



CDI Questionnaire (Pediatric) Patient

< 7 years parent

7 to 17 years patient

Patient ID ___ - ___ ID ___ - ___

Date of Evaluation: **DOEDATE**

Protocol timepoint (see codes): **TMPT**

Instructions: Kids sometimes have different feelings and ideas. This questionnaire lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, go on to the next group. There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this X next to your answer. Put the mark in the box next to the sentence that you pick.

| | | |
|---|---|--------------------------------------|
| Form completed by (check all that apply): | | |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Coordinator | <input type="checkbox"/> Interpreter |
| COMP | COMC | COMI |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Family member/friend | <input type="checkbox"/> Other |
| COMT | COMF | COMO |

Pick out the sentences that describe you best in the **PAST TWO WEEKS**.

| | |
|--|---|
| 1. 0 <input type="checkbox"/> I am sad once in a while. SADNESS 1 <input type="checkbox"/> I am sad many times. 2 <input type="checkbox"/> I am sad all the time. | 7. 2 <input type="checkbox"/> I hate myself. SELFHATE 1 <input type="checkbox"/> I do not like myself. 0 <input type="checkbox"/> I like myself. |
| 2. 2 <input type="checkbox"/> Nothing will ever work out for me. PESSIMIC 1 <input type="checkbox"/> I am not sure if things will work out for me. 0 <input type="checkbox"/> Things will work out for me O.K. | 8. 2 <input type="checkbox"/> All bad things are my fault. SELFBLAM 1 <input type="checkbox"/> Many bad things are my fault. 0 <input type="checkbox"/> Bad things are not usually my fault. |
| 3. 0 <input type="checkbox"/> I do most things O.K. SELFDEP 1 <input type="checkbox"/> I do many things wrong. 2 <input type="checkbox"/> I do everything wrong. | 9. 0 <input type="checkbox"/> I do not think about killing myself. SUICIDEA 1 <input type="checkbox"/> I think about killing myself but I would not do it. 2 <input type="checkbox"/> I want to kill myself. |
| 4. 0 <input type="checkbox"/> I have fun in many things. FUN 1 <input type="checkbox"/> I have fun in some things. 2 <input type="checkbox"/> Nothing is fun at all. | 10. 2 <input type="checkbox"/> I feel like crying every day. CRYSPELL 1 <input type="checkbox"/> I feel like crying many days. 0 <input type="checkbox"/> I feel like crying once in a while. |
| 5. 2 <input type="checkbox"/> I am bad all the time. MISBEHAV 1 <input type="checkbox"/> I am bad many times. 0 <input type="checkbox"/> I am bad once in a while. | 11. 2 <input type="checkbox"/> Things bother me all the time. IRRITAB 1 <input type="checkbox"/> Things bother me many times. 0 <input type="checkbox"/> Things bother me - once in a while. |
| 6. 0 <input type="checkbox"/> I think about bad things happening to me once in a while. PWORRY 1 <input type="checkbox"/> I worry that bad things will happen to me. 2 <input type="checkbox"/> I am sure that terrible things will happen to me. | 12. 0 <input type="checkbox"/> I like being with people. SOCINT 1 <input type="checkbox"/> I do not like being with people many times. 2 <input type="checkbox"/> I do not want to be with people at all. |



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| | | | |
|-----|--|-----|---|
| 13. | 2 <input type="checkbox"/> I cannot make up my mind about things. INDECID 1 <input type="checkbox"/> It is hard to make up my mind about things. 0 <input type="checkbox"/> I make up my mind about things easily. | 19. | 0 <input type="checkbox"/> I do not worry about aches and pains. ACHPAIN 1 <input type="checkbox"/> I worry about aches and pains many times. 2 <input type="checkbox"/> I worry about aches and pains all the time. |
| 14. | 0 <input type="checkbox"/> I look O.K. BODYIMG 1 <input type="checkbox"/> There are some bad things about my looks. 2 <input type="checkbox"/> I look ugly. | 20. | 0 <input type="checkbox"/> I do not feel alone. AMTALONE 1 <input type="checkbox"/> I feel alone many times. 2 <input type="checkbox"/> I feel alone all the time. |
| 15. | 2 <input type="checkbox"/> I have to push myself all the time to do my schoolwork. SCHLDIF 1 <input type="checkbox"/> I have to push myself many times to do my schoolwork. 0 <input type="checkbox"/> Doing schoolwork is not a big problem. | 21. | 2 <input type="checkbox"/> I never have fun at school. SCHLFUN 1 <input type="checkbox"/> I have fun at school only once in a while. 0 <input type="checkbox"/> I have fun at school many times. |
| 16. | 2 <input type="checkbox"/> I have trouble sleeping every night. SLPDIST 1 <input type="checkbox"/> I have trouble sleeping many nights. 0 <input type="checkbox"/> I sleep pretty well. | 22. | 0 <input type="checkbox"/> I have plenty of friends. FRIENDS 1 <input type="checkbox"/> I have some friends but I wish I had more. 2 <input type="checkbox"/> I do not have any friends. |
| 17. | 0 <input type="checkbox"/> I am tired once in a while. TIRED 1 <input type="checkbox"/> I am tired many days. 2 <input type="checkbox"/> I am tired all the time. | 23. | 0 <input type="checkbox"/> My schoolwork is alright. SCHLPERF 1 <input type="checkbox"/> My schoolwork is not as good as before. 2 <input type="checkbox"/> I do very badly in subjects I used to be good in. |
| 18. | 2 <input type="checkbox"/> Most days I do not feel like eating. EATING 1 <input type="checkbox"/> Many days I do not feel like eating. 0 <input type="checkbox"/> I eat pretty well. | 24. | 2 <input type="checkbox"/> I can never be as good as other kids. PEERCOMP 1 <input type="checkbox"/> I can be as good as other kids if I want to. 0 <input type="checkbox"/> I am just as good as other kids. |



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| | |
|-----|---|
| 25. | 2 <input type="checkbox"/> Nobody really loves me. LOVED 1 <input type="checkbox"/> I am not sure if anybody loves me. 0 <input type="checkbox"/> I am sure that somebody loves me. |
| 26. | 0 <input type="checkbox"/> I usually do what I am told. DOTOLD 1 <input type="checkbox"/> I do not do what I am told most times. 2 <input type="checkbox"/> I never do what I am told. |
| 27. | 0 <input type="checkbox"/> I get along with people. FIGHT 1 <input type="checkbox"/> I get into fights many times. 2 <input type="checkbox"/> I get into fights all the time. |

Thank you for completing this questionnaire!

CDI Score: **CDI**

Physician investigator has reviewed completed assessment: Initials _____ Date of review ___/___/___