

9

Unknown

7.109 dcpsy173

Question: “Please describe (physically ill):”

Visibility: dcpsy172 > 1 & dcpsy172 < 9

Item Type: Text input

Responses: *Free text entry*

7.110 dcpsy174

Question: “Taking Prescribed Medication? (e.g., Serpasil, birth control pills, antihistamines or cold pills, antihypertensives, cortisone or other steroids, or diet pills)”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

Unknown

1

Never

2

Sometimes

3

Always

7.111 dcpsy175

Question: “Please describe (prescribed medications):”

Visibility: dcpsy174 > 1 & dcpsy174 < 9

Item Type: Text input

Responses: *Free text entry*

7.112 dcpsy176

Question: “Using Alcohol/Drugs?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

Unknown

1

Never

2

Sometimes

3

Always

7.113 dcpsy177

Question: “Please describe (alcohol/drugs):”

Visibility: $\text{dcpsy176} > 1$ & $\text{dcpsy176} < 9$

Item Type: Text input

Responses: *Free text entry*

7.114 dcpsy178

Question: “Depressed (Feeling very sad)?”

Visibility: $\text{dcpsy126} = '1'$ or $\text{cpsy50} = '1'$

Item Type: Single-select radio button

Responses:

Value

Label

0

Unknown

1

Never

2

Sometimes

3

Always

7.115 dcpsy179

Question: “Please describe (depressed):”

Visibility: dcpsy178 > 1 & dcpsy178 < 9

Item Type: Text input

Responses: *Free text entry*

7.116 dcpsy180

Question: “Manic (Feeling very energetic/active)?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

Unknown

1

Never

2

Sometimes

3

Always

7.117 dcpsy181

Question: “Please describe (manic):”

Visibility: dcpsy180 > 1 & dcpsy180 < 9

Item Type: Text input

Responses: *Free text entry*

7.118 dcpsy182

Question: “Schizophrenia?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

Unknown

1

Never

2

Sometimes

3

Always

7.119 dcpsy183

Question: “Please describe (schizophrenia):”

Visibility: dcpsy182 > 1 & dcpsy182 < 9

Item Type: Text input

Responses: *Free text entry*

7.120 dcpsy184

Question: “Other associated conditions?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

Unknown

1

Never

2

Sometimes

3

Always

7.121 dcpsy185

Question: “Please describe (other conditions):”

Visibility: $\text{dcpsy184} > 1$ & $\text{dcpsy184} < 9$

Item Type: Text input

Responses: *Free text entry*

7.122 dcpsy186

Question:

”How old were you the **first time** you had these behaviors/feelings?

Code 998 if “always”, 999 if “unknown”.”

Visibility: $\text{dcpsy126} = '1'$ or $\text{cpsy50} = '1'$

Item Type: Text input

Responses: *Free text entry*

7.123 dcpsy188

Question: “Are you still having these behaviors/feelings **now**?”

Visibility: $\text{dcpsy126} = '1'$ or $\text{cpsy50} = '1'$

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.124 dcpsy189

Question:

"How old were you the **last time** you had these behaviors/feelings?

Code 998 if "always", 999 if "unknown"."

Visibility: dcpsy188 = '0'

Item Type: Text input

Responses: *Free text entry*

7.125 cpsy73

Question:

"How long did you feel/act this way?

(N days, N weeks, N months)"

Visibility: dcpsy188 = '0'

Item Type: Text input

Responses: *Free text entry*

7.126 dcpsy193

Question: "Was that the worst you have felt?"

Visibility: dcpsy188 = '0'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.127 cpsy77

Question:

"How long have you been feeling/acting this way?

(*N days, N weeks, N months*)"

Visibility: dcpsy188 = '1'

Item Type: Text input

Responses: *Free text entry*

7.128 dcpsy194

Question: "Is this the worst you have felt?"

Visibility: dcpsy188 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.129 dcpsy198

Question:

"How many different times have you felt/acted this way?

INTERVIEWER: Different episodes should be seperated by at least 2 months)"

Visibility: dcpsy126 = '1' or cpsy50 = '1'

Item Type: Text input

Responses: *Free text entry*

7.130 cpsy80

Question:

"When you felt your worst, how long did that feeling last?

(N days, N weeks, N months)"

Visibility: dcpsy193 != '1' and dcpsy194 != '1'

Item Type: Text input

Responses: *Free text entry*

7.131 dcpsy202

Question:

"How old were you then?

Code 998 if "always", 999 if "unknown"."

Visibility: dcpsy193 != '1' and dcpsy194 != '1'

Item Type: Text input

Responses: *Free text entry*

7.132 dcpsy203

Question: "Since you were (age of onset), was there ever a time when you did not have these behaviors/feelings?"

Visibility: dcpsy126 = '1' or cpsy50 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.133 cpsy83

Question:

"What was the longest period of time that (behavior/feeling) did not bother you?

(N weeks, N months, N years)"

Visibility: dcpsy203 = '1'

Item Type: Text input

Responses: *Free text entry*

7.134 cpsy86

Question:

"Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary."

Visibility: dcpsy126 = '1' or cpsy50 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

7.135 dcpsy207

Question: “How much did your feelings/behaviors associated with this event upset or bother you?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

7.136 dcpsy208

Question: “How much have the feelings/behaviors that you have told me about caused problems for you at home, at school, or with your family or friends?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

7.137 dcpsy209

Question: “Did you stay home from school because of the way you were feeling?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.138 cpsy89

Question:

”How many days of school did you miss because of (insert symptoms)? (lifetime)
(*N days, N weeks, N months*)”

Visibility: dcpsy209 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.139 dcpsy213

Question: “Did anyone, like a teacher or family member, suggest that you get help for (list behaviors/feelings)?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.140 dcpsy214

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list behaviors/feelings)?”

Visibility: dcpsy126 = ‘1’ or cpsy50 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.141 cpsy91

Question:

”What kind of person/people did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens.”

Visibility: dcpsy214 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

7.142 dcpsy215

Question: “Specify (Professional/Treatment 1):”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.143 dcpsy216

Question: “Code (Professional/Treatment 1):”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.144 dcpsy217

Question: “Specify (Professional/Treatment 2):”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.145 dcpsy218

Question: “Code (Professional/Treatment 2):”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.146 dcpsy219

Question: “Specify (Professional/Treatment 3):”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.147 dcpsy220

Question: “Code (Professional/Treatment 3):”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.148 dcpsy221

Question:

”*INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.149 dcpsy223

Question: “Code (Professional/Treatment):”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.150 dcpsy224

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”. ”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.151 dcpsy225

Question: “Are you getting help now?”

Visibility: dcpsy214 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.152 dcpsy226

Question:

”If no, how old were you the last time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcpsy225 = ‘0’

Item Type: Text input

Responses: *Free text entry*

7.153 dcpsy227

Question: “What did the professional say that you had (diagnoses given)?
List:”

Visibility: dcpsy214 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.154 cpsy93

Question: “What kind of treatment(s) have you gotten? (*Check all that apply*)”

Visibility: dcpsy214 = ‘1’

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

7.155 dcpsy231

Question: “Specify (Other treatment):”

Visibility: cpsy93.includes(3)

Item Type: Text input

Responses: *Free text entry*

7.156 dcpsy232

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcpsy214 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

7.157 dcpsy233

Question: “Specify (Medication 1):”

Visibility: dcpsy232 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.158 dcpsy234

Question: “Code (Medication 1):”

Visibility: dcpsy232 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.159 dcpsy235

Question: “Specify (Medication 2):”

Visibility: dcpsy232 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.160 dcpsy236

Question: “Code (Medication 2):”

Visibility: dcpsy232 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.161 dcpsy237

Question: “Specify (Medication 3):”

Visibility: dcpsy232 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.162 dcpsy238

Question: “Code (Medication 3):”

Visibility: dcpsy232 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.163 dcpsy239

Question: “Specify (Medication 4):”

Visibility: dcpsy232 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.164 dcpsy240

Question: “Code (Medication 4):”

Visibility: dcpsy232 = ‘1’

Item Type: Text input

Responses: *Free text entry*

7.165 cpsy__end

Question: “*INTERVIEWER: END of **Psychosis** section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 8

Specific Phobia

8.1 specific__phobia__title

Question: “## Specific Phobia”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.2 cpho0

Question:

”Earlier you said that you were very afraid of (list endorsed fears). I’d like to ask you more about (that/those).

INTERVIEWER: For each of the fears endorsed, ask about Frequency, Distress and Avoidance using the questions and response choices below. If fear is not current, ask about worst time.

Refer to Participant Card 2.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.3 dcpHo001

Question:

”Have you ever been very afraid of any animals or bugs such as:

1) Dogs?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.4 dcpHo002

Question: “2) Snakes?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.5 dcpho003

Question: “3) Spiders?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.6 dcpho004

Question: “4) Bees?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.7 dcpho005

Question: “5) Any other animal or insect?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.8 dcpho006

Question: “Specify (Other animal or insect)”

Visibility: dcpho005 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.9 dcpho007

Question:

” Have you ever been really afraid of being high up or in a high place like:

6) A really high building?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.10 dcpho008

Question: “7) A high balcony?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.11 dcpho009

Question: “8) A roof?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.12 dcpho010

Question: “9) A high staircase?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.13 dcpho011

Question: “10) Other situations involving high places or being high up?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.14 dcpho012

Question: “Specify (Other situations involving high places/being high up)”

Visibility: dcpho011 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.15 dcpho013

Question:

”Have you ever felt really afraid of water, situations involving water, or weather, like:

11) Swimming pools, lakes, or ocean?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.16 dcpho014

Question: “12) Storms?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.17 dcpho015

Question: “13) Thunder or lightning?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.18 dcpho016

Question: “14) Other situations involving water or weather?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.19 dcpho017

Question: “Specify (Other situation involving water/weather)”

Visibility: dcpho016 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.20 dcpho018

Question:

”Have you ever felt very afraid of:

15) Going to the doctor or dentist?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.21 dcpho019

Question: “16) Seeing a needle or getting a shot or injection?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.22 dcpho020

Question: “17) Seeing blood from a cut or scrape?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.23 dcpho021

Question: “18) Other medical experiences?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.24 dcpho022

Question: “Specify (Other medical experiences)”

Visibility: dcpho021 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.25 dcpho023

Question:

”Have you ever been really afraid of closed spaces like:

19) Elevators?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.26 dcpho024

Question: “20) Closets?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.27 dcpHo025

Question: “21) Tunnels?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.28 dcpHo026

Question: “22) Caves?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.29 dcpho027

Question: “23) Other small spaces?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.30 dcpho028

Question: “Specify (Other small spaces)”

Visibility: dcpho027 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.31 dcpho029

Question: “24) Have you ever been really afraid of flying or of airplanes?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.32 dcpHo030

Question: “25) Have you ever been really afraid of cars, buses, or other ways of traveling?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.33 dcpHo031

Question:

”Have you ever been very afraid of:

26) Loud noises?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.34 dcpho032

Question: “27) People in costume?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.35 dcpho033

Question: “28) Being in the dark?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.36 dcpHo034

Question: “29) Anything else?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.37 dcpHo035

Question: “Specify (Other)”

Visibility: dcpHo034 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.38 cpho8

Question: “*INTERVIEWER: The participant did not endorse any fears. End Specific Phobia Section.*”

Visibility: dcpho001 = ‘0’ and dcpho002 = ‘0’ and dcpho003 = ‘0’ and dcpho004 = ‘0’ and dcpho005 = ‘0’ and dcpho007 = ‘0’ and dcpho008 = ‘0’ and dcpho009 = ‘0’ and dcpho010 = ‘0’ and dcpho011 = ‘0’ and dcpho013 = ‘0’ and dcpho014 = ‘0’ and dcpho015 = ‘0’ and dcpho016 = ‘0’ and dcpho018 = ‘0’ and dcpho019 = ‘0’ and dcpho020 = ‘0’ and dcpho021 = ‘0’ and dcpho023 = ‘0’ and dcpho024 = ‘0’ and dcpho025 = ‘0’ and dcpho026 = ‘0’ and dcpho027 = ‘0’ and dcpho029 = ‘0’ and dcpho030 = ‘0’ and dcpho031 = ‘0’ and dcpho032 = ‘0’ and dcpho033 = ‘0’ and dcpho034 = ‘0’

Item Type: Single-select radio button

Responses:

Value

Label

1

End Section

8.39 cpho9a

Question:

*”INTERVIEWER: If multiple fears within category are endorsed, pick **worst** to assess. List up to **three** of these worst fears below. Record the corresponding number (code) from the list.*

Most distressing and avoided fear(s) (animals, heights, medical, etc):”

Visibility: cpho8 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.40 dcpho036

Question: “Fear 1”

Visibility: cpho8 != 1

Item Type: Text input

Responses: *Free text entry*

8.41 dcpHo037

Question: “Fear 1 (Code)”

Visibility: cpho8 != 1

Item Type: Text input

Responses: *Free text entry*

8.42 dcpHo038

Question: “Fear 2”

Visibility: cpho8 != 1

Item Type: Text input

Responses: *Free text entry*

8.43 dcpHo039

Question: “Fear 2 (Code)”

Visibility: cpho8 != 1

Item Type: Text input

Responses: *Free text entry*

8.44 dcpHo040

Question: “Fear 3”

Visibility: cpho8 != 1

Item Type: Text input

Responses: *Free text entry*

8.45 dcpHo041

Question: “Fear 3 (Code)”

Visibility: cpho8 != 1

Item Type: Text input

Responses: *Free text entry*

8.46 dcpho__fear__number

Question: “*INTERVIEWER: How many fears did you list to assess?*”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

1

One

2

Two

3

Three

8.47 cpho10

Question:

”I will now ask you about (your first fear listed): When you were most afraid of (your first fear):

INTERVIEWER: Read responses never, sometimes, almost always after each question.”

Visibility: cpho8 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.48 dcpho042

Question: “When you knew you had to (or had to do) (fear), did you become very nervous, scared, upset?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.49 dcpHo043

Question: “Did facing (fear) almost always make you feel scared (e.g. feeling nervous inside, crying, throwing a tantrum or needing to be near your parents)?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.50 dcpho044

Question: “Were you much more scared of (fear) than people your age?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.51 dcpho045

Question: “Was (fear) so upsetting that you tried to stay away from it?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.52 dcpho046

Question: “Did being afraid of (fear) keep you from doing things you should or wanted to do?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.53 dcpho047a

Question: “Example 1 (Things):”

Visibility: dcpho046 = 1 or dcpho046 = 2

Item Type: Text input

Responses: *Free text entry*

8.54 dcpho047b

Question: “Example 2 (Things):”

Visibility: dcpho046 = 1 or dcpho046 = 2

Item Type: Text input

Responses: *Free text entry*

8.55 dcpho047c

Question: “Example 3 (Things):”

Visibility: dcpho046 = 1 or dcpho046 = 2

Item Type: Text input

Responses: *Free text entry*

8.56 cpho13

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: cpho8 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.57 dcphp048

Question: “How much did having this fear upset or bother you?”

Visibility: cpho8 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4
4
5
5
6
6
7
7
8
8
9
9
10
10
998
Unknown

8.58 dcpho049

Question: “How much did the fear you told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: cpho8 != 1

Item Type: Dropdown select

Responses:

Value
Label
0
0
1
1
2
2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

8.59 dcpho050

Question: “Did you stay home from school because of your fear?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.60 dcpho051

Question: “How many days of school did you miss? (lifetime)”

Visibility: dcpho050 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.61 cpho25a

Question:

”How old were you the **first time** you had this fear?

Code 998 if “always”, 999 if “unknown”.”

Visibility: cpho8 != 1

Item Type: Text input

Responses: *Free text entry*

8.62 dcpho074

Question: “Are you still afraid of [insert fear]?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.63 dcpho075

Question:

"How old were you the last time you had this fear?

Code 998 if "always", 999 if "unknown"."

Visibility: dcpho074 = '0'

Item Type: Text input

Responses: *Free text entry*

8.64 dcpho076

Question: "Since you were (age of onset), was there ever a time when you were not afraid of (insert fear)?"

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.65 cpho27a

Question:

"What was the longest period of time that (insert fear) did not bother you?

(N weeks, N months, N years)"

Visibility: dcpho076 = '1'

Item Type: Text input

Responses: *Free text entry*

8.66 dcpho080

Question: “Did you have this fear for at least 6 months (most of the school year)?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.67 cpho17

Question:

”I will now ask you about (your second fear listed): When you were most afraid of (your second fear):

INTERVIEWER: Read responses never, sometimes, almost always after each question.”

Visibility: dcpho_fear_number > 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.68 dcpho052

Question: “When you knew you had to (or had to do) (fear), did you become very nervous, scared, upset?”

Visibility: dcpho_fear_number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.69 dcpho053

Question: “Did facing (fear) almost always make you feel scared (e.g. feeling nervous inside, crying, throwing a tantrum or needing to be near your parents)?”

Visibility: dcpho_fear_number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.70 dcpho054

Question: “Were you much more scared of (fear) than people your age?”

Visibility: dcpho_fear_number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.71 dcpho055

Question: “Was (fear) so upsetting that you tried to stay away from it?”

Visibility: dcpho_fear_number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.72 dcpho056

Question: “Did being afraid of (fear) keep you from doing things you should or wanted to do?”

Visibility: dcpho_fear_number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.73 dcpho057a

Question: “Example 1 (Things):”

Visibility: dcpho056 = 1 or dcpho056 = 2

Item Type: Text input

Responses: *Free text entry*

8.74 dcpho057b

Question: “Example 2 (Things):”

Visibility: dcpho056 = 1 or dcpho056 = 2

Item Type: Text input

Responses: *Free text entry*

8.75 dcpho057c**Question:** “Example 3 (Things):”**Visibility:** dcpho056 = 1 or dcpho056 = 2**Item Type:** Text input**Responses:** *Free text entry***8.76 cpho18****Question:**

”Please look at Participant Card 8: Distress/Impairment.

*INTERVIEWER: Remind child how to use scale, if necessary.”***Visibility:** dcpho_fear_number > 1**Item Type:** User Message/instructions**Responses:** *This item is a markdown message***8.77 dcpho058****Question:** “How much did having this fear upset or bother you?”**Visibility:** dcpho_fear_number > 1**Item Type:** Dropdown select**Responses:**

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

8.78 dcpho059

Question: “How much did the fear you told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: dcpho_fear_number > 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3
3
4
4
5
5
6
6
7
7
8
8
9
9
10
10
998
Unknown

8.79 dcpho060

Question: “Did you stay home from school because of your fear?”

Visibility: dcpho_fear_number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.80 dcpho061

Question: “How many days of school did you miss? (lifetime)”

Visibility: dcpho060 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.81 cpho25a_fear2

Question:

”How old were you the **first time** you had this fear?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcpho_fear_number > 1

Item Type: Text input

Responses: *Free text entry*

8.82 dcpho074_fear2

Question: “Are you still afraid of [insert fear]?”

Visibility: dcpho_fear_number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.83 dcpho075__fear2

Question:

"How old were you the last time you had this fear?"

Code 998 if "always", 999 if "unknown".

Visibility: dcpho074_fear2 = '0'

Item Type: Text input

Responses: *Free text entry*

8.84 dcpho076__fear2

Question: "Since you were (age of onset), was there ever a time when you were not afraid of (insert fear)?"

Visibility: dcpho_fear_number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.85 cpho27a__fear2

Question:

"What was the longest period of time that (insert fear) did not bother you?"

(N weeks, N months, N years)

Visibility: dcpho076_fear2 = '1'

Item Type: Text input

Responses: *Free text entry*

8.86 dcpho080__fear2

Question: “Did you have this fear for at least 6 months (most of the school year)?”

Visibility: dcpho__fear__number > 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.87 cpho21

Question:

”I will now ask you about (your third fear listed): When you were most afraid of (your third fear):__

INTERVIEWER: Read responses never, sometimes, almost always after each question.”

Visibility: dcpho__fear__number > 2

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.88 dcpho062

Question: “When you knew you had to (or had to do) (fear), did you become very nervous, scared, upset?”

Visibility: dcpho__fear__number > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.89 dcpHo063

Question: “Did facing (fear) almost always make you feel scared (e.g. feeling nervous inside, crying, throwing a tantrum or needing to be near your parents)?”

Visibility: dcpHo_fear_number > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.90 dcpho064

Question: “Were you much more scared of (fear) than people your age?”

Visibility: dcpho_fear_number > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.91 dcpho065

Question: “Was (fear) so upsetting that you tried to stay away from it?”

Visibility: dcpho_fear_number > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.92 dcpHo066

Question: “Did being afraid of (fear) keep you from doing things you should or wanted to do?”

Visibility: `dcpHo_fear_number > 2`

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost always

9

Unknown

8.93 dcpHo067a

Question: “Example 1 (Things):”

Visibility: `dcpHo066 = 1` or `dcpHo066 = 2`

Item Type: Text input

Responses: *Free text entry*

8.94 dcpHo067b

Question: “Example 2 (Things):”

Visibility: `dcpHo066 = 1` or `dcpHo066 = 2`

Item Type: Text input

Responses: *Free text entry*

8.95 dcpho067c

Question: “Example 3 (Things):”

Visibility: dcpho066 = 1 or dcpho066 = 2

Item Type: Text input

Responses: *Free text entry*

8.96 cpho22

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: dcpho_fear_number > 2

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.97 dcpho068

Question: “How much did having this fear upset or bother you?”

Visibility: dcpho_fear_number > 2

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4
4
5
5
6
6
7
7
8
8
9
9
10
10
998
Unknown

8.98 dcpho069

Question: “How much did the fear you told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: dcpho_fear_number > 2

Item Type: Dropdown select

Responses:

Value	Label
0	0
0	0
1	1
1	1
2	2
2	2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

8.99 dcpho070

Question: “Did you stay home from school because of your fear?”

Visibility: dcpho_fear_number > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.100 dcpho071**Question:** “How many days of school did you miss? (lifetime)”**Visibility:** dcpho070 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***8.101 cpho25a__fear3****Question:**”How old were you the **first time** you had this fear?*Code 998 if “always”, 999 if “unknown”.*”**Visibility:** dcpho__fear__number > 2**Item Type:** Text input**Responses:** *Free text entry***8.102 dcpho074__fear3****Question:** “Are you still afraid of [insert fear]?”**Visibility:** dcpho__fear__number > 2**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

8.103 dcpho075_fear3

Question:

"How old were you the last time you had this fear?

Code 998 if "always", 999 if "unknown"."

Visibility: dcpho074_fear3 = '0'

Item Type: Text input

Responses: *Free text entry*

8.104 dcpho076_fear3

Question: "Since you were (age of onset), was there ever a time when you were not afraid of (insert fear)?"

Visibility: dcpho_fear_number > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.105 cpho27a_fear3

Question:

"What was the longest period of time that (insert fear) did not bother you?

(N weeks, N months, N years)"

Visibility: dcpho076_fear3 = '1'

Item Type: Text input

Responses: *Free text entry*

8.106 dcpho080__fear3

Question: “Did you have this fear for at least 6 months (most of the school year)?”

Visibility: dcpho_fear_number > 2

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.107 dcpho081

Question: “Did anyone, like a teacher or family member, suggest that you get help for these fears?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.108 dcpho082

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list fears)?”

Visibility: cpho8 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.109 cpho29a

Question:

”What kind of person/people did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens.”

Visibility: dcpho082 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

8.110 dcpho083

Question: “Specify (Professional/Treatment 1):”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.111 dcpho084

Question: “Code (Professional/Treatment 1):”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.112 dcpho085

Question: “Specify (Professional/Treatment 2):”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.113 dcpho086

Question: “Code (Professional/Treatment 2):”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.114 dcpho087

Question: “Specify (Professional/Treatment 3):”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.115 dcpho088

Question: “Code (Professional/Treatment 3):”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.116 dcpho089

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.117 dcpho091

Question: “Code (Professional/Treatment):”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.118 dcpho092

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcpho082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.119 dcpho093

Question: “Are you getting help now?”

Visibility: dcpho082 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.120 dcpho094

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown".

Visibility: dcpho093 = '0'

Item Type: Text input

Responses: *Free text entry*

8.121 dcpho095

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dcpho082 = '1'

Item Type: Text input

Responses: *Free text entry*

8.122 cpho31

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dcpho082 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

8.123 dcpho096

Question: “Specify (Other treatment):”

Visibility: cpho31.includes(3)

Item Type: Text input

Responses: *Free text entry*

8.124 dcpho100

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcpho082 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

8.125 dcpho101

Question: “Specify (Medication 1):”

Visibility: dcpho100 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.126 dcpho102

Question: “Code (Medication 1):”

Visibility: dcpho100 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.127 dcpho103

Question: “Specify (Medication 2):”

Visibility: dcpho100 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.128 dcpho104

Question: “Code (Medication 2):”

Visibility: dcpho100 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.129 dcpho105

Question: “Specify (Medication 3):”

Visibility: dcpho100 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.130 dcpho106

Question: “Code (Medication 3):”

Visibility: dcpho100 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.131 dcpho107

Question: “Specify (Medication 4):”

Visibility: dcpho100 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.132 dcpho108

Question: “Code (Medication 4):”

Visibility: dcpho100 = ‘1’

Item Type: Text input

Responses: *Free text entry*

8.133 cpho__end

Question: “*INTERVIEWER: END of Specific Phobia section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 9

Social Anxiety

9.1 social__anx__title

Question: “## Social Anxiety”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

9.2 csoc0

Question:

”Earlier you said that you were very afraid of or uncomfortable about (list endorsed fears). I’d now like to ask you more about (that/those).

INTERVIEWER: For each situation endorsed, ask about Frequency, Distress and Avoidance using the questions and response choices below. If fear is not current, ask about worst time.

Refer to Participant Card 3: Social/Performance”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

9.3 dcsoc001

Question:

”Have you ever been very afraid or felt uncomfortable:

- 1) Meeting new people your own age?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.4 dcsoc002

Question: “2) Talking to adults in authority, like teachers or coaches?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.5 dcsoc003

Question: “3) Being with a large group of people your own age, like at a big party or in the lunchroom at school?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.6 dcsoc004

Question: “4) Being with a small group of people your own age, like at a small party or a small class at school?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.7 dcsoc005

Question: “5) Eating, drinking, writing (e.g., signing name, writing on dry erase/blackboard) or doing homework while someone watches?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.8 dcsoc006

Question: “6) Talking on the telephone?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.9 dcsoc007

Question: “7) Talking with people your own age who you don’t know very well?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.10 dcsoc008

Question:

”Have you ever been very afraid or felt uncomfortable:

8) Speaking in class when a teacher calls on you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.11 dcsoc009

Question: “9) Acting, performing or giving a talk/speech in front of a group of people?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.12 dcsoc010

Question: “10) Playing sports or doing a musical performance in front of people?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.13 dcsoc011

Question: “11) Taking an important test or exam even though you studied enough?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.14 dcsoc012

Question: “12) Is there any other situation you can think of where you have been the center of attention or where you were concerned something embarrassing might happen and you felt very afraid of felt uncomfortable?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.15 dcsoc013

Question: “Specify (Other situation)”

Visibility: dcsoc012 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.16 csoc5

Question: “When you were in these situations (list specific examples from above), were you afraid or uncomfortable because:”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

9.17 dcsoc014

Question: “You’d look silly, foolish, be laughed at, or do something embarrassing?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.18 dcsoc015

Question: “You’d be the center of attention?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.19 dcsoc016

Question: “You’d look nervous or blush?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.20 dcsoc017

Question: “You’d make mistakes?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.21 dcsoc018

Question: “Why were you afraid or uncomfortable to be in these situations?”

Visibility: dcsoc014 = ‘0’ and dcsoc015 = ‘0’ and dcsoc016 = ‘0’ and dcsoc017 = ‘0’

Item Type: Text input

Responses: *Free text entry*

9.22 csoc8a

Question:

”INTERVIEWER: List the worst social fear on the next screen. Assist the participant in choosing a situation coded with some distress or avoidance. Record the number corresponding to the social situation.”

You said that you were very afraid or uncomfortable about (list social situations). Which one of these things upsets you the most?

Refer to Participant Card 3: Social/Performance.”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

9.23 dcsoc020

Question: “Most distressing and avoided SOCIAL situation:”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.24 dcsoc020a

Question: “Code (social situation):”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.25 dcsoc021

Question:

”When you were most afraid of (social situations):

Were you much more scared of (insert situation) than other kids/teenagers your age?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.26 dcsoc022

Question: “When you had to do (social situation), did you feel very nervous, scared, or upset?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.27 dcsoc023

Question: “Did being afraid of (social situation) keep you from doing things you should or wanted to do?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.28 dcsoc024a

Question: “Example 1 (Things):”

Visibility: dcsoc023 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.29 dcsoc024b

Question: “Example 2 (Things):”

Visibility: dcsoc023 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.30 dcsoc024c

Question: “Example 3 (Things):”

Visibility: dcsoc023 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.31 dcsoc025

Question: “Was this fear so upsetting that you tried to get out of doing (social situation)?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.32 dcsoc026

Question: “Did you start to get nervous when you knew that you had to face (social situation)?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.33 csoc12

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

9.34 dcsoc027

Question: “How much did having this fear upset or bother you?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

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8

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9

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10

10

998

Unknown

9.35 dcsoc028

Question: “How much did the fear you told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

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9
9
10
10
998
Unknown

9.36 dcsoc029

Question: “Did you stay home from school because of your fear?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value
Label
0
No
1
Yes
9
Unknown

9.37 dcsoc030

Question: “How many days of school did you miss? (lifetime)”

Visibility: dcsoc029 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.38 dcsoc031

Question: “Did you ever avoid going to social events like birthday parties or other social activities because of your fear?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.39 dcsoc032

Question: “How many times?”

Visibility: dcsoc031 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.40 dcsoc033

Question: “Was your fear related to being embarrassed by a physical problem like stuttering or acne or eating problems?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.41 dcsoc034

Question: “Did you have this fear only when you had a serious physical problem/illness?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.42 dcsoc035

Question: “Specify (Problem/Illness)”

Visibility: dcsoc033 = ‘1’ or dcsoc034 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.43 csoc17

Question:

"How old were you the **first time** you had these behaviors/feelings?

Code 998 if "always", 999 if "unknown"."

Visibility: dcsoc001 = '1' or dcsoc002 = '1' or dcsoc003 = '1' or dcsoc004 = '1' or dcsoc005 = '1' or dcsoc006 = '1' or dcsoc007 = '1'

Item Type: Text input

Responses: *Free text entry*

9.44 dcsoc038

Question: "Are you still afraid of (social situation listed)?"

Visibility: dcsoc001 = '1' or dcsoc002 = '1' or dcsoc003 = '1' or dcsoc004 = '1' or dcsoc005 = '1' or dcsoc006 = '1' or dcsoc007 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.45 dcsoc039

Question:

"How old were you the last time you had this fear?

Code 998 if "always", 999 if "unknown"."

Visibility: dcsoc038 = '0'

Item Type: Text input

Responses: *Free text entry*

9.46 dcsoc040

Question: “Since you were (age of onset), was there ever a time when you were not afraid of (social situation)?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.47 csoc20

Question:

”What was the longest period of time that (social situation) did not bother you?
(*N weeks, N months, N years*)”

Visibility: dcsoc040 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.48 dcsoc044

Question: “Has this fear lasted for at least 6 months (most of the school year)?”

Visibility: dcsoc001 = ‘1’ or dcsoc002 = ‘1’ or dcsoc003 = ‘1’ or dcsoc004 = ‘1’ or dcsoc005 = ‘1’ or dcsoc006 = ‘1’ or dcsoc007 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.49 csoc22b

Question:

”INTERVIEWER: List the worst performance fear below. Assist the participant in choosing a situation coded with some distress or avoidance. Record the number corresponding to the social situation.

You said that you were very afraid or uncomfortable about (list performance situations). Which one of these things upsets you the most?

Refer to Participant Card 3: Social/Performance”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

9.50 dcsoc045

Question: “Most distressing and avoided PERFORMANCE situation:”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.51 dcsoc046

Question: “Code (performance situation):”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.52 dcsoc047

Question:

”When you were most afraid of (performance situations):

Were you much more scared of (insert situation) than other kids/teenagers your age?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.53 dcsoc048

Question: “When you had to do (performance situation), did you feel very nervous, scared, or upset?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.54 dcsoc049

Question: “Did being afraid of (performance situation) keep you from doing things you should or wanted to do?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.55 dcsoc050a

Question: “Example 1 (Things):”

Visibility: dcsoc049 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.56 dcsoc050b**Question:** “Example 2 (Things):”**Visibility:** dcsoc049 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***9.57 dcsoc050c****Question:** “Example 3 (Things):”**Visibility:** dcsoc049 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***9.58 dcsoc051****Question:** “Was this fear so upsetting that you tried to get out of doing (performance situation)?”**Visibility:** dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

9.59 dcsoc052

Question: “Did you start to get nervous when you knew that you had to face (performance situation)?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.60 csoc27

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

9.61 dcsoc053

Question: “How much did having this fear upset or bother you?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

9.62 dcsoc054

Question: “How much did the fear you have told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

9.63 dcsoc055

Question: “Did you stay home from school because of your fear?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.64 dcsoc056

Question: “How many days of school did you miss? (lifetime)”

Visibility: dcsoc055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.65 dcsoc057

Question: “Did you ever miss a game or performance (like a play or recital) because of your fear?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.66 dcsoc058**Question:** “How many times did you miss a game or performance?”**Visibility:** dcsoc057 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***9.67 dcsoc059****Question:** “Was your fear related to being embarrassed by a physical problem like stuttering or acne or eating problems?”**Visibility:** dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

9.68 dcsoc060

Question: “Did you have this fear only when you had a serious physical problem/illness?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.69 dcsoc061

Question: “Specify (Problem/Illness):”

Visibility: dcsoc059 = ‘1’ or dcsoc060 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.70 dsoc063

Question:

”How old were you the **first time** you had these behaviors/feelings?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.71 dcsoc064

Question: “Are you still afraid of (performance situation listed)?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.72 dcsoc065

Question:

”How old were you the last time you had this fear?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsoc064 = ‘0’

Item Type: Text input

Responses: *Free text entry*

9.73 dcsoc066

Question: “Since you were (age of onset), was there ever a time when you were not afraid of (performance situation)?”

Visibility: dcsoc008 = ‘1’ or dcsoc009 = ‘1’ or dcsoc010 = ‘1’ or dcsoc011 = ‘1’ or dcsoc012 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.74 csoc35

Question:

"What was the longest period of time that (performance situation) did not bother you?

(N weeks, N months, N years)"

Visibility: dcsoc066 = '1'

Item Type: Text input

Responses: *Free text entry*

9.75 dcsoc070

Question: "Has this fear lasted for at least 6 months (most of the school year)?"

Visibility: dcsoc008 = '1' or dcsoc009 = '1' or dcsoc010 = '1' or dcsoc011 = '1' or dcsoc012 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.76 dcsoc071

Question: “Did anyone, like a teacher or family member, suggest that you get help for these fears?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.77 dcsoc072

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list fears)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.78 csoc38

Question:

"What kind of person/people did you get help from?"

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens."

Visibility: dcsoc072 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

9.79 dcsoc073

Question: "Specify (Professional/Treatment 1):"

Visibility: dcsoc072 = '1'

Item Type: Text input

Responses: *Free text entry*

9.80 dcsoc074

Question: "Code (Professional/Treatment 1):"

Visibility: dcsoc072 = '1'

Item Type: Text input

Responses: *Free text entry*

9.81 dcsoc075

Question: "Specify (Professional/Treatment 2):"

Visibility: dcsoc072 = '1'

Item Type: Text input

Responses: *Free text entry*

9.82 dcsoc076

Question: “Code (Professional/Treatment 2):”

Visibility: dcsoc072 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.83 dcsoc077

Question: “Specify (Professional/Treatment 3):”

Visibility: dcsoc072 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.84 dcsoc078

Question: “Code (Professional/Treatment 3):”

Visibility: dcsoc072 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.85 dcsoc080

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcsoc072 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.86 dcsoc081

Question: “Code (Professional/Treatment):”

Visibility: dcsoc072 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.87 dcsoc082

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsoc072 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.88 dcsoc083

Question: “Are you getting help now?”

Visibility: dcsoc072 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.89 dcsoc084

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown"."

Visibility: dcsoc083 = '0'

Item Type: Text input

Responses: *Free text entry*

9.90 dcsoc085

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dcsoc072 = '1'

Item Type: Text input

Responses: *Free text entry*

9.91 csoc40

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dcsoc072 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Social Support Group

4

Other

9.92 dcsoc090

Question: “Specify (Other treatment):”

Visibility: csoc40.includes(4)

Item Type: Text input

Responses: *Free text entry*

9.93 dcsoc091

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcsoc072 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

9.94 dcsoc092

Question: “Specify (Medication 1):”

Visibility: dcsoc091 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.95 dcsoc093

Question: “Code (Medication 1):”

Visibility: dcsoc091 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.96 dcsoc094

Question: “Specify (Medication 2):”

Visibility: dcsoc091 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.97 dcsoc095

Question: “Code (Medication 2):”

Visibility: dcsoc091 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.98 dcsoc096

Question: “Specify (Medication 3):”

Visibility: dcsoc091 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.99 dcsoc097

Question: “Code (Medication 3):”

Visibility: dcsoc091 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.100 dcsoc098

Question: “Specify (Medication 4):”

Visibility: dcsoc091 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.101 dcsoc099

Question: “Code (Medication 4):”

Visibility: dcsoc091 = ‘1’

Item Type: Text input

Responses: *Free text entry*

9.102 soc__end

Question: “*INTERVIEWER: END of Social Anxiety section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 10

Generalized Anxiety

10.1 gad_title

Question: “## Generalized Anxiety Disorder”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

10.2 cgad0

Question: “Earlier, you told me that (insert endorsed symptoms from screener). I will first ask you about what you worried about during (that/these times).”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

10.3 dcgad001

Question: “Did you worry a lot about things before they happened? (For example, did you worry about starting school in the fall, taking a test, or going to see a doctor?)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.4 dcgad002

Question: “Did you worry a lot about little things you’ve done in the past? (For example, did you worry about how well you behaved or whether you said or did the right thing?)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.5 dcgad003

Question: “Did you worry a lot about how well you did your school work?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.6 dcgad004

Question: “Did you worry a lot about how good you were in sports or dance or other activities?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.7 dcgad005

Question: “Did you worry a lot about whether people liked you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.8 dcgad006**Question:** “Did you worry a lot about what other people thought about you?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

10.9 dcgad007**Question:** “Did you often ask your parents or teachers if you’re doing a good job or doing your work correctly?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

10.10 dcgad008

Question: “When you were uncomfortable with a situation, did you ask a lot of questions of your parents to try to make yourself feel better?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.11 dcgad009

Question: “What other kinds of things did you worry about during (that/these times)?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

10.12 cgad1

Question: “*INTERVIEWER: Code content of worries in categories below.*”

Visibility: *Always*

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Being on time/keeping schedules

2

Perfectionism/never making mistakes

3

Being on time/keeping schedules

4

Perfectionism/never making mistakes

4

Health of self

5

Health of others

6

Family situations (divorce/finances/etc)

7

Things going on in the world (war/terrorism/crime/floods/tornadoes/etc)

8

Other

10.13 dcgad017

Question: “Specify (Other)”

Visibility: cgad1.includes(8)

Item Type: Text input

Responses: *Free text entry*

10.14 dcgad018

Question:

”Was it hard for you to stop yourself from worrying about this/these thing(s)?

INTERVIEWER: Code “Yes” if difficult to stop worrying about at least one of these things”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.15 dcgad019

Question: “Do you think you worried too much or more than you should?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.16 dcgad020

Question: “Did your parents or teachers think you worried too much?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.17 dcgad021

Question: “Are you always like this?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.18 dcgad022

Question: “When these worries were the worst, how often did you have them?”

Visibility: dcgad021 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Less than half the days

2

About half the days

3

Most days

4

Every day

9

Don’t know

10.19 cgad2

Question: “I just asked you about different worries that you have. Now I will ask you if you get any physical feelings in your body when you worry.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

10.20 dcgad023

Question:

”When you were worrying about (list things mentioned), did you:

Get headaches or stomachaches, lump in your throat or other physical problems even when you were not sick?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.21 dcgad024

Question: “Feel like you had butterflies in your stomach a lot?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.22 dcgad025

Question: “Have problems relaxing or feel very tense?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.23 dcgad026

Question: “Feel very restless or jumpy, like it was hard to sit still?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.24 dcgad027

Question: “Get tired very easily?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.25 dcgad028**Question:**

”Have trouble keeping your mind on things?”

*(Probe: Were you so nervous you couldn’t concentrate?)”***Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

10.26 dcgad029**Question:** “Find that your mind sometimes went blank?”**Visibility:** *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.27 dcgad030

Question: “Feel more grouchy, irritable, or bothered even by little things?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.28 dcgad031

Question: “Have tight muscles or feel achy?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.29 dcgad032**Question:** “Have trouble sleeping?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

10.30 dcgad033**Question:** “Feel tired when you woke up in the morning?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

10.31 dcgad034

Question: “If yes to symptoms, When these problems were the worst, how often did you have them?”

Visibility: dcgad023 = ‘1’ or dcgad024 = ‘1’ or dcgad025 = ‘1’ or dcgad026 = ‘1’ or dcgad027 = ‘1’ or dcgad028 = ‘1’ or dcgad029 = ‘1’ or dcgad030 = ‘1’ or dcgad031 = ‘1’ or dcgad032 = ‘1’ or dcgad033 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Less than half the days

2

About half the days

3

Most days

4

Every day

9

Don’t know

10.32 dcgad035

Question: “Did you have these worries only when you were using alcohol or drugs?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

Neither

1

Alcohol

2

Drugs

3

Both

9

Don't know

10.33 dcgad036

Question: “Did you have these worries only when you had a serious physical problem or illness?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.34 dcgad037

Question: “Specify (Problem/Illness)”

Visibility: dcgad036 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.35 dcgad038

Question: “Did you have these worries only when you were using a specific kind of medicine that your doctor told you to take?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.36 dcgad039

Question: “Medication 1”

Visibility: dcgad038 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.37 dcgad040

Question: “Medication 2”

Visibility: dcgad038 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.38 dcgad041

Question: “Medication 3”

Visibility: dcgad038 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.39 cgad7

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

10.40 dcgad042

Question: “How much have the worries that you have told me about upset or bother you? Please rate on scale.”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0
0
1
1
2
2
3
3
4
4
5
5
6
6
7
7
8
8
9
9
10
10
998
Unknown

10.41 dcgad043

Question: “How much have the worries you have told me about caused problems for you at home, at school, or with your family or friends?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

10.42 dcgad044

Question: “Did you stay home from school because of your worry?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.43 dcgad045

Question: “How many days of school did you miss? (lifetime)”

Visibility: dcgad044 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.44 dcgad047

Question:

”How old were you the **first time** you had these behaviors/feelings?

Code 998 if “always”, 999 if “unknown”.”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

10.45 dcgad048

Question: “Do you have these worries now?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.46 dcgad049**Question:**

"How old were you the last time you had these worries?"

*Code 998 if "always", 999 if "unknown".***Visibility:** dcgad048 = '0'**Item Type:** Text input**Responses:** *Free text entry***10.47 dcgad050****Question:** "Since you were (age of onset), was there ever a time when you were not worried about these or other things?"**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

10.48 cgad14

Question:

"What was the longest period of time that you did not worry?

(*N weeks, N months, N years*)"

Visibility: dcgad050 = '1'

Item Type: Text input

Responses: *Free text entry*

10.49 dcgad054

Question: "Did anyone, like a teacher or family member, suggest that you get help for these (list symptoms)?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.50 dcgad055

Question: "Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list symptoms)?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.51 cgad17

Question:

”What kind of person/people did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens.”

Visibility: dcgad055 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

10.52 dcgad056

Question: “Specify (Professional/Treatment 1):”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.53 dcgad057

Question: “Code (Professional/Treatment 1):”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.54 dcgad058

Question: “Specify (Professional/Treatment 2):”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.55 dcgad059

Question: “Code (Professional/Treatment 2):”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.56 dcgad060

Question: “Specify (Professional/Treatment 3):”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.57 dcgad061

Question: “Code (Professional/Treatment 3):”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.58 dcgad063

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.59 dcgad064

Question: “Code (Professional/Treatment):”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.60 dcgad065

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcgad055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.61 dcgad066

Question: “Are you getting help now?”

Visibility: dcgad055 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.62 dcgad067

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown"."

Visibility: dcgad066 = '0'

Item Type: Text input

Responses: *Free text entry*

10.63 dcgad068

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dcgad055 = '1'

Item Type: Text input

Responses: *Free text entry*

10.64 cgad18

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dcgad055 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

10.65 dcgad072

Question: “Specify (Other treatment):”

Visibility: cgad18.includes(3)

Item Type: Text input

Responses: *Free text entry*

10.66 dcgad073

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcgad055 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

10.67 dcgad074

Question: “Specify (Medication 1):”

Visibility: dcgad073 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.68 dcgad075

Question: “Code (Medication 1):”

Visibility: dcgad073 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.69 dcgad076

Question: “Specify (Medication 2):”

Visibility: dcgad073 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.70 dcgad077

Question: “Code (Medication 2):”

Visibility: dcgad073 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.71 dcgad078

Question: “Specify (Medication 3):”

Visibility: dcgad073 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.72 dcgad079

Question: “Code (Medication 3):”

Visibility: dcgad073 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.73 dcgad080

Question: “Specify (Medication 4):”

Visibility: dcgad073 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.74 dcgad081

Question: “Code (Medication 4):”

Visibility: dcgad073 = ‘1’

Item Type: Text input

Responses: *Free text entry*

10.75 cgad__end

Question: “*INTERVIEWER: END of General Anxiety section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 11

Separation Anxiety

11.1 seperation__anxiety__title

Question: “## Seperation Anxiety”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

11.2 csep0

Question: “Earlier you told me that you worried about your parents or grown-ups who took care of you. I’d now like to ask you some more questions about that.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

11.3 dcsep001

Question: “During this time, who did you have trouble being away from?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

1

Mom

2

Dad

3

Both

4

Other Adult

11.4 dcsep002**Question:** “Specify (Other):”**Visibility:** dcsep001 = ‘4’**Item Type:** Text input**Responses:** *Free text entry***11.5 dcsep003****Question:** “Describe:”**Visibility:** *Always***Item Type:** Text input**Responses:** *Free text entry***11.6 dcsep004****Question:**

”During that time:

Did you feel really scared, upset or worried when you were away from (attachment figure(s))?

INTERVIEWER: Code yes only if excessive; If reported before age 6, must be of panic proportions."

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.7 dcsep005

Question: "Did you worry that something bad might happen to your (attachment figure(s))?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.8 dcsep007

Question: “What did you think might happen?”

Visibility: dcsep005 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.9 dcsep008

Question: “Did you ever worry that she/he might leave and not come back?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.10 dcsep009

Question: “Did you worry that something bad might happen to you so you couldn’t see your (attachment figure(s)) again, like getting lost or kidnapped?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.11 dcsep010

Question: “When you knew that you were going to be away from home or (attachment figure(s)), did you get very upset and worry?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.12 dcsep011

Question: “Did you feel so nervous or afraid to go to school that you wouldn’t go or you had to be forced to go?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.13 dcsep012

Question: “Was this because you wanted to stay with your (attachment figure(s))?”

Visibility: dcsep011 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.14 dcsep013

Question: “Was this only during the first few days of school?”

Visibility: dcsep011 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.15 dcsep014

Question: “Did your (attachment figure(s)) ever stay with you in school?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.16 dcsep015

Question: “Were there any other places you would not go because you are afraid to be away from (attachment figure)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.17 dcsep016

Question: “Did you need your (attachment figure(s)) to stay with you while you fell asleep?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.18 dcsep017

Question: “Was it hard for you to sleep away from home without (attachment figure(s))?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.19 dcsep018

Question: “When you were at home with your (attachment figure(s)), were you scared of being alone in your room or any place in the house? For example, if you were in your room and your parents (attachment figure) were in the kitchen, did you go to the kitchen to be with your (attachment figure)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.20 dcsep019

Question: “Did you have a lot of bad dreams about getting hurt or about something bad happening so you couldn’t see your (attachment figure(s))?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.21 dcsep020

Question: “Did you get sick to your stomach, have headaches, or throw-up when your (attachment figure) had to go out without you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.22 csep2

Question: “*INTERVIEWER: The participant did not endorse any fear/worries. End **Separation Anxiety** Section.*”

Visibility: dcsep004 = ‘0’ and dcsep005 = ‘0’ and dcsep008 = ‘0’ and dcsep009 = ‘0’ and dcsep010 = ‘0’ and dcsep011 = ‘0’ and dcsep014 = ‘0’ and dcsep015 = ‘0’ and dcsep016 = ‘0’ and dcsep017 = ‘0’ and dcsep018 = ‘0’ and dcsep019 = ‘0’ and dcsep020 = ‘0’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

11.23 dcsep021

Question: “Did you have this/these on school days?”

Visibility: dcsep020 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.24 dcsep022

Question: “Did you have this/these on weekends too?”

Visibility: dcsep020 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.25 dcsep023

Question: “Was there always something to explain these (nausea/headaches), like a cold or flu or swollen tonsils?”

Visibility: dcsep020 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.26 dcsep024

Question: “Do you think you worried about these/this thing(s) (list endorsed symptoms) too much or more than you should?”

Visibility: csep2 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.27 dcsep025

Question: “Did you worry about these things more than children your age?”

Visibility: csep2 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.28 dcsep026

Question: “You mentioned (one, two, several) worries about being away from (attachment figure(s)). When these worries were the worst, how often did you have them?”

Visibility: csep2 != 1

Item Type: Single-select radio button

Responses:

Value

Label

1

Less than half the days

2

About half the days

3

Most days

4

Every day

9

Don't know

11.29 csep4

Question:

"Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary."

Visibility: csep2 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

11.30 dcsep027

Question: "How much did having these worries (about the attachment figure) upset or bother you? Please rate on scale."

Visibility: csep2 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5
5
6
6
7
7
8
8
9
9
10
10
998
Unknown

11.31 dcsep028

Question: “How much did the worries you have told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: csep2 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

11.32 dcsep029

Question: “Did you stay home from school because of these worries about (the attachment figure)?”

Visibility: csep2 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.33 dcsep030

Question: “How many days of school did you miss? (lifetime)”

Visibility: dcsep029 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.34 dcsep031

Question:

”How old were you the first time you had these worries?

Code 998 if “always”, 999 if “unknown”.”

Visibility: csep2 != 1

Item Type: Text input

Responses: *Free text entry*

11.35 dcsep032

Question: “Do you have these worries now?”

Visibility: csep2 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.36 dcsep033

Question:

"How old were you the last time you had these worries?"

Code 998 if "always", 999 if "unknown".

Visibility: dcsep032 = '0'

Item Type: Text input

Responses: *Free text entry*

11.37 dcsep034

Question: "Since you were (age of onset), was there ever a time when you were not worried about being apart from (attachment figure(s))?"

Visibility: csep2 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.38 csep11

Question:

"What was the longest period of time that you did not worry about this?"

(N weeks, N months, N years)

Visibility: dcsep034 = '1'

Item Type: Text input

Responses: *Free text entry*

11.39 dcsep038

Question: “Did anyone, like a teacher or family member, suggest that you get help for these symptoms?”

Visibility: csep2 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.40 dcsep039

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list symptoms)?”

Visibility: csep2 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.41 csep14

Question:

"What kind of person/people did you get help from?"

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens."

Visibility: dcsep039 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

11.42 dcsep040

Question: "Specify (Professional/Treatment 1):"

Visibility: dcsep039 = '1'

Item Type: Text input

Responses: *Free text entry*

11.43 dcsep041

Question: "Code (Professional/Treatment 1):"

Visibility: dcsep039 = '1'

Item Type: Text input

Responses: *Free text entry*

11.44 dcsep042

Question: "Specify (Professional/Treatment 2):"

Visibility: dcsep039 = '1'

Item Type: Text input

Responses: *Free text entry*

11.45 dcsep043

Question: “Code (Professional/Treatment 2):”

Visibility: dcsep039 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.46 dcsep044

Question: “Specify (Professional/Treatment 3):”

Visibility: dcsep039 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.47 dcsep045

Question: “Code (Professional/Treatment 3):”

Visibility: dcsep039 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.48 dcsep047

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip**:*

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcsep039 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.49 dcsep048

Question: “Code (Professional/Treatment):”

Visibility: dcsep039 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.50 dcsep049

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcsep039 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.51 dcsep050

Question: “Are you getting help now?”

Visibility: dcsep039 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.52 dcsep051

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown".

Visibility: dcsep050 = '0'

Item Type: Text input

Responses: *Free text entry*

11.53 dcsep052

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dcsep039 = '1'

Item Type: Text input

Responses: *Free text entry*

11.54 csep16

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dcsep039 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

11.55 dcsep056

Question: “Specify (Other treatment):”

Visibility: csep16 .includes(3)

Item Type: Text input

Responses: *Free text entry*

11.56 dcsep057

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcsep039 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

11.57 dcsep058

Question: “Specify (Medication 1):”

Visibility: dcsep057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.58 dcsep059

Question: “Code (Medication 1):”

Visibility: dcsep057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.59 dcsep060

Question: “Specify (Medication 2):”

Visibility: dcsep057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.60 dcsep061

Question: “Code (Medication 2):”

Visibility: dcsep057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.61 dcsep062

Question: “Specify (Medication 3):”

Visibility: dcsep057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.62 dcsep063

Question: “Code (Medication 3):”

Visibility: dcsep057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.63 dcsep064

Question: “Specify (Medication 4):”

Visibility: dcsep057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.64 dcsep065

Question: “Code (Medication 4):”

Visibility: dcsep057 = ‘1’

Item Type: Text input

Responses: *Free text entry*

11.65 csep__end

Question: “*INTERVIEWER: END of Separation Anxiety section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 12

Panic Disorder

12.1 panic_disorder_title

Question: “## Panic Disorder”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

12.2 cpan0

Question: “Earlier you told me that you have had (an anxiety attack/anxiety attacks). I’d like to ask you more about that/these.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

12.3 dcpa001

Question:

”(During the worst times) when you suddenly felt very scared, anxious, or uncomfortable, did you have any physical feelings, like:

Trouble breathing?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.4 dcpan002

Question: “You were suffocating or smothering?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.5 dcpan003

Question: “Your heart beating very fast or extra hard?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.6 dcpan004

Question: “Your chest hurting or feeling tight?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.7 dcpan005

Question: “You were choking?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.8 dcpan006**Question:** “Your mouth feeling dry?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

12.9 dcpan007**Question:** “Feeling dizzy, light-headed, or like things were spinning?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

12.10 dcpan008

Question: “Feeling like you were going to faint or pass out?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.11 dcpan009

Question: “Feeling like the things around you were not real, like you’re in a dream?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.12 dcpan010

Question: “Feeling that you were not real, like you were not really controlling your body or you were watching a movie of yourself?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.13 dcpan011

Question: “Your hands or feet tingling or feeling numb?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0
No
1
Yes
9
Unknown

12.14 dcpan012

Question: “Sweating or your hands feeling wet?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value
Label
0
No
1
Yes
9
Unknown

12.15 dcpan013

Question: “A stomachache, nausea, diarrhea, or feeling like you were going to throw up or had to go to the bathroom?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value
Label
0

No

1

Yes

9

Unknown

12.16 dcpan014

Question: “Shaking or trembling?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.17 dcpan015

Question: “You were afraid you were going crazy?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.18 dcpan016

Question: “Losing control?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.19 dcpan017

Question: “Feeling very hot?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.20 dcpan018

Question: “Feeling very cold?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.21 dcpan019

Question: “You were afraid you were going to die?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.22 cpan1

Question: “*INTERVIEWER: The participant did not endorse any symptoms. End **Panic Disorder** section.*”

Visibility: dcpa001 = ‘0’ and dcpa002 = ‘0’ and dcpa003 = ‘0’ and dcpa004 = ‘0’ and dcpa005 = ‘0’ and dcpa006 = ‘0’ and dcpa007 = ‘0’ and dcpa008 = ‘0’ and dcpa009 = ‘0’ and dcpa010 = ‘0’ and dcpa011 = ‘0’ and dcpa012 = ‘0’ and dcpa013 = ‘0’ and dcpa014 = ‘0’ and dcpa015 = ‘0’ and dcpa016 = ‘0’ and dcpa017 = ‘0’ and dcpa018 = ‘0’ and dcpa019 = ‘0’

Item Type: Single-select radio button

Responses:

Value

Label

1

End Section

12.23 dcpa020

Question: “Did (list endorsed symptoms) start within the same few minutes, like around the same time?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.24 dcpan021

Question:

”For most of your attacks, how much time did it take to get from the beginning of the first feeling you told me about to most of the other feelings that you had?

Probe: Was it really fast or did it take a long time? You may have to probe to see if child has concept of 10 minute duration.

(N minutes, N hours)”

Visibility: cpan1 != 1

Item Type: Text input

Responses: *Free text entry*

12.25 dcpan021_a

Question: “*INTERVIEWER: Was the reported duration **greater** than 10 minutes?*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

12.26 dcpan022

Question: “Have you ever had an attack that took **less** than 10 minutes from the beginning of the first feeling to most of the other feelings you had?”

Visibility: dcpan021_a = 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.27 dcpan023

Question: “Did the attack/any of the attacks ever occur ‘out of the blue’ when nothing scary was happening, or when you least expected (it/them)?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.28 dcpan024

Question: “Have you woken up because of a panic attack or had one when you were sleeping?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.29 dcpan025

Question: “Please describe the attack that awakened you. Were you having a bad dream at the time? What woke you up? How were you feeling when you woke up?”

Visibility: dcpan024 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.30 dcpan026

Question:

”Have you ever had an attack from having feelings that remind you of your attacks, like being out of breath when playing sports or while running around?

INTERVIEWER: You may have to explain this in more detail to younger children”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.31 dcpan027

Question: “How often did you stay away from activities that remind you of these feelings?”

Visibility: dcpan026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Rarely

2

Sometimes

3

Most of the time

4

All the time

9

Unknown

12.32 dcpan028

Question: “After an attack like this, did you ever worry that it would happen again?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.33 dcpan029**Question:** “How often did you worry?”**Visibility:** dcpan028 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

0

Never/not at all

1

Sometimes/some days

2

Always/almost every day

9

Unknown

12.34 dcpan030**Question:** “Did having these attacks make you worry that there was something wrong with your heart, your mind or some other part of your body?”**Visibility:** cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.35 dcpan031

Question: “Did having this/these attack(s) make you worry that you were going crazy or losing control?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.36 cpan3a

Question:

”For how long after an attack would you worry that these feelings (list symptoms) would come back?”

(N days, N weeks)”

Visibility: dcpa030 = ‘1’ or dcpa031 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.37 cpa4

Question:

”What is the longest time after an attack that you worried it would happen again? (Probe: was it more than one month?)

__ (N days, N weeks)__”

Visibility: dcpa030 = ‘1’ or dcpa031 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.38 dcpa037

Question:

”*INTERVIEWER: You may have to probe for the right response in younger children.*

(During the worst time) Did this/these attacks stop you from doing things or cause you to do things differently?”

Visibility: cpa1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

Image

0

No Avoidance

1

Mild (no avoidance/endurance with dread only

2

Moderate (activities limited)

3

Severe (housebound)| 9

12.39 dcpan038

Question: “Did you stop going places by yourself?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

Image

0

No Avoidance

1

Mild (no avoidance/endurance with dread only

2

Moderate (activities limited)

3

Severe (housebound)| 9

12.40 dcpan039

Question: “Would you go places with your mom, dad, a friend or someone else?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

Image

0

No Avoidance

1

Mild (no avoidance/endurance with dread only

2

Moderate (activities limited)

3

Severe (housebound)| 9

12.41 dcpan040

Question: “Did you only have this/these attack(s) when you were separated from your parents?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.42 dcpan041

Question: “Did you only have this/these attack(s) when you were in a very dangerous situation?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.43 dcpan042

Question: “Did you have attacks only when other people were looking at you or listening to you, or you were the center of attention?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.44 dcpan043

Question: “Did you have attacks only when you saw something or you were in a situation that almost always makes you upset, nervous, or anxious such as heights or elevators (list specific phobias if they have any)?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.45 dcpa044

Question: “Did you have attacks only when you felt trapped and unable to get away?”

Visibility: cpa1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.46 cpa8

Question: “*INTERVIEWER: Is the participant 12 years or older?*”

Visibility: cpa1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

12.47 dcpan045**Question:**

"Did you only have attacks when you were using:
Alcohol?"

Visibility: cpan8 = '1'**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

12.48 dcpan046**Question:** "Cannabis (pot, marijuana)?"**Visibility:** cpan8 = '1'**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

12.49 dcpan047

Question: “Caffeine?”

Visibility: cpan8 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.50 dcpan048

Question: “Tobacco/nicotine (cigarettes)?”

Visibility: cpan8 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.51 dcpan049

Question: “Other drugs?”

Visibility: cpan8 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.52 cpan11

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: cpan1 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

12.53 dcpan053

Question: “How much did having these attacks upset or bother you?”

Visibility: cpan1 != 1

Item Type: Text input

Responses: *Free text entry*

12.54 dcpan054

Question: “How much did the attacks you have told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: cpan1 != 1

Item Type: Text input

Responses: *Free text entry*

12.55 dcpan055

Question: “Did you stay home from school because of your attacks?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.56 dcpan056

Question: “How many days of school did you miss? (lifetime)”

Visibility: dcpan055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.57 dcpan057

Question: “How many attacks like this have you had in your life?”

Visibility: cpan1 != 1

Item Type: Text input

Responses: *Free text entry*

12.58 dcpan057__a

Question: “*INTERVIEWER: Did the participant have **more** than 1 attack over his/her lifetime?*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

12.59 dcpan058

Question:

”How old were you when you first had one of these attacks?”

Code 998 if “always”, 999 if “unknown”.

Visibility: cpan1 != 1

Item Type: Text input

Responses: *Free text entry*

12.60 dcpan059

Question:

”INTERVIEWER: If only one attack, record the same age from previous question.

How old were you the last time you had one of these attacks?

Code 998 if “always”, 999 if “unknown”.

Visibility: cpan1 != 1

Item Type: Text input

Responses: *Free text entry*

12.61 cpan18

Question:

”Thinking about all of your panic attacks:

What was the longest period of time that the attacks did not bother you?

(N days, N weeks, N months)”

Visibility: dcpan057_a = 1

Item Type: Text input

Responses: *Free text entry*

12.62 dcpan063

Question: “From your first to last panic attack (between ages) what was the pattern of your attacks, would you say:”

Visibility: dcpan057_a = 1

Item Type: Single-select radio button

Responses:

Value

Label

1

Only had a few scattered over many years

2

A few attacks per year for several years

3

Many attacks per year spread out during the year

4

Panic attacks clustered together over a brief period

5

Many attacks per year that came in groups during the year

9

Unknown

12.63 dcpan064

Question: “Did anyone, like a teacher or family member, suggest that you get help for these symptoms?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.64 dcpan065

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list symptoms)?”

Visibility: cpan1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.65 cpan21

Question:

”What kind of person/people did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens.”

Visibility: dcpan065 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

12.66 dcpan066

Question: “Specify (Professional/Treatment 1):”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.67 dcpan067

Question: “Code (Professional/Treatment 1):”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.68 dcpan068

Question: “Specify (Professional/Treatment 2):”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.69 dcpan069

Question: “Code (Professional/Treatment 2):”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.70 dcpan070

Question: “Specify (Professional/Treatment 3):”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.71 dcpan071

Question: “Code (Professional/Treatment 3):”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.72 dcpan073

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.73 dcpan074

Question: “Code (Professional/Treatment):”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.74 dcpan075

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcpan065 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.75 dcpan076

Question: “Are you getting help now?”

Visibility: dcpan065 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.76 dcpan077

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown".

Visibility: dcpan076 = '0'

Item Type: Text input

Responses: *Free text entry*

12.77 dcpan078

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dcpan065 = '1'

Item Type: Text input

Responses: *Free text entry*

12.78 cpan22

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dcpan065 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Going to the emergency room

4

Other

12.79 dcpan083

Question: “Specify (Other treatment):”

Visibility: cpan22 .includes(4)

Item Type: Text input

Responses: *Free text entry*

12.80 dcpan084

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcpan065 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

12.81 dcpan085

Question: “Specify (Medication 1):”

Visibility: dcpan084 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.82 dcpan086

Question: “Code (Medication 1):”

Visibility: dcpan084 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.83 dcpan087

Question: “Specify (Medication 2):”

Visibility: dcpan084 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.84 dcpan088

Question: “Code (Medication 2):”

Visibility: dcpan084 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.85 dcpa089

Question: “Specify (Medication 3):”

Visibility: dcpa084 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.86 dcpa090

Question: “Code (Medication 3):”

Visibility: dcpa084 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.87 dcpa091

Question: “Specify (Medication 4):”

Visibility: dcpa084 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.88 dcpa092

Question: “Code (Medication 4):”

Visibility: dcpa084 = ‘1’

Item Type: Text input

Responses: *Free text entry*

12.89 cpa_end

Question: “*INTERVIEWER: The participant did not endorse any fear/worries. End **Panic Disorder** Section.*”

Visibility: *Always*

12.89. CPAN_END

597

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 13

Agoraphobia

13.1 agoraphobia_title

Question: “## Agoraphobia”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

13.2 cagr0

Question: “Earlier you said that you have been very nervous or afraid of (list endorsed fears). I’d now like to ask you more about (that/those).”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

13.3 dcagr001

Question:

”Have you ever been very afraid of?

- 1) Riding in a car?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.4 dcagr002

Question: “2) Riding in a bus, train or subway?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.5 dcagr003

Question: “3) Going over bridges or through tunnels?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.6 dcagr004

Question: “4) Being far from home or leaving familiar places?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.7 dcagr005

Question: “5) Being in the house alone? (For younger children: Being alone in a room or in a different part of the house from your parents.)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.8 dcagr006**Question:** “Describe (house alone):”**Visibility:** dcagr005 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***13.9 dcagr007****Question:** “6) Being in a room alone?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

13.10 dcagr008

Question:

"7) Going outside of your house by yourself (i.e., to play)?

INTERVIEWER: Code NO if due to separation anxiety."

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.11 dcagr009

Question: "Describe (going outside house alone):"

Visibility: dcagr008 = '1'

Item Type: Text input

Responses: *Free text entry*

13.12 dcagr010

Question: "8) Being in crowds or crowded places?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.13 dcagr011

Question: “9) Standing in line in a public place?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.14 dcagr012

Question: “10) Being in stores or shopping malls?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.15 dcagr013

Question: “11) Being in classrooms or cafeteria at school?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.16 dcagr014

Question: “12) Being in a restaurant?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.17 dcagr015

Question: “13) Being in a movie theater or in a church, temple, or mosque?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.18 dcagr016

Question: “14) Being in a wide, open field or street?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.19 dcagr017

Question: “15) Being in a park or playground?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.20 dcagr018

Question: “16) Anything else?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.21 dcagr019

Question: “Specify (Other):”

Visibility: dcagr018 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.22 cagr1

Question: “*INTERVIEWER: The participant did not endorse any fears. End Agoraphobia section.*”

Visibility: dcagr001 = ‘0’ and dcagr002 = ‘0’ and dcagr003 = ‘0’ and dcagr004 = ‘0’ and dcagr005 = ‘0’ and dcagr007 = ‘0’ and dcagr008 = ‘0’ and dcagr010 = ‘0’ and dcagr011 = ‘0’ and dcagr012 = ‘0’ and dcagr013 = ‘0’ and dcagr014 = ‘0’ and dcagr015 = ‘0’ and dcagr016 = ‘0’ and dcagr017 = ‘0’ and dcagr018 = ‘0’

Item Type: Single-select radio button

Responses:

Value

Label

1

End Section

13.23 cagr2

Question: “*INTERVIEWER: Be sure to distinguish between Agoraphobia, Specific Phobias and Separation Anxiety here (e.g. if the child is fearful because he/she is away from his/her parent this suggests Separation Anxiety, not Agoraphobia). Key criterion for Agoraphobia are listed below under Nature of Fear.*”

Visibility: cagr1 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

13.24 dcagr020

Question:

"When you were in (this/these) situation(s) (list specifics from above), were you ever afraid that:

You might get trapped?"

Visibility: cagr1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost Always

7

Not Applicable

9

Unknown

13.25 dcagr021

Question: "You couldn't escape?"

Visibility: cagr1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost Always

7

Not Applicable

9

Unknown

13.26 dcagr022**Question:** “You wouldn’t be able to get help if you needed it?”**Visibility:** cagr1 != 1**Item Type:** Single-select radio button**Responses:**

Value

Label

0

Never

1

Sometimes

2

Almost Always

7

Not Applicable

9

Unknown

13.27 dcagr023**Question:** “It would be embarrassing to escape?”

Visibility: cagr1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost Always

7

Not Applicable

9

Unknown

13.28 dcagr024

Question: “Other?”

Visibility: cagr1 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost Always

7

Not Applicable

9

Unknown

13.29 dcagr025

Question: “Specify (Other):”

Visibility: dcagr024 = ‘1’ or dcagr024 = ‘2’

Item Type: Text input

Responses: *Free text entry*

13.30 cagr2__a

Question: “*INTERVIEWER: If no to all above, consider assessing under specific phobia and/or separation anxiety.*”

Visibility: dcagr020 = ‘0’ and dcagr021 = ‘0’ and dcagr022 = ‘0’ and dcagr023 = ‘0’ and dcagr024 = ‘0’

Item Type: Single-select radio button

Responses:

Value

Label

1

End Section

2

Continue

13.31 dcagr026

Question: “Why were you nervous or afraid in these situations?”

Visibility: cagr2__a != 1

Item Type: Text input

Responses: *Free text entry*

13.32 dcagr027

Question:

"INTERVIEWER: List the worst situation below, refer to Participant Card 4: Other Fears.

Most distressing and avoided situation:"

Visibility: cagr2_a != 1

Item Type: Text input

Responses: *Free text entry*

13.33 dcagr028

Question: "Code (Most distressing and avoided situation):"

Visibility: cagr2_a != 1

Item Type: Text input

Responses: *Free text entry*

13.34 dcagr029

Question:

" I will now ask you about (your fear listed). When you were most afraid of (list fear):

How often did you feel nervous or afraid (insert situation)?

INTERVIEWER: Please read responses never, sometimes, almost always."

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Sometimes

2

Almost Always

9

Unknown

13.35 dcagr030

Question: “Did this scare you too much? Do you think you were more scared than you should have been?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.36 dcagr031

Question: “Were you much more scared by this than other people your age?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.37 dcagr032

Question: “When you have to do (fear), did you feel very nervous, scared, or upset?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.38 dcagr033

Question: “When you had to do (fear), did you become very nervous, scared or upset right away?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.39 dcagr034

Question: “When you had to do (fear), did your heart ever beat very fast, or did you feel sweaty or have trouble breathing?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.40 dcagr035

Question: “When you had to do (fear), did you feel like crying, losing your temper, or like you couldn’t move around?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.41 dcagr036

Question: “Did being afraid of (fear) keep you from doing things you should or wanted to do?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.42 dcagr037a

Question: “Example 1 (Things):”

Visibility: dcagr036 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.43 dcagr037b

Question: “Example 2 (Things):”

Visibility: dcagr036 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.44 dcagr037c

Question: “Example 3 (Things):”

Visibility: dcagr036 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.45 dcagr038

Question: “Did you change your behavior in any way (e.g. any change in daily activities, such as avoiding going to theaters or shopping malls)?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.46 dcagr039

Question: “Was this fear so upsetting that you tried to get out of doing (fear)?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.47 dcagr040

Question: “Did you have to force yourself to do (fear)?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.48 dcagr041

Question: “Did you start to get nervous as soon as you knew you had to face (fear)?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.49 dcagr042

Question: “When you were with a parent or friend, did (fear) upset you as much?”

Visibility: cagr2__a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.50 dcagr043

Question: “When you were with a parent or friend, were you able to face (fear)?”

Visibility: cagr2__a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.51 cagr9**Question:**

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: cagr2_a != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

13.52 dcagr044

Question: “How much did having this fear upset or bother you?”

Visibility: cagr2_a != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

13.53 dcagr045

Question: “How much did the fear you told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: cagr2__a != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3
4
4
5
5
6
6
7
7
8
8
9
9
10
10
998
Unknown

13.54 dcagr046

Question: “Did you stay home from school because of your fear?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.55 cagr12

Question:

"How many days of school did you miss? (lifetime)

(N days, N weeks, N months)"

Visibility: dcagr046 = '1'

Item Type: Text input

Responses: *Free text entry*

13.56 dcagr050

Question: "Did you ever avoid going to fun activities/events like amusement parks, movies, or parties because of your fear?"

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.57 dcagr051

Question: "How many times?"

Visibility: dcagr050 = '1'

Item Type: Text input

Responses: *Free text entry*

13.58 dcagr052

Question:

"Were you afraid of (fear) only when you were anxious or worried about something else, or when you were having panic attacks?"

INTERVIEWER: Define panic attacks, as necessary."

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

7

N/A

9

Unknown

13.59 dcagr053

Question: "Were you afraid of (fear) only when you were separated from your parents?"

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

7

N/A

9

Unknown

13.60 cagr16

Question:

"How old were you the **first time** you had these fears?

Code 998 if "always", 999 if "unknown".

Visibility: cagr2_a != 1

Item Type: Text input

Responses: *Free text entry*

13.61 dcagr056

Question: "Are you still afraid of (fear)?"

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.62 dcagr057

Question:

"How old were you the **last time** you had this fear?

Code 998 if "always", 999 if "unknown"."

Visibility: dcagr056 = '0'

Item Type: Text input

Responses: *Free text entry*

13.63 dcagr058

Question: "Since you were (age of onset), was there ever a time when you were not afraid of (fear)?"

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.64 cagr19

Question:

"What was the longest period of time that (fear) did not bother you?

(N weeks, N months, N years)"

Visibility: dcagr058 = '1'

Item Type: Text input

Responses: *Free text entry*

13.65 dcagr062

Question: “Did anyone, like a teacher or family member, suggest that you get help for these symptoms?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.66 dcagr063

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for(list symptoms)?”

Visibility: cagr2_a != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.67 cagr22

Question:

"What kind of person/people did you get help from?"

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens."

Visibility: dcagr063 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

13.68 dcagr064

Question: "Specify (Professional/Treatment 1):"

Visibility: dcagr063 = '1'

Item Type: Text input

Responses: *Free text entry*

13.69 dcagr065

Question: "Code (Professional/Treatment 1):"

Visibility: dcagr063 = '1'

Item Type: Text input

Responses: *Free text entry*

13.70 dcagr066

Question: "Specify (Professional/Treatment 2):"

Visibility: dcagr063 = '1'

Item Type: Text input

Responses: *Free text entry*

13.71 dcagr067

Question: “Code (Professional/Treatment 2):”

Visibility: dcagr063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.72 dcagr068

Question: “Specify (Professional/Treatment 3):”

Visibility: dcagr063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.73 dcagr069

Question: “Code (Professional/Treatment 3):”

Visibility: dcagr063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.74 dcagr071

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcagr063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.75 dcagr072

Question: “Code (Professional/Treatment):”

Visibility: dcagr063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.76 dcagr073

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcagr063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.77 dcagr074

Question: “Are you getting help now?”

Visibility: dcagr063 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.78 dcagr075**Question:**

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown"."

Visibility: dcagr074 = '0'

Item Type: Text input

Responses: *Free text entry*

13.79 dcagr076

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dcagr063 = '1'

Item Type: Text input

Responses: *Free text entry*

13.80 cagr24

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dcagr063 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

13.81 dcagr080

Question: “Specify (Other treatment):”

Visibility: cagr24 .includes(3)

Item Type: Text input

Responses: *Free text entry*

13.82 dcagr081

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcagr063 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

13.83 dcagr082

Question: “Specify (Medication 1):”

Visibility: dcagr081 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.84 dcagr083

Question: “Code (Medication 1):”

Visibility: dcagr081 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.85 dcagr084

Question: “Specify (Medication 2):”

Visibility: dcagr081 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.86 dcagr085

Question: “Code (Medication 2):”

Visibility: dcagr081 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.87 dcagr086

Question: “Specify (Medication 3):”

Visibility: dcagr081 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.88 dcagr087

Question: “Code (Medication 3):”

Visibility: dcagr081 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.89 dcagr088

Question: “Specify (Medication 4):”

Visibility: dcagr081 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.90 dcagr089

Question: “Code (Medication 4):”

Visibility: dcagr081 = ‘1’

Item Type: Text input

Responses: *Free text entry*

13.91 cagr__end

Question: “*INTERVIEWER: END of Agoraphobia section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 14

Obsessive Compulsive Disorder

14.1 ocd_title

Question: “## Obsessive Compulsive Disorder”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

14.2 cocd0

Question: “Earlier I asked you about thoughts or ideas that come into your head over and over again. I would like to ask you more about (that/those) now. Recurrent and persistent ideas, thoughts, impulses (initially experienced as intrusive and senseless).”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

14.3 dcocd001

Question: “Have you ever been bothered by thoughts in your head, that come over and over again and won’t go away, or that didn’t make sense? (Like silly

words or ideas about harming others/self, germs, illness, need to have things an exact way or anything else the child said)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.4 dcocd002

Question: “Did you try to push the thoughts away?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.5 dcocd003

Question: “Have you ever been bothered by pictures in your mind that kept coming back, such as pictures of violent things, like people being hurt?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.6 dcocd004

Question: “Did you worry a lot about getting an illness or bad disease?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.7 dcocd005

Question:

”What kind of thoughts, images or impulses have you had?

Interviewer: Not simply excessive worries about real life problems.”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.8 dcocd006

Question:

”I would like to ask you about some thoughts that people sometimes have. Have you had thoughts about:

Concern with harming others/self?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.9 dcocd007

Question: “Pictures of violent things, like people being hurt?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.10 dcocd008

Question: “A fear that you would do something or say something bad, even though you didn’t want to (insults, obscenities, stealing)?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.11 dcocd009

Question: “Feelings that the bad things that happened were your fault?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.12 dcocd010

Question: “Contamination/germs/illness?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.13 dcocd011

Question: “Forbidden/bad thoughts?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.14 dcocd012

Question: “Need for symmetry/exactness?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.15 dcocd013

Question: “Religious obsessions?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.16 dcocd014

Question: “Any other obsessions?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.17 dcocd015

Question: “Specify (Other obsessions):”

Visibility: dcocd014 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.18 cocd4

Question: “*INTERVIEWER: Read grouped questions one at a time in a probing fashion then use responses to indicate the appropriate coded answer.*”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

14.19 dcocd016

Question: “Did you try not to think about [insert obsession here]? Or keep them out of your head? How? Did you try to think of something else, instead? Could you? Did you try to push the thoughts away? Where did you think the thoughts were coming from?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.20 dcocd017

Question: “Are these your own thoughts, or does someone else put them in your head?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.21 dcocd018

Question: “Did having to think about [insert obsession here] seem silly? Did it make sense to you? Did you think you were thinking about [insert obsession here] too much?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.22 dcocd019

Question: “Did thoughts about [insert obsession here] upset you? Make you feel bad, nervous? A lot?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.23 dcocd020

Question: “Did trying not to think about [insert obsession here] upset you a lot?”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.24 dcocd021

Question: “How much of the time did you have these thoughts about [insert obsession here]? Every day? Less? (If less, read responses)”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Less than once/week

2

1-2 times/week

3

3-5 times/week

4

6-7 times/week

9

Unknown

14.25 dcocd022

Question:

”For how long? A few minutes? Longer? How many times in a day?”

INTERVIEWER: Rate total time during a day, even if intermittent.”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Less than 1 hour/day

2

1-2 hours/day

3

More than 2 hours/day

9

Unknown

14.26 dcocd023

Question: “*INTERVIEWER: Does participant meet criteria for obsessions?* ”

Visibility: dcocd001 = ‘1’ or dcocd002 = ‘1’ or dcocd003 = ‘1’ or dcocd004 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.27 cocd5

Question:

”Some people feel like they have to repeat things over and over again to get rid of the thoughts in their head. Now I’m going to ask you some questions about this.

INTERVIEWER: Behavior is designed to neutralize/prevent discomfort or something dreaded from happening, but activity is either not appropriate or is excessive.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

14.28 dcocd024

Question: “Have you ever saved up so many things that they got in the way? (Hoarding)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.29 dcocd025

Question: “Have you ever had to do something over and over again that you couldn’t keep yourself from doing? Things like washing your hands over and over again, counting things, or having to check on things?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.30 dcocd026

Question: “What about having to do something exactly the same way each time, and feeling you have to start over if you make a mistake?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.31 dcocd027

Question: “What did you have to do?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.32 dcocd028

Question:

”I would like to ask you about some things that people sometimes do. Do you often:

Clean/wash (hands, house)?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.33 dcocd029

Question: “Count?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.34 dcocd030

Question: “Check (doors, locks, ovens)?”

Visibility: dcocd024 = '1' or dcocd025 = '1' or dcocd026 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.35 dcocd031

Question: "Go in and out a door over and over again?"

Visibility: dcocd024 = '1' or dcocd025 = '1' or dcocd026 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.36 dcocd032

Question: "Order/arrange things?"

Visibility: dcocd024 = '1' or dcocd025 = '1' or dcocd026 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.37 dcocd033

Question: “Dress?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.38 dcocd034

Question: “Do things over and over again at bedtime, like arranging the pillows, sheets etc.?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.39 dcocd035

Question: “Save up things you don’t need or avoid throwing things away (Hoarding)?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.40 dcocd036

Question: “Other compulsions?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.41 dcocd037

Question: “Specify (Other compulsions):”

Visibility: dcocd036 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.42 dcocd038

Question: “What did you imagine might happen if you didn’t do (insert compulsion)?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.43 dcocd039

Question: “How would you feel if you didn’t do it?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.44 dcocd040

Question: “Did having to do [insert compulsion here] seem silly? Did it make sense to you? Did you think you were doing [insert compulsion here] too much?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.45 dcocd041

Question: “Did having to do [insert compulsion here] upset you? Make you feel bad, nervous?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.46 dcocd042

Question: “How about trying not to think about [insert compulsion here]? Did it upset you a lot?”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.47 dcocd043

Question: “How much of the time would you do [insert compulsion here]? Every day? Less? (If less read responses)”

Visibility: dcocd024 = ‘1’ or dcocd025 = ‘1’ or dcocd026 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

Less than once/week

2

1-2 times/week

3

3-5 times/week

4

6-7 times/week

9

Unknown

14.48 dcocd044

Question:

"For how long? A few minutes? Longer? How many times in a day?

INTERVIEWER: Rate total times during the day, even if intermittent."

Visibility: dcocd024 = '1' or dcocd025 = '1' or dcocd026 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

1

Less than 1 hour/day

2

1-2 hours/day

3

More than 2 hours/day

9

Unknown

14.49 dcocd045

Question: "*INTERVIEWER: Does participant meet criteria for compulsions?*"

Visibility: dcocd024 = '1' or dcocd025 = '1' or dcocd026 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.50 dcocd046

Question: “Just before you began having (insert obsessions/compulsions) were you taking any drugs or medicines?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.51 dcocd047

Question: “Did you have these (insert obsessions/compulsions) only when you had a serious physical problem or illness? (e.g., PANDAS)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.52 dcocd048

Question: “Specify (Physical problem/illness):”

Visibility: dcocd047 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.53 dcocd049

Question: “Did you have these worries only when you were using a specific kind of medicine that your doctor told you to take?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.54 dcocd050

Question: “Specify (Medication 1):”

Visibility: dcocd049 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.55 dcocd051

Question: “Specify (Medication 2):”

Visibility: dcocd049 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.56 dcocd052

Question: “Specify (Medication 3):”

Visibility: dcocd049 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.57 cocd11

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

14.58 dcocd053

Question: “How much did having thoughts/behaviors upset or bother you? How much did you ever feel upset or disappointed with yourself because of your thoughts/behaviors?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

14.59 dcocd054

Question: “How much did the thoughts/behaviors you have told me about cause problems for you at home, at school, or with your family or friends?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

14.60 dcocd055

Question: “Did you stay home from school because of your behaviors/thoughts?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.61 dcocd056

Question: “How many days of school did you miss? (lifetime)”

Visibility: dcocd055 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.62 cocd15a

Question:

”How old were you the **first time** you had these (insert obsessions/compulsions)?

Code 998 if “always”, 999 if “unknown”.

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

14.63 dcocd059

Question: “Do you have these (insert obsessions/compulsions) **now**?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.64 dcocd060

Question:

”How old were you the **last time** you had these thoughts/behaviors?

Code 998 if “always”, 999 if “unknown”.

Visibility: dcocd059 = ‘0’

Item Type: Text input

Responses: *Free text entry*

14.65 dcocd061

Question: “Since you were (age of onset), was there ever a time when did not have (insert obsessions/compulsions)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.66 cocd17a

Question:

”What was the longest period of time that you did not have (insert obsessions/compulsions)?

(N weeks, N months, N years)”

Visibility: dcocd061 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.67 dcocd065

Question: “Did anyone, like a teacher or family member, suggest that you get help for these symptoms?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.68 dcocd066

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list symptoms)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.69 cocd20

Question:

”What kind of person/people did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens.”

Visibility: dcocd066 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

14.70 dcocd067

Question: "Specify (Professional/Treatment 1):"

Visibility: dcocd066 = '1'

Item Type: Text input

Responses: *Free text entry*

14.71 dcocd068

Question: "Code (Professional/Treatment 1):"

Visibility: dcocd066 = '1'

Item Type: Text input

Responses: *Free text entry*

14.72 dcocd069

Question: "Specify (Professional/Treatment 2):"

Visibility: dcocd066 = '1'

Item Type: Text input

Responses: *Free text entry*

14.73 dcocd070

Question: "Code (Professional/Treatment 2):"

Visibility: dcocd066 = '1'

Item Type: Text input

Responses: *Free text entry*

14.74 dcocd071

Question: “Specify (Professional/Treatment 3):”

Visibility: dcocd066 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.75 dcocd072

Question: “Code (Professional/Treatment 3):”

Visibility: dcocd066 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.76 dcocd074

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcocd066 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.77 dcocd075

Question: “Code (Professional/Treatment):”

Visibility: dcocd066 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.78 dcocd076**Question:**

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcocd066 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.79 dcocd077

Question: “Are you getting help now?”

Visibility: dcocd066 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.80 dcocd078**Question:**

”If no, how old were you the last time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcocd077 = ‘0’

Item Type: Text input

Responses: *Free text entry*

14.81 dcocd079

Question: “What did the professional say that you had (diagnoses given)? List:”

Visibility: dcocd066 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.82 cocd22

Question: “What kind of treatment(s) have you gotten? (*Check all that apply*)”

Visibility: dcocd066 = ‘1’

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Self Help

4

Other

14.83 dcocd084

Question: “Specify (Other treatment):”

Visibility: cocd22 .includes(4)

Item Type: Text input

Responses: *Free text entry*

14.84 dcocd085

Question:

"Were you on medications?"

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens."

Visibility: dcocd066 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

14.85 dcocd086

Question: "Specify (Medication 1):"

Visibility: dcocd085 = '1'

Item Type: Text input

Responses: *Free text entry*

14.86 dcocd087

Question: "Code (Medication 1):"

Visibility: dcocd085 = '1'

Item Type: Text input

Responses: *Free text entry*

14.87 dcocd088

Question: “Specify (Medication 2):”

Visibility: dcocd085 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.88 dcocd089

Question: “Code (Medication 2):”

Visibility: dcocd085 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.89 dcocd090

Question: “Specify (Medication 3):”

Visibility: dcocd085 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.90 dcocd091

Question: “Code (Medication 3):”

Visibility: dcocd085 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.91 dcocd092

Question: “Specify (Medication 4):”

Visibility: dcocd085 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.92 dcocd093

Question: “Code (Medication 4):”

Visibility: dcocd085 = ‘1’

Item Type: Text input

Responses: *Free text entry*

14.93 dcocd094

Question: “Because of the number of toys/stuff you collect or save, how difficult is it for you to use/ (“play in” if under 12 years of age) your room, playroom, closet, or other room in your home?”

Visibility: dcocd024 = ‘1’ or dcocd035 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

mild problem: occasionally (less than weekly) acquires items not needed or acquires a few unneeded items

2

moderate: regularly (several times weekly) acquires items not needed or acquires some unneeded items

3

severe: very often (daily) acquires items not needed or acquires large numbers of unneeded items

9

Unknown

14.94 dcocd095

Question: “How much more difficult is it to throw away (or give away) toys and/or other stuff you collect than it is for other children your age?”

Visibility: dcocd024 = ‘1’ or dcocd035 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

mild problem: occasionally (less than weekly) acquires items not needed or acquires a few unneeded items

2

moderate: regularly (several times weekly) acquires items not needed or acquires some unneeded items

3

severe: very often (daily) acquires items not needed or acquires large numbers of unneeded items

9

Unknown

14.95 dcocd096

Question: “How much does your family get upset due to your clutter, difficulty throwing things away or problems with keeping things?”

Visibility: dcocd024 = ‘1’ or dcocd035 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

1

mild problem: occasionally (less than weekly) acquires items not needed or acquires a few unneeded items

2

moderate: regularly (several times weekly) acquires items not needed or acquires some unneeded items

3

severe: very often (daily) acquires items not needed or acquires large numbers of unneeded items

14.96. COCD_END

677

9

Unknown

14.96 cocd_end

Question: “*INTERVIEWER: END of Obsessive Compulsive Disorder section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 15

Attention Deficit Hyperactivity Disorder

15.1 adhd_title

Question: “## Attention Deficit Hyperactivity Disorder”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

15.2 cadd0

Question: “Everyone has times when they have trouble concentrating or keeping their mind on what they are doing. The next questions are about whether you have had more difficulty than most people with concentration or attention.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

15.3 dcadd001

Question: “Have you often lost things you needed for school, like assignments or books or other things, or things you needed for projects at home?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.4 dcadd002

Question: “Have you often had trouble paying attention or keeping your mind on your school work or other things that you were doing?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.5 dcadd003

Question: “When you are doing something you usually enjoy (like playing with toys or games) do you have a hard time paying attention for more than a short time?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.6 dcadd004

Question: “Have you often made careless mistakes in school work or other activities?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.7 dcadd005

Question: “Have you often forgotten what you were supposed to be doing or what you had planned to do?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.8 dcadd006

Question: “Have people often said that you did not seem to be listening when they spoke to you or that you were daydreaming?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.9 dcadd007

Question: “Have even little things taken your mind away from what you are doing? (Were you unable to keep your mind on what you were doing if things were going on nearby?)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.10 dcadd008

Question: “Have you often disliked, avoided, or put off doing things that required a lot of concentration like your school work, homework, or other tasks?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.11 dcadd009

Question: “Have you ever had trouble making plans, doing things that had to be done in a certain kind of order, or that had a lot of different steps?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.12 dcadd010

Question: “Have you often left chores, homework or other work unfinished even when you meant to get them done, and understood how to do them?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.13 dcadd011

Question:

"You had several concentration and attention difficulties, such as (key phrases for first 3 items endorsed above).

About how old were you the first time (you had any of these difficulties)?

Code 998 if "always", 999 if "unknown".

Visibility: dcadd001 = '1' or dcadd002 = '1' or dcadd003 = '1' or dcadd004 = '1' or dcadd005 = '1' or dcadd006 = '1' or dcadd007 = '1' or dcadd008 = '1' or dcadd009 = '1' or dcadd010 = '1'

Item Type: Text input

Responses: *Free text entry*

15.14 dcadd012

Question:

"INTERVIEWER: If 'All my life' or 'As long as I can remember', or 'age unknown' to previous question Probe:

Was it before you were seven? Did you have these problems in kindergarten or first grade?

Otherwise, code this question according to the age in the previous question."

Visibility: dcadd001 = '1' or dcadd002 = '1' or dcadd003 = '1' or dcadd004 = '1' or dcadd005 = '1' or dcadd006 = '1' or dcadd007 = '1' or dcadd008 = '1' or dcadd009 = '1' or dcadd010 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

1

Before seven year old

2

Not before seven years old

9

Unknown

15.15 dcadd013

Question: “Did you have these problems for six months or more? Probe: like for most of a school year?”

Visibility: dcadd001 = ‘1’ or dcadd002 = ‘1’ or dcadd003 = ‘1’ or dcadd004 = ‘1’ or dcadd005 = ‘1’ or dcadd006 = ‘1’ or dcadd007 = ‘1’ or dcadd008 = ‘1’ or dcadd009 = ‘1’ or dcadd010 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.16 dcadd014

Question:

”Did you have these difficulties:

With your parents?”

Visibility: dcadd001 = ‘1’ or dcadd002 = ‘1’ or dcadd003 = ‘1’ or dcadd004 = ‘1’ or dcadd005 = ‘1’ or dcadd006 = ‘1’ or dcadd007 = ‘1’ or dcadd008 = ‘1’ or dcadd009 = ‘1’ or dcadd010 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.17 dcadd015

Question: “With your teachers?”

Visibility: dcadd001 = ‘1’ or dcadd002 = ‘1’ or dcadd003 = ‘1’ or dcadd004 = ‘1’ or dcadd005 = ‘1’ or dcadd006 = ‘1’ or dcadd007 = ‘1’ or dcadd008 = ‘1’ or dcadd009 = ‘1’ or dcadd010 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.18 dcadd016

Question: “With other adults?”

Visibility: dcadd001 = ‘1’ or dcadd002 = ‘1’ or dcadd003 = ‘1’ or dcadd004 = ‘1’ or dcadd005 = ‘1’ or dcadd006 = ‘1’ or dcadd007 = ‘1’ or dcadd008 = ‘1’ or dcadd009 = ‘1’ or dcadd010 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.19 dcadd017

Question: “At school?”

Visibility: dcadd001 = ‘1’ or dcadd002 = ‘1’ or dcadd003 = ‘1’ or dcadd004 = ‘1’ or dcadd005 = ‘1’ or dcadd006 = ‘1’ or dcadd007 = ‘1’ or dcadd008 = ‘1’ or dcadd009 = ‘1’ or dcadd010 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.20 dcadd018

Question: “At home?”

Visibility: dcadd001 = ‘1’ or dcadd002 = ‘1’ or dcadd003 = ‘1’ or dcadd004 = ‘1’ or dcadd005 = ‘1’ or dcadd006 = ‘1’ or dcadd007 = ‘1’ or dcadd008 = ‘1’ or dcadd009 = ‘1’ or dcadd010 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.21 dcadd019

Question: “Do you still have a lot of difficulty with concentration and attention?”

Visibility: dcadd001 = ‘1’ or dcadd002 = ‘1’ or dcadd003 = ‘1’ or dcadd004 = ‘1’ or dcadd005 = ‘1’ or dcadd006 = ‘1’ or dcadd007 = ‘1’ or dcadd008 = ‘1’ or dcadd009 = ‘1’ or dcadd010 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.22 cadd13

Question: “How old were you the last time you had a period of six months or longer when you had a lot of difficulty with concentration or attention? *Code 998 if “always”, 999 if “unknown”.*”

Visibility: dcadd019 = ‘0’

Item Type: Text input

Responses: *Free text entry*

15.23 cadd14

Question: “About how many years altogether (did you have/have you had) these difficulties?”

Visibility: dcadd019 = ‘0’

Item Type: Text input

Responses: *Free text entry*

15.24 cadd15

Question: “Everyone has times when they are very active. I would now like to ask you whether you ever had times when you had a lot more trouble than most people with being very restless, fidgety, or impatient.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

15.25 dcadd024

Question: “Have you often been very active even when you were not supposed to be - for example, climbing on things or running around - even after being asked to keep still?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.26 dcadd026

Question: “Have you had trouble playing quietly or doing quiet activities, like reading or being read to, for more than a few minutes at a time?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.27 dcadd027

Question: “Have you often fidgeted with your hands or feet or wiggled in your seat? Have you had a hard time sitting still?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.28 dcadd028

Question: “Did you often get up from your seat when you were not supposed to - like at dinner, at school, or religious services?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.29 dcadd029

Question: “Were you often extremely talkative? (Did you talk more than other people your age?)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.30 dcadd030

Question: “Did you often blurt out answers to other people’s questions even before they finished speaking?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.31 dcadd031

Question: “Did you often interrupt people or abruptly join other people’s conversations without being asked to do so?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.32 dcadd032

Question: “Did you have a lot of trouble waiting your turn - for example, was it very hard for you to wait in a line or to wait for a teacher to call on you in class before you spoke out loud?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.33 cadd25

Question: “*INTERVIEWER: The participant did not endorse any positive attention or hyperactivity symptoms, END Attention Deficit Hyperactivity Disorder section.*”

Visibility: dcadd001 = ‘0’ and dcadd002 = ‘0’ and dcadd003 = ‘0’ and dcadd004 = ‘0’ and dcadd005 = ‘0’ and dcadd006 = ‘0’ and dcadd007 = ‘0’ and dcadd008 = ‘0’ and dcadd009 = ‘0’ and dcadd010 = ‘0’ and dcadd024 = ‘0’ and [dcadd025] = ‘0’ and dcadd026 = ‘0’ and dcadd027 = ‘0’ and dcadd028 = ‘0’ and dcadd029 = ‘0’ and dcadd030 = ‘0’ and dcadd031 = ‘0’ and dcadd032 = ‘0’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

15.34 dcadd033

Question:

"You had several difficulties with restlessness and impatience, such as (key phrases for first 3 items endorsed above).

About how old were you the first time (you had any of these difficulties)?

Code 998 if "always", 999 if "unknown".

Visibility: dcadd024 = '1' or [dcadd025] = '1' or dcadd026 = '1' or dcadd027 = '1' or dcadd028 = '1' or dcadd029 = '1' or dcadd030 = '1' or dcadd031 = '1' or dcadd032 = '1'

Item Type: Text input

Responses: *Free text entry*

15.35 dcadd034

Question:

"INTERVIEWER: If 'All my life' or 'As long as I can remember', or 'age unknown' to previous question Probe:

Was it before you were seven? Did you have these problems in kindergarten or first grade?

Otherwise, code this question according to the age in the previous question."

Visibility: dcadd024 = '1' or [dcadd025] = '1' or dcadd026 = '1' or dcadd027 = '1' or dcadd028 = '1' or dcadd029 = '1' or dcadd030 = '1' or dcadd031 = '1' or dcadd032 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

1

Before seven year old

2

Not before seven years old

9

Unknown

15.36 dcadd035

Question: “Did you have these problems for six months or more? Probe: like for most of a school year?”

Visibility: dcadd024 = ‘1’ or [dcadd025] = ‘1’ or dcadd026 = ‘1’ or dcadd027 = ‘1’ or dcadd028 = ‘1’ or dcadd029 = ‘1’ or dcadd030 = ‘1’ or dcadd031 = ‘1’ or dcadd032 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.37 dcadd036

Question:

”Did you have these difficulties:

With your parents?”

Visibility: dcadd024 = ‘1’ or [dcadd025] = ‘1’ or dcadd026 = ‘1’ or dcadd027 = ‘1’ or dcadd028 = ‘1’ or dcadd029 = ‘1’ or dcadd030 = ‘1’ or dcadd031 = ‘1’ or dcadd032 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.38 dcadd037

Question: “With your teachers?”

Visibility: dcadd024 = ‘1’ or [dcadd025] = ‘1’ or dcadd026 = ‘1’ or dcadd027 = ‘1’ or dcadd028 = ‘1’ or dcadd029 = ‘1’ or dcadd030 = ‘1’ or dcadd031 = ‘1’ or dcadd032 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.39 dcadd038

Question: “With other adults?”

Visibility: dcadd024 = ‘1’ or [dcadd025] = ‘1’ or dcadd026 = ‘1’ or dcadd027 = ‘1’ or dcadd028 = ‘1’ or dcadd029 = ‘1’ or dcadd030 = ‘1’ or dcadd031 = ‘1’ or dcadd032 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.40 dcadd039

Question: “At school?”

Visibility: dcadd024 = ‘1’ or [dcadd025] = ‘1’ or dcadd026 = ‘1’ or dcadd027 = ‘1’ or dcadd028 = ‘1’ or dcadd029 = ‘1’ or dcadd030 = ‘1’ or dcadd031 = ‘1’ or dcadd032 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.41 dcadd040

Question: “At home?”

Visibility: dcadd024 = ‘1’ or [dcadd025] = ‘1’ or dcadd026 = ‘1’ or dcadd027 = ‘1’ or dcadd028 = ‘1’ or dcadd029 = ‘1’ or dcadd030 = ‘1’ or dcadd031 = ‘1’ or dcadd032 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.42 dcadd041

Question: “Do you still have a lot of difficulty with restlessness and impatience?”

Visibility: dcadd024 = ‘1’ or [dcadd025] = ‘1’ or dcadd026 = ‘1’ or dcadd027 = ‘1’ or dcadd028 = ‘1’ or dcadd029 = ‘1’ or dcadd030 = ‘1’ or dcadd031 = ‘1’ or dcadd032 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.43 cadd29

Question:

”If no, how old were you the last time you had a period of six months or longer when you had a lot of difficulty with restlessness and impatience?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcadd041 = ‘0’

Item Type: Text input

Responses: *Free text entry*

15.44 cadd30

Question: “About how many years altogether (did you have/have you had) these difficulties?”

Visibility: dcadd041 = ‘0’

Item Type: Text input

Responses: *Free text entry*

15.45 cadd32a

Question:

”How old were you the first time you did these (list behaviors)?

Code 998 if “always”, 999 if “unknown”.”

Visibility: cadd25 != 1

Item Type: Text input

Responses: *Free text entry*

15.46 dcadd048

Question: “Do you still have any of these (list behaviors)?”

Visibility: cadd25 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.47 dcadd049**Question:**

"How old were you the last time you did this behavior?

Code 998 if "always", 999 if "unknown".

Visibility: dcadd048 = '0'

Item Type: Text input

Responses: *Free text entry*

15.48 dcadd050

Question: "Since you were (age of onset), was there ever a time when you were not (behavior)?"

Visibility: cadd25 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.49 cadd34a**Question:**

"What was the longest period of time that (list behavior) did not bother you?

(N weeks, N months, N years)"

Visibility: dcadd050 = '1'

Item Type: Text input

Responses: *Free text entry*

15.50 cadd36

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: cadd25 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

15.51 dcadd054

Question: “How much did having thoughts/behaviors upset or bother you?
How much did you ever feel upset or disappointed with yourself because of your
thoughts/behaviors?”

Visibility: cadd25 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

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9
9
10
10
998
Unknown

15.52 dcadd055

Question: “Did your family seem upset, angry, or annoyed with you because of your difficulties?”

Visibility: cadd25 != 1

Item Type: Dropdown select

Responses:

Value

Label

0
0
1
1
2
2
3
3
4
4
5

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6

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7

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8

8

9

9

10

10

998

Unknown

15.53 dcadd056

Question: “Did these behaviors/inattention bother your friends?”

Visibility: cadd25 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

- 4
- 5
- 5
- 6
- 6
- 7
- 7
- 8
- 8
- 9
- 9
- 10
- 10
- 998
- Unknown

15.54 dcadd057

Question: “Did teachers or classmates complain about your inattention/behavior?”

Visibility: cadd25 != 1

Item Type: Dropdown select

Responses:

Value

Label

- 0
- 0
- 1
- 1
- 2
- 2
- 3

3

4

4

5

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8

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9

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10

998

Unknown

15.55 dcadd057a

Question: “Specify (examples):”

Visibility: cadd25 != 1

Item Type: Text input

Responses: *Free text entry*

15.56 dcadd058

Question: “Did you stay home from school because of your difficulties with inattention or overactivity?”

Visibility: cadd25 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.57 dcadd060

Question: “*INTERVIEWER: What number describes how impaired the participant was during the episode?*”

Visibility: cadd25 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

15.58 dcadd061

Question: “Did anyone, like a teacher or family member, suggest that you get help for these (list behaviors/feelings)?”

Visibility: cadd25 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.59 dcadd062

Question: “Were you placed in special classes at school because of your (list symptoms)?”

Visibility: cadd25 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.60 dcadd063

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list behaviors/feelings)?”

Visibility: cadd25 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.61 cadd41

Question:

”What kind of person/people did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens."

Visibility: dcadd063 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

15.62 dcadd064

Question: "Specify (Professional/Treatment 1):"

Visibility: dcadd063 = '1'

Item Type: Text input

Responses: *Free text entry*

15.63 dcadd065

Question: "Code (Professional/Treatment 1):"

Visibility: dcadd063 = '1'

Item Type: Text input

Responses: *Free text entry*

15.64 dcadd066

Question: "Specify (Professional/Treatment 2):"

Visibility: dcadd063 = '1'

Item Type: Text input

Responses: *Free text entry*

15.65 dcadd067

Question: "Code (Professional/Treatment 2):"

Visibility: dcadd063 = '1'

Item Type: Text input

Responses: *Free text entry*

15.66 dcadd068

Question: “Specify (Professional/Treatment 3):”

Visibility: dcadd063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.67 dcadd069

Question: “Code (Professional/Treatment 3):”

Visibility: dcadd063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.68 dcadd071

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcadd063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.69 dcadd072

Question: “Code (Professional/Treatment):”

Visibility: dcadd063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.70 dcadd073

Question:

"How old were you the first time you got help?

Code 998 if "always", 999 if "unknown".

Visibility: dcadd063 = '1'

Item Type: Text input

Responses: *Free text entry*

15.71 dcadd074

Question: "Are you getting help now?"

Visibility: dcadd063 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.72 dcadd075

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown".

Visibility: dcadd074 = '0'

Item Type: Text input

Responses: *Free text entry*

15.73 dcadd076

Question: “What did the professional say that you had (diagnoses given)? List:”

Visibility: dcadd063 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.74 cadd43

Question: “What kind of treatment(s) have you gotten? (*Check all that apply*)”

Visibility: dcadd063 = ‘1’

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Special classes at school (IEP etc)

4

Other

15.75 dcadd081

Question: “Specify (Other treatment):”

Visibility: cadd43.includes(4)

Item Type: Text input

Responses: *Free text entry*

15.76 dcadd082

Question:

"Were you on medications?"

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens."

Visibility: dcadd063 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

15.77 dcadd083

Question: "Specify (Medication 1):"

Visibility: dcadd082 = '1'

Item Type: Text input

Responses: *Free text entry*

15.78 dcadd084

Question: "Code (Medication 1):"

Visibility: dcadd082 = '1'

Item Type: Text input

Responses: *Free text entry*

15.79 dcadd085

Question: “Specify (Medication 2):”

Visibility: dcadd082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.80 dcadd086

Question: “Code (Medication 2):”

Visibility: dcadd082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.81 dcadd087

Question: “Specify (Medication 3):”

Visibility: dcadd082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.82 dcadd088

Question: “Code (Medication 3):”

Visibility: dcadd082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.83 dcadd089

Question: “Specify (Medication 4):”

Visibility: dcadd082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.84 dcadd090

Question: “Code (Medication 4):”

Visibility: dcadd082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

15.85 cadd__end

Question: “*INTERVIEWER: END of Attention Deficit Hyperactivity Disorder section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 16

Oppositional Defiant Disorder

16.1 odd_title

Question: “## Oppositional Defiant Disorder”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

16.2 codd0

Question: “Earlier you told me that you do things that might get you into trouble, like talking back to parents/teachers or losing your temper. I am now going to ask you some questions about that.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

16.3 dcodd001

Question: “Did you often lose your temper, scream and yell at people, or break things when you got angry?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.4 dcodd002

Question: “Did you argue with or talk back to your parents more often than your friends did?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.5 dcodd003

Question: “Did you argue with or talk back to your teachers more often than your classmates did?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.6 dcodd004

Question: “Did you often refuse to do what your parents or teachers asked you to do, for example chores or tasks at school?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.7 dcodd005

Question: “Did you often get into trouble for breaking rules at home or school?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.8 dcodd006

Question: “Did you often do things on purpose to bother or annoy other people? (code no if only with sibling)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.9 dcodd007

Question: “Did you often blame other people for your mistakes? (code no if only with sibling)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.10 dcodd008

Question: “Were you often irritable or grouchy?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.11 dcodd009

Question: “Would other people often annoy you or make you angry?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.12 dcodd010

Question: “Have you often gotten angry because you thought things were unfair?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.13 dcodd011

Question: “Have you often tried to get back at people or get even with them by doing things like hurting them, messing up their things, or telling lies about them? (code no if only with sibling)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.14 dcodd012

Question: “Did you often get into trouble for swearing or using bad language?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.15 codd10

Question: “*INTERVIEWER: The participant did not endorse any behaviors. End Oppositional Defiant Disorder Section.*”

Visibility: dcodd001 = '0' and dcodd002 = '0' and dcodd003 = '0' and dcodd004 = '0' and dcodd005 = '0' and dcodd006 = '0' and dcodd007 = '0' and dcodd008 = '0' and dcodd009 = '0' and dcodd010 = '0' and dcodd011 = '0' and dcodd012 = '0'

Item Type: Single-select radio button

Responses:

Value

Label

1

End Section

16.16 dcodd013

Question:

"Did you do these behaviors:

With your parents?"

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.17 dcodd014

Question: "With your teachers?"

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.18 dcodd015

Question: “With other adults?”

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.19 dcodd016

Question: “How often did you (behaviors)? Was it: nearly every day, a few days a week, about once a week, or less than once a week?”

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

1

Nearly every day

2

A few days a week

3

About once a week

4

Less than once a week

9

Unknown

16.20 dcodd017**Question:** “Did you do these behaviors for at least six months or more?”**Visibility:** codd10 != 1**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

16.21 codd13**Question:**

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: codd10 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

16.22 dcodd018

Question: “How much did having these behaviors upset or bother you?”

Visibility: codd10 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

16.23 dcodd019

Question:

”How much did these behaviors change your relationships with your family?

Probe: Did your family say something about this to you? Did family members seem upset, angry, or annoyed with you because of your behavior?”

Visibility: codd10 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

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998
Unknown

16.24 dcodd020

Question:

"How much did these behaviors change your relationships with your friends?

Probe: Did you find yourself spending much less time than usual with your friends? Did your friends say something about your behavior?"

Visibility: codd10 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

16.25 dcodd021

Question: “How much did these behaviors change your relationships with your teachers or classmates? -change how well you did at school, on tests, homework, or grades?”

Visibility: codd10 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

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9
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10
998
Unknown

16.26 dcodd022

Question: “Did you stay home or were you sent home from school because of your behavior?”

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.27 dcodd023

Question: “How many days of school did you miss because of your difficulties with attention or overactivity? (lifetime)”

Visibility: dcodd022 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.28 dcodd024

Question: “*INTERVIEWER: What number describes how impaired the participant was during the episode?*”

Visibility: codd10 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

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2

2

3

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 5
 6
 6
 7
 7
 8
 8
 9
 9
 10
 10
 998
 Unknown

16.29 codd19

Question:

"How old were you the **first time** you had these (list behaviors)?"

Code 998 if "always", 999 if "unknown".

Visibility: codd10 != 1

Item Type: Text input

Responses: *Free text entry*

16.30 dcodd027

Question: "Do you still (list behaviors)?"

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.31 dcodd028

Question:

"How old were you the **last time** you did this behavior?

Code 998 if "always", 999 if "unknown".

Visibility: dcodd027 = '0'

Item Type: Text input

Responses: *Free text entry*

16.32 dcodd029

Question: "Since you were (age of onset), was there ever a time when you did not (insert behavior)?"

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.33 codd21a**Question:**

”What was the longest period of time that you did not do (list behavior)?
(N weeks, N months, N years)”

Visibility: dcodd029 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.34 dcodd033

Question: “Did anyone, like a teacher or family member, suggest that you get help for these behaviors?”

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.35 dcodd034

Question: “Were you placed in special classes at school because of your (list symptoms)?”

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.36 dcodd035

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list behaviors)?”

Visibility: codd10 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.37 codd24

Question:

”What kind of person/people did you get help from?”

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens.”

Visibility: dcodd035 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

16.38 dcodd036

Question: “Specify (Professional/Treatment 1):”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.39 dcodd037

Question: “Code (Professional/Treatment 1):”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.40 dcodd038

Question: “Specify (Professional/Treatment 2):”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.41 dcodd039

Question: “Code (Professional/Treatment 2):”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.42 dcodd040

Question: “Specify (Professional/Treatment 3):”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.43 dcodd041

Question: “Code (Professional/Treatment 3):”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.44 dcodd043

Question:

”INTERVIEWER: *If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.45 dcodd044

Question: “Code (Professional/Treatment):”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.46 dcodd045

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.47 dcodd046

Question: “Are you getting help now?”

Visibility: dcodd035 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.48 dcodd047

Question:

”If no, how old were you the last time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcodd046 = ‘0’

Item Type: Text input

Responses: *Free text entry*

16.49 dcodd048

Question: “What did the professional say that you had (diagnoses given)?
List:”

Visibility: dcodd035 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.50 codd26

Question: “What kind of treatment(s) have you gotten? (*Check all that apply*)”

Visibility: dcodd035 = ‘1’

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Special classes at school (IEP etc)

4

Other

16.51 dcodd053

Question: “Specify (Other treatment):”

Visibility: codd26 .includes(4)

Item Type: Text input

Responses: *Free text entry*

16.52 dcodd054

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcodd035 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

16.53 dcodd055**Question:** “Specify (Medication 1):”**Visibility:** dcodd054 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***16.54 dcodd056****Question:** “Code (Medication 1):”**Visibility:** dcodd054 = ‘1’**Item Type:** Text input**Responses:** *Free text entry***16.55 dcodd057****Question:** “Specify (Medication 2):”**Visibility:** dcodd054 = ‘1’**Item Type:** Text input**Responses:** *Free text entry*

16.56 dcodd058

Question: “Code (Medication 2):”

Visibility: dcodd054 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.57 dcodd059

Question: “Specify (Medication 3):”

Visibility: dcodd054 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.58 dcodd060

Question: “Code (Medication 3):”

Visibility: dcodd054 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.59 dcodd061

Question: “Specify (Medication 4):”

Visibility: dcodd054 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.60 dcodd062

Question: “Code (Medication 4):”

Visibility: dcodd054 = ‘1’

Item Type: Text input

Responses: *Free text entry*

16.61 codd__end

Question: “*INTERVIEWER: END of **Oppositional Defiant Disorder** section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 17

Conduct Disorder

17.1 conduct_title

Question: “## Conduct Disorder”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

17.2 ccdd0

Question: “Earlier you told me you might do things that may get you into trouble with adults like breaking rules or getting into trouble with the police or other authorities. I am now going to ask you some questions about this.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

17.3 dccdd001

Question: “Did you ever get into trouble because you stayed out at night later than your parents permitted? (> 2 hours)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.4 dccdd002**Question:**

"How old were you the first time you stayed out at night later than your parents permitted?"

Code 998 if "always", 999 if "unknown".

Visibility: dccdd001 = '1'

Item Type: Text input

Responses: *Free text entry*

17.5 dccdd003

Question: "Did you ever run away from home overnight?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.6 dccdd004

Question: “How many times?”

Visibility: dccdd003 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.7 dccdd005

Question:

”How old were you the first time you ran away from home?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dccdd003 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.8 dccdd006

Question: “Did you ever secretly steal money or other things from your family or from the other people you live with?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.9 dccdd007

Question: “Did you ever shoplift or steal something from others or a store worth at least \$5?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.10 dccdd008

Question:

”Did you often tell lies:

To trick people into giving you things?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.11 dccdd009

Question: “To get people to do what you want them to do?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.12 dccdd010

Question: “To get out of doing things you were supposed to do?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.13 dccdd011

Question: “Did you often skip school?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.14 dccdd012

Question: “How many times did you skip school?”

Visibility: dccdd011 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.15 dccdd013

Question:

”How old were you the first time you skipped school?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dccdd011 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.16 dccdd014

Question: “Did you ever break into a house, a building, or a car?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.17 dccdd015

Question: “Did you ever deliberately damage someone else’s property, by doing something like breaking windows, slashing tires, or writing on buildings?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.18 dccdd016

Question: “How many times?”

Visibility: dccdd015 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.19 dccdd018

Question: “Did you ever start a fire to try to cause serious damage?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.20 dccdd019

Question: “Have you ever been physically cruel to an animal and hurt it on purpose?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.21 dccdd020

Question: “Did you often bully others? (Hitting, threatening or scaring someone who was younger or smaller)”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.22 dccdd021

Question: “Was this only with your brother or sister?”

Visibility: dccdd020 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.23 dccdd022**Question:** “Did you threaten or frighten someone on purpose?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

17.24 dccdd023**Question:** “Was this only with your brother or sister?”**Visibility:** dccdd022 = ‘1’**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

17.25 dccdd024

Question: “Did you often start physical fights with others?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.26 dccdd025

Question: “Were you ever physically cruel to another person and hurt him or her on purpose?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.27 dccdd026

Question: “Did you ever try to hurt someone with a weapon like a bat, brick, broken bottle, knife, or gun?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.28 dccdd027

Question: “Did you ever threaten someone, hold someone up, or attack someone to steal from them?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.29 dccdd028**Question:**

"Did you ever trick or threaten someone into having sex with you?"

INTERVIEWER: Rate yes only if it sounds like they forced, manipulated, or threatened someone else into sexual activity."

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.30 dccdd029

Question: "Did anyone ever accuse you of making them do something sexual?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.31 dccdd030

Question: “If yes, what happened?”

Visibility: dccdd029 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.32 ccdd20

Question: “*INTERVIEWER: The participant did not endorse any behaviors. End **Conduct Disorder** Section.*”

Visibility: dccdd001 = ‘0’ and dccdd003 = ‘0’ and dccdd006 = ‘0’ and dccdd007 = ‘0’ and dccdd008 = ‘0’ and dccdd009 = ‘0’ and dccdd010 = ‘0’ and dccdd011 = ‘0’ and dccdd014 = ‘0’ and dccdd015 = ‘0’ and dccdd018 = ‘0’ and dccdd019 = ‘0’ and dccdd020 = ‘0’ and dccdd022 = ‘0’ and dccdd024 = ‘0’ and dccdd025 = ‘0’ and dccdd026 = ‘0’ and dccdd027 = ‘0’ and dccdd028 = ‘0’ and dccdd029 = ‘0’

Item Type: Single-select radio button

Responses:

Value

Label

1

End Section

17.33 dccdd031

Question: “Were you ever suspended from school?”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.34 dccdd032

Question: “How many times?”

Visibility: dccdd031 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.35 dccdd033

Question: “Were you ever expelled from school?”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.36 dccdd034

Question: “Were you ever in trouble with the police? (includes probation)”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.37 dccdd035

Question: “Have you ever actually been arrested or sent to juvenile court for something you have done?”

Visibility: dccdd034 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.38 dccdd036

Question: “Why were you arrested or sent to juvenile court? Explain.”

Visibility: dccdd034 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.39 dccdd037

Question: “Have you ever been involved in juvenile court for family problems?”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.40 ccdd23

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: ccdd20 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

17.41 dccdd038

Question: “How much did having these behavior(s) upset or bother you?”

Visibility: ccdd20 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

17.42 dccdd039

Question:

”How much did these behaviors change your relationships with your family?

Probe: Did your family say something about this to you? Did family members seem upset, angry, or annoyed with you because of your behavior?”

Visibility: ccdd20 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

17.43 dccdd040**Question:**

"Social: How much did these behaviors change your relationships with your friends?"

Probe: Did you find yourself spending much less time than usual with your friends? Did your friends say something about your behavior?"

Visibility: ccdd20 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8
8
9
9
10
10
998
Unknown

17.44 dccdd041

Question: “School: How much did these behaviors change your relationships with your teachers or classmates? -change how well you did at school, on tests, homework, or grades?”

Visibility: ccdd20 != 1

Item Type: Dropdown select

Responses:

Value

Label

- 0
- 0
- 1
- 1
- 2
- 2
- 3
- 3
- 4
- 4
- 5
- 5
- 6

6

7

7

8

8

9

9

10

10

998

Unknown

17.45 dccdd042

Question: “Did you stay home or were you sent home from school because of your behavior?”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.46 dccdd043

Question: “How many days of school did you miss because of your difficulties with attention or overactivity? (lifetime)”

Visibility: dccdd042 = '1'

Item Type: Text input

Responses: *Free text entry*

17.47 dccdd044

Question: “*INTERVIEWER: What number describes how impaired the participant was during the episode?*”

Visibility: ccdd20 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

17.48 ccdd28a**Question:**

"How old were you the **first time** you did these (list behaviors)?"

Code 998 if "always", 999 if "unknown".

Visibility: ccdd20 != 1

Item Type: Text input

Responses: *Free text entry*

17.49 dccdd047

Question: "Do you still (list behaviors)?"

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.50 dccdd048**Question:**

"How old were you the **last time** you did this behavior?

Code 998 if "always", 999 if "unknown".

Visibility: dccdd047 = '0'

Item Type: Text input

Responses: *Free text entry*

17.51 dccdd049

Question: "Since you were (age of onset), was there ever a time when you did not (insert behavior)?"

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.52 ccdd31**Question:**

"What was the longest period of time that you did not do (list behavior)?

(N weeks, N months, N years)"

Visibility: dccdd049 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

17.53 dccdd053

Question: “Did anyone, like a teacher or family member, suggest that you get help for these behaviors?”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.54 dccdd054

Question: “Were you placed in special classes at school because of your (list behaviors)?”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.55 dccdd055

Question: “Did a judge or probation officer ever require you to obtain treatment?”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.56 dccdd056

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list behaviors)?”

Visibility: ccdd20 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.57 ccdd33**Question:**

"What kind of person/people did you get help from?"

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens."

Visibility: dccdd055 = '1' or dccdd056 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

17.58 dccdd057

Question: "Specify (Professional/Treatment 1):"

Visibility: dccdd055 = '1' or dccdd056 = '1'

Item Type: Text input

Responses: *Free text entry*

17.59 dccdd058

Question: "Code (Professional/Treatment 1):"

Visibility: dccdd055 = '1' or dccdd056 = '1'

Item Type: Text input

Responses: *Free text entry*

17.60 dccdd059

Question: "Specify (Professional/Treatment 2):"

Visibility: dccdd055 = '1' or dccdd056 = '1'

Item Type: Text input

Responses: *Free text entry*

17.61 dccdd060

Question: “Code (Professional/Treatment 2):”

Visibility: dccdd055 = ‘1’ or dccdd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.62 dccdd061

Question: “Specify (Professional/Treatment 3):”

Visibility: dccdd055 = ‘1’ or dccdd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.63 dccdd062

Question: “Code (Professional/Treatment 3):”

Visibility: dccdd055 = ‘1’ or dccdd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.64 dccdd064

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dccdd055 = ‘1’ or dccdd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.65 dccdd065

Question: “Code (Professional/Treatment):”

Visibility: dccdd055 = ‘1’ or dccdd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.66 dccdd066

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dccdd055 = ‘1’ or dccdd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.67 dccdd067

Question: “Are you getting help now?”

Visibility: dccdd055 = ‘1’ or dccdd056 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.68 dccdd068**Question:**

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown".

Visibility: dccdd067 = '0'

Item Type: Text input

Responses: *Free text entry*

17.69 dccdd069

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dccdd055 = '1' or dccdd056 = '1'

Item Type: Text input

Responses: *Free text entry*

17.70 ccdd35

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dccdd055 = '1' or dccdd056 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

17.71 dccdd073

Question: “Specify (Other treatment):”

Visibility: ccdd35 .includes(3)

Item Type: Text input

Responses: *Free text entry*

17.72 dccdd074

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dccdd055 = ‘1’ or dccdd056 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

17.73 dccdd075

Question: “Specify (Medication 1):”

Visibility: dccdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.74 dccdd076

Question: “Code (Medication 1):”

Visibility: dccdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.75 dccdd077

Question: “Specify (Medication 2):”

Visibility: dccdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.76 dccdd078

Question: “Code (Medication 2):”

Visibility: dccdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.77 dccdd079

Question: “Specify (Medication 3):”

Visibility: dccdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.78 dccdd080

Question: “Code (Medication 3):”

Visibility: dccdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.79 dccdd081

Question: “Specify (Medication 4):”

Visibility: dccdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.80 dccdd082

Question: “Code (Medication 4):”

Visibility: dccdd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

17.81 ccdd__end

Question: “*INTERVIEWER: END of Conduct Disorder section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 18

Eating Disorders

18.1 eating_title

Question: “## Eating Disorders”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

18.2 ceat0

Question: “Earlier you told me some things about your eating habits and your weight. Now I would like to ask you some questions about that.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

18.3 dceat001

Question:

”Now I am going to ask you about eating binges. An eating binge is when someone stuffs themselves with a whole lot of food in a short time - like several whole pizzas or a whole chocolate cake or several containers of ice cream - and they don’t seem to be able to control how much they eat.

Have you ever had an eating binge like that?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.4 dceat002

Question: “During these binges were you afraid you could not stop eating, or that your eating was out of control?”

Visibility: dceat001 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.5 ceat3

Question:

"On average, how often per week or month did you have eating binges?
(*N times per week, month*)"

Visibility: dceat001 = '1'

Item Type: Text input

Responses: *Free text entry*

18.6 ceat4

Question:

"How long did this period of over-eating last?
(*N days, N weeks, N months*)"

Visibility: dceat001 = '1'

Item Type: Text input

Responses: *Free text entry*

18.7 dceat008

Question:

"How old were you the **first time** you did these (list behaviors)?
Code 998 if "always", 999 if "unknown"."

Visibility: dceat001 = '1'

Item Type: Text input

Responses: *Free text entry*

18.8 dceat009

Question: "Do you currently have times when you do these behaviors?"

Visibility: dceat001 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.9 dceat010**Question:**"How old were you the **last time** you did this behavior?"*Code 998 if "always", 999 if "unknown".***Visibility:** dceat009 = '0'**Item Type:** Text input**Responses:** *Free text entry***18.10 dceat011****Question:**

"Did you do anything to make yourself thin, like:

Making yourself throw up?"

Visibility: *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

18.11 dceat012

Question: “Taking diet pills or any other pills/medicine to help you lose weight?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.12 dceat013

Question: “Which substances?”

Visibility: dceat012 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.13 dceat014

Question: “Going on a very strict diet (eating very few calories)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.14 dceat015

Question: “Fasting (not eating at all)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.15 dceat016

Question: “Exercising a lot?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.16 dceat017**Question:** “Chewing and spitting out food rather than swallowing?”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

18.17 dceat018**Question:** “Other”**Visibility:** *Always***Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

18.18 dceat019

Question: “Specify (Other):”

Visibility: dceat018 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.19 dceat020

Question:

”How old were you the **first time** you did any of these behaviors (list)?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dceat011 = ‘1’ or dceat012 = ‘1’ or dceat014 = ‘1’ or dceat015 = ‘1’ or dceat016 = ‘1’ or dceat017 = ‘1’ or dceat018 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.20 ceat11

Question:

”On average, how often did you engage in (name compensatory behavior)?

(N times per week, month)”

Visibility: dceat011 = ‘1’ or dceat012 = ‘1’ or dceat014 = ‘1’ or dceat015 = ‘1’ or dceat016 = ‘1’ or dceat017 = ‘1’ or dceat018 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.21 ceat12

Question:

"How long did this (name compensatory behavior) period last?

(N days, N weeks, N months)"

Visibility: dceat011 = '1' or dceat012 = '1' or dceat014 = '1' or dceat015 = '1' or dceat016 = '1' or dceat017 = '1' or dceat018 = '1'

Item Type: Text input

Responses: *Free text entry*

18.22 dceat026

Question: "During this time (did you ever have a time when you) were you a lot more concerned about your weight and/or shape than most people your age?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.23 dceat027

Question: “Was there ever a time when you weighed much less than other people thought you ought to weigh? Has anyone ever worried that you were much too thin?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.24 dceat028

Question: “At that time, had you lost a lot of weight on purpose?”

Visibility: dceat027 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.25 dceat029

Question: “In the past, did you keep your weight down on purpose?”

Visibility: dceat027 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.26 dceat030

Question: “What was your lowest weight at that time?”

Visibility: dceat027 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.27 ceat17

Question:

”About how tall were you at that time?

(Record feet and inches in this format: 5’ 10)”

Visibility: dceat027 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.28 dceat033

Question:

"How old were you at the time?"

Code 998 if "always", 999 if "unknown".

Visibility: dceat027 = '1'

Item Type: Text input

Responses: *Free text entry*

18.29 dceat036

Question: "INTERVIEWER: Is participant's lowest weight 85% or lower than normal? See Participant Card (Height/Weight)"

Visibility: dceat027 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.30 dceat037

Question: "Did your episodes of binge eating only occur when you refused to maintain an appropriate weight?"

Visibility: dceat036 = '1' and dceat001 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.31 dceat038

Question: “At that time did you still feel fat or did you see yourself as too fat in some ways?”

Visibility: dceat027 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.32 dceat039

Question: “Were you still very much afraid that you could become fat, even after you’d lost a lot of weight?”

Visibility: dceat027 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.33 dceat040

Question: “At the time you were losing weight were you a lot more concerned about your weight and/or shape than most people your age?”

Visibility: dceat027 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.34 dceat041

Question: “Did you feel that parts of your body were still too fat when others thought that you were thin?”

Visibility: dceat027 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.35 ceat23a

Question: “*INTERVIEWER: Is the participant female?* ”

Visibility: dceat027 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

18.36 dceat042

Question: “Have you begun to have menstrual periods?”

Visibility: ceat23a = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.37 dceat043

Question: “Do you have regular periods, meaning every month for at least six months?”

Visibility: dceat042 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.38 dceat044

Question: “If female & applicable: Did your periods ever stop?”

Visibility: dceat042 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.39 dceat045

Question: “How many months (maxium) did you miss in a row?”

Visibility: dceat042 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.40 dceat046

Question: “*INTERVIEWER: Did participant miss at least 3 cycles in a row?*”

Visibility: dceat042 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.41 dceat047

Question: “Was there a physical cause for your weight loss?”

Visibility: dceat027 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.42 dceat048

Question: “What was the medical disorder? Specify:”

Visibility: dceat047 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.43 dceat049

Question: “Did a doctor tell you this?”

Visibility: dceat047 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.44 dceat050**Question:** "Specify:"**Visibility:** dceat049 = '1'**Item Type:** Text input**Responses:** *Free text entry***18.45 ceat29****Question:**"How old were you the **first time** you had these concerns about your weight?"*Code 998 if "always", 999 if "unknown".***Visibility:** dceat027 = '1'**Item Type:** Text input**Responses:** *Free text entry***18.46 dceat053****Question:** "Do you have these concerns now?"**Visibility:** dceat027 = '1'**Item Type:** Single-select radio button**Responses:**

Value

Label

0

No

1

Yes

9

Unknown

18.47 dceat054**Question:**

"How old were you the **last time** you had these concerns?

Code 998 if "always", 999 if "unknown"."

Visibility: dceat053 = '0'

Item Type: Text input

Responses: *Free text entry*

18.48 dceat055

Question: "Since you were (age of onset), was there ever a time when you were not concerned about your weight?"

Visibility: dceat027 = '1'

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.49 ceat32**Question:**

"What was the longest period of time that you did not have these concerns?

(N weeks, N months, N years)"

Visibility: dceat055 = '1'

Item Type: Text input

Responses: *Free text entry*

18.50 ceat33

Question: “*INTERVIEWER: The participant did not endorse any eating probes. End **Eating Disorders** Section.*”

Visibility: dceat001 = 0 and dceat011 = 0 and dceat012 = 0 and dceat014 = 0 and dceat015 = 0 and dceat016 = 0 and dceat017 = 0 and dceat018 = 0 and dceat026 = 0 and dceat027 = 0

Item Type: Single-select radio button

Responses:

Value

Label

1

End Section

18.51 ceat35

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Access for Anorexia or Bulimia or Both if applicable. Remind child how to use scale, if necessary.”

Visibility: ceat33 != 1

Item Type: User Message/instructions

Responses: *This item is a markdown message*

18.52 dceat059

Question: “How much did having these behavior(s) upset or bother you?”

Visibility: ceat33 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

18.53 dceat060

Question: “I want to know how much the eating binges/behaviors to control eating/weight you have told me about have caused problems for you at home, at school, or with your family or friends.”

Visibility: ceat33 != 1

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

18.54 dceat061

Question: “Did you stay home from school because of your eating binges/behaviors to control eating/weight?”

Visibility: ceat33 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.55 dceat062

Question: “How many days of school did you miss? (lifetime)”

Visibility: dceat061 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.56 dceat063

Question: “Did anyone, like a teacher or family member, suggest that you get help for problems with your eating or weight?”

Visibility: ceat33 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.57 dceat064

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for problems with your eating or weight?”

Visibility: ceat33 != 1

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.58 ceat37a

Question:

”What kind of person/people did you get help from?

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens.”

Visibility: dceat064 = ‘1’

Item Type: User Message/instructions

Responses: *This item is a markdown message*

18.59 dceat065

Question: “Specify (Professional/Treatment 1):”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.60 dceat066

Question: “Code (Professional/Treatment 1):”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.61 dceat067

Question: “Specify (Professional/Treatment 2):”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.62 dceat068

Question: “Code (Professional/Treatment 2):”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.63 dceat069

Question: “Specify (Professional/Treatment 3):”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.64 dceat070

Question: “Code (Professional/Treatment 3):”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.65 dceat072**Question:**

”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:**

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.66 dceat073

Question: “Code (Professional/Treatment):”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.67 dceat074**Question:**

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dceat064 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.68 dceat075

Question: “Are you getting help now?”

Visibility: dceat064 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.69 dceat076

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown"."

Visibility: dceat075 = '0'

Item Type: Text input

Responses: *Free text entry*

18.70 dceat077

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dceat064 = '1'

Item Type: Text input

Responses: *Free text entry*

18.71 ceat39

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dceat064 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

18.72 dceat081

Question: “Specify (Other treatment):”

Visibility: ceat39.includes(3)

Item Type: Text input

Responses: *Free text entry*

18.73 dceat082

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dceat064 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

18.74 dceat083

Question: “Specify (Medication 1):”

Visibility: dceat082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.75 dceat084

Question: “Code (Medication 1):”

Visibility: dceat082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.76 dceat085

Question: “Specify (Medication 2):”

Visibility: dceat082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.77 dceat086

Question: “Code (Medication 2):”

Visibility: dceat082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.78 dceat087

Question: “Specify (Medication 3):”

Visibility: dceat082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.79 dceat088

Question: “Code (Medication 3):”

Visibility: dceat082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.80 dceat089

Question: “Specify (Medication 4):”

Visibility: dceat082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.81 dceat090

Question: “Code (Medication 4):”

Visibility: dceat082 = ‘1’

Item Type: Text input

Responses: *Free text entry*

18.82 ceat__end

Question: “*INTERVIEWER: END of **Eating Disorders** section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

Chapter 19

Post Traumatic Stress Disorder

19.1 ptsd_title

Question: “## Post Traumatic Stress Disorder”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

19.2 cptd0

Question:

”Earlier I asked about different experiences you might have had or witnessed. I am going to ask you a little about those now.

INTERVIEWER: If any events potentially qualify for PTSD, LIST them below and prioritize the one which has had the most impact on the subject.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

19.3 cptd3

Question:

"Look at Participant Card 5 (Stressful Experiences). Which one do you think about the most or upsets you the most, 2nd most, etc?"

INTERVIEWER: Record responses in the following screens, Remind child how to use scale, if necessary."

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

19.4 dcptd001a

Question: "Event 1"

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.5 dcptd001b

Question: "Event 2"

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.6 dcptd001c

Question: "Event 3"

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.7 dcptd001d

Question: “Event 4”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.8 dcptd001e

Question: “Event 5”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.9 dcptd002

Question:

”Now I want to ask you about some of your thoughts/feelings/behaviors after (insert worst event name here). After the (event name) happened, did you ever feel:

Very afraid?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.10 dcptd003

Question: “Helpless or feel bad that you couldn’t do anything to stop it?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.11 dcptd004

Question: “Like you didn’t know what to do next?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.12 dcptd005

Question: “Like you were going crazy?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.13 dcptd006

Question: “Very nervous?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.14 dcptd007

Question:

”Following the (event name):

Have you often thought about what happened even though you didn’t want to think about it?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.15 dcptd008

Question: “Have repeated, frightening dreams about (the event)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.16 dcptd009

Question: “Act (or feel) as though (the event) were happening all over again?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.17 dcptd010

Question: “Get very upset when something reminded you of (the event)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.18 dcptd011

Question: “When something reminded you of (this event), did you start to sweat or feel like you would faint?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.19 dcptd012

Question:

”After the (event name):

Have you tried hard not to think or hear about what happened?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.20 dcptd013

Question: “Have you tried to stay away from places/people who might remind you of what happened?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.21 dcptd014

Question: “Have you not been able to remember an important part of what happened?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.22 dcptd015

Question: “Did you lose interest in doing things that you used to enjoy, like things are not as much fun as before?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.23 dcptd016

Question: “Did you feel separate or far away from other people, or have a hard time trusting other people, or feel alone even when you are with other people?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.24 dcptd017

Question: “Did you have trouble expressing normal feelings, like love, happiness, or anger toward other people, or did you sometimes feel like a robot, or was it hard to tell how you were feeling?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.25 dcptd018

Question: “Did you stop thinking about the future or about things you might do when you grew up or got older?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.26 dcptd019**Question:**

"After the (event name):

Did you have trouble sleeping? (falling asleep or staying asleep)"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.27 dcptd020

Question: "Has it been hard to keep your mind on things?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.28 dcptd021

Question: “Were you more jumpy or easily scared when people moved around you or touched you?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.29 dcptd022

Question: “More alert or watchful, even when there was no real reason to be?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.30 dcptd023

Question: “Have you often jumped at sudden noises more so than before the event happened?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.31 dcptd024

Question: “Have you lost your temper a lot or been more grouchy?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.32 cptd12

Question: “*INTERVIEWER: Is child age 12 or under, or immature for their age?*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

19.33 dcptd025

Question: “Did you ever act out what happened to you?”

Visibility: $\text{cptd12} = '1'$

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.34 cptd14

Question: “*INTERVIEWER: Is the child over 12 years old?*”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

19.35 dcptd026

Question: “Do you sometimes feel like the event is happening all over again?”

Visibility: cptd14 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.36 dcptd027

Question: “Do people say that you daydream a lot?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.37 dcptd028

Question: “Do you lose track of time a lot?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.38 dcptd029

Question: “Since (event name) happened, have you had any experiences in which you saw things that other people couldn’t see, or heard things that other people couldn’t hear?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.39 dcptd030

Question: “What did you see? Explain:”

Visibility: dcptd029 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.40 dcptd031

Question:

”When did the event occur?

(Record the month and year in this format, 01/2000)”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.41 dcptd032

Question: “How old were you when this event occurred?”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.42 dcptd035

Question:

"How long after the event did you begin having (insert specific endorsed symptoms) related to the event?"

(N days, N weeks, N months)"

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.43 dcptd039

Question: "How often did you have these feelings/behaviors?"

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

Never

1

Rarely (A little bit)

2

Sometimes

3

Often (More days than not)

4

Almost Always (Everyday or almost everyday)

9

Don't know

19.44 dcptd040

Question: “*INTERVIEWER: Record age of onset of symptoms using information from the previous questions.*”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.45 dcptd044

Question:

”When was the **last time** you had feelings/behaviors related to this event?

Code 998 if “always”, 999 if “unknown”. ”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.46 dcptd048

Question:

”*INTERVIEWER: Record duration of symptoms. If not clear, ask if it was more or less than one month.*

(N months, N years)”

Visibility: *Always*

Item Type: Text input

Responses: *Free text entry*

19.47 cptd20

Question:

”Please look at Participant Card 8: Distress/Impairment.

INTERVIEWER: Remind child how to use scale, if necessary.”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*

19.48 dcptd051

Question: “How much did your feelings/behaviors associated with this event upset or bother you?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

19.49 dcptd052

Question: “How much have the feelings/behaviors you have told me about, caused problems for you at home, at school, or with your family or friends?”

Visibility: *Always*

Item Type: Dropdown select

Responses:

Value

Label

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

998

Unknown

19.50 dcptd053

Question: “Did you stay home from school because of the way you were feeling?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.51 dcptd054

Question: “If yes, how many days of school did you miss? (lifetime)”

Visibility: dcptd053 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.52 dcptd055

Question: “Did anyone, like a teacher or family member, suggest that you get help for (list behaviors/feelings)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.53 dcptd056

Question: “Did you ever go to see a doctor, nurse, psychologist, social worker, school counselor, minister/priest or other professional to get help for (list behaviors/feelings)?”

Visibility: *Always*

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.54 cptd25

Question:

"What kind of person/people did you get help from?"

INTERVIEWER: Refer to Participant Card 13 (Professional/Treatment), record and code responses on the following screens."

Visibility: dcptd056 = '1'

Item Type: User Message/instructions

Responses: *This item is a markdown message*

19.55 dcptd057

Question: "Specify (Professional/Treatment 1):"

Visibility: dcptd056 = '1'

Item Type: Text input

Responses: *Free text entry*

19.56 dcptd058

Question: "Code (Professional/Treatment 1):"

Visibility: dcptd056 = '1'

Item Type: Text input

Responses: *Free text entry*

19.57 dcptd059

Question: "Specify (Professional/Treatment 2):"

Visibility: dcptd056 = '1'

Item Type: Text input

Responses: *Free text entry*

19.58 dcptd060

Question: “Code (Professional/Treatment 2):”

Visibility: dcptd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.59 dcptd061

Question: “Specify (Professional/Treatment 3):”

Visibility: dcptd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.60 dcptd062

Question: “Code (Professional/Treatment 3):”

Visibility: dcptd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.61 dcptd064

Question:

*”INTERVIEWER: If you listed multiple people, ask this question. If not, **Skip:***

Who did you get help from the first time?

Specify (Professional/Treatment):”

Visibility: dcptd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.62 dcptd065

Question: “Code (Professional/Treatment):”

Visibility: dcptd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.63 dcptd066

Question:

”How old were you the first time you got help?

Code 998 if “always”, 999 if “unknown”.”

Visibility: dcptd056 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.64 dcptd067

Question: “Are you getting help now?”

Visibility: dcptd056 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.65 dcptd068

Question:

"If no, how old were you the last time you got help?

Code 998 if "always", 999 if "unknown"."

Visibility: dcptd067 = '0'

Item Type: Text input

Responses: *Free text entry*

19.66 dcptd069

Question: "What did the professional say that you had (diagnoses given)?
List:"

Visibility: dcptd056 = '1'

Item Type: Text input

Responses: *Free text entry*

19.67 cptd27

Question: "What kind of treatment(s) have you gotten? (*Check all that apply*)"

Visibility: dcptd056 = '1'

Item Type: Multi-select checkbox

Responses:

Value

Label

1

Out-patient (Going to see someone in an office)

2

In-patient (Staying in a hospital)

3

Other

19.68 dcptd073

Question: “Specify (Other treatment):”

Visibility: [dcptd072] .includes(3)

Item Type: Text input

Responses: *Free text entry*

19.69 dcptd074

Question:

”Were you on medications?”

INTERVIEWER: Refer to Participant Card 9 (Medications), record and code responses in the following screens.”

Visibility: dcptd056 = ‘1’

Item Type: Single-select radio button

Responses:

Value

Label

0

No

1

Yes

9

Unknown

19.70 dcptd075

Question: “Specify (Medication 1):”

Visibility: dcptd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.71 dcptd076

Question: “Code (Medication 1):”

Visibility: dcptd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.72 dcptd077

Question: “Specify (Medication 2):”

Visibility: dcptd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.73 dcptd078

Question: “Code (Medication 2):”

Visibility: dcptd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.74 dcptd079

Question: “Specify (Medication 3):”

Visibility: dcptd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.75 dcptd080

Question: “Code (Medication 3):”

Visibility: dcptd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.76 dcptd081

Question: “Specify (Medication 4):”

Visibility: dcptd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.77 dcptd082

Question: “Code (Medication 4):”

Visibility: dcptd074 = ‘1’

Item Type: Text input

Responses: *Free text entry*

19.78 cptd__end

Question: “*INTERVIEWER: END of Post Traumatic Stress Disorder section*”

Visibility: *Always*

Item Type: User Message/instructions

Responses: *This item is a markdown message*