The Validity and Reliability of The Abbreviated Version of The Diagnostic Interview for Borderlines (DIB-Ab).

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Table of Content

Abstract	1
Introduction	
IIIII Oductioii	······································
Method	15
Subjects	15
Testing Materials	15
Description of the Instrument	16
Procedure	
Statistical Analysis	
Results	
Discussion	24
Summary	29
Response to reviewers	30
References	31
Acknowledgement	11
ACKITOWICUSCIIICITE	
Appendix A	45

Abstract

Objective: The diagnostic Interview for borderline personality disorder (DIB) requires a long duration of administration (45 minutes). This led to the development of a briefer (10 minutes), and therefore more feasible, version of the DIB named the DIB-Ab. It is the aim of this study to test the validity and reliability of the DIB-AB. Method: Fortyseven previously suicidal adolescents, aged 14-21 years, participated in this study. The DIB-Ab and DIB-R were administered during a battery of tests separated by 130 minutes of unrelated measures. **Results:** The Pearson correlation coefficient of the DIB-Ab with respect to the DIB-R ranged from .52- .80 with respect to the total scores on three sections (I.e. affect, cognition, and impulse/action). The correlation coefficient of the DIB-Ab ranged from .43- .91 for the total section scores and the same section scores. The standardized alpha for internal consistency of the DIB-Ab ranged from .54-. 83 for the total scores and for cognition and impulse/action section scores. Conclusion: The preliminary data analysis revealed that the DIB-Ab is a valid and reliable instrument, and it could replace the parent version in certain research and clinical paradigms.

Le entrevue Diagnostic pour étate Limites (DIB-R) a été utilise par des spécialistes depuis vingt ans comme mesure pour faire comprendre la différence entre le BPD et les autres désordres psychiatrique. Les problèmes concernant l'administration du DIB-R comme la durée (30-40 minutes) et leur complexité ont moné au développement d'une version de DIB plus courte(10 minutes), et donc plus facile à administrer du DIB-R. L'objectif de cette recherche est de verifier la validité et la fiabilité de cette version courte (DIB-Ab).47 adolescents suicidaires âgés entre 14-21 ans ont participés à cette étude. Durant

l'entrevue, le DIB-Ab et le DIB-R, séparés par une durée de 130 minutes de mesures non reliées, ont été administrés à tous les sujets. La corrélation du coefficient Pearson de le DIB-Ab en regard du DIB-R entre le résultat total et selui des trois sections s'est classée entre 0.52-.80. Les alpha standard de consistance interne du total en regard des sections de le DIB-Ab se situent entre 0.54- 0.83. Les coefficient de corrélation entre le total des résultats et les sections de le DIB-Ab se situent de 0.43-0.91. Les données préliminaires de cette analyse révèlent que le DIB-Ab est un instrument valide et fiable. Cela dit, il peut remplacer la version originale dans certains paradigmes de recherche/intervention.

Introduction

Borderline personality disorder (BPD) has been one of the most controversial topics in behavioral sciences, engendering much confusion with respect to its diagnosis (Ad-Dab'bagh, Greenfield, 2001). According to Goldstein (1983) the term borderline personality originally derives from the psychoanalytic literature in consideration of neurotic patients, a sub-population who appeared to be resistant to psychoanalytic treatment. Different psychiatric terms such as ambulatory schizophrenia (Zilboorg, 1941), Pseudoneurotic schizophrenia (Hoach, Polatin, 1949), and latent psychosis (Bychowsky, 1953), were also used to describe this group of patients. In 1938, Stern coined the term borderline to describe this group of patients for the first time in psychiatric literature, and the term was eventually applied to both adults and children. It describes a population of patients that were neither clearly neurotic nor psychotic, but demonstrated symptoms which were common to the two groups (Heller, 1999).

Kernberg (1983) believed that the term could include patients who are at the border of being diagnosed with an organic disorder, and Weil (1953) and Einkstein and Wallerstein (1954) used the borderline designation to describe children with early onset of psychoses. Anna Freud (1969) believed that borderline children were impaired

developmentally and had poor reality testing, were not easily confronted by others, and showed insufficient and inappropriate defense mechanisms. Engel (1963) observed that feelings of loneliness and anxiety, and fear of annihilation were symptoms of borderline personality in children, and Fijling and Schreuder (1970) and Rosenfeld and Sprince (1963) confirmed these observations. Pine (1974) emphasized that borderline children display signs of developmental failure, and disturbed ego functioning, and object relations. Other researchers, such as Marcus (1963), Geleerd (1968), Chethik (1979), Perry and Klerman (1978, 1980), Adler and Buie (1979), and Greenman (1991) characterized borderline children based on the previous symptoms. The evidence of existence of a distinct psychosocial (Guzdar, Paris, Zelkowitz, Fledman1996; Guzdar et al, 1999) and neuropsychological (Paris et al, 1999) profile has been detected among borderline children.

Although the DSM IV (1994) defines the borderline disorder and describes its characteristics, there are various ways to characterize the condition (Quaytman, Sharfstein, 1997). According to the DSM-IV, the diagnosis of borderline personality disorder is based on certain features, which are observed by early adulthood and manifest in different situations (Rosnick, Schulz, Schulz, Hamer, Friedel, Goldberg, 1983), including a pervasive pattern of instability of

interpersonal relationships and affects (Beck, 1990), and marked impulsivity. For an individual to be diagnosed as borderline 2 or more of the following features must be present (DSM-IV, 1994):

- 1) In an effort to avoid real or imagined abandonment (Benjamin, 1996; Millon, Davis, 1996). These individuals are very sensitive to separation or rejection, either of which can lead to a drastic change in self- image, affect, and behavior. They perceive themselves as responsible for the abandonment and they even risk their life to avoid it.
- 2) These patients have a pattern of unstable and intense relationships, in which they are very demanding and could quickly changed their prospective of a given person from that of idealization to devaluation (Akhtar, 1995; Beck, 1990; Oldham, Morris, 1990). This rapid change of view of others is the cause of the intense relationship.
- 3) People who suffer from BPD have a markedly and persistently unstable self image or sense of self (Linehan, 1993), often characterized by a change in goals, values, career, sexual identity and type of friends and accompanied by an obvious identity disturbance.
- 4) Such individuals can display impulsivity in at least two areas that are potentially self-damaging (Oldham et al, 1990), including

gambling, spending money, binge eating, substance abusing, and even reckless driving.

- 5) Individuals with BPD display recurrent suicidal behavior including gestures, threats, or both, and often manifest self-mutilating behaviors (Linehan, 1993).
- 6) BPD sufferers may show affective instability are mood changes, such as dysphoria, irritability, or anxiety, which usually lead the individual to anger, panic or despair (Lish, Kavoussi, Coccaro, 1996).
- 7) Individuals with BPD also suffer from chronic feeling of emptiness, accompanied by a vulnerability to boredom and a need to be constantly engaged in a pursuit (Akhtar, 1995).
- 8) These individuals are also prone to experience intense anger, and to express anger inappropriately, which they, in turn, have difficulty controlling (Stone, 1993). They are also prone to get angry when they feel left alone or ignored, and to express themselves with sarcasm and bitterness. They subsequently feel guilty and think of themselves as evil.

9) Under stressful circumstances BPD sufferers display transient paranoid ideation or dissociative symptoms such as depersonalization.

The individuals with BPD might also sabotage themselves at the moment a goal is within their reach. Some may develop psychotic symptoms in stressful situations (e.g. hallucination, body image distortion or idea of reference). They at times feel more secure interacting with transitional objects, such as pets, than with human beings. Their life course is also commonly marked by recurrent job losses, broken marriages, and school drop out (Perry, Klerman, 1980). Suicidal behavior is one of the very common manifestations of the BPD existence. Completed suicide occurs in 8-10% of this population (Stone, 1993). Death from suicide is a risk when BPD is co-morbid with mood disorders or substance related disorders (Stone, 1990).

BPD also commonly associates with other axis I disorders (Sanislow, McGlashan, 1998) such as eating disorder (Sansone, Fine, Sansone, 1994), post-traumatic stress disorder (Famularo, Kinschreff, Fenton, 1991; Briere, 1997), attention deficit (ADHD) disorder (Beiderman, Newcorn, Sprich, 1991) and other personality disorders (Becker, Grilo, Edell, McGlashan, 2000).

Almost 2% of the general population suffer from this disorder (Soloff, Liz, Kelly, Cornellius, Ulrich, 1994; Gardner, Cowdry, 1985), as do 10% of mental health clinic patients, 20% of the psychiatric inpatients (Zanarini, Frankenburg, 1997,2001), and 30-60% of the clinical populations with other personality disorder (Swartz, Blazer, George, Winfield, 1990). The condition is diagnosed predominantly among females in 75% of the cases (Swartz et al, 1990), and most commonly presents in early adulthood. By the time these individuals reach the age of 30 to 40 years, the majority experience greater stability in their relationships and functioning (Benjamin, 1996). BPD is five times more common among first degree biological relatives and those with a family history of substance related disorder (Miller, Abrams, Dulit, Fryer1993; Runeson, Beskow, 1991), anti-social personality disorder (Zuckerman, 1996), and mood disorders (Trull, Useda, Conforti, Doan, 1997; Quaytman, Sharfstein, 1997; Gunderson et al, 1980, DSM IV, 1994).

The late 70's were a crucial era for new approaches to borderline personality. Many researchers such as Kernberg (1967), Gunderson (1975), Aarkrog (1977), Chiland and Lebvic (1977), Kenstenbaum (1983) pioneered investigations of the borderline personality disorders from various angles.

During the past several decades researchers have tried to define and diagnosis borderline personality disorder in various ways. One of the earliest of such approaches is Kernberg's psychodynamic approach. In the context of a psychodynamic approach, Otto Kernberg (1967) assigned the label "Borderline personality organization" to this condition, which was then popularized in the psychiatric literature (Meissner, 1978). Kernberg (Goldstein, 1983) views this condition as a personality organization characterized by a specific kind of structural configuration including a specific profile of ego and superego functioning and instinctual drive organization (Masterson, 1981). He proposed three structural configurations (i.e. neurotic, psychotic, and the borderline personality disorder), one of which characterized every patient (Meissner, 1978), and each being defined by the pattern of ego strengths and weaknesses. For Kernberg (1980) the ego strengths are comprised of relative intactness of thought processes, interpersonal relations, reality testing and an adaptation to reality (Goldstein, 1982). The transient, superficial, presence of these ego strengths can give the appearance of normalcy to borderline patients in social situations (Sansone, Sansone, 1991).by contrast, in depth interview of these patients can reveal their ego weaknesses, which are characterized by poor impulse control, proneness to use primitive ego defenses, identity diffusion, and affective instability. Kernberg (1967) emphasized on exploration of the patient's ego strengths/ weaknesses

to derive this diagnosis, as ego functioning was crucial to his diagnostic approach (Robbins, 1976). He also emphasized what he labeled "nonspecific signs" of the disorder, which included low anxiety tolerance, impulsive relations, difficulty engaging in hobbies, and an inability to enjoy work. He referred to their defense style as "primitive" (Kernberg, 1967), and included such defenses as splitting, projective identification, idealization, and devaluation, which characterized their day- to- day interactions. Splitting refers to the borderline patient's experience of the world as categorically divided into "good" and "bad", without a gray zone in between. Further, these categories of "good" and "bad" are not stable over the time, such that, that which is considered "good" at one point in time, could change dramatically to the opposite (i.e. bad) at some subsequent time. Another primitive defense, projective identification, characterized a process by which such an individual perceives his own objectionable feeling, thought, or conflict as belonging to some other person who, in turn, behaves in a consistent fashion. These qualities of the patient suffering from borderline personality disorder compromise their ability to perceive other people in an integrated consistent manner over time (Kernberg, 1967).

Gunderson (1981) promoted an operational, research- oriented approach to the diagnosis of borderline personality disorder, which

was amenable to psychometric testing. He focused on six clinical symptoms and characteristics, which would distinguish between borderline patients and other psychiatric patients, such as: the presence of intense affect; impulsive behaviors; limited social adaptation; and brief psychotic experiences under stress; poor interpersonal relationship; and, intense dependency (Kolb and Gunderson, 1980). Gunderson viewed the borderlines' unstable relationships as the core symptoms, and observed their inclinations toward repetitive self- destructive behavior, impaired reality testing, over sensitivity to frustration, poor social functioning, and impulsive reactions (Gunderson, Kolb, Austin, 1981, Guderson, Kerr, woods, 1980). Gunderson et al (1981) clarified and standardized the diagnosis of BPD by constructing a clinical interview to assess borderline personality characteristics among in-patient, which culminated in the development of a semi-structured measure entitled the Diagnostic Interview for Borderlines (DIB) (1981).

DIAGNOSTIC INTERVIEW FOR BORDERLINES (DIB):

The DIB emphasized the patient's clinical history, and is now one of the most widely used instruments in the diagnosis of the borderline personality disorders (Zanarini, Gunderson, Frankenburg, and Chauncey, 1989). Gunderson demonstrated the validity and reliability of the DIB, which were reconfirmed (Soloff and Ulrich, 1981, Frances et al, 1984), and hoped its use could be extended from the research to the clinical setting (Kroll, Pyle, Zander, Martin, Lari, and Sines, 1981). It assesses patients in five different areas of functioning of relevance to this population, including social adaptation, impulse/ action patterns, affect, psychosis, and interpersonal relationships.

DIAGNOSTIC INTERVIEW FOR BORDERLINES- REVISED (DIB-R):

The DIB was subsequently revised (Zanarini et al, 1989) to increase its ability to differentiate between BPD and other personality disorders. The revised DIB (DIB-R) is composed of four sections with a total of 102 questions (i.e. affect, cognition, impulse/ action pattern, and interpersonal relationships), and each section is further divided into subsections. The affect section, for example, consists of depression, hopelessness, helplessness, worthlessness, guilt, anger, anxiety, loneliness, boredom, and emptiness. The cognition section includes odd thinking, unusual perception, non- delusional paranoia, and quasi psychosis (Zanarini et at, 1990). The impulse/action pattern section is further comprised of substance abuse or dependency, sexual deviancy, manipulative suicidal gestures, and other impulsive behaviors. The last section of the DIB, which concerns the interpersonal relationships, covers intolerance of aloneness, fear

of abandonment, engulfment, and annihilation, dependency and counterdependency, stormy relations, manipulation, devaluation, masochism or sadism, demandingness and entitlement. The DIB-R ends with questions concerning treatment regression and a history of a close and inappropriate relationship with a staff member during the course of in- or outpatient treatments, an occurrence to which the BPD patients are vulnerable (Zanarini et al 1989).

The adult version of Gunderson and Kolb's criteria of borderline personality disorder was adapted to the pediatric population by Brady in 1981. His work was continued by Pine (1983) and he proposed the inclusion of common features of the borderline children. Other researchers (Vela, Gottlieb, and Gottlieb, 1983; Bemporad, Smith, Hanson, and Cicchetti, 1982), adapted the criteria for diagnosis of the borderline disorder to children. Vela and his colleagues (1983), inspired by these investigations, developed the child version of the DIB-R.

THE ABBREVIATED DIAGNOSTIC INTERVEW FOR BORDERLINES (DIB-Ab):

The duration of the DIB (i.e. 35-45 minutes) may be excessive for the borderline population, given their propensity to boredom, loss of

interest, and the resulting potential for inaccurate responses to the questionnaire. This problem was addressed by the introduction of an abbreviated and thus more feasible version of the DIB, called the abbreviated DIB (DIB-Ab). The DIB-Ab is a structured instrument with 21 questions concerning the past six months of the patient's life, and which only requires 10-12 minutes to administer, thus increasing the likelihood of sustaining the patient's interest and the validity of response. The questions on the DIB-Ab cover most of the sections included in the original version such as affect, cognition, and impulse/actions pattern. However the psychometric properties of the DIB-Ab have not, as yet, been determined. The present study was undertaken to measure the validity and reliability of the DIB-Ab. The hypothesis of this study is that in certain research paradigms the DIB-Ab can replace the original version of the instrument. It is also hypothesized that the DIB-Ab will have demonstrated reliability, and that it will discern borderline pathology with a frequency similar to that of the original DIB. What follows is the result of the application of a preliminary algorithm that was used to test the psychometric properties of the DIB-Ab.

Method

Subjects

Subjects included forty-seven adolescents, aged 14-21 years, who were assessed 3 years previously for suicidality by a psychiatrist in the Montreal Children Hospital emergency room. Suicidality was then noted on a five-point Likert type scale from "no-ideation" to a "sever attempt". Previously suicidal adolescents were selected for this study due to the anticipated high incidence of borderline pathology in this population. The majority of the participants, of whom there were 11 (23%)males and 36(77%) females, were living with either one parent and/or stepparents (45/47,96%) the remainder (2/45, 4%) lived with foster families. All five Hollingshead-Redlich social classes were represented. However 29 (62%) of the sample were from an average socioeconomic level (classes II-IV).

Testing materials

This study of the DIB-Ab validity and reliability was only a segment of a larger protocol, which included a battery of seven questionnaires, and which required a total administration time of 130 minutes (appendix-A). Although the original study, 33 month previously, included both the patient and one parent as informants, the current

33 months follow-up, which included the DIB-Ab psychometric testing, was restricted to only the patient as informant. Three of the measures (REMY 71, TCI, DSQ) were self-report, and the four remaining measures (open-ended, DISC, DIB, hospitalization form) were administrated by trained research assistants. After informed consent was obtained from the patient, an open-ended questionnaire was posed regarding the patient's life history. These were followed by administration of the REMY-71, a self-report instrument, the interviewer administered DISC, and two other self report measures named DSQ and TCI. This in turn was followed by questions regarding previous psychiatric hospitalizations. In addition, in 50% of the cases the initial open-ended questionnaire was followed by the DIB-Ab, and the above battery was then followed by the original DIB-R, and in the other 50% of the cases, the order of the two DIB instruments was reversed. Patient selection for the sequencing was determined in a randomized fashion by computer.

Description of the instrument

The DIB-Ab evaluated all areas described in the parent version of the DIB, including affects, impulse/action pattern, and cognition by means of structured questions. The DIB-Ab contains 21 questions based on the characteristics representing the borderline personality

disorder identified by Gunderson (1975). Although the questions in the DIB-Ab cover all the 4 sub-sections of the original DIB, emphasis has been put on the cognition part. This emphasis was applied to identify more sever symptoms of psychosis (e.g. bipolar disorder, schizophrenia), which would then preclude the diagnosis of borderline personality disorder (Kolb et al, 1980). Derealization, depersonalization, brief paranoid experiences, brief psychotic depressed experiences, and hallucination are also exclusionary symptoms, as are nihilistic, grandiose, bizarre delusions and mania, as these too, are suggestive of other forms of functional psychiatric disorders.

<u>Procedure</u>

The battery of the measures were administrated by 4 research assistant, each of whom had at least a bachelor's degree and one year of research experience. The principal investigator contacted patients by telephone, to recruit them into the 33 months follow-up study. The research assistant then arranged for an appointment at which time informed consent was obtained. The battery used for patients who participated in the DIB-Ab validation process required approximately 130 minutes of administration time.

During the open- ended component of the interview the patient was free to talk about his/her life and problems. All the questionnaires used in this study were structured except the DIB, which is a semi-Structured questionnaire.

During administration of the long version of the DIB (DIB-R) the research assistant asked the patient to elaborate on questions when deemed necessary. At least two trained research assistants were present for both versions of the DIB to rate the consistency of the scores among them (reliability). All research assistants scored patients individually and kept blind to each other's scores in order to reduce the chance of influencing agreement between the interviewers. It was decided to interview two of the patients at home as they were not be able to present at the hospital for interview.

Statistical Analysis

The statistical analysis was performed on 47 subjects. The concurrent validity of the DIB-Ab and DIB-R was calculated using Pearson correlation coefficient. The intraclass correlation coefficient (ICC) and the Cronbach Alpha (internal consistency) were determined as indicators of the reliability of the DIB-R and the DIB-Ab. The internal consistency test for reliability was used for the DIB-Ab as this is the

best statistical test to determine the reliability of a structured questionnaire, which yields yes/no answers and thus obviates interpretations in the scoring process.

RESULTS

The preliminary data analysis was performed on 47 subjects. The mean age of the group was 17.5 years. Other demographic characteristics of the sample are demonstrated in Table 1.

Table 1. Demographic Characteristics of Sample (N= 47)

Characteristics			%	
Sex				
M 184			23	
			77	
Hollingshead-Redlich S	ES			
			17	
II-IV			62	
V			21	

Abbreviation: SES, socioeconomic status.

The gender distribution of the subjects was in favor of females (77 %). In addition, although most of the Hollingshead-redlich social classes were represented in the sample, the majority (62 %) of them was in middle class II-IV.

Table 2 demonstrates the concurrent validity between the AB- DIB and the original DIB.

Table 2. Concurrent Validity of DIB-Ab x DIB-R

	Aff (DIB-Ab)	Cog(DIB-Ab)	Imp(DIB-Ab)	Tot DIB-Ab
Aff (DIB-R)	.516**			
Cog (DIB-R)		.580**		
Imp (DIB-R)			.796**	
Total (DIB-R)				.522**

The correlation coefficient for the total DIB-Ab scores and the total DIB-R scores is significant (r= .522, p< 0.01). The analysis of the section scores for both instruments indicates that there is a significant positive correlation between analogous sections in both measures (i.e. affect (r=. 516, p< 0.01), cognition (r=. 580, p<0.01) and impulse/ action (r=. 796, p< 0.01).

Table 3. The Intraclass Correlation (ICC)/ inter-rater reliability of the DIB-R

Item	ICC	c i
Affect	1.00**	1,00-1,00
Cognition	.92**	.6599
Impulse/action	.95**	.7899
Interpersonal relationships	1.00**	1.00-1.00
Total	.99**	.95-1.00

^{**}Correlation is significant at the 0.01 level (2-tailed).

The DIB-Ab was also found to be a reliable measure in terms of interrater agreement and internal consistency.

The inter-rater agreement was also conducted with respect to the original DIB, using intraclass correlation, and revealed that there was a high level of agreement among the 4 raters for this study's purposes (Table 3). The intraclass correlation analysis of the data (Table 3) revealed that the average Measure for intraclass correlation coefficient (ICC) among the four raters for the total DIB was significant (r= .99). The average ICC for the sections including affect (r=1.00), cognition (r= .92), impulse/action(r= .95), and interpersonal relationships (r=1.00) were also found to be significant.

Table 4. The Correlation Among Sections of the Total DIB-Ab and DIB-R

(Internal Consistency)

DIB-R: AFF COG TOT IMP α DIB-Ab: Aff N/A COG .188 .83 IMP .393** .285 .54 .434** .911** .633** TOT .78

^{**.} Correlation is significant at the 0.01 level (2-tailed).

As the Table 4 shows, all the sections of the DIB-Ab are correlated among themselves. Of the sub-section scores only affect and impulse/action (r= .393, p< 0.01) showed a significant positive correlation. Positive significant correlation were also found between all section scores and the total DIB-Ab scores including affect (r= .434, p<0.01), cognition (r= .911, p<0.01), and impulse/action (r= .633, p<0.01). The analysis of the internal consistency of the DIB-Ab also indicated that there is a significant consistency among the items in the DIB-Ab (Table-4). The standardized alpha (α)(which measures an item's consistency), of the cognition section was high (α = .83), and for the impulse/action section was moderate (α = .54). The standardized alpha for the total DIB-Ab was also reasonably high (α = .78), which indicates that there is a consistency among the items in the DIB-Ab. No analysis was conducted on the affect section as it had only one probe.

Discussion

The original (long) version of the Diagnostic Interview for Borderline Personality Disorder (DIB-R), with demonstrated reliability and validity, was designed to discriminate between borderline pathology and other psychiatric disorders, and has been used by researchers and clinicians during the past two decades. Unfortunately, its use was associated with a lengthy administration time and substantial training for the interviewers, both in the clinical and research settings. The search was thus on for a briefer, equally efficient, instrument to aid in the diagnosis of the disorder. The abbreviated version of the DIB (DIB-Ab) was therefor created to decrease the administration time of the measure. However the DIB-Ab had neither been validated nor tested for reliability.

This study had as its aims to test both the validity and the reliability of the DIB-Ab, and this preliminary analysis suggests that the DIB-Ab is indeed a valid instrument to diagnosis borderline personality disorder among a previously suicidal adolescent population. This was supported by the high correlation between the DIB-Ab and its parent version in both total and sectional analysis.

In addition, it also appears to be a reliable instrument, as the interrater reliability of the DIB-Ab was above 95%, demonstrating a high level of agreement between interviewers with respect to patient's responses to the measure.

There are several advantages to the use of the DIB-Ab versus the parent version of the measure. First the instrument is composed of a structured interview which thus does not require substantial training or interpretation of results by the interviewers, both of which facilitate its administration. Second, its administration is also facilitated by its brevity, which reduces the original time from 45 minutes to 10 minutes.

There were also merits to the validity process used in this study. One such merit, for example, concerns the time interval used between the AB-DIB and the parent version. Ideally such a time interval would be long enough to preclude the patient from remembering their responses to the parent version of the measure, but not so long as to engender change in the patient's clinical status. It is hoped that the time interval would also take into consideration the patient's capacity for compliance; specifically, whether or not they would be willing to cooperate with another interview. Although the ideal interval in the case of these two versions of the DIB might be two weeks, there were

concerns that these potentially borderline patients, who were previously suicidal, could not be motivated to return for the second interview. A compromise was then made to administer these two measures during the same session, but separated by a 130 minutes battery of unrelated measures of 130 minutes duration.

Although this study suggests that the DIB-Ab can replace the parent version in certain research and clinical paradigms, there were also certain limitations, which must be noted in relation to the process of developing the DIB-Ab. The first of these concerns relates to the nature of the borderline condition itself. Characteristically, personality disorders, and specifically borderline personality disorder, is not easy to be investigated for several reasons. One is the difficulty surrounding the operational definition of the disorder (Gunderson et al, 1981). Although the term borderline is defined in DSM IV, the exact meaning could vary based on clinician's interpretation and approach, such that there is a lack of consensus concerning the actual diagnosis, and this complicates the process of devising an instrument to measure it (Ad-Dab'bagh & Greenfield, 2001). Secondly, many of the disorder's characteristics are found in the general population, and it is very challenging to agree on a disorder's criteria when it shares many traits in common with a normative sample. These would include, for example, questions with respect to sexual

orientation, bizarre sexual practices, impaired self-confidence or self-esteem. As one example, although homosexuality constitutes 9-11% of the general population (McWhirter, sanders, Reinsisch, 1990; Gonsiorek, Winrich, 1995), it is nonetheless considered reflective of sexual deviancy according to DSM-IV, and thus a sign of borderline pathology.

This same dilemma also applies within the narrower domain of psychiatric disorders where borderline personality often presents comorbid with other conditions such as affective and anxiety disorders or panic attacks. Accordingly, the subject's responses must be differentiated from those of a patient who suffers predominantly from any of the above conditions.

There are further limitations to the DIB-Ab. Like any other structured interview the DIB-Ab was not designed to permit clarification of answers by the interviewer. This concern could be potentially overcome were the user to be encouraged to employ the DIB-Ab adjunctively with a clinical interview.

Several limitations of this study concern the methodology. Recall bias is one such problem. As this is a follow-up study all subjects have already participated in the previous stages of the research, and their

current responses could be influenced by the recall of their previous answers. Demand characteristic is yet another potential source of bias with this study's design, and refers to the subject's wish to please the interviewer through responses. Both of the latter sources of bias could have effected this study as the subjects were previously interviewed at the same hospital, and contacted by the same research team, and were ultimately aware of the nature of the study and the questions.

The familiarity of the interviewer with the subjects is the third problem of methodology and could have both positive and negative effects. From the patient's perspective, acquaintance with the interviewer could facilitate the interview through trust and comfort that had been previously established. On the other hand, familiarity with the interviewer could increase the possibility of artificially inflated positive responses given the subject's desire to impress the interviewer. Alternatively, It is possible that the patient disliked the interviewer's style at the prior assessment and, in an uncooperative spirit, falsifies the responses.

Summary

Although the preliminary data suggests that the DIB-Ab is a valid and reliable instrument for use with the suicidal adolescent population, further large-scale testing of the instrument is recommended with this and other populations in other settings. It is also recommended that experienced researchers and clinicians use this instrument adjunctively with other diagnostic tools.

Response to reviewers' comments:

In an attempt to respond to reviewers' suggestions, the following changes have been made in the final draft of my thesis:

- 1. The introduction, method and result sections have been reorganised to promote clarity. For example on pages 11,12, and13 I have introduced titles to identify the paragraph associated with DIB-R and DIB-Ab to help the readers distinguish between theses instruments.
- 2. Page 9: Reference to "Kernberg's approach" refers to kernberg's theoretical formulation of BPD rather than to a treatment approach. The formulation is elaborated upon in the text.
- 3. Page 16, line 15: A sentence has been added to describe the randomised administration of the DIB-R and DIB-Ab.
- 4. Page 21, Table 2: The title and the format have been altered to simplify presentation of relevant data.
- 5. Page 21, Table 3: The term ICC has been defined in the title of the table.
- 6. Page 22, Table 4: The title and the format have been changed to highlight the relevant results.

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Appendix A



Centre universitaire de santé McGill McGill University Health Centre

Le Centre universitaire de santé McGill (CUSM) comprend l'Hôpital de Montréal pour Enlants, l'Hôpital général de Montréal, l'Hôpital neurologique de Montréal et l'Hôpital Royal Victoria. Le CUSM est affilié à la Faculté de médecine de l'Université McGill.

The McGill University Health Centre (MUHC) consists of The Montreal Children's Hospital, The Montreal General Hospital,

The Montreal Neurological Hospital, and The Royal Victoria Hospital. The MUHC is affiliated with the McGill University Faculty of Medicine.

30 MONTH FOLLOW-UP OF ADOLESCENTS

Between 1996 and 1998 you participated in a study that helped us determine how best to care for patients who come to our emergency room in crisis. We are now contacting you to find out how you are feeling 30 months later. We have added some questions to the ones we asked you originally, and these will give us a better idea of how you think about yourselves and others. Most importantly, a meeting with you will give us a chance to reacquaint ourselves with you and find out if there are ways that we can help adolescents in crisis over the long term, and thus improve our services. It is anticipated that this meeting will take about 2-2.5 hours.

We understand that:

- 1. That my participation in the research program may provide myself and my parents with more knowledge about my emotional state and my family's functioning. This knowledge may be of benefit to me and my family.
- 2. Participation in this program is not expected to bring any undesired effects.
- I will receive an assessment of areas that will include: my emotional state, my adaptation in daily life, and my family's functioning.
- 4. This assessment will include me and my parents, and will involve talking with a research associate and filling out questionnaires.
- 5. We can refuse to partake in this 30 month follow-up study and still have access to the same quality of care from the same health care professionals that we are currently involved with, and/or those working in our sector hospital, and/or CLSC.
- 6. Participation in this 30 month follow-up study will require about 2-2.5 hours of our time, during one assessment.
- 7. We will be reimbursed \$25 for expenses related to parking and gas during the time of our meeting with members of the research team.
- 8. I understand that, if I agree to participate, information gathered during the assessments will be kept strictly confidential.



We understand that, should we have any questions or problems at any time about our participation in the research program, or about the care we are receiving, we can contact:

Dr. Brian Greenfield at 934-4400 (extension 2785).

We understand that if we have any complaints about how the study is being conducted, we can contact the ombudsman at the Montreal Children's Hospital, Department of Public Relations (934-4400, extension 3207).

Having read and understood the above description of the research program,

	_agree to participate.
Signature of patient	Date
Signature of Parent	Date
Signature of Witness	Date
Signature of a person obtaining the consent	Date
Signature of principal investigator	Date
INSTITUTIONAL REVIEW SOARD Represed for 12 months	
signed Meronald	

PSYCHIATRY

ER FOLLOW-UP TEAM STUDY

33 MONTH FOLLOW-UP (T#)

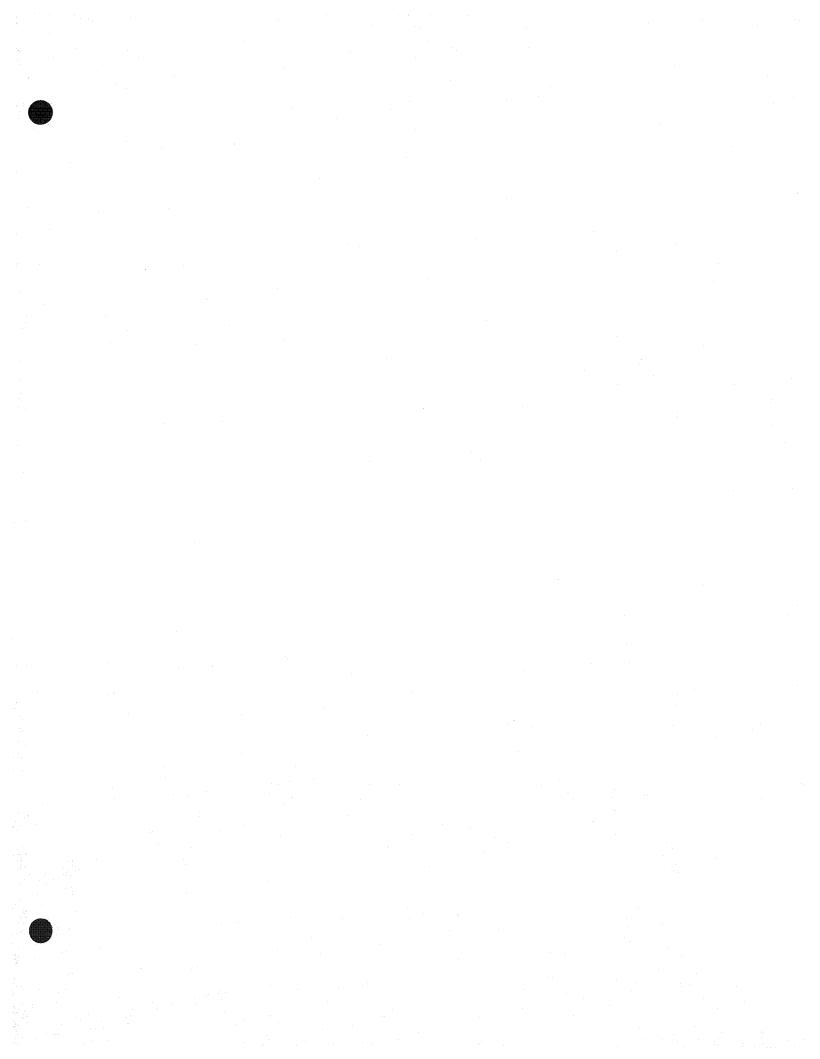
CHECK LIST

Order	of	Mezaures	
A[]	P[] 1. Spectrum of Suicidal Behaviour Scale	
	[2. a) Global Assessment of Function (GAF) Scale - patient - parent on behalf of patient	
	[
	[3. Description of Treatment and Compliance Scal - patient - parent on behalf of patient - parent on behalf of self	.e
	F	DDRESS:	
			6
	T	EL.#'o:	•
Note		A refers to adolescent	
		p refers to parent	
		LJ DRECT INTERVIEW	
		[] PHONE INTERVIEW	
		[] HOME VISIT	



GUIDELINES FOR T2 & T3

- 1. Do you have friends you can tell your problems to?
- 2. How is school going:
 - -What grades are you getting? Have these grades gone up or down?
 - -Are you getting into fights (at school or home)? Did you used to get into fights?
 - -Are you involved in other activities (school or non-school related) before, during or after school?
- 3. Do you have hobbies? Has there been a recent change (either increase or decrease) in the amount of time you spend with your hobbies. Have your hobbies recently changed?
- 4. How are you getting along with your parents and brothers and sisters?
- 5. Have you had run-ins with the police since your last meeting with a member of the research team.
- 6. What are your career plans? Have these plans changed since your last meeting with a member of the research team?



Patient	- 4	•			
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ER FOLLOW-UP TEAM PILOT STUDY

NAME OF CHILD:		
SCALE OF CHILD/PARENT		
DATE OF INTERVIEW:		
SPECTRUM OF SUICIDAL BEHAV	IOR	

Listed below are definitions and some examples of the suicidal behavior spectrum. Please consider them when rating the severity of this child's suicidal behaviour during the past 6 months.

past 24hrs past 3 dys past month

Patient on behalf of self [] []

Parent on behalf of patient [] []

R.A. on behalf of patient [] []

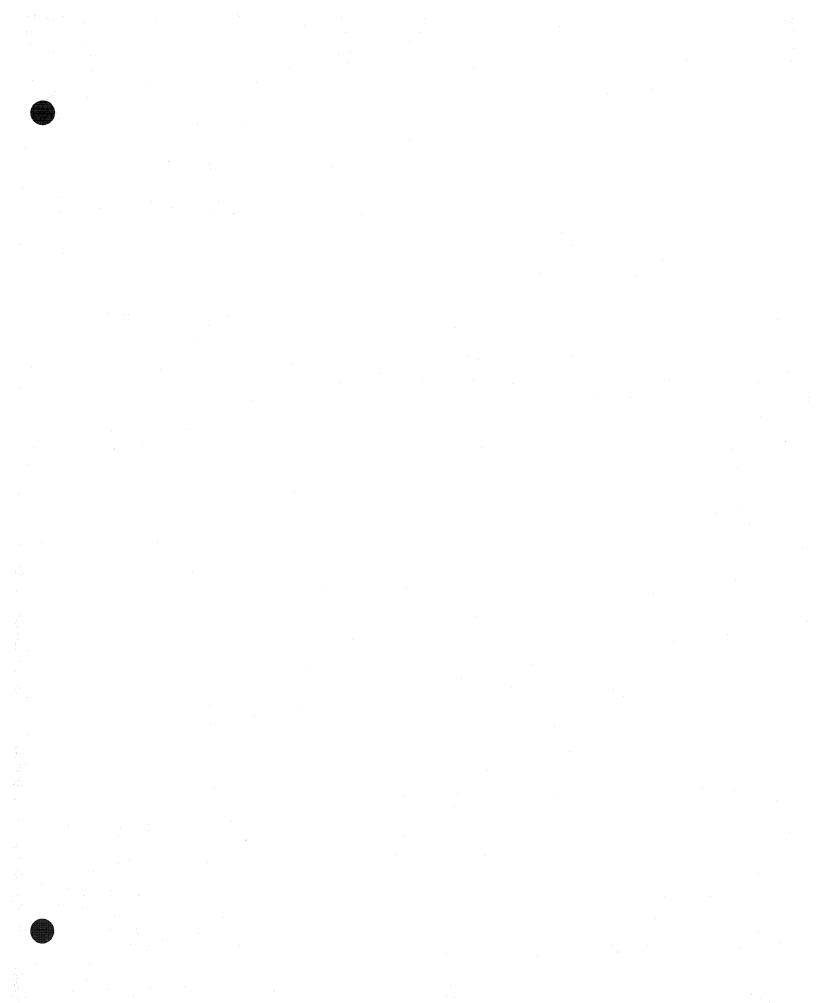
- 1. Nonsuicidal No evidence of any self-destructive or suicidal thought or actions.
- 2. Suicidal ideation thoughts or verbalization of suicidal intention. How often do they have suicidal thoughts.
 - A. Less often than once per 6 months
 - B. More often than once per 6 months Examples:
 - a. "I want to kill myself."
 - b. Auditory hallucination to commit suicide.
- 3. Suicidal threat Verbalization of impending suicidal action and/or precursor action which, if fully carried out, could have led to harm Examples:
 - a. "I am going to run in front of a car."
 - b. Child puts a knife under his or her pillow.
 - c. Child stands near an open window and threatens to jump out.
- 4. Mild attempt Actual self-destructive action which realistically woul not have endangered life and did not necessitate intensive medica attention.
 - A. Associated with suicidal thoughts
 - B. Not associated with suicidal thoughts

Example:

- a. Ingestion of a few nonlethal pills; child's stomach pumped.
- 5. Serious attempt Actual self-destructive action which realisticall could have led to the child's death and may have necessitated intensiv medical care.

Examples:

- a. Child jumped out of fourth-floor window.
- b. Stomach pumping, monitoring blood level (and is > 150mg/cc) EKG for monitoring cardiac rhythm



FAMILY:

FRIENDS:

RELATIONSHIPS:

EATING :

SCHOOL:

SLEEPING:

DRUGS/ ALCOHOL:

HOBBIES

POLICE:

mood:

CAREER GOALS:

		and the second second			Patient	_#	
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•	•						

PRE - Patient on behalf of self [] [] [] Parent on behalf of patient [] [] []

POST- R.A. on behalf of patient [] [] []

GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE

Consider psychological, social, and occupational functioning on a hypothetica continuum of mental health-illness. Do not include impairment in functioning du to physical (or environmental) limitations.

Code (Note: Use intermediate codes when appropriate, e.g. 45, 68, 72.)

Superior functioning in a wide range of activities, life's problem never seem to get out of hand, is sought out by others because o his or her many positive qualities. No symptoms

- Absent or minimal symptoms (e.g., mild anxiety before an exam) good functioning in all areas, interested and involved in a widerange of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. as occasional argument with family members).
- If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
- Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in school, occupational, or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
- Moderate symptoms (e.g., flat affect and circumstantial speech occasional panic attacks) OR moderate difficulty in social occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
- Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friend, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) or inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).

- Some danger of hurting self or others (e.g., suicide atten without clear expectation of death; frequently violent; material excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 10-1 Persistent danger of severely hurting self or others (e. recurrent violence) or persistent inability to maintain mini personal hygiene OR serious suicidal act with clear expectation death.

	Patient # PRE: Patient on behalf of self () () () Parent on behalf of patient () () ()
P	OST: R.A. on behalf of patient () () ()
22. CHILDI	REN'S GLOBAL ASSESSMENT SCALE For children 4-16 years of age

David Shaffer, M.D., Madelyn S. Gould, Ph.D. Hector Bird, M.D., Prudence Fisher, B.A.

Adaptation of the Adult Global Assessment Scale (Robert L. Spitzer, M.D., Miriam Gibbon, M.S.W., Jean Endicott, Ph.D.)

Rate the subject's most impaired level of general functioning for the specified time period by selecting th lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Us intermediary levels (e.g., 35, 58, 62).

Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are onlillustrative and are not required for a particular rating.

Specified time period: 1 month

- 100-91 Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.). Likeable, confident, "everyday" worries never get out of hand. Doing well in school No symptoms.
- 90-81 Good functioning in all areas. Secure in family, school, and win peers. There may be transient difficulties and "everyday" womes that occasionally get cut of hand (e.g., mild anxiety associated with an important exam, occasionally "blow-ups" with siblings, parents or peers).
- 80-71 No more than slight impairment in functioning at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sib) but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others and are not considered deviant by those who know them.
- 70-61 Some difficulty in a single area, but generally functioning pretty well, (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petro theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
- 60-51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other setting.

- 50-41 Moderate degree of intereference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal
 - preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other anti-social behavior with some preservation of meaningful social relationships.
- 40-31 Major impairment in functioning in several areas and unable to function in one of these areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
- 30-21 Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).
- 20-11 Needs considerable supervision to prevent hurting others or self, e.g., frequently violent, prepeated suicide attempts OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10-1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal humans.

SCORE DESCRIPTION

- 100 91 DOING VERY WELL in all areas; no problems at home, at school, or with friends; likeable, confident, involved in activities and interests. Functioning is superior or above average.
- 91 81 DOING WELL in all areas; secure at home, at school, and with friends. There may be occasional minor upsets or everyday worries, but in general his/her functioning is good.
- 80 71 DOING ALL RIGHT at home, at school, and with friends; some trouble or upset may occur after a stressful situation, but those who know the child well would find the child's reaction completely understandable. Any problem with functioning is temporary and mild.
- 70 61 SOME PROBLEMS; most people who do not know the child very well would not notice the problems, but people who know him/her could be concerned.
- 60 51 SOME NOTICEABLE PROBLEMS; in some situations the problems are noticeable to anyone, but in other situations the child could seem fine.
- 50-41 OBVIOUS PROBLEMS; several problems that cause trouble in most situations, at home, at school, c: with his/her friends; or one very disruptive problem.
- 40 31 SERIOUS PROBLEMS; very seriously disturbed at home, at school, with peers, and/or-with society at large. Major functional impairments and in some situations is unable to function.
- 30 21 SEVERE PROBLEMS; unable to function in almost all situations.
- 20 11 VERY SEVERELY IMPAIRED; so impaired that considerable supervision is required for safety.
- 10 1 EXTREMELY IMPAIRED; so impaired that constant supervision is required for safety.



Y	ES = 1 NO = 2 DON'T KNOW = 9, 99				DO NOT WRITE IN THE MARGIN
	Short DIB				
	The following questions concern the period since (NY SIX MONTHS AGO).	ME I	EVENT	FROM	
296.	Do you often act imprudently, for example, by taking risks or doing dangerous things, such as choosing friends who you know are violent?	1	2	9	
297.	Have you ever told someone that you were going to commit suicide?	1	2	9	لـــا
298.	Have you ever intentionally injured yourself without this being a suicide attempt, such as breaking a window with your fist because you were angry?	1	2	9	L
299.	Have you had sexual relations?	1	2	9	<u>-</u>
	IF NO OR 9, GO TO Q. 300				
	A. At what age did you have your first sexual relation (Not applicable = 88)		? AGE :		
300.	Have you ever heard strange sounds, similar to voices, when you were alone, such as the voice of someone who is not there or who is dead?	1	2	9	
301.	Have you ever seen strange apparitions or had visions while completely awake, for example, did you see someone who wasn't there or people taking the shape of monsters?	1	2	9	
302.	Do you sometimes have the impression that your ideas are confused and that others are trying to put ideas in your head which are not yours, as if some magic force had put bad ideas in your head?	1	2	9	
303.	Do you sometimes have the impression that someone else is controlling your actions or speech?	1	2	9	
304.	Do you sometimes have the impression that your thoughts are transmitted in such a way that others can tell what you are thinking?	1	2	9	L
305.	Do you ever think out loud?	1	2	9	ب ا
306.	Do you often feel that other people are talking about you or making fun of you?	1	2	9	لــا
307.	Do you suspect others of wanting to follow you or to do you harm?	1 1 1	2	9, 9, s	بت
308.	Do you often think that you are worthless and a hopeless case?	1	2	9	
309.	Do you believe that a special destiny awaits you, for example, that you were chosen to play a special role in the universe?	1	2	9	

	ES = 1 NO = 2 OT APPLICABLE = 8 DON'T KNOW = 9								DO NOT WRITE IN THE MARGIN
310.	Do you feel that you have special gifts, such as powers that no one else you know has?		.1	2			9		LJ
311.	Do you often wonder who you are? What you want to do? What you like?		1	2	•		9		. —
312.	Is it difficult for you to say in advance what you are going to do?		1	2			9		
313.	Do you ever feel that there is no real difference between what really happened and what you imagined happened, as if your fantasies were becoming a reality?		1	2			9		
314.	Do you wonder if you will be able to control your own life in the future because deep down you doubt you will be able to make it on your own and life is threatening to you?		1	2			9		
315.	Are you sometimes convinced that people can read you like a book?		1	2			9		<u></u>
316.	Are you sometimes surprised by what you have done?		1	2			9		
	ADAPTATION								
317.	I've asked you a lot of specific questions about and behavior (pause). Now I'm going to ask you a questions. (pause). These questions concern the (NAME EVENT FROM SIX MONIHS ACO).	fe	w m	ore	ge	ner	al		
	GIVE CARD 1 TO RESPONDENT								
poin you	the following questions, please show me by ting to one of the boxes on this card whether think the answer is "no problem", "a very big lem", or "somewhere in between".								
(Not	applicable = 8, Don't know = 9)								
In g	eneral, where would you place yourself with regard	to	:						
		_	_			_			
a)	Getting into trouble?	1	2	3	4	5.	8	9	
b)	Getting along with your mother (or the woman who has lived with you for at least the last 12 months)?	1	2	3	4	5	8	9	
c)	Getting along with your father (or the man who has lived with you for at least the last 12 months)?	1	2	3	4	3	8	9	
d)	Feeling unhappy or sad?	1	2	3	4	5	8	9	
e)	Your behavior at school?	1	2	3	4	5	8	9	
f)	Having fun?	1	2	3	4	5	8	9	
g)	Getting along with adults other than your parents?	1	2	3	4	5	8	9	
h)	Feeling nervous or worried?	1	2	3	4	5	8	9	

1

DESCRIPTION

The revised DIB is a semistructured interview that collects information in four areas thought to be of diagnostic importance for Borderline Personality Disorders affect, cognition, impulse action patterns, and interpersonal relationships. It contains 108 questions and judgments concerning the way that the patient has felt, thought, and behaved during the past or months. The patient is the sole source of information for the vast majority of these items, but a small number permit the use of an additional data source as well. The interview is further divided into 25 subsections and the information gathered from 22 of these subsections is used to rate 22 capitalized statements called SUMMARY STATEMENTS. Each of these statements represents an important diagnostic criterion for Borderline Personality Disorder and is used to assess the presence or absence of this condition.

INSTRUCTIONS

- Probe further if a specified inquiry provides insufficient information to answer a question or make a judgement.
- 2. Circle the number that represents the best answer to a question, judgement, or Summary Statement. Unless otherwise specified, all questions and judgments are rated: 2=YES, 1=PROBABLE, and 0=NO. All Summary Statements are also rated: 2=YES, 1=PROBABLE, and 0=NO. If a question or judgement is not applicable, write N.A. to the right of its scoring set.
- 3. For each section, add the Summary Statement Scores to obtain a SECTION SCORE.
- 4. Convert the Section Score to a SCALED SECTION SCORE of 0-2 or 0-3 by following the directions provided at the end of that section.
- 5. Total the Scaled Section Scores to obtain an overall revised DIB SCORE of 0-10.
- 6. Use the following guidelines when making a diagnostic assessment at the end of the interview: a revised DIB score of eight or more is considered indicative of Borderline Personality Disorder, while a revised DIB score of seven or less is considered indicative of another clinical syndrome.

BACKGROUND INFORMATION

1.	Patient's Code Number:								
	(Patient's Name:								
2.	Status At Time Of Interview: 1. Inpatient 2. Outpatient 3. Nonpatient								
	(Date Of Interview:)								
	(Institution:								
	(Interviewer's Name:)								
3.									
4.	Sex: 1. Male 2. Female								
5.	Marital Status: 1. Never Married 2. Ever Married								
6.	Race: 1. White 2. Nonwhite								
7.	Education: Years Of Completed Schooling								
8.	Occupation: 01. Professional 02. Managerial 03. Technical 04. Clerical/Sales 05. Skilled Labor 06. Semiskilled Labor 07. Unskilled Labor 08. Student 09. Houseperson 10. None								
9.	Hollingshead-Redlich Social Class: 1-5 (This rating should be based on the educational and occupational record of the head of the household in which the patient resides if he or she is not financially self-sufficient.)								

Before we begin. I want to point out that most of the questions in this interview pertain to the past 6 MONTHS of your life or in other words, the period since (APPROPRIATE MONTH, DAY, AND YEAR). I also want to point out that I'm mainly interested in learning about feelings, thoughts, and behaviors that have been typical for you during this 6 MONTH period. However, I will be asking you a number of questions about specific behaviors that you may have engaged in only when you were particularly upset or in crisis.

AFFECT SECTION

During the past 6 monTAS have you ...

Depression

- 1. ... felt quite down or depressed a lot of the time? (2,1,0)
- 2. ... had any periods when you were very depressed every day for two weeks or more? (2.1.0)
- 3. S.1 THE PATIENT HAS HAD A CHRONIC LOW-GRADE DEPRESSION OR EXPERIENCED ONE OR MORE MAJOR DEPRESSIVE EPISODES.
- 4. ... felt helpless for days or weeks at a time? (2.1.0)
- 5. How about hopeless? (2.1.0)
- 6. Worthless? (2,1,0)
- 7. Extremely guilty? (2.1.0)
- B. S.2 THE PATIENT HAS HAD SUSTAINED FEELINGS OF HELPLESSNESS. HOPELESSNESS, WORTHLESSNESS, OR GUILT.

Anger

9. ... felt very angry a lot of the time? (2.1.0)

2.1.0

alot of the time?

10. How about furious or enraged (2.1.0)

alotof the time?

11. ... often been sarcastic (2.1.0)

a lot of the time?

- 12. How about argumentative (2.1.0)
- 13. Quick tempered? (2.1.0)
- 14. S.3 THE PATIENT HAS CHRONICALLY FELT VERY ANGRY OR FREQUENTLY ACTED IN AN ANGRY MANNER (I.E., HAS OFTEN BEEN SARCASTIC. ARGUMENTATIVE, OR QUICK TEMPERED).

2.1.0

Anxiety

- 15. ... felt very anxious a lot of the time? (2.1.0)
- 16. ... often had tension-related physical symptoms, such as headaches, rapid heartbeat, or excessive sweating? (2,1.0)
- 17. ... been troubled a lot by any irrational fears or phobias? (2,1,0)

-aburst of anxiety not explained by the situation.

- 18. ... had any panic attacks (i.e. massive disabling anxiety attacks)? (2,1.0)
- 19. S.4 THE PATIENT HAS CHRONICALLY FELT VERY ANXIOUS OR SUFFERED FROM FREQUENT PHYSICAL SYMPTOMS OF ANXIETY.

2,1,0

Other Dysphoric Affects

- 20. ... felt very lonely a lot of the time? (2,1.0)
 (ASK FOR DETAILS)
- 21. ... How about bored? (2.1.0)

 (EMPHASIS ON THE ONE)
- 22. Empty? (LIKE NOTHING INSIDE YOUR HEART, HEAD OR STOMACH) (2,1,0)
- 23. S.5 THE PATIENT HAS EXPERIENCED CHRONIC FEELINGS OF LONELINESS. BOREDOM, OR EMPTINESS.

2.1.0

5

Miscellaneous Items

- 24. ... often found that your mood has changed from depression to anger to anxiety in the course of only a few hours or days?

 Been a very moody person? (Affective Instability) (2.1.0)
- 25. ... often had periods of days or weeks when you felt high or alated for no apparent reason?

 During these periods, were you far more outgoing and talkative than usual? How about far more energetic, productive, or clear-thinking than usual? Needed far less sleep than usual? Done impulsive things that are unusual for you? Have other people noticed these episodes? What have they said about them? (Hypomanic Episodes) (2,1.0)

(IF 2 - PROBE IF CLEARCUT EPISODES AND IF THERE IS
REPETITION)

26.

SECTION SCORE:

Affect Scaled Section Score:

2 if the Section Score is 5 or more (2 each from S.3 and S.5)
1 if the Section Score is 3 or 4, or any other combination of 5 or more
0 if the Section Score is 2 or less, or if the patient has experienced repeated clear-cut hypomanic episodes that have been noticed by others

27.

SCALED SECTION SCORE:

COGNITION SECTION

This section rates disturbed thought (odd thinking, unusual perceptual experiences, and nondelusional paranoid experiences), "quasi" psychotic thought, and "true" psychotic thought. "Quasi" psychotic experiences are defined as delusions and hallucinations that are transient, circumscribed, and atypical of psychotic disorders, while "true" psychotic experiences are defined as delusions and hallucinations that are enduring, widespread, and stereotypic of psychotic disorders. In addition, all Summary Statements and all but one item (#58) pertain to substance—free experiences and thus, it is crucial to determine whether the experiences described by the patient occurred naturally or under the influence of alcohol or drugs.

During the past 6 months, have you ...

Odd Thinking/Unusual Perceptual Experiences

- 28. ... been a very superstitious person (e.g., often knocked on wood, thrown salt over your shoulder, avoided walking under ladders)? (Marked Superstitiousness) (2,1,0)
- 29. ... often believed that your thoughts, words, or actions could cause things or prevent them from happening in some special or magical way? (Magical Thinking) (2,1.0)
- 30. ... often had a sixth sense about things that went beyond just being sensitive or perceptive about other people and their feelings? (Sixth Sense) (2,1.0)
- 31. ... often been able to tell what other people were thinking or feeling by using some special or <u>magical power</u>, such as telepathy? Often believed that other people knew what you were thinking or feeling by using this kind of power? (Telepathy) (2,1,0)
- 32. ... Often had clairvoyant experiences. like a vision of something that was happening in another place? Frequently been able to foretell the future? (Clairvoyance) (2,1.0)
- 33... had any beliefs that you couldn't give up even though people have repeatedly told you they were untrue (e.g. thought that you were fat when you were really underweight)?

 (Overwalued Ideas) (2.1.0)
- 34. ... repeatedly sensed the presence of a force or person who wasn't really there? Often misinterpreted things that you've heard or seen (e.g., thought that you heard someone calling your name when it was really some other sound)? (Recurrent Illusions) (2.1.0)
- 35. ... repeatedly felt that you were unreal? Like your body or a part of it was strange or changing size or shape? As if you were physically separated from your feelings? As though you were viewing yourself from a distance? (Depersonalization) (2.1.0)
- 36. ... repeatedly felt that things around you were unreal? Like they were strange or changing size or shape? As if you were in a dream? As though something like a window was between you and the world? (Derealization) (2.1.0)

37. S.6 THE PATIENT HAS BEEN PRONE TO ODD THINKING OR UNUSUAL PERCEPTUAL EXPERIENCES (E.G., MAGICAL THINKING, RECURRENT ILLUSIONS, DEPERSONALIZATION).

2,1.0

Nondelusional Paranoid Experiences

- 38. ... often felt very distrustful or suspicious of other people? (Undue Suspiciousness) (2.1.0)
- 39. ... often thought that other people were staring at you?
 Talking about you behind your back? Laughing at you?
 (Ideas Of Reference) (2.1.0)
- 40. ... often thought that people were giving you a hard time or were out to get you? Frequently believed that they've taken advantage of you or blamed you for things that weren't your fault? (Other Paranoid Ideation) (2.1.0)
- 41. S.7 THE PATIENT HAS FREQUENTLY HAD TRANSIENT, NONDELUSIONAL PARANOID EXPERIENCES (I.E., UNDUE SUSPICIOUSNESS, IDEAS OF REFERENCE, OTHER PARANOID IDEATION). *

 *MEED 2 'YES' RESPONSES TO SCORE A '2'.

2, 7, 0

Psychotic Experiences

Rate each experience: 2="true" delusions and hallucinations l="quasi" delusions and hallucinations O=no delusions or hallucinations

- 42. ... believed that thoughts were being put into your mind by some external force? (Thought Insertion) (2,1.0)
- 43. Thoughts-were being stolen from your mind? (Thought Withdrawal) (2,1,0)
- 44. Your thoughts were being broadcast so that other people could actually hear what you were thinking? (Thought Broadcasting) (2,1,0)
- 45. Your feelings, thoughts, or actions were being controlled by another person or a machine? (Delusions Of Passivity) (2.1.0)
- 46. You could actually hear what other people were thinking? They could literally read your mind as if it were an open book?

 (Delusions Of Mind Reading) (2.1.0)

- 47. Other people were plotting against you in some organized way? They were deliberately trying to hurt you or punish you? (Delusions Of Persecution) (2.1.0) (PROBE FURTHER GIVE EGS.)
- 48. Other people were spying on you or following you? Things were specially arranged for you? You were being sent special messages through the radio or television?

 (Delusions Of Reference) (2,1,0)
- 49. You deserved punishment for something terrible that you've done? (Delusions of Guilt/Sin) (2.1.0)
- 50. You were an extremely important person? You had very special abilities or exceptional powers? (Delusions Of Grandeur) (2,1,0)
- 51. Something terrible had happened or would happen in the future (e.g., the world was coming to an end tomorrow, your body was dissolving or melting)? (Nihilistic Delusions) (2,1,0)
- 52. Something was wrong with your body or that you had a serious disease? (Somatic Delusions) (2.1.0)
- 53. ... had any other beliefs that other people thought were definitely untrue, strange or even bizarre? (Other Delusions) (2.1.0) ASK WHICH ONES.
- 54. ... heard any voices or other sounds that no one else heard? (Auditory Hallucinations) (2.1.0)
- 55. ... seen any visions or other sights that no one else saw? (Visual Hallucinations) (2,1.0)

WITH YOUR SENSES (SEEING, HEARING, SMELLING)

- 56. ... had any other experiences Athat no one else shared (e.g., repeatedly smelled something or felt something crawling on your body that wasn't really there)? (Other Hallucinations) (2,1,0) (ωΗΙCH ONES?)
- 57. S.8 THE PATIENT HAS REPEATEDLY HAD "QUASI" DELUSIONS OR HALLUCINATIONS.

*IF SCORED I OR 2 PROBE FURTHER - DID YOU HAVE THESE SYMPTOMS NON-STOP FOR IMONTH OR MORE

NOTE: IF LASTED MORE THANK I MO. AND INTEPROBES SCORED 2 - SINDICATES PROLONGED, WIDESPREAD PSYCHOTIC EPISODE.

2,1,0

Miscellaneous Items

- 58. ... had any of these experiences under the influence or alcohol or drugs? (Substance-Induced Psychotic Experiences) (2="true" experiences, 1="quasi" experiences, and 0=none)
- 59. ... ever been told that your speech is vague? Overelaborate? You include far too many details? Go off on tangents? Leave. out important pieces of information? Contradict yourself a lot? (Judge whether the patient has exhibited odd but nonpsychotic speech. Observations made throughout the interview should be the determining factor in making this judgement.) (Odd Speech) (2.1.0) (ONLY IF HAVE DIFFICULTY FOLLOWING WHAT SRYING)

60. ... ever been told that it is very difficult to follow what you are trying to say? What you are saying makes no sense at all?

(Judge whether the patient has exhibited loosening of associations or derailment. Observations made throughout the interview should be the determining factor in making this judgement.) (Psychotic Speech) (2,1.0)

of. ... had any periods when you felt so good or so energetic that you stopped sleeping for days but didn't feel tired? During these periods, did you have racing thoughts? Talk so much that other people couldn't get a word in edgewise? Get yourself into a lot of trouble? Have strange or bizarre thoughts? Have you ever been told that you're manic? (Manic Episodes) (2,1,0) HAVE YOU BEEN SENT FOR TREATMENT OR TAKING MEDS.

FOR BEING MANIC?

62.

SECTION SCORE:

Cognition Scaled
Section Score: 2 if the Section Score is 4 or more
1 if the Section Score is 2 or 3
0 if the Section Score is 1 or less,
or if the patient has ever had either
a prolonged/widepread psychotic episode (AT LEAST I MONTH)
or a full-blown manic episode (No TIME FRAME)

63.

SCALED SECTION SCORE:

SCORE BY OBSERVATION

IMPULSE ACTION PATTERNS SECTION

During the last 6 months . have you ...

Substance Abuse

- 64. ... had too much to drink or gotten really drunk? (Alcohol Abuse) (2-chronic abuse, 1-episodic abuse, 0-no abuse)
- 65. ... gotten high on prescription or street drugs? (Drug Abuse) NCLUDING (2=chronic abuse, 1=episodic abuse, 0=no abuse)
- 66. S.9 THE PATIENT HAS HAD A PATTERN OF SERIOUS SUBSTANCE ABUSE.

2.1.0

Sexual Deviance

- 67. ... had sex with another man (woman)? (Homosexuality) (2,1,0)
- 68. ... impulsively gotten sexually involved with anyone or had any brief affairs? (Promiscuity) (2.1.0)
- 69. ... engaged in any unusual sexual practices (e.g., enjoyed being humiliated or hurt while having sex, preferred watching other people to having sex yourself)? (Paraphilias) (2.1.0)
- 70. ... had sex with any family members (other than your husband [wife])? (Incest) (2.1.0)
- 71. S.10 THE PATIENT HAS HAD A PATTERN OF SEXUAL DEVIANCE (I.E., HOMOSEXUALITY, PROMISCUITY, A PARAPHILIA, OR INCEST).

2.1.0

Self-Mutilation

72. ... deliberately hurt yourself without meaning to kill yourself (e.g., cut yourself, burned yourself, punched yourself)?

(Self-Mutilation) (2=2x or more, 1=1x, 0=none) & GIVE EXAMPLES.

(PROBE MORE IF SEE A

REACTION)

73. S.11 THE PATIENT HAS HAD A PATTERN OF PHYSICAL SELF-MUTILATION.

2.1.0

Suicidal Efforts

- ... threatened to kill yourself? (Suicide Threats) (2=2x or more, 1=1x. O=none)
- ... made any suicide attempts. however minor? (Suicide Gestures/ Attempts) (2=2x or more, 1=1x, 0=none)

* IF NO TO Q.72 - ASK Q.72 AGAIN

76. S. 12 THE PATIENT HAS HAD A PATTERN OF MANIPULATIVE SUICIDE THREATS, GESTURES, OR ATTEMPTS (I.E. THE SUICIDAL EFFORTS WERE MAINLY DESIGNED TO ELICIT A "SAVING" RESPONSE).

2.1.0

Other Impulsive Patterns

- ... had any episodes where you ate so much food that you were in a lot of pain or had to force yourself to throw up? (Eating Binges) (2,1,0)
- 78. ... gone on any spending sprees where you spent a lot of money on things that you didn't need or couldn't afford? (Spending Sprees) (2,1,0)
- ... gone on any gambling sprees where you just kept placing bets even though you were consistently losing money? (Gambling Sprees) (2.1.0)
- 80. ... lost your temper and really shouted, yelled, or screamed at anyone? (Verbal Outbursts) (2.1.0)
- ... been in any fistfights? (Physical Fights) (2.1.0) 81.
- 82. ... threatened to physically harm anyone (e.g., told someone that that you would punch him, stab him, or kill him)? (Physical Threats) (2.1.0)
- ... physically assaulted or abused anyone (e.g., slapped, punched, or kicked someone)? (Physical Assaults) (2,1,0) 83.
- ... deliberately damaged property (e.g., smashed dishes, broken furniture, wrecked someone's car)? (Property Damage) (2,1,0)

eg. - driving a bike recklessly.

12

- 85. ... driven far too fast? A How about while you were under the influence of alcohol or drugs? (Reckless Driving) (2.1.0)
- 86. ... done anything that's against the law (e.g., shoplifted, sold drugs, fenced stolen property)? (Antisocial Actions) (2,1,0)
- 87. S.13 THE PATIENT HAS HAD ANOTHER PATTERN OF IMPULSIVE BEHAVIOR.

2.1.0

88.

SECTION SCORE:

Impulse Action Patterns
Scaled Section Score: 3 if the Section Score is 6 or more

(2 from either S.11 or S.12)

2 if the Section Score is 4 or 5,
or any other combination of 6 or more
0 if the Section Score is 3 or less

89.

SCALED SECTION SCORE:

INTERPERSONAL RELATIONSHIPS SECTION

During the past 6 months . have you ...

Intolerance Of Aloneness

- 90. ... generally hated to spend time alone? (2.1.0)
- 91. ... often made frantic efforts to avoid feeling alone (e.g., talked on the phone for hours at a time, gone to bars to find someone to talk to)? (2,1,0)
- 92. ... found that being alone makes you feel very depressed? (2,1,0)
- 93. ARE YOU ANKIOUS WHEN ALONE, ANCRY WHEN (2,1,0)
 ALONE, DO YOU FEEL EMPTY WHEN ALONE? DOYOU FEEL BAD WHEN ALONE?
- 94. S.14 THE PATIENT HAS TYPICALLY TRIED TO AVOID BEING ALONE OR

13

Abandonment/Engulfment/Annihilation Concerns

- ... repeatedly feared that you were going to be abandoned by those closest to you? (Fear Of Abandonment) (2,1,0)
- 96. ... repeatedly feared that you were going to feel smothered or lose your identity if you got too close to other people? (Fear Of Engulfment) (2,1,0)
- 97. ... repeatedly feared that you were going to totally fall apart or case to exist if you were abandoned by someone important to you? (Fear Of Annihilation) (2,1,0)
- 98. S. 15 THE PATIENT HAS REPEATEDLY EXPERIENCED FEARS OF ABANDONMENT. ENGULPMENT, OR ANNIHILATION.

Counterdependency

- ... had any jobs where one of your main functions was to take care of other people or animals? (2.1.0)
- ... found yourself constantly offering to help friends. relatives, or co-workers? (2,1,0)
- 101. ... been particularly bothered if other people have tried to help or take care of you? (2.1.0)
- ... refused to ask for support or help when you felt you really needed it? (2,1.0)
- (NOT A PARENT) ... had anyone in your life who you felt you really needed? 103. Did your ability to function depend on this person? How about your survival? (2.1.0)
- S.16 THE PATIENT HAS BEEN STRONGLY COUNTERDEPENDENT OR SERIOUSLY 104. CONFLICTED ABOUT GIVING AND RECEIVING CARE.

2.1.0

Unstable Close Relationships

(FRIENDSHIPS)

... had any close relationships? How many? How often did you see these people? Which one was most important to you? (Most Important Relationship: (2=4 or more, 1=2-3, 0=1 or less)

- 106. Have any of these relationships been troubled by a lot of intense arguments? (2,1,0)
- 107. How about repeated breakups? (2.1.0) PROBE FURTHER EVEN IF SAY NO.
- 108. S.17 THE PATIENT HAS TENDED TO HAVE INTENSE, UNSTABLE CLOSE RELATIONSHIPS.

2.1.0

Recurrent Problems In Close Relationships

- of support or actual help in order to function? Ever been told that you're too dependent? (Dependency: the patient has repeatedly been overly dependent on others) (2,1,0)
- 110. ... repeatedly allowed other people to force you to do things that you didn't want to do or treat you cruelly? Ever been told that you let people victimize or abuse you? (Masochism: the patient has repeatedly allowed others to coerce or hurt him) (2,1,0)
- 111. S.18 THE PATIENT HAS HAD RECURRENT PROBLEMS WITH DEPENDENCY OR MASOCHISM IN CLOSE RELATIONSHIPS.

2.1.0

- 112. ... repeatedly ignored people's good traits and seen only their faults? Thought of them as uncaring? Incompetent? Bad? How about worthless? Ever been told that you're a very critical or devaluative person? (Devaluation: the patient has repeatedly exaggerated the weaknesses and minimized the strengths of others) (2.1.0)
- 113. ... repeatedly tried to get others to do what you wanted them to without actually asking them or telling them what to do? Ever been told that you're very manipulative? (Manipulation: the patient has repeatedly used indirect means to get what he wants) (2.1.0)
- 114. ... repeatedly tried to force others to do things that they didn't want to do or treated them cruelly?

 (Sadism: the patient has repeatedly tried to coerce or hurt others) (2.1.0)
- 115. S.19 THE PATIENT HAS HAD RECURRENT PROBLEMS WITH DEVALUATION, HANIPULATION, OR SADISM IN CLOSE RELATIONSHIPS.



- 116. ... repeatedly asked people for things that they couldn't or shouldn't give you? Demanded a lot of their time and attention? Ever been told that you're a very demanding person? (Demandingness: the patient has repeatedly made inappropriate requests) (2,1,0)
- 117. ... repeatedly acted as though you had a right to special treatment? As if people owed you things because of what you've gone through? Ever been told that you act as though you were entitled to special care or consideration? (Entitlement: the patient has repeatedly exhibited unrealistic expectations) (2.1.0)
- 118. 5.20 THE PATIENT HAS HAD RECURRENT PROBLEMS WITH DEMANDINGNESS OR ENTITLEMENT IN CLOSE RELATIONSHIPS.

2,1,0

Troubled Psychiatric Relationships (IN THE PAST TWO YEARS HAVE YOW

(INCLUDE HELP BY SCHOOL PROFESSIONALS,)
EDUCATORS, YOUTH PROTECTION ETC.

- 119. ... been in any (other) individual therapies? How many?

 (Number Of Individual Therapies) (2=2 or more, 1=1, 0=none)
- 120. How many months out of the past twenty-four have you been in individual treatment? (Time Spent In Individual Therapy) (2=12 months or more, 1=1-11 months, 0=none)
- 121. Did you get a lot worse during or after treatment?

 In what way? (Individual Therapy Regression)

 (2.1.0)
- 122. ...had any (other) psychiatric hospitalizations? How many? (Number Of Psychiatric Hospitalizations) (2=2 or more, 1=1, 0=none)
- 123. How many months out of the past twenty-four have you been hospitalized? (Time Spant In Psychiatric Hospitals) (2=12 months or more, 1=1-11 months, 0=none)
- 124. Did you get a lot worse as a result of this (any of these). hospitalization(s)? In what way? (2.1.0)
- 125. S.21 THE PATIENT HAS UNDERGONE A CLEAR-CUT BEHAVIORAL OR SYMPTOMATIC REGRESSION DURING THE COURSE OF PSYCHOTHERAPY OR PSYCHIATRIC HOSPITALIZATION.

2,1.0

126. ... been the focus of any conflicts or problems between therapists (fearmenters) during treatment. (Judge whether the patient has been the focus of a notable staff countertransference reaction.

(2.1.0)

- 127. ... had a therapist who got very angry at you? How about who asked you to leave treatment? Was far more involved in your care than most therapists (e.g., frequently called you to see how you were doing, repeatedly went to bat for you with your family or the courts)? (Judge whether the patient has been the focus of a notable therapist countertransference reaction. Therapist report or chart material should also be used, when available, in making this judgement.) (2.1.0)
- 128. ... developed a close friendship or love affair with an impatient staff member? (2,1.0)
- 129. How about with a therapist? (2.1.0)

514 762 3241

130. S.22 THE PATIENT HAS BEEN THE FOCUS OF A NOTABLE COUNTERTRANSFERENCE REACTION ON AN INPATIENT UNIT OR IN PSYCHOTHERAPY, OR FORMED A "SPECIAL" RELATIONSHIP WITH A MENTAL HEALTH PROFESSIONAL.

2,1,0

131.

SECTION SCORE:

Interpersonal Relationships

Scaled Section Score: 3 if the Section Score is 9 or more
2 if the Section Score is 6-8
0 if the Section Score is 5 or less,
or if the patient has been a socially
isolated loner (i.e., has had no close
relationships with peers or relatives)
and has had an odd social presentation
during the interview (e.g., disheveled,
unaware of social conventions)

(WRITE DOWN IF NORMAL PRESENTATION OR NOT.)

132

SCALED SECTION SCORE:

CONCLUSIONS

1.	Affect Section Score: 0-10
2.	Affect Scaled Section Score: 0-2-,
3.	Cognition Section Score: 0-6
4.	Cognition Scaled Section Score: 0-2
5.	Impulse Action Pattern Section Score: 0-10
6.	Impulse Action Pattern Scaled Section Score: 0-3)
7.	Interpersonal Relationships Section Score: 0-18
8.	Interpersonal Relationships Scaled Section Score: 0-3/
9.	Total revised DIB Score: 0-10



REMY-71

1. Discussing disagreements with my family usually helps.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

2. I always use my head and never "go with my gut".

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

3. When I get stressed I get ill really easily.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

4. I go out of my way to help people.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

5. I don't want to brag, but usually I'm the one who knows how to get things done.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

6. When I am upset I remind myself that everything is really okay.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

7. I laugh at myself pretty easily

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

8. If someone is unfair to me I probably won't do what I told them I'd do.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

9. I often get very upset with people even though they haven't really bothered me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

10. When things upset me I'd rather be by myself

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

11. When I don't like someone I try hard not to get angry at them.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

13. I like to write stories or poems when I've just been through a really rough situation.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

14. I have lost my voice or sight or hearing for a long time and the doctors didn't know why.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

15. I often get the feeling that whatever is going on is not really happening to me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

16. Some of the worst things which happen to me make funny stories later.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

17. Often I act really nice when actually I'm pretty upset.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

18. A lot of people I know don't appreciate how gifted and great I am

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

19 I often agree to do a job, but then I somehow just don't get around to it

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

20 People tell me that I don't show my true feelings

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

21 I have had trouble walking or using my hands and doctors couldn't find anything wrong with me

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

22. Helping others is very important to me

23. When I do certain things in exactly the right way it keeps bad things from happening.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

24. I won't let people in authority know I'm angry at them, but everyone else better watch out!

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

25. I get a headache when I have to do something I don't like to do.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

26. I know a wonderful person who understands me perfectly and will never hurt me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

27. Often, things which worry or frighten other people don't really bother me at all.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

28. I always try to help people when they have problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

29. Sometimes I have lost all the feeling in one part of my body and nobody could explain why.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

30. When things go wrong I can still see the funny side

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

31. Sometimes people think I am upset when I know I'm not

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

32. Everyone is against me

33. I often do things without thinking first.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

34. I handle problems by staying calm.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

35. There are some shows, where I like to imagine that I am in the story.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

36. Some people act really nice, but later they prove what jerks they are.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

37. When I should have strong feelings, I don't feel anything.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

38. I am always treated unfairly.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

39. I don't get upset during arguments because I just look at things logically.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

40. When things get really tense, I tell myself that it's no big deal.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

41. I repeat special thoughts or words over and over to myself when I am uptight or frightened.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

People should stay the same, instead of being nice one day and completely the opposite the next.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

43. I think it's really important to help people who have problems.

44. When things bother me I find something creative to do.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

45. I have always told the absolute truth.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

46. I know someone who has such wonderful wisdom and ability that they can handle any problem perfectly.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

47. I use reason and logic, not feelings, to understand people.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

48. If I don't like someone, I'll be extra nice to them.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

49. When I'm in stressful situations I often space out.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

50. When I'm upset or angry I do things without thinking.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

51. I usually see a funny side to the problems I have.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

52. When I'm in an argument, I try to think clearly and do not get upset.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

53 I like to listen to music that fits my mood

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

54. When I'm upset, I try to be alone and not talk to anyone.

55. I often get so carried away that my friends have to help me calm down.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

56. I always do special things to bring me good luck.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

57. When I need to, I can put my problems on hold until later when I can think about them.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

58. I feel like somebody is out to get me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

59. Role-playing games are a good way to feel like I am really someone else.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

60. When someone bothers me I talk to them and explain how I feel.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

61. When someone I like lets me down, I never trust them again.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

62. If I had a chance, I could do a better job than most people around me.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

When I can't get out of doing something, I usually just do it slowly.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

64 I can keep my problems out of my mind until I have time to deal with them.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

65. When someone makes me angry, I might wreck something of theirs.

66. I have found myself in places and had no idea how I got there.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

67. I like to imagine that my life is very different.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

68. If someone bothers me, I usually just talk to them about it and things work out.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

69. I usually find a way to be alone when I'm unhappy.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

70. When I get stressed I get a stomachache.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

71. I enjoy most of what I do every day.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Did you respond to each statement? Thank You!

PLEASE TURN OVER->

FACTS ABOUT YOU

. A	Are you:MALEFEMALE	
2. V	What is your ethnic background? AFRICAN AMERICAN HISPANIC ASIAN WHITE NATIVE AMERICAN OTHER - SPE	eufy
3. Y	Your grade: 4. Does your family usually speak English at home?	YESNO
5. ³	Your date of birth is:/	
5. I	Do you live with your:MOTHER & FATHERMOTHER :	FATHER
b) A	Do you have a partner? YES NO Are you married? YES NO Do you have children? YES NO	
	My MOTHER finished: (check one) 8. My FATHER finished: (check	
	(1) ELEMENTARY SCHOOL (1) ELEMENTARY SCHOOL	
	(2) MIDDLE/JR. HIGH SCHOOL (2) MIDDLE/JR. HIGH SCHO	OL
	(3) HIGH SCHOOL (4) JUNIOR COLLEGE (3) HIGH SCHOOL (4) JUNIOR COLLEGE	
	(4) JUNIOR COLLEGE (5) COLLEGE (5) COLLEGE (5) COLLEGE	
	(6) GRADUATE DEGREE (MA, PhD, MD) (6) GRADUATE DEGREE (M	(A PhD MD)
9.	My MOTHER works as a: (fill in the blank)	
10.		
11.		NO
12	2 What are they?	
13.	3. How many times have you had to stay in the hospital (circle one)	
	NEVER 1 TIME 2-6 TIMES 7 or MORE TIMES	
14.	4 What for?	
15		
	SCHOOL very UNhappy 1 2 3 4 5 6 7 8 9 very happy	
	FRIENDS very <u>UNhappy</u> 1 2 3 4 5 6 7 8 9 very happy FAMILY very <u>UNhappy</u> 1 2 3 4 5 6 7 8 9 very happy	
	FREE TIME very UNhappy 1 2 3 4 5 6 7 8 9 very happy	
	PRECIME very very mappy	
16	6 Have you ever gone to a counselor/psychologist/psychiatrist? (circle one) YE	s no
17.	7. Are you now going to a counselor/psychologist/psychiatrist? (circle one) YE	S NO
15	If yes, for how long did you see/are you seeing this person? (circle one) 3 months or less 4-12 months 13 months or more	
19.	19. In general, how happy are you with yourself? very UNhappy 1 2 3 4 5 6 7 8 9 very happy	

1



ADOLESCENT INTERVIEW QUESTIONNAIRE (AIO)

Interviewer no.:	
FOCUS - CHILD	
File no.: Region Date of birth: Day Mon Sex: Boy1 Girl2	Age: The Year
DATE AND DURATION OF THE INTERVIE	
Date of the interview: Day	Month Year
Start of the interview:	Hour(s) Minute(s)
End of the interview:	Hour(s) Minute(s)
Total duration:	Minutes

GENERAL INSTRUCTIONS

The questions that I am going to ask you are presented in the same way to everyone. We would ask that you answer in the manner which best describes yourself. There are no "right" or "wrong" answers. The information you provide is confidential and will only be disclosed to the researchers involved in this survey.

While not all of the questions necessarily apply to you, we ask that you do your best to answer "yes" or "no" to each question.

Although some of the questions may seem personal or may surprise you, our goal is to understand you as well as possible.

It may seem that some of the questions are asked many times. This is not to check whether your answers are correct; it is because we are using a highly structured and very precise questionnaire designed to suit all adolescents.

Although the survey contains a large number of questions, many of them will be left out because they do not apply to your circumstances.

If you need a break, let me know and we will stop for a few minutes.





TIME SCALE

Now I would like to talk with you about many of the things that have happened to you or to your family over the last year. We will write them down on this line to help you answer some of the questions which follow.

It is now (NAME THE MONTH INDICATED ON THE TIME SCALE). Please indicate the most important events that have happened, starting from today and going back one year, that is to (NAME THE CORRESPONDING MONTH OF THE LAST YEAR).

RECORD THE EVENIS UNDER THE APPROPRIATE MONTH ON THE TIME SCALE. FIRST EXPLORE THE EVENIS HAVING TO DO SPECIFICALLY WITH THE CHILD, PREFERABLY NEUTRAL EVENIS. AVOID CHOOSING NEGATIVE EVENIS INVOLVING A LOT OF SIRESS. IF ONLY A FEW DATES CAN BE IDENTIFIED IN THIS WAY, EXPLORE FURTHER.

EVENIS WHICH SHOULD ALWAYS BE SPECIFIED:

- BIRTH OF A BROTHER OR A SISTER
- THE CHILD'S BIRTHDAY
- MAJOR HOLIDAYS (CHRISIMAS, EASIER)
- START AND END OF SCHOOL YEAR
- START AND END OF JOBS
- PEOPLE WHO COME TO LIVE AT THE HOME OR PEOPLE WHO LEAVE HOME
- A CHANGE OF RESIDENCE OR A CHANGE OF LOCATION
- ACQUISITION OF A PET FOR THE CHILD

THEN ASK:

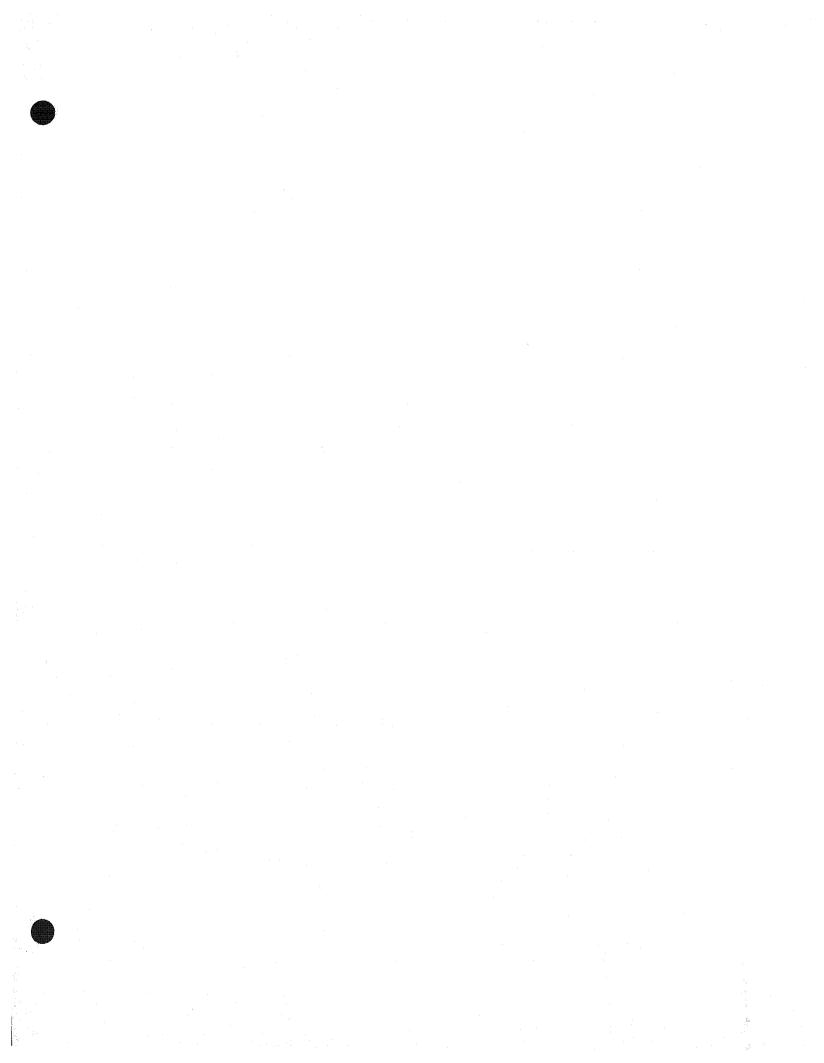
Is there anything else that could be added to the line? (IF YES, NOTE).

IF NO EVENT TOOK PLACE SIX MONIHS AGO AND ONE YEAR AGO, TRY TO FIND TWO SITUATIONS WHICH HAVE TAKEN PLACE AT THESE TIMES, THAT COULD SERVE AS POINTS OF REFERENCE:

Did anything happen six months ago (NAME THE MONTH) which stands out in your memory?

Did anything happen one year ago (NAME THE MONTH) which stands out in your memory?

Most of the questions which I am going to ask you concern the past six months (that is, since ____) (SHOW THE TIME SCALE). I will let you know when I am going to ask questions concerning other periods.



9

1 2 8

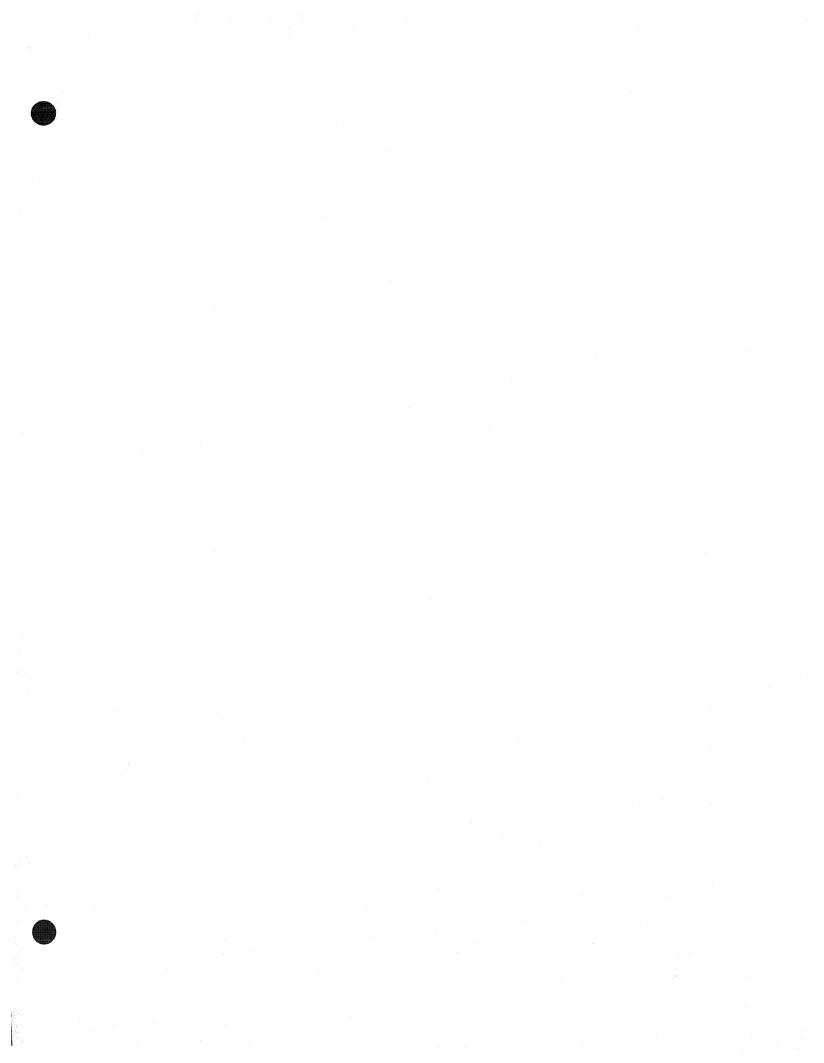
DO NOT $YES = 1 \qquad NO = 2$ WRITE IN NOT APPLICABLE = 8, 88 DON'T KNOW = 9, 99THE MARGIN SECTION 4 First I would like to ask about feelings kids sometimes have. (pause) I'm going to start off by asking you about depression and feeling sad. 155. Since (NAME EVENT FROM SIX MONTHS AGO), were there times when you were very sad? IF NO OR 9, GO TO Q. 156 IF YES: 2 1 A. Were you very sad almost every day for two weeks or more? IF NO OR 9, GO TO Q. C IF YES: B. On days when you felt sad, did [1] 2 8 it last for most of the day? C. Have you been very sad most of the time [1] 2 for the whole last year? IF NO OR 9, GO TO Q. 156 IF YES: D. When you felt sad this way, did it 2 8 usually last most of the day? 156. Since (NAME EVENT FROM SIX MONTHS AGO), were there 1 times when you were grouchy or irritable, often in a bad mood, so that even little things would make you mad? IF NO OR 9, GO TO Q. 157, P. 36 IF YES: A. Were you grouchy almost every day 1 2 8 for two weeks or more? IF NO OR 9, GO TO Q. C IF YES: B. On days when you were grouchy, [1] 2 did it last for most of the day? C. Have you been grouchy most of the time [1] 2 for the whole last year? IF NO OR 9, GO TO Q. 157, P. 36 IF YES:

D. When you were grouchy like this, did it

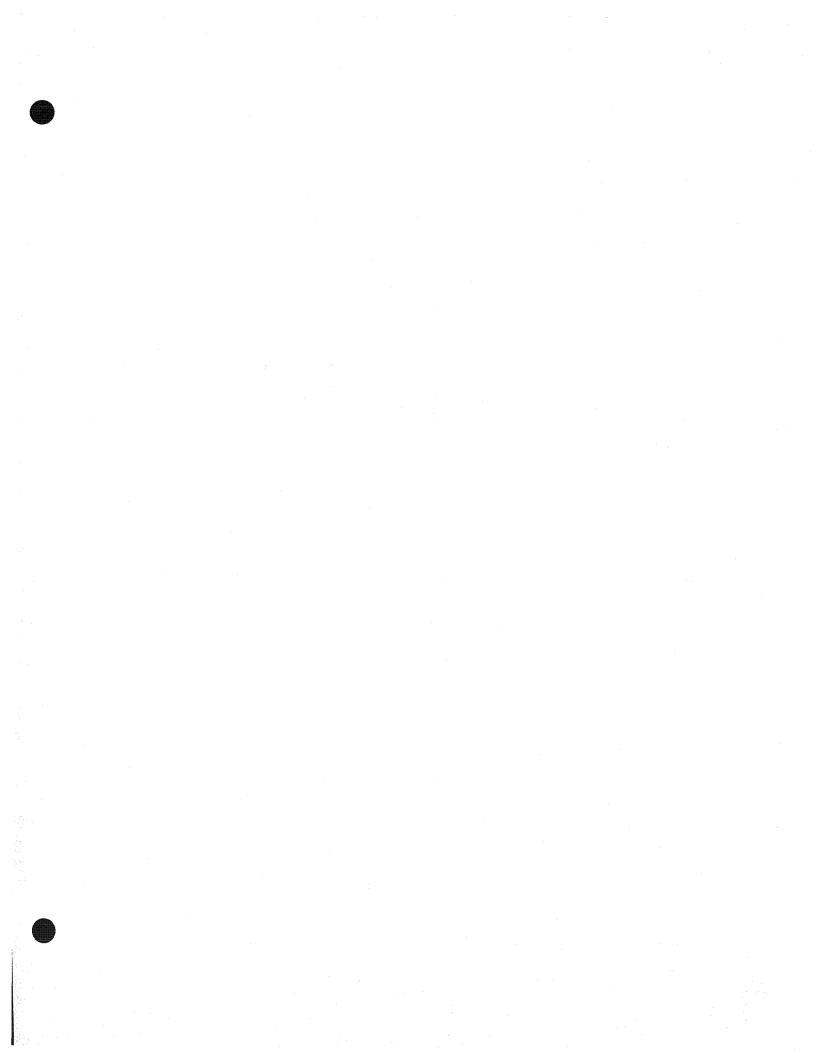


	ES = 1 NO = 2 OT APPLICABLE = 8, 88	DON'T KNOW = 9, 99					DO NOT WRITE IN THE MARG
57.	Since (NAME EVENT FROM SIX there been a time when not you, even things you used	hing was fun for	1	2		9	
		IF NO OR 9, GO TO Q. 158					
	IF YES:						
	A. Did you feel like nothing you almost every day for		1	2	8	9	
		IF NO OR 9, GO TO Q. 158					
	IF YES:						
	B. On days when you felt l for you, did it last fo		[1]	2	8	9	
8.	Since (NAME EVENT FROM SIX there been a time when you ted in anything and felt be doing nothing most of the	just weren't interes- ored or just sat around	1	2		9	
	IF YES:	IF NO OR 9, GO TO Q. 159					
	A. Did you feel a lack of almost every day for tw		1	2	8	9	
	IF YES:	IF NO OR 9, GO TO Q. 159					
	B. On days when you felt t did it last for most of		[1]	2	8	9	
9.	Since (NAME EVENT FROM SIX been a time when you often much like eating?		1	2		9	
	IF YES:	IF NO OR 9, GO TO Q. 160	, P.	37			
	A. Has there been a period when you felt like eati		1	2	8	9	
	IF YES:	IF NO OR 9, GO TO Q. C					
		RESPONSE ON THE GUIDE SHI 7B OR 158B, ASK QUESTION I		m			

B. Was this during the time you were



ES = 1 NO = 2 OT APPLICABLE = 8, 88	DON'T KNOW = 9, 99					DO NOT WRITE IN THE MARGIN
Since (NAME EVENT FROM Since (NAME EVENT FROM Since in a diet?		1	2		9	ل
	IF NO OR 9, GO TO Q. 161					
IF YES:						
	NE RESPONSE ON THE GUIDE SE 157B OR 158B, ASK QUESTION		O			
A. Did you lose this weightime you were [VERY Sino Fun/NOT INTERESTED	AD/GROUCHY/HAVING	[1]	2	8	9	لـــا
Since (NAME EVENT FROM Sibeen a time when you ofto than usual?	IX MONIHS AGO), has there en wanted to eat more	1	2		9	السبا
IF YES:	IF NO OR 9, GO TO Q. 162	2				
A. Has there been a period when you wanted to eat most days?		1	2	8	9	
IF YES :	IF NO OR 9, GO TO Q. C					
IF THERE IS AT LEAST OF QUESTIONS 155B, 156B, OTHERWISE, GO TO Q. C.	NE RESPONSE ON THE GUIDE SE 157B OR 158B, ASK QUESTION	EET : B.	o			
B. Did you want to eat moduring the time you we GROUCHY/HAVING NO FUN, THINGS]?	ere [VERY SAD/	[1]	2	8	9	<u> </u>
C. Did you feel like eat: usual most of the time last year?		[1]	2	8	9	
Since (NAME EVENT FROM S. you gained a lot of weight a diet to gain weight?		. 1	2		9	
IF YES :	IF NO OR 9, GO TO Q. 16	3]		
	NE RESPONSE ON THE GUIDE SI 157B OR 158B, ASK QUESTION 3.		то			
A. Did you gain this weightime you were [VERY S/NO FUN/NOT INTERESTED	AD/GROUCHY/HAVING	[1]	2	8	9	
Since (NAME EVENT FROM Since that more trouble sleet is more trouble falling		1	2		9	



	S = 1 NO = 2 TAPPLICABLE = 8, 88 DON'T KNOW = 9, 99			7.00 34 - 24		DO NOT WRITE IN THE MARGIN
	IF YES :					
•	A. Has there been a period of two weeks or more when you had trouble sleeping most nights?	L	2	8	9 ,	
	IF NO OR 9, GO TO Q. C					
	IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHEET QUESTIONS 155B, 156B, 157B OR 158B, ASK QUESTION B. OTHERWISE, GO TO Q. C.	T)			
	B. Did you have trouble sleeping during [] the time you were [VERY SAD/GROUCHY/ HAVING NO FUN/NOT INTERESTED IN THINGS]?	L]	2	8	9	
	C. Did you have this trouble sleeping most of the time for the whole last year?	L]	2	8	9	
	Since (NAME EVENT FROM SIX MONTHS AGO), has there been a time when you slept a lot more than usual?	I	2		9	
	IF NO OR 9, GO TO Q. 165					
	A. Has there been a time when you slept a lot more than usual for a period of two weeks or more?	I	2	8	9	
	IF NO OR 9, GO TO Q. C					
	IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHEET QUESTIONS 155B, 156B, 157B OR 158B, ASK QUESTION B. OTHERWISE, GO TO Q. C.	T)			
	B. Did you sleep more than usual during [the time you were [VERY SAD/GROUCHY/ HAVING NO FUN/NOT INTERESTED IN THINGS]?		2	8	9	
		1.]	2	8	9	
	Since (NAME EVENT FROM SIX MONTHS AGO), has there been a time when you definitely talked or moved around a lot less than usual?	1	2		. 9	
:	IF NO OR 9, GO TO Q. 166, I	Ρ.	39			
	A. Did you talk or move like this most days for two weeks or more?	1	2	ક	9	
	IF NO OR 9, GO TO Q. 166, I	Ρ.	39			
	IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHEE QUESTIONS 155B, 156B, 157B OR 158B, ASK QUESTION B. OTHERWISE, GO TO Q. 166, P. 39.	rт)			



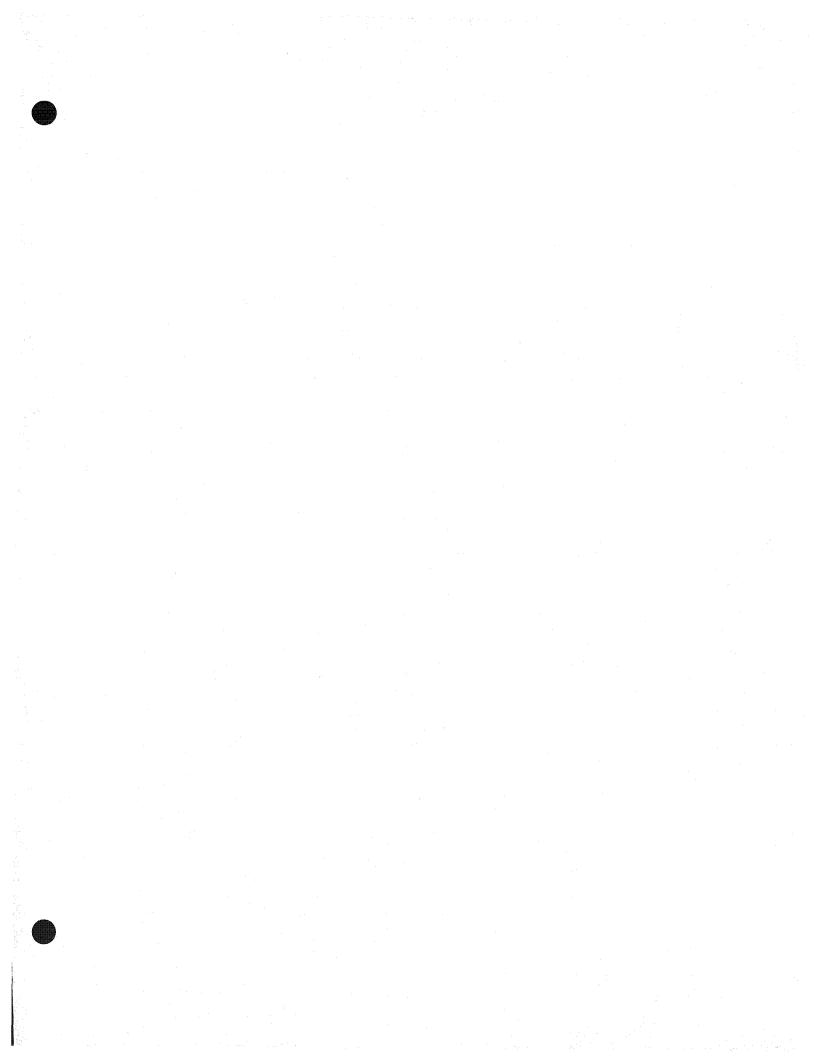
	S = 1 NO = 2 OT APPLICABLE = 8, 88	DON'T KNOW = 9, 99		18 g		. : .	DO NOT WRITE IN THE MARGIN
166.	Since (NAME EVENT FROM SIX been a time when you were you just had to keep walki	very restless, when	1	2	8	9	٠
		IF NO OR 9, GO TO Q. 167					
	IF YES :		·····				
	A. Was that different from usually are?	how you	1	2	8	9	
	B. Were you like this most for two weeks or more?	days	1	2	8	9	لــا ١٠
	IF YES :	IF NO OR 9, GO TO Q. 167					
		RESPONSE ON THE GUIDE SHE 7B OR 158B, ASK QUESTION O		o.			
	C. Were you restless like time you were [VERY SAD NO FUN/NOT INTERESTED I	/GROUCHY/HAVING	[1]	2	8	9	
167.	Since (NAME EVENT FROM SIX been a time when you felt so that you sat around and anything?	more tired than usual,	1	2		9	٠
	IF YES :	IF NO OR 9, GO TO Q. 168					
	A. Did you feel tired like for two weeks or more?	this most days	-1	2	8	9	لـــا
	IF YES :	IF NO OR 9, GO TO Q. C					
		RESPONSE ON THE GUIDE SHI TO OR 158B, ASK QUESTION I		0			
	B. Were you tired like thi you were [VERY SAD/GROUNOT INTERESTED IN THINK	KHY/HAVING NO FUN/	[1]	2	8	9	
	C. Did you feel tired like time for the whole last		[1]	2	8	9	
168.	Since (NAME EVENT FROM SIX there been a time when you much less energy than usua was a big effort to do any	felt like you had ul, so that it	1	2		9	
	IF YES :	IF NO OR 9, GO TO Q. 169	, P.	40			
	A. Did you feel like you h most days for two weeks		1	2	8	9	

l

DO NOT YES = 1NO = 2DON'T KNOW = 9, 99WRITE IN NOT APPLICABLE = 8, 88 THE MARGIN IF YES: IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHEET TO OUESTIONS 155B, 156B, 157B OR 158B, ASK QUESTION B. OTHERWISE, GO TO Q. C. [1] 2 8 9 B. Did you feel like you had no energy during the time you were [VERY SAD/ GROUCHY/HAVING NO FUN/NOT INTERESTED IN THINGS]? C. Were you like this most of the time [1] 2 8 9 for the whole last year? 169. Since (NAME EVENT FROM SIX MONTHS AGO), was there a time when you felt less good about yourself than usual and when you blamed yourself a lot for things that had happened in the past? IF NO OR 9, GO TO Q. 170 IF YES: A. Did you blame yourself this way 1 2 8 most days for two weeks or more? IF NO OR 9, GO TO Q. 170 IF YES: IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHEET TO OUESTIONS 155B, 156B, 157B OR 158B, ASK OUESTION B. OTHERWISE, GO TO Q. 170. B. Did you blame yourself like that during [1] 2 8 9 the time you were [VERY SAD/GROUCHY/ HAVING NO FUN/NOT INTERESTED IN THINGS]? 1 2 170. Since (NAME EVENT FROM SIX MONTHS AGO), have you been more down on yourself than usual, when you felt that you couldn't do anything right? IF NO OR 9, GO TO Q. 171, P. 41 IF YES: 9 . A. Were you down on yourself most days 2 8 1 for two weeks or more? IF NO OR 9, GO TO Q. C, P. 41 IF YES:

IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHEET TO QUESTIONS 155B, 156B, 157B OR 158B, ASK QUESTION B, P. 41.

OTHERWISE, GO TO Q. C, P. 41.



	B. Did you feel bad about yourself during the time you were [VERY SAD/ GROUCHY/HAVING NO FUN/NOT INTERESTED IN THINGS]?		2	8	9	•
	C. Were you down on yourself like this most of the time for the whole last year?	[1]	2	8	9	
171.	Did you often feel bad about the way you look?	1	2		9	L
	IF NO OR 9, GO TO Q. 172	***************************************			1.	
	IF YES:	-Waterwallington			TATAL CALLE MANAGEMENT STATE	
	A. Did you feel bad about your appearance most of the time for the whole last year?	[1]	2	8	9	
172.	Since (NAME EVENT FROM SIX MONTHS AGO), was there a time when you had more trouble than usual focusing your attention on your schoolwork, or keeping your mind on other things you were doing?	1	2		9	
	IF NO OR 9, GO TO Q. 173					
	IF YES:					
	A. Was that different from how you usually are?	1	2	8	9	النا ا
	B. Did you have trouble focusing your attention or keeping your mind on things most days for two weeks or more?	1	2	8	9	اــا
	IF NO OR 9, GO TO Q. D					
	IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHI QUESTIONS 155B, 156B, 157B OR 158B, ASK QUESTION O OTHERWISE, GO TO Q. D.		Ö			
	C. Did you have trouble keeping your mind on things during the time you were [VERY SAD/GROUCHY/HAVING NO FUN/NOT INTERESTED IN THINGS]?	[1]	2	8	9	
	D. Did you have trouble keeping your mind on things most of the time for the whole last year?	[1]	2	8	9	لبا
173.	Has there been a time when you weren't able to concentrate or to think as clearly or as quickly as usual?	1	2		9	
	IF NO OR 9, GO TO Q. 174	, P.	42			
	A. Did you have trouble concentrating or thinking clearly most days for two weeks or more?	1	2	8	9	



	S = 1 NO = 2 T APPLICABLE = 8, 88	DON'T KNOW = 9, 99	·				DO NOT WRITE IN THE MARGII
	IF YES :						
		RESPONSE ON THE GUIDE SE 7B OR 158B, ASK QUESTION		0			
•	B. Did you think slowly du you were [VERY SAD/GROU FUN/NOT INTERESTED IN T	CHY/HAVING NO	[1]	2	8	9	
	C. Did you think slowly mo for the whole last year		[1]	2	8	9	
	Since (NAME EVENT FROM SIX been a time when it was ha you to make up your mind a make decisions?	rder than usual for	1	2		9	
		IF NO OR 9, GO TO Q. 175	5				
•	IF YES:			-			
•	A. Did you have trouble ma mind most days for two		1	2	8	9	
	IF YES :	IF NO OR 9, GO TO Q. C		i			
		RESPONSE ON THE GUIDE STORE OR 158B, ASK QUESTION					
•	B. Did you have this troub time you were [VERY SAI NO FUN/NOT INTERESTED I)/GROUCHY/HAVING	[1]	2	8	9	
	C. Did you have trouble ma mind most of the time f last year?		[1]	2	8	9	
	In the past year, have you you felt that life was hop the future held no promise	peless and that	1	2		9	
	IF YES :	IF NO OR 9, GO TO Q. 17	5				
,	A. Did you feel hopeless l of the time for the who		[1]	2	8	9	
	Since (NAME EVENT FROM SIX have you thought more than or dying?		1	2		9	

IF NO OR 9, GO TO Q. 177, P. 43



9

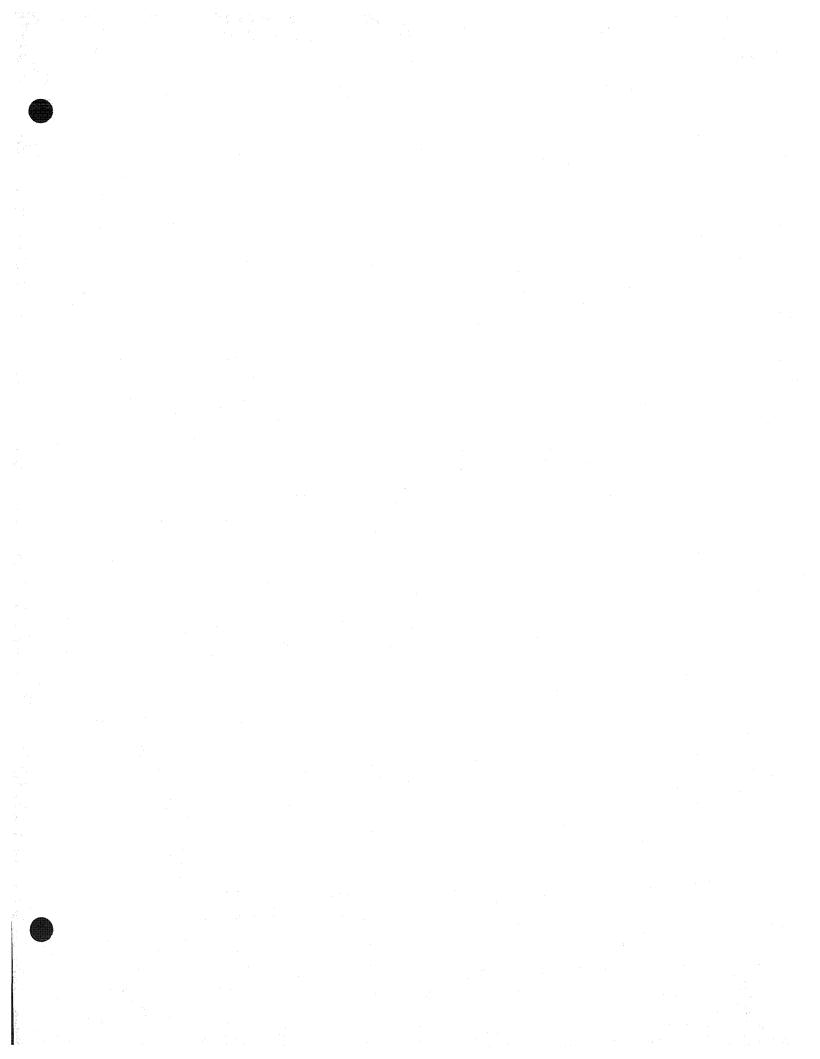
2

8

YES = 1DO NOT DON'T KNOW = 9, 99WRITE IN NOT APPLICABLE = 8, 88 THE MARGIN IF YES: IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHEET TO QUESTIONS 155B, 156B, 157B OR 158B, ASK QUESTION B. OTHERWISE, GO TO Q. 177. [1] 2 8 B. Was that when you were feeling [VERY SAD/GROUCHY/HAVING NO FUN/NOT INTERESTED IN THINGS]? 1 2 177. Since (NAME EVENT FROM SIX MONTHS AGO), have you thought about killing yourself? IF NO OR 9, GO TO Q. 178 IF YES: A. Did you think about killing yourself 2 8 a lot of the time for two weeks or more? B. Did you have a specific plan for how 1 2 8 9 you would kill yourself? IF NO OR 9 TO A AND B, GO TO Q. 178 IF YES TO A OR B: IF THERE IS AT LEAST ONE RESPONSE ON THE GUIDE SHEET TO QUESTIONS 155B, 156B, 157B OR 158B, ASK QUESTION C. OTHERWISE, GO TO Q. 178. C. Was that when you were feeling [1] 2 8 [VERY SAD/GROUCHY/HAVING NO FUN/NOT INTERESTED IN THINGS]? 178. Have you EVER in your WHOLE LIFE tried 2 9 to kill yourself? By this I mean that you actually did something to try to commit suicide, not just talked about it? IF NO OR 9, GO TO NOTE 4, P. 44 IF YES: A. How many times did you attempt suicide? One time..... Two times..... More than two times..... Not applicable..... Don't know.... B. How old were you the first time you attempted suicide? AGE:

179. Have you tried to kill yourself since

(NAME EVENT FROM SIX MONTHS AGO)?



outside of school?

YES = 1 NOT APPLICABLE	The state of the s	DO NOT WRITE IN THE MARGI
IF YES :		
	times did you attempt suicide NAME EVENT FROM SIX MONTHS AGO)?	
	Once	ت
QUESTIONS	IS AT LEAST ONE RESPONSE ON THE GUIDE SHEET TO 155B, 156B, 157B OR 158B, ASK QUESTION B. C. GO TO Q. 180.	
	when you were [VERY SAD/ [1] 2 8 9 HAVING NO FUN/NOT INTERESTED IN	
THINGS]?		
How did you	try to kill yourself?	
	S MORE THAN ONE SUICIDE ATTEMPT, REFER TO EXENT ONE. DO NOT READ THE FOLLOWING RESPONSES.	
	Drug overdose	
	Other ingestion	
	Jumping from a height 04	
	Firearm	
	Cutting/slashing 06	
	Asphyxiation	
	Jumping in front of a	
	vehicule	
	Other	
	Not applicable	
	DOIL C KILW	*:
NOTE 4:	F 2 OR MORE RESPONSES ON THE GUIDE SHEET TO QUESTIONS	
1	55B TO 179B, ASK QUESTIONS 181 TO 183.	
	OTHERWISE, GO TO SECTION 5, P. 45.	
<u> </u>	THE THREE PROOF CAME ASSESSED AND A SECOND ASSESSED.	
	E EVENT FROM SIX MONIHS AGO), has 1 2 8 9	
	RY SAD/CROUCHY/HAVING NO FUN/NOT	
	IN THINGS] caused problems for	1
Aod Mini De	exple at home?	
Uarro those	feelings caused problems for you 1 2 8 9	ا نے
. nave ulese	feelings caused problems for you 1 2 8 9	



184. During the past week, have you taken any of the following medication (pills, syrups, ointments)? (Yes = 1 No = 2 Don't know = 9)9 a) Ritalin or Cylert or dextroamphetamine..... 2 b) Tranquilizers such as Atarax, Valium..... 1 9 c) Antidepressants such as Elavil, Tofranil... (PROZAC, LAWOX, ZCLOFT) 9 d) Anticonvulsants such as Dilantin, Tegretol. 9 e) Asthma medication such as Ventolin, Beclovent.... 2 9 f) Analgesics (pills for pain, such as Aspirin X.TYLENOL, ADVIL) 2 9

2

2

9

9

9

9

g) Cough or cold remedies.....

h) Antihistamines.....

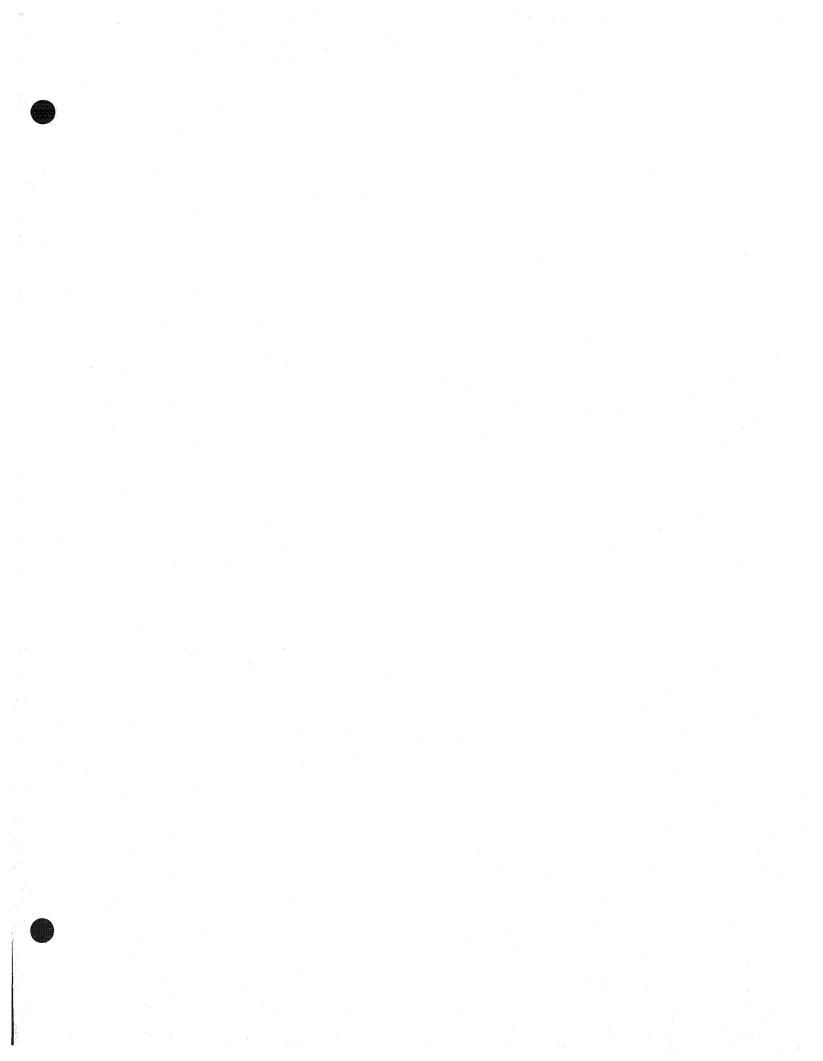
i) Antibiotics.....

j) Vitamins, minerals or other supplements....

k) Any other medication.....

(Specify:

USE OF MEDICATION BY THE FOCUS-CHILD



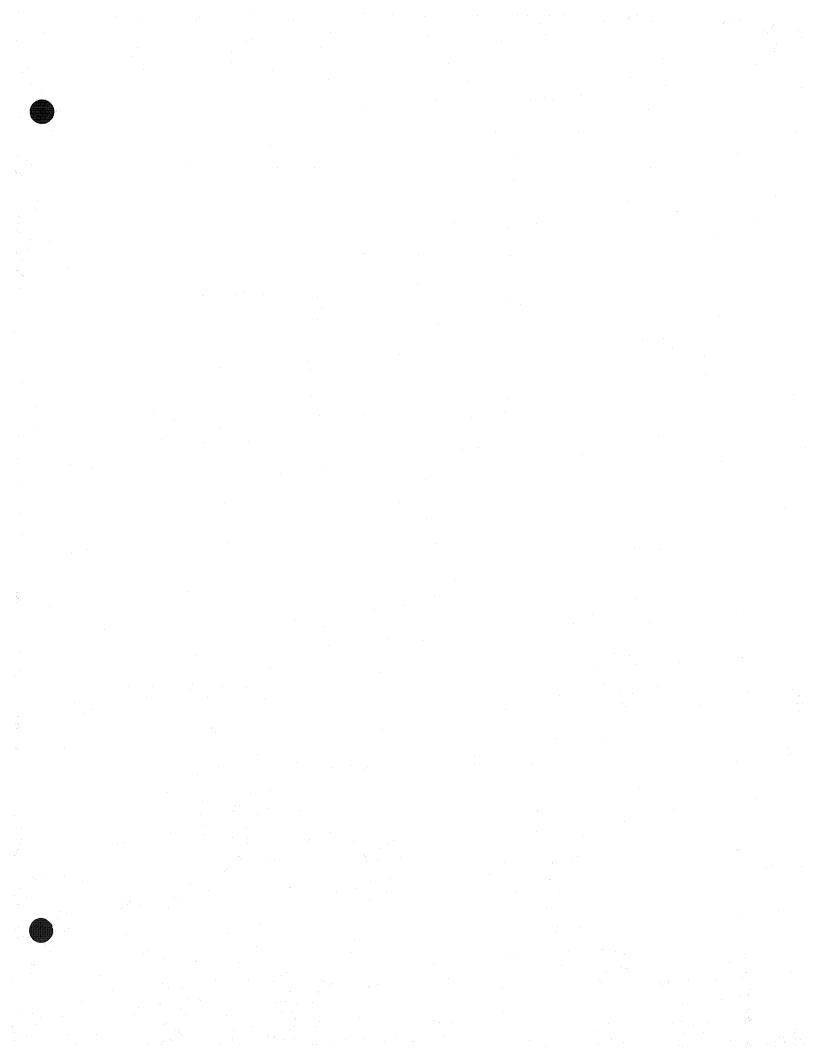
yes = 1NO = 2DO NOT NOT APPLICABLE = 8, 88 DON'T KNOW = 9, 99WRITE IN THE MARGIN SECTION 7 Now, I'm going to ask you some questions about things that can get people into trouble. (pause) I just want to remind you that everything you tell me is completely confidential. (pause) For these questions, please think about the WHOLE LAST YEAR, that is, since [NAME EVENT/MONIH from one year ago]. 262. In the past year, have you snatched 9 [1*] 2 sameone's purse? 263. Have you held someone up or robbed someone? [1*] 2 9 264. Have you threatened someone in order to [1*] 2 steal from them? IF "*" RESPONSE TO QUESTIONS 262, 263 OR 264, ASK QUESTION 265. OTHERWISE, GO TO O. 266. 2 9 265. Since (NAME EVENT FROM SIX MONTHS AGO), have YOU [SNATCHED A PURSE/ROBBED SOMEONE/THREATENED SOMEONE]? 266. In the past year, have you stolen money 1* 2 9 from your parents (or the persons replacing your parents) or stolen things from other people you live with? 267. Have you shoplifted? 1* 2 9 1* 2 268. Have you stolen at any other time when the person you stole from wasn't around or wasn't looking, like from someone's desk or locker or elsewhere? IF "*" RESPONSE TO QUESTIONS 266, 267 OR 268, ASK QUESTION 269. OTHERWISE, GO TO Q. 271. 269. Have you [STOLEN FROM SOMEONE AT HOME/ [1] 2 8 SHOPLIFTED/STOLEN FROM SOMEONE WHO WASN'T AROUND] more than once in the past year? IF NO OR 9, GO TO Q. 270 IF YES: A. Have you stolen like this since (NAME 2 8 9 EVENT FROM SIX MONTHS AGO)? 8 9 270. When you stole like this, did you ever 2 take anything that was worth more than \$10?

9

271. Since (NAME EVENT/MONTH from one year ago),

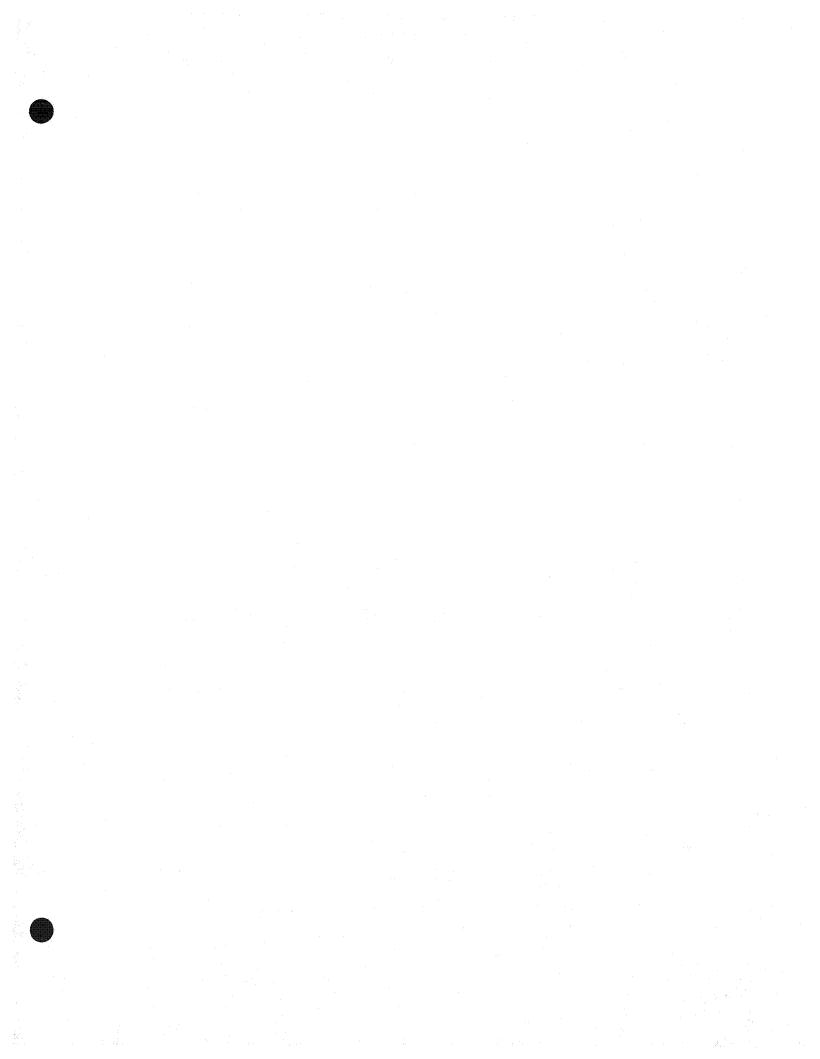
morning?

have you run away from home overnight, for example, until four or five o'clock in the



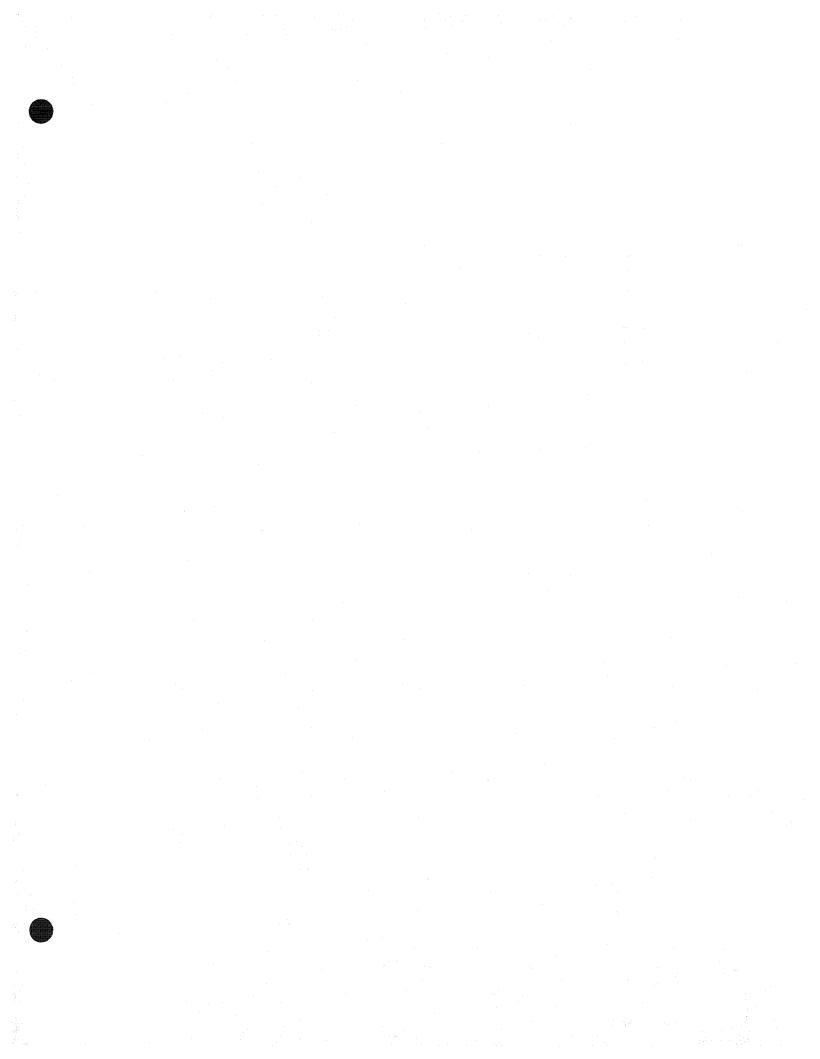
	OT APPLICABLE = 8, 88 DON'T KNOW = 9, 99	O NOT VRITE IN THE MARGIN
	B. When you ran away, did you (ever) stay [1*] 2 8 9 away for as long as two whole weeks?	
	IF "*" RESPONSE TO QUESTIONS A OR B, ASK QUESTION C. OTHERWISE, GO TO Q. 272.	
	C. Have you run away since (NAME EVENT 1 2 8 9 FROM SIX MONIHS AGO)?	
	D. Did you run away because people at 1 2 8 9 home were hurting you or punishing you severely?	
	IF YES:	
	E. Is this the only reason you ran away in 1 2 8 9 the past year?	
272.	Have you told a lot of lies? 1 2 9	
	IF YES:	
	A. Have you gotten into trouble for lying? 1 2 8 9	لنا
	IF YES:	
	B. How often have you gotten into trouble for lying in the past year?	
	Every day	
	Don't know9	
	IF "*" RESPONSE TO B, ASK QUESTION C. OTHERWISE, GO TO Q. 273.	
	C. Have you gotten into trouble for lying 1 2 8 9 since (NAME EVENT FROM SIX MONTHS AGO)?	L J
273.	In the past year, have you started any fires 1 2 9 without permission?	
	IF NO OR 9, GO TO Q. 274, P. 60	
	A. Did you mean for the fire to cause [1] 2 8 9 damage or hurt someone?	

IF NO OR 9, GO TO O. 274, P. 60

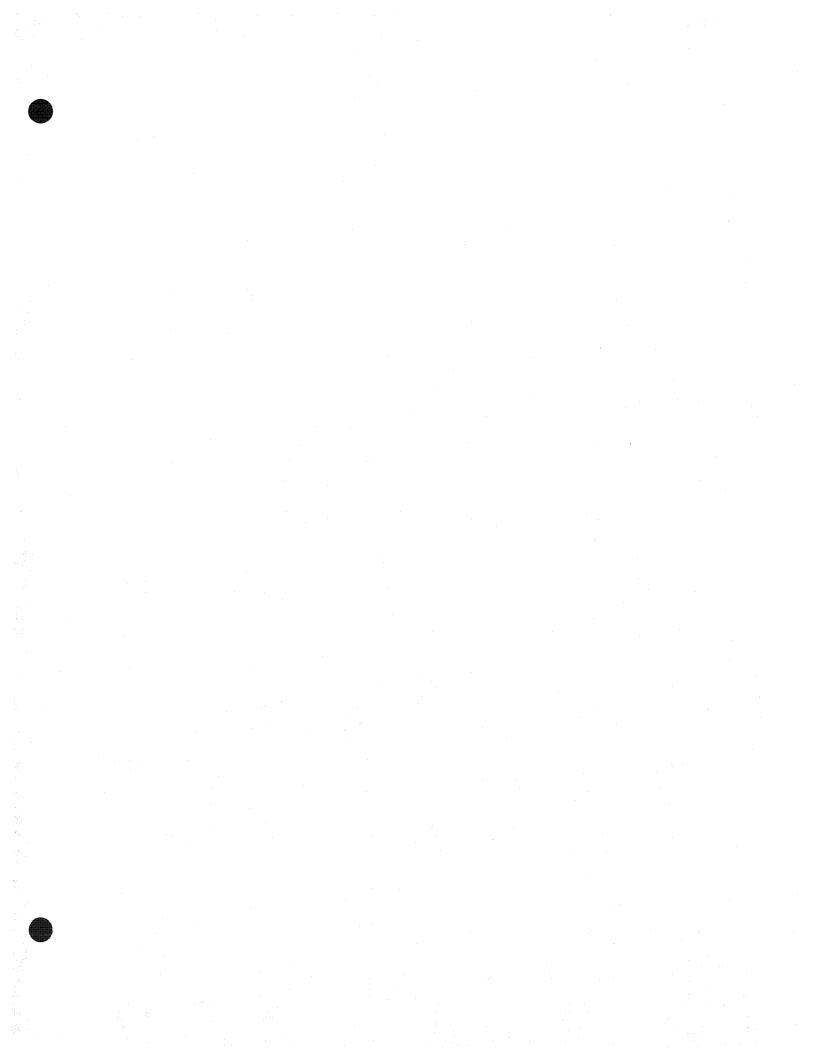


4 173	ES = 1 NO = 2 OT APPLICABLE = 8, 88 DON'T KNOW = 9, 99	i il we Ye				DO NOT WRITE IN THE MARGIN
274.	Have you skipped class or played hooky from school in the past year?	1	2	8	9	·
	IF NO, 8 OR 9, GO TO Q. 2	275	many innerga			
	IF YES:					
	A. How often have you done this in the past year?					
	More than 12 times					LJ
	B. Have you skipped class or school since (NAME EVENT FROM SIX MONIHS AGO)?	1	2	8	9	
	C. Did you skip school because you were nervous or afraid?	1	2	8	9	
	D. On the days you skipped school, did your parents (or the persons replacing your parents) (usually) know that you weren't at school?	1 ,	2	8	9	<u></u> .
	E. When you skipped school, did you (usually) stay home?	1	2	8	9	
275.	Since (NAME EVENT/MONTH from one year ago), have you broken into a house, building, or car?	[1]	2		9	
	IF YES:					
	A. Have you done this since (NAME EVENT FROM SIX MONTHS AGO)?	. 1	2	8	9	
276.	Have you broken or vandalized something on purpose, like breaking windows, writing graffiti on a building, slashing tires?	[1]	2		9	
	IF NO OR 9, GO TO Q. 277					
	A. Have you done this since (NAME EVENT FROM SIX MONTHS AGO)?	1	2	8	9	
277.	In the past year, have you tortured any animals or hurt them on purpose?	[1]	2		9	
	IF NO OR 9, GO TO Q. 278					
	A. Have you done this since (NAME EVENT FROM SIX MONTHS AGO)?	1	2	8	9	
278.	Have you ever had any experience with sex	1	2		9	

or been sexually active that is more than

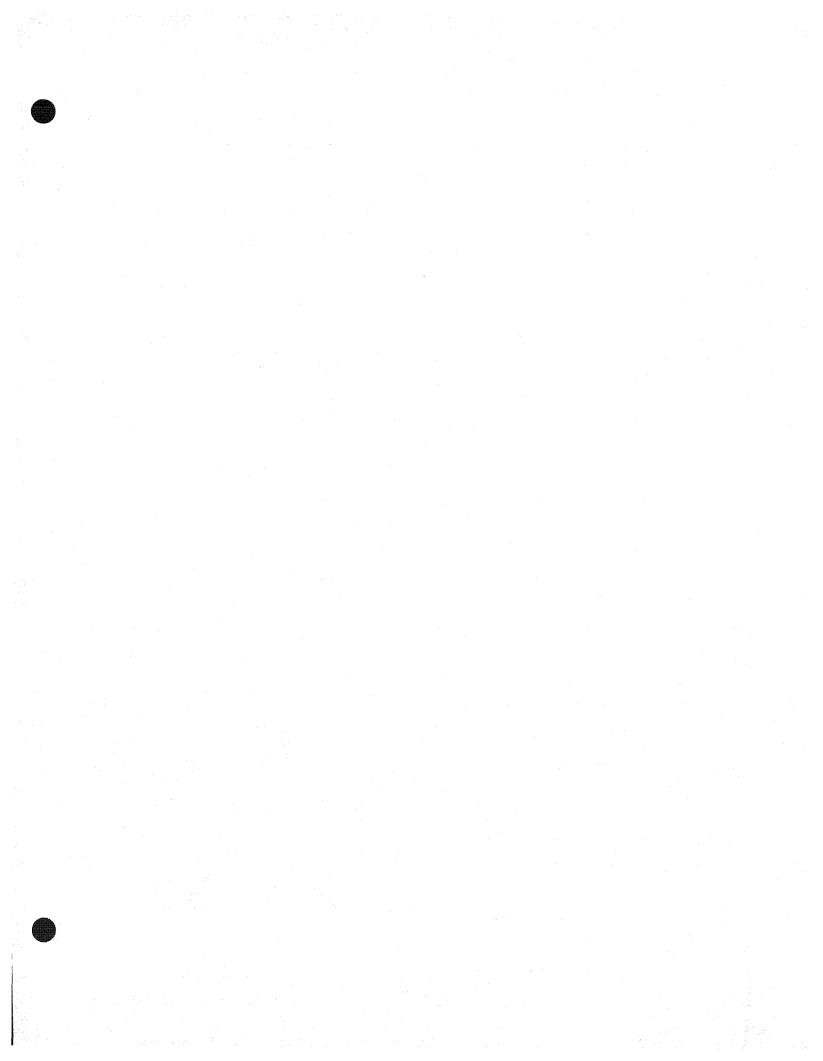


1 12 11 11 11 11 11 11 11	(2007년) 2018년 1월 1일	DO NOT WRITE IN THE MARGIN
280.	In the past year, have you ever been 1 2 9 physically cruel to someone or tried to cause them pain?	7
	IF NO OR 9, GO TO Q. 281	•
	A. Have you tried to hurt someone, other [1] 2 8 9 than during a fight or other than when you lost your temper?	
	IF NO OR 9, GO TO Q. 281	
	B. Have you tried to hurt someone, not 1 2 8 9 during a fight, since (NAME EVENT FROM SIX MONTHS AGO)?	
281.	In the past year, have you acted like a 1* 2 9 bully, that is, have you threatened or hurt other children who couldn't fight back?	L J
282.	Have other parents ever complained to your 1* 2 9 parents (or the persons replacing your parents) that you pick on their kids?	<u>.</u>
	IF "*" RESPONSE TO QUESTIONS 281 OR 282, ASK QUESTIONS 283 AND 284. OTHERWISE, GO TO Q. 285.	
283.	How often do you (bully/pick on) other kids?	
	Every day	
284.	Have you done this since (NAME EVENT FROM 1 2 8 9 SIX MONTHS AGO)?	<u> </u>



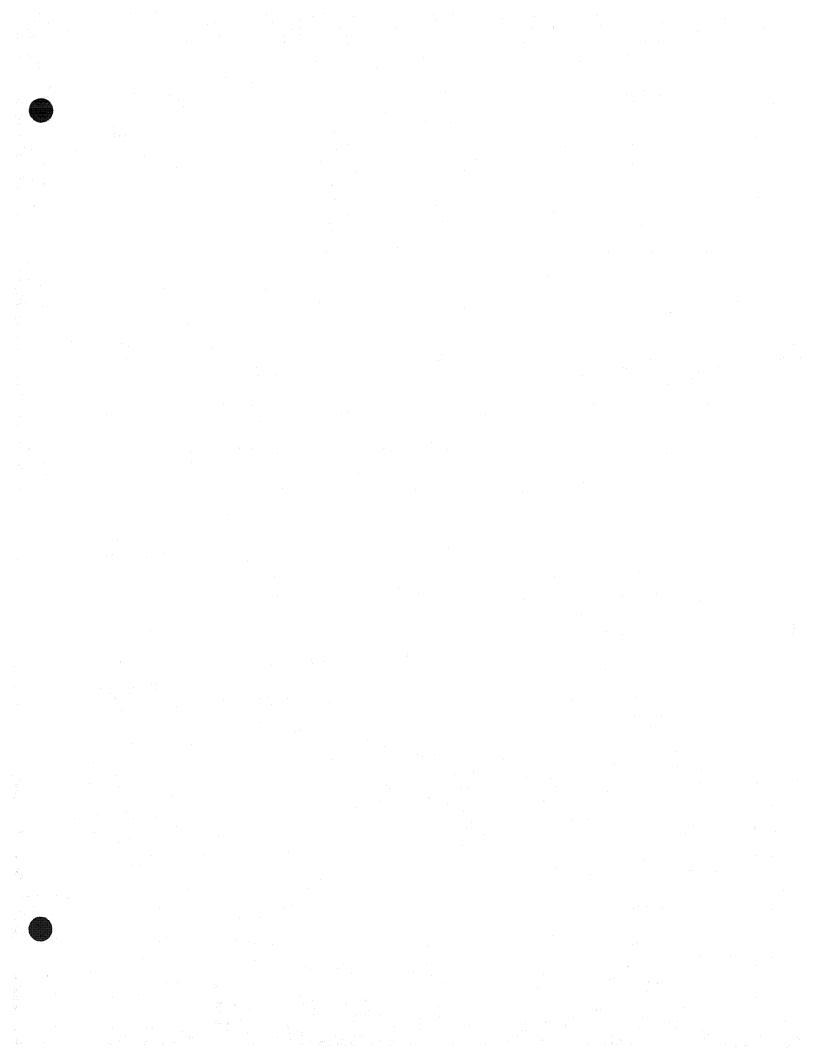
	ES = 1 NO = 2 OT APPLICABLE = 8, 88 DON'T KNOW = 9, 99					DO NOT WRITE IN THE MARGIN
- 1. (1.)	IF YES :					`*t,,
. •	A. In the past year, have you done anything sexual with someone for money or for something else you wanted?	[1]	2	8	9	
	IF NO OR 9, GO TO Q. 279	9				
	IF YES:				* .	
	B. Have you done this since (NAME EVENT FROM SIX MONIHS AGO)?	1	2	8	9	
	C: In the past year, have you forced someone to do something sexual with you against their will?	[1]	2	8	9	
	IF NO OR 9, GO TO Q. 279	9				
	IF YES:			لــــا		
•	D. Have you done this since (NAME EVENT FROM SIX MONIHS AGO)?	1	2	:8	9	
?79.	In the past year, have you been in any serious physical fights where there was punching or hitting?	1	2		9	
	IF NO OR 9, CO TO Q. 280	O, P.	62			
	IF YES:				•	
	A. Have you started any serious fights like that in the past year?	1	2	8	9	
	IF NO OR 9, CO-TO Q. F	p				
	IF YES:					
	B. Have you started at least four fights like that in the last year?	[1]	2	8	9	.,,
. 4	C. Have you started at least one fight like that since (NAME EVENT FROM SIX MONTHS AGO)?	1	2	8	9 .	
	D. Have you started fights like that with people at home?	1	2	8	9	
	E. Have you started fights like that with other people, like at school or in the neighborhood?	1	2	8	9	
•	F. Have you ever used a weapon in a fight, like a brick, a bottle, a steel bar, a bat, a stick, a knife or a gun?	1	2	8	9	
	IF NO OR 9, GO TO Q. 280), P.	62			
	TF YFS -					

G. Have you used a wearon like th



5-6 beers (5-6 oz. alcohol)...... 4
More than 6 beers (6 oz. alcohol)... 5
Not applicable..... 8

Dan/+ know



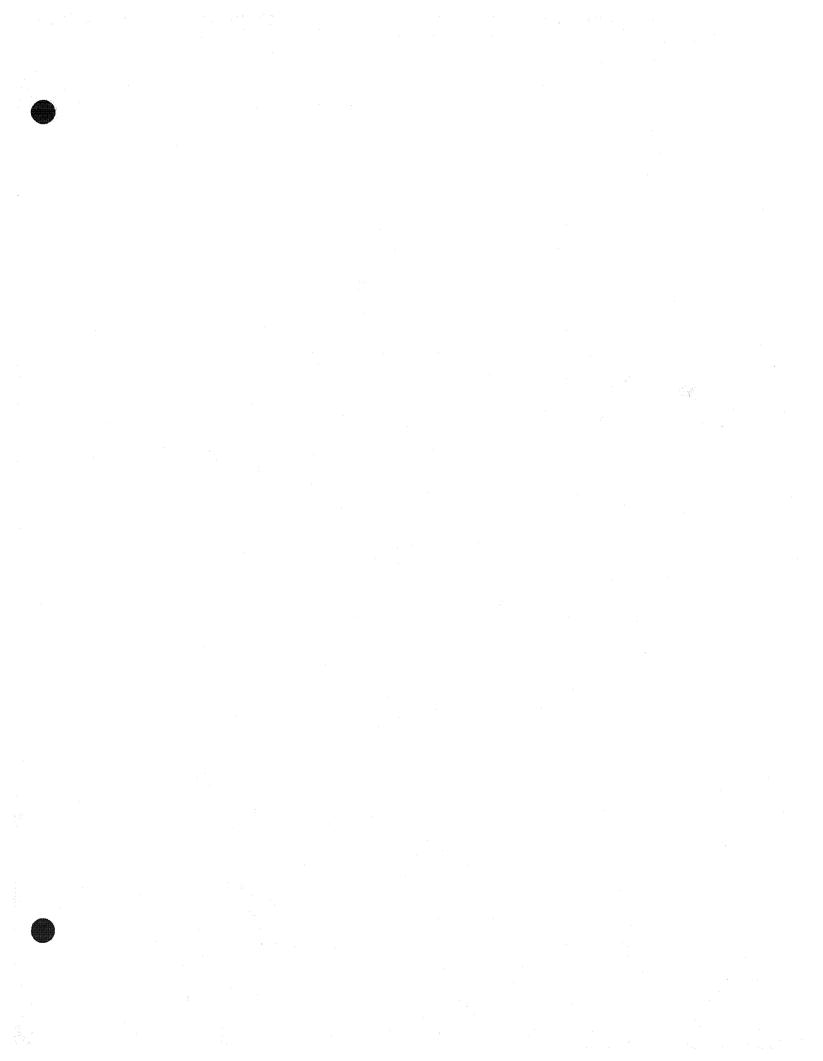


	YES = 1 NO = 2 NOT APPLICABLE = 8, 88 DON'T KNOW = 9, 99		 		·	DO NOT WRITE IN THE MARGIN
286	5. At present, do you smoke cigarettes?	1	2		9	
	IF NO OR 9, GO TO Q. 28	37		7		
	IF YES:			· · ·	J	4 5 7 7
	A. Do you smoke cigarettes every day?	1	2	8	9	لسا
287	Have you ever taken illegal drugs like marijuana, hashish, crack, cocaïne or others?	1	2		9	
	IF YES:	38				
	1) Please give name:					
	2) How often	-	- 3	٠.		
	Every day	1				
	1-6 days a week	2				
	Less than once a month	3 4				
	Not applicable	8				
	Don't know	9				
	A. Have you taken any drugs or anything to make yourself high, since (NAME EVENT FROM SIX MONIHS AGO)?	[1]	2	8,	9	
288	. Do you belong to a gang or hang around with a group of youngsters who cause or get into a lot of trouble?	1	2		9	
	NOTE 8: IF ANY RESPONSE(S) ON THE GUIDE SHEET TO QUESTIONS 262 TO 287A, ASK QUESTION 289. OTHERWISE, GO TO DIB, P. 65.					
					,	
289.	Has doing these things caused problems for you with people at home:					
	A. In the past year?	1	2	8	9	
•	B. Since (NAME EVENT FROM SIX MONTHS AGO)?	1	2	8	9	لسا
290.	Has doing these things caused problems for you with friends or other youngsters your age outside of school:					
	A. In the past year?	1	2	8	9	اسا
	B. Since (NAME EVENT FROM SIX MONTHS AGO)?	1	2			
291.	Has doing these things caused problems for you at school, for example, difficulties doing schoolwork or getting along with teachers or other youngsters at school:			8	9	
•	A. In the past year?	1	2	8	9	<u> </u>
	B. Since (NAME EVENT FROM SIX MONTHS AGO)?	1	2	В	9	

	YES = 1 NO = 2 NOT APPLICABLE = 8, 88	DON'T KNOW = 9, 99			DO NOT WRITE IN THE MARGIN
292.	In the past year, have you from school? That is, have told that you could never that school?	re you been	1 2 8	3 9	
	IF YES:	IF NO, 8 OR 9, GO TO Q.	293, P. 64		
	A. How many times?	NO.	OF TIMES:	سب	
	B. Did this happen since (SIX MONIHS AGO)?	NAME EVENT FROM	1 2 8	3 9	
	IF YES:	IF NO, 8 OR 9, GO TO Q.	293		
	C. How many times?	NO.	OF TIMES:		لسلسا
293.	In the past year, have you school suspension?	had an in-	1 2 8	3 9	<u> </u>
		IF NO, 8 OR 9, GO TO Q.	294		
	IF YES: A. How many times?	NO.	OF TIMES:	السلسا	
	B. Did this happen since (SIX MONTHS AGO)?		1 2 8	3 9	لنا
		IF NO, 8 OR 9, GO TO Q.	294]	* :
	IF YES:				
	C. How many times?	NO.	OF TIMES:		لللا
294.	In the past year, have you from school? That is, hav that you could not come ba for a day or more?	e you been told	1 2 8	3 9	L
	IF YES :	IF NO, 8 OR 9, GO TO Q.	295]	
	A. How many times?	NO.	OF TIMES:	لصلصا	لسلسا
	B. Did this happen since (SIX MONTHS AGO)?	NAME EVENT FROM	1 2 8	3 9	L
		IF NO, 8 OR 9, 60 TO Q.	295]	
	<u>IF YES</u> :			-	
	C. How many times?	NO.	OF TIMES:	لسلسا	
295.	In the past year, have you trouble with the police or the police?		1 2 8	3 9	
	IF YES:	IF NO OR 9, GO TO DIB, I	P. 65		
	A. Did this happen since (MONIHS ACO)?	NAME EVENT FROM SIX	1 2 8	3 9	<u> </u>



	ES = 1 NO = 2 OT APPLICABLE = 8 DON'T KNOW = 9								DO NOT WRITE IN THE MARGIN
)	Getting along with your brother(s) and/or sister(s)?	1	2	3	4	5	8	9	
)	Getting along with other youngsters your age?	1	2	3	4	5	8	9	
:)	Getting involved in activities such as sports or hobbies?	1	2	3	4	5	8	9	
.)	Doing your schoolwork?	1	2	3	4	5	8	9	
1)	Your grades at school?	1	2	3	4	5	8	9	
()	Your behavior at home?	1.	2	3	4	5	: 8	9	<u></u>
	FLIP TO CARD 2 FOR Q. O AND P.								
	For the following questions please show me by pointing on this card whether your answer is "not at all", "definitely", or "somewhere in between".								
)	In general, how much do your parents (or the persons replacing your parents) worry about you?	1	2	3	4	5	8	9	<u></u>
)	How much do you think that you need help, for whatever problem, from a doctor, a psychologist, a social worker or from any other type of professional?	1	2	3	4	5	8	9	
	REACTIONS TO THE INTERVIEW								
18.	We have reached the end of the interview and we would like to know your reactions. Do you think it was very interesting, fairly interesting or not very interesting?								
	Very interesting Fairly interesting Not very interesting Don't know	1 2 3 9							
19.	Do you think that the interview was too long, too short, or just the right length?								
j.	Too long Too short Just right Don't know	1 2 3 9							



320.	What is the highest grade or level of education you have completed?	
	No schooling or nursery school	
	Completed a college diploma (CEGEP), trade school or equivalent	
	Don't know	
321.	Do you have a paying job?	
	Yes	
322.	What is your occupational status?	
	Full-time work. 01 Part-time work. 02 Student with a job. 03 Student without a job. 04 Unemployed. 05 Welfare. 06 Girls beauty 07	
	Sick leave. 07 Maternity leave. 08 Retired. 09 Invalid. 10 Keeps house. 11 Not applicable. 88 Don't know. 99	
	Occupation: Ol. Professional O2. Managerial O3. Technical O4. Clerical/Sales O5. Skilled Labor O6. Semiskilled Labor O7. Unskilled Labor O8. Student O9. Houseperson 10. None	
<i>32</i> 4.	How many hours do you work per week? (Not applicable = 88, Don't know = 99) NUMBER:	لـــــــا
<i>3</i> 25.	What was your approximate annual earned income last year?	
	No personal income. 00 \$ 0 - \$ 999	

T C I - 125

In this booklet you will find statements people might use to describe their attitudes, opinions, interests, and other personal feelings.

Each statement can be answered TRUE or FALSE. Read the statement and decide which choice best describes you. Try to describe the way you USUALLY or generally act and feel, not just how you are feeling right now.

We would like you to fill out this questionnaire on your own using a pencil. When you are finished, please return the questionnaire.

HOW TO FILL OUT THIS QUESTIONNAIRE

To answer you only	need to	circle	either "T"	or "F"	after	each
question. Here is an ex	kample:					
100000000000000000000000000000000000000						

EXAMPLE			T	RUE FALSE
I understand he	ow to fill ou	t this question	onnaire.	TF
(If you understand	how to fill o	ut this quest	ionnaire, c	ircle "T"
to show that the sta	atement is TR	UE.)		

Read each statement carefully, but don't spend too much time deciding on the answer.

Please answer every statement, even if you are not completely sure of the answer.

Remember there are no right or wrong answers -- just describe. your own personal opinions and feelings.

	Copyright	©	1987,	by C.	R. Clon	inger	
Print your	Name:		77×100111001111011111111111111111111111	Age _	D.O	.B	
Black	White	_ Hispa	nic	Other _	ancono e	SEX: N	(F
Occupation						Dat	:e

		실보기와 제계하는 경로 가르는 및 프로그램 그리고 하다고 보고했다. 10: 12:	TRUE	FALSE
	1.	I often try new things just for fun or thrills, even if most people think it is a waste of time	T	F
	2.	I usually am confident that everything will go well, even in situations that worry most people	T	F
	3.	I often feel that I am the victim of circumstances	T	F
Ā	4.	I can usually accept other people as they are, even when they are very different from me	T	F
	5.	I enjoy getting revenge on people who hurt me.	Т	F
	6.	Often I feel that my life has little purpose or meaning	T	F
	7.	I like to help find a solution to problems so that everyone comes out ahead	Т	F
	8.	I could probably accomplish more than I do, but I don't see the point in pushing myself harder than is necessary to get by	T	F
	9.	I often feel tense and worried in unfamiliar situations, even when others feel there is little to worry about.	T	F
	10.	I often do things based on how I feel at the moment without thinking about how they were done in the past	T	. .
	11.	I usually do things my own way rather than giving in to the wishes of other people.	T	F
	12.	I generally don't like people who have differentideas from me.		F
	13.	I would do almost anything legal in order to become rich and famous, even if I would lose the trust of many old friends.		
	14.	I am much more reserved and controlled than most people.	т	F
	15.	I like to discuss my experiences and feelings openly with friends instead of keeping them to myself	T	F

	물이 보통하다 하다 그렇게 되는 것이 되었다. 그는 것은 말이 함께 보는 것 같다. 그렇게 말이 들었다면 하는 것이 되었다. 그 사람들은 사람들이 되었다. 그리	TRUE	FALSE
16.	I have less energy and get tired more quickly than most people	T	F
17.	I seldom feel free to choose what I want to do.	T	F
18.	I often consider another person's feelings as much as my own	T	F
19.	I often avoid meeting strangers because I lack confidence with people I do not know	T	F
20.	I like to please other people as much as I can.	T	F
21.	I often wish that I was smarter than everyone else.	Т	F
22.	I am usually so determined that I continued to work long after other people have given up	T	F
23.	I often wait for someone else to provide a solution to my problems	T	F
24.	I often spend money until I run out of cash or get into debt from using too much credit	r	F
25.	Often I have unexpected flashes of insight or understanding while relaxing	. T	F
26.	I don't care very much whether other people like me or the way I do things	. Т	F
27.	I usually try to get just what I want for mysel: because it is not possible to satisfy everyone anyway.	f T	
28.	I have no patience with people who don't accept my views	T	F
29.	I sometimes feel so connected to nature that everything seems to be part of one living organism	T	F
30.	When I have to meet a group of strangers, I am more shy than most people	T	
31.	I am more sentimental than most people,	. T	F
32.	I seem to have a "sixth sense" that sometimes	•	F

		TRUE	FALSE
33.	When someone hurts me in any way, I usually try to get even.	. T	F
34.	My attitudes are determined largely by influence outside my control	s T	F
35.	I often wish I was stronger than everyone else.	T	F
36.	I like to think about things for a long time before I make a decision	T	F
37.	I am more hard-working than most people	T	F
38.	I usually stay calm and secure in situations that most people would find physically dangerous.	T	F
39.	I do not think it is smart to help weak people who cannot help themselves	T	.
40.	I cannot have any peace of mind if I treat other people unfairly, even if they are unfair to me.	. . T	F
41.	People will usually tell me how they feel	Т	F
42.	Sometimes I have felt like I was part of something with no limits or boundaries in time and space	T	F
43.	I sometimes feel a spiritual connection to other people that I cannot explain in words	. T	F
44.	I like it when people can do whatever they want without strict rules and regulations.	T	F
45.	I would probably stay relaxed and outgoing when meeting a group of strangers, even if I were told they are unfriendly	T	F
46.	Usually I am more worried than most people that something might go wrong in the future.	T	F
47.	I usually think about all the facts in detail before I make a decision.	T	F
48.	I often wish I had special powers like Superman	. т	F
49	Other people control me too much	т	F

		TRUE	FALSE
50.	I like to share what I have learned with other people.	T	F
51.	I am usually able to get other people to believe me, even when I know that what I am saying is exaggerated or untrue	T	F
52.	Sometimes I have felt my life was being directed by a spiritual force greater than any human being.		F
53.	I have a reputation as someone who is very practical and does not act on emotion	T	F
54.	I am strongly moved by sentimental appeals (like when asked to help crippled children)	T	F
55.	I usually push myself harder than most people do because I want to do as well as I possibly can.	T	F
56.	I have so many faults that I don't like myself very much.	т	F
57.	I have too little time to look for long-term solutions for my problems	. т	F
58.	I often cannot deal with problems because I just don't know what to do	T	F
59.	I prefer spending money rather than saving it.	T	F
60.	I can usually do a good job of stretching the truth to tell a funnier story or to play a joke on someone.	T	F
61.	If I am embarrassed or humiliated, I get over it very quickly	T	F
62.	It is extremely difficult for me to adjust to changes in my usual way of doing things because I get so tense, tired, or worried	T	.
63.	I usually demand very good practical reasons before I am willing to change my old ways of doing things.	T	

		TRUE	FALSE
64.	I nearly always stay relaxed and carefree, even when nearly everyone else is fearful.	T	F
65.	I find sad songs and movies pretty boring	T	F
66.	Circumstances often force me to do things against my will.	T	F
67.	I would rather be kind than to get revenge when someone hurts me.	. T	F
68.	I often become so fascinated with what I'm doing that I get lost in the moment - like I'm detache from time and place		F
69.	I do not think I have a real sense of purpose for my life	T	F
70.	I often feel tense and worried in unfamiliar situations, even when others feel there is no danger at all	T	F
71.	I often follow my instincts, hunches, or intuition without thinking through all the details.	T	F
72.	Other people often think that I am too independent because I won't do what they want.	•	F
73.	I often feel a strong spiritual or emotional connection with all the people around me	T	F
74.	I usually try to imagine myself "in other people shoes", so I can really understand them		F
75.	Principles like fairness and honesty have little role in some aspects of my life	т	F
76.	I am better at saving money than most people.	T	F
77.	Even when most people feel it is not important, I often insist on things being done in a strict and orderly way	T	
78.	I feel very confident and sure of myself in almost all social situations		F

		TRUE	FALSE
79.	My friends find it hard to know my feelings because I seldom tell them about my private thoughts.	T	F
80.	I like to imagine my enemies suffering	т	F
81.	I am more energetic and tire less quickly than most people	. T	
82.	I often stop what I am doing because I get worried, even when my friends tell me everything will go well.	T	.
83.	I often wish I was more powerful than everyone else	Т	
84.	Members of a team rarely get their fair share.	Т	F
85.	I don't go out of my way to please other people	. т	F
86.	I am not shy with strangers at all	T	F
87.	I spend most of my time doing things that seem necessary but not really important to me	. т	
88.	I don't think that religious or ethical princip about what is right and wrong should have much influence in business decisions		F
89.	I often try to put aside my own judgments so that I can better understand what other people are experiencing.		
90.	Many of my habits make it hard for me to accomplish worthwhile goals	•••	
91.	I have made real personal sacrifices in order to make the world a better place like trying to prevent war, poverty and injustice	0	•
92.	I prefer to wait for someone else to take the lead in getting things done	. 1	
93.	I usually respect the opinions of others	7	F
94.	My behavior is strongly guided by certain goals that I have set for my life.	T	

		TRUE	FALSE
95.	It is usually foolish to promote the success of other people.	Т	F
96.	I usually like to stay cool and detached from other people	. T	F
97.	I am more likely to cry at a sad movie than most people.	T	F
98.	I recover more quickly than most people from minor illnesses or stress	T	F
99.	I often break rules and regulations when I think I can get away with it	Т	F
100.	I need much more practice in developing good habits before I will be able to trust myself in many tempting situations.	T	F
101.	I wish other people didn't talk as much as they do	T	F
102.	Everyone should be treated with dignity and respect, even if they seem to be unimportant or bad	T	.
103.	I like to make quick decisions so I can get on with what has to be done	T	F
104.	I am usually confident that I can easily do things that most people would consider dangerous (such as driving an automobile fast on a wet or icy road)	Т	F
305	그렇을 하는 생각하다. 이 사고 있다. 그렇지 않는 하얗게 하는 같다.	T	F
	I like to explore new ways to do things		
106.	I enjoy saving money more than spending it on entertainment or thrills	T	F
107.	I have had personal experiences in which I feld in contact with a divine and wonderful spiritus power		F
108.	I have had moments of great joy in which I suddenly had a clear, deep feeling of oneness with all that exists.	1	
100	Most meanle seem more resourceful than T am	ጥ	F

		Œ	FALSE
110.	I often feel like I am a part of the spiritual force on which all life depends.	T	F
111.	Even when I am with friends, I prefer not to "open up" very much	T	F
112.	I think my natural responses now are usually consistent with my principles and long-term goals.	T	.
113.	I believe that all life depends on some spiritual order or power that cannot be completely		
	explained	T	F
114.	Often when I look at an ordinary thing, something wonderful happens I get the feeling that I am seeing it fresh for the first time	т	
115	I usually feel tense and worried when I have		
44J.	to do something new and unfamiliar	T	F
116.	I often push myself to the point of exhaustion or try to do more than I really can	T	F
117.	My will power is too weak to overcome very strong temptations, even if I know I will suffer as a consequence.	Т	
118	I hate to see anyone suffer		F
LLU,		•	
119.	If I am feeling upset, I usually feel better around friends than when left alone	T	F
120.	I wish I were better looking than everyone else.	T	F
121.	I love the blooming of flowers in the spring as much as seeing an old friend again	T	
122.	I usually look at a difficult situation as a challenge or opportunity.	Т	.
123.	People involved with me have to learn how to do things my way.	T	.
124.	I usually feel much more confident and energetic than most people, even after minor illnesses or stress.	T	
125.	When nothing new is happening, I usually start looking for something that is thrilling or exciting	T	



DEFENSE STYLE QUESTIONNAIRE

INSTRUCTIONS:

This questionnaire consists of 88 statements each of which is followed by a rating scale:

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Rate the degree to which you agree or disagree with each statement and write your rating from one to nine on the answer sheet.

Eg. Montreal is a city in Canada

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

You would choose 9 and write 9 on the answer sheet beside the statement number.

1984 DEPARTMENT OF PSYCHIATRY SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL MONTREAL

1.	I get satisfaction from helping others and if this were taken away from me I would get depressed.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
2.	People often call me a sulker.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
3.	I'm able to keep a problem out of my mind until I have time to deal with it.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
4.	I'm always treated unfairly.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
5.	I work out my anxiety through doing something constructive and creative like painting or woodwork.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
6.	Once in a while I put off until tomorrow what I ought to do today.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
7.	I keep getting into the same type of frustrating situations and I don't know why.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
8.	I'm able to laugh at myself pretty easily.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
9.	I act like a child when I'm frustrated.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
10.	I'm very shy about standing up for my rights with people.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
11.	I am superior to most people I know.

Strongly Agree

Strongly Disagree

12.	People tend to mistreat me.	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
13.	If someone mugged me and stole my money, I'd rather he'd be helped than pun	ished.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
14.	Once in a while I think of things too bad to talk about.	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
15.	Once in a while I laugh at a dirty joke.	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
16.	People say I'm like an ostrich with my head buried in the sand. In other words ignore unpleasant facts as if they didn't exist.	, I tend t
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
17.	I stop myself from going all out in a competition	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
18.	I often feel superior to people I'm with.	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
19.	Someone is robbing me emotionally of all I've got.	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
20.	I get angry sometimes.	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
21.	I often am driven to act impulsively.	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	
22.	I'd rather starve than be forced to eat.	
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree	

23.	I ignore danger as if	I we	re S	upe	rmaı	a.					
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
24.	I pride myself on my	' abil	lity (to c	ut pe	ople	e do	wn 1	o s	ize.	
	Strongly Disagree	y	2	3	4	5	6	7	8	9	Strongly Agree
25.	People tell me I have	a p	erse	cuti	on c	omp	lex.				
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
26.	Sometimes when I a	m nc	t fe	elin	g we	ell I	am (cros	s.		
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
27.	I often act impulsively when something is bothering me.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
28.	I get physically ill when things aren't going well for me.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
29.	I'm a very inhibited	perso	on.								
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
30.	I'm a real put-down artist.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
31.	I do not always tell t	he tr	ruth								
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
32.	I withdraw from pec	ple '	whe	n I	feel	hurt	•				
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
33.	I often push myself	so fa	ur th	at o	ther	peo	ple l	have	e to	set l	imits for me.
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree

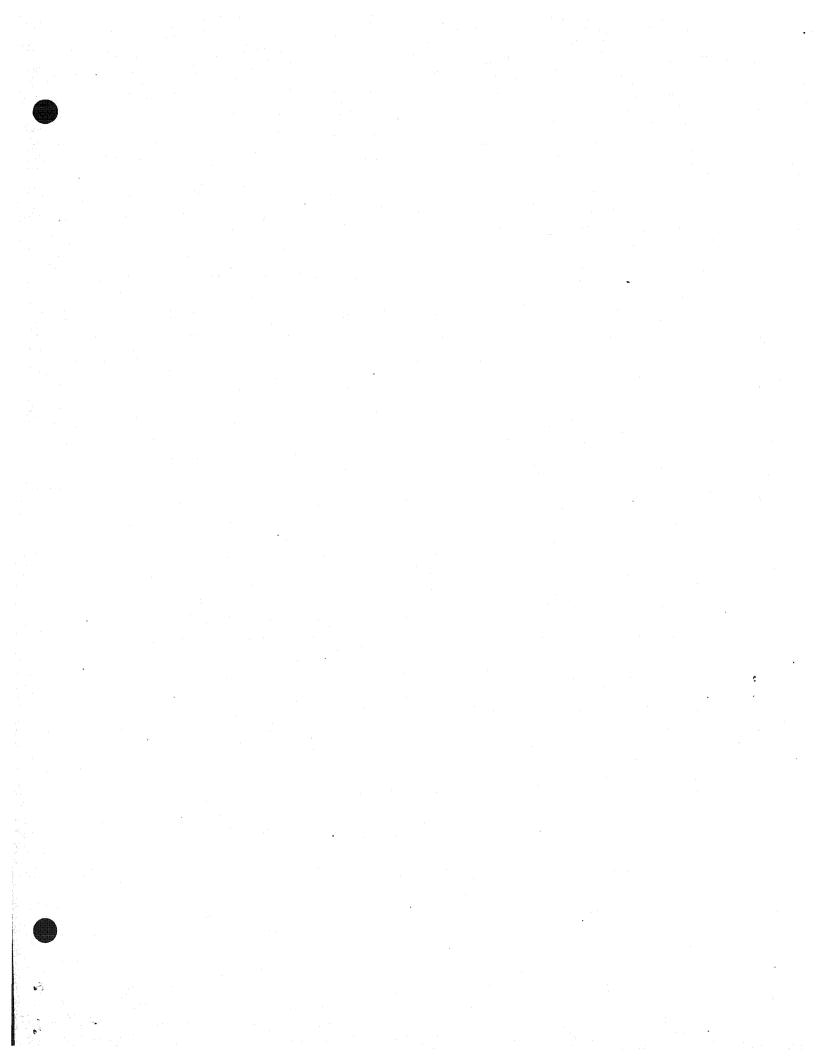
34.	My friends see me a	sac	low	n.							
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
35.	I withdraw when I'm	ang	ду.								
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
36.	I tend to be on my gr suspected.	uard	with	h pe	ople	e wh	o tu	m c	ut t	o be	more friendly than I would ha
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
37.	I've got special talen	its th	at a	llow	/ me	to g	go tl	ırou	gh l	ife v	vith no problems.
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
38.	Sometimes at elections I vote for men about whom I know very little.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
39.	I'm often late for appointments.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
40.	I work more things out in my daydreams than in my real life.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
41.	I'm very shy about a	ippr	oach	ing	peo	ple					
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
42.	I fear nothing.										
	Strongly Disagree	1	2	3	4	5	6	7	8	.9	Strongly Agree
43.	Sometimes I think I	'm a	ın ar	igel	and	oth	er ti	mes	I th	ink	I'm a devil.
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
44.	I would rather win t	lhan	lose	in	a ga	me.					
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree

45.	I get very sarcastic v	vhen	I'm	ang	ду.			41 °			
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
46.	I get openly aggress	ive w	/her	ı I fe	el h	urt.					
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
47.	I believe in turning	the of	ther	che	ek v	vhen	ı soı	meo	ne l	nurts	me.
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
48.	I do not read every	dito:	rial	in th	ne ne	ewsp	pape	er ev	егу	day.	
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
49.	I withdraw when I'n	n sad	•								
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
50.	I'm shy about sex.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
51.	I always feel that so	meoi	ne I	kne	w is	ilike	e a g	zuar	diar	ang	7
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
52 .	My philosophy is: "	Неаг	no	evil	, do	no e	evil,	, sec	no	evil'	
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
53.	As far as I'm concer	ned,	peo	ple	are (eithe	er g	ood	or t	ad.	
	Strongly-Disagree	1	2	3	4	5	б	7	8	9	Strongly Agree
54.	If my boss bugged a get back at him.	me, I	miį	ght i	mak	еап	nist	ake	in n	ny w	ork or work more slowly so as to
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
55.	Everyone is against	me.									
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree

56.	I try to be nice to people I don't like.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
57.	I would be very nervous if an airplane in which I was flying lost an engine.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
58.	There is someone I know who can do anything and who is absolutely fair and just.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
59.	I can keep the lid on my feelings if it would interfere with what I'm doing if I were to let them out.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
60.	Some people are plotting to kill me.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
61.	I'm usually able to see the funny side of an otherwise painful predicament.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
62.	I get a headache when I have to do something I don't like.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
63.	I often find myself being very nice to people who by all rights I should be angry at.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
64.	There's no such thing as "finding a little good in everyone". If you're bad, you're all bad
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
65.	We should never get angry at people we don't like.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree
66.	I am sure I get a raw deal from life.
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

67.	I fall apart under stress.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
68.	When I know that I will have to face a difficult situation, like an exam or a job interview. I try to imagine what it will be like and plan ways to cope with it.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
69.	Doctors never really understand what is wrong with me.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
70. When someone close to me dies, I don't feel upset.											
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
71.	After I fight for my rights, I tend to apologize for my assertiveness.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
72.	Most of what happens to me is not my responsibility.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
73.	When I'm depressed or anxious, eating makes me feel better.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
74.	Hard work makes me feel better.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
75.	My doctors are not able to help me really get over my problems.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
76.	I'm often told that I don't show my feelings.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										
77.	I believe that people usually see more meaning in films, plays or books than is actually there.										
	Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree										

78.	I have habits or rituals which I feel compelled to do or else something terrible will happen.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
79.	I take drugs, medicir	ne or	alc	oho	l wh	en I'	m to	ense),		
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
80.	When I feel bad, I tr	y to	be v	vith	som	eon	e.				
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
81.	If I can predict that I	'm g	oin	g to	be s	ad a	head	d of	tim	e, I	can cope better.
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
82.	No matter how mucl	h I c	omp	olair	ı, I n	eve:	get	as	atis	facto	ry response.
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
83.	Often I find that I do warrant strong emot			any	thing	g wh	en t	he s	- situa	ation	would seem to
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
84.	Sticking to the task at hand keeps me from feeling depressed or anxious.										
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
85.	I smoke when I'm n	ervo	us.								
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
86.	If I were in a crisis,	I wc	ould	see	k ou	t an	othe	r pe	rso	n wh	o had the same problem.
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
87.	I cannot be blamed	for v	what	I d	o wi	ong	•				
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
88.	If I have an aggress	ive t	hou	ght,	I fe	el th	ie ne	eed	to d	o so	mething to compensate for it.
	Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree



Patient	11			
Lancin	<i>**</i>		 	

33 MONTH FOLLOW-UP INTERVIEW

HOSPITALIZATIONS

1. If hospitalized at any point since the last time you were interviewed for this project (interviewer specify date) please complete the table below:

	Month of admission (MM/YY) *	Name of Hospital	c	med ondi ccid moti	reason lical tion, ent, onal lities)	< 1wk	1-3 wks	Approximate number of months
1. 1 st hospitalization			0	0	Ο		O	or DK
2. 2 nd hospitalization			0	0	0	O	⊙ **.	or DK
3. 3 rd hospitalization			0	0	O	0		or DK
4. 4 th hospitalization			O	0	0	O	0	or DK

(add additional lines if needed)

* indicate midpoint of range if respondent is unsure of month, e.g., if respondent remembers summer indicate August.

MENTAL HEALTH SERVICES

2. If you have seen any health facility/professionals for mental health treatment during those two years, please complete table below (either circle code or darken circle):

	Use of service in past 2 years (since last Interview)						
	Used at all?	Only once	2 – 5 times	6 – 10 times	If more than 10, about how many?	No. of times in past 30 days	
1) CLSC (specify:	YNDK	O	0	•	or DK	or DK	
2) School-based health professional(e.g., psychologist, social worker, counselor – specify:	YNDK	0	0	O	or DK	or DK	
3) Medicare-remunerated therapist outside an institution (e.g., G.P., family practitioner, psychiatrist, pediatrician – specify:	YNDK	O	O		or DK	or DK	
4) Non-Medicare remunerated therapist outside an institution (e.g., psychologist, psychiatrist, social worker, counselor – specify:	Y N DK	O	O	0	or DK	or DK	
5) Hospital-based OPD professional (e.g., social worker, psychologist, psychiatrist, counselor – specify:	Y N DK	О	O	O	or DK	or DK	
6) Erfut (specify:	YNDK	0	O	0	or DK	or DK	
7) Group home health professional (specify:	YNDK	O	O	0	or DK	or DK	
8) Employee assistance program	YNDK	O	Ο	О	or DK	or DK	
9) DYP (specify:	YNDK	О	0	O	or DK	or DK	
10) Other (specify:	YNDK	0	O	Ó	or DK	or DK	

PHYSICAL HEALTH SERVICES

3. If you have seen any health facility/professionals for **physical health treatment** during those two years, please complete table below (either circle code or darken circle):

	Use of service in past 2 years (since last Interview)					
	Used at all?	Only once	2 – 5 times	6 – 10 times	If more than 10, about how many?	No. of times in past 30 days
1) CLSC (spec.)	YNDK	O	0	O	or DK	or DK
2) School-based health professional (e.g., school nurse – specify	YNDK	0	O	0	or DK	or DK
3) Medicare-remunerated therapist outside an institution (e.g., general practitioner, family practitioner, pediatrician, gynecologist – specify:	YNDK	O	0	0	or DK	or DK
4) Non-Medicare remunerated professional outside an institution (e.g., physiotherapist, chiropractor – specify:	YNDK	0	O	0	or DK	or DK
5) Hospital-based OPD professional (e.g., physiotherapist – specify:	YNDK	Ο	Ο	0	or DK	or DK
6) Other (specify:)	YNDK	О	O	О	or DK	or DK

MEDICATIONS

4. What medications are you taking currently?							
1) Name or type:	Dosage: _	mg	or DK O				
For: O < 1 month	○ >1 month – at	oout how many?	The state of the s	O DK			
2) Name or type:	Dosage: _	mg	or DK O				
For: O < 1 month	O >1 month – at	out how many?		O DK			
3) Name or type:	Dosage:	mg	or DK O				
For: O < 1 month	O >1 month – at	out how many?		O DK			
4) Name or type:	Dosage:	mg	or DK O				
For: O < 1 month	O >1 month – at	out how many?		O DK			
5) Name or type:	Dosage: _	mg	or DK O				
For: O < 1 month	O >1 month – at	out how many?		O DK			
6) Name or type:	Dosage:	mg	or DK O				
For: O < 1 month	○ >1 month – at	oout how many?		O DK			
7) Name or type:	Dosage: _	mg	or DK O				
For: O < 1 month	○ >1 month – at	oout how many?		O DK			
8) Name or type:	Dosage: _	mg	or DK O				
For: O < 1 month	\bigcirc >1 month – at	oout how many?		O DK			

5) Have y interview)	선생님이 가는 사람들이 가장 살림을 받는 것 같다.	r prescription r	nedications in the p	oast two years (sin	ice the last
Ye	es O	No O	Don't know	0	
5a) If ye	s, please specify n	ame or type, ar	d for about how lo	ng?	
1)	Name or type:				
	O < 1 month	O>1 month	- about how many	months?	O DK
2)	Name or type: _				
	O < 1 month	O >1 month	- about how many	months?	O DK
3)	Name or type:				
	O < 1 month	○>1 month	- about how many	months?	O DK
4)	Name or type: _				
	O < 1 month	O>1 month	- about how many	months?	O DK
5)	Name or type:				
	O < 1 month	O >1 month	- about how many	months?	O DK
6)	Name or type:				
	O < 1 month	○ >1 month	- about how many	months?	O DK