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3 Parents' Questionnaire

re emotional problems at one time or another. We want South Carolina PLAY Project to Learn about ADHD in Youth About your child's history Remember that your about your child's history. Remember that your answers are confidential. Your name does not appear on this form and no one outside the research team will know what you say. Please begin

now. Thank you.						
1. Have you ever had a period of time that lasted at least 2 weeks when you felt depressed (or down or blue)? Multiple symptoms of depression may include sadness, low energy, poor sleep (too little or too much), no appetite or too much appetite, not enjoying activities, or suicidal thoughts.						
1a. How old were you when it first occurred?			year()			
1b. How many episodes have you ha	d?					
1c. How long ago was the last episode? O < 1 month O 1-6 months OR year(s) O 7-12 months						
1d. Have you ever been told by a doctor or other health professional that you have depression?			O No			
2. Have you ever had serious anxiety symptoms, such as:						
2a. Panic attacks (shortness of breath, chest pain, numbness, tingling, sweating)?						
2b. Feeling generally anxious for 6 months or more (excessive worrying, tension, feeling keyed up)?						
3. Have you ever been told by a doctor or other health professional that you have:						
3a. Post-Traumatic Stress Disorder (PTSD)?						
3b. Obsessive Compulsive Disorder (OCD)?			O No			
4. Have you ever been told by a doctor or other health professional that you have Bipolar or Manic-Depressive Disorder?			O No			
5. Have you ever been told by a doctor or other health professional that you have Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?			O No			
	ever had a period of time that lasted felt depressed (or down or blue)? Mun may include sadness, low energy, poly, no appetite or too much appetite, not thoughts. 1a. How old were you when it first on the last episode? 1b. How many episodes have you had look long ago was the last episode? 1d. Have you ever been told by a confessional that you have depressional that you have depressional attacks (shortness of breath, chest longling, sweating)? 1eling generally anxious for 6 months borrying, tension, feeling keyed up)? 1ever been told by a doctor or other headst-Traumatic Stress Disorder (PTSD)? 1ever been told by a doctor or other headst-Traumatic Stress Disorder (OCD)? 1ever been told by a doctor or other headst-Tension Deficit Hyperactivity Disorder (PTSD)?	ever had a period of time that lasted at least 2 weeks felt depressed (or down or blue)? Multiple symptoms of n may include sadness, low energy, poor sleep (too little or n, no appetite or too much appetite, not enjoying activities, I thoughts. 1a. How old were you when it first occurred? 1b. How many episodes have you had? 1c. How long ago was the last episode? 1d. Have you ever been told by a doctor or other health professional that you have depression? ever had serious anxiety symptoms, such as: anic attacks (shortness of breath, chest pain, numbness, angling, sweating)? eeling generally anxious for 6 months or more (excessive borrying, tension, feeling keyed up)? ever been told by a doctor or other health professional that post-Traumatic Stress Disorder (PTSD)? bsessive Compulsive Disorder (OCD)? ever been told by a doctor or other health professional that Bipolar or Manic-Depressive Disorder? ever been told by a doctor or other health professional that Bipolar or Manic-Depressive Disorder? ever been told by a doctor or other health professional that Attention Deficit Hyperactivity Disorder (ADHD) or	ever had a period of time that lasted at least 2 weeks felt depressed (or down or blue)? Multiple symptoms of n may include sadness, low energy, poor sleep (too little or n, no appetite or too much appetite, not enjoying activities, I thoughts. 1a. How old were you when it first occurred? 1b. How many episodes have you had? 1c. How long ago was the last episode? 1d. Have you ever been told by a doctor or other health professional that you have depression? 1d. Have you ever been told by a doctor or other health professional that you have depression? ever had serious anxiety symptoms, such as: anic attacks (shortness of breath, chest pain, numbness, angling, sweating)? everling generally anxious for 6 months or more (excessive borrying, tension, feeling keyed up)? ever been told by a doctor or other health professional that you have obst-Traumatic Stress Disorder (PTSD)? O Yes besessive Compulsive Disorder (OCD)? O Yes ever been told by a doctor or other health professional that Bipolar or Manic-Depressive Disorder? ever been told by a doctor or other health professional that Bipolar or Manic-Depressive Disorder? ever been told by a doctor or other health professional that Attention Deficit Hyperactivity Disorder (ADHD) or O Yes			

Please continue on back of page. □

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data
sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not
required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of
collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; AT

6. Have you ever heard voices talking to you or seen things other people could not hear or see?				O No
7. Have you ever been treated by a psychiatrist or other mental health professional, such as a psychologist?				O No
7a. If yes , what diagnosis did that person make?	O Gene O Pani O Obse O Post O Atte O Oppo O Conc O Bord O Schi Disorde O Othe Spec O No d	lar or Manic Depre eralized Anxiety c Disorder essive-Compulsive traumatic Stress D ntion-Deficit/Hyper ositional Defiant D duct Disorder erline Personality zophrenia or Schizer er (Please	Disorder (Pisorder (P Pactivity Di isorder Disorder	OCD) TSD)
8. Have you ever received counseling for an problem?	emotion	al or behavioral	O Yes	O No
8a. If yes , what was the problem?				
9. Have you ever taken medication for an er	motional	problem?	O Yes	O No
9a. If yes , what is the name of the medication(s)?		O Prozac O Paxil O Zoloft O Effexor O Wellbutrin O Remeron O Lithium O Depakote O Tegretol O Neurontin O Topamax O Trileptal O Zyprexa	O Seroque O Rispero O Geodor O Haldol O Ritalin O Addera O Concer O Cylert O Clonidi O Stratte O Tenex O Other O Don't k	dol n ill ta ne ra
10. In general, would you say your health is:		O Excellent O Very Good O Good O Fair O Poor		

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Numbe	r	

Please continue on next page. \rightarrow

CHILD's SIBLINGS

Now we would like to ask about your other children: (Please complete this section for each of your children who are not in the study. If you only have one child, skip this section)				
Child #2: Age:years, Sex: O M O F				
Please answer 13a, b, and c about child #2				
11a. Has your child ever been treated by a psych health professional, such as a psychologist?	niatrist or other mental	O Yes	O No	
11b. If yes , what diagnosis did that person make?	O Depression O Bipolar or Manic Depression O Generalized Anxiety O Panic Disorder O Obsessive-Compulsit (OCD) O Posttraumatic Stress (PTSD) O Attention-Deficit/Hypolisorder O Oppositional Defiant O Conduct Disorder O Borderline Personalit O Schizophrenia or Scholisorder O Other (Please Special Control of the Conduct	ve Disorde Deractivi Disorde ty Disorde	er ty er der	
11c. Has your child ever received counseling for an emotional or behavioral problem?			O No	

Child #3: Age:years, Sex: O M O F					
Please answer 14a, b, and c about child #3					
12a. Has your child ever been treated by a psychiatrist or other mental health professional, such as a psychologist?					
12b. If yes , what diagnosis did that person make?	O Depression O Bipolar or Manic Depression O Generalized Anxiety O Panic Disorder O Obsessive-Compulsity (OCD) O Posttraumatic Stress (PTSD) O Attention-Deficit/Hypolisorder O Oppositional Defiant O Conduct Disorder O Borderline Personality O Schizophrenia or S	ve Disor oeractivi Disorde ty Disord	er ty er der		
12c. Has your child ever received counseling for an emotional or behavioral problem?			O No		

Child #4: Age:years, Sex: O M O F					
Please answer 15a, b, and c about child #4					
13a. Has your child ever been treated by a psychiatrist or other mental health professional, such as a psychologist?					
13b. If yes , what diagnosis did that person make?	O Depression O Bipolar or Manic Depression O Generalized Anxiety O Panic Disorder O Obsessive-Compulsity (OCD) O Posttraumatic Stress (PTSD) O Attention-Deficit/Hypolisorder O Oppositional Defiant O Conduct Disorder O Borderline Personality O Schizophrenia or S	ve Disor oeractivi Disorde ty Disord	er ty er der		
13c. Has your child ever received counseling for an emotional or behavioral problem? O Yes			O No		

Child #5: Age:years, Sex: O M O F					
Please answer 16a, b, and c about child #5					
14a. Has your child ever been treated by a psychiatrist or other mental health professional, such as a psychologist? O Yes					
14b. If yes , what diagnosis did that person make?	O Depression O Bipolar or Manic Dep Disorder O Generalized Anxiety O Panic Disorder O Obsessive-Compulsi (OCD) O Posttraumatic Stress (PTSD) O Attention-Deficit/Hyp Disorder O Oppositional Defiant O Conduct Disorder O Borderline Personali O Schizophrenia or Schizophrenia or Schizophrenia O Other (Please Speci	ve Disorde Deractivi Disorde ty Disorde	er ty er der		
14c. Has your child ever received counseling for an emotional or behavioral problem?			O No		

FOR STUDY USE ONLY				
ID Number				Gender
Date Interviewed	Month	Day	Year	Interviewed by

The