

## DIAMOND-KID Self Report Screener: Child/Adolescent Version

Please read the following statements and circle YES or NO to indicate whether each statement applies to you. If you are not sure whether a statement applies to you, circle YES and ask your interviewer about it.

			Interview page
<b>Yes</b>	<b>No</b>	1. I refuse to speak in some places.	10
<b>Yes</b>	<b>No</b>	2. I worry a lot that I will be embarrassed in front of other people, or that people will laugh at me.	13
<b>Yes</b>	<b>No</b>	3. Sometimes I suddenly feel very afraid or nervous, with a lot of uncomfortable feelings in my body.	17
<b>Yes</b>	<b>No</b>	4. I feel very scared in places where I can't get out or get help (for example, being on a bus, being in a crowded place, or standing in line).	21
<b>Yes</b>	<b>No</b>	5. I feel very worried about a lot of different things, a lot of the time (for example, worries about my family, my schoolwork, or my future).	25
<b>Yes</b>	<b>No</b>	6. There are certain activities, places, or things that I am very afraid of (for example, animals/insects, needles, storms, or throwing up).	28
<b>Yes</b>	<b>No</b>	7. I feel very scared to be away from someone.	31
<b>Yes</b>	<b>No</b>	8. I have had a time when I felt so unusually energetic or happy that it got me in trouble or people thought I wasn't acting like I usually do.	34
<b>Yes</b>	<b>No</b>	9. I felt really sad or down, most of the time, for a whole year.	38
<b>Yes</b>	<b>No</b>	10. I have had a time when I felt very sad, depressed, or cranky for at least two weeks—much worse than how I usually feel.	42
<b>Yes</b>	<b>No</b>	11. I have really bad problems with my temper and get angry a lot.	57
<b>Yes</b>	<b>No</b>	12. (If applicable) I get really sad, worried, or moody in the week prior to menstruation (my period).	61
<b>Yes</b>	<b>No</b>	13. I have a lot of thoughts, worries, or pictures in my mind that I don't want to have (for example, that I will get dirt or germs on me, or that I will make a terrible mistake).	65

<b>Yes</b>	<b>No</b>	14. I do some things over and over again, and it is hard to stop ( for example, washing my hands, checking things, or having to think a good or safe thought in order to feel better or to prevent something bad from happening).	65
<b>Yes</b>	<b>No</b>	15. I spend a lot of time worrying about how I look, or feeling like something is wrong with how my body looks.	69
<b>Yes</b>	<b>No</b>	16. It's hard for me to throw things away.	72
<b>Yes</b>	<b>No</b>	17. I often pull out hair from my scalp or my body.	75
<b>Yes</b>	<b>No</b>	18. I often pick at my skin.	75
<b>Yes</b>	<b>No</b>	19. I have something wrong with my body that makes me very worried.	79
<b>Yes</b>	<b>No</b>	20. I worry a lot that I am sick or have a serious disease, or that I am going to get sick.	81
<b>Yes</b>	<b>No</b>	21. I am upset about a really bad event that I have experienced or seen (like seeing something that was very dangerous, or being sexually assaulted or molested).	84
<b>Yes</b>	<b>No</b>	22. I'm having a hard time dealing with an upsetting or difficult thing that happened to me.	94
<b>Yes</b>	<b>No</b>	23. I am afraid of being overweight, and I try not to gain weight.	96
<b>Yes</b>	<b>No</b>	24. I often have times when I eat a lot of food all at once and it feels like my eating is out of control.	99
<b>Yes</b>	<b>No</b>	25. I am a very picky eater and people think I don't eat enough.	104
<b>Yes</b>	<b>No</b>	26. I have had more than one alcoholic drink, more than once.	107
<b>Yes</b>	<b>No</b>	27. I have used drugs (including cannabis, even if prescribed), or I have used prescription medications other than how they were prescribed.	107
<b>Yes</b>	<b>No</b>	28. It is hard for me to pay attention or concentrate when I need to.	111
<b>Yes</b>	<b>No</b>	29. It is hard for me to sit still or wait for things.	111
<b>Yes</b>	<b>No</b>	30. I have tics, or a lot of sudden movements that are hard to control, or	114

		make sounds that are hard to control.	
<b>Yes</b>	<b>No</b>	31. I hurt people or break things on purpose a lot.	116
<b>Yes</b>	<b>No</b>	32. I feel angry or cranky, and get into arguments a lot.	119
<b>Yes</b>	<b>No</b>	33. I've broken the law or done things that could have hurt other people in the past year.	121
<b>Yes</b>	<b>No</b>	<p>34. I have had strong beliefs that other people thought were strange or unusual. For example:</p> <ul style="list-style-type: none"> <li>a. That people were out to get or hurt me, were watching me, poisoning me, or trying to bother me</li> <li>b. That the government or some other group was watching me or trying to bother me</li> <li>c. That someone I didn't know, such as a celebrity, was in love with me</li> <li>d. That I had special talents or powers, or that I was famous</li> <li>e. That there was something very strange going on with my body</li> <li>f. That someone had taken thoughts out of my mind, placed thoughts in my mind, or read my mind</li> <li>g. That someone or something was controlling what I did</li> <li>h. That someone was sending me special messages meant only for me through the TV, radio, or books</li> <li>i. That I did not exist, that the world did not exist, or that the world was ending</li> <li>j. That someone I was dating was cheating on me</li> <li>k. That I was to blame for a disaster or serious crime</li> </ul>	123
<b>Yes</b>	<b>No</b>	<p>35. I have had strange experiences that others could not understand. For example:</p> <ul style="list-style-type: none"> <li>a. Hearing sounds that others couldn't hear, such as voices or music</li> <li>b. Seeing things that others couldn't see, such as colors, animals, people, or spirits</li> <li>c. Having strange feelings in my body, such as a feeling of electric shocks or bugs on me</li> <li>d. Smelling things that others could not smell, such as vomit, feces, or something rotting</li> </ul>	125