

Symptom Response Report



PATIENT ID UserDemoself022		AGE 10	GENDER Female
INTERVIEW SOURCE Youth	INTERVIEW DATE 06/11/2019	ADMINISTERED BY	

Module Name	QID	Seq_ID	Question Text	Response	Comments	T
Intro	1	0.0.0.Q1	Thanks for agreeing to do this interview. I am going to be asking you a lot of different questions about your moods and behavior, but first I'd like to ask you some background questions. Click on the comments link on any page if you'd like to provide some comments.			6 6 F
	2	0.0.0.Q2	How old are you?	age:10		6 6 F
	3	0.0.0.Q3	What sex were you assigned at birth?	Female		6 6 F
	1798	0.0.0.Q77	What is your ethnicity? Hispanic or Latino?	No		6 6 F
	1799	0.0.0.Q78	What is your race? Choose all that apply.	White,		6 6 F
	4	0.0.0.Q4	Who do you live with? Click all that apply.	Biological mother,		6 6 F
	8	0.0.0.Q8	Is your biological father still living?	No		6 6 F
	9	0.0.0.Q9	How old were you when he	2		6

			died?			€ F
	11	0.0.0.Q11	Who in your family or of the people you are living with would you say you're closest with?	mom		€ € F
	12	0.0.0.Q12	Is there anyone in your family or the people you are living with that you really don't get along with?	No		€ € F
	13	0.0.0.Q14	What grade are you in?	5th		€ € F
	14	0.0.0.Q15	Have you ever repeated a grade?	No		€ € F
	15	0.0.0.Q16	What kind of grades do you get on average?	Bs		€ € F
	16	0.0.0.Q17	Has there been a drop in your grades in the past year?	No		€ € F
	17	0.0.0.Q18	Are you involved in any extracurricular activities at school?	Yes		€ € F
	18	0.0.0.Q19	Which one are you involved in? Click all that apply:	Sports,		€ € F
	19	0.0.0.Q20	In the past year, have you had any detentions or suspensions?	No		€ € F
	21	0.0.0.Q22	Are you involved in any activities outside of school? Click all that apply:	Dance,		€ € F
	22	0.0.0.Q23	Do you have a best friend?	No		€ € F
	24	0.0.0.Q25	Do you have a regular group of kids you hang out with at	No		€ €

			school or in your neighborhood?			F
	26	0.0.0.Q27	Do you have any problems with bullying at school or in your neighborhood?	Yes		6 6 F
	31	0.0.0.Q32	Below is a list of things kids often have to deal with. Click all that apply to you:	Conflict with parents/guardians,		6 6 F
	32	0.0.0.Q33	Thanks for this background information. If there's anything else you think is important for us to know about you, you can write it in below.			6 6 F
Depressive Disorders	95	1.1.1.Q1	Now I'd like to ask you some questions about your mood. In the past two weeks, how often have you felt sad, down, or depressed, with the down feeling lasting most of the day?	Not at all		9 1 A
	96	1.1.1.Q2a	Was there ever a time in the past that you felt sad or down for most of the day, nearly every day, for two weeks or longer?	Yes		9 1 A
	97	1.1.2.Q1	In the past two weeks, how often have you felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?	More than half the days		9 1 A
	99	1.1.3.Q1	In the past 2 weeks, how often have you felt bored, or like nothing was fun, for most of the day?	Several days		9 1 A
	100	1.1.3.Q2a	Was there ever a time in the past that you felt bored, like nothing was fun for most of the day, nearly every day, for two weeks or longer?	Yes		9 1 A
	102	1.1.3.Q3b	You said that in the past two weeks for most of the day you felt annoyed, irritable, or	Month:August / Year:2013		9 1 A

			cranky. When did this begin?			
	112	1.1.3.Q4e	You said that in the past there was a time that lasted at least two weeks when for most of the day you felt sad or down, and bored, like nothing was fun. When was that? If you felt that way more than once, let me know when it was the worst.	Month:September / Year:2020		9 1 A
	115	1.1.3.q5	How long did it last back then?	weeks:7 / months:0		9 1 A
	581	2.1.5.q1	In the past 2 weeks, how often have you been sleeping two or more hours a day more than usual, either napping during the day or sleeping more hours at night?	Not at all		9 1 A
	582	2.1.5.q2	In the past when you were feeling sad, irritable and bored, were you often sleeping two or more hours a day more than usual, either napping during the day or sleeping more hours at night?	No		9 1 A
	583	2.1.6.q1	In the past two weeks, how often have you felt tired, like you just didn't have enough energy to do the things you normally do?	Rarely		9 1 A
	584	2.1.6.q2	In the past when you were feeling sad, irritable and bored, did you often feel tired, like you just didn't have enough energy to do the things you normally do?	Yes		9 1 A
	585	2.1.7.q1	In the past two weeks, how often have you found it hard to concentrate?	Several days		9 1 A
	587	2.1.7.q3	In the past when you were feeling sad, irritable and bored,	Yes		9 1

			did you have a lot of trouble concentrating?			A
	588	2.1.8.q1	In the past two weeks, how often have you had trouble making up your mind about everyday decisions like what to wear, eat, or do?	Rarely		9 1 A
	589	2.1.8.q2	In the past when you were feeling sad, irritable and bored, did you have a lot of trouble making up your mind about every day decisions like what to wear, eat or do?	Yes		9 1 A
	590	2.1.9.q1	In the past two weeks, how often have you found yourself less hungry than usual?	Not at all		9 1 A
	591	2.1.9.q2	In the past when you were feeling sad, irritable and bored, did you often find yourself less hungry than usual?	Yes		9 1 A
	592	2.1.10.q1	Since your mood has changed, have you lost any weight?	No		9 1 A
	593	2.1.10.q2	In the past when you were feeling sad, irritable and bored, did you lose some weight?	No		9 1 A
	594	2.1.11.q1	In the past two weeks, have you been especially hungry, craving sweets, or eating more than usual?	Nearly every day		9 1 A
	596	2.1.12.q1	Since you have been sad, irritable and bored, have you gained any weight?	Yes		9 1 A
	598	2.1.13.q1	In the past two weeks, how often have you felt agitated, like it was hard to sit without bouncing your leg or getting up and moving around?	Rarely		9 1 A
	600	2.1.13.q3	In the past when you were sad, irritable and bored, did you often feel agitated and was it	Yes		9 1 A

			hard for you to sit without bouncing your leg or getting up and moving around?			
	602	2.1.14.q1	In the past two weeks, how often have you felt slowed down, like you were talking or walking in slow motion?	Rarely		91A
	603	2.1.14.q2	In the past when you were sad, irritable and bored, did you often feel slowed down, like you were walking or talking in slow motion?	Yes		91A
	604	2.1.15.q1	In the past two weeks, how often have you felt guilty about something you said, did, or thought?	Several days		91A
	605	2.1.15.q2	In the past when you were sad, irritable and bored, did you feel guilty a lot?	No		91A
	606	2.1.16.q1	In the past two weeks, how often have you felt hopeless?	Several days		91A
	1825	2.1.16.Q2	In the past when you were sad, irritable and bored, did you feel hopeless a lot?	Yes		91A
	607	2.1.17.q1	In the past two weeks, how often have you felt bad about yourself, like you were not as good as other kids, or that there were a lot of things you didn't like about yourself?	More than half the days		91A
	610	2.1.18.q1a	With friends	Yes		91A
	611	2.1.18.q1b	With your family	Yes		91A
	612	2.1.18.q1c	At school	Yes		91A

	613	2.1.18.q1d	At work	Yes		9 1 A
	614	2.1.18.q1e	In after school activities	Yes		9 1 A
	615	2.1.18.q1f	In other places or times	Yes		9 1 A
	609	2.1.18.q1	Have the things we have just been talking about (i.e., feeling sad, feeling irritable, feeling bored, feeling tired, troubles concentrating, difficulty making decisions, decreased appetite, increased appetite, weight gain, feeling restless or fidgety, feeling hopeless and feeling bad about yourself) caused problems for you in any of the following areas:			9 1 A
	1806	2.1.19.Q1a	Feeling sad	No		9 1 A
	1807	2.1.19.Q1b	Feeling irritable	No		9 1 A
	1811	2.1.19.Q1f	Feeling tired	No		9 1 A
	1812	2.1.19.Q1g	Troubles concentrating	No		9 1 A
	1813	2.1.19.Q1h	Difficulty making decisions	No		9 1 A
	1814	2.1.19.Q1i	Decreased appetite	No		9 1 A
	1816	2.1.19.Q1k	Increased appetite	No		9 1

						A
	1817	2.1.19.Q1l	Weight gain	No		9 1 A
	1818	2.1.19.Q1m	Feeling restless or fidgety	No		9 1 A
	1821	2.1.19.Q1p	Feeling hopeless	Yes		9 1 A
	1822	2.1.19.Q1q	Feeling bad about yourself	Yes		9 1 A
	1805	2.1.19.Q1	You reported the following problems. Have these or were these present for a year or longer?			9 1 A
	617	2.1.20.q1	Since you first experienced any of these symptoms, have you had any periods of two months or longer symptom free?	No		9 1 A
Bipolar Disorders	116	1.2.1.Q1	In the past two weeks, how often, without using drugs, did you feel like you were high or super happy for no particular reason, with the over the top good feeling lasting four or more hours?	Not at all		9 1 A
	117	1.2.1.Q2a	Was there ever a time in the past that you felt like you were high or super happy for no particular reason, for multiple hours a day for several days in a row?	No		9 1 A
	118	1.2.2.Q1	In the past two weeks, how often have you lost your temper and done any of the following things: yelled at someone, thrown or broken something, or hit, pushed or kicked someone?	Several days		9 1 A

	119	1.2.2.Q2	Have you always, or almost always, been someone who loses your temper a lot?	No		9 1 A
	121	1.2.4.Q1	In the past two weeks, how often have you needed less sleep than usual, and still felt rested and energized, sleeping at least three hours less than usual?	Rarely		9 1 A
	122	1.2.4.Q2a	Was there ever a time in the past that you needed less sleep for several days in a row, and felt rested sleeping at least three hours less than usual?	No		9 1 A
	124	1.2.5.Q3b	You said that you have had a time when you lost your temper and exploded a lot. When did this begin?	Month:January / Year:2020		9 1 A
Psychosis	130	1.4.1.Q1	In the past two weeks, how often, during the daytime, as you were going about your regular activities, did you hear things that others could not hear?	Not at all		9 1 A
	131	1.4.1.Q2	Was there ever a time during the daytime as you were going about your regular activities that you repeatedly heard things that others could not hear?	No		9 1 A
	132	1.4.1.Q3	In the past two weeks, how often, during the daytime, as you were going about your regular activities, did you see things that others could not see?	Not at all		9 1 A
	133	1.4.1.Q4	Was there ever a time during the daytime as you were going about your regular activities that you repeatedly saw things that others could not see?	No		9 1 A
	134	1.4.2.Q1	In the past two weeks, how	Not at all		9

			often have you felt that people you did not know were out to get you, were following you, or spying on you?			1 A
	136	1.4.2.Q2	Was there ever a time you felt people you did not know were out to get you, were following you, or spying on you?	No		9 1 A
Panic Disorder	141	1.5.1.Q1	In the past two weeks, have you had any panic attacks where for no reason at all you suddenly felt super scared and like you were having a heart attack?	Not at all		9 1 A
	143	1.5.1.Q3a	Was there ever a time that you had a lot of panic attacks?	No		9 1 A
Agoraphobia	146	1.6.1.Q1A	Buses	Rarely		9 1 A
	147	1.6.1.Q1B	Trains	More than half the days		9 1 A
	148	1.6.1.Q1C	Subways	Several days		9 1 A
	149	1.6.1.Q1D	Open Spaces	Nearly every day		9 1 A
	150	1.6.1.Q1E	Bridges	Rarely		9 1 A
	151	1.6.1.Q1F	Shops	Several days		9 1 A
	152	1.6.1.Q1G	Theatres	Not at all		9 1 A
	153	1.6.1.Q1H	Malls	Not at all		9 1

						A
	154	1.6.1.Q1I	Crowds	Not at all		9 1 A
	155	1.6.1.Q1J	Standing in lines	Not at all		9 1 A
	156	1.6.1.Q1K	Being out of the house alone	Not at all		9 1 A
	145	1.6.1.Q1	In the past two weeks, how often have you avoided any of the following places because they make you super anxious? Mark all that apply.			9 1 A
	157	1.6.1.Q2	When did this begin?	Month:April / Year:2020		9 1 A
	1438	2.6.2.Q1A	I wouldn't be able to leave quickly if I wanted to	No		9 1 A
	1439	2.6.2.Q1B	I couldn't receive help quickly if something bad happened to me	Yes		9 1 A
	1440	2.6.2.Q1C	I'm afraid I might do something embarrassing	No		9 1 A
	1441	2.6.2.Q1D	Other (please type in reason)			9 1 A
	1437	2.6.2.Q1	You mentioned earlier that you fear or avoid trains, subways, open spaces and shops. Why do you fear or avoid these situations? Check all that apply.			9 1 A
	1442	2.6.3.Q1	Do you think that you are more afraid of these situations than you need to be, or more afraid of these situations than other kids your age?	Yes		9 1 A

	1444	2.6.4.Q1A	With friends	No		9 1 A
	1445	2.6.4.Q1B	With family	No		9 1 A
	1446	2.6.4.Q1C	At school	No		9 1 A
	1447	2.6.4.Q1D	At work	No		9 1 A
	1448	2.6.4.Q1E	In after school activities	No		9 1 A
	1449	2.6.4.Q1F	In other places or times	No		9 1 A
	1443	2.6.4.Q1	Does your fear or avoidance of these situations cause problems for you in any of the following areas:			9 1 A
	1450	2.6.5.Q1	How much discomfort or distress does this problem cause you?	8		9 1 A
	1894	2.6.7.Q1	Did these symptoms start shortly after a significant life event or stressor?	No		9 1 A
Separation Anxiety	160	1.7.1.Q1	In the past two weeks, how often have you felt super upset when your mom, dad, or another caregiver left the house or dropped you off somewhere?	Rarely		9 1 A
	161	1.7.1.Q2a	Was there ever a time that you got super upset when your mom, dad or another caregiver left the house or dropped you off somewhere?	No		9 1 A
	162	1.7.2.Q1	In the past two weeks, how	Rarely		9

			often have you tried to stay home or actually stayed home from school because you wanted to be with your mom, dad, or another caregiver?			1 A
	163	1.7.2.Q2a	Was there ever a time that you didn't want to go to school because you didn't want to be away from your mom, dad, or another caregiver?	Yes		9 1 A
	165	1.7.3.Q3b	You said that you have had a time when you did not want to go to school because you did not want to be away from your mom, dad, or another caregiver. When did this begin?	Month:February / Year:2021		9 1 A
	1466	2.7.3.Q1	In the past two weeks, how often have you worried about being kidnapped or having something else bad happen to you that would separate you from your parents?	Not at all		9 1 A
	1481	2.7.3.Q2	Was there ever a time you worried about being kidnapped or having something else bad happen to you that would separate you from your parents?	No		9 1 A
	1467	2.7.4.Q1	In the past two weeks, how often have you worried that your mom or dad might get hurt or something else bad might happen to them?	Several days		9 1 A
	1482	2.7.4.Q2	Was there ever a time that you worried that your mom or dad might get hurt or something else bad might happen to them?	No		9 1 A
	1468	2.7.5.Q1	In the past two weeks, how often have you felt afraid to be by yourself in a different part of the house than your mom or dad?	Several days		9 1 A

	1483	2.7.5.Q2	Were you ever afraid to be by yourself in a different part of the house than your mom or dad?	No		9 1 A
	1469	2.7.6.Q1	In the past two weeks, how often have you needed your mom or dad nearby to fall asleep at night?	Not at all		9 1 A
	1484	2.7.6.Q2	Was there ever a time that you needed your mom or dad nearby to fall asleep at night?	No		9 1 A
	1470	2.7.7.Q1	In the past two weeks, how often have you had a nightmare about something bad happening to one of your parents or about being separated from your parents?	Not at all		9 1 A
	1485	2.7.7.Q2	Was there ever a time you had a lot of nightmares about something bad happening to one of your parents or about being separated from your parents?	No		9 1 A
	1471	2.7.8.Q1	In the past two weeks, how often have you had headaches or stomachaches when separated from your mom or dad?	Not at all		9 1 A
	1486	2.7.8.Q2	Did you ever have a lot of headaches or stomachaches when separated from your mom or dad?	No		9 1 A
	1473	2.7.9.Q1A	With friends	No		9 1 A
	1474	2.7.9.Q1B	With your family	No		9 1 A
	1475	2.7.9.Q1C	At school	Yes		9 1 A
	1476	2.7.9.Q1D	At work	No		9

						1 A
	1477	2.7.9.Q1E	In after school activities	No		9 1 A
	1478	2.7.9.Q1F	In other places or times	No		9 1 A
	1472	2.7.9.Q1	Did your fear of being separated from your parent ever cause problems for you in any of the following areas:			9 1 A
	1479	2.7.10.Q1	How much discomfort or distress did your fear of being separated from your parent cause you?	6		9 1 A
	1495	2.7.11.Q2	When was the last time you experienced any of the following symptoms. You didn't want to go to school because you didn't want to be away from your mom, dad and or another caregiver	Month:September / Year:2021		9 1 A
Social Anxiety Disorder	167	1.8.1.Q1	In the past two weeks, how often have you felt super shy and really uncomfortable in different social situations?	Rarely		9 1 A
	169	1.8.1.Q3a	Was there ever a time, for a month or longer, that you felt super shy and really uncomfortable in different social situations?	No		9 1 A
Specific Phobia	176	1.9.1.Q1a	The dark	Yes		9 1 A
	177	1.9.1.Q1b	Spiders	Yes		9 1 A
	178	1.9.1.Q1c	Heights	Yes		9 1 A

	179	1.9.1.Q1d	Animals	No		9 1 A
	180	1.9.1.Q1e	Elevators	No		9 1 A
	181	1.9.1.Q1f	Bridges	No		9 1 A
	182	1.9.1.Q1g	Flying	Yes		9 1 A
	183	1.9.1.Q1h	Seeing blood	No		9 1 A
	184	1.9.1.Q1i	Receiving an injection	Yes		9 1 A
	185	1.9.1.Q1J	Other (if Yes specify)			9 1 A
	175	1.9.1.Q1	Mark below the things you currently or in the past felt deathly afraid of and that always or almost always made you super anxious:			9 1 A
	186	1.9.2.Q1	Over the past two weeks, how often have you avoided or tried to avoid the dark, spiders, heights, flying or receiving an injection ?	Several days		9 1 A
	196	1.9.2.Q2	Was there ever a time you avoided or tried to avoid these things the dark, spiders, heights, flying or receiving an injection, or if you couldn't avoid it, endured it with great distress?	No		9 1 A
Generalized Anxiety Disorder	198	1.10.1.Q1	In the past two weeks, how often have you worried a super lot about a lot of different	Several days		9 1 A

			things?			
	200	1.10.1.Q3a	Was there ever a time, for a month or longer, that you worried a super lot about a lot of different things?	Yes		91A
	201	1.10.1.Q4	When was that?	Month:January / Year:2020		91A
	1598	2.10.2.Q2A	How I look	Yes		91A
	1599	2.10.2.Q2B	What I said	Yes		91A
	1600	2.10.2.Q2C	How I did on a test	Yes		91A
	1601	2.10.2.Q2D	If people like me	Yes		91A
	1602	2.10.2.Q2E	The future	Yes		91A
	1603	2.10.2.Q2F	The past	Yes		91A
	1604	2.10.2.Q2G	Other (specify)			91A
	1597	2.10.2.Q2	You said back in January 2020 you worried a lot. What kinds of things did you worry about back then? Mark as many as apply.			91A
	1606	2.10.3.Q2A	I felt restless	Yes		91A
	1607	2.10.3.Q2B	I felt keyed up	No		91

						A
	1608	2.10.3.Q2C	I felt easily tired	No		9 1 A
	1609	2.10.3.Q2D	I had difficulty concentrating	Yes		9 1 A
	1610	2.10.3.Q2E	My mind went blank	No		9 1 A
	1611	2.10.3.Q2F	I felt irritable	Yes		9 1 A
	1612	2.10.3.Q2G	I had muscle tension	No		9 1 A
	1613	2.10.3.Q2H	I had difficulty falling asleep	Yes		9 1 A
	1614	2.10.3.Q2I	I had difficulty staying asleep	No		9 1 A
	1605	2.10.3.Q2	In addition to having problems with worrying, did you have any of these other symptoms back then? Mark all that apply.			9 1 A
	1615	2.10.4.Q2	Back then, did you feel like you had trouble controlling your worries?	Yes		9 1 A
	1617	2.10.5.Q2A	With friends	No		9 1 A
	1618	2.10.5.Q2B	With your family	Yes		9 1 A
	1619	2.10.5.Q2C	At school	No		9 1 A

	1620	2.10.5.Q2D	At work	Yes		9 1 A
	1621	2.10.5.Q2E	In after school activities	No		9 1 A
	1622	2.10.5.Q2F	In other places or times	No		9 1 A
	1616	2.10.5.Q2	Did your worrying a lot cause problems for you in any of the following areas:			9 1 A
	1623	2.10.6.Q2	How much discomfort or distress did your worrying cause you back then?	5		9 1 A
	1624	2.10.7.Q1	When did your problems with excessive worries stop?	Month:February / Year:2021		9 1 A
Obsessive Compulsive Disorder	203	1.11.1.Q1A	Thoughts or images about harming others or doing something horrible when you didn't want to	Past 2 weeks~No, Ever~No,		9 1 A
	204	1.11.1.Q1C	Meaningless words, numbers, or images that intrude into your mind that you can't get rid of	Past 2 weeks~No, Ever~No,		9 1 A
	205	1.11.1.Q1D	Religious thoughts that are disrespectful or offensive	Past 2 weeks~No, Ever~No,		9 1 A
	206	1.11.1.Q1E	Thoughts that things had to be lined up exactly right or done a special way	Past 2 weeks~Yes, Ever~Yes,		9 1 A
	207	1.11.1.Q1F	Worries about throwing seemingly unimportant things away	Past 2 weeks~No, Ever~Yes,		9 1 A
	208	1.11.1.Q1G	Thoughts about dirt, germs or contamination	Past 2 weeks~No, Ever~No,		9 1 A
	209	1.11.1.Q1H	Other recurring unwelcome senseless distressing thoughts	,		9 1

			(specify)			A
	202	1.11.1.Q1	Have you ever had any of the following unwelcome, senseless, distressing thoughts come into your mind over and over again, even though you didn't want to have them? Mark all that apply. DO NOT RATE THOUGHTS ABOUT GERMS OR OTHER UNWELCOME SENSELESS THOUGHTS AS TRUE IF THESE THOUGHTS ONLY OCCURRED IN RELATION TO THE COVID-19 PANDEMIC.			9 1 A
	1858	1.11.1.Q11a	On how many days the past two weeks have you had these thoughts?	Several days		9 1 A
	1859	1.11.1.Q11b	How often did you have these thoughts back then?	Rarely		9 1 A
	212	1.11.2.Q1A	Excessive or ritualized cleaning of household or other items	Past 2 weeks~No, Ever~No,		9 1 A
	213	1.11.2.Q1B	Excessive hand washing	Past 2 weeks~No, Ever~No,		9 1 A
	214	1.11.2.Q1C	Excessive or ritualized showering, bathing, tooth brushing, or toilet routine	Past 2 weeks~No, Ever~No,		9 1 A
	215	1.11.2.Q1D	Ordering or arranging things a certain way	Past 2 weeks~No, Ever~No,		9 1 A
	216	1.11.2.Q1F	Touching things a certain way	Past 2 weeks~No, Ever~No,		9 1 A
	217	1.11.2.Q1G	Needing to count and recount	Past 2 weeks~No, Ever~No,		9 1 A
	218	1.11.2.Q1H	Moving in a certain way or repeating certain actions	Past 2 weeks~No, Ever~No,		9 1

						A
	219	1.11.2.Q1I	Mentally repeating certain words or numbers	Past 2 weeks~No, Ever~No,		C 1 A
	220	1.11.2.Q1J	Other repetitive behaviors that interfere with your life (specify)	,		C 1 A
	211	1.11.2.Q1	Have you ever found yourself having to do over and over again any of the things listed below? Mark all that apply. DO NOT RATE THE BEHAVIORS OF CLEANING OR HAND WASHING AS TRUE IF THESE BEHAVIORS ONLY OCCURRED IN RELATION TO THE COVID-19 PANDEMIC.			C 1 A
Enuresis and Encopresis	222	1.12.1.Q1	In the past two weeks, how many times at night or during the day have you wet yourself?	Not at all		C 1 A
	232	1.12.1.Q2a	Was there ever a time, for a month or longer, that you had a lot of accidents and wet yourself either in the day or nighttime?	No		C 1 A
	245	1.12.5.Q1	In the past two weeks, how many times at night or during the day have you soiled yourself and had a bowel movement in your pants?	Not at all		C 1 A
	248	1.12.5.Q2a	Was there ever a time, for a month or longer, that you had a lot of accidents and soiled yourself either in the day or nighttime?	No		C 1 A
Eating Disorders	254	1.13.1.Q1	These next set of questions are about your eating habits and your feelings about your shape and weight. In the past two weeks, how often have you been preoccupied with your weight or worrying a lot about	Nearly every day		C 1 A

			being fat?			
	255	1.13.2.Q1	What is your current height and weight (please make your best guess)?	feet:5 / inches:3 / weight:165		91A
	1994	1.13.2.Q1b	Was there ever a time that you weighed a lot less than usual or a lot less than others thought you should?	No		91A
	259	1.13.3.Q1	In the past two weeks, how many days have you made yourself throw up to try to control your weight or because you were upset that you ate too much?	Not at all		91A
	260	1.13.3.Q2a	Was there ever a time, that you made yourself throw up once a week or more?	No		91A
	261	1.13.4.Q1	In the past two weeks, how many days did you do other things to control your weight, like exercise excessively, restrict what you ate, take laxatives, or diet pills?	Rarely		91A
	263	1.13.5.Q1	In the past two weeks, how often have you had eating binges, when you lost control of your eating and ate way more than you needed, because you were unable to stop yourself from eating?	Not at all		91A
	264	1.13.5.Q2a	Was there ever a time, for a month or longer, that you would go on eating binges at least once a week?	No		91A
	270	1.13.5.Q3f	You said that you have had a time when you worried all the time about becoming fat; and did things to control your weight, like exercise excessively, restrict food, took laxatives, or diet pills. When did this begin?	Month:November / Year:2016		91A

	826	2.13.6.Q1	Do you feel like your self-worth is tied to your weight?	No		91A
	848	2.13.6.Q2	You previously mentioned that back in November 2016 you often worried about gaining weight, did things to control your weight, like exercise excessively, restrict what you ate, take laxatives and or diet pills. Back then did you feel like your self-worth was tied to your weight?	No		91A
	828	2.13.7.Q1a	Diet pills	Past 2 weeks~No, Ever~Yes,		91A
	829	2.13.7.Q1b	Laxatives	Past 2 weeks~No, Ever~No,		91A
	830	2.13.7.Q1c	Water pills	Past 2 weeks~No, Ever~No,		91A
	831	2.13.7.Q1d	Throwing up	Past 2 weeks~No, Ever~No,		91A
	832	2.13.7.Q1e	Exercising a lot	Past 2 weeks~Yes, Ever~Yes,		91A
	833	2.13.7.Q1f	Only eating foods or drinks with minimal calories (e.g., carrots, celery, zero calorie drinks)	Past 2 weeks~No, Ever~No,		91A
	834	2.13.7.Q1g	Other (fill in)	,		91A
	827	2.13.7.Q1	Please note below all the different methods that you have used to control your weight.			91A
	835	2.13.8.Q1a	On average, do you use at least one of these methods to try to control your weight at least once a week?	Yes		91A

	836	2.13.8.Q2a	For how long have you been using Diet pills and Exercising a lot one or more times a week? Please enter weeks, months, or years.	weeks:7 / months:0 / years:0		9 1 A
Attention Deficit Hyperactivity Disorder	280	1.14.1.Q1	In the past two weeks, how often have you had trouble paying attention and keeping focused when you're working on your homework or other things that require concentration?	Several days		9 1 A
	282	1.14.1.Q3a	Was there ever a time that you had a lot of trouble keeping focused and paying attention?	Yes		9 1 A
	283	1.14.1.Q4	Was it a problem for more than one school year?	Yes		9 1 A
	284	1.14.2.Q1	In the past two weeks, how often have little distractions, like someone talking or the telephone ringing, made it hard for you to keep your mind on what you were working on?	Several days		9 1 A
	286	1.14.2.Q3a	Was there ever a time when you were often easily distracted?	Yes		9 1 A
	287	1.14.2.Q4	Was it a problem for more than one school year?	No		9 1 A
	288	1.14.3.Q1	In the past two weeks, how often have you had trouble staying in your seat at school or at home when you were expected to stay seated?	Not at all		9 1 A
	290	1.14.3.Q3a	Was there ever a time that you often had trouble staying seated?	No		9 1 A
	292	1.14.4.Q1	In the past two weeks, how often have you gotten in trouble, or done something you	Not at all		9 1 A

			could have gotten in trouble for because you were impulsive and acted before you thought?			
	294	1.14.4.Q3a	Was there ever a time that you were impulsive and often acted before you thought?	No		9 1 A
	296	1.14.4.Q5a	You said that you have had a time when you had a lot of trouble keeping focused and paying attention. How old were you when this first began?	age:7		9 1 A
	677	2.14.5.Q1a	In the past two weeks, how many days have you made a careless mistake?	Several days		9 1 A
	679	2.14.6.Q1	In the past 2 weeks, how often have you forgotten or tuned out what your parents or teachers said to you?	Several days		9 1 A
	680	2.14.7.Q1	In the past two weeks, how often have you not followed instructions that a parent or teacher gave you, or instructions on an assignment or test?	Several days		9 1 A
	681	2.14.8.Q1	In the past two weeks, how often have you had trouble organizing your homework or other tasks?	Several days		9 1 A
	682	2.14.9.Q1	In the past two weeks, how often have you put off or avoided doing things that were hard for you because they required a lot of attention?	Rarely		9 1 A
	704	2.14.9.Q2	Was there ever a time you often put off or avoided doing things that were hard for you because they required a lot of attention?	No		9 1 A
	683	2.14.10.Q1	In the past two weeks, how often have you lost your homework, pencils, jacket, cell phone, or anything else big or	More than half the days		9 1 A

			small?			
	684	2.14.11.Q1	In the past two weeks, how often have you forgotten something somewhere or forgotten to do something you were supposed to do?	Several days		9 1 A
	685	2.14.12.Q1	In the past two weeks, how often have you felt fidgety, like it was hard to sit without bouncing your leg or getting up and moving around?	Several days		9 1 A
	686	2.14.13.Q1	In the past two weeks, how often have you run or climbed on things when you were not supposed to?	Not at all		9 1 A
	708	2.14.13.Q2	Was there ever a time you often ran or climbed when you weren't supposed to?	No		9 1 A
	687	2.14.14.Q1	In the past two weeks, how often have you been on the go, moving from one place to another?	Several days		9 1 A
	688	2.14.15.Q1	In the past two weeks, how often have you had trouble being quiet when you were supposed to be quiet?	Rarely		9 1 A
	710	2.14.15.Q2	Was there ever a time when you often had trouble being quiet when you were supposed to be?	No		9 1 A
	689	2.14.16.Q1	In the past two weeks, how often have you blurt out answers in school without being called on, or blurt out answers when someone wasn't talking to you?	Not at all		9 1 A
	711	2.14.16.Q2	Was there ever a time you often blurted out answers at school without being called on, or blurted out answers when someone wasn't talking to	No		9 1 A

			you?			
	690	2.14.17.Q1	In the past two weeks, how often have you had trouble waiting for your turn or waiting for other things?	Not at all		91A
	712	2.14.17.Q2	Was there ever a time you often had trouble waiting for your turn or waiting for other things?	No		91A
	691	2.14.18.Q1	In the past two weeks, how often have you interrupted someone when they were talking?	Rarely		91A
	713	2.14.18.Q2	Was there ever a time you often interrupted others while they were talking?	No		91A
	692	2.14.19.Q1	In the past two weeks, how often have you talked when you weren't supposed to, or had people complain that you talk too much?	Several days		91A
	694	2.14.20.Q1A	With friends	No		91A
	695	2.14.20.Q1B	With family	No		91A
	696	2.14.20.Q1C	At school	Yes		91A
	697	2.14.20.Q1D	At work	No		91A
	698	2.14.20.Q1E	With any other activities	No		91A
	693	2.14.20.Q1	Have the problems we have just been talking about caused difficulties for you in any of the following areas: check all that apply			91A

Oppositional Defiant Disorder	311	1.15.2.Q1	In the past two weeks, how often did you talk back to or argue with your parents or teachers?	Rarely		9 1 A
	312	1.15.2.Q2a	Was there ever a time that you argued a lot with your parents or teachers?	Yes		9 1 A
	313	1.15.3.Q1	In the past two weeks, how often did you refuse to do something a grown up asked you to do?	More than half the days		9 1 A
	317	1.15.3.Q3c	You said that you have had a time when you argued a lot with your parents or teachers; and often refused to do the things grownups asked. When did this begin?	Month:February / Year:2020		9 1 A
	723	2.15.4.Q1	In the past two weeks, how often have you felt annoyed?	More than half the days		9 1 A
	724	2.15.5.Q1	In the past two weeks, how often have you felt angry at, or resentful toward other people?	Several days		9 1 A
	736	2.15.5.Q2	Was there ever a time you often felt angry or resentful toward other people?	Yes		9 1 A
	725	2.15.6.Q1	Over the past two weeks, how often have you done something to get back at someone who hurt you or made you mad?	Not at all		9 1 A
	737	2.15.6.Q2	Was there ever a time you did things to get back at people if they hurt you or made you mad?	No		9 1 A
	726	2.15.7.Q1	Over the past two weeks, how often have you done things on purpose to annoy other people?	Not at all		9 1 A
	738	2.15.7.Q2	Was there ever a time you did things on purpose to annoy other people?	No		9 1 A

	727	2.15.8.Q1	In the past two weeks, how often have you blamed other people if you made a mistake or did something wrong?	Rarely		91A
	729	2.15.9.Q1A	With friends	No		91A
	730	2.15.9.Q1B	With family	Yes		91A
	731	2.15.9.Q1C	At school	No		91A
	732	2.15.9.Q1D	At work	No		91A
	733	2.15.9.Q1E	With any other activities	No		91A
	728	2.15.9.Q1	Have the things we've just been talking about caused problems for you in any of the following areas:			91A
	2000	2.15.12.Q1	Did these symptoms start shortly after a significant life event or stressor?	Yes		91A
	2001	2.15.12.Q2	Describe what happened in the space below if you are comfortable doing so. If not, just press continue.			91A
Conduct Disorder	319	1.16.1.Q2a	Was there ever a time that you often told lies, not just to get out of trouble, but to try to con someone?	No		91A
	321	1.16.2.Q2a	Was there ever a time that you cut school without the permission of your parents?	No		91A
	325	1.16.3.Q3a	Was there ever a time that you often got into a lot of physical fights with someone other than	No		91A

			your brothers and/or sisters?			
	328	1.16.4.Q2a	Was there ever a time that you often made fun of, threatened, or bullied people?	No		91A
	330	1.16.5.Q2a	Was there ever a time that you stole something worth at least \$20?	No		91A
Tic Disorders	362	1.17.1.Q1	In the past two weeks, how often did you have tics like uncontrollable eye blinking, shoulder shrugging, head tilting, or other parts of your body moving unexpectedly when you did not want them to?	Nearly every day		91A
	364	1.17.2.Q1	In the past two weeks, how often did you repeatedly make sounds or say words that you couldn't control?	Several days		91A
	365	1.17.2.Q2a	Was there ever a time that you repeatedly made sounds or said words that you couldn't control?	Yes		91A
	1963	1.17.3.Q1	Were the symptoms you just described due to a medical condition or the effects of a medication (such as adderal or other ADHD medication)?	No		91A
	368	1.17.2.Q3c	You said that you have had a time when you often had unexpected tics or body movements; and repeatedly made sounds or said words that you couldn't control. When did this begin?	Month:March / Year:2020		91A
	1965	2.17.1.Q1a	Eye blinking	Yes		91A
	1966	2.17.1.Q1b	Other facial tics	No		91A

	1967	2.17.1.Q1c	Head Jerks	Yes		C 1 A
	1968	2.17.1.Q1d	Shoulder Jerks	Yes		C 1 A
	1969	2.17.1.Q1e	Arm Movements	Yes		C 1 A
	1970	2.17.1.Q1f	Stomach Twitches	No		C 1 A
	1971	2.17.1.Q1g	Leg Movements	No		C 1 A
	1972	2.17.1.Q1h	Touching/Tapping things	No		C 1 A
	1973	2.17.1.Q1i	Hopping/Spinning	No		C 1 A
	1974	2.17.1.Q1j	Having to imitate others physical behaviors (Echokinesis)	No		C 1 A
	1975	2.17.1.Q1k	Hurts self	No		C 1 A
	1964	2.17.1.Q1	You had mentioned you had unexpected tics or body movements that you couldn't control. Tell us if you have had any of the following unexpected body movements that you couldn't control:			C 1 A
	1976	2.17.2.Q1	Have the symptoms you described occurred for one year or longer?	Yes		C 1 A
	1978	2.17.3.Q1a	Sniffing/Coughing/Throat Clearing	Yes		C 1 A

	1979	2.17.3.Q1b	Snorting/Grunting	No		9 1 A
	1980	2.17.3.Q1c	Other sounds	No		9 1 A
	1981	2.17.3.Q1d	Repeat own words	No		9 1 A
	1982	2.17.3.Q1e	Repeat others speech	Yes		9 1 A
	1983	2.17.3.Q1f	Coprolalia (obscene words)	Yes		9 1 A
	1984	2.17.3.Q1g	Insults/Racial slurs	No		9 1 A
	1977	2.17.3.Q1	You mentioned that you had repeatedly made sounds or said words that you couldn't control. Tell us if you have had to make any of the following sounds that you couldn't control:			9 1 A
	1985	2.17.2.Q2	Have the symptoms you described occurred for one year or longer?	Yes		9 1 A
	1987	2.17.4.Q1a	With friends	Yes		9 1 A
	1988	2.17.4.Q1b	With your family	No		9 1 A
	1989	2.17.4.Q1c	At school	Yes		9 1 A
	1990	2.17.4.Q1d	At work	No		9 1 A

	1991	2.17.4.Q1e	In after school activities	No		9 1 A
	1992	2.17.4.Q1f	In other places or times	No		9 1 A
	1986	2.17.4.Q1	Have the things we have just been talking about eye blinking, head jerks, shoulder jerks, arm movements, sniffing/coughing/throat clearing, repeat others speech and coprolalia caused problems for you in any of the following areas:			9 1 A
Alcohol Use Disorder	389	1.19.1.Q1	What are your favorite alcoholic beverages to drink? Check all that apply.	Don't drink alcohol,		9 1 A
	392	1.19.3.Q2	Was there ever a time in the past when you had three or more alcoholic drinks on a given day?	No		9 1 A
	394	1.19.5.Q2a	Was there ever a time that drinking caused you any problems with your parents, friends, or people at school or at work?	No		9 1 A
	1773	1.19.6.Q2a	Was there ever a time when you drank on 2 or more occasions in a 12 month period?	Yes		9 1 A
	399	1.19.5.Q3f	You said that you had a time when you drank on TWO or more occasions within a 12 month period. When did this begin?	Month:April / Year:2020		9 1 A
	872	2.19.6.Q1	In the past two weeks, how often have you drunk more than you planned?	Not at all		9 1 A
	873	2.19.6.Q2	Was there ever a time that you frequently drank more than you	No		9 1

			planned?			A
	874	2.19.7.Q1	In the last 2 weeks, how often have you gone to school or work after you had been drinking or when you were hung over?	Not at all		9 1 A
	875	2.19.7.Q2	Was there ever a time that you went to school or work after you had been drinking or when you were hung over?	No		9 1 A
	876	2.19.8.Q1	In the past two weeks, how often have you driven when you were drunk?	Not at all		9 1 A
	877	2.19.8.Q2	Was there ever a time that you often drove when drunk?	No		9 1 A
	878	2.19.8.Q3	In the past two weeks, how often have you done anything dangerous while drinking?	Not at all		9 1 A
	880	2.19.8.Q5	Was there ever a time that you often did something dangerous while drinking?	No		9 1 A
	882	2.19.9.Q1	In the past two weeks, how often have you thrown up or had an accident and hurt yourself when drunk?	Not at all		9 1 A
	883	2.19.9.Q2	Was there ever a time that you threw up or hurt yourself when you were drunk?	No		9 1 A
	884	2.19.10.Q1	In the past two weeks, how often has your drinking made your moods notably worse?	Not at all		9 1 A
	885	2.19.10.Q2	Was there ever a time your moods got notably worse after drinking?	No		9 1 A
	886	2.19.11.Q1	In the past two weeks, how often did you crave a drink?	Not at all		9 1 A
	887	2.19.11.Q2	Was there ever a time when	No		9

			you often craved a drink?			1 A
	888	2.19.12.Q1	How often has your drinking time taken the place of the time you used to spend doing your usual activities, like sports, hobbies, spending time with family or friends, or work or school?	Not at all		9 1 A
	889	2.19.12.Q2	Was there ever a time when your time drinking took the place of the time you used to spend doing your usual activities?	No		9 1 A
	890	2.19.13.Q1	Was there ever a time that you often thought about wanting to cut back on your alcohol use?	No		9 1 A
	891	2.19.14.Q1	Was there ever a time that you tried to quit but couldn't?	No		9 1 A
	892	2.19.15.Q1	Was there ever a time that you had the shakes or other bad symptoms after you cut down on your alcohol use?	No		9 1 A
	893	2.19.16.Q1	Since you have been drinking regularly, have you found that you need to drink a lot more to get the same feeling?	No		9 1 A
	894	2.19.17.Q1	Was there ever a time that you spent a great deal of time either trying to obtain alcohol, drinking alcohol, or hung over?	No		9 1 A
Drug Use Disorders	402	1.20.1.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No		9 1 A
	403	1.20.1.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal	No		9 1 A

			meth, methamphetamine, cathinones/bath salt)			
	404	1.20.1.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No		91A
	405	1.20.1.Q1D	Cocaine (coke, crack)	No		91A
	406	1.20.1.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No		91A
	407	1.20.1.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No		91A
	408	1.20.1.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	Yes		91A
	409	1.20.1.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	No		91A
	410	1.20.1.Q1I	Other Drugs (fill in) (e.g., steroids, etc).			91A
	1912	1.20.1.Q1J	PCP (angel dust), ketamine, cough medicine or DXM	No		91A
	401	1.20.1.Q1	Check below the drugs any of your friends use:			91A
	412	1.20.2.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana	Yes		91A

			edibles, concentrates such as dabs or shatter)			
	413	1.20.2.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	No		9 1 A
	414	1.20.2.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No		9 1 A
	415	1.20.2.Q1D	Cocaine (coke, crack)	No		9 1 A
	416	1.20.2.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No		9 1 A
	417	1.20.2.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No		9 1 A
	418	1.20.2.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	Yes		9 1 A
	419	1.20.2.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	Yes		9 1 A
	420	1.20.2.Q1I	Other Drugs (fill in) (e.g., steroids, etc).			9 1 A
	1913	1.20.2.Q1J	PCP (angel dust), ketamine, cough medicine or DXM	No		9 1 A

	411	1.20.2.Q1	Check below the drugs you have tried one or more times:			9 1 A
	422	1.20.3.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	Rarely		9 1 A
	428	1.20.3.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	Not at all		9 1 A
	429	1.20.3.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	Not at all		9 1 A
	421	1.20.3.Q1	In the past two weeks, how often did you use the following drugs? (don't count drugs taken as prescribed by your doctor)			9 1 A
	432	1.20.3.Q2A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No		9 1 A
	438	1.20.3.Q2G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No		9 1 A
	439	1.20.3.Q2H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	No		9 1 A
	431	1.20.3.Q2	Have you used any of the following drugs more than five times? Again, don't include drugs taken as prescribed by a			9 1 A

			doctor.			
	442	1.20.4.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	Not at all		9 1 A
	441	1.20.4.Q1	In the past two weeks, how often did you wake up feeling sick (nausea, headache, tired, anxious, sad, dizzy, a lot of sweating, stomach ache) or missed school or work because of using the drug or drugs listed below the night before?			9 1 A
	452	1.20.4.Q2aa	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No		9 1 A
	451	1.20.4.Q2a	Was there ever a time you woke up feeling sick (nausea, headache, tired, anxious, sad, dizzy, a lot of sweating, stomach ache) or missed school or work because of using marijuana the night before?			9 1 A
	462	1.20.5.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	Not at all		9 1 A
	461	1.20.5.Q1	In the past two weeks, how often has your use of the drug or drugs listed below led to arguments or problems with your parents, friends, or people at school or at work?			9 1 A
	472	1.20.5.Q2aa	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No		9 1 A

	471	1.20.5.Q2a	Was there ever a time that your use of marijuana led to arguments or problems with your parents, friends, or people at school or at work?			91A
Post-Traumatic Stress Disorder	502	1.21.1.Q1A	A car accident in which you or another person in the car was hurt bad enough to require medical attention	No		91A
	503	1.21.1.Q1B	Significant accident or medical condition, including coronavirus, for which you needed specialized, intensive, or painful medical treatment	No		91A
	504	1.21.1.Q1C	Witness or caught in a fire that caused significant property damage or personal injury	No		91A
	505	1.21.1.Q1D	Witness or caught in a natural disaster that caused significant property damage or personal injury	No		91A
	506	1.21.1.Q1E	Witness or victim of a school shooting or other act of terrorism	Yes		91A
	507	1.21.1.Q1F	Witness death or mass destruction in a war zone	No		91A
	508	1.21.1.Q1G	Witness someone shot or stabbed in the community	No		91A
	509	1.21.1.Q1H	Shot, stabbed, or beat badly by a non-family member	No		91A
	511	1.21.1.Q1J	Beaten to the point of having bruises or had a more serious injury caused by a grown-up in the home	No		91A
	514	1.21.1.Q1M	Witness the grown-ups in the home push, shove or hit one another	No		91A

	517	1.21.1.Q1P	A peer forced you to do something sexually	No		9 1 A
	518	1.21.1.Q1Q	Learned about the life-threatening illness or sudden unexpected death of a loved one due to coronavirus, cancer, violence, or other cause	No		9 1 A
	1903	1.21.1.Q1T	Was robbed and assaulted or robbed and threatened physically	No		9 1 A
	1910	1.21.1.Q1v	Other			9 1 A
	501	1.21.1.Q1	Please check off the things from the list below that have happened to you in your lifetime.			9 1 A
	525	1.21.1.Q2E	Witness or victim of a school shooting or other act of terrorism	Month:August / Year:2020 / Happened:		9 1 A
	520	1.21.1.Q2	You answered yes to the following bad events. Could you describe what happened, if you are comfortable doing so? If you are not comfortable talking about it, just enter the date and press the next button.			9 1 A
	539	1.21.2.Q1	[1] In the past two weeks, how often have you tried not to think about the bad thing or things that happened?	Not at all		9 1 A
	540	1.21.2.Q2a	[1] Was there ever a time you often tried not to think about the bad things that happened?	No		9 1 A
	541	1.21.26.Q1	[1] In the past two weeks, how often have you gotten super upset when you thought about the bad thing or things that happened?	Rarely		9 1 A
	542	1.21.26.Q2a	[1] Was there ever a time that	No		9

			you often got super upset when you thought about the bad thing or things that happened?			1 A
	543	1.21.3.Q1	[1] In the past two weeks, how often did you have any nightmares?	Not at all		9 1 A
	544	1.21.3.Q2a	[1] Was there ever a time after the bad thing happened that you had a lot of nightmares?	No		9 1 A
Sleep Problems	552	1.22.1.Q1	In the past two weeks, how often did you have trouble falling asleep or staying asleep when you were tired and wanted to sleep?	Rarely		9 1 A
	554	1.22.1.Q3a	Was there ever a time, for two weeks or longer, that you had trouble falling asleep or staying asleep when you were tired and wanted to sleep?	No		9 1 A
Suicidality	556	1.23.1.Q1	Sometimes when kids get upset or feel numb, they may do things to hurt themselves, like scratching, cutting, or burning themselves. In the past two weeks, how often have you done any of these things or other things to try to hurt yourself?	Not at all		9 1 A
	557	1.23.1.Q2a	Was there ever a time in the past when you did things to hurt yourself on purpose because you were upset, like cut, scratch or burn yourself?	Yes		9 1 A
	559	1.23.1.Q2c	When was that?	Month:August / Year:2019		9 1 A
	560	1.23.2.Q1	In the past two weeks, how often have you wished you were dead or had thoughts that you would be better off dead?	Not at all		9 1 A

	561	1.23.2.Q2a	Was there ever a time in the past when you often wished you were dead or thought you would be better off dead?	No		9 1 A
	564	1.23.3.Q1	In the past two weeks, how often did you think about wanting to kill yourself?	Not at all		9 1 A
	565	1.23.3.Q2a	Was there ever a time when you thought about wanting to kill yourself?	Yes		9 1 A
	567	1.23.4.Q1	In the past two weeks, did you make a suicide attempt and do something to try to kill yourself?	No		9 1 A
	569	1.23.4.Q3a	Was there ever a time when you did something to try to kill yourself and actually made a suicide attempt?	No		9 1 A
	571	1.23.4.Q4	<p>Thank you for answering these difficult questions.</p> <p>For immediate support you can talk to a trusted adult, call your current mental health provider, if you have one, the Suicide Hotline at 1-800-273-8255, the United Way 24-7 Helpline at 2-1-1, or reach out to local emergency resources.</p> <p>To view helpline for other countries, please click here.</p>			9 1 A
	813	2.23.5.Q3	You mentioned that in the past, you did some things to hurt yourself, like scratching, cutting, or burning yourself. Were you trying to kill yourself when you did these things?	Yes		9 1 A
	814	2.23.5.Q4	Did you think that you had at least some chance that you would die as a result of what you did?	No		9 1 A
	816	2.23.6.Q2	You mentioned in the past you	Month:March /		9

			thought about actually wanting to kill yourself. When was that?	Year:2021		1 A
	817	2.23.6.Q3	Did you think about how you would do it (even if you had no intention of actually doing it)?	Yes		9 1 A
	818	2.23.7.Q2	Back then, at any point did you have some intention on acting on these thoughts, even if you weren't 100% sure you would do it?	Yes		9 1 A
	819	2.23.8.Q2	Did you think through the details of exactly how you would do it, for instance, decide on a specific place or time?	No		9 1 A
	820	2.23.9.Q2a	Back then, did you make any preparations for killing yourself?	None; I have not made any preparations,		9 1 A
	822	2.23.10.Q2	Back then, did you start to do something to end your life, but either stopped yourself or were interrupted by someone else (for example, you were about to take pills or had a gun ready, or were about to jump or hang yourself, but either stopped yourself or were stopped by someone else)?	No, I did not start an attempt		9 1 A
Homicidality	572	1.24.1.Q1	In the past two weeks, how often did you think seriously about wanting to kill someone?	Not at all		9 1 A
	573	1.24.1.Q2a	Was there ever a time that you thought seriously about wanting to kill someone?	No		9 1 A
Selective Mutism	171	1.25.1.q1	In the past two weeks, how often were you unable or unwilling to talk in school or other social situations?	Rarely		9 1 A
	173	1.25.1.q3a	Was there ever a time in the past when you were unable or unwilling to talk in school or	No		9 1 A

			other social situations?			
	580	1.99.99.Q1	There are a series of more questions I will be asking you. Feel free to stand up and stretch and take a brief break before we begin. Press the next button when you are ready to start the interview again.			C 1 A