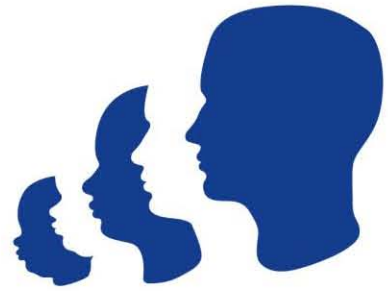


Dunedin Multidisciplinary  
Health & Development  
Study

DMHDS



# **DMHDS DATA DIRECTORY**

## **AGE 11 ASSESSMENT PHASE**

***including MENTAL HEALTH  
DIAGNOSTIC INTERVIEW  
SCHEDULE (DIS)***

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PHASE XI DATA

INTRODUCTION

The Phase XI data collection was designed by P. A. Silva, R. O. McGee, A. Simpson, I. A. Stewart, J. Langley, J. Chapman, D. Russell, and P. Wilson. Data are coded as A, B, C or D variables (see Phase III for an explanation).

Other data were collected by J. Birkbeck (anthropometry), S. Casswell (alcohol experience and knowledge), T. Oei (smoking), M. Sears (asthma), J. Anderson (diagnostic interview for children - psychiatric data), J. Langley (injury data) and J. McKenzie (hair analysis - in process). Blood was also collected and data are looked after by J. Faed (complete blood count, hepatitis B), M. Sears (atopic status), P. Hughes (lead), J. McKenzie (trace elements), M. D. Holdaway (rotavirus), M. Gardner (chromosomal studies), P. Lovell-Smith and P. Hurst (serum enzymes). These data are looked after by the people concerned and data specifications are available from the research unit.

NUMBER OF CHILDREN

Seen at Knox N=803; Seen at school/home N=12; Seen by Psych. Service N=86;  
Seen overseas N=24

Total seen N=925 (89% of 1037)

Not seen N=38; Refusals N = 70; Died N=4

Total not seen N=112

INDEX TO DATA (Total observations 639)

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2	Motor Development Reciprocal tapping Bead stringing	A3; B5-24	XI-5
5 & 6	Health Questionnaire Physical activity Sporting experiences and preferences Important things for fitness, dental health Likelihood of experiences	A4-35; B25-57	XI-6
11	Parent Questionnaire I A. About the Family Address changes Mother's and father's occupations Children in the family Family details Influences on development Parents' physical measures B. About the Child at School Schools, N schools Absences for school, long absences School Committees School progress and attendance, homework time School codes	A36-53; B57-65; D2-3	XI-11

12	Parent Questionnaire II		
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15	F. Your Child's Medical History	A152-169; B83; C25	XI-29
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	Medical specialists		
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25	Psychometric Assessment I	A284-328;	XI-45
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33	Psychometric Assessment III Dunedin Spelling Test Burt Word Reading Test Behaviour Observations Behaviour Definitions	A330-370; B175; C49	XI-47
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PHASE XI DATA

KINESIOLOGY AND HEALTH EDUCATION I\* (Card 1 - XI)

	Series No.	D1
<u>MOTOR DEVELOPMENT</u>		
1. STANDING BROAD JUMP		
Distance Jumped (cms)	Trial 1	C1
	Trial 2	C2
2. FLEXIBILITY		
Sit and reach (cm)		B1
3. CURL UPS		
No. completed - maximum 30		B2
TESTER: .....	Date:.....	Tester's code B3
 <u>CRITICAL TRACKING TASK</u>		
A. TRIAL 1		C3
(Wt at bottom)	2	C4
	3	C5
	4	C6
B. TRIAL 1		C7
	2	C8
	3	C9
	4	C10
C. TRIAL 1		C11
(Wt at top)	2	C12
	3	C13
	4	C14
 <u>EXERCISE TOLERANCE TEST</u>		
1. Pre-exercise heart rate (beats/min)		C15
2. Exercise heart rate (A) (beats/min)		C16
3. Exercise heart rate (B) (beats/mins)		C17
4. Post exercise time to 16 beats		C18
5. Co-ordination rhythm (Rate subject on ability to keep time to music and maintain constant speed)		A1
0 = good - no break in rhythm, constant speed		
1 = satisfactory - constant speed but occasional miss of beat		
2 = poor - speed fluctuates and/or erratic maintenance of beat		
3 = very bad - erratic speed and incomplete maintenance of beat		
6. Observations: Any unusual responses or events, e.g. difficulty in breathing, muscle injury, disinterested, distractable, malfunctioning of equipment (0 = normal; 1 = other) Please specify See Research Task XI-1		
7. Tester: .....	Tester's code	B4

Notes:

\* The kinesiology and health education items were designed by D.G. Russell, P. Wilson, and others. A manual written by P. McDonald explains the procedures and coding. It is available from the unit.

KINESIOLOGY AND HEALTH EDUCATION II\* (Card 1 - XI)

MOTOR DEVELOPMENT

RECIPROCAL TAPPING

A.	TRIAL 1	HITS	B5	
		1 MISSES	B6	
	2	HITS	B7	
		2 MISSES	B8	
	3	HITS	B9	
		3 MISSES	B10	
	B.	1	HITS	B11
			1 MISSES	B12
		2	HITS	B13
2 MISSES			B14	
3		HITS	B15	
		3 MISSES	B16	
C.		TRIAL 1	HITS	B17
			1 MISSES	B18
		2	HITS	B19
	2 MISSES		B20	
	3	HITS	B21	
		3 MISSES	B22	

BEAD STRINGING

NUMBER THREADED		B23
LACE HELD RIGHT HAND	Code 1	3
LACE HELD LEFT HAND	Code 2	
CHANGED HANDS	Code 3	

Tester: .....

Tester's code B24

Date .....

HEALTH QUESTIONNAIRE (Card 5 - XI)

(EXAMINER: PLEASE READ THE WHOLE QUESTIONNAIRE ALOUD. TO MAKE SURE THE CHILDREN UNDERSTAND HOW TO FILL IN THE ANSWERS, DO QUESTIONS A AND B FIRST.

- (READ) A. AN ELEPHANT IS A SMALL ANIMAL       YES       NO  
 B. CHRISTMAS IS IN DECEMBER                       YES       NO

NOW LETS CHECK THAT YOU HAVE A AND B CORRECT. THE ANSWER TO A IS "NO". AN ELEPHANT IS NOT SMALL. THE ANSWER TO B IS "YES". CHRISTMAS IS IN DECEMBER. I WILL NOW READ THE REST OF THE QUESTIONS AND YOU CAN DO THEM BY YOURSELF.

SECTION I.

- |   |   |                             |     |
|---|---|-----------------------------|-----|
| 1. PHYSICAL ACTIVITY MAKES YOUR HEART BEAT FASTER   | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | A4  |
| 2. REGULAR EXERCISES WILL STOP YOU FROM GETTING FAT   | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 5   |
| 3. WHEN YOU "PUFF" DURING AND AFTER EXERCISE IT MEANS YOUR BODY IS SHORT OF OXYGEN  | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 6   |
| 4. SOME EXERCISES ARE HARMFUL   | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 7   |
| 5. YOUR PARENTS NEED REGULAR PHYSICAL ACTIVITY  | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 8   |
| 6. REGULAR EXERCISE, SUCH AS RUNNING, SWIMMING, AND CYCLING, MAKES YOUR HEART AND LUNGS WORK BETTER                                 | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 9   |
| 7. LACK OF EXERCISE WILL CAUSE YOUR MUSCLES TO BECOME SMALLER AND WEAKER  | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 10  |
| 8. REGULAR EXERCISE WILL PREVENT YOU GETTING ILL  | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 11  |
| 9. IF YOU HAVE REGULAR EXERCISE, YOU DON'T GET TIRED SO EASILY  | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 12  |
| 10. A PHYSICALLY FIT PERSON RECOVERS FROM HEAVY EXERCISE MORE RPAIDLY THAN AN UNFIT PERSON  | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 13  |
| 11. DID YOU GET OUT OF BREATH AND SWEAT YESTERDAY?  | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 14  |
| 12. DID YOU HAVE A PHYSICAL EDUCATION LESSON YESTERDAY? (OR ON YOUR LAST SCHOOL DAY)  | <input type="checkbox"/> YES                            | <input type="checkbox"/> NO | 15  |
| 13. HOW MANY TIMES DID YOU GET OUT OF BREATH AND SWEAT YESTERDAY? (WRITE NUMBER IN BOX)   | <input style="width: 40px; height: 20px;" type="text"/> |                             | B25 |
| 14. ON HOW MANY DAYS LAST WEEK DID YOU GET OUT OF BREATH AND SWEAT? (NO MORE THAN 7) (WRITE NUMBER IN BOX)                          | <input style="width: 40px; height: 20px;" type="text"/> |                             | 16  |
| 15. ON HOW MANY DAY LAST WEEK DID YOU HAVE A PHYSICAL EDUCATION LESSON (OR THE LAST WEEK YOU WERE AT SCHOOL)? (WRITE NUMBER IN BOX) | <input style="width: 40px; height: 20px;" type="text"/> |                             | 17  |

SECTION II

THESE QUESTIONS ARE ABOUT SPORT. BY SPORT WE MEAN GAMES AND EVENTS IN WHICH YOU TRY TO WIN. FOR EXAMPLE, TENNIS, RUGBY, ATHLETICS, KARATE.

16. DOES YOUR SCHOOL HAVE SPORTS TEAMS WHICH PLAY AGAINST TEAMS FROM OTHER SCHOOLS?  YES  NO 18

IF YOUR ANSWER IS NO, PLEASE GO TO QUESTION 20

17. DO YOU PLAY SPORT FOR YOUR SCHOOL?  YES  NO 19

IF YOUR ANSWER IS NO, PLEASE GO TO QUESTION 20

18. (a) WHAT SPORT DO YOU PLAY FOR YOUR SCHOOL? PLEASE WRITE DOWN THE SPORTS (b) ALSO WRITE DOWN HOW OLD YOU WERE WHEN YOU FIRST PLAYED THESE SPORTS FOR YOUR SCHOOL

SPORT

AGE

..... B26-27  
..... B28-29  
..... B30-31  
..... B32-33

(WRITE ANY OTHERS ON BACK OF PREVIOUS PAGE)

19. DO YOU ENJOY PLAYING SPORT FOR YOUR SCHOOL?  YES  NO 20  
(GO TO QUESTIONS 22)

WOULD YOU LIKE TO PLAY SPORT FOR YOUR SCHOOL?  YES  NO 21

IF YOUR ANSWER IS NO, PLEASE GO TO QUESTION 22

21. WHAT SPORT(S) WOULD YOU LIKE TO PLAY FOR YOUR SCHOOL? (WRITE THEM)

..... B34  
..... B35  
..... B36  
..... B37

22. DO YOU PLAY SPORT FOR A CLUB TEAM?  YES  NO 22



Card 5 cont'd

23. (a) WHAT SPORT DO YOU PLAY FOR YOUR CLUB? PLEASE WRITE DOWN THE SPORTS

(b) ALSO WRITE DOWN HOW OLD YOU WERE WHEN YOU FIRST PLAYED THESE SPORTS FOR A CLUB

SPORT

AGE

.....	.....	B38-39
.....	.....	B40-41
.....	.....	B42-43
.....	.....	B44-45

24. DO YOU ENJOY PLAYING SPORT FOR A CLUB?  YES  NO 23

25. DOES YOUR MOTHER COME TO WATCH YOU PLAY SPORT FOR A CLUB?  
 ALWAYS  OFTEN  SOMETIMES  NEVER 24  
(1) (2) (3) (4)

26. DOES YOUR FATHER COME TO WATCH YOU PLAY SPORT FOR A CLUB?  
 ALWAYS  OFTEN  SOMETIMES  NEVER  
(1) (2) (3) (4)

27. IF YOU DON'T PLAY SPORT FOR A CLUB, WOULD YOU LIKE TO? IF SO, WHICH SPORTS WOULD YOU LIKE TO PLAY FOR A CLUB?  YES  NO 26  
LIST NO MORE THAN THREE SPORTS

.....	B46
.....	B47
.....	B48

HEALTH QUESTIONNAIRE II (Card 6 - XI)

28. WRITE DOWN UP TO FOUR (4) OF THE MOST IMPORTANT THINGS  
PEOPLE SHOULD DO TO KEEP THEMSELVES FIT AND HEALTHY

- .....
- .....
- .....
- .....

B49  
B50  
B51  
B52

29. DO YOU THINK YOU ARE (TICK ONE OF THESE):

UNFIT       FAIRLY FIT       VERY FIT  
(1)                      (2)                      (3)

27

30. WRITE DOWN UP TO FOUR (4) OF THE MOST IMPORTANT THINGS  
PEOPLE SHOULD DO TO KEEP THEIR TEETH AND GUMS HEALTHY

- .....
- .....
- .....
- .....

B53  
B54  
B55  
B56

31. DO YOU THINK YOUR TEETH ARE (TICK ONE OF THESE):

POOR       REASONABLE       VERY GOOD  
(1)                      (2)                      (3)

28

SECTION III

FOR THIS SECTION PLEASE TICK THE ONE WHICH BEST DESCRIBES  
HOW YOU FEEL. FOR EXAMPLE

WITHIN THE NEXT YEAR, DO YOU THINK YOU ARE:

LESS LIKELY       JUST AS LIKELY       MORE LIKELY  
(1)                      (2)                      (3)

TO GET A SKATEBOARD, THAN OTHER CHILDREN YOU KNOW

32. WITHIN THE NEXT YEAR, DO YOU THINK YOU ARE:

LESS LIKELY       JUST AS LIKELY       MORE LIKELY  
(1)                      (2)                      (3)

29

TO HAVE AN ACCIDENT



PARENT QUESTIONNAIRE I\* (Card II - XI)  
SECTION A - ABOUT THE FAMILY

Child's Name .....

A1 How many times has N changed his/her address in the last two years? 36

(write number of changes)

A2 Do you (mother) have a job away from home? If so, how many hours a week do you work? B58

(write number of hours)

A3 If you (mother) work away from home, what is your main occupation? (Full details please) 37

Coded according to Elley and Irving's Scale (1983)

A4 If N's father or father figure lives at home, what is his main occupation? (Full details please) 38

Coded according to Elley and Irving's Scale (1983)

A5 How many children are there in your family? (this includes all children - grown up and foster) B59

(write number of children)

A6 What is N's position in the family? (i.e. 1st born=1; 2nd born=2; 3rd born=3, etc.) B60

(write position in family)

For the purpose of this study, a person is considered to be a parent figure if he or she is normally a resident in the study child's household. Parents who are temporarily away from home (e.g. because of their job, in hospital or for similar reasons) should be counted as parent figures.

A7(a) What is the relationship to the child of the person now acting as his/her mother? (tick a box please) B61

Coding

- |                               |                          |                         |                          |
|-------------------------------|--------------------------|-------------------------|--------------------------|
| 01 = Natural mother           | <input type="checkbox"/> | 04 = Foster mother      | <input type="checkbox"/> |
| 02 = Mother by legal adoption | <input type="checkbox"/> | 05 = Grandmother        | <input type="checkbox"/> |
| 03 = Stepmother               | <input type="checkbox"/> | 06 = Elder sister       | <input type="checkbox"/> |
| 04 = No mother figure         | <input type="checkbox"/> | 07 = Living with father | <input type="checkbox"/> |

Other mother figure   
please specify  
See Research Task IX-2

Notes:

\* The parents' questionnaire was designed by P.A. Silva and R.O. McGee

(b) Were there any changes in the mothering situation in the last 2 years? (eg. separation, death, etc)

Yes     No

If there have been any changes in the last two years, please give details

See Research Task XI-3

A8(a) What is the relationship to the child of the person now acting as his/her father?

B52

- |                               |                          |                          |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 01 = Natural father           | <input type="checkbox"/> | 04 = Foster father       | <input type="checkbox"/> |
| 02 = Father by legal adoption | <input type="checkbox"/> | 05 = Grandfather         | <input type="checkbox"/> |
| 03 = Stepfather               | <input type="checkbox"/> | 06 = Elder brother       | <input type="checkbox"/> |
| 88 No father figure           | <input type="checkbox"/> | 07 = Living with mother  | <input type="checkbox"/> |
| Other father figure = 08      |                          | <input type="checkbox"/> |                          |
| please specify                |                          |                          |                          |

See Research Task XI-3b

(b) Were there any changes in the fathering situation in the last two years? (eg. separation, death, etc)

40

Yes     No

If there have been any changes in the last two years, please give details

See Research Task XI-4

A9 Who is filling in this questionnaire

41

- Child's mother or mother figure
- Child's father or father figure
- Other (details of relationship to child)

See Research Task XI-5

A10 Some things happen to children that in some ways influence how they develop. Have there been any important events or experiences that have occurred to influence N's development for better or worse over the last year?

42

1 = Yes    2 = No

Details .....

See Research Task XI-6

A11 What is the height and weight of the natural mother? (an estimate is acceptable - ignore if not known)

a) height without shoes  feet  inches or  cm D2

b) weight lightly clothed  stone  lbs or  kg C19

A12 What is the height and weight of the natural father? (an estimate is acceptable - ignore if not known)

a) height without shoes  feet  inches or  cm D3

b) weight lightly clothed  stone  lbs or  kg C20

SECTION B - ABOUT YOUR CHILD AT SCHOOL

B1 What school does N go to? ..... C21

(See school codes following this card)

B2 How many schools has N been to since he/she was five?

(write number of schools)

B63

B3 What is N's current school class? (S3, S4, F1, FII, Special, etc.)

43

B4 How many full days did N have off school during the last 12 months? (Estimate as closely as possible)

(number of days off school)

C22

B5 Has N had any long absences in the last 2 years of school (4 weeks or more)

Yes  No

44

If yes, how many long absences has N had in the last 2 years

(Number of long absences)

Reasons for each long absence

Days Absent

See Research Task XI-7

B6(a) Are you or N's father on a committee associated with the school 45

Yes  No

(b) How many times have you (mother) visited the school(s) in the last 12 months? B64

(estimated number of visits)

(c) How many times has N's father visited the school(s) in the last 12 months? B65

(number of visits)

B7 Below is a series of questions about progress at school. Please tick the one you think applies to your child.

	Slow Code 1	Average Code 2	Above Average Code 3	
(a) How well is N doing at school generally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
(b) well is N getting on with reading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47
(c) How well is N getting on with handwriting and/or printing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
(d) How well is N getting on with mathematics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49
(e) How well is N getting on with spelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
(f) How well is N getting on with written language (e.g. story writing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51

B8 Would you say that your child's attitude to school is

poor (1)  average (2)  above average (3) 52

B9 Does N have regular homework? (i.e. at least 3 nights per week)

Yes = 1  No = 0 53

If yes, what is the average time this takes per night? C23

(Average homework time (Minutes))

SCHOOLS AND CODE NUMBERS

Abbotsford	002	Dunback	031
Alexandra	003	Duntroun	032
Allanton	004	East Taieri	033
Andersons Bay	005	Enfield	034
Ardgowan	006	Ettrick	035
Arthur Burns	007	Fairfield	036
Arthur Street	008	Five Forks	037
Awamoa	009	Fernbrook	038
Awamoko	010	Flagswamp	039
Balaclava	011	Forbury	040
Balclutha	012	George Street Normal	041
Beaumont	013	Grants Braes	042
Becks	014	Green Island	043
Benhar	016	Goldfields	159
Berwick	016	Hakataramea Valley	044
Bradford	017	Halfway Bush	045
Brighton	018	Hampden	046
Broad Bay	019	Hawea Flat	047
Brockville	020	Henley	048
Casa Nova	021	Heriot	049
Catlins Area (Owaka)	101	High Street	050
Cattle Creek	022	Hilderthorpe	051
Caversham	023	Hyde	052
Clinton	024	Kaikorai	053
Clutha Valley	025	Kaitangata	054
Clyde	026	Kakanui	055
College Street	027	Karitane	056
Concord	028	Kauru Hill	057
Corstophine	029	Kelso	058
Cromwell College	030	Kelvin Grove Occ. Centre	059



Kurow Area	060	Oamaru North	089
Kyeburn	061	Oamaru South	090
Lauder Railway	062	Ocean View	091
Lawrence Area (H)	063	Opoho	092
Lee Stream	064	Omakau	093
Macandrew Bay	085	Omarama	094
Macraes-Moonlight	065	Otekaike	095
Maheno	066	Otematata Primary	097
Maia	067	Otepopo (Herbert)	098
Makarora West	068	Oturehua	099
Maniototo Area (H)	069	Outram	100
Maori Hill	070	Owaka D.H./Catlins Area	101
Matariki Cerebal Palsy	071	Paerau	102
Meldrum School	072	Palmerston (Primary)	103
Melville Park	073	Papakaio	104
Milburn (Nr Milton)	074	Paretai	105
Millers Flat	075	Patearoa	106
Milton	076	Pine Hill	107
Moa Creek	077	Poolburn	108
Moeraki	078	Port Chalmers	109
Momona	079	Port Molyneux	110
Mornington	081	Portobello	111
Mosgiel West	082	Pukeuri	112
Musselburgh	083	Purakanui	113
Naseby	084	Ravensbourne	114
Ngapara	085	Reid Park	115
North East Harbour (Macandrew Bay)	086	Riselaw Road	116
North East Valley Normal	087	Romahapa	117
		Rosebank	118
North Taieri	088	Rotary Park	158

Roxburgh Area	119	Waitati	145
Roxburgh Health	160	Waitepeka	146
Sara Cohen Memorial	120	Waiwera South	147
Sawyers Bay	121	Wakari	148
Seacliff	122	Waldronville	149
St Clair	123	Wanaka Area	150
St Johns	161	Warepa	151
St Leonards	124	Warrington	152
Stirling	125	Windsor	156
Strath Taieri	126	Wyllies Crossing	157
Tahakopa	127		
Taiori Beach	128	Balmacewen	170
Tainui	129	Kenmure	171
Tapanui	130	Macandrew	172
Tarras	131	Mosgiel	173
The Terrace	132	DNI	174
Tokoiti	133	Oamaru Intermediate	175
Tomahawk	134	Tahuma	176
Totara	135		
Totara Peak (Grade 1)	135	Any other known school	300
Tuapeka West	136		
Waianakarua	137	Any not known school	999
Waihola	138		
Waikoikoi	139		
Waipiata	141		
Waipori Falls	142		
Waitehuna	143		
Waitaki Bridge	144		

CATHOLIC SCHOOLS

- 201 Christian Brothers Junior School
- 202 St Edmunds Primary
- 203 St Joseph's Parish, Port Chalmers
- 204 St Joseph's Parish, Rattray Street
- 205 St Mary's Parish, Kaikorai
- 206 St Mary's Parish, Mosgiel
- 207 Sacred Heart Parish, NEV
- 208 Rosary Parish School, Liberton
- 209 St Patricks, South Dunedin
- 210 St Bridgets, Tainui
- 211 St Francis Xavier, Mornington
- 212 St Bernadettes, Forbury
- 213 St Peter Chanel, Green Island
- 214 St Pauls, Corstophine
- 215 St Patricks, Lawrence
- 216 St Mary's, Milton
- 217 St Joseph's, Balclutha
- 218 St Gerards, Alexandra
- 219 St Johns, Ranfurly
  
- 220 Columba College
  
- 300 Other known school
  
- 999 Not known

PARENT QUESTIONNAIRE II (Card I2 - XI)

SECTION C - ABOUT YOUR CHILD'S ACTIVITIES

C1 What time does N usually go to bed? (write the time) [ ] [ ] B66-67

C2 What time does N usually get up? (write the time) [ ] [ ] B68-69

C3 How long did N spend watching TV yesterday? [ ] hrs [ ] mins B70-71
Was yesterday 1 = Saturday 2 = Sunday
3 = Monday 4 = Tuesday 5 = Wednesday
6 = Thursday 7 = Friday A54

C4 How long each day does N usually spend watching TV from Monday to Thursday? [ ] hrs [ ] mins B72-73

C5 Does N belong to any organised groups or activities (such as Scouts, gym, music, soccer, cricket, Sunday School) outside school or home which he/she attends regularly? (at least once per week) 55
[ ] Yes [ ] No

If yes, please specify

1 ..... B74

See codes at end of card

2..... B75

3..... B76

4 ..... B77

5..... B78

C6 At present, does N have a regular (at least once a week) part-time job outside the home (e.g. milk/paper run, gardening, etc.)? 56

[ ] Yes [ ] No

If yes, please specify type of job and hours worked weekly on next page.

Job	Hrs worked per week
1 See Research Task XI-8	.....
2 .....	.....
3 .....	.....
4 .....	.....
5 .....	.....

C7 In the past two years, has N ever had any part-time job outside the home? (This includes any part time work no matter how brief) 57

Yes  No

If yes, please specify type of job and hours worked weekly (in the past)

Job	Hrs worked per week
1 See Research Task XI-9	.....
2 .....	.....
3 .....	.....
4 .....	.....

Please tick Yes or No as appropriate for the questions below:

Does N regularly help with chores around the home?  
(Code 1 = Yes 0 = No)

Yes  No

Does N usually receive a fixed amount of pocket money, for example each week, with which he/she has to make do? 59

Yes  No

Does N have a money box or bank book for which he/she is responsible? 60

Yes  No

Do you have rules about N coming home at a set time or telling you or N's father where he/she is going? 61

Yes  No

Do you often find that you don't know where N is or what he/she is doing? 62

Yes  No

SECTION D - DISCIPLINE AND YOUR CHILD

D1 How would you describe the general parental supervision of what N does? (Please tick one box)  
of what N does?

- 1 =  Very strict
- 2 =  Fairly strict
- 3 =  Average
- 4 =  Fairly easy going
- 5 =  Easy going

63

D2 Is your method of dealing with N when he/she misbehaves?  
(Please tick one box)

- 1 =  Very changeable
- 2 =  Changeable
- 3 =  Usually the same
- 4 =  Always the same

64

D3 Is N's father's method of dealing with N when he/she misbehaves: (Please tick one box)  
(Please skip D3 and D4 if solo parent)

- 1 =  Very changeable
- 2 =  Changeable
- 3 =  Usually the same
- 4 =  Always the same

65

D4 Is your way of handling misbehaviour always the same; usually the same; sometimes different; or usually different from the way N's father handles misbehaviour: (Please tick one box)

- 1 =  Always the same
- 2 =  Usually the same
- 3 =  Sometimes different
- 4 =  Usually very different

66

D5 Do you have any other comments about discipline?

- Yes     No

67

If yes, please specify.

See Research Task XI-10

CODES FOR ORGANISED GROUPS - VARIABLES B74-78

01. All individual or team sports including:  
BMX club, bike riding, pedal cross, roller skating, skating, sailing, yacht club, karate, judo, gymnastics, orienteering, swimming club, pony club, horse riding, tramping, marching, archery, ten-pin bowling, athletics, cricket, fitness centre
02. All cultural activities including:  
music, drama, cultural group, Maori club, art class, speech, choir
03. Dancing, all types, including jazzercise
04. Cubs, Scouts, Brownies, Guides, including Lone Cub etc., Sea Cadets
05. All religious activities including Sunday school, church, church craft group, girls/boys Brigade and Rally
06. St John's Brigade (first aid)
07. Any other activity that will not fit into any of those listed above e.g. after school club, Youth club, dog training, cooking, chess, modelling, Lodge, otago Excursion train trust, Young Explorers group, Phys Ed class (for co-ordination)
88. No groups - if box 23 = 0, box 24-29 = 8
99. Not known - Information not available after phoning parent

NOTE: If there are some groups code them and fill the empty boxes with 0's

IF THE CHILD BELONGS TO MORE THAN FIVE GROUPS, CODE FOUR AND CODE 77 FOR BOX 32-33

SECTION E - YOUR CHILD'S BEHAVIOUR (Card 13 - XI)  
(Rutter Behaviour Questionnaire\*)

These questions ask about various kinds of behaviour that many children show at some time. Please tick the answers according to the way your child is NOW.

Below is a list of minor health problems which most children have at some time. Please tell us how often each of these happens with your child by putting a tick in the correct box.

	Never in the last year Code 0	Less often than once per month Code 1	At least once per month Code 2	At least once per week Code 3	
E1(a) Complains of headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68
(b) Has stomach-ache or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69
(c) Complains of biliousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70
(d) Wets his/her bed or pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71
(e) Soils him/herself or loses control of bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72
(f) Has temper tantrums (that is, complete loss of temper with shouting, angry movements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73
(g) Had tears on arrival at school or refused to go into the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74
(h) Truants from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75

E2 Speech. Please place a tick against the correct answer.

1. Does N stammer or stutter?

0= No      1= Yes - mildly    2= Yes - severely      76

2. Has N any difficulty with speech other than stammering or stuttering?      77

0= No      1= Yes - mild    2= Yes - severe      78

If 'Yes', is the difficulty

1= lispng

2= cannot say words properly

3= other, please describe .....

(See Research Task XI-11)

Notes:

\* From Rutter M., Tizard J., and Whitmore K. (eds) (1970) Health, Education, and Behaviour. London, Longmans Green



- E3 1. Does N ever steal things? 79
- 0= No      1= Yes, occasionally      2= Yes, frequently
- If "Yes" (occasionally or frequently), when N steals,  
does it involve (tick one)
- 1= minor pilfering of pens, sweets, toys, (8 = not applicable) 80  
small sums of money, etc.
- 2= stealing of big things
- 3= both minor pilfering and stealing of big things
2. Is it done 81
- 1= in the home (8 = not applicable)
- 2= elsewhere
- 3= both in the home and elsewhere
3. Does he/she do it 82
- 1= on his/her own (8 = not applicable)
- 2= with other children or adults
- 3= sometimes on his/her own, sometimes with others
- E4 Does N have any eating difficulty? 83
- 0= No      1= Yes - mild      2= Yes - severe
- If "Yes", is it (please tick)
- 1= faddiness or choosy about food (8 = not applicable) 84
- 2= not eating enough
- 3= eating too much
- 4= other, please describe .....  
See Research Task XI-12
- E5 Does N have any sleeping difficulty? 85
- 0= No      1= Yes - mild      2= Yes - severe
- If "Yes", is it (please tick)
- 1= difficulty in getting off to sleep (8 = not applicable) 86
- 2= waking during the night
- 3= waking early in the morning
- 4= other, please describe .....
- See Research Task XI-13

Instructions. These questions ask about the kinds of behaviour that many children show at some time. Please give the answers according to the way your child has been during the past 12 months. Below are a series of descriptions of behaviour often shown by children. After each statement are three columns, "Doesn't Apply", "Applies Somewhat", and "Certainly Applies". If your child definitely shows the behaviour described by the statement, place a tick on the line under "Certainly Applies". If he/she shows the behaviour described by the statement, but to a lesser degree or less often, place a tick under "Applies Somewhat". If, as far as you are aware, your child does not show the behaviour, please place a tick under "Doesn't Apply". Please put one tick against each statement.

<u>STATEMENT</u>	Doesn't Apply Code 0	Applies Somewhat Code 1	Certainly Applies Code 2	
E6				
1. Very restless. Often running about or jumping up and down. Hardly ever still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87
2. Squirmy. fidgety child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88
3. Often destroys own or others' belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89
4. Frequently fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90
5. Not much liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91
6. Often worried, worries about many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92
7. Tends to do things on his own - rather solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93
8. Irritable. Is quick to "fly off the handle".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94
9. Often appears miserable, unhappy, tearful or distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95
10. Has twitches, mannerisms or tics of the face or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96
11. Frequently sucks thumb or finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97
12. Frequently bites nails or fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98
13. Is often disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99
14. Cannot settle to anything for more than a few moments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100
15. Tends to be fearful or afraid of new things or new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101
16. Fussy or over-particular child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102
17. Often tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103

<u>STATEMENT</u>	Doesn't Apply	Applies Somewhat	Certainly Applies	
18. Bullies other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104
19.*Talks of being sad or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105
20. Lost interest in life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106
21. Refuses to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107
22. Withdraws from other people and wishes to be alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108
23. Provokes arguments or quarrels frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109
24. Talks back to adults and does not respect authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110
25. Less talkative than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111
26. Feels sorry for himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112
27. Does not enjoy praise or rewards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113
28. Thinks that things are not going to work out well and are hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114
29. Shows unusually poor work at school or at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115
30. Seems very tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116
31. Appears slowed up in body movements or speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117
32. Lost interest in activities that were pleasurable in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118
33. Talks of being guilty for small things which go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119
34. Talks about feeling worthless, useless, dumb, ugly, or that he/she is no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120
35. Talks about wishing to be dead or others would be better off if he/she were dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121
36. Are there any other significant behaviour problems? (if so, please describe them) (0 = no comments; 1 = comments) .....				122

See Research Task XI-14

Notes:

- \* Items from 19 onwards were added by R.O. McGee from DSM III criteria for disorders.

37. If you think that N has some significant behaviour problems at the present time, how long have you been aware of them?

- Over two years (skip Q38, go to 39) 123
- Over twelve months (skip Q38, go to Q39)
- Only in the last twelve months (go to Q38)
- No significant problem behaviours (skip Q38 & Q39, go to Q40)

38. If significant behaviour problems have arisen only in the last twelve months, please try to recall how many months you have been aware of the behaviours. If you are not certain, just given an estimate. B79

39. Do you think there was some particular event which may have produced the problem behaviour?

- Yes       No 124

If 'Yes', please give some details

See Research Task XI-15

.....

40. Please write today's date.

.....day .....month .....year

B80,B81,B82

XI-27  
PARENTS' QUESTIONNAIRE IV (Card 14 - XI)  
CHILD'S ATTENTION QUESTIONNAIRE\*

These questions are concerned with some specific behaviours that some children may show at times. Please tick the answer according to the way your child is now.

E8. Think about the way your child carries out a task, e.g., doing homework.

Does N	Doesn't Apply	Applies Somewhat	Certainly Applies	
1. often fail to finish things he/she starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125
2. often doesn't seem to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126
3. become easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127
4. have difficulty concentrating on school work or other tasks requiring sustained attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128
5. have difficulty sticking to a play activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129

E9. Now think about the way your child approaches or plans tasks.

Does N	Doesn't Apply	Applies Somewhat	Certainly Applies	
1. often act before thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130
2. shift excessively from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	131
3. have difficulty organising work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132
4. need a lot of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133
5. have difficulty awaiting turn in games or group situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134

E10. What is your child's general activity level?

Does N	Doesn't Apply	Applies Somewhat	Certainly Applies	
1. run about or climb on things excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	135
2. have difficulty sitting still; or fidget excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136
3. have difficulty staying seated when he/she must	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	137
4. move about excessively during sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	138
5. always seem to be "on the go" or act as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139

6. How old was N when you first noticed any problems of inattention or over activity (Ignore if no problems)      Years      Mths      888 = no problem      C24

Notes: \* This questionnaire was designed by R.O. McGee from DSM III criteria for disorders.

E11. In the last two years (i.e. since N was aged 9), have you sought help or advice for a behaviour or emotional problem he/she has? (Examples of these problems are bed wetting, temper tantrums, stealing, school refusal, difficult behaviour) 140  
 If No = 0 Rest = 8

Yes       No

If 'Yes', please tick from whom you sought advice

General Practitioner 141

School Teacher 142

Education Department Psychologist 143

Department of Psychiatry or Psychological Medicine (including Developmental Centre at Wakari) 144

Paediatrician 145

Public Health Nurse 146

Health Department Doctor 147

Social Welfare Worker 148

Voluntary Social Agencies (e.g. Family Care Centre, Catholic Social Services, PSSA) (Please specify) 149  
 Social Services, PSSA) (Please specify)

See Research Task XI-16  
 .....

Other (specify) ..... 150

See Research Task XI-17

E12. What do you think are N's major strengths? (Please describe your child's strongest points) 151  
 0 = no comments 1 = comments

See Research Task XI-18

.....

PARENTS' QUESTIONNAIRE V (Card 15 - XI)

SECTION F - YOUR CHILD'S MEDICAL HISTORY

Please tick Yes or No

1 Has N been to an Accident & Emergency Dept for investigation or treatment in the last two years? 152

[ ] Yes [ ] No [ ] Don't know

If yes, for what reason on each occasion

See Research Task XI-19

1st Time.....
2nd Time.....
3rd Time.....

2 Has N been to see any other medical specialist (either private or in a hospital Outpatient Dept) during the last two years? 153

[ ] Yes [ ] No [ ] Don't know

If yes, in which department was N seen and whom did N see?

For what reason was N seen?

Department or Hospital Specialist's Name Reason

See Research Task XI-20

- a. ....
b. ....
c. ....
d. ....
(continue on back of page if necessary)

3. Has N been admitted overnight to hospital during the last two years? 154

[ ] Yes [ ] No [ ] Don't know If yes, now many times [ ]

If yes, what was the reason for admission? No. of Nights
See Research Task XI-21

1st Time..... [ ]

Name of Hospital .....

2nd Time ..... [ ]

Name of Hospital .....

3rd Time ..... [ ]

Name of Hospital .....

4th Time ..... [ ]

Name of Hospital .....

(Put any others on back of this page)

Visits to doctor

4. Does N have any condition requiring regular check-ups or repeat prescriptions from a doctor? (include any mentioned in previous questions) 155

Yes     No     Don't know

If yes, what is the condition?

Doctor's Name

See Research Task XI-22

1. ....	.....
2. ....	.....
3. ....	.....

5. Who is N's general practitioner? C25

Dr. .... Address .....  
(Dr's codes are available from the unit)

5. Has N been to see a general practitioner in the last 2 years? 156

Yes     No     Don't know

If yes, for what reason(s) and please state approximate number of times for each condition (e.g. asthma - 2; stomach ache - 1)

Reasons for Visits    (to 7, greater than 7 = 7)    No. of Visits

Colds, Flu, sore throat, cough, blocked nose	<input type="checkbox"/>	157
--	--------------------------	-----

Bronchitis, asthma, chest infection	<input type="checkbox"/>	158
-------------------------------------	--------------------------	-----

Skin Problems    See Research Task-XI-23 What kind?	<input type="checkbox"/>	159
--	--------------------------	-----

Accident            See Research Task XI-24 Other Reason	<input type="checkbox"/>	160
---	--------------------------	-----

1                    See Research Task XI-25	<input type="checkbox"/>	161
--	--------------------------	-----

2                    .....	<input type="checkbox"/>	162
----------------------------	--------------------------	-----

3                    .....	<input type="checkbox"/>	163
(Continue on back of this sheet if necessary)		

Colour Blindness

6. Do you suspect your child may be colour blind?

Yes     No     Don't know

If yes, how old was N when you first suspected he/she was colour blind?

Age (Years)

B83



6. Did N take any pills, medicine, treatment, or use any ointments, drops, etc. yesterday,

164

1= Yes 2= No 3= Don't Know

If yes, please fill in details here

Name of Medicine

Reason for Medicine

See Research Task	XI-26

7. Did N take any pills, medicine, treatment, or use any ointments, drops, etc. during the last week (apart from those taken yesterday)

1= Yes 2= No 3= Don't Know

165

If yes, please fill in details here (please don't include those already listed above).

Name of Medicine

Reason for Medicine

See Research Task	XI-27



PARENTS' QUESTIONNAIRE VI (Card 16 - XI)

SECTION G - PARENTS' HEALTH QUESTIONNAIRE

(Note: these questions refer to current parent figures only)

1. In the past 2 years have you (mother) had any chronic or recurrent illness?

Yes     No     Don't Know    8= no parent figure    170

If yes, what is the nature of the illness?

See Research Task XI-30

How long have you had the illness?

Years     Mths     Wks

Do you think that this illness affects the day to day functioning of the family?

0= No    1= Yes    2= Sometimes    9= Don't know    171

2. How would you rate your overall health?

0= very good    1= good    2= fair    9= poor    172

3. In the past 2 years has N's father had any chronic or recurrent illness?

No     Yes     Don't Know    173

If yes, what is the nature of the illness?  
See Research Task XI-31

How long has N's father had the illness?

Years     Mths     Wks     Don't Know

Do you think that this illness affects the day to day functioning of the family?

No     Yes     Sometimes     Don't know    174

4. How would you rate the overall health of N's father?

very good     good     fair     poor     Don't Know    175

MOTHERS' MENTAL HEALTH QUESTIONNAIRE\*

(If no current mother figure please go to Q 23b)

- |    |  |                              |                             |     |
|----|--|------------------------------|-----------------------------|-----|
| 1  | Do you often feel miserable and depressed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 176 |
| 2  | Do you often get worried about things?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 177 |
| 3  | Are you easily upset or irritated?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 178 |
| 4  | Are you constantly keyed up and jittery?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 179 |
| 5  | Is your appetite poor?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 180 |
| 6  | Do you feel tired most of the time?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 181 |
| 7  | Do you usually have great difficulty in falling asleep or staying asleep?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 182 |
| 8  | Do you usually wake unnecessarily early in the morning?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 183 |
| 9  | Have you found that you need more sleep than previously?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 184 |
| 10 | Have you gained 4 or more pounds during the last month or 10 or more pounds during the last year?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 185 |
| 11 | Have you lost 4 or more pounds during the last month or 10 or more pounds during the last year? (Not due to dieting) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 186 |
| 12 | Have you lost interest in activities that were pleasurable for you? (social gatherings, music, sex, etc.)            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 187 |
| 13 | Have you lost interest in your job or housework?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 188 |
| 14 | Do you find it difficult to concentrate or focus on what you are doing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 189 |
| 15 | Is it difficult for you to make decisions quickly  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 190 |
| 16 | Do you feel that you have slowed down and are moving slowly?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 191 |
| 17 | Have you been thinking about hurting yourself?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 192 |
| 18 | Do you often blame yourself excessively when things go wrong?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 193 |
| 19 | Do you feel guilty for minor mistakes you make?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 194 |
| 20 | If you feel depressed at present (unhappy, bored, unable to enjoy yourself), how long have you felt this way?        |                              |                             | 195 |

less than 2 weeks       2 weeks or more



PARENTS' QUESTIONNAIRE VII (Card 17 - XI)

FOR GIRLS ONLY\*

1. Has N had her first menstrual period yet?  Yes  No A201

If answer was NO, ignore the rest of this page

2. If yes, how old was she when she had her first period? B94-95

Years  Months

3. How accurate is the above information? 202

very accurate  approximate only

4. Would you please grade how often your daughter has the following symptoms with her period. Please tick appropriate box.

	<u>3 days before period</u>			<u>1st &amp; 2nd day of period</u>		
	Doesn't Apply	Applies Sometimes	Certainly Applies	Doesn't Apply	Applies Sometimes	Certainly Applies
Pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability or bad temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pallor (Pale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fainting or "black outs"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pains in limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain in breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain elsewhere in chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More happy and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \* This questionnaire was designed by A. Simpson. Item 4 was not coded because of its low base rate.

MEDICAL FORMS

BLOOD PRESSURE AND EYE EXAMINATION\* (Card 21 - XI)

1.	B.P.	Syst.	-	C26
		Phase IV	-	B96
		Phase V	-	B97
		Pulse/mins	-	<del>C 27</del> <del>B47</del>
2.	B.P.	Syst.	-	C28
		Phase IV	-	B98
		Phase V	-	B99
		Pulse/mins	-	C29
3.	B.P.	Syst.	-	C30
		Phase IV	-	B100
		Phase V	-	B101
		Pulse/mins	-	C31
4.	Cuff Size Code no. on cuff			203
5.	Likely to be accurate 0=yes; 1=no Specify .....			204
	See Research Task XI-32			
6.	Tester: 1=CK; 2=LF; 3=other			205

Notes:

\* Blood pressure assessment and eye examination designed by A. Simpson.

EYE EXAMINATION

1.	Do you wear glasses? 0=no; 1=yes		206
2(a)	Distance VA without glasses (code - see sheet)	RV	B102
		LV	B103
(b)	VA with glasses if worn (code - see sheet) If no glasses, code 88	RV	B104
		LV	B105
3	Distance VA with +2.00 sphere (code - see sheet)	RV	B106
		LV	B107
4(a)	Near vision without glasses (Code - see sheet)	RV	207
		LV	208
(b)	Near vision with glasses if worn (Code - see sheet) If no glasses worn, code 88	RV	209
		LV	210
5(a)	Maddox Wing (If between 2 numbers, code lower number)	Horizontal (white)	B108
		Vertical (red)	B109
5(b)	Maddox Wing with glasses (Code 88 if no glasses)	Horizontal (white)	B110
		Vertical (red)	B111
6	City Colour Vision Test  Normal = 0; Protan = 1; Deutan = 2; Tritan = 3		211
7	Stereopsis with glasses if worn  T.N.O. - Butterfly (0 = no; 1 = yes)		212
	Circles (0 = no; 1 = yes; 2 = doubtful)		213
	Shapes (0 = no; 1 = yes; 2 = doubtful)		214
	Wedge (Grade 1 - 5)		215
8	Tester 1=CK; 2=LF; 3=other		216



AUDIOLOGICAL ASSESSMENT AND OTOTOLOGY QUESTIONNAIRE\*(Card 22 - XI)

1. Pure Tone Audiometry		R	L
	0.5K	B112	B113
	1K	B114	B115
	2K	B116	B117
	3K	B118	B119
	4K	B120	B121
	6K	B122	B123
	8K	B124	B125
2. Results likely to be accurate			A217
0=yes; 1=no			
Reason: .....			
See Research Task XI-32b			
5. SPEECH IN NOISE TEST (Spin)			
1.	2.	3.	
rug	fish	witch	218
ship	duck	thud	
cheek	gap	jail	C32
fan	cheese	wrap	
dice	rail	vice	219
haze	hive	keys	
well	bone	shown	C33
both	wedge	get	
move	moss	bomb	220
jot	tooth	hoof	
No Noise	10 dB Signal/Noise	5 dB Signal/Noise	C34
4.	5.	6.	
fib	fill	bath	221
thatch	catch	hum	
sum	thumb	dip	C35
heelee	heap	five	
wide	wise	ways	222
rake	rave	reach	
goes	goat	joke	C36
shop	shone	noose	
vet	bed	got	223
June	juice	shell	
5 dB Signal/Noise	10 dB Signal/Noise	No Noise	C37

Notes:

\* Audiological and otological assessments designed by I.A. Stewart.  
 Speech in Noise Test designed by P. Stubbing.

3.	Automatic Tympanometer (Electromedic) Middle Ear Pressure (If not done for any reason, e.g. sore ear, discharging ear, no seal, code 7)	Right C38 Left C39
4.	Curve type: 0=A; 1=Shallow A; 2=high A; 3=C; 4=BC; 5=B; 6=other	R L 242-243
5.	Stapedius Reflex (recorded on forms) 0=absent; 1=present	
	Hair sample <input type="checkbox"/> yes <input type="checkbox"/> no	244
	Tester. 1=CK; 2=LF; 3=other	245

OTOLOGY QUESTIONNAIRE (for child)\*

1.	Do you have any noisy hobbies? 0=no; 1=shooting; 2=listening to loud music or playing in a band; 3=driving tractor, etc. 4=using noisy machinery or power tools, e.g. chainsaw; 6=combination; 7=other	246
	Specify ..... See Research Task XI-33	
2.	Do you think noise can harm your health? 0=no; 1=yes; 5=don't know	247
	If Yes	248
a)	What does it do to your health?  1=affects your hearing; 2=causes headaches, fatigue and psychological effects 5=don't know; 6=combination; 7=other; 8=n/a	
	Specify ..... See Research Task XI-34	
b)	How can you stop this happening? 1=wear ear protection; 2=avoid loud noises; 3=can't stop it happening; 5=don't know; 6=combination; 7=other; 8=n/a	249
	Specify ..... See Research Task XI-35	
c)	Who told you this (how did you find out)? 0=parents; 1=teacher; 2=TV or radio; 5=don't know; 6=combination; 7=other; 8=n/a	250
	Specify ..... See Research Task XI-36	

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Notes:

\* Items 1 to 3 designed by C. Kirkland

COLOUR VISION\* (Card 23 - XI)

<u>ISHIHARA</u>		<u>CITY COLOUR VISION TEST</u>	
<u>Plate 1</u>		<u>Plate 1</u>	
	B126		258
2	251	2	259
3	B127	3	260
4	252	4	261
5	253	5	262
6	B128	6	263
7	B129	7	264
8	254	8	265
9	B130	9	266
10	255	10	267
11	256	11	268
12	B131		Decision 0=Normal 1=Protan 2=Deutan 3=Tritan
13	B132		
14	257	12	Tester 1=CK 2=LF 3=Other
15	B133		
16	B134		
17	B135		

Notes:

\* All vision and eye assessments designed by A. Simpson.

OPHTHALMOLOGY QUESTIONNAIRE

1. Have you had a new vision or eye sight problem in the last 2 years? 270  
 0=no; 1=yes; 2=unsure.  
 If yes, please specify .....  
 See Research Task XI-37
  
2. Have you seen anyone about this problem? 271  
 8=not applicable; 0=no; 1=GP; 2= specialist or eye dept  
 3=other (specify)  
 See Research Task XI-38  
 4=more than one (specify).....
- If "Yes"
3. What were you told about this problem? 272  
 0=nothing the matter, eyes normal  
 1=slight problem, not being followed up, specify  
 See Research Task XI-39  
 2=slight problem, being followed up, specify  
 .....  
 3=problem treated, specify  
 .....  
 4=more than one problem, specify  
 .....
4. Have you had a new eye problem in the last 2 years? 273  
 0=no; 1=yes; 2=unsure.  
 If yes, please specify .....  
 See Research Task XI-40  
 .....
5. Have you seen anyone about this problem? 274  
 8=not applicable; 0=no; 1=GP; 2= specialist or eye dept  
 3=other (specify)  
 .....  
 See Research Task XI-41  
 4=more than one (specify).....
- If "Yes"
6. What were you told about this problem? 275  
 0=nothing the matter, eyes normal  
 1=slight problem, not being followed up  
 specify  
 See Research Task XI-42  
 2=slight problem, being followed up,  
 specify  
 .....  
 3=problem treated  
 specify  
 .....  
 4=more than one problem, specify  
 .....
- Tester 1=CK; 2=LF; 3=other 276

OPTOMETRIC ASSESSMENT\* (Card 24 - XI)

Address .....

.....

Date .....

B136-138

Code 9s for not known and 8s for not applicable

- |      |  |                   |                |
|------|--|-------------------|----------------|
| 1.   | Attends Eye Specialist 0=no 1 = yes 2 = used to<br>Specify .....   |                   |                |
|      | See Research Task XI-43  |                   | 277            |
| 2(a) | Unaided Visual Acuity<br>Please code denominator for chart used at<br>6 metres, i.e. 6/6 = 06; 6/36 = 36<br>If worse than 6/60 do not code but record here<br><br>See Research Task XI-43b | R<br>B139         | L<br>B140      |
| (b)  | Type of Test used<br>Snellen Chart at 6 metres code 0<br>Other code 1 and specify<br><br>See Research Task XI-43c  |                   | 278            |
| 3.   | Visual Acuity with own glasses<br>Code as for 2(a) or 88 if doesn't wear<br>glasses; 99 if does wear glasses but<br>didn't bring them  | R<br>B141         | L<br>B142      |
| 4.   | Refraction (code without adjustment for<br>cycloplegia)  |                   |                |
| (a)  | Sphere<br>Code 0 for plus and 1 for minus<br>in boxes 22 and 26, followed by<br>strength of sphere   | Right<br><br>Left | D4<br><br>D5   |
| (b)  | Cylinder - always record minus cylinder  | Right<br><br>Left | C40<br><br>C41 |
| (c)  | Axis (5° increments)   | Right<br><br>Left | C42<br><br>C43 |

Notes:

\* This assessment was designed by A. Simpson assisted by G. Sanderson.  
Dunedin children were assessed by local optometrists.

Card 24 cont'd

	R	L
5. Corrected Visual Acuity (with cycloplegia) Code as for 2(a)	B143	B144
6. Near point (with correction and additional +3.00 sphere) (use accommodation rule and record in cm)	B145	B146
7. Worth's 4 dots Record no. of dots seen with red filter in front of right eye and green in front of left eye		279
8. Maddox Rod (with correction) (If unable to do, code 9) Prism to right eye		
(a) Horizontal   0 = base out 1 = base in		280
Prism strength in prism dioptres		B147
(b) Vertical     0 = base out 1 = base in		281
Prism strength in prism dioptres		B148
9. Near Point of Convergence (objective) (code in cm)		B149
10. Outcome 0 = no action, normal; 1 = glasses prescribed 2 = attending Eye Dept; 3 = attending ophthalmologist 4 = already under other care, specify ..... 5 = other, specify .....		282
11. Do you have records of either of this child's parent's refraction? Code 0 = no; 1 = mother; 2 = father; 3 = both mother and father		283
12. Examiner's Code (see code sheet)		B150

LIST OF OPTOMETRISTS

Examiner's Code	Name	Address	Telephone No.
01	P.L. Dick	Wynyard House, 17 Moray Place	770 725
02	J.A. Fairmaid	Cargill House, 123 Princes St	779 559
03	J.C. Dean	Mutual Furs Bldg, 133 George St	779 085
04	C. Armitage	CML Bldg, High St	776 314
05	M. Beaumont	183 King Edward St, Sth Dunedin	53 459
06	G.R. Bridgman	Mutual Furs Bldg, 133 George St	779 085
07	G. Chance	Cargill House, 123 Princes St	779 559
08	D. Neill	Cnr George & St Andrew Sts	740 665
09	M. Jowsey	Cnr George & St Andrew Sts	740 665
10	B. Stewart	326 George St	773 440
11	Mrs L. Bater	183 King Edward St, Sth Dunedin	53 459

PSYCHOMETRIC ASSESSMENT I (Card 31 - XI)

STUDENT'S PERCEPTION OF ABILITIES SCALE (SPAS)\*

TO MAKE SURE YOU UNDERSTAND HOW TO FILL IN THE QUESTIONS BY YOURSELF, COULD YOU PLEASE DO QUESTIONS A AND B AND THEN SHOW THEM TO ME.

- A. I AM NO GOOD AT SWIMMING       Yes     No
- B. I RIDE A BIKE WELL             Yes     No

NOW DO ALL THE REST OF THE QUESTIONS BY YOURSELF. TICK THE ANSWER

1	ALL NEW WORDS ARE EASY FOR ME TO SPELL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	284
2	I USUALLY HAVE PROBLEMS UNDERSTANDING WHAT I READ	<input type="checkbox"/> Yes	<input type="checkbox"/> No	285
3	I AM ONE OF THE BRIGHTEST KIDS IN THE CLASS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	286
4	I HAVE NEAT PRINTING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	287
5	I AM UNHAPPY WITH HOW I READ	<input type="checkbox"/> Yes	<input type="checkbox"/> No	288
6	I AM GOOD AT SPELLING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	289
7	I MAKE MANY MISTAKES IN SCHOOL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	290
8	I HAVE PROBLEMS IN SPELLING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	291
9	I LIKE TO READ TO MY PARENTS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	292
10	I LIKE MAKING UP ENDINGS TO STORIES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	293
11	I LIKE TO ANSWER QUESTIONS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	294
12	I HAVE PROBLEMS PRINTING NEATLY	<input type="checkbox"/> Yes	<input type="checkbox"/> No	295
13	I LIKE TO DO COMPREHENSION QUESTIONS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	296
14	I AM GOOD AT PRINTING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	297
15	I HAVE DIFFICULTY WORKING WITH NUMBERS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	298
16	I LIKE MATHS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	299
17	I AM A MESSY WRITER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	300
18	TESTS ARE EASY FOR ME TO TAKE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	301
19	I LIKE TO SOUND OUT WORDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	302
20	I HAVE DIFFICULTY THINKING UP GOOD STORIES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	303

Notes:

- \* The SPAS was selected by J. Chapman. The full reference is Boersma J.F. and Chapman J.W. (1979) Manual for the Student's Perception of Ability Scale. Edmonton, University of Alberta. (Note - only half of the original items were used.)



21	MY SPELLING IS ALWAYS RIGHT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	304
22	I AM UNHAPPY WITH HOW I DO MATHS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	305
23	I HAVE DIFFICULTY DOING WHAT MY TEACHER SAYS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	306
24	I FIND SPELLING HARD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	307
25	I USUALLY GET MY MATHS RIGHT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	308
26	I AM UNHAPPY WITH MY PRINTING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	309
27	I AM SLOW AT SPELLING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	310
28	IN SCHOOL I FIND NEW THINGS DIFFICULT TO LEARN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	311
29	I USUALLY SPELL WORDS RIGHT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	312
30	MY TEACHER THINKS I AM GOOD AT PRINTING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	313
31	ON THE WHOLE, I AM HAPPY WITH MYSELF	<input type="checkbox"/> Yes	<input type="checkbox"/> No	314
32	AT TIMES I THINK I'M NO GOOD AT ALL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	315
33	I'M ABLE TO DO THINGS AS WELL AS MOST OTHER KIDS MY AGE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	316
34	I FEEL THAT I DON'T HAVE MUCH TO BE PROUD OF	<input type="checkbox"/> Yes	<input type="checkbox"/> No	317
35	WHEN I DO A JOB I DO IT WELL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	318
36	I FEEL THAT I HAVE A NUMBER OF GOOD QUALITIES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	319
37	I FEEL THAT MY LIFE IS NOT VERY USEFUL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	320
38	A LOT OF THE TIME I FEEL AS IF I CAN'T DO ANYTHING RIGHT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	321
39	I AM A USEFUL PERSON TO HAVE AROUND	<input type="checkbox"/> Yes	<input type="checkbox"/> No	322
40	I WISH THAT I COULD HAVE MORE RESPECT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	323
41	I HAVE TROUBLE TELLING OTHERS WHAT I MEAN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	324
42	I AM GOOD AT MATHS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	325
43	I LIKE TO TELL STORIES IN CLASS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	326
44	I FIND MULTIPLICATION (TIMES TABLE) FUN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	327
45	I ALWAYS GET EVERYTHING IN MATHS RIGHT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	328

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Unit References: R046, R047

Notes: The SPAS goes from items 1 to 30 and 41 to 45. Items 41 to 45 were left off the questionnaire for part of the sample and had to be estimated for some. Items 31 to 40 are from the Rosenberg Self Esteem Scale (Reference: Rosenberg M. (1965) Society and the Adolescent Image Princeton, New Jersey, Princeton University Press).

PSYCHOMETRIC ASSESSMENT II\* (Card 32 - XI)

		Today's Date	B151-153
			Day Month Year
Examiners' Codes:			
(See over for examiners' code)	Age of Child Today in Months		C44
01 = EA	08 = LL	(to nearest month)	
02 = MD	09 = DM		
03 = CE	10 = CM	Where tested. 1 = Knox;	329
04 = LF	11 = DT	2 = school; 3 = out of	
05 = BH	12 = ES	town, Psych. Service;	
06 = SI	13 =	4 = overseas 5=seen in holidays	
07 = LJ	14 =	Examiner's Code	B154

WECHSLER INTELLIGENCE SCALE FOR CHILDREN (REVISED)

VERBAL TESTS	Raw Score	Scaled Score
Information	B155	B156
Similarities	B157	B158
Arithmetic	B159	B160
Vocabulary	B161	B162
Sum of Scaled Verbal Scores		B163
PERFORMANCE TESTS		
Picture Completion	B164	B165
Block Design	B166	B167
Object Assembly	B168	B169
Coding	B170	B171
Sum of Scaled Verbal Scores		B172
		IQ
<u>Prorated</u> Sum of Verbal Scores	B173	C45
" " " Performance Scores	B174	C46
Total Prorated Scores	C47	C48

Notes:

\*

The psychometric assessment was designed by P.A. Silva.

PHASE XI - EXAMINERS' CODESPHASE XI

CODE	NAME
	Psychometrists:
01	Elaine Aimers
03	Chris Elder
04	Liz Fulton
05	Bev Hunter
06	Sheila Irwin
07	Lola Jenkin
08	Liz Loten
09	Dave Miller
10	Cheryl McGuinness
11	Dorothy Taylor
12	Elsie Sanderling
13	Gail Parnicky
14	Eryn Makinson
15	Anne Coombs

PSYCHOMETRIC ASSESSMENT III (Card 33 - XI)

DUNEDIN SPELLING TEST\*

1. doll	2. getting	330-331
3. around	4. part	332-333
5. Tuesday	6. everything	334-335
7. far	8. hungry	336-337
9. library	10. burn	338-339
11. tractor	12. useful	340-341
13. neat	14. blanket	342-343
15. treasure	16. sink	344-345
17. member	18. oasis	346-347
19. problem	20. equipment	348-349
21. hero	22. welfare	350-351
23. resource	24. guarantee	352-353
25. pinnacle		354
	Total	B175
	Burt Reading Score**	C49
Psychometrists' Comments: No = 0; Yes = 1		355
	Behaviour Observations	356-360
	(see over for definitions)	361-365
		366-370

Notes:

- \* This test was selected by P.A. Silva and comprises half the items in the Dunedin Spelling Test. The original reference is Smith, C.T.W. and Pearce, D.W. (1966) Testing spelling: attainment norms and comparisons for pupils from 9-13 years. National Education, April 1966; 117-120. An unpublished paper describing the results of this test is available from the unit.
- \*\* Scottish Council for Educational Research (1976). The Burt Word Reading Test, 1974 Revision. London, Hodder and Stoughton.

BEHAVIOUR OBSERVATIONS

- |  |   |
|--|---|
| <p>356(1) <u>Separation</u></p> <ol style="list-style-type: none"> <li>1. No concern</li> <li>2. Very little concern</li> <li>3. Initial reticence, appropriate</li> <li>4. More than usual concern</li> <li>5. Very upset, cries, won't separate</li> </ol> <p>357(2) <u>Fearfulness</u></p> <ol style="list-style-type: none"> <li>1. None evident</li> <li>2. Very little</li> <li>3. Normal caution</li> <li>4. Inhibited and uneasy</li> <li>5. Very fearful</li> </ol> <p>358(3) <u>Rapport</u></p> <ol style="list-style-type: none"> <li>1. Very shy, withdrawn</li> <li>2. Shy, waits for gestures</li> <li>3. Initial shyness, then ease</li> <li>4. Very friendly, at ease</li> <li>5. Extreme friendliness</li> </ol> <p>359(4) <u>Confidence</u></p> <ol style="list-style-type: none"> <li>1. Lacks, extremely self-critical</li> <li>2. Distrusts own ability</li> <li>3. Adequately self-confident</li> <li>4. More than usual confidence</li> <li>5. Very self-confident</li> </ol> <p>360(5) <u>Emotional Reactivity</u></p> <ol style="list-style-type: none"> <li>1. Extremely flat</li> <li>2. Somewhat flat</li> <li>3. Normal responsiveness</li> <li>4. Mood more variable than average</li> <li>5. Extreme lability</li> </ol> <p>361(6) <u>Co-operation</u></p> <ol style="list-style-type: none"> <li>1. Extreme negativism</li> <li>2. Considerable</li> <li>3. Reasonably co-operative</li> <li>4. Accepts directions more easily</li> <li>5. Extremely suggestible</li> </ol> <p>362(7) <u>Frustration Tolerance</u></p> <ol style="list-style-type: none"> <li>1. Withdraws completely</li> <li>2. Occasionally withdrawn</li> <li>3. Attempts difficult tasks</li> <li>4. Becomes upset by difficulty</li> <li>5. Acting-out, crying</li> </ol> <p>363(8) <u>Dependency</u></p> <ol style="list-style-type: none"> <li>1. Very self-reliant, refuses help</li> <li>2. Rarely needs reassurance</li> <li>3. Dependent appropriate situations</li> <li>4. Demands more attention than average</li> <li>5. Constant need of attention and help</li> </ol> | <p>364(9) <u>Attention Span</u></p> <ol style="list-style-type: none"> <li>1. Very brief</li> <li>2. Short time</li> <li>3. Adequate time</li> <li>4. More than average time</li> </ol> <p>365(10) <u>Goal Orientation</u></p> <ol style="list-style-type: none"> <li>1. No effort</li> <li>2. Briefly attempts</li> <li>3. Keeps goal or <u>direction</u> in mind</li> <li>4. Keeps goal and <u>question</u> in mind</li> <li>5. Compulsive absorption</li> </ol> <p>366(11) <u>Activity Level</u></p> <ol style="list-style-type: none"> <li>1. Hypoactive</li> <li>2. Little activity</li> <li>3. Normo activity</li> <li>4. Restless</li> <li>5. Hyperactive</li> </ol> <p>367(12) <u>Nature of Activity</u></p> <ol style="list-style-type: none"> <li>1. Extreme rigidity</li> <li>2. Some rigidity</li> <li>3. Flexible, appropriate</li> <li>4. Frequently impulsive</li> <li>5. Extremely impulsive, explosive</li> </ol> <p>368(13) <u>Nature of Communication</u></p> <ol style="list-style-type: none"> <li>1. Little or none</li> <li>2. Answers questions only</li> <li>3. Readily answers, may elaborate</li> <li>4. Answers freely</li> <li>5. Difficult to follow thinking</li> </ol> <p>369(14) <u>Assertiveness</u></p> <ol style="list-style-type: none"> <li>1. Extremely assertive</li> <li>2. Quite forceful, rough materials</li> <li>3. Self-assertive but accepting control</li> <li>4. Passive acceptance</li> <li>5. Extremely passive</li> </ol> <p>370(15) <u>Hostility</u></p> <ol style="list-style-type: none"> <li>1. Very hostile, obstructive</li> <li>2. Unusually hostile</li> <li>3. No unusual hostility</li> <li>4. Very agreeable</li> <li>5. Ingratiating</li> </ol> |
|--|---|

CONFIDENTIAL

SCHOOL QUESTIONNAIRE\* (Card 51 - XI)

School .....(See school codes page XI-15) C50

Child's age today to nearest month ..... C51

A. BEHAVIOUR - RUTTER TEACHER QUESTIONNAIRE (FROM UK).

Below is a series of descriptions of behaviour often shown by children. After each statement are three columns, "Doesn't Apply", "Applies Somewhat", and "Certainly Applies". If the child definitely shows the behaviour described by the statement, place a tick in the box under "Certainly Applies". If he/she shows the behaviour described by the statement, but to a lesser degree or less often, place a tick under "Applies Somewhat". If, as far as you are aware, the child does not show the behaviour, please place a tick under "Doesn't Apply". Please put one tick against EACH statement.

<u>STATEMENT</u>	Doesn't Apply	Applies Somewhat	Certainly Applies	
1. Very restless. Often running about or jumping up and down. Hardly ever still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	371
2. Truants from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	372
3. Squirmy. fidgety child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	373
4. Often destroys own or others' belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	374
5. Frequently fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	375
6. Not much liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	376
7. Often worried, worries about many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	377
8. Tends to do things on his own - rather solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	378
9. Irritable. Is quick to "fly off the handle".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	379
10. Often appears miserable, unhappy, tearful or distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	380
11. Has twitches, mannerisms or tics of the face or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	381
12. Frequently sucks thumb or finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	382

Notes:

\* The school questionnaire was designed by P.A. Silva and R.O. McGee.

Card 51 (cont'd)	XI-52 Doesn't Apply	Applies Somewhat	Certainly Applies	
13. Frequently bites nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	383
14. Tends to be absent from school for trivial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	384
15. Is often disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	385
16. Has poor concentration or short attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	386
17. Tends to be fearful or afraid of new things or new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	387
18. Fussy or over-particular child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	388
19. Often tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	389
20. Has stolen things on one or more occasions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	390
21. Has wet or soiled self at school this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	391
22. Often complains of pains or aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	392
23. Has had tears on arrival at school or has refused to come into the building this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	393
24. Has a stutter or stammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	394
25. Has other speech difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	395
26. Bullies other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	396
27. Are there any other significant behaviour problems? (If so, please describe them)				397

See Research Task XI-46

..... Total B176

If you think that N has some significant behaviour problems at the present time, please complete Q28 and Q29. Otherwise skip Q28 and Q29.

28. How long have you (or other members of staff) been aware of N's problem behaviour? If you are not certain, just give an estimate.

Years       Months

B177

29. Do you know of any particular event which may have produced the problem behaviour?

Yes       No

If yes, please give some details

398

See Research Task XI-47

.....

Card 51 (cont'd)

TEACHERS' QUESTIONNAIRE

A. Think about the way the child carries out tasks in class. Does he/she:

<u>STATEMENT</u>	Doesn't Apply	Applies Somewhat	Certainly Applies	
1. Fail to finish things he/she starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	399
2. Often doesn't seem to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	400
3. Become easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	401
4. Have difficulty concentrating on schoolwork or other tasks requiring sustained attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	402
5. Have difficulty sticking to a play activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	403

B. Now think about the way the child approaches or plans tasks. Does he/she

1. Often act before thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	404
2. Shift excessively from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	405
3. Have difficulty organising work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	406
4. Have difficulty awaiting turns in games or group situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	407
5. Frequently call out in class, out of turn, despite your efforts to control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	408
6. Need a lot of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	409

C. What is the child's general activity level like? Does he/she:

1. Run about or climb on things excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410
2. Have difficulty sitting still or fidgets excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	411
3. Have difficulty staying seated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	412
4. Is always "on the go" or act as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	413



Card 51 con't)

SCHOOL BEHAVIOUR AND SOCIAL ADJUSTMENT

In your view, does this child appear to have any special strengths?

Yes  No  Don't know

414

If yes, details .....

See Research Task XI-48

EDUCATIONAL PROGRESS

In your view, does this child appear to have any significant learning problems?

Yes  No  Don't know

415

If yes, details .....

See Research Task XI-49

HEALTH AND SCHOOLING

Do you know of any health or physical problems that significantly affect this child's schooling? (e.g. hearing, vision, orthopaedic problems)

Yes  No  Don't know

416

If yes, details .....

See Research Task XI-50

CO-ORDINATION

In your opinion, is this child very clumsy?

Yes  No  Don't know

417

If yes, details (e.g. gross or fine co-ordination problems, specific activities where clumsiness noticed)

.....

See Research Task XI-51

TEACHER'S KNOWLEDGE OF CHILD

How well do you consider you know this child?

418

(0 = very well; 1 = moderately well; 2 = not very well)

How long have you known this child (months)?

B178

REFERRAL

Has this child ever been referred to Psychological Service?

Yes  No  Don't know

419

ANY OTHER COMMENTS ABOUT THE CHILD

Please note here any other relevant comments about the child you wish to make

..... 420

See Research Task XI-52

Child's Present Class .....

421

Teacher's name ..... Date .....

The Government and University Departments involved in this study are grateful for your assistance.

ACCIDENTAL INJURY QUESTIONNAIRE - PHASE XI\* Card 41



Fill in one of these forms for each accident resulting in an injury requiring medical attention during the last two years.

For office use  
(On separate list)

SECTION

1	(a) Name _____ Series No _____ (b) Sex female <input type="checkbox"/> male <input type="checkbox"/>	(1-4) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (6) <input type="text"/>
2	(a) What were you doing just before you were injured? (e.g. riding a bicycle) _____ (b) What went wrong? (e.g. skidded on oil) _____ (c) How did you get injured? (e.g. struck lamp-post) _____ (d) Were you playing a sport at the time you were injured? (If yes record name of sport) _____ No <input type="text"/> 00 (e) Was a fall of any kind involved in the accident? (If yes, record the nature of the fall if not already described above) _____ No <input type="text"/> 00 (g) Was a motor vehicle of any type involved? (If yes record type) No <input type="text"/> 2 Don't know <input type="text"/> 9 Motor Car <input type="text"/> 3 Bus <input type="text"/> 4 Truck <input type="text"/> 5 Motorcycle <input type="text"/> 6 Other <input type="text"/> 7 (specify) _____	(7-10) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (11-14) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (15-18) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (19-20) <input type="text"/> <input type="text"/> (21-22) <input type="text"/> <input type="text"/> (23) <input type="text"/>
3	How old were you when the accident occurred? nine <input type="text"/> 09 ten <input type="text"/> 10	(24-25) <input type="text"/> <input type="text"/>

Notes:

\* Designed by J. Lanqley

LSA28/82

Where did the accident happen?  
(Record specific location and tick appropriate box)

(26-27)

Home	<input type="checkbox"/> 0	Street highway	<input type="checkbox"/> 5
Farm	<input type="checkbox"/> 1	Public building	<input type="checkbox"/> 6
School	<input type="checkbox"/> 2	Residential Institution	<input type="checkbox"/> 7
Industrial place	<input type="checkbox"/> 3	Other (state)	<input type="checkbox"/> 8
Place of Recreation and Sport	<input type="checkbox"/> 4	-----	<input type="checkbox"/> 9

(28)

5

What type of injury did you receive?  
(if multiple injuries circle the most severe)

(29-31)

6

What part of your body was injured?  
(if multiple parts circle the most severe)

(32-34)

7

Who treated your injuries?

<input type="checkbox"/> 1	Family doctor (or other G.P.)
<input type="checkbox"/> 2	Hospital Accident & Emergency Dept
<input type="checkbox"/> 3	Family Doctor & Accident & Emergency Dept
<input type="checkbox"/> 4	Other (Specify) -----
<input type="checkbox"/> 9	Don't know

(35)

8

Did you have to stay overnight in hospital because of your injury? (If Yes, record number of days stay in hospital and the name of the hospital.)

Days ----- Hospital Name -----

(36-38)

9

FOR OFFICE USE ONLY

Agent  
Primary Vehicle/Vector  
Secondary Vehicle/Vector  
Card No

(39)

(40-43)

(44-47)

(48-50)

## Extra Variables for Phase 11.

A(422)	Sex	1 = girl	2 = boy
A(423)	= 1	if record on DMCDS/DISC/PHASE11	
A(424)	= 1	if blood taken	
	= 2	if attempted unsuccessfully	
A(425)	= 0	if not accidents	
	= k	if k accidents	
A(426)	= 1	if record on DMCDS/ALAC/PHASE11	
A(427)	= 1-6	for PATTEST intermediate school	
	= 7, 8	for other school	
A(428)	= 1	if arthropometry record	
A(429)-(432)	Spare		
B(179)	Socialistation Scale		
B(180)	Parents Depression		
B(181)	Rosenberg Self Esteem		
B(182)	Rosenberg Yes Responses		
B(183)	School Rutter		
B(184)	Parents Rutter		
B(185)	35 item SPAS total		
B(187-172)	Spare		
	Forms DMCDS/PATTESTS/PHASE11		
C(52)	T(2)	Reading Comprehension	
C(53)	T(4)	Reading Vocabulary	
C(54)	T(6)	Listening Comprehension	
C(55)	T(8)	Maths	
C(56)	T(10)	Pretos Spelling	
C(57)	T(11)	Dunedin Spelling Test	
C(58)	Mean Systotic 8P		
C(59)	Mean diastotic Phase IV BP		
C(60)	Mean diastotic Phase V BP		
C(61)	Mean pulse		

C(62) Mean hearing loss right  
 C(63) Mean hearing loss left  
 C(64) Age adjusted reading  
 C(65) Age adjusted spelling

Anthropometry

ANTH X(18) PIC 'ZZZ9' (Not known = 9999)

1 ID  
 2 Sex  
 3 Stature, height (mm)  
 4 Sitting height (mm)  
 5 Bisocromial diameter (mm)  
 6 Biiliac diameter (mm)  
 7 Head circumference (OFC) (mm)  
 8 Chest circumference (mm)  
 9 Upper arm length (mm)  
 10 Mid upper arm circumference (mm)  
 11 Thigh circumference (mm)  
 12 Triceps fatfold (TSF) (mm\*10)  
 13 Subscapular fatfold (SSSF) (mm\*10)  
 14 Suprailiac fatfold (mm\*10)  
 15 Weight (kg\*10)  
 16 EID category(1 < 90, 90 & < 110 = 2, 110 & < 120 = 3, > = 120 = 4)  
 17, 18 Spare

ANTHW(4) PIC '(4)Z9V.999' (Not known = 9999)

W

1 Cormic ratio =  $x(4)*100.0/x(3)$   
 2 U/L Ratio =  $x(4)/(x(3)-x(4))$   
 3 Upper arm muscle diameter (mm) =  $x(10)/ - x(12)$   
 4 EID index

PHASE XI RESEARCH TASKS

<u>Number</u>	<u>Variables</u>	<u>Description</u>
<u>Exercise Tolerance</u>		
1	A2	Unusual responses during exercise tolerance test
<u>Parent Questionnaire</u>		
2	B61	Other mother figure
3	A39	Changes in mothering
3b	B62	Other father figure
4	A40	Changes in fathering
5	A41	Other filling in parent questionnaire
6	A42	Influences over past year
7	A44	Reasons for long school absences
8	A56	Regular jobs outside the home and hours worked
9	A57	Part time jobs in last two years
10	A67	Comments about discipline
11	A78	Other speech difficulty
12	A84	Other eating difficulty
13	A86	Other sleeping difficulty
14	A122	Other significant behaviour problems
15	A124	Events producing behaviour problems
16	A149	Other voluntary agencies
17	A150	Other services
18	A151	Child's strengths
<u>Medical Questionnaire</u>		
19	A152	Accident and Emergency
20	A153	Medical Specialists
21	A154	Hospitalisations overnight
22	A155	Conditions requiring regular check ups
23	A159	Skin problems type
24	A160	Seen GP for accidents
25	A161-163	Seen GP for other reasons
26	A164	Medicine yesterday
27	A165	Regular medicines
28	A168	Treatment for enuresis
29	A169	Accidents
<u>Parent Health Questionnaire</u>		
30	A170	Mother's illnesses
31	A173	Father's illnesses
31b	A196	Combination of treatment coded 5
31c	A200	Parents' other comments
<u>Blood Pressure</u>		
32	A204	Accuracy of blood pressure
<u>Audiology</u>		
32b	A217	Audiology accurate
33	A246	Noisy hobbies
34	A248	Affects of noise
35	A249	Avoiding noise damage
36	A250	Knowledge about noise damage

# PHASE XI MENTAL HEALTH DIAGNOSTIC INTERVIEW SCHEDULE

FILE: PHASE1\DISC11

## CONTENTS

1. Question form
2. Answer form
3. Mental health diagnoses and symptom scores

## CODING:

On Question Form and Answer Form

## NOTES:

1. Many answers are accompanied by qualitative descriptions which are not coded. These are written on the original answer forms.
2. The following sequences of variables are blank:

A787-804 (Phobias)  
A843-857 (Stealing / Vandalism)  
A860-879 (Spare variables)  
A881-887 (Depression)  
A937-941, A944-956 (Mania)  
A975-977, A980-981 (Psychic)  
A1001-1004 (Sleeping)  
A1006-1007 (Weight gain / loss)  
A1010-1013 (Obsessive Compulsive)

Other than the spare variables, all of these blank sequences have answers that were not coded. The variable preceding each of the sequences indicates whether or not any one of the succeeding variables were answered "yes". For example, A786 = 1 or 2 indicates that atleast one of A787-804 = 1 or 2. To find exactly which variables, the original answer sheets must be examined for comments.

**PHASE XI MENTAL  
HEALTH  
DIAGNOSTIC  
INTERVIEW  
SCHEDULE  
QUESTION FORM**



questions I am going to ask you are mostly about the last year. I ask you about other times, but then I will tell you. Although there a lot of questions to ask on this form, many of them can be left out you.

First, I'd like to ask you some questions about you, your home and family.

How old are you? (YRS.) \_\_\_\_\_

When is your birthday? (M/D/Y) \_\_\_\_\_

Do you have any brothers or sisters? 0 2

(SPECIFY NAMES): \_\_\_\_\_

IF YES, How old are they? \_\_\_\_\_

Who lives at home with you?

IF FATHER OR MOTHER NOT MENTIONED, Does your father (mother)

live somewhere else? 0 1 2

(DESCRIBE): \_\_\_\_\_

Does anyone else live at home? (DESCRIBE): \_\_\_\_\_

- 1. Do you feel okay with your family and people you know well? 0 1 2 A706
- 2. Do you like them? 0 1 2 A707
- 3. Do you think they like you? 0 1 2 A708
- 4. Can you talk with them easily? 0 1 2 A709
- 5. Who do you mostly talk to if you have a problem? (DESCRIBE): A710

(see answer sheets for description)

IF ANY BROTHERS OR SISTERS, ASK . . .

6. Do you get along okay with (NAMES)? 0 1 2 A711  
 IF NO, What sort of problems do you have? (DESCRIBE):  
(see answer sheets for description)

Now I'm going to ask you some questions about things that might worry you.

7. In the last year, have you worried about things before they happened (like going to the doctor, or having a test at school)? 0 1 2 A712  
 IF YES, What do you worry about? (DESCRIBE):

IF YES, When you worry, do you often ask your [parents] if things will turn out okay? 0 1 2 A713  
 (DESCRIBE):

8. Do you worry about things you have done, even if other people thought they were okay? 0 1 2 A714  
 IF YES, Can you give me an example? (DESCRIBE): A715

IF NO, Do you think you do things really well? 0 1 2 A716  
 IF YES, Tell me more about that. (DESCRIBE):

9. Do you ask your teacher if you are doing okay? 0 1 2 A717

10. Do you worry a lot about how good you are at sports? 0 1 2 A718  
 IF YES, Do you ask other people if you are good at sports? 0 1 2 A719  
 IF NO, Are you very good at sports? 0 1 2 A720  
 IF YES, Tell me more about that. (DESCRIBE):

IF YES TO ANY ABOVE ITEMS 7-10, THEN ASK . . .

11. Is there anything else you worry about? 0 1 2 A721  
 (DESCRIBE): A721

Continues

2. Do you think you worry more than most kids your age? 0 1 2 A722
3. How old were you when you first started to worry like that?  
(SPECIFY): \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. A723

Now, I'm going to ask about rules around the house.

4. Do you break a lot of rules around the house? 0 1 2 A724  
IF YES, How long have you been doing that?  
(SPECIFY): (6 MOS.) \_\_\_\_\_
5. Do you often refuse to do what your [parents] tell you? 0 1 2 A725  
IF YES, How long have you been doing that?  
(SPECIFY): (6 MOS.) \_\_\_\_\_
6. Do you think you are a stubborn person (have to do things your own way)? 0 1 2 A726  
IF YES, How long have you been that way?  
(SPECIFY): (6 MOS.) \_\_\_\_\_
7. Do you often argue with or talk back to your [parents]? 0 1 2 A727  
IF YES, How long have you been doing that?  
(SPECIFY): (6 MOS.) \_\_\_\_\_
8. When your [parents] tell you not to do something, do you go ahead and do it anyway? 0 1 2 A728  
IF YES, Can you give me an example? (DESCRIBE):  
\_\_\_\_\_  
IF YES, How long have you been doing that?  
(SPECIFY): (6 MOS.) \_\_\_\_\_
9. If your [parents] make you do something you don't want to do, do you get real mad or yell or throw things or run out of the room? 0 1 2 A729  
IF YES, How long have you been that way?  
(SPECIFY): (6 MOS.) \_\_\_\_\_
10. Do you often stay out past the time you are supposed to be at home? 0 1 2 A730  
IF YES, How long have you done that?  
(SPECIFY): (6 MOS.) \_\_\_\_\_

21. Have you ever run away from home? 0 1 2 A731  
 IF YES, Did you stay out overnight? 0 1 2 A732  
 IF YES, Was that more than once? 0 1 2 A733  
 IF YES, How many times? (SPECIFY):

IF YES, When was that? (SPECIFY):

(6 mos.)

22. Sometimes kids don't tell the truth. Do you tell a lot of lies? 0 1 2 A734  
 IF NO, Are there any times when you tell lies? 0 1 2 A734  
 IF YES, Tell me more about that. (DESCRIBE): A735

IF YES, Do you tell lies about important things? 0 1 2 A736  
 IF YES, What sort of lies have you told (give me an example)? (DESCRIBE):

- † 23. In this last year, have you been fidgety and restless? 0 1 2 A735  
 † 24. Do you run around outside a lot more than other kids? 0 1 2 A738  
 † 25. How about when you are inside your home (do you run around a lot)? 0 1 2 A739  
 † 26. Inside your home do you like to climb on things you're not supposed to? 0 1 2 A740  
 † 27. Is it hard for you to sit still? 0 1 2 A741  
 IF YES, Is it almost always hard for you to sit still? 0 1 2 A742  
 IF YES, Tell me about that. (DESCRIBE):
- † 28. Do you find you just can't stop moving around? 0 1 2 A743  
 † 29. Some kids find it hard to sit through something when they are supposed to. Is that hard for you? 0 1 2 A744  
 † 30. When people are talking to you, do you have trouble paying attention to them? 0 1 2 A745  
 † 31. Suppose you are working on something. Is it hard to keep at it unless someone keeps telling you what to do? 0 1 2 A746  
 † 32. When you are playing games with other kids, do you have trouble waiting your turn? 0 1 2 A747

3. Suppose you are doing something you like to do, do you have trouble sticking to it? 0 1 2 A748

4. When you start something, do you find it hard to finish it (like playing a game, or drawing a picture)? 0 1 2 A749

IF NO TO ALL ITEMS 23-34, THEN ASK . . .

5. Were you ever [FIDGETY/RUNS/CLIMBS TOO MUCH/ATTENTION/SUPERVISION/TURNS/RESTLESS/CAN'T FINISH]? 0 1 2 A750

IF YES, How long was that for? (SPECIFY):  
(6 MOS.) \_\_\_\_\_

IF YES, Did it hurt your grades when you were like that? 0 1 2 A751

IF YES TO ANY ITEMS 23-34, THEN ASK . . .

6. How long have you been like that [FIDGETY/RUNS/CLIMBS TOO MUCH/ATTENTION/SUPERVISION/TURNS/RESTLESS/CAN'T FINISH]? (SPECIFY): (6 MOS.) A752

7. Some children worry a great deal about their [parents] being away. Do you worry that something bad might happen to your [parents] (like they may get sick, or get hurt, or die)? 0 1\* 2\* A753

IF YES, What do you worry about? (DESCRIBE): \_\_\_\_\_

8. Do you worry that they might go away and not come back? 0 1\* 2\* A754

9. Do you worry that something bad might happen to you so you couldn't see your [parents] again (like getting kidnapped or killed)? 0 1\* 2\* A755

10. Do you try to stay home in order to be with your [parents]? 0 1\* 2\* A756

11. Do you often feel sick when you have to go to school (stomachaches, headaches, sick to your stomach, wanting to throw up)? 0 1\* 2\* A757

IF YES, Tell me more about that. (DESCRIBE): \_\_\_\_\_

12. Do you often ask your [parents] to stay close to you so you can go to sleep? 0 1\* 2\* A758

FOOTNOTE: NOTE ANY ITEMS MARKED \* CIRCLED ON THIS PAGE.

3. Have you ever spent the night away from home without your [parents]? 0 1 2 A759

IF NO, Is that because you were afraid to leave your [parents]? 0 1\* 2\* A760

4. Do you get upset and worried when you go away from home? 0 1\* 2\* A761

IF YES, When that happens, do you want to go home right away? 0 1\* 2\* A762

5. Would you get upset if you were home by yourself for more than a short time? 0 1\* 2\* A763

6. At home, do you get upset if you can't stay in the same room with your [parents] (or stay close to them)? 0 1\* 2\* A764

7. Do you often have bad dreams about being away from your [parents]? 0 1\* 2\* A765

IF YES, Can you give me an example? (DESCRIBE):

---



---

8. Suppose your [parents] were going somewhere without you. Would you be unhappy without them? 0 1\* 2\* A766

IF YES, Would you try to get them to stay home? 0 1\* 2\* A767

IF YES, Would you get upset? 0 1\* 2\* A768

IF YES, Would you get mad? 0 1\* 2\* A769

IF YES, Would you cry? 0 1\* 2\* A770

9. When you are not around your [parents], do you feel sad? 0 1\* 2\* A771

IF YES, Do you feel so sad that you have trouble doing your schoolwork or playing? 0 1\* 2\* A772

IF YES, Does that sad feeling go away as soon as you can be with your [parents] again? 0 1\* 2\* A773

IF ANY ITEM 37-49 WITH A \* CIRCLED, THEN ASK . . .

3. You told me that you have worries about your [parents]. How long have you worried like that? (SPECIFY): (2 WKS.) A774 (blank)

Now I'd like to ask you something about your friends.

Who have you been friends with the longest?

---

FOTNOTE: NOTE ANY ITEMS MARKED \* CIRCLED ON THIS PAGE.

How long have you been friends with him/her/them?  
(SPECIFY): (6 MOS.) A775 (blank)

Anyone else? (LIST ALL OTHER FRIENDS): \_\_\_\_\_

IF YES, How long? (SPECIFY): (6 MOS.) \_\_\_\_\_

Do you like to help other people, even if you don't get anything out of it (like doing a job for someone but not getting any money, doing a good deed)? 0 1 2 A776  
IF YES, Tell me more about that. (DESCRIBE): \_\_\_\_\_

Have you ever blamed something you did on one of your friends? 0 1 2 A777

IF YES, Did you hope he or she would get into trouble instead of you? 0 1 2 A778

When you know that a friend has done something wrong, do you tell on him/her? 0 1 2 A779

When your friends have problems, do you try to help them? 0 1 2 A780

Do you worry a lot about whether other kids will like you? 0 1 2 A781

Do you worry about other kids laughing at you? 0 1 2 A782

Do you worry about making mistakes in front of other people? 0 1 2 A783

IF YES, Tell me more about that. (DESCRIBE): \_\_\_\_\_

IF YES to 56, 57 or 58

Do you worry about that more than most other kids? A784

In the last year, have you felt so nervous or uptight that you just couldn't relax? 0 1 2 A785  
IF YES, How often have you felt like that? (SPECIFY): \_\_\_\_\_

61. Some people are so afraid of something that they try to stay away from it even though they know it won't really hurt them. Have you felt like that about anything? 0 1 2 A786  
IF YES, (DESCRIBE): \_\_\_\_\_
- 
- IF YES, How often have you felt like that? (SPECIFY): \_\_\_\_\_
62. Are you afraid of heights? 0 1 2 A787 (blank)  
IF YES, Do you try to stay away from high places? 0 1 2
63. What about tunnels or bridges? (Are you afraid of them)? 0 1 2 A788 (blank)  
IF YES, Do you try to stay away from tunnels or bridges? 0 1 2
64. Are you afraid of being in a crowd? 0 1 2 A789 (blank)  
IF YES, Do you stay away from crowds? 0 1 2
65. Are you afraid of being on an airplane? 0 1 2 A790 (blank)  
IF YES, Do you try not to ride on airplanes? 0 1 2
66. Are you afraid of buses? 0 1 2 A791 (blank)  
IF YES, Do you try not to ride on buses? 0 1 2
67. Are you afraid of elevators? 0 1 2 A792 (blank)  
IF YES, Do you try not to ride on elevators? 0 1 2
68. What about being alone, are you afraid of that? 0 1 2 A793 (blank)  
IF YES, Do you try to avoid being alone? 0 1 2
69. Are you afraid of eating in front of other people? 0 1 2 A794 (blank)  
IF YES, Do you try not to eat in front of other people? 0 1 2
70. Are you afraid of speaking in front of the class? 0 1 2 A795 (blank)  
IF YES, Do you try not to speak in front of the class? 0 1 2
71. Do you keep away from people you don't know? 0 1 2 A796 (blank)  
IF YES, Is that even when you are with your [parents]? 0 1 2
72. Are you afraid of speaking to strangers? 0 1 2 A797 (blank)  
IF YES, Do you try to avoid speaking to strangers? 0 1 2
73. Have your [parents] said you should not speak to strangers? 0 1 2 A798 (blank)  
IF YES, Are you afraid of being punished if you speak to strangers? 0 1 2
74. What about meeting new people, are you afraid of that? 0 1 2 A799 (blank)  
IF YES, Do you try not to meet new people? 0 1 2  
IF YES, How long have you been afraid of meeting new people?  
(SPECIFY): (6 MOS.) \_\_\_\_\_
- 
75. Do thunderstorms bother you? 0 1 2 A800 (blank)  
IF YES, What do you do when it storms? (DESCRIBE): \_\_\_\_\_
-



What about being in the water (swimming)? 0 1 2 A801 (blank)  
 IF YES, Do you try to stay away from the water? 0 1 2

Are you afraid of any animals that aren't really dangerous?

Which ones? (SPECIFY): \_\_\_\_\_ 0 1 2 A802 (blank)

Do spiders, bugs, mice, snakes or bats upset you? 0 1 2 A803 (blank)  
 IF YES, Do you try to stay away from  
 [SPIDERS/BUGS/MICE/SNAKES]? 0 1 2

Are you afraid of the dark? 0 1 2 A804 (blank)  
 IF YES, Do you try to avoid being in the dark? 0 1 2

Does anything else that can't really hurt you make you  
 scared? 0 1 2 A805  
 IF YES, (DESCRIBE): A806

IF NONE DESCRIBED, GO TO NEXT QUESTION

IF ANY FEARS DESCRIBED IN 61-80, THEN ASK . . .

Do any of these fears stop you from doing things that you would like  
 to do? 0 1 2 A807  
 (DESCRIBE): \_\_\_\_\_

Do any of these fears stop you from doing things you should  
 do? 0 1 2 A808  
 (DESCRIBE): \_\_\_\_\_

Do any of these fears change the way you do things? 0 1 2 A809

Do any of these fears cause problems for you? 0 1 2 A810

Do any of these fears stop you from doing things with other  
 kids? 0 1 2 A811

Now I'd like to ask you some questions about school.

What school do you go to? (SPECIFY): \_\_\_\_\_

What grade are you in? (SPECIFY): \_\_\_\_\_

Is that a regular class? 0 2

What's your teacher's name? (SPECIFY): \_\_\_\_\_

Do you go to a special class of any kind? 0 1 2 AB12

Have you ever been held back a grade? 0 1 2 AB13

Do you like school? 0 1 2 AB14

86. Do you worry about how well you do your schoolwork? 0 1 2 AB15

87. Do you ever try to stay home from school? 0 2 AB16  
IF YES, Is that because you are afraid of going to school? 0 1 2 AB17  
IF YES, Is that because you worry about what might happen to someone at home when you are not there? 0 1 2 AB18

How do you get along with your teacher? (DESCRIBE):  
\_\_\_\_\_  
\_\_\_\_\_

88. Does your teacher often tell you that you don't listen? 0 1 2 AB19  
IF YES, Does she say that to you more than to most kids? 0 1 2 AB20

89. Does your teacher often tell you that you're not keeping your mind on your work? 0 1 2 AB21  
IF YES, Does she say that to you more than to most kids? 0 1 2 AB22

90. Do you have a hard time doing your schoolwork when there are noises or other things going on in the room? 0 1 2 AB23

91. Sometimes kids rush into things without thinking about what may happen. Do you do that? 0 1 2 AB24

IF CHILD IS UNDER 10 YEARS OF AGE, ASK . . .

92. At school, do you often lose your papers, books, or pencils? 0 1 2 AB25

IF CHILD IS OVER 10, ASK . . .

Do you have trouble organizing your schoolwork? 0 1 2

93. Do you often start on your schoolwork and not finish it? 0 1 2 AB26  
IF YES, Is that because you do not know how to do it? 0 1 2 AB27

Does your teacher have to remind you what to do again and again and again? 0 1 2 A828

Sometimes it's hard for kids to be quiet at school when they're supposed to be. Do you get into trouble for talking more than most other kids? 0 1 2 A829

Do you start to talk when someone else is still talking? 0 1 2 A830

When you have to stand in line, do you often try to push ahead or get in ahead of your turn? 0 1 2 A831

Do you run around a lot in school when you're not supposed to? 0 1 2 A832

IF YES TO ANY ITEMS 88-98, THEN ASK . . .

How long have you been (NOT LISTENING/NOT FINISHING THINGS/TALKING OUT OF TURN/RUNNING AROUND TOO MUCH)? (SPECIFY): \_\_\_\_\_

IF NO TO ALL ITEMS 88-98, THEN ASK . . .

Have you ever had problems with running around too much, not listening or not finishing things or being restless in school? 0 1 2 A833

IF YES, How long was that for? (SPECIFY):  
(6 MOS.)

IF YES, Did it hurt your grades? 0 1 2 A834

Have you ever felt so sad or unhappy you couldn't keep your mind on your work? 0 1 2 A835

Do you break the rules a lot in school? 0 1 2 A836

Do you get into trouble at school for telling lies? 0 1 2 A837

Do you argue a lot with the teacher? 0 1 2 A838

Do you try to do things your own way, no matter what the teachers tell you? 0 1 2 A839

If your teachers make you do something you don't want to do, do you get so mad that you yell or throw things or run out of the room? 0 1 2 A840

6. Do you ever skip school? 0 1 2 AS41  
IF YES, How long have you been doing that?  
(SPECIFY): (6 MOS.) \_\_\_\_\_

17. Have you been suspended or expelled from school in the last year? 0 2 AS42  
IF YES, Was that more than once? 0 2  
(SPECIFY): (NUMBER OF TIMES): \_\_\_\_\_

I'm going to ask you some very personal questions now.  
Please remember that this interview is private, and  
you won't get into trouble by telling me.

08. Have you ever been in trouble with the police? 0 2 AS42  
Tell me what happened. (DESCRIBE): (blank)

IF NO, Suppose the police knew everything you had done.  
Would you be in trouble then? 0 1 2 A  
Tell me what happened. (DESCRIBE): \_\_\_\_\_

IF CHILD HAS VOLUNTEERED ANSWER TO ANY OF QUESTIONS 109-119, DO NOT ASK QUESTIONS BUT CODE AND ASK PROBE IF NECESSARY.

109. Have you ever stolen anything from a store when no one was looking? 0 2 AS44 (blank)  
IF YES, Tell me more about that. (DESCRIBE): \_\_\_\_\_

110. Have you ever stolen anything from school? 0 2 AS45 (blank)  
IF YES, Tell me more about that. (DESCRIBE): \_\_\_\_\_

111. Have you ever stolen anything from another kid? 0 2 AS46 (blank)  
IF YES, Was that only when they weren't looking? 0 1 2

112. Have you ever stolen money from someone's purse or wallet when the person wasn't looking? 0 2 AS47 (blank)

IF YES TO ANY ITEM 109-112, THEN ASK . . .

When did you first steal something? (SPECIFY): \_\_\_\_\_

AS43 = "trouble" (blank)  
AS49 = "stealing" (blank)

In the last year have you ever broken something or messed up some place (like breaking windows, writing on a building, slashing tires)? 0 2 ASSO (blank)

IF YES, How many times? (SPECIFY):

What did you do? (DESCRIBE):

Have you ever broken into a building to steal or tear things up? 0 2 ASS1 (blank)

IF YES, How many times? (SPECIFY):

Have you ever started any fires which caused damage or hurt someone? 0 1 2 ASS2 (blank)

IF YES, How many times? (SPECIFY):

Do you get into many fights? 0 1 2 ASS3 (blank)

IF YES, How many times? (SPECIFY):

IF YES, Do you only fight if someone else starts it?

0 1 2

IF YES, Are those bad fights? 0 1 2

Tell me about them. (DESCRIBE):

Have you ever threatened anyone with a knife or gun or something else like a pick or bottle? 0 2 ASS4 (blank)

IF YES, How many times? (SPECIFY):

Have you ever taken things from other people by snatching their purses or holding them up and threatening them in some way? 0 2 ASS5 (blank)

IF YES, How many times? (SPECIFY):

Have you ever hurt someone badly? 0 2 ASS6 (blank)  
(DESCRIBE):

IF YES, Did you mean to hurt him/her? 0 1 2

IF YES, How many times did you do that? (SPECIFY):

IF YES TO ANY ITEMS 113-119, THEN ASK . . .

120. When was the first time you did anything like (BREAKING INTO BUILDINGS/STARTING FIRES/FIGHTING/THREATENING/HURTING SOMEONE)? (SPECIFY): (6 MOS.) \_\_\_\_\_

A857 (plans)

A858 = "Vandalism"

A859 = "Fights"

IF INTERVIEWING A BOY, GO TO PAGE 17.

A860 - A879 blank

I want to ask you about some feelings you may have. Have you had any of these feelings in the last year?

Sad? 0 1 2 A880

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

Down in the dumps? 0 1 2 A881 (blank)

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

Hopeless? 0 1 2 A882 (blank)

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

Low? 0 1 2 A883 (blank)

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

Moody? 0 1 2 A884 (blank)

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

Very unhappy? 0 1 2 A885 (blank)

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

Feel like crying? 0 1 2 A886 (blank)

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

Miserable? 0 1 2 A887 (blank)

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

Irritable or grumpy? 0 1 2 A888

IF YES, Tell me about when you felt like that.

(DESCRIBE):

---

IF NO TO ALL ITEMS 141-149, THEN ASK . . .

150. Everyone feels bad sometimes. What do you call it when you feel bad?  
(DESCRIBE): ASSY

---



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151. Think about the times when you feel (SAD/DOWN IN THE DUMPS/HOPELESS/  
LOW/MOODY/UNHAPPY/MISERABLE/LIKE CRYING/IRRITABLE OR GRUMPY/ETC.)  
Does it last a whole day? 0 1\* 2\* ASSO

152. Do you feel (SAD/DOWN IN THE DUMPS/HOPELESS/LOW/MOODY/UNHAPPY/  
MISERABLE/LIKE CRYING/IRRITABLE OR GRUMPY/ETC.) most days?

0 1\* 2\* ASSI

IF YES, How long have you felt like that?  
(SPECIFY): (2 WKS.) \_\_\_\_\_

153. Have you felt (SAD/DOWN IN THE DUMPS/HOPELESS/LOW/MOODY/UNHAPPY/  
CRYING/IRRITABLE OR GRUMPY/ETC.) in the last year? 0 1\* 2\* ASS2

IF YES, How long did it last?  
(SPECIFY): (2 WKS.) \_\_\_\_\_

154. Do you feel (SAD/DOWN IN THE DUMPS/HOPELESS/LOW/MOODY/UNHAPPY/  
MISERABLE/LIKE DRYING/IRRITABLE OR GRUMPY/ETC.) like that even  
when you're at home with your [parents]? 0 1 2 ASS3



What do you enjoy doing? (DESCRIBE): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF ONLY ONE THING SPECIFIED, THEN ASK . . .  
 Anything else you enjoy doing? (DESCRIBE):  
 \_\_\_\_\_  
 \_\_\_\_\_

IF NOTHING ENJOYABLE NAMED, THEN ASK . . .

155. Do you enjoy anything at all? \*0 1 2 A894

IF SOMETHING ENJOYABLE NAMED, THEN ASK . . .

156. Do you enjoy things as much as you always did? \*0 \*1 2 A895

157. When you feel (SAD/DOWN IN THE DUMPS/HOPELESS/LOW/MOODY/UNHAPPY/MISERABLE  
 LIKE CRYING/IRRITABLE OR GRUMPY/ETC?) do you get less hungry? 0 1\* 2\* A896

IF YES, how long have you been less hungry?  
 (SPECIFY): (2 WKS.) \_\_\_\_\_

Tell me about that. (DESCRIBE): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

158. Have you lost weight without trying? 0 1\* 2\* A897

IF YES, Have you lost so much weight that your clothes feel  
 loose or too big? 0 1 2 A898

IF YES, How long has that been going on?  
 (SPECIFY): (6 MOS.) \_\_\_\_\_

IF YES, Did you go to a doctor because you were losing weight? 0 2

IF YES, Did the doctor find any physical reason for  
 your weight loss? 0 2 A899

IF YES, (DESCRIBE): (Look for physical reasons)  
 \_\_\_\_\_  
 \_\_\_\_\_

IF NO, Are you eating more than usual? 0 1\* 2\* A900

IF YES, How long have you been eating more?  
 (SPECIFY): \_\_\_\_\_

159. How much do you weigh now? (SPECIFY): A901 LBS.

160. Do you often get bored? 0 1\* 2\* A902  
 IF YES, Do you feel bored all the time? 0 1 2 A903  
 IF YES, Do you feel you just don't care about anything? 0 1 2 A904  
 IF YES, How long have you been feeling bored? (SPECIFY): (MOS.) A905
161. Have you felt so tired that you just sit around and do nothing? 0 1\* 2\* A906  
 IF YES, How long have you been feeling tired? (SPECIFY): (MOS.) \_\_\_\_\_  
 IF YES, Was that because you were ill? 0 1 2 A907  
 IF NO, Was that because you had been doing a lot? 0 1 2 A908
162. Do you feel that you're no good anymore? 0 1\* 2\* A909
163. When you do something wrong, do you feel bad about it? 0 1 2 A910  
 IF YES, What about if you don't get caught, do you still feel bad about it? 0 1 2 A911
164. Do you sometimes blame yourself for something that isn't your fault? \_\_\_\_\_  
 0 1\* 2\* A912
165. Is it hard for you to make up your mind? 0 1 2 A913  
 IF YES, Have you always been like that? 0 1\* 2\* A914  
 IF NO, How long have you been like that? (SPECIFY): (MOS.) \_\_\_\_\_
166. Have you felt grumpy and cranky with your [parents]? 0 1\* 2\* A915  
 Tell me more about that. (DESCRIBE): \_\_\_\_\_  
 \_\_\_\_\_  
 IF YES, How long have you felt like that? (SPECIFY): (MOS.) \_\_\_\_\_
167. Do you feel like talking less than usual? 0 1\* 2\* A916  
 IF YES, How long have you felt like that? (SPECIFY): (MOS.) \_\_\_\_\_
168. Do you cry a lot? 0 1\* 2\* A917  
 IF YES, Is that only when you get hurt (like falling down)? 0 1 2 A918  
 IF NO, How long have you done that? (SPECIFY): (MOS.) \_\_\_\_\_
169. Will the future be good for you? 0 1 2 A919  
 IF NO, Do you think that life is hopeless? 0 1\* 2\* A920  
 IF NO, Do you think that there is nothing good for you in the future? \_\_\_\_\_  
 0 1\* 2\* A921  
 IF NO, How long have you thought that? (SPECIFY): (MOS.) \_\_\_\_\_
170. What do you think will happen to you in the future? (DESCRIBE): A922  
 \_\_\_\_\_  
 \_\_\_\_\_
171. Do you think that life isn't worth living? 0 1\* 2\* A923
172. Sometimes when kids are upset, they think about dying. Do you think about death or dying? 0 1\* 2\* A924

FOOTNOTE: NOTE ANY ITEMS MARKED \* CIRCLED ON THIS PAGE.

Do you sometimes think that your family would be better off without you? 0 1\* 2\* <sup>A925</sup>  
 IF YES, How long have you thought that? (SPECIFY) (MOS.) 3

Have you thought about killing yourself? 0 1 2 <sup>A926</sup>  
 IF YES, When was that? (SPECIFY): \_\_\_\_\_  
 IF YES, What did you think of doing? (DESCRIBE): \_\_\_\_\_

Have you ever tried to kill yourself? 0 1 2 <sup>A927</sup>  
 IF YES, Did you try more than once? 0 1 2 <sup>A928</sup>  
 IF YES, When was that? (SPECIFY): \_\_\_\_\_  
 How did you try to kill yourself?  
 (DESCRIBE): \_\_\_\_\_

IF ANY RESPONSES WITH \* FOR ITEMS 150-175 WERE CIRCLED, THEN ASK . . .

When you felt like that [SAD/DOWN IN THE DUMPS/HOPELESS/  
 LOW/MOODY/VERY UNHAPPY/FEEL LIKE CRYING/MISERABLE/IRRITABLE  
 OR GRUMPY], did you stop seeing your friends? 0 1 2 <sup>A929</sup>

When you felt like that, did you find it hard to think  
 properly or concentrate? 0 1 2 <sup>A930</sup>

Was there any change in how well you did your schoolwork? 0 2 <sup>A931</sup>  
 IF YES, Did it get worse? 0 1 2 <sup>A932</sup>  
 IF NO, Did it get better? 0 1 2 <sup>A933</sup>

Lots of kids (FEEL SAD/CAN'T HAVE ANY FUN/FEEL BORED)  
 sometimes. Have you felt like that a lot? 0 1 2 <sup>A934</sup>  
 IF YES, Did you only feel like that after you  
 had lost someone close to you (died, moved  
 away)? 0 1 2 <sup>A935</sup>  
 IF YES, How long have you had these feelings?  
 (SPECIFY): (2/14/24 WKS) \_\_\_\_\_

FOOTNOTE: NOTE ANY ITEMS MARKED \* CIRCLED ON THIS PAGE.

Have you had any of these feelings in the last year?

180. Excited? 0 1 2 A936  
 IF YES, Tell me about when you felt like that.  
 (DESCRIBE): \_\_\_\_\_
- 
181. High? 0 1 2 A937 (blank)  
 IF YES, Tell me about when you felt like that.  
 (DESCRIBE): \_\_\_\_\_
- 
182. Great? 0 1 2 A938 (blank)  
 IF YES, Tell me about when you felt like that.  
 (DESCRIBE): \_\_\_\_\_
- 
183. Terrific? 0 1 2 A939 (blank)  
 IF YES, Tell me about when you felt like that.  
 (DESCRIBE): \_\_\_\_\_
- 
184. Jumpy? 0 1 2 A940 (blank)  
 IF YES, Tell me about when you felt like that.  
 (DESCRIBE): \_\_\_\_\_
- 
185. Irritable? 0 1 2 A941 (blank)  
 IF YES, Tell me about when you felt like that.  
 (DESCRIBE): \_\_\_\_\_
- 

IF NO TO ALL ITEMS 180-185 ABOVE, SKIP NEXT PAGE. -

IF ONLY ONE OR TWO SPECIFIC RESPONSES TO SPECIAL OCCASIONS (BIRTHDAYS,  
 WINNING A GAME), SKIP NEXT PAGE.

IF YES TO ANY ITEMS 180-185, THEN ASK . . .

When you feel (EXCITED/HIGH/GREAT/TERRIFIC/JUMPY/IRRITABLE) are you so much more active that family or friends think there is something wrong with you? 0 1 2 A942

IF YES, Tell me what they say. (DESCRIBE):

Do you talk faster? 0 1 2 A943

Do you talk more than usual? 0 1 2 A944 (blank)

Does your mind seem to speed up and work too fast? 0 1 2 A945 (blank)

Do you feel like you have extra energy? 0 1 2 A946 (blank)

When you feel (EXCITED/HIGH/GREAT/TERRIFIC/JUMPY/IRRITABLE) can you do things other kids can't do? 0 1 2 A947 (blank)

IF YES, Do you think you can do everything better than almost anyone? 0 1 2

Do you find you need less sleep? 0 1 2 A948 (blank)

Do you feel like working extra hard? 0 1 2 A949 (blank)

IF YES, Do you get a lot more done than usual? 0 1 2

Are you able to think much better than usual? 0 1 2 A950 (blank)

When you feel (EXCITED/HIGH/GREAT/TERRIFIC/JUMPY/IRRITABLE) do you have trouble keeping your mind on things you're doing?

0 1 2  
A951 (blank)

Do you spend much more time than usual with your friends? 0 1 2

A952 (blank)

When you feel that way, do you like to be with a lot of people? 0 1 2 A953 (blank)

Do you do things you normally wouldn't do (like giving away a whole lot of things, or taking a lot of chances)? 0 1 2 A954 (blank)

Remember times when you felt (EXCITED/HIGH/GREAT/TERRIFIC/JUMPY/IRRITABLE). When you felt like that had you been drinking, or taking drugs or medicine?

0 1 2  
A955 (blank)

Have you felt like that for as long as a week? 0 1 2

IF YES, When was that? (SPECIFY):

A956 (blank)

IF YES, When did you first have feelings like that? (SPECIFY): \_\_\_\_\_

201. Do thoughts or pictures you don't like ever come into your head? 0 1 2 A957  
IF YES, Can you give me an example? (DESCRIBE):

---

IF YES, Do you try to make them go away? 0 1 2 A958  
IF YES, Does it happen a lot? 0 1 2 A959

202. Do you have rules about things that you have to do over and over (like not stepping on the lines in the sidewalk, or knocking on wood)? 0 1 2 A960  
IF YES, Tell me more about that. (DESCRIBE):

---

IF YES, Do you think that something bad might happen if you don't do these things exactly right? 0 1 2

203. Are there things that you always feel you have to do in exactly the same way? 0 1 2 A961  
IF YES, Tell me more about that. (DESCRIBE):

---

IF YES, Do you think it is silly to do any of those things? 0 1 2 A962

IF YES, If you make a mistake, do you have to start all over again at the beginning? 0 1 2 A963

IF YES, Are any of these things like a game that you could stop if you really wanted to? 0 1 2 A964

IF YES, Do you feel better when you've done it? 0 1 2 A965

IF YES, Do you think that something bad might happen if you don't do these things exactly right? 0 1 2 A966

204. Do you feel you have to count something and can't stop even when you try to (like steps on a stairway)? 0 1 2 A967  
IF YES, Do you feel better when you've done it? 0 1 2 A968

IF YES, Do you think something very bad might happen if you don't do these things exactly right? 0 1 2 A969

IF YES TO ANY ABOVE ITEMS 201-204, THEN ASK . . .

205. Is (HAVING TO DO THINGS OVER AND OVER/EXACTLY THE SAME WAY/COUNTING THINGS/THOUGHTS OR PICTURES/RULES/STARTING ALL OVER IF A MISTAKE) a problem for you? 0 1 2 A970

206. Would you see your friends more if you didn't have to do those things? 0 1 2 A971

CONTINUES

Have you missed any school because of this? 0 1 2 A972  
 (DESCRIBE): \_\_\_\_\_

Have your grades gone down? 0 1 2 A973  
 (DESCRIBE): \_\_\_\_\_

Some people believe in mind reading or being psychic. Have other people ever read your mind? 0 1 2 A974  
 IF YES, Can you tell me about that? (DESCRIBE): \_\_\_\_\_

IF YES, Is that still going on? 0 1 2

IF YES, How long (have you believed/did you believe) that? (SPECIFY): (6 MOS.)

IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2

IF YES, (Does/Did) anyone else you know believe that? 0 1 2

IF YES, Who? \_\_\_\_\_

IF YES, Do you do things with other kids less often since that happened? 0 1 2

IF YES, Have you missed school since then? \_\_\_\_\_

IF YES, Have your grades gone down? 0 1 2  
 (DESCRIBE): \_\_\_\_\_

Have you ever read someone's mind? 0 1 2 A975 (blank)  
 IF YES, Can you tell me about that? (DESCRIBE): \_\_\_\_\_

IF YES, Can you do that now? 0 1 2

IF YES, How long (have you believed/did you believe) that? (SPECIFY): (6 MOS.)

IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2

IF YES, (Does/Did) anyone else you know believe it? 0 1 2

IF YES, Who? \_\_\_\_\_

IF YES, Do you do things with other kids less often since that happened? 0 1 2

IF YES, Have you missed school since that happened? \_\_\_\_\_

0 1 2

IF YES, Have your grades gone down? 0 1 2  
(DESCRIBE): \_\_\_\_\_

211. Has someone ever put thoughts into your mind or taken them away? 0 1 2 *A976 (blank)*

IF YES, Can you tell me about that? (DESCRIBE): \_\_\_\_\_

IF YES, Does that still happen? 0 1 2

IF YES, How long (have you believed/did you believe) that? (SPECIFY): (6 MOS.) \_\_\_\_\_

IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2

IF YES, (Does/Did) anyone else you know believe it? 0 1 2

IF YES, Who? \_\_\_\_\_

IF YES, Do you do things with other kids less often since that happened? 0 1 2

IF YES, Have you missed school since then? 0 1 2

IF YES, Have your grades gone down? 0 1 2  
(DESCRIBE): \_\_\_\_\_

212. Have you ever heard someone else's thoughts as if they were spoken out loud, or have others heard your thoughts? 0 1 2

IF YES, Can you tell me about that? (DESCRIBE): *A977 (blank)*

IF YES, Does that happen now? 0 1 2

IF YES, How long (have you believed/did you believe) that? (SPECIFY): (6 MOS.) \_\_\_\_\_

IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2

IF YES, (Does/Did) anyone else you know believe it? 0 1 2

IF YES, Who? \_\_\_\_\_

IF YES, Do you do things with other kids less often since that happened? 0 1 2

IF YES, Have you missed school since that happened? 0 1 2

IF YES, Have your grades gone down? 0 1 2  
(DESCRIBE): \_\_\_\_\_

213. Has something ever gotten inside your body or has your body changed in some strange way? 0 1 2 *A978*



IF YES, Can you tell me about that? (DESCRIBE):

---

IF YES, Is that happening now? 0 1 2

IF YES, How long (have you believed/did you believe) that? (SPECIFY): (6 MOS.)

IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2

IF YES, (Does/Did) anyone else you know believe it? 0 1 2

IF YES, Who?

---

Do you do things with other kids less often since that happened? 0 1 2

Have you missed school since then? 0 1 2

Have your grades gone down? 0 1 2  
(DESCRIBE):

---

Have you ever had messages sent just to you through television or radio? 0 1 2 *A979*

IF YES, Can you tell me about that? (DESCRIBE):

---

IF YES, Does that still happen? 0 1 2

IF YES, How long (have you believed/did you believe) that? (SPECIFY): (6 MOS.)

IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2

IF YES, (Does/Did) anyone else you know believe it? 0 1 2

IF YES, Who?

---

IF YES, Do you do things with other kids less often since that happened? 0 1 2

IF YES, Have you missed school since then? 0 1 2

IF YES, Have your grades gone down? 0 1 2  
(DESCRIBE):

---

Have you ever had some kind of special powers which make it possible for you to do things that other people your own age can't do? 0 1 2 *A980 (binks)*

IF YES, Can you tell me about that? (DESCRIBE):

---

IF YES, Do you still have those special powers? 0 1 2

- IF YES, How long (have you believed/did you believe) that? (SPECIFY): (6 MOS.) \_\_\_\_\_
- IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2
- IF YES, (Does/Did) anyone else you know believe it? 0 1 2  
IF YES, Who? \_\_\_\_\_
- IF YES, Do you do things with other kids less often since that happened? 0 1 2
- IF YES, Have you missed school since then? 0 1 2
- IF YES, Have your grades gone down? 0 1 2  
(DESCRIBE): \_\_\_\_\_

216. Have you ever felt that you are one of the most important people in the world? 0 1 2 *Ag81 (blank)*
- IF YES, Can you tell me about that? (DESCRIBE): \_\_\_\_\_

- IF YES, Does that happen now? 0 1 2
- IF YES, How long (have you believed/did you believe) that? (SPECIFY): (6 MOS.) \_\_\_\_\_
- IF YES, (Does/Did) you really believe that (is/was) true? 0 1 2
- IF YES, (Does/Did) anyone else you know believe it? 0 1 2  
IF YES, Who? \_\_\_\_\_
- IF YES, Do you do things with other kids less often since that happened? 0 1 2
- IF YES, Have you missed school since then? 0 1 2
- IF YES, Have your grades gone down? 0 1 2  
(DESCRIBE): \_\_\_\_\_

217. Have you ever thought that people are following you or spying on you? 0 1 2  
 IF YES, Can you tell me about that? (DESCRIBE): A982

IF YES, Do you believe that now? 0 1 2  
 IF YES, How long (have you believed/did you believe) that?  
 (SPECIFY): (6 MOS.)  
 IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2  
 IF YES, (Does/Did) anyone else you know believe it? 0 1 2  
 IF YES, Who?  
 IF YES, Do you do things with other kids less often since that happened?  
 0 1 2  
 IF YES, Have you missed school since then? 0 1 2  
 IF YES, Have your grades gone down? 0 1 2  
 (DESCRIBE):

218. Have you ever believed that someone is plotting against you or trying to poison  
 you or kill you? 0 1 2 A983 (bank)  
 IF YES, Can you tell me about that? (DESCRIBE):

IF YES, How long (have you believed/did you believe) that?  
 (SPECIFY): (6 MOS.)  
 IF YES, (Do/Did) you really believe that (is/was) true? 0 1 2  
 IF YES, (Does/Did) anyone else you know believe it? 0 1 2  
 IF YES, Who?  
 IF YES, Do you do things with other kids less often since that happened?  
 0 1 2  
 IF YES, Have you missed school since then? 0 1 2  
 IF YES, Have your grades gone down? 0 1 2  
 (DESCRIBE):

Now I'd like to ask you some questions about your health.

219. Do you get a lot of headaches or stomachaches? 0 1 2 A984  
 IF YES, Have you gone to the doctor about these? 0 2 A985  
 IF YES, Did the doctor find anything wrong? 0 2 A986  
 IF YES, What was found? (DESCRIBE):

220. Have you gotten taller in the last year? 0 1 2 A987

221. How tall are you? (SPECIFY):          FT.          IN. A988 MEASUREMENT

222. Are you trying to lose weight? 0 1 2 A989  
 IF YES, Have you put yourself on a diet in the last year? 0 1 2 A990  
 IF YES, Was it a strict diet? 0 2 (DESCRIBE): A991
- 
- IF YES, Do you try to lose weight by exercising a lot? 0 1 2  
 IF YES, Do you try to lose weight by trying to make yourself vomit? 0 2  
 IF YES, Do you use any medicines to lose weight [laxative diet pills, water pills]? 0 2  
 (Describe weight loss method): \_\_\_\_\_
- 
- IF YES, Did you lose any weight? 0 1 2  
 IF YES, How many pounds do you think you have lost? (SPECIFY): \_\_\_\_\_ LBS.  
 IF YES, After you started losing weight, what was your lowest weight? (SPECIFY): \_\_\_\_\_ LBS.
223. Are you afraid of getting fat? 0 1 2 A992
224. Do you feel too fat? 0 1 2 A993 (blank)
225. Do other people think you are too thin? 0 1 2 A994 (blank)
226. Are you trying to keep to this weight? 0 1 2 A995 (blank)
227. Have you ever gained a lot of weight? 0 1 2 A996 (blank)  
 IF "I DON'T KNOW", Have you gotten fatter? 0 1 2 THEN GO TO %  
 IF YES, How much have you gained? (SPECIFY): \_\_\_\_\_ LBS.  
 IF YES, When did you start gaining weight? (SPECIFY): \_\_\_\_\_  
 % IF YES, Have you grown taller at the same time? 0 1 2 %  
 IF YES, About how many inches? (SPECIFY): \_\_\_\_\_ INS.
228. Has your weight gone up and down and up and down? 0 1 2 A997 (blank)  
 IF YES, How much did it change? (SPECIFY): \_\_\_\_\_ LBS.
229. Do you ever eat much larger amounts of food than usual all at one time? 0 1 2 A998 (blank)  
 IF YES, Have you only done that once or twice? 0 2  
 IF YES, GO TO P. 34  
 IF YES, Do you think the way you eat is unusual? 0 1 2  
 IF NO, GO TO P. 34.  
 IF YES, Tell me what you eat then? (DESCRIBE): \_\_\_\_\_

Do you try to hide the fact that you are eating so much? 0 1 2

When you are on an eating binge (a lot of food at one time), are you afraid you won't be able to stop eating? 0 1 2

When you are on an eating binge (a lot of food at one time), how do you stop your eating? (DESCRIBE): \_\_\_\_\_

Do you ever stop by going to sleep? 0 1 2

Do you stop by making yourself throw up? 0 1 2

Do you stop because you get a stomachache? 0 1 2

Do you stop because someone else comes in and would see you eating? 0 1 2

Is there any other way you stop eating? 0 1 2 (DESCRIBE): \_\_\_\_\_

Do you feel depressed or very mad at yourself after an eating binge? 0 1 2

IF CHILD IS UNDER 9 YEARS OF AGE, SKIP TO NEXT PAGE.

ONLY FOR GIRLS AGED 9 OR OLDER

230. Have you started your monthly periods? 0 2

A 999 (don't)

IF YES, When did they start? (SPECIFY):  
(AGE IN YEARS):

IF YES, Did you lose any weight after you were  
[AGE PERIODS STARTED]? 0 1 2

IF YES, Did your period stop when you lost  
weight? 0 1 2

IF YES, How long was that for?  
(SPECIFY): \_\_\_\_\_ MOS.

ONLY FOR BOYS AGED 9 OR OLDER

Now that you are older, (have you noticed/when did you  
notice) that your voice was changing, you were starting to  
grow a beard, or you were getting taller? 0 1 2  
(SPECIFY): (AGE IN YEARS) \_\_\_\_\_

Now I'd like to ask you some things about your sleep.

Have you had any change in how much you sleep? 0 1 2 (DESCRIBE):

Have you had trouble sleeping? 0 1 2 (DESCRIBE):

IF NO TO ABOVE ITEMS ON THIS PAGE, SKIP TO QUESTION 236.

Does it take a lot longer than usual to fall asleep? 0 1 2 A1000

IF YES, When did that start? (SPECIFY):  
(2 WKS.)

Do you often wake up in the middle of the night and take a long time to get back to sleep? 0 1 2 A1001 (blank)

IF YES, When did that start? (SPECIFY):  
(2 WKS.)

Do you often wake up as much as an hour before you have to?

IF YES, Do you feel like sleeping more then but A1002 (blank)  
just can't fall asleep again? 0 1 2

IF YES, When did that start? (SPECIFY):  
(2 WKS.)

Do you sleep a lot more than you used to? 0 1 2 A1003 (blank)

IF YES, Do you also sleep a lot more in the daytime? 0 1 2

IF YES, When did that start? (SPECIFY):  
(2 WKS.)

Do you ever have times when you need less sleep than you used to? 0 1 2 A1004 (blank)

IF YES, When was that? (SPECIFY): (2 WKS.)

Do you ever wet the bed at night? 0 2 A1005

IF YES, Does this happen more than once a month? 0 2

IF YES, How many times a month? (SPECIFY):

IF NO, Did you used to wet the bed at night? 0 2

IF YES, When did you stop? (SPECIFY):  
(AGE IN YEARS):

237. Do you ever wet yourself during the day, so that you have to change your clothes? 0 2 A1006 (blank)

IF YES, Does this happen more than once a month? 0 2

IF YES, How many times a month? (SPECIFY):

IF NO, Did you ever wet yourself during the day? 0 2

IF YES, When did you stop doing that?

(SPECIFY): (AGE IN YEARS):

238. Do you ever have a bowel movement (poop, mess) in your pants or on the floor or not in the toilet? 0 2 A1007 (blank)

IF YES, Does this happen at least once a month? 0 2

IF YES, How many times a month? (SPECIFY):

IF YES, Does this happen only when you are sick or have diarrhea? 0 2

IF NO, Did you ever do that? 0 2

IF YES, When did you stop? (SPECIFY):

(AGE IN YEARS):

Do you have trouble with your hearing? 0 1 2 A1008

239. Have you heard voices other people can't hear? 0 1 2 A1009

IF YES, Is that because those voices are just too quiet? 0 1 2

Can you give me an example? (DESCRIBE AND NOTE IF CURRENT):

NOTE: IF VOICES ARE DEFINITELY REAL, (e.g., WHISPERS)  
SKIP TO NEXT SECTION (P. 37).

Do you only hear the voices if you've taken medicine or alcohol or drugs? 0 2

IF NO, Has it only happened when you had a fever or were sick? 0 2

Is it someone calling your name? 0 1 2

What does the voice say? (DESCRIBE):

Does the voice talk about what you're doing or thinking? 0 1 2

CONTINUES



Do you hear several voices talking to each other? 0 1 2

Do they say bad things to you or about you? 0 1

Do you talk out loud to the voices? 0 1 2

Do the voices tell you to do something? 0 1 2

What else do the voices say? (DESCRIBE):

---

Do the voices come from inside your head? 0 1 2  
IF NO, Do they seem to come from outside you? 0 1 2

Is it a real voice like mine talking to you? 0 1

Do you think it is your own thoughts which you hear?

Has it only happened when you are sick? 0 2

How long have you heard these voices?  
(SPECIFY): (6 MOS)

---

Since that happened, do you see your friends less often? 0 1 2

Have you missed school since then? 0 1 2

Have your grades gone down? 0 1 2  
(DESCRIBE):

---

Do you think your eyes ever play tricks on you? 0 1 2

When you're wide awake, have you seen things or persons that other people can't see? 0 1 2 *Alc 10 (blank)*

IF YES, What do you see? (DESCRIBE AND NOTE IF CURRENT):

---

IF YES, Has it happened only when you had taken medicines, or alcohol or drugs? 0 2

IF NO, Does it only happen when you're just falling asleep? 0 1 2

IF NO, Does it only happen in the dark? 0 1 2

IF NO, Has it only happened when you had a fever or were sick? 0 1 2

IF NO, How long has/had it been happening? (SPECIFY): (6 MOS.) \_\_\_\_\_

Do you do things with other kids less often since that happened? 0 1 2

Have you missed school since then? 0 1 2

Have your grades gone down? 0 1 2

(DESCRIBE): \_\_\_\_\_

241. Have you smelled something funny or bad which other people can't smell? 0 1 2 Alcohol (drank)

IF YES, Can you give me an example? (DESCRIBE AND NOTE IF CURRENT): Alcohol

IF YES; Has it happened only when you had taken medicines, or alcohol or drugs? 0 2

IF NO, Has it only happened when you had the flu or were sick? 0 2

IF NO, Have you ever had those feelings as often as once a week? 0 2

IF YES, How long did that last? (SPECIFY): (6 MOS.) \_\_\_\_\_

Do you do things with other kids less often since that happened? 0 1 2

Have you missed school since then? 0 1 2

Have your grades gone down? 0 1 2 (DESCRIBE): \_\_\_\_\_

Have you felt unusual feelings in your skin (like electrical feelings, tingling feelings, or burning sensations)? 0 1 2 A1012  
 IF YES, Can you tell me more about that? (DESCRIBE (blank)  
 AND NOTE IF CURRENT): \_\_\_\_\_

IF YES, Could you explain why those came? 0 1 2  
 (DESCRIBE): \_\_\_\_\_

IF YES, Has it happened only when you had taken medicines, or alcohol or drugs? 0 2  
 IF NO, Has it only happened when you had a fever or were sick? 0 2  
 IF NO, Have you ever had those feelings as often as once a week? 0 2  
 IF YES, How long did that last?  
 (SPECIFY): (6 MOS.) \_\_\_\_\_

Do you do things with other kids less often since that happened? 0 1 2

Have you missed school since then? 0 1 2

Have your grades gone down? 0 1 2  
 (DESCRIBE): \_\_\_\_\_

Have you had funny feelings inside you (like something was moving around inside your body)? 0 1 2 A1013 (blank)  
 IF YES, Can you tell me more about that?  
 (DESCRIBE AND NOTE IF CURRENT): \_\_\_\_\_

IF YES, Could you explain why those came? 0 1 2  
 (DESCRIBE): \_\_\_\_\_

IF YES, Has it happened only when you had taken medicines, alcohol or drugs? 0 2  
 IF NO, Has it only happened when you had the flu or been sick? 0 2  
 Have you ever had those feelings as often as once a week? 0 2  
 IF YES, How long did that last?  
 (SPECIFY): (6 MOS.) \_\_\_\_\_

Do you do things with other kids less often since that happened? 0 1 2

Have you missed school since then? 0 1 2

Have your grades gone down? 0 1 2  
 (DESCRIBE): \_\_\_\_\_

244. Have there been times when you suddenly felt very scared and didn't know why? 0 1 2 *AIC14*  
 IF YES, Can you tell me about that? (DESCRIBE):

IF YES, How many times has that happened?  
 (SPECIFY):

IF ONLY ONCE OR TWICE, SKIP TO NEXT SECTION (P. 42).

Has that happened at least once a week? 0 2  
 IF YES, How long have you been having those feelings? (SPECIFY):  
 (3 WKS.)

IF LESS THAN ONCE A WEEK, SKIP TO NEXT SECTION (P. 42).

When you suddenly felt scared, did you have trouble catching your breath? 0 1 2

IF YES, Was that because you were really in danger? 0 2

IF NO, Had you been running

very hard? 0 2

Was your heart pounding or beating too fast? 0 1 2

IF YES, Was that because you were really in danger? 0 2

IF NO, Had you been running very hard? 0 2

Did you have tightness or pain in your chest? 0 1 2

IF YES, Was that because you were really in danger? 0 2

IF NO, Had you been running very hard? 0 2

Did you feel you were choking or smothering? 0 1 2

IF YES, Was that because you were really in danger? 0 2

IF NO, Had you been running very hard? 0 2

Were you dizzy or lightheaded? 0 1 2

IF YES, Was that because you were really in danger? 0 2

IF NO, Had you been running very hard? 0 2

CONTINUES

Did your hands or feet tingle? 0 1 2  
IF YES, Was that because you were really  
in danger? 0 2  
IF NO, Had you been running  
very hard? 0 2

Did you feel very hot or cold? 0 1 2  
IF YES, Was that because you were really  
in danger? 0 2  
IF NO, Had you been running  
very hard? 0 2

Did you begin to sweat? 0 1 2  
IF YES, Was that because you were really  
in danger? 0 2  
IF NO, Had you been running  
very hard? 0 2

Did you think you were going to faint? 0 1 2  
IF YES, Was that because you were really  
in danger? 0 2  
IF NO, Had you been running  
very hard? 0 2

Did you tremble or shake? 0 1 2  
IF YES, Was that because you were really  
in danger? 0 2  
IF NO, Had you been running  
very hard? 0 2

While this was going on, were you afraid  
you were losing your mind or you were  
about to die? 0 1 2  
IF YES, Was that because you were really  
in danger? 0 2  
IF NO, Had you been running  
very hard? 0 2

A1015 = "current pets"

A1016 = "attachment"

A1017 = "past<sup>#</sup> pets"

A1018 = "attachment"

A1019 = "clinical code C-S"

A1020 = "interviewer 1, 2, 9"

**PHASE XI MENTAL  
HEALTH  
DIAGNOSTIC  
INTERVIEW  
SCHEDULE  
ANSWER FORM**

Question	No Some-times Yes			Code
	0	1	2	
1				(6) 2 A7E6
2				(7) 2 A7E7
3				(8) 2 A7E8
4				(9) 2 A7E9
5				(10) 2 A7E0

Describe... Winn .....

.. Birth day .. today .....

6 

--	--	--

 (11) 2 A7H1

.. 2 Bros. (7 + 13) .. 2 Sisters (15 + 17) .....

7				(12) 1 A7I2
If yes	Moth's test			(13) 8 A7I3
If yes				(14) 0 A7I4
8				(15) 0 A7I5

Example Writing .. skating ..

Soften

If no				(16) 2 A7I6
9				(17) 0 A7I7
10				(18) 0 A7I8
If yes				(19) 8 A7I9
If no				(20) 2 A7I0
11				(21) 0 A7I1

Describe... jump .. knave .. gabs ..

.. Plunder .. running ..

swimming

12 

--	--	--

 (22) 0 A7I2

13 yrs mths A7I3

Question	No Some-times Yes			Code
	0	1	2	
14				(23) 0 A7J2
If yes				mos
15				(24) 0 A7J2
16				(25) 0 A7J2
If yes				mos
17				(26) 0 A7J2
If yes				mos
18				(27) 0 A7J2

Example .....

If yes				mos
19				(28) 0 A7J2
If yes				mos
20				(29) 0 A7J2
If yes				mos
21				(30) 0 A7J2
If yes				(31) 8 A7J2
If yes				(32) 8 A7J2
If yes				Times
If yes				mos
22				(33) 0 A7J2
If no				(34) 1 A7J2
Describe if yes				.....
If yes				(35) 0 A7J2
Describe				.....



No Some-times Yes

Code

No Some-times Yes

Code

Question	0	1	2
23			
24			
25			
26			
27			

- (36) 1A737
- (37) 0A738
- (38) 2A739
- (39) 0A740
- (40) 0A741
- (41) 8A742

Question	0	1	2
42			
43			
If no			
44			
If yes			
45			
46			
47			

- A753 (57) 0
- A754 (58) 2
- A755 (59) 8
- A756 (60) 1
- A757 (61) 0
- A758 (62) 0
- A759 (63) 0
- A760 (64) 1

Describe... Lots of energy

Example ... Ik for a couple of days ... Dreams when awaken.

28			
29			
30			
31			
32			
33			
34			

- (42) 0A743
- (43) 0A744
- (44) 0A745
- (45) 0A746
- (46) 0A747
- (47) 0A748
- (48) 0A749

48			
If yes			
If yes			
If yes			
If yes			
If yes			
49			
If yes			
If yes			

- A761 (65) 0
- A762 (66) 8
- A763 (67) 8
- A764 (68) 8
- A765 (69) 8
- A766 (70) 0
- A767 (71) 8
- A768 (72) 8

35			
----	--	--	--

- (49) 0A750

If yes

mos

36			
----	--	--	--

- (50) 8A751
- (51) 8A752

If yes

mos

37			
----	--	--	--

- (52) 1A753

Describe... If alone

6 yrs 1774 weeks 1775 mos

38			
39			
40			
41			

- (53) 0A754
- (54) 0A755
- (55) 0A756
- (56) 0A757

Describe... St. Telus

4 schools - makes friends easily.

Describe...

No Some-times Yes Code

Question	No	Some-times	Yes	Code
	0	1	2	
53				A777 (6) 0
If yes				A778 (7) 8
54				A779 (8) 1
55				A780 (9) 2
56				A781 (10) 0
57				A782 (11) 1
58				A783 (12) 1

Describe if yes... Making... in class

59				A784 (13) 0
60				A785 (14) 0

If Times

61				A786 (15) 1
----	--	--	--	-------------

Describe... work

62-79 A787 - A804 (Specify)

80				A805 (16) 0
----	--	--	--	-------------

Describe...

If yes				A806 (17) 0
81				A807 (18) 0
82				A808 (19) 0
83				A809 (20) 0
84				A810 (21) 0
85				A811 (22) 0

m m 49/83

No Some-times Yes Code

Question	No	Some-times	Yes	Code
	0	1	2	
Special Class				A812 (23) 0
Held Back				A813 (24) 0
Likes School				A814 (25) 2
86				A815 (26) 0
87				A816 (27) 0
If yes				A817 (28) 8
If yes				A818 (29) 8

Describe

86				A819 (30) 0
If yes				A820 (31) 8
89				A821 (32) 0
If yes				A822 (33) 8
90				A823 (34) 1
91				A824 (35) 1
92				A825 (36) 0
93				A826 (37) 0
If yes				A827 (38) 8
94				A828 (39) 0
95				A829 (40) 0
96				A830 (41) 0
97				A831 (42) 0
98				A832 (43) 0
99				A833 (44) 0

If yes				A834 (45) 8
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mo:

Question	No Some- Yes			Code
	0	1	2	
100				AS35 (46) 0
101				AS36 (47) 0
102				AS37 (48) 0
103				AS38 (49) 0
104				AS39 (50) 0
105				AS40 (51) 0
106				AS41 (52) 0

If yes mos

107				AS42 (53) 0
108-112	AS43			AS44
Trouble				AS45 (54) 0
Stealing				AS46 (55) 0

Who From

113-120 AS47 - AS51

Vandalism				AS52 (56) 0
Fights				AS53 (57) 0

Specify

121-140 Skip AS60 - AS69

141-148 AS60 - AS67

				AS68 (58) 1
--	--	--	--	-------------

Sad + cries when sibs tease.

149				AS69 (59) AS70 0
-----	--	--	--	------------------

150 Describe AS71

151				AS72 (60) 0
152				AS73 (61) 0

Time wks

Question	No Some- Yes			Code
	0	1	2	
153				AS74 (62) 0
Time				wks
154				AS75 (63) 0
155				AS76 (64) 2
156				AS77 (65) 2
157				AS78 (66) 0

Describe Collects rubbish animals. r-skating writing

158				AS79 (67) 0
If yes				AS80 (68) 8
If yes				LBS
If yes				AS81 (69) 8

If yes, describe

If no				AS82 (70) 0
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Specify if yes

159 Specify AS90

160				AS91 (71) 1
If yes				AS92 (72) 0
If yes				AS93 (73) 0
If yes				AS94 (74) 0

w/ sibs mos

161				AS95 (75) 0
-----	--	--	--	-------------

If yes mos

If yes				AS96 (76) 8
If no				AS97 (77) 8

Card No. (79-80)

79	80
----	----

mm 49/83

Name .....

Question	No Some- Yes			Code
	0	1	2	
162				A920 (6) 0
163				A921 (7) 2
If yes				A921 (8) 2
164				A922 (9) 0
165				A923 (10) 0
If yes				A924 (11) 8
If no				
166				A925 (12) 0 mos
Describe				mos
167				A926 (13) 0
If yes				mos
168				A927 (14) 0
If yes				A928 (15) 8
If no				mos
169				A929 (16) 2
If no				A930 (17) 8
If no				A931 (18) 8
If no				mos
170	Describe Hair-chesser			
	or h' wife A932			
171				A933 (19) 0
172				A934 (20) 0
173				A935 (21) 0
If yes				mos

Question	No Some- Yes			Code
	0	1	2	
174				A936 (22) 0
If yes when				
If yes How				
175				A937 (23) 0
If yes				A938 (24) 8
If yes when				
If yes how				
176				A939 (25) 0
177				A940 (26) 0
178				A941 (27) 0
If yes				A942 (28) 8
If no				A943 (29) 0
179				A944 (30) 0
If yes				A945 (31) 8
If yes				wks
180-185	A936 - A941			(32) 1
Specify and describe ... B'day ... Holidays ... + trips ...				
186				A946 (33) 0
Describe				
187-200	A943 - A956			(34) 8
Specify				

mm 50/83

Question	No	Some-times	Yes	Code
	0	1	2	
201				(35) A958 0

If yes				A958 (36) 8
If yes				A958 (37) 8

202				A968 (38) 2
-----	--	--	--	-------------

203				A968 (39) 0
-----	--	--	--	-------------

If yes				A968 (40) 8
If yes				A968 (41) 8
If yes				A968 (42) 8
If yes				A968 (43) 8
If yes				A968 (44) 8

204				A968 (45) 0
If yes				A968 (46) 8
If yes				A968 (47) 8
205				A977 (48) 0
206				A977 (49) 0
207				A977 (50) 0
208				A977 (51) 30

209-212				(52) 1
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A974 - A977

gygysies - when S.

MM 50183

Question	No	Some-times	Yes	Code
	0	1	2	
213				A978 (53) 8

214-216				(54) 0
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Specify A979 - A981

217-218				(55) 0
---------	--	--	--	--------

Specify A982 - A983

219				A984 (56) 0
-----	--	--	--	-------------

If yes A984 (57) 8

If yes A984 (58) 8

Specify Gots crack

220				A984 (59) 2
-----	--	--	--	-------------

ins A984 (60) 9

A984 (61) 0

If yes A984 (62) 8

If yes A984 (63) 8

Specify

223-229				(64) 0
---------	--	--	--	--------

Specify A992 - A998

231-235				(65) 0
---------	--	--	--	--------

Specify A1000 - A1004

236-238				A1005 - A1007 (66) 0
---------	--	--	--	----------------------

Specify (67) 0

A1000

No    Some-    Yes  
         times

0	1	2

Code

Question

239-243

(68)

0

Specify and Describe A1009 - A1013

244

--	--	--

(69)

0

Describe .....

Code

No    Yes

0	2

Pets

Current

(70)

2

A1015

Describe ... 1 lamb ... 1 pup ... 1 dog  
... 1 cat ... 1 bird ... + fam. pets -

Attachment

--	--	--

(71)

2

A1016

Past

--	--

(72)

2

A1017

Describe ... Ducks - killed by cat ...  
... rabbits (32 age)

Attachment

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(73)

2

A1018

Clinical Code  
(0-5)

A1019

Interviewer  
(1, 2, 3)

A1020

## PHASE XI MENTAL HEALTH SYMPTOM SCORES

### CODING:

Continuous scale with minimum 0, missing=99

- B309 Inattention Scale (= a745 + a748 + a749 + a819 + a821 + a823 + a826)
- B310 Impulsivity Scale (= a746 + a747 + a824 + a825 + a828 + a829 + a830 + a831)
- B311 Hyperactivity Scale (= a737 + a738 + a739 + a740 + a741 + a743 + a744 + a832)
- B312 Conduct Disorder Scale (construction not known)
- B313 Oppositional Scale (= a724 + a725 + a726 + a727 + a728 + a729 + a730 + a836 + a838 + a839 + a840)
- B314 Depression / Dysthymia Scale (= a715 + a835 + a880 + a888 + a890 + a891 + a892 + a893 + (2-a894) + (2-a895) + a896 + a897 + a902 + a906 + a909 + a912 + a913 + a915 + a916 + a917 + (2-a919) + a923 + a924 + a925 + a926 + a927 + a929 + a930 + a931 + a934 + a1000)
- B315 Separation Anxiety Scale (= a753 + a754 + a755 + a756 + a757 + a758 + a760 + a761 + a763 + a764 + a765 + a766 + a771 + a816)\*
- B316 Overanxious Scale (= a712 + a715 + a717 + a718 + a722 + a781 + a782 + a783 + a784 + a785 + a815 + a984)
- B317 Obsessive Compulsive Scale (= a957 + a960 + a961 + a967 + a970 + a971 + a972 + a973)
- B318 Phobia Scale (= a786 + a805 + a807 + a808 + a809 + a810 + a811)

B319 Anxiety Scale (construction not known)

\* for smem 826 variable a760 is missing and (2-a759) was used in the computation instead).

Vision

37	A270	New vision or eye sight problem
38	A271	Seen about vision problem
39	A272	Told about vision problem
40	A273	New eye problem
41	A274	Seen about new eye problem
42	A275	Told about new eye problem
43	A277	Eye specialist
43b	A139-140	Vision worse than 6/60
43c	A278	Other tests used
44	A282	Outcome of optometrist's assessment

Psychometrist

45	A355	Psychometrist's comments
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School Questionnaire

46	A397	Other significant behaviour problems (school)
47	A398	Events preceding behaviour problems (school)
48	A414	Special strengths (school)
49	A415	Learning problems (school)
50	A416	Health problems affecting schooling
51	A417	Clumsiness
52	A420	Other comments by teacher

List of Tests Used with Sample Children in Dunedin Intermediate Schools, First Term, 1984 (N=550 estimate)

PAT Comprehension  
 PAT Vocabulary  
 PAT Listening Comprehension  
 PAT Mathematics  
 NZCER Proof Reading Test of Spelling  
 Dunedin Spelling Test