



Survey of Pathways to Diagnosis & Services



If you have questions, please call 1-877-504-7589

This booklet is the second component to the survey you previously started over the phone. Completing this survey is voluntary. You may choose not to answer any question you don't wish to answer, or stop at any time with no impact on the benefits you may receive. Your answers will be kept confidential, and this survey booklet will take about 10 to 25 minutes to complete. When you are finished, please return this booklet to us in the enclosed envelope.

Instructions for Completing the Booklet

- Answer every question that applies to your child to the best of your ability
- Answer each question by filling in the box, like this:

¹ Yes

² No

Reminder

Please answer the questions in this booklet about the same child you were interviewed about in the telephone survey a few weeks ago.

Age of Child

Please select one of the boxes below that represents your child's age.

6 – 10 years (Please complete Parts A, C, D, E)

11 – 17 years (Please complete Parts B, C, D, E)

According to the Paperwork Reduction Act (PRA) of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0920-0406. The time required to complete this information collection is estimated to average 25 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments about the accuracy of the time estimate(s) or suggestions for improving this form please write to: CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333; call 404-639-4794; or send an email to omb@cdc.gov.

Data collection conducted under contract to the CDC by NORC at the University of Chicago.

All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by National Center for Health Statistics staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).



PART A

For ages 6-10 years only

If your child is age 11-17, skip to Part B. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please base your answers on your child's behavior **over the last 6 months**.

	Not True	Somewhat True	Certainly true
1. Considerate of other people's feelings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Shares readily with other children, for example toys, treats, pencils	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Often loses temper	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Rather solitary, prefers to play alone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Generally well behaved, usually does what adults request	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Many worries or often seems worried	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Constantly fidgeting or squirming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Has at least one good friend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. Often fights with other children or bullies them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. Often unhappy, depressed or tearful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. Generally liked by other children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Easily distracted, concentration wanders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. Kind to younger children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18. Often lies or cheats	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
19. Picked on or bullied by other children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
20. Often offers to help others (parents, teachers, other children)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
21. Thinks things out before acting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
22. Steals from home, school or elsewhere	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
23. Gets along better with adults than with other children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
24. Many fears, easily scared	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
25. Good attention span, sees chores or homework through to the end	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Items in Part A are from the Strengths and Difficulties Questionnaire (© Robert Goodman, 2005)

Go to Part C on Page 4.

PART B

For ages 11-17 years only

If your child is age 6-10, please complete part A, then go to Part C For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please base your answers on your child's behavior **over the last 6 months**.

	Not True	Somewhat True	Certainly true
1. Considerate of other people's feelings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Shares readily with other youth, for example CD's, games, food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Often loses temper	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Would rather be alone than with other youth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Generally well behaved, usually does what adults request	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Many worries or often seems worried	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Constantly fidgeting or squirming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Has at least one good friend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. Often fights with other youth or bullies them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. Often unhappy, depressed or tearful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. Generally liked by other youth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Easily distracted, concentration wanders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. Kind to younger youth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18. Often lies or cheats	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
19. Picked on or bullied by other youth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
20. Often offers to help others (parents, teachers, other youth)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
21. Thinks things out before acting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
22. Steals from home, school or elsewhere	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
23. Gets along better with adults than with other youth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
24. Many fears, easily scared	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
25. Good attention span, sees chores or homework through to the end	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Items in Part B are from the Strengths and Difficulties Questionnaire (© Robert Goodman, 2005)

Go to Part C on Page 4.

PART C

For ages 6 to 17

26. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

- 1 No
- 2 Yes – minor difficulties
- 3 Yes – definite difficulties
- 4 Yes – severe difficulties

27. If you answered “Yes” to question 26, please answer the following questions about these difficulties. If you answered “No” to question 26, please skip to Part D of this questionnaire.

a. How long have these difficulties been present?

- 1 Less than a month
- 2 1-5 months
- 3 6-12 months
- 4 Over a year

b. Do the difficulties upset or distress your child?

- 1 Not at all
- 2 Only a little
- 3 Quite a lot
- 4 A great deal

c. Do the difficulties interfere with your child’s everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Friendships	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Classroom learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Leisure activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

d. Do the difficulties put a burden on you or the family as a whole?

- 1 Not at all
- 2 Only a little
- 3 Quite a lot
- 4 A great deal

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Go to Part D on Page 5.

PART D

On the following pages you will find another list of descriptions of children's behavior. Please indicate the extent to which the description applies to your child **during the last two months**.

- Please mark "clearly or often applies" if the description **clearly** applies to your child and/or if the behavior occurs **regularly**.
- Please mark "somewhat or sometimes applies" if the description applies to your child only **slightly** and/or if the behavior occurs **infrequently**.
- Please mark "does not apply or occur" if the description does **not apply** to your child and/or the behavior does **not occur**.

Please fill in the questionnaire as you see your child, even if this view is not shared by others. Although you may be uncertain whether some behaviors apply to your child, please try to answer every question.

	Does not apply or occur	Somewhat or sometimes applies	Clearly or often applies
1. Talks confusedly; jumps from one subject to another in speaking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Only talks about things that are of concern to him/her	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Does not fully understand what is being said to him/her, for example, tends to miss the point	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Frequently says things that are not relevant to the conversation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Does not understand jokes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Takes things literally, for example, does not understand certain expressions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Is extremely naive; believes anything you say	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Overreacts to everything and everyone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Draws excessive attention to himself/herself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Flaps arms/hands when excited	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Makes odd, fast movements with fingers or hands	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. Sways back and forth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. Does not look up when spoken to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. Acts as if others are not there	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Lives in a world of his/her own	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Makes little eye contact	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. Dislikes physical contact, for example, does not want to be touched or hugged	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18. Does not seek comfort when he/she is hurt or upset	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
19. Does not initiate play with other children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
20. Has little or no need for contact with others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
21. Does not respond to attempts by others to initiate contact, for example, does not play along when asked	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

	Does not apply or occur	Somewhat or sometimes applies	Clearly or often applies
22. Is unusually sensitive to certain sounds, for example, always hears certain sounds earlier than other people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
23. Is extremely pleased by certain movements and keeps doing them, for example, turning around and around	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
24. Smells objects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
25. Constantly feels objects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
26. Is fascinated by certain colors, forms, or moving objects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
27. Has difficulty doing two things at the same time, for example, he/she cannot dress and listen to parent at the same time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
28. Cannot tell if he/she is at the beginning, middle, or end of an activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
29. Does things without realizing the goal, for example, constantly has to be reminded to finish things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
30. Shows sudden mood changes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
31. Gets angry quickly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
32. Stays angry for a long time, for example, when he/she does not get his/her way	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
33. Cannot be made enthusiastic about anything; does not particularly like anything	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
34. Does not show his/her feelings in facial expressions and/or body posture	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
35. Does not realize when there is danger	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
36. Barely knows the difference between strangers and familiar people, for example, readily goes with strangers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
37. Is disobedient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
38. Cannot be corrected when he/she has done something wrong	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
39. Has difficulty taking in information; information is heard but does not sink in	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
40. Makes careless remarks, for example, remarks that are painful to others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
41. Does not appreciate it when someone else is hurt or sad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
42. Makes a fuss over little things; "makes a mountain of a mole-hill"	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
43. Does not know when to stop, for example, goes on and on about things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
44. Is extremely stubborn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
45. Panics in new situations or if change occurs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
46. Remains clammed up in new situations or if change occurs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
47. Opposes change	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
48. Gets lost easily, for example, when out with someone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
49. Has no sense of time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Items in Part D are from the Children's Social Behavior Questionnaire (© University of Groningen, 2001)

Go to Part E on Page 7.

PART E

Now we want to ask about your child's strengths since each child has their own unique qualities and talents. Please rate your child on each of the skills below. Answer each question by filling in a box from 1 through 5 (1 meaning skill is less of a strength and 5 meaning skill is more of a strength).

	Less of a Strength (1)	(2)	Somewhat a Strength (3)	(4)	More of a Strength (5)
1. Has an eye for detail	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Is able to learn things easily	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Has good computer skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Has good math skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Has good music skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Has good artistic skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Compliments family members when they accomplish something	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Gets along with family members	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Gets along with children of similar age	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Speaks in a nice tone of voice when talking with others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Takes good care of things so they last	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. Uses free time at home in a good way	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. Is able to relax and enjoy life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. Finishes the tasks he/she starts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. Is good at physical activities like sports or exercising	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. Shows interest and curiosity in learning new things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. Cares about doing well in school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. Does all required homework	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19. Displays appropriate emotions in most social settings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
20. Is happy with who he/she is	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

21. What is your relationship to this child?

- 1 Mother
- 2 Father
- 3 Other

Thank you very much for your help!

Please return your completed questionnaire using the pre-paid confidential envelope provided to:

**National Center for Health Statistics
c/o NORC at the University of Chicago
1 North State Street, 16th Floor
Chicago, IL 60602**

If you have misplaced the included pre-paid envelope, please call **1-877-504-7589** for a replacement.

If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board toll-free, at 1-866-309-0542. You may also call the NCHS Research Ethics Review Board, at 1-800-223-8118 and mention protocol # 2011-07.

OFFICE USE ONLY

Receipt		CADE		Verification		Adjudication	
Initials	Date	Initials	Date	Initials	Date	Initials	Date