

STUDY Coding Packet – MAIN SHEET

Coder Initials: _____

Article Title:	Study (circle one): 1 2 3 4 Name (if available):
Authors:	Year:

Source (circle one):	Journal Article	Chapter	Book	Conference Proceedings	Report	Dissertation	Other _____	Peer Review: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Design (circle one):	RCT	SSE Design	Meta-Analysis	Practice Guideline	Review	Letter	Editorial	Other _____
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Random Type:	Subjects	Therapists	Settings	Quasi-Random	None	Other _____
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Location Reported: **Yes** **No**: If yes, specify: _____

Underlying theory: **Yes** **Not known/reported**: If yes, specify: _____

Were post-treatment assessments blind to condition? **Yes** **No**

Note: For the following, only code these variables when unavailable at the GROUP level; otherwise skip.

Ethnicity Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	At least 1 (✓)	N <i>if available</i>	% <i>if available</i>
White			
Black or African American			
Hispanic or Latino			
Asian			
Native Hawaiian or Pacific Islander			
American Indian or Alaska Native			
Other _____			
Multiethnic			
Unknown			

Gender Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	At least 1 (✓)	N <i>if available</i>	% <i>if available</i>
Male			
Female			

Age Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	Min	Max	Mean	SD
Age (years)				
Grade				

Sample Size (whole study): Pre _____ Post _____

STUDY Coding Packet – SELECTION and DESCRIPTION

Population Reported: Yes No **I** **E** observed

Prevention			
Universal			
Targeted			
Seeking Treatment (Clinical)			
Outpatient			
Inpatient			
Residential			
Group Home			
Foster Home			
Case Management			
Other Tx: _____			
Recruited Analogue (Sub-clinical)			
Education			
General Education			
Special Education			
Other: _____			
High-Risk			
Homeless			
Parental Pathology			
Low Income			
Exposure to Violence			
Exposure to Sex Abuse			
Exposure to Other _____			
Removed from Home			
Other Risk _____			
Unspecified			
Other Services			
Child Welfare			
CPS			
Primary Health Care			
Other: _____			

Age Reported: Yes No **I**

Age Minimum (years)	
Age Maximum (years)	
Grade Minimum	
Grade Maximum	

Gender Reported: Yes No **I**

Male	
Female	

Income Reported: Yes No **M** **SD**

	observed
Income	

IQ Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	I	E	observed
IQ Minimum			
IQ Maximum			
If yes, instrument used:			

Ethnicity Reported: Yes No **I**

White	
Black or African American	
Hispanic or Latino	
Asian	
Hawaiian or Pacific Islander	
American Indian or Alaska Native	
Other _____	
Multiethnic	

Family Reported: Yes No **I** **E** observed

Two Parents			
Single Parent Only			
Siblings			
Step-parents			
Other _____			

Meds Reported: Yes No **I** **E** observed

Medication Held Constant			
Medication Varied			
Specific Meds Only: _____			
Other			

Vocabulary Reported: Yes No **I** **E** observed

Verbal			
Nonverbal			
Other _____			

Language Reported: Yes No **I** **E** observed

English Primary			
Other Primary _____			

Severity Reported: Yes No **I** **E** observed

SED/SEBD			
Clinical Cutoff			
If yes, measure used:			
If yes, cutoff:			

Funding Reported: Yes No **I** **E** observed

Private			
Private Insurance			
Managed Care			
Public/Medicaid			
Other _____			

STUDY Coding Packet – SELECTION and DESCRIPTION

Problem Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	I	E	observed
Academic/Intellectual			
Academic Achievement			
Cognitive-Intellectual Functioning			
Learning Disorder, Underachievement			
School Involvement			
School Refusal/Truancy			
Speech and Language Problems			
Not Otherwise Specified			
Externalizing			
Aggression			
Anger			
Attention Problems			
Fire Setting			
Hyperactivity			
Oppositional/Non-Compliant Behavior			
Runaway			
Sexual Misconduct			
Substance Use			
Willful Misconduct, Delinquency			
Not Otherwise Specified			
Internalizing			
Activity Involvement			
Anxiety			
Attitude			
Avoidance			
Depressed Mood			
Enuresis, Encopresis			
Grief			
Low Self-Esteem			
Phobia/Fears			
Shyness			
Suicidality			
Traumatic Stress			
Not Otherwise Specified			

Problem Continued	I	E	observed
Self-Care			
Health Management			
Medical Regimen Adherence			
Personal Hygiene			
Not Otherwise Specified			
Social			
Assertiveness			
Empathy			
Peer Interaction			
Peer Involvement			
Peer/Sibling Conflict			
Social Skills			
Not Otherwise Specified			
Other			
Community Involvement			
Eating, Feeding Problems			
Family Functioning			
Gender Identity Problems			
Mania			
Psychosis			
Self-Control			
Self-Injurious Behavior			
Sleep Disturbance			
Treatment Engagement			
Other:			
Other:			
Other:			

Diagnoses Reported: Yes No

If yes, instrument used:

If yes, complete and attach DX sheets