

# Symptom Response Report



PATIENT ID Pre-Userdemoclin012		AGE -1	GENDER -1
INTERVIEW SOURCE	INTERVIEW DATE 06/01/2021	ADMINISTERED BY	

Module Name	QID	Seq_ID	Question Text	Response	Comments	T
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?	Several days		6.1 P
	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		6.1 P
	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?	More than half the days		6.1 P
	106	1.1.3.Q3f	You said that in the past two weeks for most of the day you felt irritable and bored. When did this begin?	Month:January / Year:2021		9.6 P
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		9.6 P
	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	Not at all		9.6 P

			someone?			
	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?	Nearly every day		9.6 P
	125	1.2.5.Q3d	You said that you have had a time when you needed less sleep and felt rested sleeping three or more hours less than usual. When did this begin?	Month:January / Year:2021		9.6 P
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? (ask for example to check if description is true hallucination; if not, mark 'not at all')	Nearly every day		9.6 P
	134	1.4.2.Q1	In the past two weeks, how often have you felt that people you did not know were out to get you, were following you, or spying on you?	Rarely		9.6 P
	137	1.4.2.Q3	You said you had a time when the things listed below were true for you. When did this begin? During the daytime, as you were going about your regular activities and you heard things that others could not hear	Month:January / Year:2021		9.6 P
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		9.6 P
Agoraphobia	146	1.6.1.Q1A	Buses	Rarely		9.8 A

	147	1.6.1.Q1B	Trains	Rarely		9. 8 A
	148	1.6.1.Q1C	Subways	Rarely		9. 8 A
	149	1.6.1.Q1D	Open Spaces	Rarely		9. 8 A
	150	1.6.1.Q1E	Bridges	Rarely		9. 8 A
	151	1.6.1.Q1F	Shops	Not at all		9. 8 A
	152	1.6.1.Q1G	Theatres	Rarely		9. 8 A
	153	1.6.1.Q1H	Malls	Rarely		9. 8 A
	154	1.6.1.Q1I	Crowds	Not at all		9. 8 A
	155	1.6.1.Q1J	Standing in lines	Not at all		9. 8 A
	156	1.6.1.Q1K	Being out of the house alone	Not at all		9. 8 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. 8 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	Nearly every day		9. 8 A

			somewhere?			
	162	1.7.2.Q1	In the past two weeks, how 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?	Nearly every day		9. 8 A
	166	1.7.3.Q3c	You said that you have had a time when you felt super upset when you were separated from your mom, dad, or caregiver and did not want to go to school because of this. When did this begin?	Month:February / Year:2020		9. 8 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?	More than half the days		9. 8 A
	168	1.8.1.Q2	When did this begin?	Month:July / Year:2021		9. 8 A
Specific Phobia	176	1.9.1.Q1a	The dark	Yes		9. 8 A
	177	1.9.1.Q1b	Spiders	Yes		9. 8 A
	178	1.9.1.Q1c	Heights	Yes		9. 8 A
	179	1.9.1.Q1d	Animals	Yes		9. 8 A
	180	1.9.1.Q1e	Elevators	Yes		9. 8 A
	181	1.9.1.Q1f	Bridges	Yes		9. 8 A
	182	1.9.1.Q1g	Flying	Yes		9.

						8 A
	183	1.9.1.Q1h	Seeing blood	Yes		9. 8 A
	184	1.9.1.Q1i	Receiving an injection	Yes		9. 8 A
	185	1.9.1.Q1j	Other (if Yes specify)			9. 8 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. 8 A
	186	1.9.2.Q1	Over the past two weeks, how often have you avoided or tried to avoid the dark, spiders, heights, animals, elevators, bridges, flying, seeing blood or receiving an injection ?	Nearly every day		9. 8 A
	188	1.9.3.Q1a	With friends	Yes		9. 8 A
	189	1.9.3.Q1b	With family	Yes		9. 8 A
	190	1.9.3.Q1c	At school	Yes		9. 8 A
	191	1.9.3.Q1d	At work	Yes		9. 8 A
	192	1.9.3.Q1e	In after school activities	Yes		9. 8 A
	193	1.9.3.Q1f	In other places or times	Yes		9. 8 A

	187	1.9.3.Q1	Has your fear of these things caused problems for you in any of the following areas:			9. 8 A
	194	1.9.4.q1	How much discomfort or distress has your fear of these things caused you?	10		9. 8 A
	195	1.9.5.q1	When did your fear of these things begin?	Month:June / Year:2021		9. 8 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 things?	Nearly every day		9. 8 A
	199	1.10.1.Q2	When did your worrying a lot of the time begin?	Month:June / Year:2021		9. 8 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~Yes, Ever~Yes,		9. 8 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~Yes, Ever~Yes,		9. 8 A
	205	1.11.1.Q1D	Religious thoughts that are disrespectful or offensive	Past 2 weeks~Yes, Ever~Yes,		9. 8 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. 8 A
	207	1.11.1.Q1F	Worries about throwing seemingly unimportant things away	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	208	1.11.1.Q1G	Thoughts about dirt, germs or contamination	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	209	1.11.1.Q1H	Other recurring unwelcome senseless distressing thoughts (specify)	Past 2 weeks:corona virus\$, Ever:all the time\$\$,		9. 8 A
	202	1.11.1.Q1	Have you ever had any of the		alot	9.

			<p>following unwelcome, senseless, distressing thoughts come into your mind over and over again, even though you didn't want to have them?</p> <p>Mark all that apply.</p> <p>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.</p>			8 A
	1858	1.11.1.Q11a	On how many days the past two weeks have you had these thoughts?	Nearly every day		9. 8 A
	210	1.11.1.Q2	When did you begin having these thoughts?	Month:February / Year:2021		9. 8 A
	212	1.11.2.Q1A	Excessive or ritualized cleaning of household or other items	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	213	1.11.2.Q1B	Excessive hand washing	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	214	1.11.2.Q1C	Excessive or ritualized showering, bathing, tooth brushing, or toilet routine	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	215	1.11.2.Q1D	Ordering or arranging things a certain way	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	216	1.11.2.Q1F	Touching things a certain way	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	217	1.11.2.Q1G	Needing to count and recount	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	218	1.11.2.Q1H	Moving in a certain way or repeating certain actions	Past 2 weeks~Yes, Ever~Yes,		9. 8 A
	219	1.11.2.Q1I	Mentally repeating certain	Past 2		9.

			words or numbers	weeks~Yes, Ever~Yes,		8 A
	220	1.11.2.Q1J	Other repetitive behaviors that interfere with your life (specify)	Past 2 weeks: past 2 weeks\$, Ever: ever\$\$,		9. 8 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.			9. 8 A
	1860	1.11.2.Q11a	On how many days the past two weeks have you had to do these things over and over?	Nearly every day		9. 8 A
	221	1.11.2.Q2	When did this begin?	Month: July / Year: 2021		9. 8 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?	More than half the days		9. 8 A
	223	1.12.2.Q1	Has this happened at least twice a week for the past 3 months?	Yes		9. 8 A
	224	1.12.3.Q1	How much discomfort or distress does this problem cause you?	10		9. 8 A
	226	1.12.4.Q1A	With friends	No		9. 8 A
	227	1.12.4.Q1B	With family	No		9. 8 A
	228	1.12.4.Q1C	At school	No		9. 8 A
	229	1.12.4.Q1D	At work	No		9.



						8 A
	230	1.12.4.Q1E	In after school activities	Yes		9. 8 A
	231	1.12.4.Q1F	In other places or times	Yes		9. 8 A
	225	1.12.4.Q1	Does wetting yourself cause problems for you in any of the following areas:			9. 8 A
	233	1.12.9.Q1	When did the problem with wetting yourself first begin?	Month:June / Year:2021		9. 8 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		9. 3 P
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 being fat?	Rarely		9. 3 P
	255	1.13.2.Q1	What is your current height and weight (please make your best guess)?	feet:1 / inches:2 / weight:40		9. 3 P
	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		9. 3 P
	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	Not at all		9. 3 P

			laxatives, or diet pills?			
	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		9.3 P
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?	Not at all		9.3 P
	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?	Not at all		9.3 P
	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		9.3 P
	292	1.14.4.Q1	In the past two weeks, how often have you gotten in trouble, or done something you could have gotten in trouble for because you were impulsive and acted before you thought?	Not at all		9.3 P
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?	Not at all		9.3 P
	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?	Not at all		9.3 P
Tic Disorders	362	1.17.1.Q1	In the past two weeks, how often did you have tics like	Not at all		9.3

			uncontrollable eye blinking, shoulder shrugging, head tilting, or other parts of your body moving unexpectedly when you did not want them to?			P
	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?	Nearly every day		9.3 P
	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)?	Yes		9.3 P
Alcohol Use Disorder	389	1.19.1.Q1	What are your favorite alcoholic beverages to drink? Check all that apply.	Don't drink alcohol,		9.3 P
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		9.3 P
	403	1.20.1.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	No		9.3 P
	404	1.20.1.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No		9.3 P
	405	1.20.1.Q1D	Cocaine (coke, crack)	No		9.3 P
	406	1.20.1.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No		9.3 P

	407	1.20.1.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No		9. 3 P
	408	1.20.1.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No		9. 3 P
	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		9. 3 P
	410	1.20.1.Q1I	Other Drugs (fill in) (e.g., steroids, etc).			9. 3 P
	1912	1.20.1.Q1J	PCP (angel dust), ketamine, cough medicine or DXM	No		9. 3 P
	401	1.20.1.Q1	Check below the drugs any of your friends use:			9. 3 P
	412	1.20.2.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No		9. 3 P
	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. 3 P
	414	1.20.2.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No		9. 3 P
	415	1.20.2.Q1D	Cocaine (coke, crack)	No		9.

						3 P
	416	1.20.2.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No		9. 3 P
	417	1.20.2.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No		9. 3 P
	418	1.20.2.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No		9. 3 P
	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)	No		9. 3 P
	420	1.20.2.Q1I	Other Drugs (fill in) (e.g., steroids, etc).			9. 3 P
	1913	1.20.2.Q1J	PCP (angel dust), ketamine, cough medicine or DXM	No		9. 3 P
	411	1.20.2.Q1	Check below the drugs you have tried one or more times:			9. 3 P
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		9. 3 P
	503	1.21.1.Q1B	Significant accident or medical condition, including coronavirus, for which you needed specialized, intensive, or painful medical treatment	No		9. 3 P
	504	1.21.1.Q1C	Witness or caught in a fire that caused significant property	No		9. 3

			damage or personal injury			P
	505	1.21.1.Q1D	Witness or caught in a natural disaster that caused significant property damage or personal injury	No		9. 3 P
	506	1.21.1.Q1E	Witness or victim of a school shooting or other act of terrorism	No		9. 3 P
	507	1.21.1.Q1F	Witness death or mass destruction in a war zone	No		9. 3 P
	508	1.21.1.Q1G	Witness someone shot or stabbed in the community	No		9. 3 P
	509	1.21.1.Q1H	Shot, stabbed, or beat badly by a non-family member	No		9. 3 P
	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		9. 3 P
	514	1.21.1.Q1M	Witness the grown-ups in the home push, shove or hit one another	No		9. 3 P
	517	1.21.1.Q1P	A peer forced you to do something sexually	No		9. 3 P
	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. 3 P
	1903	1.21.1.Q1T	Was robbed and assaulted or robbed and threatened physically	No		9. 3 P
	1910	1.21.1.Q1v	Other			9. 3 P
	501	1.21.1.Q1	Please check off the things			9.

			from the list below that have happened to you in your lifetime.			3 P
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. 6 P
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?	Not at all		9. 3 P