

# Symptom Response Report



PATIENT ID

**1521**

AGE

**12**

GENDER

**Female**

INTERVIEW SOURCE

**Parent**

INTERVIEW DATE

**05/04/2018**

Module Name	QID	Seq_ID	Question Text	Response	Comments
<b>Intro</b>	1	0.0.0.Q1	Thanks for agreeing to do this interview. I am going to be asking you a lot of different questions about your child's mood and behavior, but first I'd like to ask you some background questions.  Click on the comments link on any page if you'd like to provide some comments.		
	2	0.0.0.Q2	How old is your child?	age:12	
	3	0.0.0.Q3	What sex was your child assigned at birth?	Female	
	1798	0.0.0.Q77	What is your child's ethnicity?  Hispanic or Latino?	No	
	1799	0.0.0.Q78	What is your child's race? Choose all that apply.	Black or African American, White,	
	33	0.0.0.Q35	What is your relationship to your child?	Biological mother	
	34	0.0.0.Q36	Does your child live with you full time?	Yes	
	35	0.0.0.Q37a	Who else lives in the home with	Biological father,	Brother

			you? Check all that apply.	Siblings,	ASD, ep 10 Jona - demen years (7.
	36	0.0.0.Q38	In general, how do you and your child get along?	Ok	start of tl phase
	38	0.0.0.Q40	Click the response below that describes your child's current school setting	Regular public school	
	39	0.0.0.Q41	In general, how does your child do in school?	Average	504 - no eligible f organiza support shorten homewir ADHD d spring - l Pritchard neurops testing - usually / last sem had D in
	40	0.0.0.Q42	What kind of grades does your child get on average?	Bs	
	41	0.0.0.Q43	In the past year or past several months, has there been a drop in your child's grades?	Yes	D - work culture - forgetful assignm
	42	0.0.0.Q44	Does your child receive special services at school? Click all that apply:	Other: 504 - see notes	
	43	0.0.0.Q45	Is your child involved in any extracurricular activities at school?	Yes	increase anxiety februay, hospitali April
	44	0.0.0.Q46	Click all that apply:	Band or orchestra ,	cello - us dance - l -

	45	0.0.0.Q47	In the past year, has your child had any detentions or suspensions?	No	
	47	0.0.0.Q49	Is your child involved in any activities outside of school? Click all that apply:	None,	
	48	0.0.0.Q50	Does your child have a best friend?	Yes	
	49	0.0.0.Q51	How long has your child been friends with this best friend?	More than 3 years	
	50	0.0.0.Q52	Does your child have a regular group of kids he or she hangs out with at school or in your neighborhood?	Yes	her daug home sc - Congre - since 2
	51	0.0.0.Q53	How long has your child hung out with them?	More than 3 years	
	52	0.0.0.Q54	Do you like your child's friends?	Yes	
	53	0.0.0.Q55	Does your child have any problems with bullying at school or in your neighborhood?	No	
	54	0.0.0.Q56	Is your child gay?	No	
	56	0.0.0.Q58	Is your child transgender?	No	
	58	0.0.0.Q60	Does your child have any health problems?	Yes	
	59	0.0.0.Q61	Check all that apply:	Asthma, Other:allergies	
	1878	0.0.0.Q79	Does your child take any	Not at all	no nuts c

			regular medications for these health problem(s)?		
	70	0.0.0.Q72	List below the medications your child is currently taking:	singular, flonase, inhaler	
	62	0.0.0.Q62	Was your child born prematurely?	No	
	64	0.0.0.Q64	Were your child's developmental milestones on time?	Yes	
	66	0.0.0.Q66	Has your child ever received mental health or substance abuse services?	Yes,8	first neu - probler concentr organizir work, rea compreh
	67	0.0.0.Q67	Click below all types of mental health or substance abuse services your child has received:	Outpatient mental health, Inpatient for mental health, Psychotherapy, Medication management,	no readf compreh - at time testing d on ADHI with GAI therapy f GAD, Dr Kineer, r then Dr. Hanelso not a go therapy years wi Kineer - year sta therapy theray 3- grade, ir now, sta 5th grad started L in March focus, ar some Df
	68	0.0.0.Q68	How many times has your child	1	hospitali

			been in the hospital for mental health problems?		two we - Last At thinking running ; suicidal · assesse therapist plan, Ma thoughts suicide a after a b - pills - s - started prozac - Februay Zoloft - p seconda medicine
	60	0.0.0.Q70	Does your child currently take any regular medications for mental health problem(s)?	Yes	
	61	0.0.0.Q71	Please specify which mental health problems your child takes medication for, and which medication your child takes	Problem: Depression ~ Timeline:Month: April / Year:2018 ~ Medication: Prozac /	
	71	0.0.0.Q73	Has your child taken any other medications in the past for mood or behavioral problems? If yes, please list them below.	past - Zoloft -> suicidal - Dr. Park - Mental Health and Psychiatry	
	72	0.0.0.Q74	Has anyone in your child's family had any of the following problems? Click all that apply:	Depression, if yes who?:Maternal or Paternal Grandparent#ADHD, if yes who?:Other - cousin#Anxiety problems, if yes who?:Maternal or Paternal Grandparent#Episodes of mania, if yes who?:Maternal or Paternal Aunt#Alcohol problems, if yes who?:Biological Father, Maternal or Paternal	MGM - depressi suicide a - periods waking u 2:00 to c house, M bipolar, l depressi MU-Dep - suffer v depressi SIB, MG GAD - A BF (past MGF - d dementia

				Grandparent#Suicide attempts, if yes who?:Maternal or Paternal Grandparent#	
	73	0.0.0.Q75	Below is a list of things kids often have to deal with. Click all that apply to your child:	Other: deaths	recent ci finger tip upset ab boy - pre pubertal worries & school a grades
	74	0.0.0.Q76	Thanks for this background information. If there is anything else you think is important that we know about your child, you can write it in below.		
<b>Depressive Disorders</b>	95	1.1.1.Q1	Now I'd like to ask you some questions about your child's mood. In the past two weeks, how often has your child felt sad, down, or depressed, with the down feeling lasting most of the day?	More than half the days	
	97	1.1.2.Q1	In the past two weeks, how often has your child felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?	Rarely	
	98	1.1.2.Q2a	Was there ever a time in the past that your child felt, annoyed, irritable, or cranky for most of the day, nearly every day, for two weeks or longer?	Yes	
	99	1.1.3.Q1	In the past 2 weeks, how often has your child felt bored, or like nothing was fun, for most of the day?	More than half the days	last year
	105	1.1.3.Q3e	You said that in the past two weeks for most of the day your child felt sad and bored. When did this begin?	Month:April / Year:2017	

	109	1.1.3.Q4b	You said that in the past there was a time that lasted at least two weeks when for most of the day your child felt irritable, or cranky. When was that? If your child felt that way more than once, let me know when it was the worst.	Month:April / Year:2017	
	115	1.1.3.q5	How long did it last back then?	weeks:0 / months:12	
	581	2.1.5.q1	In the past 2 weeks, how often has your child been sleeping two or more hours a day more than usual, either napping during the day or sleeping more hours at night?	Rarely	
	582	2.1.5.q2	In the past when your child were feeling the following sad, irritable and bored, was he or she often sleeping two or more hours a day more than usual, either napping during the day or sleeping more hours at night?	Yes	
	583	2.1.6.q1	In the past two weeks, how often has your child felt tired, like he or she just didn't have enough energy to do the things he or she normally does?	Rarely	
	584	2.1.6.q2	In the past when your child was feeling sad, irritable and bored, did he or she often feel tired, like they just didn't have enough energy to do the things your child normally does?	Yes	
	585	2.1.7.q1	In the past two weeks, how often has your child found it hard to concentrate?	More than half the days	
	586	2.1.7.q2	I know your child has had concentration problems for a long time. Did the problems with concentration get worse	Yes	

			when he or she got sad?		
	588	2.1.8.q1	In the past two weeks, how often has your child had trouble making up his or her mind about everyday decisions like what to wear, eat, or do?	More than half the days	
	590	2.1.9.q1	In the past two weeks, how often has your child found himself or herself less hungry than usual?	Not at all	
	591	2.1.9.q2	In the past when your child was feeling sad, irritable and bored, did he or she often find themselves less hungry than usual?	No	
	594	2.1.11.q1	In the past two weeks, has your child been especially hungry, craving sweets, or eating more than usual?	Rarely	
	595	2.1.11.q2	When your child was feeling sad, irritable and bored in the past, did he or she often eat more than usual?	Yes	
	597	2.1.12.q2	In the past when your child was feeling sad, irritable and bored, did he or she gain some weight?	No	
	598	2.1.13.q1	In the past two weeks, how often has your child felt agitated, like it was hard to sit without bouncing his or her leg or getting up and moving around?	More than half the days	
	1882	2.1.13.Q2a	Did this trouble sitting still start when your child became sad?	Yes	
	602	2.1.14.q1	In the past two weeks, how often has your child felt slowed down, like he or she was talking or walking in slow motion?	More than half the days	



	604	2.1.15.q1	In the past two weeks, how often has your child felt guilty about something he or she said, did, or thought?	More than half the days	
	606	2.1.16.q1	In the past two weeks, how often has your child felt hopeless?	Several days	
	1825	2.1.16.Q2	In the past when your child was sad, irritable and bored did he or she often feel hopeless a lot?	No	
	607	2.1.17.q1	In the past two weeks, how often has your child felt bad about himself or herself, like he or she was not as good as other kids, or that there were a lot of things he or she didn't like about themselves?	More than half the days	
	610	2.1.18.q1a	With friends	Yes	
	611	2.1.18.q1b	With family	Yes	
	612	2.1.18.q1c	At school	Yes	
	613	2.1.18.q1d	At work	No	
	614	2.1.18.q1e	In after school activities	No	
	615	2.1.18.q1f	In other places or times	No	
	609	2.1.18.q1	Have the things we have just been talking about (i.e., feeling sad, feeling irritable, feeling bored, troubles sleeping, sleeping too much, feeling		

			tired, troubles concentrating, difficulty making decisions, increased appetite, feeling restless or fidgety, feeling slowed down, feeling guilty, feeling bad about yourself and thoughts of death) caused problems for your child in any of the following areas:		
	1807	2.1.19.Q1b	Feeling irritable	Yes	
	1808	2.1.19.Q1c	Feeling like nothing is fun	Yes	
	1809	2.1.19.Q1d	Troubles sleeping	No	
	1810	2.1.19.Q1e	Sleeping too much	Yes	
	1811	2.1.19.Q1f	Feeling tired	Yes	
	1812	2.1.19.Q1g	Troubles concentrating	No	
	1813	2.1.19.Q1h	Difficulty making decisions	Yes	
	1816	2.1.19.Q1k	Increased appetite	Yes	
	1818	2.1.19.Q1m	Feeling restless or fidgety	No	
	1819	2.1.19.Q1n	Feeling slowed down	Yes	
	1820	2.1.19.Q1o	Feeling guilty	Rarely	

	1822	2.1.19.Q1q	Feeling bad about yourself	No	
	1823	2.1.19.Q1r	Thoughts of death	No	
	1805	2.1.19.Q1	Your child reported the following problems. Have these or were these present for a year or longer?		
	617	2.1.20.q1	Since your child first experienced any of these symptoms, has he or she had any periods of two months or longer symptom free?	No	
<b>Bipolar Disorders</b>	116	1.2.1.Q1	In the past two weeks, how often, without using drugs, did your child feel like they were high or super happy for no particular reason, with the over the top good feeling lasting four or more hours?	Rarely	
	117	1.2.1.Q2a	Was there ever a time in the past that your child felt like he or she was high or super happy for no particular reason, for multiple hours a day for several days in a row?	No	
	118	1.2.2.Q1	In the past two weeks, how often has your child lost his or her temper and done any of the following things: yelled at someone, thrown or broken something, or hit, pushed or kicked someone?	Rarely	
	120	1.2.2.Q3a	Was there ever a time in the past for several days in a row that your child lost his or her temper and yelled at someone, thrown or broken something, or	No	

			hit, pushed or kicked someone?		
	121	1.2.4.Q1	In the past two weeks, how often has your child needed less sleep than usual, and still felt rested and energized, sleeping at least three hours less than usual?	Rarely	
	122	1.2.4.Q2a	Was there ever a time in the past that your child needed less sleep for several days in a row, and felt rested sleeping at least three hours less than usual?	No	
<b>Psychosis</b>	130	1.4.1.Q1	In the past two weeks, how often, during the daytime, as you were going about your regular activities, did you hear things that others could not hear? (ask for example to check if description is true hallucination; if not, mark 'not at all')	Not at all	
	131	1.4.1.Q2	Was there ever a time during the daytime, as your child was going about his or her regular activities, that they repeatedly heard things that weren't really there?	No	hear nar called - sometim daytime nighttime started in past yea
	132	1.4.1.Q3	In the past two weeks, how often, during the daytime, as you were going about your regular activities, did you see things that others could not see? (ask for example to check if description is true hallucination; if not, mark 'not at all')	Not at all	
	133	1.4.1.Q4	Was there ever a time during the daytime as you were going about your regular activities that you repeatedly saw things that others could not see? (ask	No	

			for example to check if description is true hallucination)		
	134	1.4.2.Q1	In the past two weeks, how often did your child feel that people your child did not know were out to get them, were following them, or spying on them?	Not at all	
	136	1.4.2.Q2	Was there ever a time your child felt that people your child did not know were out to get them, were following them, or spying on them?	No	
<b>Panic Disorder</b>	141	1.5.1.Q1	In the past two weeks, has your child had any panic attacks where for no reason at all he or she suddenly felt super scared and like he or she was having a heart attack?	Not at all	
	143	1.5.1.Q3a	Was there ever a time that your child had a lot of panic attacks?	No	
<b>Agoraphobia</b>	146	1.6.1.Q1A	Buses	Not at all	
	147	1.6.1.Q1B	Trains	Not at all	
	148	1.6.1.Q1C	Subways	Not at all	
	149	1.6.1.Q1D	Open Spaces	Not at all	
	150	1.6.1.Q1E	Bridges	Not at all	
	151	1.6.1.Q1F	Shops	Not at all	

	152	1.6.1.Q1G	Theatres	Not at all	
	153	1.6.1.Q1H	Malls	Not at all	
	154	1.6.1.Q1I	Crowds	Not at all	
	155	1.6.1.Q1J	Standing in lines	Not at all	
	156	1.6.1.Q1K	Being out of the house alone	Not at all	
	145	1.6.1.Q1	In the past two weeks, how often has your child feared or avoided any of the following places because they make him or her super anxious? Mark all that apply.		
	158	1.6.1.Q3a	Was there ever a time that for several months your child avoided two or more of these situations because they made him/her super anxious: leaving the house, riding in cars or buses, being in enclosed places like theatres or crowds, or being in open spaces like parking lots or on bridges?	No	
<b>Separation Anxiety</b>	160	1.7.1.Q1	In the past two weeks, how often has your child felt super upset when mom, dad, or another caregiver left the house or dropped your child off somewhere?	Not at all	
	161	1.7.1.Q2a	Was there ever a time that your child got super upset when mom, dad or another caregiver left the house or dropped your child off	No	

			somewhere?		
	162	1.7.2.Q1	In the past two weeks, how often has your child tried to stay home or actually stayed home from school because he or she wanted to be with mom, dad, or another caregiver?	Not at all	
	163	1.7.2.Q2a	Was there ever a time that your child did not want to go to school because he or she did not want to be away from mom, dad, or another caregiver?	No	
<b>Social Anxiety Disorder</b>	167	1.8.1.Q1	In the past two weeks, how often has your child felt super shy and really uncomfortable in social situations, like talking in class or talking with kids outside their family?	Not at all	
	169	1.8.1.Q3a	Was there ever a time, for a month or longer, that your child felt super shy and uncomfortable in different social situations?	No	
<b>Specific Phobia</b>	176	1.9.1.Q1a	The dark	Yes	
	177	1.9.1.Q1b	Spiders	Yes	
	178	1.9.1.Q1c	Heights	No	
	179	1.9.1.Q1d	Animals	Yes	
	180	1.9.1.Q1e	Elevators	No	
	181	1.9.1.Q1f	Bridges	No	

	182	1.9.1.Q1g	Flying	No	
	183	1.9.1.Q1h	Seeing blood	No	
	184	1.9.1.Q1i	Receiving an injection	No	
	185	1.9.1.Q1J	Other (if Yes specify)	dogs	
	175	1.9.1.Q1	Mark below the things your child currently or in the past felt deathly afraid of and that always or almost always made him/her super anxious:		
	186	1.9.2.Q1	Over the past two weeks, how often has your child avoided or tried to avoid the dark, spiders, animals or dogs?	Rarely	
	196	1.9.2.Q2	Was there ever a time your child usually avoid or tried to avoid the dark, spiders, animals or dogs or if he or she couldn't avoid it, endured it with great distress?	No	
<b>Generalized Anxiety Disorder</b>	198	1.10.1.Q1	In the past two weeks, how often has your child felt like a 'worrier' - really worried about a lot of different things?	Nearly every day	
	199	1.10.1.Q2	When did your child's worrying a lot of the time begin?	Month:April / Year:2014	
	1571	2.10.2.Q1A	How your child looks	Present,Past,	
	1572	2.10.2.Q1B	What your child said	Present,Past,	



	1573	2.10.2.Q1C	How your child did on a test	Present,Past,	
	1574	2.10.2.Q1D	If people like him or her	Present,Past,	
	1575	2.10.2.Q1E	The future	Present,Past,	
	1576	2.10.2.Q1F	The past	Present,Past,	
	1577	2.10.2.Q1G	Other (specify)	,	
	1570	2.10.2.Q1	You mentioned earlier that your child worries about a lot of different things. Mark below all the different things your child finds himself or herself worrying about. Mark as many as apply.		
	1579	2.10.3.Q1A	Feels restless	More than half the days	
	1580	2.10.3.Q1B	Feels keyed up	Not at all	
	1581	2.10.3.Q1C	Feels easily tired	Not at all	
	1582	2.10.3.Q1D	Has difficulty concentrating	Nearly every day	
	1583	2.10.3.Q1E	Mind goes blank	Not at all	
	1584	2.10.3.Q1F	Feels irritable	Rarely	

	1585	2.10.3.Q1G	Has muscle tension	Not at all	
	1586	2.10.3.Q1H	Has difficulty falling asleep	Nearly every day	
	1587	2.10.3.Q1I	Has difficulty staying asleep	Nearly every day	
	1578	2.10.3.Q1	How often are the things below true of your child when he or she worries.		
	1588	2.10.4.Q1	In the past two weeks, how often has your child had trouble controlling their worries?	More than half the days	
	1590	2.10.5.Q1A	With friends	Yes	
	1591	2.10.5.Q1B	With family	Yes	
	1592	2.10.5.Q1C	At school	Yes	
	1593	2.10.5.Q1D	At work	No	
	1594	2.10.5.Q1E	In after school activities	No	
	1595	2.10.5.Q1F	In other places or times	No	
	1589	2.10.5.Q1	Does your child's worrying about these things cause problems for him or her in any of the following areas:		
	1596	2.10.6.Q1	How much discomfort or distress does your child's	4	

			worrying cause him or her?		
<b>Obsessive Compulsive Disorder</b>	203	1.11.1.Q1A	Thoughts or images about harming others or doing something horrible when your child didn't want to	Past 2 weeks~No, Ever~No,	
	204	1.11.1.Q1C	Meaningless words, numbers, or images that intrude into your child's mind that he or she can't get rid of	Past 2 weeks~No, Ever~No,	
	205	1.11.1.Q1D	Religious thoughts that are disrespectful or offensive	Past 2 weeks~No, Ever~No,	
	206	1.11.1.Q1E	Thoughts that things had to be lined up exactly right or done a special way	Past 2 weeks~No, Ever~No,	
	207	1.11.1.Q1F	Worries about throwing seemingly unimportant things away	Past 2 weeks~No, Ever~No,	
	208	1.11.1.Q1G	Thoughts about dirt, germs or contamination	Past 2 weeks~No, Ever~No,	
	209	1.11.1.Q1H	Other recurring unwelcome senseless distressing thoughts (specify)	,	
	202	1.11.1.Q1	Has your child ever had any of the following unwelcome, senseless, distressing thoughts come into their mind over and over again, even though they didn't want to have them? Mark all that apply. DO NOT RATE THOUGHTS ABOUT GERMS OR OTHER UNWELCOME SENSELESS THOUGHTS AS TRUE IF THESE THOUGHTS ONLY OCCURRED IN RELATION TO THE COVID-19 PANDEMIC.		
	212	1.11.2.Q1A	Excessive or ritualized cleaning of household or other items	Past 2 weeks~No, Ever~No,	

	213	1.11.2.Q1B	Excessive hand washing	Past 2 weeks~No, Ever~No,	
	214	1.11.2.Q1C	Excessive or ritualized showering, bathing, tooth brushing, or toilet routine	Past 2 weeks~No, Ever~No,	
	215	1.11.2.Q1D	Ordering or arranging things a certain way	Past 2 weeks~No, Ever~No,	
	216	1.11.2.Q1F	Touching things a certain way	Past 2 weeks~No, Ever~No,	
	217	1.11.2.Q1G	Needing to count and recount	Past 2 weeks~No, Ever~No,	
	218	1.11.2.Q1H	Moving in a certain way or repeating certain actions	Past 2 weeks~No, Ever~No,	
	219	1.11.2.Q1I	Mentally repeating certain words or numbers	Past 2 weeks~No, Ever~No,	
	220	1.11.2.Q1J	Other repetitive behaviors that interfere with your child life (specify)	,	
	211	1.11.2.Q1	Has your child ever found him/herself having to do over and over again any of the things listed below? Mark all that apply. DO NOT RATE THE BEHAVIORS OF CLEANING OR HAND WASHING AS TRUE IF THESE BEHAVIORS ONLY OCCURRED IN RELATION TO THE COVID-19 PANDEMIC.		
<b>Enuresis and Encopresis</b>	222	1.12.1.Q1	In the past two weeks, how many times at night or during the day has your child wet himself or herself?	Not at all	
	232	1.12.1.Q2a	Was there ever a time, for a	No	

			month or longer, that your child had a lot of accidents and wet himself or herself either in the day or nighttime?		
	245	1.12.5.Q1	In the past two weeks, how many times at night or during the day has your child soiled themselves and had a bowel movement in his/her pants?	Not at all	
	248	1.12.5.Q2a	Was there ever a time, for a month or longer, that your child had a lot of accidents and soiled himself/herself either in the day or nighttime?	No	
<b>Eating Disorders</b>	254	1.13.1.Q1	These next set of questions are about your child's eating habits and your child's feelings about his/her shape and weight. In the past two weeks, how often has your child been preoccupied with his/her weight or worrying a lot about being fat?	Not at all	
	257	1.13.1.Q2a	Was there ever a time, for a month or longer, that your child worried all the time about gaining weight or becoming fat?	No	
	259	1.13.3.Q1	In the past two weeks, how many days has your child made himself or herself throw up to try to control their weight or because your child was upset because he or she ate too much?	Not at all	
	260	1.13.3.Q2a	Was there ever a time, for a month or longer, that your child made himself or herself throw up once a week or more?	No	
	261	1.13.4.Q1	In the past two weeks, how many days has your child done other things to control his or her weight, like exercise	Not at all	

			excessively, restrict food, take laxatives, or diet pills?		
	262	1.13.4.Q2a	Was there ever a time, for a month or longer, that your child often did any of these things to control their weight?	No	
	263	1.13.5.Q1	In the past two weeks, how often has your child had eating binges, when he or she lost control of their eating and ate way more than he or she needed to because your child was unable to stop himself or herself from eating?	Not at all	
	264	1.13.5.Q2a	Was there ever a time, for a month or longer, that your child would go on eating binges a day or more a week?	No	
<b>Attention Deficit Hyperactivity Disorder</b>	280	1.14.1.Q1	In the past two weeks, how often has your child had trouble paying attention and keeping focused when he or she is working on their homework or other things that require concentration?	More than half the days	
	281	1.14.1.Q2	Has your child had trouble paying attention and staying focused since the time he or she was in elementary school or earlier?	Yes	
	284	1.14.2.Q1	In the past two weeks, how often have little distractions, like someone talking or the telephone ringing, made it hard for your child to keep their mind on what he or she was working on?	Nearly every day	since 2nd grade - (worse depression)
	285	1.14.2.Q2	Has your child gotten easily distracted since the time he or she was in elementary school?	Yes	
	288	1.14.3.Q1	In the past two weeks, how often has your child had trouble	Several days	restless legs - sir

			staying in his or her seat at school or at home when your child was expected to stay seated?		depress
	290	1.14.3.Q3a	Was there ever a time that your child often had trouble staying seated?	No	
	292	1.14.4.Q1	In the past two weeks, how often has your child gotten in trouble, or done something he or she could have gotten in trouble for because your child was impulsive and acted before he or she thought?	Several days	cuts hair thing trig hospitali
	294	1.14.4.Q3a	Was there ever a time that your child was impulsive and often acted before he or she thought?	No	
	300	1.14.4.Q5e	You said that your child had a time when he/she had a lot of trouble keeping focused and paying attention; and was often easily distracted. How old was your child when the first of these problems began?	age:8	
	677	2.14.5.Q1a	In the past two weeks, how many days has your child made a careless mistake?	More than half the days	
	679	2.14.6.Q1	In the past 2 weeks, how often has your child forgotten or tuned out what you or their teachers said to him or her?	Rarely	
	701	2.14.6.Q2	Was there ever a time when your child often forgot or tuned out what you or their teacher said to them?	No	
	680	2.14.7.Q1	In the past two weeks, how often has your child not followed instructions that a parent or teacher said to him or her, or instructions on an assignment or test?	Several days	

	681	2.14.8.Q1	In the past two weeks, how often has your child had trouble organizing his or her homework or other tasks?	Several days	worse si depress ongoing couple o
	682	2.14.9.Q1	In the past two weeks, how often has your child put off or avoided doing things that were hard for him or her because they required a lot of attention?	Several days	
	683	2.14.10.Q1	In the past two weeks, how often has your child lost his or her homework, pencils, jacket, cell phone, or anything else big or small?	More than half the days	
	684	2.14.11.Q1	In the past two weeks, how often has your child forgotten something somewhere or forgotten to do something he or she was supposed to do?	Several days	
	685	2.14.12.Q1	In the past two weeks, how often has your child felt fidgety, like it was hard to sit without bouncing his or her leg or getting up and moving around?	More than half the days	
	686	2.14.13.Q1	In the past two weeks, how often has your child run or climbed on things when he or she was not supposed to?	Not at all	
	708	2.14.13.Q2	Was there ever a time your child often ran or climbed when they weren't supposed to?	No	
	687	2.14.14.Q1	In the past two weeks, how often has your child been on the go, moving from one place to another?	Not at all	
	709	2.14.14.Q2	Was there ever a time your child constantly were on the go and moving from one place to another?	No	
	688	2.14.15.Q1	In the past two weeks, how often has your child had trouble	Not at all	



			being quiet when he or she was supposed to be quiet?		
	710	2.14.15.Q2	Was there ever a time when your child often had trouble being quiet when they were supposed to be?	No	
	689	2.14.16.Q1	In the past two weeks, how often has your child blurt out answers in school without being called on, or blurt out answers when someone wasn't talking to him or her?	Not at all	
	711	2.14.16.Q2	Was there ever a time your child often blurted out answers at school without being called on, or blurted out answers when someone wasn't talking to them?	No	
	690	2.14.17.Q1	In the past two weeks, how often has your child had trouble waiting for his or her turn or waiting for other things?	Not at all	
	712	2.14.17.Q2	Was there ever a time your child often had trouble waiting for their turn or waiting for other things?	No	
	691	2.14.18.Q1	In the past two weeks, how often has your child interrupted someone when they were talking?	Not at all	
	713	2.14.18.Q2	Was there ever a time your child often interrupted others while they were talking?	No	
	692	2.14.19.Q1	In the past two weeks, how often has your child talked when he or she wasn't supposed to, or had people complain that he or she talked too much?	Rarely	
	714	2.14.19.Q2	Was there ever a time your child often talked when your	No	

			child weren't supposed to, or have people complained that your child talked too much?		
	694	2.14.20.Q1A	With friends	Yes	
	695	2.14.20.Q1B	With family	Yes	
	696	2.14.20.Q1C	At school	Yes	
	697	2.14.20.Q1D	At work	No	
	698	2.14.20.Q1E	With any other activities	No	
	693	2.14.20.Q1	Have the problems we have just been talking about caused difficulties for your child in any of the following areas: check all that apply		
<b>Oppositional Defiant Disorder</b>	311	1.15.2.Q1	In the past two weeks, how often did your child talk back to or argue with parents or teachers?	Several days	mostly ju mom - n teachers one else with her depresic
	312	1.15.2.Q2a	Was there ever a time that your child argued a lot with parents or teachers?	No	
	313	1.15.3.Q1	In the past two weeks, how often did your child refuse to do something a grown up asked him or her to do?	Rarely	very resj child
	314	1.15.3.Q2a	Was there ever a time that your child often refused to do the things grownups asked?	No	
<b>Conduct</b>	318	1.16.1.Q1	In the past two weeks, how	Not at all	

<b>Disorder</b>			often has your child told a lie, not just to get out of trouble, but to try to con someone?		
	319	1.16.1.Q2a	Was there ever a time that your child often told lies, not just to get out of trouble, but to try to con someone?	No	
	320	1.16.2.Q1	In the past two weeks, how often did your child cut school without parent's permission?	Not at all	
	321	1.16.2.Q2a	Was there ever a time that your child cut school without parent's permission?	No	
	323	1.16.3.Q1	In the past two weeks, how often did your child get into physical fights with someone?	Not at all	
	325	1.16.3.Q3a	Was there ever a time that your child often got into a lot of physical fights with someone other than their brothers and/or sisters?	No	
	327	1.16.4.Q1	In the past two weeks, how often did your child make fun of other kids, or try to make them look bad by tripping them or knocking down their books, or try to scare them by threatening to hurt them if they did not give your child money or do what he or she said?	Not at all	
	328	1.16.4.Q2a	Was there ever a time that your child often made fun of, threatened, or bullied people?	No	
	329	1.16.5.Q1	In the past two weeks, how often did your child steal something worth at least \$20?	Not at all	
	330	1.16.5.Q2a	Was there ever a time that your child stole something worth at least \$20?	No	
<b>Tic Disorders</b>	362	1.17.1.Q1	In the past two weeks, how often did your child have tics	Rarely	

			like uncontrollable eye blinking, shoulder shrugging, head tilting, or other parts of your child's body move unexpectedly when he or she did not want it to?		
	363	1.17.1.Q2a	Was there ever a time that your child often had unexpected tics or body movements?	No	when co - does bl things - a
	364	1.17.2.Q1	In the past two weeks, how often did your child make noises that he or she didn't want to make, repeated sounds or words that your child didn't want to say?	Not at all	anxiety response
	365	1.17.2.Q2a	Was there ever a time that your child repeatedly made sounds or said words that he or she couldn't control?	No	
<b>Autism Spectrum Disorders</b>	369	1.18.1.Q1	In the past two weeks, how often did your child do unusual body movements like hand flapping, head weaving, body rocking, or body spinning?	Not at all	
	370	1.18.1.Q2	Was there ever a time that your child frequently did these sorts of unusual body movements?	No	
	371	1.18.2.Q1	In the past two weeks, how often have you worked real hard to keep routines and activities the same so your child would not get upset?	Several days	
	372	1.18.2.Q2	Was there ever a time that your child was frequently easily upset by changes in routines or activities, and you had to work real hard to keep things the same?	No	
	373	1.18.3.Q1	In the past two weeks, how often has your child had trouble maintaining eye contact and looking at you or other people	Rarely	

			when they are talking with your child?		
	374	1.18.3.Q2	Was there ever a time that your child had trouble maintaining eye contact when talking with others?	No	
<b>Alcohol Use Disorder</b>	389	1.19.1.Q1	What are your child's favorite alcoholic beverages to drink? (You can mark more than one):	Don't drink alcohol,	
	392	1.19.3.Q2	Was there ever a time in the past when your child had three or more alcoholic drinks on a given day?	No	
	394	1.19.5.Q2a	Was there ever a time that drinking caused your child problems with parents, friends, or at school or at work?	No	
	1774	1.19.6.Q2b	Was there ever a time when your child drank on 6 or more occasions in a 12 month period?	Yes	
<b>Drug Use Disorders</b>	402	1.20.1.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No	
	403	1.20.1.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	No	
	404	1.20.1.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No	
	405	1.20.1.Q1D	Cocaine (coke, crack)	No	
	406	1.20.1.Q1E	Opioids (heroin, OxyContin	No	

			morphine, codeine, methadone, Demerol, Percodan)		
	407	1.20.1.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No	
	408	1.20.1.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No	
	409	1.20.1.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	No	
	410	1.20.1.Q1I	Other Drugs (fill in) (e.g., steroids, etc).		
	401	1.20.1.Q1	Check below the drugs any of your child's friends use:		
	412	1.20.2.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No	
	413	1.20.2.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	No	
	414	1.20.2.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No	

	415	1.20.2.Q1D	Cocaine (coke, crack)	No	
	416	1.20.2.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No	
	417	1.20.2.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No	
	418	1.20.2.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No	
	419	1.20.2.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	No	
	420	1.20.2.Q1I	Other Drugs (fill in) (e.g., steroids, etc).		
	411	1.20.2.Q1	Check below the drugs your child has tried one or more times:		
<b>Post-Traumatic Stress Disorder</b>	502	1.21.1.Q1A	A car accident in which your child or another person in the car was hurt bad enough to require medical attention	No	
	503	1.21.1.Q1B	Significant accident or medical condition, including coronavirus, for which your child needed specialized, intensive, or painful medical treatment	No	
	504	1.21.1.Q1C	Witnessed or caught in a fire that caused significant property	No	

			damage or personal injury		
	505	1.21.1.Q1D	Witnessed or caught in a natural disaster that caused significant property damage or personal injury	No	
	506	1.21.1.Q1E	Witness or victim of a school shooting or other act of terrorism	No	
	507	1.21.1.Q1F	Witnessed death or mass destruction in a war zone	No	
	508	1.21.1.Q1G	Witnessed someone shot or stabbed in the community	No	
	509	1.21.1.Q1H	Shot, stabbed, or beat badly by a non-family member	No	
	511	1.21.1.Q1J	Beaten to the point of having bruises or had a more serious injury caused by a grown-up in the home	No	
	514	1.21.1.Q1M	Witness the grown-ups in the home push, shove or hit one another	No	
	517	1.21.1.Q1P	A peer forced your child to do something sexually	No	
	518	1.21.1.Q1Q	Learned about the life-threatening illness or sudden unexpected death of a loved one due to coronavirus, cancer, violence, or other cause	Yes	
	501	1.21.1.Q1	Please check off the things from the list below that have happened to your child in his or her lifetime.		
	537	1.21.1.Q2Q	Learned about the life-threatening illness or sudden unexpected death of a loved one due to coronavirus, cancer,	Month:April / Year:2016 / Happened:Month:April and Year:2016 and	



			violence, or other cause	<p>Happened:Her grandfather died unexpectedly from a heart attack during a struggle with pets in the home. Her grandmother (my mother) told her while on the cell phone with her. I did not know what happened. Lily was very upset. Her great uncle had passed away two months prior and though he had been sick for a while, his death was very upsetting to her.</p> <p>Month:April and Year:2010 and Happened:Lily copes with a lot of struggles at home. Her father (my husband) has dementia and it affects his personality. At times, his expectations change making it difficult for her to know what is expected. Because of her brother's disabilities, she feels like we don't give her enough attention and expect too much from her.</p>	
	520	1.21.1.Q2	<p>You answered yes to the following bad events. Could you describe what happened, if you are comfortable doing so? If you are not comfortable talking about it, just enter the date and press the next button.</p>		
	539	1.21.2.Q1	[1] In the past two weeks, how often has your child tried not to think about the bad thing or	Rarely	MGF - w FLorida heart att

			things that happened?		visit 1 x MGM tol over the - mom d MGU - d months mother's brother l with ther months - 2015 - l back to l
	540	1.21.2.Q2a	[1] Was there ever a time your child often tried not to think about the bad things that happened?	No	
	541	1.21.26.Q1	[1] In the past two weeks, how often has your child gotten super upset when he or she thought about the bad thing or things that happened?	Rarely	
	542	1.21.26.Q2a	[1] Was there ever a time that your child often got super upset when he or she thought about the bad thing or things that happened?	No	
	543	1.21.3.Q1	[1] In the past two weeks, how often did your child have any nightmares?	Rarely	
	544	1.21.3.Q2a	[1] Was there ever a time after the bad thing happened that your child had a lot of nightmares?	No	
<b>Sleep Problems</b>	552	1.22.1.Q1	In the past two weeks, how often did your child have trouble falling asleep or staying asleep when he or she was tired and wanted to sleep?	More than half the days	
	553	1.22.1.Q2	When did this begin?	Month:April / Year:2014	GAD
<b>Suicidality</b>	556	1.23.1.Q1	Sometimes when kids get	Rarely	

			upset or feel numb, they may do some things to hurt themselves, like scratching, cutting, or burning themselves. In the past two weeks, how often has your child done any of these things or other things to try to hurt himself or herself?		
	558	1.23.1.Q2b	Was there ever another time in the past when your child did things to hurt himself or herself on purpose, like cut, scratch or burn himself or herself?	Yes	
	559	1.23.1.Q2c	When was that?	Month:April / Year:2018	
	560	1.23.2.Q1	In the past two weeks, how often has your child wished he or she was dead or had thoughts that he or she would be better off dead?	Not at all	
	561	1.23.2.Q2a	Was there ever a time in the past when your child often wished he or she was dead or thought he or she would be better off dead?	Yes	
	563	1.23.2.Q2c	When was that?	Month:April / Year:2018	
	564	1.23.3.Q1	In the past two weeks, how often did your child think about actually wanting to kill himself or herself?	Not at all	
	565	1.23.3.Q2a	Was there ever a time when your child thought about wanting to kill himself or herself?	Yes	
	567	1.23.4.Q1	In the past two weeks, did your child actually do something to kill himself or herself and make a suicide attempt?	No	

	569	1.23.4.Q3a	Was there ever a time when your child did something to try to kill himself or herself and actually made a suicide attempt?	No	
	803	2.23.5.Q1	You mentioned that in the past 2 weeks your child did some things to hurt himself or herself, like scratching, cutting, or burning themselves. Was your child trying to kill themselves when he or she did these things?	No	
	813	2.23.5.Q3	You mentioned that in the past, your child did some things to hurt himself or herself, like scratching, cutting, or burning themselves. Was your child trying to kill him or herself by doing these things?	No	
	816	2.23.6.Q2	You mentioned in the past your child thought about actually wanting to kill himself or herself. When was that?	Month:April / Year:2018	
	817	2.23.6.Q3	Did your child think about how they would do it (even if they had no intention of actually doing it)?	No	
	818	2.23.7.Q2	Back then, at any point did your child have some intention on acting on these thoughts, even if they weren't 100% sure they would do it?	No	
	819	2.23.8.Q2	Did your child think through the details of exactly how he or she would do it, for instance, decide on a specific place or time?	No	
	820	2.23.9.Q2a	Back then, did your child make any preparations for killing themselves?	None; did not make any preparations,	
	822	2.23.10.Q2	Back then, did your child start to do something to end their life, but either stopped themselves	No, your child did not start an attempt	

			or were interrupted by someone else (for example, your child was about to take pills or had a gun ready, or was about to jump or hang themselves, but either stopped themselves or were stopped by someone else)?		
<b>Homicidality</b>	572	1.24.1.Q1	In the past two weeks, how often did your child think seriously about wanting to kill someone?	Not at all	
	573	1.24.1.Q2a	Was there ever a time that your child thought seriously about wanting to kill someone?	No	
<b>Selective Mutism</b>	171	1.25.1.q1	In the past two weeks, how often have there been times when your child consistently couldn't or wouldn't talk at all, for example, in school or some other social situations, even though people were expecting him or her to talk?	Rarely	
	173	1.25.1.q3a	Was there ever a time in the past when your child consistently couldn't or wouldn't talk at all, for example, in school or some other social situations, even though people were expecting him or her to talk?	No	