National Health	
and Nutrition	
Examination Survey	

# MEC INTERVIEWERS PROCEDURES MANUAL

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(Revised January 2001)

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#### ACRONYMS AND ABBREVIATIONS

AOM Assistant Office Manager

BIA Bioelectrical Impedance Analysis

CBC Complete Blood Counts LED Lower Extremity Disease

CAPI Computer-Assisted Personal Interviewing
CIDI Composite International Diagnostic Interview

DEXA Dual Energy X-ray Absorptiometry

DHHS Department of Health and Human Services
DISC Diagnostic Interview Schedule for Children

DM Data Manager
DU Dwelling Unit
OM Office Manager
FM Field Manager

HIV Human Immunodeficiency Virus

HHANES Hispanic Health and Nutrition Examination Survey

ISIS Integrated Survey Information System

MEC Mobile Examination Center

NCHS National Center for Health Statistics

NHANES National Health and Nutrition Examination Survey
NHANES I National Health and Nutrition Examination Survey I
NHANES II National Health and Nutrition Examination Survey II
NHANES III National Health and Nutrition Examination Survey III

NHES I National Health Examination Survey I
NHES II National Health Examination Survey II
NHES III National Health Examination Survey III

SP Sample Person

STD Sexually Transmitted Disease

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# 6.3 Mental Health Questions for SPs Aged 8-19 Years: DISC-IV

The mental health section of the MEC Interview for SPs 8-19 years old uses the National Institute of Mental Health Diagnostic Interview Schedule for Children (NIMH DISC-IV). DISC-IV is a highly structured diagnostic instrument that assesses 34 of the most common psychiatric diagnoses of children and adolescents. The DISC has been designed to be administered either by **lay interviewers** (people with no formal clinical training) or by clinicians, following the rules and conventions laid out in this manual.

The DISC was originally developed for use in large-scale epidemiological surveys of children and adolescents. It is now also being used in many clinical studies, screening projects, and service settings. The DISC-IV in NHANES comprises two parallel interviews:

- **(DISC-P) Parent Interview:** to be administered to parents (or knowledgeable caretakers) of children aged 8–15 years, asking questions about their child
- **(DISC-Y) Youth Interview:** to be administered to children aged 8–19 years, asking questions about themselves

This instruction manual describes the structure of the NIMH DISC-IV and its conventions. It provides information on the procedures that an interviewer should follow during the administration of the instrument, as well as the strategies an interviewer can use when encountering potential difficulties.

# **6.3.1** Description of the Instrument

The DISC-IV has been designed to obtain information about DSM-IV and ICD-10 diagnoses, essentially by ascertaining the presence or absence of symptoms. It **does not** elicit contextual information except to determine bereavement reactions. It **cannot** be used to establish a diagnosis for conditions that require the interpretation of specialized test results nor to substitute for the information that derives from astute clinical observations.

#### **Parent and Youth Versions**

There are parallel versions of the instrument: the DISC-P for parents (or knowledgeable caretakers), and the DISC-Y (for direct administration to children and youth). Information from these interviews can be combined or examined separately.

The DISC-P and DISC-Y cover the same range of behaviors and symptoms and incorporate parallel questions, though pronouns differ across versions. Other differences include the method of inquiring about internal states; the DISC-Y would typically ask, "Did you feel \_\_\_\_\_?" while the question in the parent interview would read, "Did he seem \_\_\_\_\_?" or "Did he say that he felt \_\_\_\_\_?" There are also a small number of questions asked in the parent interview that are not included in the youth version.

Only the DISC-Y was administered during the first year of NHANES. The parallel DISC-P was introduced in the second year after being piloted in 1999. The DISC-P is conducted as a telephone interview from 4 to 28 days after the child is examined in the MEC. The MEC interviewers are responsible for administering the youth interview. The parent interviews are conducted from a central location by trained telephone interviewers.

**NOTE:** Computer-assisted administration of the DISC includes both the parent and youth interviews, and is programmed to automatically insert the correct subject name, caretaker, and gender into the appropriate questions.

## **Diagnoses Included**

The DISC can assess 34 child and adolescent psychiatric diagnoses, which are arranged into modules A–F. An optional whole-life module (Module L – for certain diagnoses only) follows these.

The diagnostic modules that will be administered beginning in the second year of the NHANES are as follows:

#### Youth Interview

- Module 1: Introductory Module
  - Interview Introduction
  - Demographic Questions
  - Current-Year Timeline
- Module A: Anxiety Disorders
  - Module A4: Panic
  - Module A6: Generalized Anxiety Disorder
- Module B: Miscellaneous Disorders
  - Module B1: Eating Disorders
- Module C: Mood Disorders
  - Module C1: Major Depressive Disorder/Dysthymic Disorder
- Module E: Disruptive Behavior Disorders
  - Module E3: Conduct Disorder<sup>1</sup>

#### Parent Interview

- Module 1: Introductory Module
  - Interview Introduction
  - Demographic Questions
  - Current-Year Timeline
- Module B: Miscellaneous Disorders
  - Module B1: Eating Disorders
  - Module B2: Elimination Disorders (parents of children ages 8-11 only)
- Module C: Mood Disorders
  - Module C1: Major Depressive Disorder/Dysthymic Disorder
- Module E: Disruptive Behavior Disorders
  - Module E1: Attention-Deficit Hyperactivity Disorder
  - Module E3: Conduct Disorder

#### **Timeframes**

Unlike previous versions of the instrument, the NIMH DISC-IV assesses the presence of diagnoses occurring both within the past 12 months and "currently," defined as within the past 4 weeks. The longer time period will yield a higher prevalence rate, and so is of value in risk-factor research. A 1-year timeframe is also commonly used for public-health reports, and this is useful for studies that need to match diagnostic state and service utilization. Another advantage of the 12-month period is that it covers a full school year, which is helpful in assessing disorders such as attention-deficit/hyperactivity and

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<sup>&</sup>lt;sup>1</sup> In the youth interview, conduct disorder is assessed via an audio-CASI interview using the DISC Predictive Scale (DPS). The DPS is a shorter version of the complete DISC module on conduct disorder.

separation anxiety. The shorter, 4-week period provides a measure of point prevalence, which can be more accurately recalled than more distant events. It is also most relevant to clinicians.

The NIMH DISC-IV finishes with an optional "whole-life" module. Whole-life information is valuable for genetic and risk-factor studies. This module checks to determine whether diagnoses not present in the past year had occurred after age 5 and prior to the current year.

## **Computer-Assisted Administration (C-DISC)**

The dual timeframe and the elective module for lifetime diagnosis have increased the complexity of the NIMH DISC-IV, which already imposes a considerable burden on the interviewer by virtue of its complicated branching and skipping instructions, and the need to keep close track of an informant's answers to numerous symptoms in order to ask onset and impairment questions correctly. It is therefore recommended that investigators using more than a single diagnostic module employ a computer-assisted program to aid interview administration.

Currently, the only computerized version of the NIMH DISC-IV is the C-DISC 4.0, owned and distributed by the Division of Child and Adolescent Psychiatry at Columbia University.

#### **6.3.2** Structure of the Instrument

## **Questions and Response Options**

Questions in the NIMH DISC-IV have been carefully composed to be short and simple and to be read by the interviewer **exactly** as written. They typically contain one or, at most, two concepts (e.g., a time period and a symptom description), and questions that require more complex information are broken down to keep to this limit. It should be noted, however, that respondents with very limited intelligence or those who have intrusive symptoms may not understand the questions or may not be able to give meaningful answers. If this becomes apparent early on in the interview, suspend questioning and use the ALT-Q function to terminate the interview.

Response options to DISC questions are mostly limited to "yes" and "no," although some have an additional "sometimes" or "somewhat" option or a closed-ended frequency choice. Very few questions allow an open-ended response.

# **Example of DISC Question (Major Depression)**

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

1. In the last year – that is, since you started seventh grade – was there a time when you often felt sad or depressed?

#### IF YES

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

# IF NO, GO TO Q 2

- B. Would you say that you felt that way for **most of the day**?
- C. Was there a time when you felt sad or depressed **almost every day**?

## IF NO, GO TO Q 2

D. In the last year, were there 2 weeks in a row when you felt sad or depressed almost every day?

## IF NO, GO TO Q 2

- E. When you were sad or depressed, did you feel better if something good happened or was about to happen to you?
- F. Now, what about the **last 4 weeks**? Since the beginning of August, have you felt sad or depressed?

The complete DISC contains just under 3,000 questions. Questions fall into four categories: (1) There are 358 "stem" questions that are asked of every respondent. These describe the essential aspects of a symptom in broad terms, and are designed to be overly sensitive and to yield many false positives. That is, most people who have the symptom would endorse it, but many who endorse it will not turn out to have the symptom; (2) There are approximately 1,300 "contingent" questions that are asked if a stem or previous contingent question has been answered positively. Contingent questions are used to determine whether an endorsed stem symptom meets frequency, duration, and intensity criteria specified by DSM or ICD. This therefore functions to reduce the number of false-positive responses to the stem. Use of the stem-contingent structure allows the DISC to build symptom and criterion scales for most

diagnoses; (3) There are 732 questions that ask about age of onset, impairment, and treatment for reported symptoms. These latter questions are only asked if a "clinically significant" number of diagnostic criteria have already been endorsed — usually, half or more of those required for a diagnosis; (4) There are approximately 700 questions in the optional whole-life module that have a distinctive form.

#### **Modular Organization**

The DISC begins with an introductory module that includes demographic information necessary for the interviewer to properly ask the symptom questions (e.g., subject's age, grade in school, presence of siblings, and identification of caretakers or "attachment figures"). This module also contains an informational component that teaches the respondent about the scope of the interview, the format in which their answers are to be given, and what they should do if they have more to say than "yes" or "no." Interspersed within the introduction are a series of questions given to the respondent to ensure that they have understood the instructions, and cues are given to the interviewer to provide further clarification if necessary.

Since the DISC measures diagnoses for different time periods, it is very important that the respondent has a clear awareness of the time period covered by each question. Thus, the introductory modules also include an exercise in recall, with the subject completing a diagram of salient events that occurred in the past year. These events serve as markers/reminders for the different time periods covered during the interview and are referred to frequently (at least once in each diagnostic section and at most timeframe shifts) to ensure that the respondent is focusing on the correct time period.

Thus, the demographic section serves the following purposes; it:

- Introduces the subject to the purpose of the interview;
- Prepares the respondent for the structure of the interview and the response options;
- Explains the different time frames incorporated into the questions;
- Completes the timeline and whole-life chart, which will be used during the interview as a reference for the subject, to help aid in memory retrieval; and
- Collects information for use in symptom questions, e.g., age and school/work status.

The remainder of the interview is organized into six modules, each of which consists of related diagnoses (anxiety, mood, disruptive, substance-use, schizophrenia, and miscellaneous disorders). Within these modules, each section includes all of the information needed to arrive at a particular diagnosis, i.e., they are "self-contained." This allows users to drop diagnostic sections without impacting the scoring of other included diagnoses. To achieve this modular approach, however, there are a few symptoms (e.g., irritability, restlessness, concentration problems) which, when the entire interview is administered, have to be queried more than once. Each diagnostic section is organized in the same way. Stem and contingent questions are used to assess whether the symptomatic criterion for the diagnosis has been met. If at least half of the necessary criteria are endorsed, the interviewer inquires about age of onset, impairment from the symptoms, and receipt or anticipated receipt of services. An elective "whole-life" module is administered at the end of the core interview.

#### **Question Format for Assessing Onset**

The DISC includes a script to determine initial and recent onset of a diagnosis. The age-of-onset questions occur at the end of every diagnostic section. After symptom questions have been asked for a diagnostic section, the interviewer renames all symptoms reported as present in the past year and then asks for the youth's age "the first time" that these symptoms occurred. This is followed by a series of questions to assess earlier discontinuous episodes.

These questions are presented to determine:

- The age of the subject the first time the symptoms appeared;
- Whether the age of onset is in the last year;
- The age of onset of the current episode of symptoms; and
- Whether there has been more than one episode since the first onset.

The subject may have one continuous episode of symptoms or two (or more) discrete episodes separated by symptom-free periods of time (onset/offset). Distinguishing these timeframes requires careful inquiry and the appropriate use of the timeline.

# Example (Mania Q15)

#### **Ouestion 15**

Interviewer: "You said that in the last year you felt very angry or irritable and slept a lot less than

usual." "How old were you the first time you ever felt like that?"

Respondent: Age 9

(NB: If the age is unknown, the subject would then be asked which grade were they

in.)

In the paper DISC, an instruction box immediately follows this indicating which

questions to ask next, based upon the age/grade given to the question, e.g.:

[If nine is the child's current age (or grade if applicable) you would go directly to

Q16.]

#### **Question 16**

Interviewer: "You said that in the last year you felt ..."

However, if age nine (or grade) was the child's current age/grade minus one then you

would ask question 15A.

#### **Question 15A**

Interviewer: "Was that more than a year ago – that is, before you went on vacation in August of

last year?"

If the age/grade given in the stem Question 15 was anything other than the current

age/grade or the current age/grade minus one, then question 15B would be asked.

#### **Ouestion 15B**

Interviewer: "Since that first time, was there ever a time when you were not feeling very angry or

irritable and slept a lot less than usual?"

If a "no" response is given to questions 15A, B, or C, then the interview would skip to Question 16 to commence the impairment section. With a "yes" answer to these, Question 15D would be asked, which inquires about the age of onset for current

symptoms.

# **Question 15D**

Interviewer: "You said you felt very angry or irritable in the last year." "How old were you

when these feelings began **this** time?"

**NOTE**: The computerized versions of the DISC automatically perform the correct skip patterns based on the responses entered.

# **Question Format for Assessing Impairment**

In addition to the presence of symptoms, most DSM-IV diagnoses require the presence of significant distress or impairment as a criterion for diagnosis. Therefore, the NIMH DISC-IV incorporates a series of impairment questions at the end of each diagnostic section.

The DISC impairment questions are uniform across all diagnoses and address six domains in which impairment might be present during the "time in the last year when SYMPTOMS caused the most problems." The domains assessed are: (1) getting along with parents/caretakers; (2) participating in family activities; (3) participating in peer activities; (4) academic/occupational functioning; (5) relationships with teachers/boss; and (6) distress attributable to symptoms. Each set of questions has a two-part structure, the first determining whether impairment is present, and the second measuring severity or frequency.

	Example (Module C – Mania Q16)		
Question 16			
Interviewer:	"You said that in the last year you felt very angry or irritable and you also slept a lot less than usual. Now I'd like you to think back to the time in the last year when feeling this way caused the most problems."		
	"At that time, did your uncle seem annoyed or upset with you because you were angry or irritable?"		
Respondent:	"Yes"		
Interviewer:	"How often did your uncle get annoyed or upset with you because you were like that? Would you say: a lot of the time, some of the time, or hardly ever?"		

# **Treatment History or Expected Treatment**

Questions regarding clinician visits and treatment follow the impairment questions. These questions are optional, but may be useful clinically. If a subject has seen, or has an appointment scheduled to see, a professional because of problems endorsed in a specific diagnostic module, the DISC provides a place to document the name and/or profession of the person seen, as well as the received diagnosis and treatment.

#### 6.3.3 Administering the Interview

The NIMH DISC is a highly structured interview, and standardization of interview administration is essential in order to ensure the quality of the data it generates. As a result, there is a very limited scope for independent probing or questioning.

Training helps to achieve standardization and lessen variability and bias, both of which can seriously undermine the validity or "credibility" of the data gathered. Training in the administration of the DISC assures that the content and the intent of each question is understood by the interviewer, that each question is read with the emphasis on the **active** part of the question, and that interviewers handle unclear responses uniformly.

The following is an outline of how to administer the DISC in such a way as to achieve standardization.

# **Demographic/Introduction Module**

Reading/Probing the Questions. In contrast to the later diagnostic sections, during the introductory module the interviewer has some freedom in departing from the set "script," making sure that the subject can understand simple questions and in construction of the timeline. There are a number of set probes for events occurring during the last year, but the interviewer should use their his/her judgment in not asking about particular time periods (merely confirming) when an event is already known for that time. Alternatively, if subjects are having difficulty thinking of any events, then a shared community event (e.g., a holiday period) can be suggested. Events need to be attached to several time periods, usually the last year, the last 6 months, and the last 4 weeks. When events do not exactly fall on these markers, then the interviewer can use "just before" or "just after" a well-remembered event, nearby in time.

**Timeline:** Purpose, Effective Completion, and Use. Since the DISC assesses the presence of symptoms occurring for different time periods, it is **crucial** that the individual being interviewed has a clear awareness of the time period covered by each question. To ensure that the informant has a clear awareness of the time period covered by each question, the introductory module includes an exercise in

recall. During the administration of the introductory module, the interviewer asks questions of the informant to complete a timeline diagram of salient events that occurred within the past 12 months, the past 6 months, and the last 4 weeks. These events serve as markers/reminders for the different time periods covered during the interview. In effect, the timeline works like a **reference guide** that is referred to frequently during administration of the interview to ensure that the respondent is focusing on the correct time period.

During interview administration, the interviewer must routinely ask about three time periods: 1 year ago, 6 months ago, and 4 weeks ago. Past-year questions determine the presence of diagnostic criteria within the past 12 months, regardless of the presence of these criteria at the time of the administration of the interview (this is the most frequently encountered timeframe in the interview). Questions about the last 4 weeks help to determine the presence of current diagnoses.

During administration of the introductory module, the computer program provides three probes to help the interviewer gather information to complete the timeline (such as "Did you begin to do anything new 12 months ago ... like joining a team or starting a new project or activity?"). If these probes are answered positively, the interviewer has the opportunity to type in a brief description of the event that later will be inserted in symptom questions about that time period. Caution must be observed in typing these events accurately, so that they flow in a grammatically correct format relevant to the question and refer to the subject rather than the interviewer. If you make a mistake typing the information, you will be reminded of your error many times during the remainder of the interview!

Relevant information gathered spontaneously during demographic questioning can also be helpful in completing events for the timeline. The interviewer should probe the youth for salient events (such as birthdays and the birth of siblings) that occurred at the specified time intervals, since these types of events provide excellent recall markers. With the parent informant, the interviewer can also use events that have occurred to other family members. Although the computer automatically inserts the start of school and birthday into its graphical (on-screen) timeline, it does not include these in the "type-in" section. If you will be using these, or other events not generated by the three standard event-probe questions, then you should remember to type in a brief description (for later read-back) at the appropriate place. It is possible to go backwards in the introduction to fill in missing event details.

Interviewers should also be alert throughout the introductory section for information that is of use in the timeline (e.g., moves) that is offered during the early introduction/demographic questions.

The order in which information is collected and entered into the computer (and written on the timeline) is up to the interviewer. The computer offers prompts for when information should be copied onto the timeline, but many interviewers prefer to write the information down as they obtain it during questioning.

# DO pay attention to the time period of each question.

Make sure that you and the subject are focusing on the same time period as outlined in the questions. You can always add a time reminder, if the subject seems to need one, by identifying the period on the timeline chart.

Early on in the interview, you should **point to the timeline whenever you introduce a** switch in time period, until the subject is well aware of the connection between the timeframe and the relevant event marker.

#### **Diagnostic Modules**

**Open-ended Questions.** The DISC format allows for **fixed response options**, in that most questions can be answered as "yes" or "no." These fixed responses increase the reliability of the interview and reduce the cost of coding.

The few open-ended questions in the interview occur in the introductory section, which solicits demographic information, and also in the treatment questions. These provide the respondent with a chance to put things in his/her own words, making the interview more meaningful for both the interviewer and the respondent.

Questions Related to School or Work. The DISC-IV assumes that school is the primary/major activity for all youth under the age of 16 years. However, based upon the information collected in the introduction section regarding the subject's school or work status, the appropriate term is inserted by the computer in the questions relating to these areas. School always takes precedence over work for children who are in school and work.

**Response Codes.** Most questions in the DISC can be answered "yes" (code 1) or "no" (code 2), but some questions allow a "sometimes/somewhat" (code 3) response.

"Refusal to answer" (code 7) and "don't know" (code 9 or 99 or ? in age-related questions) responses do not appear as response options on the screen, but can be coded by the interviewer when these are acceptable.

Occasionally, other codes are available for use throughout the interview, e.g. code 66 = whole life, but these will appear when needed on the screen in uppercase letters.

**Errors in Coding.** The interviewer can "back up" several questions in the C-DISC to correct a recording error or to check a previous question. It is recommended, however, that doing so is limited to a few questions. Rules for "backing up" are discussed later in the manual.

There is no data-cleaning process in the computer program; therefore, it is important that the interviewer record answers carefully and correctly. Suspected coding errors should be noted at the time that the interviewer suspects that there may be an error.

Certain questions (e.g., dates and height/weight) have automatic checking of valid responses (e.g., age of onset older than "current" age) within the C-DISC program.

**Reading the Questions.** *DO read the questions exactly as written.* Although this may seem obvious, we restate it here, as it is the key to ensuring comparability of the data gathered across different interviewers and different studies. All questions asked of the subject are in lowercase letters, compared with instructions to the interviewer, which are in uppercase and should not be read to the respondent.

If you change the wording of a question even slightly, it may affect how the respondent answers, so that a "yes" answer becomes a "no."

**Example:** Imagine that a question in the interview should be read as in (a) below, but an interviewer accidentally reads it as in (b):

- (a) Does she often have **trouble** staying in her seat at school?
- (b) Does she often have a **problem** staying in her seat at school?

A parent might answer the first question "yes," but say "no" to the second question. Although the parent might know that her daughter bounces up from her chair every few minutes, he/she does not view it as a "problem." This kind of subtle change in the phrasing of questions is common when people are reading aloud, and it can easily result in completely different answers being given.

#### DO NOT explain the meaning of the questions.

If the interview does not provide an example of the behavior asked about in a question, do not provide your own example or explanation to the subject as a way of helping them overcome their misunderstanding. Read every question exactly as written.

# DO make the interview sound and feel like a conversation.

Although the wording of each question is fixed, the conversational quality is best attained through repeated practice with the interview, paying attention to emphasizing key words that are printed in **bold**. When the questions are read in this way, they are easier for informants to understand.

#### DO practice reading and asking the questions.

Practice increases your level of comfort. It is important to be aware of all the questions the interview contains. Think about and identify those questions that make you feel uncomfortable and PRACTICE asking these questions by reading them aloud several times.

## DO become comfortable with the interview material.

The DISC-IV is about mental-health problems, including many undesirable or embarrassing behaviors. Some of the questions might seem a bit strange at first or make you feel uncomfortable when you read them aloud. Most people have never asked another person if they have hallucinations or strange thoughts. Other questions can make you feel uncomfortable because they address personal matters, such as sexual behavior, illegal acts, and drug use. It is important to identify any questions that make you feel uncomfortable, and to practice hearing yourself ask them aloud.

# DO NOT get embarrassed about sensitive questions.

A few of the DISC questions may be considered by some respondents to be fairly sensitive, e.g., questions in the elimination and conduct-disorder sections. It may be helpful to remember that research suggests that respondents feel less uncomfortable, and answer even very embarrassing items more comfortably and truthfully, if the person asking the question feels comfortable and confident. Thus, **DO present such questions in a matter-of-fact way**.

## DO NOT be judgmental.

It is essential that you interact with respondents in a neutral, non-judgmental manner. It is possible that the respondents will tell you about actions that are illegal, or that, in your personal view, may be immoral, sad, or shocking. Regardless of what you hear, you must accept the information without conferring your own feelings verbally or non-verbally. Respondents must be able to feel comfortable telling you confidential information.

**Example**: If a mild-mannered adolescent female admits to shoplifting and forgery, do not act shocked or display any reaction that may stop the subject from answering truthfully or at all.

#### DO NOT encourage discussion.

As part of the Introduction to the DISC-IV interview, the interviewer informs the respondent that most of the questions in the interview can be answered with "yes" or "no." If they wish to discuss things at any greater length, they are instructed that the interviewer will write it down, so as to talk about it LATER.

Despite this, some respondents may give you more information than you have asked for, particularly if the child or adolescent has problems. The interviewer is often viewed as an interested person who would like to hear more about their concerns. Indeed, interviewers are often chosen for their warm manner and friendly personalities. It is important, however, that you gently discourage the respondent from giving additional information, as it slows down the interview. To discourage discussion, it may help by saying something like: "Should I write that down to talk about later?"

If you do find that you must listen patiently to avoid upsetting or irritating the respondent, then by all means do so. In most cases, however, you can discourage this by listening attentively but not responding, or by acknowledging the respondent's extra statements with something neutral, such as "I see" or "I understand," and then asking the next question.

DO NOT respond by saying things like: "Wow, that's terrible!" or "You'll outgrow that!" or "That must have made you really sad."

Respond warmly but neutrally and find a way to move on. In the end, you must use your own judgment to decide how much tact you should use.

# DO read the complete question.

Although this may seem obvious, when administering the DISC, it is not unusual to have the respondent interrupt you by answering before they have heard the complete question. When this happens, politely explain that you have to read the entire question and read the question again. Do not assume a premature response applies to the entire question.

An example of when this might occur is in Q8 of the MDD (Major Depressive Disorder) section:

Interviewer: "In the last year ... was there a time when you had trouble sleeping, that is, trouble falling asleep, staying asleep, or waking up too early?"

In this example, if the respondent were to answer "yes" after "trouble sleeping," it would be unclear whether he/she was answering the question about insomnia (trouble falling or staying asleep) or hypersomnia (trouble with sleeping too much). The end of the question serves the purpose of explaining what is meant by the term "trouble sleeping."

#### DO NOT read the DISC instructions.

Throughout the DISC, in addition to the questions, certain instructions will be present. In the computerized C-DISC, these always appear in UPPERCASE letters. They are never read to the respondent.

#### DO NOT make up your own questions.

You must use the exact questions and wording of questions in the DISC, even though you may think that there is a better way of getting at the same information, or that the question is poorly worded.

# DO NOT ask for an example unless the question asks for one.

## DO pay attention to the time period of the question.

Make sure that you and the subject are focusing on the same time period as outlined in the questions. You can always add a time reminder, if the subject seems to need one, by identifying the period on the timeline chart. Early on in the interview, you should point to the timeline whenever you introduce a switch in time period, until the subject is well aware of the connection between the timeframe and the relevant event marker.

#### DO NOT read response options.

Unless the response is part of the question, as with the impairment questions, do not provide the respondent with an answer option. When read, part of the impairment questions provides the options, "... would you say: a lot of the time, some of the time, or hardly ever?"

# DO offer to read part or all of the question again.

If the subject has not understood the meaning of the question, repeat it, emphasizing those words which you think had been misunderstood.

#### DO NOT express dissatisfaction or disbelief.

If there appears to be a lack of understanding, say something like, "Well, let's try another question," and move on. Make a note (ALT-N) and inform your supervisor at the end of the interview about what happened.

# DO emphasize the "active" part(s) of each question.

Many questions have an "active" part, which is a word or phrase that distinguishes the question. In the Windows version of the C-DISC, these words or phrases are **underlined**. The active part may be the timeframe (e.g., "in the last year") or a qualifier (e.g., "Did you **often** lose your temper?")

#### DO NOT suggest answers to the respondent.

**DO NOT** refer to a previous answer or in any way indicate that you know the answer to a question.

As the interview progresses, the interviewer will come across questions that they might think they already know the answers to, based upon prior information. This can lead to the natural tendency to "suggest" answers to the respondent, either overtly or covertly.

#### DO use introductory or transitional statements as they are written.

Introductory or transitional statements are sprinkled throughout the DISC where it is thought necessary to focus the respondent's attention on a new topic or symptom area, or on a change in the timeframe of inquiry. These are to be read exactly as written, unless, due to the dropping of certain diagnostic modules, they no longer make any sense.

## When and How to Probe Responses

"Probing" is a highly structured technique used to help ensure that the answers given by the respondent are as accurate and complete as possible. Probes serve two purposes:

- 1. They help the respondent understand the questions being asked; and
- 2. They help the interviewer obtain a clear response from the respondent that can be coded.

The interviewer needs to understand the objective of each question, i.e., what is being measured and what constitutes an acceptable response, so that the adequacy of the response can be

judged. Fortunately, the object of most questions is clear, but training and practice in DISC interview techniques helps to clarify this.

**NOTE:** Acceptable probes will result in a response that can be coded, generally a "yes" or "no." The only exception to this is in the schizophrenia module, where some probes will encourage the subject to describe a symptom further, e.g., schizophrenia Q20D.

Some rules for probing by repeating all or part of a question:

- Repeat the entire question or part of the question emphasizing key words or phrases that the respondent did not understand (i.e., the "active" part of the question, a frequency requirement, or a timeframe).
- When repeating the question, pause slightly between parts of complex phrases.
- If the question is preceded by an introductory statement, do not repeat the introduction unless you think the respondent did not understand it and needs to hear it again.
- It usually helps to maintain rapport by initially saying, "Let me repeat the question," but this is optional.
- Be sure that your tone of voice does not insult the respondents when you reread the question. A respondent is trying to answer a lot of complex questions and can easily become confused.
- Sometimes several questions are asked about the same event and phrases such as "something like that," are used instead of repeatedly describing the same event. If you need to repeat these questions because the respondent doesn't remember the event you are referring to, you will need to back up to the preceding question that fully describes it. Do not trust your own memory. It is better to back up and reread the question or key part of the question exactly as it was written.

The strongest method of probing is simply to repeat the question. Acceptable probes obtain information that is complete, accurate, and useful to the researcher who will later analyze the data. It is essential that you use **only approved probes** and that you use them only in the ways listed below. Deviation from these guidelines for probing will compromise the quality of the data.

If the respondent...

Gives a clear answer, but not a "yes" or "no".

If the respondent gives an answer to a "yes" or "no" question that is clearly equivalent (e.g.,

"absolutely," "not at all," "she's always like that," or "constantly!") enter "yes" or "no," even though the

respondent did not actually utter those words. There is no need to probe in such cases.

Says "yes" or "no" and more.

Respondents often say "yes" or "no" and then give you additional information that supports

the response. In such cases, ignore the additional information and enter the appropriate answer without

probing.

**Example:** 

*Interviewer*: "During this school year, did she often dislike doing things where she

had to pay attention for a long time?"

Respondent: "Yes! She hates to read."

In this case, the "yes" answer is clear, and the additional statement does not contradict the

answer, so you should enter "yes" without probing.

Gives a response that appears to contradict what they intended.

If you think the additional information might contradict the "yes" or "no" answer, repeat all

or part of the question.

**Example:** 

*Interviewer*: "In the last year, has he been very afraid of dogs?"

Respondent: "No, he's ALWAYS been afraid of dogs!"

They have apparently interpreted the question as asking whether the fear has only been

present in the last year. In this instance, you should repeat the question using a slightly different

emphasis, making the respondent aware that it is the **fear in the last year**, not the onset of the fear that is

the focus of inquiry.

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If it's still unclear, the interviewer can probe further by asking, "Is that a 'yes' or 'no' answer?" or, "I can only accept a 'yes' or 'no' answer." However, do not challenge the respondent in a way that is demeaning or upsetting.

# Doesn't understand the meaning of the question.

If the respondent tells you that they do not understand the question, or if their answer makes no sense, indicating that they did not understand, say, "Let me read the question again," and repeat the question or part of the question, emphasizing key words. This should be your first response.

Further probing depends upon which of the two following categories the misunderstanding falls into:

a. Miscomprehension of factual, non-symptom questions – where the question is asking for a response to a fact, e.g.:

Interviewer: "In the last year, have you gone out someplace without him?"

The respondent indicates that they do not understand what you mean by "gone out," which is a misunderstanding of a factual event, and so it is adequate to clarify it by saying something like, "It means leave the house/apartment."

In such cases, make a note of exactly what you said (ALT-N) and alert the study supervisor that a question was not understood.

b. Miscomprehension of a symptomatic question – where you are asking for a response to the presence of a symptom, e.g.:

Interviewer: "In the last year, has he counted certain things over and over

again ..."

Respondent: "What do you mean by 'certain things'?"

In this case the interviewer may give a nonspecific answer such as "anything," but not give examples of things that could be counted, or interpret the question in any other way. If, however, the subject still does not understand, a note of their exact response should be made and the study supervisor informed of it directly after the interview (ALT-N).

Gives an unclear response that is neither a "yes" or "no" answer.

If the subject answers with a sentence, rather than "yes" or "no," and you are unsure of its meaning, clarify if necessary by saying:

*Interviewer*: "Does that mean your answer is 'Yes' or 'No'?" or "Does that mean they

did see a doctor?"

Do not stray further from the exact wording of the questions and response options than this.

If you are still uncertain about the correct answer, code your best guess and make a note (ALT-N) of the respondent's exact response.

Asks how often is "often".

Questions regarding symptoms that must occur "frequently" according to the criteria use adverbs such as "often," "usually," or "a lot." If the respondent asks, "How often is usually?" you may say something like, "It's whatever it means to you."

You may provide the other adverbs, but, beyond that, the interpretation of these words is left up to the respondent.

Answers "sometimes" or "somewhat".

With answers like these or something similar ("sorta", "a little, I guess," or "some of the

time, but not all of the time") to a question with a response category of "sometimes/somewhat" (e.g.,

impairment questions), enter that code and do not probe.

If there is not a response category for "sometimes/somewhat," the interviewer must decide

what to do. The decision you make depends on the nature of the question that you just asked. In some

instances, a "sometimes/somewhat" response is an obvious "yes," and so this should be entered without

further probing.

**Example:** 

Interviewer: "Have you ever gotten into trouble because you stayed out at night more

than two hours past the time you were supposed to be home?"

Respondent:

"Sometimes."

This is indicative that they have gotten into trouble for staying out later, and so the

interviewer should enter "yes."

However, it is also common for respondents to say "sometimes" to questions that have a

frequency requirement ("often," "at least once a week," etc.). In such cases, you should always read all or

part of the question again, emphasizing the frequency term.

**Example:** 

*Interviewer:* 

"Has she often had trouble sitting still?"

Respondent:

"Sometimes."

*Interviewer:* 

"Has she often had trouble sitting still?" (Or say: "For this question I

need either a 'yes' or 'no' answer.")

Only repeat a question once.

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Gives a vague or unclear answer.

In some cases, the respondent may appear to have understood the question, but gives a vague

or unclear response, such as "It depends" or "Oh, Lordy!" or "Sometimes yes, sometimes no."

If you are sure that the respondent has understood the question, the interviewer needs to

clarify the response by asking such probes as:

*Interviewer:* 

"Is that a 'yes' or a 'no' answer?" or "For this question, I need a 'yes,' 'no,'

or 'sometimes/somewhat' answer."

Gives a response that applies to a later question.

If you think that an answer given previously in the interview is applicable to a later question,

don't assume the answer. The interviewer must still read the question exactly as written and, if asked,

acknowledge that some questions may be repeated.

NOTE: NEVER assume or imply an answer, even if it was volunteered earlier in the

interview.

A related response that doesn't answer the question.

Sometimes the respondent answers with a related response but does not answer the question.

More often than not, these types of answers are subtle, and the interviewer must be alert in noticing them.

**Example:** 

*Interviewer:* 

"Does he often not listen when people are speaking to him?"

Respondent:

"Oh, he's very shy and never speaks to anyone."

This response indicates that the respondent thought you were asking about the child's

"speaking" rather than about "listening."

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Ask the question again, with the following emphasis:

*Interviewer:* "Does he often not **listen** when people are speaking to him?"

Gives an unrelated response.

Sometimes, respondents go off on a tangent without answering the question.

**Example:** 

*Interviewer:* "Are there certain noises or sounds that the you can't keep yourself from

making?"

Respondent: "Yes, I sometimes get ringing in my ears."

This answer is clearly not responsive to the question, which asks for a noise that the subject **makes**, not noises that they **hear**.

The correct response to this is to repeat the question, emphasizing the last part. If the subject continues to give a nonresponsive answer, however, you must accept it and continue with the rest of the questions. Remember, though, to make a note to discuss this with your supervisor.

Misunderstands the timeframe of the question.

If the respondent provides a response that makes you think that he or she is not focusing on the correct time period for the question, reread the key part of the question or the entire question, emphasizing the time period. In such cases use the timeline, pointing to the relevant time period on the chart. This can be beneficial in getting the respondent to focus on the time period concerned.

**Example (CD Q29A):** Asking a 12-year-old subject, presently in sixth grade.

*Interviewer:* "In the last year, have you **threatened** someone with a weapon?"

Respondent: "Yes, when I was in the second grade."

They are obviously not focusing on the past year.

You can always add "in the past year" or "since [NAME EVENT/MONTH]" to any question

if it seems the respondent is not cognizant of the correct timeframe. The interviewer must include these

phrases whenever they appear as part of the question.

Has difficulty recalling the age of onset of a disorder.

If the respondent cannot remember what age some set of symptoms started, the interviewer

should try to obtain a grade equivalent. Entering a "?" in the age response box on the computer will

automatically come up with the probe "What grade was that?" If subjects still cannot pin down a specific

age/grade, then the interviewer can probe further as in the following example.

**Example:** 

Interviewer:

"Well, was it since he started high school?"

If a range of ages or grades is given, then interviewers should enter the youngest age/grade

mentioned. Certain questions will give the option to enter "66 = Whole Life," should respondents say that

they "have always been like that"; this should be accepted after minimal attempts to pin down whether it

was prior to kindergarten/first grade.

Refuses to answer a question.

If repeating the assurance of confidentiality doesn't reassure the respondent, allow him/her to

exercise the right to do so. Enter "refused to answer" (code 7) without making any comments and make a

note about the circumstances under which this occurred (ALT-N).

Misunderstands the frequency requirement.

At times, a respondent gives an answer that indicates that they may not have understood the

frequency requirement of the question.

**Example (Eating Dis. Q12D):** 

*Interviewer:* 

"In the last year has there been a time when you had an eating binge at

least twice a week?"

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Respondent: "Yes, I did that around Christmas."

This could mean that the youth **only** did it once, rather than as often as twice a week. In such cases, repeat all or part of the question, emphasizing the frequency term (e.g., "... at least **twice** a week..").

#### Misunderstands the intensity of a symptom.

Sometimes the interviewer will need to probe because the respondent does not understand or ignores the intensity or severity that is asked about in the question. In such cases, the interviewer should repeat part or all of the question, emphasizing the word (usually in bold or underlined) that indicates the intensity.

## Example (SpPh Q24):

Interviewer: "Have you been so afraid of seeing blood or cuts that you've tried not to

look when someone has had a cut or there was blood?"

*Respondent:* "A little."

When an adult caretaker says "I don't know".

The way to deal with "I don't know" responses from an adult caretaker depends on:

- 1. The respondent may need more time to think about the answer. In such cases, the interviewer should wait silently and expectantly for an answer. It may also help for the interviewer to tell the caretaker to take their time in answering.
- 2. **They may be reluctant to tell you something personal.** If you think the respondent has said "I don't know" because they are reluctant to tell you private information, try to put them at ease by saying: "Remember that your answers are confidential," or "Remember, there are no right or wrong answers."
- 3. They actually do not know the answer to the question or are unsure of the best answer. Often the caretaker truly doesn't know the answer to a question, e.g., a mother may not know whether her daughter has ever used marijuana and so is unable to answer. In such cases, it may help to ask the caretaker to answer to the best of their knowledge. However, if the interviewer finds that this situation constantly repeats itself, it would be best to accept the "don't know" answer (and enter code 9) to prevent alienating the respondent.

With an answer of this type, the interviewer must listen closely to the respondents to be sure they are really saying that they "don't know." Don't place all "don't know" answers in this category. Within a sentence, "don't know" could take on a different meaning, e.g.:

- "Oh! I don't know, probably not!" could actually mean "no" to the respondent.
- "I don't know, he could have!" may mean "yes."

Don't guess what the respondent means; instead clarify by asking, "Is that a 'yes' or 'no'?"

# When a youth says "I don't know".

As the interview questions are mainly about the youth themselves, it is most likely that a "don't know" response is given as a way of actually avoiding having to answer. If you believe that this is the case, try and obtain a response by informing the youth that a "yes" or "no" answer is needed or by repeating the question.

#### Refuses to answer a question.

If repeating the assurance of confidentiality doesn't reassure the respondent, allow them to exercise the right to do so. Enter "refused to answer" (code 7) without making any comments and make a note about the circumstances under which this occurred (ALT-N).

## Does not answer a question.

If the respondent does not answer, give him/her a few seconds to think and then to give an answer. If there is still no response, say, "Let me read the question again" and repeat the question, emphasizing key words. If no answer is given a second time, code as "refused" (7), make a note (ALT-N), and continue.

Bear in mind that, often, failing to provide a response can be an indication that the respondent finds the question very personal, and so the situation should be dealt with carefully.

#### Reluctance to continue with the interview.

The offer of a quick 5-minute break may help the respondent to be more inclined to continue the interview.

#### Does not give an answer that can be coded.

In the unlikely event that the probing strategies do not work in obtaining a codeable response, enter the most reasonable response and make a note (ALT-N).

#### Questions that are not applicable.

Under rare circumstances, a question will not be applicable to the respondent. In the C-DISC, this could possibly occur in the specific-phobia (Q20) module, where the investigator will be given the option of entering code 8 or 88. In most cases in the C-DISC, questions that are not applicable (e.g., school-/work-related questions) are automatically skipped.

# Rules for Backing Up and Asking Questions Again

If a respondent provides new information that contradicts previous responses, the general rule is that you may not back up in the interview and change previous responses. For example, if the respondent reports no headaches in separation anxiety and many headaches in general anxiety, you must accept this contradiction without comment.

If you think that the respondent has misunderstood a previous DISC-IV question, you are allowed to back up and ask a question again (emphasizing key words) according to the following rules:

- 1. Back up only to the previous stem (numbered) question.
- 2. Never back up through more than two question numbers in the conduct-disorder section. This is different from the general rule, as many of the contingent questions in this module are not labeled with a letter, but rather with a number.
- 3. By backing up, if a key question is asked again, then all subsequent questions must be asked as if they had never been asked before.

4. Never back up into the previous diagnostic module.

## How to Handle Respondents' Questions or Provocations

The following are instructions for when a respondent asks **you** (the interviewer) a question.

## Requests for clarifications.

Sometimes respondents will ask you to clarify a question.

## **Example:**

Interviewer: "When other things were going on, did Allen often find it hard to keep

his mind on what he was doing?"

Respondent: "When what kinds of things were going on?" or "What do you mean by

that question?"

The best way of dealing with this is to state: "We're interested in your own interpretation of the question" or "We just want to know what you think."

# Requests for definitions of terms.

If a respondent asks for a definition of a term, the interviewer is allowed to define the term **ONLY** if a definition is provided on the help screen for that question. If the help screen does not provide a definition, use the tried and true, "whatever it means to you."

The interviewer may **NOT** make up definitions for terms that are not defined on screen.

"How much longer will this take?".

Sometimes respondents ask this because they need an accurate estimate of the time remaining in the interview. Please estimate the time of completion as accurately as possible when asked.

Some youths may repeatedly ask this question as a way of complaining about the duration of the interview. After responding several times with an estimated time, the interviewer may wish to warmly answer, "in a while," "we have a little while to go," or "pretty soon."

Some respondents who repeatedly ask about the remaining time will do better if they take a short break and then resume. Please only suggest breaks if you feel that the they are not paying sufficient attention to the questions. With a youth interview, remember that, with some children, their focus on the interview may not improve even after a break.

#### "Are you going to ask me about ...".

If a respondent asks if the interview will cover anything that they particularly want to discuss, the interviewer should answer as honestly as possible and remind the respondent that they can talk about anything not covered at the end of the interview.

## Comments about questions that have not yet been asked.

Sometimes respondents announce that they will not answer any questions in a section that you have not yet reached.

#### **Example:**

Respondent: "Okay, I'll tell you about this stuff, but I'm not answering any questions about drugs or nasty stuff like that ..."

When you reach the section that contains the questions that they have told you that they will not answer, go ahead and begin asking the questions. Respondents often change their mind about answering questions after they have grown to trust the interviewer.

If the respondent refuses to answer any questions, however, please respect their right to do so. In this case, enter "refused" (code 7) and make a note to discuss the situation with your supervisor (ALT-N).

Requests for information about the youth's mental health.

Occasionally, a parent or youth may become concerned when they answer "yes" to a

question (or a series of questions) about emotional or behavioral problems. They may want to know

whether this means that there is something wrong with them. It is important for you to be noncommittal in

a response to this. It could be harmful for you to mistakenly offer reassurance when the youth has a

problem, and equally harmful for you to raise concern about a youth who does not have problems.

The interviewer can safely state that "saying 'yes' to questions doesn't necessarily mean

there's something wrong." You can also safely suggest that children and adolescents who are concerned

about a problem could talk it over with their parent(s), physician, or school counselor.

Responding to a provocation.

Occasionally, a respondent will say provocative things to an interviewer. Respond to these in

the most minimal and neutral way that is appropriate and move quickly on to the next question. The

following are examples of provocations and acceptable interviewer responses:

Example 1:

Respondent: "I never worry if my mother goes away. I wish she would leave for good

or die!"

*Interviewer:* Ignore the statement and move on.

Example 2:

Respondent: "You don't care if I'm sad or not!"

*Interviewer:* Say, "Sure I do," and read the next question.

Respondent: "No you don't. You care more about that computer than about me."

*Interviewer:* Ignore and move on to the next question.

Example 3:

Respondent: "You aren't asking me about anything I care about."

Interviewer: "When I'm finished with these questions, I hope you'll tell me about

anything important that I missed."

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It is important for the well-being of the youth and for the success of the interview that you not get locked into arguments or lengthy exchanges with the respondents about such matters. If you respond neutrally and move on, the respondent will usually let the issue drop.

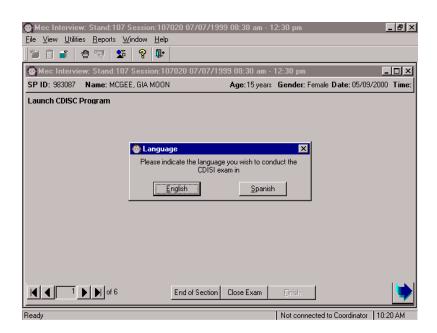
# 6.3.4 Urgent Clinical or Ethical Issues

Each project has its own protocol for addressing **urgent clinical issues** that may arise when administering the NIMH DISC-IV, such as when a respondent indicates the presence of suicidal ideation or ongoing child abuse. It is important to follow the established procedures in such an event. It is not appropriate for a lay interviewer to adopt a clinical approach to the respondent. The procedures for handling mental health referrals in NHANES are discussed in Chapter 7.

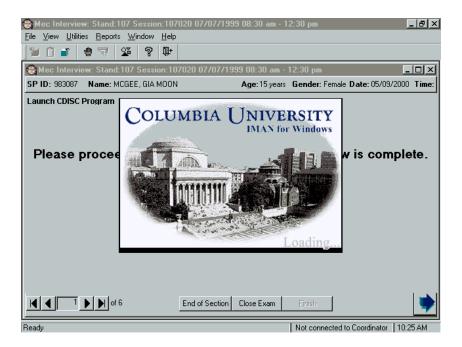
## 6.3.5 Working with the CDISC Software

## **Beginning the Interview**

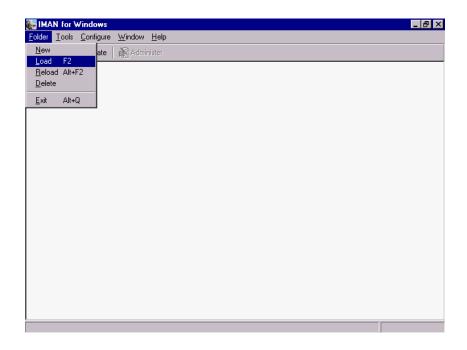
The wrapper screen titled "Launch CDISC Program" automatically displays a pop-up box that allows you to set the language of the interview. Click on either "English" or "Spanish," as appropriate, to proceed.



A photo of Columbia University and the message, Loading IMAN for Windows, flashes briefly on the screen.

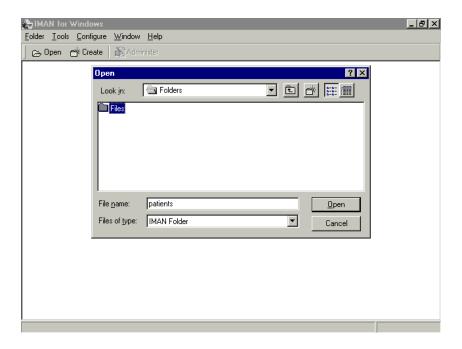


From the main "IMAN for Windows" screen, select "Folder" then "Load."

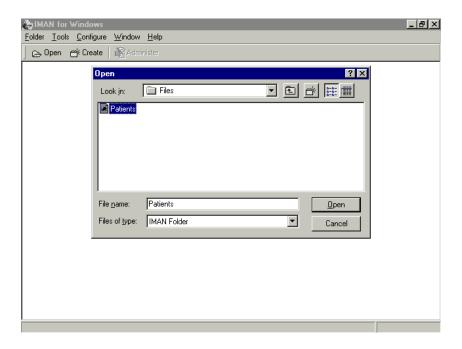


6-196 Revised 5/15/00

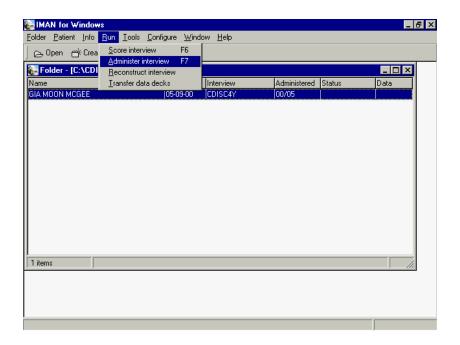
Highlight the folder labeled "Files" and click on "Open."



Highlight the folder labeled "Patients" and click on "Open."



The opened Patient folder contains the name of the current SP. To begin the interview, select "Run" from the main menu and then "Administer" from the drop down menu.



## **Answering a Question**

A set of possible answers will be displayed on screen after the question. These include:

```
1-for 'Yes'; and 2-for 'No'.
```

With some questions (e.g., in the impairment section of each diagnosis) you are also given the option to enter:

3-for 'Sometimes / Somewhat'

You can either use the appropriate key on the keyboard to respond, or use the mouse to click on the answer on screen. With either method, the answer you have chosen will turn to red on the screen, before you are taken to the next question / section.

In addition, other key code responses are available, but are not displayed on the screen.

These include:

7 or 77-for 'Refuse to Answer';

8-for 'Not Applicable'; and

9 or 99-for 'Don't Know.'

There are a few questions in the DISC interview that are 'type ins.' These will be found when establishing

the timeline in the Demographic module, in the service questions for each diagnosis, and also when asked

to explain certain symptoms, for example details of suicide attempts.

**Moving through the Interview** 

Keying in a response will take you to the next appropriate question or section of the

interview. In some cases a response is asked for, after which you need to press [ENTER].

You can also click on the [NEXT] button in the bottom right of the screen. Alternatively, use

the  $\uparrow$  or  $\rightarrow$  keys. You can't move to the next question however, using this method, if the current question

hasn't been answered.

**Returning to the Previous Question** 

Click on the [PREVIOUS] button in the bottom left hand corner of the screen, or use the ←

or 'Backspace' keys.

Note: The program is configured to allow you to back-up only 10 questions at a time.

**Administration Menu** 

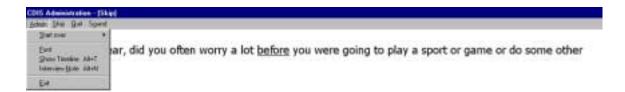
While administering an interview, the keys ALT + M will bring up the "Administration"

menu at the top of the screen. This menu is split into four portions, allowing you several options. To open

6-199 Revised 12/15/00 one of these menus, click on it and then highlight and click on the required function. Once the menu is open you can move between the others by using the left/right arrow keys.

The four menu portions, and their applicability to NHANES, are described below.

#### 1. ADMIN



Start Over

DO NOT USE THIS OPTION.

■ Font

It is possible to change the font style and size. Click on 'Font' to open a menu box in which will be listed the font options for your computer. Too large a typeface however, will result in the response not being visible on the screen, or the Timeline covering the text.

■ Show Timeline / ALT+T

If the Timeline is not on screen, clicking on this option or using the ALT-T combination will bring it up.

■ Interviewer Note / ALT+N

Clicking on this option or using the ALT-N combination will open the 'Interviewer Note' box in which the user can make comments to record anything that the subject wants to add, or for interviewers to make notes themselves on anything they feel needs reviewing later. After typing in the comment, click on the OK button to save and return to the interview. If the box was opened in error then simply click on the 'Cancel' button.



#### ■ Exit

DO NOT USE THIS OPTION.

## 2. SKIP



DO NOT USE ANY OF THE OPTIONS LISTED ON THIS MENU.

# 3. QUIT



# ■ Suspend / ALT+Q

You have the option to "suspend" the interview before it has been fully administered, saving all responses entered so far. This will bring you back to the folder screen, where the status of the interview will have been recorded as "suspended." The key combinations ALT-Q will also serve the same function.

#### Terminate

DO NOT USE THIS OPTION. Choosing 'TERMINATE' will lose all patient responses. Should you select this option in error, a confirmation box will appear prior to this being executed.

# 4. SOUND

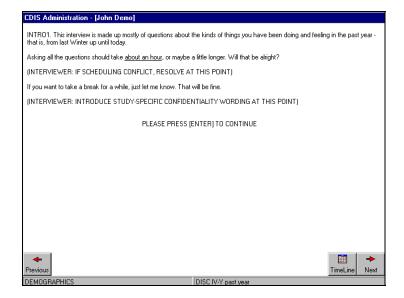


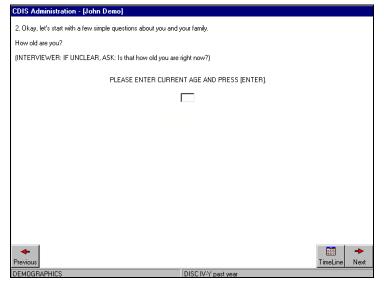
All options listed under this menu are applicable only if the self-administered Voice DISC is in use. They are not used in NHANES.

6-202 Revised 12/15/00

# **6.3.6** Introduction/Timeline

The introductory module is primarily an interviewing tool that serves to explain the structure of the interview, complete the timeline, and collect demographic information that is used in subsequent modules. The information collected here is not used in assessing whether a subject meets the criteria for a specific diagnosis. Accordingly, the interviewer can exercise some liberty in departing from the set script. Use your judgment as to when such a departure will facilitate the intended purpose of the module.

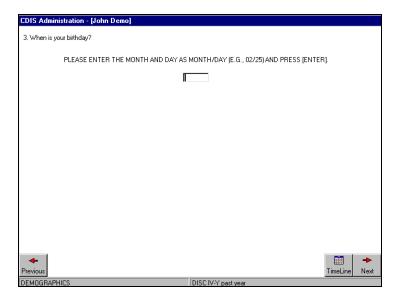


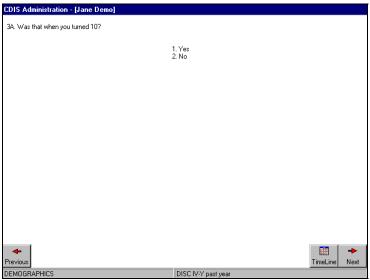


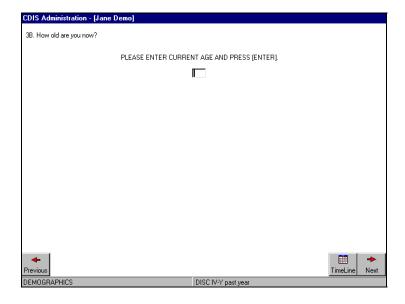
INTRO1.	This introductory screen is generic to all studies using the C-DISC. Read only the first sentence, as the language regarding administration time is not applicable to NHANES.

Read the clarifying sentence as needed.

2.



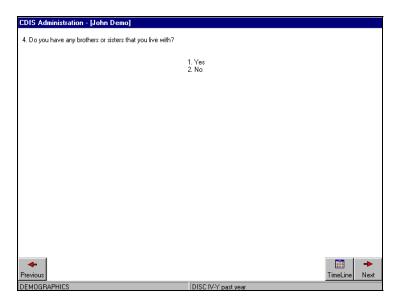


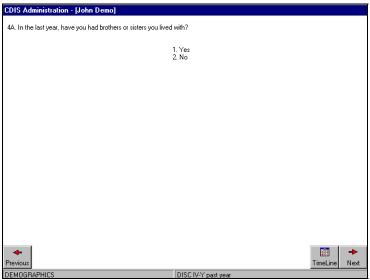


3.

3A.

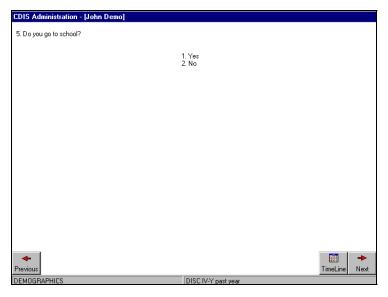
3B. This is asked only of subjects who answer "no" to question 3A.

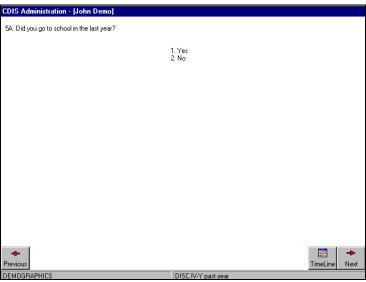


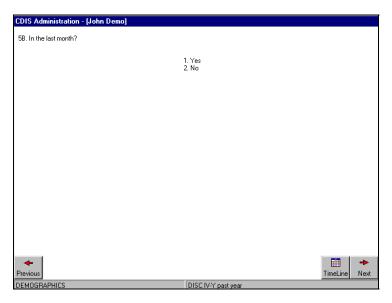


4. Respondents who answer "yes" to this question skip to question 5.

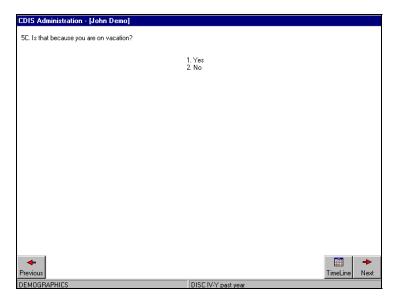
4A.

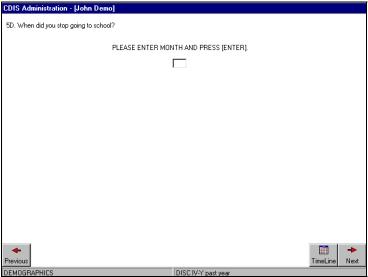




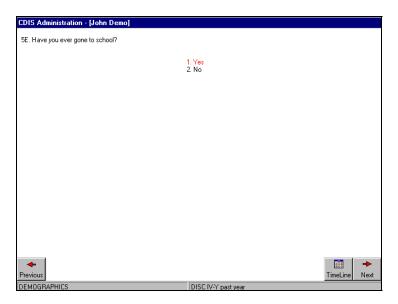


5.	Subjects who currently attend school skip to question 6.		
	If a subject reports that s/he is homeschooled, record this as a "no" response.		
5A.	This is asked only of subjects who do not currently attend school.		
5B-5D.	Questions 5B-5D are asked only of subjects who attended school in the past year.		
5B.	Subjects who answer "yes" to this question skip to question 6.		

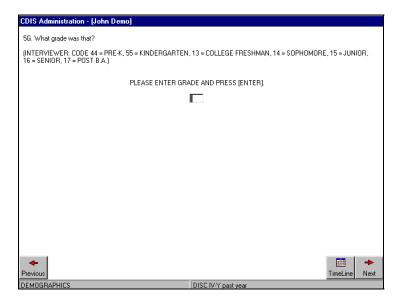




5B-5D. Continued.

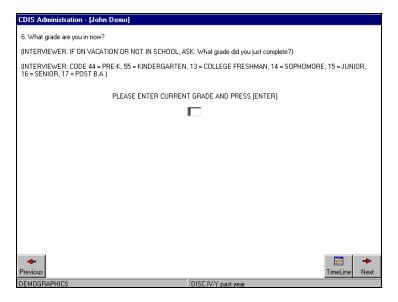




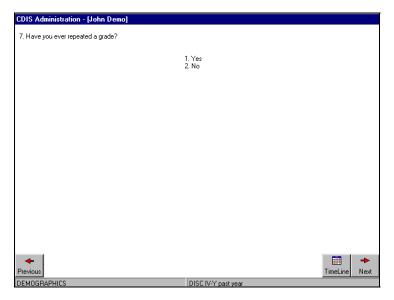


5E-5G.	This series of questions is asked only of subjects who did not attend school in the past year.
	It is used to determine whether the subject ever attended school and, if so, the last grade he
	or she attended and age at the time.

5G. Question 5G is asked only of respondents who don't know their age when they stopped attending school.



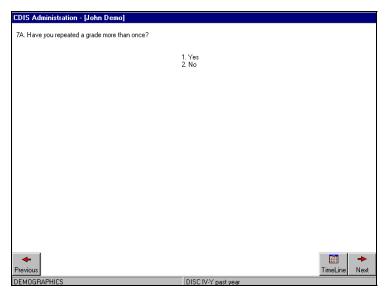


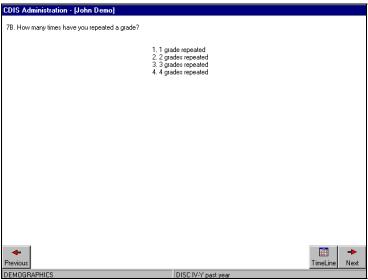


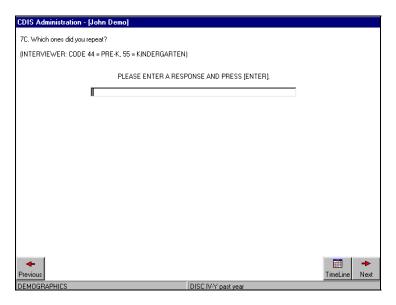
				_			
6-6A.	$6$ and $6\Delta$	are asked	only of 1	respondents	who attended	school in th	e nast vear
0 0/1.	o una ori	are asked	OHI OH	Lespondents	WITO attended	benoon in u	ic past year.

6. Note the slight difference in wording for subjects who are on vacation or haven't attended school in the past month. If the subject reports that s/he dropped out, the alternate wording "What grade did you just complete?" is a bit awkward. Instead, substitute the question "What grade were you in when you stopped going to school?"

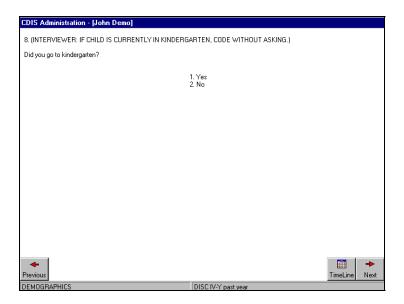
7-7C. This set of questions is asked only of subjects who have ever attended school.

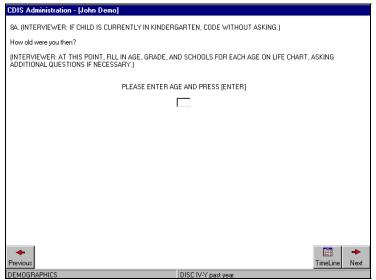






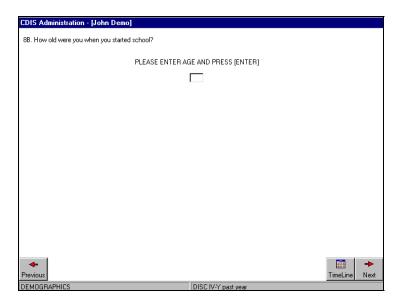
7A-7C. Questions 7A-7C are asked of subjects who have repeated a grade. They are used to determine which grades the subject repeated.





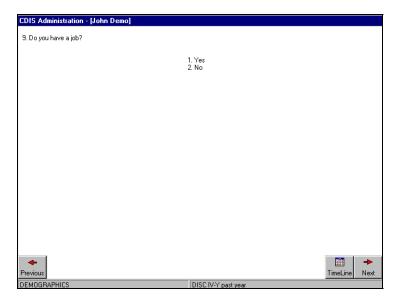
8-8C. This set of questions is asked only of subjects who have ever attended school.

8A. This is asked only of subjects who attended kindergarten. If necessary, clarify that we are interested in how old the child was when s/he began kindergarten. If the child is unsure, probe once for the child's approximate age. Since the purpose of this question is to collect information that will be used to complete the "Whole Life Chart," which is not done for NHANES, it's not critical that you obtain an exact age. If necessary, enter a "Don't know" response by typing "99."





8B-8C. Subjects who did not attend kindergarten are asked their age and grade when they started school.

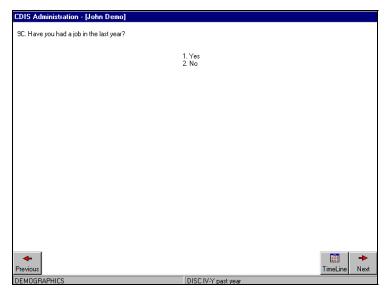


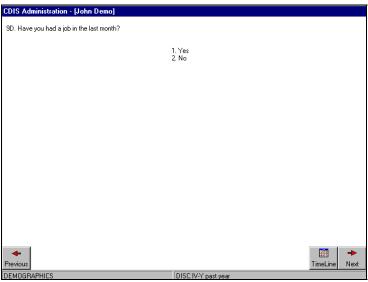


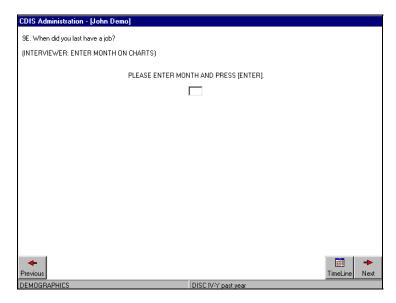


9. Children 12 years of age and older are asked about their work history. Respondents who do not currently have a job skip to 9C. Since these questions may be asked of children who are younger than the legal employment age, jobs such as babysitting, mowing lawns, shoveling snow, etc. are acceptable responses.

9A-9B. Subjects who currently have a job are asked specifics regarding the type of job and onset of employment.

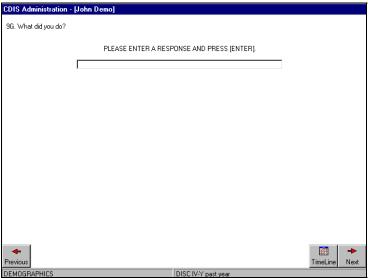


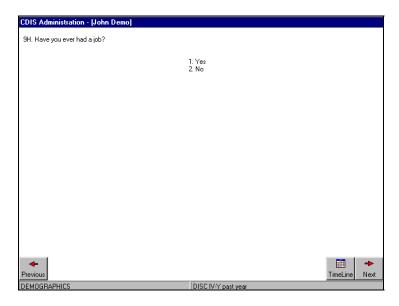




9C-9J.	Subjects who are not currently employed are queried about previous employment history.

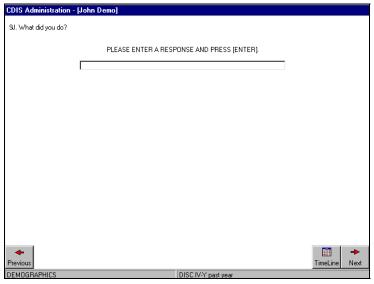




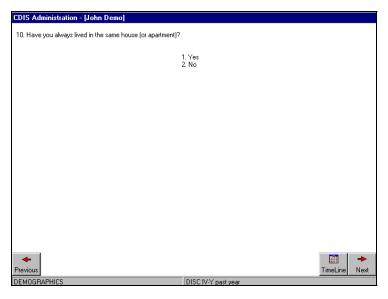


9C-9J. Continued.

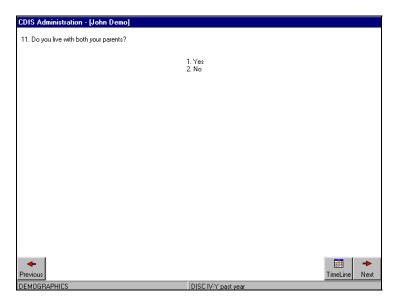




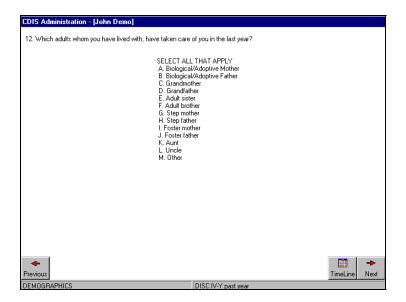
9C-9J. Continued.

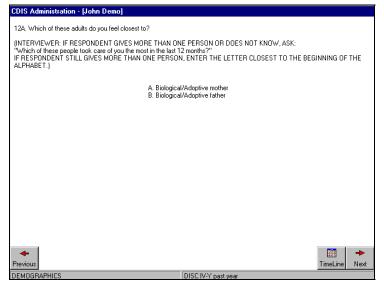


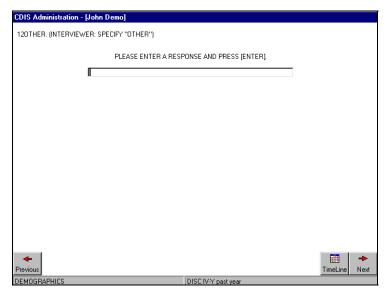




10.	Subjects who have never moved skip to question 11.
10A.	If the move occurred more than 1 year ago, it is not necessary to obtain the month. We are
IUA.	interested in moves that can be used as aids to recall on the "Current Year Timeline."
	interested in moves that can be used as aids to recan on the Current Teal Timerine.
11.	All subjects are asked this question.







12. Type the letter or letters that correspond to all adults who have taken care of the subject. You do not need to type spaces or commas between the letters to separate multiple responses. Probe once for "Which other adults whom you have lived with have taken care of you in the last year?"

The software program automatically lists the names of the adults identified in question 12. The example shown here illustrates the most common response you will encounter. The subject is asked to identify which of these adults he or she feels closest to. If the subject says something like "I feel closest to both of them," "Neither," "I can't choose," or "I don't know," read the probe "Which of these people took care of you the most in the last 12 months?" If the subject is still unable to choose, enter the letter closest to the beginning of the alphabet. In this example, you would enter A. The software does not accept a response of "don't know" for this question.

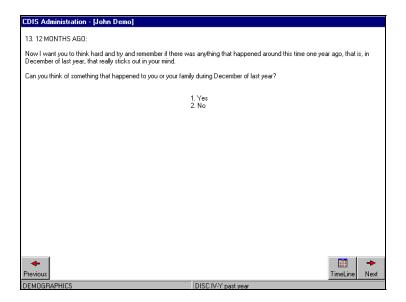
12OTHER. Subjects who identify an adult not on the list in question 12 are asked to specify who that person is.

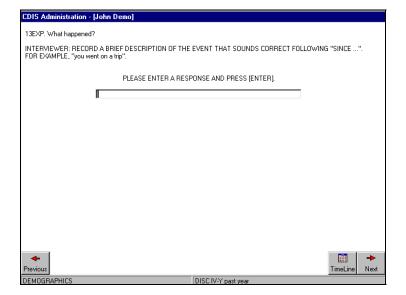




INTRO2. This is the first screen which introduces the concept of the timeline. You may want to paraphrase the first sentence slightly to read "... I am going to ask you to do something that some people find really hard."

INTRO2B. Show the subject the laminated "Current Year Timeline." Point to the current month, which you will have pre-filled prior to the start of interview. Mark the subject's birthday on the timeline next to the appropriate month.





13-13D. Questions 13-13D are used to identify significant events that occurred <u>one year</u> ago.

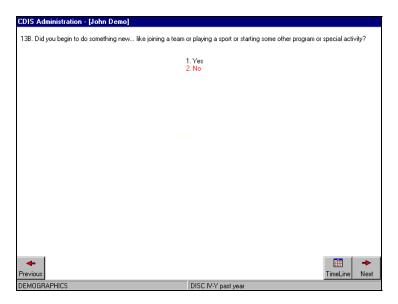
If, during the course of the interview, the subject has already identified an event that occurred 12 months ago, enter "1" in question 13 and type in the event in question 13EXP.

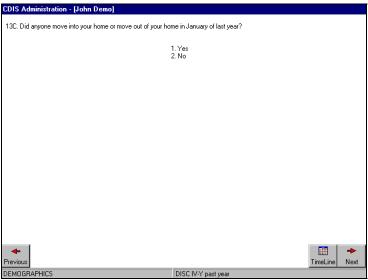
Subjects who have not already indicated an event are asked a series of probe questions to assist them in identifying an event. As soon as the subject responds affirmatively, the program prompts for "What happened" and then proceeds to question 14.

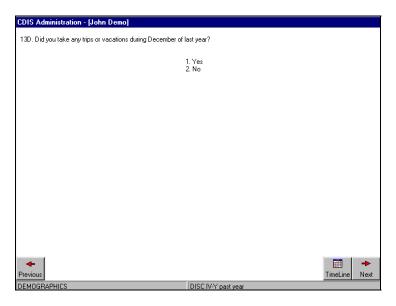
Some subjects may be unable to identify a significant event using the structured probes. When this happens you can probe for other events based on what the subject has already told you. For example, if the subject previously indicated that he/she has siblings, you might prompt for whether any of them celebrated a birthday. Alternatively, depending upon the time of year, you may probe for holidays, school vacations, etc.

13EXP. Type in a description of the event. Because the typed description will be used as a fill in subsequent questions, it is important to describe the event using language that sounds correct following "since...". Try to keep the description relatively short.

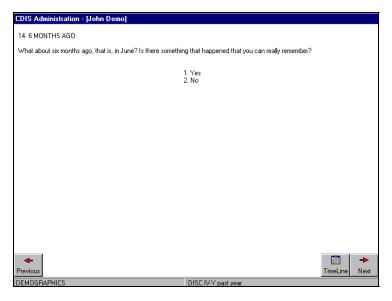
Enter the event next to the appropriate month on the laminated timeline.

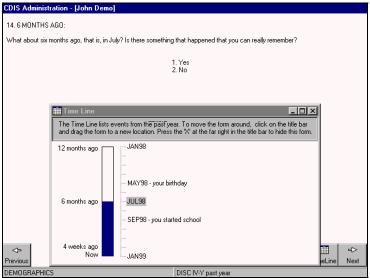


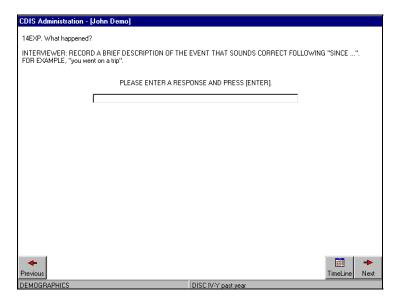




13-13D. Continued.

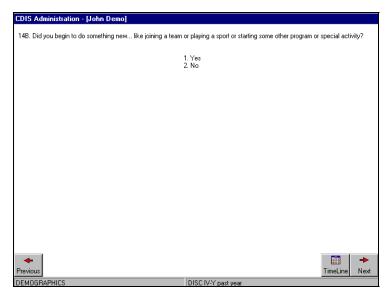


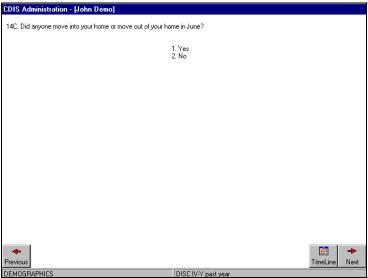


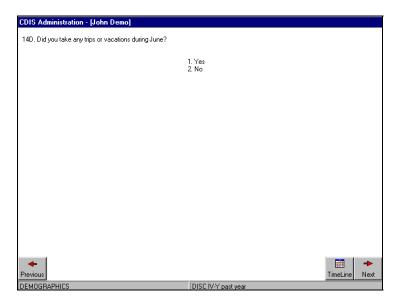


- Questions 14-14D and 14EXP are used to identify significant events that occurred <u>6 months</u> ago. Except for the different time frame they are identical to questions 13-13D and 13EXP.

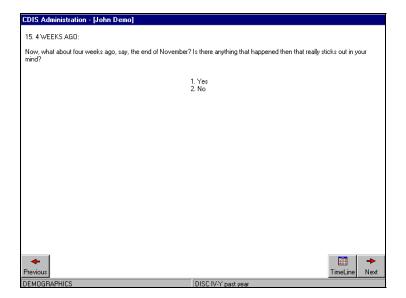
  Refer to the specifications for administering questions 13-13D and 13EXP.
- 14. A pop-up screen that displays the current year timeline is first displayed at question 14. The timeline is updated during administration of the introductory module as new events are elicited from the respondent. The on screen timeline is intended as an interviewer tool in completing the laminated timeline and in administering the interview. You can close it at any time by clicking on the "X" in the upper right hand corner of the pop-up screen. The software program automatically displays the timeline during the introductory module whenever you begin a series of questions about the next time period. It also displays the timeline at the beginning of each new module.

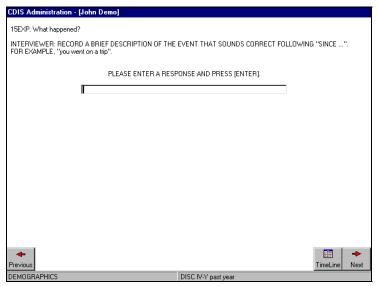






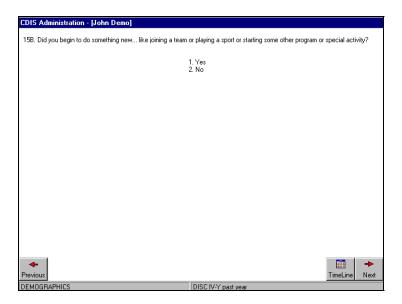
14-14D. Continued.

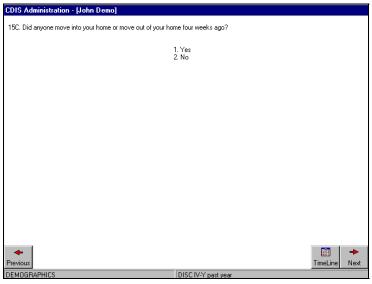


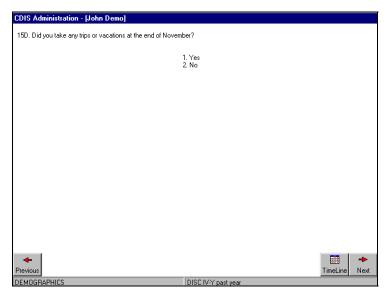


15-15D, Questions 15-15D and 15EXP are used to identify significant events that occurred <u>4 weeks</u>

15EXP. ago. Refer to the specifications for administering questions 13-13D and 13EXP.

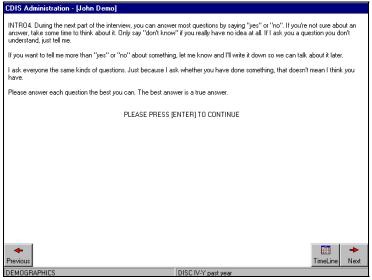


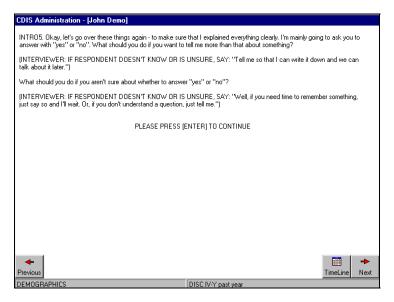




15-15D. Continued.

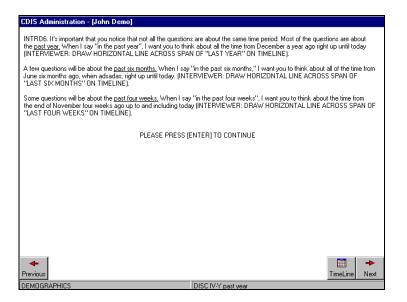






INTRO3. If you have not already done so be sure to complete the laminated Timeline. If the structured questions and probing were unsuccessful in obtaining a significant event associated with each of the time periods (12 months ago, 6 months ago, and 4 weeks ago), you may need to probe further at this point.

INTRO4-7. These introductory screens explain how the interview is structured and "train" the subject in the rules of the interview. You should learn the content of the screens so that you can convey the information in a conversational tone, referring to your screen only briefly if necessary.





INTRO4-7. Continued.

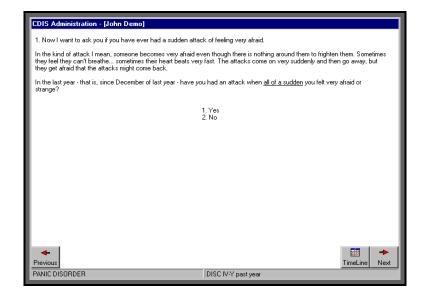
INTRO6. Draw horizontal lines across the spans of "last year", "last 6 months", and "last 4 weeks" on the timeline. Label the lines with the corresponding time period.

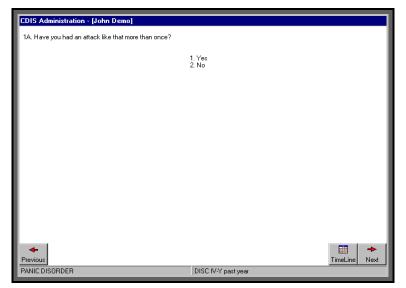
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## 6.3.7 Panic Disorder (Module A4)

The essential feature of panic disorder is the presence of recurrent, unexpected panic attacks, followed by at least a month of worry about having another attack or anxiety about the implications of having them.

A panic attack is a discrete period of intense fear or discomfort that is accompanied by a number of somatic or cognitive symptoms (four symptoms). The attack has a sudden onset and builds to a peak rapidly (in 10 minutes or less) and is often accompanied by a sense of impending doom and urge to escape. Panic attacks can occur in the context of several different anxiety disorders. For panic disorder, the attacks must be unexpected.

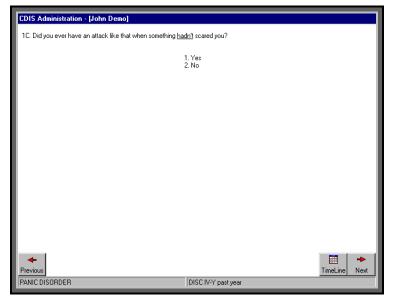




1. Respondents who answer "no" skip to question 2.

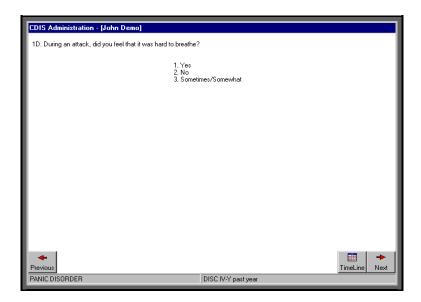
1A. Respondents who answer "no" skip to question 2.

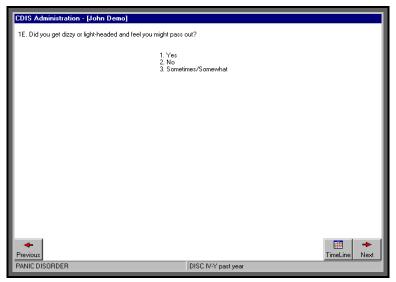


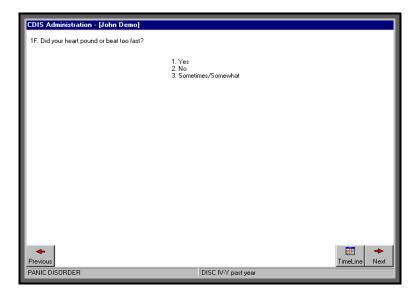


1B.	Respondents	who anewer	"no"	ckin to	question 1D
1D.	respondents	who answer	ш	SMD 10	uucsuun 1D.

1C. Respondents who answer "no" skip to question 2.



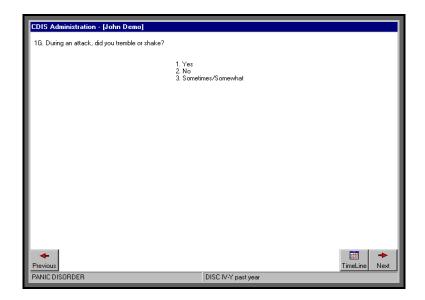


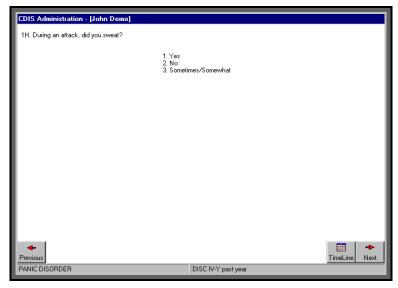


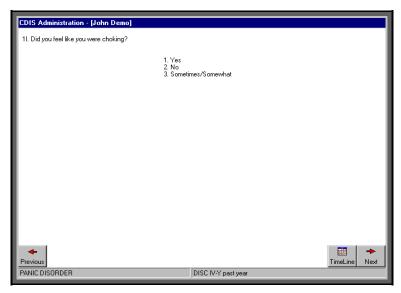
- 1D-1R. This series of questions is asked only of those subjects who in the past year met the following conditions:
  - Had more than one sudden attack of feeling very afraid; AND
  - At least 1 attack DID NOT occur as a result of having seen or heard something that scared them.

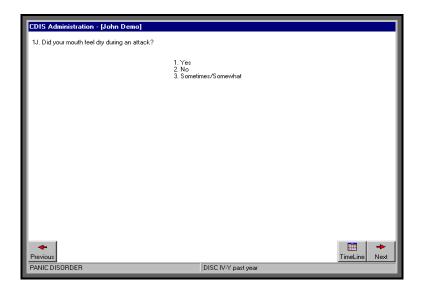
Note that "sometimes/somewhat" (code "1") is a valid response category for these questions.

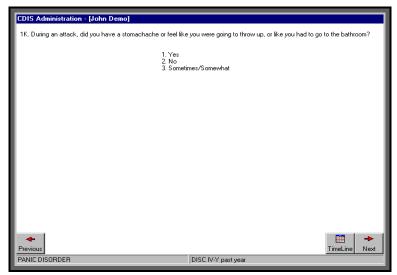
Subjects with less than two responses of "yes" or "sometimes" to this series of questions skip to the next module, Generalized Anxiety Disorder.





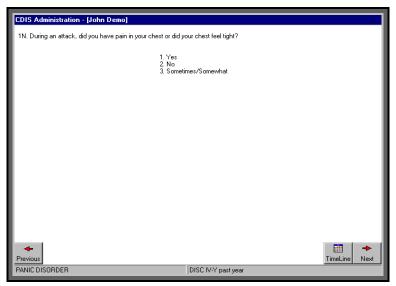




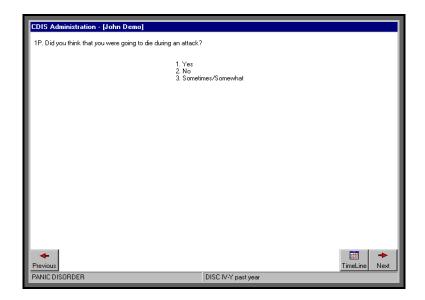


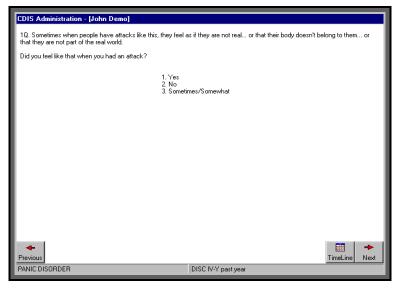


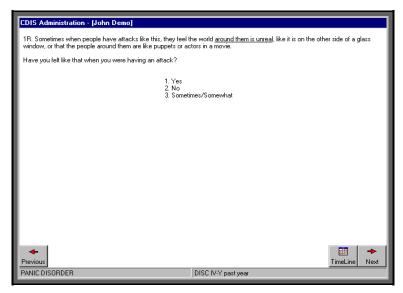


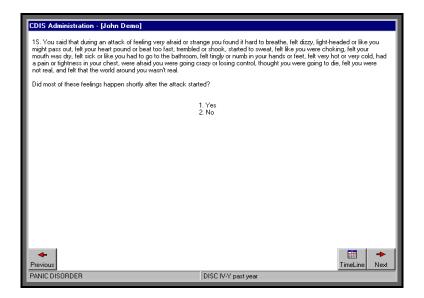


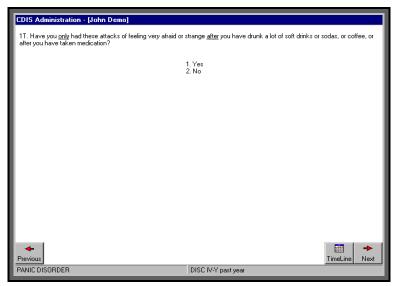


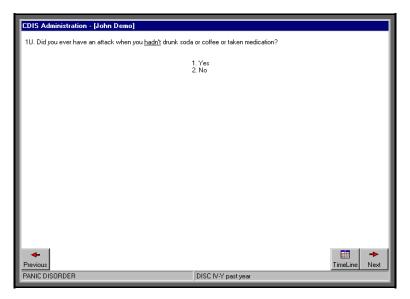




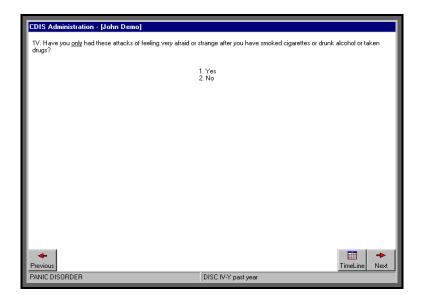


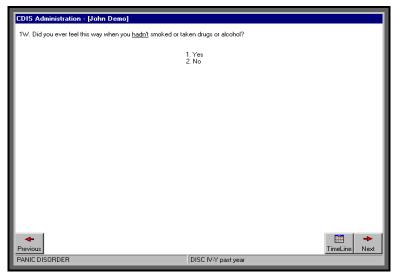


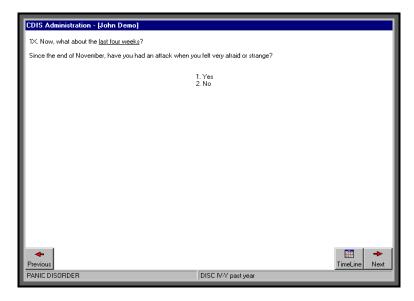




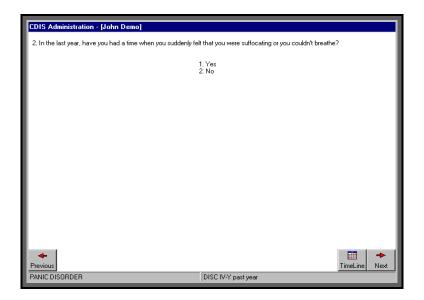
1S.	The program automatically fills in the symptoms endorsed in 1D-1R. In the example, the subject responded affirmatively to all of the symptoms in the previous questions. It is unlikely that you will encounter this situation very often.
1T.	Subjects who respond "no" skip to question 1V.
1U.	Respondents who answer "no" skip to the next module.

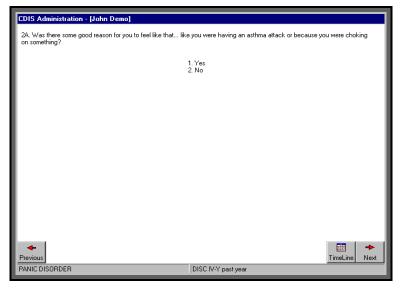


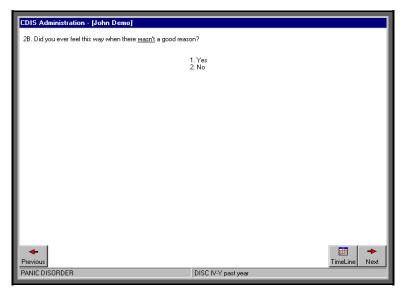




1V.	Subjects who respond "no" skip to question 1X.					
1777						
1W.	Respondents who answer "no" skip to the next module, Generalized Anxiety Disorder.					
1X.	All subjects who are asked this question skip to question 4, regardless of their response to					
	1X.					
1X.						

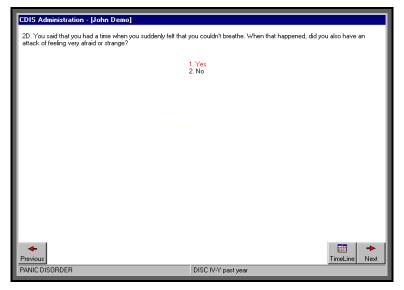






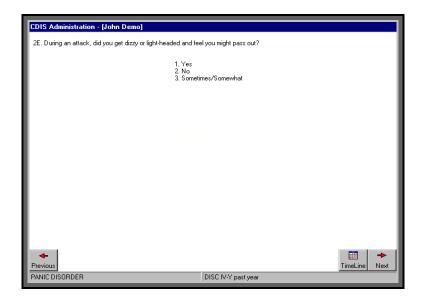
2.	This question is asked only of subjects who in the past year have not had a sudden attack of feeling very afraid or, if they experienced such an attack, it was as the result of hearing of seeing something that scared them.
	Subjects who respond "no" skip to question 3.
2A.	Respondents who answer "no" skip to 2C.
2B.	Respondents who answer "no" skip to question 3.

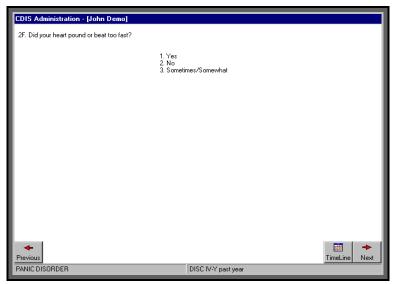


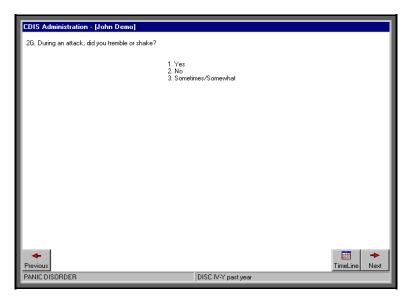


2C. Respondents who answer "no" skip to question 3.

2D. Subjects who respond "no" skip to question 3.



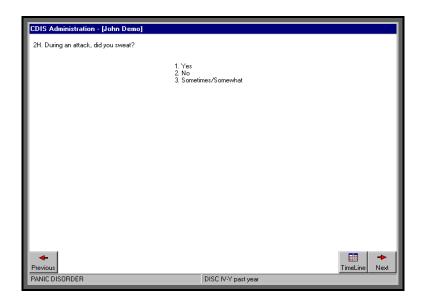


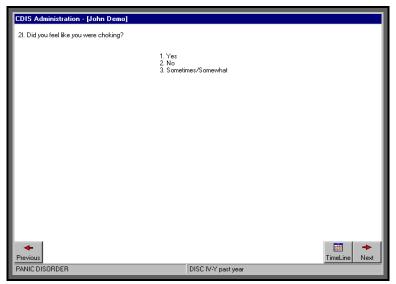


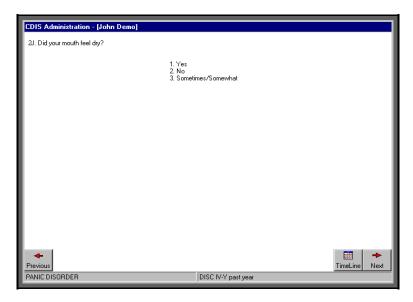
- 2E-2R. This series of questions is asked only of subjects who in the past year have met the following conditions:
  - Have had more than one attack when they suddenly felt they couldn't breathe; AND
  - Reported that there was no good reason for the attacks; AND
  - Reported that the attacks occurred at the same time they had an attack of feeling very afraid.

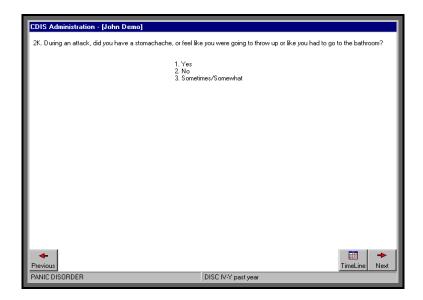
Note that "sometimes/somewhat" (code "1") is a valid response category for these questions.

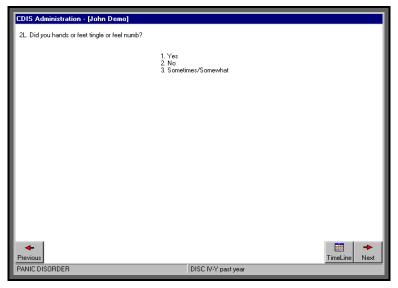
Subjects with less than one response of "yes" or "sometimes" to this series of questions skip to the next module, Generalized Anxiety Disorder.

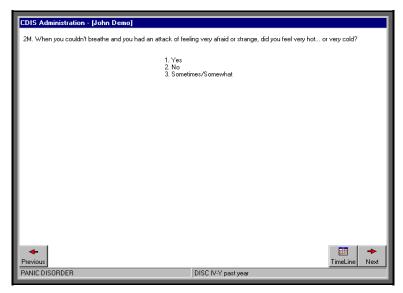


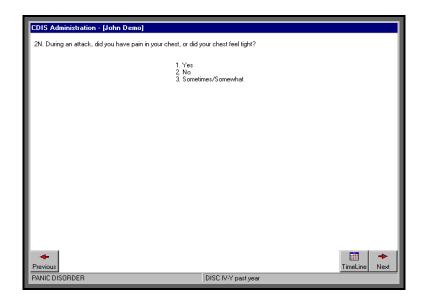


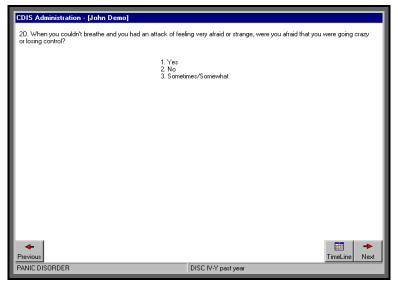


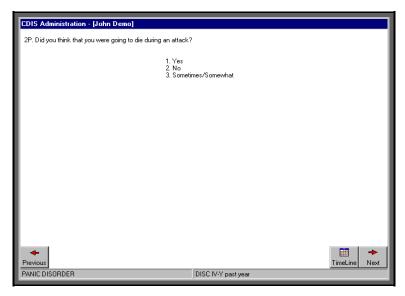


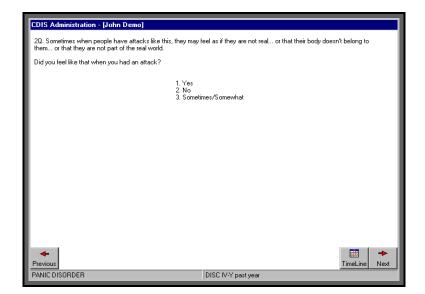


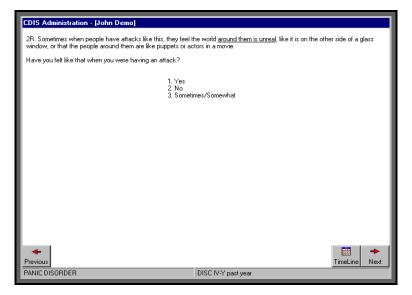


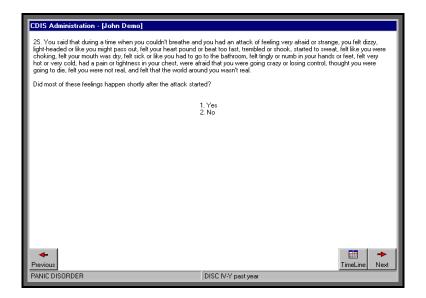


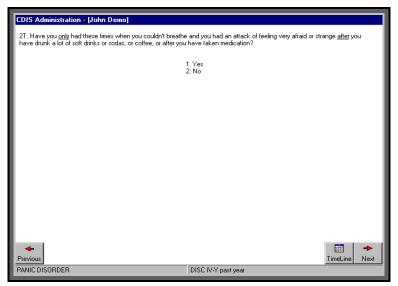


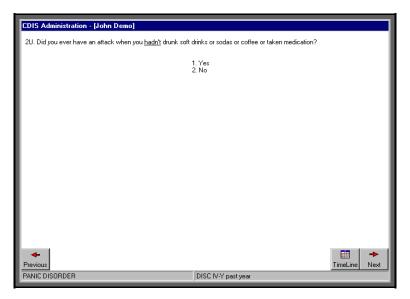




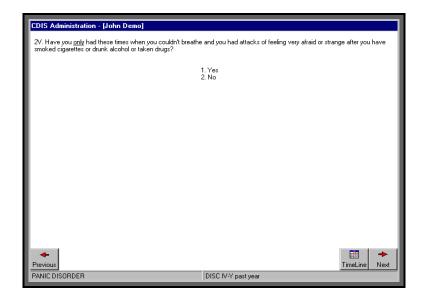


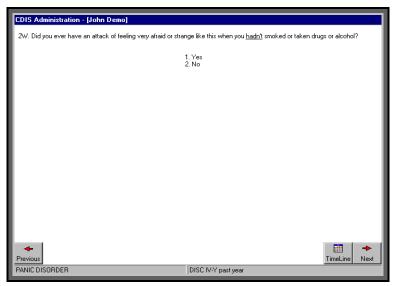






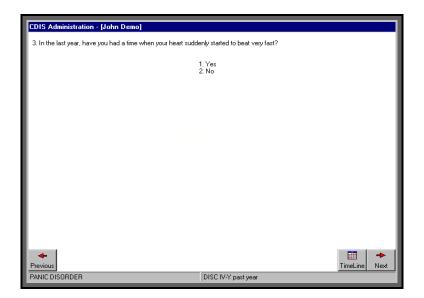
2S.	The program automatically fills in the symptoms endorsed in 2E-2R. In the example, the subject responded affirmatively to all of the symptoms in the previous questions.
2T.	Respondents who answer "no" skip to question 2V.
2U.	Subjects who respond "no" skip to the next module.

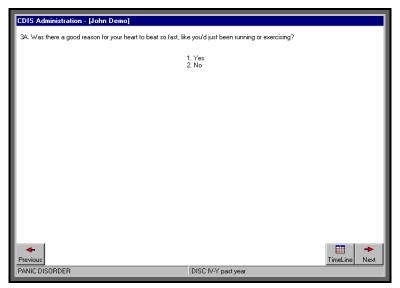


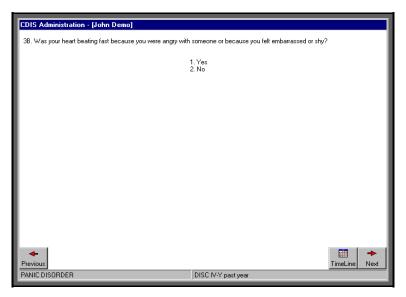




2V.	Respondents who answer "no" skip to question 2X.
2W.	Subjects who respond "no" skip to the next module.
2X.	All subjects who are asked this question skip to question 4, regardless of their response to
	2X.



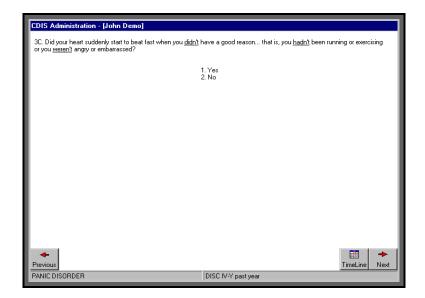


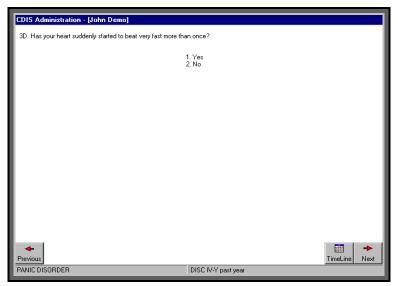


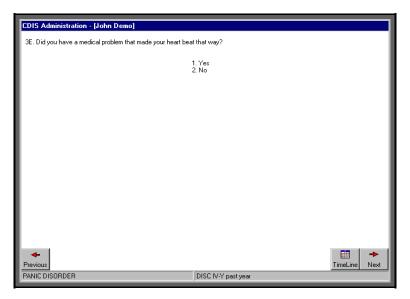
- 3. This question is asked only of persons who in the past year have met the following conditions:
  - Have not experienced a sudden attack of feeling very afraid OR experienced such an attack but only as the result of hearing or seeing something that scared them; AND
  - Have not experienced an attack of being unable to breathe OR experienced an attack of being unable to breathe but only when there was a good reason OR experienced just one attack of being unable to breathe when there was not a good reason for the attack.

Persons who respond "no" to question 3 skip to the next module, Generalized Anxiety Disorder.

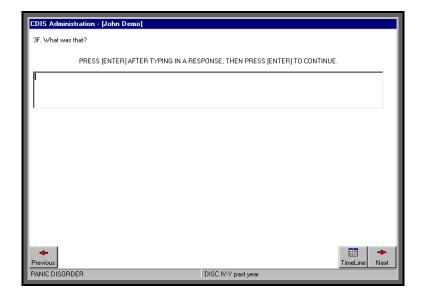
3A-3B. Respondents who do not answer "yes" to either of these questions skip to 3D.

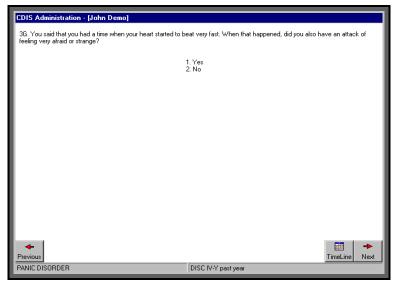




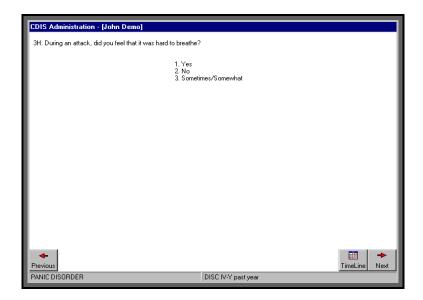


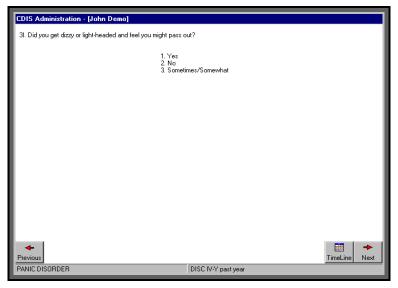
3C.	Subjects who respond "no" skip to the next module.
3D.	Respondents who answer "no" to this question skip to the next module.
3E.	Respondents who answer "no" skip to 3G.

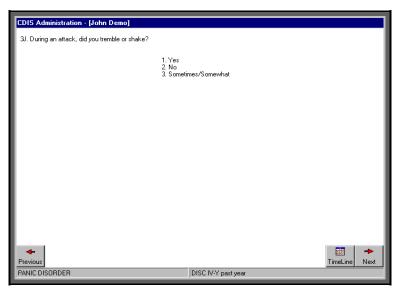




3F.	Type in the description of the medical problem offered by the respondent.				
3G.	Subjects who answer "no" skip to the next module.				



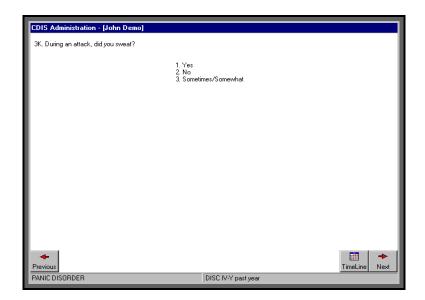


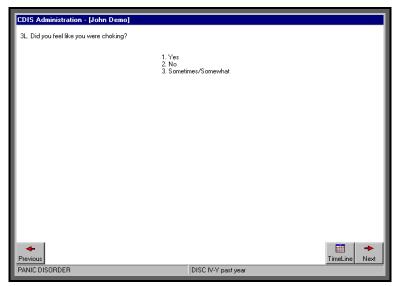


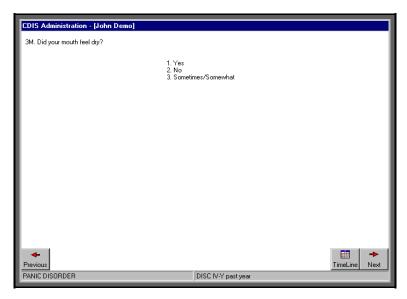
- 3H-3U. This series of questions is asked only of subjects who in the past year have met the following conditions:
  - Have experienced more than one episode of their heart beating very fast that was not the result of a medical problem or other good reason; AND
  - Reported that the attack occurred at the same time they had an attack of feeling very afraid.

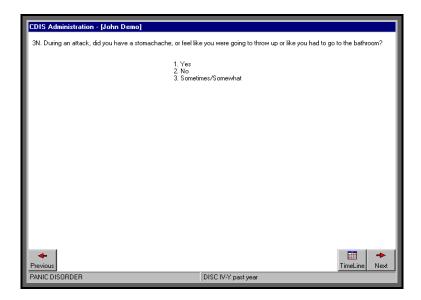
Note that "sometimes/somewhat" is a valid response category for these questions.

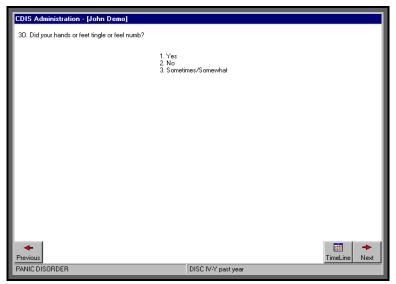
Subjects who <u>do not</u> answer "yes" or "sometimes" to at least one of the questions in this series skip to the next module.



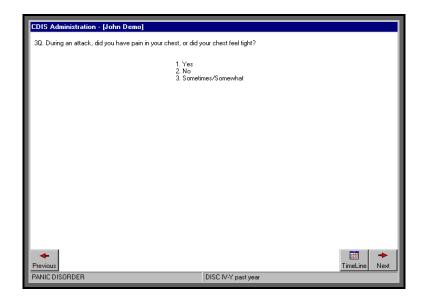




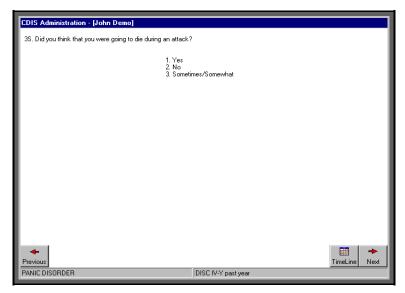


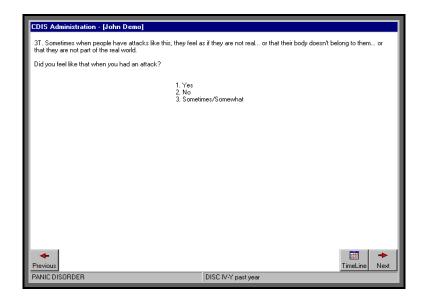


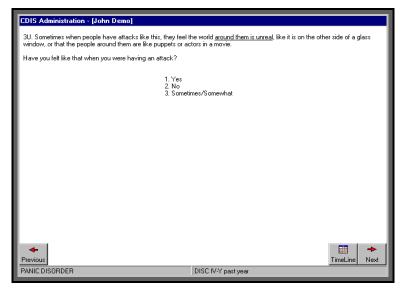


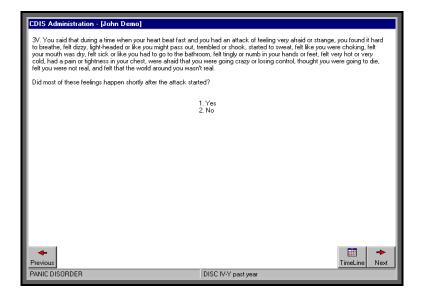


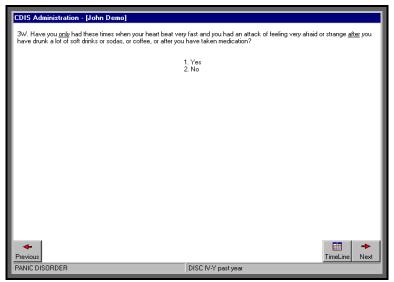


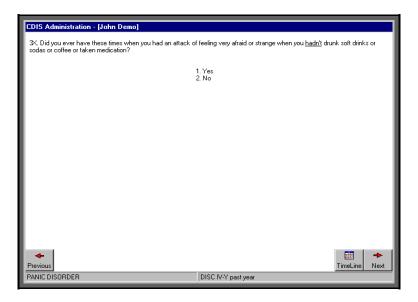




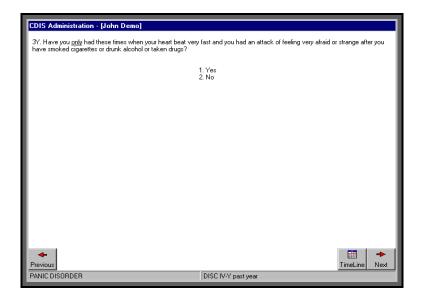


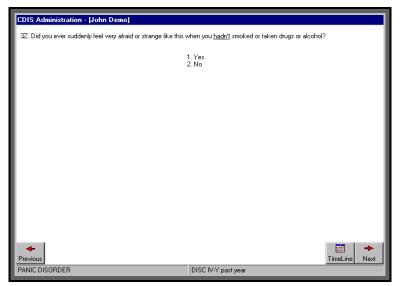


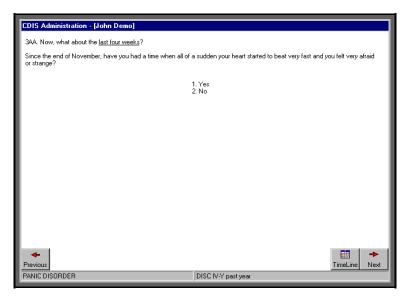




3V.	The program automatically fills in the symptoms reported in 3H-3U. subject endorsed all of the symptoms in the previous questions.	In the example, the	ne
3W.	Subjects who answer "no" skip to question 3Y.		
3X.	Subjects who answer "no" skip to the next module.		



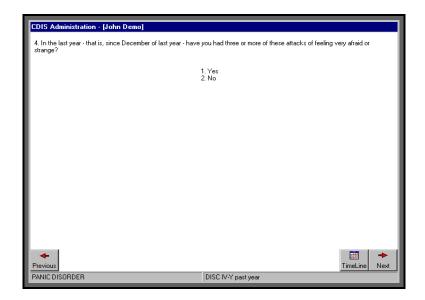




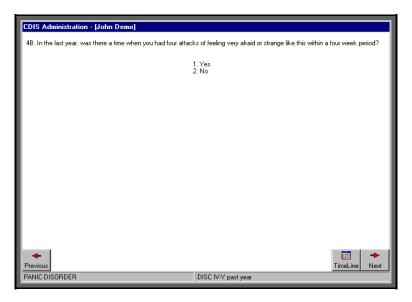
3Y.	Subjects	1		1111	.1-: 4-	. 2 1 1
. J I .	Subjects	wno	answer	no	SKID IC	) 3AA.
U	~ .,	******	***************************************		D111	

3Z. Respondents who answer "no" skip to the next module.

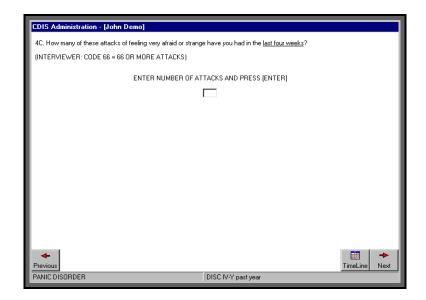
3AA.

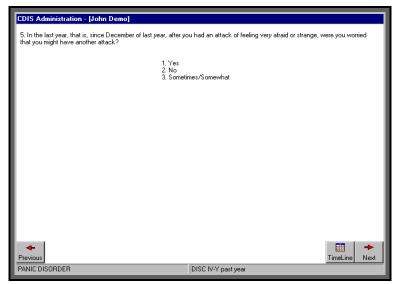


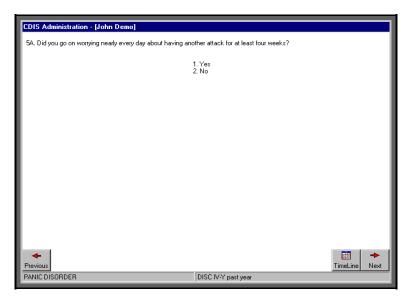




4.	Subjects who answer "no" skip to question 5.
4A.	Respondents who report fewer than 4 attacks in the past year skip to 4C.
4B.	This question is asked only of subjects who report having had at least 4 attacks in the past year.



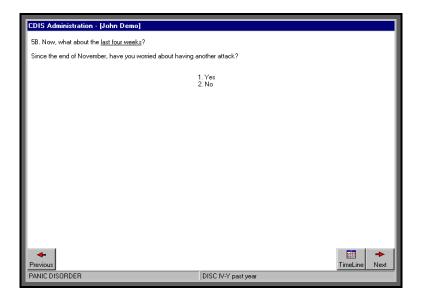


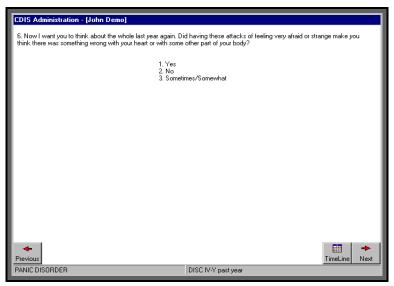


4C.

5. Subjects who answer "no" skip to question 6.

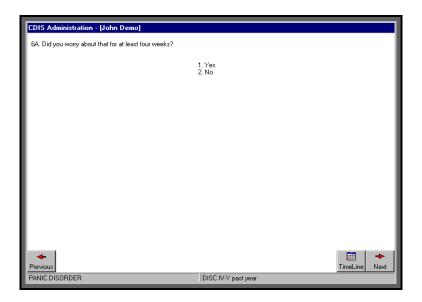
5A. Subjects who respond "no" skip to question 6.

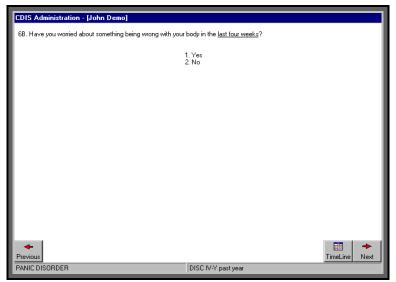






5B.	
6.	Note the two versions of this question. The introductory sentence "Now I want you to think about the whole last year again" is only read to subjects who were asked 5B.
	Respondents who answer "no" skip to question 7.
6.	(continued)



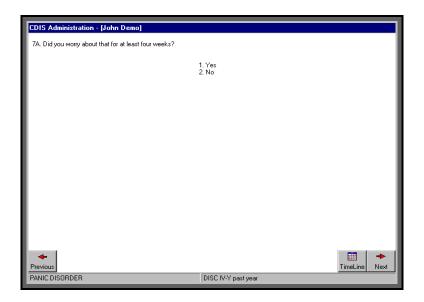


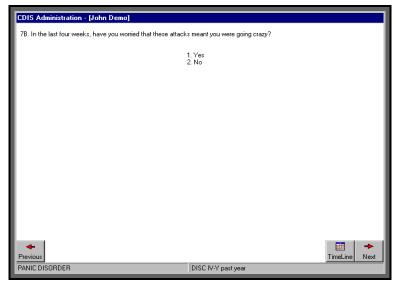


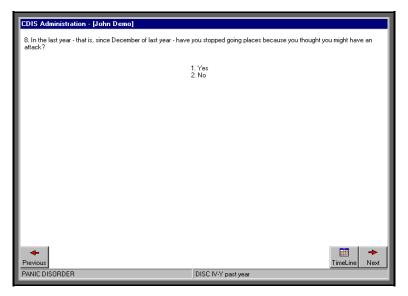
- A	0.1.	1	11 11 1	
6A.	Subjects w	vno answer	"no" ck	ip to question 7.
0/1.	Dublects v	viio aliswei	IIO SK	ib io duesiion /.

6B.

7. Respondents who answer "no" skip to question 8.



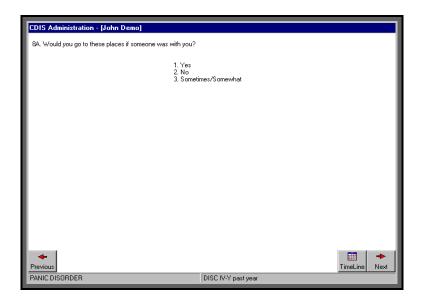


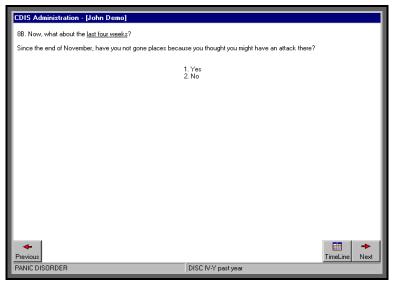


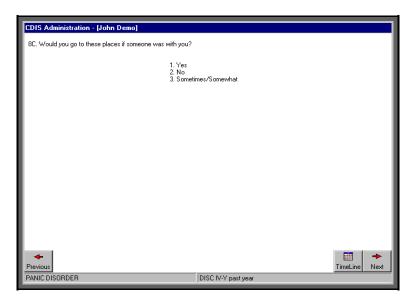
7A.	Subjects who respond "no" skip to question 8.

7B.

8. Respondents who answer "no" skip to question 9.





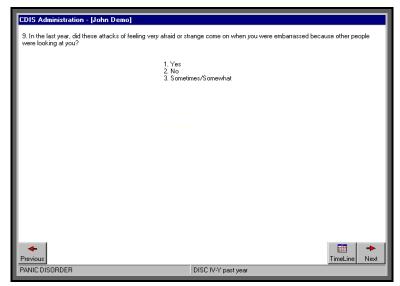


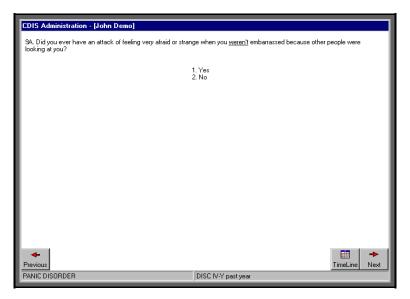
8A.

8B. Subjects who respond "no" skip to question 9.

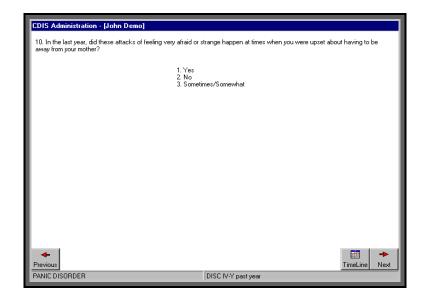
8C.

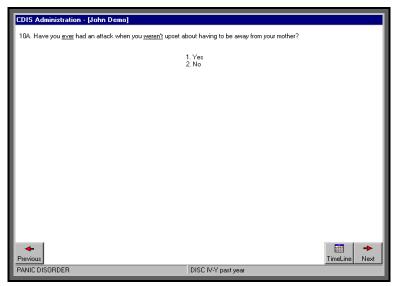






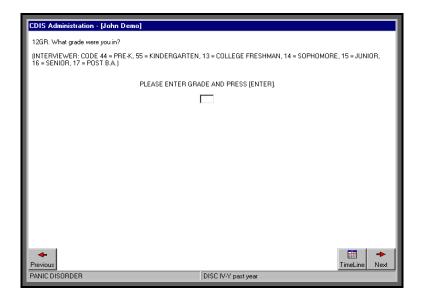
9.	Note the two versions of this question. The introductory sentence "Now I want you to think about the whole last year again" is only read to subjects who were asked 8B.
	Subjects who answer "no" skip to question 10.
0	
9.	(continued)
9A.	

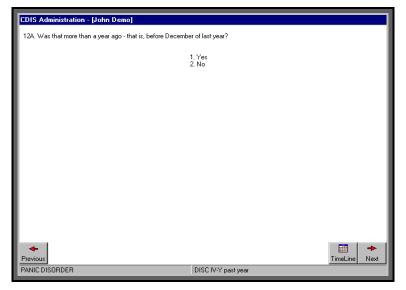




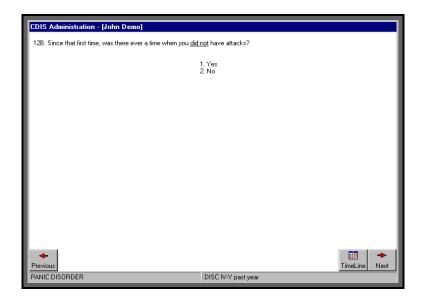


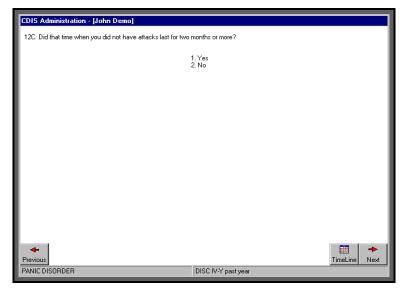
10.	The computer program automatically fills in the appropriate "attachment figure" as determined in the introductory module.
	Subjects who respond "no" skip to question 12.
10A.	
12.	Note that the program automatically skips from question 10 to question 12. Question 11 refers to information collected in the Specific Phobia module which is not administered in NHANES.





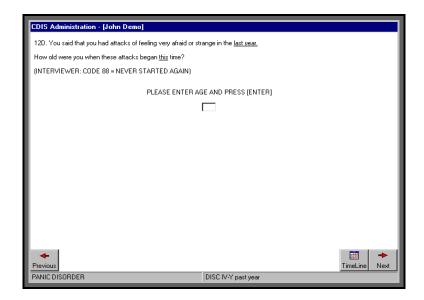
12GR.	This question is only asked of subjects who are unable to provide an age in question 12.
12A.	This question is asked only if the age/grade reported in questions 12 or 12GR is the subject's current age/grade minus one.  Subjects who answer "no" skip to question 13.

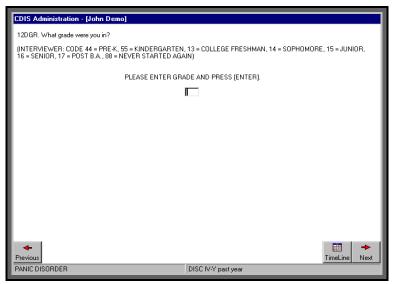


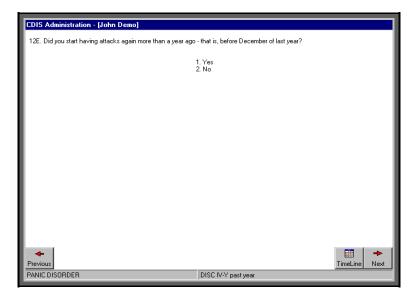


12B-12C.	These questions are not asked of subject's who reported their current age/grade in questions 12 or 12GR.
12B.	Subjects who respond "no" skip to question 13.

12C. Respondents who answer "no" skip to question 13.

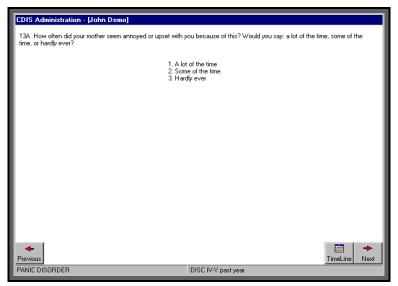






12D.	
12DGR.	This question is only asked of subjects who are unable to provide an age in question 12D.
22 511	
12E.	This question is asked only if the age/grade reported in questions 12D or 12DGR is the subject's current age/grade minus one.





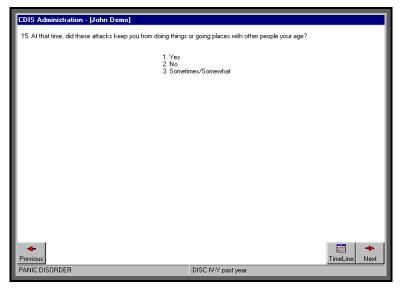


	Subjects who respond "no" skip to question 14.
13A.	
14.	Respondents who answer "no" skip to question 15.

This is the first question in the series of items used to determine impairment.

13.



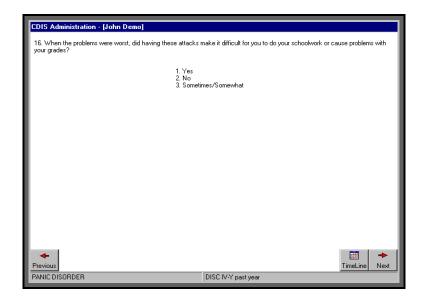


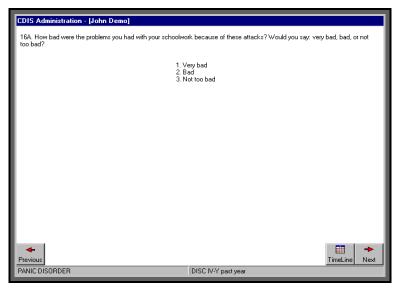


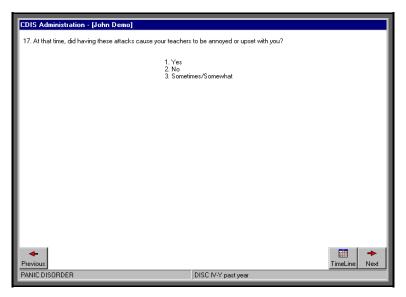
14A.

15. Subjects who answer "no" skip to question 16.

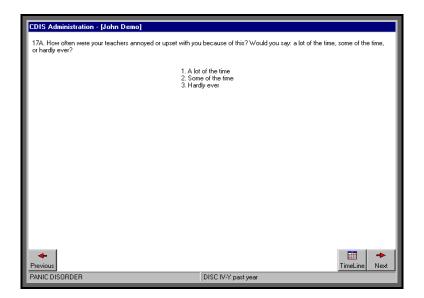
15A.

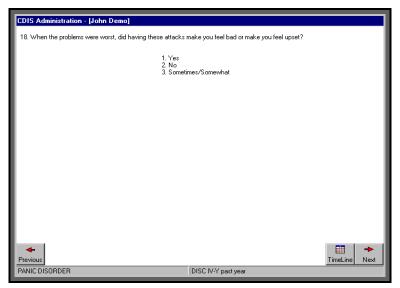


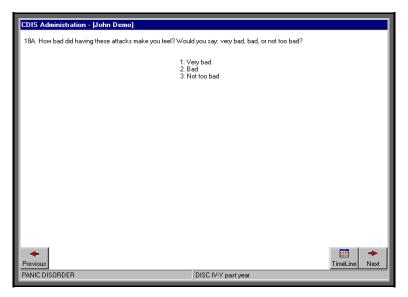




16-17.	These questions are asked only of those subjects who either attended school or worked in the last year.
16.	Respondents who answer "no" skip to question 17.
16A.	
17.	Subjects who answer "no" skip to question 18.



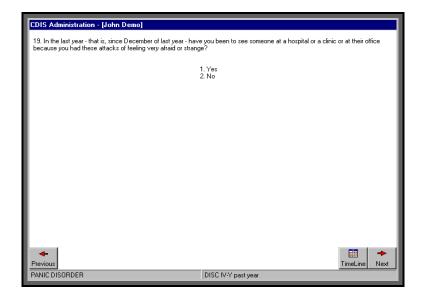


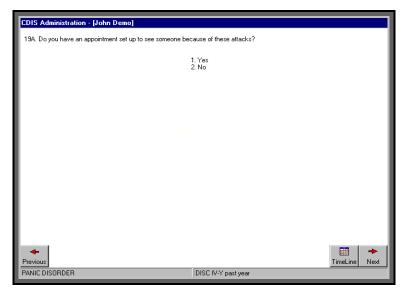


17A.

18. Subjects who respond "no" skip to question 19.

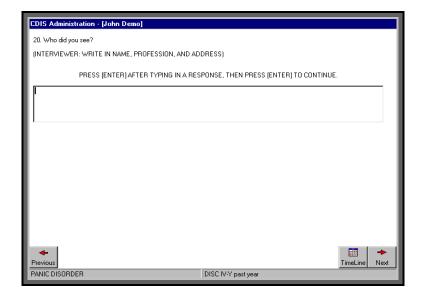
18A.

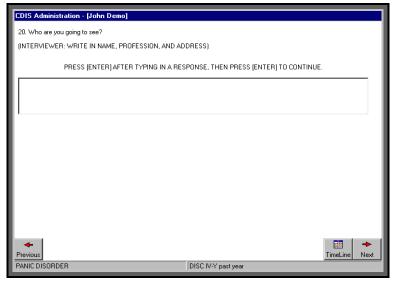


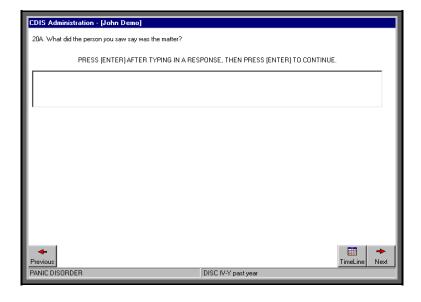


19. Subjects who answer "yes" skip to question 20.

19A. Subjects who answer "no" skip to question 21.





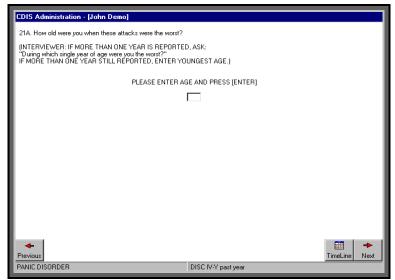


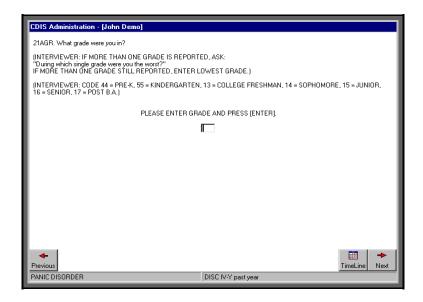
20.	This is the first of two questions in this module that collect "optional" information. This
	question collects information that is considered extremely confidential and not necessary to
	meet NHANES research objectives. THEREFORE, DO NOT ASK THIS QUESTION.
	Type "NA" and press the enter key to proceed to the next question.
	Note the two separate versions of this question depending upon the subject's responses to questions 19 or 19A.

20. (continued)

20A. This is the second optional question. **AS WITH QUESTION 20, DO NOT ASK THIS QUESTION.** Type "NA" and press the enter key to proceed to the next question.







21.	Respondents who answer "no" skip to the next module.
21.4	
21A.	If the subject reports multiple ages, read the probe provided on the screen.
21AGR.	This question is only asked of subjects who are unable to provide an age in question 21A.

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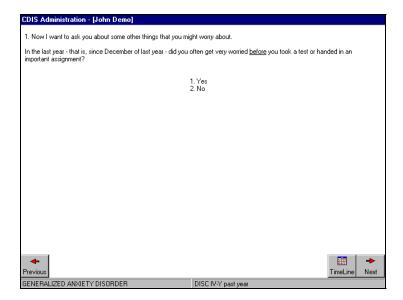
## **6.3.8** Generalized Anxiety Disorder (Module A6)

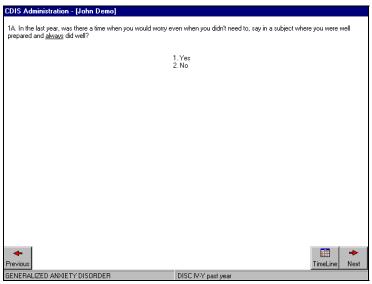
The essential feature of generalized anxiety disorder is an excessive anxiety and worry about a number of different things. These youth worry about things they have no reason to worry about or worry much more than they need to and find it difficult to keep from worrying. When they are anxious, they also have physical symptoms.

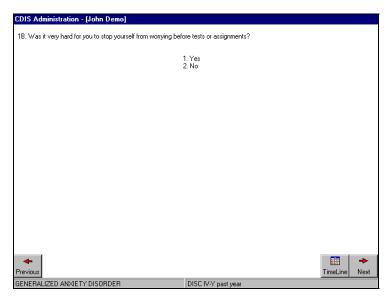
Examples of worries may include the following:

- 1. Anxiety about tests;
- 2. Worrying about doing things well; and
- 3. Anxiety about health.

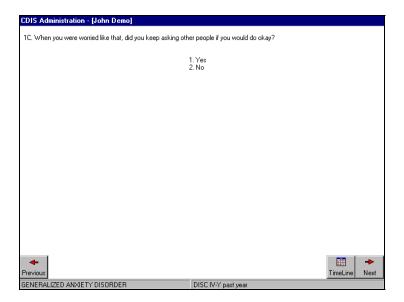
The disturbance must be present on most days for 6 months and cause distress or impairment.

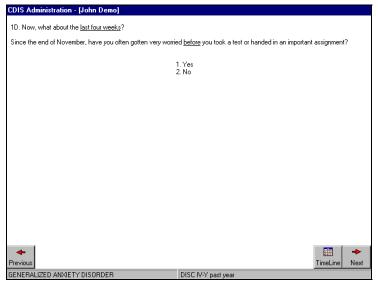




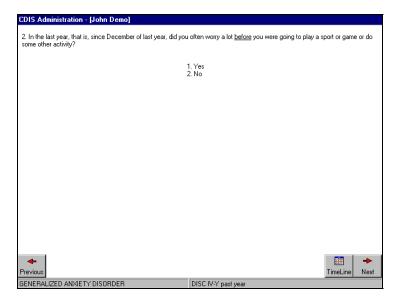


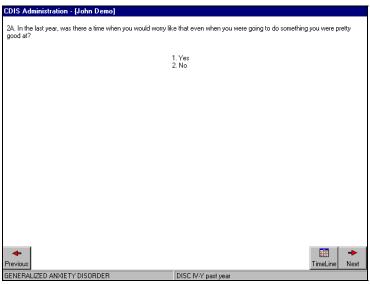
1.	Subjects who did not attend school or work in the last year are not asked this question				
	Respondents who answer "no" skip to Question 2.				
1A-B.	Subjects who do not answer "yes" to either 1A or 1B skip to Question 2.				
1B.					

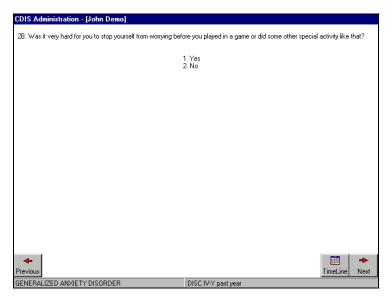




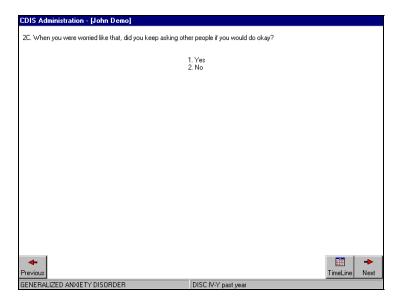
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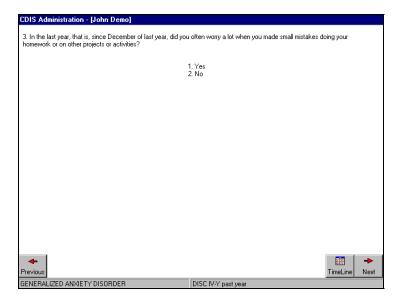


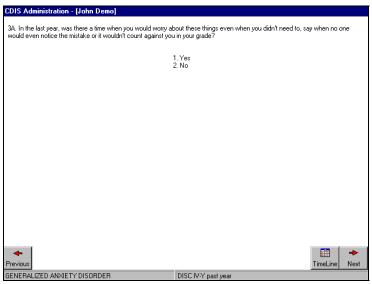


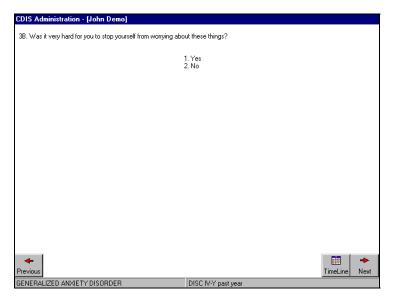
2.	Respondents who answer "no" skip to question 3.
2A-B.	Subjects who do not answer "yes" to either 2A or 2B skip to Question 3.
	Respondents who answer "no" skip to Question 4.



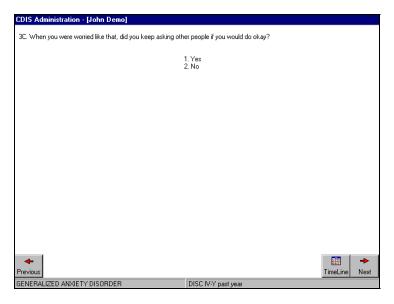


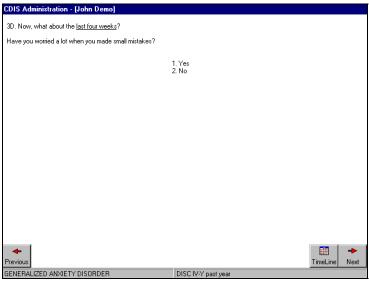


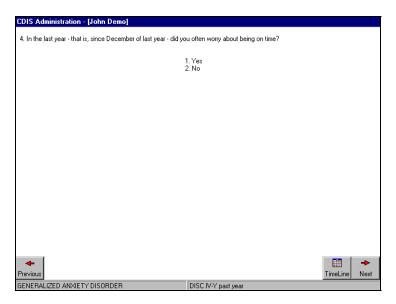


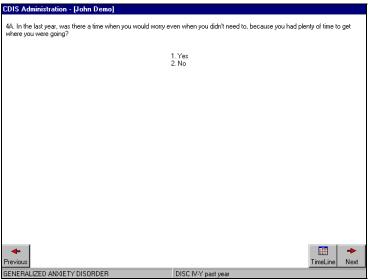


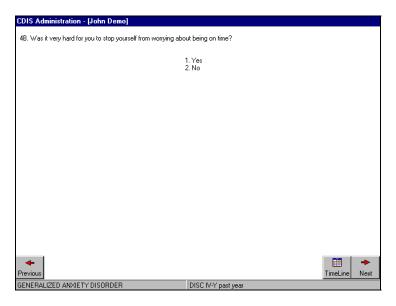
3.	Respondents who answer "no" skip to question 4.						
3A-B.	Subjects who do not answer "yes" to either 3A or 3B skip to Question 4.						



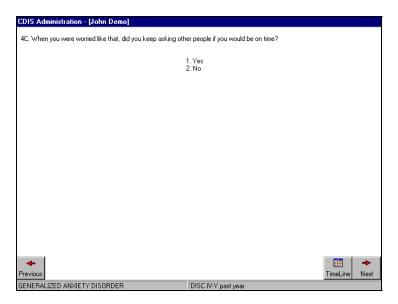


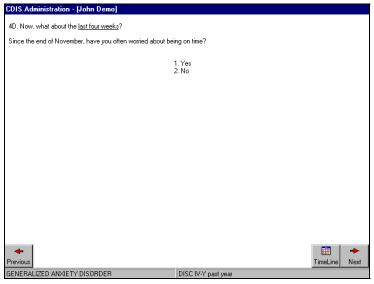


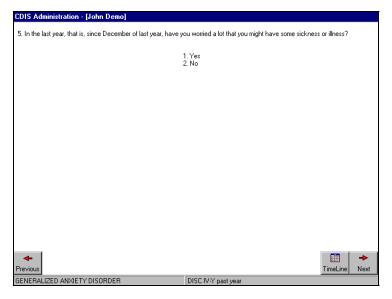


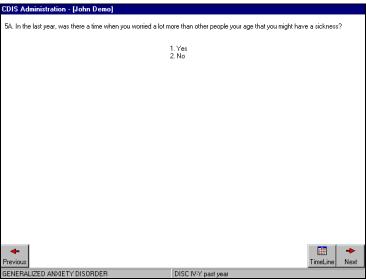


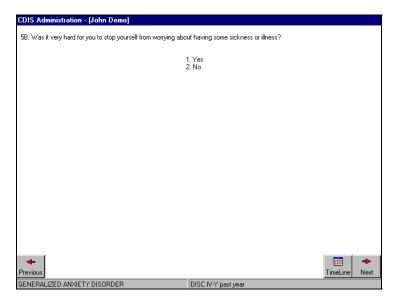
4.	Respondents who answer "no" skip to question 5.
4A-B.	Respondents who do not answer "yes" to either 4A or 4B skip to Question 5.



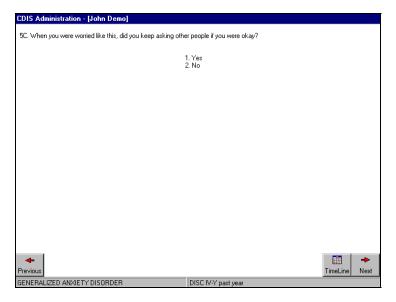


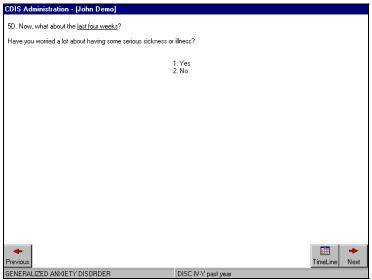


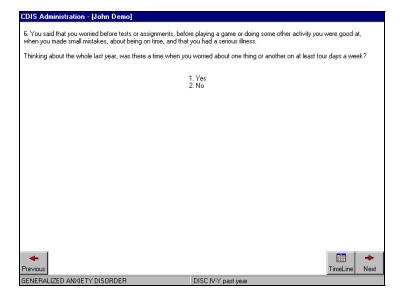


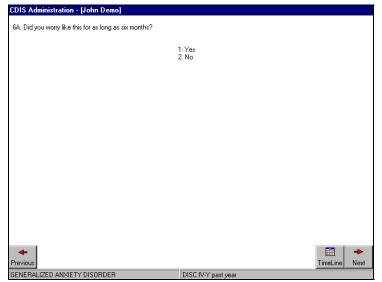


5.	Respondents who answer "no" skip to question 6.					
5A-B.	Subjects who do not respond "yes" to either 5A or 5B skip to Question 6.					







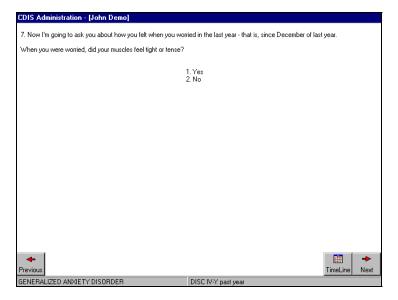


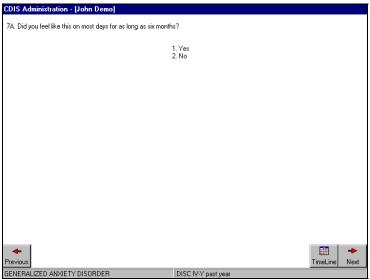
6-22.	This series of questions is asked of only those respondents who endorse one or more of the
	symptoms in questions 1A, 1B, 2A, 2B, 3A, 3B, 4A, 4B, 5A, or 5B.

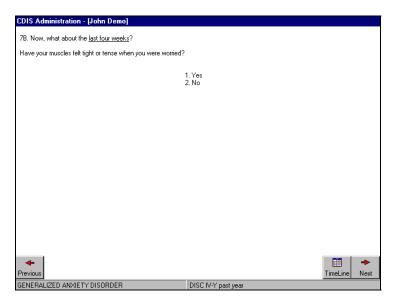
6. The computer program automatically fills in the symptoms endorsed in questions 1-5.

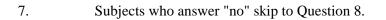
Respondents who answer "no" skip to Question 23.

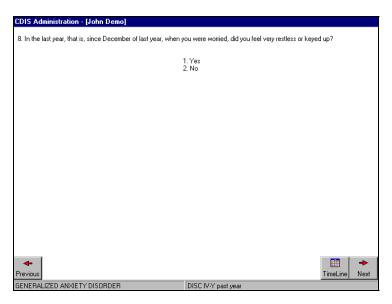
6A.

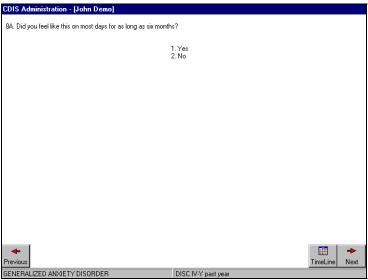


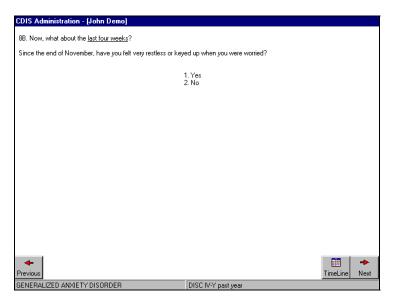




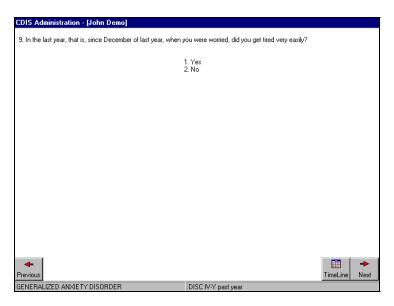


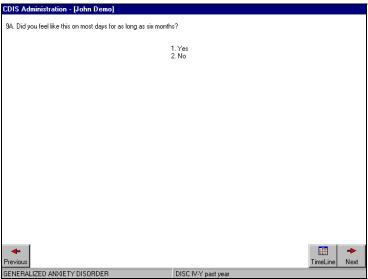


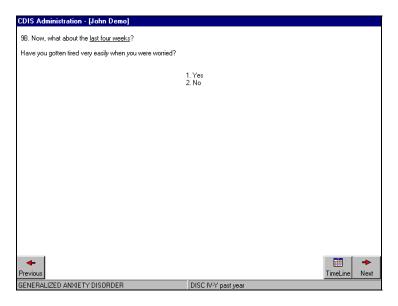




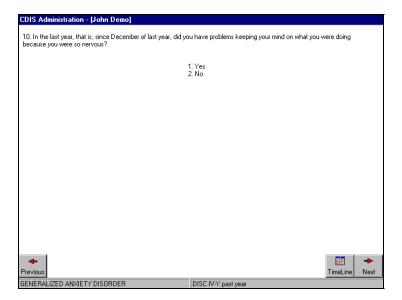
8A. Respondents who answer "no" skip to Question 9.

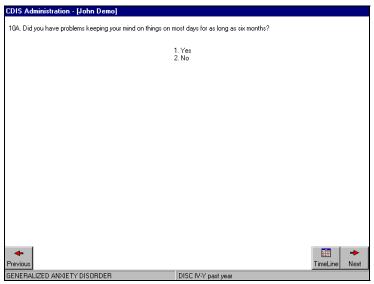


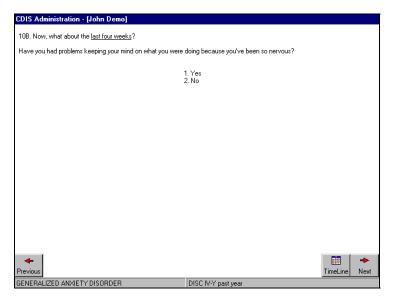




0	Subjects	who rec	nond "no"	ckin to	Ougstion	10
9.	Subjects	who res	pond "no"	skip to	Question	10.

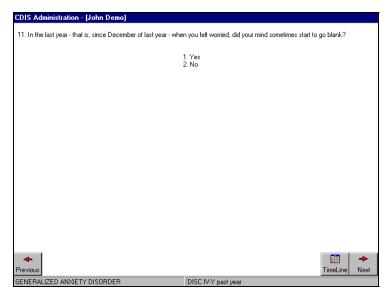


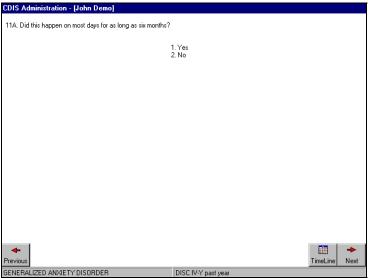


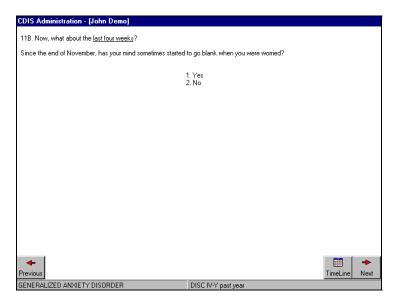


10. Respondents who answer "no" skip to Question 11.

10A. Subjects who respond "no" skip to Question 11.

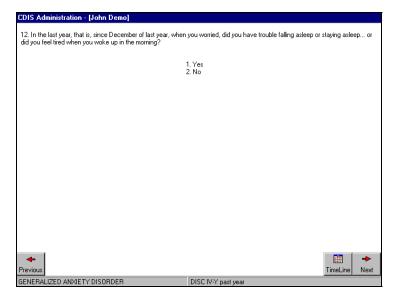


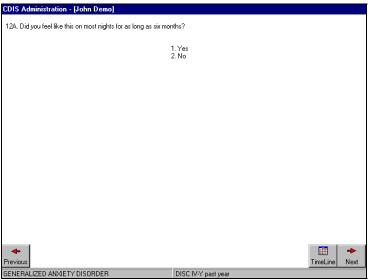


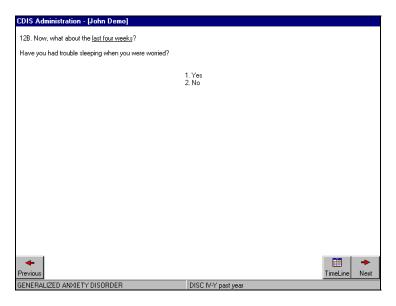


11. Respondents who answer "no" skip to Question 12.

11A. Subjects who respond "no" skip to Question 12.

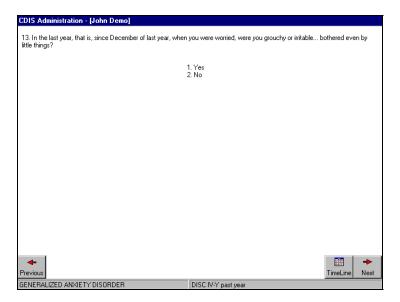


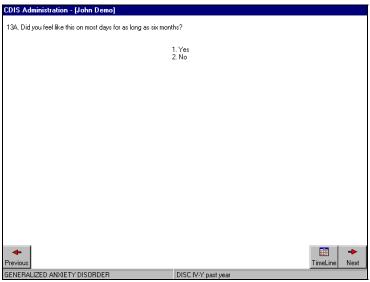


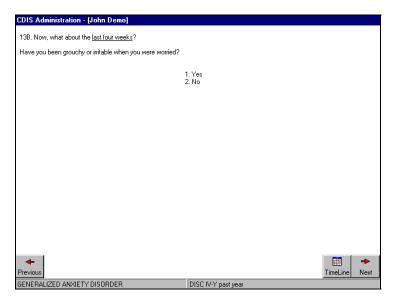


12. Subjects who answer "no" skip to Question 13.

12A. Respondents who answer "no" skip to Question 13.

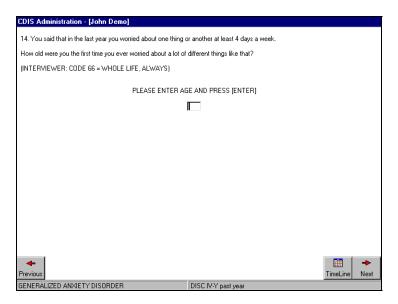


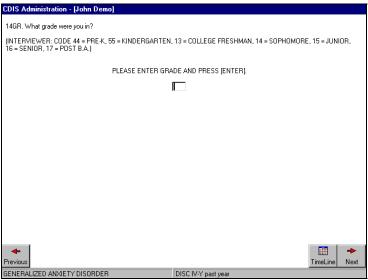


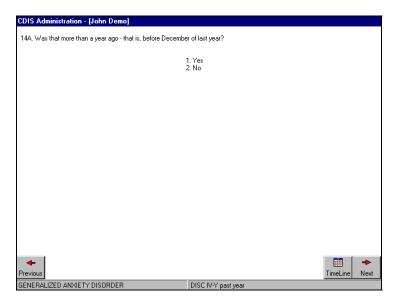


13. Subjects who respond "no" skip to Question 14.

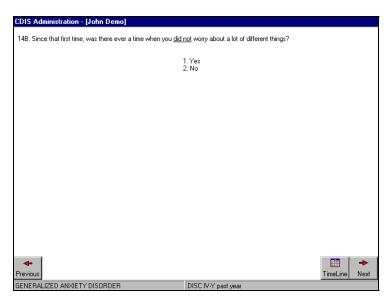
13A. Subjects who answer "no" skip to Question 14.

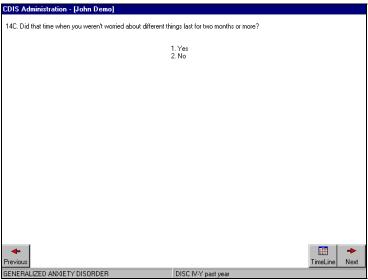


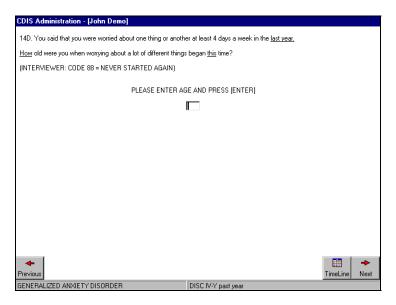




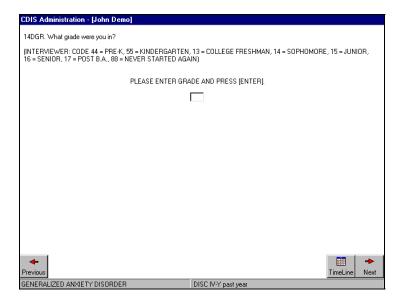
14-22.	This series of questions is asked of only those persons who respond affirmatively to either 10A or 11A AND to one of the following questions: 7A, 8A, 9A, 12A, 13A.
14GR.	This question is asked of only those subjects who are unable to report an age in Question 14.
14 <b>A</b> .	This question is asked only if the age/grade reported in questions 14 or 14GR is the subject's
	current age/grade minus one.  Subjects who answer "no" skip to Question 15.

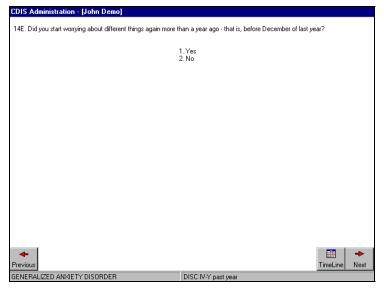




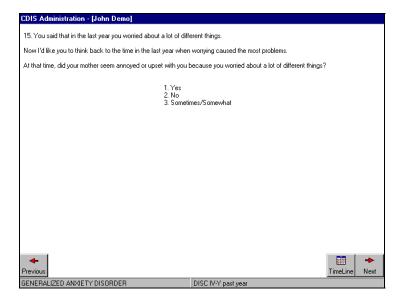


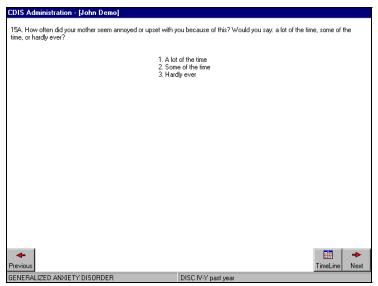
14B-D.	These questions are not asked of subjects who reported their current age/grade in question 14 or 14GR.
14B.	Respondents who answer "no" skip to Question 15.
14C.	Subjects who answer "no" skip to Question 15.
14D.	



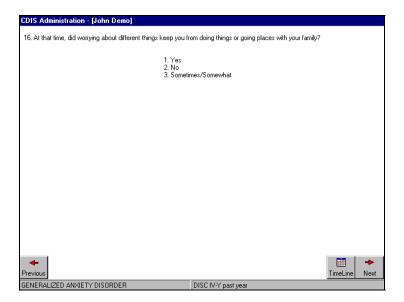


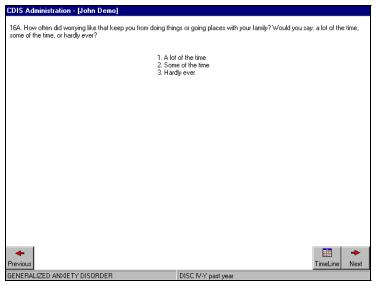
14DGR.	This question is only asked of subjects who are unable to provide an age in Question 14D.
14E.	This question is asked only if the age/grade reported in Questions 14D or 14DGR is the subject's current age/grade minus one.



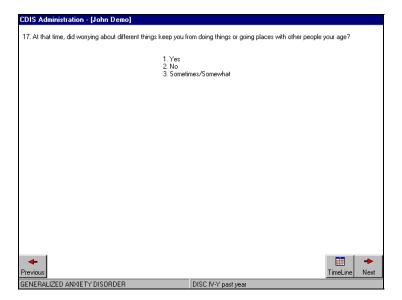


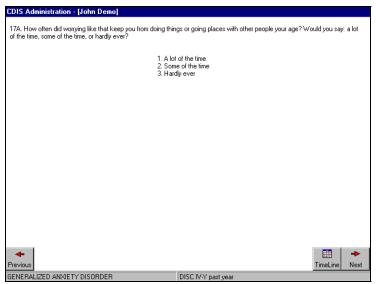
15.	This is the first question in the series of items used to determine impairment for this module
	Respondents who answer "no" skip to Question 16.
15A.	



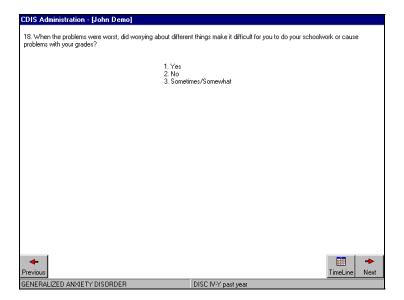


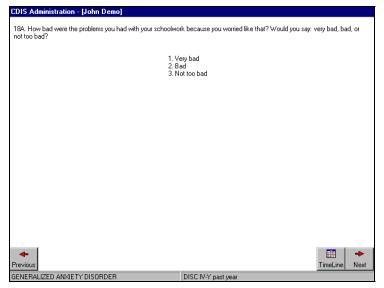
16. Subjects who respond "no" skip to Question 17.





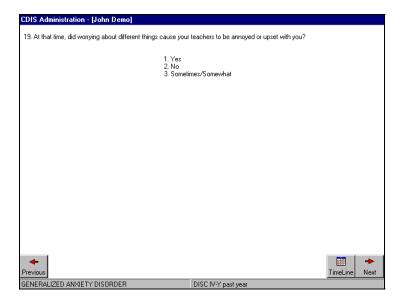
17. Subjects who answer "no" skip to Question 18.

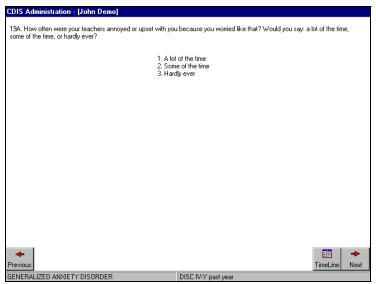




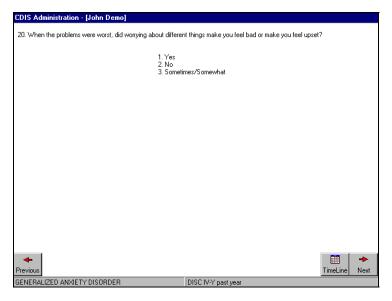
18-19.	These questions are only asked of subjects who either attended school or worked in the last
	year.

18. Subjects who answer "no" skip to Question 19.



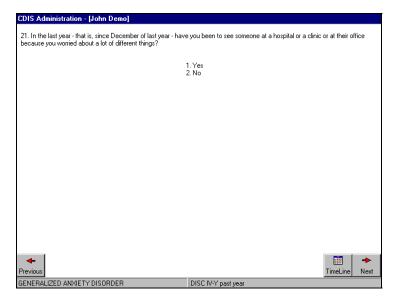


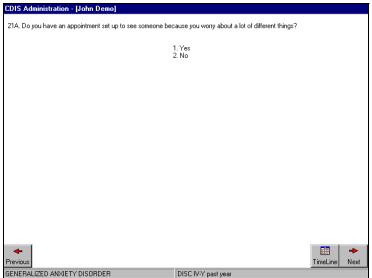
19. Respondents who answer "no" skip to Question 20.





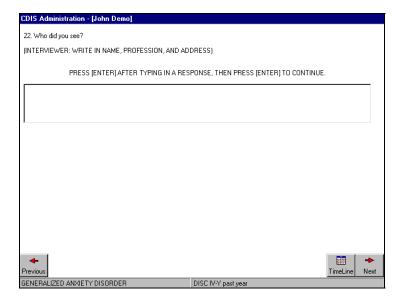
20. Subjects who respond "no" skip to Question 21.





21. Respondents who answer "yes" skip to Question 22.

21A. Subjects who answer "no" skip to Question 23.

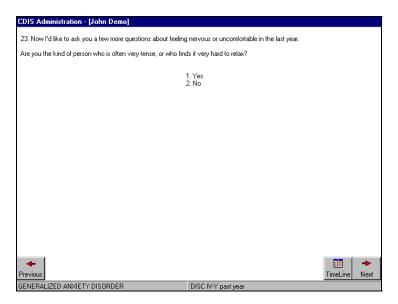


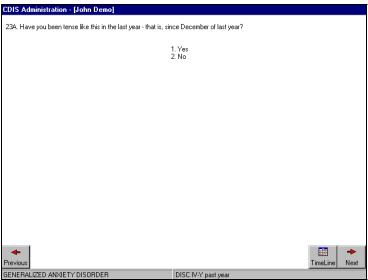


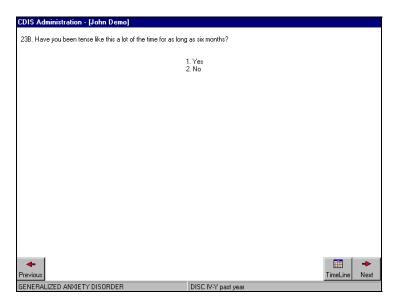
22. This is the first of two questions in this module that collect "optional" information. This question collects information that is considered confidential and not necessary to meet NHANES research objectives. **THEREFORE, DO NOT ASK THIS QUESTION.** Type "NA" and press the ENTER key to proceed to the next question.

Note the two separate versions of this question depending upon the subject's responses to questions 21 or 21A.

22A. This is the second optional question. Again, **DO NOT ASK THIS QUESTION.** Type "NA" and press the ENTER key to proceed to the next question.

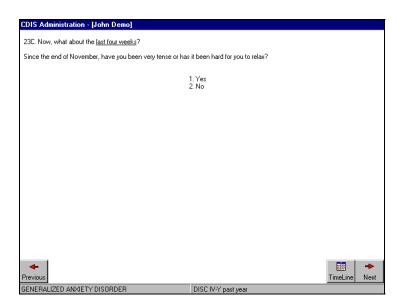


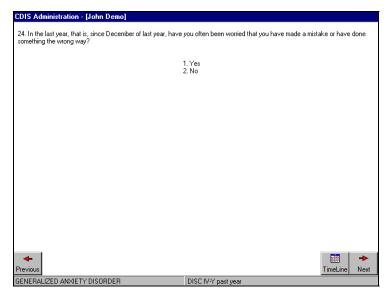


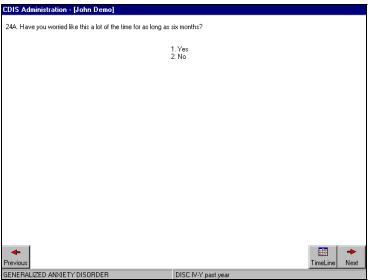


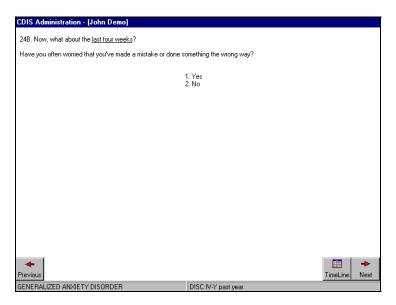
23. Respondents who answer "no" skip to Question 24.

23A. Subjects who answer "no" skip to Question 24.



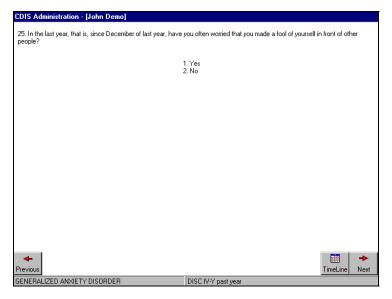


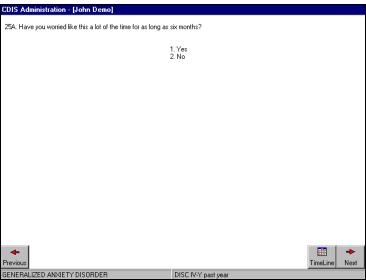


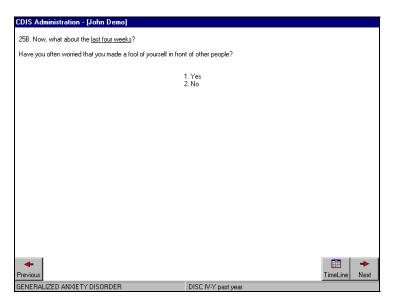


24. Subjects who respond "no" skip to Question 25.

24A.

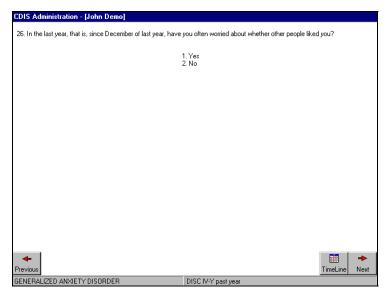


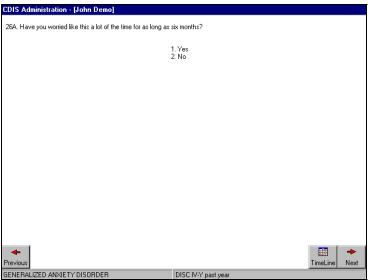


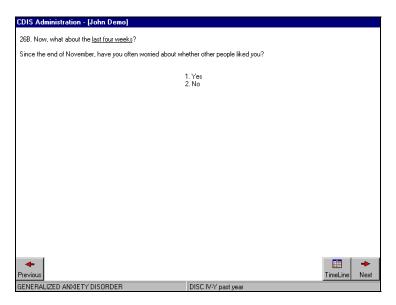


25. Respondents who answer "no" skip to Question 26.

25A. Respondents who answer "no" skip to Question 26.

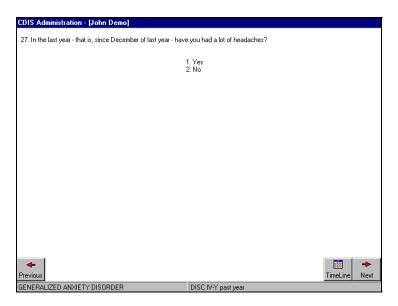


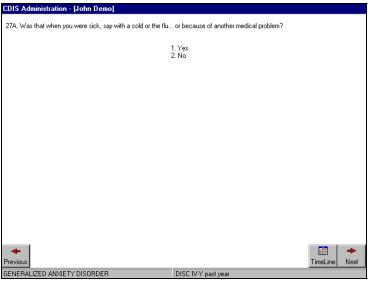


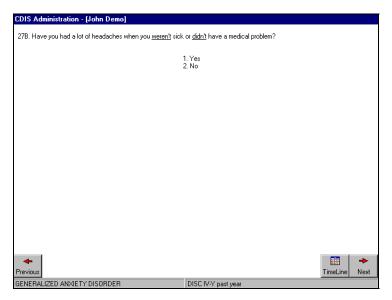


26. Subjects who respond "no" skip to Question 27.

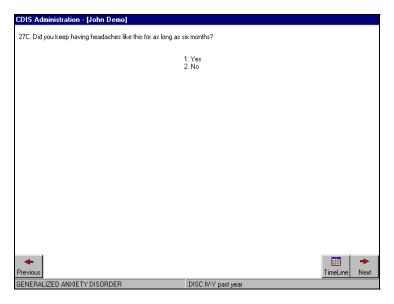
26A. Respondents who answer "no" skip to Question 27.

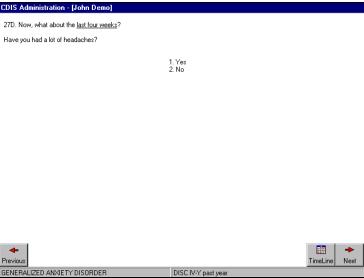




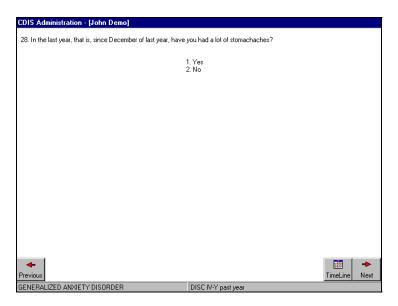


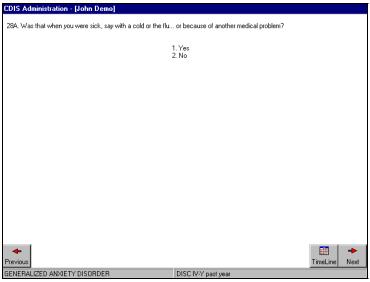
27.	Subjects who respond "no" skip to Question 28.
27A.	Subjects who answer "no" skip to Question 28.
27B.	Respondents who answer "no" skip to Question 28.

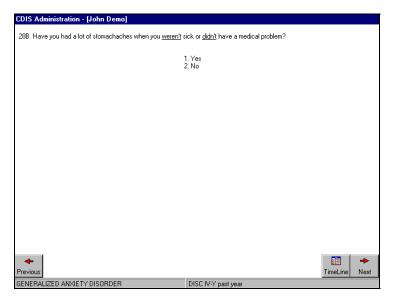




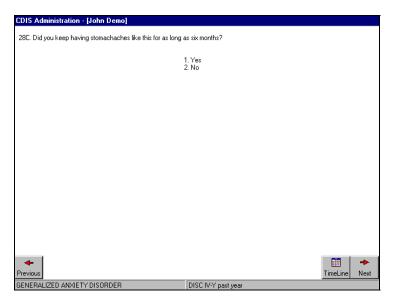
27D.

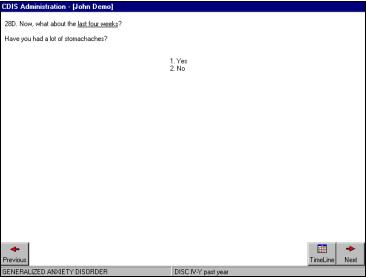




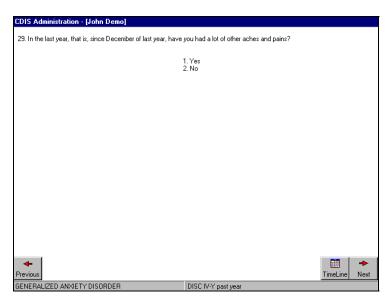


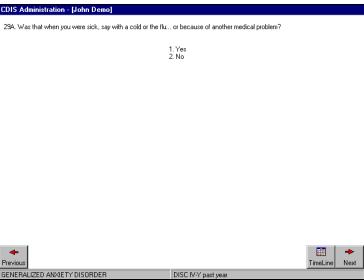
28.	Subjects who respond "no" skip to Question 29.
28A.	Respondents who answer "no" skip to Question 29.
28B.	Subjects who respond "no" skip to Question 29.

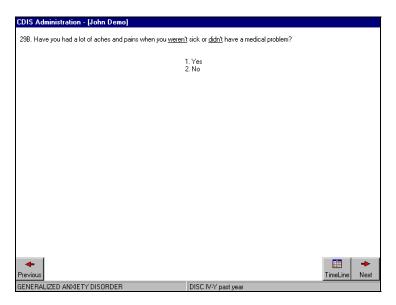




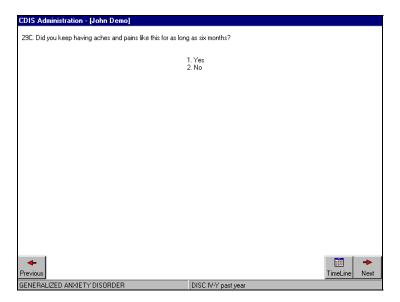
28D.

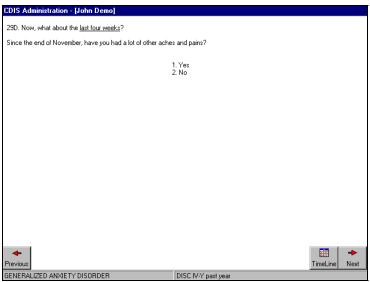




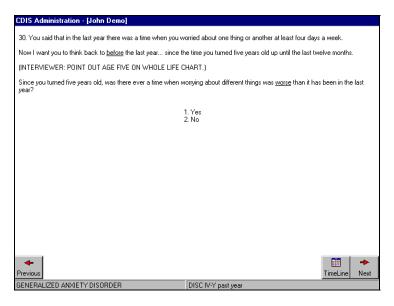


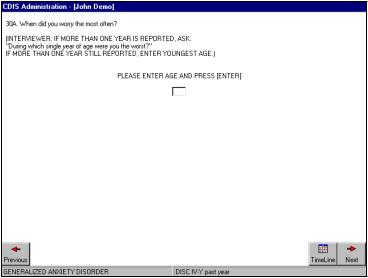
29.	Respondents who answer "no" skip to Question 30.
29A.	Subjects who answer "no" skip to Question 30.
29B.	Respondents who answer "no" skip to Question 30.

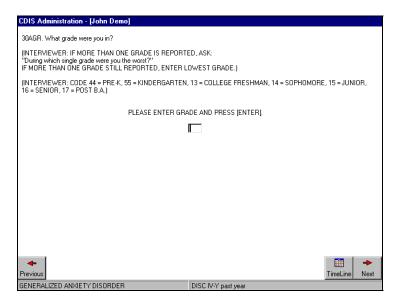




29D.







30-30AGR.	This set of question is asked of only those subjects who answered "yes" in question 6.
30.	Because the Whole Life Chart is not completed in NHANES, disregard the interviewed instructions referencing the chart.
	Depending upon their age, subjects who answer "no" skip to either the next module or to the end of the CDISC interview.
30A.	Respondents who are able to provide an age in 30A skip to the end of this module.
30AGR.	This question is asked of only those subjects who are unable to provide an age in 30A.

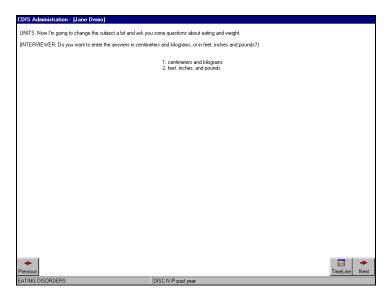
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## **6.3.9** Eating Disorders (Module B1)

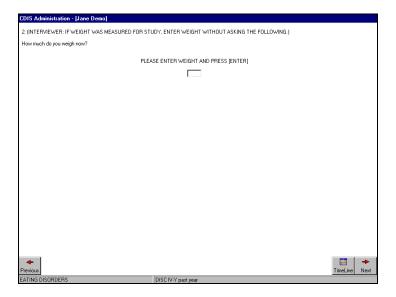
This module is used to diagnose two types of eating disorders: anorexia nervosa and bulimia nervosa.

An individual with anorexia refuses to maintain a normal weight, intensely fears becoming fat, and has a disturbed body image. For girls, amenorrhea may result.

An individual with bulimia has eating binges and uses compensatory methods to prevent weight gain. His or her feelings about himself/herself are influenced by body shape/weight. Binges and compensatory behaviors must occur at least twice a week for 3 months for a diagnosis of bulimia. An individual cannot have a diagnosis of bulimia if anorexia is present.



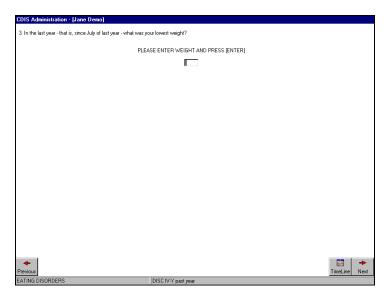




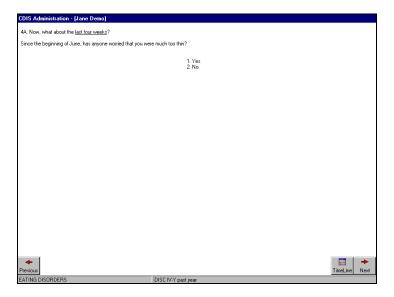
UNITS Since the majority of respondents will answer questions on height and weight using feet/inches and pounds as the unit of measure, enter "2" without reading the interviewer instruction and proceed to the next question. If the respondent indicates a preference for metric units in subsequent questions, back up and change the code to "1." Note that all height and weight questions must be answered using the same units of measurement.

1.

2. Although the subject's weight is taken as part of the MEC exam, you will not have access to this information and you will have to ask this question. However, if the SP reports that s/he doesn't know his/her weight, you may probe for whether s/he has already completed the body measurements portion of the exam and whether s/he remembers what weight was recorded.



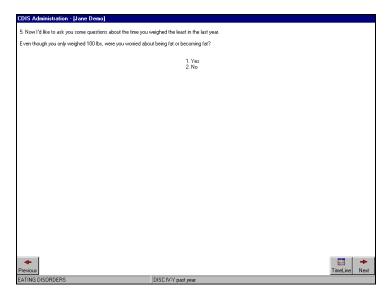


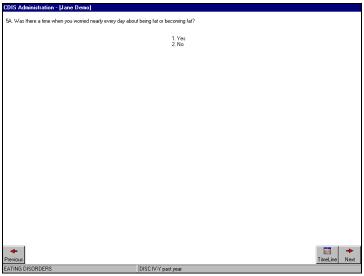


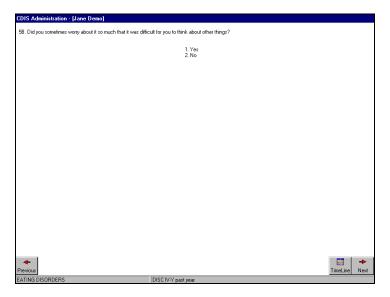
3.

4.

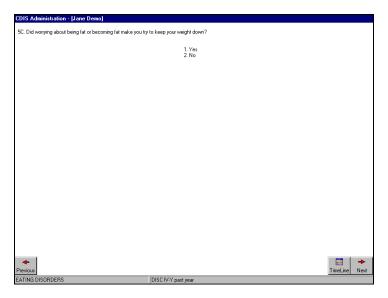
4A. This question is asked of those respondents who answer "yes" in question 4.

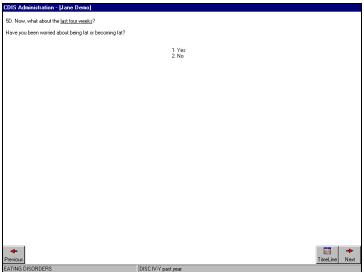


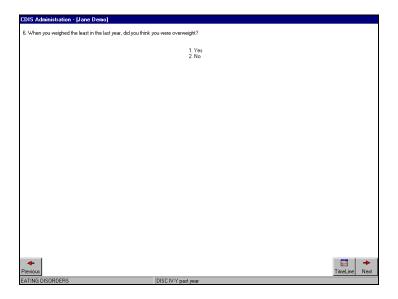




59.	This series of questions is asked of only those respondents who answer "yes" or "sometimes" in question 4, or if the weight reported in question 3 meets programmed weight for height guidelines.
5.	"Yes" responses continue with 5A. All other responses skip to question 6.
5A.	"Yes" responses continue with 5B through 5D. All other responses skip to question 6.
5B.	

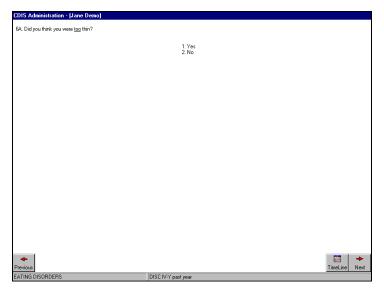


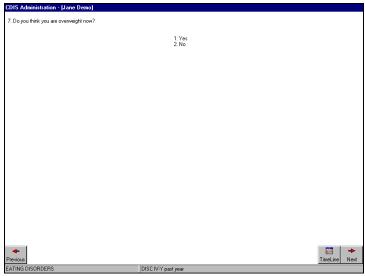


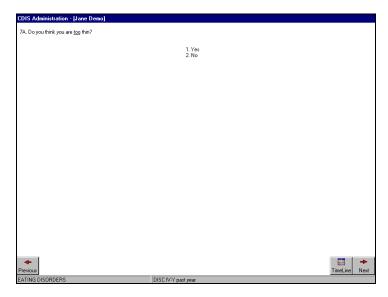


5D.

6. "No" responses continue with 6A. All other responses skip to question 7.



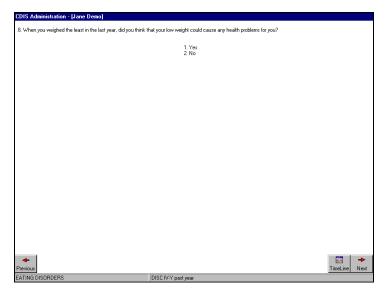


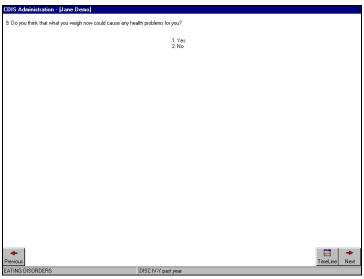


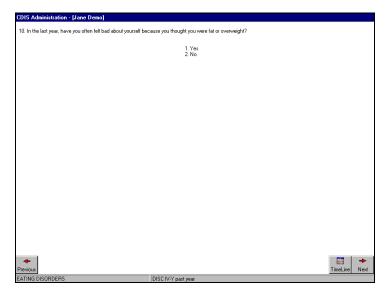
6A.

7. "No" responses continue with 7A. All other responses skip to question 8.

7A.



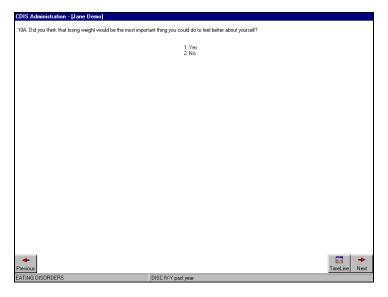


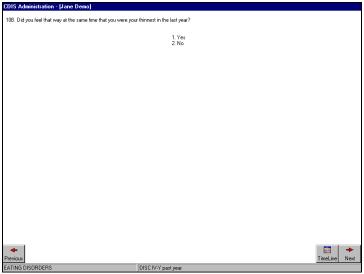


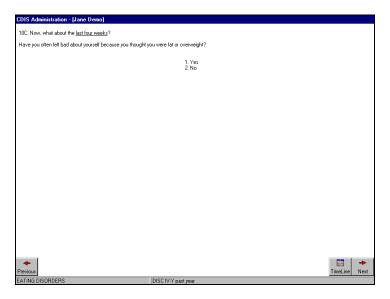
)	

9.

10. All respondents are asked this question. "Yes" responses continue with question 10A.



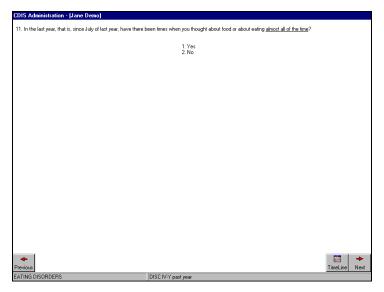


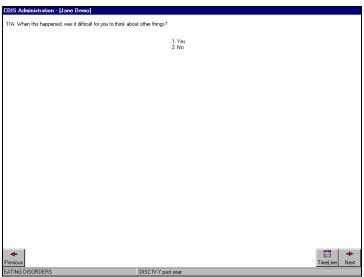


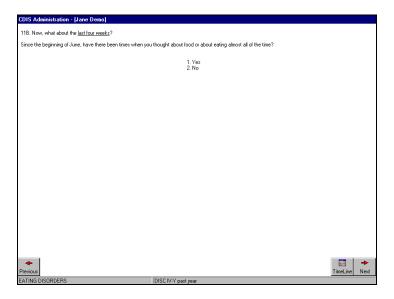
10A.

10B. This question is asked only of those respondents who answer "yes" or "sometimes" in question 4, or if the weight reported in question 3 meets programmed weight for height guidelines.

10C.

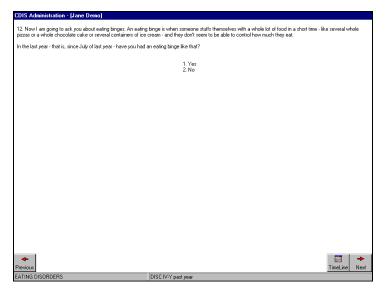




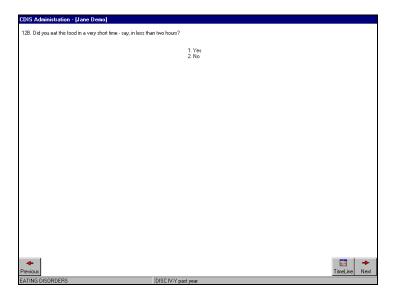


11.	Yes responses continue with 11A. All other responses skip to question 12.
11A.	"Yes" responses continue with 11B. All other responses skip to question 12.

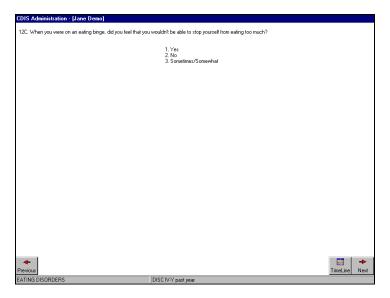
11B.

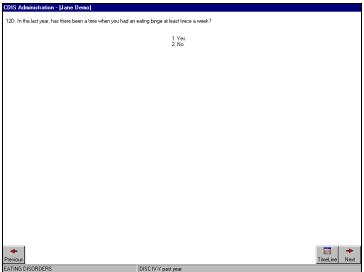


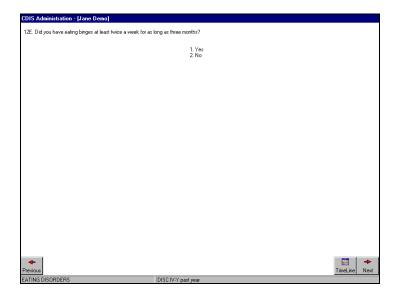




12.	This item begins the series of questions on bulimia.
	"Yes" responses continue with 12A.
12A.	Responses other than "no" continue with 12B.
12B.	Responses other than "no" continue with 12C.

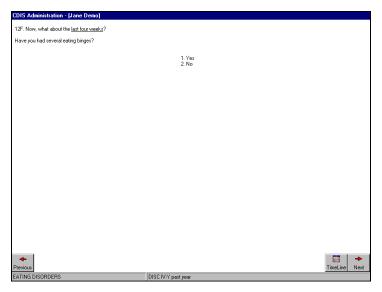




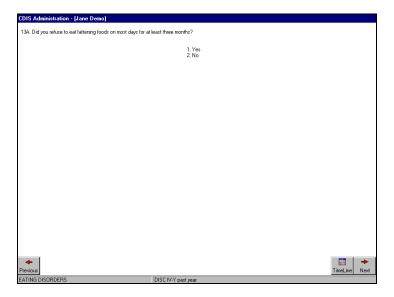


12D. "Yes" responses continue with 12E.

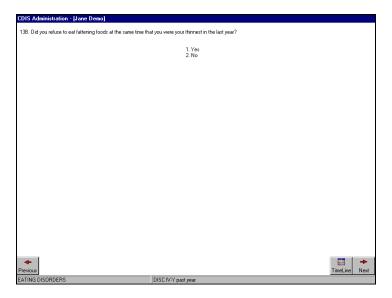
12E. "Yes" responses continue with 12F.



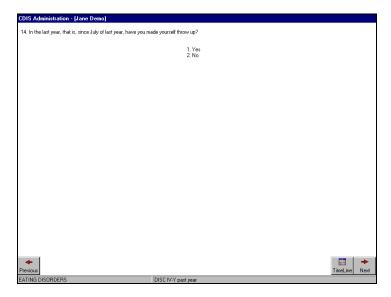




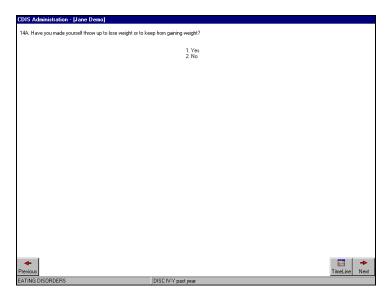
12F.	
13. – 19.	This series of questions is asked if at least one of the following conditions is met:
	■ Child reports that in the last year he/she or someone else has worried that the child was much too thin;
	■ Child reports that in the last year there was a time when s/he had an eating binge at least twice a week.
	■ The child's weight reported in Q3 meets weight for height guidelines.
13.	"Yes responses continue with 13A.
13A.	

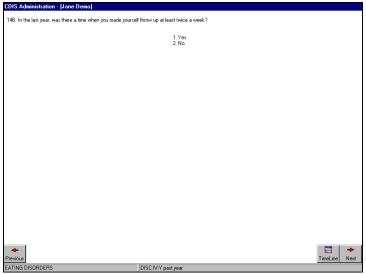


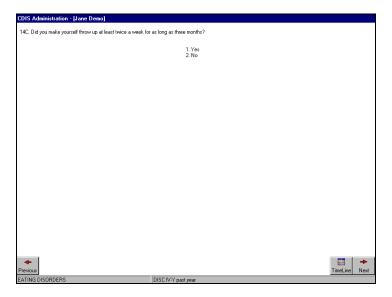




13B.	This question is asked if either of the following conditions are met:
	■ The weight reported in Q3 meets programmed height for height guidelines; or
	■ Child reports that in the last year, he/she or someone else has worried that the child was much too thin.
13C.	
130.	
14.	"Yes" responses continue with 14A.



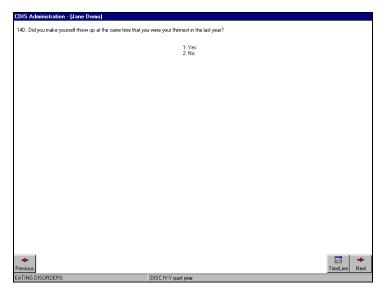


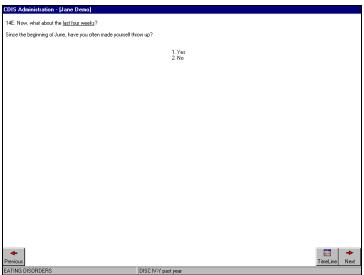


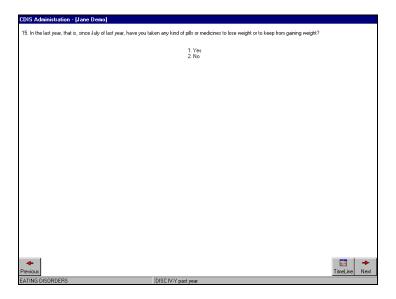
14A. "Yes" responses continue with 14B.

14B. "Yes" responses continue with 14C.

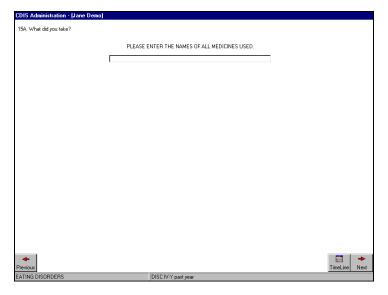
14C.

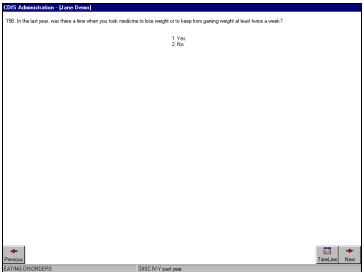


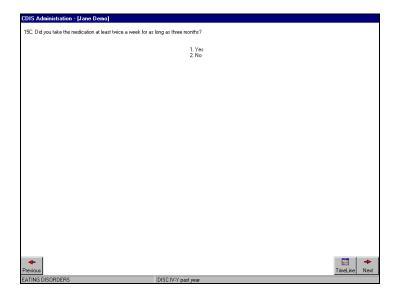




14D.	This question is asked if either of the following conditions is met:
	■ The weight reported in Q3 meets programmed weight for height guidelines; or
	■ Child reports that in the past year he/she or someone else worried that the child was much too thin.
14E.	
15.	"Yes" responses continue with 15A.

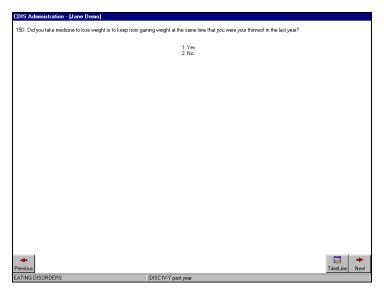




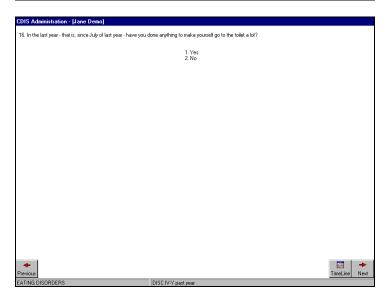


15A.	Type in the name(s) of all pills or medications. characters in length.	The data field allows responses up to 50
15B.	"Yes" responses continue with 15C.	

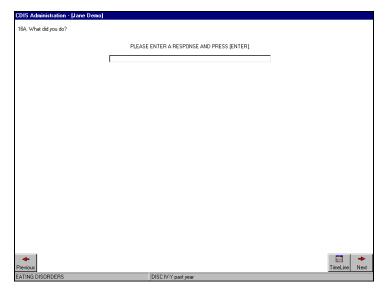
15C.

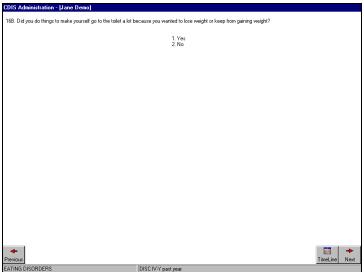


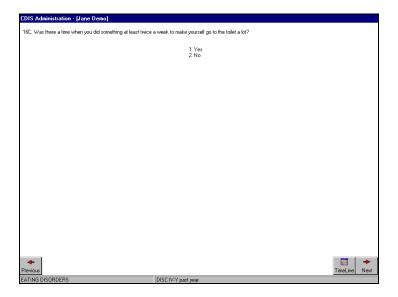




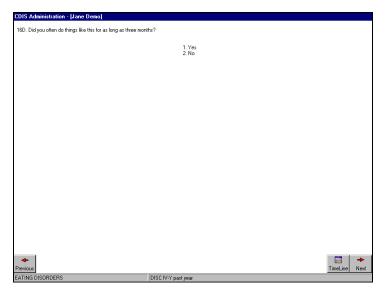
15D.	This question is asked if either of the following conditions is met:				
	■ The weight reported in Q3 meets programmed height for weight guidelines; or				
	■ Child reports that in the past year he/she or someone else worried that the child was much too thin.				
15E.					
131.					
16.	"Yes" responses continue with 16A.				

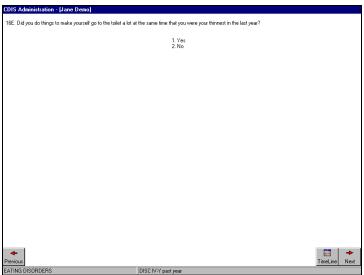


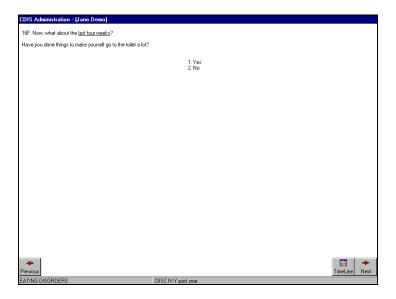




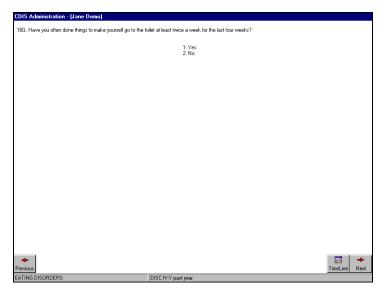
16A.	Type in the respondent's answer. The length.	Γhe data fie	eld allows r	esponses up	to 50 c	characters in
16B.	"Yes" responses continue with 16C.					
16C.	"Yes" responses continue with 16D.					

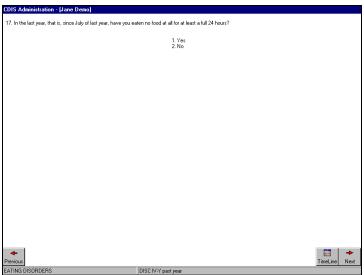


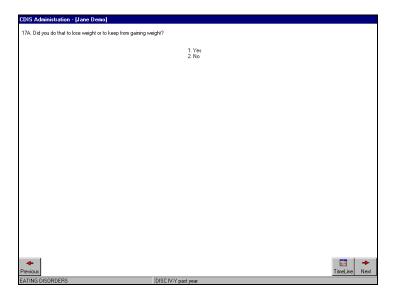




16D.	
16E.	This question is asked if either of the following conditions is met:
	■ The child's weight reported in Q3 meets programmed height for weight requirements or
	■ Child reports that in the past year he/she or someone else worried that the child wa much too thin.
16F.	"Yes" responses continue with 16G.



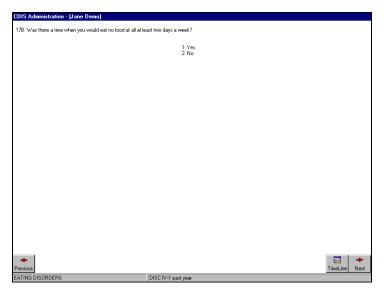


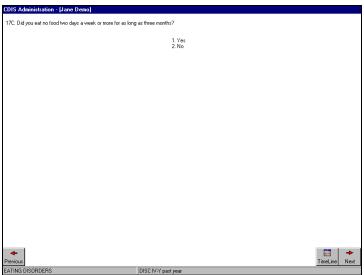


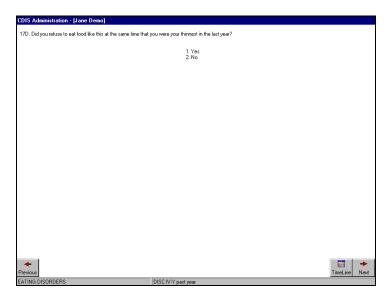
16G.

17. "Yes" responses continue with 17A.

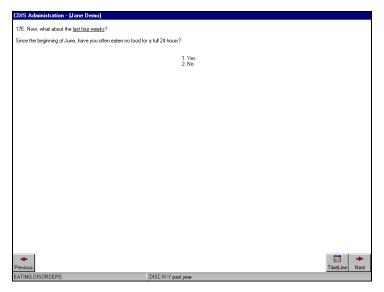
17A. "Yes" responses continue with 17B.



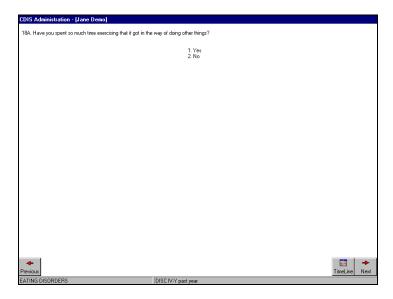




17B.	"Yes" responses continue with 17C.
17C.	
17D.	This question is asked if either of the following conditions is met:
	■ The child's weight reported in Q3 meets programmed weight for height guidelines; or
	■ Child reports that in the past year he/she or someone else worried that the child was much too thin.



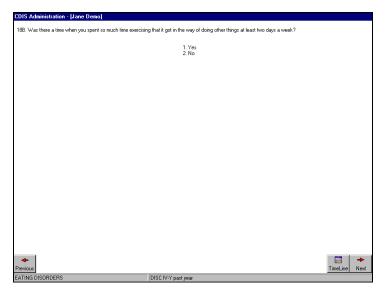


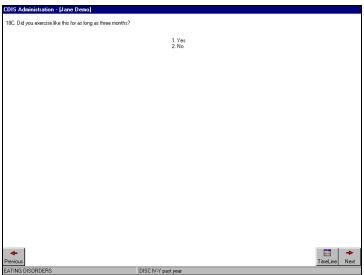


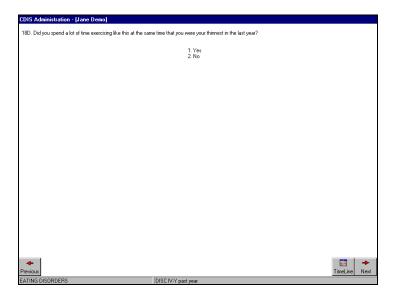
17E.

18. "Yes" responses continue with 18A.

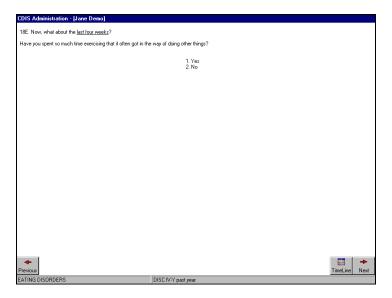
18A. "Yes" responses continue with 18B.



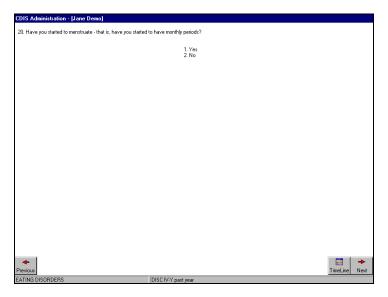




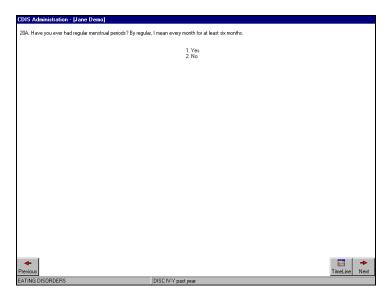
18B.	"Yes" responses continue with 18C.
18C.	
18D.	This question is asked if either of the following conditions is met:
	■ The child's weight reported in Q3 meets programmed weight for height guidelines; or
	■ Child reports that in the past year he/she or someone else worried that the child was much too thin.

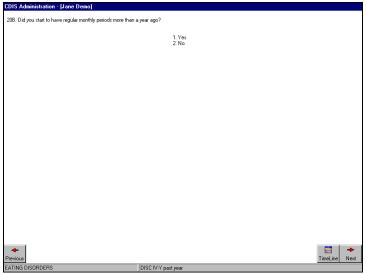


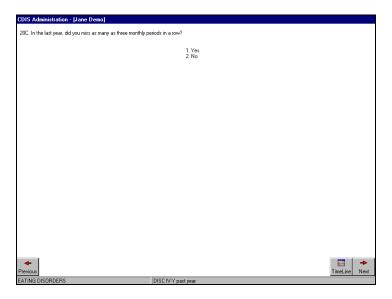




18E.	
19.	Respondents are asked this question if it was reported in questions 14 through 18 that child engaged in compensatory methods at least twice a week but it has not been established if child engaged in these behaviors for at least 3 months.
20.	This question is asked of female subjects.  "Yes" responses continue with 20A.



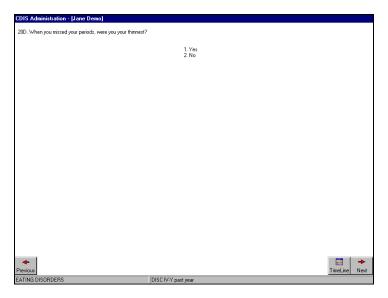


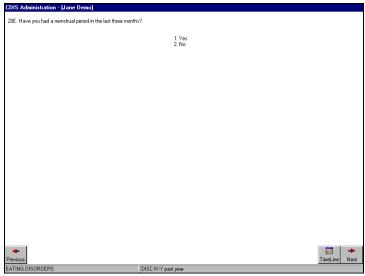


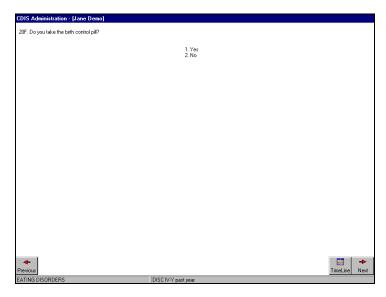
20A.	$^{"}V_{\Delta c}"$	responses	continua	with 20E	,
$\Delta U \Delta$ .	1 65	Tesponses	Commune	with 40L	ι.

20B. "Yes" responses continue with 20C.

20C. "Yes" responses continue with 20D.



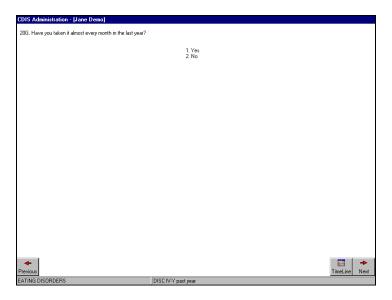


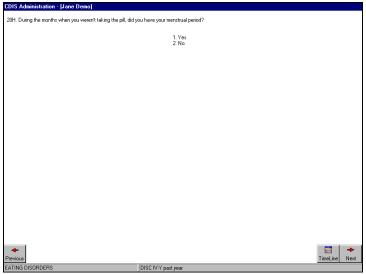


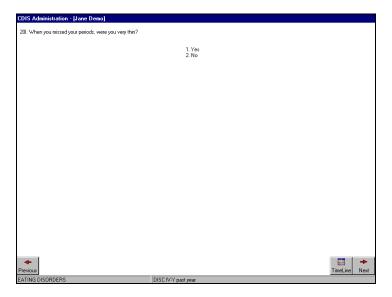
20D.

20E.

20F. "Yes" responses continue with 20G.



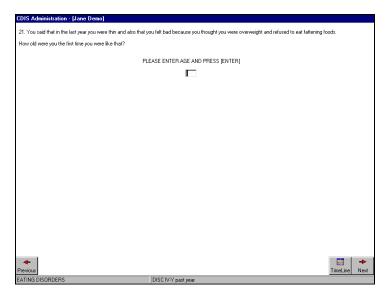




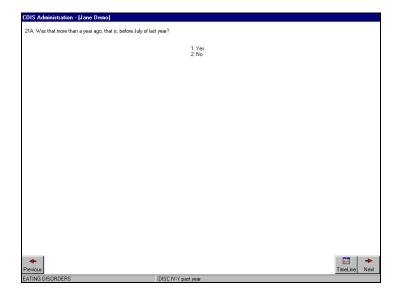
20G. "No" responses continue with 20H.

20H. "No" responses continue with 20I.

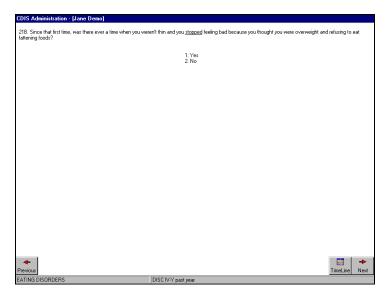
20I.



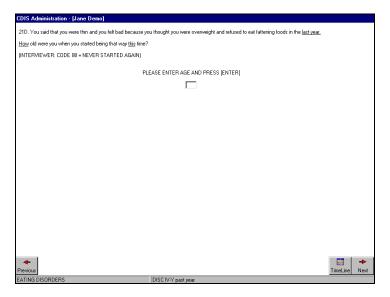




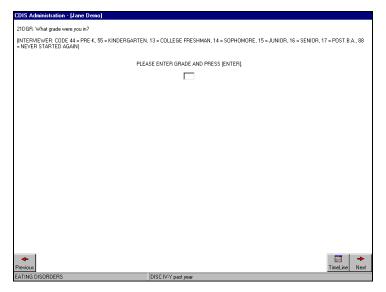
21.	
21GR.	This question is asked if the respondent is unable to provide an age in question 21.
21A.	Question 21A is asked if the age (grade) given in 21 (21GR) is the child's current age (grade)
	minus one.



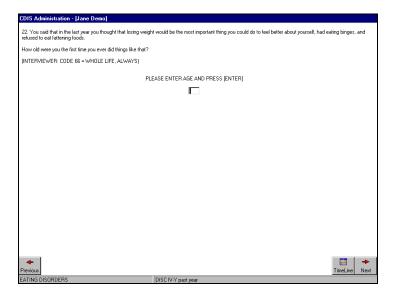




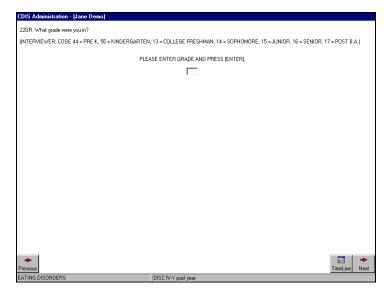
21B.	Question 21B is asked if the age (grade) given in 21 (21GR) is other than the child's current age (grade) or the child's current age (grade) minus one, <u>OR</u> if the response to 21A is "yes."
	"Yes" responses continue with 21C.
21C.	"Yes" responses continue with 21D.
21D.	

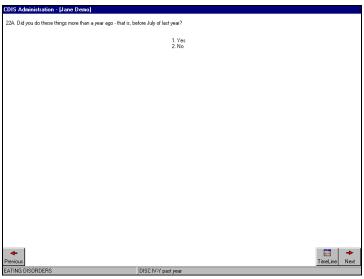


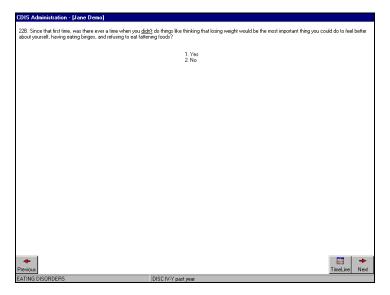




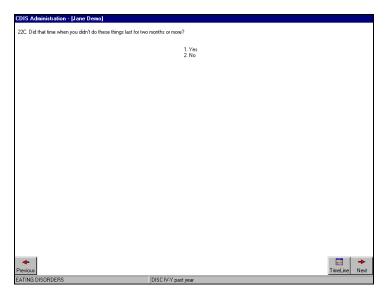
21DGR.	This question is asked if the respondent is unable to provide an age in 21D.
21E.	This question is asked if the age (grade) given in 21D (21DGR) is the child's current age (grade) minus one.
22.	This question is asked if two or more of the questions 10A, 12E, or 19 are coded "yes" <u>AND</u> at least one of the questions 14C, 15C, 16D, 17C, or 18C is coded "yes."



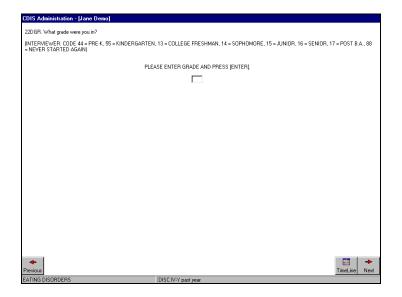




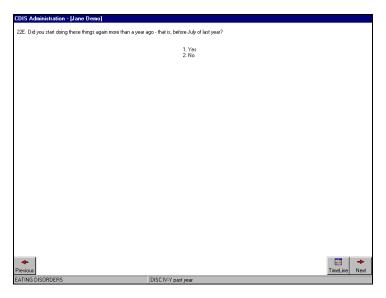
22GR.	This question is asked if the respondent is unable to provide an age in question 22.
22A.	This question is asked if the age (grade) given in 22 (22GR) is the child's current age (grade) minus one.
22B.	Question 22B is asked if the age (grade) given in 22 (22GR) is other than the child's current age (grade) or the child's current age (grade) minus one, <u>OR</u> if the response to 22A is "yes."
	"Yes" responses continue with 22C.



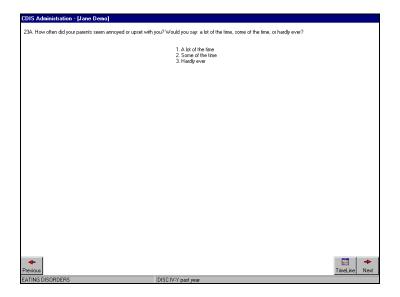




22C.	"Yes" responses continue with 22D.
22D.	
22DGR.	This question is asked if the respondent is unable to provide an age in 22D.



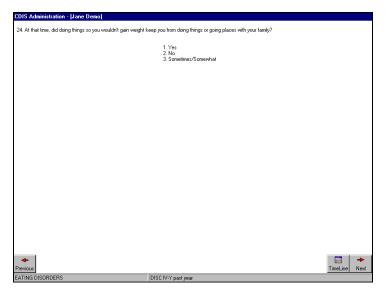




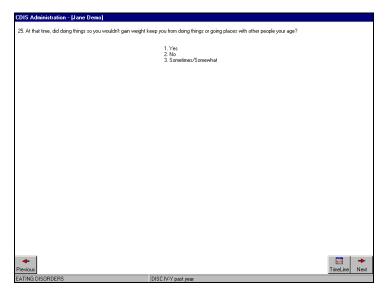
22E.	This question is asked if the age (grade) given in 22D (22DGR) is the child's current age
	(grade) minus one.

23. "Yes" responses continue with 23A.

23A.



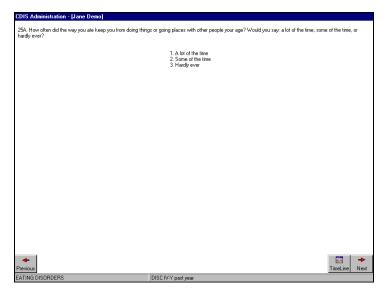




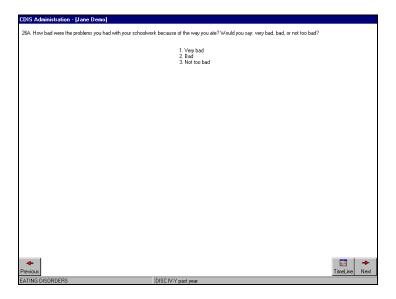
24. "Yes" responses continue with 24A.

24A.

25. "Yes" responses continue with 25A.

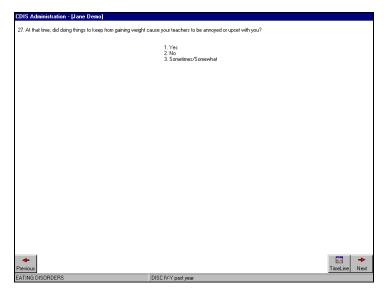




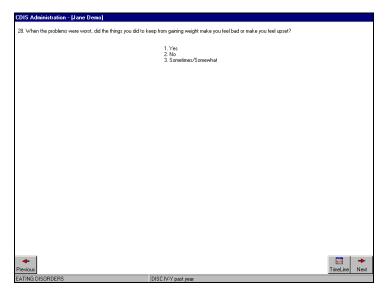


25A.	
26. – 27.	These questions are asked of those children who attended school or worked in the past year
26.	"Yes" responses continue with 26A.

26A.



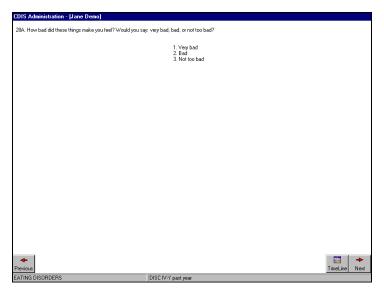




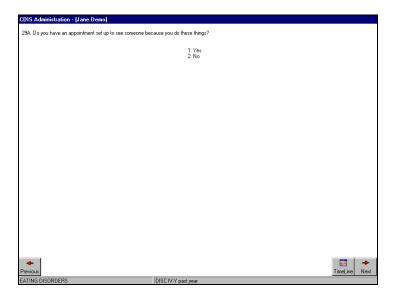
27. "Yes" responses continue with 27A.

27A.

28. "Yes" responses continue with 28A.







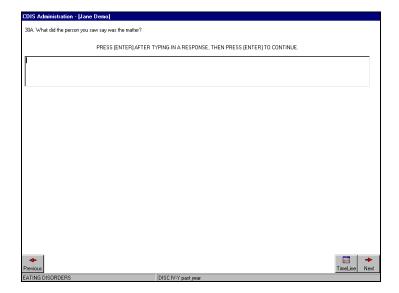
28A.

29. "No" responses continue with 29A.

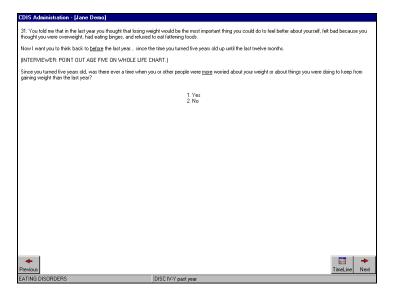
29A.

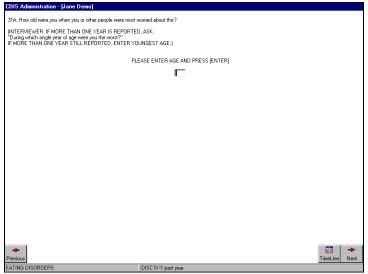


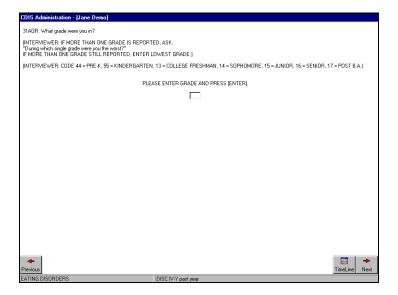




30.	This is the first of two questions in this module that collect "optional" information. This question collects information that is considered confidential and not necessary to meet NHANES research objectives. <b>THEREFORE, DO NOT ASK THIS QUESTION.</b> Types "NA" and press the ENTER key to proceed to the next question.
	Note the two separate versions of this question depending upon the responses to 29 or 29A.
30.	Version 2
30A.	This is the second optional question. <b>AGAIN, DO NOT ASK THIS QUESTION.</b> Type "NA" and press the ENTER key to proceed to the next question.







31.	"Yes" responses continue with 31A.
31A.	If the respondent reports more than one age, read the probe. If the respondent is still unable
	to specify a single age, enter the youngest age.
21 A CD	
31AGR.	This question is asked if the respondent is unable to provide an age in 31A.

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## 6.3.10 Major Depression and Dysthymia (Module C1)

The module on mood disorders assesses major depression and dysthmic disorder.

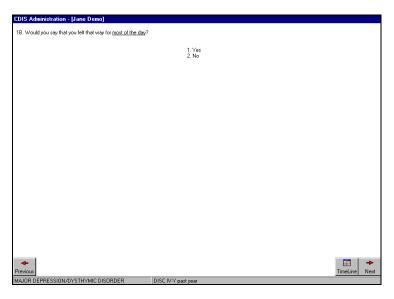
The essential feature of major depression is a distinct period of mood disturbance (at least 2 weeks) accompanied by associated physical and psychological symptoms. Mood can be depressed or irritable, or there may be loss of interest or pleasure. Examples of associated symptoms include the following: change in appetite, sleep, or energy level; fatigue; problems thinking; or thoughts of death or suicide. In order to meet the diagnosis for depression, the mood disturbance must be present for most of the day, nearly every day, for 2 weeks or longer and cause distress or impairment.

Dysthmic disorder is a chronic mood disturbance accompanied by associated physical and psychological symptoms. Mood can be depressed or irritable (loss of interest or pleasure is not a mood substitute). Examples of associated symptoms include the following: tearfulness, change in appetite or sleep; fatigue; problems thinking, or hopelessness. A diagnosis of dysthmia requires that the disturbance be present for most of the day, for more days than not, for one year or longer and cause distress or impairment.

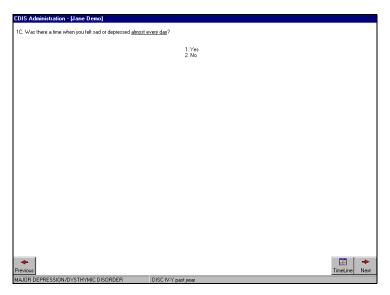
6-499 Revised 5/15/00

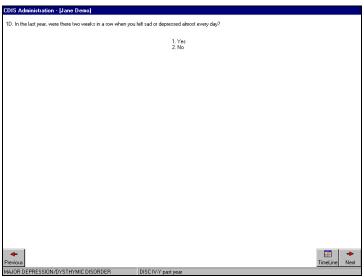


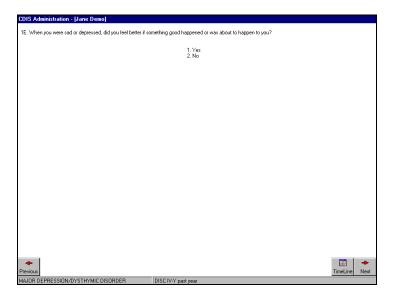




1.	This question begins the series of items to diagnose major depression.
	"Yes" responses continue with 1A.
1A.	Responses other than "yes" skip to question 2.
171.	Responses other than 'yes' skip to question 2.
1B.	







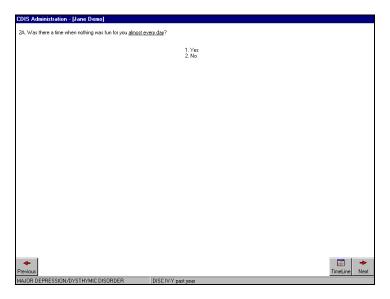
1C. Responses other than "yes" skip to question 2.

1D. Responses other than "yes" skip to question 2.

1E.



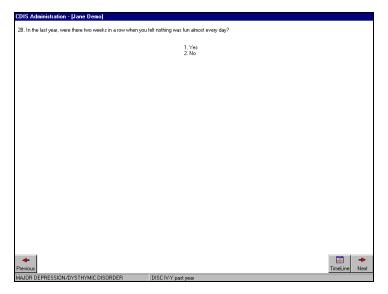


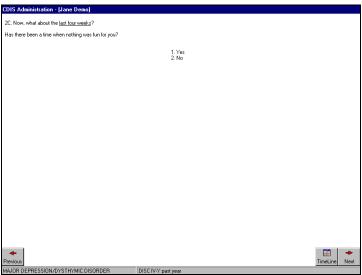


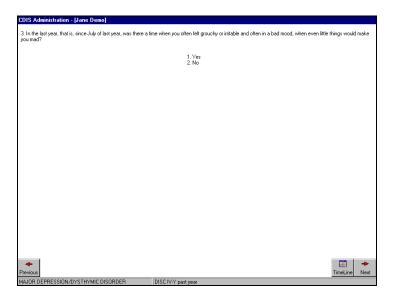
1F.

2. "Yes" responses continue with 2A.

2A. Responses other than "yes" skip to question 3.

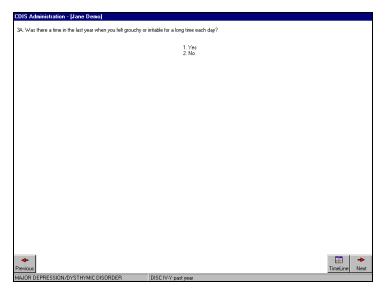


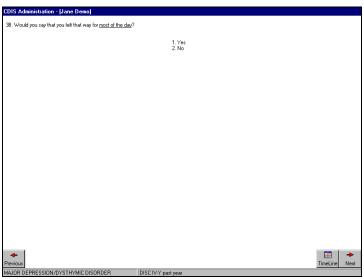


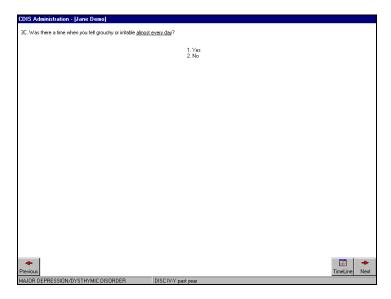


AD.	D	.1 .1		1	, •	2
2B.	Responses	other than	ı "yes"	skip to	question	3.

3. "Yes" responses continue with 3A.



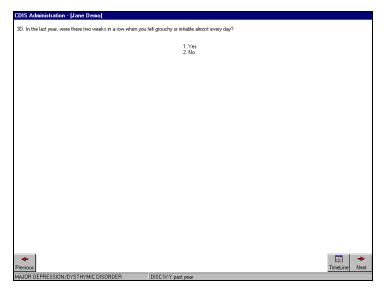




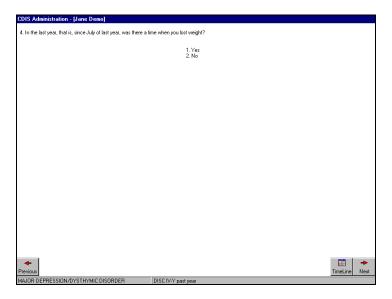
3A. "Yes" responses continue with 3B.

3B.

3C. "Yes" responses continue with 3D.



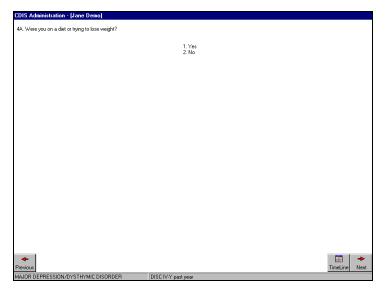


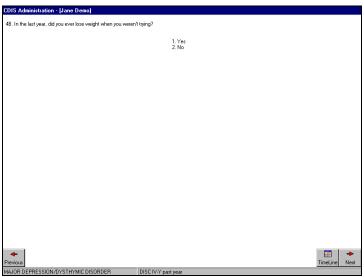


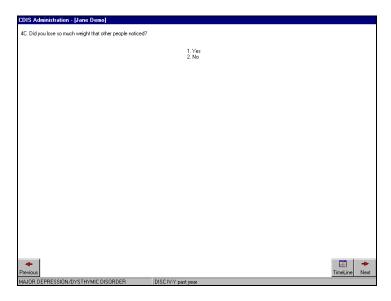
3D. "Yes" responses continue with 3E.

3E.

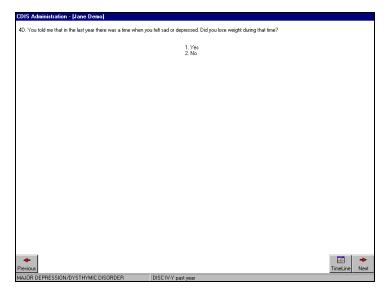
4. "Yes" responses continue with 4A.



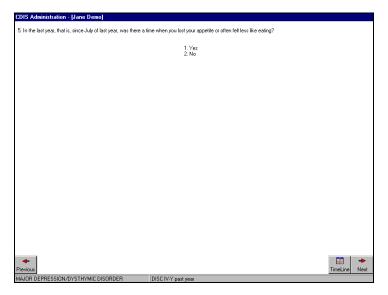




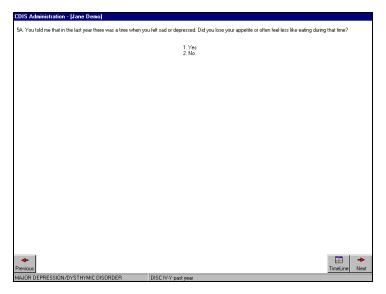
4A.	"Yes" responses continue with 4B.
4B.	Responses other than "yes" skip to question 5.
4D.	
	"Yes" responses continue with 4C.
4C.	

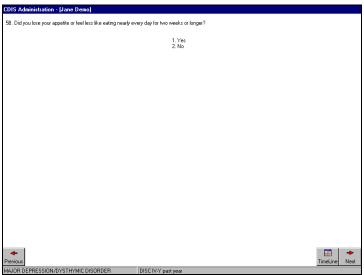


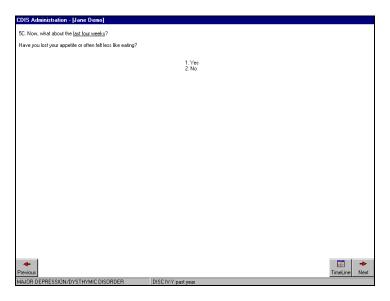




4D.	Question 4D is asked if any of the following conditions are met:		
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or		
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or		
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").		
4E.			
5.	Responses other than "yes" skip to question 6.		





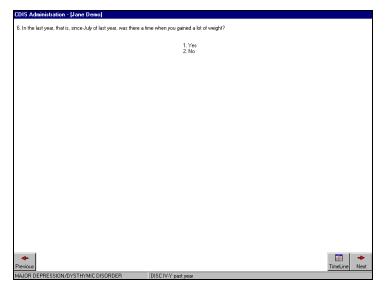


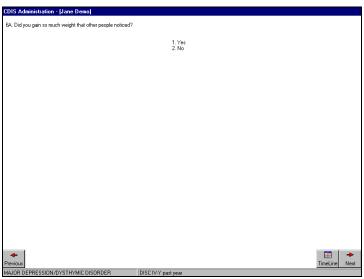
- 5A. Question 5A is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

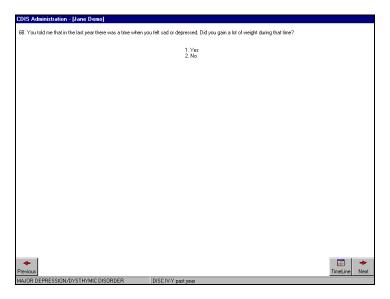
"Yes" responses continue with 5B.

All other responses continue with 5C.

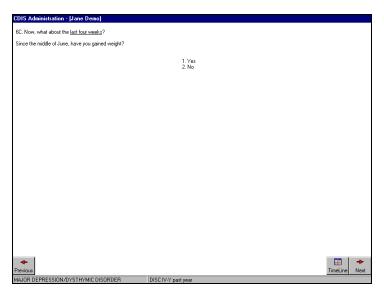
5B.



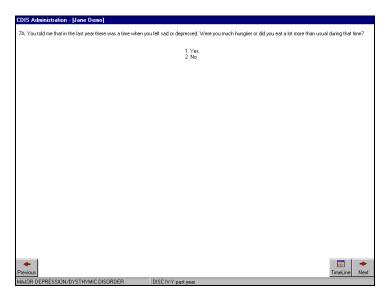




6.	Responses other than "yes" skip to question 7.			
6A.				
(D	0,,,,,	tion CD is called if any of the following conditions are motive		
6B.	Question 6B is asked if any of the following conditions are met:			
	•	Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or		
	•	Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or		
	•	Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").		







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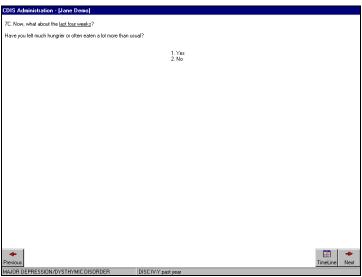
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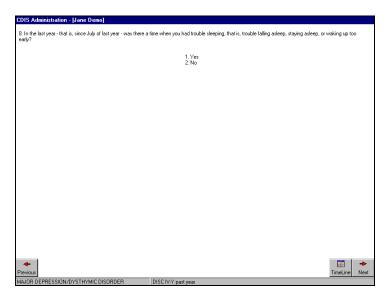
- 7A. Question 7A is asked if the response to Question 7 is "yes" and any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

"Yes" responses continue with 7B.

All other responses skip to 7C.

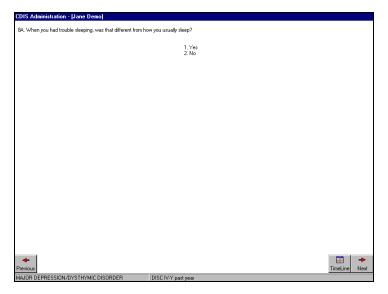




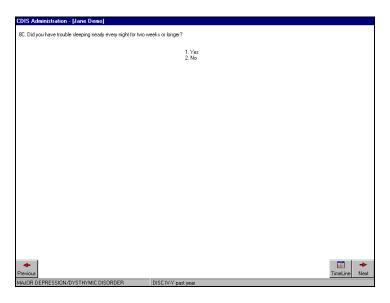


7C.

8. Responses other than "yes" skip to question 9.





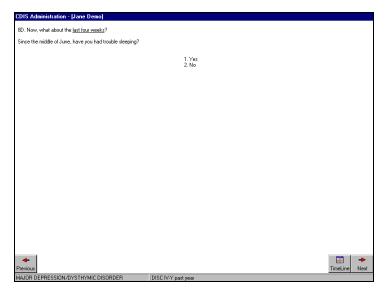


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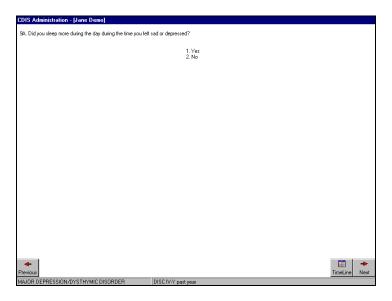
- 8B. Question 8B is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

"Yes" responses continue with 8C.

All other responses skip to 8D.







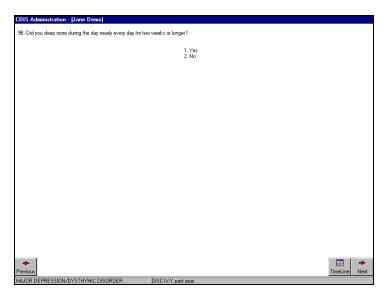
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9.

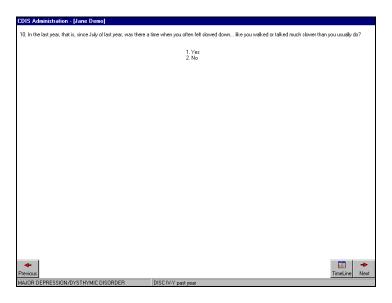
- 9A. Question 9A is asked if the response to question 9 is "yes" and any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

"Yes" responses continue with 9B.

All other responses skip to 9C.

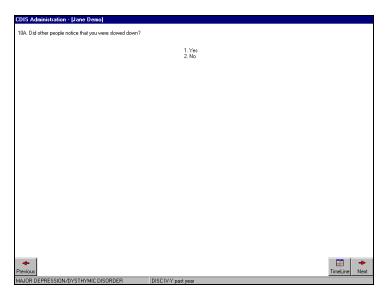


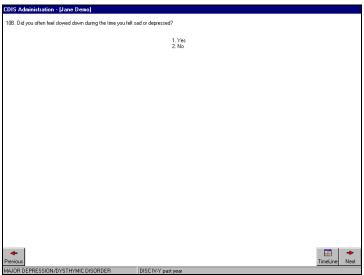


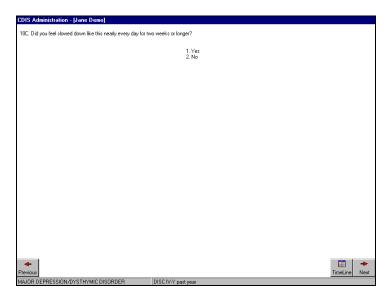


9C.

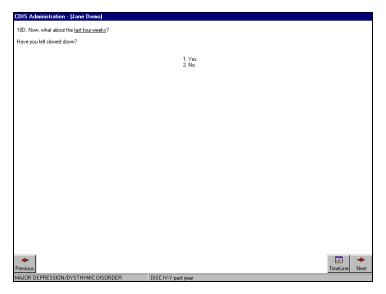
10. "No" responses continue with 10A.



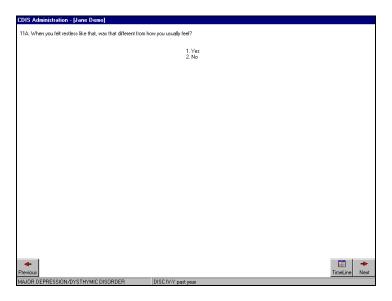




10A.	Responses other than "yes" skip to question 11.
10B.	Question 10B is asked if any of the following conditions are met:
	Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
	Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
	Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").
	"Yes" responses continue with 10C.
	All other responses skip to 10D.
10C.	



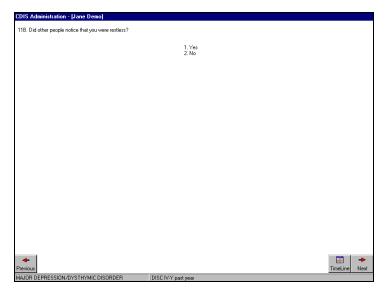




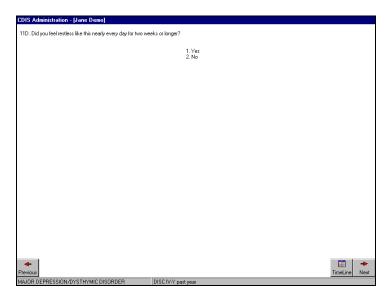
11. "No" responses continue with 11A.

All other responses skip to question 12.

11A. "Yes" responses continue with 11B.







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- 11C. Question 11 C is asked if any of the following conditions are met.
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

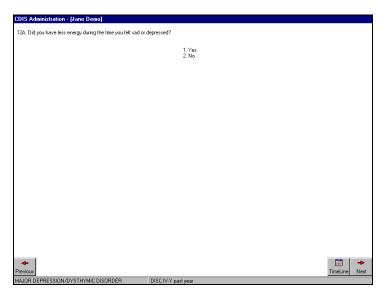
"Yes" responses continue with 11D.

All other responses skip to 11E.

11D.







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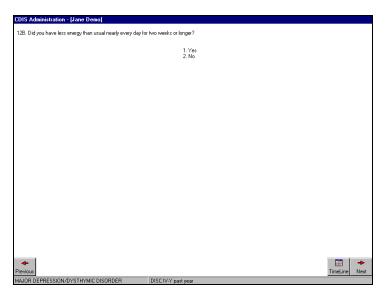
12. Responses other than "yes" skip to question 13.

## 12A. Question 12A is asked if any of the following conditions are met:

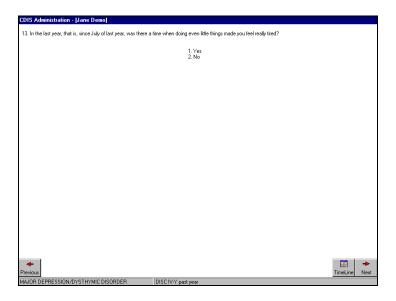
- Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
- Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
- Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

"Yes" responses continue with 12B.

All other responses skip to 12C.

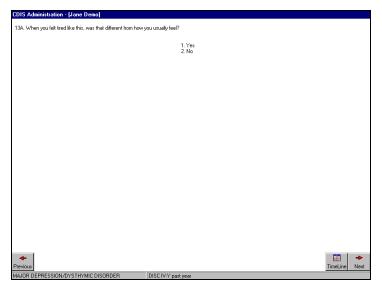


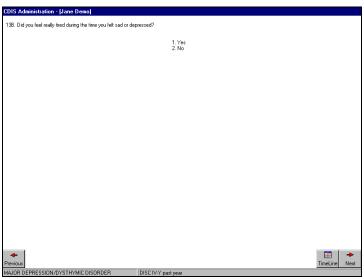


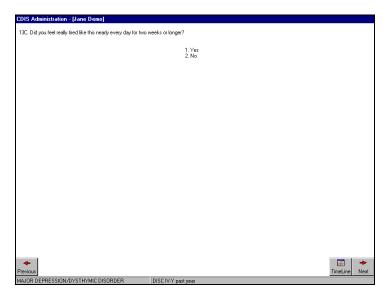


12C.

13. "Yes" responses continue with 13A.





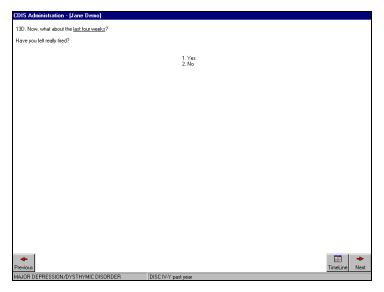


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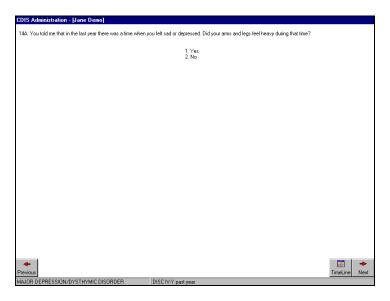
- 13B. Question 13B is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

"Yes" responses continue with 13C.

All other responses skip to 13D.





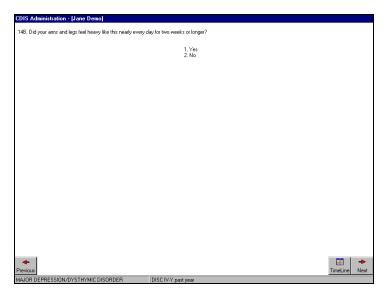


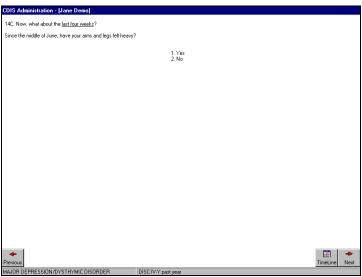
13D.	
14.	Responses other than "yes" skip to question 15.

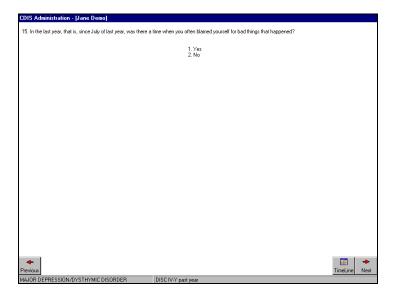
- 14A. Question 14A is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

"Yes" responses continue with 14B.

All other responses skip to 14C.

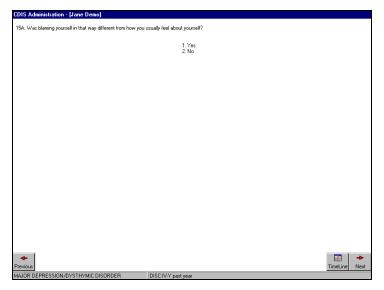




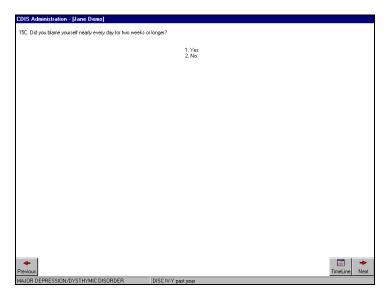


14C.

15. Responses other than "yes" skip to question 16.





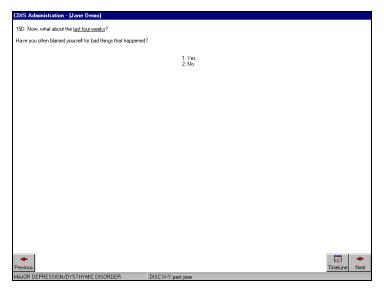


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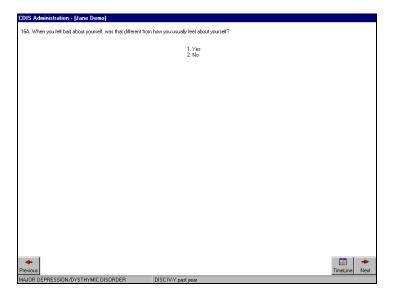
- 15B. Question 15B is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

"Yes" responses continue with 15C.

All other responses skip to 15D.



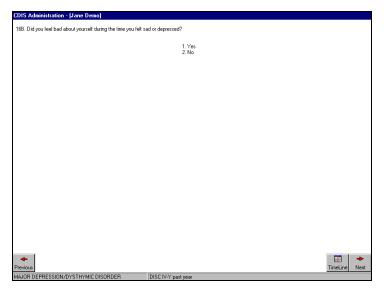


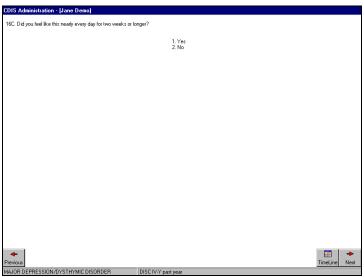


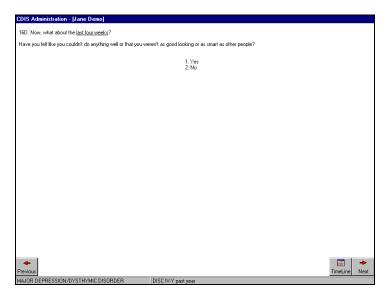
15D.

16. Responses other than "yes" skip to question 17.

16A.







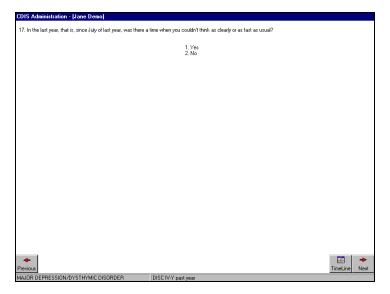
- 16B. Question 16B is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

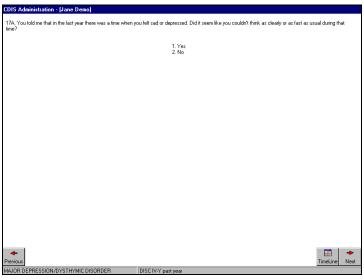
"Yes" responses continue with 16C.

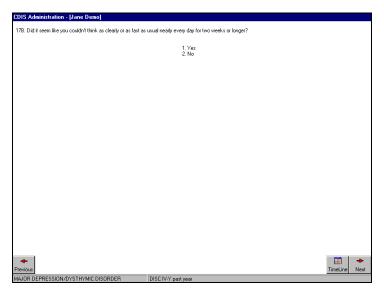
All other responses skip to 16D.

16C.

16D.



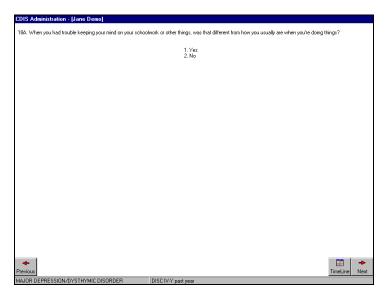




17.	Responses other than "yes" skip to question 18.
17A.	Question 17A is asked if any of the following conditions are met:
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
	Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").
	"Yes" responses continue with 17B.
	All other responses skip to 17C.
17B.	



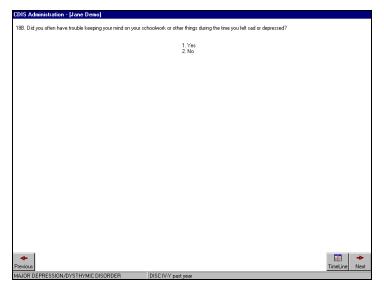




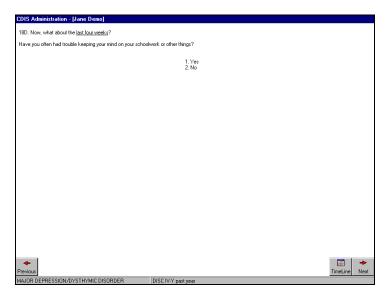
17C.

18. Responses other than "yes" skip to question 19.

18A.







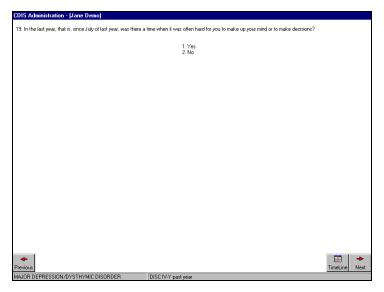
- 18B. Question 18B is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

"Yes" responses continue with 18C.

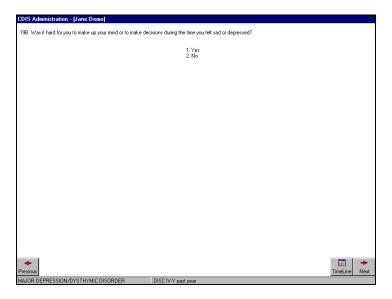
All other responses skip to 18D.

18C.

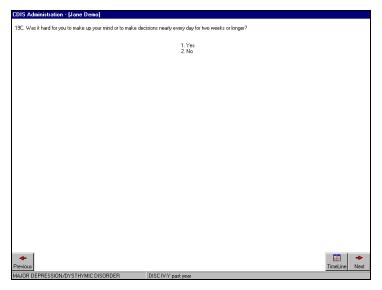
18D.



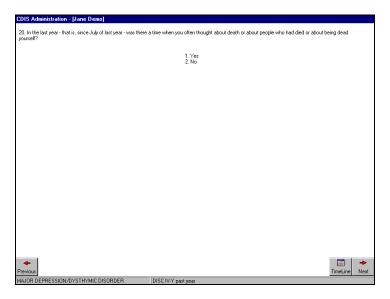




19.	Responses other than "yes" skip to question 19.
19A.	
19B.	Question 19B is aked if any of the following conditions are met:
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn' interested in anything or nothing seemed fun for him almost everyday (Q2B codec "yes"); or
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").
	"Yes" responses continue with 19C.
	All other responses skip to 19D.



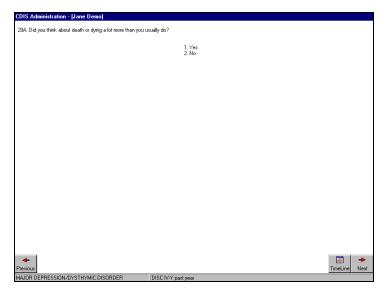


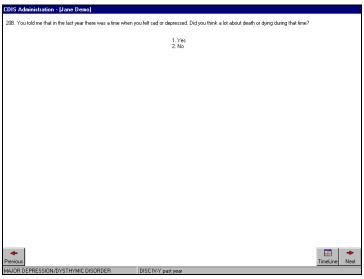


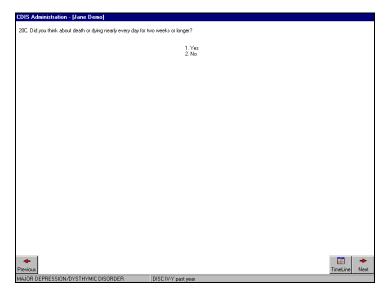
19C.

19D.

20. Responses other than "yes" skip to question 21.







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- 20B. Question 20b is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

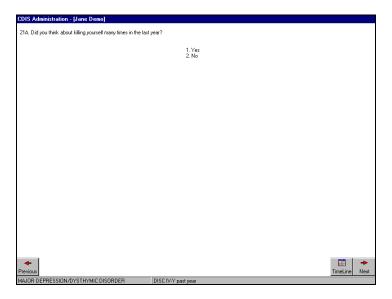
"Yes" responses continue with 20C.

All other responses skip to 20D.

20C.



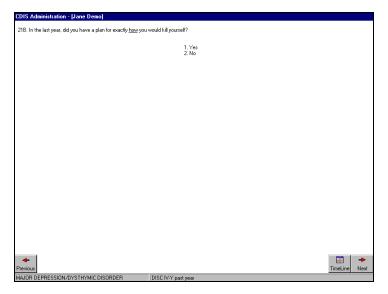


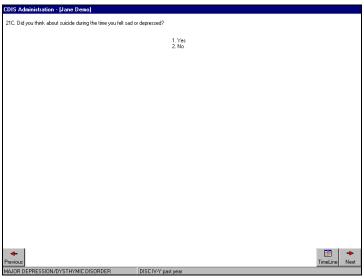


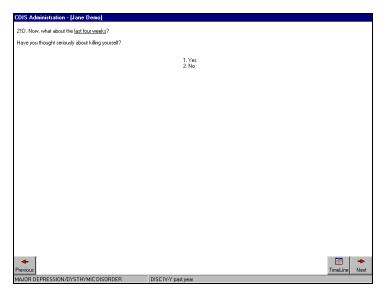
20D.

21. Responses other than "yes" skip to question 22.

21A.





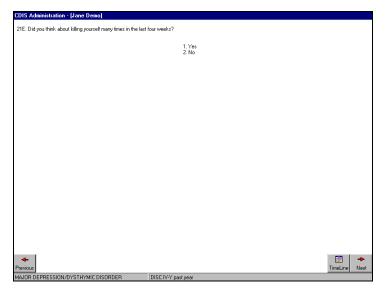


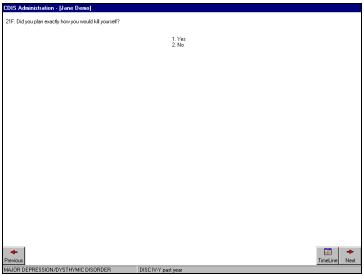
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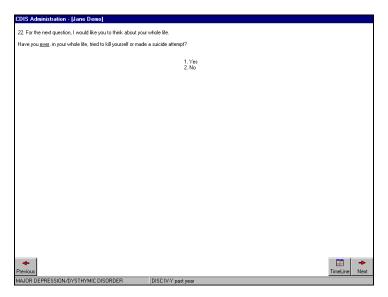
- 21C. Question 21C is asked if any of the following conditions are met:
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
  - Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").

21D. "Yes" responses continue with 21E.

All other responses skip to 22.





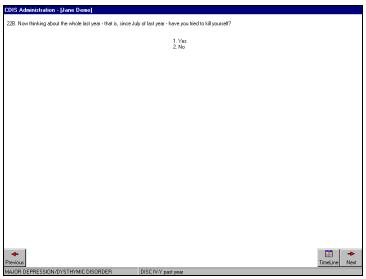


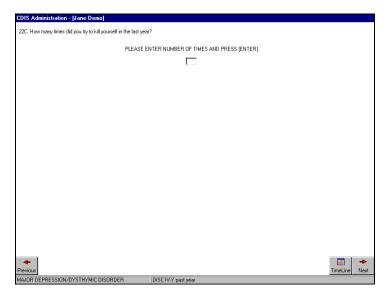
21E.

21F.

22. "Yes" responses continue with 22A.



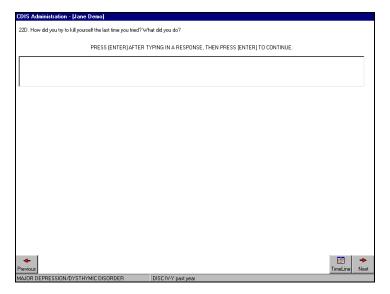




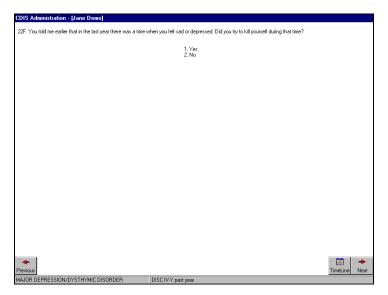
22A.

22B. "Yes" responses continue with 22C.

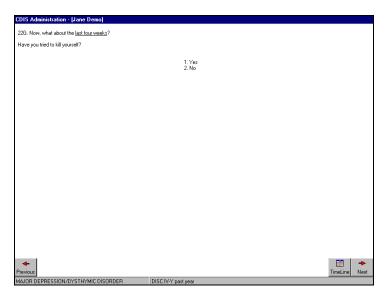
22C.



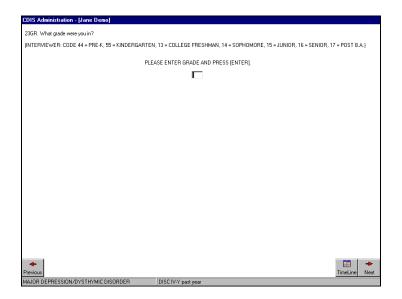




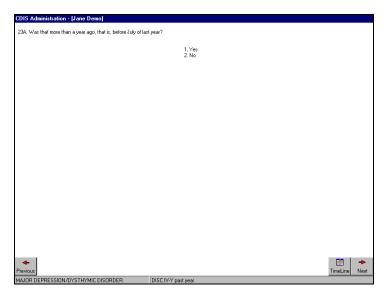
22D.	Enter the respondent's answer verbatim.
22E.	
22F.	Question 22F is asked if any of the following conditions are met:
	<ul> <li>Child reports that in the last year, s/he had 2 weeks in a row when he/she seemed sad or depressed almost every day (Q1D coded "yes"); or</li> </ul>
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she wasn't interested in anything or nothing seemed fun for him almost everyday (Q2B coded "yes"); or
	■ Child reports that in the last year, s/he had 2 weeks in a row when he/she was grouchy or irritable almost every day (Q3D coded "yes").



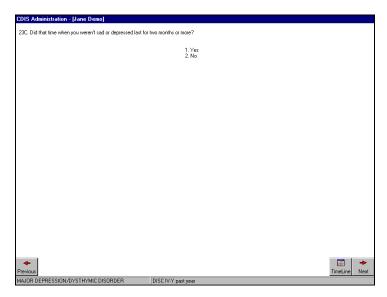




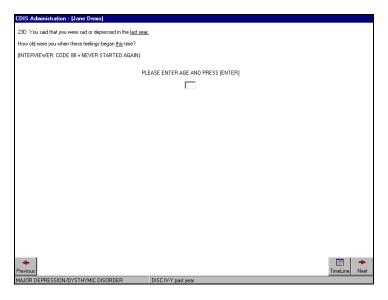
22G.	
23.	Question 23 is asked if <u>three</u> or more of the following questions are coded "yes": 1C, 2B, 3D, 4D, 5A, 6B, 7A, 8B, 9A, 10B, 11C, 12A, 13B, 15B, 16B, 17A, 18B, 19B, 20B, 21C, and 22F.
	Otherwise, the interview skips to the series of questions on dysthymia beginning with question 35.
23GR.	23GR is asked if the respondent is unable to provide an age in question 23.

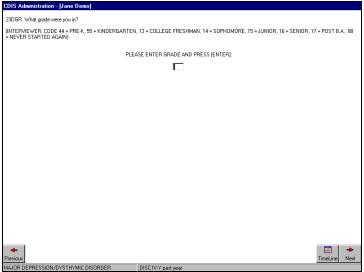


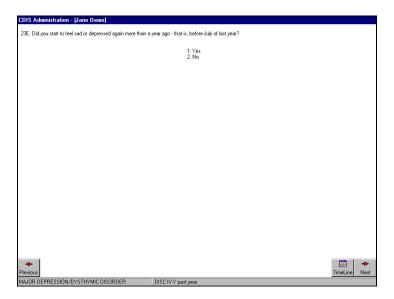




23A.	Question 23A is asked if the age (grade) reported in 23 (23GR) is the child's current age (grade) minus one.
	Responses other than "yes" skip to question 24.
23B.	Question 23B is asked if the age (grade) reported in 23(23GR) is <u>other</u> than the child's current age (grade) <u>OR</u> the child's current age (grade) minus one.
	Responses other than "yes" skip to question 24.
23C.	Responses other than "yes" skip to question 24.







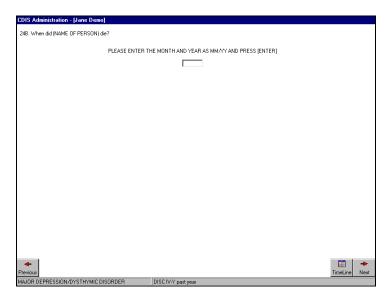
23D.

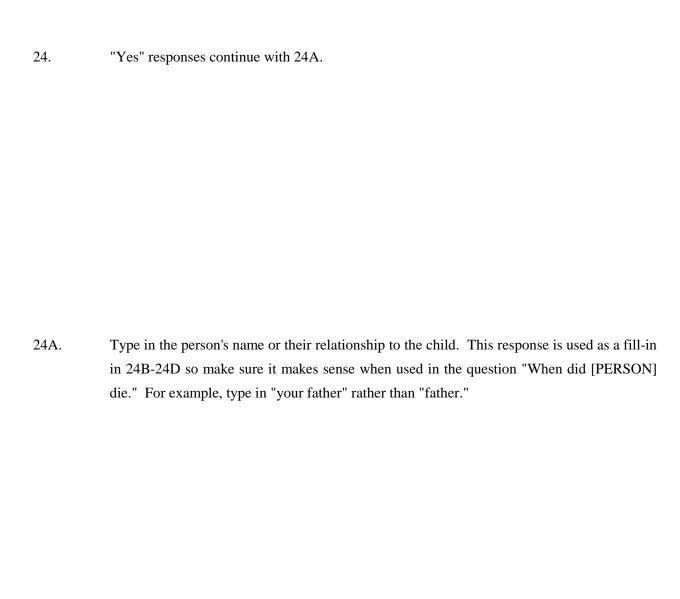
23DGR. This question is asked if the respondent is unable to provide an age in 23D.

23E.

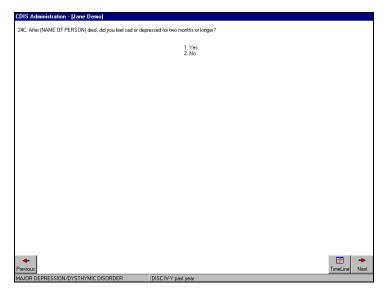


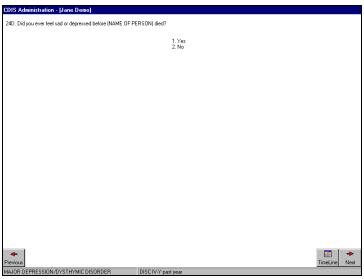


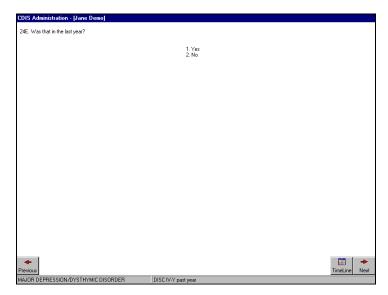




24B.



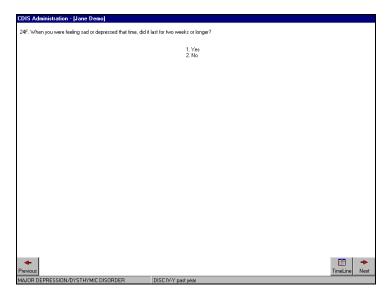


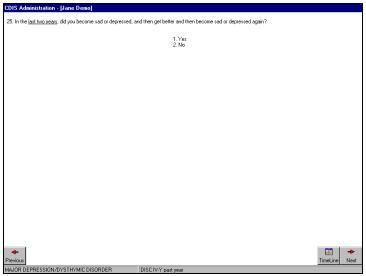


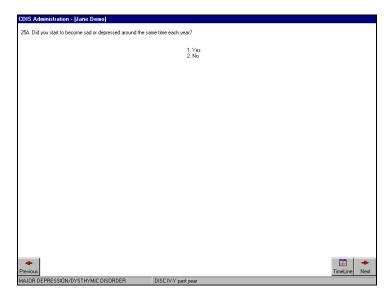
24C. "No" responses continue with 24D.

24D. "Yes" responses continue with 24E.

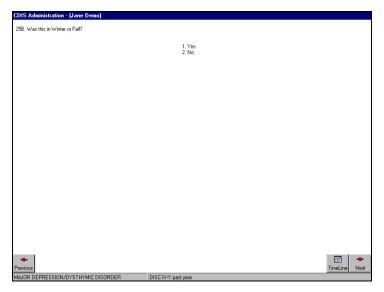
24E. "Yes" responses continue with 24F.

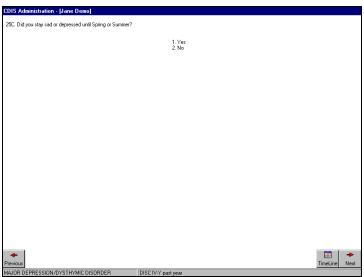


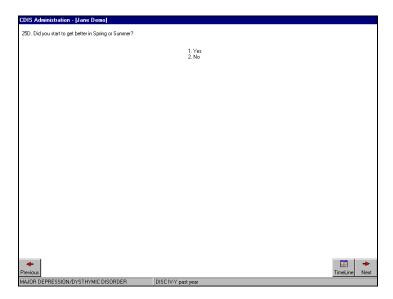




24F.	
25.	Question 25 is asked if the child's age (grade) at onset of symptoms was two or more years ago.
	Responses other than "yes" skip to question 26.
25.4	
25A.	"Yes" responses continue with 25B.



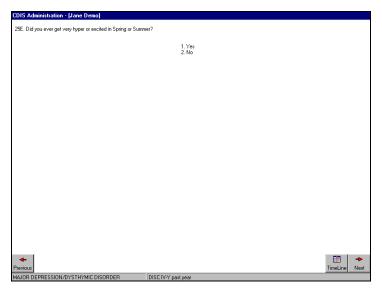




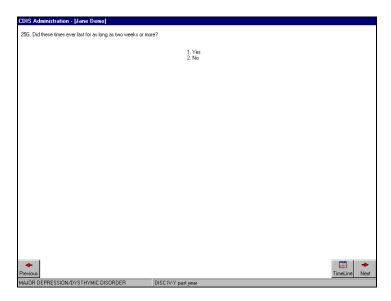
25B. Responses other than "yes" skip to 25H.

25C.

25D.



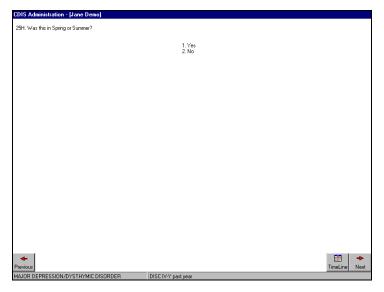




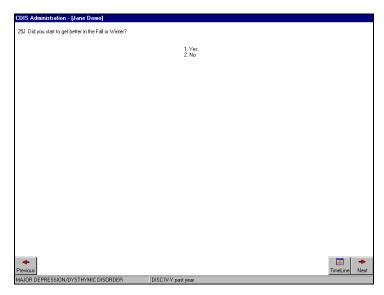
25E.

25F. Responses other than "yes" skip to question 26.

25G. All responses skip to question 26.



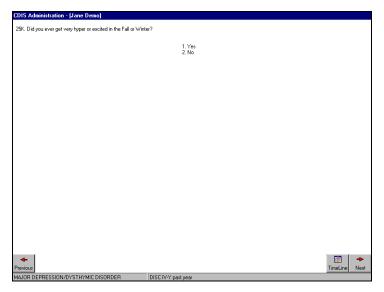




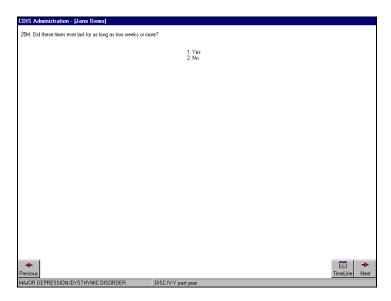
25H. "Yes" responses continue with 25I-25M.

25I.

25J.





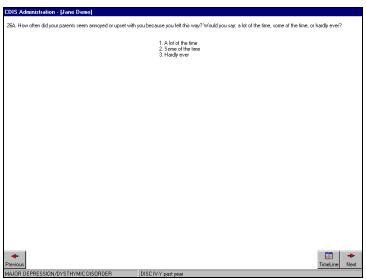


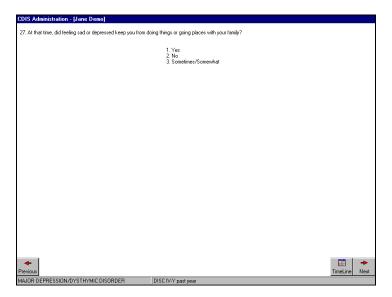
25K.

25L.

25M.

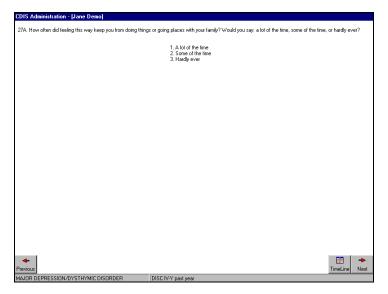




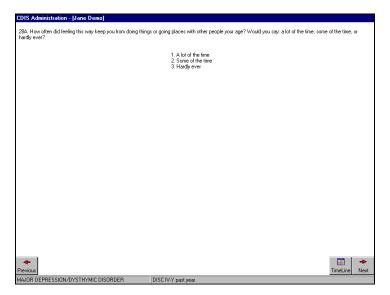


26.	Question 26 begins the series of items to assess impairment.
	"Yes" responses continue with 26A.
26A.	

27. "Yes" responses continue with 27A.

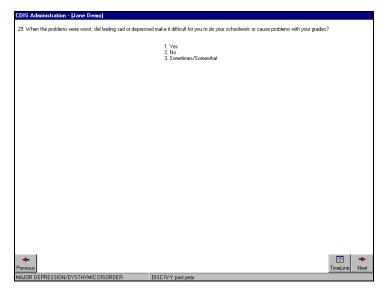


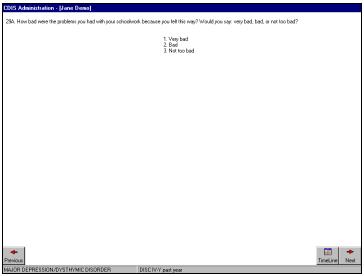


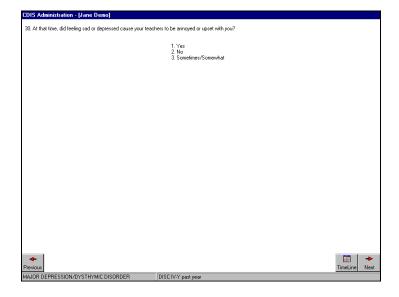


28. "Yes" responses continue with 28A.

28A.





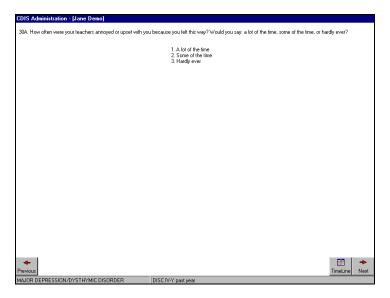


2930.	These items are asked only if the child attended school or worked in the past year
7.9 - 10	These tiems are asked only if the child allended school or worked in the basi year
	These items are asked only if the clinic accorded sensor of worked in the past year

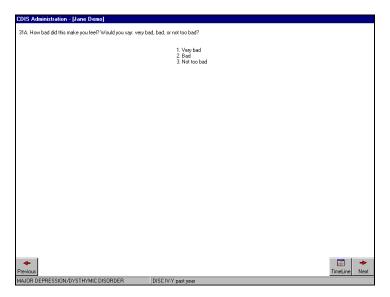
29. "Yes" responses continue with 29A.

29A.

30. "Yes" responses continue with 30A.

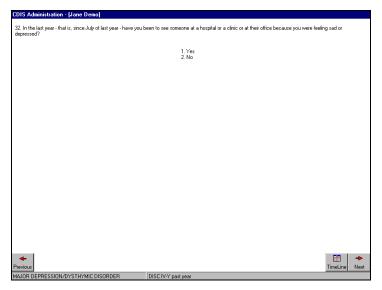


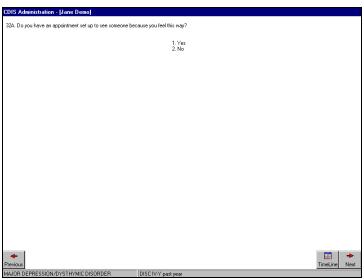


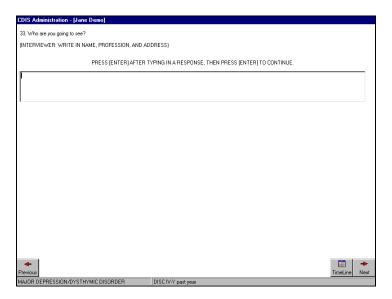


31. "Yes" responses continue with 31A.

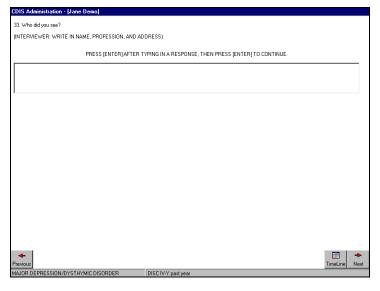
31A.







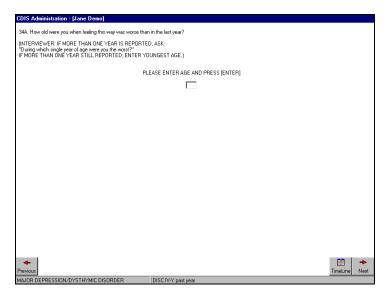
32.	"No" responses continue with 32A.
32A.	
33.	This is the first of two optional questions in the series of items to assess major depression. <b>DO NOT ASK THIS QUESTION.</b> Type "NA" and press enter to proceed to the next question.
	Note the two versions of this question depending upon the responses to 32 and 32A.

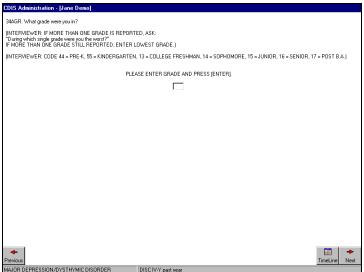


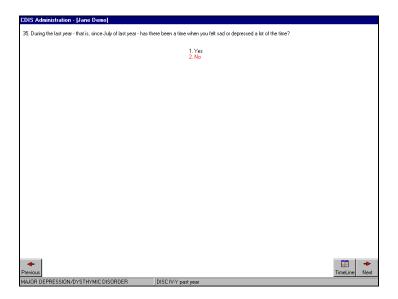




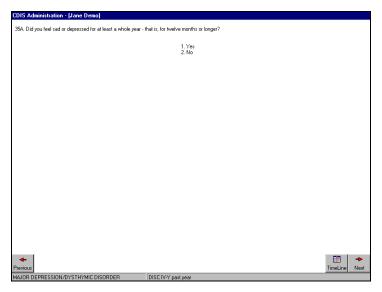
33.	VERSION 2.
33A.	This is the second optional question in the major depression module. <b>DO NOT ASK THIS QUESTION.</b> Type "NA" and press enter to proceed to the next question.
34.	"Yes" responses continue with 34A.



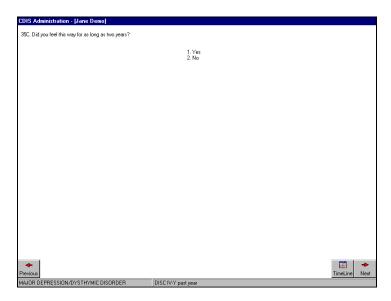




34A.	Remember to read the probe if the respondent reports more than one age. continues to report multiple ages, enter the youngest age.	If the responden
34AGR.	This question is asked if the respondent is unable to report an age in 34A.	
S-H IGIK.	This question is asked if the respondent is unable to report an age in 3-11.	
3559.	Questions 35-39 are the series of items to assess dysthymic disorder. <u>ASKED</u> if five or more of the following questions are coded "yes": 1C, 2B 7B, 8C, 9B, 10C, 11D, 12B, 13C, 15C, 16C, 17B, 18C, 19C, 20C, 21C, 22B	, 3D, 4D, 5B, 6B
35.	"Yes" responses continue with 35A.	





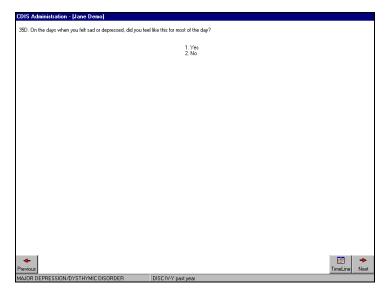


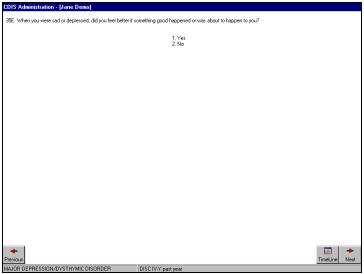
35A. "Yes" responses continue with 35B.

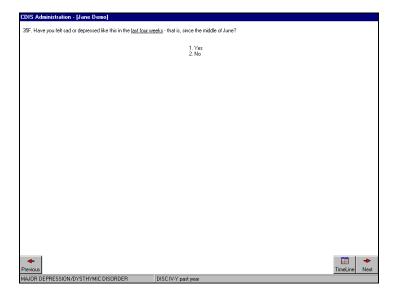
35B. "Yes" responses continue with 35C.

All other responses skip to 35D.

35C.



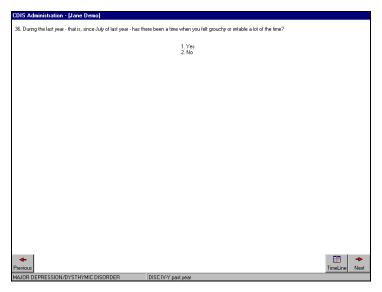


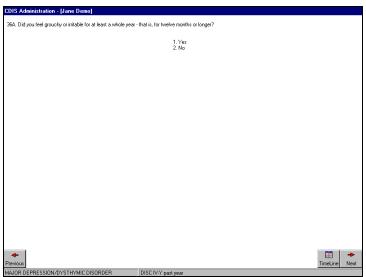


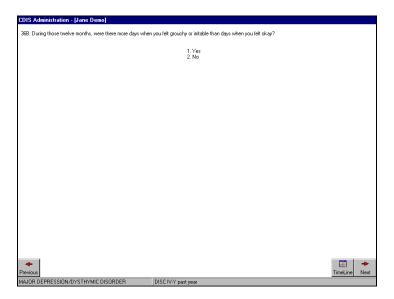
35D.

35E.

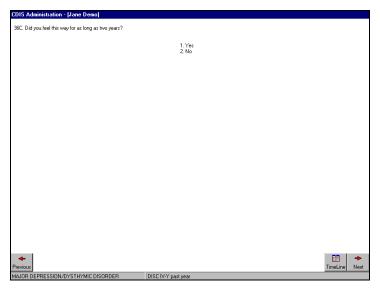
35F.



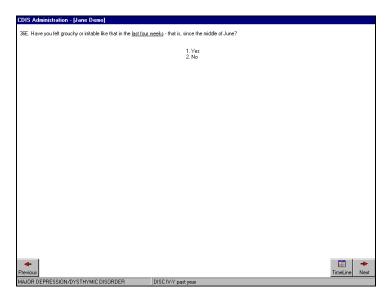




36.	Question 36 is NOT ASKED if 35B is coded "Yes."
36A.	"Yes" responses continue with 36B.
36B.	"Yes" responses continue with 36C. All other responses skip to 36D.



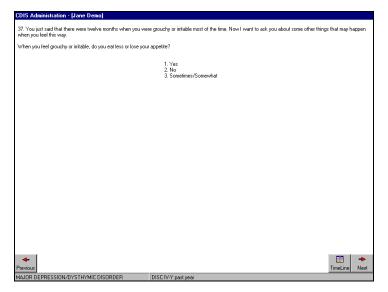


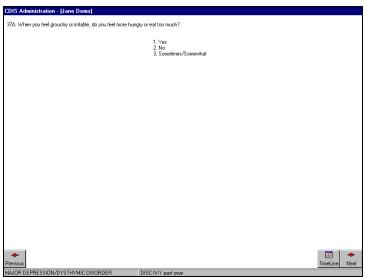


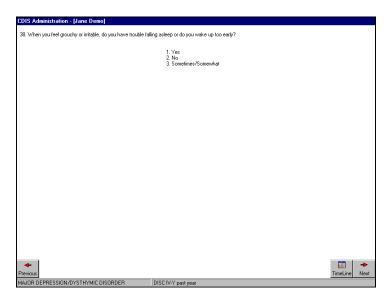
36C.

36D.

36E.





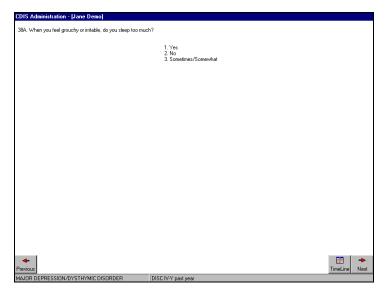


3760.	These questions are <b>ONLY ASKED</b> if 36B is coded "yes." That is, the child reports that in
	the last year, there were more days when the s/he was grouchy or irritable than days when
	s/he felt OK.

37. "No" responses continue with 37A.

37A.

38. "No" responses continue with 38A.

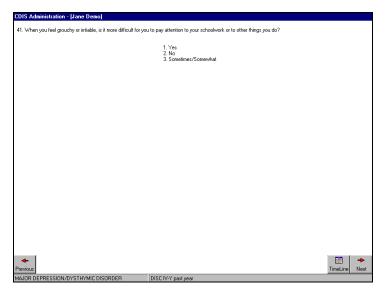




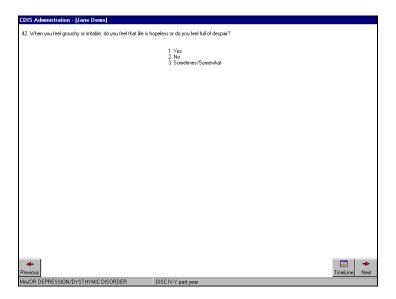


39.

40.



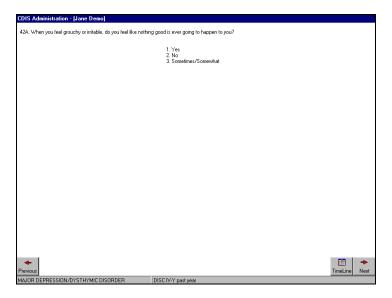


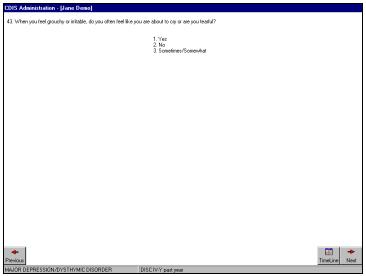


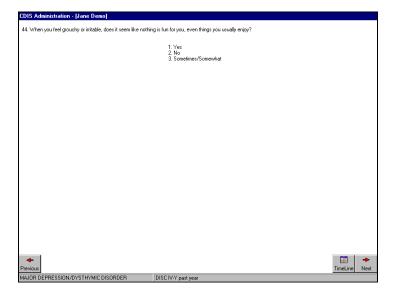
41. "No" responses continue with 41A.

41A.

42. "No" responses continue with 42A.

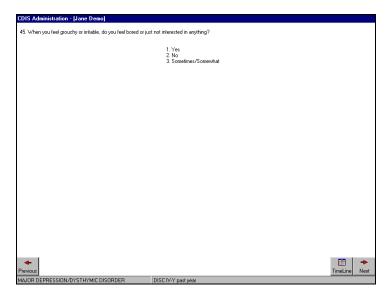


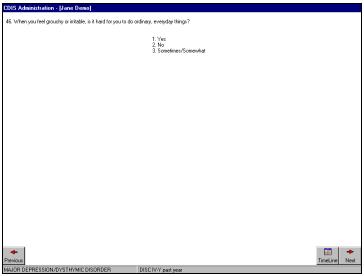


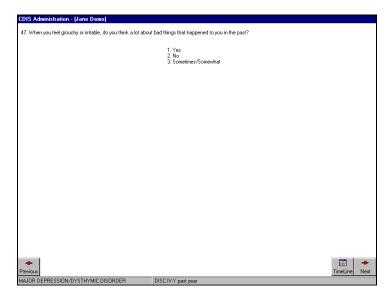


43.

44.





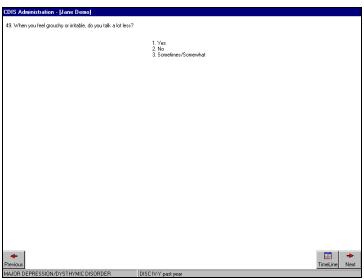


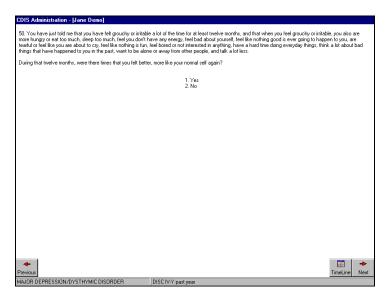
45.

46.

47.



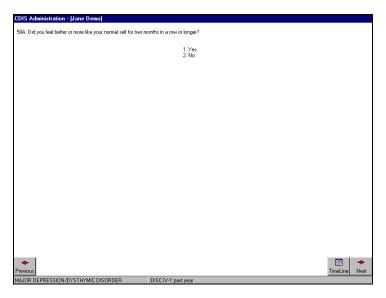




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49.

- 50.-60. These questions are asked if <u>one or more</u> of questions 37-49 are coded "yes" or "sometimes." Otherwise, the interview skips to the end of the CDISC.
- 50. "Yes" responses continue with 50A.



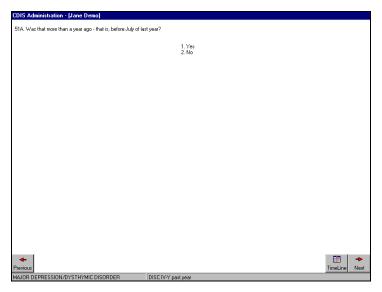




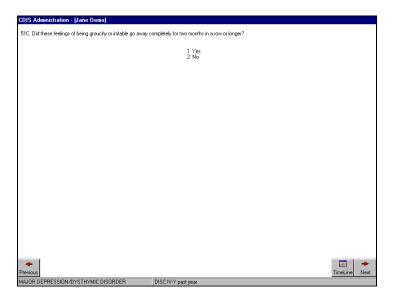
50A.	"Yes" responses skip to the end of the interview.
51.	

51GR.

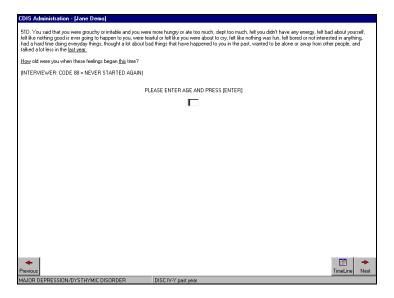
This question is asked if the respondent is unable to provide an age in 51.



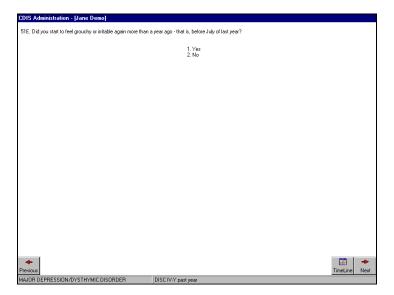




51A.	This questions is asked if the age (grade) reported in 51 (51GR) is the child's current age (grade) minus one.
	"Yes" responses continue with 51B.
51D	This question is NOT ACKED if the age (and do) non-orted in \$1 (\$1CD) is the shill be assument.
51B.	This question is <u>NOT ASKED</u> if the age (grade) reported in 51 (51GR) is the child's current age (grade).
	"Yes" responses continue with 51C.
510	WY " '41.51D
51C.	"Yes" responses continue with 51D.



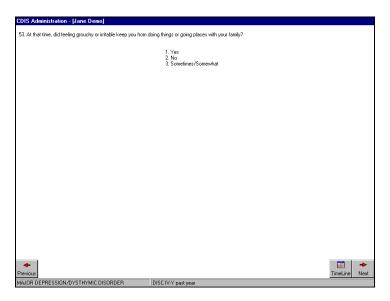




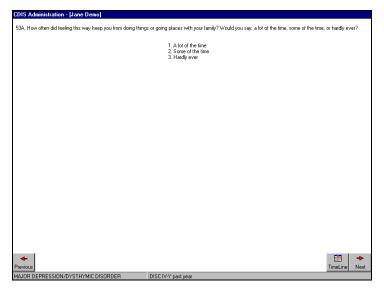
51D.	
51DGR.	This question is asked if the respondent is unable to provide an age in 51D.
51E.	This question is asked if the age (grade) reported in 51D (51DGR) is the child's current age (grade) minus one.

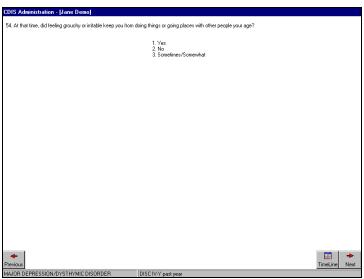


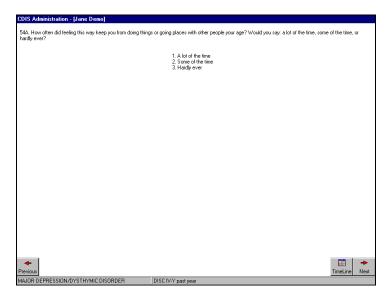




5259.	These questions <u>ARE NOT</u> asked if the questions about impairment and treatment history were asked in the section on major depression (i.e., questions 26-33).
52.	"Yes" responses continue with 52A.
52A.	
53.	"Yes" responses continue with 53A.



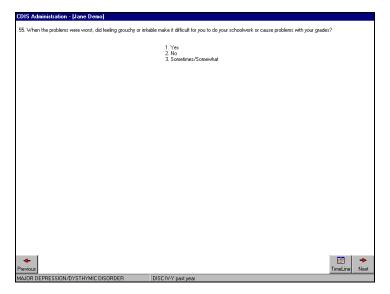


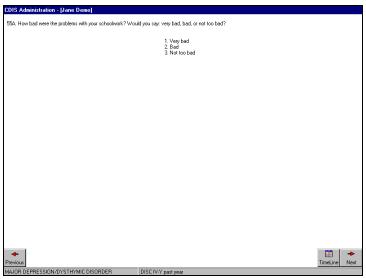


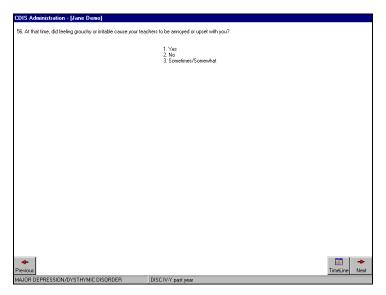
53A.

54. "Yes" responses continue with 54A.

54A.



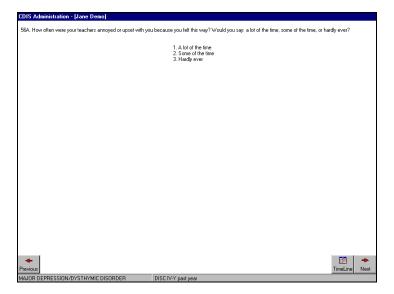


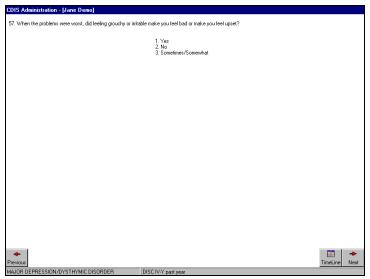


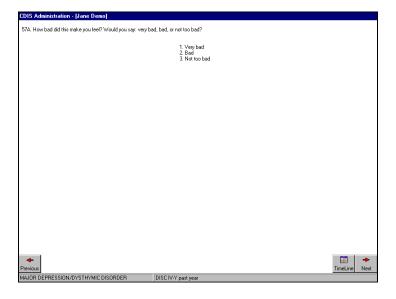
<b>3336.</b>	These questions are asked if the child attended school or worked in the past year.
55.	"Yes" responses continue with 55A.
55A.	

"Yes" responses continue with 56A.

56.



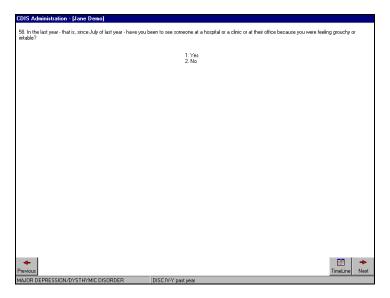




56A.

57. "Yes" responses continue with 57A.

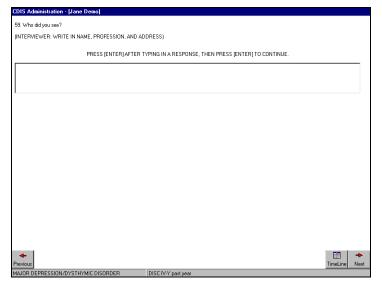
57A.



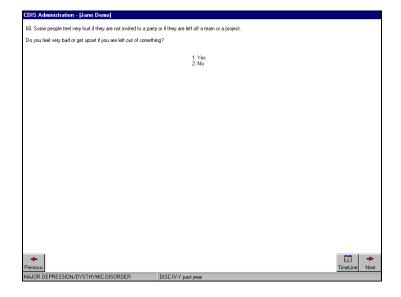




58.	"No" responses continue with 58A.
58A.	
59.	This is the first of two optional questions in the series of items on dysthymic disorder. <b>DO NOT ASK THIS QUESTION.</b> Type "NA" and press ENTER to proceed to the next question.
	Note the two versions of this question depending on the response to 58 and 58A.



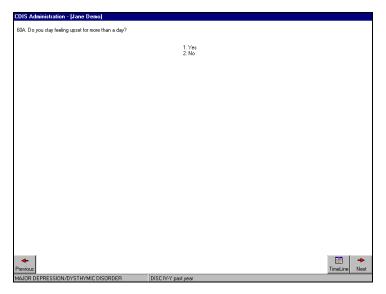


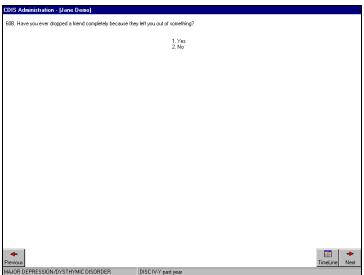


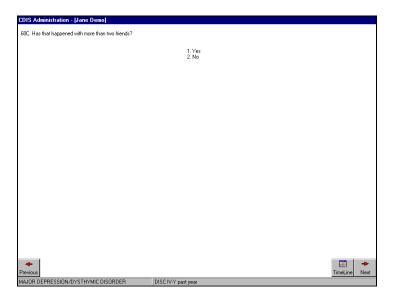
59A.	This is the second optional question.
	<b>DO NOT ASK 59A</b> . Type "NA" and press ENTER to continue.
60.	"Yes" responses continue with 60A.

59.

VERSION 2.







60A.

60B. "Yes" responses continue with 60C.

60C.

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## **6.3.11** Procedures for Collecting Contact Information for the Parent Telephone Interview

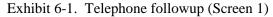
After you record a CDISC status code for SP's 8-15 years of age, the computer will display several contact information screens. The screens prompt you to collect information about the child's mother (or caretaker) that will facilitate the telephone interviewers' efforts to complete the parent interview.

Children and adolescents 8-15 years of age are eligible for the parallel parent interview. The parent interview will be conducted as a telephone interview 4 to 28 days after the child is examined in the MEC.

Specifications for completing these screens are as follows:

- **Introduction (Exhibit 6-1)**: Read the introductory statement to the SP.
- **Lives with Mother (Exhibit 6-1):** If the child reported during administration of the CDISC that s/he lives with his/her mother, code this item as "yes" without asking the question. Ask the question if you do not know or do not remember whether the child lives with his/her mother.
- Mother's Availability (Exhibit 6-1): Read the question, "When is your mother usually at home?" You may need to probe for the specific time slots listed. Click on all applicable categories.
- **Mother's Name (Exhibit 6-1):** This item obtains the name of the SP's mother. Probe for the first and last name. Remember to confirm the spelling of all names.

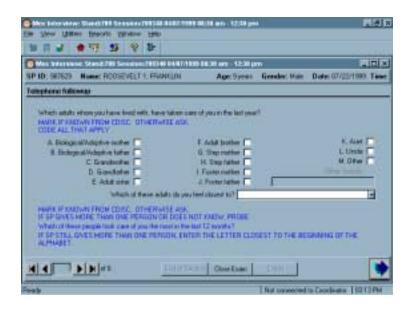
Note: If it is known that the mother is participating in the survey under an alias, be sure to enter the assumed name. Make a note in the comment field to alert the telephone interviewer that an alias is being used.





- Lives with Caretaker. (Exhibit 6-2): Ask this question if the child does not live with his/her mother. Note that this is the same as item 12 from the Introductory module of the CDISC. You may code this item without asking the question if you remember the child's response.
- Caretaker Child Feels Closest To (Exhibit 6-2): This is the same as item 12A from the CDISC introductory module. Again, code without asking the question if you remember the child's response. Remember to read the probe if the child reports more than one person.

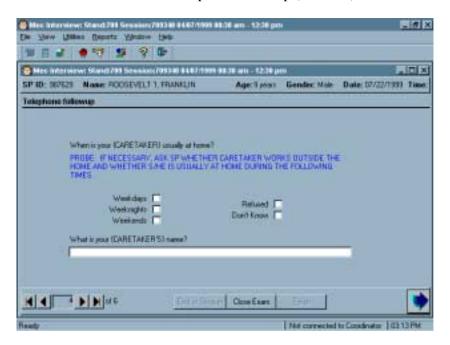
Exhibit 6-2. Telephone followup (Screen 2)



- Caretaker's Availability (Exhibit 6-3): Read the question, "When is your {CARETAKER} usually at home?", inserting the appropriate fill such as "aunt," "father," etc. Probe for specific time slots as necessary. Make sure to click on all applicable categories.
- Caretaker's Name (Exhibit 6-3): This item obtains the name of the child's caretaker. Probe for the first and last name. Verify the spelling of all names.

Note: If it is known that the caretaker is using an alias, be sure to enter the assumed name. Make a note in the comment field to alert the telephone interviewer.

Exhibit 6-3. Telephone followup (Screen 3)



- **Preferred Language (Exhibit 6-4):** This item asks the child to indicate his/her mother or caretaker's language of preference. Click on the appropriate box. If a child reports a language other than English or Spanish, probe whether the caretaker would be able to complete an interview in either of these two languages and make a note in the comment box.
- Eligible Siblings (Exhibit 6-4): This item asks the child to indicate whether s/he has any siblings who may also be eligible for the parent interview.
- Name(s) of Eligible Sibling(s) (Exhibit 6-4): This item obtains the names of all siblings who may be eligible for the parent interview. Remember to obtain the first and last name of all eligible siblings and to confirm the spelling of all names.

Note: If it is known that siblings are using assumed names for purposes of the study, be sure to enter the assumed names.

■ Comments (Exhibit 6-4): Use this box to type in any information that might be helpful to the telephone interviewers in contacting the parent or caretaker. For example, if the child reports that his mother works until 1 p.m. weekdays or that his mother is away on business for 2 weeks, note this information here. This is also the appropriate place to alert the telephone interviewer that assumed names are being used.

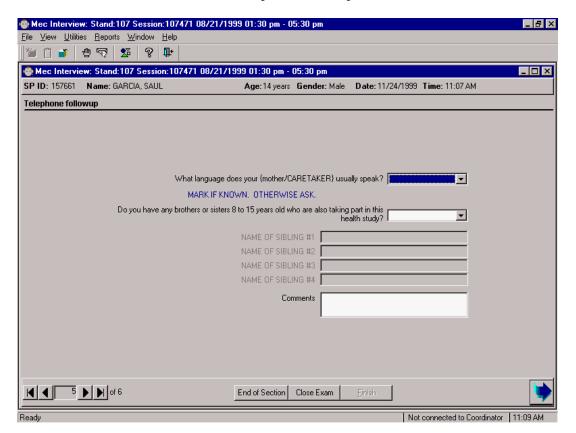


Exhibit 6-4. Telephone followup (Screen 4)