Young Minds Matter

the second Australian Child and Adolescent Survey of Mental Health and Wellbeing

Parent or carer questionnaire

Relevant Copyright Information for Survey Questionnaires

The content contained in the Young Minds Matter combines a set of standardised instruments including the DISC-IV, the Strengths and Difficulties Questionnaire, the 10-item Kessler Psychological Distress Scale, standard Census questions from the Australian Bureau of Statistics and other questions developed by the survey team. Many of the questions that were developed by the survey team were based on other instruments and more information on these sources can be found in the Survey User's Guide.

Even where standardised instruments are in the public domain, they should not be altered and referenced appropriately.

Diagnostic Interview Schedule for Children – Version 4 (DISC-IV)

The survey is based on the Diagnostic Interview Schedule for Children – Version IV (DISC-IV), a standardised diagnostic instrument developed under the auspices of the United States National Institute of Mental Health, which is used worldwide to assess mental disorders in large samples. The paper copy of the DISC-IV modules represents the versions that were programmed into the CAPI modules for the purposes of conducting YMM. For more information on the DISC-IV and to use any version of the DISC, contact the NIMH-DISC Training Center at Columbia University nimhdisc@child.cpmc.columbia.edu.

Shaffer D, Fisher P, Lucas C, Dulcan MK, Schwab-Stone ME. NIMH Diagnostic Interview Schedule for Children, Version IV (NIMH DISC-IV): description, differences from previous versions and reliability of some common diagnoses. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2000; 39: 28-38.

Strengths and Difficulties Questionnaire (SDQ)

Please note that Strengths and Difficulties Questionnaires, whether in English or in translation, are **copyright documents that are not in the public domain**. As such, they may not be modified in any way (e.g. changing the wording of questions, adding questions or administering only subsets of questions). This is to ensure that the SDQ is fully comparable across studies and settings. Similarly, to ensure high quality and consistency, unauthorized translations are not permitted. Paper versions may be downloaded and subsequently photocopied without charge by individuals or non-profit organizations provided they are not making any charge to families.

Users are not permitted to create or distribute electronic versions for any purpose without prior authorization from **youth***in***mind**. If you are interested in making translations or creating electronic versions you **MUST** first contact youthinmind@gmail.com.

Goodman R. A modified version of the Rutter parent questionnaire including extra items on children's strengths: a research note. *Journal of Child Psychology and Psychiatry*. 1994; 35: 1483-94.

Kessler 10-item psychological distress scale (K-10)

The K10 is widely recommended as a simple measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders. The K10 is in the public domain.

Kessler RC, Barker PR, Colpe LJ, et al. Screening for serious mental illness in the general population. *Archives of General Psychiatry*. 2003; 60: 184-189.

Child Health Utility 9D (CHU-9D)

The CHU-9D is a measure of health related quality of life developed specifically for young people at the University of Sheffield in the United Kingdom by Katherine Stevens. The CHU-9D captures functioning over nine different dimensions, for example, if the child or adolescent had problems with sleep, ability to do their homework or carry out their usual routine. This quality of life measure can be used in economic evaluation and is in the public domain.

Ratcliffe J, Stevens K, Brazier J, Sawyer M. Whose values in health? An empirical comparison of the application of adolescent and adult values for the CHU-9D and OQOL-6D in the Australian adolescent general population. *Value in Health*. 2012; 15: 703-36.

HOUSEHOLD RECORD FORM

Dwelling observations

Interviewer note: Interviewer to complete before approaching household

ASK ALL
HRFD1. Household/dwelling type

  1 - Separate house
  2 - Semi-detached house, row or terrace house, town house
  3 - Flat, unit or apartment
  4 - Caravan, cabin
  5 - House/flat attached to shop, office
  6 – Other (e.g. vacant block)

HRFD2. Record the external condition of dwelling

  1 – Immaculate
  2 – Well-kept and clean, in good repair
  3 – Fair condition
  4 – Poor condition and in need of repair
  5 – Badly deteriorated
  6 - Other (e.g. vacant block)

HRFD3. Record the condition of the yard and or garden

  1 – Immaculate
  2 – Generally neat and tidy
  3 – Fair condition
  4 – Generally over grown with weeds
  5 – Not maintained and strewn with rubbish
  6 – No yard or garden (e.g. high rise apartment)

Scope

STUDY INTRO SCRIPT

This is a survey about the well-being of children and young people. It's about their health and well-being, and how they are getting along in the world.

The last survey to do this was over 15 years ago and the results helped the government establish improved services for children and families and also plan programs to help families and communities. The survey is funded by the Australian Government and it is being conducted by an

independent university research team. Families are being selected randomly so all Australian families have an equal chance of having their say. People find the interview interesting and generally can see why this information is important to collect.

HRFS1. Are there any children or young people usually living at this address who are aged from 4 up to 18 years old?

    0 – No
    2 – Yes
    7 – Refuse to answer
    9 – Don't know

HRFS1A. Do any of these children or young people usually live in this household more than 50% of the time?
Interviewer note: Include children who are temporarily away from home (such as attending boarding school, in hospital, etc.). Exclude children who usually live 50% or more in another household (i.e. with another parent or carer).

    0 – No
    2 – Yes
    7 – Refuse to answer
    9 – Don't know

Programmer note: If HRFS1A = 0, 7, 9 household is out of scope

Ask if HRFS1 = 0, 7 or 9

HRFS2. Are there any children or young people aged from 4 up to 18 years old who usually live in this household who are temporarily living away from home (for example at boarding school)?

    0 – No
    2 – Yes
    7 – Refuse to answer
    9 – Don't know

I just need to identify who will be taking part in the survey for this household.

Interviewer Note: Check if person you are talking to knows the ages of all household members under the age of 18.

Yes, proceed to household grid

No, selecting this option will return you to the Household Information Screen where you will record a new activity to make an appointment to speak to someone else.

What are the first <u>names</u> of all the people who usually live here, even if they are away at present starting with the person who knows the most about the child/children?
Only include children who live in this household more than 50% of the time, unless they are temporarily living away from home, that is at boarding school or, in the hospital, etc.

Interviewer note: Enter initials at this stage if respondent prefers not to give names. Names to be updated if interview proceeds past selection of study child.

Please complete the following columns for all listed household members.

Please note that age of any household member coded as "don't know" or "refused" will be treated as 18 and over. **If age unknown for a child**, make an appointment to return to speak to someone who knows the age.

Programmer note: display HRF1 – HRF4 as a grid

Household Grid
(Programmer note: display this heading)

HRF1. First name

HRF2. Surname (optional response)

HRF3. Sex

      1 – Male
      2 – Female
      7 – Refuse to answer
      9 – Don't know

HRF4. Age
Programmer note: allowable values 0-110)

      Age in years: _____

Programmer note: Add a confirmation/ reminder message when interviewer clicks "next" button

Interviewer note: Before moving to next screen, make sure you have captured details of all members of the household.

Interviewer must confirm all children's ages recorded are based on their last birthday – that is they are **currently** the age listed below

If the below details are correct, please move to the next question. This will lock the previous question and cannot be edited further.

If this is an error then please press the '<<' button to correct the details at the previous question.

Programmer note: Display Household grid of details entered at HRF1-HRF4

Programmer note: When interviewer clicks "next" button again (after confirmation/ reminder message), run the random selection algorithm.

Selection of study child
(Programmer note: display this heading)

(Programmer note: Select one child at random out of the children in the household between the ages of 4 and 17 years inclusive, to be the study reference child. Suggested approach is to assign a number to each person in the household grid (allow 20 rows) and select a random number from 1 to 20, then check if the selected number is a person in scope (i.e. a child aged 4-17 years). If selected person is out of scope (e.g. aged 18 years or over), or selected number is a blank row in table (e.g. selected number is 15, and household only has 4 members), then re-draw a random number and check if new selection is in scope. Continue until an in scope member of household is selected.)

Intro text:
We would like to interview you about [Child].

Interviewer note: If necessary, explain that for the purposes of the study, we select one child at random out of the children in the household between the ages of 4 and 17 years inclusive, to be the focus of the study.

ASK for study reference child only
HRF5. Can you please tell me [Child]'s date of birth?

Date of birth: dd/mm/yyyy

If age does not match, display error message above Date of birth: "Age cannot be outside 4-17 years. The date below calculates to x year(s)."
Interviewer Note: If parent refuses to complete interview about selected child postpone survey, record a new activity, fully non-responding household/refusal.

Programmer note: insert the following screen after HRF5

Interviewer Note: If interview can be conducted now, proceed. If not, make an appointment.

Yes, proceed

No, go to Household Information Screen, record a new activity, make an appointment to speak to parent at a better time.

ASK for all household members
HRF6.   Is [FirstName] currently living away from home?
    0 – No
    2 - Yes

ASK IF HRF6 = 2
HRF6A. Why is [FirstName] currently living away from home?

    2 - Fly-in/fly-out worker (display if aged 16 years or over)
    3 - Otherwise away for work reasons (display if aged 16 years or over)
    4 - In hospital due to illness (display for all)
    5 - In gaol or custody (display if aged 13 years or over)
    6 - Trial marital separation (display if aged 16 years or over)
    7 - At boarding school or college (display if aged 6 years or over)
    8 - With other parent or living elsewhere (display if aged 0-18 years)
    9 - Other reasons (display for all)
    77 – Refuse to answer (do not read out)
    99 – Don't know (do not read out)

ASK IF aged 18 years and over
HRF7. What is [FirstName]'s current marital status?

    1 - Married and living with spouse
    2 - Living with someone in a relationship but not legally married
    3 - Not presently living with someone in a relationship and separated
    4 - Not presently living with someone in a relationship and divorced

5 - Not presently living with someone in a relationship and <u>widowed</u>

6 - Not presently living with someone in a relationship and <u>never married</u>

7- Refuse to answer (do not read out)

9 – Don't know (do not read out)

ASK for all household members

HRF8. In what country was [FirstName] born?

Programmer note: sort response options alphabetically

1 - Australia

2 - England

3 - New Zealand

4 - China

5 - India

6 - Italy

7 - Vietnam

8 - Philippines

9 - South Africa

10 - Malaysia

11 - Germany

Other (please specify): _____

77 - Refuse to answer

88 – Not applicable

99 – Don't know

<u>**Ask if HRF8 = 1**</u>

HRF9. In what state was [FirstName] born?

1 - New South Wales

2 - Victoria

3 - Queensland

4 - South Australia

5 - Western Australia

6 - Tasmania

7 - Northern Territory

8 - Australian Capital Territory

77 - Refuse to answer (do not read out)

99 - Don't know (do not read out)

ASK for all household members

HRF11. Is [FirstName] of Aboriginal or Torres Strait Islander origin?

1 - Non-Indigenous

2 - Aboriginal

3 - Torres Strait Islander
4 - Both Aboriginal and Torres Strait Islander
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

HRF12. What is the main language [FirstName] speaks at home?

1 - English
2 - Other
7 - Refuse to answer (do not read out)
8 - Not applicable (do not read out)
9 - Don't know (do not read out)

Ask if HRF12 = 2

HRF13. How well does [FirstName] speak English?

1 - Very well
2 - Well
3 - Not well
4 - Not at all
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

Go to next person.

Relationship Grid

<u>Ask for all household members</u>

How are the different members of the household related to each other?

Programmer note: Example of relationship grid display for 4 person household:
HRFP_1. **Relationship to [FirstName 1]**
[FirstName 2] is [FirstName 1]'s
[FirstName 3] is [FirstName 1]'s
[FirstName 4] is [FirstName 1]'s

HRFP_2. **Relationship to [FirstName 2]**
[FirstName 3] is [FirstName 2]'s
[FirstName 4] is [FirstName 2]'s

HRFP_3. **Relationship to [FirstName 3]**
[FirstName 4] is [FirstName 3]'s

  1 - Own child (biological child)
  2 - Adopted child
  3 - Step-child
  4 - Foster child

  5 - Own parent
  6 - Step-parent
  7 - Foster parent

  8 - Spouse or partner

  9 - Siblings - same parents
  10 - Siblings - step or half
  11 - Siblings - adopted or foster

  12 - Parent-in-law
  13 - Brother/sister-in-law
  14 - Son/daughter-in-law

  15 - Grandparent
  16 - Grandchild

  17 - Other relative
  18 - Unrelated person

77 - Refuse to answer (do not read out)
99 - Don't know (do not read out)

ASK IF HRFS1A = 2 (yes) or HRFS2 = 2 (yes)

HRF14. As I mentioned earlier, we would like to interview you about [Child]. Who knows the most about [Child]?

Interviewer note: Code this person as the primary carer. [IF APPLICABLE] If more than one parent mentioned as knowing the most about [Child], then code the parent who agrees to do the interview as the primary carer, and the other parent as secondary carer on the next screen.

Programmer note: Display first names of HH members in list and format as a single response question with heading "**Primary carer**"

If both of the study child's parents live in household, i.e. two people are coded as "own parent" of study child in relationship grid, then code the parent not mentioned at HRF14 as "Secondary carer" at HRF15. Else, ask:

HRF15. Who else looks after [Child]?
Interviewer note: Code this person as the secondary carer

Programmer note: Display HH members in list, with additional response option "None" and format as a single response question with heading "**Secondary carer**".

Programmer note: If there is a second parent of the child living in the household we want this person automatically assigned to the secondary carer role, regardless of whether the respondent feels the secondary carer contributes to the care of the child or note. For example, if the mother of the child is identified as the primary carer in HRF14, and the father of the child is a member of the household, the father should automatically be assigned as secondary carer in HRF15. If this role is not correctly assigned, the demographic questions relating to the secondary carer will not be asked. In situations where the mother is identified as the primary carer, and the father as well as other adults who may have caring

Refusals

Ask if household refuses, and random selection algorithm has not been run, i.e. study child has not been selected (and household grid has not been completed in HRF1- HRF4).

Interviewer note: If family is unwilling to participate in survey, see if you can establish if there are any children aged 4-17 years who live in the household, and if so what are their ages.

HRFR1. Are there any children or young people living at this address who are aged from 4 up to 18 years inclusive?

> 0 – No
> 2 – Yes
> 7 – Refuse to answer

Ask if HRFR1 = 2

INTERVIEWER NOTE: Only count children aged from 4 up to 18 years.

HRFR2. How many children are there?
Programmer note: Drop down box, response options 1 – 10

> 77 - Refused to answer
> 99 - Don't know

HRFR3. What are their ages?

(Programmer note: display grid with columns for drop down boxes, response options 4 – 18 don't know and refused with rows for the number of children recorded at HRF2)
e.g.

	Please select your answer		
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Child 7			

Child 8			
Child 9			
Child 10			

Record ages of all children
        77 – Refuse to answer
        99 – Don't know

Education Module

Education Status

NOTE: Now I'm going to ask you some questions about [child]'s education and experiences at school.

ASK ALL

PED1.   Does [CHILD] go to school? This includes part-time or full-time schooling at kindergarten, pre-school, prep, pre-primary or reception.

        0 - No
        2 - Yes
        7 - Refuse to answer (do not read out)
        9 - Don't know (do not read out)

ASK IF PED1 = 0, 7, 9

PED2. Did [he/she] go to school in the last year?

        0 - No
        2 - Yes
        7 - Refuse to answer (do not read out)
        9 - Don't know (do not read out)

ASK IF PED2 = 2

PED3. Did [he/she] go to school in the last month?

        0 - No
        2 - Yes
        7 - Refuse to answer (do not read out)
        9 - Don't know (do not read out)

PED6.Has [child] **ever** gone to school?

> 0 - No
> 2 - Yes
> 7 - Refuse to answer (do not read out)
> 9 - Don't know (do not read out)

PED7. When [he/she] stopped going to school, how old was [he/she]?
Programmer note: please cap response at child's current age.

> 1 – 1 year old
> 2 – 2 years old
> 3 – 3 years old
> 4 – 4 years old
> 5 – 5 years old
> 6 – 6 years old
> 7 – 7 years old
> 8 – 8 years old
> 9 – 9 years old
> 10 – 10 years old
> 11 – 11 years old
> 12 – 12 years old
> 13 – 13 years old
> 14 – 14 years old
> 15 – 15 years old
> 16 – 16 years old
> 17 – 17 years old or older
> 77 - Refuse to answer(do not read out)
> 99 - Don't know(do not read out)

PED8.   What grade was that?

INTERVIEWER NOTE: "Kindergarten, Pre-School" includes any part-time schooling below Year 1;
"Prep, Pre-Primary, Reception" includes any full-time schooling below Year 1

> 44 - Kindergarten, Pre-School
> 55 – Prep, Pre-Primary, Reception
> 1 - Year 1
> 2 - Year 2
> 3 - Year 3
> 4 - Year 4
> 5 - Year 5
> 6 - Year 6
> 7 - Year 7
> 8 - Year 8
> 9 - Year 9
> 10 - Year 10
> 11 - Year 11
> 12 - Year 12

22 - Other
77   - Refuse to answer (do not read out)
99   - Don't know (do not read out)

PED9. If child at school (IF PED1=2) display: What grade is [CHILD] in now? (If child at school last year (IF PED2=2) display: What grade did [he/she] just complete?

INTERVIEWER NOTE: "Kindergarten, Pre-School" includes any part-time schooling below Year 1; "Prep, Pre-Primary, Reception" includes any full-time schooling below Year 1

44 - Kindergarten, Pre-School
55 –Prep, Pre-Primary, Reception
1 - Year 1
2 - Year 2
3 - Year 3
4 - Year 4
5 - Year 5
6 - Year 6
7 - Year 7
8 - Year 8
9 - Year 9
10 - Year 10
11 - Year 11
12 - Year 12
22 - Other
77   - Refuse to answer (do not read out)
99 - Don't know (do not read out)

PED11. Did [CHILD] go to kindergarten?
0 - No
2 - Yes
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

PED13. How old was [CHILD] when [he/she] started full-time schooling of any kind?

Programmer note: please cap responses at response option "7-7 years or older".
(Programmer note: only display current age or younger)
3 – 3 years old or younger
4 – 4 years old
5 – 5 years old
6 – 6 years old
7 – 7 years or older

77 - Refuse to answer(do not read out)
99 - Don't know(do not read out)

PED14. What grade was that?
INTERVIEWER NOTE: "Kindergarten, Pre-School" includes any part-time schooling below Year 1;
"Prep, Pre-Primary, Reception" includes any full-time schooling below Year 1
Programmer note: please cap response at Year 2.

44 - Kindergarten, Pre-School
55 – Prep, Pre-Primary, Reception
1 - Year 1
2 - Year 2
22 - Other
77 - Refuse to answer (do not read out)
99 - Don't know (do not read out)

ASK IF PED1 = 2OR PED2=2 OR PED6 = 2

PED16. Since starting full-time schooling, how many different schools has [CHILD] **ever** attended?

1 – 1 school
2 – 2 schools
3 – 3 schools
4 – 4 schools
5 – 5 schools
6 – 6 or more schools
77 - Refuse to answer (do not read out)
99 - Don't know (do not read out)

PED18. What type of school is [CHILD] attending?

> 1 - Government school
> 2 - Catholic school
> 3 - Independent school
> 4 –Home-school
> 5 - Other
> 7 – Refuse to answer (do not read out)
> 9 – Don't know (do not read out)

PED19. Thinking back to the start of the school year, excluding school holidays how many days has [CHILD] been absent since the start of the school year?
(Programmer note: write in values, range check maximum value 220 days, 52 weeks, or 12 months; allow multiple response options to be entered (e.g. 5 weeks and 2 months)

> _____ days   _____ weeks   _____ months

> 220 - Missed entire year
> 777 - Refuse to answer(do not read out)
> 999 - Don't know(do not read out)

PED22. How many times has [CHILD] **ever** been suspended from school for a day or longer?

> 0 – None/never
> 1 – Once
> 2 – 2-3 times
> 3- 4-5 times
> 4 – 6-10 times
> 5 – 11 or more times
> 777 – Refuse to answer
> 999 – Don't know

PED23. Does [CHILD] have a job?

> 0 - No
> 2 - Yes
> 7 - Refuse to answer (do not read out)
> 9 - Don't know (do not read out)

PED24. Has [he/she] had a job in the last year?

0 - No
2 - Yes
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

PED25. Has [he/she] had a job in the last month?

0 - No
2 - Yes
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

PED26. Has [he/she] **ever** had a job?

0 - No
2 - Yes
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

PED27. How much [does/did] [CHILD] like school? Would you say [he/she] …

1 - Very much likes school
2 - Somewhat likes school
3 - Neither likes nor dislikes school
4 - Somewhat dislikes school
5 - Very much dislikes school
7 – refuse to answer (do not read out)
9 – Don't know (do not read out)

School Performance

PED29. Looking at SHOWCARD PED29, compared to other students in the same year, how well [does/did] [CHILD] do in the following subjects?

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1. Far above average")

(Programmer note: if age of child is >=6, ask PED29A, PED29B, PED29D, and PED29E. If age of child is >=11, ask PED29C)

PED29A Maths
PED29B - English, reading or writing
PED29C Science
PED29D - Art or drawing
PED29E- Sports or physical education

1 – Far above average
2 - Somewhat above average
3 - Average
4 - Somewhat below average
5 - Far below average
8 – Child does not do this subject (do not read out)
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

Programmer note: none of the headings should be displayed)

Child Health Module

ASK ALL

PCH1.How would you say [child]'s health is in general?
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Refuse to answer (do not read out)
9. Don't know (do not read out)

PCH2.   Here is a list of health problems or conditions which some kids may have. Looking at SHOWCARD PCH2, **in the last year** has [child] had any of the following? Please tell me all that apply)

Programmer note: Please format as a multi response instead of grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Asthma")

PCH2A – A. Asthma
PCH2B – B. Eczema

PCH2C – C. Hay fever

PCH2D – D. Glue ear or otitis media, or having grommets

PCH2E – E. Bed wetting

PCH2F – F. Stomach/digestive problems or abdominal/tummy pains

PCH2G – G. Food allergy

PCH2H – H. Some other allergy

PCH2I – I. Speech/or language problems

PCH2J – J. Eyesight problems

PCH2K – K. Chronic back or neck problem

PCH2L – L. Frequent or very bad headaches

PCH2M – M. Any other chronic pain

PCH2N – N. Diabetes

PCH2O – O. Epilepsy

PCH2P – P. Hearing problems

PCH2Q – Q. Difficulty with co-ordination

PCH2T – Other (do not show on showcard)

PCH2Z - None of the above (do not show on showcard)

77 – Refuse to answer

99 – Don't know

INTERVIEWER NOTE: If mentioned, record details of any other health conditions mentioned in "Other, please specify"

ASK IF PCH2T=Yes (i.e. Ticked)

(Programmer do not display in Grid, should be shown on the next screen)

PCH2T1 – Other, please specify _____

PCH2R. Has [CHILD] **ever** had a blow to the head resulting in a concussion or black out?

(Programmer note: format as single response and questions PCH2R and PCH2S on the same page)

    0.   No

    2.   Yes

    7.   Refuse to answer (do not read out)

    9.   Don't know (do not read out)

PCH2S. Has [CHILD] **ever** had any other head injury?

    0.   No

    2.   Yes

    7.   Refuse to answer (do not read out)

    9.   Don't know (do not read out)

Now, I am going to show you a list of psychological, emotional or behavioural problems that kids may have. I would like to know if you have <u>ever</u> been told by a doctor or mental health professional that your child has any of these problems.

Programmer note: Please change from grid format to multi response. please allow more than one response

PCH3. Looking at SHOWCARD PCH3, have you <u>ever</u> been told by a doctor or other health professional that [CHILD] has any of the following. Please tell me all that apply.

Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Separation Anxiety"

PCH3A – A. Separation Anxiety

PCH3B – B. Obsessive Compulsive Disorder (OCD)

PCH3C – C. Post-Traumatic Stress Disorder (PTSD)

PCH3D – D. Any phobia

PCH3E – E. Any other anxiety disorder

PCH3F – F. An eating disorder (e.g. anorexia, bulimia)

PCH3G – G. Depression

PCH3H – H. Schizophrenia

PCH3I – I. Psychosis

PCH3J - J. Attention Deficit Disorder (ADD)

PCH3K – K. Attention Deficit Hyperactivity Disorder (ADHD)

PCH3L – L. Oppositional Defiant Disorder

PCH3M – M. Conduct Disorder

PCH3N – N. Autism (all forms including Asperger's)

PCH3O – O. Intellectual Disability

PCH3P – P. Down Syndrome

PCH3Z – None of the above (do not show on showcard)

77 – Refuse to answer

99 – Don't know

PCH4.   Does [child] need special help with eating, dressing, bathing or using the toilet because of an illness or disability?

      0. No
      2. Yes
      7. Refuse to answer (do not read out)
      9. Don't know (do not read out)

PCH5. Does [child] need special help getting around because of an illness or disability?

      0. No
      2. Yes
      7. Refuse to answer (do not read out)
      9. Don't know (do not read out)

PCH6. Does [child] need special help communicating with other people because of an illness or disability?

      0. No
      2. Yes
      7. Refuse to answer (do not read out)
      9. Don't know (do not read out)

<table>
<tr><td>

Area Logo
PC1a
Parent Report Measures for
Children and Adolescents
SDQ(P)04-10

Facility Name: _____

Code: |__|__|__|__|

</td><td>

Please used gummed label if available

Surname:

Other names:

Date of Birth: Sex:

___ ___ / ___ ___ / ___ ___ ___ ___   Male □₁   Female □₂

Address:

Patient or Client Identifier:

|__|__|__|__|__|__|__|__|__|

</td></tr>
</table>

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	O	O	O
2. Restless, overactive, cannot stay still for long	O	O	O
3. Often complains of headaches, stomach-aches or sickness	O	O	O
4. Shares readily with other children, for example toys, treats, pencils	O	O	O
5. Often loses temper	O	O	O
6. Rather solitary, prefers to play alone	O	O	O
7. Generally well behaved, usually does what adults request	O	O	O
8. Many worries or often seems worried	O	O	O
9. Helpful if someone is hurt, upset or feeling ill	O	O	O
10. Constantly fidgeting or squirming	O	O	O
11. Has at least one good friend	O	O	O
12. Often fights with other children or bullies them	O	O	O
13. Often unhappy, depressed or tearful	O	O	O
14. Generally liked by other children	O	O	O
15. Easily distracted, concentration wanders	O	O	O
16. Nervous or clingy in new situations, easily loses confidence	O	O	O
17. Kind to younger children	O	O	O
18. Often lies or cheats	O	O	O
19. Picked on or bullied by other children	O	O	O
20. Often volunteers to help others (parents, teachers, other children)	O	O	O
21. Thinks things out before acting	O	O	O
22. Steals from home, school or elsewhere	O	O	O
23. Gets along better with adults than with other children	O	O	O
24. Many fears, easily scared	O	O	O
25. Good attention span, sees chores or homework through to the end	O	O	O

Please turn over – there are a few more questions on the other side

Binding margin – do not write

Do you have any other comments or concerns?

	Over the last six months, have your child's teachers complained of:	No	A Little	A Lot
36.	Fidgetiness, restlessness or overactivity	○	○	○
37.	Poor concentration or being easily distracted	○	○	○
38.	Acting without thinking, frequently butting in, or not waiting for his or her turn	○	○	○

		No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26	Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	○	○	○	○

If you have answered "Yes", please answer the following questions about these difficulties:

		Less than a month	1-5 months	6-12 months	Over a year
27	How long have these difficulties been present?	○	○	○	○

		Not at all	A little	A medium amount	A great deal
28	Do the difficulties upset or distress your child?	○	○	○	○
	Do the difficulties interfere with your child's everyday life in the following areas?				
	29. HOME LIFE	○	○	○	○
	30. FRIENDSHIPS	○	○	○	○
	31. CLASSROOM LEARNING	○	○	○	○
	32. LEISURE ACTIVITIES	○	○	○	○
33	Do the difficulties put a burden on you or the family as a whole?	○	○	○	○

Signature_____ Date_____

Mother/Father/Other (please specify):_____

Thank you very much for your help.

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Module PC1a v1

Module PC1 v2

<table>
<tr><td>Area Logo
PY1a
Parent Report Measures for
Children and Adolescents
SDQ(P)11-17

Facility Name: _____
Code: |__|__|__|__|</td><td colspan="2">Please used gummed label if available

Surname:

Other names:

Date of Birth:
___ ___ / ___ ___ / ___ ___ ___ ___</td><td>Patient or Client Identifier:
|__|__|__|__|__|__|__|__|__|

Sex:
Male ☐₁   Female ☐₂</td></tr>
</table>

Patient or Client Identifier: |__|__|__|__|__|__|__|__|__|

Address:

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months.**

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	O	O	O
2. Restless, overactive, cannot stay still for long	O	O	O
3. Often complains of headaches, stomach-aches, or sickness	O	O	O
4. Shares readily with other young people, for example CDs, games, food	O	O	O
5. Often loses temper	O	O	O
6. Would rather be alone than with other young people	O	O	O
7. Generally well behaved, usually does what adults request	O	O	O
8. Many worries or often seems worried	O	O	O
9. Helpful if someone is hurt, upset or feeling ill	O	O	O
10. Constantly fidgeting or squirming	O	O	O
11. Has at least one good friend	O	O	O
12. Often fights with other young people or bullies them	O	O	O
13. Often unhappy, depressed or tearful	O	O	O
14. Generally liked by other young people	O	O	O
15. Easily distracted, concentration wanders	O	O	O
16. Nervous in new situations, easily loses confidence	O	O	O
17. Kind to younger children	O	O	O
18. Often lies or cheats	O	O	O
19. Picked on or bullied by other young people	O	O	O
20. Often volunteers to help others (parents, teachers, children)	O	O	O
21. Thinks things out before acting	O	O	O
22. Steals from home, school or elsewhere	O	O	O
23. Gets along better with adults than with other young people	O	O	O
24. Many fears, easily scared	O	O	O
25. Good attention span, sees chores or homework through to the end	O	O	O

Please turn over – there are a few more questions on the other side

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Do you have any other comments or concerns?

Over the last six months, have your child's teachers complained of:	No	A Little	A Lot
36. Fidgetiness, restlessness or overactivity	O	O	O
37. Poor concentration or being easily distracted	O	O	O
38. Acting without thinking, frequently butting in, or not waiting for his or her turn	O	O	O

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	O	O	O	O

If you have answered "Yes", please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27. How long have these difficulties been present?	O	O	O	O

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress your child?	O	O	O	O
Do the difficulties interfere with your child's everyday life in the following areas?				
29. HOME LIFE	O	O	O	O
30. FRIENDSHIPS	O	O	O	O
31. CLASSROOM LEARNING	O	O	O	O
32. LEISURE ACTIVITIES	O	O	O	O
33. Do the difficulties put a burden on you or the family as a whole?	O	O	O	O

Signature_____   Date_____

Mother/Father/Other (please specify):_____

Thank you very much for your help.   © Robert Goodman 2002

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Module PY1a v1

NIMH DISC-IV

Diagnostic Interview Schedule for Children

PARENT INFORMANT
(Interview about Child)

EDITED BY
David Shaffer, M.D.
Prudence Fisher, Ph.D.
Christopher Lucas, M.D.
and
The NIMH DISC Editorial Board

Joy and William Ruane Center to Identify and Treat Mood Disorders
Division of Child and Adolescent Psychiatry, Columbia University

1051 Riverside Drive, Unit 78, New York, NY 10032
Fax: (646) 774-6349 Phone: (646) 774-5772
Email: fisherp@nyspi.columbia.edu

NOTE: This interview has been designed to be used by qualified professionals as an aid to diagnosis. It is not a substitute for a thorough clinical evaluation.

Epidemiologic Version

0=NO 1=SOMETIMES/SOMEWHAT 2=YES 7, 77=REFUSE TO ANSWER 8, 88=NOT APPLICABLE 9, 99=DON'T KNOW

INTRODUCTION/TIMELINES

(INTRODUCTION TO DIAGNOSTIC SECTIONS)

INTRO 1

This part of the interview is made up mostly of questions about the kinds of things _____ has
been doing and feeling in the past year – that is, from last [NAME CURRENT MONTH of last year] up until
today.

If you want to take a break for a while, just let me know, that will be fine. Remember all answers you give will
remain strictly confidential.

NOTE 1: RECORD TODAY'S DATE (MM,DD,YY) |____ ____|____ ____|____ ____|

| 4 | Does _____ have any brothers or sisters that he lives with? | 0 | 2 | 7 | 9 |

Interviewer note: Don't read out if respondent has already said if child has any brothers or sisters living with
them.

0=NO 1=SOMETIMES/SOMEWHAT 2=YES 7, 77=REFUSE TO ANSWER 8, 88=NOT APPLICABLE 9, 99=DON'T KNOW

PROGRAMMER NOTE: The data captured in Q5 through 9E, is already captured within the Education module and therefore should automatically be filled. Please capture the information in variables INT5 through INT9E but hide the questions as they do not need to be shown on the screen.

Programmer note: For Q5, fill answer from PED1
5. Does _____ go to school?   0   2   7   9

Programmer note: For Q5A, fill answer from PED2
IF NO, A. Did [he/she] go to school in the last year?   0   2   7   9

      IF NO, GO TO E

Programmer note: For Q5B, fill answer from PED3
      IF YES, B. In the last month?   0   2   7   9

      GO TO Q 6

      Programmer note: For 5E - Fill answer from PED6
      IF NO, E. Has _____ ever gone to school?   0   2   7   9

      IF NO, GO TO Q 9 IF CHILD IS 12 YEARS OR OLDER, OTHERWISE GO TO Q 11

      Programmer note: For 5F - Fill answer from PED7
      IF YES, F. When [he/she] stopped going to school,
      how old was [he/she]?

      CODE AGE -----------------------------> |____ ____| YRS.

      Programmer note: For 5G - Fill answer from PED8
      G. What grade was that?

      CODE GRADE -------------------------> |____ ____| GRADE
      ((44 = Kindergarten, Pre-School, 55 = Prep, Pre-Primary, Reception)

      GO TO Q 8

Programmer note: For Q6 - Fill answer from PED9
6. What grade is _____ in now? (IF SUMMER HOLIDAY OR NOT IN
SCHOOL: What grade did [he/she] just complete?)

CODE GRADE --> |____ ____|

(**44 =** Kindergarten, Pre-School, **55 =** Prep, Pre-Primary, Reception**,** 1 = Year 1, 2 = Year 2, 3 = Year 3, 4 = Year 4, 5 = Year 5, 6 = Year 6, 7 = Year 7, 8 = Year 8, 9 = Year 9, 10 = Year 10, 11 = Year 11, 12 = Year 12, 22 = other**)**

Programmer note: For Q8 - Fill answer from PED11
8. Did _____ go to kindergarten?   0   2   7   9

**IF CHILD'S CURRENT AGE
IS LESS THAN 12, GO TO Q 10**

ALL OTHERS, GO TO Q 9

Programmer note: For 8B - Fill answer from PED13
IF NO, B. How old was _____ when [he/she] started school?

            3 – 3 years old or younger
            4 – 4 years old
            5 – 5 years old
            6 – 6 years old
            7 – 7 years or older
            77 - Refuse to answer(do not read out)
            99 - Don't know(do not read out)

        Programmer note: For 8C - Fill answer from PED14
        C. What grade was that?

        44 - Kindergarten, Pre-School
        55 – Prep, Pre-Primary, Reception
        1 - Year 1
        2 - Year 2
        22 - Other
        77 - Refuse to answer (do not read out)
        99 - Don't know (do not read out)

**d: IF CHILD'S CURRENT AGE
IS LESS THAN 12, GO TO Q 10**

ALL OTHERS, CONTINUE

Programmer note: For Q9 - Fill answer from PED23
9. Does _____ have a job?   0   2   7   9

IF DON'T KNOW OR REFUSE TO ANSWER, GO TO H

Programmer note: For 9C - Fill answer from PED24
IF NO, C. Has _____ had a job in the last year?   0   2   7   9

        Programmer note: For 9D - Fill answer from PED25

IF YES, D. Has [he/she] had a job in the last month?   0   2   7   9

IF NO, H. Has [he/she] ever had a job?   0   2   7   9

11. Does _____ live with both of [his/her] parents?   0   2   7   9
Interviewer note: Don't read out if respondent has already said if child lives with both parents.

12. Which adults whom [he/she] has lived with, have taken care of [him/her] in the last year? *(Mark all that apply)*
INTERVIEWER NOTE: If asked, include adoptive or biological mother in "Mother", and biological or adoptive father in "Father"

Mother	0	2
Father	0	2
Grandmother	0	2
Grandfather	0	2
Adult sister	0	2
Adult brother	0	2
Step mother	0	2
Step father	0	2
Foster mother	0	2
Foster father	0	2
Aunt	0	2
Uncle	0	2
Other	0	2

(SPECIFY "OTHER"):

_____ |____ ____|

IF MORE THAN ONE ADULT IN Q 12, GO TO 12 NOTE:

12NOTE.   During this interview, the individuals you have told me take care of ___ will be referred to as ___'s caretakers.

A. Which of these adults does [he/she] feel closest to? (Allow multiple response)

Mother	01
Father	02
Grandmother	03
Grandfather	04
Adult sister	05
Adult brother	06
Step mother	07
Step father	08
Foster mother	09
Foster father	10
Aunt	11
Uncle	12
Other	13
Don't know..	99

IF 12 A CODED MORE THAN ONE ANSWER OR 99, ASK:

> B. Which of these people took care of
> [him/her] the most in the last twelve
> months?
>
> **e: THIS IS CHILD'S "ATTACHMENT FIGURE"**
> **NOTE: IF RESPONDENT GIVES MORE THAN ONE**
> **PERSON, ENTER LOWEST CODE FROM ABOVE.**

INTRO 4

During the next part of the interview, you can answer most questions by saying "yes" or
"no." If you're not sure about an answer, take some time to think about it. Only say "don't
know" if you really have no idea at all. If I ask you a question you don't understand, just
tell me.

I ask everyone the same kinds of questions. Just because I ask whether your child has
done something, that doesn't mean I think [he/she] has.

Please answer each question the best you can. The best answer is a true answer, but remember, I'm mainly
going to ask you to answer with "yes" or "no".

Social Phobia

I'm going to start by asking you some questions about how [he/she] feels when [he/she] is with other people.

SoPh1. Does [he/she] have any friends?

      0. No   2. Yes

IF NO,

SoPh1A. Has [he/she] had any friends in the last year?

      0. No   2. Yes

SoPh2. Does [he/she] have relatives [his/her] own age who [he/she] likes being with?

      0. No   2. Yes

SoPh3. In the last year - that is, since [Name event] - has [he/she] often seemed very nervous or uncomfortable when [he/she] was with people [he/she] didn't know well?

      0. No   2. Yes

IF YES,

SoPh3A. Has [he/she] seemed nervous or uncomfortable like this even with people [his/her] own age?

      0. No   * 2. Yes

SoPh4. In the last year, has _____ often seemed very nervous or uncomfortable when [he/she] has been with a group of [children / people [his/her] age] , say like (in the lunchroom at school or) at a party?

      0. No   * 2. Yes

SoPh5.   In the last year, has [he/she] often seemed very nervous when [he/she] had to do things in front of other people?

        0. No   * 2. Yes

IF A * RESPONSE WAS CODED IN Q 3 - 5, CONTINUE

ALL OTHERS, GO TO NEXT MODULE

You said that in the last year _____ seemed nervous or uncomfortable when [he/she] [was with people [he/she] didn't know well/was with a group of people/had to do things in front of other people].

Now I'd like to ask some more questions about being nervous like that around other people.

SoPh6.   Did [he/she] say [he/she] was nervous around other people because [he/she] felt [he/she] might embarrass [himself/herself] or make a fool of [himself/herself] in front of them?

        0. No   † 2. Yes

SoPh7.   In the last year - that is, since [Name event] - did [he/she] say [he/she] was afraid that other people would notice that [he/she] was nervous when [he/she] was with them?

        0. No   † 2. Yes

IF A † RESPONSE WAS CODED IN Q 6 OR Q 7, CONTINUE

ALL OTHERS, GO TO NEXT MODULE

SoPh8.   Was there a time in the last year when [he/she] seemed very nervous or uncomfortable almost every time [he/she] [was with people [he/she] didn't know well/was with a group of people/had to do things in front of other people]?

        0. No   * 2. Yes

SoPh9.   In the last year, was there a time when [he/she] tried to get out of doing things with other people that would make [him/her] nervous?

        0. No   * 2. Yes

SoPh10. When _____ was nervous around other people, did [he/she] often keep quiet and not say anything?

        0. No   * 2. Yes

SoPh11. Did [he/she] usually try to leave or get away as soon as [he/she] could?

        0. No   * 2. Yes

SoPh12. Did [he/she] seem uncomfortable or nervous most of the time when [he/she] [was with people [he/she] didn't know well/was with a group of people/had to do things in front of other people]?

        0. No   * 2. Yes

SoPh13. Do you think that [he/she] seemed much more nervous around other people than [he/she] should have been?

        0. No   * 2. Yes

c: **IF 2 OR MORE * RESPONSES WERE CODED IN Q 8-13, CONTINUE**

      ALL OTHERS, GO TO NEXT MODULE

SoPh14. Now what about the last four weeks? Since [Name event], has _____ almost always seemed nervous or uncomfortable when [he/she] [was with people [he/she] didn't know well/was with a group of people/had to do things in front of other people]?

        0. No   2. Yes

SoPh15. In the last year - (that is, since [NAME CURRENT MONTH] of last year) - did [he/she] become nervous or afraid right away when [he/she] had to [be with people [he/she] didn't know well/be with a group of people/do things in front of other people]?

        0. No   2. Yes

IF YES,

SoPh15A.   When [he/she] was nervous around other people, did [he/she] seem shaky?

        0. No   2. Yes

SoPh15B.   ….say that [he/she] felt dizzy?

        0. No   2. Yes

SoPh15C.   seem to have difficulty breathing?

        0. No   2. Yes

SoPh15D.   did [he/she] say that [his/her] heart beat too fast?

        0. No   2. Yes

SoPh15E.   ….cry or lose [his/her] temper?

        0. No   2. Yes

SoPh15F.   say that [he/she] felt [he/she] couldn't move around?

        0. No   2. Yes

SoPh15G.   ….hide or leave the room?

        0. No   2. Yes

SoPh15H.   blush?

        0. No   2. Yes

SoPh15I.   start shaking with fear?

        0. No   2. Yes

SoPh15J.Now what about the last four weeks? Since [Name event], did [he/she] become nervous or afraid right away when [he/she] [was with people [he/she] didn't know well/was with a group of people/had to do things in front of other people]?

        0. No   2. Yes

SoPh16. Did having these times of feeling nervous around other people go on for six months or longer?

        0. No   2. Yes

SoPh17. You said that in the last year [he/she] felt nervous or uncomfortable when [he/she] [was with people [he/she] didn't know well/was with a group of people/had to do things in front of other people]. How old was [he/she] the first time [he/she] ever felt like that?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
66.	Whole life always

IF AGE NOT KNOWN, ASK:

SoPh17_1. What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

d: **IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO Q 18**

IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO Q 17A

ALL OTHERS, GO TO Q 17B

SoPh17A.   Was that more than a year ago, that is, before [NAME CURRENT MONTH] of last year?

      0. No   2. Yes

IF NO, GO TO Q 18

SoPh17B.   Since that first time, was there ever a time when [he/she] was not nervous around other people?

      0. No   2. Yes

IF NO, GO TO Q 18

SoPh17C.   Did that time when [he/she] wasn't nervous around other people last for two months or more?

      0. No   2. Yes

IF NO, GO TO Q 18

SoPh17D.   You said that [he/she] was nervous or uncomfortable when [he/she] [was with people [he/she] didn't know well/was with a group of people/had to do things in front of other people]. How old was [he/she] when these feelings began this time?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
33.	Never started again

IF AGE NOT KNOWN, ASK:

SoPh17D_1.   What grade was [he/she] in?

  1.   Year 1
  2.   Year 2
  3.   Year 3
  4.   Year 4
  5.   Year 5
  6.   Year 6
  7.   Year 7
  8.   Year 8
  9.   Year 9
  10.   Year 10
  11.   Year 11
  12.   Year 12
  44.   Pre Kindergarten
  55.   Kindergarten

e: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO Q 17E

ALL OTHERS, GO TO NEXT MODULE

SoPh17E.   Did [he/she] start feeling nervous around other people again more than a year ago - that is, before [NAME CURRENT MONTH] of last year?

  0. No   2. Yes

Separation anxiety disorder

FOR THIS NEXT SECTION, USE NAMES OR RELATIONSHIPS OF APPROPRIATE PERSONS (determined before DISC symptom questions) WHENEVER "you/[ATTACHMENT FIGURE]" APPEARS

Some [children/young people] get very upset or nervous when they are not with their parents or with the grownups who usually look after them. I am going to ask you some questions about that.

SAD1. In the last year - that is, since [Name event] - was there a time when _____ often wanted to stay at home and not go (to [school/work] or other) places without [ATTACHMENT FIGURE]?

        0. No   2. Yes

IF YES,

SAD1A. Were there several weeks in a row when [he/she] seemed nervous or afraid about being away from [ATTACHMENT FIGURE] or away from home?

        0. No   [2.] Yes

SAD1B. Now what about the last four weeks? Since [Name event] has [he/she] wanted to stay home because [he/she] was worried about going (to [school/work] or other) places without [ATTACHMENT FIGURE]?

        0. No   2. Yes

a: IF CHILD DID NOT ATTEND SCHOOL OR WORK IN LAST YEAR, CODE "8" IN Q 2, THEN GO TO Q 3

SAD2. In the last year (that is, since [NAME CURRENT MONTH] of last year) was there a time when [he/she] said that [he/she] had headaches or stomach aches or felt sick before going to [school/work]?

        0. No   2. Yes

IF YES,

SAD2A. Were there several weeks in a row when [he/she] often said that [he/she] felt sick before going to [school/work]?

        0. No   * 2. Yes

b: IF CHILD DID NOT ATTEND SCHOOL IN LAST 4 WEEKS, CODE "8" IN B, THEN GO TO Q 3

SAD2B. Now, what about the last four weeks? Since [Name event], has [he/she] often said that [he/she] had headaches or stomach aches or felt sick before going to [school/work]?

        0. No   2. Yes

SAD3. In the last year, (that is, since [NAME CURRENT MONTH] of last year) was there a time when, if [he/she] couldn't be with [ATTACHMENT FIGURE], [he/she] would often complain of headaches or stomach aches or wanting to throw up?

        0. No   2. Yes

IF YES,

SAD3A. Were there several weeks in a row when [he/she] complained of feeling sick when [he/she] couldn't be with [you/[ATTACHMENT FIGURE]]?

        0. No   * 2. Yes

SAD3B. Now what about the last four weeks? Since [Name event], has [he/she] often complained of headaches or stomach aches or feeling sick when [he/she] couldn't be with [you/[ATTACHMENT FIGURE]]?

        0. No   2. Yes

NOTE 1: WAS A * RESPONSE CODED IN Q 2 OR 3?

        0. No   [2.] Yes

SAD4. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has there been a time when _____ had a lot of bad dreams or nightmares?

        0. No   2. Yes

IF YES,

SAD4A. Were many of these nightmares about [him/her] or someone in [his/her] family getting sick or dying ... or getting lost ... or about [him/her] being stopped from being with people in [his/her] family?

        0. No   2. Yes

IF YES,

SAD4B. Did [he/she] have nightmares like this more than once?

        0. No   [2.] Yes

SAD4C. Now what about the last four weeks? Since [Name event], has [he/she] had a lot of bad dreams or nightmares?

        0. No   2. Yes

SAD5.   In the last year, (that is, since [NAME CURRENT MONTH] of last year) was there a time when [he/she] often wanted to have [ATTACHMENT FIGURE] near [him/her] before [he/she] could fall asleep?

   0. No   2. Yes

IF YES,

SAD5A.   Were there several weeks in a row when [he/she] often wanted [ATTACHMENT FIGURE] near [him/her] before [he/she] could fall asleep?

   0. No   * 2. Yes

SAD5B.   Now, what about the last four weeks? Since [Name event], has [he/she] often wanted to have [ATTACHMENT FIGURE] near [him/her] before [he/she] could fall asleep?

   0. No   2. Yes

SAD6.   In the last year - that is, since [NAME CURRENT MONTH] of last year - has [he/she] been invited to spend the night away from home or away from [his/her] family?

        0. No   2. Yes

IF YES,

SAD6A. Did [he/she] seem very worried about spending the night away from home?

        0. No   1. Sometimes/Somewhat   2. Yes

IF YES,

SAD6B. Did [he/she] seem to worry about spending the night away from home more than most other [children / people [his/her] age]?

        0. No   2. Yes

SAD6C. Did [he/she] go?

        0. No   2. Yes

IF YES,

SAD6D. While [he/she] was away for the night, did [he/she] get very upset or ask to go home?

        0. No   † 1. Sometimes/Somewhat † 2. Yes

IF NO,

SAD6E. Did [he/she] not go because [he/she] was so worried about being away from home?

        0. No   † 1. Sometimes/Somewhat † 2. Yes

    c: **IF A † RESPONSE TO D OR E, CONTINUE
              ALL OTHERS GO TO NOTE 2**

SAD6F. Did [he/she] seem worried about sleeping away from home more than once in the last year?

        0. No   * 2. Yes

SAD6G. Now what about the last four weeks? Since [Name event], has [he/she] seemed worried about sleeping away from home?

        0. No   2. Yes

NOTE 2: WAS A * RESPONSE CODED IN Q 5 OR 6?

        0. No   [2.] Yes

SAD7.	In the last year, (that is, since [NAME CURRENT MONTH] of last year) was there a time when _____ often seemed worried that something bad might happen to [ATTACHMENT FIGURE] ... like being in an accident ... or getting sick ... or getting mugged?

> 0. No   2. Yes

IF YES,

SAD7A.	Has [he/she] worried about things like that more than other [children / people [his/her] age]?

> 0. No   * 2. Yes

SAD7B.	Were there several weeks in a row when [he/she] seemed worried about [ATTACHMENT FIGURE]?

> 0. No   2. Yes

SAD7C.	Now what about the last four weeks? Since [Name event], has [he/she] often seemed worried about something bad happening to [ATTACHMENT FIGURE]?

> 0. No   2. Yes

SAD8.	In the last year, (that is, since [NAME CURRENT MONTH] of last year) was there a time when [he/she] often seemed worried that [ATTACHMENT FIGURE] might go away and never come back?

> 0. No   2. Yes

IF YES,

SAD8A.	Were there several weeks in a row when [he/she] seemed worried about [you/[ATTACHMENT FIGURE]] going away?

> 0. No   * 2. Yes

SAD8B.	Now what about the last four weeks? Since [Name event], has [he/she] often seemed worried that [ATTACHMENT FIGURE] might go away and never come back?

> 0. No   2. Yes

NOTE 3: WAS A * RESPONSE CODED IN Q7 OR 8?

> 0. No   [2.] Yes

SAD9. In the last year, (that is, since [NAME CURRENT MONTH] of last year) was there a time when [he/she] seemed worried that something might happen that would leave [him/her] without [his/her] family; like getting lost ... or being kidnapped?

       0. No   2. Yes

IF YES,

SAD9A. Were there several weeks in a row when [he/she] often seemed worried that something might happen to [him/her] like that?

       0. No   [2.] Yes

SAD9B. Now what about the last four weeks? Since [Name event] has [he/she] seemed worried that something might happen to [him/her] that would leave [him/her] without [his/her] family?

       0. No   2. Yes

SAD10. In the last year, (that is, since [NAME CURRENT MONTH] of last year) was there a time when _____ often seemed very nervous or upset when [he/she] couldn't be with [you/[his/her] ATTACHMENT FIGURE]]?

       0. No   2. Yes

IF YES,

SAD10A. Were there several weeks in a row when [he/she] often seemed nervous or upset when [he/she] couldn't be with [you/[his/her] ATTACHMENT FIGURE]]?

       0. No   [2.] Yes

SAD10B. Now what about the last four weeks? Since [Name event], has [he/she] often seemed very nervous or upset when [he/she] couldn't be with [you/[his/her] ATTACHMENT FIGURE]]?

       0. No   2. Yes

SAD11. In the last year - that is, since [NAME CURRENT MONTH] of last year- [have you/has [ATTACHMENT FIGURE]] gone out some place without [him/her]?

        0. No   2. Yes

IF YES,

SAD11A.   When that happened, would [he/she] often get very upset or beg [ATTACHMENT FIGURE] not to leave?

        0. No   2. Yes

IF YES,

SAD11B.   Were there several weeks in a row when [he/she] often got upset about [ATTACHMENT FIGURE] going out?

        0. No   * 2. Yes

SAD11C.   Now what about the last four weeks? Since [Name event], has [he/she] gotten upset like this?

        0. No   2. Yes

IF NO,

SAD11D.   Did [ATTACHMENT FIGURE] not go places without [him/her] because it made [him/her] very upset?

        0. No   2. Yes

IF YES,

SAD11E.   Did this happen more than once?

        0. No   * 2. Yes

SAD11F.   Now what about the last four weeks? Since [Name event], [have you/has [ATTACHMENT FIGURE]] not gone places without [him/her] because it made [him/her] very upset?

        0. No   2. Yes

SAD12. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has [he/she] been away from home without [ATTACHMENT FIGURE] for several days in a row ... like staying with friends or relatives or going to camp?

        0. No   2. Yes

IF YES,

SAD12A.   When [he/she] was away, did [he/she] get very upset or very homesick because [he/she] missed [ATTACHMENT FIGURE]?

        0. No   * 2. Yes

IF YES,

SAD12B.   Was that worse for [him/her] than for most other [children / people [his/her] age]?

        0. No   2. Yes

SAD12C.   Now what about the last four weeks? [Name event], has [he/she] gotten homesick?

        0. No   2. Yes

NOTE 4: WAS A * CODED IN Q 11 OR 12?

        0. No   [2.] Yes

d: **IF 2 OR MORE [ ] RESPONSES WERE CODED IN Q 1- 12 AND NOTES 1- 4, CONTINUE**

       ALL OTHERS, GO TO NEXT MODULE

SAD13. You said that in the last year, _____ [NAME [ ] SYMPTOMS IN Q 1 - 12 AND NOTES 1 - 4]. Did many of these things happen around the same time, say, within the same month?

        0. No   2. Yes

IF 4 OR MORE[ ] RESPONSES CODED IN Q 1-12 AND NOTES 1-4, SAY,"worried when [he/she] couldn't be with [his/her] [ATTACHMENT FIGURE] or because [he/she] had to be away from home" OR FIRST CLAUSE (e.g., "were worried…") IN Q 14-21

ALL OTHERS, SAY "NAME [ ] SYMPTOMS IN Q 1-12 AND NOTES 1-4" OR SECOND CLAUSE (e.g. "did these things...") IN Q 14 -21

You said that in the last year [he/she] [worried when [he/she] couldn't be with [his/her] [ATTACHMENT FIGURE] or because[he/she] had to be away from home/NAME SYMPTOMS in Q 1 - 12 AND NOTES 1 - 4]].

SAD14. How old was [he/she] the first time [he/she] ever felt like this?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
66.	Whole life always

If age not known, ask

SAD14_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

f: **IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO Q 15**

        IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO Q 14A

        ALL OTHERS, GO TO Q 14B

SAD14A.   Was that more than a year ago - that is, before [NAME CURRENT MONTH] of last year?

        0. No   2. Yes

    IF NO, GO TO Q 15

SAD14B.   Since that first time, was there ever a time when [he/she] [was not worried about this/did not do these things]?

        0. No   2. Yes

    IF NO, GO TO Q 15

SAD14C.   Did that time when [he/she] [wasn't worried about this/didn't do these things] last for two months or more?

        0. No   2. Yes

    IF NO, GO TO Q 15

SAD14D.   You said that [he/she] was worried when [he/she] couldn't be with [ATTACHMENT FIGURE] or because [he/she] had to be[away from home/[NAME [ ] SYMPTOMS IN Q 1 - 12 AND NOTES 1 - 4]] in the last year. How old was [he/she] when these feelings began this time?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old
        4.   4 years old
        5.   5
        6.   6
        7.   7
        8.   8
        9.   9
        10.   10
        11.   11
        12.   12
        13.   13
        14.   14
        15.   15
        16.   16
        17.   17
        33.   Never started again

SAD14D_1.   What grade was [he/she] in?

        1.   Year 1
        2.   Year 2
        3.   Year 3
        4.   Year 4
        5.   Year 5
        6.   Year 6
        7.   Year 7
        8.   Year 8
        9.   Year 9
        10.   Year 10
        11.   Year 11
        12.   Year 12
        44.   Pre Kindergarten
        55.   Kindergarten

g: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO Q 14E

ALL OTHERS, GO TO NEXT MODULE

SAD14E.   Did [he/she] start feeling worried again more than a year ago - that is, before [Name event]?

    0. No   2. Yes

Generalised Anxiety Disorder

Now I want to ask you about some other things that _____ might worry about.

IF CHILD DID NOT ATTEND SCHOOL IN LAST 4 WEEKS, CODE "8" IN Q 1, THEN GO TO Q 2

GAD1. In the last year - that is, since [Name event] - did [he/she] often seem very worried before [he/she] [took a test or handed in an important assignment/ had to get something ready for a deadline]?

      0. No   2. Yes

IF YES

GAD1A. In the last year, was there a time when [he/she] seemed worried even when [he/she] didn't need to, say in [a subject/about something at work] where [he/she] was well prepared and always did well?

      0. No   * 2. Yes

GAD1B. Did it seem like it was very hard for [him/her] to stop [himself/herself] from worrying before [tests or assignments/deadlines]?

      0. No   * 2. Yes

b: IF A * RESPONSE WAS CODED IN A OR B, CONTINUE

ALL OTHERS, GO TO Q 2

GAD1C. When [he/she] seemed worried like that, did [he/she] keep asking you or other people if [he/she] would do okay?

      0. No   2. Yes

c: IF CHILD DID NOT ATTEND SCHOOL IN LAST 4 WEEKS, CODE "8" IN D, THEN GO TO Q 2

GAD1D. Now, what about the last four weeks? Since [Name event], has [he/she] often seemed very worried before [he/she] [took a test or handed in an important assignment/ had to get something ready for a deadline]?

      0. No   2. Yes

GAD2. In the last year, (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often seem very worried before going to play a sport or game or do some other activity?

        0. No   2. Yes

IF YES

GAD2A. In the last year, was there a time when [he/she] would seem worried like that even when [he/she] was going to do something [he/she] was pretty good at?

        0. No   * 2. Yes

GAD2B. Did it seem like it was very hard for [him/her] to stop [himself/herself] from worrying before [he/she] played in a game or did some other special activity like that?

        0. No   * 2. Yes

d: IF A * RESPONSE WAS CODED IN A OR B, CONTINUE

ALL OTHERS, GO TO Q 3

GAD2C. When [he/she] seemed worried like that, did [he/she] keep asking you or other people if [he/she] would do okay?

        0. No   2. Yes

GAD2D. Now what about the last four weeks? Since [Name event], has [he/she] seemed very worried before [he/she] was going to play in a game or before [he/she] was going to do some other special activity?

        0. No   2. Yes

GAD3. In the last year, (that is, since [NAME CURRENT MONTH] of last year) did [he/she] often seem to worry a lot when [he/she] made small mistakes doing [[his/her] homework or on other] projects or activities?

> 0. No   2. Yes

IF YES

GAD3A. In the last year, was there a time when [he/she] seemed to worry about these things even when [he/she] didn't need to, say when no one would even notice the mistake [or it wouldn't count against [him/her] in [his/her] grade]?

> 0. No   * 2. Yes

GAD3B. Did it seem like it was very hard for [him/her] to stop [himself/herself] from worrying about these things?

> 0. No   * 2. Yes

e: IF A * RESPONSE WAS CODED IN A OR B, CONTINUE

ALL OTHERS, GO TO Q 4

GAD3C. When [he/she] seemed worried like that, did [he/she] keep asking you or other people if [he/she] would do okay?

> 0. No   2. Yes

GAD3D. Now what about the last four weeks? Since [Name event], has [he/she] seemed to worry a lot when [he/she] made small mistakes?

> 0. No   2. Yes

GAD4. In the last year - that is, since [NAME CURRENT MONTH] of last year - did _____ often seem worried about being on time?

        0. No   2. Yes

IF YES

GAD4A. In the last year, was there a time when [he/she] seemed worried even when [he/she] didn't need to, because [he/she] had plenty of time to get where [he/she] was going?

        0. No   * 2. Yes

GAD4B. Did it seem like it was very hard for [him/her] to stop [himself/herself] from worrying about being on time?

        0. No   * 2. Yes

f: IF A * RESPONSE WAS CODED IN A OR B, CONTINUE

ALL OTHERS, GO TO Q5

GAD4C. When [he/she] was worried like that, did [he/she] keep asking you or other people if [he/she] would be on time?

        0. No   2. Yes

GAD4D. Now what about the last four weeks? Since [Name event], has [he/she] often seemed worried about being on time?

        0. No   2. Yes

GAD5. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has [he/she] often seemed very worried that [he/she] might have some sickness or illness?

> 0. No   2. Yes

IF YES

GAD5A. In the last year, was there a time when [he/she] seemed to worry a lot more than other [children / people [his/her] age] that [he/she] might have a sickness?

> 0. No   * 2. Yes

GAD5B. Did it seem like it was very hard for [him/her] to stop [himself/herself] from worrying about having some sickness or illness?

> 0. No   * 2. Yes

g: IF A * RESPONSE WAS CODED IN A OR B, CONTINUE

ALL OTHERS, GO TO INSTRUCTION BOX "h"

GAD5C. When [he/she] was worried like that, did [he/she] keep asking you or other people if [he/she] was okay?

> 0. No   2. Yes

GAD5D. Now what about the last four weeks? Since [Name event], has [he/she] seemed worried a lot about having some serious sickness or illness?

> 0. No   2. Yes

h: IF 1 OR MORE * RESPONSES WERE CODED IN Q 1- 5, CONTINUE

ALL OTHERS, GO TO Q 23

GAD6. You said that _____ worried about [NAME '*' SYMPTOMS IN Q 1 - 5]. Thinking about the whole last year, was there a time when [he/she] seemed worried about one thing or another at least four days a week?

> 0. No   2. Yes

IF NO, GO TO Q 23

GAD6A. Did [he/she] seem worried like this for as long as six months?

> 0. No   2. Yes

GAD7. Now I'm going to ask you about other things [he/she] may have felt when [he/she] worried in the last year - that is, since [NAME CURRENT MONTH] of last year. Did [he/she] say that [his/her] muscles felt tight or tense when [he/she] was worried?

        0. No   2. Yes

IF YES

GAD7A. Did [he/she] say [he/she] felt like this on most days for as long as six months?

        0. No   * 2. Yes

    IF YES

    GAD7B. Now what about the last four weeks? Since [Name event], did [he/she] say [his/her] muscles felt tight or tense when [he/she] worried?

            0. No   2. Yes

GAD8. In the last year (that is, since [NAME CURRENT MONTH] of last year) when [he/she] was worried, did [he/she] seem very restless or keyed up?

        0. No   2. Yes

IF YES

GAD8A. Did [he/she] seem like this on most days for as long as six months?

        0. No   * 2. Yes

    IF YES

    GAD8B. Now what about the last four weeks? Since [Name event], has [he/she] seemed very restless or keyed up when [he/she] was worried?

            0. No   2. Yes

GAD9. In the last year, (that is, since [NAME CURRENT MONTH] of last year) when [he/she] was worried, did [he/she] seem to get tired very easily?

       0. No   2. Yes

IF YES

GAD9A. Did [he/she] seem like this on most days for as long as six months?

       0. No   * 2. Yes

       IF YES

       GAD9B. Now what about the last four weeks? Since [Name event], did [he/she] seem to get tired very easily when [he/she] was worried?

              0. No   2. Yes

GAD10. In the last year, (that is, since [NAME CURRENT MONTH] of last year) did _____ seem to have problems keeping [his/her] mind on what [he/she] was doing because [he/she] was so nervous?

       0. No   2. Yes

IF YES

GAD10A.   Did [he/she] seem to have problems keeping [his/her] mind on things on most days for as long as six months?

       0. No   † 2. Yes

       IF YES

       GAD10B.   Now what about the last four weeks? Since [Name event], has [he/she] seemed to have problems keeping [his/her] mind on what [he/she] was doing because [he/she] has been so nervous?

              0. No   2. Yes

GAD11. In the last year - that is, since [NAME CURRENT MONTH] of last year - did [he/she] say that [his/her] mind sometimes started to go blank when [he/she] was worried?

        0. No   2. Yes

IF YES

GAD11A.   Did this happen on most days for as long as six months?

        0. No   † 2. Yes

    IF YES

GAD11B.   Now what about the last four weeks? Since [Name event], did [he/she] say [his/her] mind sometimes started to go blank when [he/she] was worried?

        0. No   2. Yes

NOTE 1: WAS A † RESPONSE CODED IN Q 10 OR 11?

        0. No   * 2. Yes

GAD12. In the last year, (that is, since [NAME CURRENT MONTH] of last year) when [he/she] worried, did [he/she] seem to have trouble falling asleep or staying asleep ... or did [he/she] seem tired when [he/she] woke up in the morning?

        0. No   2. Yes

IF YES

GAD12A.   Did [he/she] seem like this on most nights for as long as six months?

        0. No   * 2. Yes

    IF YES

GAD12B.   Now what about the last four weeks? Since [Name event], did [he/she] seem to have trouble sleeping when [he/she] was worried?

        0. No   2. Yes

GAD13. In the last year, (that is, since [NAME CURRENT MONTH] of last year) when [he/she] was worried, did [he/she] seem grouchy or irritable ... bothered even by little things?

        0. No   2. Yes

IF YES

GAD13A.   Did [he/she] seem like this on most days for as long as six months?

        0. No   * 2. Yes

IF YES

GAD13B.   Now, what about the last four weeks? Since [Name event], did [he/she] seem grouchy or irritable ... when [he/she] was worried?

        0. No   2. Yes

i: IF 1 OR MORE * RESPONSES WERE CODED IN Q 7 - 13, CONTINUE

ALL OTHERS, GO TO Q 23

GAD14. You said that in the last year [he/she] worried about one thing or another at least four days a week. How old was [he/she] the first time [he/she] ever worried about a lot of different things?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old
        4.   4 years old
        5.   5
        6.   6
        7.   7
        8.   8
        9.   9
        10.   10
        11.   11
        12.   12
        13.   13
        14.   14
        15.   15
        16.   16
        17.   17
        66.   Whole life, always

GAD14_1.   What grade was [he/she] in?

          1.   Year 1
          2.   Year 2
          3.   Year 3
          4.   Year 4
          5.   Year 5
          6.   Year 6
          7.   Year 7
          8.   Year 8
          9.   Year 9
          10.   Year 10
          11.   Year 11
          12.   Year 12
          44.   Pre Kindergarten
          55.   Kindergarten

j: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO Q 23

IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO A

ALL OTHERS, GO TO B

          GAD14A.   Was that more than a year ago - that is, before [Name event]?

                    0. No   2. Yes

          IF NO, GO TO Q 23

          GAD14B.   Since that first time, was there ever a time when [he/she] did not worry about a lot
          of different things?

                    0. No   2. Yes

          IF NO, GO TO Q 23

          GAD14C.   Did that time when [he/she] wasn't worried about a lot of different things last for
          two months or more?

                    0. No   2. Yes

          IF NO, GO TO Q 23

GAD14D.   You said that [he/she] worried about one thing or another at least four days a week in the last year. How old was [he/she] when worrying about a lot of different things began this time?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
33.	Never started again

IF AGE NOT KNOWN, ASK:

GAD14D_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

k: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO E

ALL OTHERS GO TO 23

GAD14E.   Did [he/she] start worrying about a lot of different things again more than a year ago - that is, before [Name event]?

    0. No   2. Yes

GAD23. Now I'd like to ask you a few more questions about _____ 's feeling nervous or uncomfortable in the last year. Is [he/she] the kind of person who is often very tense, or who seems to find it very hard to relax?

    0. No   2. Yes

IF YES

GAD23A.   Has [he/she] been tense like this in the last year - that is, since [NAME CURRENT MONTH] of last year?

    0. No   2. Yes

    IF YES

    GAD23B.   Has [he/she] been tense like this a lot of the time for as long as six months?

        0. No   2. Yes

    GAD23C.   Now what about the last four weeks? Since [Name event], has [he/she] been very tense or did it seem hard for [him/her] to relax?

        0. No   2. Yes

GAD24. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has [he/she] often seemed worried that [he/she] has made a mistake or has done something the wrong way?

    0. No   2. Yes

IF YES

GAD24A.   Has [he/she] seemed worried like this a lot of the time for as long as six months?

    0. No   2. Yes

GAD24B.   Now what about the last four weeks? Since [Name event], has [he/she] often seemed worried that [he/she] has made a mistake or done something the wrong way?

    0. No   2. Yes

GAD25. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has [he/she] often seemed worried that [he/she] made a fool of [himself/herself] in front of other people?

        0. No   2. Yes

IF YES

GAD25A.   Has [he/she] seemed worried like this a lot of the time for as long as six months?

        0. No   2. Yes

GAD25B.   Now, what about the last four weeks? Since [Name event], has [he/she] often seemed worried that [he/she] made a fool of [himself/herself] in front of other people?

        0. No   2. Yes

GAD26. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has _____ often worried about whether other people liked [him/her]?

        0. No   2. Yes

IF YES

GAD26A.   Has [he/she] seemed worried like this a lot of the time for as long as six months?

        0. No   2. Yes

GAD26B.   Now, what about the last four weeks? Since [Name event], has [he/she] often seemed worried about whether other people liked [him/her]?

        0. No   2. Yes

GAD27. In the last year - that is, since [NAME CURRENT MONTH] of last year - has [he/she] often said [he/she] had headaches?

       0. No   2. Yes

IF YES

GAD27A.   Was that when [he/she] was sick, say with a cold or the flu ... or because of another medical problem?

       0. No   2. Yes

    IF YES

GAD27B.   Has [he/she] often said [he/she] had headaches when [he/she] wasn't sick or didn't have a medical problem?

       0. No   2. Yes

    IF NO, GO TO Q 28

GAD27C.   Were there six months where [he/she] often said [he/she] had headaches?

       0. No   2. Yes

GAD27D.   Now, what about the last four weeks? Since [Name event], has [he/she] often said [he/she] had headaches?

       0. No   2. Yes

GAD28. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has [he/she] often said [he/she] had a stomachache?

> 0. No   2. Yes

IF YES

GAD28A.   Was that when [he/she] was sick, say with a cold or the flu ... or because of another medical problem?

> 0. No   2. Yes

IF YES

GAD28B.   Has [he/she] often said [he/she] had a stomachache when [he/she] wasn't sick or didn't have a medical problem?

> 0. No   2. Yes

IF NO, GO TO Q 29

GAD28C.   Were there six months where [he/she] often said [he/she] had stomachaches?

> 0. No   2. Yes

GAD28D.   Now, what about the last four weeks? Since [Name event], has [he/she] often said [he/she] had a stomachache?

> 0. No   2. Yes

GAD29. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has _____ often said [he/she] had other aches and pains?

        0. No   2. Yes

IF YES

GAD29A.   Was that when [he/she] was sick, say with a cold or the flu ... or because of another medical problem?

        0. No   2. Yes

IF YES

GAD29B.   Has [he/she] often said [he/she] had aches and pains when [he/she] wasn't sick or didn't have a medical problem?

        0. No   2. Yes

IF NO, GO TO NEXT MODULE

GAD29C.   Were there six months where [he/she] often said [he/she] had aches and pains?

        0. No   2. Yes

GAD29D.   Now, what about the last four weeks? Since [Name event], has [he/she] often said [he/she] had other aches and pains?

        0. No   2. Yes

Obsessive Compulsive Disorder

Some young people have times when one thought or idea comes into their mind over and over again. When people have these thoughts they usually get upset, because the thoughts are strange and no matter how hard they try, the thoughts keep coming back. Now I'm going to tell you about some of the kinds of thoughts that people can have, and I will ask you whether _____ has had thoughts like these in the last year.

OCD1. In the last year - that is, since [Name event] - has [he/she] often seemed worried that things [he/she] touched were dirty or had germs?

        0. No   2. Yes

IF NO, GO TO Q 2

OCD1A. In the last year, was there a time when [he/she] seemed to worry about things being dirty or having germs almost every day?

        0. No   2. Yes

IF NO, GO TO Q 2

OCD1B. Did [he/she] seem to worry much more about things being dirty or having germs than other [children/people [his/her] age]?

        0. No   * 2. Yes

OCD1C. Did [he/she] say that [he/she] had these worries when [he/she] was at [school/work] or when they were doing things with [his/her] friends?

        0. No   * 2. Yes

OCD1D. Did having these worries about dirt or germs seem to bother or upset [him/her] a lot?

        0. No   * 2. Yes

OCD1E. Did [he/she] try to make these worries go away?

        0. No   * 2. Yes

NOTE 1: WERE 2 OR MORE * RESPONSES CODED IN B - E?

    IF YES: CONTINUE

    IF NO: GO TO Q 2

OCD1F. Now, what about the last four weeks? Since [Name event], has [he/she] often seemed worried that things around [him/her] were dirty or had germs?

        0. No   2. Yes

OCD2. Some people keep having thoughts that they will do something very bad in public even though they don't want to do anything bad. For example, they keep thinking that they'll shout out a curse word or that they'll hurt strangers they pass in the street. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has [he/she] seemed worried that [he/she] would do something like that?

> 0. No   2. Yes

IF NO, GO TO Q 3

OCD2A. Did [he/she] seem to worry about this over and over again?

> 0. No   2. Yes

IF NO, GO TO Q 3

OCD2B. In the last year, was there a time when [he/she] seemed to worry about doing something bad almost every day?

> 0. No   2. Yes

IF NO, GO TO Q 3

OCD2C. Did [he/she] say [he/she] had these thoughts (when [he/she] was at [school/work] or) when [he/she] was doing things with [his/her] friends?

> 0. No   * 2. Yes

OCD2D. Did having these worries about doing something bad seem to bother or upset [him/her] a lot?

> 0. No   * 2. Yes

OCD2E. Did [he/she] try to make these worries go away?

> 0. No   * 2. Yes

NOTE 2: WERE 2 OR MORE * RESPONSES CODED IN C-E?

> **IF YES: CONTINUE**

> **IF NO: GO TO Q 3**

OCD2F. Now, what about the last four weeks? Since [Name event], has [he/she] often seemed worried that [he/she] would do something bad in public?

> 0. No   2. Yes

OCD3. During the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] say that [he/she] had any other thoughts that kept coming back into [his/her] mind over and over again that [he/she] couldn't get rid of?

      0. No   2. Yes

IF NO, GO TO INSTRUCTION BOX "a"

OCD3A. Can you tell me what these thoughts were? (INTERVIEWER: GET FULL DESCRIPTION)

_____

OCD3B. In the last year, was there a time when [he/she] had thoughts like this that kept coming back into [his/her] mind almost every day?

      0. No   2. Yes

IF NO, GO TO INSTRUCTION BOX "a"

OCD3C. Did [he/she] say that [he/she] had these thoughts (when [he/she] was at [school/work] or) when [he/she] was doing things with [his/her] friends?

      0. No   * 2. Yes

OCD3D. Did having these worries seem to bother or upset [him/her] a lot?

      0. No   * 2. Yes

OCD3E. Did [he/she] try to make these worries go away?

      0. No   * 2. Yes

NOTE 3: WERE 2 OR MORE * RESPONSES CODED IN C - E?

      IF YES: CONTINUE

      IF NO: GO TO INSTRUCTION BOX "a"

OCD3F. Now what about the last four weeks? Since [Name event], Has [he/she] said that [he/she] often had thoughts like this that kept coming back into [his/her] mind?

      0. No   2. Yes

a: **IF ANY [ ] RESPONSES WERE CODED IN NOTES 1-3, CONTINUE
ALL OTHERS, GO TO Q 5**

OCD4. You told me that _____ [NAME [ ] SYMPTOMS IN NOTES 1 - 3]. In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] say that someone or some power had put these thoughts directly into [his/her] head?

      0. No   2. Yes

OCD5. Some people feel that they are never clean enough. They wash their hands or their body over and over again, even though everyone else thinks they are clean ... or they keep changing their clothes because they think they're dirty. In the last year - that is, since [NAME CURRENT MONTH] of last year - was there a time when _____ washed [his/her] hands or body over and over again or changed [his/her] clothes many times each day because [he/she] said they were dirty?

        0. No   2. Yes

IF NO, GO TO Q 6

OCD5A. In the last year, was there a time when [he/she] kept washing [his/her] hands or changing [his/her] clothes over and over nearly everyday?

        0. No   2. Yes

IF NO, GO TO Q 6

OCD5B. Did having to wash [himself/herself] or change [his/her] clothes so much seem to bother or upset [him/her] a lot?

        0. No   * 2. Yes

OCD5C. Did it seem like it was hard for [him/her] to stop washing [his/her] hands or changing [his/her] clothes?

        0. No   * 2. Yes

OCD5D. Did washing over and over again or changing [his/her] clothes so much make [him/her] late for things or make [him/her] miss doing something [he/she] needed to do?

        0. No   * 2. Yes

OCD5E. Did [he/she] say something bad might happen if [he/she] didn't wash a lot?

        0. No   * 2. Yes

OCD5F. Did washing [his/her] hands or body over and over or changing again and again seem to make [him/her] feel better or be less tense?

        0. No   * 2. Yes

NOTE 4: WERE 2 OR MORE * RESPONSES CODED IN B-F?

    IF YES: CONTINUE

    IF NO: GO TO Q 6

OCD5G. Now what about the last four weeks? Since [Name event], has [he/she] washed [his/her] hands or [his/her] body over and over again or change [his/her] clothes a lot more than other people?

        0. No   2. Yes

OCD6. In the last year, (that is, since [NAME CURRENT MONTH] of last year), has [he/she] checked on things over and over again? For example, checking that the front door is locked ... or the stove is turned off ... or that something else was done even though it had already been done?

     0. No   2. Yes

IF NO, GO TO Q 7

OCD6A. Did [he/she] go and check to make sure more than once?

     0. No   2. Yes

    IF NO, GO TO Q 7

OCD6B. In the last year, was there a time when [he/she] kept checking on things almost every day?

     0. No   2. Yes

    IF NO, GO TO Q 7

OCD6C. Do you think [he/she] checked on things much more than other [children/people [his/her] age]?

     0. No   2. Yes

OCD6D. Did checking on things this way seem to bother or upset [him/her] a lot?

     0. No   * 2. Yes

OCD6E. Did it seem like it was hard for [him/her] to stop checking on things when [he/she] wanted to?

     0. No   * 2. Yes

OCD6F. Did having to check on things over and over make [him/her] late for things or make [him/her] miss doing something [he/she] needed to do?

     0. No   * 2. Yes

OCD6G. Did [he/she] say something bad might happen if [he/she] didn't check on things over and over?

     0. No   * 2. Yes

OCD6H.   Did checking on things seem to make [him/her] feel better or be less tense?

     0. No   * 2. Yes

NOTE 5: WERE 2 OR MORE * RESPONSES CODED IN D-H?
    IF YES: CONTINUE
    IF NO: GO TO Q 7

OCD6I. Now, what about the last four weeks? Since [Name event], has [he/she] often checked on things like this?

     0. No   2. Yes

OCD7. Some people are really bothered by having to count things over and over again or do things a certain number of times. In the last year, (that is, since [NAME CURRENT MONTH] of last year) has [he/she] counted certain things over and over again or made [himself/herself] do things a certain number of times?

>0. No   2. Yes

IF NO, GO TO Q 8

OCD7A. In the last year, was there a time when [he/she] counted things over and over or did things a certain number of times nearly every day?

>0. No   2. Yes

>**IF NO, GO TO Q 8**

OCD7B. Did having to count like this or do things a certain number of times seem to bother or upset [him/her] a lot?

>0. No   * 2. Yes

OCD7C. Did it seem like it was hard for [him/her] to stop counting or doing things a certain number of times when [he/she] wanted to?

>0. No   * 2. Yes

OCD7D. Did having to count things or do things a certain number of times make [him/her] late for things or make [him/her] miss doing something [he/she] needed to do?

>0. No   * 2. Yes

OCD7E. Did [he/she] say something bad might happen if [he/she] didn't count like that?

>0. No   * 2. Yes

OCD7F. Did counting like that or doing things a certain number of times seem to make [him/her] feel better or be less tense?

>0. No   * 2. Yes

>**NOTE 6: WERE 2 OR MORE * RESPONSES CODED IN B-F?**

>>**IF YES: CONTINUE**

>>**IF NO: GO TO Q 8**

OCD7G. Now, what about the last four weeks? Since [Name event], has [he/she] often counted things or done things a certain number of times?

>0. No   2. Yes

OCD8. During the last year (that is, since [NAME CURRENT MONTH] of last year) were there any other things that _____ did over and over again, and that it seemed like [he/she] couldn't stop doing - things like praying over and over ... or touching things a certain number of times or a certain way over and over again until [he/she] felt okay?

     0. No   2. Yes

IF NO, GO TO INSTRUCTION BOX "ƅ"

OCD8A. Can you tell me what things like this [he/she] did?

     _____

OCD8B. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] did things like this over and over nearly every day?

     0. No   2. Yes

IF NO, GO TO INSTRUCTION BOX "ƅ"

OCD8C. Did having to do these things seem to bother or upset [him/her] a lot?

     0. No   * 2. Yes

OCD8D. Did it seem like it was hard for [him/her] to stop doing these things when [he/she] wanted to?

     0. No   * 2. Yes

OCD8E. Did having to do these things over and over make [him/her] late for things or make [him/her] miss doing something [he/she] needed to do?

     0. No   * 2. Yes

OCD8F. Did [he/she] say something bad might happen if [he/she] didn't do things like this over and over?

     0. No   * 2. Yes

OCD8G. Did doing these things seem to make [him/her] feel better or be less tense?

     0. No   * 2. Yes

NOTE 7: WERE 2 OR MORE * RESPONSES CODED IN C-G?

     IF YES: CONTINUE

     IF NO: GO TO INSTRUCTION BOX "ƅ"

OCD8H.   Now, what about the last four weeks Since [Name event], has [he/she] often done things like this?

     0. No   2. Yes

b: IF 1 OR MORE YES RESPONSE WAS CODED IN NOTES 1-7, CONTINUE

ALL OTHERS, GO TO NEXT MODULE

OCD9.   You said that _____ [NAME [ ] SYMPTOMS IN NOTES 1 - 7]. If you added up all the times in a day [he/she] spent [having these thoughts/doing these things] , would it add up to more than an hour?

        0. No   2. Yes

OCD10. Did [he/she] [have these thoughts/do these things] on most days for as long as two weeks?

        0. No   2. Yes

OCD11. You said that in the last year [he/she] [NAME [ ] SYMPTOMS IN NOTES 1 - 7]. How old was [he/she] the first time [he/she] was like that?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
66.	Whole life, always

IF AGE NOT KNOWN, ASK:

OCD111. What grade was [he/she] in?

       1.   Year 1
       2.   Year 2
       3.   Year 3
       4.   Year 4
       5.   Year 5
       6.   Year 6
       7.   Year 7
       8.   Year 8
       9.   Year 9
       10.   Year 10
       11.   Year 11
       12.   Year 12
       44.   Pre Kindergarten
       55.   Kindergarten

OCD11A. Was that more than a year ago - that is, before [Name event]?

       0. No   2. Yes

IF NO, GO TO Q 12

OCD11B. Since that first time, was there ever a time when [he/she] did not [have thoughts that kept coming into [his/her] mind/keep doing things over and over again]?

       0. No   2. Yes

IF NO, GO TO Q 12

OCD11C. Did that time when [he/she] didn't [have thoughts that kept coming into [his/her] mind/keep doing things over and over again] last for two months or more?

       0. No   2. Yes

IF NO, GO TO Q 12

OCD11D. You said that [he/she] [NAME [ ] SYMPTOMS IN NOTES 1 - 7] in the last year. How old was [he/she] when this began this time?

       0.   0
       1.   1 year old
       2.   2 years old
       3.   3 years old
       4.   4 years old
       5.   5
       6.   6
       7.   7
       8.   8
       9.   9
       10.   10

11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
33.	Never started again

IF AGE NOT KNOWN, ASK:

OCD11D1.　　What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

OCD11E.　　Did [he/she] start [having thoughts that kept coming into [his/her] mind/doing things over and over] again more than a year ago - that is, before [NAME CURRENT MONTH] of last year?

0. No　　2. Yes

OCD12. Did [NAME [ ] SYMPTOMS IN NOTES 1 - 7] start suddenly?

0. No　　2. Yes

IF YES

OCD12A.　　Was [he/she] sick with a fever or a sore throat around the time that these things started?

0. No　　2. Yes

Major Depressive Disorder

I'm now going to ask you some questions about _____ 's feeling sad and unhappy.

MDD1. In the last year -that is, since [Name event] - was there a time when _____ often seemed sad or depressed?

>0. No   2. Yes

IF YES

MDD1A.   Was there a time in the last year when [he/she] seemed sad or depressed for a long time each day?

>0. No   2. Yes

IF NO, GO TO Q 2

MDD1B.   Would you say that [he/she] seemed that way for most of the day?

>0. No   2. Yes

MDD1C.   Was there a time when [he/she] seemed sad or depressed almost every day?

>0. No   2. Yes

IF NO, GO TO Q 2

MDD1D.   In the last year, were there two weeks in a row when [he/she] seemed sad or depressed almost every day?

>0. No   * 2. Yes

IF NO, GO TO Q 2

MDD1E.   When [he/she] was sad or depressed, did [he/she] seem to feel better if something good happened or was about to happen to [him/her]?

>0. No   2. Yes

MDD1F. Now, what about the last four weeks? Since [Name event], has [he/she] seemed sad or depressed?

>0. No   2. Yes

MDD2. In the last year - that is, since [Name event] - was there a time when it seemed like nothing was fun for [him/her] and [he/she] just wasn't interested in anything?

        0. No   2. Yes

IF YES

MDD2A.   Was there a time when it seemed nothing was fun for [him/her] almost every day?

        0. No   2. Yes

    IF NO, GO TO Q 3

MDD2B.   In the last year, were there two weeks in a row when [he/she] seemed like this almost every day?

        0. No   <[2.]> Yes

    IF NO, GO TO Q 3

MDD2C.   Now, what about the last four weeks? Since [Name event], has there been a time when it seemed like nothing was fun for [him/her]?

        0. No   2. Yes

MDD3. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] often was grouchy or irritable and often in a bad mood, when even little things would make [him/her] mad?

0. No   2. Yes

IF YES

MDD3A.   Was there a time in the last year when [he/she] was grouchy or irritable for a long time each day?

0. No   2. Yes

IF NO, GO TO NOTE 1

MDD3B.   Would you say that [he/she] was that way for most of the day?

0. No   2. Yes

MDD3C.   Was there a time when [he/she] was grouchy or irritable almost every day?

0. No   2. Yes

IF NO, GO TO NOTE 1

MDD3D.   In the last year, were there two weeks in a row when [he/she] was grouchy or irritable almost every day?

0. No   * 2. Yes

IF NO, GO TO NOTE 1

IF YES

MDD3E.   Now, what about the last four weeks? Since [Name event], has [he/she] often been grouchy or irritable and in a bad mood?

0. No   2. Yes

NOTE 1:   WERE ANY * OR [ ] RESPONSES CODED IN Q1-3?

IF YES: CONTINUE. USE FIRST * OR [ ] RESPONSE CODED IN Q1 - 3 AS 'KEYWORD' IN [ ] WHEN ASKING SUBSEQUENT QUESTIONS.

IF NO, GO TO Q 60

0. No   2. Yes

NOTE 2: WAS THERE A * RESPONSE CODED IN Q 1 OR 3?

0. No   <[2.]> Yes

MDD4. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] lost weight?

        0. No   2. Yes

IF NO, GO TO Q 5

MDD4A.   Was [he/she] on a diet or trying to lose weight?

        0. No   2. Yes

      IF YES

MDD4B.   In the last year, did [he/she] ever lose weight when [he/she] wasn't trying?

        0. No   2. Yes

      IF NO, GO TO Q 5

MDD4D.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] lose weight during that time?

        0. No   * 2. # Yes

MDD4E.   Now, what about the last four weeks? Since [Name event], has [he/she] lost weight?

        0. No   2. Yes

MDD5. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when _____
seemed to lose [his/her] appetite or ate a lot less than usual?

        0. No   2. Yes

IF NO, GO TO Q 6

    MDD5A.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] lose [his/her] appetite or eat a lot less during that time?

        0. No   * 2. Yes

    IF YES

        MDD5B.   Did [he/she] seem to lose [his/her] appetite or eat less nearly every day for two weeks or longer?

        0. No   2. # Yes

    MDD5C.   Now, what about the last four weeks? Since [Name event], has [he/she] lost [his/her] appetite or eaten a lot less than usual?

        0. No   2. Yes

MDD6. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] gained a lot of weight?

        0. No   2. Yes

IF NO, GO TO Q 7

    MDD6B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] gain a lot of weight during that time?

        0. No   * 2. # Yes

    MDD6C.   Now, what about the last four weeks? Since [Name event], has [he/she] gained weight?

        0. No   2. Yes

MDD7. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] seemed to feel much hungrier than usual or when [he/she] ate a lot more than usual?

        0. No   2. Yes

IF NO, GO TO NOTE 3

MDD7A.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Was [he/she] much hungrier or did [he/she] eat a lot more than usual during that time?

        0. No   * 2. Yes

IF YES

MDD7B.   Did [he/she] seem to feel much hungrier or eat a lot more than usual nearly every day for two weeks or longer?

        0. No   2. # Yes

MDD7C.   Now, what about the last four weeks? Since [Name event], has [he/she] seemed much hungrier or often eaten a lot more than usual?

        0. No   2. Yes

NOTE 3: WAS THERE A * RESPONSE CODED IN Q 4 - 7?

        0. No   [2.] Yes

WAS THERE A # RESPONSE CODED IN Q 4 - 7?

        0. No   <2.> Yes

MDD8. In the last year - that is, since [Name event] - was there a time when [he/she] had trouble sleeping - that is, trouble falling asleep, staying asleep, or waking up too early?

        0. No   2. Yes

IF NO, GO TO Q 9

MDD8A.   When [he/she] had trouble sleeping, was that different from how [he/she] usually sleeps?

        0. No   2. Yes

MDD8B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] have trouble sleeping during that time?

        0. No   * 2. Yes

    IF YES

MDD8C.   Did [he/she] have trouble sleeping nearly every night for two weeks or longer?

        0. No   2. # Yes

MDD8D.   Now, what about the last four weeks? Since [Name event], has [he/she] had trouble sleeping?

        0. No   2. Yes

MDD9. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] slept more during the day than [he/she] usually does?

> 0. No   2. Yes

IF NO, GO TO NOTE 4

MDD9A.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] sleep more during the day during that time?

> 0. No   * 2. Yes

IF YES

MDD9B.   Did [he/she] sleep more during the day nearly every day for two weeks or longer?

> 0. No   2. # Yes

MDD9C.   Now, what about the last four weeks? Since [Name event], has [he/she] slept more during the day than [he/she] usually does?

> 0. No   2. Yes

NOTE 4: WAS THERE A * RESPONSE CODED IN Q 8 - 9?

> 0. No   [2.] Yes

WAS THERE A # RESPONSE CODED IN Q 8 - 9?

> 0. No   <2.> Yes

MDD10. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when _____ seemed to do things like walking or talking much more slowly than usual?

        0. No   2. Yes

IF NO

        MDD10A.   Did [he/she] ever say [he/she] felt slowed down?

                0. No   2. Yes

                IF NO, GO TO Q 11

    MDD10B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] often seem slowed down during that time?

        0. No   * 2. Yes

        IF YES

        MDD10C.   Did [he/she] seem slowed down like this nearly every day for two weeks or longer?

                0. No   2. # Yes

    MDD10D.   Now, what about the last four weeks? Has [he/she] seemed slowed down?

        0. No   2. Yes

MDD11. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] often seemed restless … like [he/she] just had to keep walking around?

       0. No   2. Yes

IF NO

    MDD11A.   Did [he/she] ever say [he/she] felt restless like this?

              0. No   2. Yes

        IF NO, GO TO NOTE 5

    MDD11B.   When [he/she] was restless like that, was that different from how [he/she] usually is?

        0. No   2. Yes

    MDD11C.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] often seem restless during that time?

        0. No   * 2. Yes

        IF YES

    MDD11D.   Did [he/she] seem restless like this nearly every day for two weeks or longer?

              0. No   2. # Yes

    MDD11E.   Now, what about the last four weeks? Has [he/she] often seemed restless?

        0. No   2. Yes

NOTE 5: WAS THERE A * RESPONSE CODED IN Q 10 - 11?

    0. No   [2.] Yes

WAS THERE A # RESPONSE CODED IN Q 10 - 11?

    0. No   <2.> Yes

MDD12. In the last year -that is, since [Name event] - was there a time when [he/she] seemed to have less energy than [he/she] usually does?

        0. No   2. Yes

IF NO, GO TO Q 13

MDD12A.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] seem to have less energy during that time?

        0. No   * 2. Yes

IF YES

MDD12B.   Did [he/she] have less energy than usual nearly every day for two weeks or longer?

        0. No   2. # Yes

MDD12C.   Now, what about the last four weeks? Since [Name event], has [he/she] had less energy than [he/she] usually does?

        0. No   2. Yes

MDD13. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when doing even little things seemed to make [him/her] feel really tired?

        0. No   2. Yes

IF NO, GO TO NOTE 6

MDD13A.   When [he/she] was tired like this, was that different from how [he/she] usually is?

        0. No   2. Yes

MDD13B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] seem really tired during that time?

        0. No   * 2. Yes

    IF YES

MDD13C.   Was [he/she] really tired like this nearly every day for two weeks or longer?

        0. No   2. # Yes

MDD13D.   Now, what about the last four weeks? Since [Name event], has [he/she] been really tired?

        0. No   2. Yes

NOTE 6: WAS THERE A * RESPONSE CODED IN Q 12 - 13?

        0. No   [2.] Yes

WAS THERE A # RESPONSE CODED IN Q 12 - 13?

        0. No   <2.> Yes

MDD14. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] said [his/her] arms and legs felt heavy, like [he/she] was weighed down by them?

        0. No   2. Yes

IF NO, GO TO Q 15

MDD14A.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] say that [his/her] arms and legs felt heavy during that time?

        0. No   2. Yes

IF YES

MDD14B.   Did [he/she] say [his/her] arms and legs felt heavy like this nearly every day for two weeks or longer?

        0. No   2. Yes

MDD14C.   Now, what about the last four weeks? Since [Name event], has [he/she] said [his/her] arms and legs felt heavy?

        0. No   2. Yes

MDD15. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when _____ often blamed [himself/herself] for bad things that happened?

        0. No   2. Yes

IF NO, GO TO Q 16

MDD15A.   Was that different from how [he/she] usually talked about [himself/herself]?

        0. No   2. Yes

MDD15B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] blame [himself/herself] like that during that time?

        0. No   * 2. Yes

IF YES

MDD15C.   Did [he/she] blame [himself/herself] nearly every day for two weeks or longer'?

        0. No   2. # Yes

MDD15D.   Now, what about the last four weeks? Since [Name event], has [he/she] often blamed [himself/herself] for bad things that happened?

        0. No   2. Yes

MDD16. In the last year - that is, since [Name event] - was there a time when [he/she] said [he/she] couldn't do anything well or that [he/she] wasn't as good looking or as smart as other people?

        0. No   2. Yes

IF NO, GO TO NOTE 7

MDD16A.   When [he/she] talked about [himself/herself] in this way, was that different from how [he/she] usually talked about [himself/herself]?

        0. No   2. Yes

MDD16B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] seem to feel bad about [himself/herself] during that time?

        0. No   * 2. Yes

IF YES

MDD16C.   Did [he/she] seem to feel like this nearly every day for two weeks or longer?

        0. No   2. # Yes

MDD16D.   Now, what about the last four weeks? Since [Name event] has [he/she] seemed to feel like [he/she] couldn't do anything well or that [he/she] wasn't as good looking or as smart as other people'?

        0. No   2. Yes

NOTE 7: WAS THERE A * RESPONSE CODED IN Q 15 - 16?

        0. No   [2.] Yes

WAS THERE A # RESPONSE CODED IN Q 15 - 16?

        0. No   <2.> Yes

MDD17. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when it seemed like [he/she] couldn't think as clearly or as fast as usual?

> 0. No   2. Yes

IF NO, GO TO Q 18

MDD17A.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did it seem like [he/she] couldn't think as clearly or as fast as usual during that time?

> 0. No   * 2. Yes

IF YES

MDD17B.   Did it seem like [he/she] couldn't think as clearly or as fast as usual nearly every day for two weeks or longer?

> 0. No   2. # Yes

MDD17C.   Now, what about the last four weeks? Since [Name event] has it seemed like [he/she] couldn't think as clearly or as fast as usual?

> 0. No   2. Yes

MDD18. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when [he/she] often seemed to have trouble keeping [his/her] mind on [schoolwork/work] or other things?

        0. No   2. Yes

IF NO, GO TO Q 19

MDD18A.   When [he/she] had trouble keeping [his/her] mind on [schoolwork/work] or other things, was that different from how [he/she] usually is when [he/she] is doing things'?

        0. No   2. Yes

MDD18B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] often have trouble keeping [his/her] mind on [schoolwork/work] or other things during that time?

        0. No   * 2. Yes

IF YES

MDD18C.   Did [he/she] have trouble keeping [his/her] mind on [his/her] [schoolwork/work] or other things nearly every day for two weeks or longer?

        0. No   2. # Yes

MDD18D.   Now, what about the last four weeks? Since [Name event] has [he/she] often had trouble keeping [his/her] mind on [schoolwork/work] or other things?

        0. No   2. Yes

MDD19. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when it often seemed hard for [him/her] to make up [his/her] mind or to make decisions?

        0. No   2. Yes

IF NO, GO TO NOTE 8

MDD19A.   When it was hard for [him/her] to make up [his/her] mind or to make decisions, was that different from how [he/she] usually is?

        0. No   2. Yes

MDD19B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Was it hard for [him/her] to make up [his/her] mind or to make decisions during that time?

        0. No   * 2. Yes

IF YES

MDD19C.   Was it hard for [him/her] to makeup [his/her] mind or to make decisions nearly every day for two weeks or longer?

        0. No   2. # Yes

MDD19D.   Now, what about the last four weeks? Since [Name event], has it often been hard for [him/her] to make up [his/her] mind or to make decisions?

        0. No   2. Yes

NOTE 8: WAS THERE A * RESPONSE CODED IN Q 17 - 19?

        0. No   [2.] Yes

WAS THERE A # RESPONSE CODED IN Q 17 - 19?

        0. No   <2.> Yes

MDD20. In the last year - that is, since [Name event] - was there a time when _____ said [he/she] often thought about death or about people who had died or about being dead [himself/herself]?

        0. No   2. Yes

IF NO, GO TO Q 21

MDD20A.   Did [he/she] talk about death or dying a lot more than [he/she] usually does?

        0. No   2. Yes

MDD20B.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] think a lot about death or dying during that time?

        0. No   * 2. Yes

IF YES

MDD20C.   Did [he/she] think about death or dying nearly every day for two weeks or longer?

        0. No   2. # Yes

MDD20D.   Now, what about the last four weeks? Since [Name event], has [he/she] often thought about death or about people who have died or about being dead [himself/herself]?

        0. No   2. Yes

MDD21. In the last year, (that is, since [NAME CURRENT MONTH] of last year), did [he/she] ever talk seriously about killing [himself/herself]?

        0. No   2. Yes

IF NO, GO TO Q 22

MDD21A.   Did [he/she] say [he/she] thought about killing [himself/herself] many times in the last year?

        0. No   2. Yes

MDD21B.   In the last year, did [he/she] say that [he/she] had a plan for exactly how [he/she] would kill [himself/herself]?

        0. No   2. Yes

MDD21C.   You told me that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] say [he/she] thought about suicide during that time?

        0. No   * 2. # Yes

MDD21D.   Now, what about the last four weeks? Since [Name event] did [he/she] ever talk seriously about killing [himself/herself]?

        0. No   2. Yes

IF YES

MDD21E.   Did [he/she] say [he/she] thought about killing [himself/herself] many times in the last four weeks?

        0. No   2. Yes

MDD21F.   Did [he/she] say that [he/she] had a plan for exactly how [he/she] would kill [himself/herself]?

        0. No   2. Yes

MDD22. For the next question, I would like you to think about [his/her] whole life. Has [he/she] ever, in [his/her] whole life, tried to kill [himself/herself] or make a suicide attempt?

> 0. No   2. Yes

IF NO, GO TO NOTE 9

MDD22A.   How many times has [he/she] tried to kill [himself/herself]?

> 1. Once 2. Twice 66. Three or more times

MDD22B.   Now thinking about the whole of last year- that is, since [Name event] - has [he/she] tried to kill [himself/herself]?

> 0. No   2. Yes

IF YES

MDD22C.   How many times did [he/she] try to kill [himself/herself] in the last year?

> 1. Once 2. Twice 66. Three or more times

MDD22E.   Did [he/she] go to see a doctor, go to an emergency room, or go into the hospital because of trying to kill [himself/herself]?

> 0. No   2. Yes

MDD22F.   You told me earlier that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy]. Did [he/she] try to kill [himself/herself] during that time?

> 0. No   * 2. # Yes

MDD22G.   Now, what about the last four weeks? Since [Name event], has [he/she] tried to kill [himself/herself]?

> 0. No   2. Yes

NOTE 9: WAS THERE A * RESPONSE CODED IN Q 20 - 22?

> 0. No   [2.] Yes

WAS THERE A # RESPONSE CODED IN Q 20 - 22?

> 0. No   <2.> Yes

NOTE 10: WERE THREE OR MORE [ ] RESPONSES CODED IN Q 2 AND NOTES 2 - 9?

> **IF YES: CONTINUE**

> **IF NO: GO TO Q 60**

MDD23. You said that in the last year there was a time when [he/she] [was sad or depressed/acted like nothing was fun/was grouchy] and that during that time [he/she] also [Name symptoms in Notes 3-9]. How old was [he/she] the first time [he/she] ever was like that?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
66.	Whole life always

If age not known, ask:

MDD23_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO Q 24
IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO A
ALL OTHERS, GO TO B

MDD23A.   Was that more than a year ago - that is, before [Name event]?

        0. No   2. Yes

IF NO, GO TO Q 24

MDD23B.   Since that first time, was there ever a time when [he/she] [was not sad or depressed/acting like nothing was fun/grouchy]?

        0. No   2. Yes

IF NO, GO TO Q 24

MDD23C.   Did that time when [he/she] [was not sad or depressed/acting like nothing was fun/grouchy] last for two months or more?

        0. No   2. Yes

IF NO, GO TO Q 24

MDD23D.   You said that [he/she] [was sad or depressed/acted like nothing was fun/was grouchy] in the last year. How old was [he/she] when these feelings began this time?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
33.	Never started again

IF AGE NOT KNOWN ASK:

MDD23D_1.   What grade was [he/she] in?

    1.   Year 1
    2.   Year 2
    3.   Year 3
    4.   Year 4
    5.   Year 5
    6.   Year 6
    7.   Year 7
    8.   Year 8
    9.   Year 9
    10.   Year 10
    11.   Year 11
    12.   Year 12
    44.   Pre Kindergarten
    55.   Kindergarten

IF [AGE/GRADE] GIVEN IS CURRENT [AGE/GRADE] MINUS ONE, GO TO E
ALL OTHERS GO TO Q 24

MDD23E.   Did [he/she] start to [be sad or depressed/act like nothing was fun/be grouchy] again more than a year ago - that is, before [Name event]?

    0. No   2. Yes

MDD24. You told me that in the last year _____ had problems with [being sad or depressed/acting like nothing was fun/being grouchy]. Did [he/she] start acting this way soon after someone [he/she] was close to died?

    0. No   2. Yes

IF YES

MDD24A.   Who died?

_____

MDD24B.   When did [he/she/they] die? (Record month)

_____

MDD24B.   When did [he/she/they] die? (Record year)

_____

MDD24C.   After [NAME PERSON IN A] died, was [he/she] [sad or depressed/like nothing was fun/grouchy] for two months or longer?

        0. No   2. Yes

IF NO

MDD24D.   Was [he/she] ever [sad or depressed/like nothing was fun/grouchy] before [NAME PERSON IN A] died?

        0. No   2. Yes

IF YES

MDD24E.   Was that in the last year?

        0. No   2. Yes

MDD24F.   When [he/she] [was sad or depressed/acted like nothing was fun/was grouchy] that time, did it last for two weeks or longer?

        0. No   2. Yes

IF ONSET (USING AGE OR GRADE) NAMED IN Q23 WAS LESS THAN 2 YEARS AGO, GO TO Q 60

ALL OTHERS CONTINUE

MDD25. In the last two years, did [he/she] [become sad or depressed/act like nothing was fun/become grouchy], and then get better and then [become sad or depressed/act like nothing was fun/become grouchy] again?

        0. No   2. Yes

IF NO, GO TO Q 26

MDD25A.   Did [he/she] start to [become sad or depressed/act like nothing was fun/become grouchy] around the same time each year?

        0. No   2. Yes

IF YES

MDD25B.   Was this in winter or autumn?

        0. No   2. Yes

    IF NO, GO TO H

MDD25C.   Did [he/she] stay [sad or depressed/like nothing was fun/grouchy] until spring or summer'?

        0. No   2. Yes

MDD25D.   Did [he/she] start to get better in spring or summer?

        0. No   2. Yes

MDD25E.   Did [he/she] ever get very hyper or excited in spring or summer?

        0. No   2. Yes

MDD25F.   In the last two years, did [he/she] ever [become sad or depressed/act like nothing was fun/become grouchy] at other times of the year, say in spring or summer?

        0. No   2. Yes

    IF NO, GO TO Q 26

MDD25G.   Did these times ever last for as long as two weeks or more?

        0. No   2. Yes

    GO TO Q 26

MDD25H.   Was this in spring or summer?

        0. No   2. Yes

    IF YES

MDD25I.   Did [he/she] stay [sad or depressed/like nothing was fun/grouchy] until autumn or winter?

        0. No   2. Yes

MDD25J.   Did [he/she] start to get better in the autumn or winter?

        0. No   2. Yes

MDD25K.   Did [he/she] ever get very hyper or excited in autumn and winter?

        0. No   2. Yes

MDD25L.   In the last two years, did [he/she] [become sad or depressed/act like nothing was fun/become grouchy] at any other times of the year, say in autumn or winter?

        0. No   2. Yes

MDD25M.   Did these times ever last for as long as two weeks or more?

        0. No   2. Yes

MDD60. Some people feel very hurt if they are not invited to a party or if they are left off a team or project. Does [he/she] seem to feel very bad or get upset if [he/she] is left out of something?

    0. No   2. Yes

IF YES

MDD60A.   Does [he/she] seem to stay feeling upset for more than a day?

    0. No   2. Yes

MDD60B.   Has [he/she] ever dropped a friend completely because they left [him/her] out of something?

    0. No   2. Yes

IF YES

MDD60C.   Has that happened with more than two friends?

    0. No   2. Yes

ADHD

Everybody has times when they have trouble concentrating or keeping their mind on what they are doing. What we want to know is whether _____ has had difficulty concentrating or keeping [his/her] mind on what [he/she] is doing most of the time.

ADHD1.	In the last year - that is, since [Name event] - did [he/she] often have trouble keeping [his/her] mind on what [he/she] was doing for more than a short time?

      0. No   2. Yes

IF YES

ADHD1A.	Did [he/she] have this trouble keeping [his/her] mind on things for six months or longer?

      0. No   [2.] Yes

IF YES

ADHD1B.	When [he/she] was at home, did [he/she] often have trouble keeping [his/her] mind on things?

      0. No   2. Yes

ADHD1C.	How about when [he/she] was (at [school/work] or) other places?

      0. No   2. Yes

ADHD1D.	Now, what about the last four weeks? Since [Name event], has [he/she] often had trouble keeping [his/her] mind on what [he/she] was doing?

      0. No   2. Yes

ADHD2.   In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often try not to do things where [he/she] would have needed to pay attention for a long time?

        0. No   2. Yes

IF YES

ADHD2A.   Did [he/she] try not to do things like this for six months or longer?

        0. No   * 2. Yes

IF YES

ADHD2B.   When [he/she] was at home, did [he/she] often try to get out of doing things where [he/she] had to pay attention for a long time?

        0. No   2. Yes

ADHD2C.   How about when [he/she] was (at [school/work] or) other places?

        0. No   2. Yes

ADHD2D.   Now, what about the last four weeks? Since [Name event], has [he/she] often tried not to do things where [he/she] needed to pay attention for a long time?

        0. No   2. Yes

IF YES, GO TO NOTE 1

ADHD3.	In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often dislike doing things where [he/she] had to pay attention for a long time?

0. No	2. Yes

IF YES

ADHD3A.	Did [he/she] dislike doing things where [he/she] had to pay attention like this for six months or longer?

0. No	* 2. Yes

IF YES

ADHD3B.	When [he/she] was at home, did [he/she] often dislike doing things where [he/she] needed to pay attention for a long time?

0. No	2. Yes

ADHD3C.	How about when [he/she] was (at [school/work] or) other places?

0. No	2. Yes

ADHD3D.	Now, What about the last 4 weeks? Since [Name event] has [he/she] disliked doing things where [he/she] needed to pay attention for a long time?

0. No	2. Yes

NOTE 1: WERE ANY * RESPONSES CODED IN Q 2 OR Q 3?

0. No	[2.] Yes

3

ADHD4.   In the last year (that is, since [NAME CURRENT MONTH] of last year), did _____ often find it hard to keep [his/her] mind on what [he/she] was doing when other things were going on?

        0. No   2. Yes

IF YES

ADHD4A.   Was [he/she] like this for six months or longer?

        0. No   [2.] Yes

IF YES

ADHD4B.   When [he/she] was at home, did [he/she] often find it hard to keep [his/her] mind on what [he/she] was doing when other things were going on?

        0. No   2. Yes

ADHD4C.   How about when [he/she] was (at [school/work] or) other places?

        0. No   2. Yes

ADHD4D.   Now what about the last four weeks? (that is, since [NAME CURRENT MONTH] of last year) has [he/she] often found it hard to keep [his/her] mind on what [he/she] has been doing when other things were going on?

        0. No   2. Yes

ADHD5.   Some people are very disorganised. They can't remember where they put their clothes or their books or their projects. They try to do too many things at the same time so they're often late, or they don't go where they're supposed to go or they never have time to do things properly. In the last year (that is, since [NAME CURRENT MONTH] of last year) was [he/she] disorganised?

        0. No   2. Yes

IF YES

ADHD5A.   Was [he/she] disorganised like this for six months or longer?

        0. No   [2.] Yes

    IF YES

    ADHD5B.   When [he/she] was at home, was [he/she] often very disorganised?

            0. No   2. Yes

    ADHD5C.   How about when [he/she] was (at [school/work] or) other places?

            0. No   2. Yes

    ADHD5D.   Now, what about the last four weeks? Since [Name event], has [he/she] been disorganised?

            0. No   2. Yes

ADHD6.   In the last year (that is, since [NAME CURRENT MONTH] of last year) did [he/she] often have trouble finishing ([his/her] homework or other) things [he/she] was supposed to do?

        0. No   2. Yes

IF YES

ADHD6A.   Did [he/she] have this trouble finishing things for six months or longer?

        0. No   [2.] Yes

IF YES

ADHD6B.   When [he/she] was at home, did [he/she] often have trouble finishing ([his/her] homework or other) things [he/she] was supposed to do?

        0. No   2. Yes

ADHD6C.   How about when [he/she] was (at [school/work] or) other places?

        0. No   2. Yes

ADHD6D.   Now, what about the last four weeks? Since [Name event], has [he/she] had trouble finishing ([his/her] homework or other) things [he/she] was supposed to do?

        0. No   2. Yes

ADHD7.   In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often lose (things like assignments or books or other) things [he/she] needed?

        0. No   2. Yes

IF YES

ADHD7A.   Did this problem with losing things go on for six months or longer?

        0. No   [2.] Yes

IF YES

ADHD7B.   When [he/she] was at home, did [he/she] often lose things [he/she] needed?

        0. No   2. Yes

ADHD7C.   How about when [he/she] was (at [school/work] or) other places?

        0. No   2. Yes

ADHD7D.   Now, what about the last four weeks? Since [Name event], has [he/she] often lost things?

        0. No   2. Yes

ADHD8. In the last year (that is, since [NAME CURRENT MONTH] of last year), did _____ often forget what [he/she] was supposed to be doing or what [he/she] had planned to do?

    0. No   2. Yes

IF YES

ADHD8A. Was [he/she] forgetful like this for six months or longer?

    0. No   [2.] Yes

IF YES

ADHD8B. When [he/she] was at home, did [he/she] often forget what [he/she] was supposed to be doing or what [he/she] had planned to do?

    0. No   2. Yes

ADHD8C. How about when [he/she] was (at [school/work] or) other places?

    0. No   2. Yes

ADHD8D. Now, what about the last four weeks? Since [Name event], has [he/she] oftenforgotten what [he/she] was supposed to be doing or what [he/she] had planned to do?

    0. No   2. Yes

ADHD9.   In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] often made a lot of mistakes because it's hard for [him/her] to do things carefully?

        0. No   2. Yes

IF YES

ADHD9A.   Did [he/she] make careless mistakes like this for six months or longer?

        0. No   [2.] Yes

IF YES

ADHD9B.   When [he/she] was at home, did [he/she] often make a lot of careless mistakes?

        0. No   2. Yes

ADHD9C.   How about when [he/she] was (at [school/work] or) other places?

        0. No   2. Yes

ADHD9D.   Now, what about the last four weeks? Since [Name event] has [he/she] made a lot of careless mistakes?

        0. No   2. Yes

ADHD10.　　In the last year (that is, since [NAME CURRENT MONTH] of last year) did [he/she] often not listen when people were speaking to [him/her]?

　　0. No　2. Yes

IF YES

ADHD10A.　　Did this problem with not listening to people go on for six months or longer?

　　0. No　[2.] Yes

IF YES

ADHD10B.　　When [he/she] was at home, did [he/she] often not listen when people spoke to [him/her]?

　　0. No　2. Yes

ADHD10C.　　How about when [he/she] was (at [school/work] or) other places?

　　0. No　2. Yes

ADHD10D.　　Now, what about the last four weeks? Since [Name event], has [he/she] often not listened when people were speaking to [him/her]?

　　0. No　2. Yes

ADHD10E.　　Did [he/she] not listen because [he/she] had difficulty hearing?

　　0. No　2. Yes

IF YES

ADHD10G.　　Has this hearing problem been diagnosed by a doctor?

　　0. No　2. Yes

ADHD11.   Some people are always starting things without finishing them. They start a game or project or activity, but after a few minutes they think of something else, and they start doing that other thing instead. Has _____ been like that? In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often not finish things because [he/she] started to do something else?

        0. No   2. Yes

IF YES

ADHD11A.   Did this problem with not finishing things go on for six months or longer?

        0. No   2. Yes

    IF YES

ADHD11B.   When [he/she] was at home, did [he/she] often not finish things because [he/she] started to do something else?

        0. No   2. Yes

ADHD11C.   How about when [he/she] was (at [school/work] or) other places?

        0. No   2. Yes

ADHD11D.   Now, what about the last four weeks? Since [Name event], has [he/she] often not finished things?

        0. No   2. Yes

a: **IF 3 OR MORE [ ] RESPONSES WERE CODED IN Q 1 - 10 AND NOTE 1, CONTINUE**

ALL OTHERS, GO TO Q 22

ADHD12.   You said that in the last year [he/she] [NAME [] SYMPTOMS IN Q 1 - 10 AND NOTES 1]. How old was [he/she] the first time [he/she] started to have trouble paying attention or concentrating?

    0.   0
    1.   1 year old
    2.   2 years old
    3.   3 years old
    4.   4 years old
    5.   5
    6.   6
    7.   7
    8.   8
    9.   9
    10.   10
    11.   11
    12.   12
    13.   13
    14.   14
    15.   15
    16.   16
    17.   17
    66.   Whole life, always

IF AGE NOT KNOWN, ASK

ADHD12_1.   What grade was [he/she] in?

    1.   Year 1
    2.   Year 2
    3.   Year 3
    4.   Year 4
    5.   Year 5
    6.   Year 6
    7.   Year 7
    8.   Year 8
    9.   Year 9
    10.   Year 10
    11.   Year 11
    12.   Year 12
    44.   Pre Kindergarten
    55.   Kindergarten

b: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO INSTRUCTION BOX "d"

IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO A

ALL OTHERS GO TO B

ADHD12A.   Was that more than a year ago - that is, before [Name event]?

0. No   2. Yes

IF NO, GO TO INSTRUCTION BOX "d"

ADHD12B.   Since that first time, was there ever a time when [he/she] did not have trouble with paying attention of concentrating?

0. No   2. Yes

IF NO, GO TO Q 13

ADHD12C.   Did the time when [he/she] didn't have trouble paying attention or concentrating last for six months or more?

0. No   2. Yes

IF NO, GO TO Q 13

ADHD12D.   You said that [he/she] [NAME [] SYMPTOMS IN Q 1 - 10 AND NOTES 1] in the last year. How old was [he/she] when having trouble paying attention or concentrating started this time?

0.   0
1.   1 year old
2.   2 years old
3.   3 years old
4.   4 years old
5.   5
6.   6
7.   7
8.   8
9.   9
10.   10
11.   11
12.   12
13.   13
14.   14
15.   15
16.   16
17.   17
33.   Never started again

IF AGE NOT KNOWN, ASK

ADHD12D_1.   What grade was [he/she] in?

      1.   Year 1
      2.   Year 2
      3.   Year 3
      4.   Year 4
      5.   Year 5
      6.   Year 6
      7.   Year 7
      8.   Year 8
      9.   Year 9
      10.   Year 10
      11.   Year 11
      12.   Year 12
      44.   Pre Kindergarten
      55.   Kindergarten

"c":   **If [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO E.**

ALL OTHERS GO TO Q 13

ADHD12E.   Did [he/she] start having trouble with paying attention or concentrating again more than a year ago – that is, before [Name event]?

      0. No   2. Yes

ADHD13.   How old was [he/she] when trouble paying attention or concentrating started to cause problems for [him/her]?

   0. 0
   1. 1 year old
   2. 2 years old
   3. 3 years old
   4. 4 years old
   5. 5
   6. 6
   7. 7
   8. 8
   9. 9
   10. 10
   11. 11
   12. 12
   13. 13
   14. 14
   15. 15
   16. 16
   17. 17
   66. Whole life, always

IF AGE NOT KNOWN, ASK

ADHD13_1.   What grade was [he/she] in?

   1. Year 1
   2. Year 2
   3. Year 3
   4. Year 4
   5. Year 5
   6. Year 6
   7. Year 7
   8. Year 8
   9. Year 9
   10. Year 10
   11. Year 11
   12. Year 12
   44. Pre Kindergarten
   55. Kindergarten

"d": IF CHILD DID NOT ATTEND PRE YEAR 1 OR GRADE 1 CODE "8" IN Q 14, THEN GO TO Q 15

ADHD14.   Did [he/she] have problems in pre year one or grade one because [he/she] had trouble paying attention or concentrating?

   0. No 1. Sometimes/Somewhat 2. Yes

I would now like to ask you some questions about being overactive or hyperactive. Everybody has times when they are very active. What we want to know is whether _____ is overactive most of the time.

ADHD22.   In the last year (that is, since [NAME CURRENT MONTH] of last year) was [he/she] often "on the go" or did [he/she] move around as if [he/she] was "driven by a motor"?

      0. No   2. Yes

IF YES

ADHD22A.   Did [he/she] move around this much for six months or longer?

      0. No   [2.] Yes

IF YES

ADHD22B.   When [he/she] was at home, was [he/she] often "on the go" or did [he/she] move around as if [he/she] was "driven by a motor"?

      0. No   2. Yes

ADHD22C.   How about when [he/she] was (at [school/work] or) other places?

      0. No   2. Yes

ADHD22D.   Now, what about the last four weeks? Since [Name event], has [he/she] moved around a lot?

      0. No   2. Yes

ADHD23.   In the last year (that is, since [NAME CURRENT MONTH] of last year), was [he/she] often fidgety or restless? That is, fiddling with [his/her] hands or jiggling [his/her] feet or twisting around in [his/her] seat?

        0. No   2. Yes

IF YES

ADHD23A.   Was [he/she] fidgety or restless like this for six months or longer?

        0. No   [2.] Yes

    IF YES

ADHD23B.   When [he/she] was at home, was [he/she] often fidgety or restless?

        0. No   2. Yes

ADHD23C.   How about when [he/she] was (at [school/work] or) other places?

        0. No   2. Yes

ADHD23D.   Now what about the last four weeks? Since [Name event], has [he/she] often been fidgety or restless?

        0. No   2. Yes

ADHD24. Sometimes people are supposed to stay in their seats, like at school or when they go somewhere like to the movies or to a library or to a restaurant. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] often left [his/her] seat when [he/she] wasn't supposed to?

0. No   2. Yes

IF YES

ADHD24A. Did this trouble with staying in [his/her] seat go on for six months or longer?

0. No   [2.] Yes

IF YES

ADHD24B. When [he/she] was at home, did [he/she] often leave [his/her] seat when [he/she] wasn't supposed to?

0. No   2. Yes

ADHD24C. How about when [he/she] was (at [school/work] or) other places?

0. No   2. Yes

ADHD24D. Now what about the last four weeks? Since [Name event], has [he/she] often left [his/her] seat when [he/she] wasn't supposed to?

0. No   2. Yes

ADHD25.　　　In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often climb on things or run around when [he/she] wasn't supposed to?

　　　　　　0. No　2. Yes

IF YES

ADHD25A.　　　Did this problem of climbing or running around too much go on for six months or longer?

　　　　　　0. No　　* 2. Yes

IF YES

ADHD25B.　　　When [he/she] was at home, did [he/she] often climb on things or run around when [he/she] wasn't supposed to?

　　　　　　　0. No　2. Yes

ADHD25C.　　　How about when [he/she] was (at [school/work] or) other places?

　　　　　　　0. No　2. Yes

ADHD25D.　　　Now what about the last four weeks? Since [Name event], has [he/she] oftenclimbed on things or run around when [he/she] wasn't supposed to?

　　　　　　　0. No　2. Yes

IF YES, GO TO NOTE 2

19

ADHD26.   In the last year (that is, since [NAME CURRENT MONTH] of last year), when _____ had to sit still, for say more than ten minutes, did [he/she] nearly always seem restless, as if [he/she] wanted to kick [his/her] feet or get up and move around?

>   0. No   2. Yes

IF YES

ADHD26A.   Did this problem of being restless go on for six months or longer?

>   0. No   * 2. Yes

>   **IF YES**

>   ADHD26B.   When [he/she] was at home, did [he/she] often seem restless when [he/she] had to sit still?

>   >   0. No   2. Yes

>   ADHD26C.   How about when [he/she] was (at [school/work] or) other places?

>   >   0. No   2. Yes

>   ADHD26D.   Now, what about the last four weeks? Since [Name event], has [he/she] often seemed restless when [he/she] had to sit still?

>   >   0. No   2. Yes

NOTE 2: WERE ANY * RESPONSES CODED IN Q 25 - 26?

>   0. No   [2.] Yes

ADHD27.   In the last year (that is, since [NAME CURRENT MONTH] of last year) did [he/she] often talk a lot more than other [children/people [his/her] age]?

> 0. No   2. Yes

IF YES

ADHD27A.   Did this trouble with talking too much go on for six months or longer?

> 0. No   [2.] Yes

IF YES

ADHD27B.   When [he/she] was at home, did [he/she] often talk too much?

> 0. No   2. Yes

ADHD27C.   How about when [he/she] was (at [school/work] or) other places?

> 0. No   2. Yes

ADHD27D.   Now, what about the last four weeks? Since [Name event], has [he/she] often talked a lot more than other [children/people [his/her] age]?

> 0. No   2. Yes

ADHD28. In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often make much more noise than other [children/people [his/her] age] when [he/she] was [playing/having fun]?

　　　　0. No　　2. Yes

IF YES

ADHD28A. Did [he/she] often make a lot of noise when [he/she] was [playing/having fun] for six months or longer'?

　　　　0. No　　[2.] Yes

IF YES

ADHD28B. When [he/she] was at home, did [he/she] often make much more noise than other [children/people [his/her] age]?

　　　　0. No　　2. Yes

ADHD28C. How about when [he/she] was (at [school/work] or) other places?

　　　　0. No　　2. Yes

ADHD28D. Now, what about the last four weeks? Since [Name event], has [he/she] often made much more noise than other [children/people [his/her] age]?

　　　　0. No　　2. Yes

ADHD29.　　　In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often interrupt other people when they were talking or when they were busy?

　　　　　0. No　　2. Yes

IF YES

ADHD29A.　　　Did [he/she] interrupt people often for six months or longer?

　　　　　0. No　　* 2. Yes

　　　IF YES

　　　ADHD29B.　　　When [he/she] was at home, did [he/she] often interrupt other people?

　　　　　　0. No　　2. Yes

　　　ADHD29C.　　　How about when [he/she] was (at [school/work] or) other places?

　　　　　　0. No　　2. Yes

　　　ADHD29D.　　　Now, what about the last four weeks? Since [Name event], has [he/she] often interrupted other people?

　　　　　　0. No　　2. Yes

　　　IF YES, GO TO NOTE 3

ADHD30.   In the last year (that is, since [NAME CURRENT MONTH] of last year), did _____ often butt in on what other people were doing?

        0. No   2. Yes

IF YES

ADHD30A.   Did [he/she] often butt in on what other people were doing for six months or longer?

        0. No   * 2. Yes

IF YES

ADHD30B.   When [he/she] was at home, did [he/she] often butt in on what other people were doing?

        0. No   2. Yes

ADHD30C.   How about when [he/she] was (at [school/work] or) other places?

        0. No   2. Yes

ADHD30D.   Now, what about the last four weeks? Since [Name event], has [he/she] often butted in on what other people were doing?

        0. No   2. Yes

NOTE 3: WAS A * RESPONSE CODED IN Q 29 - 30?

        0. No   [2.] Yes

ADHD31.   In the last year (that is, since [NAME CURRENT MONTH] of last year) did [he/she] often blurt out answers before someone could finish asking the question?

       0. No   2. Yes

IF YES

ADHD31A.   Did [he/she] often blurt out answers like this for six months or longer?

       0. No   [2.] Yes

    IF YES

    ADHD31B.   When [he/she] was at home, did [he/she] often blurt out answers before someone could finish their question?

          0. No   2. Yes

    ADHD31C.   How about when [he/she] was (at [school/work] or) other places?

          0. No   2. Yes

    ADHD31D.   Now, what about the last four weeks? Since [Name event], has [he/she] often blurted out answers before someone could finish their question?

          0. No   2. Yes

ADHD32.   In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] often had trouble waiting for [his/her] turn, like when [he/she] was standing in line … or playing a game?

    0. No   2. Yes

IF YES

ADHD32A.   Did this trouble with waiting for [his/her] turn go on for six months or longer?

    0. No   [2.] Yes

IF YES

ADHD32B.   When [he/she] was at home, did [he/she] have trouble waiting for [his/her] turn?

    0. No   2. Yes

ADHD32C.   How about when [he/she] was (at [school/work] or) other places?

    0. No   2. Yes

ADHD32D.   Now, what about the last four weeks? Since [Name event] has [he/she] often had trouble waiting for [his/her] turn?

    0. No   2. Yes

ADHD33.   In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] often get [himself/herself] into a dangerous situation where [he/she] could have been injured because [he/she] wasn't thinking?

         0. No   2. Yes

IF YES

ADHD33B.   Was this something [he/she] did suddenly, without thinking about it first?

         0. No   2. Yes

ADHD33C.   Did [he/she] do dangerous things like this for six months or longer?

         0. No   2. Yes

         IF NO, GO TO INSTRUCTION BOX "f"

         IF YES

ADHD33D.   When [he/she] was at home, did [he/she] often get [himself/herself] into a dangerous situation because [he/she] wasn't thinking?

              0. No   2. Yes

ADHD33E.   How about when [he/she] was (at [school/work] or) other places?

              0. No   2. Yes

ADHD33F.   Now, what about the last four weeks? Since [Name event] has [he/she] gotten [himself/herself] into a dangerous situation because [he/she] wasn't thinking?

              0. No   2. Yes

"f":   IF 3 OR MORE [ ] RESPONSES WERE CODED IN Q 22 - Q 32 AND NOTES 2 - 3, CONTINUE

ALL OTHERS, GO TO Q 44

ADHD34.   You said that in the last year [he/she] [NAME [] SYMPTOMS IN Q 22 - 32 AND NOTES 2 - 3]. How old was [he/she] the first time [he/she] started to be overactive?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old
        4.   4 years old
        5.   5
        6.   6
        7.   7
        8.   8
        9.   9
        10.   10
        11.   11
        12.   12
        13.   13
        14.   14
        15.   15
        16.   16
        17.   17
        66.   Whole life, always

IF AGE NOT KNOWN, ASK

        ADHD34_1.   What grade was [he/she] in?

        1.   Year 1
        2.   Year 2
        3.   Year 3
        4.   Year 4
        5.   Year 5
        6.   Year 6
        7.   Year 7
        8.   Year 8
        9.   Year 9
        10.   Year 10
        11.   Year 11
        12.   Year 12
        44.   Pre Kindergarten
        55.   Kindergarten

"g":   IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO INSTRUCTION BOX "i"

IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO A

ALL OTHERS, GO TO B

ADHD34A.   Was that more than a year ago – that is, before [Name event]?

        0. No   2. Yes

IF NO, GO TO INSTRUCTION BOX "i"

ADHD34B.   Since the first time, was there ever a time when [he/she] was not overactive?

        0. No   2. Yes

IF NO, GO TO Q 35

ADHD34C.   Did that time when [he/she] wasn't overactive last for six months or more?

        0. No   2. Yes

IF NO, GO TO Q 35

ADHD34D.   You said that [he/she] [NAME [] SYMPTOMS IN Q 22 - 32 AND NOTES 2 - 3] in the last
year. How old was [he/she] when being overactive began this time?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old
        4.   4 years old
        5.   5
        6.   6
        7.   7
        8.   8
        9.   9
        10.   10
        11.   11
        12.   12
        13.   13
        14.   14
        15.   15
        16.   16
        17.   17
        33.   Never started again

IF AGE NOT KNOWN, ASK

ADHD34D_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

h: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO E

ALL OTHERS, GO TO Q 35

ADHD34E.   Did [he/she] start being overactive again more than a year ago – that is before [Name event]?

0. No   2. Yes

ADHD35.   How old was [he/she] when being overactive started to cause problems for [him/her]?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK

ADHD35_1.   What grade was [he/she] in?

        1.   Year 1
        2.   Year 2
        3.   Year 3
        4.   Year 4
        5.   Year 5
        6.   Year 6
        7.   Year 7
        8.   Year 8
        9.   Year 9
        10.   Year 10
        11.   Year 11
        12.   Year 12
        44.   Pre Kindergarten
        55.   Kindergarten

i: IF CHILD DID NOT ATTEND KINDERGARTEN OR FIRST GRADE, CODE "8" IN Q 36, THEN GO TO Q 44

ADHD36.   Did being overactive cause problems back when [he/she] was in pre year one or grade one?

      0. No   1. Sometimes/Somewhat   2. Yes

ADHD44.   In the last year, has [he/she] taken any medicine for being overactive, being hyperactive, or having trouble paying attention?

      0. No   2. Yes

ADHD44B.   Did [he/she] take this medicine most of the time during the last year?

      0. No   2. Yes

ADHD44C.   Now, what about the last four weeks. Since [Name event] has [he/she] taken any medicine for being overactive, being hyperactive, or having trouble paying attention?

      0. No   2. Yes

Oppositional Defiant Disorder

Now I am going to ask you some questions about _____ getting angry or doing things that could get [him/her] into trouble. Most children lose their temper and get into trouble from time to time. What we want to know is whether [CHILD] gets angry or gets into trouble more than other children [his/her] age.

ODD1.   In the last year - that is, since [Name event] - has _____ lost [his/her] temper?

        0. No   2. Yes

IF YES

ODD1A.   Was there a time in the last year when [he/she] lost [his/her] temper at least once a week?

        0. No   2. Yes

IF YES

ODD1B. Did [he/she] lose [his/her] temper at least once a week for six months or longer?

        0. No   2. Yes

ODD1C. About how often did [he/she] lose [his/her] temper? Was it: nearly every day, a few days a week, or about once a week?

        0. Less than once a week
        [1.] About once a week
        [2.] A few days a week
        [3.] Nearly every day

ODD1D.   Now what about the last four weeks? Since [Name event], has [he/she] lost [his/her] temper?

        0. No   2. Yes

ODD2. In the last year (that is, since [NAME CURRENT MONTH] of last year) has [he/she] argued with or talked back to you (or [his/her] caretakers) (or [his/her] [teachers/boss])?

        0. No   2. Yes

IF YES

ODD2A.   Was there a time in the last year when [he/she] argued with or talked back to you (or [his/her] caretakers) (or [his/her] [teachers/boss]) at least once a week?

        0. No   2. Yes

    IF YES

ODD2B. Did [he/she] argue with or talk back to you (or [his/her] caretakers) (or [his/her] [teachers/boss]) at least once a week for six months or longer?

        0. No   2. Yes

ODD2C. About how often did [he/she] argue with or talk back to you (or [his/her] caretakers) (or [his/her] [teachers/boss])? was it: nearly every day, a few days a week, or about once a week?

        0. Less than once a week
        [1.] About once a week
        [2.] A few days a week
        [3.] Nearly every day

ODD2D.   Now what about the last four weeks? Since [Name event], has [he/she] argued with or talked back to you (or [his/her] caretakers) (or [his/her] [teachers/boss])?

        0. No   2. Yes

ODD3. In the last year (that is, since [NAME CURRENT MONTH] of last year) has [he/she] done things on purpose that you (or [his/her] caretakers) (or [his/her] [teachers/boss]) told [him/her] not to do?

      0. No   2. Yes

IF YES

ODD3A. Was there a time in the last year when [he/she] did things [he/she] was told not to do at least once a week?

      0. No   2. Yes

IF YES

ODD3B. Did [he/she] do things like this at least once a week for six months of longer?

      0. No   2. Yes

ODD3C. About how often did [he/she] do things on purpose that you (or [his/her] caretakers) (or [his/her] [teachers/boss]) told [him/her] not to do? Was it: nearly every day, a few days a week, or about once a week?

      0. Less than once a week
      * 1. About once a week
      * 2. A few days a week
      * 3. Nearly every day

ODD3D. Now what about the last four weeks? Since [Name event] has [he/she] done things on purpose that you (or [his/her] caretakers) (or [his/her] [teachers/boss]) told [him/her] not to do?

      0. No   2. Yes

ODD4. In the last year (that is, since [NAME CURRENT MONTH] of last year) has [he/she] refused to do what you (or [his/her] caretakers) (or [his/her] [teachers/boss]) told [him/her] to do?

0. No   2. Yes

IF YES

ODD4A.   Was there a time in the last year when [he/she] refused to do things at least once a week?

0. No   2. Yes

IF YES

ODD4B. Did [he/she] refuse to do what you (or [his/her] caretakers) (or [his/her] [teachers/boss]) told [him/her] to do at least once a week for six months or longer?

0. No   2. Yes

ODD4C. About how often did [he/she] refuse to do what you (or [his/her] caretakers) (or [his/her] [teachers/boss]) told [him/her] to do? Was it: nearly every day, a few days a week, or about once a week?

0. Less than once a week
* 1. About once a week
* 2. A few days a week
* 3. Nearly every day

ODD4D.   Now what about the last four weeks? Since [Name event] has [he/she] refused to do what you (or [his/her] caretakers) (or [his/her] [teachers/boss]) told [him/her] to do?

0. No   2. Yes

NOTE 1: WAS A * RESPONSE CODED IN Q 3 OR 4?

0. No   [2.] Yes

ODD5. In the last year - that is, since [Name event] of last year - has _____ done things just to annoy people or to make them mad?

        0. No   2. Yes

IF NO, GO TO Q 6

a: IF SUBJECT DOESN'T HAVE SIBLING(S), CODE "8" FOR A, THEN GO TO C

IF YES

ODD5A.   Was this only with [his/her] brother or sister?

        0. No   2. Yes

    IF YES

    ODD5B. Has [he/she] done things to annoy other people besides [his/her] brother or sister or to make other people mad?

        0. No   2. Yes

      IF NO, GO TO Q 6

ODD5C. Was there a time in the last year when [he/she] did things just to annoy people or make them mad at least once a week?

        0. No   2. Yes

    IF YES

    ODD5D.   Did [he/she] do things like this at least once a week for six months of longer?

        0. No   2. Yes

    ODD5E. About how often did [he/she] do things to annoy people or make them mad? Was it nearly every day, a few days a week, or about once a week?

        0. Less than once a week
        [1.] About once a week
        [2.] A few days a week
        [3.] Nearly every day

    ODD5F. Now what about the last four weeks? Since [Name event] has [he/she] done things to annoy people or make them mad?

        0. No   2. Yes

ODD6. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] blamed someone else for [his/her] mistakes or for things [he/she] did that [he/she] shouldn't have done?

        0. No   2. Yes

IF NO, GO TO Q 7

b: IF SUBJECT DOESN'T HAVE SIBLING(S), CODE "8" FOR A, THEN GO TO C

IF YES

ODD6A.   Was this only with [his/her] brother or sister?

        0. No   2. Yes

> **IF YES**
>
> ODD6B. Has [he/she] blamed other people besides [his/her] brother or sister for [his/her] mistakes?
>
>   0. No   2. Yes
>
> **IF NO, GO TO Q 7**

ODD6C. Was there a time in the last year when [he/she] blamed people for things [he/she] did at least once a week?

        0. No   2. Yes

> **IF YES**
>
> ODD6D.   Did [he/she] blame someone else for [his/her] mistakes or for things [he/she] shouldn't have done at least once a week for six months or longer?
>
>   0. No   2. Yes
>
> ODD6E. About how often did [he/she] blame someone else for [his/her] mistakes or for things [he/she] did that [he/she] shouldn't have? Was it nearly every day, a few days a week, or about once a week?
>
>   0. Less than once a week
>   [1.] About once a week
>   [2.] A few days a week
>   [3.] Nearly every day
>
> ODD6F. Now what about the last four weeks? Since [Name event] has [he/she] blamed someone else for [his/her] mistakes or for things [he/she] did that [he/she] shouldn't have?
>
>   0. No   2. Yes

ODD7. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] been grouchy or easily annoyed?

        0. No   2. Yes

IF YES

ODD7A.   Was there a time in the last year when [he/she] was grouchy or easily annoyed at least once a week?

        0. No   2. Yes

    IF YES

    ODD7B. Was [he/she] grouchy or easily annoyed at least once a week for six months or longer?

        0. No   2. Yes

    ODD7C. About how often was [he/she] grouchy or easily annoyed? Was it: nearly every day, a few days a week, or about once a week?

        0. Less than once a week
        [1.] About once a week
        [2.] A few days a week
        [3.] Nearly every day

    ODD7D.   Now, what about the last four weeks? Since [Name event], has [he/she] been grouchy or easily annoyed?

        0. No   2. Yes

ODD8. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] seemed mad at people or things?

        0. No   2. Yes

IF NO, GO TO Q 9

c: IF SUBJECT DOESN'T HAVE SIBLING(S) CODE "8" FOR A, THEN GO TO C

IF YES

ODD8A.   Was this only with [his/her] brother or sister?

        0. No   2. Yes

    IF YES

    ODD8B. Has [he/she] seemed mad at other people besides [his/her] brother or sister?

        0. No   2. Yes

        IF NO, GO TO Q 9

ODD8C. Was there a time in the last year when [he/she] seemed mad at people or things at least once a week?

        0. No   2. Yes

    IF YES

    ODD8D.   Did [he/she] seem mad at people or things at least once a week for six months or longer?

        0. No   2. Yes

    ODD8E. About how often did [he/she] seem mad at people or things? Was it: nearly every day, a few days a week, or about once a week?

        0. Less than once a week
        * 1. About once a week
        * 2. A few days a week
        * 3. Nearly every day

    ODD8F. Now, what about the last four weeks? Since [Name event], has [he/she] seemed mad at people or things?

        0. No   2. Yes

ODD9.   In the last year - that is, (that is, since [NAME CURRENT MONTH] of last year) - has _____ gotten angry because [he/she] said [he/she] thought things were unfair?

>   0. No   2. Yes

IF NO, GO TO NOTE 2

d: IF SUBJECT DOESN'T HAVE SIBLING(S), CODE "8" FOR A, THEN GO TO C

IF YES

ODD9A.   Was this only with [his/her] brother or sister?

>   0. No   2. Yes

>   **IF YES**

>   ODD9B. Has [he/she] gotten angry at other people besides [his/her] brother or sister because [he/she] thought things were unfair?

>   >   0. No   2. Yes

>   **IF NO, GO TO NOTE 2**

ODD9C. Was there a time in the last year when [he/she] got angry like this at least once a week?

>   0. No   2. Yes

>   **IF YES**

>   ODD9D.   Did [he/she] get angry at least once a week for six months or longer?

>   >   0. No   2. Yes

>   ODD9E. About how often was [he/she] angry because [he/she] thought things were unfair? Was it: nearly every day, a few days a week, or about once a week?

>   >   0. Less than once a week
>   >   * 1. About once a week
>   >   * 2. A few days a week
>   >   * 3. Nearly every day

>   ODD9F. Now, what about the last four weeks? Since [Name event], has [he/she] been angry because [he/she] thought things were unfair?

>   >   0. No   2. Yes

NOTE 2: WAS A * RESPONSE CODED IN Q 8 OR 9?

>   0. No   [2.] Yes

ODD10. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] done mean things to people on purpose?

        0. No   2. Yes

IF NO, GO TO Q 11

e: IF SUBJECT DOESN'T HAVE SIBLING(S), CODE "8" FOR A, THEN GO TO C

IF YES

ODD10A.   Was this only with [his/her] brother or sister?

        0. No   2. Yes

    IF YES

    ODD10B.   Has [he/she] done mean things to other people besides [his/her] brother or sister?

        0. No   2. Yes

    IF NO, GO TO Q 11

ODD10C.   Has [he/she] done mean things to people on purpose more than once in the last year'?

        0. No   2. Yes

    IF YES

    ODD10D.   Has [he/she] done mean things to people on purpose more than five times in the last year?

        0. No   * 2. Yes

    IF YES

    ODD10E.   Has [he/she] done mean things to people more than ten times in the last year?

        0. No   2. Yes

    ODD10F.   Has [he/she] done mean things to people for at least six months?

        0. No   2. Yes

    ODD10G.   Now, what about the last four weeks? Since [Name event], has [he/she] done mean things to people on purpose?

        0. No   2. Yes

ODD11. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] gotten even with other people by doing things like hurting them, messing up their things, or telling lies about them?

    0. No   2. Yes

IF NO, GO TO NOTE 3

f: IF SUBJECT DOESN'T HAVE SIBLING(S) CODE "8" FOR A, THEN GO TO C

IF YES

ODD11A.   Was this only with [his/her] brother or sister?

    0. No   2. Yes

    IF YES

    ODD11B.   Has [he/she] done things like this to other people besides [his/her] brother or sister?

        0. No   2. Yes

        IF NO, GO TO NOTE 3

ODD11C.   Did [he/she] get even with people like this more than once in the last year?

    0. No   2. Yes

    IF YES

    ODD11D.   Has [he/she] done this more than five times in the last year?

        0. No   * 2. Yes

        IF YES

        ODD11E.   Has [he/she] done this more than ten times in the last year?

            0. No   2. Yes

    ODD11F.   Has [he/she] gotten even with people like this for at least six months?

        0. No   2. Yes

    ODD11G.   Now, what about the last four weeks? Since [Name event], has [he/she] gotten even with other people by doing things like hurting them, messing up their things, or telling lies about them?

        0. No   2. Yes

NOTE 3: WAS A * RESPONSE CODED IN Q 10 OR 11?

    0. No   [2.] Yes

ODD12. In the last year (that is, since [NAME CURRENT MONTH] of last year), did [he/she] swear or use dirty language?

        0. No   2. Yes

IF YES

ODD12A.   Was there a time in the last year when [he/she] swore or used dirty language at least once a week?

        0. No   2. Yes

IF YES

ODD12B.   Did [he/she] swear or use dirty language that often for six months or longer?

        0. No   2. Yes

ODD12C.   About how often did [he/she] swear or use dirty language? Was it: nearly every day, a few days a week, or about once a week?

        0. Less than once a week
        1. About once a week
        2. A few days a week
        3. Nearly every day

ODD12D.   Now, what about the last four weeks? Since [Name event], has [he/she] sworn or used dirty language?

        0. No   2. Yes

g: **IF 2 OR MORE [ ] RESPONSES WERE CODED IN Q 1 - Q 11 AND NOTES 1 - 3, CONTINUE**

      ALL OTHERS, GO TO NEXT MODULE

ODD13. You said that in the last year _____ [symptoms in Q1 - 11 and Notes 1-3]. How old was [he/she] the first time [he/she] began to do these things?

<div style="margin-left: 2em">

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
66.	Whole life, always

</div>

IF AGE NOT KNOWN, ASK:

ODD13_1.   What grade was [he/she] in?

<div style="margin-left: 2em">

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

</div>

h: **IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO NEXT MODULE**

IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO A

ALL OTHERS GO TO B

ODD13A.   Was that more than a year ago - that is, before [Name event]?

        0. No   2. Yes

IF NO, GO TO NEXT MODULE

ODD13B.   Since that first time, was there ever a time when [he/she] didn't do these things?

        0. No   2. Yes

IF NO, GO TO NEXT MODULE

ODD13C.   Did that time when [he/she] didn't do these things last for two months or more?

        0. No   2. Yes

IF NO, GO TO NEXT MODULE

ODD13D.   You said that [he/she] [symptoms in Q1 - 11 and Notes 1-3] in the last year. How old was [he/she] when doing these things began this time?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17
33.	Never started again

ODD13D_1.   What grade was [he/she] in?

        1.   Year 1
        2.   Year 2
        3.   Year 3
        4.   Year 4
        5.   Year 5
        6.   Year 6
        7.   Year 7
        8.   Year 8
        9.   Year 9
        10.   Year 10
        11.   Year 11
        12.   Year 12
        44.   Pre Kindergarten
        55.   Kindergarten

IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO E

ALL OTHERS, GO TO NEXT MODULE

ODD13E.   Did [he/she] start to do these things again more than a year ago -that is, before [Name event]?

        0. No   2. Yes

Conduct Disorder

Now I want to ask you some questions about things _____ may have done that can get people into trouble with the police, teachers or other authority figures.

For this set of questions I will start off by asking if [he/she] has done something at any time in [his/her] life, and then I'll ask whether [he/she] did it in the last year- that is, since [Name event].

CD1.   Thinking about [his/her] whole life, has _____ ever secretly stolen money or other valuable things from [you or [his/her] family] or from other people [he/she] lives with?

        0. No   * 2. Yes

CD2.   Has [he/she] ever shoplifted, that is stolen something from a store when [he/she] thought no one was looking?

        0. No   * 2. Yes

CD3.   Has [he/she] ever stolen valuables from anyone else when they weren't around or weren't looking?

        0. No   * 2. Yes

ASK IF CHILD IS 11 YEARS OR OLDER

CD4.   Has [he/she] ever faked someone's name on a cheque or used someone's credit card without permission?

        0. No   * 2. Yes

IF * RESPONSE TO Q 1, 2, 3 OR 4 ASK Q 5 AND Q 6.   OTHERWISE GO TO Q 7.

CD5.   In the last year - that is, since [Name event] - has _____ [Name symptoms in Questions 1-4]?

        <0.> No   <[2.]> Yes

IF YES

CD5A.   Has [he/she] [stolen/shoplifted/faked someone's name] more than once in the last year?

        0. No   2. Yes

IF YES

CD5B.   Did [he/she] do [this/these things] more than five times in the last year?

        0. No   2. Yes

IF YES

CD5C.   Did [he/she] [steal/shoplift/fake someone's name] more than ten times in the last year?

        0. No   2. Yes

CD5D.   In the last year, when [he/she] [stole/shoplifted/faked someone's name] - did [he/she] ever [take/get] anything worth more than $20?

        0. No   2. Yes

IF NO

CD5E.   Did [he/she] ever take anything worth more than $5?

        0. No   2. Yes

CD5F.   Has [he/she] [stolen/shoplifted/faked someone's name] in the last six months (that is since [NAME EVENT/MONTH])

        0. No   2. Yes

CD6.   How old was [he/she] the first time [he/she] [Name symptoms in Questions 1-4]?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD6_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

ASK IF CHILD IS NINE YEARS OR OLDER

CD7.   Has _____ ever snatched someone's purse or jewellery?

0. No   * 2. Yes

ASK IF CHILD IS FOURTEEN YEARS OR OLDER

CD8.   Has [he/she] ever held someone up or attacked somebody to steal from them?

0. No   * 2. Yes

CD9.   Has [he/she] ever threatened someone in order to steal from them?

        0. No   * 2. Yes

IF YES RESPONSE TO Q 7, 8 OR 9 ASK Q 10 AND Q 11.   OTHERWISE GO TO Q 12.

CD10.   In the last year - that is, since [Name event] - has _____ [Name symptoms in Questions 7-9]?

        <0.> No   <[2.]> Yes

IF YES

CD10A. Has [he/she] done [this/these things] more than once in the last year?

        0. No   2. Yes

IF YES

CD10B. Did [he/she] do [this/these things] more than five times in the last year?

        0. No   2. Yes

IF YES

CD10C. Did [he/she] [Name symptoms in Questions 7-9] more than ten times in the last year?

        0. No   2. Yes

CD10D. Has [he/she] done [this/these things] in the last six months (that is, since [NAME CURRENT MONTH] of last year)?

        0. No   2. Yes

CD11. How old was [he/she] the first time [he/she] [Name symptoms in Questions 7-9]?

0.   0
1.   1 year old
2.   2 years old
3.   3 years old
4.   4 years old
5.   5
6.   6
7.   7
8.   8
9.   9
10.   10
11.   11
12.   12
13.   13
14.   14
15.   15
16.   16
17.   17

IF AGE NOT KNOWN, ASK:

CD11_1.What grade was [he/she] in?

1.   Year 1
2.   Year 2
3.   Year 3
4.   Year 4
5.   Year 5
6.   Year 6
7.   Year 7
8.   Year 8
9.   Year 9
10.   Year 10
11.   Year 11
12.   Year 12
44.   Pre Kindergarten
55.   Kindergarten

ASK IF CHILD IS 8 YEARS OR OLDER

CD12.   Has _____ ever gotten into trouble because [he/she] stayed out at night more than two hours past the time [he/she] was supposed to be home?

        0. No   <2.> Yes

IF YES

CD12A. Has [he/she] gotten into trouble for staying out this late in the last year?

        0. No   2. Yes

IF YES

CD12B. Has [he/she] gotten into trouble for staying out this late more than once in the last year?

        0. No   2. Yes

IF YES

CD12C. Did [he/she] do this more than five times in the last year?

        0. No   * 2. Yes

IF YES

CD12D. Did [he/she] stay out late more than ten times in the last year?

        0. No   2. Yes

CD12E. Has [he/she] stayed out at night this late in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD12F. How old was [he/she] the first time [he/she] got into trouble for staying out too late?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old
        4.   4 years old
        5.   5
        6.   6
        7.   7
        8.   8
        9.   9
        10.   10
        11.   11
        12.   12
        13.   13
        14.   14

15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD12F_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

NOTE 1: WAS A * RESPONSE CODED IN Q 12C AND "13 YRS OR YOUNGER" CODED IN Q 12F OR GRADE = 44, 55, 01-07)?

0. No   [2.] Yes

CD13.   Has [he/she] ever run away from home overnight?

       0. No   <2.> Yes

IF YES

CD13A. Has [he/she] run away from home in the last year?

       0. No   2. Yes

IF YES

CD13B. Has [he/she] run away overnight more than once in the last year?

       0. No   * 2. Yes

IF YES

CD13C. Did [he/she] do this more than five times in the last year?

       0. No   2. Yes

IF YES

CD13D. Did [he/she] run away overnight more than ten times in the last year?

       0. No   2. Yes

CD13E. In the last year when [he/she] ran away, did [he/she] stay away for as long as two whole weeks?

       0. No   [2.] Yes

CD13F. Has [he/she] run away overnight in the last six months (that is since [NAME EVENT/MONTH])?

       0. No   2. Yes

CD13G. How old was [he/she] the first time [he/she] ran away overnight?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12

13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD13G_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

CD14.   Has _____ ever lied to get money or something else valuable [he/she] wanted?

        0. No   * 2. Yes

CD15.   Has [he/she] ever lied so that [he/she] wouldn't have to pay back money [he/she] owed or to get out of something important [he/she] was supposed to do?

        0. No   * 2. Yes

IF YES RESPONSE TO Q 14 OR Q 15 ASK Q 16 AND Q 17.   OTHERWISE GO TO NOTE "a".

CD16. Has [he/she] lied [to get something [he/she] wanted/to get out of something] in the last year?

        <0.> No   <[2.]> Yes

IF YES

CD16A. Has [he/she] lied to [to get something [he/she] wanted/to get out of something] more than once in the last year?

        0. No   2. Yes

IF YES

CD16B. Did [he/she] do this more than five times in the last year?

        0. No   [2.] Yes

IF YES

CD16C. Did [he/she] lie [to get something [he/she] wanted/to get out of something] more than ten times in the last year?

        0. No   2. Yes

CD16D. Has [he/she] lied [to get something [he/she] wanted/to get out of something] in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD17.   How old was [he/she] the first time [he/she] lied [to get something [he/she] wanted/to get out of something]?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD17_1. What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

"a": IF CHILD NEVER ATTENDED SCHOOL OR HAD A JOB, CODE "8" IN Q 18, THEN GO TO Q 19

ASK IF CHILD IS 6 YEARS OR OLDER

CD18. Has [he/she] ever skipped (wagged) [school/work]?

    0. No   <2.> Yes

IF NO, GO TO Q 19

CD18A. Has [he/she] skipped [school/work] in the last year?

    0. No   2. Yes

IF YES

CD18B. Has [he/she] skipped [school/work] more than once in the last year?

    0. No   2. Yes

IF YES

CD18C. Did [he/she] do this more than five times in the last year?

    0. No   * 2. Yes

IF YES

CD18D. Did [he/she] skip [school/work] more than ten times in the last year?

    0. No   2. Yes

CD18E. In the last year, did [he/she] skip [schoolwork/work] because [he/she] was nervous or afraid to be there?

    0. No   2. Yes

CD18F. When [he/she] skipped [school/work], did [he/she] usually stay home?

    0. No   2. Yes

CD18G. Has [he/she] skipped [school/work] in the last six months (that is since [NAME EVENT/MONTH])?

    0. No   2. Yes

CD18H. How old was [he/she] the first time [he/she] skipped [school/work]?

    0.   0
    1.   1 year old
    2.   2 years old
    3.   3 years old
    4.   4 years old
    5.   5
    6.   6

7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD18H_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

NOTE 3: WAS A * RESPONSE CODED IN Q 18C AND "13 YRS OR YOUNGER" CODED IN Q 18H (OR GRADE = 44, 55, 01-07)?

0. No   [2.] Yes

ASK IF CHILD IS 9 YEARS OR OLDER

CD19.   Has [he/she] ever broken into a house, a building, or a car?

        0. No   <2.> Yes

IF YES

CD19A.   Has [he/she] broken into a house, a building, or a car in the last year?

        0. No   [2.] Yes

IF YES

CD19B.   Has [he/she] broken into someplace or something more than once in the last year?

        0. No   2. Yes

IF YES

CD19C.   Did [he/she] do this more than five times in the last year?

        0. No   2. Yes

IF YES

CD19D. Did [he/she] break into someplace or something more than ten times in the last year?

        0. No   2. Yes

CD19E.   Has [he/she] broken into a house, a building, or a car in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD19F.   How old was [he/she] the first time [he/she] broke into a house, a building, or a car?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14

15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD19F_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

CD20. Has _____ ever broken something or messed up some place on purpose, like breaking windows, writing on a building, or slashing tyres?

        0. No   <2.> Yes

IF YES

CD20A. Has [he/she] broken something or messed up some place on purpose in the last year?

        0. No   * 2. Yes

IF YES

CD20B. Has [he/she] broken something or messed up some place on purpose more than once in the last year?

        0. No   2. Yes

IF YES

CD20C. Did [he/she] do this more than five times in the last year?

        0. No   2. Yes

IF YES

CD20D. Did [he/she] break things or mess up some place more than ten times in the last year?

        0. No   2. Yes

CD20E. Has [he/she] broken something or messed up some place on purpose in the last six months, (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD20F. How old was [he/she] the first time [he/she] broke something or messed up some place on purpose?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old
        4.   4 years old
        5.   5
        6.   6
        7.   7
        8.   8
        9.   9
        10.   10
        11.   11
        12.   12
        13.   13

14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD20F_1.　　　What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

CD21.   Has [he/she] ever broken or damaged somebody else's things on purpose?

       0. No   <2.> Yes

IF YES

CD21A. Has [he/she] broken or damaged somebody else's things on purpose in the last year?

       0. No   * 2. Yes

IF YES

CD21B. Has [he/she] broken or damaged somebody else's things on purpose more than once in the last year?

       0. No   2. Yes

IF YES

CD21C. Did [he/she] do this more than five times in the last year?

       0. No   2. Yes

IF YES

CD21D. Did [he/she] break or damage somebody else's things more than ten times in the last year?

       0. No   2. Yes

CD21E. Has [he/she] broken or damaged somebody else's things on purpose in the last six months (that is since [NAME EVENT/MONTH])?

       0. No   2. Yes

CD21F. How old was [he/she] the first time [he/she] broke or damaged somebody else's things on purpose?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14

15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD21F_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

NOTE 4: WERE ANY * RESPONSES CODED IN Q 20 - 21?

0. No   [2.] Yes

CD22.   Has _____ ever started a fire without permission?

        0. No   2. Yes

IF YES

CD22A. Has [he/she] ever started a fire that caused damage or hurt someone?

        0. No   2. Yes

CD22B. Did [he/she] ever mean for a fire to cause damage or hurt someone?

        0. No   <2.> Yes

IF YES

CD22C. Has [he/she] started a fire to cause damage or hurt someone in the last year?

        0. No   [2.] Yes

IF YES

CD22D. Did [he/she] do this more than once in the last year?

        0. No   2. Yes

IF YES

CD22E. Did [he/she] do this more than five times in the last year?

        0. No   2. Yes

IF YES

CD22F. Did [he/she] do this more than ten times in the last year?

        0. No   2. Yes

CD22G. Has [he/she] started a fire to cause damage or to hurt someone in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD22H. How old was [he/she] the first time [he/she] set a fire like this?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old
        4.   4 years old
        5.   5
        6.   6
        7.   7

8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD22H_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

CD23. Has [he/she] ever been physically cruel to an animal and hurt it on purpose?

        0. No   <2.> Yes

IF YES

CD23A. Has [he/she] been physically cruel to an animal in the last year?

        0. No   [2.] Yes

IF YES

CD23B. Has [he/she] been physically cruel to an animal more than once in the last year?

        0. No   2. Yes

IF YES

CD23C. Did [he/she] do this more than five times in the last year?

        0. No   2. Yes

IF YES

CD23D. Was [he/she] physically cruel to an animal more than ten times in the last year?

        0. No   2. Yes

CD23E. Has [he/she] been physically cruel to an animal in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD23F. How old was [he/she] the first time [he/she] was physically cruel to an animal?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16

17. 17

IF AGE NOT KNOWN, ASK:

CDF23F_1.   What grade was [he/she] in?

1.   Year 1
2.   Year 2
3.   Year 3
4.   Year 4
5.   Year 5
6.   Year 6
7.   Year 7
8.   Year 8
9.   Year 9
10.   Year 10
11.   Year 11
12.   Year 12
44.   Pre Kindergarten
55.   Kindergarten

CD25. Now I want to ask you about bullying; you know, hitting or threatening or scaring someone who is younger or smaller than [him/her] or somebody who won't fight back.

Has _____ ever bullied someone in this way?

        0. No   † 2. Yes

IF NO, GO TO Q 26

c: IF SUBJECT DOESN'T HAVE SIBLING(S), CODE "8" FOR A, THEN GO TO C

CD25A. Was this only with [his/her] brother or sister?

        0. No   2. Yes

CD25B. Has [he/she] bullied other people besides [his/her] brother or sister?

        0. No   2. Yes

IF NO, GO TO Q 26

CD25C. Has [he/she] bullied someone like this in the last year?

        0. No   2. Yes

IF YES

CD25D. Has [he/she] bullied someone more than once in the year?

        0. No   2. Yes

IF YES

CD25E. Did [he/she] do this more than five times in the last year?

        0. No   * 2. Yes

IF YES

CD25F. Did [he/she] bully someone more than ten times in the last year?

        0. No   2. Yes

CD25G. Has [he/she] bullied someone in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD25H. How old was [he/she] the first time [he/she] bullied someone?

    0.   0
    1.   1 year old
    2.   2 years old

3. 3 years old
4. 4 years old
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10
11. 11
12. 12
13. 13
14. 14
15. 15
16. 16
17. 17

IF AGE NOT KNOWN, ASK:

CD25H_1.   What grade was [he/she] in?

1. Year 1
2. Year 2
3. Year 3
4. Year 4
5. Year 5
6. Year 6
7. Year 7
8. Year 8
9. Year 9
10. Year 10
11. Year 11
12. Year 12
44. Pre Kindergarten
55. Kindergarten

d: **IF A * AND † RESPONSE WERE CODED IN Q 25, GO TO Q 27**
ALL OTHERS CONTINUE

CD26. Has [he/she] ever threatened someone or frightened someone on purpose?

        0. No   † 2. Yes

IF YES

CD26A. Has [he/she] threatened or frightened someone on purpose in the last year?

        0. No   2. Yes

IF YES

CD26B. Has [he/she] threatened or frightened someone on purpose more than once in the last year?

        0. No   2. Yes

IF YES

CD26C. Did [he/she] do this more than five times in the last year?

        0. No   * 2. Yes

IF YES

CD26D. Did [he/she] threaten or frighten someone on purpose more than ten times in the last year?

        0. No   2. Yes

CD26E. Has [he/she] threatened or frightened someone on purpose in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD26F. How old was [he/she] the first time [he/she] threatened or frightened someone on purpose?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16

17.   17

IF AGE NOT KNOWN, ASK:

CD26F_1.   What grade was [he/she] in?

1.   Year 1
2.   Year 2
3.   Year 3
4.   Year 4
5.   Year 5
6.   Year 6
7.   Year 7
8.   Year 8
9.   Year 9
10.   Year 10
11.   Year 11
12.   Year 12
44.   Pre Kindergarten
55.   Kindergarten

NOTE 5: WAS A * RESPONSE CODED IN Q 25 - 26?

0. No   [2.] Yes

WAS A † RESPONSE CODED IN Q 25 -26?

0. No   <2.> Yes

CD27.   Has _____ ever been in a physical fight in which someone was hurt or could have been hurt?

        0. No   2. Yes

IF YES

CD27A. Has [he/she] ever started a physical fight in which someone was hurt or could have been hurt?

        0. No   <2.> Yes

IF YES

CD27B. Has [he/she] started a fight like this in the last year - that is, since [Name event]?

        0. No   2. Yes

IF NO GO TO I

IF SUBJECT DOESN'T HAVE SIBLING(S), CODE "8" IN C - D, THEN GO TO E

CD27C. Were these fights only with [his/her] brother or sister?

        0. No   2. Yes

IF YES

CD27D. Did [he/she] ever start a physical fight with someone else besides [his/her] brother or sister?

        0. No   2. Yes

IF NO, GO TO Q 28

CD27E. Has [he/she] started a physical fight more than once in the last year?

        0. No   [2.] Yes

IF YES

CD27F. Has [he/she] started a fight like this more than five times in the last year?

        0. No   2. Yes

IF YES

CD27G. Has [he/she] started a fight like this more than ten times in the last year?

        0. No   2. Yes

CD27H. Has [he/she] started a fight like this in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD27I. How old was [he/she] the first time [he/she] started a fight in which someone was hurt or could have been hurt?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD27I_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

CD28.   Has [he/she] ever tried to hurt someone badly or been physically cruel to someone?

        0. No   2. Yes

IF YES

CD28A. Has [he/she] only been physically cruel to someone when [he/she] was in a fight?

        0. No   2. Yes

IF YES

CD28B. Was [he/she] ever physically cruel to someone when [he/she] wasn't in a fight?

        0. No   <2.> Yes

IF NO, GO TO Q 29

CD28C. Has [he/she] been physically cruel to someone when [he/she] wasn't in a fight in the last year?

        0. No   [2.] Yes

IF YES

CD28D. Was [he/she] physically cruel to someone more than once in the last year?

        0. No   2. Yes

IF YES

CD28E. Did [he/she] do this more than five times in the last year?

        0. No   2. Yes

IF YES

CD28F. Was [he/she] physically cruel to someone more than ten times in the last year?

        0. No   2. Yes

CD28G. Has [he/she] been physically cruel to someone, other than in a fight, in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD28H. How old was [he/she] the first time [he/she] was physically cruel to someone?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old

4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD28H_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

ASK IF CHILD IS 6 YEARS OR OLDER

CD29.   Has _____ ever hurt someone with a weapon like a bat, brick, broken bottle, knife, or gun?

        0. No   <2.> Yes

IF NO, GO TO T

CD29A.   In the last year - that is, since [Name event], has [he/she] hurt someone with a weapon?

        0. No   [2.] Yes

IF YES, GO TO I

CD29B.   In the last year, has [he/she] threatened someone with a weapon?

        0. No   [2.] Yes

IF NO, GO TO G

CD29C.   Has [he/she] threatened someone with a weapon more than once in the last year?

        0. No   2. Yes

IF NO, GO TO F

CD29D.   Has [he/she] threatened someone with a weapon more than five times in the last year?

        0. No   2. Yes

IF NO, GO TO F

CD29E.   Has [he/she] threatened someone with a weapon more than ten times in the last year?

        0. No   2. Yes

CD29F.   Has [he/she] threatened someone with a weapon in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD29G.   How old was [he/she] the first time [he/she] threatened someone with a weapon?

        0.   0
        1.   1 year old
        2.   2 years old
        3.   3 years old
        4.   4 years old
        5.   5
        6.   6
        7.   7
        8.   8
        9.   9

10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD29G_1.   What grade was [he/she] in?

	1.	Year 1
	2.	Year 2
	3.	Year 3
	4.	Year 4
	5.	Year 5
	6.	Year 6
	7.	Year 7
	8.	Year 8
	9.	Year 9
	10.	Year 10
	11.	Year 11
	12.	Year 12
	44.	Pre Kindergarten
	55.	Kindergarten

CD29H. How old was [he/she] the first time [he/she] hurt someone with a weapon?

	0.	0
	1.	1 year old
	2.	2 years old
	3.	3 years old
	4.	4 years old
	5.	5
	6.	6
	7.	7
	8.	8
	9.	9
	10.	10
	11.	11
	12.	12
	13.	13
	14.	14
	15.	15
	16.	16
	17.	17

CD29H_1.   What grade was [he/she] in?

      1.   Year 1
      2.   Year 2
      3.   Year 3
      4.   Year 4
      5.   Year 5
      6.   Year 6
      7.   Year 7
      8.   Year 8
      9.   Year 9
      10.   Year 10
      11.   Year 11
      12.   Year 12
      44.   Pre Kindergarten
      55.   Kindergarten

GO TO INSTRUCTION BOX "f"

CD29I. Has [he/she] hurt someone with a weapon more than once in the last year?

    0. No   2. Yes

IF YES, GO TO P

CD29J. Has [he/she] threatened someone with a weapon more than once in the last year?

    0. No   2. Yes

IF NO, GO TO M

CD29K. Has [he/she] threatened someone with a weapon more than five times in the last year?

    0. No   2. Yes

IF NO, GO TO M

CD29L. Has [he/she] threatened someone with a weapon more than ten times in the last year?

    0. No   2. Yes

CD29M. Has [he/she] threatened someone with a weapon in the last six months (that is since [NAME EVENT/MONTH])?

    0. No   2. Yes

CD29N. How old was [he/she] the first time [he/she] threatened someone with a weapon?

      0.   0
      1.   1 year old
      2.   2 years old

3.   3 years old
4.   4 years old
5.   5
6.   6
7.   7
8.   8
9.   9
10.   10
11.   11
12.   12
13.   13
14.   14
15.   15
16.   16
17.   17

IF AGE NOT KNOWN, ASK:

CD29N_1.   What grade was [he/she] in?

1.   Year 1
2.   Year 2
3.   Year 3
4.   Year 4
5.   Year 5
6.   Year 6
7.   Year 7
8.   Year 8
9.   Year 9
10.   Year 10
11.   Year 11
12.   Year 12
44.   Pre Kindergarten
55.   Kindergarten

CD29O. How old was [he/she] the first time [he/she] hurt someone with a weapon?

0.   0
1.   1 year old
2.   2 years old
3.   3 years old
4.   4 years old
5.   5
6.   6
7.   7
8.   8
9.   9
10.   10
11.   11
12.   12
13.   13
14.   14
15.   15

16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD29O_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

GO TO INSTRUCTION BOX "f"

CD29P. Has [he/she] hurt someone with a weapon more than five times in the last year?

     0. No   2. Yes

IF NO, GO TO R

CD29Q. Has [he/she] hurt someone with a weapon more than ten times in the last year?

     0. No   2. Yes

CD29R. Has [he/she] hurt someone with a weapon in the last six months (that is since [NAME EVENT/MONTH])?

     0. No   2. Yes

CD29S. How old was [he/she] the first time [he/she] hurt someone with a weapon?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11

12.   12
13.   13
14.   14
15.   15
16.   16
17.   17

IF AGE NOT KNOWN, ASK:

CD29S_1.   What grade was [he/she] in?

1.   Year 1
2.   Year 2
3.   Year 3
4.   Year 4
5.   Year 5
6.   Year 6
7.   Year 7
8.   Year 8
9.   Year 9
10.   Year 10
11.   Year 11
12.   Year 12
44.   Pre Kindergarten
55.   Kindergarten

GO TO Z

CD29T. Has [he/she] ever threatened someone with a weapon like a bat, brick, broken bottle, knife or gun?

        0. No   <2.> Yes

IF NO, GO TO INSTRUCTION BOX "f"

CD29U. In the last year, has [he/she] threatened someone with a weapon?

        0. No   [2.] Yes

IF NO, GO TO Z

CD29V. Has [he/she] threatened someone with a weapon more than once in the last year?

        0. No   2. Yes

IF NO, GO TO Y

CD29W. Has [he/she] threatened someone with a weapon more than five times in the last year?

        0. No   2. Yes

IF NO, GO TO Y

CD29X. Has [he/she] threatened someone with a weapon more than ten times in the last year?

        0. No   2. Yes

CD29Y. Has [he/she] threatened someone with a weapon in the last six months (that is since [NAME EVENT/MONTH])?

        0. No   2. Yes

CD29Z. How old was [he/she] the first time [he/she] threatened someone with a weapon?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD29Z_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

f: **IF 2 OR MORE [ ] RESPONSES WERE CODED IN Q 1 - 29 AND NOTES 1 - 5, CONTINUE ALL OTHERS, GO TO INSTRUCTION BOX "h"**

ASK IF CHILD IS 10 YEARS OR OLDER

CD36. Has [he/she] ever been expelled from school for misbehaviour - that is, told that [he/she] could never go back to that school at all?

        0. No   2. Yes

IF YES

CD36A. How many schools has [he/she] been expelled from for misbehaviour?

        1. One   2. Two   66. More than two

    i: IF CHILD DID NOT ATTEND SCHOOL IN PAST YEAR, CODE "8" IN B, THEN GO TO Q 37

CD36B. was [he/she] expelled from a school because of [his/her] behaviour in the last year?

        0. No   2. Yes

    IF NO, GO TO Q 37

CD36C. Why was [he/she] expelled in the last year? Was it for: Taking or selling drugs?

        0. No   2. Yes

CD36D. Fighting with or attacking another student?

        0. No   2. Yes

CD36E. Violence against a teacher?

        0. No   2. Yes

CD36F. Skipping school or classes?

        0. No   2. Yes

CD36G. something else?

        0. No   2. Yes

ASK IF CHILD IS 6 YEARS OR OLDER

CD37. Has [he/she] ever been suspended from school for misbehaviour - that is, told that [he/she] could not go back to school for at least a day?

        0. No   * 2. Yes

CD38.   Has [he/she] ever had an "in-school" suspension - that is, where [he/she] went to school but [he/she] wasn't allowed to attend [his/her] usual classes?

  0. No   * 2. Yes

**j: IF A * RESPONSE TO EITHER Q 37 OR Q 38, GO TO Q 38A
ALL OTHERS, GO TO Q 39**

CD38A. How many times has [he/she] [been suspended from school/had an in-school suspension]?

  1. One   2. Two   66. More than two

k: IF CHILD DID NOT ATTEND SCHOOL IN PAST YEAR, CODE "8" IN B, THEN GO TO Q 39

CD38B. Has this happened in the last year?

  0. No   2. Yes

  IF NO, GO TO Q 39

CD38C. Why [was [he/she] suspended/did [he/she] have an in-school suspension] in the last year? Was it for: Taking or selling drugs?

  0. No   2. Yes

CD38D. Fighting with or attacking another student?

  0. No   2. Yes

CD38E. Violence against a teacher?

  0. No   2. Yes

CD38F. Skipping school or classes?

  0. No   2. Yes

CD38G. Something else?

  0. No   2. Yes

CD39.   Has [he/she] ever been in trouble with the police?

        0. No   2. Yes

IF NO, GO TO INSTRUCTION BOX "p"

CD39A. Has [he/she] ever actually been arrested?

        0. No   2. Yes

IF NO, GO TO N

CD39B. Has [he/she] been arrested more than once?

        0. No   2. Yes

IF NO, GO TO K

CD39C. How many times has [he/she] been arrested by the police?

        1. One   2. Two   66. More than two

CD39D. How old was [he/she] the first time [he/she] was arrested?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD39D_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4

5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

CD39E. How old was [he/she] the last time [he/she] was arrested by the police?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD39E_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

I: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, CONTINUE ALL OTHERS, GO TO K

CD39F. Was this in the last year?

0. No   2. Yes

CD39K. How old was [he/she] when [he/she] was arrested by the police?

0.	0
1.	1 year old
2.	2 years old
3.	3 years old
4.	4 years old
5.	5
6.	6
7.	7
8.	8
9.	9
10.	10
11.	11
12.	12
13.	13
14.	14
15.	15
16.	16
17.	17

IF AGE NOT KNOWN, ASK:

CD39K_1.   What grade was [he/she] in?

1.	Year 1
2.	Year 2
3.	Year 3
4.	Year 4
5.	Year 5
6.	Year 6
7.	Year 7
8.	Year 8
9.	Year 9
10.	Year 10
11.	Year 11
12.	Year 12
44.	Pre Kindergarten
55.	Kindergarten

**o: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO L
ALL OTHERS GO TO N**

CD39L. Was this in the last year?

0. No   2. Yes

CD39N. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] been in any trouble with the police where [he/she] wasn't arrested?

> 0. No   2. Yes

p: IF CHILD NEVER WORKED, CODE "8" IN Q 40, THEN GO TO INSTRUCTION BOX "q"

CD40.   Has [he/she] ever been fired from a job for fighting or stealing or breaking things on purpose or because [he/she] wouldn't do what [he/she] was asked to do?

> 0. No   2. Yes

IF YES

CD40A. Has [he/she] been fired from a job in the last year?

> 0. No   2. Yes

CD43.   You said there was a time when [he/she] [NAME BACK <> SYMPTOMS IN Q 1- 29 AND NOTES 1 - 5]. Was there ever a time when [he/she] did at least three of these things in a single 12 month period?

> 0. No   2. Yes

IF YES

CD43A. How old was [he/she] when [he/she] did these things most often?

> 0.   0
> 1.   1 year old
> 2.   2 years old
> 3.   3 years old
> 4.   4 years old
> 5.   5
> 6.   6
> 7.   7
> 8.   8
> 9.   9
> 10.   10
> 11.   11
> 12.   12
> 13.   13
> 14.   14
> 15.   15
> 16.   16
> 17.   17

IF AGE NOT KNOWN, ASK:

CD43A_1.   What grade was [he/she] in?

                1.   Year 1
                2.   Year 2
                3.   Year 3
                4.   Year 4
                5.   Year 5
                6.   Year 6
                7.   Year 7
                8.   Year 8
                9.   Year 9
                10.   Year 10
                11.   Year 11
                12.   Year 12
                44.   Pre Kindergarten
                55.   Kindergarten

s: IF < > IN QUESTION 5, ASK B ALL OTHERS, GO TO INSTRUCTION BOX "t"

CD43B. At that time, did [he/she] secretly steal things from other people?

        0. No   2. Yes

t: IF < > IN QUESTION 10, ASK C ALL OTHERS, GO TO INSTRUCTION BOX "u"

CD43C. At that time, did [he/she] attack or threaten somebody in order to steal from them … or snatch somebody's purse or jewelry?

        0. No   2. Yes

u: IF < > IN QUESTION 12, ASK D ALL OTHERS, GO TO INSTRUCTION BOX "v"

CD43D. At that time, did [he/she] often stay out late without permission?

        0. No   2. Yes

v: IF < > IN QUESTION 13, ASK E ALL OTHERS, GO TO INSTRUCTION BOX "w"

CD43E. At that time, did [he/she] run away from home overnight?

        0. No   2. Yes

w: IF < > IN QUESTION 16, ASK F ALL OTHERS GO TO INSTRUCTION BOX "x"

CD43F. At that time, did [he/she] often lie to get things [he/she] wanted or to get out of things?

        0. No   2. Yes

x: IF < > IN QUESTION 16, ASK G ALL OTHERS, GO TO INSTRUCTION BOX "y"

CD43G. At that time, did [he/she] often skip [schoolwork/work]?

       0. No   2. Yes

y: IF < > IN QUESTION 19, ASK H ALL OTHERS, GO TO INSTRUCTION BOX "z"

CD43H. At that time, did [he/she] break into a house, building or car?

       0. No   2. Yes

z: IF < > IN QUESTION 20, ASK I ALL OTHERS, GO TO INSTRUCTION BOX "aa"

CD43I. At that time, did [he/she] break things or mess up some place on purpose?

       0. No   2. Yes

aa: IF < > IN QUESTION 21, ASK J ALL OTHERS, GO TO INSTRUCTION BOX "bb"

CD43J. At that time, did [he/she] start a fire to casue damage or hurt someone?

       0. No   2. Yes

bb: IF < > IN QUESTION 21, ASK K ALL OTHERS, GO TO INSTRUCTION BOX "cc"

CD43K. At that time, was [he/she] physically cruel to animals?

       0. No   2. Yes

cc: IF < > IN QUESTION 21, ASK L ALL OTHERS, GO TO INSTRUCTION BOX "dd"

CD43M. At that time, was [he/she] often a bully … or did [he/she] threaten or frighten other people on purpose?

       0. No   2. Yes

ee: IF < > IN NOTE 5, ASK N ALL OTHERS, GO TO INSTRUCTION BOX "ff"

CD43N. At that time, did [he/she] start more than one fight in which someone was hurt or could have been hurt?

       0. No   2. Yes

ff: IF < > IN QUESTION 27, ASK O ALL OTHERS, GO TO INSTRUCTION BOX "gg"

CD43O. At that time, did [he/she] try to hurt someone badly or was [he/she] physically cruel to someone?

       0. No   2. Yes

gg: IF < > IN QUESTION 29, ASK P ALL OTHERS, GO TO NEXT MODULE

CD43P. At that time, did [he/she] use a weapon to threaten or hurt someone?

0. No   2. Yes

Impact on Function

You mentioned that in the last year there was a time when [CHILD] [symptomlist]. I would now like to ask you about any problems these things may have caused. If these things have not caused [CHILD] any problems it is fine to say so.

Now I'd like you to think back to the time in the last 12 months when these problems were at their worst.

SEV1.   In the last 12 months, when these problems were at their worst, how often did [child] not want to go to school?
  1 - Never
  2 - Hardly ever
  3 - Sometimes
  4 - Most of the time
  5 - All of the time
  7 - Refuse to answer (don't read out)
  9 - Don't know (don't read out)

SEV2.   As a result of these problems, how many days has [child] been absent from school in the last 12 months?
  Number of days:

  (Enter 999 - Don't know, 777 - refused)

SEV3.   When these problems were at their worst, how much did they affect [child's] grades or [his/her] ability to do [his/her] schoolwork?
  1 - Not at all
  2 - A little
  3 - Somewhat
  4 - A lot
  5 - Extremely
  9 - Don't know
  7 - Refuse to answer (don't read out)

SEV4.   When these problems were at their worst, did these difficulties limit [child] in participating in voluntary school activities such as leading a group, volunteering for an activity or contributing to class discussions?
  1 - Not at all
  2 - A little
  3 - Somewhat
  4 - A lot
  5 - Extremely
  9 - Don't know
  7 - Refuse to answer (don't read out)

SEV5.   As a result of these difficulties, how often has [child] been unwilling or unable to participate in extracurricular activities such as sports, music, arts or drama activities?
        1 - Never
        2 - Hardly ever
        3 - Sometimes
        4 - Most of the time
        5 - All of the time
        9 - Don't know7 - Refuse to answer (don't read out)

SEV6.   When these problems were at their worst, how often was [child] in trouble at school?
        1 - Never
        2 - Hardly ever
        3 - Sometimes
        4 - Most of the time
        5 - All of the time
        9 - Don't know
        7 - Refuse to answer (don't read out)

SEV7.   When these problems were at their worst, how often did [child] have difficulties completing school work or home work on time?
        1 - Never
        2 - Hardly ever
        3 - Sometimes
        4 - Most of the time
        5 - All of the time
        9 - Don't know
        7 - Refuse to answer (don't read out)

Impact on work

ASK IF CHILD DOES NOT CURRENTLY ATTEND SCHOOL BUT CHILD CURRENTLY WORKS

SEV8.   As a result of these problems, how many days has [child] missed work in the previous 12 months?

        Number of days:
        (Enter 999 - Don't know, 777 - refused)

SEV9. When these problems were at their worst, how much did they affect [child's] ability to do [his/her] work?
        1 - Not at all
        2 - A little
        3 - Somewhat
        4 - A lot
        5 - Extremely
        9 - Don't know
        7 - Refuse to answer (don't read out)

SEV10. When these problems were at their worst, how often did [child's] boss get annoyed or upset with [him/her]?
        1 - Never
        2 - Hardly ever
        3 - Sometimes
        4 - Most of the time
        5 - All of the time
        9 - Don't know
        7 - Refuse to answer (don't read out)

SEV11. As a result of these difficulties, how often has [child] been unwilling or unable to participate in extracurricular activities such as sports, music, arts or drama activities?
        1 - Never
        2 - Hardly ever
        3 - Sometimes
        4 - Most of the time
        5 - All of the time
        9 - Don't know
        7 - Refuse to answer (don't read out)

Friendships

ASK ALL
SEV12. In the last 12 months, when these problems were at their worst, did these difficulties cause problems with [child's] ability to make or maintain friendships?
        1 - Not at all
        2 - A little
        3 - Somewhat
        4 - A lot
        5 - Extremely
        6 - Child has no close friends
        9 - Don't know
        7 - Refuse to answer (don't read out)

NOTE: Response to 5 and 6 to be scored the same

ASK IF SEV12 = 2, 3, 4, 5
SEV13. Have these difficulties resulted in the breakup of a friendship in the previous 12 months?
        0 - No
        2 - Yes
        4 - Child has no close friends
        9 - Don't know
        7 - Refuse to answer (don't read out)

SEV14. How often have these difficulties stopped [child] from doing things or going places with other children [his/her] age?
       1 - Never
       2 - Hardly ever
       3 - Sometimes
       4 - Most of the time
       5 - All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

SEV15. When these problems were at their worst how much difficulty did [child] have dealing with people [he/she] didn't know well?
       1 - No difficulty
       2 - Mild difficulty
       3 - Moderate difficulty
       4 - Severe difficulty
       5 - They completely avoided people they didn't know well
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

Family

SEV16. In the last 12 months how often have [child's] difficulties prevented you from taking [him/her] places or going out in public?
       1 - Never
       2 - Hardly ever
       3 - Sometimes
       4 - Most of the time
       5 - All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

SEV17. How often have [child's] difficulties interrupted everyday family activities such as eating meals or watching TV?
       1 - Never
       2 - Hardly ever
       3 - Sometimes
       4 - Most of the time
       5 - All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

SEV18. How much distress do [child's] difficulties cause you and other members of the family?
       1 - None
       2 - A little
       3 - Some
       4 - A lot
       5 - Extreme
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

SEV19. How much do [child's] difficulties impact on your other family and household responsibilities, such as time to spend with other children or family members?
    1 - None
    2 - A little
    3 - Some
    4 - A lot
    5 - Extreme
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

Impact on self

SEV20. In the last 12 months, when these problems were at their worst, did these difficulties distress [child] or make [him/her] feel bad or upset?

    0 - No
    2 - Yes
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

ASK IF SEV20 = YES

SEV20A.   How distressed was [child]?

    2 - A little
    3 - Somewhat
    4 - A lot
    5 - Extremely
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

ASK ALL

SEV21. When these problems were at their worst, how much did these difficulties prevent [child] from concentrating on things [he/she] was supposed to be doing?

    1 - Not at all
    2 - A little
    3 - Somewhat
    4 - A lot
    5 - Extremely
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

SEV22. When these problems were at their worst, how much did these difficulties impact on [child's] sleeping?

       1 - None
       2 - A little
       3 - Some
       4 - A lot
       5 - Extreme
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

ASK IF MORE THAN ONE OF SoPHC, SADE, GADi, OCDb, PTSDI, MDDNote10, MDD50A, CDf, ODDg, ADHDa, ADHDg is YES

Main condition

MP1. You mentioned earlier in the interview that, in the past 12 months, [Child] has had problems like [SymptomsListALL]. Which bothers or upsets [him/her] the most?

      1   Social Phobia
      2   Separation anxiety
      3   Generalised anxiety
      4   Obsessive compulsive disorder
      5   Post traumatic stress disorder
      6   Major Depression
      7   Dysthymic disorder
      8   Conduct disorder
      9   Oppositional defiant disorder
      10   ADHD
      88   Not applicable (don't read out)

Bullying

ASK ALL

PB1. To the best of your knowledge has [CHILD] been bullied, teased or picked on to the point of distress, including in person, or via mobile phone, text message, internet or email?

       0 – No (GO TO NEXT MODULE)
       2 - Yes
       7 - Refuse to answer (do not read out)
       9 - Don't know (do not read out) (GO TO NEXT MODULE)

PB1a.   How often has this occurred in the past 12 months?

> 1 - Not at all (GO TO NEXT MODULE)
> 2 – All of the time
> 3 – Most of the time
> 4 - About once a week
> 5 – Every few weeks
> 6 – Every few months
> 7 – Once or twice in the last 12 months
> 77 - Refuse to answer (don't read out)
> 99 - Don't know (don't read out)

PB1b.   At the time that it was at its worst, in the past 12 months, how much distress did it cause [CHILD]?

> 1 - None
> 2 - A little
> 3 - Some
> 4 - A lot
> 5 - Extreme
> 7 - Refuse to answer (don't read out)
> 9 - Don't know (don't read out)

Service Use

There are many people who can help a child including parents, friends and health professionals. The next questions relate to use of services and different types of help that [CHILD] may have received for emotional and behavioural problems. I know we have touched on this already, but I would now like to ask you some more specific questions.

I realise that you may not know whether [CHILD] has used some of these services. If you are not sure, it is fine to say you don't know. I ask everyone the same kinds of questions. Just because we ask these questions, it doesn't mean that we think that your child has a problem.

Just to remind you that when I use the term 'emotional or behavioural problems' it could mean a number of things, for example, being anxious or stressed, feeling depressed, having problems concentrating, or being aggressive or hyperactive.

SUP1. With this definition in mind, has [CHILD] <u>ever</u> used any services for emotional or behavioural problems? This includes services received at school, in a community clinic, from a doctor or in a hospital.

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP1.1.   Was this <u>in the past 12 months</u>?

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP2.   <u>In the past 12 months</u> has [CHILD] been referred to or used any of the following services provided by [his/her] school or college for emotional or behavioural problems?

(Programmer note: format as grid)

		No	Yes	Ref	DK
SUP2a.	Individual counselling	0	2	7	9
SUP2b.	Group counselling or support program	0	2	7	9
SUP2c.	A place in a special class or school	0	2	7	9
SUP2d.	A school nurse	0	2	7	9
SUP2e.	Other service	0	2	7	9

SUP2a.1. In the past 12 months, about how many times has [CHILD] had individual counselling at school?

1 - Once
2 – Two to four times
3 – Five to nine times
4 – Ten or more times
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

SUP3. In the past 12 months have you been contacted by the school or college about any emotional or behavioural issues that [CHILD] may have, such as bullying, aggressive behaviour or conduct problems? [INTERVIEWER NOTE: probe if necessary; this question refers to situations where the child may have been bullied, or bullied another child themselves]

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP3.1   How many times have you been contacted?
1 - Once
2 – Twice
3 – More than twice
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

SUP4. In the past 12 months has [CHILD] used a telephone counselling service such as Kids Helpline?

(do not read out)

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP4.1   Have you heard about headspace?

(do not read out)

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

Ask if SUP4.1 = 2

SUP4.2 In the past 12 months has [CHILD] visited a headspace centre?

(do not read out)

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP5. Looking at SHOWCARD SUP5, in the past 12 months has [CHILD] seen any of the following health professionals because of [his/her] emotional or behavioural problems? (Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. General practitioner/GP")

		No	Yes	Ref	DK
SUP5a.	A. General practitioner/GP	0	2	7	9
SUP5b.	B. Paediatrician	0	2	7	9
SUP5c.	C. Psychiatrist	0	2	7	9
SUP5d.	D. Psychologist	0	2	7	9
SUP5e.	E. Nurse	0	2	7	9
SUP5f.	F. Social worker	0	2	7	9
SUP5g.	G. Occupational therapist	0	2	7	9
SUP5h.	H. Counsellor or family therapist	0	2	7	9
SUP5i.	I. Other or unsure about what their profession was	0	2	7	9

Ask if SUP5b = 2 OR SUP5c = 2 OR SUP5d = 2 OR SUP5e = 2
(Ask if child has seen a paediatrician, psychiatrist, psychologist or nurse)
(Programmer note: Ask separately for each type of professional, e.g. if GP = yes (SUP5a = 2) and psychologist = yes (SUP5d = 2), ask SUP7a, SUP9a, then ask SUP6d, SUP7d, SUP8d, SUP9d)

SUP6n. Looking at SHOWCARD SUP6, where did [CHILD] see the [professional]?
[INTERVIEWER NOTE – If more than one place mentioned, ask "what was the main one?"]

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1. At school")

1 – 1. At school
2 – 2. Doctor's rooms or other private practice
3 – 3. Hospital emergency or other outpatient department
4 – 4. Child and Adolescent Mental Health Service (CAMHS)
      or Child and Youth Mental Health Service (CYMHS)
5 – 5. Other public mental health service
6 – 6. headspace centre
7 – 7. Other community child or youth health service
8 – 8. Other counselling or support service
9 – 9. Unsure about where it was
77- Refuse to answer (do not read out)
99- Don't know (do not read out)

SUP7*n.* Was [CHILD] recommended or advised to see the [professional] by [his/her] school?
(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP8*n.* From the time [CHILD] was first referred to the [professional], how long do you think it was until [CHILD] had [his/her] first appointment with the [professional]?
[INTERVIEWER NOTE – if the respondent is unsure, ask "Roughly how long?")
(Programmer note: write in, range check maximum value 36 for months and 52 for weeks)

_____Number of months   and/or _____ weeks

0 – No waiting time
101 – Less than one week
77 - Refuse to answer
99 - Don't know

SUP9*n.* In the past 12 months, about how many times has [CHILD] seen the [professional] for emotional or behavioural problems?
[INTERVIEWER NOTE – if the respondent is unsure ask "Roughly how many times?")

1 - Once
2 – Two to four times
3 – Five to nine times
4 – Ten or more times
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

SUP10. In the past 12 months has [CHILD] been admitted overnight or longer in any hospital for emotional or behavioural problems?

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

The next few questions are about prescribed medications, herbal and natural treatments and supplements or vitamins.

SUP12. Has [CHILD] ever taken any prescribed medications for emotional or behavioural problems? By this I mean medications to deal with things like being anxious or stressed, feeling depressed, having problems concentrating, or being aggressive or hyperactive.

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP12.1. How old was [CHILD] when [he/she] first took these medications?
(Programmer note: display all ages starting at 0 and capped at child age)

77 - Refuse to answer (do not read out)
99 - Don't know (do not read out)

SUP13. Has [CHILD] taken any prescribed medications in the past two weeks (not just those for emotional or behavioural problems)?

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP13.A.   Can you please show me the prescribed medications that [CHILD] has taken in the past two weeks?

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

INTERVIEWER: SUP13.1.
(Do not read out)
Enter the number of medications: _____

INTERVIEWER: SUP13.1A - SUP13.1*n*:
(Programmer note: display the number of text boxes required (from answer to SUP13.1))
(Do not read out)
Enter medication name(s): _____

Ask all

SUP14. In the past two weeks has [CHILD] taken any herbal or natural treatments or remedies from a naturopath or another alternative therapist for emotional or behavioural problems?

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP15. In the past two weeks has [CHILD] taken any vitamins or mineral supplements obtained over the counter for emotional or behavioural problems?

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

I am now going to move on to questions about the various other kinds of help and support that people use to deal with problems.

SUP16. In the past 12 months has [CHILD] used the Internet to get help or information about emotional or behavioural problems that [he/she] may have? This includes searching the Internet or using online services provided by headspace, Reachout, Youth beyondblue and others.

0 - Not relevant – child is too young to use the internet to get help
1 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

Ask if SUP16 = 2

SUP16.1. Looking at SHOWCARD SUP16.1, which of the following Internet-based services has [CHILD] used in the past 12 months?
(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Information about mental health issues")

		(do not read out)			
		No	Yes	Ref	DK
SUP16.1a.	A. Information about mental health issues	0	2	7	9
SUP16.1b.	B. Online assessment tool (i.e. filled out a questionnaire on the Internet to find out if they needed help)	0	2	7	9
SUP16.1c.	C. Chat room or support group	0	2	7	9
SUP16.1d.	D. Online personal support or counselling	0	2	7	9
SUP16.1e.	E. Online self-help	0	2	7	9
SUP16.1f.	F. Information about services in the community	0	2	7	9

Ask all

SUP17. In the past 12 months has [CHILD] received informal help or support for emotional or behavioural problems that [he/she] may have from any of the following sources?
(Programmer note: format as grid)

		(do not read out)			
		No	Yes	Ref	DK
SUP17a.	His or her teacher	0	2	7	9
SUP17b.	Other school staff	0	2	7	9
SUP17c.	Sporting coach or other team leader	0	2	7	9
SUP17d.	Religious or spiritual advisor	0	2	7	9

SUP18. Has [CHILD] <u>ever</u> been held in a juvenile detention centre?

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP18.1. Was this in the <u>past 12 months</u>?

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP19. Has [CHILD] <u>ever</u> spoken to a counsellor or attended a program at a <u>drug or alcohol treatment unit or clinic</u>?

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP19.1. Was this <u>in the past 12 months</u>?

0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

Lifetime treatment delay

SUP30. Has [CHILD] ever had emotional or behavioural problems that were significant enough to make you or someone else, such as [his/her] teacher, think that [he/she] needed help?

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP30.1   Was this in the past 12 months?

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP30.2   In the past 12 months has [CHILD] had emotional or behavioural problems that were significant enough to make you or someone else, such as [his/her] teacher, think that [he/she] needed help?

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

If SUP1 = 2 use the following statement "You mentioned earlier that [CHILD] has received help or used services for emotional or behavioural problems."

SUP31. How old was [CHILD] when these problems first started? (display all ages starting at 0 and capped at child age)

77 - Refuse to answer (do not read out)
99 - Don't know (do not read out)

SUP32. Looking at SHOWCARD SUP32, who was it that thought [CHILD] needed help for [his/her] emotional or behavioural problems?
(Programmer note: format as multi)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. You or child's other parent")

SUP32a.	A. You or child's other parent
SUP32b.	B. The child themself
SUP32c.	C. Other family members
SUP32d.	D. Friends
SUP32e.	E. General practitioner/GP
SUP32f.	F. Paediatrician
SUP32g.	G. Psychologist or counsellor in the community
SUP32h.	H. Social worker or case manager
SUP32i.	I. Childcare worker
SUP32j.	J. School teacher or principal
SUP32k.	K. School counsellor, school psychologist or school nurse
SUP32l.	L. Sporting coach or other team leader
SUP32km.	M. Religious or spiritual advisor

Ask if SUP1 = 2
(Ask if parent has said that child has received help or used support services for emotional or behavioural problems)

SUP33. From the time [CHILD]'s emotional and behavioural problems first started, how long do you think it was before [CHILD] received help for these problems?

[INTERVIEWER NOTE – if respondent is having difficulty remembering ask "Roughly how long do you think it was – what's your best guess?]

(Programmer note: write in, range check maximum value 18 for years and 12 for months)

_____Number of years   and/or _____ months (2-digit)

0 – No waiting time (do not read out)
101 – Less than one month (do not read out)
201 – Has not received help
77 - Refuse to answer (do not read out)
99 - Don't know (do not read out)

Ask if (SUP1 = 2 and (SUP33 > 6 months)) OR (SUP30 = 2)
(Ask if parent has said that child has received help or used support services for emotional or behavioural problems and had to wait longer than 6 months OR if child has had emotional or behavioural problems but not used any services)

SUP34. Do you think [CHILD] would have benefited from help when these problems were first identified?
(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

Ask if (SUP1 = 2 and (SUP33 > 6 months))
(Ask if parent has said that child has received help or used support services for emotional or behavioural problems and had to wait longer than 6 months)

SUP35. Looking at SHOWCARD SUP35, why do you think it took this long before [CHILD] received help? (multiple choice)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1. Couldn't get an earlier appointment or on a waiting list")
    1 – 1. Couldn't get an earlier appointment or on a waiting list
    2 – 2. Didn't realise that help was available
    3 – 3. Didn't realise that my child had a problem or that the
          problem was treatable
    4 – 4. Saw a doctor or other health professional but
        they didn't think it was a problem
    5 – 5. Wanted to see how the problem would develop or thought it
        would get better on its own
    6 – 6. My child refused to seek help or go to an appointment
    7 – 7. Other
    77 - Refused (do not read out)
    99 - Don't know (do not read out)

Perceived Need (Help for Child)

Now I would like to know what types of help you felt [CHILD] needed for [his/her] emotional or behavioural problems some of which we may have touched on already, for example, being anxious or stressed, feeling depressed, having problems concentrating, or being aggressive or hyperactive. This includes services received at school, in a community clinic, from a doctor or in a hospital. If you are not sure, it is fine to say you don't know.

Sometimes children need help to deal with issues in life or problems while growing up. The next questions are about types of help you felt that [CHILD] may have needed in the past 12 months. Remember, just because I am asking about these things, it doesn't mean that I think [he/she] has a problem.

SUP40. Looking at SHOWCARD SUP40, in the past 12 months has [CHILD] received any of the following types of help?
(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Information about emotional and behavioural problems, treatment and available services ")

		(do not read out)			
		No	Yes	Ref	DK
SUP40a.	A. Information about emotional and behavioural problems, treatment and available services	0	2	7	9
SUP40b.	B. Prescribed medication for emotional or behavioural problems	0	2	7	9
SUP40c.	C. Counselling or a talking therapy about problems or difficulties (either one-on-one, as a family, or in a group)	0	2	7	9
SUP40d.	D. Courses or other counselling for life skills, self-esteem or motivation	0	2	7	9

SUP41. In the past 12 months do you think [CHILD] got as much help as needed?

        0 - No, [CHILD] needed a little more help
        1 - No, [CHILD] needed a lot more help
        2 - Yes
        7 - Refused (do not read out)
        9 - Don't know (do not read out)

SUP42. Looking at SHOWCARD SUP40, in the past 12 months which of the following types of help do you feel that [CHILD] needed? This is regardless of whether [CHILD] has received this help in the past or not.
(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Information about emotional and behavioural problems, treatment and available services")

	No	Yes	Ref	DK
SUP42a. A. Information about emotional and behavioural problems, treatment and available services	0	2	7	9
SUP42b. B. Prescribed medication for emotional or behavioural problems	0	2	7	9
SUP42c. C. Counselling or a talking therapy about problems or difficulties (either one-on-one, as a family, or in a group)	0	2	7	9
SUP42d. D. Courses or other counselling for life skills, self-esteem or motivation	0	2	7	9

SUP43.   Looking at SHOWCARD SUP43, <u>in the past 12 months</u>, can you tell me if any of the following reasons kept you from seeking or receiving more help for [CHILD]?
(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. I preferred to handle my child's problems on my own, or with help from family or friends")

(do not read out)

	No	Yes	Ref	DK
SUP43a. A. I preferred to handle my child's problems on my own, or with help from family or friends	0	2	7	9
SUP43b. B. I wasn't sure if my child needed help	0	2	7	9
SUP43c. C. I wasn't sure where to get help				
SUP43d. D. I thought that the problem would get better by itself				
SUP43f. E. There was a problem getting to a service that could help us	0	2	7	9
SUP43g. F. I couldn't afford it	0	2	7	9
SUP43h. G. I couldn't get an appointment for my child when it was needed	0	2	7	9
SUP43i. H. I was concerned about what other people might think	0	2	7	9
SUP43j. I. My child refused help, didn't turn up for an appointment, or didn't think they had a problem	0	2	7	9

[IF MORE THAN ONE CHOSEN (more than one yes (2) at SUP43) – DISPLAY THOSE SELECTED IN SUP43]

SUP44. Of these, what was the main reason? _____

SUP44A.   Looking at SHOWCARD SUP44A, in the past 12 months which provider was most involved in helping [CHILD] with [his/her] emotional or behavioural problems?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1. General practitioner /GP")

1 – 1. General practitioner /GP
2 – 2. Paediatrician
3 – 3. Psychiatrist
4 – 4. Psychologist
5 – 5. Child and Adolescent Mental Health Service (CAMHS) or Child and Youth Mental Health Service (CYMHS)
6 – 6. Non-government organisation, counselling or other support service
7 – 7. Telephone counselling service, such as Kids helpline or Reachout
8 – 8. On-line counselling service
9 – 9. Counsellor or other staff member at school
10 – 10. None of these – it was self-help
77 – Refused (do not read out)
99 – Don't know (do not read out)

SUP45. In the past 12 months, do you think [CHILD] needed help for emotional or behavioural problems?
                0 - No
                2 - Yes, [CHILD] needed a little help
                3 - Yes, [CHILD] needed a lot of help
                7 – Refused (do not read out)
                9 - Don't know (do not read out)

SUP46. Looking at SHOWCARD SUP46, in the past 12 months which of the following types of help do you feel that [CHILD] needed?
(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Information about emotional and behavioural problems, treatment and available services")

	(read out)	(do not read out)			
		No	Yes	Ref	DK
SUP46a.	A. Information about emotional and behavioural problems, treatment and available services	0	2	7	9
SUP46b.	B. Prescribed medication for emotional or behavioural problems	0	2	7	9
SUP46c.	C. Counselling or a talking therapy about problems or difficulties (either one-on-one, as a family, or in a group)	0	2	7	9
SUP46d.	D. Courses or other counselling for life skills, self-esteem or motivation	0	2	7	9

SUP47. Looking at SHOWCARD SUP47, in the past 12 months, which of the following reasons kept you from seeking or receiving help for [CHILD]?
(Programmer note: format as grid with gaps between the 3 groups of responses)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. I didn't realise my child had a problem")

	(do not read out)			
	No	Yes	Ref	DK
SUP47a. A. I preferred to handle my child's problems on my own, or with help from family or friends	0	2	7	9
SUP47b. B. I wasn't sure if my child needed help	0	2	7	9
SUP48c. C. I wasn't sure where to get help				
SUP48d. D. I thought that the problem would get better by itself				
SUP48f. E. There was a problem getting to a service that could help us	0	2	7	9
SUP48g. F. I couldn't afford it	0	2	7	9
SUP48h. G. I couldn't get an appointment for my child when it was needed	0	2	7	9
SUP48i. H. I was concerned about what other people might think	0	2	7	9
SUP48j. I. My child refused help, didn't turn up for an appointment, or didn't think they had a problem	0	2	7	9

 [IF MORE THAN ONE CHOSEN (more than one yes (2) at SUP47) – DISPLAY THOSE SELECTED IN SUP47]

SUP48. Of these, what was the main reason? _____

Now I would like to ask you about services that you or other family members may have used to help deal with any problems that [CHILD] may have.

Sometimes there are things that parents and families need help with too. The next questions are about services that are available to help parents with issues or problems in raising children.

SUP50. Other than when you have taken [CHILD] to see someone, have <u>you or other family members</u> ever used any services <u>to help you manage</u> any emotional or behavioural problems that [CHILD] may have?

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP50.1.   Was this in <u>the past 12 months</u>?

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP51. In the past 12 months have you or other family members spoken with a general practitioner/GP about any emotional or behavioural problems that [CHILD] may have?

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP52. How many times?

1 - Once
2 – Two to four times
3 – Five to nine times
4 – Ten or more times
7 - Refuse to answer (do not read out)
9 - Don't know (do not read out)

SUP53. In the past 12 months have you or other family members ever been to any of the following health professionals to help you manage any emotional or behavioural problems that [CHILD] may have?
(Programmer note: format as grid)

	(read out)	No	Yes	Ref	DK
			(do not read out)		
SUP53a.	General practitioner/GP	0	2	7	9
SUP53b.	Paediatrician	0	2	7	9
SUP53c.	Psychiatrist	0	2	7	9
SUP53d.	Psychologist	0	2	7	9
SUP53e.	Nurse	0	2	7	9
SUP53f.	Social worker	0	2	7	9
SUP53g.	Occupational therapist	0	2	7	9
SUP53h.	Counsellor or family therapist	0	2	7	9
SUP53i.	Other or unsure about what their profession was	0	2	7	9

Ask if SUP53 b, c, d or e = 2

SUP54*n*. Looking at SHOWCARD SUP54, where did you or other family members see the [professional]?
[INTERVIEWER NOTE – If more than one place mentioned, ask "what was the main one?"]

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1. At school")

1 – 1. At school
  2 – 2. Doctor's rooms or other private practice
  3 – 3. Hospital emergency or other outpatient department
  4 – 4. Child and Adolescent Mental Health Service (CAMHS)
      or Child and Youth Mental Health Service (CYMHS)
  5 – 5. Other public mental health service
  6 – 6. headspace centre
  7 – 7. Other community child or youth health service
  8 – 8. Other counselling or support service
  9 – 9. Unsure about where it was
  77- Refuse to answer (do not read out)
  99- Don't know (do not read out)

Ask if (Criteria B are met) OR (if criteria C are met AND SUP50.1 = 2)

SUP55. In the past 12 months, have you or other family members used the Internet to get help or information about emotional or behavioural problems that [CHILD] may have? This includes searching the Internet or using online services provided by headspace, Reachout, Youth beyondblue and others.

(do not read out)
0 - No
2 - Yes
7 - Refuse to answer
9 - Don't know

SUP56. Looking at SHOWCARD SUP56, which of the following Internet-based services have you or other family members used for help or information about any emotional or behavioural problems that [CHILD] may have had in the past 12 months?
(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Information about mental health issues")

		(read out)	No	Yes	Ref	DK
				(do not read out)		
SUP56a.	A. Information about mental health issues		0	2	7	9
SUP56b.	B. Online assessment tool (i.e., filled out a questionnaire on the Internet to find out if they needed help)		0	2	7	9
SUP56c.	C. Chat room or support group		0	2	7	9
SUP56d.	D. Online personal support or counselling		0	2	7	9
SUP56e.	E. Online self-help		0	2	7	9
SUP56f.	F. Information about services in the community		0	2	7	9

Perceived Need (help for Carers)

A) Ask if (SUP1.1 = 2) or (child meets diagnostic or sub-diagnostic criteria as identified by the DISC modules) or (child meets borderline or abnormal criteria on the SDQ) or (SUP30.1= 2 or SUP30.2 = 2) or (PCH3A = 2 or PCH3B = 2 or PCH3C = 2 or PCH3D = 2 of PCH3E = 2 or PCH3F = 2 or PCH3G = 2 or PCH3H = 2 or PCH3I = 2 or PCH3J = 2 or PCH3K = 2 or PCH3L = 2 or PCH3M = 2).

B) Read if parent has acknowledged a problem with child
i.e. if (SUP1.1 = 2) or (SUP30.1 = 2) or (SUP30.2 = 2)

The next questions are about types of help you felt that you or other family members needed to help you deal with any emotional or behavioural problems that [CHILD] may have.

C) Criteria C = ((SUP1.1 ≠ 2) AND (SUP30.1 ≠ 2) AND (SUP30.2 ≠ 2))

SUP60. Looking at SHOWCARD SUP60, in the past 12 months have you or your family received any of the following types of help?
(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Information about your child's problems, treatment and available services, including online information")

	(read out)	No	Yes	Ref	DK
			(do not read out)		
SUP60a.	A. Information about your child's problems, treatment and available services, including online information	0	2	7	9
SUP60b.	B. Counselling on how to manage any problems your child may have	0	2	7	9
SUP60c.	C. Counselling to help family relationships	0	2	7	9
SUP60d.	D. Counselling for your own problems, worries, or stresses	0	2	7	9
SUP60e.	E. Parenting skills course such as Triple P or 1-2-3 Magic	0	2	7	9
SUP60f.	F. Respite care	0	2	7	9
SUP60g.	G. Support group	0	2	7	9
SUP60h.	H. Help to meet people for support or company	0	2	7	9

Ask if SUP60 a, b ,c, d, e, f, g, or h = 2
(Ask if family has received any help)

SUP61. In the past 12 months do you think you or your family got as much help as you needed in relation to emotional or behavioural problems [CHILD] may have?

> 0 - No, we needed a little more help
> 1 - No, we needed a lot more help
> 2 - Yes
> 7 - Refused (do not read out)
> 9 - Don't know (do not read out)

Ask if SUP60 a, b , c, d, e, f, g, or h = 2 and SUP61 = 0 or 1
(Ask if family has received any help but felt that they needed more)

SUP62. Looking at SHOWCARD SUP62, in the past 12 months which of the following types of help do you feel that you or your family needed? This is regardless of whether you or your family received this help in the past or not.

(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Information about your child's problems, treatment and available services, including online information")

	(read out)	No	Yes	Ref	DK
			(do not read out)		
SUP62a.	A. Information about your child's problems, treatment and available services, including online information	0	2	7	9
SUP62b.	B. Counselling on how to manage any problems your child may have	0	2	7	9
SUP62c.	C. Counselling to help family relationships	0	2	7	9
SUP62d.	D. Counselling for your own problems, worries, or stresses	0	2	7	9
SUP62e.	E. Parenting skills, course such as Triple P or 1-2-3 Magic	0	2	7	9
SUP62f.	F. Respite care	0	2	7	9
SUP62g.	G. Support group	0	2	7	9
SUP62h.	H. Help to meet people for support or company	0	2	7	9

Ask if SUP60 a, b ,c, d, e, f, g, and h ≠ 2. (Ask if family has not received any help)

SUP63. In the past 12 months, do you think you or your family needed help because of any emotional or behavioural problems [CHILD] may have?

  1 - No
  2 - Yes, we needed a little help
  3 - Yes, we needed a lot of help
  7 - Refused (do not read out)
  9 - Don't know (do not read out)

Ask if SUP60 a, b, c, d, e, f, g, and h = 0 and SUP63 = 2 or 3
(Ask if family has not received any help but respondent thought that they needed it)

SUP64. Looking at SHOWCARD SUP64, in the past 12 months which of the following types of help do you feel that you or your family needed?
(Programmer note: format as grid)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Information about your child's problems, treatment and available services, including online information")

| | (read out) | (do not read out) | | | |
		No	Yes	Ref	DK
SUP64a.	A. Information about your child's problems, treatment and available services, including online information	0	2	7	9
SUP64b.	B. Counselling on how to manage any problems your child may have	0	2	7	9
SUP64c.	C. Counselling to help family relationships	0	2	7	9
SUP64d.	D. Counselling for your own problems, worries, or stresses	0	2	7	9
SUP64e.	E. Parenting skills, course such as Triple P or 1-2-3 Magic	0	2	7	9
SUP64f.	F. Respite care	0	2	7	9
SUP64g.	G. Support group	0	2	7	9
SUP64h.	H. Help to meet people for support or company	0	2	7	9

Family Information Module

Parental Mental Health

The following questions ask about how you have been feeling in the **last four weeks**. For each question, choose the option that best describes the amount of time you felt that way.

Primary Caregiver

ASK ALL

PFI1.   Looking at SHOWCARD PFI1, in the last four weeks, about how often did you feel tired out for no good reason?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . None of the time")

1 –1. None of the time
2 –2. A little of the time
3 –3. Some of the time
4 - 4. Most of the time
5 –5. All of the time
7 - Refuse to answer (don't read out)
9 - Don't know (don't read out)

PFI2. (*Looking at SHOWCARD PFI1*), in the last four weeks, about how often did you feel nervous? (Programmer note: the response numbers need to be displayed on the screen, e.g., "1 .None of the time")

       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

ASK IF PFI2 in (2,3,4,5)

PFI3. (*Looking at SHOWCARD PFI1*), in the last four weeks, about how often did you feel so nervous that nothing could calm you down?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . None of the time")
       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

ASK ALL

PFI4. (*Looking at SHOWCARD PFI1*), in the last four weeks, about how often did you feel hopeless? (Programmer note: the response numbers need to be displayed on the screen, e.g., "1 .None of the time")

       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

PFI5.   (*Looking at SHOWCARD PFI1*), in the last four weeks, about how often did you feel restless and fidgety?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 .None of the time")

       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

ASK IF PFI5 in (2,3,4,5)

PFI6.   (*Looking at SHOWCARD PFI1)*, in the last four weeks, about how often did you feel so restless you could not sit still?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . None of the time")

       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

ASK ALL

PFI7.   (*Looking at SHOWCARD PFI1*), in the last four weeks, about how often did you feel depressed?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 .None of the time")

       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

PFI8.   (*Looking at SHOWCARD PFI1*), in the last four weeks, about how often did you feel that everything was an effort?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 .None of the time")

       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

PFI9.   (*Looking at SHOWCARD PFI1*), in the last four weeks, about how often did you feel so sad that nothing could cheer you up?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 .None of the time")

       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

PFI10.   (*Looking at SHOWCARD PFI1*), in the last four weeks, about how often did you feel worthless?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 .None of the time")

       1 –1. None of the time
       2 –2. A little of the time
       3 –3. Some of the time
       4 –4. Most of the time
       5 –5. All of the time
       7 - Refuse to answer (don't read out)
       9 - Don't know (don't read out)

PFI11. Were there any days when you were <u>totally unable</u> to work or carry out your normal activities because of these feelings?

> 0 - No
> 2 - Yes
> 7 - Refuse to answer (don't read out)
> 9 - Don't know (don't read out)

PFI19.   Looking at SHOWCARD PFI1, in the last four weeks, about how often did you feel calm or peaceful?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . None of the time")

> 1 –1. None of the time
> 2 –2. A little of the time
> 3 –3. Some of the time
> 4 –4. Most of the time
> 5 –5. All of the time
> 7 - Refuse to answer (don't read out)
> 9 - Don't know (don't read out)

PFI19A. (*Looking at SHOWCARD PFI1*), during the years since [child] was born, how much have mental health problems interfered with your daily activities?
(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . None of the time")
> 1 –1. None of the time
> 2 –2. A little of the time
> 3 –3. Some of the time
> 4 –4. Most of the time
> 5 –5. All of the time
> 9 - Don't know
> 7 - Refuse to answer (don't read out)

PFI19B. Now I am going to show you a list of problems that some people have. Looking at SHOWCARD PF119B, have you ever been told by a doctor or mental health professional that you have any of these problems?

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 - Panic attacks")

1 –1. Panic attacks

2 –2. Post-traumatic stress disorder (PTSD)

3 –3. Obsessive-compulsive disorder (OCD)

4 –4. Any other anxiety problems

5 –5. Depression

6 –6. Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

7 –7. Schizophrenia

8 –8. Bipolar disorder or any other psychosis

9 –9. Alcohol or drug dependence

10 –10. Other mental health problem

77 – Refuse to answer

99 – Don't know

None

Programmer note: Secondary carer to be identified in HRF after relationship grid is administered

PFI20F. Looking at SHOWCARD PFI20B, during the years since [child] was born, how much did problems with [Secondary Carer]'s mental health interfere with [his/her] daily activities?

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . None of the time")

1 –1. None of the time

2 –2. A little of the time

3 –3. Some of the time

4 –4. Most of the time

5 –5. All of the time

7 - Refuse to answer (don't read out)

9 - Don't know (don't read out)

PFI20G. Now I am going to show you a list of problems that some people have. Looking at SHOWCARD PF120G, has [Secondary carer] ever been told by a doctor or mental health professional that [he/she] has any of these problems?

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . Panic Attacks")

1 –1. Panic attacks

2 –2. Post-traumatic stress disorder (PTSD)

3 –3. Obsessive-compulsive disorder (OCD)

4 –4. Any other anxiety problems

5 –5. Depression

6 –6. Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

7 –7. Schizophrenia

8 –8. Bipolar disorder or any other psychosis

9 –9. Alcohol or drug dependence

10 –10. Other mental health problem

None

77 – Refuse to answer

99 – Don't know

Life Stress Events

(Use "or your partner" if primary care has a partner – will be asked in household form (screener module or HRF))

PFI21. Looking at SHOWCARD PFI21. In the last year, have any of the following happened to you [or your partner]?

Programmer note: program PFI21A to PFI21s as grid and display on the same screen.

PFI21B. Suffered a serious illness, injury or assault?

    0 - No

    2 - Yes

    7 - Refuse to answer (don't read out)

    9 - Don't know (don't read out)

PFI21C. A serious illness, injury or assault happened to a close relative?

    0 - No

    2 - Yes

    7 - Refuse to answer (don't read out)

    9 - Don't know (don't read out)

PFI21D. A parent, partner or child died?

    0 - No

    2 - Yes

    7 - Refuse to answer (don't read out)

    9 - Don't know (don't read out)

PFI21E. A close family friend or another relative (aunt, cousin, grandparent) died?

    0 - No

    2 - Yes

    7 - Refuse to answer (don't read out)

    9 - Don't know (don't read out)

PFI21F. Separated from a spouse or partner?

    0 - No
    2 - Yes
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

PFI21H. Started living with a new partner?

    0 - No
    2 - Yes
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

PFI21I. Had someone new (other than a new baby or partner) move into the household (e.g. new stepchild, foster child, other relative, friend or boarder)?

    0 - No
    2 - Yes
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

PFI21K. Had a major financial crisis?

    0 - No
    2 - Yes
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

PFI21N. Lost your job, but not from choice (e.g. contract ended, made redundant, sacked)?

    0 - No
    2 - Yes
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

PFI21P. Had problems with the police or a court appearance?

    0 - No
    2 - Yes
    7 - Refuse to answer (don't read out)
    9 - Don't know (don't read out)

PFI21R. Someone in your household had an alcohol or drug problem?

     0 - No
     2 - Yes
     7 - Refuse to answer (don't read out)
     9 - Don't know (don't read out)

PFI21S. Have you or your family been affected by a bushfire, flood, cyclone, or a severe storm?

     0 - No
     2 - Yes
     7 - Refuse to answer (don't read out)
     9 - Don't know (don't read out)

Family Functioning

Here are some statements about families and family relationships. In relation to the family members living in this household, how well do the statements match the way things are done in your family?

How much do you agree or disagree with the statements below concerning your family?

Programmer note: For PFI22n display 2 to 3 questions per screen.

PFI22B. Looking at SHOWCARD PFI22B, in times of crisis we can turn to each other for support.

     (Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . Strongly agree")

     1 –1. Strongly agree
     2 –2. Agree
     3 –3. Disagree
     4 –4. Strongly disagree
     7 - Refuse to answer (don't read out)
     9 - Don't know (don't read out)

PFI22D. (*Looking at SHOWCARD PFI22B*), individuals are accepted for what they are.

     (Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . Strongly agree")

     1 –1. Strongly agree
     2 –2. Agree
     3 –3. Disagree
     4 –4. Strongly disagree
     7 - Refuse to answer (don't read out)
     9 - Don't know (don't read out)

PFI22F. (*Looking at SHOWCARD PFI22B*), we can express feelings to each other.

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . Strongly agree")

1 –1. Strongly agree
2 –2. Agree
3 –3. Disagree
4 –4. Strongly disagree
7 - Refuse to answer (don't read out)
9 - Don't know (don't read out)

PFI22H. (*Looking at SHOWCARD PFI22B*), we feel accepted for what we are.

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . Strongly agree")

1 –1. Strongly agree
2 –2. Agree
3 –3. Disagree
4 –4. Strongly disagree
7 - Refuse to answer (don't read out)
9 - Don't know (don't read out)

PFI22J. (*Looking at SHOWCARD PFI22B*), we are able to make decisions about how to solve problems.

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . Strongly agree")

1 –1. Strongly agree
2 –2. Agree
3 –3. Disagree
4 –4. Strongly disagree
7 - Refuse to answer (don't read out)
9 - Don't know (don't read out)

PFI22L. (*Looking at SHOWCARD PFI22B*), we confide in each other.

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 . Strongly agree")

1 –1. Strongly agree
2 –2. Agree
3 –3. Disagree
4 –4. Strongly disagree
7 - Refuse to answer (don't read out)
9 - Don't know (don't read out)

PFI23.   You mentioned previously that [child's] other parent is not currently living in the household. Is this because….

1 - You have separated
2 - Other parent has passed away
3 - Other parent works away
4 - Other parent is in custody
5 - Other parent is temporarily absent
6 - Other

PFI24. How long ago did you separate from [child's] other parent?

_____ years

Programmer note: write in box for years and/or months. Range check not greater than child's current age + 1.

77 - refuse to answer (don't read out)
99 - don't know (don't read out)

PFI24A. At the time of separation did you notice that there was a change in [child]'s behaviour or emotions?

0 - No
2 – Yes
6 – Child too young
7 - Refuse to answer (don't read out)
9 - Don't know (don't read out)

PFI24B. Did the separation cause [child] distress at the time?

        0 - No

        2 - Yes

        7 - Refuse to answer (don't read out)

        9 - Don't know (don't read out)

PFI24C. How much distress did the separation cause [child] at the time?

        1 - None

        2 - A little

        3 - Some

        4 - A lot

        5 - Extreme

        7 - Refuse to answer (don't read out)

        9 - Don't know (don't read out)

PFI24D. Do you think the separation currently causes [child] distress?

        0 - No

        2 - Yes

        8 – Not applicable

        7 - Refuse to answer (don't read out)

        9 - Don't know (don't read out)

PFI24E. How much distress do you think the separation currently causes [child]?

        2 - A little

        3 - Some

        4 - A lot

        5 - Extreme

        7 - Refuse to answer (don't read out)

        9 - Don't know (don't read out)

Parental Substance Use

The next questions are about smoking.

Primary Caregiver

PFI25.   Have you ever been a regular cigarette smoker?

0 - No

2 - Yes

7 - Refuse to answer (don't read out)

9 - Don't know (don't read out)

PFI27.   Do you still smoke cigarettes?

0 - No

2 - Yes

7 - Refuse to answer (don't read out)

9 - Don't know (don't read out)

Secondary Caregiver

PFI30.   And what about [CAREGIVER 2]? Has [he/she] ever been a cigarette smoker?

0 - No

2 - Yes

7 - Refuse to answer (don't read out)

9 - Don't know (don't read out)

PFI32.   Does [CAREGIVER 2] still smoke cigarettes?

0 - No

2 - Yes

7 - Refuse to answer (don't read out)

9 - Don't know (don't read out)

The next questions are about alcohol

PFI35.   How often do you have a drink containing alcohol?

    0 - Never
    1 - Not in the last year
    2 - Once a month or less
    3 - 2-3 times a month
    4 - Once a week
    5 - 2-3 times a week
    6 - 4-6 times a week
    7 - Every day
    77 – Refuse to answer (don't read out)
    99 –Don't know (Don't read out)

ASK IF PFI35 = 1,2,3,4,5,6,7

PFI36.   On the days that you drink alcohol, on average how many standard drinks of beer, wine, liquor or other alcoholic beverages do you have?

    1 - One or two
    2 - Three or four
    3 - Five or six
    4 - Seven or more
    7 – Refuse to answer (don't read out)
    8 – Not applicable (Don't read out)
    9 – Don't know (Don't read out)

Secondary Caregiver

ASK IF CHILD HAS A SECONDARY CARER

PFI37.   And [CAREGIVER 2]? How often does [he/she] have a drink containing alcohol?

    0 - Never
    1 - Not in the last year
    2 - Once a month or less
    3 - 2-3 times a month
    4 - Once a week
    5 - 2-3 times a week
    6 - 4-6 times a week
    7 - Every day
    77 – Refuse to answer (don't read out)
    99 – Don't know (don't read out)

ASK IF PFI37 = 1,2,3,4,5,6,7

PFI38.   On the days that [CAREGIVER 2] drinks alcohol, on average how many standard drinks of beer, wine, liquor or other alcoholic beverages does [he/she] have?

        1 - One or two
        2 - Three or four
        3 - Five or six
        4 - Seven or more
        7 – Refuse to answer (Don't read out)
        8 – Not applicable (don't read out)
        9 – Don't know (Don't read out)

Demographic Questionnaire

Primary Caregiver

Ask all

PCD1. What is the highest year of primary or secondary school that you have completed?

        1 - Year 12 or equivalent
        2 - Year 11 or equivalent
        3 - Year 10 or equivalent
        4 - Year 9 or equivalent
        5 - Year 8 or below
        6 - Did not go to school
        7 - Refuse to answer (do not read out)
        9 - Don't know (do not read out)

PCD2. Looking at SHOWCARD PCD2, what is the level of the highest post-school qualification that you have completed?

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1. Postgraduate degree")

        1- 1. Postgraduate degree
        2 – 2. Graduate diploma or graduate certificate
        3 – 3. Bachelor degree
        4 – 4. Advanced diploma or diploma
        5 – 5. Certificate III/IV
        6 – 6. Certificate I/II
        7 – 7. Certificate not further defined
        8 – 8. No non-school qualification
        9 – 9. Level not determined
        77 - Refuse to answer (do not read out)
        99 - Don't know (do not read out)

Ask if PCD1 = 1,2,3,4,5

PCD3. When you were at school, how much did you enjoy school?

        1 - Very much liked school

        2 - Somewhat liked school

        3 - Neither liked nor disliked school

        4 - Somewhat disliked school

        5 - Very much disliked school

        7 – refuse to answer (do not read out)

        9 – Don't know (do not read out)

PCD4. Thinking back to when you were in [high school/school], how would you describe your overall academic performance?

Note: Use "high school" if PCD1 in (1, 2, 3, 4), otherwise use "school"

                1 - Far above average

                2 - Somewhat above average

                3 - Average

                4 - Somewhat below average

                5 - Far below average

                7 - Refuse to answer (do not read out)

                9 - Don't know (do not read out)

Ask all

PCD5.   Looking at SHOWCARD PCD5, last week did you have a full-time or part-time job of any kind? (Interviewer note: a job means any type of work including casual, temporary, or part-time work, if it was for one hour or more. Exclude unpaid domestic work for their household.)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 - Yes, worked for payment or profit")

        1 – 1. Yes, worked for payment or profit

        2 – 2. Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down

        3 – 3. Yes, unpaid work in a family business

        4 – 4. Yes, other unpaid work

        5 – 5. No, did not have a job

        7 - Refuse to answer (do not read out)

        9 - Don't know (do not read out)

PCD6. Last week, how many hours did you work in all jobs?

(Programmer note: write in, range check maximum value 99)

_____ hours

100 – 100 or more hours
777 – Refuse to answer
888 – Not applicable
999 – Don't know

PCD8. Did you actively look for work at any time in the last four weeks?

INTERVIEWER NOTE: If respondent is retired or disabled or not working due to a disability select "Not applicable"

0 - No, did not look for work
1 - Yes, looked for full-time work
2 - Yes, looked for part-time work
7 - Refuse to answer (do not read out)
8 - Not applicable (do not read out)
9 - Don't know (do not read out)

PCD10. How long has it been since you last had a job? (Write in months or years)

(Programmer note: write in, range check maximum value 99)

_____ months _____ years

666 – Never had a job
777 – Refuse to answer
888 – Not applicable
999 – Don't know

Secondary Carer

These questions are about the child's secondary carer.

SCD1. What is the highest year of primary or secondary school that [Secondary Carer Name] has completed?

       1 - Year 12 or equivalent
       2 - Year 11 or equivalent
       3 - Year 10 or equivalent
       4 - Year 9 or equivalent
       5 - Year 8 or below
       6 - Did not go to school
       7 - Refuse to answer (do not read out)
       8 - Not applicable (do not read out)
       9 - Don't know (do not read out)

SCD2. Looking at SHOWCARD SCD2, what is the level of the highest post-school qualification that [Secondary Carer Name] has completed?

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1. Postgraduate degree")

       1- 1. Postgraduate degree
       2 – 2. Graduate diploma or graduate certificate
       3 – 3. Bachelor degree
       4 – 4. Advanced diploma or diploma
       5 – 5. Certificate III/IV
       6 – 6. Certificate I/II
       7 – 7. Certificate not further defined
       8 – 8. No non-school qualification
       9 - Level not determined
       77 - Refuse to answer (do not read out)
       88 - Not applicable (do not read out)
       99 - Don't know (do not read out)

Ask if SCD1 = 1,2,3,4,5

SCD4.   Thinking back to when [Secondary Carer Name] was in [high school/school], how would you describe [his/her] overall academic performance?

Note: Use "high school" if SCD1 in (1, 2, 3, 4), otherwise use "school"

       1 - Far above average
       2 - Somewhat above average
       3 - Average
       4 - Somewhat below average
       5 - Far below average
       7 - Refuse to answer (do not read out)
       9 - Don't know (do not read out)

Ask all

SCD5.   Looking at SHOWCARD PCD5, last week did [Secondary Carer Name] have a full-time or part-time job of any kind? (Interviewer note: a job means any type of work including casual, temporary, or part-time work, if it was for one hour or more. Exclude unpaid domestic work for their household.)

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 - Yes, worked for payment or profit")

> 1 – 1. Yes, worked for payment or profit
> 2 – 2. Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down
> 3 – 3. Yes, unpaid work in a family business
> 4 – 4. Yes, other unpaid work
> 5 – 5. No, did not have a job
> 7 - Refuse to answer (do not read out)
> 8 - Not applicable (do not read out)
> 9 - Don't know (do not read out)

Ask if SCD5 = 1, 3,4

SCD6. Last week, how many hours did [Secondary Carer Name] work in all jobs?

(Programmer note: write in, range check maximum value 99)
_____ hours

> 100 – 100 or more hours
> 777 – Refuse to answer
> 888 – Not applicable
> 999 – Don't know

Ask if SCD5 = 5

SCD8. Did [Secondary Carer Name] actively look for work at any time in the last four weeks?

> 0 - No, did not look for work
> 1 - Yes, looked for full-time work
> 2 - Yes, looked for part-time work
> 7 - Refuse to answer (do not read out)
> 8 - Not applicable (do not read out)
> 9 - Don't know (do not read out)

ASK IF SCD5 = 5

SCD10. How long has it been since [Secondary Carer Name] last had a job? (Write in months or years)

(Programmer note: write in, range check maximum value 99)

_____ months _____ years

666 – Never had a job
777 – Refuse to answer
888 – Not applicable
999 – Don't know

Household

HHD1. Looking at **SHOWCARD HHD1**, which of these categories contains the combined income of everyone in this household, before tax and other deductions are taken out, during the last financial year. That is, July 2011 to June 2012. Please include income from all sources, including wages, investments and government pensions and benefits.

(Programmer note: the response numbers need to be displayed on the screen, e.g., "A. Nil income/Negative income (loss); B. $52-$20,799 per year ($1-$399 per week)

1	A. Nil income/Negative income (loss)$
2	B. $52-$20,799 per year ($1-$399 per week)
3	C. $20,800-$31,199 per year ($400-$599 per week)
4	D. $31,200-$41,599 per year ($600-$799 per week)
5	E. $41,600-$51,999 per year ($800-$999 per week)
6	F. $52,000-$64,999 per year ($1,000-$1,249 per week)
7	G. $65,000-$77,999 per year ($1,250-$1,499 per week)
8	H. $78,000-$103,999 per year ($1,500-$1,999 per week)
9	I. $104,000-$129,999 per year ($2,000-$2,499 per week)
10	J. $130,000-$155,999 per year ($2,500-$2,999 per week)
11	K. $156,000-$208,799 per year ($3,000-$3,999 per week)
12	L. $208,800 or more per year ($4,000 or more per week)
77	Refuse to answer (do not read out)
99	Don't know (do not read out)

HHD3. Over the last 12 months, due to shortage of money, have any of the following occurred in this household?

(Programmer note: grid format)

a – Have not been able to pay gas, electricity or telephone bills on time
b – Could not pay the mortgage or rent on time
c - Adults or children have gone without meals
f - Have sought assistance from a welfare or community organisation

Programmer note: For each question HHD3a-HHD3g allowable responses are:

0 – No
2 – Yes
7 – Refuse to answer (do not read out)
9 – Don't know (do not read out)

HHD4. How many bedrooms are there in this dwelling/home?

(Programmer note: range check maximum value 9)

_____ bedrooms

        10 –10 or more
        77 – Refuse to answer
        88 – Not applicable
        99 – Don't know

HHD5. Looking at SHOWCARD HHD5, is this dwelling/home:

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 - Owned outright")

1	1. Owned outright
2	2. Owned with a mortgage
4	4. Being rented
7	7. Other
77	Refuse to answer (do not read out)
99	Don't know (do not read out)

HHD5a. Looking at SHOWCARD HHD5a, if this dwelling/home is being rented, who is it rented from?

(Programmer note: the response numbers need to be displayed on the screen, e.g., "1 – Real estate agent")

1	1. Real estate agent
2	2. Government Housing Authority/Housing Department (Public Housing)
3	3. Parent/other relative not in this home
4	4. Other person not in this home
5	5. Other person also living in this home
6	6. Residential park (including caravan parks and marinas)
7	7. Employer – Government (including Defence Housing Authority)
8	8. Employer – private
9	9. Housing co-operative; community or church group
88	10. Not applicable
77	Refuse to answer (do not read out)
99	Don't know (do not read out)

HHD6. Is [child] listed on a health care card?

        0 – No
        2 – Yes
        7 – Refuse to answer (do not read out)
        9 – Don't know (do not read out)

HHD7. Does anyone in this household receive a carer benefit or pension in relation to [child]?

        0 – No
        2 – Yes
        7 – Refuse to answer (do not read out)
        9 – Don't know (do not read out)

HHD8. How many dwellings/homes has [child] lived in since [he/she] was born?

(Programmer note: range check maximum value 99)

_____ dwellings

        777 – Refuse to answer
        999 – Don't know

Consent module

Enter consent booklet ID number**,** and write Household ID number from CAPI on the front of the consent booklet. _____

(Programmer note: compulsory field. Allow 6 digit field (may be changed after pilot)

Programmer note: after this field is completed, display the next menu screen

Programmer note: Format the following text as "do not read"

INTERVIEWER NOTE:

Age of selected child is [age] years old. Please use the (Programmer note; Display text for age of selected child: 4-10 year old/ 11-13 year old/ 14-17 year old) version of the consent booklet, and complete the following forms for this interview:

Programmer note: display the following list as menu with radio buttons. Please allow interviewer to click on one menu item at a time, and then display the subsequent instructions for that form. When instructions/ steps for each form have been completed, return to this menu screen

Programmer note: please display status as not started (red), in progress/ not finished (blue) and completed (black)

P1 – Young Minds Matter Parent consent form

Y1 – Young Minds Matter Youth consent form

M1 - Medicare and PBS form - Child under 12 years

M2 - Medicare and PBS form - Child aged 12-13 years

M3 - Medicare and PBS form - Child aged 14-17 years

N1 – NAPLAN consent form

INTERVIEWER NOTE:

Age of selected child is [age] years old. Please complete the following forms for this interview:

○ P1 – Young Minds Matter Parent consent form

○ Y1 – Young Minds Matter Youth consent form

○ M1 - Medicare and PBS form - Child under 12 years

○ M2 - Medicare and PBS form - Child aged 12-13 years

○ M3 - Medicare and PBS form - Child aged 14-17 years

○ N1 – NAPLAN consent form

Programmer note: enable interviewer to go back if needed once a form is selected

P1 – Young Minds Matter Parent consent form

INTERVIEWER NOTE:

- Ask parent/guardian to complete parent consent form "P1"

- Ensure the parent marks the first box for consent to interview

- (Programmer note: Display if selected child is aged 11-17 years) If 11-17 year old was invited to participate, ensure second box is also marked

- (Programmer note: Display if selected child is aged 14-17 years) If permission was given to ask 14-17 year old for Medicare and PBS consent, ensure the third box is marked

- Check name, signature and date have been completed

(Programmer note: Display if selected child is aged 12-17 years)

Nine month survey follow-up

Explain the Nine month survey follow-up to the parent. If permission was given to re-contact the parent in nine months' time, ensure the fourth box is marked.

P1AA. What is the best phone number to contact you in approximately nine months' time?

Programmer note: display 10 digit field to record phone number

(Programmer note: Display for all)

P1A. Parent consent form completed?

0 - No
2 - Yes

Y1 – Young Minds Matter Youth consent form

INTERVIEWER NOTE:

- If youth agrees to participate, ask them to complete youth consent form "Y1"

- Ensure the youth marks the first box for consent to interview

- Check name, signature and date have been completed

Y1A. Youth consent form completed?

0 - No
2 - Yes

M1 - Medicare and PBS form - Child under 12 years

INTERVIEWER NOTE:

- Explain Medicare and PBS linkage and ask parent/guardian to complete Medicare and PBS form "M1"

- If parent agrees to linkage, check all fields on form have been completed

Thank you for helping me to understand the services and medications that your child has recently used. It would further help the study research team if they could have access to your child's Medicare and Pharmaceutical Benefits Scheme information held by the Australian Government Department of Human Services. This would allow an accurate description of services and costs that may be related to the care of your child. I can describe in more detail this information if you would like to see an example of what would be given to the research team. Would it be okay for the research team to have access to your child's Medicare and PBS information?

Thank you. Can I get you to fill in this form giving written consent?

M1A. Medicare and PBS form completed?

0 - No
2 - Yes
7 – Refused permission for linkage

M1B. Please enter [Child]'s Medicare card number and Reference number:

Medicare card number _____   Reference number _____

(Programmer note: display 10 digit field for Medicare number and two digit field for reference number)

7 – Refuse to answer (do not read out)

M2 - Medicare and PBS form - Child aged 12-13 years

Thank you for helping me to understand the services and medications that your child has recently used. It would further help the study research team if they could have access to your child's Medicare and Pharmaceutical Benefits Scheme information held by the Australian Government Department of Human Services. This would allow an accurate description of services and costs that may be related to the care of your child. I can describe in more detail this information if you would like to see an example of what would be given to the research team. Would it be okay for the research team to have access to your child's Medicare and PBS information?

Thank you. Can I get you to fill in this form giving written consent?

M2A. Medicare and PBS form completed?

> 0 - No
> 2 - Yes
> 7 – Refused permission for linkage

M2B. Please enter [Child]'s Medicare card number and Reference number:

Medicare card number _____   Reference number _____

(Programmer note: display 10 digit field for Medicare number and two digit field for reference number)

7 – Refuse to answer (do not read out)

M3 - Medicare and PBS form - Child aged 14-17 years

Explanation for parent:

Thank you for helping me to understand the services and medications that your child has recently used. It would further help the study research team if they could have access to your child's Medicare and Pharmaceutical Benefits Scheme information held by the Australian Government Department of Human Services. This would allow an accurate description of services and costs that may be related to the care of your child. I can describe in more detail this information if you would like to see an example of what would be given to the research team. Would it be okay for the research team to have access to your child's Medicare and PBS information?

Thank you. Can you please tick the appropriate box on Form P1 Parent Consent Form to give me permission to ask [CHILD] to fill the form in. [He/She] may require your assistance.

Explanation for youth:

Finally, because many of the questions are about your health and well-being, the research team would like to have access to information about your use of health services and medications that your doctor may have prescribed. Your (mother/father) has said it is okay for me to ask you to complete this survey and to ask for your consent to access information about your use of health services and medications. The information about your health and use of medicines is not shared with anybody, no one else gets them or looks at them, and they would help us understand how young people are using doctors and medicines. The information on all young people would help governments and communities to design helpful programs and services for young people when they need them.

Thank you. Can I get you to fill in this form giving written consent?

M3A. Medicare and PBS form completed?

        0 - No
        2 - Yes
        7 – Refused permission for linkage

Ask if M3A = 2

M3B. Please enter [Child]'s Medicare card number and Reference number:

Medicare card number _____ Reference number _____

(Programmer note: display 10 digit field for Medicare number and two digit field for reference number)
7 – Refuse to answer (do not read out)

N1 – NAPLAN consent form

Thank you for helping us. One of the things that would help the research team further understand how kids are doing, particularly at school, would be to have access to [CHILD]'s NAPLAN test results. It would particularly help schools plan and arrange services for kids that need help, and prevention programs to keep kids well. Would you be willing for us to have access to your child's NAPLAN test results held by the state testing authority through to and including the 2016 tests**?**

Thank you. Can I get you to fill in this form giving written consent?

N1A. **NAPLAN form completed?**

> 0 - No
> 2 - Yes
> 7 – Refused permission for linkage

N1B. What is the name of the school [CHILD] is [attending/last attended]?

> Name of school _____
> Suburb _____
> State _____

> 7 - Refuse to answer (do not read out)
> 9 - Don't know (do not read out)
> 101 – Has never been to school

INTERVIEWER NOTE: If necessary, state: To enable us to access your child's NAPLAN data, if your child has attended more than one school, we need to ask about the name of the school(s) the child was at when they completed NAPLAN tests.

N1C. What is the name and location of the school that [CHILD] attended during the month of May when [he/she] was in Year 9?

Name of school _____

Suburb _____

State _____

(Programmer note: provide drop down list for state, using abbreviations: NSW, VIC, QLD, SA, WA, NT, ACT, TAS)

7 - Refuse to answer (do not read out)

9 - Don't know (do not read out)

101 – same as current school or school last attended

INTERVIEWER NOTE: If necessary, state: To enable us to access your child's NAPLAN data, if your child has attended more than one school, we need to ask about the name of the school(s) the child was at when they completed NAPLAN tests.

N1D. What is the name and location of the school that [CHILD] attended during the month of May when [he/she] was in Year 7?

Name of school _____

Suburb _____

State _____

(Programmer note: provide drop down list for state, using abbreviations: NSW, VIC, QLD, SA, WA, NT, ACT, TAS)

7 - Refuse to answer (do not read out)

9 - Don't know (do not read out)

101 – same as current school or school last attended

INTERVIEWER NOTE: If necessary, state: To enable us to access your child's NAPLAN data, if your child has attended more than one school, we need to ask about the name of the school(s) the child was at when they completed NAPLAN tests.

N1E. What is the name and location of the school that [CHILD] attended during the month of May when [he/she] was in Year 5?

      Name of school _____

      Suburb _____

      State _____

(Programmer note: provide drop down list for state, using abbreviations: NSW, VIC, QLD, SA, WA, NT, ACT, TAS)

      7 - Refuse to answer (do not read out)

      9 - Don't know (do not read out)

      101 – same as current school or school last attended

INTERVIEWER NOTE: If necessary, state: To enable us to access your child's NAPLAN data, if your child has attended more than one school, we need to ask about the name of the school(s) the child was at when they completed NAPLAN tests.

N1F. What is the name and location of the school that [CHILD] attended during the month of May when [he/she] was in Year 3?

      Name of school _____

      Suburb _____

      State _____

(Programmer note: provide drop down list for state, using abbreviations: NSW, VIC, QLD, SA, WA, NT, ACT, TAS)

      7 - Refuse to answer (do not read out)

      9 - Don't know (do not read out)

      101 – same as current school or school last attended

Interviewer Impressions

IIP1. Was the child in the room when you interviewed parent?

> 0 – No
> 2 – Yes

IIP2. Was the other parent or carer in the room when you did the parent interview?

> 0 – No
> 2 – Yes
> 8 – Not applicable

IIP3. Was the parent in the room when child completed [his/her] questionnaire?

> 0 – No
> 2 – Yes

IIP4. How well did the parent understand the questions?

> 1 - Excellent
> 2 - Good
> 3 - Fair
> 4 - Poor

IIP5. How was the parent's cooperation during the interview?

> 1 - Excellent
> 2 - Good
> 3 - Fair
> 4 - Poor

IIP6. How much effort did the parent put into answering the questions?

> 1 - A lot
> 2 - Some
> 3 - Very little
> 4 – None

IIP7. Please rate the internal condition of the dwelling

> 1 – Immaculate
> 2 - Well-kept and clean
> 3 - Messy but no more than you would expect with children
> 4- Dirty, not well maintained
> 5 - May be an unsafe or unhealthy environment for children.

SA1 Assessment Form – Completed by the interviewers

(Programmer note: please display the following screen before SA9. Also, do not display the headings)

INTRODUCTORY STATEMENT

Area name:

Area number:

These questions should be completed after listing of the SA1 and screening of households has been completed. Based on what you have seen within your assigned SA1, please record your observations of the SA1.

HOUSEHOLD SCREENING

SA9.   What was the general attitude of households you screened?

1 - Generally very friendly and welcoming

2 - Generally interested once they knew who you were and what you were doing

3 - Generally uneasy about participating in surveys

4 - Difficult to get people to answer the door

SA10.   Were there security features on the residences in this SA1 that made it difficult to approach the house, such as fences with locked gates, intercoms, secure apartment buildings, etc?

3 - Yes, almost everywhere

2 - Yes, quite a lot

1 - Yes, but only a few

0 - No

SA11.   Were there visible security alarms on the residences in this SA1?

3 - Yes, almost everywhere

2 - Yes, quite a lot

1 - Yes, but only a few

0 - No