

Registration Form

Visit date baseline	
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1.	Participant initials	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

2.	Participant date of birth	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>			/			/				
		/			/							

3.	Pre-identified cohort	1	Yes
		0	No
		777.	Not applicable
		888.	Not done
		999.	Unknown
<i>*HMYOI Isis only</i>			

4.	Date of informed consent (consent I – screening step)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>			/			/				
		/			/							
	Min: 16 years old Max: 25 years old at the time of consent											

Barkley ADHD

0.	Date on which data was collected	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<i>If missing please enter 01/01/1900</i>								

1.	Total inattentive subscale Min =0 Max =9	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		777	Not applicable		
		888	Not done		
		999	Unknown		

2.	Total Hyperactivity/impulsivity subscale Min =0 Max =9	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		777	Not applicable		
		888	Not done		
		999	Unknown		

3.	Previous diagnosis of ADHD	1	Yes		
		0	No		
		777	Not available		
		888	Not done		
		999	Unknown		

4.	Is ADHD suspected on this participant based on the screening or clinician's assessment?	1	Yes		
		0	No		
		777	Not available		
		888	Not done		
		999	Unknown		

5.	Expected date of release (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<i>If missing please enter 01/01/1900</i>								
		Collect if Q1 & Q2= > 0								

6.	Was the participant invited for DIVA?	1	Yes		
		0	No		

		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

DIVA

0.	Was the DIVA collected?	1	Yes
		0	No
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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1.	Why was the DIVA not collected?	1	Participant refused
		2	Participant was unavailable
		3	Other
		4	Participant does not meet further eligibility requirements
		5	Participant at high risk of early transfer/ deported
		6	Participant will be released before the end of the trial
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	If other, please specify	Text	
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Symptoms of Attention Deficit:

Often fails to pay close attention to details, or makes careless mistakes in work or during other activities

3.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often has difficulty sustaining attention on tasks

5.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often does not seem to listen when spoken to directly

7.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace

9.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

10.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often has difficulty organizing tasks and activities

11.	Present during adulthood	1	Yes
		2	No

		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

12.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort

13.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

14.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often loses things necessary for tasks or activities

15.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

16.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often easily distracted by extraneous stimuli

17.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

18.		1	Yes
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	Present during childhood	2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often forgetful in daily activities

19.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

20.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Has more of these symptoms of attention deficit than other people or experience more frequently than others of their age

21.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

22.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Symptoms of Hyperactivity / Impulsivity:

Often moves hands or feet in a restless way or fidgets in chairs

23.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

24.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>

		999	Unknown
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Often stands up in situations in which remaining seated is expected

25.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

26.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often feels restless

27.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

28.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Often has difficulty playing or engaging in leisure activities quietly

29.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

30.	Present during childhood	1	Yes
		2	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Is often on the go or often acts as if 'driven by a motor'

31.	Present during adulthood	1	Yes
		2	No
		777	<i>Not available</i>

		888	Not done
		999	Unknown

32.	Present during childhood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

Often talks excessively

33.	Present during adulthood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

34.	Present during childhood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

Often blurts out answers before questions have been completed

35.	Present during adulthood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

36.	Present during childhood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

Often has difficulty awaiting turn

37.	Present during adulthood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

38.	Present during childhood	1	Yes
		2	No
		777	Not available

		888	Not done
		999	Unknown

Often interrupts or intrudes on others

39.	Present during adulthood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

40.	Present during childhood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

Has more of these symptoms of hyperactivity / impulsivity than other people or experience more frequently than others of their age

41.	Present during adulthood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

42.	Present during childhood	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

Areas they have / had problems with symptoms:

Adulthood: Childhood and Adolescence:

43.	Adulthood: Work / education	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

44.	Childhood and Adolescence: Education	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

45.	Adulthood: Relationship and/or family	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

46.	Childhood and Adolescence: Family	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

47.	Adulthood: Social contacts	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

48.	Childhood and Adolescence: Social contacts	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

49.	Adulthood: Free time / hobby	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

50.	Childhood and Adolescence: Free time / hobby	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

51.	Adulthood: Self- confidence / self- image	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

52.	Childhood and Adolescence: Self-	1	Yes
		2	No

	confidence / self-image	777	Not available
		888	Not done
		999	Unknown

DSMV Criterion B

53.	Are there signs of a lifelong pattern of symptoms and limitations?	1	Yes	
		0	No	Go to Q56
		777	Not available	
		888	Not done	
		999	Unknown	

54.	Age of onset			
		777	Not available	
		888	Not done	
		999	Unknown go to next question	

55.	If age of onset unknown, was onset of several symptoms before the age of 12 years old	1	Yes
		2	No
		777	Not available
		888	Not done
		999	Unknown

DSMV Criterion C: The symptoms and the impairment are expressed in at least two domains of functioning?

56.	Adulthood: impairment in two or more domains	1	Yes
		0	No
		777	Not available
		888	Not done
		999	Unknown

57.	Childhood: impairment in two or more domains	1	Yes
		0	No
		777	Not available
		888	Not done
		999	Unknown

DIAGNOSIS

58.	ADHD Diagnosis based on current symptoms: 5 or more in either the inattentive or hyperactive-impulsive domains and evidence of "several ADHD	1	Yes
		0	No
		777	Not available
		888	Not done
		999	Unknown

symptoms" before the age of 12 years		
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59.	Do you agree with the DIVA diagnosis?	1	Agree
		2	Disagree – unable to gain sufficient clinical information
		3	Disagree – other, please specify
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

60.	If disagree with DIVA diagnosis, please specify	(text)	
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

61.	Does this person have ADHD in your opinion?	1	Yes
		0	No
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Eligibility Form

Inclusion criteria: Patients eligible for the study must comply with all of the following prior to inclusion:

1.	Males, aged between 16 and 25 years old at the time of consent	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Inclusion criteria 1a relates to protocol version 2.0 or higher. If a participant was consented on an earlier version of the protocol please enter 777 (not applicable) into this field.

1a.	Males, aged between 16 and 25 years (at consent for screening)	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

2.	English speaking	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Inclusion criteria 2a relates to protocol version 2.0 or higher. If a participant was consented on an earlier version of the protocol please enter 777 (not applicable) into this field.

2a.	English speaking (defined as sufficient to complete study assessment)	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

3.	Able to provide informed consent (understand the information sheet and make an informed decision taking into account pros and cons of study participation)	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Meet clinical diagnostic criteria for DSM-5 ADHD:

4.	5 or more current symptoms of ADHD in either the inattentive or hyperactive-impulsive symptom domains	1	Yes
		0	No
		777	Not applicable

		888	Not done
		999	Unknown

5.	6 or more symptoms of ADHD in either the inattentive or hyperactive-impulsive symptom domains before the age of 12 years	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

6.	Where it is not possible to gain sufficient clinical information to score childhood symptoms of ADHD, *collect if Q5= 0 or 999 the operational criteria will be adapted to include evidence of several ADHD symptoms with impairment starting before the age of 12 years, and 5 or more symptoms currently with moderate to severe impairment	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

7.	Persistent trait like (non-episodic) course of symptoms	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

8.	Impairments in two or more clinical or psychosocial domains and two or more settings from symptoms of ADHD	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

9.	Onset of symptoms before the age of 12 years	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Exclusion criteria: Patients are not eligible for inclusion in the study if they meet any of the following criteria:

1.	Moderate or severe learning disability, defined as IQ<60	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

2.	Serious risk of violence to the researcher	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

3.	Current major depression, psychosis, mania or hypomania	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

4.	Past history of bipolar I disorder or schizophrenia	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Exclusion criteria 4a relates to protocol version 2.0 or higher. If a participant was consented on an earlier version of the protocol please enter 777 (not applicable) into this field.

4a.	Past history of bipolar disorder or schizophrenia (exclude those with clear history of episodic mania/hypomania or psychosis unrelated to acute drug intoxication. Do not exclude on the basis of chronic emotional dysregulation i.e. irritability, frustration, anger or emotional-mood instability)	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

5.	Medical contraindications to the use of stimulants (e.g. glaucoma, hypertension, cardiovascular disease or structural heart problem)	1	Yes
		0	No
		777	Not applicable

		888	Not done
		999	Unknown

6.	Drug seeking behaviour or craving	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Exclusion criteria 6a relates to protocol version 2.0 or higher. If a participant was consented on an earlier version of the protocol please enter **777** (not applicable) into this field.

6a.	Drug seeking behaviour or craving (defined as drug seeking behaviour that is unusually severe and likely to affect the titration protocol due to unusual and excessive demands for drugs; or where there is current withdrawal symptom from an addiction disorder with drug dependency)	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Exclusion criteria 7 relates to protocol version 1.2 and all alter protocol and should be completed for all participants

7.	Lack capacity to give informed consent	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Exclusion criteria 8 relates to protocol versions 2.0 or higher. If a participant was consented on an earlier version of the protocol please enter **777** (not applicable) into this field.

8.	Is taking a contraindicated medication (e.g Clonidine, Coumarins, Monoamine oxidase inhibitors, Moclobemide, Rasagline) during the 4 weeks prior to randomisation	1	Yes
		0	No
		777	Not applicable
		888	Not done
		999	Unknown

Exclusion criteria 9 relates to protocol versions 2.0 or higher. If a participant was consented on an earlier version of the protocol please enter **777** (not applicable) into this field.

9.	Participant receiving any ADHD medication between consent for screening and randomisation	1	Yes
		0	No
		777	Not applicable
		888	Not done

		999	Unknown
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MINI 7.0.1

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>			/			/				
				/			/					
<i>If missing please enter 01/01/1900</i>												

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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1.	Major depressive episode	0	No
		1	Yes current
		2	Yes past
		3	Yes recurrent
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Suicidality	0	No
		1	Yes low
		2	Yes moderate
		3	Yes high
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Manic episodes	0	No
		1	Yes current
		2	Yes past
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Hypomanic episode	0	No
		1	Yes current
		2	Yes past
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Panic disorder	0	No
		1	Yes lifetime

		2	Yes current
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Agoraphobia current	0	No
		1	Yes
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Social anxiety disorder	0	No
		1	Yes
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Obsessive-compulsive disorder	0	No
		1	Yes good or fair
		2	Yes poor
		3	Yes absent
		4	Yes delusional
		5	Yes tic-related
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	Post-traumatic stress disorder	0	No
		1	Yes depersonalization
		2	Yes derealization
		3	Yes delayed expression
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

10.	Psychotic disorder and mood disorders with psychotic features	0	No
		1	Yes lifetime mood disorder with psychotic features
		2	Yes current mood disorder with psychotic features
		3	Yes current psychotic disorder
		4	Yes lifetime psychotic disorder
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

11.	Generalised anxiety disorder	0	No
		1	Yes
		<i>777</i>	<i>Not available</i>
		<i>888</i>	<i>Not done</i>
		<i>999</i>	<i>Unknown</i>

12.	ASPD	0	No
		1	Yes
		<i>777</i>	<i>Not available</i>
		<i>888</i>	<i>Not done</i>
		<i>999</i>	<i>Unknown</i>

ZAN-BPD

0.	Date on which data was collected			/			/			
		<i>If missing please enter 01/01/1900</i>								

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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1.	Anger control	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Affective instability	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Chronic feelings of emptiness	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Identity disturbance	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms
		777	<i>Not applicable</i>

		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Transient stress related paranoid/dissociation	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Frantic efforts to avoid abandonment	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Recurrent suicidal behaviour	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Impulsivity	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	Pattern of unstable relationships	0	No Symptoms
		1	Mild Symptoms
		2	Moderate Symptoms
		3	Serious Symptoms
		4	Severe Symptoms

		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

CAARS-Observer (18 item)

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>			/			/				
				/			/					
<i>If missing please enter 01/01/1900</i>												

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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1.	Loses things necessary for tasks or activities (e.g. to-do lists, pencils, books, or tools).	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Talks too much.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Gets rowdy or boisterous during leisure activities.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Leaves seat when not supposed to.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.		0	Not at all, never
-----------	--	----------	--------------------------

	Has trouble waiting in line or taking turns with others.	1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Has trouble keeping attention focused when working or at leisure.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Is forgetful in daily activities.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Has trouble listening to what other people are saying.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	Is always on the go.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

10.	Fidgets (with hands or feet) or squirms in seat.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>

		888	Not done
		999	Unknown

11.	Makes careless mistakes or has trouble paying close attention to details.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	Not applicable
		888	Not done
		999	Unknown

12.	Doesn't like academic studies/work projects where effort at thinking a lot is required.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	Not applicable
		888	Not done
		999	Unknown

13.	Is restless or overactive.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	Not applicable
		888	Not done
		999	Unknown

14.	Gives answers to questions before the questions have been completed.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	Not applicable
		888	Not done
		999	Unknown

15.	Has trouble finishing job tasks.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	Not applicable
		888	Not done
		999	Unknown

16.		0	Not at all, never
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	Interrupts others when they are working or busy.	1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

17.	Appears distracted when things are going on around him/her.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

18.	Has problems organizing tasks and activities.	0	Not at all, never
		1	Just a little, once in a while
		2	Pretty much, often
		3	Very much, very frequently
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Wender-Reimherr Adult Attention Deficit Disorder Scale

0.	Date on which data was collected	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<i>If missing please enter 01/01/1900</i>								

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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Temper

1.	Feeling irritable or angry	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Angry outbursts	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Temper outbursts causing problems	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Affective Liability

4.	Mood change frequently	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Periods of being sad, blue, or discouraged	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	Not applicable
		888	Not done
		999	Unknown

6.	Easily bored	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	Not applicable
		888	Not done
		999	Unknown

7.	Excessively active/ hyper/excited,	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	Not applicable
		888	Not done
		999	Unknown

Emotional Over-Reactivity

8.	Feeling overwhelmed	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	Not applicable
		888	Not done
		999	Unknown

9.	Overreacting	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time
		777	Not applicable
		888	Not done
		999	Unknown

10.	Difficulties managing tasks	0	None, not present
		1	Mild
		2	Present much of the time
		3	Very clearly present most of the time

		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

ARI – S

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>													/			/				
					/			/														
<i>If missing please enter 01/01/1900</i>																						

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
-----	----------------	---

1.	I am easily annoyed by others	0	Not true
		1	Somewhat true
		2	Certainly true
		777	Not applicable
		888	Not done
		999	Unknown

2.	I often lose my temper	0	Not true
		1	Somewhat true
		2	Certainly true
		777	Not applicable
		888	Not done
		999	Unknown

3.	I stay angry for a long time	0	Not true
		1	Somewhat true
		2	Certainly true
		777	Not applicable
		888	Not done
		999	Unknown

4.	I am angry most of the time	0	Not true
		1	Somewhat true
		2	Certainly true
		777	Not applicable
		888	Not done
		999	Unknown

5.	I get angry frequently	0	Not true
		1	Somewhat true
		2	Certainly true
		777	Not applicable

		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	I lose my temper easily	0	Not true
		1	Somewhat true
		2	Certainly true
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Overall, my irritability causes me problems	0	Not true
		1	Somewhat true
		2	Certainly true
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

MEWS

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/					
				/			/						
<i>If missing please enter 01/01/1900</i>													

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
------------	-----------------------	---

1.	I have difficulty controlling my thoughts	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	I find it hard to switch my thoughts off	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	I have two or more different thoughts going on at the same time	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	My thoughts are disorganised and 'all over the place'	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	My thoughts are 'on the go' all the time	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	Not applicable
		888	Not done
		999	Unknown

6.	I experience ceaseless mental activity	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	Not applicable
		888	Not done
		999	Unknown

7.	I find it difficult to think about one thing without another thought entering my mind	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	Not applicable
		888	Not done
		999	Unknown

8.	I find my thoughts are distracting and prevent me from focusing on what I am doing	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	Not applicable
		888	Not done
		999	Unknown

9.	I have difficulty slowing my thoughts down and focusing on one thing at a time	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	Not applicable
		888	Not done
		999	Unknown

10.	I find it difficult to think clearly, as if my mind is in a fog	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly

		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

11.	I find myself flitting back and forth between different thoughts	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

12.	I can only focus my thoughts on one thing at a time with considerable effort	0	Not at all or rarely
		1	Some of the time
		2	Most of the time
		3	Nearly all of the time or constantly
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Reactive–Proactive Aggression Questionnaire

0.	Date on which data was collected	/	/						
		<i>If missing please enter 01/01/1900</i>							

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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How often have you...

1.	Yelled at others when they have annoyed you	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Had fights with others to show who was on top	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Reacted angrily when provoked by others	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Taken things from others	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Gotten angry when frustrated	0	Never
		1	Sometimes

		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Vandalized something for fun	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Had temper tantrums	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Damaged things because you felt mad	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	Had a gang fight to be cool	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

10.	Hurt others to win a game	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

11.	Become angry or mad when you don't get your way	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>

		888	Not done
		999	Unknown

12.	Used physical force to get others to do what you want	0	Never
		1	Sometimes
		2	Often
		777	Not applicable
		888	Not done
		999	Unknown

13.	Gotten angry or mad when you lost a game	0	Never
		1	Sometimes
		2	Often
		777	Not applicable
		888	Not done
		999	Unknown

14.	Gotten angry when others threatened you	0	Never
		1	Sometimes
		2	Often
		777	Not applicable
		888	Not done
		999	Unknown

15.	Used force to obtain money or things from others	0	Never
		1	Sometimes
		2	Often
		777	Not applicable
		888	Not done
		999	Unknown

16.	Felt better after hitting or yelling at someone	0	Never
		1	Sometimes
		2	Often
		777	Not applicable
		888	Not done
		999	Unknown

17.	Threatened and bullied someone	0	Never
		1	Sometimes
		2	Often
		777	Not applicable
		888	Not done
		999	Unknown

18.	Made obscene phone calls for fun	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

19.	Hit others to defend yourself	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

20.	Gotten others to gang up on someone else	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

21.	Carried a weapon to use in a fight	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

22.	Gotten angry or mad or hit others when teased	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

23.	Yelled at others so they would do things for you	0	Never
		1	Sometimes
		2	Often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Childhood Trauma Questionnaire

0.	Date on which data was collected	<input style="width: 100%; height: 15px;" type="text"/>	/	<input style="width: 100%; height: 15px;" type="text"/>	/	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
		<i>If missing please enter 01/01/1900</i>							

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
------------	-----------------------	---

1.	I didn't have enough to eat	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	I knew that there was someone to take care of me and protect me	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	People in my family called me things like "stupid", "lazy", or "ugly"	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	My parents were too drunk or high to take care of the family	1	Never
		2	Rarely
		3	Sometimes
		4	Often

		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	There was someone in my family who helped me feel that I was important or special	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	I had to wear dirty clothes	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	I felt loved	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	I thought that my parents wished I had never been born	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	I got hit so hard by someone in my family that I had to see a	1	Never
		2	Rarely
		3	Sometimes

	doctor or go to the hospital	4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

10.	There was nothing I wanted to change about my family.	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

11.	People in my family hit me so hard that it left me with bruises or marks	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

12.	I was punished with a belt, a board, a cord, or some other hard object	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

13.	People in my family looked out for each other	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

14.		1	Never
		2	Rarely

	People in my family said hurtful or insulting things to me	3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

15.	I believe that I was physically abused	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

16.	I had the perfect childhood.	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

17.	I got hit or beaten so badly that it was noticed by someone like a teacher, neighbour, or doctor	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

18.	I felt that someone in my family hated me	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

19.		1	Never
-----	--	---	-------

	People in my family felt close to each other	2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

20.	Someone tried to touch me in a sexual way, or tried to make me touch them	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

21.	Someone threatened to hurt me or tell lies about me unless I did something sexual with them	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

22.	I had the best family in the world.	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

23.	Someone tried to make me do sexual things or watch sexual things	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	Not applicable
		888	Not done
		999	Unknown

24.	Someone molested me	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

25.	I believe that I was emotionally abused	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

26.	There was someone to take me to the doctor if I needed it	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

27.	I believe that I was sexually abused	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

28.	My family was a source of strength and support	1	Never
		2	Rarely
		3	Sometimes
		4	Often
		5	Very often
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Alcohol and Substance use Checklist

0.	Date on which data was collected	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/							
		<i>If missing please enter 01/01/1900</i>										

1.	Does the person score more than 5 on the Audit C questions?	0	No
		1	Yes
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Reason for use	1	Self-treatment, to reduce symptoms (e.g. reduces restlessness, anxiety, emotional instability, helps to sleep, and improves functioning)
		2	Recreational use (getting high, for fun, or for being part of a social group)
		3	Other
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Total score (only show if answered 1 in Q.1)	1	0-7 low risk
		2	8-15 Increasing risk
		3	16-19 Higher risk
		4	20+ possible dependence
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Substance use: In your lifetime which of the following substance have you ever used?

4.	In your lifetime have you ever used any of the following substances?	0	No
		1	Yes
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Cannabis, Cocaine, Methamphetamine, Inhalants, Sedatives or sleeping pills, Hallucinogens, Street opioids, Prescription opioids, Spice, Other.

[Text Wrapping Break]

Wechsler Abbreviated Scale of Intelligence (WASI-II)

0.	Date on which data was collected	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>If missing please enter 01/01/1900</i>		

1.	Vocabulary	<input type="text"/> <input type="text"/> <input type="text"/>	
	Min: 0	777	<i>Not applicable</i>
	Max: 59	888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Matrix Reasoning	<input type="text"/> <input type="text"/> <input type="text"/>	
	Min: 0	777	<i>Not applicable</i>
	Max: 30	888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Estimate IQ (FSIQ) scores	<input type="text"/> <input type="text"/> <input type="text"/>	
	Min: 40	777	<i>Not applicable</i>
	Max: 160	888	<i>Not done</i>
		999	<i>Unknown</i>

Demographic Data

1.	Ethnicity	1	White British
		2	White Irish
		3	Other White ethnic group
		4	Asian
		5	Black African
		6	Black Caribbean
		7	Other Black ethnic group
		8	Black African and White
		9	Black Caribbean and White
		10	Asian and White origin
		11	Other Mixed ethnic group
		12	South American
		13	Other Ethnic group
		777	<i>Not applicable</i>
888	<i>Not done</i>		
999	<i>Unknown</i>		

2.	Highest level of Education	1	O-levels / GCSEs
		2	A-levels
		3	GNVQ
		4	University Degree
		5	None of the above
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Age when leaving school	(number)	
		77	<i>Not applicable</i>
		88	<i>Not done</i>
		99	<i>Unknown</i>

4.	Main Employment:	1	Paid employment	
		2	Self employed	
		3	Unemployed	
		4	Student	
		5	Other, please specify	<i>Go to Q5</i>
		777	<i>Not applicable</i>	
		888	<i>Not done</i>	
		999	<i>Unknown</i>	

5.	If other, please specify (collect if Q4=5)	(text)	
		777	Not applicable
		888	Not done
		999	Unknown

Booking Summary

6.	Index offence	1	Murder
		2	Manslaughter
		3	Grievous bodily harm with intent (Section 18)
		4	Grievous bodily harm (no intent)
		5	Actual bodily harm
		6	Assault or Affray
		7	Possession of drugs with intent to supply (Class A)
		8	Possession of drugs with intent to supply (Class B, C, D)
		9	Possession of drugs (no intent to supply)
		10	Rape
		11	Other sexual offence
		12	Theft
		13	Other charge, please specify:
		14	Assault to severe injury
		15	Attempted murder
		16	Burglary/ Robbery
		17	Possession of prohibited knife/ fire arm
		18	Conspiracy to supply class A drug/drug
		19	Assault on police officer
		20	Driving offences
		21	Wilful fire raising
			777
	888	Not done	
	999	Unknown	

7.	If other, please specify	(text)	
		777	Not applicable
		888	Not done
		999	Unknown

8.	Date of reception	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Partial date	<input type="text"/>									

	Min: 2011	
	Max Today's date	
<i>If missing please enter 01/01/1900</i>		

9.	Has the participant ever been treated with medication for ADHD?	0	No
		1	Yes- within last 3 months (go to Q10)
		2	Yes- more than 3 months ago but within the last year (go to Q.10)
		3	Yes- more than 1 year ago (go to Q.10)
		777	Not applicable
		888	Not done
		999	Unknown

10.	How old was the participant approximately when he first took medication for ADHD?	1	5 years or under
		2	between 6 and 9 years
		3	between 10 and 13 years
		4	between 14 and 17 years
		5	between 18 and 21 years
		6	Between 22 and 25 years
		777	Not applicable
		888	Not done
		999	Unknown

Maudsley Violence Questionnaire (MVQ)

0.	Date on which data was collected	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<i>If missing please enter 01/01/1900</i>			

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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1.	It is shameful to walk away from a fight.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	I tend to just react physically without thinking.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	When you are pushed to your limit, there is nothing you can do except fight.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	You can never face people again if you show you are frightened.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Most people won't learn unless you physically hurt them.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	I enjoy watching violence on TV or in films.	1	True
		0	False
		777	<i>Not available</i>

		888	Not done
		999	Unknown

7.	It is OK to hit someone who threatens to make you look stupid.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

8.	It is OK to hit your partner if they behave unacceptably.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

9.	I expect real men to be violent.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

10.	If you don't stick up for yourself physically you will get trodden on.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

11.	Being violent shows you are a man.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

12.	I am totally against violence.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

13.	Sometimes you have to use violence to get what you want.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

14.	It is OK (or normal) to hit someone if they hit you first.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

15.	You won't survive if you run away from fights and arguments.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

16.	If I am provoked, I can't help but hit the person who provoked me.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

17.	Fighting can make you feel alive and 'fired up'.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

18.	It is OK to hit someone who threatens your family.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

19.	If I felt threatened by someone, I would stop them by attacking them first.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

20.	Physical violence is a necessary sign of strength and power.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

21.	Violence is second nature to me.	1	True
		0	False

		777	Not available
		888	Not done
		999	Unknown

22.	People who irritate you deserve to be hit.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

23.	If I get angry, hitting out makes me feel better.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

24.	I just seem to attract violence.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

25.	Fighting can help to sort out most disagreements.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

26.	Men who are gentle get walked on.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

27.	It is OK to have violence on TV.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

28.	Sometimes you have to be violent to show that you are a man.	1	True
		0	False
		777	Not available
		888	Not done

		999	Unknown
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29.	I hate violence.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

30.	If someone attacked me verbally, I would attack them physically.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

31.	When I can't think of what to say, it's easier to react with my fists.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

32.	If someone cuts you up in traffic, it's OK to swear at them.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

33.	It is OK (or normal) to hit women if you need to teach them a lesson.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

34.	I enjoy watching violent sports (e.g. boxing).	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

35.	If I don't show that I'm tough and strong, people will think I'm weak and pathetic.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

36.		1	True
-----	--	---	------

	It is OK to hit someone who upsets you.	0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

37.	I wouldn't feel bad about hitting someone if they really deserved it.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

38.	When I have hurt people, I feel bad or even hate myself for it afterwards.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

39.	It is OK to hit someone if they make you look stupid.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

40.	It is OK to have violence in films at the cinema.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

41.	Some people only understand when you show them through physical strength.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

42.	I enjoy fighting.	1	True
		0	False
		777	<i>Not available</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

43.	Fear is a sign of weakness.	1	True
		0	False
		777	<i>Not available</i>

		888	Not done
		999	Unknown

44.	It is OK to be violent if someone threatens to damage your property.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

45.	I believe that if someone annoys you, you have a right to get them back, by whatever means necessary.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

46.	If I were in a potentially violent situation, I would automatically confront the person threatening me.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

47.	I would rather lose a fight and get beaten up than embarrass myself by walking away.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

48.	Being violent shows you are strong.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

49.	It is OK to hit someone who threatens your partner.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

50.	Being violent shows that you can assert yourself.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

51.	It is normal for men to want to fight.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

52.	Because anyone can suffer hurt and pain, you should not hit other people.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

53.	I see myself as a violent person.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

54.	'Real men' are not afraid of fighting.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

55.	If you are not willing to fight it means you are weak and pathetic.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

56.	If trouble starts, I wouldn't think about it - I would just get stuck in and fight.	1	True
		0	False
		777	Not available
		888	Not done
		999	Unknown

Brief Symptom Inventory (BSI)

0.	Date on which data was collected	/	/						
		<i>If missing please enter 01/01/1900</i>							

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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DURING THE PAST 7 DAYS, how much were you distressed by:

1.	Nervousness or shakiness inside	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Faintness or dizziness	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	The idea that someone else can control your thoughts	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Feeling others are to blame for most of your troubles	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit

		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Trouble remembering things	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Feeling easily annoyed or irritated	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Pains in the heart or chest	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Feeling afraid in open spaces	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	Thoughts of ending your life	0	Not at all
		1	A little bit
		2	Moderately

		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

10.	Feeling that most people cannot be trusted	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

11.	Poor appetite	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

12.	Suddenly scared for no reason	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

13.	Temper outbursts that you could not control	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

14.		0	Not at all
		1	A little bit

	Feeling lonely even when you are with people	2	Moderately
		3	Quite a bit
		4	Extremely
		777	Not applicable
		888	Not done
		999	Unknown

15.	Feeling blocked in getting things done	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	Not applicable
		888	Not done
		999	Unknown

16.	Feeling lonely	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	Not applicable
		888	Not done
		999	Unknown

17.	Feeling blue	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	Not applicable
		888	Not done
		999	Unknown

18.	Feeling no interest in things	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	Not applicable
		888	Not done
		999	Unknown

19.	Feeling fearful	0	Not at all
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		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

20.	Your feelings being easily hurt	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

21.	Feeling that people are unfriendly or dislike you	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

22.	Feeling inferior to others	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

23.	Nausea or upset stomach	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

24.	Feeling that you are watched or talked about by others	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

25.	Trouble falling asleep	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

26.	Having to check and double check what you do	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

27.	Difficulty making decisions	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

28.	Feeling afraid to travel on buses, subways, or trains	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

29.	Trouble getting your breath	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
999	<i>Unknown</i>		

30.	Hot or cold spells	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
999	<i>Unknown</i>		

31.	Having to avoid certain things, places, or activities because they frighten you	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
999	<i>Unknown</i>		

32.	Your mind going blank	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
999	<i>Unknown</i>		

33.	Numbness or tingling in parts of your body	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>

		999	Unknown
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34.	The idea that you should be punished for your sins	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

35.	Feeling hopeless about the future	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

36.	Trouble concentrating	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

37.	Feeling weak in parts of your body	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

38.	Feeling tense or keyed up	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>

		888	<i>Not done</i>
		999	<i>Unknown</i>

39.	Thoughts of death or dying	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

40.	Having urges to beat, injure, or harm someone	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

41.	Having urges to break or smash things	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

42.	Feeling very self-conscious with others	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

43.	Feeling uneasy in crowds	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely

		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

44.	Never feeling close to another person	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

45.	Spells of terror or panic	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

46.	Getting into frequent arguments	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

47.	Feeling nervous when you are left alone	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

48.	Others not giving you proper credit for your achievements	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit

		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

49.	Feeling so restless you couldn't sit still	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

50.	Feelings of worthlessness	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

51.	Feeling that people will take advantage of you if you let them	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

52.	Feeling of guilt	0	Not at all
		1	A little bit
		2	Moderately
		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

53.	The idea that something is wrong with your mind	0	Not at all
		1	A little bit
		2	Moderately

		3	Quite a bit
		4	Extremely
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Clinical Global Impression (CGI)

0.	Date on which data was collected			/			/				
		<i>If missing please enter 01/01/1900</i>									

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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1.	Severity of illness	0	Not assessed
		1	Normal, not at all ill
		2	Borderline mentally ill
		3	Mildly ill
		4	Moderately ill
		5	Markedly ill
		6	Severely ill
		7	Among the most extremely ill patients
		<i>777</i>	<i>Not applicable</i>
		<i>888</i>	<i>Not done</i>
<i>999</i>	<i>Unknown</i>		

2.	Global improvement (only week 5 and 8)	0	Not assessed
		1	Very much improved
		2	Much improved
		3	Minimally improved
		4	No change
		5	Minimally worse
		6	Much worse
		7	Very much worse
		<i>777</i>	<i>Not applicable</i>
		<i>888</i>	<i>Not done</i>
<i>999</i>	<i>Unknown</i>		

3.	Therapeutic effects (only week 5 and 8)	1	Marked/ Side effects: None
		2	Marked/ Side effects: No significant interference with function
		3	Marked/ Side effects: Significant interference with function
		4	Marked/ Side effects: Outweighs therapeutic effect
		5	Moderate / Side effects: None

		6	Moderate / Side effects: No significant interference with function
		7	Moderate / Side effects: Significant interference with function
		8	Moderate / Side effects: Outweighs therapeutic effect
		9	Minimal / Side effects: None
		10	Minimal / Side effects: No significant interference with function
		11	Minimal / Side effects: Significant interference with function
		12	Minimal / Side effects: Outweighs therapeutic effect
		13	Unchanged or worse / Side effects: None
		14	Unchanged or worse / Side effects: No significant interference with function
		15	Unchanged or worse / Side effects: Significant interference with function
		16	Unchanged or worse / Side effects: Outweighs therapeutic effect
		<i>777</i>	<i>Not applicable</i>
		<i>888</i>	<i>Not done</i>
		<i>999</i>	<i>Unknown</i>

Weiss CD SUBSCALE

0.	Date on which data was collected	/	/						
		<i>If missing please enter 01/01/1900</i>							

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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Please indicate whether you engaged in any of the following during the period aged 5-18 years.

1.	Bullies, threatens or intimidates others	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Initiates physical fights	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Has used a weapon (bat, brick, broken bottle, knife, gun)	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Physically cruel to people	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Physically cruel to animals	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	Not applicable
		888	Not done
		999	Unknown

6.	Stolen while confronting a victim	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	Not applicable
		888	Not done
		999	Unknown

7.	Forced someone into sexual activity	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	Not applicable
		888	Not done
		999	Unknown

8.	Fire setting with the intent of damage	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	Not applicable
		888	Not done
		999	Unknown

9.	Deliberately destroyed others' property	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	Not applicable
		888	Not done
		999	Unknown

10.	Broke into a house, building or car	0	Not at all
		1	Somewhat
		2	Pretty much

		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

11.	Often lies to obtain goods or benefits or avoid obligations	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

12.	Stealing items of nontrivial value without confronting victim	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

13.	Stays out at night despite prohibitions	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

14.	Ran away from home overnight at least twice	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

15.	Truant from school	0	Not at all
		1	Somewhat
		2	Pretty much
		3	Very much
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Adverse Events Scale

0. Date on which data was collected			/			/				

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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1.	Headache	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Dryness of the skin	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Dryness of the eyes	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Dryness of the mouth	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Thirst	0	Not at all
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		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Sore throat	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Dizziness	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Nausea	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	Stomach aches	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

10.	Vomiting	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>

		888	Not done
		999	Unknown

11.	Sweating	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	Not applicable
		888	Not done
		999	Unknown

12.	Appetite reduction	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	Not applicable
		888	Not done
		999	Unknown

13.	Diarrhea	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	Not applicable
		888	Not done
		999	Unknown

14.	Frequent urination	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	Not applicable
		888	Not done
		999	Unknown

15.	Tics	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	Not applicable
		888	Not done
		999	Unknown

16.	Sleep difficulties	0	Not at all
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		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

17.	Mood instability	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

18.	Irritability	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

19.	Agitation/ Excitability	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

20.	Sadness	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

21.	Heart palpitations	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>

		888	<i>Not done</i>
		999	<i>Unknown</i>

22.	Sexual dysfunction	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

23.	Feeling worse or different when the medication wears off (rebound)	0	Not at all
		1	Sometimes
		2	Often
		3	All the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

CORE-M

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/					
				/			/						
<i>If missing please enter 01/01/1900</i>													

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
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1.	Felt terribly alone and isolated	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Felt tense, anxious or nervous	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Felt I have someone to turn to for support when needed.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Felt ok about myself.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often

		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Totally lacking in energy and enthusiasm.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Been physically violent to others	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Felt able to cope when things go wrong.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Troubled by aches, pains or other psychical problems.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	Thought of hurting myself.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

10.	Talking to people has felt too much for me.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

11.	Tension and anxiety have prevented me doing important things.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

12.	Been happy with the things I have done.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

13.	Been disturbed by unwanted thoughts and feelings.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done

		999	Unknown
--	--	-----	---------

14.	Felt like crying.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

15.	Felt panic and terror.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

16.	Made plans to end my life.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

17.	Felt over whelmed by my problems.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

18.	Difficulties getting to sleep or staying asleep.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>

		888	<i>Not done</i>
		999	<i>Unknown</i>

19.	Felt warmth or affection for someone.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

20.	Problems been impossible to put to once side.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

21.	Been able to do most things I needed to.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

22.	Threatened or intimidated another person.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

23.	Felt despairing or hopeless.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often

		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

24.	Thought it would be better if I were dead.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

25.	Felt criticised by other people.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

26.	Thought I have no friends.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

27.	Felt unhappy.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

28.		0	Not at all
		1	Only occasionally

	Unwanted images or memories have been distressing me.	2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

29.	Been Irritable when with other people.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

30.	Thought I am to blame for my problems and difficulties.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

31.	Felt optimistic about my future.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

32.	Achieved the things I wanted to.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

33.		0	Not at all
-----	--	---	------------

	Felt humiliated or shamed by other people.	1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

34.	Hurt myself physically or taken dangerous risks with my health.	0	Not at all
		1	Only occasionally
		2	Sometimes
		3	Often
		4	Most or all the time
		777	Not applicable
		888	Not done
		999	Unknown

Data from Prison records Form

1.	Number of days participant was incarcerated during days 1-28				2.	Number of days participant was incarcerated during days 29-56		
		777	<i>Not applicable</i>				777	<i>Not applicable</i>
		888	<i>Not done</i>				888	<i>Not done</i>
		999	<i>Unknown</i>				999	<i>Unknown</i>
	Min: 0 Max: 28					Min: 0 Max: 28		

Regime	Number of days at each level days 1-28 (Month 1)	Number of days at each level days 29-56 (month 2)
	777Not applicable 888Not done 999Unknown	777Not applicable 888Not done 999Unknown
Basic		
Standard		
Enhanced		
Segregation		

Adjudication data	Number of occurrences on days 1-28 (month 1)	Number of occurrences on days 29-56 (month 2)
Min: 0 Max: 28	777Not applicable 888Not done 999Unknown	777Not applicable 888Not done 999Unknown
Assault with serious injury		
Assault with mild or no injury		
Fights with any person		
Damage to property		
Disobey and order		
Referral to the police		
Other adjudication		

Incentive & Earned Privilege Warning System (IEPs/UBRs)	Number of occurrences on days 1-28 (month 1)	Number of occurrences on days 29-56 (month 2)
Min: 0 Max: 28	777Not applicable 888Not done 999Unknown	777Not applicable 888Not done 999Unknown
Negative behaviours		
Positive behaviour		

Attendance at offender behaviour program	Days 1-28 (Month 1)	Days 29-56 (month 2)
Min: 0	777Not applicable	777Not applicable
Max: 56	888Not done	888Not done
	999Unknown	999Unknown
N scheduled		
N attended		
Attendance at Educational program		
N scheduled		
N attended		
Attendance at vocational training		
N scheduled		
N attended		

Education staff Modified Overt Aggression Scale (MOAS)

0.	Date on which data was collected	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/							
<i>If missing please enter 01/01/1900</i>												

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
------------	-----------------------	---

1.	Verbal aggression	0	No verbal Aggression
		1	Shouts angrily, curses mildly, or makes personal insults
		2	Curses viciously, is severely insulting, has temper outbursts
		3	Impulsively threatens violence toward others or self
		4	Threatens violence toward others or self repeatedly or deliberately
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Aggression against Property	0	No aggression against property
		1	Slams door, rips clothing, urinates on floor
		2	Throws objects down, kicks furniture, defaces walls
		3	Breaks objects, smashes windows
		4	Sets fires, throws objects dangerously
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Autoaggression	0	No autoaggression
		1	Picks or scratches skin, pulls hair out, hits self (without injury)
		2	Bangs head, hits fists into walls, throws self onto floor
		3	Inflicts minor cuts, bruises, burns, or welts on self
		4	Inflicts major injury on self or makes a suicide attempt
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Physical Aggression	0	No physical aggression
		1	Makes menacing gestures, swings at people, grabs at clothing

		2	Strikes, pushes, scratches, pulls hair of others (without injury)
		3	Attacks others, causing mild injury (bruises, sprain, welts, etc.)
		4	Attacks others, causing serious injury
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Prison staff Modified Overt Aggression Scale (MOAS)

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>			/			/				
				/			/					
<i>If missing please enter 01/01/1900</i>												

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
------------	-----------------------	---

1.	Verbal aggression	0	No verbal Aggression
		1	Shouts angrily, curses mildly, or makes personal insults
		2	Curses viciously, is severely insulting, has temper outbursts
		3	Impulsively threatens violence toward others or self
		4	Threatens violence toward others or self repeatedly or deliberately
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Aggression against Property	0	No aggression against property
		1	Slams door, rips clothing, urinates on floor
		2	Throws objects down, kicks furniture, defaces walls
		3	Breaks objects, smashes windows
		4	Sets fires, throws objects dangerously
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Autoaggression	0	No autoaggression
		1	Picks or scratches skin, pulls hair out, hits self (without injury)
		2	Bangs head, hits fists into walls, throws self onto floor
		3	Inflicts minor cuts, bruises, burns, or welts on self
		4	Inflicts major injury on self or makes a suicide attempt
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Physical Aggression	0	No physical aggression
		1	Makes menacing gestures, swings at people, grabs at clothing

		2	Strikes, pushes, scratches, pulls hair of others (without injury)
		3	Attacks others, causing mild injury (bruises, sprain, welts, etc.)
		4	Attacks others, causing serious injury
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Education staff class report card

0.	Date on which data was collected			/			/				
<i>If missing please enter 01/01/1900</i>											

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
------------	-----------------------	---

1.	Keeps hands to self; doesn't push, shove	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Doesn't bully, tease or shout abuse at others	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Follows association and exercise rules	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Gets along well with others	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>

		999	Unknown
--	--	-----	---------

5.	Does not fight or hit, kick or punch	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	Not applicable
		888	Not done
		999	Unknown

6.	Does not verbally or physically attack staff	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	Not applicable
		888	Not done
		999	Unknown

7	Attending classes	1	Yes
		2	No, no further questions
		777	Not applicable
		888	Not done
		999	Unknown

8.	Class participation	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	Not applicable
		888	Not done
		999	Unknown

9.	Performance in class work	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	Not applicable
		888	Not done
		999	Unknown

10.	Follows class rules	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

11.	Get along well with classmates	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

12.	Quality of home work, if given	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Prison staff class report card

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/					
				/			/						
<i>If missing please enter 01/01/1900</i>													

00.	Rater initials	<i>If missing please enter: 777 Not applicable, 888 Not done, 999 Unknown</i>
------------	-----------------------	---

1.	Keeps hands to self; doesn't push, shove	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Doesn't bully, tease or shout abuse at others	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Follows association and exercise rules	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Gets along well with others	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>

		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Does not fight or hit, kick or punch	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Does not verbally or physically attack staff	1	Excellent
		2	Good
		3	Fair
		4	Poor
		5	Very poor
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

Medical History

0.	Date on which data was collected	/	/							
		<i>If missing please enter 01/01/1900</i>								

Is there any relevant significant medical history in the following systems?								
Code	System	Yes*	No		Code	System	Yes*	No
1	Cardiovascular				10	Neurological		
2	Respiratory				11	Traumatic brain injury		
3	Hepatic				12	Immunological		
4	Gastro-intestinal				13	Dermatological		
5	Genito-urinary				14	Allergies		
6	Endocrine				15	Ear, nose, throat		
7	Haematological				16	Other, please specify details below		
8	Musculo-skeletal							
9	Neoplasia							

777. Not available

888. Not done

999. Unknown

*If **YES** for any of the above, enter the code for each condition in the boxes below, giving further details (including dates) and state if the condition is currently or potentially active.

If giving details of surgery please specify the underlying cause. Use a separate line for each condition.

17. Code If missing please enter: <i>If missing please enter: 777. Not applicable 888. Not done 999. Unknown</i>	18. Medical Condition <i>If missing please enter: 777. Not applicable 888. Not done 999. Unknown</i>	19. Start Date If missing please enter 01/01/1900	20. Ongoing at study start? If missing please enter: 777. Not applicable 888. Not done 999. Unknown
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<i>Category question 1- 6, 777, 888, 999</i>	<i>text</i>	<i>Partial dates</i>	<i>Yes/No</i>

MINI 7.0.1 checklist

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>			/			/				
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<i>If missing please enter 01/01/1900</i>												

00.	Rater initials	<i>If missing please enter: 777 not applicable, 888 Not done, 999 unknown</i>
------------	-----------------------	---

1.	Depression	0	Not present
		1	Mild
		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		<i>777</i>	<i>Not applicable</i>
		<i>888</i>	<i>Not done</i>
<i>999</i>	<i>Unknown</i>		

2.	Anger	0	Not present
		1	Mild
		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		<i>777</i>	<i>Not applicable</i>
		<i>888</i>	<i>Not done</i>
<i>999</i>	<i>Unknown</i>		

3.	Mania	0	Not present
		1	Mild
		2	Mild
		3	Mild

		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Anxiety	0	Not present
		1	Mild
		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

5.	Physical (somatic) symptoms	0	Not present
		1	Mild
		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

6.	Suicidal thoughts	0	Not present
		1	Mild
		2	Mild

		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

7.	Psychosis	0	Not present
		1	Mild
		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

8.	Sleep problems	0	Not present
		1	Mild
		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

9.	Memory problems	0	Not present
		1	Mild

		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

10.	Repetitive thoughts or behaviour	0	Not present
		1	Mild
		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

11.	Dissociation	0	Not present
		1	Mild
		2	Mild
		3	Mild
		4	Moderate
		5	Moderate
		6	Moderate
		7	Severe
		8	Severe
		9	Severe
		10	Extreme
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

12.		0	Not present
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Personality functioning	1	Mild
	2	Mild
	3	Mild
	4	Moderate
	5	Moderate
	6	Moderate
	7	Severe
	8	Severe
	9	Severe
	10	Extreme
	<i>777</i>	<i>Not applicable</i>
	<i>888</i>	<i>Not done</i>
	<i>999</i>	<i>Unknown</i>

Vital Signs

0.	Date on which data was collected	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>If missing please enter 01/01/1900</i>		

00.	Rater initials	<i>If missing please enter: 777 not applicable, 888 Not done, 999 unknown</i>
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1.	Blood pressure (systolic)	<input type="text"/> <input type="text"/> <input type="text"/>	
	Min: 0 Max: 190		
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

2.	Blood pressure (diastolic)	<input type="text"/> <input type="text"/> <input type="text"/>	
	Min: 40 Max: 100		
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

3.	Pulse (bpm)	<input type="text"/> <input type="text"/> <input type="text"/>	
	Min: 30 Max: 150		
		777	<i>Not applicable</i>
		888	<i>Not done</i>
		999	<i>Unknown</i>

4.	Weight (kg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
	Min: 45 Max: 150		
	Collect at baseline, week 5 and week 8	777.7	<i>Not applicable</i>
		888.8	<i>Not done</i>
		999.9	<i>Unknown</i>

5.	Height (cm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
	Min: 150 Max: 210		
	Collect at baseline only	777.7	<i>Not applicable</i>
		888.8	<i>Not done</i>
		999.9	<i>Unknown</i>

		10	Lack capacity to give informed consent		
		11	Moderate or severe learning disability defines as IQ<60		
		12	Serious risk of violence to the researcher		
		13	Current major depression, psychosis or hypomania		
		14	Past history of bipolar disorder or schizophrenia		
		15	Medical contraindications to the use of stimulants		
		16	Is taking contraindicated medication during the 4 weeks prior to randomisation		
		17	Drug seeking behaviour or craving		
		18	Participant receiving any ADHD medication		
		19	Did not attend		
		20	Trial no longer recruiting		
		777	<i>Not applicable</i>		
		888	<i>Not done</i>		
		999	<i>Unknown</i>		

7.	If 'other' for the question above, please specify:	[Text]		
		777	<i>Not applicable</i>	
		888	<i>Not done</i>	
		999	<i>Unknown</i>	

8.	Date of randomisation (dd/mm/yyyy)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
				/			/					
<i>If missing please enter 01/01/1900</i>												

Status Form

1.	Patient's status	1	Ongoing – on study treatment
		2	Ongoing – refused future study medication
		3	Ongoing –refused future study medication and assessments. Prison records can still be accessed.
		4	Refused further data collection (complete withdrawal form)
		5	Transferred
		6	Deported/transferred to inaccessible prison
		7	Released
		8	Clinical decision no further contact
		<i>777</i>	<i>Not applicable</i>
		<i>888</i>	<i>Not done</i>
		<i>999</i>	<i>Unknown</i>

Adverse Events Form



































1. Adverse Event	2. Body System code	3. If 'other', please specify	4. Start Date	5. Currently ongoing/ongoing at end of study?	6. Stop Date	7. Outcome	8. Intensity	9. IMP related?	10. Study drug action	10. Is this a Serious Adverse Event?
[text] If missing please enter: 777. Not applicable 888. Not done 999. Unknown	Coded as: 1. Respiratory 2. Hepatic 3. Gastro-intestinal 4. Genitourinary/renal 5. Endocrine 6. Haematological 7. Musculoskeletal 8. Neoplasia 9. Neurological 10. Psychological 11. Immunological 12. Dermatological 13. Allergies 14. Eyes, ear, nose, throat 15. Cardiovascular 16. Other If missing please enter: 777.	[text] If missing please enter: 777. Not applicable 888. Not done 999. Unknown	(dd/mm/yyyy) If missing please enter 01/01/1900	1. Yes (but not at study end yet) 2. Yes (at end of study) 3. No 4. If missing please enter: 777. Not applicable 888. Not done 999. Unknown	(dd/mm/yyyy) Collect if Q5 = 0	1=Recovered 2=Recovered with sequelae 3=Continuing 4=Patient Died If missing please enter: 777. Not applicable 888. Not done 999. Unknown	1. Mild 2. Moderate 3. Severe If missing please enter: 777. Not applicable 888. Not done 999. Unknown	1. Yes 2. No If missing please enter: 777. Not applicable 888. Not done 999. Unknown	0= None 1. Dose reduced 2. Temporarily interrupted 3. Permanently interrupted If missing please enter: 777. Not applicable 888. Not done 999. Unknown	Complete SAE form 0. No results in death 1. is life-threatening 2. requires hospitalization or prolongation of existing hospitalisation 3. persistent or significant disability or incapacity 4. consists of a congenital anomaly or birth defect 5. N/A (IME or pregnancy only) If missing please enter: 777. Not applicable











Trial Medication Log 1

0.	Date of first tablet	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<i>If missing please enter 01/01/1900</i>

1.	Medication pack number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<p>Min: 5000 Max: 5999</p> <p>If missing please enter: 7777 Not applicable 8888 Not done 9999 Unknown</p>

Capsules Prescribed per day: If missing please enter: 777 Not applicable 888 Not done 999 Unknown		Number of capsules taken (AM) min 0, max 4 If missing please enter: 777 Not applicable 888 Not done 999 Unknown	Number of capsules taken (PM) min 0, max 4 If missing please enter: 777 Not applicable 888 Not done 999 Unknown
Capsules Prescribed per day: eek 1	Day 1	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Day 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Day 3	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Day 4	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Day 5	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Day 6	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>







	Day 7		
Capsules Prescribed per day: Week 2	Day 8		
	Day 9		
	Day 10		
	Day 11		
	Day 12		
	Day 13		
	Day 14		
Capsules Prescribed per day: Week 3	Day 15		
	Day 16		
	Day 17		
	Day 18		
	Day 19		
	Day 20		
	Day 21		
Capsules Prescribed per day: Week 4	Day 22		
	Day 23		

Day 24		
Day 25		
Day 26		
Day 27		
Day 28		

Trial Medication Log 2

Capsules Prescribed per day: If missing please enter: 777 Not applicable 888 Not done 999 Unknown		Number of capsules taken (AM) min 0, max 4 If missing please enter 777 Not applicable 888 Not done 999 Unknown	Number of capsules taken (PM) min 0, max 4 If missing please enter 777 Not applicable 888 Not done 999 Unknown
Capsules Prescribed per day: Week 5	Day 29	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day 30	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day 31	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day 32	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day 33	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day 34	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day 35	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Week 6	Day 36	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day 37	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Day 38	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 39	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 41	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Week 7	Day 43	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 44	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 45	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 46	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 47	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 48	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 49	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Week 8	Day 50	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 51	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 52	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Day 53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Day 54		
Day 55		
Day 56		

Study Medication Guess (participant)

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>			/			/				
				/			/					
<i>If missing please enter 01/01/1900</i>												

1.	What study medication do you think you were on?	2	Concerta XL
		1	Placebo
		777	Not applicable
		888	Not done
		999	Unknown

Study Medication Guess (rater)

0.	Date on which data was collected	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>			/			/				
				/			/					
<i>If missing please enter 01/01/1900</i>												

1.	What study medication do you think the participant was on?	2	Concerta XL
		1	Placebo
		777	Not applicable
		888	Not done
		999	Unknown

Withdrawal Form

1.	Has the participant refused further data collection?	1	Yes		
		0	No	(No further questions)	
		<i>777</i>	<i>Not applicable</i>		
		<i>888</i>	<i>Not done</i>		
		<i>999</i>	<i>Unknown</i>		

2.	Date of withdrawal (dd/mm/yyyy)										
		/ /									
		<i>01/01/1900</i>	<i>Unknown</i>								

3.	Reason for withdrawal	1	Death of participant		
		2	Adverse event		
		3	Participant no longer wishes to take part		
		4	Unable to locate / contact participant		
		5	Other, please specify	Go to question 4	
		<i>777</i>	<i>Not applicable</i>		
		<i>888</i>	<i>Not done</i>		
		<i>999</i>	<i>Unknown</i>		

4.	If other, please specify reason for withdrawal	text		
		<i>777</i>	<i>Not applicable</i>	
		<i>888</i>	<i>Not done</i>	
		<i>999</i>	<i>Unknown</i>	

PI End of Study Sign Off

1.	PI sign off of participant data	1	Yes	