# iqs-ch-id\_s1\_r1\_e1

THRIVE ID



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# iqs-ch-sess-info\_s1\_r1\_e1

THRIVE ID					
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Session	<ul><li></li></ul>				
WARNING: The session you have indicated above does not match the session that this survey queue corresponds (S1 - Baseline). Please double check and correct any mistakes before continuing.					
Visit Type	<ul><li>Brain/Behavior Session</li><li>Interview/Questionnaire Session</li></ul>				
	ove does not match the visit type that this survey queue corresponds buble check and correct any mistakes before continuing.				
Assessor email:					



## **Child Survey Queue**

Are you a child participant or a parent/guardian?	<ul><li>○ Child</li><li>○ Parent/Guardian</li></ul>	

This survey is meant for the child, not the parent/guardian. Please let the assessor know there is an error.



## Time to practice!

You will now practice entering your responses on this survey. Please read carefully and do not hesitate to ask the experimenter if you have any questions.

		Very private and secure	Somewhat private and secure	Not very private or secure	Not at all private or secure
7)	How private is the information that you will share with us today?	0	0	0	0
	Approximately how long will this s Hours Minutes	session take?			
	Click or tap the 'Submit' button be	elow to continue.			

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# Time to practice!

	experimenter if you have any questions.	vey. Please read carefully and do not hesitate to ask the
8)	When are you allowed to ask questions?	<ul> <li>□ Before starting the activities</li> <li>□ While completing the activities</li> <li>□ After finishing the activities</li> <li>□ On a different day after the session ends</li> <li>□ Never, you cannot ask any questions</li> </ul>
9)	What should you do if you did not understand the instructions or have a question?	

Click or tap the 'Submit' button below to continue.



## **Brief Fear Of Negative Evaluation**

Please select the option that best corresponds to how much you agree with each item.

		Not at all characteristic of me	A little characteristic of me	Somewhat characteristic of me	Very characteristic of me	Entirely characteristic of me
10)	I worry about what other people will think of me even when I know it doesn't make any difference.	0	0	0	0	0
11)	an unfavorable impression of	0	0	0	0	$\circ$
12)	me. I am frequently afraid of other people noticing my	$\circ$	$\circ$	$\circ$	$\bigcirc$	$\circ$
13)	shortcomings. I worry about what kind of impression I make on people.	0	0	0	$\circ$	0
14)	I am afraid that others will not approve of me.	0	0	0	0	0
15)	I am afraid that other people will find fault with me.	0	0	0	0	0
16)	I am concerned about other people's opinions of me.	0	0	0	0	0
17)	When I am talking to someone, I worry about what they may be thinking about me.	0	0	0	0	0
18)	I am usually worried about what kind of impression I make.	0	0	0	0	0
19)	If I know someone is judging me, it tends to bother me.	0	0	0	0	0
20)	Sometimes I think I am too concerned with what other people think of me.	0	0	0	0	0
21)	I often worry that I will say or do wrong things.	0	0	0	$\circ$	$\circ$

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#### The Fear of Positive Evaluation Scale

Read each of the following statements carefully and select an option to indicate the degree to which you feel the statement is characteristic of you. For each statement, respond as though it involves people that you do not know very well.

		Not at all True				Somew hat					Very True
22)	I am uncomfortable exhibiting my talents to others, even if I think my talents will impress them.	0	0	0	0	True	0	0	0	0	0
23)	It would make me anxious to receive a compliment from someone that I am attracted to.	0	0	0	0	0	0	0	0	0	0
24)	I try to choose clothes that will give people little impression of what I am like.	0	0	0	$\bigcirc$	0	0	0	0	0	0
25)	I feel uneasy when I receive praise from authority figures.	0	0	0	0	$\circ$	0	0	0	0	0
26)	If I have something to say that I think a group will find interesting, I typically say it.	0	0	0	0	0	0	0	0	0	0
27)	I would rather receive a compliment from someone when that person and I were alone than when in the presence of others.	0	0	0	0	0	0	0	0	0	0
28)	If I was doing something well in front of others, I would wonder whether I was doing "too well."	0	0	0	0	0	0	0	0	0	0
29)	I generally feel uncomfortable when people give me compliments.	0	0	0	0	0	0	0	0	0	0
30)	I don't like to be noticed when I am in public places, even if I feel as though I am being admired.	0	0	0	0	0	0	0	0	0	0
31)	I often feel under-appreciated, and wish people would comment more on my positive qualities.	0	0	0	0	0	0	0	0	0	0

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#### **SPAI-C**

Below are some places or activities that sometimes make boys or girls feel nervous or scared. All of these activities are called social situations because they involve being with other people. Social situations include playing outside with other boys and girls, playing a sport while others are watching, being in a play or recital, going to a party or a meeting, playing at the playground, or just being around other boys and girls at school.

Think about yourself and select the option that shows how often you would feel nervous or scared when doing this.

32)	I feel scared when I am with other adults and I have to do something (read aloud, play a game, play a s	while they watch me	<ul><li>Sometimes</li></ul>	<ul><li>Never, or Hardly Ever</li><li>Sometimes</li><li>Most of the Time, or Always</li></ul>					
33)	I feel scared when I have to speak a group of people.	or read in front of	<ul><li>○ Never, or Hardly E</li><li>○ Sometimes</li><li>○ Most of the Time,</li></ul>						
	If somebody starts arguing is	with me, I feel scared	and do not know wh	at to do if that person					
	13	Nover or Hardly Ever	Sometimes	Most of the Time, or Always					
241		Never, or Hardly Ever		Most of the Time, or Always					
34)	a boy or girl my age who l	O	O	O					
35)	know a boy or girl my age who I don't know.	0	0	0					
36)	an adult.	0	0	0					
	If somebody asks me to do something that I don't want to do, I feel scared and don't know								
	what to say if that person is								
		Never, or Hardly Ever	Sometimes	Most of the Time, or Always					
37)	a boy or girl my age who l	$\circ$	$\bigcirc$	$\circ$					
38)	know a boy or girl my age who I don't know.	0	0	0					
39)	an adult.	0	0	0					
	I feel scared and don't know	w what to do when in a	an embarrassing situ	ation with					
	(embarrassed means that y	our face gets hot and	red)						
		Never, or Hardly Ever	Sometimes	Most of the Time, or Always					
40)	a boy or girl my age who I	$\bigcirc$	$\bigcirc$	$\bigcirc$					
41)	knowa boy or girl my age who l	$\bigcirc$	$\bigcirc$	$\bigcirc$					
<b>T</b>	don't know.		_						
42)	an adult.	0	0	0					
	If somebody says somethin	g that I think is wrong	or bad, I feel scared	saying what I think if					
	that person is	_							
		Never, or Hardly Ever	Sometimes	Most of the Time, or Always					
43)	a boy or girl my age who I	Actor, or rigidity Ever		Always					
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know.

	a boy or girl my age who I don't know.	0	0	0							
45)	an adult.	0	0	0							
	I feel scared when I start to	feel scared when I start to talk to									
		Never, or Hardly Ever	Sometimes	Most of the Time, or Always							
46)	boys or girls my age that I know.	0	0	0							
47)	boys or girls my age that I don't know.	0	0	0							
48)	adults.	0	0	0							
	I feel scared if I have to tal	k for longer than a few	minutes with								
		Never, or Hardly Ever	Sometimes	Most of the Time, or Always							
49)	boys or girls my age that I know.	0	0	0							
50)	boys or girls my age that I don't know.	0	0	0							
51)	adults.	0	0	0							
	I feel scared when speaking (giving a book report, reading in front of the class) in front of										
		Never, or Hardly Ever	Sometimes	Most of the Time, or Always							
52)	boys or girls my age that I know.	0	0	0							
53)	boys or girls my age that I don't know.	0	0	0							
54)	adults.	0	0	0							
	I feel scared when I am in a	school play, choir, mus	sic or dance recital i								
		Never, or Hardly Ever	Sometimes	Most of the Time, or Always							
55)	boys or girls my age that I know.	0	0	0							
56)	boys or girls my age that I don't know.	0	0	0							
57)	adults.	0	0	0							
58)	I usually do not speak to anyone ume.	until they speak to	<ul><li>Never, or Hardly Ev</li><li>Sometimes</li><li>Most of the Time, or</li></ul>								

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# **Error Sensitivity Index**

	To what extent is this statement true for you?							
		not at all	somewhat	a lot				
59)	When I notice a mistake I made, I feel upset.	0	0	0				
60)	My stomach feels sick when I make a mistake.	0	0	0				
61)	If I make a mistake, I always want to fix it.	0	0	0				
62)	When someone notices I did something wrong, I feel upset.	0	0	0				
63)	I am afraid of making mistakes in front of other people.	0	0	0				
64)	I like to do things perfectly.	$\circ$	$\circ$	$\circ$				
65)	I feel upset when other people don't like something I have	0	0	0				
66)	done. When I make a mistake, I feel anxious.	0	0	0				
67)	When I make a mistake, I start sweating or blushing.	0	0	0				

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Respond to each of the following statements by selecting an option. Please be as honest as you can throughout, and try not to let your answer to one item influence your answers to other items. There are no correct or incorrect answers. You are simply to express your own personal feelings. For each statement, indicate how much you agree or disagree with it.

		I agree a lot	l agree a little	I'm in the middleI neither agree nor disagree	I disagree a little	l disagree a lot
68)	Compared to other people, I expect a lot from myself.	0	0	0	0	0
69)	When even one thing goes wrong I begin to wonder if I can do well at anything at all.	0	0	0	0	0
70)	I get angry with myself if my efforts don't lead to the results I wanted.	0	0	0	0	0
71)	When it comes to setting standards for my behavior, I aim higher than most people.	0	0	0	0	0
72)	I hardly ever let unhappiness over one bad time influence my feelings about other parts of my life.	0	0	0	0	0
73)	When I don't do as well as I hoped to, I often get upset with myself.	0	0	0	0	0
74)	I set higher goals for myself than other people seem to.	0	$\circ$	0	0	0
75)	If I notice one fault of mine, it makes me think about my other faults.	0	0	0	0	0
76)	I get unhappy with anything less than what I expected of myself.	0	$\circ$	0	0	0
77)	A single failure can change me from feeling OK to seeing only the bad in myself.	0	0	0	0	0



# **Persistent and Intrusive Negative Thoughts Scale**

	Please rate the frequency wi	tn wnicn ead	in of these thi	ngs nappen to	o you wnen yo	ou experience
	a problem:					
		never				almost always
78)	l lay awake at night thinking about things	0	0	0	0	0
79)	When I have a problem, I can't get it out of my head	0	0	$\circ$	0	0
30)	When something upsets me, I think about it over and over	0	0	$\circ$	0	0
31)	I get stuck thinking about things	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\bigcirc$
32)	When something difficult is coming up, I keep thinking about it all of the time	0	0	0	0	0

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### **SWCQ**

The following questions ask about how much certain things affect your feelings of self-worth (how positive or negative you feel about yourself as a person). For the following questions, please select the response based on how true the statements are for you.

		not at all true for me	a little true for me	somewhat true for me	true for me	very true for me	extremely true for me
83)	Whether or not I reach my goals in school strongly affects my feelings of worth	0	0	0	0	0	0
84)	The way I feel about myself as a person depends a lot on what people in my life think of me	0	0	0	0	0	0
85)	My performance in schoolwork does not influence how I feel about myself	0	0	0	0	0	0
86)	Other people's feedback makes or breaks how I feel about	0	0	$\circ$	0	0	0
87)	myself The way I feel about myself does not depend on how well I do in my schoolwork or on school projects	0	0	0	0	0	0
88)	If other people's feelings about me change, my feelings of self-worth change as well	0	0	0	0	0	0
89)	The way I feel about myself depends a lot on how well I do in my schoolwork or on school projects	0	0	0	0	0	0
90)	Other people's approval (or disapproval) strongly affects how worthy I feel	0	0	0	0	0	0
91)	If my performance in schoolwork changes, my feelings of self-worth change as well	0	0	0	0	0	0
92)	Other people's approval (or disapproval) does not affect how worthy I feel	0	0	0	0	0	0
93)	My feelings of self-worth don't change even if my performance in schoolwork changes	0	0	0	0	0	0
94) 95)	Other people's feedback does not affect how I feel about myself	0	0	0	0	0	0

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People's feelings about you:	$\circ$		$\circ$	$\circ$		$\bigcirc$
Schoolwork:	$\circ$		$\circ$	$\circ$		$\circ$
	not at all important	somewh	nat important	very important	extrem	ely important
important):						
Please rate how important t	the following is t	o you o	n a scale of	1 (not at all)	to 4 (extr	emely
My feelings of self-worth don't change even if other people's feelings about me change	0	0	0	0	0	0
in school has no effect on how worthy I feel						
Whether or not I reach my goals	0	0	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$
The way I feel about myself does not depend on what people in my life think of me	O	O	O	O	O	O
about myself						
My performance in schoolwork	$\circ$	$\circ$	$\circ$	$\circ$	0	$\circ$
	makes or breaks the way I feel about myself  The way I feel about myself does not depend on what people in my life think of me  Whether or not I reach my goals in school has no effect on how worthy I feel  My feelings of self-worth don't change even if other people's feelings about me change	makes or breaks the way I feel about myself  The way I feel about myself does not depend on what people in my life think of me  Whether or not I reach my goals in school has no effect on how worthy I feel  My feelings of self-worth don't change even if other people's feelings about me change  Please rate how important the following is timportant):	makes or breaks the way I feel about myself  The way I feel about myself does not depend on what people in my life think of me  Whether or not I reach my goals in school has no effect on how worthy I feel  My feelings of self-worth don't change even if other people's feelings about me change  Please rate how important the following is to you o important):  not at all important somewhas somewhat somewhat somewhas s	makes or breaks the way I feel about myself  The way I feel about myself does not depend on what people in my life think of me  Whether or not I reach my goals in school has no effect on how worthy I feel  My feelings of self-worth don't change even if other people's feelings about me change  Please rate how important the following is to you on a scale of important):  not at all important  Schoolwork:	makes or breaks the way I feel about myself  The way I feel about myself does not depend on what people in my life think of me  Whether or not I reach my goals in school has no effect on how worthy I feel  My feelings of self-worth don't change even if other people's feelings about me change  Please rate how important the following is to you on a scale of 1 (not at all) important):  not at all important somewhat important very important Schoolwork:	makes or breaks the way I feel about myself does not depend on what people in my life think of me  Whether or not I reach my goals in school has no effect on how worthy I feel  My feelings of self-worth don't change even if other people's feelings about me change  Please rate how important the following is to you on a scale of 1 (not at all) to 4 (extrimportant):  not at all important somewhat important very important extremes Schoolwork:

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Please select the option that	shows how of	ten each of these th	nings happens to	you. There are
no right or wrong answers.				
	Never	Sometimes	Often	Always
101) I feel sad or empty	$\circ$	$\circ$	$\circ$	$\circ$
102) I worry when I think I have done poorly at something	0	0	0	0
103) I would be afraid of being on my own at home	0	0	0	0
104) Nothing is much fun for me anymore	0	0	0	0
105) I worry that something awful will happen to someone in the family	0	0	0	0
106) I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	0	0	0	0
107) I worry what other people think of me	0	0	0	0
108) I have trouble sleeping	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
109) I feel scared if I have to sleep on my own	0	0	0	0
110) I have problems with my	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
111) I suddenly become dizzy or faint when there is no reason for this	0	0	0	0
112) I have to do somethings over and over again (like washing hands, cleaning, or putting things in a certain order)	0	0	0	0
113) I have no energy for things	$\circ$	$\bigcirc$	$\circ$	$\circ$
114) I suddenly start to tremble or shake when there is no reason for this	0	0	0	0
115) I cannot think clearly	$\circ$	$\circ$	$\circ$	$\circ$
116) I feel worthless	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
117) I have to think of special thoughts (like numbers or words) to stop bad things from happening	0	0	0	0

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118)

I think about death	$\bigcirc$	$\circ$	$\circ$	$\circ$
119) I feel like I don't want to move	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
120) I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	0	0	0	0
121) I am tired a lot	$\circ$	$\circ$	$\circ$	$\circ$
122) I feel afraid that I will make a fool of myself in front of people	0	0	0	0
123) I have to do some things in just the right way to stop bad things from happening	0	0	0	0
124) I feel restless	$\circ$	$\circ$	$\circ$	$\circ$
125) I worry that something bad will happen to me	0	0	0	0

## **Revised Peer Experiences Questionnaire**

Please read the questions and answer how often this happens to you. The questions say "a teen," but imagine that "teen" just means someone in your age group.

	never	once or twice	a rew times	week	a few times a week
126) A teen chased me like he or she was really trying to hurt me.	0	0	0	0	0
127) A teen threatened to hurt or beat me up.	$\circ$	0	0	0	0
128) A teen hit, kicked, or pushed me in a mean way.	$\circ$	0	0	0	0
129) Some teens left me out of an activity or conversation that I really wanted to be included in.	0	0	0	0	0
130) A teen did not invite me to a party or other social event even though they knew that I wanted to go.	0	0	0	0	0
131) A teen left me out of what they were doing.	0	0	0	0	0
132) A teen tried to damage my social reputation by spreading rumors about me.	0	0	0	0	0
133) Another teen gossiped about me so that others would not like me.	$\circ$	0	0	0	0
134) Another teen said mean things about me so that people would think that I was a loser.	0	0	0	0	0
135) Another teen helped me when I was having a problem.	0	$\circ$	0	0	0
136) Another teen was nice and friendly to me when I needed help.	0	0	0	0	0
137) Another teen stuck up for me when I was being picked on or excluded.	0	0	0	0	0
138) A teen helped me join into a group or conversation.	0	0	0	0	0
139) A teen spent time with me when I had no one else to hang out with.	0	0	0	0	0

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For each item, indicate how well it describes you on a scale from 1 (describes me extremely								
poorly) to 7 (describes me extremely well):								
	describes me extremely poorly						describes me extremely well	
140) I can predict other people's behavior.	0	0	0	0	0	0	0	
141) I know how my actions will make others feel.	0	0	0	0	0	0	0	
142) I understand other people's feelings.	0	0	0	0	0	$\circ$	0	
L43) I understand others' wishes.	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$	
144) I can often understand what others are trying to accomplish without the need for them to say anything.	0	0	0	0	0	0	0	
145) I can predict how others will react to my behavior.	$\circ$	0	0	0	0	0	0	
146) I can often understand what others really mean through their expression, body language, etc.	0	0	0	0	0	0	0	



#### **CASI**

A number of statements which boys and girls use to describe themselves are given below. Read each statement carefully and select the option that best describes you. There are no right or wrong answers. Remember, find the word that best describes you.

		-	
147) I don't want other people to know when I feel afraid	none	some	a lot
148) When I cannot keep my mind on my schoolwork I worry that I might be going crazy	0	0	0
149) It scares me when I feel 'shaky'	0	$\circ$	0
150) It scares me when I feel like I am going to faint	0	0	0
151) It is important for me to stay in control of my feelings	0	0	0
152) It scares me when my heart beats fast	0	0	0
153) lt embarrasses me when my stomach growls (makes noise)	0	0	0
154) It scares me when I feel like I am going to throw up	0	0	0
155) When I notice that my heart is beating fast, I worry that there might be something wrong with me	0	0	
156) It scares me when I have trouble getting my breath	0	0	0
157) When my stomach hurts, I worry that I might be really sick	0	0	0
158) It scares me when I can't keep my mind on my schoolwork	0	0	0
159) Other kids can tell when I feel shaky	0	0	0
160) Unusual feelings in my body scare me	0	0	0
161) When I am afraid, I worry that I might be crazy	0	0	0
162) It scares me when I feel nervous	$\circ$	0	0
163) I don't like to let my feelings	0	0	0
164) Funny feelings in my body scare me	O	0	0

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#### **SASSY**

165) You notice at school one day that a favorite book of yours is missing. Later you notice a boy/girl in your class has a similar book in their bag. What do you think is most likely to have happened to your book?	<ul> <li>That child has stolen the book and put it in their bag.</li> <li>Someone who doesn't like you has taken your book so you will be in trouble with your parents.</li> <li>You left your book at home.</li> <li>A friend borrowed the book thinking you wouldn't mind.</li> </ul>
166) You see the School Principal walking around the playground and s/he has been asking other children where you are. Why do you think the Principal is most likely looking for you?	<ul> <li>The principal has a message for you.</li> <li>The principal thinks you have done something wrong and is angry.</li> <li>The principal wants to tell you he/she has noticed you are working harder and is pleased.</li> <li>One of the other children has told the teachers something bad about you.</li> </ul>
167) You arrange to have a party at 4:00pm and by 4:30pm no one has arrived. What do you think is most likely to have happened?	<ul> <li>Your friends are angry at you and don't want to come.</li> <li>You must have put 4:30pm on the invitation.</li> <li>Your friends are late because the traffic is very heavy.</li> <li>Your friends don't want to come because they think it will be really boring.</li> </ul>
168) You are showing your school project in front of the class and two students in the back are giggling. What is the reason that they are giggling?	<ul> <li>They think the project is really dumb.</li> <li>They are being silly and tickling each other.</li> <li>Another kid is making funny faces at them.</li> <li>There is a big stain on your uniform and they are laughing at you.</li> </ul>
169) You are sleeping over at a friend's place and his/her parents seem to be really annoyed and cranky all the time. What is the most likely reason that your friend's parents are annoyed and cranky all the time?	<ul> <li>They had a little argument and are a bit upset with each other.</li> <li>They don't really like you.</li> <li>They think you have done something wrong.</li> <li>They had a party last night and they are tired and don't feel well.</li> </ul>
170) You see a group of students from another class playing a great game. You walk over and want to join in and you hear them laughing. Which of the following do you think is most likely to happen next?	<ul> <li>They are going to start looking at you and telling secrets about you.</li> <li>They will soon ask you to join in.</li> <li>One of them is likely to rush up and push you away.</li> <li>They are going to notice you and smile.</li> </ul>

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## **Youth Social Reward Survey**

The following questions ask about your thoughts and feelings. There are no right or wrong answers. Please answer honestly, based on how you usually feel.

When thinking about other kids your age:

	Not at all			A lot	
171) How much do you like feeling connected to them?	0	0	0	0	
172) How much do you like feeling like a part of the group?	0	0	0	0	
173) How much do you like when they include you in activities?	0	0	0	0	
174) How much do you like spending time with them?	0	0	0	0	
175) How much do you want to feel connected to them?	0	0	0	0	
176) How much do you want to feel like a part of the group?	0	0	$\bigcirc$	0	
177) How much do you want them to include you in activities?	0	$\circ$	$\circ$	0	
178) How much do you want to spend time with them?	0	0	$\circ$	0	
179) How much effort do you put in to feel connected to them?	0	0	$\bigcirc$	0	
180) How much effort do you put in to feel like a part of the group?	0	$\circ$	$\circ$	0	
181) How much effort do you put in so they will include you in	0	0	0	0	
activities? 182) How much effort do you put in to spend time with them?	0	0	0	0	

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# **Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA)**

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways.

	strongly disagree	disagree	half and half	agree	strongly agree
183) When I want to feel happier, I think about something different	0	0	0	0	0
184) I keep my feelings to myself	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
185) When I want to feel less bad (e.g., sad, angry, or worried), I think about something different	0	0	0	0	0
186) When I am feeling happy, I am careful not to show it	0	0	0	0	0
187) When I'm worried about something, I make myself think about it in a way that helps me feel better	0	0	0	0	0
188) I control my feelings by not showing them	0	0	0	0	0
189) When I want to feel happier about something, I change the way I'm thinking about it	0	0	0	0	0
190) I control my feelings about things by changing the way I think about them	0	0	0	0	0
191) When I'm feeling bad (e.g., sad, angry, or worried), I'm careful not to show it	0	0	0	0	0
192) When I want to feel less bad (e.g., sad, angry, or worried) about something, I change the way I'm thinking about it	0	0	0	0	0

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# **Other-Oriented Perfectionism - Junior (OOP-Jr)**

	Not at all				Extremely
193) I do not like to be friends with anyone who is not perfect	$\circ$	0	0	0	$\circ$
194) If other kids aren't perfect, I don't like them	0	0	0	0	0
195) People who want to be my friend need to be perfect	0	$\circ$	0	0	0
196) It is important that people I am close to are perfect	$\circ$	$\circ$	$\circ$	0	0
197) I need my family members to be perfect	0	$\circ$	$\circ$	0	0
198) Everything that others do must be perfect	0	0	0	0	0
199) I get upset when other kids aren't perfect	$\circ$	0	$\circ$	0	0
200) I need my friends to be perfect	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\circ$
201) I think less of my classmates if they make mistakes	0	0	0	0	0
202) I expect my friends to be the	$\circ$	0	0	$\circ$	0

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### **Obsessive Compulsive Inventory - Child Version**

On this page there are several questions that we want you to answer. Read each sentence carefully and tell us how much it has happened to you in the last month. If it never happens to you, select the word "never." If it sometimes happens to you, select the word "sometimes." If it happens to you almost always, select the word "always." This is not a test, so there are no right and wrong answers.

	never	sometimes	always
203) Can't stop bad thoughts	$\bigcirc$	$\bigcirc$	$\bigcirc$
204) Compulsive washing	$\bigcirc$	$\circ$	$\bigcirc$
205) Collect stuff that gets in way	$\bigcirc$	$\bigcirc$	$\bigcirc$
206) Checking things	$\bigcirc$	$\bigcirc$	$\circ$
207) Doubting if did things	$\bigcirc$	$\bigcirc$	$\bigcirc$
208) Counting	$\bigcirc$	$\circ$	$\circ$
209) Collect things don't need	$\bigcirc$	$\circ$	$\circ$
210) Upset if things not in order	$\bigcirc$	$\circ$	$\circ$
211) Repeating	$\bigcirc$	$\circ$	$\circ$
212) Worry about cleanliness	$\bigcirc$	$\circ$	$\circ$
213) Upset by bad thoughts	$\bigcirc$	$\circ$	$\circ$
214) Repeating numbers	$\bigcirc$	$\circ$	$\circ$
215) Worry didn't finish things	$\bigcirc$	$\circ$	$\circ$
216) Upset by intrusive bad thoughts	$\bigcirc$	$\circ$	$\circ$
217) Checking doors, windows, etc.	$\bigcirc$	$\circ$	$\circ$
218) Difficulty discarding	$\bigcirc$	$\circ$	$\circ$
219) Upset if people move things	$\bigcirc$	$\circ$	$\circ$
220) Saying things in response to bad thoughts	0	0	0
221) Need things certain way	$\bigcirc$	$\circ$	$\bigcirc$
222) Doubting if did something "right"	$\bigcirc$	$\circ$	$\bigcirc$
223) Wash more than others	$\circ$	$\circ$	$\bigcirc$

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## The Motivation for Solitude Scale - Short Form (MSS-SF)

Please take a moment to think about the time you spend alone. This could include the things you tend to do when you're alone, what you think about, and how you feel. Rate the importance of each of the following statements as a reason that you spend time alone.

For example, one item is "I enjoy the quiet." Remember, we are not asking you to rate the extent to which you enjoy the quiet when you are alone, but the IMPORTANCE of that as a reason that you spend time alone. If enjoying the quiet is a very important reason that you spend time alone, you should check "Very important." If it is not at all important as a reason you spend time alone, you should check "Not at all important."

"When I spend time alone, I do so because"						
	Not at all Important	Somewhat Important	Moderately Important	Very Important		
224) It sparks my creativity	$\circ$	$\circ$	$\circ$	0		
225) I enjoy the quiet	$\circ$	$\circ$	$\circ$	$\bigcirc$		
226) Being alone helps me get in touch with my spirituality	0	0	0	0		
227) It helps me stay in touch with my feelings	0	0	0	0		
228) I value the privacy	$\circ$	$\circ$	$\circ$	$\circ$		
229) I can engage in activities that really interest me	0	0	0	0		
230) It helps me gain insight into why I do the things I do	0	0	0	0		
231) I feel energized when I spend time with myself	0	0	0	0		

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# **Everyday Discrimination Scale and Heightened Vigilance Scales (Child Self Report)**

In your day-to-day life, how	often have	any of the	following th	ings happen	ed to you?	
	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy or respect than other people.	0	0	0	0	0	0
You receive poorer service than other people at restaurants or stores.	0	0	0	0	0	0
People act as if they think you are not smart.	0	0	0	0	0	0
People act as if they are afraid of you.	0	0	0	0	0	0
You are threatened or harassed.	0	0	0	0	$\circ$	0
If you answered "A few times a year" or more frequently to at least one question above:  What do you think is the main reason for these experiences? (Check all that apply)  Your religion Your weight Some other aspect of your physical appearance Your sexual orientation Your family's education or income level A physical disability Your shade of skin color Other (SPECIFY)						
						-
In dealing with these day-to-	•	riences that Fairly often	•	_		
Think in advance about the kinds of problems you are likely to experience?	Very often		en Not too	)	lly ever	Never
Try to prepare for possible insults before leaving home?	0	0	C	)	0	$\bigcirc$

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$\Gamma$	a	u	_	_	/

very careful about your appearance to get good service or avoid being harassed?	O	O	O	O	O
Carefully watch what you say and how you say it?	0	0	0	0	0
Carefully observe what happens around you?	0	0	0	0	0
Try to avoid certain social situations and places?	0	0	0	0	0

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#### **PSB**

"For each item, please select the option for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely sure. Please give your answers on the basis of how things have been for you over the last six months or this school year."

	Not True	Somewhat True	Certainly True	
245) I try to be nice to other people. I care about their feelings.	0	0	0	
246) I am helpful if someone is hurt, upset, or feeling sick.	0	0	0	
247) I often offer to help others (parents, teachers, children)	0	0	0	

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#### **PDS**

The next questions are about changes that may be happening to your body. These changes normally happen to different young people at different ages. Since they may have something to do with your brain activity, do your best to answer carefully. To give you some privacy, we will let you read and answer the questions on your own. However, if you would like help reading or you don't understand the questions, just let me know and I can help you.

What do you consider yourself to be:	<ul><li>○ Male</li><li>○ Female</li><li>○ Other</li></ul>
Would you say that your growth in height	
<ul> <li>○ Has not yet begun to spurt</li> <li>○ Has barely started</li> <li>○ Is definitely underway</li> <li>○ Seems complete</li> <li>○ I don't know</li> </ul>	
And how about the growth of your body hair? ("Body hair" mear your arms.) Would you say that your body hair growth:	ns hair any place other than your head, such as under
<ul><li>○ Has not yet begun to grow</li><li>○ Has barely started to grow</li><li>○ Is definitely underway</li><li>○ Seems complete</li><li>○ I don't know</li></ul>	
Have you noticed any skin changes, especially pimples?	
<ul> <li>Skin has not yet started changing</li> <li>Skin has barely started changing</li> <li>Skin changes are definitely underway</li> <li>Skin changes seem complete</li> <li>I don't know</li> </ul>	
Have you noticed that your breasts have begun to grow?	
<ul> <li>○ Have not yet started growing</li> <li>○ Have barely started growing</li> <li>○ Breast growth is definitely underway</li> <li>○ Breast growth seems complete</li> <li>○ I don't know</li> </ul>	
Have you begun to menstruate (started to have your period)?	
<ul><li>Yes</li><li>No</li><li>I don't know</li></ul>	
How old were you when you started to menstruate? (In y	rears.)

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Have you noticed a deepening of your voice?	
<ul> <li>Voice has not yet started changing</li> <li>Voice has barely started changing</li> <li>Voice changes are definitely underway</li> <li>Voice changes seem complete</li> <li>I don't know</li> </ul>	
Have you begun to grow hair on your face?	
Facial hair has not yet started growing Facial hair has barely started growing Facial hair has definitely started Facial hair growth seems complete I don't know	



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#### **CYBB**

Have you ever been cyberbullied, where someone was trying on purpose to harm you or be mean to you online, in texts, or group texts, or on social media (like Instagram or Snapchat)?	<ul><li>○ Yes</li><li>○ No</li></ul>
Has this happened to you in the past 12 months?	○ Yes ○ No
How often in the past 12 months?	<ul> <li>1 time</li> <li>2 times</li> <li>3 times</li> <li>4-9 times</li> <li>10-19 times</li> <li>20-39 times</li> <li>40-49 times</li> <li>50+ times</li> </ul>
Did they have more power, strength, or social influence than you? This could be because they were bigger, had more friends, were more popular, or had more power than you in another way?	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>
Have you ever cyberbullied someone, where you purposefully tried to harm another person or be mean to them online, in texts or group texts, or on social media (like Instagram or Snapchat)?	○ Yes ○ No
Have you done this in the past 12 months?	○ Yes ○ No
How often in the past 12 months?	<ul> <li>1 time</li> <li>2 times</li> <li>3 times</li> <li>4-9 times</li> <li>10-19 times</li> <li>20-39 times</li> <li>40-49 times</li> <li>50+ times</li> </ul>
Did you have more power, strength, or social influence than the person you were cyberbullying? This could be because you were bigger than this person, had more friends, were more popular, or had more power than that person in another way?	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>

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# DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure-Child Age 11-17

The questions below ask about things that might have bothered you. For each question, select the option that best describes how much (or how often) you have been bothered by each problem.

	Not at all	Rare, less than a day or two	Several days	More than half the days	Nearly every day
264) During the past two weeks, how often have you been bothered by stomachaches, headaches, or other aches and pains?	0	0	0	0	0
265) During the past two weeks, how often have you worried about your health or about getting sick?	0	0	0	0	0
266) During the past two weeks, how often have you been bothered by not being able to fall asleep or stay asleep, or by waking up too early?	0	0	0	0	0
267) During the past two weeks, how often have you been bothered by not being able to pay attention when you were in class or doing homework or reading a book or playing a game?	0		0	0	0
268) During the past two weeks, how often have you had less fun doing things than you used to?	0	0	0	0	0
269) During the past two weeks, how often have you felt sad or depressed for several hours?	0	0	0	0	0
270) During the past two weeks, how often have you felt more irritated or easily annoyed than usual?	0	0	0	0	0
271) During the past two weeks, how often have you felt angry or lost your temper?	0	0	0	0	0
272) During the past two weeks, how often have you started lots more projects than usual or done more risky things than usual?	0	0	0	0	0

273)

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often have you slept less than usual but still had a lot of	O	O	O	O	O
energy? 274) During the past two weeks, how often have you felt nervous, anxious, or scared?	0	0	0	0	0
275) During the past two weeks, how often have you not been able to stop worrying?	0	0	0	0	0
276) During the past two weeks, how often have you not been able to do things you wanted to or should have done, because they made you feel nervous?	0	0	0	0	0
277) During the past two weeks, how often have you heard voices - when there was no one there - speaking about you or telling you what to do or saying bad things to you?	0	0	0	0	0
278) During the past two weeks, how often have you had visions when you were completely awake, that is, seen something or someone that no one else could see?	0	0	0	0	0
279) During the past two weeks, how often have you had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else?	0	0	0	0	0
280) During the past two weeks, how often have you felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off?	0	0	0	0	0
281) During the past two weeks, how often have you worried a lot about things you touched being dirty or having germs or being poisoned?	0	0	0	0	0
282)					

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During the past two weeks, how often have you felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening?	0		0	0	0
		Yes		No	
283) In the past two weeks, have you had an alcoholic beverage (beer, wine, liquor, etc.)?		0			
284) In the past two weeks, have you smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco?		0		0	
285) In the past two weeks, have you used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?		0		0	
286) In the past two weeks, have you used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?		0		0	
287) In the past two weeks, have you thought about killing yourself or committing suicide?		0		0	
288) Have you thought about killing		0		$\circ$	



# CSISBnow\_s1\_r1\_e1

Sometimes when people are feeling upset or going through a difficult time, they have thoughts about hurting themselves or wanting to die.
SUICIDAL IDEATION - Past 1 Month
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5.
1. Wish to be Dead
Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.
"Have you thought about being dead or what it would be like to be dead?"
"Have you wished you were dead or wished you could go to sleep and never wake up?"
"Do you ever wish you weren't alive anymore?"
○ Yes ○ No
Describe:
2. Non-Specific Active Suicidal Thoughts
General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.
"Have you thought about doing something to make yourself not alive anymore?"
"Have you had any thoughts about killing yourself?"
○ Yes ○ No
Describe:
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act
Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do itand I would never go through with it."

"Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)?

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What did you think about?"

 $\bigcirc$  Yes  $\bigcirc$  No

Describe:
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan
Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."
"When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?"
"This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it."
○ Yes ○ No
Describe:
5. Active Suicidal Ideation with Specific Plan and Intent
Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.
"Have you ever decided how or when you would make yourself not alive anymore/kill yourself?"
"Have you ever planned out (worked out the details of) how you would do it?"
"What was your plan?"
"When you made this plan (or worked out these details), was any part of you thinking about actually doing it?"
○ Yes ○ No
Describe:

#### **SUICIDAL BEHAVIOR - Past 1 Month**

(Check all that apply, so long as these are separate events; must ask about all types).

Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that

what they did could be lethal, intent may be inferred.					
Did you ever do anything to try to kill yourself or make yourself not alive anymore?					
○ Yes ○ No					
What did you do?					
Total number of attempts:					
Did you ever hurt yourself on purpose?					
○ Yes ○ No					
Why did you do that?					
Probe questions can include:					
1) Did you as a way to end your life?					
2) Did you want to die (even a little) when you?					
3) Were you trying to make yourself not alive anymore when you?					
4) Did you think it was possible you could have died from?					
5) Did you do it purely for other reasons, not at all to end your life or kill yourself (like to make yourself feel better, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)					
Has subject engaged in Non-Suicidal Self-Injurious Behavior?					
Probe questions can include: Did you ever hurt yourself on purpose? Why did you do that? Did you do it purely for other reasons, not at all to end your life or kill yourself (like to make yourself feel better, or get something else to happen)?					
○ Yes ○ No					
Has subject engaged in Self-Injurious Behavior, intent unknown?					
○ Yes ○ No					

Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred).

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything?
○ Yes ○ No
What did you do?
Total number of interrupted attempts:
Aborted Attempt: When person begins to take steps toward making a suicide attempt, but
Aborted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself,
stops themselves before they actually have engaged in any self-destructive behavior.
stops themselves before they actually have engaged in any self-destructive behavior.  Examples are similar to interrupted attempts, except that the individual stops him/herself,
stops themselves before they actually have engaged in any self-destructive behavior.  Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.  Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill
stops themselves before they actually have engaged in any self-destructive behavior.  Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.  Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything?
stops themselves before they actually have engaged in any self-destructive behavior.  Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.  Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything?  Yes  No
stops themselves before they actually have engaged in any self-destructive behavior.  Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.  Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything?  Yes  No
stops themselves before they actually have engaged in any self-destructive behavior.  Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.  Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything?  Yes  No



Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).

Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself), like giving things away, writing a goodbye note, getting things you need to kill yourself?
○ Yes ○ No
Describe:
Suicidal Behavior:
Suicidal behavior was present during the assessment period?
○ Yes ○ No



## CSISBlife\_s1\_r1\_e1

Sometimes when people are feeling upset or going through a difficult time, they have thoughts about hurting themselves or wanting to die.
SUICIDAL IDEATION - Lifetime
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5.
1. Wish to be Dead
Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.
"Have you thought about being dead or what it would be like to be dead?"
"Have you wished you were dead or wished you could go to sleep and never wake up?"
"Do you ever wish you weren't alive anymore?"
○ Yes ○ No
Describe:
2. Non-Specific Active Suicidal Thoughts
General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.
"Have you thought about doing something to make yourself not alive anymore?"
"Have you had any thoughts about killing yourself?"
○ Yes ○ No
Describe:
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act
Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it, and I would never go through with it."

"Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?"

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 $\bigcirc$  Yes  $\bigcirc$  No

Describe:
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan
Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."
"When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?"
"This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it."
○ Yes ○ No
Describe:
5. Active Suicidal Ideation with Specific Plan and Intent
Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.
"Have you ever decided how or when you would make yourself not alive anymore/kill yourself?"
"Have you ever planned out (worked out the details of) how you would do it?"
"What was your plan?"
"When you made this plan (or worked out these details), was any part of you thinking about actually doing it?"
○ Yes ○ No
Describe:

## **SUICIDAL BEHAVIOR - Lifetime**

(Check all that apply, so long as these are separate events; must ask about all types).

Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that

what they did could be lethal, intent may be inferred.
Did you ever do anything to try to kill yourself or make yourself not alive anymore?
○ Yes ○ No
What did you do?
Total number of attempts:
Did you ever hurt yourself on purpose?
○ Yes ○ No
Why did you do that? Probe questions can include: 1) Did you as a way to end your life? 2) Did you want to die (even a little) when you? 3) Were you trying to make yourself not alive anymore when you? 4) Did you think it was possible you could have died from? 5) Did you do it purely for other reasons, not at all to end your life or kill yourself (like to make yourself feel better, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)
Has subject engaged in Non-Suicidal Self-Injurious Behavior?
Probe questions can include: Did you ever hurt yourself on purpose? Why did you do that? Did you do it purely for other reasons, not at all to end your life or kill yourself (like to make yourself feel better, or get something else to happen)?
○ Yes ○ No
Has subject engaged in Self-Injurious Behavior, intent unknown?
○ Yes ○ No
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred).

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything?
○ Yes ○ No
What did you do?
Total number of interrupted attempts:
Aborted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.
Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything?
○ Yes ○ No
What did you do?
Total number of aborted attempts:
Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).
Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself), like giving things away, writing a goodbye note, getting things you need to kill yourself?
○ Yes ○ No
Describe:



Suicidal Behavior:	
Suicidal behavior was present during the assessment period?	
○ Yes ○ No	

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## LSASca\_s1\_r1\_e1

1. Talking on the phone t	o classmates or of	ther people.		
	None0	Mild1	Moderate2	Severe3
Fear	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	$\circ$	$\bigcirc$	$\circ$
2. Participating in a smal				
	None0	Mild1	Moderate2	Severe3
Fear	0	0	$\circ$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	0	$\circ$	$\circ$
3. Eating in front of other				
_	None0	Mild1	Moderate2	Severe3
Fear	<u> </u>	0	<u> </u>	0
	Never0	Occasionally1	Often2	Usually3
Avoidance	O	$\circ$	O	O
4. Asking an adult that yo				
-	None0	Mild1	Moderate2	Severe3
Fear	<u> </u>	<u> </u>	O	<u> </u>
	Never0	Occasionally1	Often2	Usually3
Avoidance	O	O	O	O
5. Giving an oral report o	r procentation in	rlace		
5. Giving an oral report o	None0	Mild1	Moderate2	Severe3
Fear	O		O	O
	Never0	Occasionally1	Often2	Usually3
Avoidance	Nevero		Ortenz	Osdanys
Avoidance	<u> </u>	O		<u> </u>
6. Going to parties, social	l gatherings, or ot	her after-school so	cial activities.	
<u> </u>	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\circ$	$\bigcirc$	$\bigcirc$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	$\circ$	$\bigcirc$	$\circ$
7. Writing on the board in	front of the class	5.		
	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	0	$\circ$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	$\circ$	$\circ$	$\circ$

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8. Talking to other kid	s that you don't know	v well.		
-	None0	Mild1	Moderate2	Severe3
Fear	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	0	$\circ$	O
9. Starting a conversa	tion with people you	don't know well.		
	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\bigcirc$	$\circ$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$
10. Using school or pu	blic bathrooms.			
	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\circ$	$\bigcirc$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$
11. Going into a classr	oom or another place	e (e.g., church, cafe	teria) when othe	r people are
already there.	•	-		
	None0	Mild1	Moderate2	Severe3
Fear	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$
12. Being the center o	f attention (e.g., you	r birthday party).		
	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$
13. Asking questions i	n class.			
	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\circ$	$\bigcirc$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	$\circ$	$\bigcirc$	O
14. Answering questio	ns in class.			
	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\bigcirc$	$\circ$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	0	()	0	()

**₹EDCap**°

15. Reading out loud in	class.			
-	None0	Mild1	Moderate2	Severe3
Fear	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\circ$	$\circ$	$\bigcirc$	$\circ$
16. Taking tests.				
	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\circ$	O	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	0	0	0	$\circ$
17. Saying "no" when p	eople ask vou to do	things you don't w	ant to do (e.g., to	borrow
something or to look at	-	<b>go , o</b>	(	
Joinething of to look at	None0	Mild1	Moderate2	Severe3
Fear	O			O
		•	Often2	_
Avaidance	Never0	Occasionally1	Oitenz	Usually3
Avoidance	O	O	O	O
18. Telling people that	you don't agree wit	h them or that you	are mad at them.	
	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\circ$	$\circ$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
19. Looking at people y	ou don't know well	in the eye.		
5	None0	Mild1	Moderate2	Severe3
Fear	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	O		0	
Avoidance		O	<u> </u>	
20. Asking questions in	a store (e.g., to exc	change something).		
<b>U</b> 1	None0	Mild1	Moderate2	Severe3
Fear	$\circ$	$\circ$	$\circ$	$\circ$
	Never0	Occasionally1	Often2	Usually3
Avoidance	Nevero			
Avoidance	$\bigcirc$			
21. Playing a sport or p	erforming in front o	f other people (e.g	., school show, m	usical
performance).				
•	None0	Mild1	Moderate2	Severe3
Fear	0	0	0	0
	Never0	Occasionally1	Often2	Hensilva
Avoidance		Occasionally1		Usually3
Avoidance	$\bigcirc$	$\cup$	$\circ$	$\cup$

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22. Joining a club or group.						
	None0	Mild1	Moderate2	Severe3		
Fear	$\circ$	$\circ$	$\circ$	$\circ$		
	Never0	Occasionally1	Often2	Usually3		
Avoidance	$\circ$	0	$\circ$	$\circ$		
22. M I'						
23. Meeting new people.						
_	None0	Mild1	Moderate2	Severe3		
Fear	$\circ$	0	$\circ$	$\circ$		
	Never0	Occasionally1	Often2	Usually3		
Avoidance	$\circ$	$\circ$	$\circ$	$\circ$		
24. Asking a teacher permis	ssion to leave th	ne classroom (e.g.,	go to the bathroo	om or the school		
nurse).						
	None0	Mild1	Moderate2	Severe3		
Fear	$\circ$	$\circ$	$\circ$	$\circ$		
	Never0	Occasionally1	Often2	Usually3		
Avoidance	$\circ$	$\bigcirc$	0	$\circ$		
Score Sums						
LSAS-Child Fear Sum						
				_		
LSAS-Child Avoidance Sum						
				_		
LSAS-Child Total Sum						
			<del> </del>	_		

