



Diagnostic Predictive Scales

DPS - 8 (YOUTH)

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This interview is designed to be used by qualified professional as an aid to diagnosis.
It is not a substitute for a thorough clinical evaluation.

Instructions:

This interview asks about what you have been doing, and how you have been feeling.
It will take about 15 minutes to complete.

The answers for each question can be found in the right-hand column of the page. Most are
either 'YES' or 'NO.' Sometimes there is a list of responses that you can choose from.

Read each question, and then answer by either checking the correct box, or circling the
appropriate answer for you.

Once you have answered a question move onto the next one.

For some questions there are special instructions that tell you which question to answer next
(in the shaded boxes). Read these instructions carefully.

If you have any questions ask the person supervising, otherwise turn the page to start.

The first thing I will do is ask you some background information about yourself.

D1 Are you male or female?

M F

D2 How old are you?

yrs

D3 Are you Hispanic (Latino/a)?

YES NO

D4 Choose the category that best describes your race:
(Check the correct response)

- White
- Black /African American
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Asian
- Mixed – more than one race
- Other

D5 What grade are you in?
(Check the correct response)

- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- 12th grade
- Not in School

D6 Who spent the most time taking care of you in the last 3 months?
(Check the correct response)

- Both parents
- Mother only
- Father only
- Grandparents (s)
- Sister / Brother
- Aunt / Uncle
- Foster parents
- Other Adult

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The next sets of questions are about your physical health.
Some of the questions will be skipped depending upon your responses, so read the instructions carefully.

D7 In the last three months ... did you have trouble seeing the chalkboard? YES NO

If you answered 'YES' to D7 - then go to the next question (D7a).
If you answered 'NO' to D7 - then skip to question D8 below.

D7a Do you wear glasses? YES NO

If you answered 'YES' to D7a - skip to question D8 below.
If you answered 'NO' to D7a - go to the next question (D7b).

D7b Have you seen an eye doctor about this? YES NO

D8 In the last three months ... did you have trouble hearing? YES NO

If you answered 'YES' to D8 - then go to the next question (D8a).
If you answered 'NO' to D8 - then skip to question D9.

D8a Did you see an ear doctor about this? YES NO

D9 In the last three months ... did you have a toothache? YES NO

If you answered 'YES' to D9 - then go to the next question (D9a).
If you answered 'NO' to D9 - then skip to Q1 (Section A) on the next page.

D9a Have you seen a dentist about this? YES NO

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The next sets of questions are about feelings that people sometimes have and things that may have happened to you.

Most of the questions are about the last three months. Some are about the last year.

Section A

Q1 In the last three months ... Have you often felt very nervous or uncomfortable when you have been with a group of children or young people - say, like in the lunchroom at school or at a party? YES NO

Q2 Have you often felt very nervous when you've had to do things in front of people? YES NO

Leave Space Blank
A:

Section B

Q3 For this question, I want to know if you have ever had a sudden attack of feeling very afraid. In the kind of attack I mean, someone becomes very afraid even though there is nothing around them to frighten them. Sometimes they feel they can't breathe ... sometimes their hearts beats very fast. The attacks come on very suddenly and then go away, but they get afraid that the attacks might come back.

In the last three months ...
Have you had an attack when all of a sudden you felt you very afraid or strange? YES NO

Q4 Have you had a time when you suddenly felt that you were suffocating or you couldn't breathe? YES NO

Leave Space Blank
B:

If you answered 'YES' to Q3 or Q4 go to the next question (Q5).
If you answered 'NO' to both Q3 and Q4 then skip to Q7 (Section C) on the next page.

Q5 Do you have asthma? YES NO

If you answered 'YES' to Q5 go to the next question (Q6).
If you answered 'NO' to Q5 then skip to Q7 (Section C) on the next page.

Q6 Is the only time you've felt afraid or like you couldn't breathe when you were having an asthma attack? YES NO

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Section C

- Q7 In the last three months ...
Have you often worried a lot before you were going to play a sport or game or do some other activity? YES NO
- Q8 Have you had a lot of headaches? YES NO
- Q9 In the last three months ...
Have you had a lot of other aches and pains? YES NO
- Q10 Are you the kind of person who is often very tense, or who finds it very hard to relax? YES NO

Leave Space Blank

C:

Section D

- Q11 Some young people have times when one thought or idea comes into their mind over and over again. When people have these thoughts they usually get upset, because the thoughts are strange. No matter how hard they try, the thoughts keep coming back.

Now I'm going to ask you if you have had thoughts like these in the last three months. Have you had to count things over and over again, or make yourself do things a certain number of times? YES NO
- Q12 In the last three months ...
Was there a time when you washed your hands or body over and over again or changed your clothes many times each day because you thought they were dirty? YES NO
- Q13 Have you often felt you should check on things over and over again?
For example, checking that the front door is locked ... or the stove is turned off ... or that something else was done even though you knew it had been done? YES NO
- Q14 In the last three months ...
Have you often worried over and over again that things you touch are dirty or have germs? YES NO
- Q15 Have you had any other thoughts that kept coming into your mind over and over again that you couldn't get rid of? YES NO

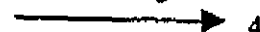
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D:

If you answered 'YES' to any of the questions in Section D (Q11, Q12, Q13, Q14 or Q15) then go Q16 on the next page.

If you answered 'NO' to all of the questions in Section D (Q11, Q12, Q13, Q14 and Q15) then skip to Q20 Section E on the next page.

Turn to the Next Page



Remember!

Only answer the following set of questions
if you answered 'YES' to any of the questions in Section D (Q11, Q12, Q13, Q14 or Q15).

If you did NOT, then skip to (Q20) Section E.

- Q16 In the last three months ...
Have you done things like counting, checking, washing, over and over again because you like to do these things? YES NO
- Q17 Have you done these things like counting, checking, washing, over and over again, only because you've been told by someone else to make sure that you've done them right? YES NO
- Q18 In the last three months ...
Have you wished you could stop yourself doing things like counting, checking or washing over and over again? YES NO
- Q19 Have you spent a lot of time each day doing things like counting, checking or washing over and over again ... say, for as long as an hour? YES NO

Section E

- Q20 In the last three months ...
Has there been a time when nothing was fun for you and you just weren't interested in anything? YES NO
- Q21 Has there been a time when you had less energy than you usually do? YES NO
- Q22 Has there been a time when you felt you couldn't do anything well or that you weren't as good-looking or as smart as other people? YES NO
- Q23 In the last three months ...
Has there been a time when you thought seriously about killing yourself? YES NO
- Q24 Have you tried to kill yourself in the last year? YES NO
- Q25 Has there been a time when doing even little things made you feel really tired? YES NO
- Q26 In the last three months ...
Has there been a time when you couldn't think as clearly or as fast as usual? YES NO

Leave Space Blank

E:

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I have just asked you about the last three months.

Now, I want you to think about the last year.

Section F

Q27 The next questions are about your use of alcohol - beer, wine, wine coolers, or hard liquors like vodka, gin or whiskey. Each can or bottle of beer, glass of wine or wine cooler, shot of liquor, or mixed drink with liquor in it counts as one drink.

In the last year ...

Have you had six or more drinks?

YES NO

Q28 Did you get in trouble with the police when you were drunk or because you had been drinking?

YES NO

Q29 In the last year ...

Did you get into arguments with your family or friends because of drinking?

YES NO

Q30 Did you miss school to go drinking or because you were hung over?

YES NO

Leave Space Blank
F:

Section G

Q31 In the last year ...

Have you used marijuana six or more times?

YES NO

Q32 Did you miss school to use marijuana or because you were too high on marijuana to go to school?

YES NO

Q33 In the last year ...

Did you get into arguments with your family or friends because you were using marijuana?

YES NO

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G:

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Section H

Q34 Have you used any opiates to get high This includes things like codeine, Demerol, morphine, percodan, methadone, Darvon, opium, Delaudid, Talwin and so on.

In the last year ...

Have you used any of these to get high?

YES NO

Q35 Have you used any kind of hallucinogen? This includes LSD or "acid", mescaline, peyote, DMT, psilocybin and so on. Have you used one of these?

YES NO

Q36 In the last year ...

Have you used stimulants or amphetamines ... like speed, diet pills, Benzedrine, methamphetamine or anything like that to get high?

YES NO

Q37 Have you used cocaine or "crack"?

YES NO

Q38 In the last year ...

Have you used heroin?

YES NO

Q39 Have you used PCP or "Angel Dust"?

YES NO

Q40 In the last year ...

Have you used Ecstasy or "E"?

YES NO

Q41 Have you used any inhalants ... like glue, cleaning fluid, gasoline or paint to get high?

YES NO

Leave Space Blank

H:

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In the first part of this interview you were asked about how you have been feeling and acting in the last three months and in the last year. It included questions about the following areas:

Feeling anxious or worried *Feeling sad or depressed* *Your behavior*
Alcohol or drugs *Other things you did*

Now I'd like you to think about problems you may have been having at home, at school or with other people your age because of the way you have been feeling or acting.

- Q42 How often did your parents feel worried or concerned about the way you were feeling or acting?
- A lot of the time
 - Some of the time
 - Hardly ever
 - Not at all

If you answered "A lot of the time" or "Some of the time" to Q42 then go to Q42a

If you answered "Hardly ever" or "Not at all" to Q42 then skip to Q43

- Q42a Were they worried or concerned because of:
(Check ALL that Apply)
- You feeling anxious or worried
 - You feeling sad or depressed
 - Problems with your behavior
 - Problems with alcohol or drugs
 - Other things you did

- Q43 How often did your parents get annoyed or upset with you because of the way you were feeling or acting?
- A lot of the time
 - Some of the time
 - Hardly ever
 - Not at all

If you answered "A lot of the time" or "Some of the time" to Q43 then go to Q43a

If you answered "Hardly ever" or "Not at all" to Q43 then skip to Q44

- Q43a Were they annoyed or upset because of:
(Check ALL that Apply)
- You feeling anxious or worried
 - You feeling sad or depressed
 - Problems with your behavior
 - Problems with alcohol or drugs
 - Other things you did

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- Q44 How often were you not able to do things or go places with your family because of the way you felt or acted?
- A lot of the time
 - Some of the time
 - Hardly ever
 - Not at all

If you answered "A lot of the time" or "Some of the time" to Q44 then go to Q44a

If you answered "Hardly ever" or "Not at all" to Q44 then skip to Q45.

- Q44a Were you not able to do things or go places because of: (Check ALL that Apply)
- You feeling anxious or worried
 - You feeling sad or depressed
 - Problems with your behavior
 - Problems with alcohol or drugs
 - Other things you did

- Q45 How often were you not able to do things or go places with other people your age because of the way you felt or acted?
- A lot of the time
 - Some of the time
 - Hardly ever
 - Not at all

If you answered "A lot of the time" or "Some of the time" to Q45 then go to Q45a

If you answered "Hardly ever" or "Not at all" to Q45 then skip to Q46

- Q45a Were you not able to do things or go places because of: (Check ALL that Apply)
- You feeling anxious or worried
 - You feeling sad or depressed
 - Problems with your behavior
 - Problems with alcohol or drugs
 - Other things you did

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Q46 How often did the way you were feeling or acting make it difficult to do your schoolwork or cause problems with your grades?

- A lot of the time
- Some of the time
- Hardly ever
- Not at all

If you answered "A lot of the time" or "Some of the time" to Q46 then go to Q46a

If you answered "Hardly ever" or "Not at all" to Q46 then skip to Q47

Q46a Did you have problems with your schoolwork or grades because of:
(Check ALL that Apply)

- You feeling anxious or worried
- You feeling sad or depressed
- Problems with your behavior
- Problems with alcohol or drugs
- Other things you did

Q47 How often were your teachers annoyed or upset with you because of the way you were feeling or acting?

- A lot of the time
- Some of the time
- Hardly ever
- Not at all

If you answered "A lot of the time" or "Some of the time" to Q47 then go to Q47a

If you answered "Hardly ever" or "Not at all" to Q47 then skip to Q48

Q47a Were your teachers annoyed or upset because of:
(Circle ALL that Apply)

- You feeling anxious or worried
- You feeling sad or depressed
- Problems with your behavior
- Problems with alcohol or drugs
- Other things you did

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Q48 How often did the way you were feeling or acting make you feel bad or feel upset?

- A lot of the time
- Some of the time
- Hardly ever
- Not at all

If you answered "A lot of the time" or "Some of the time" to Q48 go to Q48a

If you answered "Hardly ever" or "Not at all" to Q48 then skip to Q49

Q48a Did you feel bad or upset because of:
(Check ALL that Apply)

- You feeling anxious or worried
- You feeling sad or depressed
- Problems with your behavior
- Problems with alcohol or drugs
- Other things you did

Q49 Have you been to see someone at a hospital, or at a clinic because of the way you were feeling or acting?

- YES
- NO

If you answered "YES" to Q49 then go to Q49a

If you answered "NO" to Q49 then skip to END.

Q49a Did you go to see someone because of:
(Check ALL that Apply)

- You feeling anxious or worried
- You feeling sad or depressed
- Problems with your behavior
- Problems with alcohol or drugs
- Other things you did

END

Please inform the person supervising that you have now finished the interview.
Thank you for participating!