

# Symptom Response Report



PATIENT ID ParentDemoself022		AGE 16	GENDER Female
INTERVIEW SOURCE Parent	INTERVIEW DATE 01/14/2019	ADMINISTERED BY	

Module Name	QID	Seq_ID	Question Text	Response	Comments
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 child's mood 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.		
	2	0.0.0.Q2	How old is your child?	age:16	
	3	0.0.0.Q3	What sex was your child assigned at birth?	Female	
	1798	0.0.0.Q77	What is your child's ethnicity?  Hispanic or Latino?	No	
	1799	0.0.0.Q78	What is your child's race? Choose all that apply.	White,	
	33	0.0.0.Q35	What is your relationship to your child?	Biological mother	
	34	0.0.0.Q36	Does your child live with you full time?	Yes	
	35	0.0.0.Q37a	Who else lives in the home with you? Check all that apply.	Biological father, Siblings,	
	36	0.0.0.Q38	In general, how do you and	Ok	

			your child get along?		
	38	0.0.0.Q40	Click the response below that describes your child's current school setting	Regular public school	
	39	0.0.0.Q41	In general, how does your child do in school?	Average	
	40	0.0.0.Q42	What kind of grades does your child get on average?	Cs	
	41	0.0.0.Q43	In the past year or past several months, has there been a drop in your child's grades?	Yes	
	42	0.0.0.Q44	Does your child receive special services at school? Click all that apply:	Child does not receive special services,	
	43	0.0.0.Q45	Is your child involved in any extracurricular activities at school?	Yes	
	44	0.0.0.Q46	Click all that apply:	Sports,	
	45	0.0.0.Q47	In the past year, has your child had any detentions or suspensions?	No	
	47	0.0.0.Q49	Is your child involved in any activities outside of school? Click all that apply:	Sports teams,	
	48	0.0.0.Q50	Does your child have a best friend?	Yes	
	49	0.0.0.Q51	How long has your child been friends with this best friend?	1-2 years	
	50	0.0.0.Q52	Does your child have a regular group of kids he or she hangs out with at school or in your neighborhood?	Yes	

	51	0.0.0.Q53	How long has your child hung out with them?	More than 3 years	
	52	0.0.0.Q54	Do you like your child's friends?	Yes	
	53	0.0.0.Q55	Does your child have any problems with bullying at school or in your neighborhood?	No	
	54	0.0.0.Q56	Is your child gay?	No	
	56	0.0.0.Q58	Is your child transgender?	No	
	58	0.0.0.Q60	Does your child have any health problems?	No	
	62	0.0.0.Q62	Was your child born prematurely?	No	
	64	0.0.0.Q64	Were your child's developmental milestones on time?	Yes	
	66	0.0.0.Q66	Has your child ever received mental health or substance abuse services?	No	
	60	0.0.0.Q70	Does your child currently take any regular medications for mental health problem(s)?	No	
	71	0.0.0.Q73	Has your child taken any medications in the past for mood or behavioral problems? If yes, please list them below.		
	72	0.0.0.Q74	Has anyone in your child's family had any of the following problems? Click all that apply:		
	73	0.0.0.Q75	Below is a list of things kids	Recent breakup with	

			often have to deal with. Click all that apply to your child:	boyfriend, Health problems,	
	74	0.0.0.Q76	Thanks for this background information. If there is anything else you think is important that we know about your child, you can write it in below.		
Depressive Disorders	95	1.1.1.Q1	Now I'd like to ask you some questions about your child's mood. In the past two weeks, how often has your child felt sad, down, or depressed, with the down feeling lasting most of the day?	Not at all	
	96	1.1.1.Q2a	Was there ever a time in the past that your child felt sad or down for most of the day, nearly every day, for two weeks or longer?	No	
	97	1.1.2.Q1	In the past two weeks, how often has your child felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?	Several days	
	98	1.1.2.Q2a	Was there ever a time in the past that your child felt, annoyed, irritable, or cranky for most of the day, nearly every day, for two weeks or longer?	Yes	
	99	1.1.3.Q1	In the past 2 weeks, how often has your child felt bored, or like nothing was fun, for most of the day?	Several days	
	100	1.1.3.Q2a	Was there ever a time in the past that your child felt bored, like nothing was fun for most of the day, nearly every day, for two weeks or longer?	Yes	
	113	1.1.3.Q4f	You said that in the past there was a time that lasted at least two weeks when for most of the day your child felt irritable		

			and bored, like nothing was fun. When was that? If your child felt that way more than once, let me know when it was the worst.		
	115	1.1.3.q5	How long did it last back then?	weeks:0 / months:4	
Bipolar Disorders	116	1.2.1.Q1	In the past two weeks, how often, without using drugs, did your child feel like they were high or super happy for no particular reason, with the over the top good feeling lasting four or more hours?	More than half the days	
	118	1.2.2.Q1	In the past two weeks, how often has your child lost his or her temper and done any of the following things: yelled at someone, thrown or broken something, or hit, pushed or kicked someone?	Several days	
	119	1.2.2.Q2	Has your child always, or almost always, been someone who loses his or her temper a lot?	Yes	
	121	1.2.4.Q1	In the past two weeks, how often has your child needed less sleep than usual, and still felt rested and energized, sleeping at least three hours less than usual?	Rarely	
	122	1.2.4.Q2a	Was there ever a time in the past that your child needed less sleep for several days in a row, and felt rested sleeping at least three hours less than usual?	Yes	
	129	1.2.5.Q3q	You said that your child had a time when he/she felt super happy for no particular reason, lost his/her temper and exploded a lot and needed a lot less sleep than usual. When did	Month:November / Year:2020	

			this begin?		
	1826	2.2.5.q1	In the past two weeks, how often has your child felt more interested in sex than usual, thinking and talking about sex a lot, downloading pornography, or hooking up with people he or she weren't dating?	Not at all	
	1827	2.2.5.q2a	Was there ever a time in the past that your child were more interested in sex and more active sexually than usual?	No	
	621	2.2.7.q1	In the past two weeks, on how many days has your child felt way more self-confident than usual?	Not at all	
	645	2.2.7.Q2	In the past when your child has been super happy or super cranky, did he or she feel way more self-confident than usual?	No	
	622	2.2.8.q1	In the past two weeks, how often has your child been talking either too much or too fast?	Not at all	
	646	2.2.8.Q2	In the past when your child have been super happy or super cranky, were he or she also talking too much or too fast?	No	
	623	2.2.9.q1	Over the past two weeks, how often has your child's thoughts been racing so fast that it has been hard for him or her to keep up with them?	Not at all	
	647	2.2.9.Q2	In the past when your child has been super happy or super cranky, did your child's thoughts race so fast that it was hard for him or her to keep up with them?	No	
	624	2.2.10.q1	Over the past two weeks, how	Not at all	

			often has your child's thoughts jumped from one idea to the next without any clear connection between the thoughts?		
	648	2.2.10.Q2	In the past when your child have been super happy or super cranky, did your child's thoughts jump from one idea to the next without any clear connection between the thoughts?	No	
	625	2.2.11.q1	In the past two weeks, how often has your child been a lot busier than usual, doing more projects or activities than usual?	Not at all	
	649	2.2.11.Q2	In the past when your child have been super happy or super cranky, was your child also a lot busier than usual, doing more projects or activities than usual?	Yes	
	626	2.2.12.q1	In the past two weeks, on how many days has your child felt way more energized than usual?	Not at all	
	650	2.2.12.Q2	In the past when your child have been super happy or super cranky, did your child feel way more energized than usual?	Yes	
	627	2.2.13.q1	In the past two weeks, how often has your child felt agitated, like it was hard to sit without bouncing his or her leg or getting up and moving around?	Not at all	
	651	2.2.13.Q3	In the past when your child have been super happy or super cranky, did your child feel agitated and was it hard for him or her to sit without bouncing	Yes	

			his or her leg or getting up and moving around?		
	629	2.2.14.q1	In the past two weeks, how often has your child found it hard to concentrate and keep his or her focus?	Not at all	
	653	2.2.14.Q3	In the past when your child have been super happy or super cranky, did he or she had trouble concentrating?	No	
	631	2.2.15.q1	In the past two weeks, how often has your child done something that was risky, or something a grown up would think is risky?	Not at all	
	655	2.2.15.Q2	In the past when your child have been super happy or super cranky, did your child do several things that were risky, or things a grown up would think are risky?	No	
	632	2.2.16.q1	Do the things we've just been talking about cause problems for your child in any of the following areas:		
	640	2.2.17.q1	What was the longest number of days in a row that your child has had these problems?	7-14 days	
	641	2.2.17.q2	How many different times have these symptoms been true of your child?	4	
	642	2.2.17.q3	What's the most number of times your child had on and off periods of experiencing these symptoms in any given year?	5	
	643	2.2.17.q4	When was the last time your child had any of the symptoms we have just been talking about?	Month:February / Year:2019	
Disruptive Mood	665	2.3.1.Q1	Has your child had trouble with his or her temper since he or	Yes	



Dysregulation Disorder			she was young, since before your child was 10?		
	666	2.3.1.Q2	How many temper outbursts does your child typically have per week?	Three	
	667	2.3.1.Q3	How many times per week does your child yell when he or she is upset?	Two	
	668	2.3.1.Q4	How many times per week does your child throw things when he or she is upset?	Three	
	669	2.3.1.Q5	How many times per week does your child kick or punch people or things when he or she is upset?	Three	
	671	2.3.1.Q6A	At School	Yes	
	672	2.3.1.Q6B	With Friends	Yes	
	673	2.3.1.Q6C	With Family	Yes	
	674	2.3.1.Q6D	Others Places	Yes	
	670	2.3.1.Q6	In the past year, in which situations has your child lost their temper:		
	675	2.3.1.Q7	Was there a time in the past year when your child did not lose his or her temper at all for 3 months or longer?	No	
	676	2.3.1.Q8	When would you say the problems with your child's temper began?	Month:June / Year:2020	
Psychosis	130	1.4.1.Q1	In the past two weeks, how often, during the daytime, as your child was going about his or her regular activities, did your child hear things that others could not hear?	Rarely	

	131	1.4.1.Q2	Was there ever a time during the daytime, as your child was going about his or her regular activities, that they repeatedly heard things that weren't really there?	Yes	
	134	1.4.2.Q1	In the past two weeks, how often did your child feel that people your child did not know were out to get them, were following them, or spying on them?	Rarely	
	136	1.4.2.Q2	Was there ever a time your child felt that people your child did not know were out to get them, were following them, or spying on them?	Yes	
	137	1.4.2.Q3	You said your child had a time when the things listed below were true for him or her. When did this begin? During the daytime, as your child was going about his or her regular activities, they heard things that others could not hear, Your child felt that people they did not know where out to get them and were following them or spying on them	Month:March / Year:2020	
	1345	2.4.3.Q1AA	Heard voices that told your child to do something?	Present,Past,	
	1346	2.4.3.Q1AB	Heard voices commenting about what your child was doing or thinking?	Present,Past,	
	1347	2.4.3.Q1AC	Heard two or more people talking when no one was there?	Present,Past,	
	1348	2.4.3.Q1AD	Heard his or her thoughts spoken aloud?	Present,Past,	
	1349	2.4.3.Q1AE	Hear voices that no one else could hear?	Present,Past,	
	1833	2.4.3.Q1af	Had other odd experiences	QPresent:ger,QPast:etert,	

			involving noises or voices (specify)?		
	1344	2.4.3.Q1A	When we were talking before you said there were times that your child's mind played tricks on him or her, and your child heard, saw, or smelled things that weren't really there. I am going to ask you about a number of different types of experiences kids sometimes have, and I want you to tell me if it happened to your child:		
	1356	2.4.4.Q1	When your child heard voices or noises that other people could not hear, did your child hear the noises or voices as coming from outside his or her head?	No	
	1358	2.4.5.Q1a	Saw something that wasn't there, that no one else could see?	Present,Past,	
	1359	2.4.5.Q1b	Felt something on his or her skin when there wasn't anything there?	Present,Past,	
	1360	2.4.5.Q1c	Smelled something that no one else could smell?	Present,Past,	
	1361	2.4.5.Q1d	Had other odd perceptual experiences (specify)?	QPresent:te,QPast:tet,	
	1357	2.4.5.Q1	Now I am going to ask you some other types of experiences kids sometimes have, and I want you to tell me if it happened to your child in the past two weeks or any other time in the past.		
	1362	2.4.6.Q1	How often in a typical week are your child having trouble with any of the symptoms listed below: heard voices that told your child to do something, heard voices commenting	More than half the days	

			about what your child was doing or thinking, heard two or more people talking when no one was there, heard his or her thoughts spoken aloud, hear voices that no one else could hear, ger, saw something that wasn't there, that no one else could see, felt something on his or her skin when there wasn't anything there, smelled something that no one else could smell and te?		
	1366	2.4.6.Q2	In the past when your child's mind was playing tricks on them, when it was at its worse, how often in a typical week did he or she heard voices that told your child to do something, heard voices commenting about what your child was doing or thinking, heard two or more people talking when no one was there, heard his or her thoughts spoken aloud, hear voices that no one else could hear, etert, saw something that wasn't there, that no one else could see, felt something on his or her skin when there wasn't anything there, smelled something that no one else could smell and tet	More than half the days	
	1377	2.4.11.Q1A	Believe god had chosen your child to do something special for him?	Present,Past,	
	1378	2.4.11.Q1B	Believe your child's thoughts could be broadcast out loud so other people could know what he or she was thinking?	Present,Past,	
	1379	2.4.11.Q1C	Believe people could take thoughts out of your child's mind against his or her will?	Present,Past,	
	1380	2.4.11.Q1D	Believe people could put thoughts in your child's head	Present,Past,	

			that are not their own?		
	1381	2.4.11.Q1E	Believe the TV or radio was sending your child messages?	Present,Past,	
	1382	2.4.11.Q1F	Believe someone was controlling your mind or body like a robot	Present,Past,	
	1855	2.4.11.Q1g	Believe something was seriously wrong with your child's body, like it was rotting from the inside	Present,Past,	
	1856	2.4.11.Q1h	Were convinced that the world was about to come to an end	Present,Past,	
	1857	2.4.11.Q1i	Had other thoughts that were odd and that other people didn't think were true (fill in )	QPresent:3e2,QPast:2323,	
	1376	2.4.11.Q1	Now I am going to ask you about some different ideas kids sometimes have. In the past two weeks or any other time in the past, did your child think		
	1383	2.4.12.Q1	<p>If someone tried to convince your child that these thoughts listed below aren't really true, could they?</p> <p>➤ believe god had chosen your child to do something special for him</p> <p>➤ believe your child's thoughts could be broadcast out loud so other people could know what he or she was thinking</p> <p>➤ believe people could take thoughts out of your child's mind against his or her will</p> <p>➤ believe people could put thoughts in your child's head that are not their own</p> <p>➤ believe the tv or radio was sending your child messages</p> <p>➤ believe someone was controlling your mind or body like a robot</p>	No	

			<p>➤ believe something was seriously wrong with your child's body, like it was rotting from the inside</p> <p>➤ were convinced that the world was about to come to an end</p> <p>➤ 3e2</p>		
	1384	2.4.21.Q1	<p>In the past two weeks, how often has your child's thought any of the things listed below?</p> <p>➤ believe god had chosen your child to do something special for him</p> <p>➤ believe your child's thoughts could be broadcast out loud so other people could know what he or she was thinking</p> <p>➤ believe people could take thoughts out of your child's mind against his or her will</p> <p>➤ believe people could put thoughts in your child's head that are not their own</p> <p>➤ believe the tv or radio was sending your child messages</p> <p>➤ believe someone was controlling your mind or body like a robot</p> <p>➤ believe something was seriously wrong with your child's body, like it was rotting from the inside</p> <p>➤ were convinced that the world was about to come to an end</p> <p>➤ 3e2</p>	More than half the days	
	1386	2.4.12.Q2	<p>In the past when your child thought that</p> <p>➤ someone was out to get your child, was following your child, or spying on your child</p> <p>➤ believe god had chosen your child to do something special for him</p> <p>➤ believe your child's</p>	No	

			<p>thoughts could be broadcast out loud so other people could know what he or she was thinking</p> <p>➤ believe people could take thoughts out of your child's mind against his or her will</p> <p>➤ believe people could put thoughts in your child's head that are not their own</p> <p>➤ believe the tv or radio was sending your child messages</p> <p>➤ believe someone was controlling your mind or body like a robot</p> <p>➤ believe something was seriously wrong with your child's body, like it was rotting from the inside</p> <p>➤ were convinced that the world was about to come to an end</p> <p>➤ 2323, could someone convince your child it wasn't true?</p>		
	1387	2.4.21.Q2	<p>In the past when your child had the thoughts listed below how often did he or she have them in a typical week?</p> <p>➤ someone was out to get your child, was following your child, or spying on your child</p> <p>➤ believe god had chosen your child to do something special for him</p> <p>➤ believe your child's thoughts could be broadcast out loud so other people could know what he or she was thinking</p> <p>➤ believe people could take thoughts out of your child's mind against his or her will</p> <p>➤ believe people could put thoughts in your child's head that are not their own</p> <p>➤ believe the tv or radio was sending your child messages</p>	Several days	

			<p>➤ believe someone was controlling your mind or body like a robot</p> <p>➤ believe something was seriously wrong with your child's body, like it was rotting from the inside</p> <p>➤ were convinced that the world was about to come to an end</p> <p>➤ 2323</p>		
	1836	2.4.20.Q1a	Hear voices that told them to do something?	Yes	
	1837	2.4.20.Q1b	Hear voices commenting about what they were doing or thinking?	Yes	
	1838	2.4.20.Q1c	Hear two or more people talking when no one was there?	Yes	
	1839	2.4.20.Q1d	Hear their thoughts spoken aloud?	Yes	
	1840	2.4.20.Q1e	Hear voices that no one else could hear?	Yes	
	1841	2.4.20.Q1f	ger, etert	Yes	
	1842	2.4.20.Q1g	See something that wasn't there, that no one else could see?	Yes	
	1843	2.4.20.Q1h	Feel something on their skin when there wasn't anything there?	Yes	
	1844	2.4.20.Q1i	Smell something that no one else could smell?	Yes	
	1845	2.4.20.Q1j	te, tet	Yes	
	1846	2.4.20.Q1k	Believe god had chosen them to do something special for him?	Yes	
	1847	2.4.20.Q1l	Believe their thoughts could be broadcast out loud so other	Yes	



			people could know what they are thinking?		
	1848	2.4.20.Q1m	Believe people could take thoughts out of their mind against their will?	Yes	
	1849	2.4.20.Q1n	Believe people could put thoughts in their head that were not their own?	Yes	
	1850	2.4.20.Q1o	Believe the TV or radio was sending them messages?	Yes	
	1851	2.4.20.Q1p	Believe someone was controlling their mind or body like a robot	Yes	
	1852	2.4.20.Q1q	Believe something was seriously wrong with their body, like it was rotting from the inside	Yes	
	1853	2.4.20.Q1r	Were convinced that the world was about to come to an end	Yes	
	1854	2.4.20.Q1s	3e2, 2323	Yes	
	1884	2.4.20.Q1t	Felt people they didn't know were spying on them	Yes	
	1835	2.4.20.Q1	Does anyone else in your family or any members of your church also have any of the experiences listed below?		
	1390	2.4.16.Q3a	My child shows very little emotion; his or her affect is mostly flat.	Present,Past,	
	1391	2.4.16.Q3b	My child shows inappropriate affect, like laughing when things are serious.	Present,Past,	
	1392	2.4.16.Q3c	My child has recently done bizarre things, like run out of the house naked or defecate outside the toilet.	Present,Past,	
	1393	2.4.16.Q3d	My child's speech and	Present,Past,	

			thoughts are illogical.		
	1394	2.4.16.Q3e	When my child talks, he or she shifts from one idea to the next without any clear connection between the different thoughts.	Present,Past,	
	1395	2.4.16.Q3f	My child often sits still in a stupor, as if he or she were frozen.	Present,Past,	
	1396	2.4.16.Q3g	Other bizarre or unusual behavior (specify)	QPresent:tq,QPast:tqqt,	
	1389	2.4.16.Q3	Mark off all the things that are either currently true of your child or were true in the past		
	1371	2.4.10.Q3A	With friends	Yes	
	1372	2.4.10.Q3B	With family	Yes	
	1373	2.4.10.Q3C	At school	Yes	
	1374	2.4.10.Q3D	At work	Yes	
	1375	2.4.10.Q3E	With any other activities	Yes	
	1370	2.4.10.Q3	Have the symptoms we have just been talking about caused difficulties for your child in any of the following areas		
	1388	2.4.14.Q3	<p>Have the symptoms we have just been talking about only happen when your child were drinking a lot or using drugs?</p> <p>➤ heard voices that told your child to do something?</p> <p>➤ heard voices commenting about what your child was doing or thinking</p> <p>➤ heard two or more people talking when no one was there</p> <p>➤ heard his or her thoughts spoken aloud</p>	Yes	

			<p>➤ heard voices that no one else could hear</p> <p>➤ ger, etert</p> <p>➤ saw something that wasn't there, that no one else could see</p> <p>➤ felt something on his or her skin when there wasn't anything there</p> <p>➤ smelled something that no one else could smell</p> <p>➤ te, tet</p> <p>➤ believe god had chosen your child to do something special for him?</p> <p>➤ believe your child's thoughts could be broadcast out loud so other people could know what he or she was thinking?</p> <p>➤ believe people could take thoughts out of your child's mind against his or her will?</p> <p>➤ believe people could put thoughts in your child's head that are not their own?</p> <p>➤ believe the tv or radio was sending your child messages?</p> <p>➤ believe someone was controlling your mind or body like a robot?</p> <p>➤ believe something was seriously wrong with your child's body, like it was rotting from the inside</p> <p>➤ were convinced that the world was about to come to an end</p> <p>➤ 3e2, 2323</p> <p>➤ my child shows very little emotion; his or her affect is mostly flat.</p> <p>➤ my child often showed inappropriate affect, like laughing when things were serious.</p> <p>➤ my child did bizarre things, like run out of the house naked or defecate outside the toilet.</p>		
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			<p>➤ my child's speech and thoughts were illogical.</p> <p>➤ when my child talked, he or she shifted from one idea to the next without any clear connection between the different thoughts.</p> <p>➤ my child often sat still in a stupor, as if he or she were frozen.</p> <p>➤ tq, tqqt</p>		
	1364	2.4.19.Q3	<p>For how long has your child been having the symptoms we have just been talking about? Please enter days, weeks or months.</p> <p>➤ heard voices that told your child to do something?</p> <p>➤ heard voices commenting about what your child was doing or thinking</p> <p>➤ heard two or more people talking when no one was there</p> <p>➤ heard his or her thoughts spoken aloud</p> <p>➤ heard voices that no one else could hear</p> <p>➤ ger, etert</p> <p>➤ saw something that wasn't there, that no one else could see</p> <p>➤ felt something on his or her skin when there wasn't anything there</p> <p>➤ smelled something that no one else could smell</p> <p>➤ te, tet</p> <p>➤ believe god had chosen your child to do something special for him?</p> <p>➤ believe your child's thoughts could be broadcast out loud so other people could know what he or she was thinking?</p> <p>➤ believe people could take thoughts out of your child's mind against his or her will?</p>	days:0 / weeks:0 / months:34	

			<ul style="list-style-type: none"> <li>➤ believe people could put thoughts in your child's head that are not their own?</li> <li>➤ believe the tv or radio was sending your child messages?</li> <li>➤ believe someone was controlling your mind or body like a robot?</li> <li>➤ believe something was seriously wrong with your child's body, like it was rotting from the inside</li> <li>➤ were convinced that the world was about to come to an end</li> <li>➤ 3e2, 2323</li> <li>➤ my child shows very little emotion; his or her affect is mostly flat.</li> <li>➤ my child often showed inappropriate affect, like laughing when things were serious.</li> <li>➤ my child did bizarre things, like run out of the house naked or defecate outside the toilet.</li> <li>➤ my child's speech and thoughts were illogical.</li> <li>➤ when my child talked, he or she shifted from one idea to the next without any clear connection between the different thoughts.</li> <li>➤ my child often sat still in a stupor, as if he or she were frozen.</li> <li>➤ tq, tqqt</li> </ul>		
	1397	2.4.17.Q1	<p>You said your child also had symptoms like this in the past. Did he or she ever had three month period or longer without any of these symptoms?</p> <ul style="list-style-type: none"> <li>➤ heard voices that told your child to do something?</li> <li>➤ heard voices commenting about what your child was doing or thinking</li> <li>➤ heard two or more people</li> </ul>	No	

			<p>talking when no one was there</p> <p>➤ heard his or her thoughts spoken aloud</p> <p>➤ heard voices that no one else could hear</p> <p>➤ saw something that wasn't there, that no one else could see</p> <p>➤ felt something on his or her skin when there wasn't anything there</p> <p>➤ smelled something that no one else could smell</p> <p>➤ te, tet</p> <p>➤ believe god had chosen your child to do something special for him?</p> <p>➤ believe your child's thoughts could be broadcast out loud so other people could know what he or she was thinking?</p> <p>➤ believe people could take thoughts out of your child's mind against his or her will?</p> <p>➤ believe people could put thoughts in your child's head that are not their own?</p> <p>➤ believe the tv or radio was sending your child messages?</p> <p>➤ believe someone was controlling your mind or body like a robot?</p> <p>➤ believe something was seriously wrong with your child's body, like it was rotting from the inside</p> <p>➤ were convinced that the world was about to come to an end</p> <p>➤ 3e2, 2323</p> <p>➤ my child shows very little emotion; his or her affect is mostly flat.</p> <p>➤ my child often showed inappropriate affect, like laughing when things were serious.</p> <p>➤ my child did bizarre things,</p>	
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			<p>like run out of the house naked or defecate outside the toilet.</p> <p>➤ my child's speech and thoughts were illogical.</p> <p>➤ when my child talked, he or she shifted from one idea to the next without any clear connection between the different thoughts.</p> <p>➤ my child often sat still in a stupor, as if he or she were frozen.</p> <p>➤ tq, tqqt</p>		
Panic Disorder	141	1.5.1.Q1	In the past two weeks, has your child had any panic attacks where for no reason at all he or she suddenly felt super scared and like he or she was having a heart attack?	Several days	
	142	1.5.1.Q2	When did this begin?	Month:March / Year:2020	
	1401	2.5.2.Q1a	Shortness of breath	Yes	
	1402	2.5.2.Q1b	Dizziness	Yes	
	1403	2.5.2.Q1c	Heart palpitations	Yes	
	1404	2.5.2.Q1d	Shaking	Yes	
	1405	2.5.2.Q1e	Sweating	Yes	
	1406	2.5.2.Q1f	Choking	No	
	1407	2.5.2.Q1g	Nausea	No	
	1408	2.5.2.Q1h	Feeling that things aren't real	No	
	1409	2.5.2.Q1i	Numbness	Yes	

	1410	2.5.2.Q1j	Heat or chills	Yes	
	1411	2.5.2.Q1k	Chest pain	No	
	1412	2.5.2.Q1l	Fear of dying	No	
	1413	2.5.2.Q1m	Fear of losing control	Yes	
	1400	2.5.2.Q1	Before you said your child sometimes has panic attacks, where for no reason he or she suddenly feels super scared, like they are having a heart attack. When your child has panic attacks, does he or she experience any of the following?		
	1414	2.5.3.Q1	Over the past 2 weeks, how often has your child worried about having another attack, or about something bad happening because of the attacks?	Several days	
	1415	2.5.4.Q1	In the past two weeks, how often has your child not gone out, gone out less often, or done anything else differently because of the attacks?	Rarely	
	1433	2.5.4.Q2	After your child's first attack, or after your child's first few attacks, did he or she stop going out or go out less often, or do anything else differently because of them?	Yes	
	1416	2.5.5.Q1	You mentioned your child worried about the attacks and did things differently because of the attacks. Was this true for one month or longer?	Yes	
	1417	2.5.6.Q1	Were the attacks related to drug use?	No	



	1892	2.5.9.Q1	Did these symptoms start shortly after a significant life event or stressor?	Yes	
	1893	2.5.9.Q2	Describe what happened in the space below if you are comfortable doing so. If not, just press continue.	Dog died	
Agoraphobia	146	1.6.1.Q1A	Buses	Not at all	
	147	1.6.1.Q1B	Trains	Not at all	
	148	1.6.1.Q1C	Subways	Not at all	
	149	1.6.1.Q1D	Open Spaces	Not at all	
	150	1.6.1.Q1E	Bridges	Rarely	
	151	1.6.1.Q1F	Shops	Rarely	
	152	1.6.1.Q1G	Theatres	Rarely	
	153	1.6.1.Q1H	Malls	Rarely	
	154	1.6.1.Q1I	Crowds	Rarely	
	155	1.6.1.Q1J	Standing in lines	Rarely	
	156	1.6.1.Q1K	Being out of the house alone	Rarely	
	145	1.6.1.Q1	In the past two weeks, how often has your child feared or avoided any of the following places because they make him or her super anxious? Mark all that apply.		
	158	1.6.1.Q3a	Was there ever a time that for several months your child	Yes	

			avoided two or more of these situations because they made him/her super anxious: leaving the house, riding in cars or buses, being in enclosed places like theatres or crowds, or being in open spaces like parking lots or on bridges?		
	159	1.6.1.Q4	When was that? If this happened more than once, let me know when it was the worst.	Month:February / Year:2020	
	1452	2.6.2.Q2A	Your child wouldn't be able to leave quickly if he or she wanted to	Yes	
	1453	2.6.2.Q2B	Your child couldn't receive help quickly if something bad happened to him or herself	Yes	
	1454	2.6.2.Q2C	Your child's afraid he or she might do something embarrassing	Yes	
	1455	2.6.2.Q2D	Other (please type in reason)		
	1451	2.6.2.Q2	You said that back in february 2020 your child felt afraid to either leave the house, ride in cars or buses, be in enclosed places like theatres or crowds, or be in open spaces like parking lots or bridges. Back then, why did he or she avoid these situations? Check all that apply.		
	1456	2.6.3.Q2	Do think that your child was more afraid of these situations than he or she needed to be or more afraid of these situations than other kids your child's age back then?	Yes	
	1458	2.6.4.Q2A	With friends	Yes	

	1459	2.6.4.Q2B	With family	Yes	
	1460	2.6.4.Q2C	At school	Yes	
	1461	2.6.4.Q2D	At work	Yes	
	1462	2.6.4.Q2E	In after school activities	Yes	
	1463	2.6.4.Q2F	In other places or times	Yes	
	1457	2.6.4.Q2	Back then, did your child's fear or avoidance of these situations cause problems for him or her in any of the following areas:		
	1464	2.6.5.Q2	How much discomfort or distress did this problem cause your child back then?	6	
	1465	2.6.6.Q1	For how long did your child avoid or feel like avoiding any of these situations back then? Please enter weeks, months, or years.	weeks:1 / months:0 / years:0	
Separation Anxiety	160	1.7.1.Q1	In the past two weeks, how often has your child felt super upset when mom, dad, or another caregiver left the house or dropped your child off somewhere?	Rarely	
	161	1.7.1.Q2a	Was there ever a time that your child got super upset when mom, dad or another caregiver left the house or dropped your child off somewhere?	No	
	162	1.7.2.Q1	In the past two weeks, how often has your child tried to stay home or actually stayed home from school because he or she wanted to be with mom, dad, or another caregiver?	Not at all	

	163	1.7.2.Q2a	Was there ever a time that your child did not want to go to school because he or she did not want to be away from mom, dad, or another caregiver?	Yes	
	165	1.7.3.Q3b	You said that your child had a time when he/she did not want to go to school because he/she did not want to be away from his/her mom, dad, or another caregiver. When did this begin?	Month:April / Year:2020	
	1466	2.7.3.Q1	In the past two weeks, how often has your child worried about being kidnapped or having something else bad happen to him or her that would separate them from you?	Not at all	
	1481	2.7.3.Q2	Was there ever a time your child worried about being kidnapped or having something else bad happen to him or her that would separate him or her from their parents?	Yes	
	1467	2.7.4.Q1	In the past two weeks, how often has your child worried that you might get hurt or something else bad might happen to you?	Several days	
	1482	2.7.4.Q2	Was there ever a time that your child worried that their mom or dad might get hurt or something else bad might happen to them?	Yes	
	1468	2.7.5.Q1	In the past two weeks, how often has your child felt afraid to be by himself/herself in a different part of the house than their parents?	Rarely	
	1483	2.7.5.Q2	Was your child ever afraid to be by themselves in a different part of the house than their mom or	Yes	

			dad?		
	1469	2.7.6.Q1	In the past two weeks, how often has your child needed you nearby to fall asleep at night?	Not at all	
	1484	2.7.6.Q2	Was there ever a time that your child needed their mom or dad nearby to fall asleep at night?	Yes	
	1470	2.7.7.Q1	In the past two weeks, how often has your child had a nightmare about something bad happening to you or about being separated from you?	Not at all	
	1485	2.7.7.Q2	Was there ever a time your child had a lot of nightmares about something bad happening to one of their parents or about being separated from their parents?	Yes	
	1471	2.7.8.Q1	In the past two weeks, how often has your child had headaches or stomachaches when separated from you?	Rarely	
	1486	2.7.8.Q2	Did your child ever have a lot of headaches or stomachaches when separated from their mom or dad?	Yes	
	1473	2.7.9.Q1A	With friends	Yes	
	1474	2.7.9.Q1B	With family	Yes	
	1475	2.7.9.Q1C	At school	Yes	
	1476	2.7.9.Q1D	At work	No	
	1477	2.7.9.Q1E	In after school activities	Yes	
	1478	2.7.9.Q1F	In other places or times	Yes	

	1472	2.7.9.Q1	Did your child's fear of being separated from their parent ever cause problems for him or her in any of the following areas:		
	1479	2.7.10.Q1	How much discomfort or distress did your child's fear of being separated from you cause them?	7	
	1495	2.7.11.Q2	When was the last time your child experienced any of the following symptoms. Your child didn't want to go to school because he/she didn't want to be away from their mom, dad, or another caregiver, Your child worried about being kidnapped or having something else bad happen to him/her that would separate your child from their parents, Your child worried that their mom or dad might get hurt or something else bad might happen to them, Your child was afraid to be by themselves in a different part of the house than their mom or dad, Your child needed their mom or dad nearby to fall asleep at night, Your child had a lot of nightmares about something bad happening to one of their parents or about being separated from them and Your child had a lot of headaches or stomachaches when separated from their mom or dad	Month:June / Year:2020	
Social Anxiety Disorder	167	1.8.1.Q1	In the past two weeks, how often has your child felt super shy and really uncomfortable in social situations, like talking in class or talking with kids outside their family?	More than half the days	
	168	1.8.1.Q2	When did this begin?	Month:January /	

				Year:2020	
	1497	2.8.2.Q1A	Talking in class	Past 2 weeks~Yes, Ever~Yes,	
	1498	2.8.2.Q1B	Writing on the chalkboard	Past 2 weeks~Yes, Ever~Yes,	
	1499	2.8.2.Q1C	Going to parties	Past 2 weeks~Yes, Ever~Yes,	
	1500	2.8.2.Q1D	Giving oral presentations	Past 2 weeks~Yes, Ever~Yes,	
	1501	2.8.2.Q1E	Eating in front of others	Past 2 weeks~Yes, Ever~Yes,	
	1502	2.8.2.Q1F	Using public bathrooms	Past 2 weeks~Yes, Ever~Yes,	
	1503	2.8.2.Q1G	Changing in front of others	Past 2 weeks~Yes, Ever~Yes,	
	1504	2.8.2.Q1H	Talking in any social situation	Past 2 weeks~Yes, Ever~Yes,	
	1505	2.8.2.Q1I	Having a conversation with someone your child doesn't know well	Past 2 weeks~Yes, Ever~Yes,	
	1506	2.8.2.Q1J	Other (specify)	Past 2 weeks:ee\$, Ever:ee\$\$,	
	1496	2.8.2.Q1	You said that your child has often felt super shy and really uncomfortable in social situations. Mark below all the situations that almost always make your child super uncomfortable or nervous. Mark all that apply.		
	1507	2.8.3.Q1	In the past two weeks, how often has your child avoided or tried to avoid talking in class, writing on the chalkboard, going to parties, giving oral presentation, eating in front of others, using public bathrooms, changing in front of others, talking in any social situation,	More than half the days	

			having a conversation with someone i don't know well and ee, or endured it with great distress?		
	1509	2.8.4.Q1A	Fears people will see he or she is anxious	Yes	
	1510	2.8.4.Q1B	Fears people will think badly of him or her	Yes	
	1511	2.8.4.Q1C	Fears he or she will be humiliated or embarrassed	Yes	
	1512	2.8.4.Q1D	Fears he or she will be rejected	Yes	
	1513	2.8.4.Q1E	Fears he or she will offend someone	Yes	
	1514	2.8.4.Q1F	Other (fill in )		
	1508	2.8.4.Q1	What made your child anxious in these situations?		
	1515	2.8.5.Q1	Do you think your child was more afraid in these situations than he or she needed to be, or more uncomfortable in social situations than other kids their age?	Yes	
	1517	2.8.6.Q1A	With friends	Yes	
	1518	2.8.6.Q1B	With family	Yes	
	1519	2.8.6.Q1C	At school	Yes	
	1520	2.8.6.Q1D	At work	Yes	
	1521	2.8.6.Q1E	In after school activities	Yes	
	1522	2.8.6.Q1F	In other places or times	Yes	



	1516	2.8.6.Q1	Did feeling anxious in social situations cause problems for your child in any of the following areas:		
	1523	2.8.7.Q1	How much discomfort or distress did feeling anxious in social situations cause your child?	6	
	1898	2.8.9.Q1	Did these symptoms start shortly after a significant life event or stressor?	Yes	
	1899	2.8.9.Q2	Describe what happened in the space below if you are comfortable doing so. If not, just press continue.	egesgerg	
Specific Phobia	176	1.9.1.Q1a	The dark	Yes	
	177	1.9.1.Q1b	Spiders	Yes	
	178	1.9.1.Q1c	Heights	Yes	
	179	1.9.1.Q1d	Animals	No	
	180	1.9.1.Q1e	Elevators	No	
	181	1.9.1.Q1f	Bridges	Yes	
	182	1.9.1.Q1g	Flying	No	
	183	1.9.1.Q1h	Seeing blood	Yes	
	184	1.9.1.Q1i	Receiving an injection	Yes	
	185	1.9.1.Q1J	Other (if Yes specify)		
	175	1.9.1.Q1	Mark below the things your child currently or in the past felt		

			deathly afraid of and that always or almost always made him/her super anxious:		
	186	1.9.2.Q1	Over the past two weeks, how often has your child avoided or tried to avoid the dark, spiders, heights, bridges, seeing blood or receiving an injection?	Not at all	
	196	1.9.2.Q2	Was there ever a time your child usually avoid or tried to avoid the dark, spiders, heights, bridges, seeing blood or receiving an injection or if he or she couldn't avoid it, endured it with great distress?	Yes	
	188	1.9.3.Q1a	With friends	No	
	189	1.9.3.Q1b	With family	Yes	
	190	1.9.3.Q1c	At school	No	
	191	1.9.3.Q1d	At work	No	
	192	1.9.3.Q1e	In after school activities	No	
	193	1.9.3.Q1f	In other places or times	Yes	
	187	1.9.3.Q1	Has your child's fear of these things caused problems for him/her in any of the following areas:		
	194	1.9.4.q1	How much discomfort or distress has your child's fear of these things caused him/her?	6	
	195	1.9.5.q1	When did your child's fear of these things begin?	Month:February / Year:2020	
	197	1.9.5.Q2	When was the last time your child felt deathly afraid of any of these things?	Month:March / Year:2020	

Generalized Anxiety Disorder	198	1.10.1.Q1	In the past two weeks, how often has your child felt like a 'worrier' - really worried about a lot of different things?	Several days	
	200	1.10.1.Q3a	Was there ever a time, for a month or longer, that your child worried a super lot about a lot of different things?	Yes	
	201	1.10.1.Q4	When was that?	Month:September / Year:2021	
	1598	2.10.2.Q2A	How your child looks	No	
	1599	2.10.2.Q2B	What your child said	Yes	
	1600	2.10.2.Q2C	How your child did on a test	No	
	1601	2.10.2.Q2D	If people like him or her	No	
	1602	2.10.2.Q2E	The future	No	
	1603	2.10.2.Q2F	The past	No	
	1604	2.10.2.Q2G	Other (specify)		
	1597	2.10.2.Q2	You said back in september 2021 your child worried a lot. What kinds of things did he/she worry about back then? Mark as many as apply.		
	1606	2.10.3.Q2A	Feels restless	Yes	

	1607	2.10.3.Q2B	Feels keyed up	No	
	1608	2.10.3.Q2C	Feels easily tired	Yes	
	1609	2.10.3.Q2D	Had difficulty concentrating	No	
	1610	2.10.3.Q2E	Mind goes blank	No	
	1611	2.10.3.Q2F	Feels irritable	Yes	
	1612	2.10.3.Q2G	Had muscle tension	No	
	1613	2.10.3.Q2H	Had difficulty falling asleep	No	
	1614	2.10.3.Q2I	Had difficulty staying asleep	No	
	1605	2.10.3.Q2	Back then, did your child have any of these other symptoms a lot when he or she worried? Mark all that apply.		
	1615	2.10.4.Q2	Back then, did your child feel like he or she had trouble controlling their worries?	Yes	
	1617	2.10.5.Q2A	With friends	Yes	
	1618	2.10.5.Q2B	With family	No	
	1619	2.10.5.Q2C	At school	No	

	1620	2.10.5.Q2D	At work	Yes	
	1621	2.10.5.Q2E	In after school activities	No	
	1622	2.10.5.Q2F	In other places or times	No	
	1616	2.10.5.Q2	Did your child's worrying a lot cause problems for him or her in any of the following areas:		
	1623	2.10.6.Q2	How much discomfort or distress did your child's worrying cause him or her back then?	7	
	1624	2.10.7.Q1	When did your child's problems with excessive worries stop?	Month:January / Year:2019	
Obsessive Compulsive Disorder	1858	1.11.1.Q11a	On how many days in the past two weeks has your child had these thoughts?	More than half the days	
	210	1.11.1.Q2	When did your child begin having these thoughts?	Month:January / Year:2019	
	1860	1.11.2.Q11a	On how many days in the past two weeks has your child had to do these things over and over?	More than half the days	
	221	1.11.2.Q2	When did this begin?	Month:January / Year:2019	
	203	1.11.1.Q1A	Thoughts or images about harming others or doing something horrible when your child didn't want to	Past 2 weeks~Yes, Ever~Yes,	
	204	1.11.1.Q1C	Meaningless words, numbers, or images that intrude into your child's mind that he or she can't get rid of	Past 2 weeks~Yes, Ever~Yes,	

	205	1.11.1.Q1D	Religious thoughts that are disrespectful or offensive	Past 2 weeks~Yes, Ever~Yes,	
	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,	
	207	1.11.1.Q1F	Worries about throwing seemingly unimportant things away	Past 2 weeks~Yes, Ever~Yes,	
	208	1.11.1.Q1G	Thoughts about dirt, germs or contamination	Past 2 weeks~Yes, Ever~Yes,	
	209	1.11.1.Q1H	Other recurring unwelcome senseless distressing thoughts (specify)	Past 2 weeks:My child have been showing signs of magical thinking\$, Ever:My child have been showing signs of dysfunctions with the past year \$\$,	
	202	1.11.1.Q1	Has your child ever had any of the following unwelcome, senseless, distressing thoughts come into their mind over and over again, even though they 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.		
	212	1.11.2.Q1A	Excessive or ritualized cleaning of household or other items	Past 2 weeks~Yes, Ever~Yes,	
	213	1.11.2.Q1B	Excessive hand washing	Past 2 weeks~Yes, Ever~Yes,	
	214	1.11.2.Q1C	Excessive or ritualized showering, bathing, tooth brushing, or toilet routine	Past 2 weeks~Yes, Ever~Yes,	
	215	1.11.2.Q1D	Ordering or arranging things a certain way	Past 2 weeks~Yes, Ever~Yes,	
	216	1.11.2.Q1F	Touching things a certain way	Past 2	

				weeks~Yes, Ever~Yes,	
	217	1.11.2.Q1G	Needing to count and recount	Past 2 weeks~Yes, Ever~Yes,	
	218	1.11.2.Q1H	Moving in a certain way or repeating certain actions	Past 2 weeks~Yes, Ever~Yes,	
	219	1.11.2.Q1I	Mentally repeating certain words or numbers	Past 2 weeks~Yes, Ever~Yes,	
	220	1.11.2.Q1J	Other repetitive behaviors that interfere with your child life (specify)	Past 2 weeks:ongoing issues of repetitive behaviors\$, Ever:since birth, my child have been different\$\$,	
	211	1.11.2.Q1	Has your child ever found him/herself 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.		
	1625	2.11.3.Q1	You said that your child had unwanted worrisome thoughts such as thoughts or images about harming others or doing something horrible when they didn't want to, meaningless words, numbers, or images that intrude into their mind that they can't get rid of, religious thoughts that are disrespectful or offensive, thoughts that things had to be lined up exactly right or done a special way, worries about throwing seemingly unimportant things away, thoughts about dirt, germs or contamination, my child have been showing signs of magical thinkin and , my child have been showing signs of dysfunctions with the past	No	

			year , past 2 weeks or ever. Has your child wished he or she could stop themselves from having these thoughts?		
	1626	2.11.4.Q1	Has your child tried to ignore the thoughts or do something to make them less stressful for him or her?	No	
	1627	2.11.5.Q1	About how much time has your child spent each day thinking these thoughts?	Less than 1 hr	
	1629	2.11.6.Q1A	With friends	Yes	
	1630	2.11.6.Q1B	With family	Yes	
	1631	2.11.6.Q1C	At school	Yes	
	1632	2.11.6.Q1D	At work	Yes	
	1633	2.11.6.Q1E	In after school activities	Yes	
	1634	2.11.6.Q1F	In other places or times	Yes	
	1628	2.11.6.Q1	Have these thoughts caused problems for your child in any of the following areas:		
	1635	2.11.7.Q1	How much discomfort or distress have these thoughts caused your child?	6	
	1656	2.11.7.Q2	When was the last time your child had these thoughts?	Month:February / Year:2014	
	1636	2.11.8.Q1	You mentioned earlier that	Over 8 hours	



			there were certain things your child felt driven to do over and over again, such as excessive or ritualized cleaning of household or other items, excessive washing their hands, excessive or ritualized showering, bathing, tooth brushing, or toilet routine, ordering or arranging things a certain way, touching things a certain way, needing to count and recount, moving in a certain way or repeating certain actions, mentally repeating certain words or numbers, ongoing issues of repetitive behaviors, , since birth and my child have been different. About how much time has your child spent each day doing these things?		
	1637	2.11.9.Q1	What is the reason your child has done these things? Check all that apply.	To reduce anxiety, To prevent something bad from happening,	
	1639	2.11.10.Q1A	With friends	Yes	
	1640	2.11.10.Q1B	With family	Yes	
	1641	2.11.10.Q1C	At school	Yes	
	1642	2.11.10.Q1D	At work	Yes	
	1643	2.11.10.Q1E	In after school activities	Yes	
	1644	2.11.10.Q1F	In other places or times	Yes	

	1638	2.11.10.Q1	Have these things caused problems for your child in any of the following areas:		
	1645	2.11.11.Q1	How much discomfort or distress have these things caused your child?	10	
	1666	2.11.11.Q2	When was the last time your child felt driven to do these things over and over?	Month:January / Year:2017	
Enuresis and Encopresis	222	1.12.1.Q1	In the past two weeks, how many times at night or during the day has your child wet himself or herself?	Several days	
	223	1.12.2.Q1	Has this happened at least twice a week for the past 3 months?	Yes	
	224	1.12.3.Q1	How much discomfort or distress does this problem cause your child?	8	
	226	1.12.4.Q1A	With friends	No	
	227	1.12.4.Q1B	With family	Yes	
	228	1.12.4.Q1C	At school	Yes	
	229	1.12.4.Q1D	At work	No	
	230	1.12.4.Q1E	In after school activities	No	
	231	1.12.4.Q1F	In other places or times	Yes	
	225	1.12.4.Q1	Does wetting himself or herself cause problems for your child in any of the following areas:		
	233	1.12.9.Q1	When did the problem with wetting themselves first begin?	Month:January / Year:2018	
	245	1.12.5.Q1	In the past two weeks, how	More than half the days	

			many times at night or during the day has your child soiled themselves and had a bowel movement in his/her pants?		
	246	1.12.6.Q1	Has this happened at least once a month for the past 3 months?	Yes	
	247	1.12.7.Q1	Did this happened because of any medications your child was taking or because he or she was sick?	No	
	249	1.12.8.Q1	When did this problem first begin?	Month:February / Year:2018	
Eating Disorders	254	1.13.1.Q1	These next set of questions are about your child's eating habits and your child's feelings about his/her shape and weight. In the past two weeks, how often has your child been preoccupied with his/her weight or worrying a lot about being fat?	Rarely	
	257	1.13.1.Q2a	Was there ever a time, that your child worried all the time about gaining weight or becoming fat?	No	
	255	1.13.2.Q1	What is your child's current height and weight (please make your best guess)?	feet:2 / inches:4 / weight:51	
	1994	1.13.2.Q1b	Was there ever a time that your child weighed a lot less than usual or a lot less than others thought they should?	No	
	259	1.13.3.Q1	In the past two weeks, how many days has your child made himself or herself throw up to try to control their weight or because your child was upset because he or she ate too much?	Several days	
	261	1.13.4.Q1	In the past two weeks, how	More than half the days	

			many days has your child done other things to control his or her weight, like exercise excessively, restrict food, take laxatives, or diet pills?		
	263	1.13.5.Q1	In the past two weeks, how often has your child had eating binges, when he or she lost control of their eating and ate way more than he or she needed to because your child was unable to stop himself or herself from eating?	Not at all	
	264	1.13.5.Q2a	Was there ever a time, for a month or longer, that your child would go on eating binges a day or more a week?	No	
	272	1.13.5.Q3h	You said that your child had a time when he/she made him/herself throw up once a week or more; and did things to control his/her weight, like exercise excessively, restrict food, took laxatives, or diet pills. When did this begin?	Month:September / Year:2015	
	826	2.13.6.Q1	You mentioned earlier that your child has some issues with his or her weight. Does your child feel like his or her self-worth is tied to his or her weight?	No	
	848	2.13.6.Q2	You previously mentioned that back in september 2015 your child made yourself throw up once a week or more, did things to control your weight, like exercise excessively, restrict what you ate, take laxatives and or diet pills. Back then did he or she feel like their self-worth was tied to their weight?	Yes	
	828	2.13.7.Q1a	Diet pills	Past 2 weeks~No, Ever~No,	

	829	2.13.7.Q1b	Laxatives	Past 2 weeks~Yes, Ever~Yes,	
	830	2.13.7.Q1c	Water pills	Past 2 weeks~Yes, Ever~Yes,	
	831	2.13.7.Q1d	Throwing up	Past 2 weeks~Yes, Ever~Yes,	
	832	2.13.7.Q1e	Exercising a lot	Past 2 weeks~Yes, Ever~Yes,	
	833	2.13.7.Q1f	Only eating foods or drinks with minimal calories (e.g., carrots, celery, zero calorie drinks)	Past 2 weeks~Yes, Ever~Yes,	
	834	2.13.7.Q1g	Other (fill in)	,	
	827	2.13.7.Q1	Please note below all the different methods that your child had used to control his or her weight.		
	835	2.13.8.Q1a	On average, does your child use at least one of these methods to try to control his or her weight at least once a week?	Yes	
	836	2.13.8.Q2a	For how long has your child been using laxatives, water pills, throwing up, exercising a lot, only eating foods or drinks with minimal calories (e.g., carrots, celery and zero calorie drinks) one or more times a week? Please enter weeks, months, or years.	weeks:1 / months:0 / years:0	
Attention Deficit Hyperactivity Disorder	280	1.14.1.Q1	In the past two weeks, how often has your child had trouble paying attention and keeping focused when he or she is working on their homework or other things that require concentration?	Several days	
	282	1.14.1.Q3a	Was there ever a time that your child had a lot of trouble keeping focused and paying	Yes	

			attention?		
	283	1.14.1.Q4	Was it a problem for more than one school year?	Yes	
	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 your child to keep their mind on what he or she was working on?	More than half the days	
	285	1.14.2.Q2	Has your child gotten easily distracted since the time he or she was in elementary school?	Yes	
	288	1.14.3.Q1	In the past two weeks, how often has your child had trouble staying in his or her seat at school or at home when your child was expected to stay seated?	More than half the days	
	289	1.14.3.Q2	Has your child had trouble staying in their seat since the time he or she was in elementary school or earlier?	Yes	
	292	1.14.4.Q1	In the past two weeks, how often has your child gotten in trouble, or done something he or she could have gotten in trouble for because your child was impulsive and acted before he or she thought?	More than half the days	
	293	1.14.4.Q2	Has your child been the type of kid who acts before he or she thinks since the time your child was in elementary school or earlier?	Yes	
	310	1.14.4.Q5o	You said that your child had a time when he/she had a lot of trouble keeping focused and paying attention; was often easily distracted; often had trouble staying seated; was impulsive and often acted	age:5	

			before he/she thought. How old was your child when the first of these problems began?		
	677	2.14.5.Q1a	In the past two weeks, how many days has your child made a careless mistake?	Several days	
	679	2.14.6.Q1	In the past 2 weeks, how often has your child forgotten or tuned out what you or their teachers said to him or her?	Several days	
	680	2.14.7.Q1	In the past two weeks, how often has your child not followed instructions that a parent or teacher said to him or her, or instructions on an assignment or test?	Not at all	
	702	2.14.7.Q2	Was there ever a time your child often did not follow instructions that a parent or teacher said to them, or instructions on an assignment or test?	Yes	
	681	2.14.8.Q1	In the past two weeks, how often has your child had trouble organizing his or her homework or other tasks?	Several days	
	682	2.14.9.Q1	In the past two weeks, how often has your child put off or avoided doing things that were hard for him or her because they required a lot of attention?	Several days	
	683	2.14.10.Q1	In the past two weeks, how often has your child lost his or her homework, pencils, jacket, cell phone, or anything else big or small?	Several days	
	684	2.14.11.Q1	In the past two weeks, how often has your child forgotten something somewhere or forgotten to do something he or she was supposed to do?	Several days	

	685	2.14.12.Q1	In the past two weeks, how often has your child felt fidgety, like it was hard to sit without bouncing his or her leg or getting up and moving around?	More than half the days	
	686	2.14.13.Q1	In the past two weeks, how often has your child run or climbed on things when he or she was not supposed to?	Several days	
	687	2.14.14.Q1	In the past two weeks, how often has your child been on the go, moving from one place to another?	Several days	
	688	2.14.15.Q1	In the past two weeks, how often has your child had trouble being quiet when he or she was supposed to be quiet?	Several days	
	689	2.14.16.Q1	In the past two weeks, how often has your child blurt out answers in school without being called on, or blurt out answers when someone wasn't talking to him or her?	More than half the days	
	690	2.14.17.Q1	In the past two weeks, how often has your child had trouble waiting for his or her turn or waiting for other things?	Several days	
	691	2.14.18.Q1	In the past two weeks, how often has your child interrupted someone when they were talking?	Several days	
	692	2.14.19.Q1	In the past two weeks, how often has your child talked when he or she wasn't supposed to, or had people complain that he or she talked too much?	Several days	
	694	2.14.20.Q1A	With friends	Yes	
	695	2.14.20.Q1B	With family	Yes	



	696	2.14.20.Q1C	At school	No	
	697	2.14.20.Q1D	At work	Yes	
	698	2.14.20.Q1E	With any other activities	No	
	693	2.14.20.Q1	Have the problems we have just been talking about caused difficulties for your child in any of the following areas: check all that apply		
Oppositional Defiant Disorder	311	1.15.2.Q1	In the past two weeks, how often did your child talk back to or argue with parents or teachers?	Nearly every day	
	313	1.15.3.Q1	In the past two weeks, how often did your child refuse to do something a grown up asked him or her to do?	Nearly every day	
	317	1.15.3.Q3c	You said that your child had a time when he/she argued a lot with his/her parents or teachers; and often refused to do the things grownups asked. When did this begin?	Month:January / Year:2020	
	723	2.15.4.Q1	In the past two weeks, how often has your child felt annoyed?	Several days	
	735	2.15.4.Q2	Was there ever a time when your child often felt annoyed?	Yes	
	724	2.15.5.Q1	In the past two weeks, how often has your child felt angry at, or resentful toward other people?	Several days	
	736	2.15.5.Q2	Was there ever a time your child often felt angry or resentful toward other people?	Yes	
	725	2.15.6.Q1	Over the past two weeks, how often has your child done something to get back at	Several days	

			someone who hurt him/her or made him/her mad?		
	726	2.15.7.Q1	Over the past two weeks, how often has your child done things on purpose to annoy other people?	More than half the days	
	727	2.15.8.Q1	In the past two weeks, how often has your child blamed other people if he or she made a mistake or did something wrong?	Several days	
	729	2.15.9.Q1A	With friends	Yes	
	730	2.15.9.Q1B	With family	Yes	
	731	2.15.9.Q1C	At school	Yes	
	732	2.15.9.Q1D	At work	Yes	
	733	2.15.9.Q1E	With any other activities	Yes	
	728	2.15.9.Q1	Have the things we've just been talking about caused problems for your child or other people in any of the following areas:		
	2000	2.15.12.Q1	Did these symptoms start shortly after a significant life event or stressor?	No	
Conduct Disorder	319	1.16.1.Q2a	Was there ever a time that your child often told lies, not just to get out of trouble, but to try to con someone?	Yes	
	321	1.16.2.Q2a	Was there ever a time that your child cut school without parent's permission?	Yes	
	322	1.16.2.Q3	How old was your child the first time he or she cut school without parents' permission?	age:12	

	325	1.16.3.Q3a	Was there ever a time that your child often got into a lot of physical fights with someone other than their brothers and/or sisters?	Yes	
	328	1.16.4.Q2a	Was there ever a time that your child often made fun of, threatened, or bullied people?	Yes	
	330	1.16.5.Q2a	Was there ever a time that your child stole something worth at least \$20?	Yes	
	360	1.16.5.Q3ad	You said that your child had a time when he/she often told lies; cut school, got into physical fights with people; made fun of or picked on other kids; and stole things. When did this begin?	Month:January / Year:2020	
	743	2.16.6.Q2a	Was there ever a time that on purpose your child damaged school property, someone's car, a fence, building, or something else?	Yes	
	746	2.16.7.Q2a	Was there ever a time that your child broke into a home, store, or building that they weren't supposed to go into?	Yes	
	749	2.16.8.Q2a	Was there ever a time that your child threatened and robbed someone, or assaulted and robbed someone?	Yes	
	752	2.16.9.Q2a	Was there ever a time your child started a fire, outside of a fireplace or campfire, some place they weren't supposed to start a fire?	Yes	
	755	2.16.10.Q2a	Was there ever a time that your child often stayed out super late; later than they were supposed to?	No	
	759	2.16.11.Q3a	Was there ever a time that your	Yes	

			child stayed out all night without permission or ran away?		
	761	2.16.11.Q4	Did your child stay out all night or run away because someone was hurting or messing with them at home?	No	
	763	2.16.12.Q2a	Was there ever a time your child threatened someone with a brick, stick, knife, gun, or other weapon, or actually used some form of weapon to hurt someone?	Yes	
	766	2.16.13.Q2a	Was there ever a time your child tripped someone on purpose, gave someone a wedgie, or did something else to hurt someone on purpose?	Yes	
	769	2.16.14.Q2a	Was there ever a time your child either forced someone to kiss them or touch them in their privates, or kissed or did something sexual to someone when they didn't want it?	Yes	
	772	2.16.15.Q2a	Was there ever a time your child hurt or tried to hurt an animal on purpose?	Yes	
	775	2.16.16.Q1A	Bullied others	3 or below,	
	776	2.16.16.Q1B	Got in fights	3 or below,	
	777	2.16.16.Q1C	Used weapon	3 or below,	
	778	2.16.16.Q1D	Tripped or hurt others on purpose	3 or below,	
	779	2.16.16.Q1E	Hurt animals	3 or below,	

	780	2.16.16.Q1F	Robbed someone	3 or below,	
	781	2.16.16.Q1G	Forced someone to do something sexual	3 or below,	
	782	2.16.16.Q1H	Set fire(s)	3 or below,	
	783	2.16.16.Q1I	Damaged or destroyed property	3 or below,	
	784	2.16.16.Q1J	Broke into home, store, or building	3 or below,4th,5th,6th,	
	785	2.16.16.Q1K	Lied	3 or below,	
	786	2.16.16.Q1L	Stole things worth \$20 or more	3 or below,	
	788	2.16.16.Q1N	Stayed out all night OR Ran away	3 or below,6th,7th,8th,9th,10th,	
	789	2.16.16.Q1O	Skipped school	3 or below,	
	774	2.16.16.Q1	Please review the symptoms you endorsed and mark all the grades your child did these things.		
	1998	2.16.18.Q1	Did these symptoms start shortly after a significant life event or stressor?	No	
	791	2.16.17.Q1A	Is concerned about the feelings of others.	Not at all true	
	792	2.16.17.Q1B	Does not care about doing	Very true	

			things well.		
	793	2.16.17.Q1C	Does not show emotions.	Very true	
	794	2.16.17.Q1D	Seems very cold and uncaring.	Very true	
	795	2.16.17.Q1E	Feels bad or guilty when he/she has done something wrong.	Not at all true	
	796	2.16.17.Q1F	Does not care who he/she hurts to get what he/she wants.	Very true	
	797	2.16.17.Q1G	The feelings of others are unimportant to him/her.	Very true	
	798	2.16.17.Q1H	Shows no remorse when he/she has done something wrong.	Not at all true	
	799	2.16.17.Q1I	Tries not to hurt others' feelings.	Not at all true	
	800	2.16.17.Q1J	Does not care if he/she is in trouble.	Very true	
	801	2.16.17.Q1K	Apologizes ("says he/she is sorry") to persons he/she has hurt.	Not at all true	
	802	2.16.17.Q1L	Does things to make others feel good.	Not at all true	
	1996	2.16.17.Q1M	It is easy for others to tell how my child is feeling.	Not at all true	
	1997	2.16.17.Q1N	My child is very expressive and emotional.	Not at all true	
	790	2.16.17.Q1	Please read each statement and decide how well it describes your child.		
Tic Disorders	362	1.17.1.Q1	In the past two weeks, how often did your child have tics like uncontrollable eye blinking, shoulder shrugging, head tilting, or other parts of your child's body move unexpectedly when he or she	Not at all	

			did not want it to?		
	363	1.17.1.Q2a	Was there ever a time that your child often had unexpected tics or body movements?	No	
	364	1.17.2.Q1	In the past two weeks, how often did your child make noises that he or she didn't want to make, repeated sounds or words that your child didn't want to say?	Not at all	
	365	1.17.2.Q2a	Was there ever a time that your child repeatedly made sounds or said words that he or she couldn't control?	Yes	
	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	
Autism Spectrum Disorders	369	1.18.1.Q1	In the past two weeks, how often did your child do unusual body movements like hand flapping, head weaving, body rocking, or body spinning?	Nearly every day	
	371	1.18.2.Q1	In the past two weeks, how often have you worked real hard to keep routines and activities the same so your child would not get upset?	Nearly every day	
	373	1.18.3.Q1	In the past two weeks, how often has your child had trouble maintaining eye contact and looking at you or other people when they are talking with your child?	Nearly every day	
	381	1.18.3.Q3g	You said that there has been a time when your child had unusual body movements; was frequently easily upset by changes in routines, and had trouble maintaining eye contact with people. When did this	Month:January / Year:2021	

			begin?		
	1862	2.18.4.Q1	In the past two weeks, how often has your child spent a lot of time on activities that consumed him, like spinning wheels on toy cars, reviewing baseball statistics, reading about or playing with trains or dinosaurs, or a lot of time on other specific restricted interests?	Several days	
	1864	2.18.5.Q1	In the past two weeks, how often has your child been especially sensitive to sensory inputs, such as smells, sounds, light, or the touch of fabrics on his skin?	Not at all	
	1865	2.18.5.Q2	Was there ever a time when your child was especially sensitive to sensory inputs, such as smells, sounds, light, or the touch of fabrics on his skin?		
	1866	2.18.6.Q1	In the past two weeks, how often has your child been oblivious to pain or extreme changes in temperature?	Not at all	
	1867	2.18.6.Q2	Was there ever a time when your child was oblivious to pain or extreme changes in temperature?	No	
	1868	2.18.7.Q1	In the past two weeks, how often has your child had back and forth, equally shared conversations with you or others?	Several days	
	1869	2.18.7.Q2	Was there ever a time when your child failed to have back and forth, equally shared conversations with you or others?	No	
	1870	2.18.8.Q1	In the past two weeks, how	Nearly every day	



			often has your child spent time talking or playing in a shared activity with a close friend at home or at school?		
	1871	2.18.8.Q2	Was there ever a time when your child had no close friendships and little interest in peers?	No	
	1873	2.18.9.Q1A	With friends	No	
	1874	2.18.9.Q1B	With family	No	
	1875	2.18.9.Q1C	At school	No	
	1876	2.18.9.Q1D	At work	No	
	1877	2.18.9.Q1E	In after school activities	No	
	1872	2.18.9.Q1	Have the problems we have just been talking about caused difficulties for your child in any of the following areas: check all that apply		
Alcohol Use Disorder	389	1.19.1.Q1	What are your child's favorite alcoholic beverages to drink? (You can mark more than one):	Don't drink alcohol,	
	392	1.19.3.Q2	Was there ever a time in the past when your child had three or more alcoholic drinks on a given day?	No	
	394	1.19.5.Q2a	Was there ever a time that drinking caused your child problems with parents, friends, or at school or at work?	No	
	1775	1.19.6.Q2c	Was there ever a time when	No	

			your child drank on 12 or more occasions in a 12 month period?		
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	
	403	1.20.1.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	No	
	404	1.20.1.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No	
	405	1.20.1.Q1D	Cocaine (coke, crack)	No	
	406	1.20.1.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No	
	407	1.20.1.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No	
	408	1.20.1.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No	
	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	
	410	1.20.1.Q1I	Other Drugs (fill in) (e.g.,		

			steroids, etc).		
	1912	1.20.1.Q1J	PCP (angel dust), ketamine, cough medicine or DXM	No	
	401	1.20.1.Q1	Check below the drugs any of your child's friends use:		
	412	1.20.2.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No	
	413	1.20.2.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	No	
	414	1.20.2.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No	
	415	1.20.2.Q1D	Cocaine (coke, crack)	No	
	416	1.20.2.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No	
	417	1.20.2.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No	
	418	1.20.2.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No	
	419	1.20.2.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous	No	

			oxide, whippits, or poppers)		
	420	1.20.2.Q1I	Other Drugs (fill in) (e.g., steroids, etc).		
	1913	1.20.2.Q1J	PCP (angel dust), ketamine, cough medicine or DXM	No	
	411	1.20.2.Q1	Check below the drugs your child has tried one or more times:		
Post-Traumatic Stress Disorder	502	1.21.1.Q1A	A car accident in which your child or another person in the car was hurt bad enough to require medical attention	No	
	503	1.21.1.Q1B	Significant accident or medical condition, including coronavirus, for which your child needed specialized, intensive, or painful medical treatment	No	
	504	1.21.1.Q1C	Witnessed or caught in a fire that caused significant property damage or personal injury	No	
	505	1.21.1.Q1D	Witnessed or caught in a natural disaster that caused significant property damage or personal injury	No	
	506	1.21.1.Q1E	Witness or victim of a school shooting or other act of terrorism	No	
	507	1.21.1.Q1F	Witnessed death or mass destruction in a war zone	No	
	508	1.21.1.Q1G	Witnessed someone shot or stabbed in the community	No	
	509	1.21.1.Q1H	Shot, stabbed, or beat badly by a non-family member	No	
	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	

	514	1.21.1.Q1M	Witness the grown-ups in the home push, shove or hit one another	No	
	517	1.21.1.Q1P	A peer forced your child to do something sexually	No	
	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	
	1903	1.21.1.Q1T	Was robbed and assaulted or robbed and threatened physically	No	
	1910	1.21.1.Q1v	Other		
	501	1.21.1.Q1	Please check off the things from the list below that have happened to your child in his or her lifetime.		
Sleep Problems	552	1.22.1.Q1	In the past two weeks, how often did your child have trouble falling asleep or staying asleep when he or she was tired and wanted to sleep?	More than half the days	
	553	1.22.1.Q2	When did this begin?	Month:January / Year:2020	
Suicidality	556	1.23.1.Q1	Sometimes when kids get upset or feel numb, they may do some things to hurt themselves, like scratching, cutting, or burning themselves. In the past two weeks, how often has your child done any of these things or other things to try to hurt himself or herself?	Not at all	
	557	1.23.1.Q2a	Was there ever a time in the past when your child did things to hurt himself or herself on purpose because your child was upset, like cut, scratch or burn himself or herself?	Yes	

	559	1.23.1.Q2c	When was that?	Month:February / Year:2020	
	560	1.23.2.Q1	In the past two weeks, how often has your child wished he or she was dead or had thoughts that he or she would be better off dead?	Several days	
	562	1.23.2.Q2b	Was there ever another time in the past when your child often wished he or she was dead or thought he or she would be better off dead?	No	
	564	1.23.3.Q1	In the past two weeks, how often did your child think about actually wanting to kill himself or herself?	Rarely	
	566	1.23.3.Q2b	Was there ever another time when your child thought about wanting to kill himself or herself?	No	
	567	1.23.4.Q1	In the past two weeks, did your child actually do something to kill himself or herself and make a suicide attempt?	No	
	569	1.23.4.Q3a	Was there ever a time when your child did something to try to kill himself or herself and actually made a suicide attempt?	No	
	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 <a href="#">here</a>.</p>		

	805	2.23.6.Q1	You mentioned in the past two weeks your child thought about actually wanting to kill himself or herself. Has your child thought about how they would do it (even if they had no intention of actually doing it)?	No	
	806	2.23.7.Q1	At any point in the past two weeks did your child have some intention on acting on these thoughts, even if they weren't 100% sure they would do it?	Yes	
	807	2.23.8.Q1	In the past two weeks, did your child think through the details of how he or she would do it, for instance, decide on a specific method, place, or time?	No	
	809	2.23.9.Q1b	Has your child made any preparations for killing him/herself?	Gave away his or her things,	
	810	2.23.10.Q1	In the past two weeks did your child start to do something to end his or her life, but either stopped themselves or were interrupted by someone else (for example, your child was about to take pills or had a gun ready, or was about to jump or hang themselves, but either stopped themselves or were stopped by someone else)?	Yes, but your child stopped him or herself	
	811	2.23.11.Q1	You mentioned that in the past two weeks your child had made a suicide attempt. What did your child do?	Took pills,	
	812	2.23.11.Q2	Did your child think that he or she had at least some chance of dying as a result?	No	
	813	2.23.5.Q3	You mentioned that in the past, your child did some things to hurt himself or herself, like	No	

			scratching, cutting, or burning themselves. Was your child trying to kill him or herself by doing these things?		
Homicidality	572	1.24.1.Q1	In the past two weeks, how often did your child think seriously about wanting to kill someone?	Not at all	
	573	1.24.1.Q2a	Was there ever a time that your child thought seriously about wanting to kill someone?	No	
Selective Mutism	171	1.25.1.q1	In the past two weeks, how often have there been times when your child consistently couldn't or wouldn't talk at all, for example, in school or some other social situations, even though people were expecting him or her to talk?	Several days	
	173	1.25.1.q3a	Was there ever a time in the past when your child consistently couldn't or wouldn't talk at all, for example, in school or some other social situations, even though people were expecting him or her to talk?	No	
	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.		