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girls, included those in single-parent families.[37] Children of divorced parents were found to score significantly higher on the CDI than children who were rejected by their peers, when compared with controls, had significantly higher CDI scores in one study,[43] but not in another when compared with children who were considered "average".[44]Children of individuals who are substance abusers also scored significantly higher on the CDI than children of non-substance abusers.[45] Another study researched levels of depression and self-esteem in gifted children, and found that boys were significantly more depressed than girls, based on their CDI scores.[46] Further, obese children scored as being more depressed on the CDI than their non-obese counterparts in one study.[47] Children who have posttraumatic stress disorder (PTSD)[48][49] and anxiety[50] were more depressed, based on their CDI score results, than children who did not have PTSD or anxiety. Females, aged 1217, who had attempted suicide scored significantly higher on the CDI than psychiatric controls[51] and girls who were repeat attempters of suicide scored higher on the CDI than first-time suicide attempters.[51]A 2012 study researched the potential relationship between pediatric inflammatory bowel diseases (IBD), such as Crohn's disease and ulcerative colitis, and depressive symptoms.[52] A significant positive correlation was found between IBD and somatic complaints that reflect depressive symptoms.[52] Researchers in this study stated that the CDI test item, "somatic complaints" could potentially be recognized as a sixth and separate factor on the test.[52]CDI factorial structure and internal consistency have variations in differing juvenile cohorts. The CDI tends to reflect a greater number of false negatives than false positives. As with any test, the CDI is not perfectly valid.[1] It is possible for test-takers of the CDI to "fake good." Individuals who take the CDI whose reading level is not age-appropriate may have difficulty with it, and therefore, their results may be incorrect.[1]It is important to account for and consider additional information about the individual rather than solely-using CDI test scores on which to base decisions.[1] A variety of individuals may administer the CDI, however, as a caution and for ethical purposes, only those professionals who are trained to interpret assessments should do so.[1]Psychological testing" a b c d e f g h i j k l m n o p q r s t u v w x y z aa ab ac ad ae af ag ah ai aj ak al am an ao ap aq ar as at au av aw ax ay az ba bb bc bd be Kovacs, M. (1992). Children's Depression Inventory. 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