SJLIFE

Behavior Survey

11-17 Years of Age Parent Report

Control

St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder
Finding cures. Saving children.

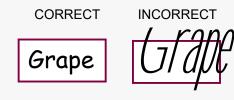*Finding cures. Saving children.*

The questions in this booklet relate to:

Name

Person completing this questionnaire is:

percomp **textcode**

Your relationship:

2 ☐ Parent   **3** ☐ Other: **percode** **coded**

relation

Today's date: ☐☐ / ☐☐ / ☐☐☐☐
　　　　　　　　m　m　　**d　d**　　**y　y　y　y**

datecomp

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SJLIFEID

MRN

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please follow these rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call 1-800-775-2167.

1. Use a black ballpoint pen. Do not use a felt-tip or roller-ball pen. These may cause smudging.
2. When marking boxes, make an x inside the box (see examples below).
3. Make no stray marks of any kind. Please keep the form as clean as possible.
4. Written responses must stay within the boxes provided:

CORRECT   INCORRECT

Grape   *Grape*

MARKING EXAMPLES

Below are some <u>examples</u> of how to fill out this questionnaire. Please look these over before you begin.

Example 1

1. During the <u>past month</u>, did your child participate in any physical activities or exercises such as running, aerobics, golf, gardening, bicycling, swimming, wheelchair basketball, or walking for exercise?

   ☐ No   ☒ Yes

Example 2

2. Has your child ever taken. . .

	No	Yes	Not sure	If yes, age at first use
a. PILLS OR INSULIN FOR DIABETES such as Glucophage (metformin), Glucotrol (glipizide), Glynase (glyburide), Prandin, Amaryl, Avandia, Actos, or insulin injections (such as Humulin, Novolin, Lantus)	☒	☐	☐	

If yes, specify the name of the drug(s) or indicate you do not know the specific name

	No	Yes	Not sure	If yes, age at first use
b. MEDICATIONS FOR ATTENTION OR MEMORY PROBLEMS such as Ritalin, Adderall, Concerta, Strattera, Aricept (donepezil), or Provigil (modafinil)	☐	☒	☐	1 0

If yes, specify the name of the drug(s) or indicate you do not know the specific name
ritalin

Example 3

3. When was this condition diagnosed?

0	4		2	0	0	0

Month (mm)   Year (yyyy)

SCHOOL HISTORY

A1. What is the highest grade or level of schooling your child has now completed? grade

- 1 ☐ 1 - 8 years (grade school)
- 2 ☐ 9 - 12 years (high school) but did not graduate
- 3 ☐ Completed high school/GED
- 4 ☐ Training after high school, other than college
- 5 ☐ Some college
- 6 ☐ College graduate
- 7 ☐ Post graduate level
- 8 ☐ Other

> **If Other, please describe.**
>
> gradespe
> text

A2. What is the highest grade or level of schooling that your child's mother has completed? gradem

- 1 ☐ 1 - 8 years (grade school)
- 2 ☐ 9 - 12 years (high school), but did not graduate
- 3 ☐ Completed high school/GED
- 4 ☐ Training after high school, other than college
- 5 ☐ Some college
- 6 ☐ College graduate
- 7 ☐ Post-graduate level
- 9 ☐ Not Applicable
- 10 ☐ Unknown
- 8 ☐ Other

> **Specify.**
>
> grdmspe
> text

A3. What is the highest grade or level of schooling that your child's father has completed? gradef

- 1 ☐ 1 - 8 years (grade school)
- 2 ☐ 9 - 12 years (high school), but did not graduate
- 3 ☐ Completed high school/GED
- 4 ☐ Training after high school, other than college
- 5 ☐ Some college
- 6 ☐ College graduate
- 7 ☐ Post-graduate level
- 9 ☐ Not Applicable
- 10 ☐ Unknown
- 8 ☐ Other

> **Specify.**
>
> grdfspe
> text

A4. **In school was your child <u>ever</u> in any of the following programs?**
(Mark all that apply)

	2 No	1 Yes	3 Not sure
Advanced placement or talented program? . . **adplc**	☐	☐	☐
Homebound education (instruction at home by a school teacher) for at least one school year?. **homed**	☐	☐	☐
Learning disabled or special education program? . . . . **speced**	☐	☐	☐

If no, skip to A6.

If yes, was he/she in the program because of. . .

	2 No	1 Yes	3 Not sure
a. Missed school. . . . . **speced_a**	☐	☐	☐
b. Low scores on tests. . . . . **speced_b**	☐	☐	☐
c. Problems learning or concentrating. **speced_c**	☐	☐	☐
speced_read i. In Reading?. . . .	☐	☐	☐
speced_math ii. In Math?	☐	☐	☐
speced_write iii. In Writing?	☐	☐	☐
d. Emotional or behavioral problems . **speced_d**	☐	☐	☐

A5. **If your child was in a learning disabled or special education program, what grades was he/she in at that time?** *(Mark all that apply)* **specprog**

☐ Pre-K **specprog_prek**

☐ K **specprog_k**

☐ 1st **specprog_1**

☐ 2nd **specprog_2**

☐ 3rd **specprog_3**

☐ 4th **specprog_4**

☐ 5th **specprog_5**

☐ 6th **specprog_6**

☐ 7th **specprog_7**

☐ 8th **specprog_8**

☐ 9th **specprog_9**

☐ 10th **specprog_10**

☐ 11th **specprog_11**

☐ 12th **specprog_12**

A6. **Has your child <u>ever</u> . . .**

	2 No	1 Yes	3 Not sure
a. Attended summer school? . . . . **smrsch**	☐	☐	☐
b. Repeated a grade? . . . . **repgrd**	☐	☐	☐
c. Skipped a grade? . . . . **skpgrd**	☐	☐	☐
d. Taken adaptive physical education? . . **adappe**	☐	☐	☐
e. Been suspended from school? . . . . **suspend**	☐	☐	☐
f. Been expelled from school? . . . . . . **expelled**	☐	☐	☐
g. Been physically bullied? . . . . **phybully**	☐	☐	☐
h. Been emotionally bullied? . . . . **emotbully**	☐	☐	☐
i. Bullied others? . . . . **bully**	☐	☐	☐
j. Been socially isolated by classmates? **socisol**	☐	☐	☐
k. Engaged in self harm? . . . . **selfharm**	☐	☐	☐
l. Engaged in dangerous or risky internet behavior? . . . . **riskyint**	☐	☐	☐

Continue on next page.

A7. Is your child <u>currently</u> receiving . . .

		2 No	**1 Yes**	**3 Not sure**
a. Physical therapy?	phythrp	☐	☐	☐
b. Occupational therapy?	occthrp	☐	☐	☐
c. Speech therapy?	sphthrp	☐	☐	☐
d. Counseling?	counseling	☐	☐	☐
e. Services via 504 plan?	srvc504	☐	☐	☐
f. Services via IEP?	srvciep	☐	☐	☐
g. Services for sensory impairment (vision/hearing)?	srvcsnsry	☐	☐	☐

A8. Has your child ever received neuropsychological/ psychoeducational assessment (also known as "testing")? npsytst

2 ☐ No → **Go to Question B1.**

3 ☐ Not sure

1 ☐ Yes

    A8a. Where did he/she get tested?

    npsytst_loc text

    A8b. How many years has it been since your child's last testing took place? npsytst_yrs ☐☐ years

EMPLOYMENT

B1. Has your child <u>ever</u> had a job? evjob

2 ☐ No → *Go to Question C1, next page.*

1 ☐ Yes

B2. What is his/her <u>current</u> employment status? Include unpaid work in the family business or farm.
(Mark all that apply) empst

☐ Not currently working → *Go to Question C1.* empst_not

☐ Working full-time (30 or more hours per week) empst_full

☐ Working part-time (less than 30 hours per week) empst_par

☐ Caring for home or family (not seeking paid work) empst_care

☐ Unemployed and looking for work empst_look

☐ Unable to work due to illness or disability empst_dis

☐ Student empst_std

☐ Other empst_oth

If Other, please describe.

empsp text

B3. The following questions are about your child's present occupation. Please write his/her job title and brief details of what he/she does. If he/she has more than one job, please give the title of your child's main job.

B3a. Main job title:

mainj text

B3b. Please briefly describe the primary tasks in your child's job:

no entry

INSURANCE

Health Insurance

C1. Have you ever had difficulty obtaining <u>health</u> insurance for your child because of his/her health history? **hltins**

    2 ☐ No   → *Go to C2.*

    1 ☐ Yes

     C1a. What previous health history made it difficult?

> *If yes, specify.*
>
> **reason_hthins**   text

C2. Does your child currently have health insurance coverage? **hltcov**

    3 ☐ Non U. S. resident → *Go to D1, next page.*

    2 ☐ No → *Go to D1, next page.*

    1 ☐ Yes

C3. How is this insurance provided? **insprv**
  (Mark all that apply)

    ☐ Through parent's place of employment **insprv_emp**

    ☐ Through parent's policy **insprv_par**

    ☐ Through a policy you have purchased for your child **insprv_sel**

    ☐ Affordable Care Act (Obama Care) **insprv_aca**

    ☐ Medicaid or other public assistance program **insprv_pub**

    ☐ Medicare **insprv_med**

    ☐ Military dependent/Veteran's benefits (CHAMPUS) **insprv_mil**

    ☐ Other **insprv_oth**

> *If other, please specify.*
>
> **insspe**   text

C3a. Does this health insurance plan have any exclusions or restrictions because of your child's health history? **insexc**

    3 ☐ Don't know

    2 ☐ No

    1 ☐ Yes   *If yes, please specify.*

> **insexcsp**   text

C3b. Is there an extra premium charge on your health insurance policy because of your child's health history? **insext**

    3 ☐ Don't know

    2 ☐ No

    1 ☐ Yes

Continue on next page.

LIVING ARRANGEMENT

D1. What is your child's <u>current</u> living arrangement?
(Mark all that apply) **curliv**

- ☐ Lives with parent(s) **curliv_par**

- ☐ Lives with spouse/partner **curliv_spo**

- ☐ Lives with roommate(s) **curliv_rm**

- ☐ Lives with brother(s) and/or sister(s) **curliv_sib**

- ☐ Lives with other relative(s) (not including minor children) **curliv_rel**

- ☐ Lives alone **curliv_aln**

- ☐ Other **curliv_oth**

> *Specify.*
>
> **msspec**
> **text**

INCOME

D2. Over the <u>last year</u>, what was the total income of the primary <u>household</u> your child lived in? **homeinc**

- **1** ☐ Less than $20,000

- **2** ☐ $20,000 - $39,999

- **3** ☐ $40,000 - $59,999

- **4** ☐ $60,000 - $79,999

- **5** ☐ $80,000 - $99,999

- **6** ☐ Over $100,000

- **9** ☐ Don't know

D3. During the <u>past year</u>, how many people in this primary household were supported on this income? **incsupn**

- **1** ☐ 1

- **2** ☐ 2

- **3** ☐ 3

- **4** ☐ 4

- **5** ☐ 5

- **6** ☐ 6

- **7** ☐ 7

- **8** ☐ 8

- **9** ☐ 9 or more

PHYSICAL FUNCTIONING

E1. Would you rate your child as being: disable

- **1** ☐ Completely disabled
- **2** ☐ Severely disabled
- **3** ☐ Moderately disabled
- **4** ☐ Mildly disabled
- **5** ☐ Not at all disabled

E2. In general, would you say your child's health is: health

- **1** ☐ Excellent
- **2** ☐ Very good
- **3** ☐ Good
- **4** ☐ Fair
- **5** ☐ Poor

E3. Compared to one year ago, how would you rate your child's health in general now? hlthcomp

- **1** ☐ Much better now than one year ago
- **2** ☐ Somewhat better now than one year ago
- **3** ☐ About the same as one year ago
- **4** ☐ Somewhat worse now than one year ago
- **5** ☐ Much worse now than one year ago

E4. Please respond to each item by marking one box per row.

In the past 7 days. . . .

	0 Not able to do	1 With a lot of trouble	2 With some trouble	3 With a little trouble	4 With no trouble
a. My child could do sports and exercise that other kids his/her age could do . . . . trbsport	☐	☐	☐	☐	☐
b. My child could get up from the floor. . trbgetup	☐	☐	☐	☐	☐
c. My child could keep up when he/she played with other kids . . . . . . trbkeepup	☐	☐	☐	☐	☐
d. My child could move his/her legs . . . trbmvleg	☐	☐	☐	☐	☐
e. My child could stand up without help . . . . trbstand	☐	☐	☐	☐	☐
f. My child could stand up on his/her tiptoes . . . . trbtiptoe	☐	☐	☐	☐	☐
g. My child could walk up stairs without holding on to anything trbstair .	☐	☐	☐	☐	☐
h. My child has been physically able to do the activities he/she enjoys most . trbactv	☐	☐	☐	☐	☐

SOCIAL FUNCTIONING

F1. About how many close friends does your child have? `friendsn`

- **0** ☐ 0 ➡️ *Go to Question F3.*
- **1** ☐ 1
- **2** ☐ 2 or 3
- **3** ☐ 4 or more

F2. About how many times a week does your child do things with close friends? `friendswk`

- **0** ☐ Less than 1
- **1** ☐ 1 or 2
- **2** ☐ 3 or more

F3. Compared to other children of his/her age, how well does your child . . .

	1 Worse	2 About Same	3 Better
a. Get along with his/her brothers and sisters? . . . . `sfsibs`	☐	☐	☐
b. Get along with other children? . . . . . . `sfkids`	☐	☐	☐
c. Behave with his/her parents? . . . . `sfprnt`	☐	☐	☐
d. Play and work by himself/herself? . . . . `sfself`	☐	☐	☐

F4. How well do the following statements describe your child's behavior?

	1 Often True	2 Sometimes True	3 Not True
a. Has sudden changes in mood or feelings . . `moody`	☐	☐	☐
b. Feels or complains that no one loves him/her . . . . `unloved`	☐	☐	☐
c. Is rather high strung, tense, or nervous . . . . `highstrung`	☐	☐	☐
d. Cheats or tells lies . . . . `lies`	☐	☐	☐
e. Is too fearful or anxious . . . . `fearful`	☐	☐	☐
f. Argues too much . . . . `argues`	☐	☐	☐
g. Has difficulty concentrating, cannot pay attention for long . . . . `attention`	☐	☐	☐
h. Is easily confused, seems to be in a fog . . `fog`	☐	☐	☐
i. Bullies, or is cruel or mean to others . . . `cruel`	☐	☐	☐
j. Is disobedient at home . . . . `disobhm`	☐	☐	☐
k. Is disobedient at school . . . . `disobsch`	☐	☐	☐
l. Does not seem to feel sorry after he/she misbehaves . . . . `remorse`	☐	☐	☐

F4. (Cont.) How well do the following statements describe your child's behavior?

	1 Often True	2 Sometimes True	3 Not True
m. Has trouble getting along with other children . `peers`	☐	☐	☐
n. Has trouble getting along with teachers . . . . . `teachers`	☐	☐	☐
o. Is impulsive, or acts without thinking. `impulse`	☐	☐	☐
p. Feels worthless or inferior . . . . `inferior`	☐	☐	☐
q. Is not liked by other children . . . . . . `disliked` . .	☐	☐	☐
r. Has a lot of difficulty getting his/her mind off certain thoughts, has obsessions . . . . `obsess` . .	☐	☐	☐
s. Is restless or overly active, cannot sit still `active` . .	☐	☐	☐
t. Is stubborn, sullen, or irritable . . . . . `stubborn`	☐	☐	☐
u. Has a very strong temper and loses it easily . `temper`	☐	☐	☐
v. Is unhappy, sad or depressed . . . . . `unhappy`	☐	☐	☐
w. Is withdrawn, does not get involved with others . . . . `alone` . . .	☐	☐	☐

If child is 12 years of age or older ➡️ *Go to Question F6.*

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F5. FOR CHILDREN UNDER 12 YEARS OF AGE

	1 Often True	2 Sometimes True	3 Not True
a. Breaks things on purpose, deliberately destroys his/her own things . . . . **destructive**	☐	☐	☐
b. Clings to adults . . . . **clingy**	☐	☐	☐
c. Cries too much . . . . **cries**	☐	☐	☐
d. Demands a lot of attention . . . . **demanding**	☐	☐	☐
e. Is too dependent on others . . . . **dependent**	☐	☐	☐

F6. FOR CHILDREN 12 YEARS OF AGE OR OLDER

	1 Often True	2 Sometimes True	3 Not True
a. Feels others are out to get him/her . . . . **paranoid**	☐	☐	☐
b. Hangs around with kids who get into trouble. **influenced**	☐	☐	☐
c. Is secretive, keeps things to himself/herself . **secretive**	☐	☐	☐
d. Worries too much . . . . **worrier**	☐	☐	☐

F7. Please respond to each item by marking one box per row.

In the past 7 days. . . .

	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always
a. My child felt accepted by other kids his/her age . . . . **peeracpt**	☐	☐	☐	☐	☐
b. My child was able to count on his/her friends . . . . **peerct**	☐	☐	☐	☐	☐
c. My child was good at making friends. **peermkfrnd**	☐	☐	☐	☐	☐
d. My child and his/her friends helped each other out . . . . **peerhlp**	☐	☐	☐	☐	☐
e. Other kids wanted to be my child's friend . . . . **peerfrndme**	☐	☐	☐	☐	☐
f. Other kids wanted to be with my child . . . . **peerwme**	☐	☐	☐	☐	☐
g. Other kids wanted to talk to my child. **peertlkme**	☐	☐	☐	☐	☐

Continue on next page.

SLEEP

G1 to G8 relate to the <u>past 7 days</u>.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
G1. His/her sleep was restless **slprstl**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
G2. He/she was satisfied with his/her sleep **slpsat**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
G3. His/her sleep was refreshing **slpref**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
G4. He/she had difficulty falling asleep. **slpdif**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Never	Rarely	Sometimes	Often	Always
G5. He/she had trouble staying asleep **slpstay**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
G6. He/she had trouble sleeping **slptrb**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
G7. He/she got enough sleep. **slpengh**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

	Very poor	Poor	Fair	Good	Very good
G8. His/her sleep quality was **slpqual**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

PAIN

H1. For pain that your child has had during the <u>past 4 weeks</u>, where has this pain been located?
(Mark all that apply) painloct

☐ My child did not have pain in the past 4 weeks. painloct_none

☐ Head   painloct_head

☐ Neck   painloct_neck

☐ Chest   painloct_chst

☐ Hands/Arms   painloct_arm

☐ Abdomen painloct_abd

☐ Back   painloct_back

☐ Pelvis   painloct_pel

☐ Legs/Feet painloct_leg

☐ Other   painloct_oth

If other, please specify.

painspe1-4
coded

H2. How much <u>bodily</u> pain has your child had during the <u>past 4 weeks</u>? painmuch

1 ☐ None

2 ☐ Very mild

3 ☐ Mild

4 ☐ Moderate

5 ☐ Severe

6 ☐ Very severe

H3. Please respond to each item by marking one box per row.

4 Almost Always
3 Often
2 Sometimes
1 Almost Never
0 Never

In the <u>past 7 days</u>. . . .

	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always
a. My child had trouble sleeping when he/she had pain . . . . painslp	☐	☐	☐	☐	☐
b. My child felt angry when he/she had pain . . . . painang	☐	☐	☐	☐	☐
c. My child had trouble doing painwk schoolwork when he/she had pain . .	☐	☐	☐	☐	☐
d. It was hard for my child to pay painatn attention when he/she had pain	☐	☐	☐	☐	☐
e. It was hard for my child to run when he/she had pain . . . . painrun .	☐	☐	☐	☐	☐
f. It was hard for my child to walk one block when he/she had pain painwlk . .	☐	☐	☐	☐	☐
g. It was hard for my child to have fun when he/she had pain . . . . painfun	☐	☐	☐	☐	☐
h. It was hard for my child to stay standing when he/she had pain . . . . painstnd	☐	☐	☐	☐	☐

Continue on next page.

MOOD

I1. Please respond to each item by marking one box per row.

In the <u>past 7 days</u>. . . .

	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always
a. My child could not stop feeling sad . **mdfsad**	☐	☐	☐	☐	☐
b. My child felt everything in his/her life went wrong . . . . **mdwrng**	☐	☐	☐	☐	☐
c. My child felt like he/she couldn't do anything right . . . . **mdrght**	☐	☐	☐	☐	☐
d. My child felt lonely . . . . **mdlonely**	☐	☐	☐	☐	☐
e. My child felt sad . . . . **mdsad**	☐	☐	☐	☐	☐
f. My child thought that his/her life was bad . . . . **mdbad**	☐	☐	☐	☐	☐

Please respond to each item by marking one box per row.

In the <u>past 7 days</u>. . . .

	0 Never	1 Almost Never	2 Sometimes	3 Often	4 Almost Always
I2. My child felt nervous . . . . **anxnrv**	☐	☐	☐	☐	☐
I3. My child felt scared . . . . . . **anxscrd**	☐	☐	☐	☐	☐
I4. My child felt worried . . . . **anxwor**	☐	☐	☐	☐	☐
I5. My child felt like something awful might happen . . . . **anxbad**	☐	☐	☐	☐	☐
I6. My child thought about scary things . . . . **anxscary**	☐	☐	☐	☐	☐
I7. My child was afraid that he/she would make mistakes . . . . **anxmis**	☐	☐	☐	☐	☐
I8. My child worried about what could happen to him/her . . . . **anxhap**	☐	☐	☐	☐	☐
I9. My child worried when he/she went to bed at night . . . . **anxbed**	☐	☐	☐	☐	☐

ATTENTION/CONCENTRATION

Please read each item carefully and tell us how true it is about your child in the <u>past month</u>.

	1 Never or seldom	2 Occasionally	3 Often	4 Very often
J1. It is hard for my child to pay attention to details . . . . **atndetail**	☐	☐	☐	☐
J2. My child can't pay attention for long . . **atnlength**	☐	☐	☐	☐
J3. My child loses track of what he/she is supposed to do . . . . **atntrack**	☐	☐	☐	☐
J4. My child gets distracted by things **atndistr** that are going on around him/her	☐	☐	☐	☐
J5. My child has trouble finishing things . . **atnfin**	☐	☐	☐	☐
J6. My child has trouble concentrating . . . **atnconc**	☐	☐	☐	☐

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DAILY STRESS

These questions ask about your child's feelings and thoughts during the <u>last month</u>. For each item, please indicate with a mark how often your child felt or thought a certain way.

	1 Never	2 Almost Never	3 Sometimes	4 Fairly Often	5 Very Often
K1. How often did your child appear frustrated by being unable to control or do something? . . . . **dscntrl**	☐	☐	☐	☐	☐
K2. How often did your child appear confident about his or her ability to handle personal problems? . . **dsconf**	☐	☐	☐	☐	☐
K3. How often did your child seem to feel things were going well? . . . . **dswell**	☐	☐	☐	☐	☐
K4. How often did difficulties pile up so high that your child did not seem able to overcome them? . . . . **dspile**	☐	☐	☐	☐	☐

OTHER ISSUES

Please rate how concerned you are about the following:

	1 Very concerned	2 Somewhat concerned	3 Concerned	4 Not very concerned	5 Not at all concerned
L1. Your child's future health . . . **confhlth**	☐	☐	☐	☐	☐
L2. Your child's ability to have children . . . . **conkids**	☐	☐	☐	☐	☐
L3. Your child developing cancer . . . . **conca**	☐	☐	☐	☐	☐
L4. Your ability to get health **conhins** insurance for your child	☐	☐	☐	☐	☐
L5. Your ability to get life **conlins** insurance for your child	☐	☐	☐	☐	☐
L6. Your ability to cover expenses for health care for your child . . . . **conhcexp**	☐	☐	☐	☐	☐
L7. Your ability to cover **conrxexp** expenses for prescribed medicine for your child	☐	☐	☐	☐	☐
L8. Any other issues . . . . **conoth**	☐	☐	☐	☐	☐

Please specify.

conspe

text

Has your child been diagnosed with any of the following medical problems?

M1. Depression   depdx   1☐ Yes   2☐ No

If yes, did your child ever receive treatment? deptrt

1☐ Yes, in the past   2☐ Yes, currently   3☐ No

If yes, what type of treatment? *(Mark all that apply)* ydeptrt

☐ Behavior/talk therapy/counseling   ydeptrt_talk

☐ Hospitalization   ydeptrt_hosp

☐ Medication   ydeptrt_med

List medications:

depmed1-4   coded

M2. Anxiety   anxdx   1☐ Yes   2☐ No

If yes, did your child ever receive treatment? anxtrt

1☐ Yes, in the past   2☐ Yes, currently   3☐ No

If yes, what type of treatment? *(Mark all that apply)* yanxtrt

☐ Behavior/talk therapy/counseling   yanxtrt_talk

☐ Hospitalization   yanxtrt_hosp

☐ Medication   yanxtrt_med

List medications:

anxmed1-4   coded

M3. Attention Deficit Disorder (with or without hyperactivity)   1☐ Yes   2☐ No   adddx

If yes, did your child ever receive treatment? addtrt

1☐ Yes, in the past   2☐ Yes, currently   3☐ No

If yes, what type of treatment? *(Mark all that apply)* yaddtrt

☐ Behavior/talk therapy/counseling   yaddtrt_talk

☐ Hospitalization   yaddtrt_hosp

☐ Medication   yaddtrt_med

List medications:

addmed1-4   coded

M4. Bipolar Disorder   biplrdx   1☐ Yes   2☐ No

If yes, did your child ever receive treatment? biplrtrt

1☐ Yes, in the past   2☐ Yes, currently   3☐ No

If yes, what type of treatment? *(Mark all that apply)* ybiplrtrt

☐ Behavior/talk therapy/counseling   ybiplrtrt_talk

☐ Hospitalization   ybiplrtrt_hosp

☐ Medication   ybiplrtrt_med

List medications:

biplrmed1-4   coded

M5. Oppositional Defiant/Conduct Disorder   odddx   1☐ Yes   2☐ No

If yes, did your child ever receive treatment? oddtrt

1☐ Yes, in the past   2☐ Yes, currently   3☐ No

If yes, what type of treatment? *(Mark all that apply)* yoddtrt

☐ Behavior/talk therapy/counseling   yoddtrt_talk

☐ Hospitalization   yoddtrt_hosp

☐ Medication   yoddtrt_med

List medications:

oddmed1-4   coded

M6. Other psychiatric disorder (e.g. obsessive-compulsive disorder)   opsydx   1☐ Yes   2☐ No

If yes, please specify the disorder:

psydxsp   coded

If yes, did you ever receive treatment? opsytrt

1☐ Yes, in the past   2☐ Yes, currently   3☐ No

If yes, what type of treatment? *(Mark all that apply)* yopsytrt

☐ Behavior/talk therapy/counseling   yopsytrt_talk

☐ Hospitalization   yopsytrt_hosp

☐ Medication   yopsytrt_med

List medications:

opsymed1-4   coded

Do any of these medical conditions prevent your child from attending work, school or engaging in extracurricular activities on a regular basis (more days than not)?

1☐ Yes   2☐ No   psyint

If yes, which condition(s):

psyintsp1-4   coded

We are always interested in your input in the St. Jude Life study.
Use this space for any additional comments you may have:

comments

text