

DIAMOND-KID Self Report Screener: Parent/Guardian Version

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

			Interview page
Yes	No	1. My child refuses to speak in some situations.	10
Yes	No	2. My child gets very anxious or fearful in social situations or when he/she is being observed.	13
Yes	No	3. My child has had a panic attack, where he/she experienced a lot of fear and physical sensations that came out of the blue.	17
Yes	No	4. My child feels very fearful or anxious in situations where it's difficult to escape quickly or get help (for example, using public transportation, being in open or enclosed spaces, standing in line or being in a crowded place or being alone away from home).	21
Yes	No	5. My child feels excessively anxious or worried about many things, a lot of the time (for example, worry about finances, responsibilities at work/school, his/her health or the health of others).	25
Yes	No	6. There are certain objects, situations, or activities that my child is very afraid of (for example, like animals, insects, blood, needles, heights, storms, flying, choking, vomiting, or enclosed spaces).	28
Yes	No	7. My child feels very afraid to be away from a certain person or people.	31
Yes	No	8. My child has had a period of four days or more when his/her mood was so good or elevated, like he/she was on top of the world, that it caused problems for him/her, or people thought he/she wasn't his/her usual self.	34
Yes	No	9. My child has been feeling down, blue, or depressed frequently over the past year.	38
Yes	No	10. My child has had a time when he/she felt very sad, blue, down, or depressed, or lost interest or pleasure in his/her usual activities, for two weeks or more.	42
Yes	No	11. My child has really bad temper outbursts.	57

Yes	No	12. (If applicable) My child gets really depressed, irritable, anxious, or has mood swings in the week prior to menstruation (period).	61
Yes	No	13. My child has frequent thoughts, urges, or images that he/she doesn't want to have (for example, thoughts about being contaminated even though he/she may not be, or that he/she may hurt someone else even though he/she doesn't want to).	65
Yes	No	14. My child does repetitive behaviors (for example, hand washing or cleaning, ordering or arranging, checking things, or repeating behaviors over and over), or repeatedly does things in his/her mind (for example, counting, saying certain words or phrases) in order to feel better or to prevent something bad from happening.	65
Yes	No	15. My child spends a lot of time worrying about his/her physical appearance.	69
Yes	No	16. It's hard for my child to throw things away.	72
Yes	No	17. My child frequently pulls out hair from his/her scalp or body.	75
Yes	No	18. My child frequently picks at his/her skin.	75
Yes	No	19. My child has a physical health problem that makes him/her very worried or anxious, or requires him/her to do a lot to diagnose or monitor it.	79
Yes	No	20. My child often worries that he/she has a serious medical illness or injury, or that he/she is going to develop a serious medical illness or injury.	81
Yes	No	21. My child is distressed about a really bad event (like seeing something that was life-threatening or caused someone to die, being seriously injured or seeing someone be seriously injured, or being sexually assaulted or molested) that he/she experienced or witnessed.	84
Yes	No	22. My child is having a hard time dealing with a stressful or unpleasant experience, or a major change in his/her life.	94
Yes	No	23. My child avoids eating food because he/she thinks he/she is overweight.	96
Yes	No	24. My child often has eating "binges," in which he/she eats more than most people would eat, and it feels like his/her eating is out of control.	99

Yes	No	25. My child eats very little, has difficulty eating enough, or avoids certain foods.	104
Yes	No	26. My child has had more than one alcoholic drink, more than once.	107
Yes	No	27. My child has used drugs (including cannabis, even if prescribed), or he/she has used prescription medications other than how they were prescribed.	107
Yes	No	28. My child has difficulty paying attention or concentrating when he/she needs to.	111
Yes	No	29. It often seems that my child has difficulty sitting still or waiting for things.	111
Yes	No	30. My child has a lot of sudden movements (tics) that are hard to control, or makes sounds that are hard to control.	114
Yes	No	31. My child often has aggressive outbursts.	116
Yes	No	32. My child feels angry or cranky, and gets into arguments a lot.	119
Yes	No	33. My child has broken the law or done things that could have hurt other people in the past year.	121
Yes	No	34. My child has had very strong beliefs in something that other people thought were strange, such as any of the following: <ul style="list-style-type: none"> a. That people were conspiring against him/her, spying on him/her, or harassing him/her b. That a governmental or religious organization was following him/her or harassing him/her c. That someone my child didn't know, such as a celebrity, was in love with him/her d. That he/she had special talents or powers, or that he/she was famous e. That there was something very strange going on with his/her body f. That someone had removed thoughts from his/her mind, placed thoughts in his/her mind, or read his/her mind g. That someone or something was controlling his/her movements and actions h. That someone was sending him/her special messages through the TV, radio, or books 	123

		<ul style="list-style-type: none"> i. That he/she did not exist, that the world did not exist, or that the world was ending j. That a partner was being unfaithful to him/her k. That he/she was responsible for a disaster or serious crime and needed to be punished 	
Yes	No	<p>35. My child has had sensory experiences that others could not understand, such as:</p> <ul style="list-style-type: none"> a. Hearing sounds that others couldn't hear, such as voices or music b. Seeing things that others couldn't see, such as colors, animals, people, or spirits c. Having unusual sensations in his/her body, such as a feeling of electric shocks or bugs on him/her d. Smelling odors that others could not smell, such as vomit, feces, or something rotting 	125