

Symptom Response Report



PATIENT ID

Pre-Parentdemoclin012

AGE

-1

GENDER

-1

INTERVIEW SOURCE

INTERVIEW DATE

09/25/2021

ADMINISTERED BY

Module Name	QID	Seq_ID	Question Text	Response	Comments	T
Depressive Disorders	95	1.1.1.Q1	Now I'd like to ask you some questions about your 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		9 9 A
	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?	Not at all		9 9 A
	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?	Not at all		9 9 A
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?	Rarely		9 9 A
	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		9 9 A
	119	1.2.2.Q2	Has your child always, or almost always, been someone	Yes		9 9

			who loses his or her temper a lot?			A
	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		9 9 A
	124	1.2.5.Q3b	You said that your child had a time when he/she lost his/her temper and exploded a lot. When did this begin?	Month:January / Year:2020		9 9 A
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')	Several days		9 9 A
	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?	Several days		9 9 A
	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:2021		9 9 A
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	Several days		9 9 A

			having a heart attack?			
	142	1.5.1.Q2	When did this begin?	Month:January / Year:2020		9 9 A
Agoraphobia	146	1.6.1.Q1A	Buses	Not at all		9 9 A
	147	1.6.1.Q1B	Trains	Not at all		9 9 A
	148	1.6.1.Q1C	Subways	Not at all		9 9 A
	149	1.6.1.Q1D	Open Spaces	Not at all		9 9 A
	150	1.6.1.Q1E	Bridges	Not at all		9 9 A
	151	1.6.1.Q1F	Shops	Not at all		9 9 A
	152	1.6.1.Q1G	Theatres	Not at all		9 9 A
	153	1.6.1.Q1H	Malls	Not at all		9 9 A
	154	1.6.1.Q1I	Crowds	Not at all		9 9 A
	155	1.6.1.Q1J	Standing in lines	Not at all		9 9 A
	156	1.6.1.Q1K	Being out of the house alone	Not at all		9 9 A
	145	1.6.1.Q1	In the past two weeks, how			9

			often has your child feared or avoided any of the following places because they make him or her super anxious? Mark all that apply.			9 A
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		9 9 A
	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		9 9 A
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		9 9 A
Specific Phobia	176	1.9.1.Q1a	The dark	No		9 9 A
	177	1.9.1.Q1b	Spiders	No		9 9 A
	178	1.9.1.Q1c	Heights	No		9 9 A
	179	1.9.1.Q1d	Animals	No		9 9 A
	180	1.9.1.Q1e	Elevators	No		9 9 A
	181	1.9.1.Q1f	Bridges	No		9 9 A

	182	1.9.1.Q1g	Flying	No		9 9 A
	183	1.9.1.Q1h	Seeing blood	No		9 9 A
	184	1.9.1.Q1i	Receiving an injection	No		9 9 A
	185	1.9.1.Q1J	Other (if Yes specify)			9 9 A
	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:			9 9 A
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?	Not at all		9 9 A
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,		9 9 A
	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~No, Ever~No,		9 9 A
	205	1.11.1.Q1D	Religious thoughts that are disrespectful or offensive	Past 2 weeks~No, Ever~No,		9 9 A
	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,		9 9 A
	207	1.11.1.Q1F	Worries about throwing seemingly unimportant things away	Past 2 weeks~No, Ever~No,		9 9 A
	208	1.11.1.Q1G	Thoughts about dirt, germs or contamination	Past 2 weeks~No, Ever~No,		9 9

						A
	209	1.11.1.Q1H	Other recurring unwelcome senseless distressing thoughts (specify)	,		9 9 A
	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.			9 9 A
	212	1.11.2.Q1A	Excessive or ritualized cleaning of household or other items	Past 2 weeks~No, Ever~No,		9 9 A
	213	1.11.2.Q1B	Excessive hand washing	Past 2 weeks~No, Ever~No,		9 9 A
	214	1.11.2.Q1C	Excessive or ritualized showering, bathing, tooth brushing, or toilet routine	Past 2 weeks~No, Ever~No,		9 9 A
	215	1.11.2.Q1D	Ordering or arranging things a certain way	Past 2 weeks~No, Ever~No,		9 9 A
	216	1.11.2.Q1F	Touching things a certain way	Past 2 weeks~Yes, Ever~Yes,		9 9 A
	217	1.11.2.Q1G	Needing to count and recount	Past 2 weeks~No, Ever~No,		9 9 A
	218	1.11.2.Q1H	Moving in a certain way or repeating certain actions	Past 2 weeks~No, Ever~No,		9 9 A
	219	1.11.2.Q1I	Mentally repeating certain words or numbers	Past 2 weeks~No, Ever~No,		9 9

						A
	220	1.11.2.Q1J	Other repetitive behaviors that interfere with your child life (specify)	,		9 9 A
	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.			9 9 A
	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?	Not at all		9 9 A
	1861	1.11.2.Q11b	How often did your child have these thoughts back then?	Several days		9 9 A
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		9 9 A
	223	1.12.2.Q1	Has this happened at least twice a week for the past 3 months?	Yes		9 9 A
	224	1.12.3.Q1	How much discomfort or distress does this problem cause your child?	5		9 9 A
	226	1.12.4.Q1A	With friends	No		9 9 A
	227	1.12.4.Q1B	With family	Yes		9 9 A
	228	1.12.4.Q1C	At school	No		9 9 A

	229	1.12.4.Q1D	At work	No		9 9 A
	230	1.12.4.Q1E	In after school activities	Yes		9 9 A
	231	1.12.4.Q1F	In other places or times	No		9 9 A
	225	1.12.4.Q1	Does wetting himself or herself cause problems for your child in any of the following areas:			9 9 A
	233	1.12.9.Q1	When did the problem with wetting themselves first begin?	Month:February / Year:2021		9 9 A
	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		9 9 A
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?	Not at all		9 9 A
	255	1.13.2.Q1	What is your child's current height and weight (please make your best guess)?	feet:5 / inches:2 / weight:100		9 9 A
	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?	More than half the days		9 9 A
	261	1.13.4.Q1	In the past two weeks, how many days has your child done	Rarely		9 9

			other things to control his or her weight, like exercise excessively, restrict food, take laxatives, or diet pills?			A
	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		9 9 A
	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:January / Year:2020		9 9 A
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		9 9 A
	284	1.14.2.Q1	In the past two weeks, how often have little distractions, like someone talking or the telephone ringing, made it hard for your child to keep their mind on what he or she was working on?	More than half the days		9 9 A
	285	1.14.2.Q2	Has your child gotten easily distracted since the time he or she was in elementary school?	Yes		9 9 A
	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?	Several days		9 9 A

	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?	Several days		9 9 A
	297	1.14.4.Q5b	You said that your child had a time when he/she was often easily distracted. How old was your child when this first began?	age:4		9 9 A
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?	Rarely		9 9 A
	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		9 9 A
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		9 9 A
	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?	More than half the days		9 6 F
	1963	1.17.3.Q1	Were the symptoms you just described due to a medical condition or the effects of a medication (such as adderal or other ADHD medication)?	No		9 6 F
	367	1.17.2.Q3b	You said that your child had a time when he/she repeatedly made sounds or said words that he/she couldn't control.	Month:April / Year:2021		9 6 F

			When did this begin?			
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?	More than half the days		96F
	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		96F
	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?	Several days		96F
	378	1.18.3.Q3d	You said that there has been a time when your child had unusual body movements; and was frequently easily upset by changes in routines. When did this begin?	Month:April / Year:2021		96F
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,		96F
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		96F
	403	1.20.1.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	Yes		96F
	404	1.20.1.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No		96F

	405	1.20.1.Q1D	Cocaine (coke, crack)	No		9 6 F
	406	1.20.1.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No		9 6 F
	407	1.20.1.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No		9 6 F
	408	1.20.1.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No		9 6 F
	409	1.20.1.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	No		9 6 F
	410	1.20.1.Q1I	Other Drugs (fill in) (e.g., steroids, etc).			9 6 F
	1912	1.20.1.Q1J	PCP (angel dust), ketamine, cough medicine or DXM	No		9 6 F
	401	1.20.1.Q1	Check below the drugs any of your child's friends use:			9 6 F
	412	1.20.2.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No		9 6 F
	413	1.20.2.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine,	No		9 6 F

			cathinones/bath salt)			
	414	1.20.2.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No		9 6 F
	415	1.20.2.Q1D	Cocaine (coke, crack)	No		9 6 F
	416	1.20.2.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No		9 6 F
	417	1.20.2.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No		9 6 F
	418	1.20.2.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No		9 6 F
	419	1.20.2.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	No		9 6 F
	420	1.20.2.Q1I	Other Drugs (fill in) (e.g., steroids, etc).			9 6 F
	1913	1.20.2.Q1J	PCP (angel dust), ketamine, cough medicine or DXM	No		9 6 F
	411	1.20.2.Q1	Check below the drugs your child has tried one or more times:			9 6 F
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	Yes		9 6 F

	503	1.21.1.Q1B	Significant accident or medical condition, including coronavirus, for which your child needed specialized, intensive, or painful medical treatment	No		9 6 F
	504	1.21.1.Q1C	Witnessed or caught in a fire that caused significant property damage or personal injury	No		9 6 F
	505	1.21.1.Q1D	Witnessed or caught in a natural disaster that caused significant property damage or personal injury	No		9 6 F
	506	1.21.1.Q1E	Witness or victim of a school shooting or other act of terrorism	No		9 6 F
	507	1.21.1.Q1F	Witnessed death or mass destruction in a war zone	No		9 6 F
	508	1.21.1.Q1G	Witnessed someone shot or stabbed in the community	No		9 6 F
	509	1.21.1.Q1H	Shot, stabbed, or beat badly by a non-family member	No		9 6 F
	511	1.21.1.Q1J	Beaten to the point of having bruises or had a more serious injury caused by a grown-up in the home	No		9 6 F
	514	1.21.1.Q1M	Witness the grown-ups in the home push, shove or hit one another	No		9 6 F
	517	1.21.1.Q1P	A peer forced your child to do something sexually	No		9 6 F
	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	Yes		9 6 F

	1903	1.21.1.Q1T	Was robbed and assaulted or robbed and threatened physically	No		9 6 F
	1910	1.21.1.Q1v	Other			9 6 F
	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.			9 6 F
	521	1.21.1.Q2A	A car accident in which your child or another person in the car was hurt bad enough to require medical attention	Month:May / Year:2020 / Happened:		9 6 F
	537	1.21.1.Q2Q	Learned about the life-threatening illness or sudden unexpected death of a loved one due to coronavirus, cancer, violence, or other cause	Month:February / Year:2021 / Happened:		9 6 F
	520	1.21.1.Q2	You answered yes to the following bad events. Could you describe what happened, if you are comfortable doing so? If you are not comfortable talking about it, just enter the date and press the next button.			9 6 F
	539	1.21.2.Q1	[1] In the past two weeks, how often has your child tried not to think about the bad thing or things that happened?	Rarely		9 6 F
	541	1.21.26.Q1	[1] In the past two weeks, how often has your child gotten super upset when he or she thought about the bad thing or things that happened?	More than half the days		9 6 F
	543	1.21.3.Q1	[1] In the past two weeks, how often did your child have any nightmares?	More than half the days		9 6 F
	548	1.21.3.Q3d	[1] You said that your child had a time when he/she often got super upset when he/she	Month:April / Year:2021		9 6 F

			thought about what happened. When did this begin?			
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?	Not at all		9 9 A
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		9 6 F