

1. Self-disclosure

Your Conversations with Other People Today

Think about any conversations that you may have had with other people today. This could be people you talked to, emailed with, instant messaged with or texted with today. Of those conversations, try to pick which one was the most **personal** and **important** to you.

This could be something **good** that happened (i.e., a good grade, something good in sports, or something else that happened) OR something **bad** that happened (i.e., a bad grade, a poor sports performance, an argument (fight) that you had, etc.).

It could have been about something that happened today, that happened in the past, or about something in the future.

The key thing is that **it was something that you told someone about that was somewhat personal, important or meaningful to you.**

Did you talk about:

1. Facts and information
2. Your thoughts
3. Your feelings

Response Scale

- 1= Not at all
- 2 = Very Little
- 3 = Somewhat
- 4 = A lot
- 5 = Extremely

2. Perceived Responsiveness

After talking with this person, did you feel:

4. That the person really listened to what you were saying
5. That the person was responsive to what you were saying
6. Accepted by that person

Response Scale

- 1= Not at all
- 2 = Very Little
- 3 = Somewhat
- 4 = A lot
- 5 = Extremely

3. Positive and Negative Affect

Now tell us how you felt today. Check the box that best describes your feelings today.

1. I was lively	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
2. I was sad	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
3. I felt happy	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
4. I felt on edge	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
5. I felt at ease	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
6. I felt hostile	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
7. I was mean	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
8. I was full of energy	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
9. I felt <u>un</u> happy	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
10. I was cheerful	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
11. I felt tense	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
12. I was calm	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
13. I was angry	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
14. I felt proud	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
15. I felt loved	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day
16. I felt worried	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some of the day	<input type="checkbox"/> Most of the day	<input type="checkbox"/> All of the day

4. Child Behavior Checklist—Anxiety Subscale

Below is a list of items that describe children. For each item that describes your target child now or within the past six months, please select if the item is very true or often true of your child, somewhat or sometimes true of your child, or not true of your child as far as you know. Please answer all items as well as you can, even if some do not seem to apply to your child.

1. Clings to adults or too dependent
2. Fears certain animals, situations, or places other than school
3. Fears going to school
4. Nervous, highstrung, or tense
5. Too fearful or anxious
6. Worries

Response Scale

- 1= Not true
2 = Somewhat/Sometimes True
3 = Very True/Often True

5. Children's Depression Inventory Short Form

Think of how you have felt in the past TWO WEEKS. Choose the item that is most like you have been feeling.

Which statement is most like how you have been feeling?

1. I am sad once in a while
2. I am sad many times
3. I am sad all the time

Which statement is most like how you have been feeling?

1. Nothing will ever work out for me
2. I am not sure if things will work out for me
3. Things will work out right for me

Which statement is most like how you have been feeling?

1. I do most things right
2. I do many things wrong
3. I do everything wrong

Which statement is most like how you have been feeling?

1. I hate myself
2. I do not like myself
3. I like myself

Which statement is most like how you have been feeling?

1. I feel like crying everyday
2. I often feel like crying
3. I feel like crying once in a while

Which statement is most like how you have been feeling?

1. Things bother me all the time
2. Things often bother me
3. Things bother me once in a while

Which statement is most like how you have been feeling?

1. I look O.K.
2. There are some bad things about my looks
3. I look ugly

Which statement is most like how you have been feeling?

1. I do not feel alone
2. I feel alone often
3. I feel alone all the time

Which statement is most like how you have been feeling?

1. I have plenty of friends
2. I have some friends but I wish I had more
3. I do not have any friends

Which statement is most like how you have been feeling?

1. Nobody really loves me
2. I am not sure if anybody loves me
3. I am sure that somebody loves me

6. Family Conflict

Conflict with Parent-Child Life Stress Interview

- How often do you argue or fight with your mother/father?
 - What does an argument with your mom/dad look like? Is there yelling? Do you talk things out? How often do you argue in a typical week? Anyone else in the family you can talk to?
- How important is it to you that you get along with your parents? (1 = Not at all, 5 = Very Much)

Conflict with Sibling-Child Life Stress Interview

- How often do you argue or fight with your siblings?

Disclosure, Responsiveness, and Gene Expression – Measures

- Yelling? Talking things out? Stay mad or work things out? How often? Anyone else in the family you can talk to?
- How important is it to you to get along with your siblings? (1 = Not at all, 5 = Very Much)