



# Young Minds Matter

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

## Youth self-report questionnaire



Australian Government  
Department of Health



THE UNIVERSITY OF  
WESTERN  
AUSTRALIA

TELETHON  
KIDS  
INSTITUTE  
Discover. Prevent. Cure.

Roy Morgan  
Research

## 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](mailto: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 **youthinmind**. If you are interested in making translations or creating electronic versions you **MUST** first contact [youthinmind@gmail.com](mailto: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.

## Young Minds Matter

### Youth Self-report

#### Education Module

#### Education Status

We would now like you to answer some questions about going to school.

#### ASK ALL

YED1. Do you go to school?

- 0 - No
- 2 - Yes

#### ASK IF YED1 = 2

YED2. What year are you in at school?

- 3 – Year 3 or below
- 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
- 45 - Other

#### ASK IF YED1 = 2

YED3. Thinking back to the start of the school year, excluding school holidays how many days have you missed this year?

- 0 - 0 days
- 1- 1 day
- 2 - 2 days
- 3 - 3 days
- 4 - 4 days
- 5 - 5 - 9 days
- 10 - 10 - 19 days
- 20 - 20 - 29 days
- 30 - 30 - 39 days
- 40 - 40 - 49 days

50 - 50 days or more

**ASK IF YED1 = 2 & YED3 > 0**

YED5. What was the main reason you missed school?

- 1 - I was sick/unwell
- 2 - Had a doctor's or other medical appointment
- 3 - A family member was sick
- 4 - Parental work conflict
- 5 - Lack of transportation
- 6 - I didn't want to go
- 7 - Family events
- 8 - Other

**School Connectedness**

**Ask if YED1 = 2**

YED6. How much do you agree or disagree with the following statements?

(Programmer note: format 2-3 questions per page)

- YED6A I feel close to people at my school
- YED6B I feel like I am a part of my school
- YED6C I am happy to be at my school
- YED6D The teachers at my school treat students fairly
- YED6E I feel safe at my school
- YED6F I get involved and participate in classes at school
- YED6G My school is a place where the things I learn are important to me
- YED6H My school is a place where I like learning
- YED6I My school is a place where I enjoy what I do in class
- YED6J My school is a place where I get excited about the work that we do
- YED6K My school is a place where the things I am taught are worth learning

- 1 - Strongly agree
- 2 - Agree
- 3 - Neither agree nor disagree
- 4 - Disagree
- 5 - Strongly Disagree

YED7. How do you feel about going to school?

- 1 - I like school very much
- 2 - I like school quite a bit
- 3 - I neither like nor dislike school

- 4 - I don't like school very much
- 5 - I hate school

### **School Performance**

YED9. Compared with other students in your class, how well are you doing in:

- |       |                              |
|-------|------------------------------|
| YED9A | Maths                        |
| YED9B | English                      |
| YED9C | Science                      |
| YED9D | Art or drawing               |
| YED9E | Sports or physical education |

- 1 - Far above average
- 2 - Somewhat above average
- 3 - Average
- 4 - Somewhat below average
- 5 - Far below average
- 8 - I don't do this subject

### **Internet Use**

#### **ASK ALL**

The next question(s) are about your internet use. This may be internet accessed on a computer, mobile phone or tablet. Internet use includes accessing social media such as Facebook or Twitter, emailing, looking at websites or chatting online.

The questions are about the time you use the internet which is not related to your school work or for work purposes.

**(Programmer note: please split the paragraph above into two paragraphs as shown above)**

YIU3. Do you use the internet?

- 2 - Yes
- 0 - No

#### **ASK IF YIU3 = 2**

YIU4. On an average **weekday** approximately how much time do you spend on the internet?

- 1 – Less than 1 hour
- 2 - 1-2 hours
- 3 - 3-4 hours
- 4 - 5-6 hours
- 5 - 7-8 hours
- 6 - 9-10 hours
- 7 - 11 hours or more

YIU5. On an average day on the **weekend** approximately how much time do you spend on the internet?

- 1 – Less than 1 hour
- 2 - 1-2 hours
- 3 - 3-4 hours
- 4 - 5-6 hours
- 5 - 7-8 hours
- 6 - 9-10 hours
- 7 - 11 hours or more

**ASK ALL**

The next question(s) are about your electronic game use. Electronic games can be games that you play on an Xbox or similar console, online, on a handheld device, your computer, or mobile phone.

YIU6. Do you play electronic games?

- 2 - Yes
- 0 - No

**ASK IF YIU6 = 2**

YIU7. On an average **weekday** approximately how much time do you spend playing electronic games?

- 1 – Less than 1 hour
- 2 - 1-2 hours
- 3 - 3-4 hours

- 4 - 5-6 hours
- 5 - 7-8 hours
- 6 - 9-10 hours
- 7 - 11 hours or more

YIU8. On an average **weekend** day approximately how much time do you spend playing electronic games?

- 1 – Less than 1 hour
- 2 - 1-2 hours
- 3 - 3-4 hours
- 4 - 5-6 hours
- 5 - 7-8 hours
- 6 - 9-10 hours
- 7 - 11 hours or more

**ASK IF YIU3 = 2 OR YIU6 = 2**

YIU9. Do you go without eating or sleeping because of the internet or electronic games?

- 1 - Never/almost never
- 2 - Not very often
- 3 - Fairly often
- 4 - Very often

YIU10. Do you feel bothered when you cannot be on the internet or play electronic games?

- 1 - Never/almost never
- 2 - Not very often
- 3 - Fairly often
- 4 - Very often

YIU11. Do you catch yourself surfing the internet or playing electronic games when you are not really interested?



1 - Never/almost never

2 - Not very often

3 - Fairly often

4 - Very often

YIU12. Do you spend less time than you should with family or friends or doing school work/work because of the time you spent on the internet or playing electronic games?

1 - Never/almost never

2 - Not very often

3 - Fairly often

4 - Very often

YIU13. Have you tried unsuccessfully to spend less time on the internet or playing electronic games?

1 - Never/almost never

2 - Not very often

3 - Fairly often

4 - Very often

## Area Logo

### YR1a

Youth Report Measures for  
Children and Adolescents  
SDQ(S)11-17

Facility Name: \_\_\_\_\_

Code: \_\_\_\_\_

Please use gummed label if available

Patient or Client Identifier:

--	--	--	--	--	--	--	--	--	--

Surname:

Other names:

Date of Birth:

Sex:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Male <sub>1</sub> Female <sub>2</sub>

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 how things have been for you **over the last six months**.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I get a lot of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I usually share with others, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would rather be alone than with people of my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I take things that are not mine from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I get along better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I finish the work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Binding margin – do not write

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

Do you have any other comments or concerns?

	No	A Little	A Lot
<b>39.</b> Does your family complain about you having problems with overactivity or poor concentration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>40.</b> Do your teachers complain about you having problems with overactivity or poor concentration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>41.</b> Does your family complain about you being awkward or troublesome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>42.</b> Do your teachers complain about you being awkward or troublesome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<b>26.</b> Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<b>27.</b> How long have these difficulties been present?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A medium amount	A great deal
<b>28.</b> Do the difficulties upset or distress you? Do the difficulties interfere with your everyday life in the following areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>29.</b> HOME LIFE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30.</b> FRIENDSHIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31.</b> CLASSROOM LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32.</b> LEISURE ACTIVITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33.</b> Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Thank you very much for your help.**

## **CHU-9D Youth Report**

### **ASK ALL**

These questions ask about how you are **today**. For each question, read all the choices and decide which one is most like you **today**.

CHU1. Do you feel worried today?

- 1 - I don't feel worried today
- 2 - I feel a little bit worried today
- 3 - I feel a bit worried today
- 4 - I feel quite worried today
- 5 - I feel very worried today

CHU2. Do you feel sad today?

- 1 - I don't feel sad today
- 2 - I feel a little bit sad today
- 3 - I feel a bit sad today
- 4 - I feel quite sad today
- 5 - I feel very sad today

CHU3. Do you have any pain today?

- 1 - I don't have any pain today
- 2 - I have a little bit of pain today
- 3 - I have a bit of pain today
- 4 - I have quite a lot of pain today
- 5 - I have a lot of pain today

CHU4. Do you feel tired today?

- 1 - I don't feel tired today
- 2 - I feel a little bit tired today
- 3 - I feel a bit tired today
- 4 - I feel quite tired today
- 5 - I feel very tired today

CHU5. Do you feel annoyed today?

- 1 - I don't feel annoyed today
- 2 - I feel a little bit annoyed today
- 3 - I feel a bit annoyed today
- 4 - I feel quite annoyed today
- 5 - I feel very annoyed today

CHU6. Are you having any problems with your schoolwork/homework today, such as reading, writing or doing lessons?

- 1 - I have no problems with my schoolwork/homework today
- 2 - I have a few problems with my schoolwork/homework today

- 3 - I have some problems with my schoolwork/homework today
- 4 - I have many problems with my schoolwork/homework today
- 5 - I can't do my schoolwork/homework today
- 8 - I don't go to school

CHU7. Did you have any problems sleeping last night?

- 1 - Last night I had no problems sleeping
- 2 - Last night I had a few problems sleeping
- 3 - Last night I had some problems sleeping
- 4 - Last night I had many problems sleeping
- 5 - Last night I couldn't sleep at all

CHU8. Did you have any problems doing your daily routine today, such as things like eating, having a bath or shower, or getting dressed?

- 1 - I have no problems with my daily routine today
- 2 - I have a few problems with my daily routine today
- 3 - I have some problems with my daily routine today
- 4 - I have many problems with my daily routine today
- 5 - I can't do my daily routine today

CHU9. Are you able to join in activities such as playing outside with friends, doing sports or joining in things today?

- 1 - I can join in with any activities today
- 2 - I can join in with most activities today
- 3 - I can join in with some activities today
- 4 - I can join in with a few activities today
- 5 - I can join in with no activities today

### **K10+**

(Programmer: display YCH1 and YCH2 on one page)

### **ASK ALL**

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.

YCH1. In the last four weeks, about how often did you feel tired out for no good reason?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH2. In the last four weeks, about how often did you feel nervous?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time

- 4 - Most of the time
- 5 - All of the time

**ASK IF YCH2 = 2, 3, 4, 5**

YCH3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

**ASK ALL**

(Programmer: display YCH4 and YCH5 on one page)

YCH4. In the last four weeks, about how often did you feel hopeless?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH5. In the last four weeks, about how often did you feel restless or fidgety?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

**ASK IF YCH5 = 2, 3, 4, 5**

YCH6. In the last four weeks, about how often did you feel so restless you could not sit still?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

**ASK ALL**

(Programmer: display YCH7 and YCH8 on one page)

YCH7. In the last four weeks, about how often did you feel depressed?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH8. In the last four weeks, about how often did you feel that everything was an effort?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

(Programmer: display YCH9 and YCH10 on one page)

YCH9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH10. In the last four weeks, about how often did you feel worthless?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

**ASK IF SUM(YCH1, YCH2, YCH3, YCH4, YCH5, YCH6, YCH7, YCH8, YCH9, YCH10) >= 15**

**Programmer note: for the purpose of this calculation if YCH3 has been skipped set YCH3 = 1, and if YCH6 has been skipped set YCH6 = 1**

The following questions ask about how you have been feeling in the **last four weeks**.

YCH11. In the last four weeks, how many days were you **TOTALLY UNABLE** to work, study, or manage your day to day activities because of these feelings?

(Programmer note: display response options on one screen in two or three columns if necessary)

- 0 - 0 days
- 1 - 1 day
- 2 - 2 days
- 3 - 3 days
- 4 - 4 days
- 5 - 5 - 9 days
- 6 - 10 - 14 days
- 7 - 15 - 20 days
- 8 - 21 - 28 days

**Note: Use 'Aside from these days' if YCH11 >0; otherwise display "In"**

YCH12. [Aside from those days in/In] the last four weeks, **HOW MANY DAYS** were you able to work or study or manage your day to day activities, but had to **CUT DOWN** on what you did because of these feelings?

(Programmer note: display response options on one screen in two or three columns if necessary)

- 0 - 0 days
- 1 - 1 day
- 2 - 2 days
- 3 - 3 days

- 4 – 4 days
- 5 – 5 - 9 days
- 6 – 10 - 14 days
- 7 – 15 - 20 days
- 8 – 21 - 28 days

YCH13. In the last four weeks, how many times have you seen a doctor or any other mental health professional such as a psychologist or psychiatrist about these feelings?

- 0 – Never
- 1 – Once
- 2 – Twice
- 3 – More than twice

YCH14. In the last four weeks, how often have physical health problems been the main cause of these feelings?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH15. How old were you when you first had these feelings?

(Programmer note: only display current age and younger as response options)

- 1 – 7 years old or younger
- 2 - 8 years old
- 3 - 9 years old
- 4 - 10 years old
- 5 - 11 years old
- 6 - 12 years old
- 7 - 13 years old
- 8 - 14 years old
- 10 - 15 years old
- 11 - 16 years old
- 12 - 17 years old or older
- 13 – Always
- 99 – Don't know



**ASK ALL**

YCH22. In the last four weeks, about how often were you mad or angry?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

**ASK IF YCH22 = 2, 3, 4, 5**

YCH23. In the last four weeks, about how often were you so angry you felt out of control or became violent?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

**ASK ALL**

(Programmer note: display YCH24-YCH32 as 2-3 questions per page)

YCH24. In the last four weeks, about how often did you have an urge to hit, push or hurt someone?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH25. In the last four weeks, about how often did you have an urge to break or smash something?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH26. In the last four weeks, about how often did you have difficulty concentrating on things or trouble finishing things without getting distracted?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH27. In the last four weeks, about how often did you get into trouble with your teacher or other adults?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

YCH32. In the last four weeks, about how often did you feel calm or peaceful?

- 1 - None of the time
- 2 - A little of the time
- 3 - Some of the time
- 4 - Most of the time
- 5 - All of the time

# NIMH DISC-IV

## Diagnostic Interview Schedule for Children

### YOUTH INFORMANT

(Interview about Self)

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**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**

## Major Depression

YINT9. Do you have a job?

0. No 2. Yes

YINT11. Do you live with both of your parents?

0. No 2. Yes

Which adults whom you have lived with, have taken care of you in the last year, that is since [NAME CURRENT MONTH] of last year? (Select all that apply)

Include the main people who have looked after you. Do not include people who have just looked after you for a few days.

YINT12A. Mother

0. No 2. Yes

YINT12B. Father

0. No 2. Yes

YINT12C. Grandmother

0. No 2. Yes

YINT12D. Grandfather

0. No 2. Yes

YINT12E. Adult sister

0. No 2. Yes

YINT12F. Adult brother

0. No 2. Yes

YINT12G. Step mother

0. No 2. Yes

YINT12H. Step father

0. No 2. Yes

YINT12I. Foster mother

0. No 2. Yes

YINT12J. Foster father

0. No 2. Yes

YINT12K. Aunt

0. No 2. Yes

YINT12L. Uncle

0. No 2. Yes

YINT12M. Other

0. No 2. Yes

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

YMD1. In the last year - (that is, since [NAME CURRENT MONTH] of last year) - was there a time when you often seemed sad or depressed?

0. No 2. Yes

**IF YES**

YMD1A. Was there a time in the last year when you felt sad or depressed for a long time each day?

0. No 2. Yes

**IF NO, GO TO Q 2**

YMD1B. Would you say that you felt that way for most of the day?

0. No 2. Yes

YMD1C. Was there a time when you felt sad or depressed almost every day?

0. No 2. Yes

**IF NO, GO TO Q 2**

YMD1D. In the last year, were there two weeks in a row when you felt sad or depressed almost every day?

0. No \* 2. Yes

YMD2. In the last year - (that is, since [NAME CURRENT MONTH] of last year) - was there a time when it seemed like nothing was fun for you and you just weren't interested in anything?

0. No 2. Yes

**IF YES**

YMD2A. Was there a time when nothing was fun for you almost every day?

0. No 2. Yes

**IF NO, GO TO Q 3**

YMD2B. In the last year, were there two weeks in a row when you felt like nothing was fun almost every day?

0. No [2.] Yes

YMD3. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when you often felt grouchy or irritable and often in a bad mood, when even little things would make you mad?

0. No 2. Yes

**IF YES**

YMD3A. Was there a time in the last year when you felt grouchy or irritable for a long time each day?

0. No 2. Yes

**IF NO, GO TO NOTE 1**

YMD3B. Would you say that you felt that way for most of the day?

0. No 2. Yes

YMD3C. Was there a time when you felt grouchy or irritable almost every day?

0. No 2. Yes

**IF NO, GO TO NOTE 1**

YMD3D. In the last year, were there two weeks in a row when you felt grouchy or irritable almost every day?

0. No \* 2. Yes

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

**IF YES: CONTINUE**

**USE FIRST \* OR [ ] RESPONSE CODED IN Q 1 - 3 AS 'KEYWORD' IN [ ] WHEN ASKING SUBSEQUENT QUESTIONS**

**IF NO, GO TO NEXT MODULE**

0. No 2. Yes

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

0. No <[2.]> Yes

YMD4. In the last year, was there a time when you lost weight?

0. No 2. Yes

**IF NO, GO TO Q5**

YMD4A. Were you on a diet or trying to lose weight?

0. No 2. Yes

**IF YES**

YMD4B. In the last year, did you ever lose weight when you weren't trying?

0. No 2. Yes

**IF NO, GO TO Q 5**

YMD4C. Did you lose so much weight that other people noticed?

0. No 2. Yes

YMD4D. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did you lose weight during that time?

0. No \* 2. Yes

YMD5. In the last year, was there a time when you lost your appetite or often felt less like eating?

0. No 2. Yes

**IF NO, GO TO Q 6**

YMD5A. You said that in the last year there was a time when you felt [sad or depressed/like nothing was fun/grouchy]. Did you lose your appetite or eat a lot less during that time?

0. No \* 2. Yes

**IF YES**

YMD5B. Did you lose your appetite or feel less like eating nearly every day for two weeks or longer?

0. No # 2. Yes



YMD6. In the last year, was there a time when you gained a lot of weight?

0. No 2. Yes

**IF NO, GO TO Q 7**

YMD6A. Did you gain so much weight that other people noticed?

0. No 2. Yes

YMD6B. You said that in the last year there was a time when you felt [sad or depressed/like nothing was fun/grouchy]. Did you gain a lot of weight during that time?

0. No \*# 2. Yes

YMD7. In the last year was there a time when you felt much hungrier than usual or when you ate a lot more than usual?

0. No 2. Yes

**IF NO, GO TO NOTE 3**

YMD7A. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Were you much hungrier or did you eat a lot more than usual during that time?

0. No \* 2. Yes

YMD7B. Did you feel much hungrier or eat a lot more than usual nearly every day for two weeks or longer?

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

YMD8. In the last year - (that is, since [NAME CURRENT MONTH] of last year) - was there a time when you 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**

YMD8A. When you had trouble sleeping, was that different from how you usually sleep?

0. No 2. Yes

YMD8B. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did you have trouble sleeping during that time?

0. No \* 2. Yes

**IF YES**

YMD8C. Did you have trouble sleeping nearly every night for two weeks or longer?

0. No # 2. Yes

YMD9. In the last year, was there a time when you slept more during the day than you usually do?

0. No 2. Yes

**IF NO, GO TO NOTE 4**

YMD9A. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did you sleep more during the day during that time?

0. No \* 2. Yes

**IF YES**

YMD9B. Did you sleep more during the day nearly every day for two weeks or longer?

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

YMD10. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when you seemed to do things like walking or talking much more slowly than you usually do?

0. No    2. Yes

**IF NO**

YMD10A.        Did other people notice that you were slowed down?

0. No    2. Yes

**IF NO, GO TO Q 11**

YMD10B.        You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did you often seem slowed down during that time?

0. No    \* 2. Yes

**IF YES**

YMD10C.        Did you seem slowed down like this nearly every day for two weeks or longer?

0. No    # 2. Yes

YMD11. In the last year, was there a time when you often seemed restless, like you just had to keep walking around?

0. No 2. Yes

**IF NO**

YMD11A. When you felt restless like that, was that different from how you usually feel?

0. No 2. Yes

**IF NO, GO TO NOTE 5**

YMD11B. Did other people notice that you were restless?

0. No 2. Yes

YMD11C. You said that there was a time when you felt [sad or depressed/like nothing was fun/grouchy]. Did you often seem restless during that time?

0. No \* 2. Yes

**IF YES**

YMD11D. Did you seem restless like this nearly every day for two weeks or longer?

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

YMD12. In the last year - (that is, since [NAME CURRENT MONTH] of last year) - was there a time when you seemed to have less energy than you usually do?

0. No 2. Yes

**IF NO, GO TO Q 13**

YMD12A. You said there was a time in the last year when you felt [sad or depressed/like nothing was fun/ grouchy]. Did you have less energy during that time?

0. No \* 2. Yes

**IF YES**

YMD12B. Did you have less energy than usual nearly every day for two weeks or longer?

0. No # 2. Yes

YMD13. In the last year, was there a time when doing even little things seemed to make you feel really tired?

0. No 2. Yes

**IF NO, GO TO NOTE 6**

YMD13A. When you were tired like this, was that different from how you usually feel?

0. No 2. Yes

YMD13B. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did you feel really tired during that time?

0. No \* 2. Yes

**IF YES**

YMD13C. Did you feel really tired like this nearly every day for two weeks or longer?

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

YMD15. In the last year (that is, since [NAME CURRENT MONTH] of last year), was there a time when you often blamed yourself for bad things that happened?

0. No 2. Yes

**IF NO, GO TO Q 16**

YMD15A. Was blaming yourself different from how you usually feel about yourself?

0. No 2. Yes

YMD15B. You said that there was a time when you felt [sad or depressed/like nothing was fun/grouchy]. Did you blame yourself like that during that time?

0. No \* 2. Yes

**IF YES**

YMD15C. Did you blame yourself nearly every day for two weeks or longer'?

0. No # 2. Yes

YMD16. In the last year - (that is, since [NAME CURRENT MONTH] of last year) - was there a time when you felt you couldn't do anything well or that you weren't as good looking or as smart as other people?

0. No 2. Yes

**IF NO, GO TO NOTE 7**

YMD16A. When you felt bad about yourself, was that different from how you usually feel about yourself?

0. No 2. Yes

YMD16B. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did you feel bad about yourself during that time?

0. No \* 2. Yes

**IF YES**

YMD16C. Did you feel like this nearly every day for two weeks or longer?

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

YMD17. In the last year, was there a time when it seemed like you couldn't think as clearly or as fast as usual?

0. No 2. Yes

**IF NO, GO TO Q 18**

YMD17A. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did it seem like you couldn't think as clearly or as fast as usual during that time?

0. No \* 2. Yes

**IF YES**

YMD17B. Did it seem like you couldn't think as clearly or as fast as usual nearly every day for two weeks or longer?

0. No # 2. Yes

**(Programmer note: For YMD18-YMD18C, display "schoolwork" if YED1 = 2 (i.e. respondent goes to school), display "work" if YINT9 = 2 (i.e. respondent has a job), and display neither if respondent does not go to school or work).**

YMD18. In the last year, was there a time when you often seemed to have trouble keeping your mind on your [schoolwork/work] or other things?

0. No    2. Yes

**IF NO, GO TO Q 19**

YMD18A.        When you had trouble keeping your mind on [schoolwork/work] or other things, was that different from how you usually are when you are doing things?

0. No    2. Yes

YMD18B.        You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did you often have trouble keeping your mind on your [schoolwork/work] or other things during that time?

0. No    \* 2. Yes

**IF YES**

YMD18C.        Did you have trouble keeping your mind on your [schoolwork/work] or other things nearly every day for two weeks or longer?

0. No    # 2. Yes



YMD19. In the last year, was there a time when it was often hard for you to make up your mind or to make decisions?

0. No 2. Yes

**IF NO, GO TO NOTE 8**

YMD19A. When it was hard for you to make up your mind or to make decisions, was that different from how you usually are?

0. No 2. Yes

YMD19B. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Was it hard for you to make up your mind or to make decisions during that time?

0. No \* 2. Yes

**IF YES**

YMD19C. Was it hard for you to make up your mind or to make decisions nearly every day for two weeks or longer?

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

YMD20. In the last year - (that is, since [NAME CURRENT MONTH] of last year) - was there a time when you said you often thought about death or about people who had died or about being dead yourself?

0. No 2. Yes

**IF NO, GO TO NOTE 9**

YMD20A. Did you talk about death or dying a lot more than you usually do?

0. No 2. Yes

YMD20B. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy]. Did you think a lot about death or dying during that time?

0. No \* 2. Yes

**IF YES**

YMD20C. Did you think about death or dying nearly every day for two weeks or longer?

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 NEXT MODULE**

YMD23. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy].  
How old were you the first time you 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. I have always felt this way

**IF AGE GIVEN WAS CHILD'S CURRENT AGE, GO TO Q 24**

**IF AGE GIVEN WAS CHILD'S CURRENT AGE MINUS ONE, GO TO Q 23A**

**ALL OTHERS, GO TO Q 23B**

YMD23A. Was that more than a year ago - that is, before (that is, since [NAME CURRENT MONTH] of last year)?

- 0. No
- 2. Yes

**IF NO, GO TO Q 24**

YMD23B. Since that first time, was there ever a time when you [were not sad or depressed/didn't feel like nothing was fun/were not grouchy]?

- 0. No
- 2. Yes

**IF NO, GO TO Q 24**

YMD23C. Did that time when you [were not sad or depressed/didn't feel like nothing was fun/were not grouchy] last for two months or more?

- 0. No
- 2. Yes

**IF NO, GO TO Q 24**

YMD23D. You said that you felt [sad or depressed/ like nothing was fun/grouchy] in the last year. How old were you 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. These feelings never started again

**IF AGE GIVEN IS CURRENT AGE MINUS ONE, GO TO Q 23E**

**ALL OTHERS GO TO Q 24**

YMD23E. Did you start to feel [sad or depressed/like nothing was fun/grouchy] again more than a year ago - that is, before (that is, since [NAME CURRENT MONTH] of last year)?

- 0. No    2. Yes

YMD24. You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy].  
Did you start feeling this way soon after someone you were close to died?

0. No 2. Yes

**IF YES**

YMD24C. After they died, did you feel [sad or depressed/like nothing was fun/grouchy] for two months or longer?

0. No 2. Yes

**IF NO**

YMD24D. Did you ever feel [sad or depressed/like nothing was fun/grouchy] before they died?

0. No 2. Yes

**IF YES**

YMD24E. Was that in the last year?

0. No 2. Yes

**IF YES**

YMD24F. When you were feeling [sad or depressed/like nothing was fun/grouchy] that time, did it last for two weeks or longer?

0. No 2. Yes

You said that there was a time in the last year when you felt [sad or depressed/like nothing was fun/grouchy].

Now think back to the time in the last 12 months, that is since [NAME CURRENT MONTH] of last year when these problems were at their worst.

**IF NOT IN SCHOOL, GO TO YDSV8**

YDSV1. When these problems were at their worst, how often did you not want to go to school?

1. Never
2. Hardly ever
3. Sometimes
4. Most of the time
5. All of the time

YDSV2. As a result of these problems, how many days have you been absent from school in the last 12 months?

0. I did not miss any school
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days
8. 8 days
9. 9 days
10. 10 days
44. More than 10 days

YDSV3. When these problems were at their worst, how much did they affect your grades or your ability to do your schoolwork?

1. Not at all
2. A little
3. Somewhat
4. A lot
5. Extremely

YDSV4. When these problems were at their worst, how much did these difficulties stop you getting involved in things at school like contributing to class discussions, volunteering for an activity or leading a group?

1. Not at all
2. A little
3. Somewhat
4. A lot
5. Extremely

YDSV5. As a result of feeling [sad or depressed/like nothing was fun/grouchy], how often have you been unwilling or unable to participate in activities after school 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

YDSV6. When these problems were at their worst, how often did you get in trouble at school?

1. Never
2. Hardly ever
3. Sometimes
4. Most of the time
5. All of the time

YDSV7. When these problems were at their worst, how often did you 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

**IF GOES TO SCHOOL, OR NOT WORKING, GO TO YDSV12**

YDSV8. As a result of these problems, how many days have you missed work in the last year?

0. I did not miss any work
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days
8. 8 days
9. 9 days
10. 10 days
44. More than 10 days

YDSV9. When these problems were at their worst, how much did they affect your ability to do your work?

1. Not at all
2. A little
3. Somewhat
4. A lot
5. Extremely

YDSV10. When these problems were at their worst, how often did your boss get annoyed or upset with you?

1. Never
2. Hardly ever
3. Sometimes
4. Most of the time
5. All of the time

YDSV11. As a result of feeling [sad or depressed/like nothing was fun/grouchy], how often have you been unwilling or unable to participate in activities outside of work 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

YDSV12. In the last 12 months, when these problems were at their worst, how much did these difficulties affect how you got on with your friends?

1. Not at all
2. A little
3. Somewhat
4. A lot
5. Extremely
6. I have no close friends

**IF NO PROBLEMS (YDSV12 = 1) GO TO YDSV14**

YDSV13. Has feeling [sad or depressed/like nothing was fun/grouchy] resulted in the breakup of a friendship in the previous 12 months?

0. No    2. Yes    4. I have no close friends

YDSV14. How often has feeling [sad or depressed/like nothing was fun/grouchy] stopped you from doing things or going places with other people your own age?

1. Never
2. Hardly ever
3. Sometimes
4. Most of the time
5. All of the time



YDSV15. When these problems were at their worst how much difficulty did you have dealing with people you don't know well?

1. No difficulty
2. Mild difficulty
3. Moderate difficulty
4. Severe difficulty
5. I completely avoided people I didn't know well

YDSV16. In the last 12 months, how often did feeling [sad or depressed/like nothing was fun/grouchy] keep you from doing things or going places with your family?

1. Never
2. Hardly ever
3. Sometimes
4. Most of the time
5. All of the time

YDSV17. How often did feeling this way interrupt every day activities at home like eating meals or watching TV?

1. Never
2. Hardly ever
3. Sometimes
4. Most of the time
5. All of the time

YDSV18. When these problems were worst, how often did your [caretakers] seem annoyed or upset with you?

1. Never
2. Hardly ever
3. Sometimes
4. Most of the time
5. All of the time

YDSV20. In the last 12 months, when these problems were at their worst, did these difficulties make you feel bad or make you feel upset?

0. No    2. Yes

**IF NO, GO TO YDSV21**

YDSV20A. How bad or upset did this make you feel?

2. A little
3. Somewhat
4. A lot
5. Extremely

YDSV21. When these problems were at their worst, how much did these difficulties prevent you from concentrating on things you were supposed to be doing?

1. Not at all
2. A little
3. Somewhat
4. A lot
5. Extremely

YDSV22. When these problems were at their worst, how much did feeling this way cause you trouble falling asleep, waking up during the night or waking up too early?

1. Not at all
2. A little
3. Somewhat
4. A lot
5. Extremely

## **SERVICE UTILISATION MODULE**

### **Ask if child is 13 years or older**

The next questions relate to use of services and different types of help that you may have received for emotional and behavioural problems in the last year.

This could mean a number of things, for example, things such as being anxious or stressed, feeling depressed, having problems concentrating, being aggressive or hyperactive.

**(Programmer note: please split the paragraph above into two paragraphs as shown above)**

We are asking all young people the same kinds of questions.

SUY1. In the past 12 months, that is since [CURRENT MONTH] of last year, do you think that you have had any of the following emotional or behavioural problems?

**(Programmer note: format as grid)**

	Yes	No
SUY1a. Feeling anxious or stressed	2	0
SUY1b. Feeling depressed	2	0
SUY1c. Having problems concentrating	2	0
SUY1d. Being aggressive	2	0
SUY1e. Being hyperactive	2	0
SUY1f. Other	2	0

SUY1.1 Have you ever 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.

2 - Yes

0 - No

### **Ask if SUY1.1 = 2**

SUY1.2. Was this in the past 12 months?

2 - Yes

0 - No

**Ask if SUY1.2 = 2**

SUY1.3. Who was it that thought or suggested you needed help for emotional or behavioural problems? (Please mark all that apply)

- 1 - Me
- 2 – My parents
- 3 - Other family members
- 4 – Boyfriend, girlfriend or other friends
- 5 – GP or another doctor
- 6 - School counsellor, psychologist or nurse
- 7 - School teacher or principal
- 8 - Psychologist or counsellor outside school
- 9 - Sporting coach or other team leader
- 10 - Religious or spiritual advisor

**Ask if Adolescent is 13 years or older and attends school [YED1 = 2]**

SUY2. In the past 12 months have you been referred to or used any of the following services provided by your school or college?

(Programmer note: format as grid)

		Yes	No
SUY2a.	Individual counselling	2	0
SUY2b.	Group counselling or support program	2	0
SUY2c.	A place in a special class or school	2	0
SUY2d.	A school nurse	2	0
SUY2e.	Other service	2	0

**Ask if SUY2a = 2**

SUY2a.1. In the past 12 months, about how many times have you had individual counselling at school for emotional or behavioural problems?

- 1 - Once
- 2 – Two to four times
- 3 – Five to nine times

4 – Ten or more times

**Ask if Adolescent is 13 years or older and attends school [YED1 = 2]**

SUY3. In the past 12 months have you had a behavioural management plan at your school or college?

2 - Yes

0 - No

**Ask if SUY3 = 2**

SUY3.1. Was this because of:

(Please mark all that apply)

- 1 - Being repeatedly late, missing school or classes
- 2 - Disruptive behaviour or disrespecting teachers
- 3 - Bullying or aggressive behaviour
- 4 - Being a victim of bullying or other aggressive acts
- 5 - Other reasons

**ASK if adolescent is 12 years or older**

SUY3.2. Have you heard about headspace?

2 - Yes

0 - No

Ask if SUY3.2 = 2

SUY3.3. In the past 12 months, have you used any of the following headspace services?

(Programmer note: format as grid)

	Yes	No
SUY3.3a Accessed information through eheadspace	2	0
SUY3.3b Spoken to a mental health professional over the telephone	2	0
SUY3.3c Accessed the headspace website	2	0
SUY3.3d Received online support from a mental health professional through the headspace website	2	0
SUY3.3e Visited a headspace centre	2	0

**Ask if Adolescent is 13 years or older**

SUY4. In the past 12 months have you used a telephone counselling service such as Kids Helpline?

2 - Yes

0 - No

**Ask if SUY1.2 = 2**

SUY5. In the past 12 months, that is since [CURRENT MONTH] of last year, have you seen any of the following health professionals because of emotional or behavioural problems?

(Programmer note: format as grid)

		Yes	No
SUY5a.	General Practitioner/GP	2	0
SUY5b.	Paediatrician	2	0
SUY5c.	Psychiatrist	2	0
SUY5d.	Psychologist	2	0
SUY5e.	Nurse	2	0
SUY5f.	Social worker	2	0
SUY5g.	Occupational therapist	2	0
SUY5h.	Counsellor or family therapist	2	0
SUY5i.	Other or unsure about what their profession was	2	0

**Ask if SUY5b, c, d, or e = 2**

**(Ask if child has seen a paediatrician, psychiatrist, psychologist, or nurse)**

(Programmer note: Ask separately for each type of professional, based on yes responses at SUY5: all GP questions from SUY6-SUY7, then all paediatrician questions from SUY6-SUY7, all psychiatrist questions from SUY6-SUY7, etc. For example, if GP = yes (SUY5a = 2), Paediatrician = yes (SUY5b = 2) and psychologist = yes (SUY5d = 2), ask SUY7a; then ask SUY6b, SUY7b, SUY6d, SUY7d)

SUY6n. Where did you see the [professional]?

If you have seen them at more than one place, where did you see them the most often?

**(Programmer note: please split the paragraph above into two paragraphs as shown above. Also, program the question text so that the professional is underlined as shown within the question text for SUY6n)**

**(Programmer note: single response)**

- 1 – At school
- 2 – Doctor’s rooms or other private practice
- 3 – Hospital emergency or other outpatient department
- 4 – Child and Adolescent Mental Health Service (CAMHS)  
or Child and Youth Mental Health Service (CYMHS)
- 5 – Other public mental health service
- 6 – headspace centre
- 7 – Other community child or youth health service
- 8 – Other counselling or support service
- 9 – Unsure about where it was

**Ask if SUY5n = 2 and SUY6n ≠ 1 and YED1=2 (child attends school)**

SUY7n. Were you recommended or advised to see the [professional] by someone at your school?

- 2 - Yes
- 0 - No

**Ask if SUY1.2 = 2**

SUY8. In the past 12 months have you been admitted overnight or longer in any hospital because of emotional or behavioural problems?

- 2 - Yes
- 0 - No

We would now like to know about the various other kinds of help or support that people use for emotional or behavioural problems.

**Ask if Adolescent is 13 years or older**

SUY9. In the past 12 months have you used any of the following Internet-based services to get help or information about emotional or behavioural problems? This includes searching the Internet or using online services provided by headspace, Reachout, Youth beyondblue and others.

(Programmer note: format as grid)

		Yes	No
SUY9a.	Information about mental health issues	2	0
SUY9b.	Online assessment tool (i.e. filled out a questionnaire on the Internet to find out if you needed help)	2	0
SUY9c.	Chat room or support group	2	0
SUY9d.	Online personal support or counselling	2	0
SUY9e.	Online self-help	2	0
SUY9f.	Information about services in the community	2	0

**Ask if Adolescent is 13 years or older**

SUY10. In the past 12 months have you received informal help or support for emotional or behavioural problems from any of the following sources?

(Programmer note: format as grid)

		Yes	No	Not applicable
SUY10a.	Your boyfriend or girlfriend	2	0	8
SUY10b.	Friend	2	0	8
SUY10c.	Parent	2	0	8
SUY10d.	Brother or sister	2	0	8
SUY10e.	Other family member	2	0	8
SUY10f.	Your teacher	2	0	8
SUY10g.	Other school staff such as a school counsellor or nurse	2	0	8
SUY10h.	Other adult not related to you	2	0	8

**Ask if Adolescent is 13 years or older**



SUY11. In the past 12 months have you done any of the following things to help manage any emotional or behavioural problems you may have, or to avoid having problems?

(Select all that apply)

(Programmer note: format as multi)

- SUY11a. Did more exercise or took up a sport
- SUY11b. Improved your diet
- SUY11c. Meditated or did relaxation therapy
- SUY11d. Did more of the things you enjoy
- SUY11e. Smoked cigarettes, or used alcohol or drugs
- SUY11f. Stopped smoking, drinking alcohol or using drugs
- SUY11g. Sought support from friends
- SUY11h. Sought support through social networking such as online chat rooms, Facebook or other internet groups
- SUY11i. Joined a social group of some kind
- SUY11j. Sought information in books, magazines or on TV
- SUY11k. None of these reasons (programmer note: this option is not multi)

**Ask if Adolescent is 13 years or older**

SUY12. Have you ever been held in a juvenile detention centre?

2 - Yes

0 - No

**Ask if SUY12 = 2**

SUY12.1 Was this in the past 12 months?

2 - Yes

0 - No

**Ask if Adolescent is 13 years or older**

SUY13. Have you ever spoken to a counsellor or attended a group program at a drug or alcohol treatment unit or clinic?

2 - Yes

0 - No

**Ask if SUY13 = 2**

SUY13.1 Was this in the past 12 months?

2 - Yes

0 - No

## Perceived Need (HIDE)

### Ask if Adolescent is 13 years or older

Now I would like to know what help you felt you needed in the past 12 months for emotional or behavioural problems. (This could mean a number of things, for example, things such as being anxious or stressed, feeling depressed, having problems concentrating, or for being aggressive or hyperactive).

This can be any type of help regardless of whether you have received this help in the past or not. This includes services received at school, in a community clinic, from a doctor or in a hospital.

### Ask if Adolescent is 13 years or older

SUY40. In the past 12 months have you received any of the following types of help?

(Programmer note: format as grid)

		Yes	No
SUY40a.	Information about emotional or behavioural problems, treatment and available services	2	0
SUY40b.	Prescribed medication for emotional or behavioural problems	2	0
SUY40c.	Counselling or a talking therapy about problems or difficulties (either one-on-one, as a family, or in a group)	2	0
SUY40d.	Courses or other counselling for life skills, self-esteem or motivation	2	0

### Ask if SUY40 a, b, c, or d = 2

(Ask if "yes" to any of the above)

SUY41. In the past 12 months, do you think you got as much help as needed for emotional or behavioural problems?

0 - No, I needed a little more help

1 - No, I needed a lot more help

2 - Yes

**Ask if SUY40 a, b, c, or d = 2 and SUY41 = 0 or 1**

**(Ask if “yes” to any of the above and needed more help)**

SUY42. In the past 12 months which of the following types of help do you feel that you needed or needed more of? This is regardless of whether you have received this help in the past or not.

**(Programmer note: format as grid)**

		Yes	No
SUY42a.	Information about emotional or behavioural problems, treatment and available services	2	0
SUY42b.	Prescribed medication for emotional or behavioural problems	2	0
SUY42c.	Counselling or a talking therapy about problems or difficulties (either one-on-one, as a family, or in a group)	2	0
SUY42d.	Courses or other counselling for life skills, self-esteem or motivation	2	0

SUY43. In the past 12 months did any of the following reasons keep you from getting the help you felt you needed? (Select all that apply)

**(Programmer note: format as multi)**

- SUY43a. I wanted to work out the problem on my own, or with help from family or friends
- SUY43b. I wasn't sure if I needed help
- SUY43c. I wasn't sure where to get help
- SUY43d. I thought that the problem would get better by itself
- SUY43e. I asked for help at school but didn't get it
- SUY43f. There was a problem getting to a service that could help me
- SUY43g. I thought it might cost too much or my family couldn't afford it
- SUY43h. I couldn't get an appointment when I needed it
- SUY43i. I was worried about what other people might think, or I didn't want to talk about it with a stranger
- SUY43j. None of these reasons (programmer note: this option is not multi)

**Programmer note: If more than one chosen (more than one yes (2) at SUY43) – DISPLAY THOSE SELECTED IN SUP43**

SUY44. Of these, what was the main reason? \_\_\_\_\_

**Ask if SUY40 a, b, c, and d = 0 or unanswered**

**(Ask if child has indicated that they have not received any help or unanswered)**

SUY45. In the past 12 months, do you think you needed help for emotional or behavioural problems?

- 0 - No
- 2 - Yes, I needed a little help
- 3 - Yes, I needed a lot of help

**Ask if SUY40 a, b, c, and d = 0 or unanswered and SUY45 = 2 or 3**

**(Ask if child has indicated that they have not received any help or unanswered but felt that they needed it)**

SUY46. In the past 12 months which of the following types of help do you feel that you needed for emotional or behavioural problems?

**(Programmer note: format as grid)**

		Yes	No
SUY46a.	Information about emotional or behavioural problems, treatment and available services	2	0
SUY46b.	Prescribed medication for emotional or behavioural problems	2	0
SUY46c.	Counselling or a talking therapy about problems or difficulties (either one-on-one, as a family, or in a group)	2	0
SUY46d.	Courses or other counselling for life skills, self-esteem or motivation	2	0

SUY47. In the past 12 months did any of the following reasons keep you from getting the help you felt you needed? (Select all that apply)

(Programmer note: format as multi)

- SUY47a. I wanted to work out the problem on my own, or with help from family or friends
- SUY47b. I wasn't sure if I needed help
- SUY47c. I wasn't sure where to get help
- SUY47d. I thought that the problem would get better by itself
- SUY47e. I asked for help at school but didn't get it
- SUY47f. There was a problem getting to a service that could help me
- SUY47g. I thought it might cost too much or my family couldn't afford it
- SUY47h. I couldn't get an appointment when I needed it
- SUY47i. I was worried about what other people might think, or I didn't want to talk about it with a stranger
- SUY47j. None of these reasons (programmer note: this option is not multi)

(Programmer note: If more than one chosen (more than one yes (2) at SUY47) –  
DISPLAY THOSE SELECTED IN SUY47)

SUY48. Of these, what was the main or single reason?

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### **Family Information Module**

#### **ASK ALL**

#### **Social Inclusion**

The next few questions are about your family as well as everyone else.

YF12. Do you feel like there are people who are there for you?

- 1 - All of the time
- 2 - Most of the time
- 3 - Sometimes
- 4 - Hardly ever
- 5 - Never

(Programmer note: If YED1=2, then display “apart from compulsory school activities” AND “Compulsory school activities are activities you are required to take part in by your school” within YF13)

YF13. Each week, [apart from compulsory school activities], how often do you participate in clubs, groups or activities outside of school hours, for example in a youth group, acting, dancing, musical group (such as a band or choir) or playing sport?

[Compulsory school activities are activities you are required to take part in by your school].

- 1 – Never
- 2 – Less than once
- 3 - Once
- 4 – 2 to 4 times
- 5 – 5 or more times

(Programmer note: If YED1=2, then display “outside of school hours” within YF14. If YINT9=2, then display “outside of work hours” within YF14. If YED1=2 and YINT9=2, then only display “outside of school hours”)

YF14. Each week how often do you see relatives who don’t live with you and/or friends [outside of school hours/outside of work hours] face to face?

- 1 – Never
- 2 – Less than once
- 3 - Once
- 4 – 2 to 4 times
- 5 – 5 or more times

YF15. Each week how often do you keep in touch with relatives and/or friends either on the phone or over the internet by email, or social networking or something else like Skype?

- 1 – Never
- 2 – Less than once
- 3 - Once
- 4 – 2 to 4 times
- 5 – 5 or more times

## Youth Risk Behaviours Module

### **Tobacco**

#### **ASK ALL**

The next questions ask about cigarette use

YRB1. Have you ever tried cigarette smoking, even one or two puffs?

- 2 – Yes
- 0 - No

**ASK IF AGE >= 13 YEARS AND YRB1 = 2**

YRB2. Was there ever a time in your life when you were smoking at least once per week?

2 – Yes

0 - No

**ASK IF YRB2 = 2**

YRB2A. How old were you when you first started smoking at least once per week?

(Programmer note: only display current age and younger as response options)

1 - 8 years old or younger

2 - 9 years old

3 - 10 years old

4 - 11 years old

5 - 12 years old

6 - 13 years old

7 - 14 years old

8 - 15 years old

9 - 16 years old

10 - 17 years old or older

YRB3. Have you ever smoked cigarettes daily?

2 – Yes

0 - No

YRB4. During the past 30 days, on how many days did you smoke cigarettes?

1 - 0 days

2 - 1 or 2 days

3 - 3 to 5 days

4 - 6 to 9 days

5 - 10 to 19 days

6 - 20 to 29 days

7 - All 30 days

**ASK IF AGE >= 13 YEARS AND YRB1 = 2 AND YRB4 = 1**

YRB5. If you have not smoked in the last 30 days, how old were you the last time you had a cigarette?

(Programmer note: only display current age and younger as response options)

1 - 8 years old or younger

2 - 9 years old

3 - 10 years old

4 - 11 years old

5 - 12 years old

6 - 13 years old

7 - 14 years old

8 - 15 years old

9 - 16 years old

10 - 17 years old or older

**ASK IF AGE >= 13 YEARS AND YRB1 = 2 AND YRB4 = 2, 3, 4, 5, 6, 7**

YRB6. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

1 - Less than 1 cigarette per day

2 - 1 cigarette per day

3 - 2 to 5 cigarettes per day

4 - 6 to 10 cigarettes per day

5 - 11 to 20 cigarettes per day

6 - More than 20 cigarettes per day

YRB7. Have you ever tried to quit smoking cigarettes?

2 - Yes



0 - No

## Alcohol

### **ASK ALL**

The next questions ask about drinking alcohol. This includes drinks such as beer, wine, pre-mixed drinks, and spirits such as vodka, rum, gin, or whiskey.

For these questions, drinking alcohol does not include drinking a few sips of alcohol for religious purposes.

YRB8. Have you ever had a drink of alcohol, other than a few sips?

2 – Yes

0 – No

### **ASK IF AGE >= 13 YEARS AND YRB8 = 2**

YRB9. How old were you when you first did this?

(Programmer note: only display current age and younger as response options)

1 - 8 years old or younger

2 - 9 years old

3 - 10 years old

4 - 11 years old

5 - 12 years old

6 - 13 years old

7 - 14 years old

8 - 15 years old

9 - 16 years old

10 - 17 years old or older

YRB10. Since you were [age given at YRB9] years old, on how many days have you had at least one drink of alcohol?

1 - 1 or 2 days

2 - 3 to 4 days

3 - 5 to 9 days

4 - 10 to 19 days

5 - 20 or more days

YRB11. Have you had a drink of alcohol, other than a few sips in the last 30 days?

2 – Yes

0 – No

**ASK IF AGE >= 13 YEARS AND YRB8 = 2 AND YRB11 = 2**

YRB12. During the past 30 days, on the days that you drank alcohol on average how many standard drinks did you drink per day?

1 - 1 drink

2 - 2 drinks

3 - 3 drinks

4 - 4 drinks

5 - 5 or more drinks

YRB13. During the last 30 days, on how many days did you have 4 or more standard drinks of alcohol in a row, that is, within a couple of hours?

1 - 0 days

2 - 1 day

3 - 2 days

4 - 3 to 4 days

5 - 5 to 9 days

6 - 10 to 19 days

7 - 20 or more days

YRB14. During the last 30 days, what is the largest number of standard alcoholic drinks you had in a row, that is, within a couple of hours?

1 - 1 or 2 drinks

2 - 3 drinks

3 - 4 drinks

4 - 5 drinks

5 - 6 or 7 drinks

6 - 8 or 9 drinks

7 - 10 or more

**ASK IF >=13 YEARS AND YRB8 = 2 AND (YRB10 = 5 OR YRB11 = 2)**

YRB15. What is the main reason that you decided to drink alcohol?

1 - Because you like the feeling, you want to get high or have fun

2 - Because it helps you enjoy parties or social gatherings more

3 - Because you want to fit in, you want people to like you or you don't want to feel left out

4 - Because it helps cheer you up when you are in a bad mood, helps when you feel depressed or nervous, or it helps you forget about your problems

5 - Some other reason

### **Cannabis Use**

**ASK IF AGE >= 13 YEARS**

The next questions ask about cannabis/marijuana use. Cannabis is also called grass, pot, or weed.

YRB16. Have you ever tried cannabis/marijuana?

2 - Yes

0 - No

**ASK IF AGE >= 13 YEARS AND YRB16 = 2**

YRB17. How old were you when you tried cannabis for the first time?

(Programmer note: only display current age and younger as response options)

1 - 8 years old or younger

2 - 9 years old

- 3 - 10 years old
- 4 - 11 years old
- 5 - 12 years old
- 6 - 13 years old
- 7 - 14 years old
- 8 - 15 years old
- 9 - 16 years old
- 10 - 17 years old or older

YRB18. Since that time, how many times have you used cannabis?

- 1 - 1 or 2 times
- 2 - 3 to 4 times
- 3 - 5 to 9 times
- 4 - 10 to 19 times
- 5 - 20 or more times

YRB19. During the past 30 days, how many days did you use cannabis?

- 1 - 0 days
- 2 - 1 day
- 3 - 2 days
- 4 - 3 days
- 5 - 4 days
- 6 - 5 or more days

### **Other drug use**

#### **ASK IF AGE >= 13 YEARS**

The next questions ask about other drug use.

YRB20. Have you ever used illegal drugs, or sniffed petrol, glue, aerosol, paints, solvents or nitrous?

- 2 – Yes
- 0 – No

YRB20A. Have you ever used prescription drugs for non-medical purposes, that is medication that was not prescribed to you or used too much of your own medication?

2 – Yes

0 – No

**ASK IF AGE >= 13 YEARS AND (YRB20= 2 OR YRB20A=2)**

(Programmer note: allow multiple responses)

YRB21. Which of the following drugs have you used?

1 - Prescription drugs for non-medical purposes (e.g. Ritalin, Dexamphetamine or dexies, Valium, Oxycontin)

2 - Ecstasy (E, MDMA, XTC)

3 - Meth/Amphetamines (speed, ice, crystal meth, meth)

4 - Cocaine (coke, Charlie, blow)

5 - Hallucinogens (LSD, trips, mushies, acid)

6 - Inhalants (sniffing petrol, glue, aerosols, paint, solvents or nitrous)

7 - Heroin (smack, junk, hammer)

8 - Steroids (roids, juice)

9 - Other (such as GHB, Ketamine)

YRB22. What age were you the first time you ever used any of these drugs?

(Programmer note: only display current age and younger as response options)

1 - 8 years old or younger

2 - 9 years old

3 - 10 years old

4 - 11 years old

5 - 12 years old

6 - 13 years old

7 - 14 years old

8 - 15 years old

9 - 16 years old

10 - 17 years old or older

YRB23. In the last 30 days on how many days have you taken any of these drugs?

1 - 0 days

2 - 1 day

3 - 2 days

4 - 3 days

5 - 4 days

6 - 5 or more days

7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB20A= 2**

YRB24. During your life, how many times have you used prescription drugs (such as Ritalin, Dexamphetamine or dexies, Valium, Oxycontin) for non-medical purposes?

1 - 1 or 2 times

2 - 3 to 4 times

3 - 5 to 9 times

4 - 10 to 19 times

5 - 20 or more times

7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB21 = 2**

YRB25. During your life, how many times have you used ecstasy (also called E, MDMA, XTC)?

1 - 1 or 2 times

2 - 3 to 4 times

3 - 5 to 9 times

4 - 10 to 19 times

5 - 20 or more times

7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB21 = 3**

YRB26. During your life, how many times have you used any meth/amphetamines such as speed (also called ice, crystal meth, meth)?

1 - 1 or 2 times

2 - 3 to 4 times

3 - 5 to 9 times

4 - 10 to 19 times

5 - 20 or more times

7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB21 = 4**

YRB27. During your life, how many times have you used cocaine (also called coke, Charlie, blow)?

1 - 1 or 2 times

2 - 3 to 4 times

3 - 5 to 9 times

4 - 10 to 19 times

5 - 20 or more times

7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB21 = 5**

YRB28. During your life, how many times have you used any hallucinogenic drug such as LSD (also called trips, acid) or mushrooms (mushies)?

1 - 1 or 2 times

2 - 3 to 4 times

3 - 5 to 9 times

4 - 10 to 19 times

5 - 20 or more times

7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB21 = 6**

YRB29. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints, petrol, sprays or nitrous to get high?

- 1 - 1 or 2 times
- 2 - 3 to 4 times
- 3 - 5 to 9 times
- 4 - 10 to 19 times
- 5 - 20 or more times
- 7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB21 = 7**

YRB30. During your life, how many times have you used heroin (also called smack, junk, hammer)?

- 1 - 1 or 2 times
- 2 - 3 to 4 times
- 3 - 5 to 9 times
- 4 - 10 to 19 times
- 5 - 20 or more times
- 7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB21 = 8**

YRB31. During your life, how many times have you used steroid pills or shots (also called roids, juice) without a doctor's prescription?

- 1 - 1 or 2 times
- 2 - 3 to 4 times
- 3 - 5 to 9 times
- 4 - 10 to 19 times
- 5 - 20 or more times
- 7 – Prefer not to say



**ASK IF AGE >= 13 YEARS AND YRB20 = 2**

YRB32. During your life, how many times have you used a needle to inject any illegal drug into your body?

- 1 - 0 times
- 2 - 1 time
- 3 - 2 or more times
- 7 – Prefer not to say

**ASK IF >=13 YEARS AND (YRB16 = 2, OR YRB20 = 2, OR YRB20A = 2)**

YRB33. What is the main reason that you decided to take drugs?

(Programmer note: program as single choice response)

- 1 - Because you like the feeling, you want to get high or have fun
- 2 - Because it helps you enjoy parties or social gatherings more
- 3 - Because you want to fit in, you want people to like you or you don't want to feel left out
- 4 - Because it helps cheer you up when you are in a bad mood, helps when you feel depressed or nervous, or it helps you forget about your problems
- 5 – Some other reason

**Self-Harm**

**ASK IF AGE >= 12 YEARS**

Sometimes people feel so depressed and hopeless about the future that they may consider hurting or injuring themselves. These next questions ask about deliberate self-harm, that is deliberately hurting or injuring yourself without trying to end your life.

YRB34. Have you ever deliberately done something to yourself to cause harm or injury, without intending to end your own life?

- 2 – Yes
- 0 – No
- 7 – Prefer not to say

**ASK IF AGE >= 12 YEARS AND YRB34 = 2**

YRB35. Have you deliberately harmed or injured yourself without intending to end your own life during the past 12 months?

2 – Yes

0 – No

YRB36. How many times have you ever deliberately harmed or injured yourself without intending to end your own life?

1 - Once

2 - 2 or 3 times

3 - 4 or 5 times

4 - 5 to 20 times

5 – More than 20 times

**ASK IF AGE >= 12 YEARS AND YRB34 = 2 AND YRB36 = 2, 3, 4, 5**

YRB37. How old were you when you first **started** to deliberately harm or injure yourself?

(Programmer note: only display current age and younger as response options)

1 - 8 years old or younger

2 - 9 years old

3 - 10 years old

4 - 11 years old

5 - 12 years old

6 - 13 years old

7 - 14 years old

8 - 15 years old

9 - 16 years old

10 - 17 years old or older

**ASK IF AGE >= 12 YEARS AND YRB34 = 2**

YRB38. The last time you deliberately hurt or injured yourself without intending to end your own life, what method did you use?

- 1 - Cutting
- 2 - Scratching or pinching
- 3 - Punching, hitting or slapping
- 4 - Burning or scalding
- 5 - Poisoning or overdosing
- 6 - Other

**ASK IF AGE >= 12 YEARS AND YRB34 = 2 AND YRB35 = 2**

YRB39. During the past 12 months, were you admitted to hospital, treated by a hospital emergency department, or seen by a doctor or nurse as a direct result of injuries caused by an act of deliberate self-harm with no intent to end your own life? (Select all that apply)

**Programmer Note: please allow more than one response**

- 1 - Yes, I was admitted to hospital
- 2 - Yes, I was treated in the hospital emergency department
- 3 - Yes, I was treated by a doctor or nurse
- 4 - No, I did not seek medical help

### **Suicide**

**ASK IF AGE >= 12 YEARS**

These next questions ask about suicide or attempting suicide that is, taking some action to try and end your own life.

YRB40. Have you ever felt life was not worth living?

- 2 – Yes
- 0 – No

YRB41. During the past 12 months, did you ever seriously consider attempting suicide?

- 2 – Yes
- 0 – No
- 7 – Prefer not to say

**ASK IF AGE >= 12 YEARS AND YRB41 = 2**

YRB42. During the past 12 months, did you make a plan about how you would attempt suicide?

2 – Yes

0 – No

YRB43. Have you ever actually attempted suicide?

2 – Yes

0 – No

**ASK IF AGE >= 12 YEARS AND YRB43 = 2**

YRB44. Did you attempt suicide during the past 12 months?

2 – Yes

0 – No

YRB45. How many times have you ever attempted suicide?

1 - Once

2 - 2 or 3 times

3 - 4 or 5 times

4 - 6 or more times

**ASK IF AGE >= 12 YEARS AND YRB45 = 1**

YRB45A. Which of these statements best describes your situation when you attempted suicide?

1 – I made a serious attempt to kill myself and it was only luck that I did not succeed

2 – I tried to kill myself, but knew the method may not work

3 – My attempt was a cry for help. I did not intend to die

7 – Prefer not to say

**ASK IF AGE >= 12 YEARS AND YRB45 >1**

YRB45B. Which of these statements best describes your situation the last time you attempted suicide?

1 – I made a serious attempt to kill myself and it was only luck that I did not succeed

2 – I tried to kill myself, but knew the method may not work

3 – My attempt was a cry for help. I did not intend to die

7 – Prefer not to say

**ASK IF AGE >=12 & YRB44 = 2**

YRB46. During the past 12 months, were you admitted to hospital, treated by a hospital emergency department, or seen by a doctor or nurse as a direct result of injuries caused by an attempt to end your own life? (Select all that apply)

**Programmer Note: please allow more than one response**

1 - Yes, I was admitted to hospital

2 - Yes, I was treated in the hospital emergency department

3 - Yes, I was treated by a doctor or nurse

4 - No, I did not seek medical help

**Body Weight**

**ASK ALL**

The next questions ask about your eating patterns

YRB47. What is your current height? If you are not sure, please give your best guess.

**(Programmer note: display as drop down and use the ranges provided for each category listed below as response options)**

\_\_\_\_\_ centimetres or \_\_\_\_\_ feet and inches

**Response options:**

**For centimetres: 135 or less, 136-140, 141-145, 146-150, 151-155, 156-160, 161-165, 166-170, 171-175, 176-180, 181-185, 186 or more**

**For feet and inches: 4'5" or less, 4'6"-4'7", 4'8"-4'9", 4'10"-4'11", 5'-5'1", 5'2"-5'3", 5'4"-5'5", 5'6"-5'7", 5'8"-5'9", 5'10"-5'11", 6' or more**

9 – Don't know

YRB48. What is your current weight?

**(Programmer note: display as drop down and display as drop down and use the ranges provided for each category listed below as response options)**

\_\_\_\_\_ kilograms or \_\_\_\_\_ pounds

Response options:

For kilograms: 30 or less, 31-35, 36-40, 41-45, 46-50, 51-55, 56-60, 61-65, 66-70, 71-75, 76-80, 81-85, 85 or more

For pounds: 60 or less 61-70, 71-80, 81-90, 91-100, 101-110, 111-120, 121-130, 131-140, 141-150, 151-160, 161-170, 171-180, 181-190, 190 or more

9 – Don't know

YRB49. During the past 12 months, did you go on a diet to lose weight or keep from gaining weight?

2 – Yes

0 – No

YRB50. During the past 12 months, was there a time when you regularly exercised instead of doing other things that you were supposed to be doing, or while you were injured, in order to lose weight or avoid gaining any weight?

2 – Yes, sometimes

3 – Yes, frequently

0 – No

YRB51. During the past 12 months, how often did you fast (not eat for at least a day) to lose weight or avoid gaining weight?

1 - Never

2 - Less than once a month

3 - 1 to 3 times a month

4 - Once a week

5 - 2 or more times a week

YRB52. During the past 12 months, how often did you make yourself throw up (vomit) to lose weight or avoid gaining any weight?

1 - Never

2 - Less than once a month

3 - 1 to 3 times a month

4 - Once a week

5 - 2 to 6 times a week

6 - Everyday

YRB53. During the past 12 months, did you take laxatives or other tablets or medicines (diet pills or water tablets) to lose weight or avoid gaining weight?

1 - Never

2 - Less than once a month

3 - 1 to 3 times a month

4 - Once a week

5 - 2 to 6 times a week

6 - Everyday

YRB54. The next question is about "eating binges" where a person eats a large amount of food during a short time like two hours.

By a "large amount" I mean eating so much food that it would be like eating two or more entire meals in one sitting, or eating so much of one particular food, like lollies or ice cream, that it would make most people feel sick.

During the past 12 months, how often did you go on an eating binge?

1 - Never

2 - Less than once a month

3 - 1 to 3 times a month

4 - Once a week

5 - 2 to 6 times a week

6 - Everyday

Ask if YRB54 = 2,3,4,5,6

YRB54A. After an eating binge, did you make yourself throw up (vomit) to avoid gaining weight?

2 - Yes

0 - No

YRB55. Has anyone ever told you that they thought you had an eating disorder, such as anorexia nervosa or bulimia?

0 - No

2 - Yes, a friend

3 - Yes, a parent

4 - Yes, a doctor, nurse, or other health care provider

5 – Yes, someone else

YRB56. Have you ever been treated for an eating disorder by a doctor, nurse, or other health care provider?

0 - No

2 - Yes, in the past

3 - Yes, I am being treated now

## **Bullying**

### **ASK ALL**

These next questions ask about bullying. Bullying is when people tease, threaten, spread rumours about, hit, shove, or hurt other people over and over again.

Cyber bullying is when people use mobile phones or the internet to send nasty or threatening emails or messages, post mean or nasty comments or pictures on websites like Facebook, or have someone pretend to be them online to hurt other people over and over again.

It is not bullying when 2 people of about the same strength or power argue or fight or tease each other in a friendly way.

YRB61. In the last 12 months, how often were you bullied or cyber bullied?

1 - I was not bullied in the last 12 months

2 - Once or twice in the last 12 months

3 - I was bullied every few months

4 - I was bullied every few weeks

5 - I was bullied about once a week

6 - I was bullied most days



**ASK IF YRB61 = 2, 3, 4, 5, 6**

YRB62. In the last 12 months, were you bullied or cyber bullied in the following ways?

YRB62A - Hit, kicked, or pushed around

YRB62B - Made fun of or teased in a mean and hurtful way

YRB62C - Lies, rumours or nasty stories were spread about me

YRB62D - Threatened or made afraid I would get hurt

YRB62E - Deliberately ignored, left out on purpose or not allowed to join in

YRB62F - Other young people stole things from me, or broke or damaged my things deliberately

YRB62G - Teased about my race, the colour of my skin or my religion

YRB62H - Sent nasty messages by email, mobile phone, or on the internet

YRB62I - Nasty messages or pictures were sent about me to other young people via mobile phone, internet or email

YRB62J - Nasty comments or pictures were sent or posted about me on websites (e.g. Facebook or Twitter)

**Record Response for YRB62A through YRB62J**

2 – Yes

0 – No

**Ask IF YRB62A 2**

YRB62A2. How often were you hit kicked or pushed around?

**Ask if YRB62B=2**

YRB62B2. How often were you made fun of or teased in a mean and hurtful way?

**Ask if YRB62C=2**

YRB62C2. How often were lies, rumours or nasty stories spread about you?

**Ask if YRB62D=2**

YEB62D2. How often were you threatened or made afraid that you would get hurt?

Ask if YRB62E=2

YRB62E2. How often were you deliberately ignored, left out on purpose or not allowed to join in?

Ask if YRB62F=2

YRB62F2. How often did other young people steal things from you, or break or damage your things deliberately?

Ask if YRB62G=2

YRB62G2. How often were you teased about your race, the colour of your skin or your religion?

Ask if YRB62H=2

YRB62H2. How often were you sent nasty messages by email, mobile phone, or on the internet?

Ask if YRB62I=2

YRB62I2. How often were nasty messages or pictures sent about you to other young people via mobile phone, internet or email?

Ask if YRB62J=2

YRB62J2. How often were nasty comments or pictures sent or posted about you on websites (e.g. Facebook or Twitter)?

Programmer note: For questions YRB62A2-YRB62J2 use following response options:

1 – All of the time

2 – Most days

3 - About once a week

4 - Every few weeks

5 – Every few months

6 - Once or twice in the last 12 months

7 - Not in the last 12 months

YRB63. In the last 12 months when the bullying was at its worst, did it make you feel sad or upset?

2 – Yes

0 – No

**ASK IF YRB61 = 2, 3, 4, 5, 6 AND YRB63 = 2**

YRB64. How sad or upset were you?

- 1 - A little bit
- 2 - Somewhat
- 3 - A lot
- 4 - Extremely

YRB65. Did you seek help or talk to someone about the bullying?

- 2 – Yes
- 0 – No

**ASK ALL**

YRB67. In the last 12 months, how often did you bully or cyber bully someone?

- 1 - I did not bully others in the last 12 months
- 2 - Once or twice in the last 12 months
- 3 - Every few months
- 4 - Every few weeks
- 5 - About once a week
- 6 - Most days

**Sexual Behaviour**

**ASK IF AGE >= 13 YEARS**

YRB69. Have you ever had sexual intercourse?

- 2 – Yes
- 0 – No
- 7 – Prefer not to say

**ASK IF AGE >= 13 YEARS AND YRB69 = 2**

YRB70. During your life, with how many people have you had sexual intercourse?

- 1 - 1 person
- 2 - 2 people
- 3 - 3 people
- 4 - 4 people
- 5 - 5 people
- 6 - 6 or more people

YRB71. Have you ever had sexual intercourse without using a condom?

- 2 – Yes
- 0 – No

YRB72. The last time you had sexual intercourse, what main method did you or your partner use to prevent pregnancy or sexually transmitted infections (STIs)?

- 1 - No method was used
- 2 - Birth control pills and condoms
- 3 – Birth control pills
- 4 - Condoms
- 5 - Withdrawal
- 6 - Some other method
- 7 - Not sure

YRB73. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- 2 – Yes
- 0 – No

## Psychosis Screener

### ASK IF CHILD AGED 14 OR OLDER

The next set of questions is about feelings and experiences that you may have had.

These may include things such as hallucinations (which is where you see or hear things that aren't there), or delusions and disturbed thoughts (which are things like having a feeling that you are being watched or that thoughts are being put into your mind from outside).

Some people think these feelings or experiences are not 'real', when actually they are very real to you and can sometimes be hard to ignore.

YCH53. In the last year, have you ever believed that people were spying on you?

2 – Yes

0 – No

YCH54. In the last year, have you ever believed that you were being sent special messages through the TV or radio or that a program had been arranged for you alone and no one else?

2 – Yes

0 – No

YCH55. In the last year, have you ever believed that someone was using special powers to read your mind?

2 – Yes

0 – No

YCH56. In the last year, have you ever seen something or someone that other people who were present could not see, that is had a vision when you were completely awake?

2 – Yes

0 – No

YCH57. In the last year, have you heard things other people could not hear, such as a voice?

2 – Yes

0 – No

### ASK IF YCH53 = 2 OR YCH54 = 2 OR YCH55 = 2 OR YCH56 = 2 OR YCH57 = 2

YCH58. Did these experiences happen when you were taking drugs or drinking alcohol?

0 – No

2 – Yes, I only have these experiences when I have taken drugs or drunk alcohol

3 – Yes, but I also have these experiences when I have not taken drugs or drunk alcohol

## **SELF ESTEEM MODULE**

### **ASK ALL**

These questions ask you how you feel about yourself. Please answer each question. Remember there is no right or wrong answer.

(Programmer: display YSE1 through YSE7 in groups of two to three questions per page)

YSE1. I am able to stand up for myself and what I believe in

- 1 – Almost all of the time
- 2 – A lot of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 – Hardly ever

YSE2. How I feel about myself depends on what others think of me

- 1 – Almost all of the time
- 2 – A lot of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 – Hardly ever

YSE3. I feel I can be myself around other people

- 1 – Almost all of the time
- 2 – A lot of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 – Hardly ever

YSE4. I make an effort to look good

- 1 – Almost all of the time
- 2 – A lot of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 – Hardly ever

YSE5. Overall I feel good about my abilities compared to others (e.g. at school, playing sports or socially)

- 1 – Almost all of the time

- 2 – A lot of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 – Hardly ever

YSE6. If I make an innocent mistake I let it get me down

- 1 – Almost all of the time
- 2 – A lot of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 – Hardly ever

YSE7. I feel useless

- 1 – Almost all of the time
- 2 – A lot of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 – Hardly ever

(Programmer: display YSE8 through YSE13 in groups of two to three questions per page)

YSE8. Overall I like who I am

- 1 - Strongly agree
- 2 - Agree
- 3 - Neither agree nor disagree
- 4 - Disagree
- 5 - Strongly Disagree

YSE9. I am a good person who has a lot to offer

- 1 - Strongly agree
- 2 - Agree
- 3 - Neither agree nor disagree
- 4 - Disagree
- 5 - Strongly Disagree

YSE10. I feel that I am a valuable person who is at least equal to other people

- 1 - Strongly agree
- 2 - Agree
- 3 - Neither agree nor disagree
- 4 - Disagree

5 - Strongly Disagree

YSE11. How I feel about my body makes me feel less confident

1 - Strongly agree

2 - Agree

3 - Neither agree nor disagree

4 - Disagree

5 - Strongly Disagree

YSE12. I feel confident in my abilities to achieve the things I set my mind to

1 - Strongly agree

2 - Agree

3 - Neither agree nor disagree

4 - Disagree

5 - Strongly Disagree

YSE13. I think other people like me

1 - Strongly agree

2 - Agree

3 - Neither agree nor disagree

4 - Disagree

5 - Strongly Disagree

## **PROTECTIVE FACTORS**

### **ASK ALL**

YPF10. How well do you get along with people?

1 - Very well

2 - Pretty well

3 - Not too well

4 - Not well at all

YPF11. About how many friends do you have who you either hang out with, talk to on the phone, regularly send messages to, either through text or online, or get together with socially?

(Don't include online friends like Facebook friends if you don't talk or message each other regularly)

0 – 0 Friends

1 – 1 Friend

2 – 2 Friends

3 – 3 Friends



- 4 – 4 Friends
- 5 – 5 Friends
- 6 – 6 – 10 Friends
- 7 – 11 – 15 Friends
- 8 – 15 – 20 Friends
- 9 – 20 Friends or more

YPF12. How much can you rely on your friends for help if you have a serious problem?

- 1 - A lot
- 2 – Some
- 3 - A little
- 4 - Not at all

YPF14. How much do your parents know about what you are doing?

- 1 - A lot
- 2 – Some
- 3 - A little
- 4 - Not at all

YPF15. How much do your parents know about how you are feeling?

- 1 - A lot
- 2 – Some
- 3 - A little
- 4 - Not at all

### **Sleep**

**Ask if YED1 = 2 OR YINT9 = 2**

**NOTE: Use 'a school night' if YED1=2**

**Otherwise use 'a night when you have work the next day' when YINT9=2**

YPF17. How many hours of sleep do you usually get on [a school night/a night when you have work the next day]?

- 3 - Less than 4 hours
- 4 - 4 hours
- 5 - 5 hours

- 6 - 6 hours
- 7 - 7 hours
- 8 - 8 hours
- 9 - 9 hours
- 10 - 10 hours
- 11 - 11 hours
- 12 - 12 hours or more

Programmer note: If YED1=2, display "school", if YINT9=2, display "work", and if YED1=2 AND YINT9=2, display "school/work"

YPF19. How many hours of sleep do you usually get on a night when you do not have [school/work] the next day?

- 3 - Less than 4 hours
- 4 - 4 hours
- 5 - 5 hours
- 6 - 6 hours
- 7 - 7 hours
- 8 - 8 hours
- 9 - 9 hours
- 10 - 10 hours
- 11 - 11 hours
- 12 - 12 or more hours

**Ask if YED1 ≠2 AND YINT9 ≠2**

YPF21. How many hours of sleep do you usually get?

- 3 - Less than 4 hours
- 4 - 4 hours
- 5 - 5 hours
- 6 - 6 hours
- 7 - 7 hours
- 8 - 8 hours
- 9 - 9 hours
- 10 - 10 hours
- 11 - 11 hours
- 12 - 12 or more hours