

CHAPTER 17
PSYCHOSOCIAL ASSESSMENT

TABLE OF CONTENTS

	PAGE
17.1 Training and Certification	17-1
17.2 Quality Control	17-2
17.3 General Testing Procedures	17-3
17.3.1 Types of Measures	17-3
17.3.2 Introducing the Measures	17-3
17.3.3 Which Parents Should Answer	17-4
17.3.4 Checking for Errors	17-4
17.3.5 Scoring	17-4
17.3.6 When Questions Arise	17-5
17.4 Exclusion Criterion	17-5
17.5 Abnormal Values	17-5
17.6 Specific Measures and Instructions	17-6
17.6.1 ACHENBACH CHILD BEHAVIOR CHECKLIST (CBCL)	17-6
17.6.1.1 Overview	17-6
17.6.1.2 Instructions	17-6
17.6.1.3 Potential Problems	17-6
17.6.1.4 Instructions for Scoring the CBCL	17-7
17.6.1.4.1 Materials	17-7
17.6.1.4.2 The Scoring Program and Data Entry	17-7
17.6.1.4.3 The Revised Child Behavior Profile Sheet	17-8
17.6.2 FAMILY ENVIRONMENT SCALE (FES)	17-8
17.6.2.1 Overview	17-8
17.6.2.2 Instructions	17-9
17.6.2.3 Potential Problems	17-9
17.6.3 TRAIT ANXIETY INVENTORY FOR CHILDREN (STAIC)	17-9
17.6.3.1 Overview	17-9
17.6.3.2 Instructions	17-9
17.6.3.3 Potential Problems	17-10
17.6.4. CHILD DEPRESSION INVENTORY (CDI)	17-10
17.6.4.1 Overview	17-10
17.6.4.2 Instructions	17-11
17.6.4.3 Potential Problems	17-11

CHAPTER 17

PSYCHSOCIAL ASSESSMENT

TABLE OF CONTENTS (Continued)

	PAGE
17.6.5 WOODCOCK-JOHNSON PSYCHOEDUCATIONAL BATTERY (WJPB)	17-11
17.6.5.1 Overview	17-11
17.6.5.2 Instructions	17-12
17.6.5.3 Potential Problems	17-12
17.6.6 EYBERG CHILD BEHAVIOR INVENTORY (ECBI)	17-12
17.6.6.1 Overview	17-12
17.6.6.2 Instructions	17-13
17.6.6.3 Potential Problems	17-13
17.6.7 LIFE EXPERIENCE SURVEY (LES)	17-13
17.6.7.1 Overview	17-13
17.6.7.2 Instructions	17-13
17.6.7.3 Potential Problems	17-15
17.6.8 YOUTH SELF-REPORT (YSR)	17-15
17.6.8.1 Overview	17-15
17.6.8.2 Instructions	17-15
17.6.8.3 Potential Problems	17-16
17.6.9 BECK DEPRESSION INVENTORY FOR ADULTS (BDI)	17-19
17.6.9.1 Overview	17-19
17.6.9.2 Instructions	17-20
17.6.9.3 Potential Problems	17-22
17.6.10 TRAIT ANXIETY INVENTORY FOR ADULTS (STAI Form Y2)	17-22
17.6.10.1 Overview	17-22
17.6.10.2 Instructions	17-22
17.6.10.3 Potential Problems	17-23
17.7 Interviewing Participants	17-23
17.7.1 Psychosocial Stage of Development of 8-10 Year Olds	17-23
17.7.1.1 Cognition	17-23
17.7.1.2 Psychosocial Issues	17-24
17.8.1.3 Developmental Tasks	17-24
17.7.2 Tips for Interviewing Children Ages 8-10 Years	17-25
17.7.3 Interviewing Adolescents	17-27
17.8 Use of Copyrighted DISC Psychosocial Questionnaires	17-27

CHAPTER 17

PSYCHOSOCIAL ASSESSMENT

TABLE OF CONTENTS (Continued)

	PAGE
EXHIBIT 17-1	Achenbach CBCL 17-29
EXHIBIT 17-1-A	Input Data Format 17-30
EXHIBIT 17-2	Family Environment Scale 17-32
EXHIBIT 17-3	Instructions for the State-Trait Anxiety Inventory for Children (STAIC) 17-34
EXHIBIT 17-4	Child Depression Inventory (CDI) 17-36
EXHIBIT 17-5	Woodcock-Johnson Psycho-Educational Battery 17-38
EXHIBIT 17-6	Eyberg Child Behavior Inventory 17-41
EXHIBIT 17-7	Life Experience Survey (LES) 17-43
EXHIBIT 17-8	Instructions for Hand Scoring the Youth Self-Report (YSR) 17-46
EXHIBIT 17-9	Scoring Guidelines and Key for the Beck Form 17-51
EXHIBIT 17-10	Scoring Guidelines and Key for the Self-Evaluation Form 17-52

CHAPTER 17

PSYCHOSOCIAL ASSESSMENT

17.1 Training and Certification

Most of the psychosocial measures for DISC are in a questionnaire format. Administration is straightforward and does not require extensive training. Examiners can learn the administration procedures for all of these measures, except the Woodcock-Johnson, by becoming thoroughly familiar with the materials in this chapter.

All persons who have attended a centralized psychosocial training session are regarded as certified examiners, with the exception that training on the Woodcock-Johnson must be completed as stipulated in the Woodcock-Johnson Manual. All members of the Psychosocial Assessment Committee are regarded as certified. Persons trained by certified assessors will also be regarded as certified, providing that their training included all of the following:

1. Reading all training materials.
2. Practicing administration of forms with supervision by a certified assessor.
3. Practicing administration of the Woodcock-Johnson (WJ) with observation as stipulated in the WJ Manual.

It is recommended that administration of the Woodcock-Johnson be limited to two to three persons per site. This will ensure that backup "person-power" is available, but allow examiners to administer this instrument frequently enough to maintain a high level of skill.

The importance of maintaining standards for uniform administration and data collection should be emphasized to all examiners. The quality of the data collected and the potential for meaningful results in DISC depend directly on the extent to which standard procedures are followed.

17.2 Quality Control

Although the psychosocial measures used in DISC are not overly sensitive to measurement error, several procedures are recommended to ensure that the quality of data collected is maintained at a high level:

1. The number of examiners should be limited to a reasonably small number to ensure that they administer the measures often enough to remain highly familiar with the procedures.
2. One person should be designated responsible for data monitoring for the psychosocial measures. This individual should review the data collected frequently enough to detect any pieces of missing data quickly enough to obtain the information.
3. Administration reliability will need to be assessed for the Woodcock-Johnson. All administrations of the WJ should be audio-taped or video-taped. During the initial phase of the study, no fewer than one-third of these administrations should be independently scored by the second WJ assessor to determine inter-rater reliability. These reliability assessments should be selected randomly from the tapes to protect against examiners knowing which of their administrations will be checked. Differences should be resolved through discussion. These checks should be used most heavily during the initial administrations, so that errors in administration can be corrected quickly. Prior to WJ assessments at the 12 month, 36 month, and final visits, procedures should be thoroughly reviewed, with reliability checks used again in test administrations.

17.3 General Testing Procedures

17.3.1. Types of Measures

Three types of psychosocial measures are employed in DISC I and II. These measures vary in the degree to which the examiner is involved with the completion of the measure. Several measures are questionnaires which are given to the participant or patient to self-administer, with the examiner's involvement limited to introducing the measure and answering questions. In DISC I, these measures include the Achenbach Child Behavior Checklist, the Family Environment Scale, the Eyberg Child Behavior Inventory, and the Life Experiences Survey. In DISC I, two measures, the Trait Anxiety Inventory for Children and the Child Depression Inventory, are administered by the examiner reading the items to the child, and the child recording answers on the booklet. At the DISC II final visit examination with all participants at age 18, all psychosocial measures are self-administered with the exception of the Woodcock-Johnson. In DISC I and DISC II, the Woodcock-Johnson is administered by reading items to the participant, the participant indicating responses, and the examiner recording responses and probing for clarification as indicated.

17.3.2 Introducing the Measures

Families will generally want a brief explanation and rationale for the information you wish to collect. A brief introduction is provided in Section 17.6 for each of the specific measures. In addition, you may want to introduce all the measures with a statement like: "One of the reasons for conducting this study is to understand what things or characteristics make participants and their families decide what to eat. We will be asking both the parents and participants in this study to complete a number of questionnaires."

17.3.3 Which Parents Should Answer

Since parental perceptions can vary somewhat and we don't know which parent will bring the participant in for visits, it is highly desirable that both parents complete all psychosocial questionnaires, and that they do so independently. All parents who accompany the participant to the center should be asked to complete the appropriate forms. When only one parent comes to the center, an additional form should be sent home for the second parent to complete. For two-family children, information should be obtained from the custodial family, or the parents with whom the participant resides primarily. These procedures should be followed both at the time of entry into the study, as well as at follow-up visits.

17.3.4 Checking for Errors

One of the most frequently occurring problems will be that participants and parents return the form without having completed all items. Because of this, it becomes important that each form be checked for blank items at the time the form is handed in. Bring these items to the participants' attention and assist them as needed (e.g., providing a definition) to complete all items.

17.3.5 Scoring

All psychosocial measures will be computer-scored at the Coordinating Center to reduce scoring errors. The Achenbach Child Behavior Checklist will be scored at the sites with a PC scoring program to allow timely exclusion of children from the study based on the total behavior problem score or detection of abnormal values for clinical monitoring purposes.

In DISC II, scoring keys will be provided for the Youth Self-Report, the Adult Depression Form (Beck Form) and the Adult Trait

Anxiety Inventory (Self-Evaluation Form) to allow the prompt detection of abnormal values for clinical monitoring purposes. (See Exhibits 17.8 to 17.10)

17.3.6 When Questions Arise

If questions arise that cannot be answered by consulting this manual, contact the psychosocial assessment committee member on site. This person may know how the situation should be handled, or will contact others in the committee to discuss the question and develop a standard way for handling it.

17.4 Exclusion Criterion

The only reason to exclude a child from the study based on the psychosocial measures is if the child's total behavior problem score on the Achenbach Child Behavior Checklist (CBCL) is greater than the 98th percentile, or if items #18 or 91 received a score of 1 or 2. The 98th percentile is a raw score of greater than 61 for boys and 56 for girls. Screening of the CBCL will be done at Clinic Centers prior to entering a child in the study.

17.5 Abnormal Values

Responses given by the parents and participants on the psychosocial measures will be retained for study purposes only. However, to protect any participant whom we believe may be in imminent danger, psychosocial questionnaire responses will be screened as part of routine DISC clinical monitoring procedures. (See Manual Chapter 21 for details.)

17.6 Specific Measures and Instructions

17.6.1 ACHENBACH CHILD BEHAVIOR CHECKLIST (CBCL)

17.6.1.1 Overview

1. When: SV2, 12 month (MN12), 36 month (MN36), and final (FV01) visits. DISC I and II.
2. Who: Independently by both parents (if possible).
3. How: Self-administered by parents in clinic.
4. Form: DISC Form 31, Achenbach Child Behavior Checklist.
5. Time: 20 minutes.
6. Additional Information: Exhibit 17-1.

17.6.1.2. Instructions

"We would like to learn more about your son's/daughter's behavior as well as those things he/she likes to do. To accomplish this, we would appreciate your cooperation in completing a checklist which lists a number of behaviors that describe people your son's/daughter's age. We would like to indicate how well each of these items describes your son/daughter."

Read the instructions of the CBCL to the parents. Be sure to provide the instructions for the last two pages (the problem behavior checklist).

Sample instructions for having parents rate independently: "We want to find out how both you and your wife/husband see your son/daughter, so we would like both of you to fill this form out, and to do that without talking with each other about it until you're both finished."

17.6.1.3 Potential Problems

1. Incomplete forms -- check the form for completeness when the parent returns it to you. Bring their attention to any items

that are not completed, and assist them (e.g., providing definitions) in completing all items.

2. Questions about definitions -- provide a reasonable and unbiased definition for the word or phrase in question.

17.6.1.4 Instructions for Scoring the CBCL

17.6.1.4.1 Materials Needed

1. Completed Form 31 (blue).
2. Revised Behavior Profile Sheet (white for girls, blue for boys).
3. Computer terminal with operating CBCL machine scoring program.

17.6.1.4.2 The Scoring Program and Data Entry

The data entry and verification program is an interactive program that allows you to enter and verify data from the CBCL. The program has two modes of operation -- a beginner's mode with instructions and detailed prompts corresponding to CBCL items and a fast mode with no instructions and shorter prompts. The entry/verification program stores the CBCL data in the correct format for use by the scoring program (see Exhibit 17-1-A). If you do not wish to use the entry program, you can store the data by whatever other method you choose as long as it is in the format specified in the following section.

The scoring program accepts data from the CBCL and produces Child Behavior Profiles. The program also computes the intraclass correlations between a participant's profile and the profile types for the participant's age and gender. These correlations are printed across the bottom of the profiles. The scoring program produces a file containing the raw scores and T scores computed for the Social Competence and Behavior Problem scales, as well as total raw scores, total T scores, and intraclass correlations.

17.6.1.4.3 The Revised Child Behavior Profile Sheet

Record all raw scores and T-scores for subscales in the total blanks across the bottom of the page for I Depressed through IX Cruel. Then fill out the summary scores to the right of the profile directly under "Name." "Sum Int" = Summary Internalizing and its associated T score = "Int T." Likewise "Sum Ext" = Summary Externalizing and its T score is "Ext T." Fill out the number of items completed. Note that the internalizing and externalizing score can not be computed by adding subscale totals, because some items appear on more than one scale. Enter the total behavior problem score in the "Sum" space at the bottom of the column with its associated T score in the Sum T Blank.

At SV02, if the total raw behavior problems score is greater than 61 for boys or greater than 56 for girls (98th percentile) or if questions #18 or 91 are answered with a 1 or 2 on any form from either parent, the child is excluded from the study. After SV02 any participant with abnormal psychosocial values, as defined in Clinical Monitoring Chapter 21, will have a Clinical Monitoring Form 69 initiated and will have his/her record sent to the site psychologist for review.

17.6.2 FAMILY ENVIRONMENT SCALE (FES)

17.6.2.1 Overview

1. When: Baseline Visit, 12 month (MN12), 36 month (MN36), and final (FV01) visits. DISC I and II.
2. Who: Independently by both parents (if possible).
3. How: Self-administered by parents in the clinic.
4. Form: DISC Form 35, Family Environment Form.
5. Time: 25 minutes.
6. Additional Information: Exhibit 17-2.

17.6.2.2. Instructions

"We would like to learn more about you and your family. To accomplish this, we would appreciate your cooperation in completing a brief questionnaire which consists of a variety of statements about families. It takes approximately 10-15 minutes to complete."

17.6.2.3 Potential Problems

1. Indecision about answers --respond with something like "Answer true if you think it is true most of the time," or "True of most of the members of your family on most days," or as a last resort, "If you are not sure, just guess."
2. Incomplete form -- check and assist.

17.6.3 TRAIT ANXIETY INVENTORY FOR CHILDREN (STAIC)

17.6.3.1 Overview

1. When: Baseline Visit, 12 month visit, 36 month visit.
(DISC I)
2. Who: Participant.
3. How: Examiner reads to the participant who answers on own form.
4. Form: DISC Form 34, How I Feel Form.
5. Time: 10 minutes.
6. Additional Information: Exhibit 17-3.

17.6.3.2 Instructions

"Now I am going to read some sentences to you. Follow along on your paper. After I read each sentence, I would like you to decide if it is hardly ever true of you (point), sometimes true of you (point), or often true of you (point). Then for each sentence put an "X" in the box in front of the word which seems to describe you best. There are no

right or wrong answers. Remember, choose the word which describes how you usually feel.

17.6.3.3 Potential Problems

1. Participant misplaces answers -- as you read the items, watch to ensure that the number of the item the participant is answering corresponds with the number of the item you read.
2. Indecisive -- tell the participant to "make your best guess even if you're not perfectly sure." If still unable to respond, move on to the next item. After completing all other items, return and see if the participant can answer it then; otherwise, leave it.
3. Participant becomes visibly upset -- reassure them that "We are asking all participants in the study to answer these questions, so please don't worry about any one of them. Just answer it as best as you can. If it's too hard, let me know and I'll go on to the next one." After completing the other items, return to the omitted item and ask, "Do you feel like you're ready to answer the one you skipped. The one that said _____." If the participant declines, omit the item.

17.6.4 CHILD DEPRESSION INVENTORY (CDI)

17.6.4.1 Overview

1. When: Baseline Visit, 12 month visit, 36 month visit.
(DISC I)
2. Who: Participant.
3. How: Examiner reads to the participant who answers on own form.
4. Form: DISC Form 33, CD Form.

5. Time: 10 minutes.
6. Additional Information: Exhibit 17-4.

17.6.4.2 Instructions

"People your age sometimes have different feelings and ideas. What I am going to do now is to read three sentences about different feelings and ideas to you. From those sentences, I want to pick the one sentence that describes you best during the past two weeks. There is no right or wrong answer. Just pick the one that best describes you. If you forget any one that I read, I will be glad to repeat it."

Pause briefly between each of the options, and label each with an A, B, or C.

17.6.4.3 Potential Problems

Similar to those of the STAIC (see 17.6.3.3 above).

17.6.5 WOODCOCK-JOHNSON PSYCHOEDUCATIONAL BATTERY (WJPB)

17.6.5.1 Overview

1. When: Baseline Visit, 12 month (MN12, 36 (MN36) and final (FV01) visit.
2. Who: Participant.
3. How: Administered to the participant by an examiner who has been specifically trained by the site psychologist. This training is to include several practice administrations which have been observed by the psychologist. Strongly recommended that this test be given early in test sequence so that participants are not fatigued and are giving the examiner their full attention.
4. Form: DISC Form 32, Woodcock-Johnson Form.
5. Time: 25 minutes.

6. What parts:

The following subtests only:

#13 Letter-word identification

#14 Word attack

#15 Passage comprehension

#16 Calculation

#17 Applied problems

7. Additional Information: Exhibit 17-4.

17.6.5.2 Instructions

A general introduction like the following will be needed. "Now we're going to do something that's more like schoolwork. Some parts of this test are for people who are younger than you, and other parts are meant for people who are older. Some of the questions will be easy for you, and some will be hard. I don't expect you to know all of them, but I do want you to try your hardest."

See the WJPB manual for specific instructions.

17.6.5.3 Potential Problems

See WJPB Manual.

17.6.6 EYBERG CHILD BEHAVIOR INVENTORY (ECBI)17.6.6.1 Overview

1. When: Baseline Visit only.
2. Who: Intervention families only, both parents (if possible).
3. How: Parent completed in the clinic.
4. Form: DISC Form 37, Child Behavior Form.
5. Time: 10 minutes.
6. Additional Information: Exhibit 17-5.

17.6.6.2 Instructions

"We would like to know how well (participant's name) generally does what you want. Just read each of these statements and answer how often he/she does this, and whether or not it's a problem for you. In some families or for some behaviors, the participant can do it a lot but it isn't a problem. For other behaviors, it may not need to happen a lot but it's still a problem. So for each behavior, you answer as to how often it happens, and whether or not its a problem. Do you have any questions?"

17.6.6.3 Potential Problems

1. Parent completes only the first side -- check and ask for completion.
2. Questions about definitions -- provide unbiased definitions.
3. Parent does not complete both frequency and intensity ratings -- check and ask for completion.

17.6.7 LIFE EXPERIENCES SURVEY (LES)

17.6.7.1 Overview

1. When: Baseline Visit only.
2. Who: Intervention families only, both parents (strongly desired).
3. How: Self-administered by parents (at home if necessary).
4. Form: DISC Form 36, Life Experiences Survey.
5. Time: 20 minutes.
6. Additional Information: Exhibit 17-7.

17.6.7.2 Instructions

"A person's health can be affected by various good or bad things that happen to them. We need to know if any of the things listed on this questionnaire happened to you or your family in the past year."

"We would like you to complete the questionnaire and bring it to your next visit (if taking home). To complete the questionnaire you read each of these items and ask yourself if it occurred in the past six months. If it happened to you or to a member of your immediate family, you put a check mark in this (point) column. Let's say the item was 'Problems with neighbors.' Did you or members of your family have problems with your neighbors in the last six months? If so you put a check mark here."

"Now try to remember if the event happened earlier in the past year, that is, seven to 12 months ago. Did you have problems with the neighbors in that time period? If so, you put a check mark in this column (point). If the event did not occur, place a check mark under 'Did not happen.'"

"If you put a check mark in a column to show an event occurred, you must then indicate if it had a good or bad effect on you or your immediate family. You show how good or bad it was by circling one of these numbers. The minus means the event had a bad effect, for example, -1 would mean the effect was 'somewhat bad,' and -3 would mean it was 'extremely bad.' On the other hand, a plus sign means the event had a good effect. If the event had a 'slightly good' effect, you would circle a +1, and if it was 'extremely good,' you would circle a +3. If the effect of the event was 'neither good nor bad,' you would circle the 0. Think of the last time you and your family had a problem with a neighbor or experienced a similar difficulty. How would you rate that event?"

"Do you feel confident you can complete this? Please take a moment to look it over to see if you have any questions about how to fill it out." (Answer any questions.)

17.6.7.3 Potential Problems

1. Incomplete form -- scan form and ask for completion.
2. Respondents may report that an event occurred twice in the past year (first half and second half). Tell the respondent to rate the "overall" impact of the two events.
3. Respondents may state that an event had good and bad effects, or that it had a positive impact on some family members but not on others. Instruct them to rate the event's "overall impact on the family, as best you can determine it."

17.6.8 YOUTH SELF-REPORT (YSR)

17.6.8.1 Overview

1. When: Final Visit (FV01) DISC II.
2. Who: Participant.
3. How: Self-administered by participant.
4. Form: DISC Form 73, standardized Youth Self-Report Form.
5. Time: 20 minutes.
6. Scoring instructions: Exhibit 17-8.

17.6.8.2 Instructions

The YSR is designed to be completed by 11- to 18-year-olds having a mental age of at least 10 years and fifth grade reading skills. It is self-explanatory, but someone familiar with the YSR should tell the respondent why it is to be filled out and should be available to answer questions. In most situations, the youth can be told that "I (or we) would like you to fill out this form in order to obtain your views of your interests, feelings, and behavior." The respondent should be assured of confidentiality, which should be strictly guarded. Completed forms should not be accessible to unauthorized people. The structured

items usually take about 15 minutes to complete, but respondents who write much on the open-ended items may take longer.

If a youth has poor reading skills, the YSR can be administered orally. If there is a question about the youth's reading skills, the interviewer can hand the YSR to the youth while retaining another copy. The interviewer then says, "I'm going to read these questions to you and I'll write down your answers." After the first few questions, respondents who can read well enough will usually start answering the questions without waiting for them to be asked. Questions about items should be answered in a factual manner aimed at helping the youth understand the specific meaning of items, rather than clinically probing the youth's thoughts. If the YSR is administered orally, it should be done in a private location, out of earshot of others.

17.6.8.3 Potential Problems

1. **The participant takes more than one-half hour to complete the YSR --**

The YSR consists of two parts, competence scales (pages 1 and 2) and problem scales (pages 3 and 4). Of these two, only the problems scales are required data collection points. Because the publisher of the YSR will not give permission to alter the form, we cannot separate the two sections. If clinic personnel believe that the YSR will not be completed or will compromise other data collection, they should affix an ID label on page 1, fold the form backward exposing page 3, and instruct the participant to complete pages 3 and 4 only. When the participant is finished, draw a diagonal line across pages 1 and 2 and fold the form back so that page one is on top.

2. The participant wants to focus on a shorter time period than the six months specified on page 3 --

In DISC the six month interval should not be changed. If the interval is reduced below six months, this may reduce scores on some items and scales. Low frequency problems, such as suicide attempts and firesetting, may be missed if the rating interval is too short.

3. What if the respondent scores two items when his/her comments indicate that they both refer to exactly the same problem? --

Score only the item that most specifically describes the problem. For example, suppose a respondent circled 2 for Item 9. *I can't get my mind off certain thoughts (describe)* and wrote in "sex." And the respondent also circled 2 for Item 96. *I think about sex too much.* Because Item 96 covers the problem more specifically than Item 9, only the 2 for Item 96 should be counted, whereas Item 9 should be rescored as 0.

4. What if a boy writes in "girls" for Item 9. *I can't get my mind off certain thoughts (describe)?* --

Except for responses that are more specifically covered by other items, as illustrated in #3 above, YSR Item 9 should be scored as the youth scored it. Thus, even though it might be quite normal for a boy to be preoccupied with girls, the score entered by the youth should be left intact. (Note that, if the respondent had written "sex" for Item 9, Item 96 should be scored instead, as described in #1 above.)

5. What if a respondent writes "ringing in ears" for Item 40. *I hear sounds or voices that other people think aren't there (describe)* or writes "spots before eyes" for Item 70. *I see things that other people think aren't there (describe)?* --

As with Item 9, these items should be scored as the respondent scored them, unless the descriptions indicate that they are more specifically covered by another item. Because youths may interpret these items in various ways, they do not necessarily indicate hallucinations. It is only when these items, plus other items on the Thought Problems scale, sum to a deviant scale score that clinical deviance is indicated. Whenever these items are scored as present, the youth's comments on the YSR and follow-up interviews should be used to determine their basis.

6. What if the respondent circles two scores for a particular item or otherwise indicates that the item is true but does not clearly indicate a score of 1 or 2? --

Score the item 1.

7. How is Item 56h figured in the total score? --

If the respondent has entered for Item 56h a physical problem without known medical cause that is not specifically covered by an item listed on the YSR, add the 1 or 2 scored by the respondent for 56h to the 1s and 2s for all other problem items. If the respondent has entered more than one additional physical problem, count only the one having the highest score. Thus, if a respondent gave one additional physical problem a score of 1 and another additional physical problem a score of 2, add 2 to the total problem score. (Adding a maximum of 2 points for Item 56h is intended to limit the amount of variance contributed by items that are not stated for other respondents to rate.)

8. What is done with responses to the open-ended items regarding illnesses, school concerns, other concerns, and best things on

page 2 and "anything else that describes your feelings, behavior, or interests" on page 4? --

The entries in these spaces are often clinically useful and helpful as a basis for interviewing youths, but they are not scored.

9. Should YRSs that have many unanswered items be scored? --

The scoring instructions (Exhibit 17-8) give rules for dealing with unanswered items. In brief, if one item is omitted from the Social scale, the mean of the other items of that scale is substituted for the missing item. If more than one item is missing from the Social scale, do not score the scale. Do not score the Activities scale if any of the four items is missing. Do not score Academic Performance if the respondent checked boxes for fewer than 3 academic subjects. Do not compute the total competence score unless scores are available for Activities, Social, and Academic Performance. On the problem portion of the YSR, do not compute scale scores or the total problem score if more than 8 problem items were left blank (not counting Items 2, 4, and 56h), unless it is clear that the respondent intended the blanks to be zeroes.

17.6.9 BECK DEPRESSION INVENTORY FOR ADULTS (BDI)

17.6.9.1 Overview

1. When: Final (FV01) Visit DISC II.
2. Who: Participant.
3. How: Self-administered by participant.
4. Form: DISC Form 76, Beck Form.
5. Time: 10 minutes.
6. Additional information and scoring key: Exhibit 17-9.

17.6.9.2 Instructions

Testing Conditions

The testing environment must provide the participant with sufficient light for reading and be quiet enough to afford concentration. Obviously, the test administrator must determine beforehand whether or not a participant can read and comprehend the BDI's item content. The vocabulary represents a fifth-grade reading level.

It appears to make no difference in the examinee's total BDI score as to whether or not the BDI is administered in a group setting or individually.

Administration Time

The BDI requires approximately 5 to 10 minutes to complete when self-administered. Oral administration may take 15 minutes, and some extremely obsessive participants may take a half hour.

Directions for Administration

The instructions employed with the BDI are crucial for determining whether or not the inventory is assessing "state" or "trait" depression. Participants are asked to describe themselves for the "past week, including today" in order to assess a more persistent "trait."

Self-administration

Give the participant the BDI questionnaire and read aloud the following instructions which appear at the top of the questionnaire: "This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2, or 3) next to the one statement in each group which best describes the way you have been feeling the past week, including today. If several statements within a group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice."

Oral Administration

The BDI may also be administered orally. In such cases, the following instructions to the participant are suggested: "This questionnaire consists of 21 groups of statements. After I read each group of statements, I want you to pick out the one statement in each group which best describes the way you have been feeling during the past week, including today."

After reading the above instructions, give the participant a BDI questionnaire and say: "Here's a copy for you so that you can follow along as I read."

Read all of the statements in the first group, and then say: "Now, which of the statements best describes the way you have been feeling the past week, including today?"

If the participant indicates his or her choice with a number, read back the statement corresponding to the number given by the participant to clarify exactly which statement the participant selected. Once it is apparent that the participant understands the rating system, allow the participant to give numerical responses to indicate his or her choice. If the participant indicates that there are two or more statements which fit the way he or she feels, then record the higher of the two ratings.

Sometimes the participant will read the statements silently and begin to give responses before the examiner has read the statements aloud. If the participant is alert and knowledgeable, allow him or her to proceed in this manner. If necessary, encourage the participant to reflect sufficiently before making a choice. Carefully inspect all of the ratings at the end of the testing to ensure that no items have been skipped or left blank, particularly the question regarding volitional weight loss (Item 19). Ask the participant to rate any omitted items.

If a participant is unsure about which alternative is best for an item, tell him or her that first impressions are best.

17.6.9.3 Potential Problems

1. The participant gives the same response to all 21 items. --
Tell the participant that people are seldom the same with respect to every question on this form and suggest that he/she might want to reconsider some answers.

17.6.10 TRAIT ANXIETY INVENTORY FOR ADULTS (STAI Form Y2)

17.6.10.1 Overview

1. When: Final (FV01) Visit DISC II.
2. Who: Participant.
3. How: Self-administered by participant.
4. Form: DISC Form 77, Self-Evaluation Questionnaire Form.
5. Time: 10 minutes.
6. Additional information and scoring key: Exhibit 17-10.

17.6.10.2 Instructions

The STAI was designed to be self-administered and has no time limits. It may be given either individually or in groups. Complete instructions are printed on the test form. Test items have face validity as a measure of "trait" anxiety, but the examiner should not use this term in administering the inventory. In talking about the test, the examiner should refer to the inventory as the "Self-Evaluation Questionnaire" as printed on the form.

Since the validity of the STAI depends on the participant having a clear understanding of the instructions, it should be emphasized to the participant that he/she should report how he/she GENERALLY feels. The general procedure for administration, especially in groups, is for the examiner to read the instructions aloud while participants read them

silently. Emphasize that one of the four response boxes to the right of the questions should be checked, not the question itself. Participants should be given the opportunity to ask questions. If specific questions arise, the examiner should respond in a non-committal manner, for example, "Just answer according to how you generally feel." Ask participants to answer all items.

17.6.10.3 Potential Problems

1. During group administration, participants become inattentive or unruly--

In group administration, groups should not be too large. If participants become inattentive, administer the form in smaller groups.

2. A participant asks for the pronunciation or meaning of a particular word --

The examiner should read the word, but not define it.

17.7 Interviewing Participants

17.7.1 Psychosocial Stage of Development of 8-10 Year Olds

17.7.1.1 Cognition

In terms of how they think, children in this age group are in the state of concrete operations according to Piaget's theory. They have mastered an understanding of consistency and predictability (i.e., conservation) of concrete objects or materials, but are still not competent in dealing with the hypothetical. Hypothetical thinking will become more evident around ages 11-12 years and after (i.e., stage of formal operational thought).

What this means for the DISC procedures is that we keep our questions to young participants fairly concretely based, giving them a

specific reference or context when we can. We can expect that their answers to our questions will be fairly consistent if we do that.

17.7.1.2 Psychosocial Issues

A primary issue in their relationships with others revolves around the issue of "Industry versus Inferiority" (according to Ericson's theory). At this age children are increasingly aware of developing their competencies, and doing this independently of others. That is, they are establishing work attitudes and competencies, and can be eager to exercise them. This is the age when children begin to handle chores independently, develop special interests and hobbies, start collections of stamps, rocks, etc.

They are also particularly sensitive to feelings of inferiority, of being judged or judging themselves as less than competent. They are becoming quite aware of and concerned about their performance at school, and can already be developing an expectation of failure.

The DISC staff who have direct contact with the children can accommodate this stage of development in several ways. We can transmit an assumption that the child can succeed with what we ask, if we help set things up right for them. In asking questions to obtain information, we need to be neutral and nonjudgmental. The child will be fairly sensitive to our judging them as having failed, and may do whatever is necessary to avoid that (e.g., denying, failing to record accurately, etc.).

17.7.1.3 Developmental Tasks

During this age period, children are becoming more socially cooperative, having a "best friend," learning intimacy with a non-family member, and beginning to become sensitive to their peer group. They are learning to evaluate themselves (i.e., skills and abilities) and with

that are sensitive to evaluations by others. In addition to attention to individual skill building, children at this age are learning to participate as part of a team. That means relying on others and having others "count on you."

For DISC this implies that we can rely on these children for some responsibility in reporting information and effecting changes. It also suggests that group formats and incorporating their awareness of the group can facilitate intervention.

17.7.2 Tips for Interviewing Children Ages 8-10 Years

1. Present yourself as a neutral and interested adult.
2. Show an individual interest in the child, but avoid being patronizing. This is a young person who has ideas, information and feelings that you are interested in.
3. You will likely spend several minutes in "warm up" conversation. If so, ask them questions that they can answer readily and easily. Examples are questions about what school they go to, what grade they are in, whether or not they have pets, things they like to do with their friends, etc.
4. Be aware of what your relationship with the child is in regards to the parent. If you will have a confidential relationship with the child, let them know that "I won't be talking with your parents about the things that you tell me. So things that you and I talk about will be private between us."
5. Make sure the child knows why he or she is there, and why you are asking the questions you are. This can often be done by a very brief and straightforward explanation.
6. Keep your questions short, concrete and simple.

7. If you are going to ask a question that may be emotionally difficult to answer, first get the child to answer the same question in a positive way, e.g., "What parts of the diet are hard for you?"
8. In your manner and questions, convey your assumption that the child is doing well and is competent.
9. Give the child positive feedback on a regular basis.
10. Children of this age will get restless with extended sitting and "talking." If your total time in session will be an hour or less, you can create a short break by stretching, changing chairs around, etc. If the time will be longer, you may need to plan short breaks out of the room for water, the bathroom, etc. If the child asks how much longer you will be, don't underestimate the time with "Just a little longer." Instead, use something like "We've still got quite a lot of work to do, but the harder we work, the faster we'll be done."
11. If you are uncertain about a response, ask for clarification. The simplest way is to repeat what the child said in a questioning (not challenging) manner. Or, ask for clarification in a neutral manner, e.g., "People can mean different things by _____. What did you mean by _____?"
12. Some children may test you by giving obviously ridiculous answers, challenging that you will in fact tell their parents, or in other ways. These children, in particular, need to have you respond in a neutral manner.
13. At the end of the session, you might give them an opportunity to ask any questions they might have. The large majority won't have any, but for those who do, getting answers to their

questions may be very important for maintaining their trust and cooperation in the future.

17.7.3 Interviewing Adolescents

[To be added.]

17.8 Use of Copyrighted DISC Psychosocial Questionnaires

Most DISC psychosocial questionnaires are standardized tests that carry copyright protection. In practical terms, this means that considerable work has been done on the wording of questions and that norms have been developed. In many cases, initial versions of the test have been refined through further testing. The author(s) have claimed the right to control the reproduction and sale of their work by placing a copyright statement on the first page of the questionnaire. In many cases, the copyright is registered with the Library of Congress Copyright Office or has been sold to a company who markets the test.

DISC policy has always been to work with the owners of copyrighted tests to obtain their written permission to reformat, reproduce, and administer the psychosocial tests used in DISC. In most cases, per copy usage fees have been paid, and the Coordinating Center has signed formal agreements. These agreements apply studywide and specify allowed format changes, the number of copies that can be made, and contain a promise not to use or distribute the test outside of the DISC project.

DISC clinics receive the required number of forms from the Coordinating Center about one month in advance of each visit. In order to safeguard DISC against charges of copyright infringement, DISC personnel are asked to refrain from making their own copies of DISC psychosocial forms (except for file copies of completed forms), making any changes to test format or questions, and from distributing or using copies of psychosocial forms outside of DISC. When requests for copies

of DISC psychosocial forms are received from outside sources, the Coordinating Center will supply the name and address of the copyright holder to be contacted. Please call the Coordinating Center for help with any special problems that these requirements may create.

EXHIBIT 17-1

Achenbach CBCL

The Achenbach Child Behavior Checklist is a rating scale designed to assess the behavioral problems and social competence of children, ages 4 to 16, as reported by their parents. It can be self-administered or administered by an interviewer. It consists of 118 items related to behavior problems which are scored on a 3-point scale ranging from not true to often true of the child. There are also 20 social competency items used to obtain parents' reports of the amount and quality of their child's participation in sports, hobbies, games, school functioning, etc. This rating scale takes approximately 30 minutes to complete.

Children who experience change in their environment will occasionally exhibit inappropriate behavior. Accordingly, a change in a child's routine diet may result in the child emitting some inappropriate behaviors. Thus, the role of the Child Behavior Checklist in the DISC study is to serve as a screening instrument to help identify those children who may be experiencing behavioral difficulties.

Each parent (if applicable) should complete the checklist independently without discussing their responses with each other or with other members of the family. Instructions provided to the parent(s) should be as follows: "We would like to learn more about your child's behavior as well as those things he/she likes to do. To accomplish this, we would appreciate your cooperation in completing a checklist which lists a number of behaviors that describe children. We would like you to indicate how well each of these items describes your child."

Review the instructions with each parent, answer any questions, and provide checklist to parent.

EXHIBIT 17-1-A

INPUT DATA FORMAT^a

Social Competence Section

Card 1

Col. #	Field Name	Col. #	Field Name
1-10	Subject ID #	48	Total # of Organiz.: 0-3
11-12	Care # (usually 01)	49	How Active in Org. A: 1-3,9
13	Sex: 1 = Boy; 2 = Girl	50	How Active in Org. B: 1-3,9
14-15	Age in years	51	How Active in Org. C: 1-3,9
16 ^b	Race or ethnicity: 1 = White; 2 = Black; 3 = Mixed or Other; 4 = Am. Indian; 5 = Chicano; 6 = Puerto Rican; 7 = Oriental	52	Total # of Jobs: 0-3
		53	How Well Does Job A: 1-3,9
		54	How Well Does Job B: 1-3,9
		55	How Well Does Job C: 1-3,9
17-22 ^b	Date Filled Out	56	# of Friends: 1 = None; 2 = 1; 3 = 2 or 3; 4 = 4 or more
23-28 ^b	Date of Birth		
29-30 ^b	Socioeconomic Status (Hollingshead Score)	57	Times/Week with Friend: 1 = less than 1; 2 = 1 or 2; 3 = 3 or more
31 ^b	Filled Out By: 1 = Mother; 2 = Father; 3 = Other	58	Gets Along with Sibs: 1-3,9
32-33 ^b	Agency #	59	Gets Along w/Peers: 1-3,9
34	Total # of Sports: 0-3	60	Gets Along w/Parents: 1-3,9
35	Time in Sport A: 1 = Below Average; 2 = Average; 3 = Above Average; 9 = Don't know	61	Play/Work by Self: 1-3,9
		62	Academic Performance, Sub- ject A: 1 = Failing; 2 = Below Ave.; 3 = Average; 4 = Above Average
36	Time in Sport B: 1-3,9		
37	Time in Sport C: 1-3,9	63	Subject B: 1-4,9
38	Skill in Sport A: 1-3,9	64	Subject C: 1-4,9
39	Skill in Sport B: 1-3,9	65	Subject D: 1-4,9
40	Skill in Sport C: 1-3,9	66	Subject E: 1-4,9
41	Total # of Activities: 0-3	67	Subject F: 1-4,9
42	Time in Activity A: 1-3,9	68	Subject G: 1-4,9
43	Time in Activity B: 1-3,9	69	Special Class: 1 = yes; 2 = no
44	Time in Activity C: 1-3,9	70	Repeated Grade: 1 = yes; 2 = no
45	Skill in Activity A: 1-3,9	71	Other Acad. Prob.: 1 = yes; 2 = no
46	Skill in Activity B: 1-3,9		
47	Skill in Activity C: 1-3,9	72-74	*** (To indicate end of Social Competence card.)

^aOur scoring programs have used this format since April, 1981. We can provide the listing of a program that translates data from our earlier 5-column ID to the above 10-column ID format.

^bOptional--not required for scoring profile.

EXHIBIT 17-1-A (Continued)

Behavior Problem Section

Card 2		Card 3	
Col. #	Field Name	Col. #	Field Name
1-10	Subject ID #	1-10	Subject ID #
11-12	Card # (usually 02)	11-12	Card # (usually 03)
13	Sex: 1 = By; 2 = Girl	13	Sex: 1 = Boy; 2 = Girl
14-15	Age in Years	14-15	Age in Years
16-80	Behavior Problem Items 1-58 from Checklist	16-70	Behavior Problem Items 59-113 from Checklist
		71-73	E N D (to mark end of Behavior Problem section)

Documentation accompanying the program includes details of output format.

EXHIBIT 17-2

Family Environment Scale

The Family Environment Scale (FES) is a 90 item scale, answered in true-false manner, that measures the social environmental characteristics of all types of families. The FES has 10 subscales (9 items each) which are grouped into three underlying domains: Relationship, Personal Growth, and System Maintenance. The items on the FES are naturalistic statements about family environments, which were constructed from information gathered in structured interviews with members of different types of families. The FES takes approximately 10-15 minutes to administer.

The role of the FES in the DISC study is to provide an assessment of each family's home environment to identify any potential stressors which may effect the family's ability to follow the dietary regimen.

Family members should complete the questionnaire without discussing their responses with other family members. They should also place their answers on a separate answer sheet, and therefore should be cautioned to make no marks in their test booklet. If for some reason a respondent is unable to use the separate answer sheet, he or she should be instructed to mark "T" or "F" beside each item in their booklets. It is usually helpful to read the instructions aloud while the respondents follow them in their booklets and on their answer sheets. Indecisive respondents may be assisted by responses such as, "Answer true if you think it is true most of the time," (or "True of most of the members of your family on most days."). As a last resort, it is customary to say, "If you are not sure, just guess."

Instructions to respondents should be as follows: "We would like to learn more about you and your family. To accomplish this, we would

appreciate your cooperation in completing a brief questionnaire which consists of a variety of statements about families. It takes approximately 10-15 minutes to complete."

If a parent agrees to complete the questionnaire, read the instructions on the front of the booklet as the parent follows along. Answer any questions the parent has before starting and then administer the FES.

EXHIBIT 17-3

Instructions for the State-TraitAnxiety Inventory for Children(STAIC)

The Trait Anxiety Inventory for Children (STAIC) is entitled the "How I Feel Questionnaire" on the form. It asks the child to rate in general if each statement is "hardly-ever," "sometimes," or "often" true of them. Because it asks about personal information, it should be completed in private. If problem answers are given, they should be discussed with the project psychologist.

This form is often difficult for young children to read and complete without assistance. As a result, it is probably better to read the items to the child. It can be introduced in this way.

"Now I am going to read some sentences to you. After I read each sentence, I would like you to decide if it is hardly ever true of you, sometimes true of you, or often true of you. If you forget the sentence, I will be happy to read it again."

This is the first one: 'I worry about making mistakes.' Now is that hardly-ever true of you, sometimes true of you, or often true of you?"

Then record the answer. If they ask for the item to be repeated, repeat it. If the child looks puzzled, or waits a long time to respond, patiently read the item again. If they indicate that they cannot decide, tell them to make their "best guess even if you're not perfectly sure. If the child cannot answer an item even then, move to the next item. After completing all other items, return and see if he or she can complete the item at that time. If the child cannot, do not pursue that item any further.

Although we have not had experience with children being unable to complete the STAIC, it is conceivable. If a child shows visible upset when asked to answer an item, reassure them that "We are asking all children in the study to answer these questions, so please don't worry about any one of them. Just answer it as best as you can. If it's too hard, let me know and I'll go on to the next one." After completing the other items, return to the omitted item and ask, "Do you feel like you're ready to answer the one you skipped. The one that said _____, " If the child declines, omit the item.

EXHIBIT 17-4

Child Depression Inventory (CDI)

Like the STAIC, the CDI can be self-administered by a child who reads well, but proceeds more smoothly in most instances when the administrator reads the items to the child. The administration directions are presented on the cover of the form itself and can be modified for oral presentation as follows:

"Kids sometimes have different feelings and ideas. What I am going to do now is to read three sentences about different feelings and ideas to you. From those sentences, I want you to pick the one sentence that describes you best during the past two weeks."

"There are no right or wrong answers. Just pick the one that best describes you. If you forget any one that I read, I will be glad to repeat them."

Then record the answer. If they ask for the item to be repeated, repeat it. If the child looks puzzled, or waits a long time to respond, patiently read the item again. If they indicate that they cannot decide, tell them to make their "best guess even if you're not perfectly sure." If the child cannot answer an item even then, move to the next item. After completing all other items, return and see if he or she can complete the item at that time. If the child cannot, do not pursue that item further.

Although we have not had experience with children being unable to complete the CDI, it is conceivable. If a child shows visible upset when asked to answer an item, reassure them that "We are asking all children in the study to answer these questions, so please don't worry about any one of them. Just answer it as best as you can. If it's too

hard, let me know and I'll go on to the next one." After completing the other items, return to the omitted item and ask, "Do you feel like you're ready to answer the one you skipped. The one that said _____," If the child declines, omit the item.

EXHIBIT 17-5

Woodcock-Johnson Psycho-Educational Battery

Reading Cluster

Mathematics Cluster

The tests of achievement of the Woodcock-Johnson Psycho-Educational Battery consists of ten subtests measuring several areas of scholastic achievement. Only five of those will be used for the DISC project. The first three subtests contribute to the area entitled Reading Cluster. They are the subtests, Letter Word Identification (subtest 13), Word Attack (subtest 14), and Passage Comprehension (subtest 15). The next two comprise the Mathematics Cluster. They are, Calculation (subtest 16) and Applied Problems (subtest 17).

The Woodcock-Johnson Manual presents detailed instructions regarding administration and scoring of the subtests and their resultant cluster scores. More specific instructions regarding each item is presented in the test book itself where one finds the material that is presented to the child, along side more specific instructions for the examiner regarding each item.

In the "examiner's manual" the authors address several topics in detail, several of which are worth noting. Firstly, as the authors point out, learning to administer these instruments does not require formal training or an extensive background in test administration. The authors believe that the details of test administration are not complex and that the most important issue is the tester's sensitivity to the relationship being established with the youngster and the ability to respond to special problems such as immaturity, overactivity, poor motivation, or speech difficulties.

The material is designed in such a manner as to allow an experienced tester to master the equipment through self-study and practice. As the authors point out, it is essential for an inexperienced tester to be guided by a more experienced person through the process of being observed during initial experiences with testing.

The manual should be studied closely as the administration of each of the subtests has to be carried out exactly as described. The basic issues of testing are well presented in the manual where examples are given for each major aspect of the testing process.

For the DISC project, we will not be administering the entire Woodcock-Johnson Battery. Instead, we will be administering those specific subtests that are necessary to develop the Reading Cluster and Mathematics Cluster scores. As already indicated, for the Reading Cluster score, the subtests are Word Identification, Word Attack, and Passage Comprehension. For the Mathematics Cluster they are Calculation and Applied Problems.

The Letter-Word Identification task examines the youngster's ability to identify isolated letters and words. The Word Attack subtest examines the youngster's ability to read nonsense words. This subtest requires that the youngster apply a phonetically based word attack process. The Passage Comprehension subtest asks the youngster to study a short passage where there is an important word missing. The youngster is to determine what word belongs in that passage. Obviously, this subtest deals with different aspects of reading comprehension and also involves some basic vocabulary skills. The Calculation subtest samples the youngster's ability to perform mathematical calculations. The Applied Problems subtest examines the youngster's ability to solve practical mathematical problems. The youngster has to recognize the

mathematical procedure involved, identify the necessary information, and then carry out the simple calculation.

All of the material is presented to the youngsters on printed pages in a book that folds out to provide a vertical reading stand. The pages are flipped over and presented to the youngster by the examiner. At the same time, the pages facing the examiner present material regarding the presentation of each subtest and the requirement for scoring.

EXHIBIT 17-6

Eyberg Child Behavior Inventory

The Eyberg Child Behavior Inventory (ECBI) is a brief and focused measure of child conduct problems. It is a 36 item parent-completed checklist of common behavioral problems. Parents indicate how frequently each behavior occurs, and whether or not these behaviors are problems. Cutoff scores of 127 for Intensity and 11 for Problems have been suggested. The scale is appropriate for parents of children aged 2 to 16, with normative data available for those ages (Eyberg & Ross, 1978; Robinson, Eyberg, & Ross, 1980; Eyberg & Robinson, 1983.) Analyses have confirmed that the scale measures primarily the factor of conduct problems, and that it may be less prone to social desirability effects than some other measures (Robinson & Anderson, 1983). In the DISC study the ECBI scores will be used as a correlate later in the study in the examination of compliance to the DISC treatment.

Instructions are:

"I would like you to complete this form. Just read each of these statements and answer how often (participant's name) does this, and whether or not it's a problem for you. In some families or for some behaviors, the child can do it a lot but it still isn't a problem. For other behaviors, it may not need to happen a lot but it's still a problem. So for each behavior you answer as to how often it happens, and whether or not its a problem. Do you have any questions?"

The sale ordinarily requires 5-10 minutes for a parent to complete.

The most frequent problems that arise are:

- 1) Parent completes side-one only;
- 2) Questions about the meaning of words (e.g., "dawdles" for parents of low educational backgrounds);
- 3) Parents not completing both frequency and intensity ratings.

All three of these problems can be dealt with by quickly checking the form when it is handed back.

EXHIBIT 17-7

Life Experience Survey (LES)

The LES is a 50-item paper and pencil questionnaire that will be administered to DISC parents at Baseline.

Rationale

The LES lists life events that have the potential to disrupt family routines, alter interpersonal relations within the family, or create emotional stress. The role of the LES in DISC is twofold: (1) to identify factors that may decrease a family's ability to comply with the study diet; and (2) to explore the possibility that recent life stressors might predispose children to have a negative emotional reaction to dietary changes.

Administration

The LES can be completed at home. To ensure that this is done correctly, the parent should be handed the LES at Screening Visit 2 and be told to fill it out and bring it to the next visit (Baseline Visit). The technician administering the LES should review the instructions for completing the questionnaire and ask if the parent has any questions. At the Baseline Visit, the technician asks to see the completed LES. The technician scans the questionnaire to make sure it has been filled out correctly. If so, the technician thanks the parent for her (his) careful effort. If there are not answers to some items or if the answers are ambiguously marked, the technician brings this to the parent's attention and asks that the questions be completed. If the parent has not had time to work on filling out the LES, they are to complete it during the visit. The technician then thanks the parent.

Instructions

Respondents are to read each of the 50 items and check those events that occurred: (1) in the last six months; and (2) seven to twelve months ago. For each item checked, they are to rate the extent to which it had a positive or negative impact on their lives, using a scale ranging from -1 (extremely negative impact) to +3 (extremely positive impact). A rating of 0 can be used to indicate that the event occurred, but had no impact on the person's life. The technician should introduce the LES as follows:

"A person's health can be affected by various good or bad things that happen to them. We need to know if any of the things listed on this questionnaire happened to you or your family in the past year.

We would like you to complete the questions and bring it to your next visit. To complete the questionnaire you read each of these items and ask yourself if it occurred in the past six months. If it happened to you or to a member of your immediate family, you put a check mark in this (point) column. Lets say the item was "Problem with neighbors." Did you or a member of your family have problems with your neighbors in the last six months? If so you put a check mark here.

Now try to remember if the event happened earlier in the past year, that is, seven to twelve months ago. Did you have problems with the neighbors in that time period? If so, you put a check mark in this column (points). If the event did not occur, place a check here, under "Did not happen."

If you put check mark in a column to show an event occurred, you must then indicate if it had a good or bad effect on you or your immediate family. You show how good or bad it was by circling

one of these numbers. The minus means the event had a bad effect, for example, -1 would mean the effect was "somewhat bad," and -3 would mean it was "extremely bad." On the other hand, a plus sign means the event had a good effect. If the event had a "slightly good" effect, you would circle a +1, and if it was "extremely good," you would circle a +3. If the effect of the event was "neither good nor bad," you would circle the 0. Think of the last time you and your family had a problem with a neighbor or experienced a similar difficulty. How would you rate that event?

Do you feel confident you can complete this? Please take a moment to look it over to see if you have any questions about how to fill it out." (answers questions)

When the parent brings the completed LES to the clinic the technician scans the questionnaire to make sure that there is a rating for each item checked. If an item is checked, but not rated, the technician asks the respondent to provide the rating.

Some Potential Problems

Respondents may report that an event occurred twice in the past year (first half and latter half) but that it was much less disturbing (or more disturbing) the second time it happened. The technician should tell the respondent to rate the "overall" impact of the two events.

Sometimes a respondent will claim that an event had good and bad effects, or that it had a positive impact on some family members but not on others. The respondent should be instructed to rate the event's "overall impact on the family, as best you can determine it."

EXHIBIT 17-8

**INSTRUCTIONS FOR HAND SCORING
THE YOUTH SELF-REPORT**

Note. There are small differences between the hand-scored and computer-scored data entry formats, but they produce the same results. Templates are available to assist in transferring data from pp. 3-4 of the YSR to the profile. Be sure to use the column of scale scores appropriate for the sex of the respondent.

Scoring the Competence Items

The following two items are *not* scored on the competence scales, but their scores can be entered in the box provided to the right of profile:

I-A. # of sports. If youth reported 0 or 1 sport — enter 0 in box
2 sports — enter 1 in box
3 or more sports — enter 2 in box

II-A. # of other activities. If youth reported 0 or 1 activity — enter 0 in box
2 activities — enter 1 in box
3 or more activities — enter 2 in box

Do not count listening to radio or TV, goofing off, or the like as activities.

ACTIVITIES SCALE—Do *not* score if data are missing for any of the 4 scores comprising the scale. The Roman numerals correspond to those on pages 1 and 2 of the YSR and on the profile scoring form. If a youth checked more than 1 box where only 1 should be checked, score the box closest to "average."

I-B. Mean of participation & skill in sports. If youth reported no sports, enter 0.
For each response of *less than average* or *below average* — score 0
average — score 1
more than average or *above average* — score 2

Excluding blanks and "don't know" responses, compute the *mean* of these scores by summing them and dividing by the number of scores you have summed. Enter this mean on the profile.

II-B. Mean of participation & skill in activities. Compute in the same way as specified in I-B for sports.

IV-A. # of jobs. If youth reported 0 or 1 job — enter 0 on profile
2 jobs — enter 1 on profile
3 or more jobs — enter 2 on profile

IV-B. Mean job quality. Compute as specified in I-B.

Total score for Activities Scale. Sum the 4 scores just entered. Round off total to nearest .5.

EXHIBIT 17-8 (Continued)

SOCIAL SCALE—Do *not* score if data are missing for more than 1 of the 6 scores.

III-A. # of organizations. If youth checked 0 or 1 — enter 0 on profile
2 — enter 1 on profile
3 or more — enter 2 on profile

III-B. Mean of participation in organizations. Compute as specified in I-B.

V-1. # of friends. If youth checked 0 or 1 — enter 0 on profile
2 or 3 — enter 1 on profile
4 or more — enter 2 on profile

V-2. Contacts with friends. If youth checked *less than 1* — enter 0 on profile
On the 1991 profile, this item can be 1 or 2 — enter 1 on profile
scored 1 or 2 even if no close friends 3 or more — enter 2 on profile
were reported in Item V-1.

VI-A. Behavior with others. For each of the first three items (Items a, b, & c):
If the youth checked *worse* — score 0
about the same — score 1
better — score 2

Excluding any items for which the youth did not check a box, compute the *mean* of these scores and enter it on the profile.

VI-B. Do things by self. If the youth checked *worse* — enter 0 on profile
(Item d) *about the same* — enter 1 on profile
better — enter 2 on profile

Total score for Social Scale. Sum the 6 scores just entered for the items of the Social scale. If missing data prevent computation of 1 score, substitute the *mean* of the other 5 scores for the missing score in computing the total. Round off total to nearest .5.

ACADEMIC PERFORMANCE — This does not constitute a profile scale, but is added to scores for Activities and Social to obtain a total competence score. Do *not* score if youth has checked boxes for *less than 3* academic subjects.

VII-1. Mean performance. For each academic subject checked:
failing — score 0
below average — score 1
average — score 2
above average — score 3

Compute the *mean* of these scores, rounded to the nearest .5. (Academic subjects include reading, writing, arithmetic, spelling, science, English, foreign language, history, social studies, computer programming, and similar subjects.)

EXHIBIT 17-8 (Continued)

Do *not* count physical education, art, music, home economics, driver education, industrial arts, typing, or the like.)

Note. Comments written by youth in the spaces below Item VII are *not* scored.

TOTAL COMPETENCE SCORE. Sum the total raw scores for Activities, Social, and Academic Performance. Do *not* compute a total competence score unless scores are available for all 3 of these. *T* scores for total competence scores are in the box to the right of the profile. Mark the youth's total competence raw score under the appropriate heading of the box. After you have found the youth's raw score, look to the right for the *T* score. *Be sure to mark the number in the column appropriate for the youth's sex.*

Scoring the Problem Scales

Do *not* score if data are missing for more than 8 problem items, not counting Items 2, 4, or 56h. If a youth circled two numbers for an item, score the item 1. Note that there are 103 problem items, even though the numbers range from 1-112. Items 2 and 4 are *not* counted in the total problem score, but their scores can be entered in the spaces provided at the bottom of the profile. Items 56a-h comprise 8 items. The following 16 items are socially desirable items that are excluded from the problem scores: 6, 15, 28, 49, 59, 60, 73, 78, 80, 88, 92, 98, 106, 107, 108, 109. Comments written by youth at the bottom of page 4 are *not* scored. Place Page 3 scoring template over Page 3 of YSR and Page 4 template over Page 4 of YSR.

Item Scores. If the youth circled 1 or 2 beside an item, enter the 1 or 2 on the appropriate scale of the profile. Note that some items are scored on more than one scale. Problem items that do not belong to any scale are listed under the heading *Other Problems* on the profile. The 16 socially desirable items are *not* listed on the profile. Comments written by the youth should be used in judging whether items deserve to be scored, with the following guidelines:

- a. For each problem reported by the youth, only the YSR item that most specifically describes the problem should be scored. If the youth's comments show that more than one item has been scored for a particular problem, or if the youth wrote in a problem for #56h that is specifically covered elsewhere, count only the most specific item.
- b. For extreme behaviors (e.g., sets fires, attempts suicide) — if youth noted that it happened once but circled 0 or left it blank, score 1 unless it clearly happened earlier than the 6 months specified in the rating instructions.
- c. For items on which youth notes "used to do this," score as the youth scored it, unless it clearly occurred earlier than the 6 months specified in the instructions.

EXHIBIT 17-8 (Continued)

- d. When in doubt, score item the way the youth scored it, except on the following items:

Item 9, can't get mind off certain thoughts—this item is *not* restricted to obsessions. It can include almost anything the youth lists here except problems that are specifically listed elsewhere. If the youth wrote "sex" for this item, for example, it would be more appropriately scored on Item 96, *I think about sex too much*. If not covered by another item, responses that might be considered normal for the youth's age should be scored the way the youth scored them; e.g., "cars," "girls," "boys."

Item 40, hears things, & 70, sees things—score experiences such as "ringing in ears" and "spots before eyes" the way the youth scored them; do *not* score experiences while under the influence of drugs or alcohol.

Item 46, nervous movements—if "can't sit still" or anything entirely covered by Item 10 is entered here, score only Item 10.

Item 56d, problems with eyes—do *not* score "wear glasses," "near-sighted," and other visual problems having an organic basis.

Item 66, repeats actions—this item is *not* restricted to compulsions. It can include almost anything the youth lists here except problems that are specifically listed elsewhere. Speech repetitions or stammers, for example, would be more appropriately scored on Item 79. *Speech problem*.

Item 77, sleeps more than most—do *not* score "want to stay in bed," but score difficulties in waking up.

Item 84, strange behavior & 85, strange ideas—if what the youth describes is specifically covered by another item, score the more specific item instead.

Item 105, alcohol or drugs—do *not* score tobacco or medication.

SYNDROME SCALE SCORES—To obtain the total raw score for each syndrome scale, sum the 0s, 1s, and 2s you have entered for each scale. Because the items listed under *Other Problems* do not form a scale, a total score is *not* computed for them.

GRAPHIC DISPLAY AND T SCORES

To complete the graphic display for the competence and problem scales, make an X on the number above each scale that equals the total score obtained for that scale. *Be sure to mark the number in the column appropriate for the youth's sex*. Then draw a line to connect the Xs. Percentiles based on nonreferred youths can be read from the left side of the graphic display. *T* scores can be read from the right side.

EXHIBIT 17-8 (Continued)

INTERNALIZING AND EXTERNALIZING—A box at the bottom of the problem profile outlines the computation of Internalizing and Externalizing scores as follows: *Internalizing* = the sum of raw scores for syndrome scales I + II + III, minus the score for Item 103 to avoid counting Item 103 twice, because it is on both Scale I and III. *Externalizing* = the sum of raw scores for syndrome Scales VII + VIII. A *T* score for each Internalizing and Externalizing raw score is listed in the box to the right of the profile. *Be sure to look at the raw score column for the sex of the youth being scored.*

TOTAL PROBLEM SCORE—To compute the total problem score, sum the 1s and 2s on the YSR and enter the sum in the box to the far right of the profile. *Omit Items 2, Allergy, 4, Asthma, and the 16 socially desirable items.* If the youth has entered a problem for Item 56h that is not covered by another item, include the score for 56h. The total problem score can be cross-checked by subtracting the number of problem items scored as present from the sum of 1s and 2s. The difference should equal the number of 2s, omitting Items 2 and 4. (The number and sum of items can *not* be computed by adding scale totals, because some items appear on more than one scale.) A *T* score for each total problem score is listed in the box to the right of the profile. *Be sure to look at the total score column for the sex of the youth being scored.*

SCALE IX. SELF-DESTRUCTIVE/IDENTITY PROBLEMS FOR BOYS (OPTIONAL)—To obtain the raw scale score for the Self-Destructive/Identity Problems scale, sum the 0s, 1s, and 2s for problem Items 5, 12, 13, 18, 20, 27, 33, 35, 57, 79, 91, and 110. Items 12, 18, 33, 35, and 91 are also scored on the Anxious/Depressed scale. Item 13 is also scored on the Attention Problems scale. Items 20, 27, and 57 are also scored on the Aggressive Behavior scale. The remaining 3 items are listed under the *Other Problems* heading. The *T* score for each raw score is listed below. The raw score and *T* score can be entered in the box at the bottom of the hand-scored profile.

<u>Raw Score</u>	<u>T</u>	<u>Raw Score</u>	<u>T</u>
0-1	50	13	79
2	53	14	81
3	58	15	83
4	61	16	85
5	64	17	87
6	66	18	89
7	68	19	91
8	70	20	93
9	72	21	94
10	74	22	96
11	76	23	98
12	78	24	100

EXHIBIT 17-9

Scoring Guidelines for the Beck Form

The BDI is scored by summing the ratings (0-3) given by the participant for each of the 21 items. Each item is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 63. If a participant has chosen more than one statement within a group, use the statement with the highest rating to calculate the score. Special attention must be given to the appropriateness of scoring the weight loss item (item 19). If the participant has indicated that he/she is consciously trying to lose weight, then the rating is not added to the total score.

Scoring Key:
Total the numbers
circled for
responses below.

DIETARY INTERVENTION STUDY IN CHILDREN
BECK FORM

If item 19B is
answered "YES",
DO NOT include
item 19A in the total.
No subscales.

ID	_____
NC	_____
VN	_____

DT: _____ - _____ - _____
Month Day Year

This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2 or 3) next to the one statement in each group which best describes the way you have been feeling the past week, including today. If several statements within a group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

- 1. 0 I do not feel sad.
 - 1 I feel sad.
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad or unhappy that I can't stand it.
- 2. 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel that the future is hopeless and that things cannot improve.

- 3. 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
- 4. 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.

1 I feel guilty a good part of the time.

2 I feel quite guilty most of the time.

3 I feel guilty all the time.

6. 0 I don't feel I am being punished.

1 I feel I may be punished.

2 I expect to be punished.

3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.

1 I am disappointed in myself.

2 I am disgusted with myself.

3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.

1 I am critical of myself for my weaknesses or mistakes.

2 I blame myself all the time for my faults.

3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.

1 I have thoughts of killing myself, but would not carry them out.

2 I would like to kill myself.

3 I would kill myself if I had the chance.

10. 0 I don't cry any more than usual.

1 I cry more now than I use to.

2 I cry all the time now.

3 I use to be able to cry, but now I can't cry even though I want to.

11. 0 I am no more irritated now than I ever am.

1 I get annoyed or irritated more easily than I used to.

2 I feel irritated all the time now.

3 I don't get irritated at all by the things that used to irritate me.

12. 0 I have not lost interest in other people.

1 I am less interested in other people than I used to be.

2 I have lost most of my interest in other people.

3 I have lost all of my interest in other people.

13. 0 I make decisions about as well as I ever did.

1 I put off making decisions more than I used to.

2 I have greater difficulty in making decisions than before.

3 I can't make decisions at all any more.

14. 0 I don't feel I look any worse than I used to.

1 I am worried that I am looking old or unattractive.

2 I feel that there are permanent changes in my appearance that make me look unattractive.

3 I believe that I look ugly.

15. 0 I can work about as well as before.

1 It takes an extra effort to get started at doing something.

2 I have to push myself very hard to do anything.

3 I can't do any work at all.

16. 0 I can sleep as well as usual.

1 I don't sleep as well as I used to.

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

3 I wake up several hours earlier than I used to and cannot get back to sleep.

17. 0 I don't get more tired than usual.

1 I get tired more easily than I used to.

2 I get tired from doing almost anything.

3 I am too tired to do anything.

18. 0 My appetite is no worse than usual.

1 My appetite is not as good as it used to be.

2 My appetite is much worse now.

3 I have no appetite at all anymore.

19A. 0 I haven't lost much weight, if any, lately.

1 I have lost more than 5 pounds.

2 I have lost more than 10 pounds.

3 I have lost more than 15 pounds.

B. I am purposely trying to lose weight by eating less.

Yes _____ No _____

20. 0 I am no more worried about my health than usual.

1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.

2 I am worried about physical problems and it's hard to think of much else.

3 I am so worried about my physical problems that I cannot think about anything else.

21. 0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I am much less interested in sex now.

3 I have lost interest in sex completely.

EXHIBIT 17-10

Scoring Guidelines for the Self-Evaluation Questionnaire

The Self-Evaluation Questionnaire is scored by summing the ratings (1-4) given by the participant for each of 20 items. Consult the scoring key for the code to be summed on each item since some answers must be reversed. The maximum total score is 60.

Trait Anxiety
Scoring Key
(1977 version)

DIETARY INTERVENTION STUDY IN CHILDREN
SELF EVALUATION QUESTIONNAIRE

Total the numbers
in the boxes below
for marked answers.
No subscales.

ID - - - - -
NC - - - - -
VN - - - - -

DT - - - - -

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then check inside the appropriate box to the right of the statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	Almost Never	Sometimes	Often	Almost Always
1. I feel pleasant. -----	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel nervous and restless. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. I feel satisfied with myself. -----	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I wish I could be as happy as others seem to be. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. I feel like a failure. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. I feel rested. -----	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am "calm, cool, and collected." -----	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel that difficulties are piling up so that I cannot overcome them. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. I worry too much over something that really doesn't matter. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. I am happy. -----	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Almost
Never | Sometimes | Often | Almost
Always |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 11. I have disturbing thoughts. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. I lack self-confidence. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. I feel secure. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. I make decisions easily. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. I feel inadequate. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. I am content. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Some unimportant thought runs
through my mind and bothers me. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. I take disappointments so keenly
that I can't put them out of my mind ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19. I am a steady person. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. I am in a state of tension or turmoil
as I think over my recent concerns and
interests. ----- | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

THANK YOU FOR ANSWERING THESE QUESTIONS.

21. Signature of interviewer: _____

22. DISC certification number: -----

Retain a copy of this form for your files. Mail
the original to the DISC Coordinating Center.

DISC Coordinating Center
Maryland Medical Research Institute
600 Wyndhurst Avenue
Baltimore, Maryland 21210