

Gender & Aggression Project RESEARCH MODULES



ASSESSMENT PROTOCOL

Time 2



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CIHR-GAP FOLLOW UP INTERVIEW
SFU – VANCOUVER

Identification Number:	_____ - _____
Interviewer ID Number:	_____
Date of Interview:	_____/_____/_____ DAY MONTH YEAR

INTRODUCTION

Hi, this is _____ from Simon Fraser University. We spoke to you INSERT TIME when you were at INSERT LOCATION and you participated in our research study. We are contacting you now to find out what has been happening in your life since we last spoke and to find out if you would be interested in continuing to participate in our study.

[For out of custody youth only] If you are still interested in participating, we are offering \$50 as an incentive to complete a phone interview, which should last between 45 minutes to an hour. **Is this a convenient time for you to complete the interview? Do you have a place where you can go to have some privacy?**

[In custody youth] If you are still interested in participating, we are offering \$10 as an incentive to complete an interview, which should last between 45 minutes to an hour.

If NO → Okay, when would be a good time to talk to you?

Date	Time	Phone Number
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If YES → START INTERVIEW

Before we get started, there are a couple of things that are important for you to know about the limits of confidentiality of the information you share with me today. Just like the last time you participated, information you share with us will be kept confidential to the extent permitted by law. No one is allowed to see the answers that you give us and your personal information from this study except under the following two conditions.

The two things that we can't keep secret are: 1) if you say that you plan to hurt yourself or anyone else, and 2) if you say that you are being abused or are at risk of being abused. The Courts may require us to reveal other information that you share. Your name and any other identifying information will not be written on the interview forms or the questionnaires.

RELATIONSHIPS

[Note to interviewer: clarify who the participant is referring to re: mother/father based on a review of the TIME 1 PROTOCOL]. 

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SFU – VANCOUVER

Throughout the interview I am going to be asking a number of questions about your relationship with the person who you consider to be your mother and the person that you consider to be your father.

The last time we spoke you had identified _____ as the person that you most considered to be your mother and _____ as the person that you most considered to be your father.

Throughout the interview when we refer to your mother and father we would like you to think of these individuals. OK?

RELATIONSHIP STATUS

[Note to interviewer: we define ‘relationship’ as an emotional attachment between individuals – for the purposes of this section this typically means a romantic relationship; ‘aggression’ is defined as hostile, injurious, or destructive behaviour]

How many ‘relationships’ have you been involved in during the past 6 months?	_____
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If =0, SKIP TO _____

What is the longest period of time that you have been involved in a relationship?	_____months
Are you currently in a relationship?	☐ No (0) ☐ Yes (1)
Have you experienced aggression or violence from any of your partners within these relationships?	☐ No (0) ☐ Yes (1)
Have you been aggressive or violent to any of your partners in these relationships?	☐ No (0) ☐ Yes (1)

RELATIONSHIP QUALITY AND SUPPORT

I am going to ask you some questions about the people in your life. Please let me know how you feel about them by answering - A LOT, SOME or VERY LITTLE/NONE

You may find it helpful to have a pen and paper in front of you to jot down the answer choices that are available. At any time you can also ask me to repeat a question or your answer choices if you forget.

1. How much time do you like to spend with your _____

	A lot (0)	Some (1)	Very little or none (2)
Mother			
Father			
Girlfriend or boyfriend			
Friends in general			

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SFU – VANCOUVER

2. How much do you want to talk to your _____ when something bad happens:

	A lot (0)	Some (1)	Very little or none (2)
Mother			
Father			
Girlfriend or boyfriend			
Friends in general			

3. How much you know that your _____ will always be there for me if you need them:

	A lot (0)	Some (1)	Very little or none (2)
Mother			
Father			
Girlfriend or boyfriend			
Friends in general			

4. How much do you miss your _____ when you are apart:

	A lot (0)	Some (1)	Very little or none (2)
Mother			
Father			
Girlfriend or boyfriend			
Friends in general			

⑤ PPAF

ATTACHMENT

I am going to ask you a couple of questions about your relationships with your mother, father friends, and romantic partner (if applicable from above).

[Note to interviewer: ensure that the youth is rating the primary caregivers as defined at Time 1.]

NO	Neutral			YES
Disagree Strongly				Agree Strongly
1	2	3	4	5

I don't mind asking my _____ for comfort, advice, or help

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

I find it difficult to depend on my _____

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SFU – VANCOUVER

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

I usually discuss my problems and concerns with my _____

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

I need a lot of reassurance that I am loved by my _____.

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

I worry that my _____ won't care about me as much as I care about my _____

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

I worry about being abandoned by my _____

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

I would rather take care of myself than depend on my _____.

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

I do not need my _____ to take care of me.

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

I rely on myself, not my _____, to solve my problems.

Mother	1	2	3	4	5
Father	1	2	3	4	5
My friends	1	2	3	4	5
Romantic Partner	1	2	3	4	5

CAPAI- Revised 9 item set (3 avoidance, 3 anxiety and 3 dismissing items)

PARENTING AND AGGRESSION TOWARDS CHILDREN

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Do you have children? <u>If No SKIP TO X</u>	☐ No (0) ☐ Yes (1)
If Yes, How Many _____ Ages of children: _____	

When your child has done something wrong, how often do you lose your temper with him/her?
☐ Never (1) ☐ Almost Never (2) ☐ Sometimes (3) ☐ Often (4)
How often do you have to spank your child?
☐ Never (1) ☐ Almost Never (2) ☐ Sometimes (3) ☐ Often (4)
How often do you have difficulty controlling your child?
☐ Never (1) ☐ Almost Never (2) ☐ Sometimes (3) ☐ Often (4)
How often do you yell at your child?
☐ Never (1) ☐ Almost Never (2) ☐ Sometimes (3) ☐ Often (4)
How often do you have to threaten your child with punishment in order to get him/her to do something?
☐ Never (1) ☐ Almost Never (2) ☐ Sometimes (3) ☐ Often (4)

PPI- R2 [Fast Track]

Have you been contacted by social services at any time regarding the care of your child?	☐ No (0) ☐ Yes (1)
Have you been required to receive services in order to continue to parent/have custody of your child?	☐ No (0) ☐ Yes (1)

Has your child been taken into protective custody?	☐ No (0) ☐ Yes (1)
If Yes, How Many times? _____ What was the longest period of time your child spent in custody ? _____ months	

Have you ever placed your child under the care of someone else because of interruptions or problems in parenting?	☐ No (0) ☐ Yes (1)
If Yes, Who did you place your child with? Number of times? Longest period of time the child was in someone else's care? _____ months Have you given up legal custody of your child ☐ No (0) ☐ Yes (1)	

VIOLENCE AND VICTIMIZATION WITHIN RELATIONSHIPS

CIHR-GAP FOLLOW UP INTERVIEW
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Parents, friends and romantic partners may act towards you in many ways. You may also act in a number of different ways towards your parents, friends, and romantic partners. Sometimes they may do things that are helpful, and sometimes they may do things that are hurtful. Likewise, sometimes you may do things that are helpful or hurtful. This questionnaire asks how often these things may have happened in the **past 6 months**. Some of these questions may make you feel uncomfortable or remind you of unpleasant things, but please be as honest as you can.

In the last 6 months has your _____	Friend	Mom	Dad	Romantic Partner	Stranger
insulted, put you down or called names?	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)
pushed, grabbing or shoved you in an argument	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)
kicked, bit, or hit you with a fist	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)
hit you with an object	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)

CTS-R2

In the last 6 months have you	Friend	Mom	Dad	Romantic Partner	Stranger
insulted, put you down or called _____ names?	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)
pushed, grabbing or shoved _____ in an argument	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)
kicked, bit, or hit _____ with a fist	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)
hit _____ with an object	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)	☐ Never (1) ☐ Rarely (2) ☐ Often (3) ☐ Always (4)

CTS-R2

TRAUMA

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I am going to read you a list of things that sometimes happen to people and I would like you to let me know about the things that you have you've lived through or seen in the SINCE THE LAST TIME THAT WE SPOKE (INSERT DATE HERE FOR THE PARTICIPANT). For each event that I read I would like you to tell me (a) happened to you; (b) you saw it happen to someone else; or (c) it never happened to you or anyone close to you. Like the last questionnaire, some of these next questions may make you feel uncomfortable or remind you of unpleasant things, but please be as honest as you can.

Event	Happened to me	Saw it	Never
Vehicle accident (for example, car, bus, truck, or boat accident; train wreck or plane crash)			
Bad accident at school, home or while playing			
Being attacked with a weapon, (for example, belt, bottles, knife, gun, or bomb); or being told you would be hurt with a weapon (but you weren't hurt after all).			
Not having enough food, water, clothing; not having a home; being left alone for many days without food or anyone to take care of you;			
Being near dying, hungry, or homeless, people; being around kids without any adults to care for them;			
Being forced to stay someplace against your wishes (kidnapping, being stolen)			
Illness or injury that might have caused death			
Violent death or dead bodies			
Death of someone close to you			
Badly hurting someone on purpose or by accident			

Event	Happened to me	Saw it	Never
Someone touching your body in a way you didn't want to be touched			
Being made to touch someone's body			
Sexually assaulted you or made you be involved in unwanted sexual experiences			
Forced you to participate in the sex trade (e.g., prostitution)			

VIOLENCE AND AGGRESSION

**CIHR-GAP FOLLOW UP INTERVIEW
SFU – VANCOUVER**

SELF REPORT OF OFFENDING

Now I am going to ask you some questions about activities that you may have been involved in since your release from custody and in the past 6 months. Remember, all of your answers are confidential, that means they are just between you and I, *unless you tell me that you are going to hurt yourself or someone else [verify this statement complies with SFU/UV A ethics]*. Also, I don't want to know any details about the activities that I am asking you about, just whether you have done any of these things and how many times you have done them – OK.

When were you released from Maples/YDC?	____/ ____/ ____ DAY MONTH YEAR
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[Note to interviewer: verify this date prior to the interview with release records; we may have to insert an exercise here to assist with recall. If the period since release was greater than 6 months also ask the number of times since release from custody. For those youth who are in custody at the time of the interview ask about 'since your previous release from custody' and the past 6 months]

Have you:	Since your release from custody	In the past 6 months	# Times in the past 6 months
Driven while drunk or high	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Sold Marijuana, pot or hashish	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Sold hard drugs other than pot?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Broken or tried to break into a building, or vehicle to steal something	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Stolen or tried to steal a motor vehicle such as a car or a motorcycle to keep or sell?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Carried a gun?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Used a weapon to get money or things from people?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Used a weapon (stick, knife, gun, rocks) while fighting with another person?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Participated in gang activity?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Been in a fistfight?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Attacked someone with the idea of seriously hurting or killing that person?	☐ No (0)	☐ No (0)	_____

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SFU – VANCOUVER**

	☐ Yes (1)	☐ Yes (1)	
Shot at someone?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____
Been paid to have sexual relations with someone?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	_____

SRO -R

EXPOSURE TO VIOLENCE

I am going to ask a couple of questions about what you see in your home and in your neighborhood.

How often, in the last 6 months have you seen _____ in your	Home	Neighborhood
1. People smoking drugs?	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)
2. Someone getting beat up?	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)
3. Guns?	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)
4. Somebody getting arrested?	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)
5. Drug Deals?	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)
6. Somebody getting stabbed or shot?	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)
7. Guns being shot?	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)
8. Gang activity (i.e., gang members hanging out, gang members involved in criminal activities)?	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)	☐ Never (0) ☐ Sometimes (1) ☐ Always (2)

ETV/CMS

OVERT AND RELATIONAL AGGRESSION

Rate how much each of the following statements describes you. You can answer that the statement is **“Not at all true”, “Somewhat true”, “Mostly True” or “Completely True” of you.**

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I'm the kind of person who:	Not at all true	Somewhat True	Mostly True	Completely True
1. Often fights with others.	☐ 1	☐ 2	☐ 3	☐ 4
2. Hits, kicks, or punches others.	☐ 1	☐ 2	☐ 3	☐ 4
3. Puts others down.	☐ 1	☐ 2	☐ 3	☐ 4
4. Tells my friends to stop liking someone.	☐ 1	☐ 2	☐ 3	☐ 4
5. Keeps others from being in my group of friends.	☐ 1	☐ 2	☐ 3	☐ 4
6. Says mean things about others.	☐ 1	☐ 2	☐ 3	☐ 4
7. Ignores others or stops talking to them.	☐ 1	☐ 2	☐ 3	☐ 4
8. Gossips or spreads rumors.	☐ 1	☐ 2	☐ 3	☐ 4
I often:				
9. Tell my friends to stop liking someone to get what I want.	☐ 1	☐ 2	☐ 3	☐ 4
10. Keep others from being in my group of friends to get what I want.	☐ 1	☐ 2	☐ 3	☐ 4
11. Threaten others to get what I want.	☐ 1	☐ 2	☐ 3	☐ 4
12. Hit, kick, or punch others to get what I want.	☐ 1	☐ 2	☐ 3	☐ 4
To get what I want, I often:				
13. Ignore or stop talking to others.	☐ 1	☐ 2	☐ 3	☐ 4
14. Gossip or spread rumors about others.	☐ 1	☐ 2	☐ 3	☐ 4
15. Put others down.	☐ 1	☐ 2	☐ 3	☐ 4
16. Say mean things to others.	☐ 1	☐ 2	☐ 3	☐ 4
17. Hurt others.	☐ 1	☐ 2	☐ 3	☐ 4
18. When I'm hurt by someone, I often fight back.	☐ 1	☐ 2	☐ 3	☐ 4
19. When I'm threatened by someone, I often threaten back.	☐ 1	☐ 2	☐ 3	☐ 4
20. If others have angered me, I often hit, kick or punch them.	☐ 1	☐ 2	☐ 3	☐ 4
21. If others make me mad or upset, I often hurt them.	☐ 1	☐ 2	☐ 3	☐ 4
22. If others upset or hurt me, I often tell my friends to stop liking them.	☐ 1	☐ 2	☐ 3	☐ 4
23. If others have hurt me, I often keep them from being in my group of friends.	☐ 1	☐ 2	☐ 3	☐ 4
24. When I am upset with others, I often ignore or stop talking to them.	☐ 1	☐ 2	☐ 3	☐ 4
25. When I am mad at others, I often gossip or spread rumors about them.	☐ 1	☐ 2	☐ 3	☐ 4

 LAI- 25

MENTAL HEALTH & SERVICE UTILIZATION

SOCIAL SERVICE UTILIZATION

In the last 6 months, have you seen a counselor or therapist for mental health problems, like depression anxiety of other problems?	☐ No (0) ☐ Yes (1)
In the last 6 months, have you received medication for mental health problems, like depression anxiety of other problems?	☐ No (0) ☐ Yes (1)
In the last 6 months, have mental health problems interfered with your ability <i>to parent?</i> [need to insert specific examples, OR insert a checklist]	☐ No (0) ☐ Yes (1)

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In the last 6 months, have mental health problems interfered with your ability <i>to work</i> ? [need to insert specific examples, OR insert a checklist]	☐ No (0) ☐ Yes (1)
--	---

In the last 6 months, how would you rate your mental health?	☐ Good (3) ☐ Fair (2) ☐ Poor (1)
--	---

In the past 6 months have you received social assistance for income support?	☐ No (0) ☐ Yes (1)
In the past 6 months have you received rent reduced housing?	☐ No (0) ☐ Yes (1)

Can you remember what grade you were in when you first got your period? How old were you at the time?	
AGE:	GRADE:

MENTAL HEALTH

CIHR-GAP FOLLOW UP INTERVIEW
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Below is a list of items that describe kids. For each item please tell me if the statement is: never or not true never or not true of you (0), somewhat or sometimes true of you (1), or often or very true of you (2) <u>now or within the past 6 months.</u>									
Never or Not True of me = 0			Sometimes or Somewhat True of me = 1			Often or Very True of me = 2			
1. I worry that something bad will happen to people that I am close to	☐ 0	☐ 1	☐ 2	31. I become overly upset when I am leaving someone I am close to	☐ 0	☐ 1	☐ 2		
2. I become overly upset while away from someone that I am close to	☐ 0	☐ 1	☐ 2	32. I've gained a lot of weight without trying to	☐ 0	☐ 1	☐ 2		
3. I have a hot temper	☐ 0	☐ 1	☐ 2	33. I interrupt or butt in on others	☐ 0	☐ 1	☐ 2		
4. I get back at people	☐ 0	☐ 1	☐ 2	34. I set fires	☐ 0	☐ 1	☐ 2		
5. I get no pleasure from my usual activities	☐ 0	☐ 1	☐ 2	35. I blame others for my mistakes	☐ 0	☐ 1	☐ 2		
6. I steal from places other than home	☐ 0	☐ 1	☐ 2	36. I avoid being alone	☐ 0	☐ 1	☐ 2		
7. I have difficulty playing quietly	☐ 0	☐ 1	☐ 2	37. I threaten to hurt people	☐ 0	☐ 1	☐ 2		
8. I use weapons when fighting	☐ 0	☐ 1	☐ 2	38. I think about killing myself	☐ 0	☐ 1	☐ 2		
9. I feel overtired	☐ 0	☐ 1	☐ 2	39. I am cranky	☐ 0	☐ 1	☐ 2		
10. I have trouble concentrating and paying attention	☐ 0	☐ 1	☐ 2	40. I have trouble listening	☐ 0	☐ 1	☐ 2		
11. I lie or cheat	☐ 0	☐ 1	☐ 2	41. I am angry and resentful	☐ 0	☐ 1	☐ 2		
12. I interrupt or blurt out the answer to the question too soon	☐ 0	☐ 1	☐ 2	42. I have difficulty following directions or instructions	☐ 0	☐ 1	☐ 2		
13. I deliberately try to hurt or kill myself	☐ 0	☐ 1	☐ 2	43. I have trouble sitting still	☐ 0	☐ 1	☐ 2		
14. I have trouble sleeping	☐ 0	☐ 1	☐ 2	44. I am nervous or tense	☐ 0	☐ 1	☐ 2		
15. I am easily annoyed by others	☐ 0	☐ 1	☐ 2	45. I have nightmares about being abandoned	☐ 0	☐ 1	☐ 2		
16. I can't stay seated when required to do so	☐ 0	☐ 1	☐ 2	46. I do things to annoy others	☐ 0	☐ 1	☐ 2		
17. I worry about being separated from those I am close to	☐ 0	☐ 1	☐ 2	47. I am easily distracted and have difficulty sticking to any activity	☐ 0	☐ 1	☐ 2		
18. I am mean to animals	☐ 0	☐ 1	☐ 2	48. I am mean to others	☐ 0	☐ 1	☐ 2		
19. I have trouble making decisions	☐ 0	☐ 1	☐ 2	49. I talk too much	☐ 0	☐ 1	☐ 2		
20. I jump from one activity to another	☐ 0	☐ 1	☐ 2	50. I physically attack people	☐ 0	☐ 1	☐ 2		
21. I feel too guilty	☐ 0	☐ 1	☐ 2	51. I feel worthless or inferior	☐ 0	☐ 1	☐ 2		
22. I am unhappy, sad or depressed	☐ 0	☐ 1	☐ 2	52. I argue a lot	☐ 0	☐ 1	☐ 2		
23. I steal at home	☐ 0	☐ 1	☐ 2	53. I avoid school and stay home	☐ 0	☐ 1	☐ 2		
24. I have lost a lot of weight without trying to	☐ 0	☐ 1	☐ 2	54. I sleep more than most kids during the day and/or night	☐ 0	☐ 1	☐ 2		
25. I cut classes or skip school	☐ 0	☐ 1	☐ 2	55. I blame others for my mistakes	☐ 0	☐ 1	☐ 2		
26. I've broken into someone else's house, building or car	☐ 0	☐ 1	☐ 2	56. I have difficulty waiting my turn in games or groups	☐ 0	☐ 1	☐ 2		
27. I fidget	☐ 0	☐ 1	☐ 2	57. I lose things	☐ 0	☐ 1	☐ 2		
28. I am scared to go to sleep without my parents nearby	☐ 0	☐ 1	☐ 2	58. I feel sick when being separated from those that I am close to	☐ 0	☐ 1	☐ 2		
29. I have no interest in my usual activities	☐ 0	☐ 1	☐ 2	59. I am defiant and talk back to people	☐ 0	☐ 1	☐ 2		
30. I don't have much energy	☐ 0	☐ 1	☐ 2	 OCHS					

**CIHR-GAP FOLLOW UP INTERVIEW
SFU – VANCOUVER**

RISKY BEHAVIORS/ HARM TO SELF

<u>Have you:</u>	Since your release from custody	In the past 6 months
....been hospitalized for an illness	☐ No (0) ☐ Yes (1) If yes, # times_____	☐ No (0) ☐ Yes (1) If yes, # times_____
....been hospitalized due to an accident or injury Details: (code whether it was one of the following) ☐ Assault (1) ☐ Vehicle Accident (2) ☐ Overdose (3) ☐ Other (4), Specify: _____	☐ No (0) ☐ Yes (1) If yes, # times_____	☐ No (0) ☐ Yes (1) If yes, # times_____
...tried to kill yourself? {could also just ask “thought about killing yourself?, or made a plan to kill yourself}	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)
...done anything on purpose to hurt yourself but not necessarily to kill yourself? (Let youth answer first, then provide examples like burning yourself with cigarettes, cutting yourself)	☐ No (0) ☐ Yes (1) If yes, # times_____	☐ No (0) ☐ Yes (1) If yes, # times_____
...engaged in unprotected sex?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)
...contracted an STD?	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)
....taken to many drugs/alcohol and needed to seek medical attention?	☐ No (0) ☐ Yes (1) If yes, # times_____	☐ No (0) ☐ Yes (1) If yes, # times_____

AFFECT REGULATION

These questions are about your feelings. I am going to read out a statement and I want to tell me whether it is ‘a lot like you’ ‘a little like you’ or ‘not like you’.

Circle one answer:

1. I have a hard time controlling my feelings.	A lot like me A little like me Not like me
2. It’s very hard for me to calm down when I get upset	A lot like me A little like me Not like me
3. My feelings just take over me and I can’t do anything about it.	A lot like me A little like me Not like me

CIHR-GAP FOLLOW UP INTERVIEW
SFU – VANCOUVER

4. When I get upset, it takes a long time for me to get over it.	A lot like me	A little like me	Not like me
5. Thinking about why I have different feelings helps me to learn about myself.	A lot like me	A little like me	Not like me
6. Thinking about why I act in certain ways helps me to understand myself.	A lot like me	A little like me	Not like me
7. The time I spend thinking about what's happened to me in my life helps me to understand myself.	A lot like me	A little like me	Not like me
8. If I think about my feelings, it just makes everything worse.	A lot like me	A little like me	Not like me
9. I try hard not to think about my feelings.	A lot like me	A little like me	Not like me
10. It's best to keep feelings in control and not to think about them.	A lot like me	A little like me	Not like me
11. I keep my feelings to myself.	A lot like me	A little like me	Not like me
12. I try to do other things to keep my mind off how I feel.	A lot like me	A little like me	Not like me

Is there anything else that has been going on in your life since we spoke last that you think would be important for us to know? For example, what would you say has been the best thing that has happened to you since leaving CJCC/Maples/YDC? How about the worst? (Probe here for *both* good and bad things that may have happened in the last 6 months).

CIHR-GAP FOLLOW UP INTERVIEW
SFU – VANCOUVER

TRACKING INFORMATION

Thank you for talking with us today. We would like to contact you again in X months.

[For out of custody youth only] As I mentioned at the start of the interview, we will send you \$50 by mail for participating in the study. Will you be at the same address and phone number?

If YES ➔ Ensure that you have the correct contact information. Record that contact information here:

Address	Phone Number (s) & E-Mail Address
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If NO ➔ What address can we contact you at? Phone number?

Address	Phone Number (s) & E-Mail Address
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Now I would like to get the names of 3 people who would know how to get a hold of you.

First, is there someone that you live with that would know where you are:

☐ NO (0) ☐ YES (1)

What is his/ her name? _____

What is his/her address: _____ and Phone number & E-mail Address: _____

Do you have another relative that would know where to reach you?

☐ NO (0) ☐ YES (1)

Who is that relative? _____

What is his/her address: _____ and Phone number & E-mail Address: _____

Finally, do you have a friend that would know how to get a hold of you?

☐ NO (0) ☐ YES (1)

Who is that friend? _____

**CIHR-GAP FOLLOW UP INTERVIEW
SFU – VANCOUVER**

What is his/her address:	and Phone number & E-mail Address:

Probation Officers Name: _____

Office that Probation Officer Works From: _____

Contact Info: _____

EMERGENCY CONTACT NUMBERS

1. Dr. Marlene Moretti