

Symptom Response Report



PATIENT ID Parentdemoclin012		AGE 7	GENDER Male
INTERVIEW SOURCE Parent	INTERVIEW DATE 02/19/2018	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:7	
	3	0.0.0.Q3	What sex was your child assigned at birth?	Male	
	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.	Native Hawaiian or other Pacific Islander,	
	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	Biological father,	

			you? Check all that apply.	Siblings, Aunt ,	
	36	0.0.0.Q38	In general, how do you and your child get along?	Some conflict	
	37	0.0.0.Q39	Click below the things that cause conflict between you and your child:	Conflict with siblings, Trouble in school, Moods,	
	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?	Failing	
	40	0.0.0.Q42	What kind of grades does your child get on average?	Fs	
	41	0.0.0.Q43	In the past year or past several months, has there been a drop in your child's grades?	No	
	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?	No	
	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:	Martial arts,	
	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?	Less than a year	

	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?	1-2 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?	Maybe	
	55	0.0.0.Q57	Has this caused any problems for your child with your family or with kids at school?	Not at all	
	56	0.0.0.Q58	Is your child transgender?	Maybe	
	57	0.0.0.Q59	Has this caused any problems for your child with your family or with kids at school?	Not at all	
	58	0.0.0.Q60	Does your child have any health problems?	Yes	
	59	0.0.0.Q61	Check all that apply:	Asthma,	
	1878	0.0.0.Q79	Does your child take any regular medications for these health problem(s)?	Not at all	
	70	0.0.0.Q72	List below the medications your child is currently taking:	cingulair	
	62	0.0.0.Q62	Was your child born	No	

			prematurely?		
	64	0.0.0.Q64	Were your child's developmental milestones on time?	No	
	65	0.0.0.Q65	Click below areas that showed delays:	Walking,	
	66	0.0.0.Q66	Has your child ever received mental health or substance abuse services?	Yes,5	
	67	0.0.0.Q67	Click below all types of mental health or substance abuse services your child has received:	Outpatient mental health, Other: school-based	
	60	0.0.0.Q70	Does your child currently take any regular medications for mental health problem(s)?	Yes	
	61	0.0.0.Q71	Please specify which mental health problems your child takes medication for, and which medication your child takes	Problem: ADHD ~ Timeline:Month: May / Year:2012 ~ Medication: aderrall /	
	71	0.0.0.Q73	Has your child taken any other 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:	Depression, if yes who?:Biological Mother, Biological Father, Sibling, Maternal or Paternal Grandparent#Drug problems, if yes who?:Biological Father, Sibling, Maternal or Paternal Grandparent#	
	73	0.0.0.Q75	Below is a list of things kids often have to deal with. Click all that apply to your child:	Start new school, Father incarcerated, Conflict with	

				parents/guardians, Conflict with siblings,	
	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?	Several days	
	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?	Nearly every day	
	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?	Rarely	
	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?	No	
	102	1.1.3.Q3b	You said that in the past two weeks for most of the day your child felt annoyed, irritable, or cranky. When did this begin?	Month:August / Year:2012	
	581	2.1.5.q1	In the past 2 weeks, how often has your child been sleeping two or more hours a day more than usual, either napping during the day or sleeping more	Rarely	

			hours at night?		
	582	2.1.5.q2	In the past when your child was feeling irritable, was he or she often sleeping two or more hours a day more than usual, either napping during the day or sleeping more hours at night?	No	
	583	2.1.6.q1	In the past two weeks, how often has your child felt tired, like he or she just didn't have enough energy to do the things he or she normally does?	Rarely	
	584	2.1.6.q2	In the past when your child was feeling irritable, did he or she often feel tired, like he or she just didn't have enough energy to do the things your child normally does?	Yes	
	585	2.1.7.q1	In the past two weeks, how often has your child found it hard to concentrate?	Rarely	
	587	2.1.7.q3	In the past when your child was feeling irritable, did he or she have a lot of trouble concentrating?	Yes	
	588	2.1.8.q1	In the past two weeks, how often has your child had trouble making up his or her mind about everyday decisions like what to wear, eat, or do?	Rarely	
	589	2.1.8.q2	In the past when your child was feeling irritable, did he or she have a lot of trouble making up his or her mind about every day decisions like what to wear, eat or do?	No	
	590	2.1.9.q1	In the past two weeks, how often has your child found himself or herself less hungry than usual?	More than half the days	

	592	2.1.10.q1	Since your child's mood has been down, has he or she lost any weight?	Yes	
	594	2.1.11.q1	In the past two weeks, has your child been especially hungry, craving sweets, or eating more than usual?	Not at all	
	595	2.1.11.q2	When your child was feeling irritable in the past, did he or she often eat more than usual?	No	
	596	2.1.12.q1	Since your child has been irritable, has he or she gained any weight?	No	
	597	2.1.12.q2	In the past when your child was feeling irritable, did he or she gain some weight?	No	
	598	2.1.13.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	
	600	2.1.13.q3	In the past when your child was irritable, did he or she often feel agitated and was it hard for him or her to sit without bouncing their leg or getting up and moving around?	No	
	602	2.1.14.q1	In the past two weeks, how often has your child felt slowed down, like he or she was talking or walking in slow motion?	Not at all	
	603	2.1.14.q2	In the past when your child was irritable, did your child often feel slowed down, like he or she was walking or talking in slow motion?	No	
	604	2.1.15.q1	In the past two weeks, how often has your child felt guilty about something he or she	Several days	

			said, did, or thought?		
	605	2.1.15.q2	In the past when your child was irritable, did he or she feel guilty a lot?	No	
	606	2.1.16.q1	In the past two weeks, how often has your child felt hopeless?	Several days	
	1825	2.1.16.Q2	In the past when your child was irritable did he or she often feel hopeless a lot?	Yes	
	607	2.1.17.q1	In the past two weeks, how often has your child felt bad about himself or herself, like he or she was not as good as other kids, or that there were a lot of things he or she didn't like about themselves?	More than half the days	
	610	2.1.18.q1a	With friends	No	
	611	2.1.18.q1b	With family	Yes	
	612	2.1.18.q1c	At school	Yes	
	613	2.1.18.q1d	At work	No	
	614	2.1.18.q1e	In after school activities	No	
	615	2.1.18.q1f	In other places or times	Yes	
	609	2.1.18.q1	Have the things we have just been talking about (i.e., feeling irritable, feeling tired, troubles concentrating, decreased appetite, loss of weight, feeling		

			hopeless, feeling bad about themselves and thoughts of death) caused problems for your child in any of the following areas:		
	1807	2.1.19.Q1b	Feeling irritable	No	
	1811	2.1.19.Q1f	Feeling tired	Yes	
	1812	2.1.19.Q1g	Troubles concentrating	Yes	
	1814	2.1.19.Q1i	Decreased appetite	Yes	
	1815	2.1.19.Q1j	Loss of weight	Yes	
	1821	2.1.19.Q1p	Feeling hopeless	Yes	
	1823	2.1.19.Q1r	Thoughts of death	No	
	1805	2.1.19.Q1	Your child reported the following problems. Have these or were these present for a year or longer?		
	617	2.1.20.q1	Since your child first experienced any of these symptoms, has he or she had any periods of two months or longer symptom free?	Yes	
	1824	2.1.21.q1	How many different times in your child's life has he or she been bothered by these types of symptoms?	1	
Bipolar	116	1.2.1.Q1	In the past two weeks, how	Not at all	

Disorders			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?		
	117	1.2.1.Q2a	Was there ever a time in the past that your child felt like he or she was high or super happy for no particular reason, for multiple hours a day for several days in a row?	No	
	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?	Nearly every day	
	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?	Several days	
	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	
	128	1.2.5.Q3k	You said that your child had a time when he/she lost his/her temper and exploded a lot and needed a lot less sleep than usual. When did this begin?	Month:June / Year:2014	
	1826	2.2.5.q1	In the past two weeks, how often has your child felt more interested in sex than usual,	Not at all	

			thinking and talking about sex a lot, downloading pornography, or hooking up with people he or she weren't dating?		
	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 often has your child's thoughts jumped from one idea to the next without any clear connection between the thoughts?	Not at all	

	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?	No	
	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?	No	
	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 his or her leg or getting up and moving around?	No	
	629	2.2.14.q1	In the past two weeks, how often has your child found it hard to concentrate and keep	Several days	

			his or her focus?		
	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?	Yes	
	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	
	633	2.2.16.q1a	With friends	No	
	634	2.2.16.q1b	With family	No	
	635	2.2.16.q1c	At school	No	
	636	2.2.16.q1d	At work	No	
	637	2.2.16.q1e	In after school activities	No	
	638	2.2.16.q1f	In other places or times	No	
	639	2.2.16.q1g	Cause your child to go to the hospital	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?	1-3 days	
	641	2.2.17.q2	How many different times have these symptoms been true of your child?	1	
	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?	6	
	643	2.2.17.q4	When was the last time your child had any of the symptoms we have just been talking about?	Month:September / Year:2021	
Disruptive Mood Dysregulation Disorder	665	2.3.1.Q1	Has your child had trouble with his or her temper since he or she was young, since before your child was 10?	No	
	666	2.3.1.Q2	How many temper outbursts does your child typically have per week?	Two	
	667	2.3.1.Q3	How many times per week does your child yell when he or she is upset?	One	
	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?	Four or more	
	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:January / Year:2021	

	671	2.3.1.Q6A	At School	No	
	672	2.3.1.Q6B	With Friends	No	
	673	2.3.1.Q6C	With Family	Yes	
	674	2.3.1.Q6D	Others Places	No	
	670	2.3.1.Q6	In the past year, in which situations has your child lost their temper:		
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? (ask for example to check if description is true hallucination; if not, mark 'not at all')	Not at all	
	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?	No	
	132	1.4.1.Q3	In the past two weeks, how often, during the daytime, as you were going about your regular activities, did you see things that others could not see? (ask for example to check if description is true hallucination; if not, mark 'not at all')	Not at all	
	133	1.4.1.Q4	Was there ever a time during the daytime as you were going about your regular activities	No	

			that you repeatedly saw things that others could not see? (ask for example to check if description is true hallucination)		
	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?	Not at all	
	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?	No	
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?	Not at all	
	143	1.5.1.Q3a	Was there ever a time that your child had a lot of panic attacks?	No	
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	Not at all	
	151	1.6.1.Q1F	Shops	Not at all	

	152	1.6.1.Q1G	Theatres	Not at all	
	153	1.6.1.Q1H	Malls	Not at all	
	154	1.6.1.Q1I	Crowds	Not at all	
	155	1.6.1.Q1J	Standing in lines	Not at all	
	156	1.6.1.Q1K	Being out of the house alone	Not at all	
	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 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?	No	
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?	Not at all	
	161	1.7.1.Q2a	Was there ever a time that your child got super upset when mom, dad or another	No	

			caregiver left the house or dropped your child off somewhere?		
	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?	No	
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?	Not at all	
	169	1.8.1.Q3a	Was there ever a time, for a month or longer, that your child felt super shy and uncomfortable in different social situations?	No	
Specific Phobia	176	1.9.1.Q1a	The dark	No	
	177	1.9.1.Q1b	Spiders	No	
	178	1.9.1.Q1c	Heights	No	
	179	1.9.1.Q1d	Animals	No	
	180	1.9.1.Q1e	Elevators	No	

	181	1.9.1.Q1f	Bridges	No	
	182	1.9.1.Q1g	Flying	No	
	183	1.9.1.Q1h	Seeing blood	No	
	184	1.9.1.Q1i	Receiving an injection	No	
	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:		
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?	More than half the days	
	199	1.10.1.Q2	When did your child's worrying a lot of the time begin?	Month:February / Year:2017	
	1571	2.10.2.Q1A	How your child looks	none,none,	
	1572	2.10.2.Q1B	What your child said	none,none,	
	1573	2.10.2.Q1C	How your child did on a test	none,none,	
	1574	2.10.2.Q1D	If people like him or her	Present,Past,	

	1575	2.10.2.Q1E	The future	none,Past,	
	1576	2.10.2.Q1F	The past	none,none,	
	1577	2.10.2.Q1G	Other (specify)	,	
	1570	2.10.2.Q1	You mentioned earlier that your child worries about a lot of different things. Mark below all the different things your child finds himself or herself worrying about. Mark as many as apply.		
	1579	2.10.3.Q1A	Feels restless	Rarely	
	1580	2.10.3.Q1B	Feels keyed up	Rarely	
	1581	2.10.3.Q1C	Feels easily tired	Rarely	
	1582	2.10.3.Q1D	Has difficulty concentrating	Rarely	
	1583	2.10.3.Q1E	Mind goes blank	Rarely	
	1584	2.10.3.Q1F	Feels irritable	Several days	
	1585	2.10.3.Q1G	Has muscle tension	Rarely	
	1586	2.10.3.Q1H	Has difficulty falling asleep	Several days	

	1587	2.10.3.Q1I	Has difficulty staying asleep	Rarely	
	1578	2.10.3.Q1	How often are the things below true of your child when he or she worries.		
	1588	2.10.4.Q1	In the past two weeks, how often has your child had trouble controlling their worries?	Not at all	
	1590	2.10.5.Q1A	With friends	No	
	1591	2.10.5.Q1B	With family	No	
	1592	2.10.5.Q1C	At school	No	
	1593	2.10.5.Q1D	At work	No	
	1594	2.10.5.Q1E	In after school activities	No	
	1595	2.10.5.Q1F	In other places or times	No	
	1589	2.10.5.Q1	Does your child's worrying about these things cause problems for him or her in any of the following areas:		
	1596	2.10.6.Q1	How much discomfort or distress does your child's worrying cause him or her?	2	
Obsessive Compulsive Disorder	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~No, Ever~No,	
	204	1.11.1.Q1C	Meaningless words, numbers,	Past 2	

			or images that intrude into your child's mind that he or she can't get rid of	weeks~No, Ever~No,	
	205	1.11.1.Q1D	Religious thoughts that are disrespectful or offensive	Past 2 weeks~No, Ever~No,	
	206	1.11.1.Q1E	Thoughts that things had to be lined up exactly right or done a special way	Past 2 weeks~No, Ever~No,	
	207	1.11.1.Q1F	Worries about throwing seemingly unimportant things away	Past 2 weeks~No, Ever~No,	
	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)	,	
	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.		
	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	
	1859	1.11.1.Q11b	How often did your child have these thoughts back then?	Rarely	
	212	1.11.2.Q1A	Excessive or ritualized cleaning of household or other items	Past 2 weeks~No, Ever~No,	

	213	1.11.2.Q1B	Excessive hand washing	Past 2 weeks~No, Ever~No,	
	214	1.11.2.Q1C	Excessive or ritualized showering, bathing, tooth brushing, or toilet routine	Past 2 weeks~No, Ever~No,	
	215	1.11.2.Q1D	Ordering or arranging things a certain way	Past 2 weeks~No, Ever~No,	
	216	1.11.2.Q1F	Touching things a certain way	Past 2 weeks~No, Ever~No,	
	217	1.11.2.Q1G	Needing to count and recount	Past 2 weeks~No, Ever~No,	
	218	1.11.2.Q1H	Moving in a certain way or repeating certain actions	Past 2 weeks~No, Ever~No,	
	219	1.11.2.Q1I	Mentally repeating certain words or numbers	Past 2 weeks~No, Ever~No,	
	220	1.11.2.Q1J	Other repetitive behaviors that interfere with your child life (specify)	,	
	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.		
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?	Not at all	
	232	1.12.1.Q2a	Was there ever a time, for a month or longer, that your child	No	

			had a lot of accidents and wet himself or herself either in the day or nighttime?		
	245	1.12.5.Q1	In the past two weeks, how many times at night or during the day has your child soiled themselves and had a bowel movement in his/her pants?	Not at all	
	248	1.12.5.Q2a	Was there ever a time, for a month or longer, that your child had a lot of accidents and soiled himself/herself either in the day or nighttime?	No	
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?	More than half the days	
	257	1.13.1.Q2a	Was there ever a time, that your child worried all the time about gaining weight or becoming fat?	Yes	
	258	1.13.2.Q2	What was your child's height and weight then (please make your best guess)?	feet:5 / inches:0 / weight:105	
	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?	Nearly every day	
	261	1.13.4.Q1	In the past two weeks, how many days has your child done other things to control his or her weight, like exercise excessively, restrict food, take laxatives, or diet pills?	Several days	

	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	
	275	1.13.5.Q3k	You said that your child had a time when he/she worried all the time about becoming fat; 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:April / Year:2021	
	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 april 2021 your child often worried about gaining weight, 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?	No	
	828	2.13.7.Q1a	Diet pills	Past 2 weeks~Yes, Ever~Yes,	
	829	2.13.7.Q1b	Laxatives	Past 2 weeks~Yes, Ever~Yes,	

	830	2.13.7.Q1c	Water pills	Past 2 weeks~No, Ever~No,	
	831	2.13.7.Q1d	Throwing up	Past 2 weeks~No, Ever~No,	
	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 diet pills, laxatives, 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:0 / months:0 / years:6	
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?	Not at all	
	282	1.14.1.Q3a	Was there ever a time that your child had a lot of trouble	No	

			keeping focused and paying attention?		
	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?	Not at all	
	286	1.14.2.Q3a	Was there ever a time that your child was often easily distracted?	No	
	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?	Not at all	
	290	1.14.3.Q3a	Was there ever a time that your child often had trouble staying seated?	No	
	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?	Not at all	
	294	1.14.4.Q3a	Was there ever a time that your child was impulsive and often acted before he or she thought?	No	
	677	2.14.5.Q1a	In the past two weeks, how many days has your child made a careless mistake?	Rarely	
	699	2.14.5.Q2a	Was there ever a time your child made a lot of careless mistakes?	Yes	
	679	2.14.6.Q1	In the past 2 weeks, how often has your child forgotten or tuned out what you or their	Rarely	

			teachers said to him or her?		
	701	2.14.6.Q2	Was there ever a time when your child often forgot or tuned out what you or their teacher said to them?	No	
	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?	Rarely	
	703	2.14.8.Q2	Was there ever a time your child had a lot of trouble organizing their homework or other tasks?	No	
	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?	Nearly every day	
	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?	More than half the 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?	Nearly every day	
	685	2.14.12.Q1	In the past two weeks, how	More than half the	

			often has your child felt fidgety, like it was hard to sit without bouncing his or her leg or getting up and moving around?	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?	More than half the 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?	Nearly every day	
	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?	Nearly every day	
	691	2.14.18.Q1	In the past two weeks, how often has your child interrupted someone when they were talking?	Nearly every day	
	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	No	
	695	2.14.20.Q1B	With family	Yes	

	696	2.14.20.Q1C	At school	No	
	697	2.14.20.Q1D	At work	No	
	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?	Not at all	
	312	1.15.2.Q2a	Was there ever a time that your child argued a lot with parents or teachers?	No	
	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?	Rarely	
	314	1.15.3.Q2a	Was there ever a time that your child often refused to do the things grownups asked?	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?	No	
	321	1.16.2.Q2a	Was there ever a time that your child cut school without parent's permission?	No	
	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	No	

			sisters?		
	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?	No	
	334	1.16.5.Q3d	You said that your child had a time when he/she often made fun of or picked on other kids. When did this begin?	Month:May / Year:2021	
	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?	No	
	749	2.16.8.Q2a	Was there ever a time that your child threatened and robbed someone, or assaulted and robbed someone?	No	
	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?	No	
	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 child stayed out all night without permission or ran away?	Yes	
	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?	No	
	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?	No	
	775	2.16.16.Q1A	Bullied others	3 or below,	
	777	2.16.16.Q1C	Used weapon	3 or below,	
	781	2.16.16.Q1G	Forced someone to do something sexual	3 or below,	
	783	2.16.16.Q1I	Damaged or destroyed property	3 or below,	
	788	2.16.16.Q1N	Stayed out all night OR Ran away	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	No	

			event or stressor?		
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 did not want it to?	Not at all	
	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?	No	
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?	Not at all	
	370	1.18.1.Q2	Was there ever a time that your child frequently did these sorts of unusual body movements?	No	
	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?	Several days	
	372	1.18.2.Q2	Was there ever a time that your child was frequently easily upset by changes in routines or activities, and you had to work real hard to keep things the same?	Yes	

	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?	Not at all	
	374	1.18.3.Q2	Was there ever a time that your child had trouble maintaining eye contact when talking with others?	No	
	376	1.18.3.Q3b	You said that there has been a time when your child was frequently easily upset by changes in routines. When did this begin?	Month:December / Year:2020	
	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?	More than half the 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?	No	
	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	No	

			or extreme changes in temperature?		
	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?	Nearly every day	
	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 often has your child spent time talking or playing in a shared activity with a close friend at home or at school?	More than half the days	
	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	Yes	
	1874	2.18.9.Q1B	With family	Yes	
	1875	2.18.9.Q1C	At school	Yes	
	1876	2.18.9.Q1D	At work	No	
	1877	2.18.9.Q1E	In after school activities	Yes	
	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	
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)	Yes	
	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)	Yes	

			pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)			
	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)	Yes		
	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,	No		

			mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)		
	418	1.20.2.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	Yes	
	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	
	420	1.20.2.Q1I	Other Drugs (fill in) (e.g., steroids, etc).	unknown	
	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:		
	422	1.20.3.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	Rarely	
	428	1.20.3.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	Not at all	
	430	1.20.3.Q1I	unknown	Not at all	
	421	1.20.3.Q1	In the past two weeks, how often did your child use the following drugs? (do not count drugs taken as prescribed by your child's doctor)		

	432	1.20.3.Q2A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No	
	438	1.20.3.Q2G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No	
	440	1.20.3.Q2I	unknown	No	
	431	1.20.3.Q2	Has your child used any of the following drugs more than five times (other than as prescribed by a doctor)?		
	442	1.20.4.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	Not at all	
	441	1.20.4.Q1	In the past two weeks, how often did your child wake up feeling sick (nausea, headache, tired, anxious, sad, dizzy, a lot of sweating, stomach ache) or missed school or work because of using the drug or drugs listed below the night before?		
	452	1.20.4.Q2aa	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No	
	451	1.20.4.Q2a	Was there ever a time your child woke up feeling sick (nausea, headache, tired, anxious, sad, dizzy, a lot of sweating, stomach ache) or missed school or work because of using marijuana the night before?		

	462	1.20.5.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	Not at all	
	461	1.20.5.Q1	In the past two weeks, how often has your child's use of the drug or drugs listed below led to arguments or problems with parents, friends, or people at school or at work?		
	472	1.20.5.Q2aa	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No	
	471	1.20.5.Q2a	Was there ever a time that your child's use of marijuana caused him or her any problems with their parents, friends, or at school or at work?		
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?	Several days	
	554	1.22.1.Q3a	Was there ever a time, for two	No	

			weeks or longer, that your child had trouble falling asleep or staying asleep when he or she was tired and wanted to sleep?		
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?	No	
	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?	Not at all	
	561	1.23.2.Q2a	Was there ever a time in the past when your child often wished he or she was dead or thought he or she would be better off dead?	Yes	
	563	1.23.2.Q2c	When was that?	Month:March / Year:2016	
	564	1.23.3.Q1	In the past two weeks, how often did your child think about actually wanting to kill himself or herself?	Not at all	
	565	1.23.3.Q2a	Was there ever a 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	No	

			kill himself or herself and make a suicide attempt?		
	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	
	821	2.23.9.Q2b	You mentioned that in the past, your child wished he or she were dead or thought he or she would be better off dead. Back then, did he or she make any preparations for killing himself or herself?	None; did not make any preparations,	
	822	2.23.10.Q2	Back then, did your child start to do something to end their 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)?	No, your child did not start an attempt	
Homicidal	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?	Not at all	
	173	1.25.1.q3a	Was there ever a time in the past when your child consistently couldn't or	No	

			wouldn't talk at all, for example, in school or some other social situations, even though people were expecting him or her to talk?		
	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.		