

Patient

DISC Predictive Scale Age 12 and up

Completion date: ___/___/___
month day year

Name: _____

Please answer these questions about the recent past: **Recently...**

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- 1 Have you **OFTEN** felt very nervous or uncomfortable when you have been with a group of children/young people, say, like in the lunchroom at school or at a party? No Yes
- 2 Have you **OFTEN** felt very nervous when you've had to do things in front of people? No Yes
- 3 Has there been a time when you **OFTEN** wanted to stay at home and not go to school or other places without your mother or father? No Yes
- 4 Have you **OFTEN** had headaches or stomachaches or felt like you would throw up when you couldn't be with your mother or father? No Yes
- 5 Have you had a lot of bad dreams or nightmares? No Yes
- 6 Have you **OFTEN** wanted to have your mother or father near you before you could fall asleep? No Yes
- 7 Have you kept worrying that your mother or father might go away and never come back? No Yes
- 8 If your mother or father has to go out some place without you do you **OFTEN** get very upset or beg him/her not to leave? No Yes
- 9 If you have been away from home without your mother or father for several days in a row, like staying with friends or relatives or going to camp, do you get very upset or very homesick because you missed your mother or father? No Yes
- 10 Have you **OFTEN** been afraid to go out of the house by yourself? No Yes
- 11 Have you **OFTEN** felt afraid of being in crowded places? No Yes
- 12 Have you **OFTEN** been afraid of traveling in cars or on buses or trains? No Yes
- 13 Have you **OFTEN** felt afraid of being on bridges or in tunnels? No Yes
- 14 Do you live in a dangerous neighborhood, where most people your age are worried or nervous about going outside? No Yes
- 15 Have you been more scared about traveling or going outside by yourself than other people your age? ... No Yes
- 16 If you really had to travel or leave the house by yourself, could you have done that? No Yes
- 17 Have you gotten worried or scared just thinking about having to travel or leave the house by yourself? .. No Yes
- 18 For this question, I want to know if you have ever had a sudden attack of feeling very afraid. In this kind of attack I mean someone becomes very afraid even though there is nothing around to frighten them.

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Sometimes they feel they can't breathe...sometimes their heart beats very fast. The attacks come on very suddenly and then go away, but they get afraid that the attacks might come back.

Recently, have you had an attack when all of a sudden you felt very afraid or strange? No Yes

- Recently*
- 19 Have you had a time when you suddenly felt that you were suffocating or you couldn't breathe? No Yes
- 20 Do you have asthma? No Yes
- If No: Skip to question 22.**
If Yes: Please also answer question 21.
- 21 Is the only time you've felt afraid or like you couldn't breathe when you were having an asthma attack? No Yes
- 22 Have you OFTEN worried a lot before you were going to play a sport or game or do some other activity? No Yes
- 23 Have you had a lot of headaches? No Yes
- 24 Have you had a lot of other aches and pains? No Yes
- 25 Are you the kind of person who is OFTEN very tense, or who finds it very hard to relax? No Yes
- 26 Have you been very afraid of dogs, birds, snakes, insects, or any other animals? No Yes
- 27 Have you been very afraid of being high up or in a high place? No Yes
- 28 Have you been very afraid of being in the dark? No Yes
- 29 Has seeing a needle or getting a shot made you much more afraid than other people? No Yes
- 30 Has the sight of blood or cuts made you very afraid? No Yes
- 31 Have you been very afraid of being on a bridge or in a tunnel or on a highway? No Yes
- 32 Have you been very afraid of being in an elevator or on an escalator? No Yes
- 33 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 recently.
- Have you had to count things over and over again, or make yourself do things a certain number of times? No Yes
- 34 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? No Yes
- 35 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? No Yes
- 36 Have you OFTEN worried over and over again that things you touch are dirty or have germs? No Yes
- 37 Have you had any other thoughts that kept coming back into your mind over and over again that you couldn't get rid of? No Yes
- 38 Have you done things like counting, checking or washing over and over again because you like to do these things? No Yes

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Recently

- 39 Have you done things like counting, checking or washing over and over again, only because you've been told by someone else to make sure that you've done them right? _0 No _1 Yes
- 40 Have you wished you could stop yourself from doing things like counting, checking or washing over and over again? _0 No _1 Yes
- 41 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? _0 No _1 Yes
- 42 Has anyone worried that you were much too thin? _0 No _1 Yes
- 43 Have you OFTEN felt bad about yourself because you thought you were fat or overweight? _0 No _1 Yes
- 44 Have there been times when you thought about food or about eating almost all of the time? _0 No _1 Yes
- 45 Now I am going to ask you about eating binges. An eating binge is when someone stuffs themselves with a whole lot of food in a short time—like several whole pizzas or a whole chocolate cake or several containers of ice cream—and they don't seem to be able to control how much they eat.
Recently, have you had an eating binge like that? _0 No _1 Yes
- 46 Recently, have you wet the bed at night? _0 No _1 Yes
- 47 Recently, have you wet your pants during the day? _0 No _1 Yes
- 48 Recently, have you soiled yourself? By soiled I mean had a bowel movement/pooped in your pants, or on the floor, or somewhere not in the toilet. _0 No _1 Yes
- 49 Has there been a time when nothing was fun for you and you just weren't interested in anything? _0 No _1 Yes
- 50 Has there been a time when you had less energy than you usually do? _0 No _1 Yes
- 51 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? _0 No _1 Yes
- 52 Has there been a time when you thought seriously about killing yourself? _0 No _1 Yes
- 53 Have you tried to kill yourself recently? _0 No _1 Yes
- 54 Has there been a time when doing even little things made you feel really tired? _0 No _1 Yes
- 55 Has there been a time when you couldn't think as clearly or as fast as usual? _0 No _1 Yes
- 56 Everyone gets in a bad mood sometimes. But some people feel grouchy or angry or irritable most of the time for several days in a row. They get really annoyed when other people interrupt them or don't agree with everything they say.
Recently, have you had a time when you were grouchy or angry like this? _0 No _1 Yes
- 57 Has there been a time when you felt very restless, so that you had to keep walking around or be on the move all the time? _0 No _1 Yes
- 58 Has there been a time when you talked too much or too quickly? _0 No _1 Yes

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Recently

- 59 Has there been a time when you thought you had special abilities or powers which made you stronger, smarter, or better than most other people? _0 No _1 Yes
- 60 Has there been a time when you OFTEN felt like your mind was racing too quickly from one thought to another? _0 No _1 Yes
- 61 Was there a time when you began to have ideas that other people thought were strange like thinking that you were being controlled by magic...or were being sent messages through the television or that you were being followed or spied on or did you hear voices others couldn't hear or have visions and see things that other people couldn't see? _0 No _1 Yes
- 62 Was there a time when there was something seriously wrong with how you were thinking, so that you stopped caring about your friends, or stopped caring whether you were clean or looked okay? _0 No _1 Yes
- 63 Everyone has times when they have trouble concentrating or keeping their mind on what they are doing. What we want to know is whether you have had difficulty concentrating, or keeping your mind on what you are doing, most of the time.
Have you OFTEN had trouble keeping your mind on what you are doing for more than a short time? _0 No _1 Yes
- 64 Have you OFTEN forgotten what you are supposed to be doing or what you had planned to do? _0 No _1 Yes
- 65 Have you OFTEN found it hard to keep your mind on what you are doing when other things are going on? _0 No _1 Yes
- 66 Recently, have you taken medication for being overactive, being hyperactive, or having trouble paying attention? _0 No _1 Yes
- 67 Have you OFTEN tried not to do things where you would need to pay attention for a long time? _0 No _1 Yes
- 68 Have you OFTEN made a lot of mistakes because it's hard for you to do things carefully? _0 No _1 Yes
- 69 Have you gotten even with people by doing things like hurting them, messing up their things or telling lies about them? _0 No _1 Yes
- 70 Have you refused to do what your parents or teachers told you to do? _0 No _1 Yes
- 71 Have you been grouchy or easily annoyed? _0 No _1 Yes
- 72 Have you done mean things to people on purpose? _0 No _1 Yes
- 73 Have you blamed someone else for your mistakes or for things you did that you shouldn't have done? _0 No _1 Yes
- 74 Have you done things just to annoy people or make them mad? _0 No _1 Yes
- 75 Have people complained because you swore or used dirty language? _0 No _1 Yes
- 76 Have you been expelled from school for misbehavior, that is, told you could never go back to that school at all? _0 No _1 Yes
- 77 Have you shoplifted, that is, stolen something from a store when you thought no one was looking? _0 No _1 Yes

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DISC Predictive Scale Age 12 and up (continued)

- Recently*
- 78 Have you lied to get money or something else you wanted? No Yes
- 79 Have you snatched someone's purse or jewelry? No Yes
- 80 Have you broken something or messed up some place on purpose, like breaking windows, writing on a building, or slashing tires? No Yes
- 81 Have you stolen from anyone else when they weren't around or weren't looking? No Yes
- 82 Have you been physically cruel to an animal and hurt it on purpose? No Yes
- 83 Have you broken into a house, a building, or a car? No Yes
- 84 The next question is 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.
Recently, have you had six or more drinks over several hours? No Yes
- 85 Did you get in trouble with the police when you were drunk or because you had been drinking? No Yes
- 86 Did you get into arguments with your family or friends because of drinking? No Yes
- 87 Did you miss school to go drinking or because you were hung over? No Yes
- 88 Have you used marijuana six or more times recently? No Yes
- 89 Did you miss school to use marijuana or because you were too high on marijuana to go to school? No Yes
- 90 Did you get into arguments with your family or friends because you were using marijuana? No Yes
- 91 Have you used any opiates to get high? That includes things like codeine, Demerol, morphine, percodan, methadone, Darvon, opium, Dilaudid, Talwin and so on.
Recently, have you used any of these to get high? No Yes
- 92 Have you used any kind of hallucinogen? This includes LSD or "acid", mescaline, peyote, DMT, mushrooms or psilocybin, and so on.
Recently, have you used one of these? No Yes
- 93 Have you used stimulants or amphetamines like speed, diet pill, Benzedrine, methamphetamine or anything like that to get high? No Yes
- 94 Have you used cocaine or "crack"? No Yes
- 95 Have you used heroin recently? No Yes
- 96 Have you used PCP or "Angel Dust"? No Yes
- 97 Recently, have you used Ecstasy or "E"? No Yes
- 98 Have you used any inhalants like glue, cleaning fluid, gasoline or paint, to get high? No Yes

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