

National Mental Health Study Field Test,
Supporting Statement
Attachment A-2 – Parent Questionnaire
Specifications

NATIONAL MENTAL HEALTH STUDY (NMHS): PARENT QUESTIONNAIRE FINAL SPECIFICATIONS

Please see Appendix A for a summary of the content of each National Mental Health Study (NMHS) Questionnaire module and a high-level overview of changes made to the module when compared to the source documents originally provided to RTI.

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
Rockville, Maryland

National Institute of Mental Health
Rockville, Maryland

NATIONAL MENTAL HEALTH STUDY (NMHS): PARENT QUESTIONNAIRE FINAL SPECIFICATIONS

Contract No. HHSS283201300001C
RTI Project No. 0213985.301.002.001

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Prepared by RTI International, Research Triangle Park, North Carolina

February 27, 2017

Recommended Citation: Center for Behavioral Health Statistics and Quality. (2016). *National Mental Health Study (NMHS): Parent Questionnaire Final Specifications* (unpublished internal documentation). Substance Abuse and Mental Health Services Administration; National Institute of Mental Health, Rockville, MD.

Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, and the National Institute of Mental Health by RTI International (a registered trademark and a trade name of Research Triangle Institute). Contributors to this report at RTI include Claudia Clark, Janice Handler, and Roxanne Snaauw.

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DEFINE AOPSG_FILL

IF PQMODE=TEL, THEN FILL="READ RESPONSE OPTIONS FOR FIRST THREE ROWS, THEN READ
RESPONSE OPTIONS ONLY AS NEEDED"
ELSE, FILL= ""

DEFINE WASIT_FILL

IF PQMODE=TEL, THEN FILL="Was it..."
ELSE, FILL= ""

DEFINE PQCONSENT_FILL

IF PQMODE=WEB, THEN PQCONSENT_FILL= "If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, toll-free hotline numbers are printed on your payment receipt you received from the interviewer. It is important for you to keep in mind that you and your child will not be given a psychological diagnosis or any mental health advice or counseling. The information we are collecting today is only for research purposes."

IF PQMODE=TEL, THEN PQCONSENT_FILL= "If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, I will provide you with toll-free hotline numbers that are printed on your payment receipt you received from the interviewer. It is important for you to keep in mind that I will not be providing you with a psychological diagnosis or any mental health advice or counseling. The information we are collecting today is only for research purposes."

PQCONSENT This year, we are interviewing about 13,500 people across the nation. You will represent over 5,000 other people who are similar to you. The National Mental Health Study (NMHS) Parent Interview, sponsored by the Department of Health and Human Services, asks questions about your child's health, development and family background. A parent's perspective is very important in getting an accurate description of a child's health and development, which is why you have been selected to participate.

This interview will take approximately 30 minutes. You should answer the interview questions in a private setting.

While the interview has some personal questions, federal law protects the privacy of your answers and requires us to keep all of your answers confidential.

Your participation is voluntary. You may consider some of the questions to be sensitive in nature and some of the questions may also make you feel certain emotions, such as sadness. Remember that you can refuse to answer any questions that you do not want to answer, and you can stop the interview at any time. [PQCONSENT_FILL]

These study details are also included on the Study Description you received from the interviewer who met with you in your home.

We may contact you in the future to take part in another survey. When we contact you in the future, you can decide whether or not you want to continue being in the study.

Do you consent to participate in this study?

- 1 Yes
- 2 No

PQREF [IF PQCONSENT = 2] Your participation is very important. The data collected will help researchers and policy makers learn more about adolescents' physical and mental health experiences.

We know you are busy and your time is important to you. The interview will only take approximately 30 minutes to complete. As a thank you for your time, you received \$30 from the interviewer who met with you in your home.

Do you consent to participate in this study?

- 1 Yes
- 2 No

PQREF2 [IF PQREF = 2] Thank you for your time.

PQNAME [IF PQCONSENT = 1 OR PQREF = 1] Recently, your adolescent took part in an important study for The U.S Department of Health and Human Services called the National Mental Health Study. This parent interview will ask you questions about that adolescent.

Please provide a first name or nickname for the adolescent who completed the National Mental Health Study. We will use this name or nickname as a reminder throughout the survey.

_____Name or Nickname

DK/REF

ALLOW 15 CHARACTERS

DEFINE NAME FILL

IF PQNAME NE DK OR REF, THEN FILL WITH TEXT FROM PQNAME

IF PQNAME = DK OR REF, THEN FILL WITH "this adolescent"

PQ1 Is [NAME FILL] male or female?
1 Male
2 Female
DK/REF

PRONOUN1 FILL

IF PQ1 = 1, THEN "HE"
IF PQ1 = 2, THEN "SHE"
IF PQ1 = DK/REF, THEN "THEY"

PRONOUN2 FILL

IF PQ1 = 1, THEN "HIS"
IF PQ1 = 2, THEN "HER"
IF PQ1 = DK/REF, THEN "THEIR"

PRONOUN3 FILL

IF PQ1 = 1, THEN "HIM"
IF PQ1 = 2, THEN "HER"
IF PQ1 = DK/REF, THEN "THEM"

PRONOUN4 FILL

IF PQ1 = 1, THEN "HIMSELF"
IF PQ1 = 2, THEN "HERSELF"
IF PQ1 = DK/REF, THEN "THEMSELVES"

PRONOUN5 FILL

IF PQ1 = 1, THEN "HIS"
IF PQ1 = 2, THEN "HERS"
IF PQ1 = DK/REF, THEN "THEIRS"

PQ1b How old is [NAME FILL]?

_____ Years Old [RANGE: 13–18]
DK/REF

DEFINE CURNTAGE
PQ1b = CURNTAGE

DEFINE PQ2_FILL
IF PQMODE=TEL, THEN FILL = "ONLY READ ANSWER OPTIONS IF NEEDED: Are you
[PROPNOUN2_FILL]..."
ELSE, FILL = ""

PQ2 What is your relationship to [NAME FILL]?

[PQ2_FILL]

- 1 Biological mother
 - 2 Biological father
 - 3 Step or adoptive mother
 - 4 Step or adoptive father
 - 5 Common law mother
 - 6 Common law father
 - 7 Foster mother
 - 8 Foster father
 - 9 Grandmother
 - 10 Grandfather
 - 11 Other relative
 - 12 Guardian not biologically related
 - 13 Other
- DK/REF

PQ2OTHR [IF PQ2 = 13] What is your relationship to [NAME FILL]?

_____ Relationship Type

DK/REF

ALLOW 50 CHARACTERS

PQ3 The next questions are about [NAME FILL]'s birth and early development. Can you answer questions about [NAME FILL]'s birth and early development?

- 1 Yes
 - 2 No
- DK/REF

DEFINE PQ4_FILL

IF PQMODE=TEL, THEN FILL=" , in pounds and ounces"

ELSE, FILL=""

PQ4 [IF PQ3 = 1] At birth, how much did [PRONOUN1 FILL] weigh [PQ4_FILL]?

_____ Pounds _____ Ounces

DK/REF

[RANGE: 0-15 POUNDS, 0-15 OUNCES]

[FILL BLANK IN OUNCES AS 0]

PQ5a [IF PQ3 = 1] Was [NAME FILL] born more than one week prematurely?

- 1 Yes
 - 2 No
- DK/REF

PQ5b [IF PQ5a = 1] About how many weeks premature was [NAME FILL] when [PRONOUN1 FILL] was born?

_____ Number of Weeks

DK/REF
[RANGE: 0-22]

Education

Begin Timestamp

PQ6a Did [NAME FILL] ever stay back or repeat a grade in school?

- 1 Yes
 - 2 No
- DK/REF

PQ6b [IF PQ6a = 1] How many years did [PRONOUN1 FILL] stay back or repeat a grade in school?

_____ Years
DK/REF
[RANGE: 0–10]

PQ7 What was the last grade in school [PRONOUN1 FILL] completed?

- 1 Less than 3rd grade
 - 2 4th grade
 - 3 5th grade
 - 4 6th grade
 - 5 7th grade
 - 6 8th grade
 - 7 9th grade
 - 8 10th grade
 - 9 11th grade
 - 10 12th grade
 - 11 Any college, university, or technical school
- DK/REF

DEFINE PQ7a_FILL

IF PQMODE=TEL, THEN FILL="Do you expect [PRONOUN3_FILL]..."
ELSE, FILL=""

PQ7a How far in school do you **expect** [PRONOUN3 FILL] to go?

[PQ7a_FILL]

- 1 To receive less than a high school diploma
 - 2 To graduate from high school
 - 3 To attend two or more years of college
 - 4 To finish a four- or five-year college degree
 - 5 To earn a master's degree or equivalent
 - 6 To finish a Ph.D., MD or other advanced degree
- DK/REF

PQ8 What sort of grades did [NAME FILL] get in [PRONOUN2 FILL] last full year at school?

- 1 Above average
 - 2 Average
 - 3 Below average
- DK/REF

PQ9 Did [NAME FILL] ever receive any of the following special school services?

	Yes	No
PQ9a Placement in a special classroom in a regular school for children with learning problems?	1	2
PQ9b Placement in a special class for gifted children?	1	2
PQ9c Placement in a special class in a regular school for students with emotional or behavioral problems?	1	2
PQ9d Special testing in school for emotional or behavioral problems?	1	2
PQ9e Placement in a special school for students with emotional or behavioral problems?	1	2

DK/REF

PQ9 Did [NAME FILL] ever receive any of the following special school services?

	Yes	No
PQ9f Group psychological counseling or therapy delivered in school?	1	2
PQ9g Individual psychological counseling or therapy delivered in school?	1	2
PQ9h Medications for problems with concentration, behavior, or emotions taken at school and either given by or supervised by a school nurse or teacher?	1	2
PQ9i Other counseling or therapy in school for emotional or behavioral problems?	1	2

DK/REF

Columbia Impairment Scale

Begin Timestamp

PQ10 The following questions ask about areas of behavior for you to rate on a scale from 0 – No Problem for [NAME FILL] to 4 – Very Bad Problem for [NAME FILL]. Rate each item by choosing the number that best describes [PRONOUN2 FILL] behavior at the present time. Since [PRONOUN2 FILL] behavior will change over time, only take into consideration how you feel [PRONOUN2 FILL] **recent behavior, within the past week or two**, has been.

PQ11 In general, how much of a problem do you think [NAME FILL] has with...

[AOPSG_FILL]

		No Problem	Minor Problem	Some Problem	Bad Problem	Very Bad Problem
PQ11a	getting into trouble?	0	1	2	3	4
PQ11b	getting along with [PRONOUN2 FILL] mother or mother figure?	0	1	2	3	4
PQ11c	getting along with [PRONOUN2 FILL] father or father figure?	0	1	2	3	4
PQ11d	feeling unhappy or sad?	0	1	2	3	4
PQ11e	[PRONOUN2 FILL] behavior at school or at [PRONOUN2 FILL] job?	0	1	2	3	4
PQ11f	having fun?	0	1	2	3	4
PQ11g	getting along with adults other than [PRONOUN2 FILL] mother or father?	0	1	2	3	4

DK/REF

PQ12 How much of a problem does [NAME FILL] have with...

[AOPSG_FILL]

		No Problem	Minor Problem	Some Problem	Bad Problem	Very Bad Problem
PQ12a	feeling nervous or afraid?	0	1	2	3	4
PQ12b	getting along with other kids [PRONOUN2 FILL] age?	0	1	2	3	4
PQ12c	getting involved in activities like sports or hobbies?	0	1	2	3	4
PQ12d	[PRONOUN2 FILL] school work or doing [PRONOUN2 FILL] job?	0	1	2	3	4
PQ12e	[PRONOUN2 FILL] behavior at home?	0	1	2	3	4

DK/REF

PQ13 How much of a problem does [NAME FILL] have with getting along with [PRONOUN2 FILL] brothers or sisters?

- 1 No problem
- 2 Minor problem
- 3 Some problem
- 4 Bad problem
- 5 Very bad problem
- 6 [NAME FILL] does not have any brothers or sisters

DK/REF

Attention and Concentration**Begin Timestamp**

PQ14 Was there ever a time lasting **six months or longer** when [NAME FILL] often had any of the following problems?

	Yes	No
PQ14a Was unable to keep [PRONOUN2 FILL] mind on what [PRONOUN1 FILL] was doing if things were going on nearby?	1	2
PQ14b People often said that [PRONOUN1 FILL] did not seem to be listening to them?	1	2
PQ14c Often did not finish chores, homework, or other work even when [PRONOUN1 FILL] meant to get them done and knew how to do them?	1	2
PQ14d Quickly lost interest in games or work [PRONOUN1 FILL] was doing at home or school?	1	2
PQ14e Often had trouble paying attention to details or made a lot of careless mistakes in homework, work, or other activities?	1	2

DK/REF

PQ14

	Yes	No
PQ14f Disliked, stayed away from, or put off doing things that needed a lot of concentration?	1	2
PQ14g Often forgot what [PRONOUN1 FILL] was supposed to be doing?	1	2
PQ14h Got confused when [PRONOUN1 FILL] had to make plans or decide the order in which to do things?	1	2
PQ14i Often lost things like homework or books?	1	2

DK/REF

DEFINE ATTENTION

IF PQ14a = 1 OR PQ14b = 1 OR PQ14c = 1 OR PQ14d = 1 OR PQ14e = 1 OR PQ14f = 1 OR PQ14g = 1 OR PQ14h = 1 OR PQ14i = 1, THEN ATTENTION = 1

ELSE ATTENTION = 2

PQ15 [IF ATTENTION = 1] About how old was [NAME FILL] when [PRONOUN1 FILL] first started having attention or concentration problems?

_____ Years Old

DK/REF

[RANGE: 0-CURNTAGE]

DEFINE PQ16_FILL

IF PQMODE=WEB, THEN FILL="Enter 0 if [PRONOUN1 FILL] has had problems with attention or concentration for less than a year."

IF PQMODE=TEL, THEN FILL="ENTER 0 IF [PRONOUN1 FILL] HAS HAD PROBLEMS WITH ATTENTION OR CONCENTRATION FOR LESS THAN A YEAR."

PQ16 [IF ATTENTION = 1] About how many years altogether has [PRONOUN1 FILL] had attention or concentration problems?

[PQ16_FILL]

_____ Number of Years

DK/REF

[RANGE: 0-CURNTAGE]

PQ17 [IF ATTENTION = 1] When did [NAME FILL] **most recently** have attention or concentration problems?

[WASIT_FILL]

- 1 In the past month
- 2 1 to 6 months ago
- 3 7 to 12 months ago
- 4 More than 12 months ago

DK/REF

PQ18 [IF ATTENTION = 1] When at their worst, how much did [PRONOUN2 FILL] attention or concentration problems ever cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ18a Home life?	1	2	3	4	5
PQ18b Friendships?	1	2	3	4	5
PQ18c School or work?	1	2	3	4	5

DK/REF

PQ19 [IF ATTENTION = 1] During **the past 12 months**, how much did [PRONOUN2 FILL] attention or concentration problems cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ19a Home life?	1	2	3	4	5
PQ19b Friendships?	1	2	3	4	5
PQ19c School or work?	1	2	3	4	5

DK/REF

PQ20 [IF ATTENTION = 1] How many teachers or other adults ever told you that [NAME FILL] had attention or concentration problems?

_____ Number

DK/REF

[RANGE: 0–9999]

PQ21 [IF ATTENTION = 1] How many teachers or other adults ever encouraged you to see a doctor or other professional about [PRONOUN2 FILL] attention or concentration problems?

_____ Number

DK/REF

[RANGE: 0–9999]

PQ22 [IF ATTENTION = 1] Did [NAME FILL] receive professional treatment for attention or concentration problems at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ23 [IF ATTENTION = 1] Was [PRONOUN1 FILL] prescribed medication for attention or concentration problems at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ24 [IF ATTENTION = 1 AND PQ22 NE 1] Did [NAME FILL] **ever** receive professional treatment for [PRONOUN2 FILL] attention or concentration problems?

1 Yes

2 No

DK/REF

PQ25 [IF ATTENTION = 1 AND PQ23 NE 1] Was [PRONOUN1 FILL] **ever** prescribed medication for attention or concentration problems?

1 Yes

2 No

DK/REF

Restlessness**Begin Timestamp**

PQ26 Did [NAME FILL] ever have a time lasting **six months or longer** when [PRONOUN1 FILL] often had any of the following problems with restlessness or impatience?

	Yes	No
PQ26a Often was very restless or overly active?	1	2
PQ26b Usually fidgeted or squirmed a lot when sitting down?	1	2
PQ26c Often got up from [PRONOUN2 FILL] seat when not supposed to—like at dinner, at school, or at religious services?	1	2
PQ26d Often blurted out answers before someone could finish asking the question?	1	2
PQ26e Had trouble playing quietly or doing quiet activities like reading or being read to for more than a few minutes at a time?	1	2

DK/REF

PQ26

	Yes	No
PQ26f Had a lot of trouble waiting [PRONOUN2 FILL] turn?	1	2
PQ26g Often was very active when not supposed to be—for example, climbing on things or running around even after being asked to keep still?	1	2
PQ26h Often interrupted people or abruptly joined other people's conversations without being asked?	1	2
PQ26i Talked a lot more than other kids [PRONOUN2 FILL] age?	1	2
PQ26j Often tried to join games or other activities that were already happening?	1	2

DK/REF

DEFINE RESTLESS

IF PQ26a = 1 OR PQ26b = 1 OR PQ26c = 1 OR PQ26d = 1 OR PQ26e = 1 OR PQ26f = 1 OR PQ26g = 1 OR PQ26h = 1 OR PQ26i = 1 OR PQ26j = 1, THEN RESTLESS = 1

ELSE RESTLESS = 2

PQ27 [IF RESTLESS = 1] About how old was [NAME FILL] when [PRONOUN1 FILL] first started having problems with restlessness or impatience?

_____ Years Old

DK/REF

[RANGE: 1–CURNTAGE]

DEFINE PQ28_FILL

IF PQMODE=WEB, THEN FILL="Enter 0 if [PRONOUN1 FILL] has had restlessness or impatience for less than a year."

IF PQMODE=TEL, THEN FILL="ENTER 0 IF [PRONOUN1 FILL] HAS HAD PROBLEMS WITH RESTLESSNESS OR IMPATIENCE FOR LESS THAN A YEAR."

PQ28 [IF RESTLESS = 1] About how many years altogether has [PRONOUN1 FILL] had problems with restlessness or impatience?

[PQ28_FILL]

_____ Number of Years

DK/REF

[RANGE: 0-CURNTAGE]

PQ29 [IF RESTLESS = 1] When did [NAME FILL] **most recently** have problems with restlessness or impatience?

[WASIT_FILL]

- 1 In the past month
 - 2 1 to 6 months ago
 - 3 7 to 12 months ago
 - 4 More than 12 months ago
- DK/REF

PQ30 [IF RESTLESS = 1] When at their worst, how much did [PRONOUN2 FILL] problems with restlessness or impatience ever cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ30a Home life?	1	2	3	4	5
PQ30b Friendships?	1	2	3	4	5
PQ30c School or work?	1	2	3	4	5

DK/REF

PQ31 [IF RESTLESS = 1] During **the past 12 months**, how much did [PRONOUN2 FILL] problems with restlessness or impatience cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ31a Home life?	1	2	3	4	5
PQ31b Friendships?	1	2	3	4	5
PQ31c School or work?	1	2	3	4	5

DK/REF

PQ32 [IF RESTLESS = 1] How many teachers or other adults ever told you that [NAME FILL] had problems with restlessness or impatience?

_____ Number

DK/REF

[RANGE: 0–9999]

PQ33 [IF RESTLESS = 1] How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about [PRONOUN2 FILL] problems with restlessness or impatience?

_____ Number

DK/REF

[RANGE: 0–9999]

PQ34 [IF RESTLESS = 1] Did [NAME FILL] receive professional treatment for problems with restlessness or impatience at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ35 [IF RESTLESS = 1] Was [PRONOUN1 FILL] prescribed medication for problems with restlessness or impatience at any time **in the past 12 months**?

1 Yes

2 No

D/REF

PQ36 [IF RESTLESS = 1 AND PQ34 NE 1] Did [NAME FILL] **ever** receive professional treatment for problems with restlessness or impatience?

1 Yes

2 No

DK/REF

PQ37 [IF RESTLESS = 1 AND PQ35 NE 1] Was [PRONOUN1 FILL] **ever** prescribed medication for problems with restlessness or impatience?

1 Yes

2 No

DK/REF

Problems with Separation

Begin Timestamp

PQ38 Some children get very upset or clingy when they are separated from their mother or other loved ones who look after them. Has [NAME FILL] ever had a time **lasting one month or longer** when [PRONOUN1 FILL] had any of the following problems with separation?

	Yes	No
PQ38a Often wanted to stay home from school or other places in order to stay near this loved one?	1	2
PQ38b Often refused to go places if this person could not go with [PRONOUN3 FILL]?	1	2
PQ38c Sometimes begged this person to stay or to take [PRONOUN3 FILL] with them when they had to leave for even a short period of time?	1	2
PQ38d Had a month or longer when [PRONOUN1 FILL] did not want to go to sleep unless this person was near?	1	2
PQ38e Often had bad dreams about this person being hurt or something happening to separate [PRONOUN3 FILL] from this person?	1	2
PQ38f Often got sick to [PRONOUN2 FILL] stomach or had headaches if this person was going out or away from them?	1	2

DK/REF

PQ38

	Yes	No
PQ38g Got very sad, worried, or upset when separated from this person?	1	2
PQ38h Often feared that something bad like an accident might happen to this person?	1	2
PQ38i Often worried that something bad might happen to [PRONOUN4 FILL], like getting lost or kidnapped, that would prevent [PRONOUN3 FILL] from seeing this person?	1	2
PQ38j Refused to sleep away from home, like at a friend's house?	1	2
PQ38k Often worried that something else might happen, like having an accident or becoming ill, to keep [PRONOUN3 FILL] from ever seeing this person again?	1	2

DK/REF

DEFINE SEPARATION

IF PQ38a = 1 OR PQ38b = 1 OR PQ38c = 1 OR PQ38d = 1 OR PQ38e = 1 OR PQ38f = 1 OR PQ38g = 1 OR PQ38h = 1 OR PQ38i = 1 OR PQ38j = 1 OR PQ38k = 1, THEN SEPARATION = 1

ELSE SEPARATION = 2

PQ39 [IF SEPARATION = 1] Think of times lasting **one month or longer**, when these problems with separation were the **worst**. During those times, how often did [NAME FILL] have worries about being apart from [PRONOUN2 FILL] parent or parenting figure?

[WASIT_FILL]

- 1 Just about every day
- 2 Most days
- 3 About half the days
- 4 Less than half the days

DK/REF

PQ40 [IF SEPARATION = 1] How severe was the emotional distress caused by these worries?

[WASIT_FILL]

- 1 Mild
 - 2 Moderate
 - 3 Severe
 - 4 Very severe
- DK/REF

PQ41 [IF SEPARATION = 1] How often did [NAME_FILL] feel so upset about being apart from [PRONOUN2_FILL] parent or parenting figure that nothing could cheer [PRONOUN3_FILL] up or calm [PRONOUN3_FILL] down?

[WASIT_FILL]

- 1 Often
 - 2 Sometimes
 - 3 Not very often
 - 4 Never
- DK/REF

PQ42 [IF SEPARATION = 1] How often did [NAME_FILL] feel so upset about being apart from [PRONOUN2_FILL] parent or parenting figure that [PRONOUN1_FILL] could not carry out [PRONOUN2_FILL] daily activities?

[WASIT_FILL]

- 1 Often
 - 2 Sometimes
 - 3 Not very often
 - 4 Never
- DK/REF

PQ43 [IF SEPARATION = 1] About how old was [PRONOUN1_FILL] the first time [PRONOUN1_FILL] had frequent problems with separation from a parent or parenting figure?

_____ Years Old

DK/REF
[RANGE 0-CURNTAGE]

PQ44 [IF SEPARATION = 1] About how many different years did [NAME_FILL] have problems of this sort for a month or longer?

_____ Years

DK/REF
[RANGE: 0-CURNTAGE]

PQ45 [IF SEPARATION = 1] When did [PRONOUN1 FILL] **most recently** have problems of this sort for a month or longer?

[WASIT_FILL]

- 1 Within the past month
- 2 1 to 6 months ago
- 3 7 to 12 months ago
- 4 More than 12 months ago

DK/REF

PQ46 [IF SEPARATION = 1] **When at their worst**, how much did [PRONOUN2 FILL] problems with separation cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ46a Home life?	1	2	3	4	5
PQ46b Friendships?	1	2	3	4	5
PQ46c School or work?	1	2	3	4	5

DK/REF

PQ47 [IF SEPARATION = 1] **In the past 12 months**, how much did [PRONOUN2 FILL] problems with separation cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ47a Home life?	1	2	3	4	5
PQ47b Friendships?	1	2	3	4	5
PQ47c School or work?	1	2	3	4	5

DK/REF

PQ48 [IF SEPARATION = 1] How many teachers or other adults ever told you that [NAME FILL] had problems with separation?

_____ Number

DK/REF

[RANGE: 0-9999]

PQ49 [IF SEPARATION = 1] How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about [PRONOUN2 FILL] problems with separation?

_____ Number

DK/REF

[RANGE: 0-9999]

PQ50 [IF SEPARATION = 1] Did [NAME FILL] receive professional treatment for problems with separation at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ51 [IF SEPARATION = 1] Was [PRONOUN1 FILL] prescribed medication for problems with separation at any time **in the past 12 months**?

- 1 Yes
- 2 No
- DK/REF

PQ52 [IF SEPARATION = 1 AND PQ50 NE 1] Did [NAME FILL] **ever** receive professional treatment for problems with separation?

- 1 Yes
- 2 No
- DK/REF

PQ53 [IF SEPARATION = 1 AND PQ51 NE 1] Was [PRONOUN1 FILL] **ever** prescribed medication for problems with separation?

- 1 Yes
- 2 No
- DK/REF

Low Mood

Begin Timestamp

PQ54 Has [NAME FILL] ever had episodes of low mood lasting two weeks or longer when **most of the day, nearly every day**, [PRONOUN1 FILL] felt either sad, depressed, discouraged, or unable to enjoy the things [PRONOUN1 FILL] usually enjoys?

- 1 Yes
- 2 No
- DK/REF

PQ55 [IF PQ54 = 1] Think about times lasting two weeks or longer when [PRONOUN2 FILL] low mood was worst. During those times, how often did [PRONOUN1 FILL] have any of the following **problems**?

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
PQ55a Feeling sad or depressed?	1	2	3	4	5
PQ55b Feeling empty or hopeless?	1	2	3	4	5
PQ55c Feeling discouraged about how things were going in [PRONOUN2 FILL] life?	1	2	3	4	5
PQ55d Taking little or no interest or becoming bored with almost everything like school, work, hobbies and things [PRONOUN1 FILL] likes to do for fun?	1	2	3	4	5
PQ55e Feeling irritable, grouchy, or in a bad mood?	1	2	3	4	5
PQ55f Feeling down on [PRONOUN4 FILL], no good, or worthless?	1	2	3	4	5

DK/REF

PQ55

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
PQ55g Having a lot more trouble concentrating, thinking, or making decisions than usual?	1	2	3	4	5
PQ55h Talking a lot about death or making a suicide attempt?	1	2	3	4	5
PQ55i Having a lot more trouble than usual either falling asleep, staying asleep, waking too early, or sleeping a lot more nearly every night?	1	2	3	4	5
PQ55j Feeling tired out, low in energy or easily fatigued?	1	2	3	4	5
PQ55k Talking or moving more slowly than usual?	1	2	3	4	5
PQ55l Having a poor appetite?	1	2	3	4	5

PQ55m [IF PQ55l = 4 OR 5] Eating more than usual or having an increased appetite?	1	2	3	4	5
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DK/REF

DEFINE MOOD

IF (((PQ55a = 1 OR 2) OR (PQ55b = 1 OR 2) OR (PQ55c = 1 OR 2)) OR (PQ55d = 1 OR 2) OR (PQ55e = 1 OR 2)) AND ATLEAST 3 PQ55f-PQ55m = 1 OR 2 OR 3, THEN MOOD = 1

ELSE MOOD = 2

PQ56 [IF MOOD = 1] About how old was [NAME FILL] when [PRONOUN1 FILL] **first** had an episode lasting two weeks or longer when most of the time [PRONOUN1 FILL] was in a low mood and had some of the other problems in the previous series of questions?

_____ Years Old

DK/REF

[RANGE: 0-CURNTAGE]

PQ57 [IF MOOD = 1] About how many years altogether did [PRONOUN1 FILL] have these episodes?

_____ Number of Years

DK/REF

[RANGE: 0-CURNTAGE]

PQ58 [IF MOOD= 1] Now think about [PRONOUN2 FILL] **worst episode**.

How severe was the emotional distress caused by the low mood episode?

[WASIT_FILL]

- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very severe

DK/REF

PQ59 [IF MOOD = 1] When did [NAME FILL] **most recently** have an episode of this sort that lasted two weeks or longer?

[WASIT_FILL]

- 1 In the past month
- 2 1 to 6 months ago
- 3 7 to 12 months ago
- 4 More than 12 months ago

DK/REF

PQ60 [IF MOOD = 1] How much did these episodes of low mood **ever** cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ60a Home life?	1	2	3	4	5

PQ60b Friendships?	1	2	3	4	5
PQ60c School or work?	1	2	3	4	5

DK/REF

PQ61 [IF MOOD = 1] During **the past 12 months**, how much did these episodes of low mood cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ61a Home life?	1	2	3	4	5
PQ61b Friendships?	1	2	3	4	5
PQ61c School or work?	1	2	3	4	5

DK/REF

PQ62 [IF MOOD = 1] How many teachers or other adults ever told you that [NAME FILL] had problems with low mood?

_____ Number

DK/REF

[RANGE: 0–9999]

PQ63 [IF MOOD = 1] How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about [PRONOUN2 FILL] low mood?

_____ Number

DK/REF

[RANGE: 0–9999]

PQ64 [IF MOOD = 1] Did [NAME FILL] receive professional treatment for low mood at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ65 [IF MOOD = 1] Was [PRONOUN1 FILL] prescribed medication for low mood at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ66 [IF MOOD = 1 AND PQ64 NE 1] Did [NAME FILL] **ever** receive professional treatment for low mood?

1 Yes

2 No

DK/REF

PQ67

[IF MOOD = 1 AND PQ65 NE 1] Was [PRONOUN1 FILL] **ever** prescribed medication for low mood?

1 Yes

2 No

DK/REF

Anger and Disobedience

Begin Timestamp

PQ68 How often has [NAME FILL] ever in [PRONOUN2 FILL] life had any of the following problems with anger or disobedience?

[AOPSG_FILL]

	Very Often	Often	Sometimes	Rarely	Never
PQ68a Losing [PRONOUN2 FILL] temper?	1	2	3	4	5
PQ68b Arguing with or “talking back” to adults?	1	2	3	4	5
PQ68c Disobeying rules at home, school, or work?	1	2	3	4	5
PQ68d Getting angry?	1	2	3	4	5
PQ68e Refusing to follow directions from adults like parents, teachers, or bosses?	1	2	3	4	5
PQ68f Feeling [PRONOUN1 FILL] was being taken advantage of or being treated unfairly?	1	2	3	4	5

DK/REF

PQ68

[AOPSG_FILL]

	Very Often	Often	Sometimes	Rarely	Never
PQ68g Annoying people on purpose by doing or saying things just to bother them?	1	2	3	4	5
PQ68h Blaming others for [PRONOUN2 FILL] mistakes or bad behavior?	1	2	3	4	5
PQ68i Doing mean things to pay people back for things they did that [PRONOUN1 FILL] did not like?	1	2	3	4	5
PQ68j Getting mad easily at the way [PRONOUN1 FILL] was treated by others?	1	2	3	4	5
PQ68k Getting easily annoyed by others?	1	2	3	4	5

DK/REF

DEFINE ANGER

IF (PQ68a = 1 OR 2 OR 3) OR (PQ68b = 1 OR 2 OR 3) OR (PQ68c = 1 OR 2 OR 3) OR ((PQ68d = 1 OR 2 OR 3) OR (PQ68k = 1 OR 2 OR 3)) OR (PQ68e = 1 OR 2 OR 3) OR (PQ68f = 1 OR 2 OR 3) OR (PQ68g = 1 OR 2 OR 3) OR (PQ68h = 1 OR 2 OR 3) OR (PQ68i = 1 OR 2 OR 3) OR (PQ68j = 1 OR 2 OR 3) THEN ANGER = 1

ELSE ANGER = 2

PQ69 [IF ANGER = 1] About how old was [NAME FILL] when [PRONOUN1 FILL] first started having problems with anger or disobedience?

_____ Years Old
 DK/REF
 [RANGE: 0–CURNTAGE]

DEFINE PQ70_FILL

IF PQMODE=WEB, THEN FILL=“Enter 0 if [PRONOUN1 FILL] has had problems with anger or disobedience for less than a year.”
 IF PQMODE=TEL, THEN FILL=“ENTER 0 IF [PRONOUN1 FILL] HAS HAD PROBLEMS WITH ANGER OR DISOBEDIENCE FOR LESS THAN A YEAR.”

PQ70 [IF ANGER = 1] About how many years altogether has [PRONOUN1 FILL] had problems with anger or disobedience?

[PQ70_FILL]

_____ Number of Years
 DK/REF
 [RANGE: 0–CURNTAGE]

PQ71 [IF ANGER = 1] When did [NAME FILL] **most recently** have problems with anger or disobedience?

[WASIT_FILL]

- 1 In the past month
 - 2 1 to 6 months ago
 - 3 7 to 12 months ago
 - 4 More than 12 months ago
- DK/REF

PQ72 [IF ANGER = 1] When **at their worst**, how much did [PRONOUN2 FILL] problems with anger or disobedience cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ72a Home life?	1	2	3	4	5
PQ72b Friendships?	1	2	3	4	5
PQ72c School or work?	1	2	3	4	5

DK/REF

PQ73 [IF ANGER = 1] During **the past 12 months**, how much did [PRONOUN2 FILL] problems with anger or disobedience cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ73a Home life?	1	2	3	4	5
PQ73b Friendships?	1	2	3	4	5
PQ73c School or work?	1	2	3	4	5

DK/REF

PQ74 [IF ANGER = 1] How many teachers or other adults ever told you that [NAME FILL] had problems with anger or disobedience?

_____ Number

DK/REF

[RANGE: 0–9999]

PQ75 [IF ANGER = 1] How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about [PRONOUN2 FILL] problems with anger or disobedience?

_____ Number

DK/REF

[RANGE: 0–9999]

PQ76 [IF ANGER = 1] Did [NAME FILL] receive professional treatment for problems with anger or disobedience at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ77 [IF ANGER = 1] Was [PRONOUN1 FILL] prescribed medication for problems with anger or disobedience at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ78 [IF ANGER = 1 AND PQ76 NE 1] Did [NAME FILL] **ever** receive professional treatment for problems with anger or disobedience?

1 Yes

2 No

DK/REF

PQ79 [IF ANGER = 1 AND PQ77 NE 1] Was [PRONOUN1 FILL] **ever** prescribed medication for problems with anger or disobedience?

1 Yes

2 No

DK/REF

Breaking Rules

Begin Timestamp

PQ80 Many children go through times when they have behavior problems. Was there ever a time when [NAME FILL] had any of the following behavior problems?

	Yes	No
PQ80a Often “bullied,” threatened, or frightened people, including smaller or younger kids?	1	2
PQ80b Repeatedly started and got involved in physical fights?	1	2
PQ80c Used a weapon on another person, like a baseball bat, glass bottle, knife, gun, or brick?	1	2
PQ80d Was physically cruel to a person and hurt them on purpose?	1	2
PQ80e Was physically cruel to an animal and hurt it on purpose?	1	2

DK/REF

PQ80

	Yes	No
PQ80f Ever robbed, mugged, or forcibly taken something from someone by threatening him or her?	1	2
PQ80g Ever made anyone do something sexual by either forcing or threatening them?	1	2
PQ80h Set a fire to try to cause serious damage?	1	2
PQ80i Other than by setting fires, deliberately damaged someone else’s property by doing something like breaking windows, slashing tires, vandalizing, or writing graffiti on buildings?	1	2

DK/REF

PQ80 Was there ever a time when [NAME FILL] had any of the following behavior problems?

	Yes	No
PQ80j Broke into someone’s locked car or a locked home or building?	1	2
PQ80k Often got out of doing things [PRONOUN1 FILL] was supposed to do by fooling people or lying to them?	1	2
PQ80l Often told lies to trick people into giving [PRONOUN3 FILL] things or doing what [PRONOUN1 FILL] wanted them to do?	1	2
PQ80m Shoplifted or stole something worth at least \$20?	1	2

DK/REF

PQ80

	Yes	No
PQ80n Ran away from home overnight more than once?	1	2
PQ80o Ran away from home and stayed away for at least four days?	1	2
PQ80p Before age thirteen, often stayed out three hours or more at night without permission?	1	2
PQ80q Before age thirteen, often skipped school without permission?	1	2

DK/REF

DEFINE BEHAVIOR

IF PQ80a = 1 OR PQ80b = 1 OR PQ80c = 1 OR PQ80d = 1 OR PQ80e = 1 OR PQ80f = 1 OR PQ80g = 1 OR PQ80h = 1 OR PQ80i = 1 OR PQ80j = 1 OR PQ80k = 1 OR PQ80l = 1 OR PQ80m = 1 OR PQ80n = 1 OR PQ80o = 1 OR PQ80p = 1 OR PQ80q = 1, THEN BEHAVIOR = 1

ELSE BEHAVIOR = 2

PQ81 [IF BEHAVIOR = 1] About how old was [NAME FILL] when [PRONOUN1 FILL] first started having any of these behavior problems?

_____ Years Old

DK/REF

[RANGE: 0–CURNTAGE]

DEFINE PQ82_FILL

IF PQMODE=WEB, THEN FILL=“Enter 0 if [PRONOUN1 FILL] has had behavior problems for less than a year.”

IF PQMODE=TEL, THEN FILL=“ENTER 0 IF [PRONOUN1 FILL] HAS HAD BEHAVIOR PROBLEMS FOR LESS THAN A YEAR.”

PQ82 [IF BEHAVIOR = 1] About how many years altogether had [PRONOUN1 FILL] had behavior problems?

[PQ82_FILL]

_____ Number of Years

DK/REF

[RANGE: 0–CURNTAGE]

PQ83 [IF BEHAVIOR = 1] When did [NAME FILL] **most recently** have behavior problems?

[WASIT_FILL]

- 1 In the past month
 - 2 1 to 6 months ago
 - 3 7 to 12 months ago
 - 4 More than 12 months ago
- DK/REF

PQ84 [IF BEHAVIOR = 1] How much did these behavior problems ever cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ84a Home life?	1	2	3	4	5
PQ84b Friendships?	1	2	3	4	5
PQ84c School or work?	1	2	3	4	5

DK/REF

PQ85 [IF BEHAVIOR = 1] During **the past 12 months**, how much did these behavior problems ever cause difficulties in each of the following areas?

	Not at All	A Little	Some	A Lot	Extremely
PQ85a Home life?	1	2	3	4	5
PQ85b Friendships?	1	2	3	4	5
PQ85c School or work?	1	2	3	4	5

DK/REFPQ86 [IF BEHAVIOR = 1] How many teachers or other adults ever told you that [NAME FILL] had behavior problems?

_____ Number

DK/REF

[RANGE: 0-9999]

PQ87 [IF BEHAVIOR = 1] How many teachers or other adults ever encouraged you or put pressure on you to see a doctor or other professional about [PRONOUN2 FILL] behavior problems?

_____ Number

DK/REF

[RANGE: 0-9999]

PQ88 [IF BEHAVIOR = 1] Did [NAME FILL] receive professional treatment for behavior problems at any time **in the past 12 months**?

1 Yes

2 No

DK/REF

PQ89 [IF BEHAVIOR = 1] Was [PRONOUN1 FILL] prescribed medication for these behavior problems at any **time in the past 12 months**?

1 Yes

2 No

DK/REF

PQ90 [IF BEHAVIOR = 1 AND PQ88 NE 1] Did [NAME FILL] **ever** receive professional treatment for behavior problems?

1 Yes

2 No

DK/REF

PQ91 [IF BEHAVIOR = 1 AND PQ89 NE 1] Was [PRONOUN1 FILL] **ever** prescribed medication for behavior problems?

1 Yes

2 No

DK/REF

DEFINE PQ92_FILL

IF PQMODE=TEL, THEN FILL="AS NECESSARY, REPEAT THE QUESTION"
ELSE, FILL=""

PQ92

Not counting times spent overnight, has [NAME FILL] **ever** received counseling or medication from any of the following sources for problems with **emotions, behavior, or mental health**?

[PQ92_FILL]

	Yes	No
<p>PQ92a Telephone hotline or computerized or internet-based mental health treatment program? A "computerized or internet-based mental health treatment program" is a special type of self-help program where you work through exercises that give you practice in strategies that can help you improve your mental health. Sometimes these programs are accompanied by telephone calls or texting sessions with mental health professionals. When this is the case, we want you to report both receiving counseling from a mental health professional and participating in a computerized or internet-based program.</p>	1	2
<p>PQ92b A self-help or support group for problems with emotions, behavior or mental health? A "self-help or support group" for people with problems with emotions, behavior or mental health is a group run by the people themselves without a mental health professional leading the group.</p>	1	2
<p>PQ92c A mental health professional? A "mental health professional" includes a psychiatrist, psychologist, mental health counselor or social worker, and marriage and family counselor. These professionals can be seen in one-on-one sessions, group sessions, telephone sessions, or computerized texting sessions.</p>	1	2
<p>PQ92d A general medical doctor, pediatrician, nurse, or other general medical care provider?</p>	1	2

DK/REF

PQ92

	Yes	No
<p>PQ92e Partial hospitalization or day treatment program?</p>	1	2
<p>PQ92f Probation or juvenile corrections officer or court counselor?</p>	1	2
<p>PQ92g A minister, priest, rabbi or other spiritual advisor?</p>	1	2
<p>PQ92h A Certified Peer Counselor? A "Certified Peer Counselor" is a person who has experienced mental health issues firsthand and has been trained to help facilitate mental health recovery in others.</p>	1	2

DK/REF

PROFESSIONAL SERVICES1_FILL

IF PQ92a = 1, THEN FILL "a telephone hotline or computerized or internet-based mental health treatment program"

IF PQ92b = 1, THEN FILL "a self-help or support group"

IF PQ92c = 1, THEN FILL "a mental health professional"

IF PQ92d = 1, THEN FILL “a general medical doctor, pediatrician, nurse, or other general medical care provider”

IF PQ92e = 1, THEN FILL “a partial hospitalization or day treatment program”

IF PQ92f = 1, THEN FILL “a probation or juvenile corrections officer or court counselor”

IF PQ92g = 1, THEN FILL “a minister, priest, rabbi or other spiritual advisor”

IF PQ92h = 1, THEN FILL “a certified peer counselor”

PROFESSIONAL SERVICES2 FILL

IF PQ92a = 1, THEN FILL “used a telephone hotline or computerized or internet-based mental health treatment program”

IF PQ92b = 1, THEN FILL “went to a self-help or support group”

IF PQ92c = 1, THEN FILL “saw a mental health professional”

IF PQ92d = 1, THEN FILL “saw a general medical doctor, pediatrician, nurse, or other general medical care provider”

IF PQ92e = 1, THEN FILL “went to a partial hospitalization or day treatment program”

IF PQ92f = 1, THEN FILL “saw a probation or juvenile corrections officer or court counselor”

IF PQ92g = 1, THEN FILL “saw a minister, priest, rabbi or other spiritual advisor”

IF PQ92h = 1, THEN FILL “saw a certified peer counselor”

PQ93a [IF PQ92a = 1] The next questions are about the service [NAME FILL] received from [PROFESSIONAL SERVICES FILL].

How old was [PRONOUN1 FILL] when [PRONOUN1 FILL] **first** [PROFESSIONAL SERVICE2 FILL] for problems with emotions, behavior, or mental health?

_____ Years Old

DK/REF

[RANGE: 0–CURNTAGE]

PROFESSIONAL SERVICES3 FILL

IF PQ92a = 1, THEN FILL “used a telephone hotline or computerized or internet-based mental health treatment program”

IF PQ92b = 1, THEN FILL “gone to a self-help or support group”

IF PQ92c = 1, THEN FILL “seen a mental health professional”

IF PQ92d = 1, THEN FILL “seen a general medical doctor, pediatrician, nurse, or other general medical care provider”

IF PQ92e = 1, THEN FILL “gone to a partial hospitalization or day treatment program”

IF PQ92f = 1, THEN FILL “seen a probation or juvenile corrections officer or court counselor”

IF PQ92g = 1, THEN FILL “seen a minister, priest, rabbi or other spiritual advisor”

IF PQ92h = 1, THEN FILL “seen a certified peer counselor”

PQ94a [IF PQ92a = 1] How many times has [PRONOUN1 FILL] [PROFESSIONAL SERVICES3 FILL] in [PRONOUN2 FILL] **lifetime** for problems with emotions, behavior, or mental health?

_____ Number of Visits

DK/REF

[RANGE: 0–9999]

PROFESSIONAL SERVICES4 FILL

IF PQ92a = 1, THEN FILL “use a telephone hotline or computerized or internet-based mental health treatment program”

IF PQ92b = 1, THEN FILL “go to a self-help or support group”

IF PQ92c = 1, THEN FILL “see a mental health professional”

IF PQ92d = 1, THEN FILL “see a general medical doctor, pediatrician, nurse, or other general medical care provider”

IF PQ92e = 1, THEN FILL “go to a partial hospitalization or day treatment program”

IF PQ92f = 1, THEN FILL “see a probation or juvenile corrections officer or court counselor”

IF PQ92g = 1, THEN FILL “see a minister, priest, rabbi or other spiritual advisor”

IF PQ92h = 1, THEN FILL “see a certified peer counselor”

PQ95a [IF PQ92a = 1] **During the past 12 months**, did [PRONOUN1 FILL] [PROFESSIONAL SERVICES4 FILL] for problems with emotions, behavior, or mental health?

1 Yes

2 No

DK/REF

PQ96a [PQ95a = 1] How many times has [NAME FILL] [PROFESSIONAL SERVICES3 FILL] in the **past 12 months** for problems with emotions, behavior, or mental health?

_____ Number of Visits

DK/REF

[RANGE: 0–9999]

PROGRAMMER: CYCLE THROUGH PREVIOUS FOUR QUESTIONS FOR ALL “Yes” RESPONSES FOR PQ92a-PQ92h. VARIABLE NAMES WILL BE PQ93b, PQ93c, ETC TO MATCH PQ92 SERIES.

PQ97 Not counting times spent overnight, did [NAME FILL] **ever** receive services from any of the following types of professionals for problems with **substance use**?

	Yes	No
PQ97a Professional counseling, including counseling received at an outpatient drug or alcohol clinic?	1	2
PQ97b A self-help group for substance use problems , such as a 12-step program?	1	2

DK/REF

PROFESSIONAL SERVICES5 FILL

IF PQ97a = 1, THEN FILL “an outpatient drug or alcohol clinic”

IF PQ97b = 1, THEN FILL “a self-help group”

PQ98a [IF PQ97a = 1] The next questions are about the service [NAME FILL] received from [PROFESSIONAL SERVICES5 FILL].

How old was [PRONOUN1 FILL] when [PRONOUN1 FILL] **first** went to [PROFESSIONAL SERVICES5 FILL] for substance use problems?

_____ Years Old
 DK/REF
 [RANGE: 0–CURNTAGE]

PQ99a [IF PQ97a = 1] How many times has [PRONOUN1 FILL] gone to [PROFESSIONAL SERVICES5 FILL] in [PRONOUN2 FILL] **lifetime** for substance use problems?

_____ Number of Visits
 DK/REF
 [RANGE: 0–9999]

PQ100a [IF PQ97a = 1] **During the past 12 months**, did [PRONOUN1 FILL] go to [PROFESSIONAL SERVICES5 FILL] for substance use problems?

1 Yes
 2 No
 DK/REF

PQ101a [PQ100a = 1] How many times has [NAME FILL] gone to [PROFESSIONAL SERVICES5 FILL] in the **past 12 months** for substance use problems?

_____ Number of Visits
 DK/REF
 [RANGE: 0–9999]

PROGRAMMER: CYCLE THROUGH PREVIOUS FOUR QUESTIONS FOR ALL “Yes” RESPONSES FOR PQ97a AND PQ97b. VARIABLE NAMES WILL BE PQ98b, PQ99b, ETC TO MATCH PQ97 SERIES.

PQ102 Was [NAME FILL] ever kept **overnight** in any of the following facilities for problems with emotions, behavior, or mental health?

	Yes	No
PQ102a General medical hospital?	1	2
PQ102b Emergency room?	1	2
PQ102c Residential treatment center or group home?	1	2
PQ102d Foster home or therapeutic foster care?	1	2
PQ102e Detention center, prison, or jail?	1	2
PQ102f Psychiatric hospital?	1	2
PQ102g Some other type of facility?	1	2

DK/REF

FACILITY FILL

IF PQ102a = 1, THEN FILL “a general medical hospital”

IF PQ102b = 1, THEN FILL “an emergency room”

IF PQ102c = 1, THEN FILL “a residential treatment center or group home”

IF PQ102d = 1, THEN FILL “a foster home or therapeutic foster care”

IF PQ102e = 1, THEN FILL “a detention center, prison, or jail”

IF PQ102f = 1, THEN FILL “a psychiatric hospital”

IF PQ102g = 1, THEN FILL “some other facility”

PQ103a [IF PQ102a = 1] The next questions are about the time [NAME FILL] spent **overnight** in [FACILITY FILL].

How old was [PRONOUN1 FILL] when [PRONOUN1 FILL] **first** spent the night in this type of facility for problems with emotions, behavior, or mental health?

_____ Years Old

DK/REF

[RANGE: 0–CURNTAGE]

PQ104a [IF PQ102a = 1] How many times was [PRONOUN 1 FILL] admitted to stay overnight in [FACILITY FILL] to receive treatment for problems with emotions, behavior, or mental health. Your best estimate is fine if you cannot remember the exact number.

_____ Number of Times

DK/REF

[RANGE: 1–150]

PQ105a [IF PQ102a = 1] What is the total number of days [NAME FILL] **ever** spent in [FACILITY FILL] for problems with emotions, behavior, or mental health?

_____ Number of Days

DK/REF

[RANGE: 0–9999]

PQ106a [IF PQ102a = 1] **During the past 12 months**, did [NAME FILL] stay overnight in [FACILITY FILL] to receive treatment for problems with emotions, behavior, or mental health?

1 Yes

2 No

DK/REF

PQ107a [IF PQ106a = 1] What is the total number of days [PRONOUN1 FILL] spent in [FACILITY FILL] **in the past 12 months** for problems with emotions, behavior, or mental health?

_____ Number of Days

DK/REF

[RANGE: 0–365]

PROGRAMMER: CYCLE THROUGH PREVIOUS FIVE QUESTIONS FOR ALL “Yes” RESPONSES FOR PQ102a-PQ102g. VARIABLE NAMES WILL BE PQ103b, PQ103c, ETC TO MATCH PQ102 SERIES.

PQ108 Was [NAME FILL] ever kept **overnight** in any of the following facilities for **substance use problems**?

	Yes	No
PQ108a Drug or alcohol treatment unit?	1	2
PQ108b Emergency room?	1	2
PQ108c Psychiatric or general medical hospital?	1	2

DK/REF

FACILITY2 FILL

IF PQ108a = 1, THEN FILL “a drug or alcohol treatment unit”

IF PQ108b = 1, THEN FILL “an emergency room”

IF PQ108c = 1, THEN FILL “a psychiatric or general medication hospital”

PQ109a [IF PQ108a = 1] The next questions are about the time [NAME FILL] spent **overnight** in [FACILITY FILL].

How old was [PRONOUN1 FILL] when [PRONOUN1 FILL] **first** spent the night [FACILITY2 FILL] for substance use problems?

_____ Years Old

DK/REF

[RANGE: 0–CURNTAGE]

PQ110a [IF PQ108a = 1] How many times was [PRONOUN1 FILL] admitted to stay overnight in [FACILITY2 FILL] to receive treatment for substance use problems. Your best estimate is fine if you cannot remember the exact number.

_____ Number of Times

DK/REF

[RANGE: 1–150]

PQ111a [IF PQ108a = 1] What is the total number of days [NAME FILL] **ever** spent in [FACILITY2 FILL] for substance use problems?

_____ Number of Days

DK/REF

[RANGE: 0–9999]

PQ112a [IF PQ108a = 1] **During the past 12 months**, did [NAME FILL] stay overnight in [FACILITY2 FILL] to receive treatment for substance use problems?

1 Yes

2 No

DK/REF

PQ113a [IF PQ112a = 1] What is the total number of days [PRONOUN1 FILL] spent in [FACILITY2 FILL] **in the past 12 months** for substance use problems?

_____ Number of Days

DK/REF

[RANGE: 0–365]

PROGRAMMER: CYCLE THROUGH PREVIOUS FIVE QUESTIONS FOR ALL “Yes” RESPONSES FOR PQ108a-PQ108c. VARIABLE NAMES WILL BE PQ109b, PQ109c, ETC TO MATCH PQ108 SERIES.

PQ114 [IF ANY PQ102a – PQ102g = 1] Is [NAME FILL] still receiving services for emotions, behavior, or mental health? Or has [PRONOUN1 FILL] stopped receiving services?

1 Still receiving

2 Stopped receiving

DK/REF

PQ115 [IF PQ114 = 2] How important was each of the following reasons for why [NAME FILL] stopped receiving services for emotions, behavior, or mental health?

[AOPSG_FILL]

	Very Important	Somewhat Important	Not Very Important	Not at All Important
PQ115a [PRONOUN1 FILL] got better and no longer needed help	1	2	3	4
PQ115b It was not helping; [PRONOUN1 FILL] was not getting better	1	2	3	4
PQ115c Financial reasons	1	2	3	4
PQ115d Inconvenience—for example, problems with time, transportation, or scheduling	1	2	3	4
PQ115e Embarrassment or concern about what people would think if they knew [PRONOUN1 FILL] was in treatment	1	2	3	4
PQ115f [NAME FILL] and I preferred to handle the problem on our own or with the help of family and friends	1	2	3	4

DK/REF

PQ116 [IF PQ114 = 2] Was there some other important reason why [NAME FILL] stopped receiving services for [PRONOUN2 FILL] emotions, behavior or mental health?

1 Yes

2 No

DK/REF

PQ117 [IF PQ116 = 1] Please briefly describe the other reason why [NAME FILL] stopped.

_____ Other Important Reason [RANGE: 1–100 CHARACTERS]

DK/REF

PQ118 Did a teacher or other adult ever encourage you to take [NAME FILL] to a professional to get help for problems with [PRONOUN2 FILL] emotions, behavior, or mental health?

- 1 Yes
- 2 No
- DK/REF

PQ119 [IF PQ118 = 1] How old was [NAME FILL] when someone first encouraged you in this way?

_____ Years Old [RANGE: 0–CURNTAGE]
DK/REF

PQ120 Has [PRONOUN1 FILL] ever in [PRONOUN2 FILL] life received special testing or an evaluation for problems with [PRONOUN2 FILL] emotions, behavior, or mental health?

- 1 Yes
- 2 No
- DK/REF

PQ121 [IF PQ120 = 1] About how old was [PRONOUN1 FILL] **the very first time** [PRONOUN1 FILL] received special testing or an evaluation for problems with [PRONOUN2 FILL] emotions, behavior, or mental health? Your best estimate is fine if you cannot remember [PRONOUN1 FILL] exact age.

_____ Years Old [RANGE: 0–CURNTAGE]
DK/REF

PQ122 [IF PQ121 = CURNTAGE – 1] Did [PRONOUN1 FILL] start this testing in the past 12 months or more than 12 months ago?

- 1 Past 12 months
- 2 More than 12 months ago
- DK/REF

Family and Medical History**Begin Timestamp****PQ123** Please indicate whether [NAME FILL] has any of the following conditions.

	Yes	No
PQ123a A learning disability?	1	2
PQ123b An intellectual disability, sometimes referred to as mental retardation?	1	2
PQ123c A speech or language delay?	1	2
PQ123d Congenital blindness?	1	2
PQ123e A hearing impairment or deafness?	1	2
PQ123f [IF PQ123e = 1] Hearing corrected with a hearing aid or cochlear implant?	1	2

DK/REF

PQ123

	Yes	No
PQ123g A developmental delay?	1	2
PQ123h Autism spectrum disorder, including Asperger's?	1	2
PQ123i PDD-NOS or Pervasive Developmental Disorder-Not Otherwise Specified?	1	2
PQ123j A seizure disorder or Epilepsy?	1	2
PQ123k Cerebral Palsy?	1	2

DK/REF

PQ123

	Yes	No
PQ123l Down Syndrome?	1	2
PQ123m Bipolar Disorder or Manic-depression?	1	2
PQ123n Depression?	1	2
PQ123o An anxiety disorder, such as a Phobia, Panic Disorder, Generalized Anxiety Disorder, Posttraumatic Stress Disorder, or other anxiety disorder?	1	2
PQ123p Panic attacks, also known as anxiety attacks?	1	2
PQ123q Obsessive Compulsive Disorder?	1	2

DK/REF

PQ123 Please indicate whether [NAME FILL] has any of the following conditions.

	Yes	No
PQ123r Schizophrenia?	1	2
PQ123s Self-injuring behavior?	1	2

PQ123t Attention deficit hyperactivity disorder, also called ADHD?	1	2
PQ123u A behavioral disorder, such as Oppositional Defiant Disorder, Conduct Disorder, or other behavioral disorder?	1	2
PQ123v Problems with anger control?	1	2
PQ123w Alcohol or drug problems?	1	2

DK/REF

PQ123

	Yes	No
PQ123x An eating disorder, such as Bulimia, Anorexia, or other eating disorder?	1	2
PQ123y Disrupted sleep patterns?	1	2
PQ123z Tourette Syndrome?	1	2
PQ123aa Allergies, including food, drug, insect, or other types?	1	2
PQ123bb Arthritis?	1	2

DK/REF

PQ123

	Yes	No
PQ123cc Asthma?	1	2
PQ123dd Blood disorders, such as Sickle Cell Disease, Thalassemia or Hemophilia?	1	2
PQ123ee Cystic Fibrosis?	1	2
PQ123ff Diabetes?	1	2
PQ123gg Heart Condition?	1	2
PQ 123hh Frequent severe headaches, including migraines	1	2

DK/REF

PQ124 How many times has [PRONOUN1 FILL] ever had a head injury or concussion?

_____ Number of Times

[RANGE: 0–9999]

DK/REF

PQ125 Using a scale from 0 to 10 where 0 means the **worst** possible health and 10 means the **best** possible health, how would you rate [PRONOUN2 FILL] overall...

	Rating
PQ125a physical health?	RANGE: 0–10
PQ125b mental health?	RANGE: 0–10

DK/REF

PQ126 Has [NAME FILL] **ever** had a parental figure who played a major role in raising [PRONOUN3 FILL] who was **not** [PRONOUN2 FILL] biological parent?

- 1 Yes
- 2 No
- DK/REF

PQ126a How many parental figures helped raised [NAME FILL] who were not [PRONOUN2 FILL] biological parent?

_____ RANGE (1-4)
DK/REF

PQ127 [IF PQ126a > 1 AND FIRST ROTATION THROUGH THESE QUESTIONS ONLY] We are going to ask a few questions about each of these parental figures. Please think of one of these parental figures when answering the following questions.

[SUBSEQUENT ROTATIONS THROUGH THESE QUESTIONS] Now think of the next parent figure who played a major role in raising [NAME FILL].

[IF PQ2 NE 2 AND PQ126b = 1] Who was the parental figure who was **not** [PRONOUN2 FILL] biological parent who played a major role in raising [PRONOUN3 FILL]?

[IF PQ2 = 2 AND PQ126b = 1] Who was the parental figure who was **not** you who played a major role in raising [PRONOUN3 FILL]?

[ALL] Was it [PRONOUN2 FILL]...

- 1 Step, adoptive, or common law father
- 2 Step, adoptive, or common law mother
- 3 Foster father
- 4 Foster mother
- 5 Grandfather or another male blood relative of [PRONOUN5 FILL]
- 6 Grandmother or another female blood relative of [PRONOUN5 FILL]
- 7 Male friend of the family who is not a blood relative
- 8 Female friend of the family who is not a blood relative
- 9 Male case worker, teacher, or other professional
- 10 Female case worker, teacher, or other professional
- DK/REF

PQ128 [IF PQ2 NE 2 AND PQ127 = 1 OR 3 OR 5 OR 7 OR 9] How many years has [NAME FILL] lived with this father figure who was not [PRONOUN2 FILL] biological father?

[IF PQ2 = 2 AND PQ127 = 1 OR 3 OR 5 OR 7 OR 9] How many years has [NAME FILL] lived with this father figure who was not you?

_____ Number of Years
[RANGE: 0-CURNTAGE]
DK/REF

PQ129 [IF PQ2 NE 1 AND PQ127 = 2 OR 4 OR 6 OR 8 OR 10] How many years has [NAME FILL] lived with this mother figure who was not [PRONOUN2 FILL] biological mother?

[IF PQ2 = 1 AND PQ127 = 2 OR 4 OR 6 OR 8 OR 10] How many years has [NAME FILL] lived with this mother figure who was not you?

_____ Number of Years

[RANGE: 0–CURNTAGE]

DK/REF

PROGRAMMER: CYCLE THROUGH PQ127 – PQ129 ONCE FOR EACH PARENTAL FIGURE REPORTED IN PQ126a. REPEATED QUESTIONS CAN BE DIFFERENTIATED BY LETTERS, I.E. PQ127a, PQ128a, PQ127b, PQ128b, ETC.

PQ132 [IF PQ2 NE 2] The next questions are about the **physical** health of [PRONOUN2 FILL] biological parents. First, please think about [NAME FILL]'s **biological father**.

Is [PRONOUN2 FILL] biological father still alive?

1 Yes

2 No

DK/REF

PQ133 [IF PQ132 = 2] How did [PRONOUN2 FILL] biological father die?

1 Illness

2 Accident or injury

3 Murder

4 Suicide

DK/REF

PQ134 [IF PQ2 NE 2 AND PQ132 = 1] During the years he has helped to raise [NAME FILL], how much have problems with his **physical health** interfered with his daily activities?

[IF PQ2 NE 2 AND PQ132 = 2] During the years he helped to raise [NAME FILL], how much did problems with his **physical health** interfere with his daily activities?

[IF PQ2 = 2] The next questions are about the **physical** health of [PRONOUN2 FILL] biological parents. During the years you have helped to raise [NAME FILL], how much have problems with your **physical health** interfered with your daily activities?

[WASIT_FILL]

1 A lot

2 Some

3 A little

4 Not at all

5 [IF PQ2 NE 2] [PRONOUN2 FILL] biological father did not help to raise [PRONOUN3 FILL]

DK/REF

PQ135 [IF PQ2 NE 1] Now, please think about [NAME FILL]'s **biological mother**.

Is [PRONOUN2 FILL] biological mother still alive?

- 1 Yes
- 2 No
- DK/REF

PQ136 [IF PQ135 = 2] How did [PRONOUN2 FILL] biological mother die?

[WASIT_FILL]

- 1 Illness
- 2 Accident or injury
- 3 Murder
- 4 Suicide
- DK/REF

PQ137 [IF PQ2 NE 1 AND PQ135 = 1] During the years she has helped to raise [NAME FILL], how much have problems with her **physical health** interfered with her daily activities?

[IF PQ2 NE 1 AND PQ135 = 2] During the years she helped to raise [NAME FILL], how much did problems with her **physical health** interfere with her daily activities?

[IF PQ2 = 1] Now, please think about **yourself**. During the years you have helped to raise [NAME FILL], how much have problems with your **physical health** interfered with your daily activities?

[WASIT_FILL]

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 5 [IF PQ2 NE 1] [PRONOUN2 FILL] biological mother did not help to raise [PRONOUN3 FILL]
- DK/REF

PQ138 These next questions are about the **mental** health of [PRONOUN2 FILL] biological parents.

[IF PQ2 NE 2 AND PQ132 = 1] First, please think about [NAME FILL]'s **biological father**. During the years he has helped to raise [NAME FILL], how much have problems with his **mental health** interfered with his daily activities?

[IF PQ2 NE 2 AND PQ132 = 2] First, please think about [NAME FILL]'s **biological father**. During the years he helped to raise [NAME FILL], how much did problems with his **mental health** interfere with his daily activities?

[IF PQ2 = 2] First, please think about **yourself**. During the years you have helped to raise [NAME FILL], how much have problems with your **mental health** interfered with your daily activities?

[WASIT_FILL]

- 1 A lot
- 2 Some
- 3 A little

- 4 Not at all
- 5 [IF PQ2 NE 2] [PRONOUN2 FILL] biological father did not help to raise [PRONOUN3 FILL]
DK/REF

PQ139 [IF PQ2 NE 2 AND PQ132 = 1] How often has [PRONOUN2 FILL] biological father...

[IF PQ2 NE 2 AND PQ132 = 2] How often did [PRONOUN2 FILL] biological father...

[IF PQ2 = 2] How often have you...

[AOPSG_FILL]

	All the Time	Most of the Time	Some of the Time	Never
PQ139a [IF PQ132 = 2, then “have” ELSE “had”] episodes of being very sad or depressed?	1	2	3	4
PQ139b [IF PQ132 = 2, then “have” ELSE “had”] episodes of being very nervous, worried, or anxious?	1	2	3	4
PQ139c [IF PQ132 = 2, then “have” ELSE “had”] sudden attacks of fear or panic?	1	2	3	4
PQ139d [IF PQ132 = 2, then “have” ELSE “had”] problems with alcohol or drugs that interfered with responsibilities at home or work?	1	2	3	4

DK/REF

PQ140 [IF PQ2 NE 1 AND PQ135 = 1] Now think about [NAME FILL]’s **biological mother**. During the years she has helped to raise [NAME FILL], how much have problems with her **mental health** interfered with her daily activities?

[IF PQ2 NE 1 AND PQ135 = 2] Now think about [NAME FILL]’s **biological mother**. During the years she helped to raise [NAME FILL], how much did problems with her **mental health** interfere with her daily activities?

[IF PQ2 = 1] Now think about **yourself**. During the years you have helped to raise [NAME FILL], how much have problems with your **mental health** interfered with your daily activities?

[WASIT_FILL]

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 5 [IF PQ2 NE 1] [PRONOUN2 FILL] biological mother did not help to raise [PRONOUN3 FILL]
DK/REF

PQ141 [IF PQ2 NE 1 AND PQ135 = 1] How often has [PRONOUN2 FILL] biological mother...

[IF PQ2 NE 1 AND PQ135 = 2] How often did [PRONOUN2 FILL] biological mother...

[IF PQ2 = 1] How often have you...

[AOPSG_FILL]

	All the Time	Most of the Time	Some of the Time	Never
PQ141a [IF PQ135 = 2, then “have” ELSE “had”] episodes of being very sad or depressed?	1	2	3	4
PQ141b [IF PQ135 = 2, then “have” ELSE “had”] episodes of being very nervous, worried, or anxious?	1	2	3	4
PQ141c [IF PQ135 = 2, then “have” ELSE “had”] sudden attacks of fear or panic?	1	2	3	4
PQ141d [IF PQ135 = 2, then “have” ELSE “had”] problems with alcohol or drugs that interfered with responsibilities at home or work?	1	2	3	4

DK/REF

PQ142 Has [NAME FILL] ever had a biological parent or other parental figure who has been in the United States Armed Forces?

- 1 Yes
- 2 No
- DK/REF

DEFINE PQ143_FILL

IF PQMODE=WEB, FILL="Please check all that apply."

IF PQMODE=TEL, FILL="Please tell me everyone who has served in the military who has taken care of [NAME FILL]."

PQ143 [IF PQ142 = 1] Who is this person or persons? [PQ143_FILL]

[CHECK ALL THAT APPLY BOXES]

- 1 Biological mother
- 2 Biological father
- 3 Step or adoptive mother
- 4 Step or adoptive father
- 5 Other parental figure
- DK/REF

DEFINE RELATION FILL

IF PQ143 = 1, THEN FILL "biological mother"

IF PQ143 = 2, THEN FILL "biological father"

IF PQ143 = 3, THEN FILL "step or adoptive mother"

IF PQ143 = 4, THEN FILL "step or adoptive father"

IF PQ143 = 5, THEN FILL "other parental figure"

PQ144a [IF (PQ143 = 3 AND PQ2 NE 3) OR (PQ143 = 4 AND PQ2 NE 4) OR PQ143 = 5] Is [PRONOUN2 FILL] [RELATION FILL] still living?

- 1 Yes
- 2 No
- DK/REF

PQ145a [IF PQ144a = 2 OR (PQ143 = 1 AND PQ2 NE 1 AND PQ135 = 2) OR (PQ143 = 2 AND PQ2 NE 2 AND PQ132 = 2)] Did [PRONOUN2 FILL] [RELATION FILL] die while on deployment?

- 1 Yes
- 2 No
- DK/REF

PQ146a

[IF (PQ143 = 1 AND PQ2 = 1) OR (PQ143 = 2 AND PQ2 = 2) OR (PQ143 = 3 AND PQ2 = 3) OR (PQ143 = 4 AND PQ2 = 4)] Are you **currently** on **active** duty in the United States Armed Forces, are you in a Reserve component, or are you now separated or retired from the military?

[IF PQ144a = 1 OR DK OR REF AND ((PQ143 = 1 AND PQ2 NE 1 AND PQ135 NE 2) OR (PQ143 = 2 AND PQ2 NE 2 AND PQ132 NE 2) OR (PQ143 = 3 AND PQ2 NE 3) OR (PQ143 = 4 AND PQ2 NE 4) OR PQ135 = 5)] Is [PRONOUN2 FILL] [RELATION FILL] **currently** on **active** duty in the United States Armed Forces, currently in a Reserve component, or now separated or retired from the military?

- 1 On Active Duty in the Armed Forces
 - 2 In a Reserve Component
 - 3 Now Separated or Retired From the Military
- DK/REF

PQ147a

[IF PQ144a = 1 AND (PQ143 = 1 AND PQ2 = 1) OR (PQ143 = 2 AND PQ2 = 2) OR (PQ143 = 3 AND PQ2 = 3) OR (PQ143 = 4 AND PQ2 = 4)] How many times have you been deployed?

[IF PQ144a = 1 AND ((PQ143 = 1 AND PQ2 NE 1 AND PQ135 NE 2) OR (PQ143 = 2 AND PQ2 NE 2 AND PQ132 NE 2) OR (PQ143 = 3 AND PQ2 NE 3) OR (PQ143 = 4 AND PQ2 NE 4) OR PQ143 = 5)] How many times has [PRONOUN2 FILL] [RELATION FILL] been deployed?

_____ Times [RANGE: 0-50]
DK/REF

PQ148a

[IF PQ147a > 0 AND ((PQ143 = 1 AND PQ2 = 1) OR (PQ143 = 2 AND PQ2 = 2) OR (PQ143 = 3 AND PQ2 = 3) OR (PQ143 = 4 AND PQ2 = 4) OR PQ143 = 5)] Did you deploy in support of Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn?

[IF PQ147a > 0 AND ((PQ143 = 1 AND PQ2 NE 1 AND PQ135 NE 2) OR (PQ143 = 2 AND PQ2 NE 2 AND PQ132 NE 2) OR (PQ143 = 3 AND PQ2 NE 3) OR (PQ143 = 4 AND PQ2 NE 4) OR PQ143 = 5)] Did [PRONOUN2 FILL] [RELATION FILL] deploy in support of Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn?

- 1 Yes
 - 2 No
- DK/REF

PROGRAMMERS: CREATE LOOP OF PQ144a – PQ148a FOR ALL INDICATED RESPONSES IN PQ143. VARIABLE NAMES WILL BE PQ144b, PQ144c, ETC FOR EACH POSSIBLE RESPONSE OPTION IN PQ143.

THANKR Thank you for completing this interview.

Appendix A

Summary of Module Content

Introduction

This document briefly summarizes the content of each National Mental Health Study (NMHS) Parent Questionnaire module and provides a high-level overview of the changes made to the module when compared to the source documents originally provided to RTI.

Changes

All modules were revised as follows.

- Inclusion Logic. All logic instructions were translated to question-by-question inclusion logic. This logic, which appears at the beginning of a question, indicates which respondents should be asked each question. If no inclusion logic appears in the specifications, the question will be asked of all parent respondents.
- Logic-Processing Variables. Where logic is complicated, it has been divided into smaller units, each with its own variable name. Programmers and instrument testers will use these variables to help ensure the instrument functions as intended. However, respondents will not see the processing variables or their associated logic.
- Web and Phone Adaptations. Where needed, items were revised to enable telephone and web administration.
- Ranges. Wherever a question asks for an open-ended numerical answer, a specified range is documented within which the respondents' answers must fall in order to be considered valid by the system. When a respondent enters a response outside the allowable range, the system will generate a message alerting the respondent that the response must be revised. Such range limits help to improve data quality by alerting respondents to what are typically either keying errors or errors caused by the respondent misunderstanding what information is being requested.
- Yes/No Grids. Most check-all-that-apply questions were converted to grids of Yes/No questions. The Yes/No format ensures that respondents consider each individual item rather than skimming the list and, perhaps, only attending to one or two items. This approach should be more effective in the ACASI environment where an interviewer is not able to prompt a respondent to consider all items in the list.
- Don't Know and Refuse Responses. Inclusion logic is provided where needed to clarify what should happen after a respondent enters a "don't know" answer or refuses a question.
- Fills. Separate variables have been defined to create the text fills needed to tailor questions based on a respondent's answers to previous questions.
- Renumbering. All items have been renumbered, in some cases several times, for logical flow throughout the specifications. Renumbering will not be listed specifically in the module by module summaries.
- Module order. Modules were reordered several times during drafting. These changes are not marked because the source documents were not specifically ordered when received by RTI.

Because the changes noted above were made throughout the Parent Questionnaire, these categories of changes are not repeated in the module-specific overviews that follow. Each module is divided into a separate section throughout this document.

Introduction Screens

- **Overview**
 - Provides informed consent information and collects consent to participate from respondent.
- **Changes from Original**
 - No original provided by NIMH. Text drafted by RTI.

Birth and Early Development

- **Overview**
 - Establishes gender and age of adolescent being reported on, and relationship of respondent to adolescent.
 - Asks about weight at birth and premature birth.
- **Changes from Original**
 - Added PQ1 and PQ1b to ask gender and age of adolescent being reported on.
 - Added PQ2 and PQ2OTHR to ask relationship of respondent to adolescent.
 - Added PQ3 to ensure that the respondent can answer questions about the adolescent's birth and early development.
 - Removed A2 and A3, which asked about age of biological parents at adolescent's birth.
 - Removed A4, which asked if adolescent has a twin.
 - Added PQ5a to ask if the adolescent was born more than one week premature.

Residential History

- **Overview**
 - Module removed.

Education

- **Overview**
 - Asks about performance in school, educational attainment, and expected lifetime educational attainment.
 - Asks about special school services received by the adolescent.
- **Changes from Original**
 - Removed D1, which asked about number of different schools attended.
 - Added PQ6a, which asked if the adolescent ever repeated a grade in school.
 - Removed D3, which asked if the adolescent was ever suspended from school.
 - Added response options to PQ7.
 - Removed D5, which asked if the adolescent was still attending school.
 - Revised response options in PQ7a.
 - Added PQ8, which asks about grades received.
 - Revised D8a–h, to be only Yes/No questions. Removed the age, frequency, and recency items from these questions.
 - Revised D8a–h question text to be more clear.

Personality

- **Overview**
 - Module removed.

Talents and Abilities

- **Overview**
 - Module removed.

Physical Health

- **Overview**
 - Module removed.

Strengths and Difficulties

- **Overview**
 - Module removed.

Columbia Impairment Scale

- **Overview**
 - Asks 13 questions designed to assess impairment across four areas of functioning: interpersonal relations, broad psychosocial domains, functioning in job or schoolwork, and use of leisure time.
- **Changes from Original**
 - Was not included in original modules provided by NIMH.
 - Minor revisions to original Columbia Impairment Scale for web implementation.

Attention and Concentration

- **Overview**
 - Asks a series of questions about problems with attention and concentration.
 - If an adolescent has had at least one problem with attention or concentration lasting more than six months, the parent is routed into follow-up questions, which include:
 - Age of onset
 - Duration of problem(s)
 - Frequency of problem(s)
 - Effect of the problem(s) on friendships, home, and work or school
 - If teachers or other adults ever told a parent about a problem with attention or concentration
 - If the adolescent received professional treatment or took medication for the problem(s)
- **Changes from Original**
 - Edited PQ14 to ask about problems in the last six months, regardless of age of onset.
 - Reordered grid items in PQ14.

Restlessness

- **Overview**
 - Asks a series of questions about problems with restlessness and impatience.
 - If an adolescent has had at least one problem with restlessness or impatience lasting more than six months, the parent is routed into follow-up questions, which include:
 - Age of onset
 - Duration of problem(s)
 - Frequency of problem(s)
 - Effect of the problem(s) on friendships, home, and work or school
 - If teachers or other adults ever told a parent about a problem with restlessness or impatience
 - If the adolescent received professional treatment or took medication for the problem(s)
 - **Changes from Original**
 - Edited PQ26 to ask about problems in the last six months, regardless of age of onset.
 - Reordered grid items in PQ26.
 - Removed K1c, which asked if an adolescent ever “often on the go taking little time to rest”.

Problems with Separation

- **Overview**
 - Asks a series of questions about problems with separation.
 - If an adolescent has had at least one problem with separation lasting one month or longer, the parent is routed into follow-up questions, which include:
 - Age of onset
 - Duration of problem(s)
 - Frequency of problem(s)
 - Severity of distress caused by problem(s)
 - Effect of the problem(s) on friendships, home, and work or school
 - If teachers or other adults ever told a parent about a problem with separation
 - If the adolescent received professional treatment or took medication for the problem(s)
 - **Changes from Original**
 - Removed instruction to report behaviors that occurred when the adolescent was older than five in PQ38.
 - Reordered grid items in PQ38.

Low Mood

- **Overview**
 - Asks a series of questions about problems with low mood lasting two weeks or longer.
 - If the parent's answers indicate the adolescent meets the criteria for low mood by endorsing a particular series of symptoms, the parent is routed into follow-up questions, which include:
 - Age of onset
 - Duration of problem(s)
 - Recency of problem(s)
 - Severity of distress caused by problem(s)
 - Effect of the problem(s) on friendships, home, and work or school
 - If teachers or other adults ever told a parent about a problem with low mood
 - If the adolescent received professional treatment or took medication for the problem(s)
- **Changes from Original**
 - Symptom items in PQ55 were edited from yes/no questions to frequency items with a response scale ranging from All or Almost All of the Time to None of the Time.
 - Added PQ55a, PQ55b, PQ55c, PQ55d, PQ55e, and PQ55k from the symptoms grid.
 - Removed M2c, which asked about being more restless than usual, from the symptoms grid.
 - Divided M2a into PQ55l and PQ55m, which ask about decreased appetite and increased appetite as separate items.
 - Reordered the items in the PQ55 grid.
 - Added PQ58, which asks about the severity of the adolescent's worst low mood episode.

Anger and Disobedience

- **Overview**
 - Asks a series of questions about lifetime problems with anger and disobedience.
 - If the parent's answers indicate the adolescent meets the criteria for anger and disobedience issues by the parent responding Very Often, Often, or Sometimes to any symptom question, the parent is routed into follow-up questions, which include:
 - Age of onset
 - Duration of problem(s)
 - Recency of problem(s)
 - Severity of distress caused by problem(s)
 - Effect of the problem(s) on friendships, home, and work or school
 - If teachers or other adults ever told a parent about a problem with anger and disobedience
 - If the adolescent received professional treatment or took medication for the problem(s)
 - **Changes from Original**
 - Symptom items in PQ68 were edited from yes/no questions to frequency items with a response scale ranging from Very Often to Never.
 - Removed N1e, which asked if the adolescent was angry a lot of the time.
 - Added PQ68d, which asks about getting angry.

Breaking Rules

- **Overview**
 - Asks a series of questions about the adolescent's lifetime behavior problems.
 - If the parent endorses any behavior problem symptom, the parent is routed into follow-up questions, which include:
 - Age of onset
 - Duration of problem(s)
 - Recency of problem(s)
 - Severity of distress caused by problem(s)
 - Effect of the problem(s) on friendships, home, and work or school
 - If teachers or other adults ever told a parent about behavior problems
 - If the adolescent received professional treatment or took medication for the problem(s)
 - **Changes from Original**
 - Reordered the items in the PQ80 grid.

Services

- **Overview**
 - Asks a series of questions about counseling or medication received from a variety of sources for problems with emotions, behavior, or mental health.
- For each source of services the parent endorses, they are asked to report number of visits, for lifetime and past 12 months, and recency of service.
 - Asks if the adolescent has received counseling, by a professional or self-help group, for problems with substance use.
- For each source of counseling the parent endorses, they are asked to report age of first use, frequency of visits, and recency of visits.
 - Asks if the adolescent has been kept overnight in a variety of facilities for problems with emotions, behavior, or mental health.
- For each facility type the parent endorses, they are asked to report age of first visit, frequency of visits, total number of days spent in the facility, and recency of visits.
 - Asks if the adolescent has been kept overnight in a variety of facilities for problems with substance use.
- For each facility type the parent endorses, they are asked to report age of first visit, frequency of visits, total number of days spent in the facility, and recency of visits.
 - Asks if the adolescent stopped receiving treatment for problems with emotions, behavior, or mental health.
- If the adolescent has stopped receiving treatment, the parent is asked to report how important various reasons were in the decision to stop treatment.
 - Asks if a teacher or other adult had ever encouraged the parent to take the adolescent to a profession for help for problem with emotions, behavior, or mental health.
- If so, parents are asked to report age of first encouragement.
 - Asks if the adolescent has ever received special testing or evaluations for problems with emotions, behavior, or mental health.
- If so, asked about age of first testing and recency of testing.
- **Changes from Original**
 - Revised Q1a–m to be only Yes/No questions. Removed the age, lifetime visits, and number of visits in the past 12 months from these questions. Removed items appear later in the module as standalone questions for each service endorsed.
 - Separated Q1a–m and Q2a–g into four questions:
- PQ92, which asks about outpatient care for problems with emotions, behavior, or mental health only
- PQ97, which asks about outpatient care for problems with substance use only
- PQ102, which asks about overnight care in a facility for problems with emotions, behavior, or mental health only
- PQ108, which asks about overnight care in a facility for problems with substance use only
 - Removed Q1c, Q1h, Q1i, Q1l, and Q1m.
 - Added PQ92c and PQ92h.
 - Removed Q2g.

- Added PQ102b, PQ102f, and PQ102g.
- Added PQ108b and PQ108c.
- Removed Q4a–c, which asked about medication taken.
- Added PQ114, PQ115a–f, PQ116, and PQ117, which ask about reasons for stopping treatment.
- Added PQ120, PQ121, and PQ122, which ask about testing.

Biological Parents and Other Parental Figures

- **Overview**
 - Module removed. Similar items were added to the Family and Medical History module.

Your Relationship with the Adolescent

- **Overview**
 - Module removed.

Your Background

- **Overview**
 - Module removed.

Your Finances

- **Overview**
 - Module removed.

Family and Medical History

- **Overview**
 - Asks a series of questions about the adolescent’s medical conditions and general health.
 - Asks if there are any non-biological parental figures.
- If so, asks how many non-biological parental figures, who these figures are, and how long the adolescent has lived with each of these figures.
 - Asks for physical and mental health information for biological parents.
- **Changes from Original**
 - Rephrased PQ123h to read “Autism spectrum disorder, including Asperger’s?”.
 - Removed Rett Syndrome, Tuberous Sclerosis Complex, Fragile X Syndrome, and Neurofibromatosis I from the PQ123 grid.
 - Added PQ123p, PQ123aa, PQ123bb, PQ123cc, PQ123dd, PQ123ee, PQ123ff, PQ123gg, and PQ123hh.
 - Revised PQ123v to read “Problems with anger control” instead of “A behavioral disorder, such as Oppositional Defiant Disorder, Conduct Disorder, or other behavioral disorder”.
 - Added PQ126a, which asks how many non-biological parental figures helped raise the adolescent. The respondent will receive questions about each parental figure indicated in this question.
 - Added more comprehensive response options to PQ127, which asks the relationships of the parental figure to the adolescent. This item now collects information on male and female parental figures for each person indicated in PQ126a.
 - Restructured questions asking about non-biological parental figures and biological parents to ask all items about each person in a set rather than asking about physical health of all indicated parents and parental figures and then asking about mental health of all indicated parents and parental figures.
 - Removed items asking how often the biological parents and non-biological parental figures had “gotten in trouble with the law or participated in illegal activity”.
 - Removed items asking about the quality of the relationship between the adolescent and each biological parent.

Military Service

- **Overview**
 - Asks if a biological parent or non-biological parental figure has ever served in the military.
- If so, the respondent is asked to indicate all persons who have served in the military.
 - Asks if biological parents and non-biological parental figures who have served in the military died while on deployment, if they are on active duty, number of deployments, and if they deployed in certain recent operations.
- **Changes from Original**
 - RTI and NIMH created this content. It was not included in the original parent questionnaire.
 - Included non-biological parental figures and their relationships to the adolescent through the module.
 - Restructured module to collect number of parents and parental figures at the beginning of the module and then rotate through follow-up questions for each person indicated, rather than asking about only biological father and biological mother.