

**MADISON CENTER FOR CHILDREN**

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South Bend, IN 46617

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**FAX TRANSMISSION COVER SHEET**

Date: 12-9-04

Time: 8:02 PM

Pages: 15 (Including cover sheet)

Fax Number: 299-3474

To: MRS Rhoades

From: STEVEN Bright

Direct telephone: (574) 283-1388

**Comments:**

Attached is a copy of the questions asked to  
students in the Tele Screen Program as well as  
the score sheets for your daughter's screen if you  
have questions, please call!

**IMPORTANT: IF YOU DO NOT RECEIVE ALL OF THESE PAGES,  
PLEASE CALL THE DIRECT NUMBER LISTED ABOVE.**

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immediately. Thank you.*



# Diagnostic Predictive Scales

## DPS - 8 (YOUTH)

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In the U.S.: PO Box 950, North Tonawanda, NY  
In Canada: 3770 Victoria Park Ave., Toronto, Ontario M2H 3M6  
Developed by: Christopher P. Lucas M.D., M.P.H.

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

Turn to the Next Page

**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

Turn to the Next Page

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

Turn to the Next Page 

### 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

Leave Space Blank

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:

DEC. 9. 2004 8:03PM

MADISON CTR 4 CHILDREN

NO. 068 P. 8

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
- Leave Space Blank  
**G:**

**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"?

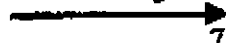
YES NO

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

YES NO

Leave Space Blank  
H:

Turn to the Next Page



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

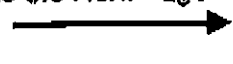
- Q43 How often did your parents get annoyed or upset with you because of the way you were feeling or acting?
- A lot of the time
  - Some of the time
  - Hardly ever
  - Not at all

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

Turn to the Next Page



**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

Turn to the Next Page

**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

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!

**ID :** 1405101462      **Sex :** FEMALE  
**Age:** 15      **Grade:** 10th Grade  
**Interview Date:** December 07, 2004      **Interview Time:** Not Available



**Columbia University  
 Teen Screen Program**

**Diagnostic Predictive Scales  
 (DPS) Summary Report**

**Health Information**

**Clinically Significant Information**

Vision Problems.....	NO	Suicide Ideation (past 3 months).....	NO
Hearing Problems.....	NO	Suicide Attempt (last year).....	NO
Dental Problems.....	NO	Seen Professional .....	NO



**Possible (1<DPS criteria)**  
 Panic Disorder  
 ObsessiveCompulsive Disorder  
**Absent (does not meet DPS criteria)**  
 Social Phobia  
 Generalized Anxiety  
 Depression  
 Alcohol Use  
 Marijuana Use  
 Other Substance Use

**Status**  
 PRESENT  
**Symptom Area**  
 Feeling Sad or Depressed  
 Other Things you Did  
 Problems with your Behavior

**Total DPS Symptom Score: 2**

**Total DPS Impairment Score: 6**

**Clinical Evaluation Is Indicated When:**

- Either of the suicide items have been endorsed ('Clinically Significant Information' above) **OR ...**
- A Specific Disorder is **'PRESENT'** in Symptom Scale **AND** the Total DPS Impairment Score  $\geq 6$  \* **OR ...**
- The Total DPS Symptom Score  $\geq 9$

*\* Impairment need not be taken into account for alcohol, marijuana or other substances.*

NOTE: The DPS is a screen, and is not diagnostic. It is not a substitute for a thorough clinical evaluation.

*C. Clarkston  
12/7/04*

**DPS Symptom Scale Reconstruction**

**Demographics**

<b>Question</b>	<b>Answer</b>	<b>Score</b>
<b>D1 Are you male or female?</b>	<b>FEMALE</b>	<b>2</b>
<b>D3 How old are you? (Press the [ENTER] key to continue.)</b>	<b>15</b>	
<b>D3 Are you Hispanic or Latina?</b>	<b>NO</b>	<b>0</b>
<b>D4 Choose the category that best describes your race:</b>	<b>White</b>	<b>1</b>
<b>D5 What grade are you in?</b>	<b>10th Grade</b>	<b>5</b>
<b>D6 Who spent the most time taking care of you in the last three months?</b>	<b>Both Parents</b>	<b>1</b>
<b>D7 The next set of questions is about your physical</b>		

12/08/2004

08:03

PENN HIGH SCHOOL - 82993474

NO. 433

002

# Penn High School Guidance

Steve Hope, Assistant Principal 574-258-9545 e-mail: shope@phm.k12.in.us

October 1, 2004

Dear Parent or Guardian:

*Dave Risner*

We at PHM are very fortunate to have a fine counseling staff in our secondary schools. In addition, in our community, we have a wide range of counseling providers. A local resource list is available in every school office. The Penn Harris Madison School Corporation and Madison Center continue a partnership to bring various mental health services into our secondary school buildings. Services include general support groups. Focus topics might be:

Divorce

Self-Esteem

Conflict Resolution

Grief/Loss

Socialization

Gender Issues

Stress Management

Other services include:

Individual Therapy

Family Therapy

Group Therapy

Special Education Classroom Interventions

Case Management Service

Certified and or licensed professionals will provide these services.

Any ongoing long-term individual treatment services will require parental consent. Some general services may be offered to all students without notification. Madison Center staff working in buildings may be called upon for crisis intervention. For example an "on the spot" assessment may be made to diffuse anger or to do a conflict resolution or there may be an immediate need for grief management in the case of a student or parent death.

Any service for which payment is required will be offered only with parental consent. A parent always has a right to decline these services from Madison Center. Before a fee based service is offered a Madison Center employee will contact you.

A family can call Madison Center directly at 574-234-0061 or your child's school to inquire about other mental health services available.

If you do not want your student to receive or participate in any Madison Center service free or fee based, please sign below and return this form to your student's school.

Student Name

Date

Parent Signature

Sincerely

Nancy Nimitz, Assistant Superintendent

Columbia TeenScreen Program

CONSENT  
FORM

Assent Form - Copy for Participant

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Sex: ( ) Female ( ) Male

Age: \_\_\_\_\_

Dear Participant,

Please read the statements below, and, if you agree with everything written, sign on the line below.

I have been told that:

- a) This program has been designed by staff at Columbia University to improve the health of teenagers.
- b) If I agree to participate, I will be asked to answer a number of questions that will be "spoken" to me by a computer. This will take between 10 and 20 minutes.
- c) After this, I might be asked or I can request to talk to one of the health specialists. This will be in private, during school hours, and should take no more than one hour.
- d) I have been told that participation in this program is voluntary and that I am not required to do any of these things if I don't want to. I may also refuse to answer any and all questions.
- e) I have been told that the entire program will take between twenty and ninety minutes.
- f) This sheet of paper is the only one that has my name on it, and it will be stored in a locked file cabinet that only the program staff can enter. All records will be kept confidential to the extent permitted by law.
- g) I have been told that participating in this program will not affect my college application process.
- h) I have been told that my answers to the questions asked in this program will not be told to my teachers or members of the educational staff without my approval.
- i) I have been told that, if my answers indicate a significant problem, for example, that I am a danger to myself or others, that I am being abused, or that I have another problem that is impairing my functioning, then the project staff are required to tell my parents. They will only inform my parents or report my abuse to the authorities after they have discussed it with me.
- j) I have been told that under no circumstances will my name, or my family's name, be reported to anyone else, unless I am being abused. If I am being abused, the project staff will have to report my name and my family's name to the authorities.
- k) If I have any further questions about this project, I may call *NAME, NUMBER OF PROJECT COORDINATOR*.

If you wish to participate in this program, please check the box below and sign your name in the space provided. Please return this sheet even if you do not intend to participate. Thank you.

\_\_\_\_ I understand the above points, and agree to participate in the program.

Please sign your name here: \_\_\_\_\_