

# **CHILD AND ADOLESCENT PSYCHIATRIC ASSESSMENT (CAPA)**

**Core Diagnostic Modules for DSM 5**  
(Depression, Anxiety, ODD/CD, ADHD, and Impairment Modules)

## **CHILD INTERVIEW** Version 10.0.0

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Definitions and questions

Codes

**INTERVIEW #**

**INTERVIEWER INITIALS**

**INTERVIEW DATE**

**FIRST DAY OF PRIMARY PERIOD**

3 Months ago from Interview Date

**TIME AT START OF INTERVIEW**

**TIME AT END OF INTERVIEW**

**LOCATION OF INTERVIEW**

H = Subjects Home

P = Project Office

T = Treatment Setting

C = Custodial Institution

O = Other

CAPAID

CAA3X01  
PVIEWER

CAA4O01

CAA5O01

CAQ1D01

CQA9X12

CAQ0X01

FOR REVIEW ONLY

Definitions and questions

**QUALITY OF INTERVIEW**

Code your subjective impression as to the quality of the information collected during the interview. The subject may have refused to provide adequate descriptions of symptoms or been deliberately misleading on occasion.

0= Adequate

2= The interview is inadequate, in relation to the specified area, only in certain parts of the interview. Note the section where data is probably inadequate.

3= The whole interview is inadequate.

Quality of interview

Adequacy of Interview

Misleading Answers or Lies

Did Not Answer Many Questions Verbally

Guarded Informant

Refused to Continue

Impaired Consciousness

Intoxicated with Alcohol or Drugs

Unsuitable Interview Environment

Interviewer Comments

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Codes

CQA9X01

CQA9X02

CQA9X03

CQA9X04

CQA9X05

CQA9X06

CQA9X07

CQA9X08

FOR REVIEW ONLY

**SUBJECT**

**GENDER**  
1 = Male  
2 = Female

**DATE OF BIRTH**  
*What is your birth date?*

**HISPANIC**  
*Are you Spanish, Hispanic, or Latino?*

**ETHNIC ORIGIN**  
*What race are you? You can choose more than one.  
Are you American Indian or Alaskan Native?  
Or Asian?  
African-American or Black American?  
White, that is, of European, Middle Eastern, or North African origin?  
Native Hawaiian or other Pacific Islander?  
Some other race that I have not mentioned?*

*What language do you speak at home?*

**AGE AT ADOPTION**  
*Are you adopted?  
How old were you when you were adopted?*

**FOSTER CARE**  
*Have you been in foster care?  
How long have you been in foster care?  
When did you first go into foster care?*

*How many foster care homes have you been in?*

**GENDER**  
1 = Male  
2 = Female

**DATE OF BIRTH**

**HISPANIC**  
0 = Absent  
2 = Present

**ETHNIC ORIGIN**  
1= African American  
2= American Indian or Alaskan Native  
3= Asian or Pacific Islander  
4= Hispanic  
5= Other  
6= White (European or Middle Eastern)

**LANGUAGE SPOKEN AT HOME**  
1= English  
2= Spanish  
3= Other

**AGE AT ADOPTION (Years and Months)**

CAA0X01  
PSEX

CAA1O01  
DOB

CUB5X01

CUB5X02

CAP7I01

CAP9X01

CAB0O01

CAB1F01

FOR REVIEW ONLY

**PARENTAL FIGURES**

Parental figures are adults who have lived in the child's home for at least one month who assume some responsibility for attempting to control the behavior and discipline of the child.

Parental Figures in the Home (Parent #1 and Parent #2) are those who have lived in the child's home for at least one month of the primary period.

Parental figures living elsewhere (Other Parents #1 and Other Parent #2) are individuals who now live elsewhere who either currently act as parental figures or did so in the past, such as a biological parent who is now separated from the child.

**What is your relationship with "Parent #1"?**

- Is s/he your biological parent?*
- Is s/he your adoptive parent?*
- Step parent?*
- Live-in partner of one parent?*
- More than 6 months or less than 6 months?*
- Grandparent?*
- Some other relative like an aunt or uncle?*
- Foster parent?*
- An unrelated adult serving as a parent?*

**Gender**

- 1 = Male
- 2 = Female

**AGE**

**How old is "Parent #1"?**

**What is your relationship with "Parent #2"?**

- Is s/he your biological parent?*
- Is s/he your adoptive parent?*
- Step parent?*
- Live-in partner of one parent?*
- More than 6 months or less than 6 months?*
- Grandparent?*
- Some other relative like an aunt or uncle?*
- Foster parent?*
- An unrelated adult serving as a parent?*

**Gender**

- 1 = Male
- 2 = Female

**AGE**

**How old is "Parent #2"?**

**PARENT #1:**

**Name** \_\_\_\_\_

- 1= Biological parent
- 2= Adoptive parent
- 3= Step parent
- 4= Live-in partner of one parent (> 6 months)
- 5= Live-in partner of one parent (<6 months)
- 6= Grandparent
- 7= Other relative
- 10= Foster parent
- 11= Unrelated adult serving as parent
- 12= Deceased biological parent
- 13= Deceased non-biological parent

**GENDER**

**AGE IN YEARS**

**PARENT #2:**

**Name** \_\_\_\_\_

- 1= Biological parent
- 2= Adoptive parent
- 3= Step parent
- 4= Live-in partner of one parent (> 6 months)
- 5= Live-in partner of one parent (<6 months)
- 6= Grandparent
- 7= Other relative
- 10= Foster parent
- 11= Unrelated adult serving as parent
- 12= Deceased biological parent
- 13= Deceased non-biological parent

**GENDER**

- 1 = Male
- 2 = Female

**AGE IN YEARS**

CAB5X01

CAB5X02

CAB5X03

CAB6X01

CAB6X02

CAB6X03

**If child has "Other Parent #1", continue. Otherwise skip to Siblings Page.**

**What is your relationship with "Other Parent #1"?**

- Is s/he your biological parent?*
- Is s/he your adoptive parent?*
- Step parent?*
- Live-in partner of one parent?*
- More than 6 months or less than 6 months?*
- Grandparent?*
- Some other relative like an aunt or uncle?*
- Foster parent?*
- An unrelated adult serving as a parent?*

**Gender of "Other Parent #1"**

- 1 = Male
- 2 = Female

**AGE**

**How old is "Other Parent #1"?**

**If child has "Other Parent #1", continue. Otherwise skip to Siblings Page.**

**What is your relationship with "Other Parent #2"?**

- Is s/he your biological parent?*
- Is s/he your adoptive parent?*
- Step parent?*
- Live-in partner of one parent?*
- More than 6 months or less than 6 months?*
- Grandparent?*
- Some other relative like an aunt or uncle?*
- Foster parent?*
- An unrelated adult serving as a parent?*

**Gender**

- 1 = Male
- 2 = Female

**AGE**

**How old is "Other Parent #2"?**

**OTHER PARENT #1:**

**Name** \_\_\_\_\_

- 1= Biological parent
- 2= Adoptive parent
- 3= Step parent
- 4= Live-in partner of one parent (> 6 months)
- 5= Live-in partner of one parent (<6 months)
- 6= Grandparent
- 7= Other relative
- 10= Foster parent
- 11= Unrelated adult serving as parent
- 12= Deceased biological parent
- 13= Deceased non-biological parent

**Gender**

- 1 = Male
- 2 = Female

**AGE**

**OTHER PARENT #2:**

**Name** \_\_\_\_\_

- 1= Biological parent
- 2= Adoptive parent
- 3= Step parent
- 4= Live-in partner of one parent (> 6 months)
- 5= Live-in partner of one parent (<6 months)
- 6= Grandparent
- 7= Other relative
- 10= Foster parent
- 11= Unrelated adult serving as parent
- 12= Deceased biological parent
- 13= Deceased non-biological parent

**Gender**

- 1 = Male
- 2 = Female

**AGE**

CAB7X01

CAB7X02

CAB7X03

CAB8X01

CAB8X02

CAB8X01

FOR REVIEW ONLY

Definitions and questions

Codes

**RELATIONSHIP BETWEEN PARENT 1 AND PARENT 2**

**MARITAL RELATIONSHIP**

A Marital Relationship is either a legal marriage or any continuing relationship that has lasted at least six months. In both cases, the relationship must have been ongoing during the last 3 months, with the partners living together in the same home for at least one month of that period.

N.B. Include homosexual partnerships if they fulfill the above criteria.

In the absence of a Marital Relationship, complete the ratings for an Exclusive Partnership, if appropriate.

***Are your "Parents" married?***

**EXCLUSIVE PARTNERSHIP**

Any exclusive relationship that has been ongoing for at least 3 months and has continued for some period during the preceding 3 months; and that has involved the partner in visiting the child's home for at least 10 hours per week.

N.B. Include homosexual partnerships if they fulfill the above criteria.

In the absence of an Exclusive Partnership, complete the ratings for Dating, if appropriate.

**DATING**

A relationship that fulfills the criteria for an Exclusive Partnership, except that it does not meet the 10 hr. time criterion.

**MARITAL RELATIONSHIP**

0 = No  
2 = Yes

CAB9I01

**EXCLUSIVE PARTNERSHIP**

0 = No  
2 = Yes

CAC0I01

**DATING**

0 = No  
2 = Yes

CAC1I01

FOR REVIEW ONLY

Definitions and questions

Codes

**SIBLINGS**

***Do you have any brothers or sisters?***

**Siblings**

- 1= Full Sib
- 2= Half Sib
- 3= Step Sib
- 4= Adopted Sib
- 5= Unrelated Child
- 6= Other related child (e.g. cousin, aunt)
- 7= Biological parent living in the home but non-functional in the parental role

**Sex of Sibling**

- M= Male
- F= Female

**Age**

**Sibling Living In the Home**

- 0= Live at home at least 1 month
- 2= Live away from home

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

FOR REVIEW ONLY

CAA6X01

CAA6X02

CAA6X03

CAA6X04

CAA6X05

CAA6X06

CAA6X07

CAA6X08

CAA6X09

CAA6X10

CAA6X11

CAA6X12

Definitions and questions

**SIBLINGS**

**Siblings**

- 1= Full Sib
- 2= Half Sib
- 3= Step Sib
- 4= Adopted Sib
- 5= Unrelated Child
- 6= Other related child (e.g. cousin, aunt)
- 7= Biological parent living in the home but non-functional in the parental role

**Sex of Sibling**

- M= Male
- F= Female

**Age**

**Sibling Living In the Home**

- 0= Live at home at least 1 month
- 2= Live away from home

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Codes

CAA6X13

CAA6X14

CAA6X15

CAA6X16

CAA6X17

CAA6X18

CAA6X19

CAA6X20

CAA6X21

CAA6X22

CAA6X23

CAA6X24

FOR REVIEW ONLY

Definitions and questions

**SIBLINGS**

**Siblings**

- 1= Full Sib
- 2= Half Sib
- 3= Step Sib
- 4= Adopted Sib
- 5= Unrelated Child
- 6= Other related child (e.g. cousin, aunt)
- 7= Biological parent living in the home but non-functional in the parental role

**Sex of Sibling**

- M= Male
- F= Female

**Age**

**Sibling Living In the Home**

- 0= Live at home at least 1 month
- 2= Live away from home

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

Codes

CAA6X25

CAA6X26

CAA6X27

CAA6X28

CAA6X29

CAA6X30

CAA6X31

CAA6X32

CAA6X33

CAA6X34

CAA6X35

CAA6X36

FOR REVIEW ONLY

Definitions and questions

Codes

**MULTIPLE BIRTH**

**IDENTICAL/NON-IDENTICAL**

- 1= Identical
- 2= Non-identical (fraternal)
- 3= other multiple

**BIRTH ORDER IN MULTIPLE BIRTH**

- 1= First born
- 2= Second born
- 3= Third born

CAA7X01  
Twin

CAA7X02  
Triplet

CAA7X04  
Other Multiple

CAA7X03  
Birth Order

FOR REVIEW ONLY

Definitions and questions

Codes

**OTHERS IN HOUSE**

**Status**

- 1= Biological parent
- 2= Adoptive parent
- 3= Step parent
- 4= Live-in partner of one parent (> 6 months)
- 5= Live-in partner of one parent (<6 months)
- 6= Grandparent
- 7= Other relative
- 8= Paying boarder
- 9= Other
- 10= Foster Parent

List respondent first

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

CAA8X01

CAA8X02

CAA8X03

CAA8X04

CAA8X05

CAA8X06

CAA8X07

CAA8X08

CAA8X09

CAA8X10

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**FAMILY SECTION**

**LIVING AT HOME**

Child lives at home for at least 4 weeks of the last 3 months.

***Have you lived at home for at LEAST 4 weeks of the last 3 months?***

**WEEKS LIVING AT HOME**

Number of weeks living at home with Parent #1/(Parent #2).

***In the last 3 months, how many weeks have you lived at home?***

IF NOT AT HOME ALL 12 WEEKS IN LAST 3 MONTHS, ASK:

*Where else have you lived in the past 3 months?*

**LIVING ELSEWHERE IN LAST 3 MONTHS**

CODE AS PRESENT AND CONTINUE.

***When did you live at home for at least 4 weeks?***

IF CHILD NOT LIVING AT HOME FOR AT LEAST 4 WEEKS IN LAST 3 MONTHS, CODE DATE WHEN LAST LIVED AT HOME FOR 4 WEEKS.

***Where have you been living?***

**LIVING AT HOME**

0 = Child has lived at home for at least 4 weeks in last 3 months.

2 = Child HAS NOT lived at home for at LEAST 4 weeks in the last 3 months.

**WEEKS LIVING AT HOME**

**SECONDARY PERIOD: BEGINNING DATE OF LAST MONTH LIVING AT HOME**

**REASON(S) NOT LIVING AT HOME 4 WEEKS**

1 = Time spent away from home and parental figures while attending special program or camp, traveling, vacationing, visiting relatives or friends.

2 = In hospital.

3 = In treatment facility(ies)

4 = Living with other parent.

5 = Foster care

6 = Other

CAC2I01  
Intensity

CAC2F01  
Frequency

CAC3O01

CAR0X01

CAR0X02

CAR0X03

CAR0X04

CAR0X05

CAR0X06

FOR REVIEW ONLY

Definitions and questions

**ARGUMENTS WITH PARENT #1**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

**Do you have arguments with "Parent #1"?**

*How long do these arguments last?  
Do either one of you raise your voice?*

*How many arguments have you had with "Parent #1" in the last 3 months?*

*When was the first time you had an argument with "Parent #1"?*

*In the last 3 months, did you get physical during the argument?*

*Did you hit "Parent #1" while arguing?*

*In the last 3 months, how often have you had an argument with "Parent #1" that has gotten physical?*

*When was the first time you had an argument with "Parent #1" that got physical?*

**OTHER PHYSICAL VIOLENCE AGAINST PARENT #1 BY CHILD (WITHOUT ARGUMENTS)**

***In the last 3 months, have you hit "Parent #1" without having an argument?***

*In the last 3 months, how often have you hit "Parent #1" without an argument?*

*When was the first time this happened?*

Coding rules

**ARGUMENTS WITH PARENT #1**

0 = No  
2 = Yes

**PHYSICAL ARGUMENTS WITH PARENT #1**

0 = No  
2 = Yes

**OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)**

0 = No  
2 = Yes

Codes

CAD1I01  
Intensity

CAD1F01  
Frequency

CAD1O01  
Onset

 / 

CAD2I01  
Intensity

CAD2F01  
Frequency

CAD2O01  
Onset

 / 

CAD3I01  
Intensity

CAD3F01  
Frequency

CAD3O01  
Onset

 /

Definitions and questions

**ARGUMENTS WITH PARENT #2**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

***In the last 3 months, have you had arguments with your "Parent #2"?***

*How long do these arguments last?  
Do either one of you raise your voice?*

*How many arguments have you had with "Parent #2" in the last 3 months?*

*When was the first time you had an argument like this?*

*In the last 3 months, did the arguments get physical?*

*Did you hit "Parent #2" while arguing?*

*In the last 3 months, how many arguments have you had with "Parent #2" that got physical?*

*When was the first time this happened?*

**OTHER PHYSICAL VIOLENCE AGAINST PARENT #2 BY CHILD (WITHOUT ARGUMENTS)**

***In the last 3 months, have you hit "Parent #2" without having an argument?***

*In the last 3 months, how often has this happened?*

*When was the first time this happened?*

Coding rules

**ARGUMENTS WITH PARENT #2**

0 = No  
2 = Yes

**PHYSICAL ARGUMENTS WITH PARENT #2**

0 = No  
2 = Yes

**OTHER PHYSICAL VIOLENCE AGAINST PARENT #2 BY CHILD (WITHOUT ARGUMENTS)**

0 = No  
2 = Yes

Codes

CAD4I01  
Intensity

CAD4F01  
Frequency

CAD4O01  
Onset

 /  / 

CAD5I01  
Intensity

CAD5F01  
Frequency

CAD5O01  
Onset

 /  / 

CAD6I01  
Intensity

CAD6F01  
Frequency

CAD6O01  
Onset

 /  /

Definitions and questions

**IF CHILD HAS "OTHER PARENT #1", CONTINUE. OTHERWISE SKIPT TO ARGUMENTS WITH OTHER ADULTS (PAGE 8)**

**OTHER PARENTING - OTHER PARENT #1**

Code here any relationship that the child has with Other Parent #1 who no longer lives in the home.

CODE QUALITY OF RELATIONSHIPS EVEN IF NO CONTACT IN THE LAST 3 MONTHS.

***Do you see or have any contact with "Other Parent #1"?***

*Do you want to?*

*How long are the visits to "Other Parent #1"?*

***In the last 3 months, have you received any phone calls, letters, texts, or emails from "Other Parent #1"?***

*How many calls, texts, letters, or emails?*

CODE QUALITY OF RELATIONSHIP WITH "OTHER PARENT #1" EVEN IF NO CONTACT IN THE LAST 3 MONTHS.

***How would you describe your relationship with "Other Parent #1"?***

*Are there any problems?*

*Do you like visiting "Other Parent #1"?*

Coding rules

**CHILD HAS "OTHER PARENT #1"**

0 = Absent

2 = Present

**OTHER PARENT #1: NUMBER OF VISITS**

**OTHER PARENT #1: DURATION OF VISITS**

0 = >1 week

1 = 1 day- 1 week

2 = < 1 day

3 = < 5 hours

**NUMBER OF PHONE CALLS/LETTERS/EMAILS TO OR FROM OTHER PARENT #1 IN LAST 3 MONTHS**

**OTHER PARENT #1: QUALITY OF RELATIONSHIP**

0 = No evidence of relationship problems with absent parent.

1 = No relationship and child grieves or is angry over this.

2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent's new partner).

3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).

Codes

CAD8I01  
Intensity

CAD8F01

CAD8D01

CAD9F01

CAE0I01

FOR REVIEW ONLY

Definitions and questions

**IF CHILD HAS "OTHER PARENT #2", CONTINUE. OTHERWISE SKIPT TO ARGUMENTS WITH OTHER ADULTS (PAGE 8)**

**OTHER PARENTING - OTHER PARENT #2**

Code here any relationship that the child has with Other Parent #2 who no longer lives in the home.

CODE QUALITY OF RELATIONSHIPS EVEN IF NO CONTACT IN THE LAST 3 MONTHS.

**Do you see or have any contact with "Other Parent #2"?**

*Do you want to?*

*How long are the visits to "Other Parent #2"?*

**In the last 3 months, have you received any phone calls, texts, letters, or emails from "Other Parent #2"?**

*How many calls, texts, letters, or emails?*

CODE QUALITY OF RELATIONSHIP WITH OTHER PARENT #2 EVEN IF NO CONTACT IN THE LAST 3 MONTHS

**How would you describe your relationship with "Other Parent #2"?**

*Are there any problems?*  
*Do you like visiting "Other Parent #2"?*

Coding rules

**CHILD HAS "OTHER PARENT #2"**

- 0 = Absent
- 2 = Present

**OTHER PARENT #2: NUMBER OF VISITS**

**DURATION OF VISITS: OTHER PARENT #2**

- 0 = >1 week
- 1 = 1 day- 1 week
- 2 = < 1 day
- 3 = < 5 hours

**NUMBER OF PHONE CALLS/TEXTS/LETTERS/EMAILS TO OR FROM OTHER PARENT #2 IN LAST 3 MONTHS**

**OTHER PARENT #2: QUALITY OF RELATIONSHIP**

- 0 = No evidence of relationship problems with absent parent.
- 1 = No relationship and child grieves or is angry over this.
- 2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent's new partner).
- 3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).

Codes

CAE1I01  
Intensity

CAE1F01

CAE1D01

CAE2F01

CAE3I01

Definitions and questions

**ARGUMENTS WITH OTHER PARENT #1**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

**Do you have arguments with "other parent #1"?**

*How long do these arguments last?*  
*Do either one of you raise your voice?*

*How many arguments have you had with "Other Parent #1" in the last 3 months?*

*When was the first time this happened?*

  

*In the last 3 months, did the arguments get physical?*

*Did you hit "Other Parent #1" while arguing?*

*In the last 3 months, how many arguments have you had with "Other Parent #1" that got physical?*

*When was the first time this happened?*

  

**OTHER PHYSICAL VIOLENCE AGAINST OTHER PARENT #1 BY CHILD (WITHOUT ARGUMENTS)**

***In the last 3 months, have you hit "Other Parent #1" without having an argument?***

*In the last 3 months, how often has this happened?*

*When was the first time this happened?*

Coding rules

**ARGUMENTS WITH OTHER PARENT #1**

0 = No  
 2 = Yes

**PHYSICAL ARGUMENTS WITH OTHER PARENT #1**

0 = No  
 2 = Yes

**OTHER PHYSICAL VIOLENCE AGAINST OTHER PARENT #1 BY CHILD (WITHOUT ARGUMENTS)**

0 = No  
 2 = Yes

Codes

CAE4I01  
 Intensity

CAE4F01  
 Frequency

CAE4O01  
 Onset

 / /

CAE5I01  
 Intensity

CAE5F01  
 Frequency

CAE5O01  
 Onset

 / /

CAE6I01  
 Intensity

CAE6F01  
 Frequency

CAE6O01  
 Onset

 / /

Definitions and questions

**ARGUMENTS WITH OTHER PARENT #2**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

**Do you have arguments with "Other Parent #2"?**

*How long do these arguments last?  
Do either one of you raise your voice?*

*How many arguments have you had with "Other Parent #2" in the last 3 months?*

*When was the first time this happened?*

*In the last 3 months, did the arguments get physical?*

*Did you hit "Other Parent #2" while arguing?*

*In the last 3 months, how many arguments have you had with "Other Parent #2" that got physical?*

*When was the first time this happened?*

**OTHER PHYSICAL VIOLENCE AGAINST OTHER PARENT #2 BY CHILD (WITHOUT ARGUMENTS)**

***In the last 3 months, have you hit "Other Parent #2" without having an argument?***

*In the last 3 months, how often has this happened?*

*When was the first time this happened?*

Coding rules

**ARGUMENTS WITH OTHER PARENT #2**

0 = No  
2 = Yes

**PHYSICAL ARGUMENTS WITH OTHER PARENT #2**

0 = No  
2 = Yes

**OTHER PHYSICAL VIOLENCE AGAINST OTHER PARENT #2 BY CHILD (WITHOUT ARGUMENTS)**

0 = No  
2 = Yes

Codes

CAE7I01  
Intensity

CAE7F01  
Frequency

CAE7O01  
Onset

 / /

CAE8I01  
Intensity

CAE8F01  
Frequency

CAE8O01  
Onset

 / /

CAE9I01  
Intensity

CAE9F01  
Frequency

CAE9O01  
Onset

 / /

Definitions and questions

Coding rules

Codes

**ARGUMENTS WITH OTHER ADULTS**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

***In the last 3 months, have you had arguments with other adults?***

***Like adults in the neighborhood or adults at the store/mall?***

*How long do these arguments last?  
Do either one of you raise your voice?*

*How many arguments have you had with other adults in the last 3 months?*

*When was the first time this happened?*

*In the last 3 months, did the arguments get physical?*

*Did you hit the "Other Adult" while arguing?*

*In the last 3 months, how many arguments have you had with the "other adult" that got physical?*

*When was the first time this happened?*

**OTHER PHYSICAL VIOLENCE AGAINST OTHER ADULT BY CHILD (WITHOUT ARGUMENTS)**

***In the last 3 months, have you hit another adult without having an argument?***

*In the last 3 months, how often has this happened?*

*When was the first time this happened?*

**ARGUMENTS WITH OTHER ADULTS**

0 = No

2 = Yes

**PHYSICAL ARGUMENTS WITH OTHER ADULTS**

0 = No

2 = Yes

**OTHER PHYSICAL VIOLENCE AGAINST OTHER ADULT BY CHILD (WITHOUT ARGUMENTS)**

0 = No

2 = Yes

CAL1I01  
Intensity

CAL1F01  
Frequency

CAL1O01  
Onset

 / /

CAL2I01  
Intensity

CAL2F01  
Frequency

CAL2O01  
Onset

 / /

CAL3I01  
Intensity

CAL3F01  
Frequency

CAL3O01  
Onset

 / /

Definitions and questions

Coding rules

Codes

**FOOD RELATED BEHAVIOR**

**REDUCED APPETITE**

Reduction of normal appetite, or reduced interest in, or enthusiasm for food. Include change in appetite due to substance use or side effects of medication.

***How has your appetite been in the last 3 months?***

***Has it been less than usual?***

*Has the amount you eat changed at all?*

IF REDUCED APPETITE, ASK:

*Has your appetite been reduced for at least 1 week?*

*How much less have you been eating?*

*When did your appetite start to fall off?*

**WEIGHT LOSS**

***Have you lost weight during the last 3 months?***

***Are you happy with your weight?***

*How much weight have you lost?*

*When did you start losing weight?*

**REDUCED APPETITE**

0 = Absent

2 = Food intake has been definitely reduced below normal level because of lack of appetite for at least 1 week.

3 = Subject can only be induced to eat by marked parental or other persuasion.

**WEIGHT LOSS**

0 = Absent

2 = Present

**WEIGHT LOSS: 3 MONTHS**

CFA0I01  
Intensity

CFA0O01  
Onset

CFA1I01  
Intensity

CFA1X01

CFA1O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**EXCESSIVE APPETITE**

An increase in appetite outside the normal range of the subject, including eating for comfort. Include change in appetite due to substance use or side effects of medication.

***In the last 3 months, have you had a bigger appetite than usual?***

***Have you actually eaten more than usual?***

*How much more are you eating?*

*Why are you eating more?*

IF INCREASE APPETITE, ASK:

*In the last 3 months, have you been eating more than usual for at least 1 week?*

*When did you start eating more?*

**WEIGHT GAIN**

Do not include normal developmental weight gain, premenstrual weight gain, or weight gain because of pregnancy.

***Have you gained weight in the last 3 months?***

*Are you trying to gain weight?*

*How much weight have you gained?*

*How long have you been putting on weight?*

Coding rules

**EXCESSIVE APPETITE**

0 = Absent

2 = Food consumption has been definitely increased above the subject's usual level for at least 1 week.

**WEIGHT GAIN**

0 = Absent

2 = Present

**WEIGHT GAIN IN KILOGRAMS: 3 MONTHS**

Codes

CFA2I01  
Intensity

CFA2O01  
Onset

CFA3I01  
Intensity

CFA3X01

CFA3O01  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**FOOD RELATED BEHAVIOR**

**REDUCED APPETITE**

Reduction of normal appetite, or reduced interest in, or enthusiasm for food. Include change in appetite due to substance use or side effects of medication.

***How has your appetite been in the last 3 months?***

***Has it been less than usual?***

*Has the amount you eat changed at all?*

IF REDUCED APPETITE, ASK:

*Has your appetite been reduced for at least 1 week?*

*How much less have you been eating?*

*When did your appetite start to fall off?*

**WEIGHT LOSS**

***Have you lost weight during the last 3 months?***

***Are you happy with your weight?***

*How much weight have you lost?*

*When did you start losing weight?*

**REDUCED APPETITE**

0 = Absent

2 = Food intake has been definitely reduced below normal level because of lack of appetite for at least 1 week.

3 = Subject can only be induced to eat by marked parental or other persuasion.

**WEIGHT LOSS**

0 = Absent

2 = Present

**WEIGHT LOSS: 3 MONTHS**

CFA0I01  
Intensity

CFA0O01  
Onset

CFA1I01  
Intensity

CFA1X01

CFA1O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**EXCESSIVE APPETITE**

An increase in appetite outside the normal range of the subject, including eating for comfort. Include change in appetite due to substance use or side effects of medication.

***In the last 3 months, have you had a bigger appetite than usual?***

***Have you actually eaten more than usual?***

*How much more are you eating?*

*Why are you eating more?*

IF INCREASE APPETITE, ASK:

*In the last 3 months, have you been eating more than usual for at least 1 week?*

*When did you start eating more?*

**WEIGHT GAIN**

Do not include normal developmental weight gain, premenstrual weight gain, or weight gain because of pregnancy.

***Have you gained weight in the last 3 months?***

*Are you trying to gain weight?*

*How much weight have you gained?*

*How long have you been putting on weight?*

Coding rules

**EXCESSIVE APPETITE**

0 = Absent

2 = Food consumption has been definitely increased above the subject's usual level for at least 1 week.

**WEIGHT GAIN**

0 = Absent

2 = Present

**WEIGHT GAIN IN KILOGRAMS: 3 MONTHS**

Codes

CFA2I01  
Intensity

CFA2O01  
Onset

CFA3I01  
Intensity

CFA3X01

CFA3O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**FOOD SELECTIVITY**

Child extremely limit the range of foods consumed resulting in impairment in functioning or need for nutritional supplementation.

Note: Do not include instances of avoidance or restriction of food intake due to the lack of availability of food or cultural practices such as religious fasting or normal dieting.

*Do you consider yourself a picky eater?*

*Would others describe you as a picky eater?*

*Do you get nervous at the thought of having to try a new food?*

*Is it hard for you to try new foods?*

*What makes it difficult for you to eat a wider range of foods?*

*What sort of things won't you eat?*

*What do your parents do about it?*

IF PRESENT, ASK:

*Do your "parent(s)" have to fix special meals just for you?*

*Do these food preferences interfere with family meals?*

*Does it make it difficult to go out to eat?*

*When did you start to get choosy about the food you will eat?*

**IF FOOD SELECTIVITY, CONTINUE.  
OTHERWISE, SKIP TO "INDIFFERENCE TO FOOD", (PAGE 7).**

Coding rules

**FOOD SELECTIVITY**

0 = Absent

2 = The subject eats only within the range of his/her fads.

3 = Eating with others difficult because of extreme fads.

Codes

CFA6I09  
Intensity

CFA6O09  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**FOOD SELECTIVITY DUE TO APPEARANCE**

Subject avoids eating certain foods due to appearance. Subject may avoid eating food based on the color (i.e. red, green, etc.) or the appearance, that is, food looks "gross" or "disgusting" to subject.

***Are you picky about eating because of the way food looks?***

***Are you disgusted or "grossed out" by the appearance of some foods?***

*Is that with most food or just some foods?*

***Do you avoid certain foods because of the color?***

*For example, red foods or green foods, etc.?*

*Does the appearance of a new food sometimes make you gag?*

**FOOD SELECTIVITY DUE TO TEXTURE**

Child refuses to eat certain types of food (e.g., crunchy food; hard food; soft food) because of its texture. It significantly limits his/her food choices.

***Are you picky about eating because of the texture of some foods?***

***Do you refuse to eat certain foods because of the way it "feels" in your mouth?***

***Do you avoid certain foods because the texture is too soft?***

***Or the texture is too hard?***

***Do you avoid food because it is crunchy?***

**FOOD SELECTIVITY DUE TO APPEARANCE**

0 = No

2 = Yes

CFA6112  
Intensity

**FOOD SELECTIVITY DUE TO TEXTURE**

0 = No

2 = Yes

CFA6120  
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**FOOD SELECTIVITY DUE TO TASTE**

Child avoids certain foods based on taste.

Do not include simple dislike of vegetables, etc.

***Are you picky about eating because of the way food tastes?***

***Are you disgusted or "grossed out" by the taste of some foods?***

***Does the taste of new food sometimes make you gag?***

*What happens?*

DO NOT INCLUDE SIMPLE DISLIKE OF VEGETABLES, ETC.

**FOOD SELECTIVITY DUE TO SMELL**

Child avoids certain foods based on the smell. Subject may not be able to tolerate being in the same room because of the smell of certain foods.

***Are you picky about eating because of the way food smells?***

***Are you disgusted or "grossed out" by the smell of some foods?***

***Does the smell of a new food sometimes make you gag?***

***Do you have to leave the room because you does not like the smell of some foods?***

*What happens?*

**FOOD SELECTIVITY DUE TO TASTE**

0 = No

2 = Yes

CFA6I13  
Intensity

**FOOD SELECTIVITY DUE TO SMELL**

0 = No

2 = Yes

CFA6I14  
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**SOCIAL IMPAIRMENT DUE TO FOOD SELECTIVITY**

Child experiences marked interference with psychosocial functioning. Subject may experience social impairment with relationships with family members or friends. Selective eating may limit the number of places the subject can go.

***Does your picky eating affect your relationships with others?***

***Does your picky eating upset your "parent(s)"?***

*How about with other family members?*

***Does it limit what you can do with others?***

***Does it limit the places you can go?***

**HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY**

Child may be dependent on enteral feeding or oral nutritional supplements. Subject may experience significant weight loss or difficulty maintaining weight.

***Has your picky eating affected your health?***

*Have others commented on your health?*

***Do you have to take nutritional supplements like PediaSure or Boost?***

***Have you experienced weight loss or trouble maintaining your weight?***

*Have you been on a feeding tube?*

**SOCIAL IMPAIRMENT DUE TO FOOD SELECTIVITY**

0 = No

2 = Yes

CFA6110  
Intensity

**HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY**

0 = No

2 = Yes

CFA6111  
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**INDIFFERENCE TO FOOD**

Child eats an inadequate amount of food due to disinterest or distaste for food that leads to health or social difficulties.

***Do you have a "take it or leave it" attitude about food or eating?***

***Do you sometimes forget to eat?***

***Do you find that most food is unappealing to you?***

***Is eating a chore?***

IF YES TO ANY QUESTION, CONTINUE.

*Does your indifference about food affect your relationships with others?*

*How about with family members?*

*Does it limit the places you can go or what you can do with others?*

*Does your lack of interest in food affect your health?*

*Have others commented on your health?*

*Do you have to take nutritional supplements?*

*Have you experienced weight loss or trouble maintaining your weight?*

*Have you been on a feeding tube?*

*When did this start?*

**INDIFFERENCE TO FOOD**

0 = No

2 = Yes

**SOCIAL IMPAIRMENT DUE TO FOOD INDIFFERENCE**

0 = No

2 = Yes

**HEALTH IMPAIRMENT DUE TO FOOD INDIFFERENCE**

0 = No

2 = Yes

CFA6I04  
Intensity

CFA6I05

CFA6I06

CFA6O04  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**INSUFFICIENT FOOD QUANTITY/DISCOMFORT WITH EATING**

Child eats an insufficient quantity of food due to lack of experience of hunger, distaste of food, or physical or emotional discomfort associated with eating that is not associated with a fear of weight gain.

**Do you have trouble telling when you are hungry?**

*How do you usually tell?*

**Do you worry about how the food will make your body feel after you eat it?**

**Do you like the way food makes your body feel?**

**Does feeling full bother you?**

*What do you do?*

**Does your discomfort with eating affect your health?**

*Have others commented on your health?*

**Do you have to take nutritional supplements?**

*Have you experienced weight loss or trouble maintaining your weight?*

*Have you been on a feeding tube?*

*When did this start?*

**APPEARANCE MOTIVATION**

Child reduces food intake to in order to change appearance or body shape.

**Are you reducing the amount of food you eat in order to change your body shape?**

**Or to change your appearance?**

*When did this start?*

**INSUFFICIENT FOOD QUANTITY/DISCOMFORT WITH EATING**

0 = No

2 = Yes

CFC8101  
Intensity

**HEALTH IMPAIRMENT DUE TO INSUFFICIENT FOOD QUANTITY/DISCOMFORT WITH EATING**

0 = Absent

2 = Present

CFC8102

CFC8001  
Onset

**APPEARANCE MOTIVATION**

0 = No

2 = Yes

CFA6102  
Intensity

CFA6002  
Onset

Definitions and questions

Coding rules

Codes

**SOMATIC MOTIVATION**

The child, either intentionally or unintentionally, reduces their food intake to avoid feelings of bodily discomfort (e.g. due to fear of gut pain, dislike of a full feeling or feelings of bodily discomfort).

***Do you limit food because of how it will make your body feel?***

***Are you ever too uncomfortable to eat?***

***Do you sometimes avoid eating because it is too painful for you to eat?***

IF YES TO ANY QUESTION, CONTINUE.

*Does your discomfort with eating get in the way of your relationships with others?*

*How about with family members?*

*Does it limit the places you can go or what you can do with others?*

*Has your discomfort with eating affected your health?*

*Have others commented on your health?*

*Do you have to take nutritional supplements?*

*Have you experienced weight loss or trouble maintaining your weight?*

*Have you been on a feeding tube?*

*When did this start?*

**SOMATIC MOTIVATION**

0 = No

2 = Yes

CFA6103  
Intensity

**SOCIAL IMPAIRMENT DUE TO SOMATIC MOTIVATION**

0 = No

2 = Yes

CFA6115

**HEALTH IMPAIRMENT DUE TO SOMATIC MOTIVATION**

0 = No

2 = Yes

CFA6116

CFA6003  
Onset

FOR REVIEW ONLY

Definitions and questions

**REWARDING VALUE OF FOOD**

The child limits consumption of specific food types for fear of overeating or losing control over eating.

***Have you stopped or limited certain foods because you fear you will over eat them?***

*What type of foods do you limit or restrict for these reasons?*

IF YES, ASK:

*When you eat these foods, do you have the feeling that you cannot stop eating it even though part of you wants to?*

*Do you ever feel driven or compelled to eat these foods?*

*When did this start?*

Coding rules

**REWARDING VALUE OF FOOD**

0 = No

2 = Yes

**LOSS OF CONTROL**

0 = No

2 = Yes

Codes

CFA6I07  
Intensity

CFA6I08

CFA6O07  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**SCHOOL/WORK PERFORMANCE AND BEHAVIOR**

**TYPE OF SCHOOL**

***Are you currently enrolled in school?***

CHILDREN WHO ARE ON SUMMER BREAK ARE ENROLLED IN SCHOOL.

IF CHILD CURRENTLY ENROLLED IN SCHOOL, CONTINUE:

***Which school do you go to?***

*Is that a regular school or some kind of alternative school?*

***What grade are you currently in?***

*What grade did you last complete?*

***Have you EVER repeated a grade?***

*Which grade(s)?*  
DO NOT COUNT KINDERGARTEN.

***Have you EVER skipped a grade?***

*Which grade(s)?*  
DO NOT COUNT KINDERGARTEN.

***There are 12 weeks in a 3 month period.***

***In the last 3 months, how many weeks were you in school?***

*Were you out sick for a whole week?*  
*Any vacations lasting a week or more in the last 3 months?*  
*Or school holidays lasting a week?*  
*Did you skip school for a week or more?*  
*Did you miss school because you were worried about going to school?*  
*Have you been suspended for a week or more in the last 3 months?*  
EXCLUDE WEEKS OF VACATION/EXTENDED ILLNESS

INCLUDE WEEKS ENROLLED BUT MISSED SCHOOL BECAUSE OF TRUANCY OR WORRY/ANXIETY

***Did you attend each day?***

***Were you out sick any days?***

*Any vacations?*  
*Did you skip school?*  
*Or miss school because you were worried about going to school?*

**CURRENTLY ENROLLED IN SCHOOL**

- 0 = Absent
- 2 = Present

**TYPE OF SCHOOL**

- 0 = Regular school (non-treatment facility)
- 1 = Alternative school
- 2 = Treatment facility school
- 3 = More than 1 type of school
- 4 = Home schooling

**CURRENT GRADE OR GRADE LAST COMPLETED**

**REPEATED A GRADE: EVER**

- 0 = No
- 2 = Yes

**SKIPPED A GRADE: EVER**

- 0 = No
- 2 = Yes

**NUMBER OF WEEKS ENROLLED IN SCHOOL: 3 MONTHS**

**TOTAL NUMBER OF DAYS PRESENT: 3 MONTHS**

**# OF WEEKS WHERE PRESENT AT LEAST 1 DAY PER WEEK: 3 MONTHS**

CBA1I90  
Intensity

CBA0X01

CBA1X01

CBA2X01

CBA2X02

CBA3D01

CBA4F01

CBA5F01

Definitions and questions

Coding rules

Codes

**IF CHILD IS STILL IN SCHOOL,  
COMPLETE. OTHERWISE , SKIP TO  
"SCHOOL INFORMATION FOR THOSE  
WHO HAVE LEFT SCHOOL", (PAGE 5).**



FOR REVIEW ONLY

Definitions and questions

**ARGUMENTS WITH TEACHERS**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

**Do you have arguments with teachers?**

*Did you (or the teacher) raise your voice during the argument?*

*How long do these arguments last?*

*How many arguments have you had with a teacher in the last 3 months?*

*When was the first time you had an argument with a teacher?*

*Did any of these arguments get physical?*

*What happened?*

*In the last 3 months, how many times have you gotten physical during an argument with a teacher?*

*When was the first time this happened?*

  

**OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)**

***In the last 3 months, have you hit a teacher without having an argument?***

*How many times has this happened in the last 3 months?*

*When was the first time this happened?*

Coding rules

**ARGUMENTS WITH TEACHERS**

- 0 = Absent
- 2 = Present

**ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD**

- 0 = No
- 2 = Yes

**OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)**

- 0 = No
- 2 = Yes

Codes

CBB7I01  
Intensity

CBB7F01  
Frequency

CBB7O01  
Onset

CBB8I01  
Intensity

CBB8F01  
Frequency

CBB8O01  
Onset

CBB9I01  
Intensity

CBB9F01  
Frequency

CBB9O01  
Onset

Definitions and questions

**ARGUMENTS WITH PEERS AT SCHOOL**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

***Do you have arguments with other kids at school?***

*Who do you argue with?*

*Are they your friends?*

*Do either one of you raise your voice?*

*How long do these arguments last?*

*How many arguments have you had with other kids at school in the last 3 months?*

*When did this start?*

**IF CHILD NOT ENROLLED IN SCHOOL, COMPLETE. OTHERWISE, SKIP TO "AFTER SCHOOL WORK ", (PAGE 7).**

Coding rules

**ARGUMENTS WITH PEERS AT SCHOOL**

0 = No

2 = Yes

Codes

CBC0I01  
Intensity

CBC0F01  
Frequency

CBC0O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**SCHOOL INFORMATION FOR THOSE WHO HAVE LEFT SCHOOL**

Information about the school history of students who left school before the 3 month period. Do not include students who are on summer break.

**Have you officially left or quit school?**

*Did you graduate?*

**When did you officially leave school?**

**When was the last month you were officially ENROLLED in school?**

**How many days were you in school during that month?**

NUMBER OF WEEKS PRESENT AT LEAST 1 DAY PER WEEK.

CODE BEGINNING DATE OF 4 WEEK PERIOD WHEN WAS IN SCHOOL 1 DAY PER WEEK.

**When was the last time you were in school for 4 weeks and went to school at least 1 day a week?**

TOTAL NUMBER OF DAYS PRESENT.

**How many days did you go to school during that 4 week period?**

**What was the last grade you COMPLETED?**

**Have you EVER repeated a grade?**

*Which grade(s)?*

DO NOT COUNT KINDERGARTEN.

**Did you graduate?**

IF DID NOT GRADUATE, ASK

*Have you gotten your GED?*

**Did you complete an alternative school program?**

Coding rules

**LEFT SCHOOL OFFICIALLY**

0 = No

2 = Yes

**SECONDARY PERIOD: LAST MONTH PERIOD WHEN ENROLLED IN SCHOOL**

**SECONDARY PERIOD: NUMBER OF DAYS PRESENT**

**SECONDARY PERIOD: NUMBER OF WEEKS WHERE PRESENT AT LEAST 1 DAY PER WEEK**

**TERTIARY PERIOD: BEGINNING DATE OF LAST 4 WEEK PERIOD WHEN CHILD PRESENT IN SCHOOL 1 DAY PER WEEK**

**TERTIARY PERIOD: NUMBER OF DAYS PRESENT**

**LAST GRADE COMPLETED**

**REPEATED GRADE: EVER**

0 = No

2 = Yes

**GRADUATED**

0 = Yes

2 = No

**EARNED GED**

0 = Yes

2 = No

**COMPLETE ALTERNATIVE SCHOOL PROGRAM**

0 = Yes

2 = No

Codes

CBA9I01

CBA9O01  
Onset

CBB0O01

CBB0F01

CBB0F02

CBB1O01

CBB1F01

CBB2X01

CBB3I01

CBB4I01

CBB5I01

CBB6I01

Definitions and questions

Coding rules

Codes

**WORK PERFORMANCE AND BEHAVIOR**

**IF SUBJECT STILL IN SCHOOL,  
COMPLETE. OTHERWISE, SKIP TO  
"EMPLOYMENT: EVER", (PAGE 8).**



FOR REVIEW ONLY

Definitions and questions

**AFTER SCHOOL WORK**

Include any paid employment, including weekend and vacation jobs, (apart from work required in order to qualify for an allowance from parents) in the past 3 months.

***Have you had an after school job in the last 3 months?***

*What do you do?*

*On average, how many hours a week do you work?  
Do you work that many hours most weeks?*

*When did you first get an after school job?*

**DISMISSED FROM JOB: EVER**

***Have you EVER been dismissed/fired from a job?***

**IF OFFICIALLY LEFT SCHOOL,  
CONTINUE. OTHERWISE, SKIP TO  
"MISSING TIME AT SCHOOL  
(TRUANCY): 3 MONTHS", (PAGE 10).**

Coding rules

**CURRENTLY WORK AFTER SCHOOL**

0 = Absent  
2 = Present

**DISMISSED FROM JOB: EVER**

0 = No  
2 = Yes

Codes

CBC1101  
Intensity

CBC1F01  
Frequency

CBC1O01  
Onset

Ever: CBC2101  
Intensity

FOR REVIEW ONLY

Definitions and questions

**EMPLOYMENT: EVER**

Paid employment for those who have left school officially.

***Have you EVER had a job?***

*How many jobs have you EVER had?*

*Have you EVER been fired/dismissed from a job?*

*Since leaving school, what is the longest time you have been without a job?*

CODE NUMBER OF WEEKS UNEMPLOYED.

**IF EVER EMPLOYED, CONTINUE.  
OTHERWISE,, SKIP TO "MISSING TIME  
AT SCHOOL (TRUANCY): 3 MONTHS",  
(PAGE 10).**

Coding rules

**EMPLOYED: EVER**

0 = Absent

2 = Present

**NUMBER OF JOBS HELD**

**DISMISSED/FIRED FROM JOB: EVER**

0 = Absent

2 = Present

**LONGEST PERIOD OF UNEMPLOYMENT**

Codes

Ever:CBC3E90  
Intensity

Ever:CBC3V01

Ever:CBC4E01

Ever:CBC5V01

FOR REVIEW ONLY

Definitions and questions

**REGULAR EMPLOYMENT**  
 Paid employment for those who have left school officially.

***Have you had a job in the last 3 months?***

*Do you work less than 20 hours per week?*

*Do you work 20 hours or more per week?*

*There are 12 weeks in a 3 month period.  
 How many weeks have you worked in the last 3 months?*

*Since you left/quit school, when did you get your first job?*

Coding rules

**REGULAR EMPLOYMENT**

0 = No

2 = Yes

**CURRENTLY EMPLOYED LESS THAN 20 HOURS PER WEEK**

0 = No

2 = Yes

**CURRENTLY EMPLOYED 20 OR MORE HOURS PER WEEK**

0 = No

2 = Yes

**NUMBER OF WEEKS WORKED:3 MONTHS**

**DATE FIRST JOB BEGAN SINCE LEAVING SCHOOL**

Codes

CBC3190  
Intensity

CBC3101

CBC3102

CBC3F01

CBC3O01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**PATTERN OF SCHOOL NON-ATTENDANCE (TRUANCY)**

**MISSING TIME AT SCHOOL (TRUANCY): 3 MONTHS**

The child fails to reach, or leaves school, without permission of school authorities, and without a normally acceptable excuse (such as illness), for reasons not associated with either separation anxiety or fear of school. The reason may be dislike of school or a wish to take part in other activities, with or without friends.

Non-attendance because of worry or anxiety may also occur, in which case both are rated as being present.

*In the last 3 months, have you skipped school?*

*In the last 3 months, have you skipped any classes while in school?*

*In the last 3 months, have you skipped out of school during the day?*

*In the last 3 months, have you pretended to be sick so that you will not have to go to school?*

*How many days have you skipped school in the last 3 months?*

*How many times have you left school without permission in the last 3 months?*

*How many classes have you skipped in the last 3 months?*  
3 CLASSES EQUALS 1/2 DAY

*When was the first time you skipped school?*

**IF SKIPPED SCHOOL IN 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO END.**



**SKIPPED SCHOOL: 3 MONTHS**

0 = No

2 = Yes

**MISSING TIME AT SCHOOL**

CBC6I01  
Intensity

CBC6F01

CBC6O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**STAYS AT HOME SOME MORNINGS (TRUANCY)**

***Do you stay at HOME sometimes when you should be at school?***

*Do your parents make you go to school?  
Do they try to make you go to school?  
Is it like that every morning?*

*In the last 3 months, how many times have you stayed home from school because of truancy?*

**HAS TO BE TAKEN TO SCHOOL (TRUANCY)**

Parent or someone else has to take child to school to ensure arrival for reason other than the child's anxiety or emotional disturbance.

***In the last 3 months, have your parents had to take you to school to make sure that you don't skip school?***

*Does anyone else take you to school to make sure you don't skip school?*

*How often has this happened in the last 3 months?*

**PARENTAL COLLUSION (TRUANCY)**

The child is out of school, meeting criteria for truancy. The parents know the child is not attending school and do not take measures to get the child to school.

***Do you parents know that you skip school?***

***What do your parents do when you don't want to go to school?***

***Do they try to make you go to school?***

*Do your parents think you should be going to school?  
Does your not going to school bother them?*

Coding rules

**STAYS AT HOME SOME MORNINGS**

- 0 = Does not stay at home
- 2 = Stays at home at least one occasion in 3 months.

**HAS TO BE TAKEN TO SCHOOL**

- 0 = No
- 2 = Yes, on at least one occasion in last 3 months.

**PARENTAL COLLUSION**

- 0 = Child truanted in last three months and parents have made repeated, consistent attempts to get child to attend school (irrespective of whether successful)
- 1 = Sporadic and inconsistent parental attempts
- 2 = Child truanted in last 3 months, without parental attempts to enforce school attendance
- 3 = Child taken out of school by parents

Codes

CBC7I01  
Intensity

CBC7F01  
Frequency

CBC8I01  
Intensity

CBC8F01  
Frequency

CBC9I01  
Intensity

Definitions and questions

**RUNS OUT OF SCHOOL (TRUANCY)**

Child either fails to reach school or leaves school before end of school day without permission.

Do not code here if absence is due to anxiety related to going to school.

**Do you leave home to go to school and fail to ARRIVE at school?**

**Do you go to school then LEAVE school before school ends?**

IF CHILD SKIPS SCHOOL, CONTINUE.

**When you skip school, do you come back home?**

*In the last 3 months, how often have you skipped school and returned home?*

**When you skip school, do you go off alone?**

*Where do you go?*

*In the last 3 months, how often have you skipped school and gone off alone?*

**When you skip school, do you go off with friends?**

*Where you go?*

*In the last 3 months, how often have you skipped school and gone off with friends?*

Coding rules

**LEAVES SCHOOL**

0 = Absent

2 = Present

**CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (TRUANCY)**

0 = No

2 = Yes

**FREQUENCY: CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (TRUANCY)**

**CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE (TRUANCY)**

0 = No

2 = Yes

**FREQUENCY: CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE (TRUANCY)**

**CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS (TRUANCY)**

0 = No

2 = Yes

**FREQUENCY: CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF WITH PEERS (TRUANCY)**

Codes

CBD0190  
Intensity

CBD0101

CBD0F01

CBD1101

CBD1F01

CBD2101

CBD2F01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**SCHOOL/SEPARATION ANXIETY**

**SEPARATION ANXIETY**

**WORRIES/ANXIETY ABOUT POSSIBLE HARM**

Unrealistic and persistent worry or fear about possible harm befalling major attachment figures, or fear that they will leave and will not return. Includes fear or subjective anxious affect related to the possibility of bad things happening at home while the child is at school.

***In the last 3 months, do you worry when your parents go out without you?***

***When you are away from your parent(s), do you worry that THEY might come to some harm?***

*What do you think might happen to your parent(s)?  
Do you worry that THEY might leave you?*

***Do you worry about what might happen at home when you are at school?***

*What do you think might happen?  
What were you doing at the time you were worried?  
Can you stop worrying?  
Can your parent(s) reassure you that they will be alright?  
Do these fears or worries affect you at home or school?*

*In the last 3 months, how often has this happened?*

*How long does this feeling last?*

*When was the first time this happened?*

**WORRIES/ANXIETY ABOUT POSSIBLE HARM**

0 = Absent

2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Worry is intrusive into most activities and nearly always uncontrollable.

CBE8I01  
Intensity

CBE8F01  
Frequency

**HOURS : MINUTES**

CBE8D01  
Duration

CBE8O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**WORRIES/ANXIETY ABOUT CALAMITOUS SEPARATION**

Unrealistic and persistent worry or fear that an unexpected calamitous event will separate the child from a major attachment figure, e.g., the child will be lost, kidnapped, killed, or be the victim of an accident.

***Do you worry that YOU might come to some harm while you're away from the family?***

*What do you think might happen to you?*

***Do you worry that YOU might get lost, or kidnapped or killed?***

*What happens at school time?*

*What happens if a friend asks you to go out?*

*Do you go?*

*What are you doing at the time when you're worried?*

*Can you stop yourself from being worried?*

*Always or just sometimes?*

*In the last 3 months, how often has this happened?*

*How long does this feeling last?*

*When was the first time this happened?*

**RELUCTANCE TO SLEEP ALONE**

Persistent reluctance or refusal to go to sleep without being near a major attachment figure.

***Can you go to sleep on your own?***

***Do you need your "mom" (or dad) to stay in the room with you in order to fall asleep?***

*Do you need to be near an adult (or sibling) in order to fall asleep?*

*Do you get upset if your parent (or other attachment figure) won't stay near you?*

*Could you go to sleep on your own if you had to?*

*In the last 3 months, how often has this happened?*

*How long does the reluctance to go to sleep last?*

*When was the first time this happened?*

Coding rules

**WORRIES/ANXIETY ABOUT POSSIBLE HARM**

0 = Absent

2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Worry is intrusive into most activities and nearly always uncontrollable.

**HOURS : MINUTES**

**RELUCTANCE TO SLEEP ALONE**

0 = Absent

2 = Sometimes reluctant to go to sleep alone.

3 = Almost always reluctant to go to sleep alone. Protest nearly every night unless allowed to sleep with family member.

**HOURS : MINUTES**

Codes

CBE9I01  
Intensity

CBE9F01  
Frequency

CBE9D01  
Duration

CBE9O01  
Onset

CBF0I01  
Intensity

CBF0F01  
Frequency

CBF0D01  
Duration

CBF0O01  
Onset

Definitions and questions

**SLEEPS WITH FAMILY MEMBER**

Actually sleeps with a family member because of persistent refusal to sleep (through the night) without being near a major attachment figure.

**Can you sleep the night through on your own?**

**Do you have to sleep with "Mom" or "Dad" in order to get to sleep?**

*Or with a sibling?*  
*Do you get upset if you are not near them when sleeping?*

*How often do you sleep with a family member(s)?*

*When was the first time this happened?*

  

**RISING TO CHECK ON FAMILY MEMBERS**

Rising at night to check that attachment figures are still present and/or free from harm.

This does not include rising to check on subject's own child, if s/he has one.

**Do you get up to check that "family members" are safe?**

*Do you wake your parent(s) up when you check on them?*  
*Are you able to go back to bed and fall asleep on your own after getting up to check on them?*

*How often do you do that?*

*When did you start getting up to check on the family?*

Coding rules

**SLEEPS WITH FAMILY MEMBER**

- 0 = Absent
- 2 = Sometimes reluctant to go to sleep alone.
- 3 = Almost always reluctant to go to sleep alone. Protests nearly every night unless allowed to sleep with family member.

**RISING TO CHECK ON FAMILY MEMBERS**

- 0 = Absent
- 2 = Sometimes rises to check on family members but without waking them.
- 3 = Wakes family members up when checks on them.

Codes

CBF8I01  
Intensity

CBF8F01  
Frequency

CBF8O01  
Onset

CBF1I01  
Intensity

CBF1F01  
Frequency

CBF1O01  
Onset

Definitions and questions

**AVOIDANCE OF SLEEPING AWAY FROM FAMILY**

Avoidance, or attempted avoidance, of sleeping away from family as a result of worrying or anxiety about separation from home or family.

*Have you ever spent the night away from home?*

*Do you get worried about sleeping away from home?*

*Do you try to avoid sleeping away from home?*

*In the last 3 months, have your "parents" had to pick you up while staying away from home because you were afraid?*

*Have you ever been on any overnight school trips? Do you ever stay overnight with friends? What about your grandmother's (or other relatives)?*  
IF NEVER SLEPT AWAY FROM FAMILY, ASK:

*Have you ever been asked to sleep over? Were you afraid to go?*

*When was the first time this happened?*

**SEPARATION DREAMS**

Unpleasant dreams involving theme of separation.

*Have you had any nightmares about leaving your "parents?"*

*Have you had bad dreams about being separated from your "parents?"*

*Did the dream wake you up?*

*How often do you have these bad dreams?*

*When was the first time you had these dreams?*

Coding rules

**AVOIDANCE OF SLEEPING AWAY FROM FAMILY**

0 = Absent

2 = Avoidance or attempted avoidance in last 3 months but has slept away from the family at some time.

3 = Avoidance in last 3 months and has never slept away from family.

**SEPARATION DREAMS**

0 = Absent

2 = Separation dreams recalled

3 = Separation nightmares wake child.

Codes

CBF2101  
Intensity

CBF2001  
Onset

CBF3101  
Intensity

CBF3F01  
Frequency

CBF3001  
Onset

Definitions and questions

**AVOIDANCE OF BEING ALONE**

Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.

***Do you try to avoid being on your own?***

***Are you afraid of being alone?***

***Do you follow your "parent(s)" around the house because you are afraid to be alone?***

***Are you afraid to be in a room by yourself?***

*Do you start to cry or get upset?  
Can you stop yourself from being afraid?  
Always or just sometimes?*

*When did this start?*

  

**ANTICIPATORY DISTRESS**

Signs or complaints of excessive distress in anticipation of separation from major attachment figures; or crying, pleading with parents not to leave.

***What do you do when you realize your "parents" are going leave you?***

***Do you get frightened or upset when you find out they have to leave you?***

***Do you cry or beg your "parents" not to go?***

*What were you doing at the time you got upset about your "parents" leaving you?  
Can you stop yourself from being afraid?  
Always or just sometimes?*

*When was the first time this happened?*

Coding rules

**AVOIDANCE OF BEING ALONE**

0 = Absent

2 = At least sometimes tries to avoid being alone because of at least sometimes uncontrollable worry or anxiety about being away from attachment figures.

3 = Almost always tries to avoid being alone because of nearly always uncontrollable worry or anxiety about being away from attachment figures.

**ANTICIPATORY DISTRESS**

0 = Absent

2 = At least sometimes uncontrollable distress related to potential separation from attachment figures. At least sometimes unresponsive to reassurance and occurring in at least 2 activities.

3 = Nearly always uncontrollable distress related to potential separation from attachment figures. Usually unresponsive to reassurance and occurring in most activities.

Codes

CBF4101  
Intensity

CBF4001  
Onset

CBF5101  
Intensity

CBF5001  
Onset

Definitions and questions

**WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT**

Social withdrawal, apathy, sadness, or difficulty concentrating on work or play when not with a major attachment figure.

**What happens AFTER you're left alone (or with a sitter)?**

**Do you become sad or withdrawn AFTER they leave?**

*Can you stop yourself from being sad?  
 What were you doing at the time?  
 Does anything make you feel better?  
 What if you are with friends?  
 Does that help?*

*When was the first time this happened?*

  

**ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT**

Signs or complaints of excessive distress, or extreme homesickness, when separated from major attachment figure.

**Do you get very upset sometimes AFTER your "parents" have left you?**

**Do you cry when you're separated from them?**

*Do you get homesick?  
 Have you had to come home because you were so upset about being separated from your "parents?"  
 What were you doing at the time this happened?  
 Can you stop yourself from getting upset?  
 Always or just sometimes?*

*When was the first time this happened?*

Coding rules

**WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT**

- 0 = Absent
- 2 = At least sometimes uncontrollable withdrawal etc., in at least 2 activities, when not with attachment figures.
- 3 = Nearly always uncontrollable withdrawal etc., in most activities, when not with attachment figures.

**ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT**

- 0 = Absent
- 2 = At least sometimes uncontrollable distress etc., in at least 2 activities, when not with attachment figures.
- 3 = Nearly always uncontrollable distress etc., in most activities, when not with attachment figure.

Codes

CBF6101  
Intensity

CBF6001  
Onset

CBF7101  
Intensity

CBF7001  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**WORRIES/ANXIETY OVER GOING TO SCHOOL**

**SCHOOL NON-ATTENDANCE  
(WORRYING/ANXIETY)**

School non-attendance due to worrying/anxiety or fear of the school setting.

*In the last 3 months, have you stayed home from school because you were too worried or upset about GOING to school?*

*In the last 3 months, have you pretended to be sick so you won't have to go to school?*

*Have you pretended to be sick so you could leave school early?*

*In the last 3 months, have you left school early because you were too afraid to STAY to school?*

IF YES TO ANY QUESTION, CODE AS PRESENT.

*In the last 3 months, how many days have you missed school due to worry about school?*

*How many times have you been picked up early due to anxiety in the last 3 months?*

FREQUENCY CODED AS NUMBER OF 1/2 DAYS MISSED.

NOTE: 3 CLASSES EQUALS 1/2 DAY

*When was the first time you missed school because you were worried or upset about going to school?*

**SCHOOL NON-ATTENDANCE  
(WORRY/ANXIETY): 3 MONTHS**

0 = No

2 = Yes

CBD7I01  
Intensity

CBD7F01  
Frequency

CBD7O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**WORRIES/ANXIETY ABOUT LEAVING HOME**

Worry or subjective anxious affect related to leaving home for school.

***Do you worry about leaving home to go to school?***

***Are you frightened about having to leave home?***

*What do you think might happen?*  
*Do you end up staying at home?*  
*What are you doing at the time when you are worried?*  
*Can you stop yourself from being worried like that?*  
*Always or just sometimes?*  
*What if your parents reassure you?*

*How often does this happen?*

*How long do you feel worried or upset?*

*When did you start acting this way?*

  

**ANTICIPATORY FEAR OF SCHOOL**

Anticipatory worry or subjective anxious affect related to school situation.

***Do you get anxious or upset about school on school mornings?***

***Are you frightened or worried about anything at school?***

***Such as particular classes, or teachers, or the behavior of other children?***

***Do you worry about school when you're not actually there?***

*Why are you frightened about school?*  
*Can you stop being frightened?*  
*Can anyone manage to reassure you?*

*In the last 3 months, how often has this happened?*

*In the last 3 months, how often has this happened?*

*When was the first time this happened?*

Coding rules

**WORRIES/ANXIETY ABOUT LEAVING HOME**

- 0 = Absent
- 2 = Anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.
- 3 = Anticipatory worry or anticipatory anxiety occurring, almost entirely uncontrollable, in most activities.

**HOURS : MINUTES**

**ANTICIPATORY FEAR OF SCHOOL**

- 0 = Absent
- 2 = Anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.
- 3 = Anticipatory worry or anticipatory anxiety occurring, almost entirely uncontrollable, in most activities.

**HOURS : MINUTES**

Codes

CBD8I01  
Intensity

CBD8F01  
Frequency

CBD8D01  
Duration

CBD8O01  
Onset

CBD9I01  
Intensity

CBD9F01  
Frequency

CBD9D01  
Duration

CBD9O01  
Onset

Definitions and questions

**FEAR WHEN AWAY OF WHAT WILL HAPPEN AT HOME**

Worry or subjective anxious affect related to the possibility of bad things happening at home while the child is at school.

***Do you worry about what might happen at home when you are away at school?***

*What do you think might happen?  
What are you doing at the time when you are afraid?  
Can you stop yourself from being afraid?  
Always or just sometimes?*

*In the last 3 months, how often has this happened?*

*How long do these feelings last?*

*When was the first time this happened?*

**PHYSICAL SYMPTOMS OF SEPARATION**

Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting, on school days, or on other occasions when separation from major attachment figures occurs or is anticipated.

Remember to complete anxious autonomic symptoms.

***In the last 3 months, do you get headaches or stomachaches on school days?***

***Do you get any aches or pains on school days?***

***Do you feel sick like that when you're separated from your parent(s)?***

*In the last 3 months, how often has this happened?*

*When did this start?*

Coding rules

**FEAR WHEN AWAY OF WHAT WILL HAPPEN AT HOME**

0 = Absent

2 = Anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.

3 = Anticipatory worry or anticipatory anxiety occurring, almost entirely uncontrollable, in most activities.

**HOURS : MINUTES**

**PHYSICAL SYMPTOMS OF SEPARATION**

0 = No

2 = Yes

Codes

CBE0101  
Intensity

CBE0F01  
Frequency

CBE0D01  
Duration

CBE0O01  
Onset

CBE1101  
Intensity

CBE1F01  
Frequency

CBE1O01  
Onset

Definitions and questions

Coding rules

Codes

**PATTERN OF NON-ATTENDANCE  
(WORRIES/ANXIETY)**

**HAS TO BE TAKEN TO SCHOOL  
(WORRY/ANXIETY)**

Parent, or someone else, has to take child to school to ensure arrival because the child is anxious about leaving home or going to school.

***Do your parents have to take you to school sometimes to make sure you get there?***

***Does anyone else have to take you to school to make sure you get there?***

*Do they take you because you are afraid to leave home or go to school?*

*In the last 3 months, how often has this happened?*

**IF MISSED SCHOOL DUE TO ANXIETY,  
CONTINUE. OTHERWISE, SKIP TO END.**

**HAS TO BE TAKEN TO SCHOOL  
(WORRY/ANXIETY)**

0 = No

2 = Yes, on at least one occasion in last 3 months.

CBE3I01  
Intensity

CBE3F01  
Frequency

FOR REVIEW ONLY

Definitions and questions

**STAYS AT HOME SOME MORNINGS  
(WORRY/ANXIETY)**

Child stays out of school because of fear/anxiety/emotional disturbance.

Question in detail to differentiate staying at home because of anxiety or other emotional disturbances or from staying at home for other reasons.

***In the last 3 months, do you stay at home sometimes because you are worried about going to school?***

*How do you feel on these mornings?*

*What do your parents do when you don't want to go to school?*

*Do they make you go?*

*Do they try to make you go?*

*In the last 3 months, how often has this happened?*

Coding rules

**STAYS AT HOME SOME MORNINGS  
(WORRY/ANXIETY)**

0 = Absent

2 = Without marked parental attempts to get him/her to school.

3 = With marked parental attempts to get him/her to school.

Codes

CBE2101  
Intensity

CBE2F01  
Frequency

FOR REVIEW ONLY

Definitions and questions

**RUNS OUT OF SCHOOL (WORRY/ANXIETY)**

Child either fails to reach school because of worry/anxiety, or leaves before end of school day without permission because of worry/anxiety.

Question in detail to differentiate anxiety over school attendance from truancy or other forms of non-attendance.

If school non-attendance present, remember to complete legal action or treatment section and autonomic symptoms.

**Are there times when you just can't bear to go into school because you are worried about school?**

**Have you left school without permission because of your worry about school?**

*What is it that makes it difficult for you to go into school?*  
IF CHILD LEAVES SCHOOL DUE TO WORRY/ANXIETY, CONTINUE:

**Do you LEAVE school and come back home when you're worried or anxious about school?**

*In the last 3 months, how often has this happened?*

**Do you leave home and fail to ARRIVE to school because you're worried/anxious about school?**

**Do you arrive to school then LEAVE school because you're worried/anxious about school?**

*When this happens, do you go off alone?*

*In the last 3 months, how often has this happened?*

**When you LEAVE school because you're worried or anxious, do you go off with friends?**

*Where do you go?*

*In the last 3 months, how often has this happened?*

Coding rules

**RUNS OUT OF SCHOOL (WORRY/ANXIETY)**

- 0 = Absent
- 2 = Present

**CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (WORRY/ANXIETY)**

- 0 = Absent
- 2 = Present

**FREQUENCY: CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (WORRY/ANXIETY)**

**CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE (WORRY/ANXIETY)**

- 0 = Absent
- 2 = Present

**FREQUENCY: CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE (WORRY/ANXIETY)**

**CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS (WORRY/ANXIETY)**

- 0 = Absent
- 2 = Present

**FREQUENCY: CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS (WORRY/ANXIETY)**

Codes

CBE4190  
Intensity

CBE4101

CBE4F01

CBE5101

CBE5F01

CBE6101

CBE6F01

Definitions and questions

Coding rules

Codes

**WORRIES**

**WORRIES**

A round of painful, unpleasant, or uncomfortable thoughts that cannot be stopped voluntarily and that occurs across more than one activity, with a total daily duration of at least 1 hour.

Do not include worries coded under School Non-Attendance, Separation Anxiety, or Hypochondriasis.

***Most people have got some worries. What do you worry about?***

***Do you worry about what will happen in the future?***

***Do you worry about bad things happening in the future?***

***Do you worry about things you have done?***

***Do you worry about how well you do things?***

*Like school work or sports?*

***Do you worry about what people think of you?***

***Do you get worried when other people are around?***

***Do you worry about how you are with other people?***

***Do you get self-conscious?***

***Do you worry about how you look?***

***Do you worry about whether your family will have enough money?***

***Do you worry about whether your family will have enough food?***

***Do you have other worries?***

*What are they?*

*What are you doing when you are worrying?*

*Does worrying keep you awake at night?*

*Does worrying affect your concentration?*

*Can you stop yourself from worrying?*

*How often do you worry about these things?*

*How long do these feelings last?*

*Any times in the last 3 months that you have been worried for 1 hour or more?*

*When was the first time you worried like this?*

**WORRIES**

0 = Absent

2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Worrying is intrusive into most activities and nearly always uncontrollable.

HOURS : MINUTES

CCA0I01  
Intensity

CCA0F01  
Frequency

CCA0D01  
Duration

CCA0001  
Onset

Definitions and questions

WORRIES ABOUT FUTURE EVENTS USE INFORMATION ABOVE TO CODE.
WORRIES ABOUT PAST BEHAVIOR USE INFORMATION ABOVE TO CODE.
WORRIES ABOUT COMPETENCE OR PERFORMANCE USE INFORMATION ABOVE TO CODE.
SELF-CONSCIOUSNESS USE INFORMATION ABOVE TO CODE
WORRIES ABOUT APPEARANCE USE INFORMATION ABOVE TO CODE.
WORRIES ABOUT MONEY USE INFORMATION ABOVE TO CODE.
OTHER WORRIES USE INFORMATION ABOVE TO CODE

Coding rules

**WORRIES ABOUT FUTURE EVENTS**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT PAST BEHAVIOR**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT COMPETENCE OR PERFORMANCE**

- 0 = Absent
- 2 = Present

**SELF-CONSCIOUSNESS**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT APPEARANCE**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT MONEY**

- 0 = Absent
- 2 = Present

**OTHER WORRIES**

- 0 = Absent
- 2 = Present

Codes

CCA0102

CCA0103

CCA0104

CCA0105

CCA0106

CCA0107

CCA0108

FOR REVIEW ONLY

Definitions and questions

**WORRIES ABOUT PHYSICAL ILLNESS (HYPOCHONDRIASIS)**

All characteristics of worrying are present including a total daily duration of at least 1 hour, but the worrying is specifically concentrated on the possibility of disease or malfunction in the subject.

***Do you worry at all about being physically ill?***

***Do you worry that there may be something seriously wrong with you?***

*What do you worry about?*

*What are you doing when you are worried about that?*

*Can you stop yourself worrying?*

*What happens when someone tries to reassure you?*

*How often do you worry about being ill?*

*How long do you worry about being ill?*

*Any times in the last 3 months that you have been worried for 1 hour or more?*

*When did you first start to worry about this?*

**IF SEPARATION ANXIETY, WORRIES, OR WORRIES ABOUT PHYSICAL ILLNESS (HYPOCHONDRIASIS), CONTINUE. OTHERWISE SKIP TO NEXT SECTION.**

**IF SCHOOL RELATED WORRIES/ANXIETY, SEPARATION ANXIETY, WORRIES, OR HYPOCHONDRIASIS, CONTINUE. OTHERWISE, SKIP TO END.**

Coding rules

**HYPOCHONDRIASIS**

0 = Absent

2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time

3 = Worrying is intrusive into most activities and nearly always uncontrollable

**HOURS : MINUTES**

Codes

CCA1I01 Intensity

CCA1F01 Frequency

CCA1D01 Duration

CCA1O01 Onset

FOR REVIEW ONLY

Definitions and questions

**EXCESSIVE NEED FOR REASSURANCE**

The subject seeks reassurance from others about at least two topics of worry, but the worries continue in spite of such reassurance. Include School-Related Worries/Anxiety, Separation Anxiety, Worries and Hypochondriasis.

***Do you tell people about your worries?***

*How often?*

***Do they get fed up with hearing about your worries?***

*What happens then?*

*Can you stop yourself from talking about your worries?*

Coding rules

**EXCESSIVE NEED FOR REASSURANCE**

0 = Absent

2 = Seeks reassurance at least weekly (once a week for four consecutive weeks), but not to the extent of interfering with ordinary social discourse.

3 = Seeks reassurance to such an extent that ordinary social discourse with at least one person is interfered with, as evidenced by loss of patience, or avoidance of contact with subject, by that person.

Codes

CCA2101  
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**ANXIOUS AFFECT**

**NERVOUS TENSION**

An unpleasant feeling of "nervousness," "nervous tension," "being on edge," "being keyed-up." The feeling is unpleasant and should have a total daily duration of at least 1 hour.

***Do you feel tense, nervous, or on edge?***

***Do you get tense or nervous in anticipation of an event?***

*What do you feel "nervous" about?*

*How bad is it?*

*Does anything bring it on?*

*What are you doing when you feel this way?*

*Can you calm yourself down?*

*If you concentrate on something or do something you like, does the nervousness go away?*

*How often do you feel this way?*

*How long does the feeling last?*

*Any times in the last 3 months that it lasted a total of 1 hour or more during the day?*

*When did it start?*

**SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)**

***Feeling of fear and apprehension. Consider only the mood state itself here and not its behavioral concomitants.***

***All anxious affect situations refer to anxiety-provoking stressors that affect the child either in the presence of the stressor or just by thinking about it. Whether cued by the presence or by the anticipation of the stressor, the key concept is controllability of the anxiety.***

**NERVOUS TENSION**

0 = Absent

2 = Nervous tension is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Nervous tension is intrusive into most activities and nearly always uncontrollable.

**HOURS : MINUTES**

CCA3I01  
Intensity

CCA3F01  
Frequency

CCA3D01  
Duration

CCA3O01  
Onset

Definitions and questions

**SOCIAL ANXIETY**

Subjective Anxious Affect specific to social interactions with peers and/or adults. The fear or anxiety experienced during the social situation is out of proportion to the actual threat or danger posed by the social situation.

Note: There is desire for involvement with familiar people.

Include fear, self-consciousness, fear of rejection, embarrassment, and concern about appropriateness of behavior when interacting with unfamiliar peers and/or adults.

***Do you become nervous or frightened when you have to talk with people?***

***Are you nervous or frightened when you have to talk to other kids?***

***Do you get upset when you have to meet new people?***

***Do you become extremely shy in social situations?***

***Are you able to go to birthday parties and interact with the other people?***

***How about other places like the park or playground?***

*What happens?*

*Are you frightened because you think that others may think you are stupid?*

*Do you think that people might make fun of you?*

*Are you frightened that you might offend others?*

*Are you scared because you think that people might reject you?*

*Do you try to hide yourself?*

*Do you turn your face away?*

*Or refuse to speak?*

*Do you try to leave the room?*

*Can anyone reassure you so you can become more comfortable in the situation?*

*Does that help?*

*How often do you feel this way?*

*How long do these feelings last?*

*When was the first time this happened?*

*Do you get upset when you have to meet new people?*

*Or start to cry?*

*Or refuse to speak?*

*When did you first get upset like that?*

Coding rules

**SOCIAL ANXIETY**

0 = Absent

2 = Social anxiety is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Social anxiety is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in such a situation during the last 3 months because of avoidance, but child reports that anxious affect would have occurred if s/he had been in situation.

HOURS : MINUTES

**DISTRESS**

0 = Absent

2 = New or forced social situation leads to (or would lead to) crying, lack of spontaneous speech, withdrawal from social situation, or anxious silliness.

**SOCIAL ANXIETY - DISTRESS ONSET**

Codes

CCA6I01  
Intensity

CCA6F01  
Frequency

CCA6D01  
Duration

CCA6O01  
Onset

CCA7I01

CCA7O01

Definitions and questions

*Do you avoid going to parties or places where you might have to talk to people?  
Have you changed your plans or routines so that you can avoid these situations?*

*When did you first start to avoid these situations?*

**ANXIOUS FOREBODING**

Subjective Anxious Affect with an unaccountable feeling of doom or that something awful may happen. It should have a total daily duration of at least 1 hour.

***Do you ever have a feeling, for no reason, that something awful is going to happen?***

***Do you get feelings of imminent doom for no reason at all?***

*What makes you feel that way?  
Tell me about that.*

*What are you doing at the time when you feel like that?  
Can you stop yourself from feeling like that?  
Always or just sometimes?*

*How often does this happen?*

*How long do these feelings last?  
Are there any times it lasts as long as 1 hour in a day?*

*When was the first time this happened?*

Coding rules

**AVOIDANCE**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**SOCIAL ANXIETY - AVOIDANCE ONSET**

**ANXIOUS FOREBODING**

0 = Absent

2 = Anxious foreboding is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Anxious foreboding is intrusive into most activities and nearly always uncontrollable.

**HOURS : MINUTES**

Codes

CCA8I01

CCA8O01

CCA4I01  
Intensity

CCA4F01  
Frequency

CCA4D01  
Duration

CCA4O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**FEAR OF ACTIVITIES IN PUBLIC**

Subjective Anxious Affect specific to the public performance of activities that do not elicit fear when performed in private. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the social situation.

Include giving a speech, eating in public, undressing at school, going to the bathroom at school or other public places.

***Do you get nervous or frightened when you have to do things in front of other people?***

***Do you get nervous or frightened when you have to give a speech?***

***How about when you get called on in class?***

***Does it embarrass you to eat when other people are around?***

*Can you give me an example of when that happened?  
How has that affected you?  
Are you frightened because you think that others may think you are stupid?  
Are you afraid that people might laugh at you?  
Or make fun of you?  
Are you frightened that you might offend others?  
Are you scared that you will make a mistake?  
What are you doing at the time when you are afraid?  
Can you stop yourself from being afraid?  
Can others reassure you?  
Always or just sometimes?*

*How often has this happened in the last three months?*

*How long does that last?*

*When was the first time this happened?*

*Do you get upset, or cry, or refuse to speak when you're in this situation?*

*When did you first get upset like that?*

*Do you do anything to avoid having to do these things in front of others?*

*When did you first start to avoid these situations?*

Coding rules

**FEAR OF ACTIVITIES IN PUBLIC**

0 = Absent

1 = Fear is intrusive into at least 1 activity and uncontrollable at least some of the time.

2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Fear is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in such a situation during the past 3 months because of avoidance, but child reports that anxious affect would have occurred if s/he had been in situation.

**HOURS : MINUTES**

**DISTRESS**

0 = Absent

2 = New or forced social situation leads to (or would lead to) crying, lack of spontaneous speech, or withdrawal from social situation.

**FEAR OF ACTIVITIES IN PUBLIC - DISTRESS ONSET**

**AVOIDANCE**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**FEAR OF ACTIVITIES IN PUBLIC - AVOIDANCE ONSET**

Codes

CCA9I01  
Intensity

CCA9F01  
Frequency

CCA9D01  
Duration

CCA9O01  
Onset

CCB0I01

CCB0O01

CCB1I01

CCB1O01

Definitions and questions

**AGORAPHOBIA**

**FEAR OF USING PUBLIC TRANSPORTATION**

Child experiences marked fear or anxiety about (e.g., automobiles, buses, trains, ships, planes). The fear or anxiety experienced during the situation is out of proportion to the actual threat or danger posed by the agoraphobic situation and to the sociocultural context.

***Are you afraid of riding in cars/automobiles?***

***Are you afraid of using other public transportation like buses, trains, or planes?***

***Does the thought of riding in a car or using public transportation frighten you?***

*Tell me how you feel when these things happen.  
Are you afraid because you think it might be difficult for you to escape?  
Are you afraid you will not be able to get help if you needed it?  
Are you afraid that you might do something stupid or embarrassing while in the situation?  
What are you doing at the time when you are afraid?  
Can you stop yourself from being afraid?  
Can your "parent(s)" reassure you?  
Always or just sometimes?*

*How often has that happened in the last 3 months?*

*How long does this feeling last?*

*When was the first time this happened?*

*Do you do anything to avoid these situations?  
Do you avoid going certain places or doing certain things because you are afraid?  
Do you change plans or routines so that you can avoid these situations?  
What happens?*

*When did you start avoiding these situations?*

Coding rules

**FEAR OF USING PUBLIC TRANSPORTATION**

0 = Absent

2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the child reports that the anxious affect would have occurred had s/he been in such a situation.

**HOURS : MINUTES**

**AVOIDANCE: FEAR OF USING PUBLIC TRANSPORTATION**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**AVOIDANCE ONSET: FEAR OF USING PUBLIC TRANSPORTATION**

Codes

CCG3I01  
Intensity

CCG3F01  
Frequency

CCG3D01  
Duration

CCG3O01  
Onset

CCG3I02

CCG3O02

Definitions and questions

**FEAR OF BEING IN OPEN SPACES**

Child experiences marked fear or anxiety about being in open spaces (e.g., parking lots, marketplaces, bridges). The fear or anxiety experienced during the situation is out of proportion to the actual threat or danger posed by the agoraphobic situation and to the sociocultural context.

***Are you afraid in open spaces like parking lots or other public places?***

***Are you afraid of being on a bridge?***

***Does the thought of these things frighten you?***

*Tell me how you feel when these things happen. Are you afraid because you think it might be difficult for you to escape?*

*Are you afraid you will not be able to get help if you needed it?*

*Are you afraid that you might do something stupid or embarrassing while in the situation?*

*What are you doing at the time when you are afraid?*

*Can you stop yourself from being afraid?*

*Can your "parent(s)" reassure you?*

*Always or just sometimes?*

*How often has that happened in the last 3 months?*

*How long does this feeling last?*

*When was the first time this happened?*

*Do you do anything to avoid these situations?*

*Do you avoid going certain places or doing certain things because you are afraid?*

*Do you change plans or routines so that you can avoid these situations?*

*What happens?*

*When did you start avoiding these situations?*

Coding rules

**FEAR OF BEING IN OPEN SPACES**

0 = Absent

2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the child reports that the anxious affect would have occurred had s/he been in such a situation.

**HOURS : MINUTES**

**AVOIDANCE: FEAR OF BEING IN OPEN SPACES**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**AVOIDANCE ONSET: FEAR OF BEING IN OPEN SPACES**

Codes

CCG4I01  
Intensity

CCG4F01  
Frequency

CCG4D01  
Duration

CCG4O01  
Onset

CCG4I02

CCG4O02

Definitions and questions

**FEAR OF BEING IN ENCLOSED PLACES**

Child experiences marked fear or anxiety about being in enclosed places (e.g., shops, theaters, cinemas). The fear or anxiety experienced during the situation is out of proportion to the actual threat or danger posed by the agoraphobic situation and to the sociocultural context.

***Are you afraid of being in an enclosed place like a store or movie theater?***

***How about other places like a restaurant or cafeteria?***

***Does the thought of these places frighten you?***

*Tell me how you feel when these things happen.  
Are you afraid because you think it might be difficult for you to escape?*

*Are you afraid you will not be able to get help if you needed it?*

*Are you afraid that you might do something stupid or embarrassing while in the situation?*

*What are you doing at the time when you are afraid?*

*Can you stop yourself from being afraid?*

*Can your "parent(s)" reassure you?*

*Always or just sometimes?*

*How often has that happened in the last 3 months?*

*How long does this feeling last?*

*When was the first time this happened?*

*Do you do anything to avoid these situations?*

*Do you avoid going certain places or doing certain things because you are afraid?*

*Do you change plans or routines so that you can avoid these situations?*

*What happens?*

*When did you start avoiding these situations?*

Coding rules

**FEAR OF BEING IN ENCLOSED PLACES**

0 = Absent

2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the child reports that the anxious affect would have occurred had s/he been in such a situation.

**HOURS : MINUTES**

**AVOIDANCE: FEAR OF BEING IN ENCLOSED PLACES**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**AVOIDANCE ONSET: FEAR OF BEING IN ENCLOSED PLACES**

Codes

CCG5101  
Intensity

CCG5F01  
Frequency

CCG5D01  
Duration

CCG5O01  
Onset

CCG5102

CCG5O02

Definitions and questions

**FEAR OF STANDING IN LINE OR BEING IN A CROWD**

Child experiences marked fear or anxiety about standing in line or being in a crowd. The fear or anxiety experienced during the situation is out of proportion to the actual threat or danger posed by the agoraphobic situation and to the sociocultural context.

***Are you afraid of standing in lines?***

***Are you afraid of going out into crowded places?***

***Or being around a lot of people?***

***Does the thought of these things frighten you?***

*Tell me how you feel when these things happen.  
Are you afraid because you think it might be difficult for you to escape?*

*Are you afraid you will not be able to get help if you needed it?*

*Are you afraid that you might do something stupid or embarrassing while in the situation?*

*What are you doing at the time when you are afraid?*

*Can you stop yourself from being afraid?*

*Can your "parent(s)" reassure you?*

*Always or just sometimes?*

*How often has that happened in the last 3 months?*

*How long does this feeling last?*

*When was the first time this happened?*

*Do you do anything to avoid these situations?*

*Do you avoid going certain places or doing certain things because you are afraid?*

*Do you change plans or routines so that you can avoid these situations?*

*What happens?*

*When did you start avoiding these situations?*

Coding rules

**FEAR OF STANDING IN LINE OR BEING IN A CROWD**

0 = Absent

2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the child reports that the anxious affect would have occurred had s/he been in such a situation.

**HOURS : MINUTES**

**AVOIDANCE: FEAR OF STANDING IN LINE OR BEING IN A CROWD**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**AVOIDANCE ONSET: FEAR OF STANDING IN LINE OR BEING IN A CROWD**

Codes

CCG6I01  
Intensity

CCG6F01  
Frequency

CCG6D01  
Duration

CCG6O01  
Onset

CCG6I02

CCG6O02

Definitions and questions

**FEAR OF BEING OUTSIDE OF THE HOME ALONE**

Child experiences marked fear or anxiety about being outside of the home alone. The fear or anxiety experienced during the situation is out of proportion to the actual threat or danger posed by the agoraphobic situation and to the sociocultural context.

***Are you afraid of being alone while outside of your home?***

***Are you afraid of going outside alone?***

***Does the thought of these things frighten you?***

*Tell me how you feel when these things happen.  
Are you afraid because you think it might be difficult for you to escape?  
Are you afraid you will not be able to get help if you needed it?  
Are you afraid that you might do something stupid or embarrassing while in the situation?  
What are you doing at the time when you are afraid?  
Can you stop yourself from being afraid?  
Can your "parent(s)" reassure you?  
Always or just sometimes?*

*How often has that happened in the last 3 months?*

*How long does this feeling last?*

*When was the first time this happened?*

*Do you do anything to avoid these situations?  
Do you avoid going certain places or doing certain things because you are afraid?  
Do you change plans or routines so that you can avoid these situations?  
What happens?*

*When did you start avoiding these situations?*

**IF AGORAPHOBIA, CONTINUE.  
OTHERWISE, SKIP TO "ANIMAL FEARS", (PAGE 11).**

Coding rules

**FEAR OF BEING OUTSIDE OF THE HOME ALONE**

0 = Absent

2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the child reports that the anxious affect would have occurred had s/he been in such a situation.

**HOURS : MINUTES**

**AVOIDANCE: FEAR OF BEING OUTSIDE OF THE HOME ALONE**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**AVOIDANCE ONSET: FEAR OF BEING OUTSIDE OF THE HOME ALONE**

Codes

CCG7I01  
Intensity

CCG7F01  
Frequency

CCG7D01  
Duration

CCG7O01  
Onset

CCG7I02

CCG7O02

Definitions and questions

**FEAR OF PANIC OR PANIC-LIKE SYMPTOMS**

Fears described under agoraphobia result from being in places or situations from which the subject feels it would be difficult or embarrassing to escape in the event of a panic attack or panic-like symptoms.

Fears of panic may be present even when subject has not had a panic attack in the recent past.

***Are you afraid because you might get panicky or have a panic attack in those situations?***

***Are you afraid that you might embarrass yourself or do something stupid?***

***Are you afraid of these things because it might be difficult for you to escape if you had to?***

*Are you afraid that there might not be anyone there to help you if you got panicky?*

*Does this happen in different situations or places?*

*Do you avoid going places or doing certain things?*

*Does it affect what you do or where you go?*

*Can you stop yourself from being afraid?*

Coding rules

**FEAR OF PANIC ATTACK OR PANIC-LIKE SYMPTOMS**

0 = Agoraphobic symptoms not associated with fear of panic attack or panic-like symptoms.

2 = Some agoraphobic symptoms or sometimes agoraphobic symptoms associated with fear of panic attack or panic-like symptoms.

3 = Agoraphobic symptoms always associated with fear of panic attack or panic-like symptoms.

Codes

CCE6101  
Intensity

FOR REVIEW ONLY

Definitions and questions

**ANIMAL FEARS**

Subjective Anxious Affect specific to animals. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared animal or situation.

Do not include fear of spiders, insects, snakes, or birds.

Instead, code these fears in Anxiety or Fear Provoking Situations Aide-Memoir.

**Do any animals frighten you?**

- Which ones?*
- What happens?*
- Do you cry or get upset?*
- Or "freeze up"?*
- How afraid are you?*
- What are you doing when you are frightened like this?*
- Can you stop yourself from being afraid?*
- Always or just sometimes?*

*How often has that happened in the last 3 months?*

*How long does that last?*

*When was the first time this happened?*

*Do you change plans or routines so that you can avoid these situations?*

*When did you first start to avoid these situations?*

Coding rules

**FEAR OF ANIMALS**

- 0 = Absent
- 2 = Fear of animals is intrusive into at least 2 activities and uncontrollable at least some of the time.
- 3 = Fear of animals is intrusive into most activities and nearly always uncontrollable.
- 4 = Subject has not been in situation in past 3 months because of avoidance, but reports that anxious affect would be present if s/he had been in situation.

**HOURS : MINUTES**

**AVOIDANCE**

- 0 = Absent
- 2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
- 3 = Subject lives a highly restricted life because of feared situations.

**ANIMAL FEARS - AVOIDANCE ONSET**

Codes

CCB4I01  
Intensity

CCB4F01  
Frequency

CCB4D01  
Duration

CCB4O01  
Onset

CCB5I01

CCB5O01

FOR REVIEW ONLY

Definitions and questions

**FEAR OF INJURY**

Subjective anxious affect specific to the possibility of being hurt. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared object or situation.

***Do you feel "nervous" or "frightened" about getting hurt or injured?***

***Do you become very afraid or upset when you get a small cut or bruise?***

*Does it affect what you do?*

*What are you doing at the time when you're afraid?*

*Can you stop yourself from being afraid?*

*Always or just sometimes?*

*What happens if someone tries to reassure you?*

*How often has that happened in the last 3 months?*

*How long do you stay afraid?*

*When was the first time this happened?*

*Do you change plans or routines so that you can avoid these situations?*

*When did you first start to avoid these situations?*

Coding rules

**FEAR OF INJURY**

0 = Absent

2 = Fear of an injury is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Fear of injury is intrusive into most activities and nearly always uncontrollable.

4 = Subject has not been in situation in the past 3 months because of avoidance but reports that anxious affect would be present if s/he had been in situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**FEAR OF INJURY - AVOIDANCE ONSET**

Codes

CCB6I01  
Intensity

CCB6F01  
Frequency

CCB6D01  
Duration

CCB6O01  
Onset

CCB7I01

CCB7O01

FOR REVIEW ONLY

Definitions and questions

**FEAR OF BLOOD/INJECTION**

Subjective Anxious Affect in relation to sight of blood, receipt or sight of injections, or anticipation of sight of blood or injections. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared object or situation.

AIDS-related fears are not coded here.

***Do you feel frightened about the sight of blood?***

***Are you afraid of getting a shot or injection?***

***Are you afraid of seeing anyone getting an injection?***

***Do you get upset or cry when you find out you're going to get a shot?***

*Do doctors or nurses have to hold you down?  
Does the thought of getting a shot frighten you?  
Can you stop yourself from being afraid?  
Always or just sometimes?*

*In the last 3 months, how often have you been afraid of blood/injections?*

*How long does this fear last?*

*When was the first time this happened?*

*Do you change plans or routines so that you can avoid these situations?  
Have you refused to go to the doctor because you thought you might get a shot?  
With reassurance, are you able to remain in the situation?  
When did you first start to avoid these situations?*

Coding rules

**FEAR OF BLOOD/INJECTION**

0 = Absent

2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Fear is intrusive into most activities and nearly always uncontrollable.

4 = Subject has not been in situation in past 3 months because of avoidance but reports that anxious affect would be present if s/he had been in situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations or has neglected appropriate medical care.

**AVOIDANCE - ONSET**

Codes

CCE0101  
Intensity

CCE0F01  
Frequency

CCE0D01  
Duration

CCE0O01  
Onset

CCE1I01

CCE1O01

Definitions and questions

**ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR**

Subjective anxious affect related to other fear provoking situations. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared object or situation.

**Are there any other things that you afraid of?**

**Loud sounds?**

**Thunder, lightning, or storms?**

**Heights?**

**Elevators or Escalators?**

**Costumed Characters like Clowns or Chuck E. Cheese?**

**Water?**

**Burglars or Robbers?**

**Getting a haircut?**

**Insects and spiders?**

**Snakes?**

**Birds?**

**The dark?**

**Illness?**

**Frightening things on TV or Movies?**

**War?**

**Anything else that I haven't mentioned?**

*What are you doing when you are afraid?  
Can you stop yourself from being afraid?*

*In the last 3 months, how often have you been afraid of these things?*

*How long do you stay afraid?*

*When was the first time this happened?*

*Do you change plans or routines so that you can avoid these situations?*

*When did you first start to avoid these situations?*

Coding rules

**OTHER FEARS**

0 = Absent

2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Fear is intrusive into most activities and nearly always uncontrollable.

4 = Subject has not been in situation in past 3 months because of avoidance but reports that anxious affect would be present if s/he had been in situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR - AVOIDANCE ONSET**

Codes

CCB8I01  
Intensity

CCB8F01  
Frequency

CCB8D01  
Duration

CCB8O01  
Onset

CCB9I01

CCB9O01

Definitions and questions

**FREE FLOATING ANXIOUS AFFECT**

Anxiety not associated with any particular situation with a total daily duration of at least 1 hour.

***Do you ever feel frightened without knowing why?***

*What are you doing at the time when you're afraid?*

*Can you stop yourself from being afraid?*

*Always or just sometimes?*

*Can anyone reassure you?*

*How often are you afraid like this?*

*How long do these feelings last?*

*Any times in the last 3 months that it lasted a total of 1 hour or more during the day?*

*When was the first time this happened?*

**IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION, WORRIES OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "PANIC ATTACKS", (PAGE 18).**

Coding rules

**FREE FLOATING ANXIOUS AFFECT**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = The child feels fear, or experiences free-floating anxiety that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences free-floating anxiety, that is almost completely uncontrollable in most activities.

**HOURS : MINUTES**

Codes

CCC1F01  
Intensity

CCC1F01  
Frequency

CCC1D01  
Duration

CCC1O01  
Onset

Definitions and questions

**CONCENTRATION DIFFICULTIES**

Difficulty in concentrating or mind "going blank" when feeling anxious.

***When you feel "anxious" or scared, is it hard for you to concentrate?***

*What happens?  
Can you focus on a game or homework?*

*How often have you had this kind of difficulty concentrating?*

*When did this start?*

**EASY FATIGABILITY**

Child becomes easily fatigued when anxious.

***When you're worried or anxious, do you seem to get tired more easily?***

*What happens?  
Can you continue to play or interact even though you're tired out from being anxious?  
Do you need more sleep, either during the day or at night?*

*How often have you felt like that in the last 3 months?*

*When did this start?*

**MUSCLE TENSION**

Generalized tightness, stiffness, or soreness in muscles not resulting from physical exercise.

***Do your muscles tense up when you're "worried," "anxious," or "frightened"?***

*How often has this happened in the last 3 months?*

*When did this start?*

Coding rules

**CONCENTRATION DIFFICULTIES**

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

**EASY FATIGABILITY**

0 = Absent

2 = Feels fatigued after slight exertion but continues with tasks at hand.

3 = Fatigue leads to reduced performance of tasks at hand.

**MUSCLE TENSION**

0 = Absent

2 = Present

Codes

CCC3I01  
Intensity

CCC3F01  
Frequency

CCC3O01  
Onset

CCC4I01  
Intensity

CCC4F01  
Frequency

CCC4O01  
Onset

CCD0I14  
Intensity

CCD0F14  
Frequency

CCD0O14  
Onset

Definitions and questions

**RESTLESSNESS**

Increased unnecessary whole body movements (e.g. getting up and moving around) when anxious or worried.

***Do you get restless when you're "worried," "anxious," or "frightened?"***

***Do you have to keep getting up or moving around when you are "worried," "anxious," or "frightened"?***

*Keyed up or on edge?*

*How often were you restless like this in the last 3 months?*

*When did this start?*

**SLEEP DISTURBANCE WHEN WORRIED/ANXIOUS**

Child has difficulty falling asleep, staying asleep, restless or unsatisfying sleep when anxious or worried.

***When you are worried or anxious, do you have trouble falling asleep?***

***Do you have trouble staying asleep because you are anxious or worried?***

*How often have you had difficulty sleeping in the last 3 months?*

*When did this start?*

**IRRITABILITY WHEN WORRIED/ANXIOUS**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance when worried or anxious.

***When you are worried or anxious, do you become more irritable?***

***Are you easily angered when you are worried or anxious?***

*How often have you been irritable like that in the last 3 months?*

*When did this start?*

Coding rules

**RESTLESSNESS**

- 0 = Absent
- 2 = Present

**SLEEP DISTURBANCE WHEN WORRIED/ANXIOUS**

- 0 = No
- 2 = Yes

**IRRITABLE WHEN WORRIED/ANXIOUS**

- 0 = Absent
- 2 = Present

Codes

CCD0I21  
Intensity

CCD0F21  
Frequency

CCD0O21  
Onset

CCD0I26  
Intensity

CCD0F26  
Frequency

CCD0O26  
Onset

CCD0I27  
Intensity

CCD0F27  
Frequency

CCD0O27  
Onset

Definitions and questions

**PANIC ATTACKS**

Panic attacks are discrete episodes of overwhelming subjective anxious affect and autonomic symptoms that reach a peak within 10 minutes of onset, and that the subject usually tries to terminate by taking some definite action, unless they are too "frozen" by panic to do so.

***Do you get panicky?***

***Have you had a panic attack in the last 3 months?***

*Do you try to avoid situations where you might get panicky?*

*Does it affect you physically at all?*

*How does it affect you physically?*

*Do you have to get out of the situation?*

*What do you do?*

*Does it occur for no good reason?*

*Does it sometimes happen "out of the blue"?*

*Does it occur in any SPECIFIC situations?*

*What triggers it?*

*How often has this happened in the last 3 months?*

*How long do these feelings of panic last?*

*When was the first time this happened?*

**IF PANIC ATTACKS, CONTINUE.  
OTHERWISE, SKIP TO END.**



Coding rules

**PANIC ATTACKS**

0 = Absent

2 = Panic attack that is of such severity that subject stops activity engaged in at the time.

**FREE FLOATING**

0 = Absent

2 = Panic attack unassociated with any particular situation.

**SITUATIONAL**

0 = Absent

2 = Panic attack that occurs in certain situations/environments.

**HOURS : MINUTES**

Codes

CCC5I01  
Intensity

CCC5I02

CCC5I03

CCC5F01  
Frequency

CCC5D01  
Duration

CCC5O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**DEREALIZATION DURING PANIC ATTACK**

The subject experiences his/her surroundings as unreal; everything may seem colorless, artificial, or dead.

***When you got panicky, did you feel that things around you didn't seem real?***

***Or that it was like a stage set with people acting like robots instead of being themselves?***

*What was it like?*

*When did this start?*

**DEPERSONALIZATION DURING PANIC ATTACK**

The subject feels as if s/he is unreal, that s/he is acting a part, or that s/he is detached from his/her own experiences.

***When you got panicky, did you feel as if you weren't real?***

*Did you feel like you were acting your life instead of being natural?*

***Did you feel that you were outside your body looking at yourself from outside your body?***

*When did this start?*

**FEAR OF LOSS OF CONTROL DURING PANIC ATTACK**

Subject feels as though "going crazy" or is afraid of losing control over body or mind (e.g. urinating in public, falling down, creating a "scene").

***When you got panicky, did you feel like you were going crazy?***

***Did you feel as though you were losing control of your body or your mind?***

***Were you afraid of what you might do?***

*Did you feel as though you might fall down or create a "scene"?*

*When did this start?*

Coding rules

**DEREALIZATION**

0 = Absent

2 = Present as described in definition.

**DEPERSONALIZATION**

0 = Absent

2 = Present as described in definition.

**FEAR OF LOSS OF CONTROL**

0 = Absent

2 = Present as described in definition.

Codes

CCC6I01  
Intensity

CCC6O01  
Onset

CCC7I01  
Intensity

CCC7O01  
Onset

CCC8I01  
Intensity

CCC8O01  
Onset

Definitions and questions

**FEAR OF DYING DURING PANIC ATTACK**

Subject feels as though s/he might die, or is afraid that s/he might die.

***When you got panicky, were you afraid that you might die?***

*When did this start?*

  

**CONCERN ABOUT ADDITIONAL PANIC ATTACKS**

Concern, worry, or anxious affect related to the possibility that another panic attack may occur.

***Are you worried about having another "panic attack"?***

*Does it bother you much?*

*When did this start?*

  

**CHANGE IN BEHAVIOR**

Any change in usual behavior or routines, intended to avoid the possibility of a panic attack recurrence. Or changes in behavior or routine to avoid potential embarrassment or humiliation that the subject fears might result from a panic attack.

***Have you done anything to avoid having anymore "panic attacks"?***

*Does that affect your life much?*

*When did this start?*

Coding rules

**FEAR OF DYING**

- 0 = Absent
- 2 = Present as described in definition.

**CONCERN ABOUT ADDITIONAL PANIC ATTACKS**

- 0 = Absent
- 2 = Present

**CHANGE IN BEHAVIOR**

- 0 = Absent
- 2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
- 3 = Subject lives a highly restricted life because of feared situation.

Codes

CCC9I01  
Intensity

CCC9O01  
Onset

CCE2I01  
Intensity

CCE2O01  
Onset

CCE3I01  
Intensity

CCE3O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**WORRY ABOUT IMPLICATIONS**

Worry or anxious affect related to possible secondary consequences of having another panic attack.

Do not include such worries or fears during a panic attack which are coded under Fear of Loss of Control During Panic Attack.

***Have you been worried about what might happen if you had another "panic attack"?***

*What do you think might happen?  
Have you been afraid that you might die?  
Or go crazy?  
Or lose control?*

*When did this start?*

Coding rules

**WORRY ABOUT IMPLICATIONS**

0 = Absent  
2 = Present

Codes

CCE4I01  
Intensity

CCE4O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS**

Autonomic symptoms accompanied by subjective anxious affect.

***When you're "worried," "anxious," or "frightened", does it affect you physically at all?***

***Do you get dizzy, giddy, or faint?***

*When did this start?*

***Does it feel like you are choking?***

*When did this start?*

***Do you have difficulty breathing?***

*In what way?*

*When did this start?*

***Does your breathing get faster?***

*When did this start?*

***Does it affect your heart?***

***Does your heart beat very fast?***

*When did this start?*

***Do you get tightness or pain in your chest?***

Coding rules

**DIZZINESS/FAINTNESS**

- 0 = No
- 2 = Yes

**DIZZINESS/FAINTNESS: ONSET**

**CHOKING**

- 0 = No
- 2 = Yes

**CHOKING: ONSET**

**DIFFICULTY BREATHING**

- 0 = No
- 2 = Yes

**DIFFICULTY BREATHING/SMOTHERING: ONSET**

**RAPID BREATHING**

- 0 = No
- 2 = Yes

**RAPID BREATHING: ONSET**

**PALPITATIONS/TACHYCARDIA**

- 0 = No
- 2 = Yes

**PALPITATIONS/TACHYCARDIA: ONSET**

Codes

CCE5101

CCE5001

CCE5103

CCE5003

CCE5104

CCE5004

CCE5105

CCE5005

CCE5106

CCE5006

FOR REVIEW ONLY

Definitions and questions

*When did this start?*

  
  

**Do you get sweaty?**

*When did this start?*

  
  

**Do you feel sick or nauseous?**

*When did this start?*

  
  

**Do you get butterflies in your stomach?**

**Do you get pain in your stomach?**

*When did this start?*

  
  

**Do you get shaky or twitchy?**

**Do you start to tremble?**

*When did this start?*

  
  

**Do you get flushed?**

Coding rules

**TIGHTNESS OR PAIN IN CHEST**

0 = No

2 = Yes

**TIGHTNESS OR PAIN IN CHEST: ONSET**

**SWEATING**

0 = No

2 = Yes

**SWEATING: ONSET**

**NAUSEA**

0 = No

2 = Yes

**NAUSEA: ONSET**

**BUTTERFLIES/PAIN IN THE STOMACH**

0 = No

2 = Yes

**BUTTERFLIES/PAIN IN THE STOMACH: ONSET**

**TREMBLING/SHAKING/TWITCHING**

0 = No

2 = Yes

**TREMBLING/SHAKING/TWITCHING: ONSET**

Codes

CCE5I07

CCE5O07

CCE5I08

CCE5O08

CCE5I09

CCE5O09

CCE5I11

CCE5O11

CCE5I13

CCE5O13

FOR REVIEW ONLY

Definitions and questions

**Do you get chills?**  
When did this start?  
\

**Do you have funny feelings in your fingers or toes?**  
When did this start?

**Does your stomach churn?**  
When did this start?

Coding rules

**FLUSHING OR CHILLS**

0 = No

2 = Yes

**FLUSHING OR CHILLS: ONSET**

**PARESTHESIA**

0 = No

2 = Yes

**PARESTHESIA: ONSET**

**ABDOMINAL CHURNING**

0 = No

2 = Yes

**ABDOMINAL CHURNING: ONSET**

Codes

CCE5114

CCE5014

CCE5116

CCE5016

CCE5118

CCE5018

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**SLEEP PROBLEMS**

**INSOMNIA**

Disturbance of usual sleep pattern involving a reduction in actual sleep time during the subject's sleep period that is accompanied by a subjective feeling of a need for more sleep. Do NOT include externally imposed changes in overall sleep pattern (e.g., change in job hours, arrival of new baby), or insomnia during first 2 weeks following such changes. Sleep problems are scored irrespective of taking medication for them, but note whether medication is being taken. Also include changes attributed to side effects of medication or substance use.

*Is it hard for you to fall asleep when you want to?*

*Once you're off to sleep, do you wake up again during the night?*

*Do you wake up early in the morning and can't go back to sleep?*

IF YES TO ANY QUESTION, CONTINUE:

*What time do you usually go to bed?*

*How long does it take you to fall asleep?*

*In the last 3 months, has it taken you an hour or more to get to sleep?*

*If you wake up at night, how long does it take you to get back to sleep?*

*Why do you wake up?*  
EXCLUDE WAKING UP TO USE BATHROOM.

*Do you wake up early in the morning and can't go back to sleep?*

*How long are you awake?*  
*What time are you supposed to wake up?*

*How many nights do you have trouble sleeping in the last 3 months?*

*When did you first start having sleep problems?*

**INSOMNIA**

- 0 = Absent
- 2 = If the insomnia covers a period between 1 and 2 hours.
- 3 = If its duration is greater than or equal to 2 hours per night.

**INITIAL INSOMNIA**

- 0 = Absent
- 2 = If the insomnia covers a period between 1 and 2 hours.
- 3 = If its duration is greater than or equal to 2 hours per night.

**MIDDLE INSOMNIA**

- 0 = Absent
- 1 = Any middle insomnia under 1 hour.
- 2 = 1-2 hours of middle insomnia.
- 3 = More than 2 hours of middle insomnia.

**EARLY MORNING WAKENING (TERMINAL INSOMNIA)**

- 0 = Absent
- 2 = If the insomnia covers a period between 1 and 2 hours.
- 3 = If its duration is greater than or equal to 2 hours per night.

CFB7I01  
Intensity

CFB7I02

CFB7I03

CFB7I04

CFB7F01  
Frequency

CFB7O01  
Onset

Definitions and questions

**MEDICATION FOR INSOMNIA**

Note here any medication (prescription or over the counter) specifically used in an attempt to improve sleep pattern. Note name of drug. Code prescriptions in Incapacities section.

***Do you take anything to help you sleep?***

*What?  
Does it work?*

**HYPERSOMNIA - INCREASED NEED FOR SLEEP**

Total hours sleep exceed usual amount by at least one hour, unless subject prevented from sleeping.

***Do you feel sleepy during the day?***

***Do you actually drop off to sleep in the day?***

*Have you been more sleepy than usual?  
More sleepy than most other kids?  
What were you doing at the time you were sleepy?  
Could you keep yourself awake if you had to?  
Always or just sometimes?*

*How often do you feel sleepy like that?*

*How long are you sleepy like that?*

*When did you start feeling more sleepy than usual?*

**RESTLESS SLEEP**

Sleep is described as restless.

***How would you describe your average night's sleep?***

***Do you sleep soundly?***

***Do you toss and turn?***

***Are you restless?***

*When did your sleep become restless?*

Coding rules

**MEDICATION FOR INSOMNIA**

0 = Absent  
2 = Present

**INCREASED NEED FOR SLEEP**

0 = Absent  
2 = Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.  
3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.

**HOURS : MINUTES**

**RESTLESS SLEEP**

0 = Absent  
2 = Present

Codes

CFB7105  
Intensity

CFB8101  
Intensity

CFB8F01  
Frequency

CFB8D01  
Duration

CFB8O01  
Onset

CFD1101  
Intensity

CFD1O01  
Onset

Definitions and questions

**IF INSOMNIA, CONTINUE. OTHERWISE, SKIP TO "NIGHTMARES", (PAGE 4).**

**INADEQUATELY RESTED BY SLEEP**

Sleep disturbance does not meet criteria for insomnia, but subject describes being inadequately rested by sleep upon waking.

*Do you usually get a good night's sleep?*

*Do you feel like you are NOT well rested when you get up?*

*Or after sleeping during the day?  
How do you feel?*

*When did that start?*

Coding rules

**INADEQUATELY RESTED BY SLEEP**

0 = Absent

2 = Present

Codes

CFD2101  
Intensity

CFD2001  
Onset

FOR REVIEW ONLY

Definitions and questions

**NIGHTMARES**

Frightening dreams that waken the child with a markedly unpleasant affect on waking (which may be followed rapidly by feelings of relief).

If Nightmares are associated with Separation Anxiety, code them more specifically as Separation Dreams in Separation Section.

If Nightmares are associated with Traumatic Events and meet criteria for codings, code them here and the PTSD section also.

**Do you have any bad dreams or nightmares?**

*Do they wake you up?  
What are they about?  
What are they like?*

*In the last 3 months, how often has this happened?*

*When did the nightmares start?*

**TIREDNESS**

A feeling of being tired or weary at least half the time.

**Have you been feeling especially tired or weary?**

*How much of the time have you felt tired like that?  
Do you feel tired like that for at least half the time?*

*When did you begin to feel tired or weary?*

**FATIGABILITY**

Child becomes tired or "worn out" more easily than usual.

**Have you become tired or "worn out" more easily than usual?**

**Do you feel exhausted even by things that would have been no problem before?**

*When you get tired like that, does it take a long time to get over it?  
Is that more than usual for you?*

*How long have you felt that way?*

Coding rules

**NIGHTMARES**

0 = Absent

2 = Bad dreams have woken the subject on at least 3 occasions in the last 3 months.

**TIREDNESS**

0 = Absent

2 = Feels tired at least half of the time.

3 = Feels tired almost all of the time.

**FATIGABILITY**

0 = Absent

2 = Increased fatigability not meeting criteria for 3.

3 = Even minimal physical activity rapidly results in subject feeling exhausted, and recovery from that exhaustion is slow.

Codes

CFB9I01  
Intensity

CFB9F01  
Frequency

CFB9O01  
Onset

CFD3I01  
Intensity

CFD3O01  
Onset

CFD4I01  
Intensity

CFD4O01  
Onset

Definitions and questions

Coding rules

Codes

**DEPRESSED AFFECT**

**DEPRESSED MOOD**

Includes feeling unhappy, miserable, blue, low spirited, being down in the dumps or dejected; daily total duration of at least 1 hour.

Distinguish from other unpleasant affects e.g. Nervous Tension or Anxiety, Apathy and Anhedonia. It is also important to make sure that it is the mood itself that is being rated and not its "expected" concomitants (such as apathy, self-depreciation or crying). Items such as these are rated separately. If they are used as evidence of depression as well, spurious relationships will be generated by the interviewer.

***Have you been feeling "down" at all?***

***Have you been feeling down in the dumps, unhappy, or depressed?***

***Have you been acting very unhappy or sad?***

***Have you been crying because of the way you have been feeling?***

*What made you feel "miserable"?*

*If I had seen you then would I have been able to tell?*

*Can you do anything to cheer yourself up?*

*Can anyone do anything to cheer you up?*

*How often are you "down" like that at home?*

*How often are you "down" like that at school?*

*How often are you "down" like that at elsewhere?*

*Note: If child is depressed all day every day, code frequency as 90 times for each setting of home, school, and elsewhere.*

*When you feel "miserable," how long does it last?*

*When did you start to feel down like that?*

IF DEPRESSED MOOD PRESENT, ASK;

*Was there a week when you felt "miserable" most days?  
Were there two weeks when you were "miserable" on at least 8 days?*

IF DEPRESSED MOOD PRESENT, ASK;

*Has there been a period of at least 2 consecutive months in the last year when you didn't feel like that?*

**DEPRESSED MOOD**

0 = Absent

2 = The depressed mood is sometimes intrusive but also sometimes alleviated by enjoyable events or activities.

3 = Scarcely anything is able to lift the mood.

**HOME**

**SCHOOL**

**ELSEWHERE**

**HOURS : MINUTES**

**EPISODE OF DEPRESSED MOOD**

0 = Absent

2 = At least 1 week with 4 days depressed mood.

3 = Period of 2 consecutive weeks where depressed mood present on at least 8 days.

**PERIOD OF 2 CONSECUTIVE MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR**

0 = Present

2 = Absent

CDA0I01  
Intensity

CDA0F01  
Home  
Frequency

CDA0F02  
School  
Frequency

CDA0F03  
Elsewhere  
Frequency

CDA0D01  
Duration

CDA0O01  
Onset

CDA0I02

CDA0I03

Definitions and questions

Coding rules

Codes

**IF DEPRESSED MOOD IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 4).**



FOR REVIEW ONLY

Definitions and questions

**SUBJECTIVE AGITATION**

Markedly changed motor activity associated with depressed mood. Account of a severe level of inappropriate, unpleasant motor restlessness during a period of dysphoric mood, indicated by pacing, wringing of hands, or similar activities; daily total duration of at least 1 hour.

DO NOT INCLUDE SIMPLE RESTLESSNESS OR FIDGETINESS IN THE ABSENCE OF MOOD CHANGE.

*Do you get very restless when you're "miserable?"*

*Do you have difficulty keeping still when depressed?*

*Do you wander about without seeming to have a purpose when you're depressed?*

*Can you calm down?  
What were you doing at the time?  
Could you stop yourself from feeling this way?  
Can you always stop feeling this way?  
Or just sometimes?*

*In the last 3 months, how often has this happened?*

*How long does it last?  
Any times in the last 3 months it's lasted for as long as an 1 hour a day?*

*When did the "agitation" start?*

Coding rules

**AGITATION**

0 = Absent

2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the subject can inhibit his/her agitation with effort.

3 = Agitation almost entirely uncontrollable.

HOURS : MINUTES

Codes

CDA5I01  
Intensity

CDA5F01  
Frequency

CDA5D01  
Duration

CDA5O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**REPORTED TEARFULNESS AND CRYING**

Eyes filling with tears or actual shedding of tears as a response to an internal state of unhappiness or misery.

Do not rate crying precipitated by usual precipitants (such as sad situations or anger or being spanked or disciplined).

***Do you feel so "miserable" that you want to cry?***

***Do you actually cry?***

*Even when it seems that nothing has happened to warrant crying?*

*What were you doing at the time?*

*Can you stop yourself?*

*Always or just sometimes?*

*How often do you cry like this?*

*How long does it last?*

*When did you start being tearful?*

Coding rules

**REPORTED TEARFULNESS AND CRYING**

0 = Absent

2 = When feeling miserable, the eyes fill with tears, or shed tears, at least sometimes uncontrollably, in at least 2 activities.

3 = When feeling miserable, the eyes nearly always uncontrollably fill with, or shed, tears in most activities.

**HOURS : MINUTES**

Codes

CDA4I01  
Intensity

CDA4F01  
Frequency

CDA4D01  
Duration

CDA4O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**TOUCHY OR EASILY ANNOYED**

The child is generally more prone to FEELINGS of anger bad temper, short temper, resentment, sulking or annoyance, under minor provocation than most children. This pattern need not represent a change in behavior.

The behavior occurs with at least one individual who is NOT a sibling.

***Do things get on your nerves easily?***

*What sorts of things?*

***Do you get annoyed more easily than most children?***

*What do you do?*

*How often does this happen at home?*

*How often does this happen at school?*

*How often does this happen elsewhere?*

*How long do these feelings last?*

*When was the first time this happened?*

*Does this happen with sibling(s)?*

*Does this happen with peers?*

*Does this happen with adults?*

Coding rules

**TOUCHY OR EASILY ANNOYED**

0 = Absent

2 = Present

**HOME**

**SCHOOL**

**ELSEWHERE**

**HOURS : MINUTES**

**OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

**OCCURS WITH PEERS**

0 = No

2 = Yes

**OCCURS WITH ADULTS**

0 = No

2 = Yes

Codes

CDA6I01  
Intensity

CDA6F01  
Home  
Frequency

CDA6F02  
School  
Frequency

CDA6F03  
Elsewhere  
Frequency

CDA6D01  
Duration

CDA6O01  
Onset

CDA6X01

CDA6X02

CDA6X03

FOR REVIEW ONLY

Definitions and questions

**ANGRY OR RESENTFUL**

The child is generally more prone to MANIFESTATIONS of anger or resentment (such as snappiness, shouting, quarreling or sulking) under minor provocation, than most children. This pattern need not represent a change in behavior.

The behavior occurs with at least one individual who is NOT a sibling.

**Do you get angry very often?**

*What happens?*

**Do you get "sulky" or "pout"?**

*What do you do?*

*How often does this happen at home?*

*How often does this happen at school?*

*How often does this happen elsewhere?*

*How long do these feelings last?*

*When was the first time this happened?*

*Does this happen with sibling(s)?*

*Does this happen with peers?*

*Does this happen with adults?*

Coding rules

**ANGRY OR RESENTFUL**

- 0 = Absent
- 2 = Present

**HOME**

**SCHOOL**

**ELSEWHERE**

**HOURS : MINUTES**

**OCCURS WITH SIBLING(S)**

- 0 = No
- 2 = Yes

**OCCURS WITH PEERS**

- 0 = No
- 2 = Yes

**OCCURS WITH ADULTS**

- 0 = No
- 2 = Yes

Codes

CDA7I01  
Intensity

CDA7F01  
Home  
Frequency

CDA7F02  
School  
Frequency

CDA7F03  
Elsewhere  
Frequency

CDA7D01  
Duration

CDA7O01  
Onset

CDA7X01

CDA7X02

CDA7X03

Definitions and questions

**IRRITABILITY**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance; daily total duration of at least 1 hour. (Change may predate the primary period and continue into at least part of the primary period.)

Note that this rating is of a change in the child's usual liability to be precipitated into anger, it does not refer to the form of the anger once it has been precipitated.

N.B.: The irritable mood itself is being rated, not just its manifestations; thus, frequency and duration ratings refer to the number and length of episodes of the mood, not of the episodes of snappiness, shouting or quarrelsomeness.

**Have you been more irritable than usual in the last 3 months?**

**Or made angry more easily?**

**Have you had more tantrums than usual in the last 3 months?**

*What have you been "touchy" about?  
Is that more than usual?*

*What do you do when you feel like that?  
Have you been snappy with people in the family?  
Have you gotten into arguments or fights lately?*

*Have you hit or broken anything when you're angry?  
What were you doing at the time of this irritable mood?  
Could you stop yourself from feeling this way?  
Always or just sometimes?*

*How often does that happen at home?  
How often does that happen at school?  
How often does that happen elsewhere?*

*How long does it last when you feel like that?  
Any times in the last 3 months that it's lasted as long as 1 hour in a day?*

*When did you start to get "irritable" like that?*

IF IRRITABILITY PRESENT, ASK;

*Was there a week when you felt "irritable" most days?  
Were there two weeks when you were "irritable" on at least 8 days?*

IF IRRITABILITY PRESENT, ASK;

*Has there been a period of at least 2 consecutive months in the last year when you didn't feel like that?*

Coding rules

**IRRITABILITY**

0 = Absent

2 = Irritable mood present in at least 2 activities manifested by at least one instance of snappiness, shouting, quarrelsomeness and at least sometimes uncontrollable.

3 = Irritable mood present in most activities, accompanied by snappiness, shouting, quarrelsomeness, and nearly always uncontrollable.

**HOME**

**SCHOOL**

**ELSEWHERE**

**HOURS : MINUTES**

**EPISODE OF IRRITABLE MOOD**

0 = Absent

2 = At least 1 week with 4 days irritable mood.

3 = Period of 2 consecutive weeks where irritable mood present on at least 8 days.

**PERIOD OF 2 CONTINUOUS MONTHS WITHOUT IRRITABLE MOOD IN LAST YEAR**

0 = Yes

2 = No

Codes

CDA8I01  
Intensity

CDA8F01  
Home  
Frequency

CDA8F02  
School  
Frequency

CDA8F03  
Elsewhere  
Frequency

CDA8D01  
Duration

CDA8O01  
Onset

CDA8I02

CDA8I03

Definitions and questions

**LOSS OF AFFECT**

Complaint of loss of a previously existing ability to feel or experience emotion.

***Have you felt that you didn't have any feelings (emotions) left?***

***Or that you have lost your feelings?***

*Can you feel any emotions?  
What were you doing at the time?  
Can you stop yourself from feeling this way?  
Always or just sometimes?*

*When was the first time this happened?*

**CONATIVE PROBLEMS**

**BOREDOM**

Activities the child is actually engaged in are felt to be dull and lacking in interest while interest in other possible potential activities is expressed.

Everyone gets bored sometimes, so code a child positively here only if s/he is more often bored than not. Code positive even if the activities are truly dull. It must seem to the child that other potential activities would be of interest even if s/he is uncertain what those other activities might be.

Differentiate from anhedonia and loss of interest, where nothing seems to be of potential interest or likely to give pleasure.

Code even if the activities described are truly boring in your opinion.

***How much of the time are you bored?***

***Do you get bored more than other people?***

IF PRESENT ASK;

*What activities are boring to you?  
Can you do anything to stop from being bored?  
Is there something that you would like to be doing?*

*How long have you been feeling so bored?*

Coding rules

**LOSS OF AFFECT**

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

**BOREDOM**

0 = Absent

2 = More than half the time.

3 = Almost all the time.

Codes

CDA9I01  
Intensity

CDA9O01  
Onset

CDB0I01  
Intensity

CDB0O01  
Onset

Definitions and questions

**LOSS OF INTEREST**

Diminution of the child's interest in usual pursuits and activities. Either some interests have been dropped or the intensity of interest has decreased. Everyone has interests of some sort, but the extent of the diminution must be measured in the context of the range and depth of the child's usual activities. Take into account everyday school and home activities as well as watching TV, playing games, taking an interest in clothes, food, appearance, toys, etc. Inevitably, those with more intense and varied interests initially will have more room to lose interest than those who have never taken a great interest in things.

Distinguish from "growing out" of activities or giving up certain activities to take up new ones or because of increased pressure of work.

***Have things been interesting you as much as usual?***

***Have you noticed that you not interested in doing things that you used to care a lot about?***

***Have you lost interest in anything?***

IF PRESENT ASK;

*What kinds of things have you lost interest in?*

*Can you get yourself interested in anything?*

*Can anybody?*

*When did you start to lose interest in things?*

Coding rules

**LOSS OF INTEREST**

0 = Absent

2 = Generalized diminution in interest taken in normally interesting activities.

3 = The subject is completely or almost completely uninterested in everything or nearly everything.

Codes

CDB1101  
Intensity

CDB1001  
Onset

FOR REVIEW ONLY

Definitions and questions

**ANHEDONIA**

A partial or complete loss or diminution of the ability to experience pleasure, enjoy things, or have fun. It also refers to basic pleasures like those resulting from eating favorite foods.

Anhedonia concerns the mood state itself. Loss of Interest or loss of the ability to concentrate on looking at books, games, TV or school may accompany Anhedonia, so the interviewer may code different aspects under different items. Do not confuse this item with a lack of opportunity to do things or to excessive parental restriction.

**DISTINGUISH FROM BOREDOM AND LOSS OF INTEREST OR LACK OF OPPORTUNITIES FOR PARTICIPATION.**

***Can you have fun or enjoy yourself?***

***Are there things you used to enjoy but don't anymore?***

*Like playing with certain toys?  
Or doing certain things with others?  
Do you seem to have lost enthusiasm for things that you used to enjoy?*

*When did you start to feel like that?*

Coding rules

**ANHEDONIA**

0 = Absent

2 = Generalized diminution in pleasure taken in normally pleasurable activities.

3 = Almost nothing gives pleasure.

Codes

CDB2101  
Intensity

CDB2001  
Onset

FOR REVIEW ONLY

Definitions and questions

**SUBJECTIVE ANERGIA**

The child is markedly lacking in energy compared with usual state. The child is described as being easily fatigued and/or excessively tired. This is a general rating of child's overall energy level.

DIFFERENTIATE FROM MOTOR SLOWING, INSOMNIA, HYPERSOMNIA, AND FATIGABILITY ALTHOUGH YOU MAY DOUBLE CODE IF CRITERIA FOR MORE THAN ONE ARE MET.

*Do you have as much energy as you used to have?*

*Have you been as energetic as usual?*

*Have you been complaining of a lack of energy?*

*Have you lost any of your usual energy?*

*Have you been taking naps more often than usual or going to sleep earlier than you used to?*

*Do you have enough energy to do things?*

*Do you choose not to do things because you haven't got enough energy?*

*When did you start feeling less energetic?*

**SUBJECTIVE MOTOR SLOWING**

The child is slowed down in movement and speech compared with his/her usual condition; daily total duration of at least 1 hour.

*Have you been moving more slowly than you used to?*

*Do you do things more slowly than you used to?*

*Or talk more slowly?*

*Can you give me an example?*

*What are you doing at the time that you're moving slowly?*

*Can you do anything to speed yourself up?*

*Does it help you speed up?*

*Always or just sometimes?*

*In the last 3 months, how often has this happened?*

*How long does it last?*

*When did you start to feel slowed down?*

Coding rules

**ANERGIA**

0 = Absent

2 = A generalized listlessness and lack of energy.

3 = A report of being almost completely without energy.

**MOTOR SLOWING**

0 = Absent

2 = Slowing present and cannot be overcome in at least 2 activities.

3 = Slowing present and cannot be overcome in almost all activities.

**HOURS : MINUTES**

Codes

CDB3I01  
Intensity

CDB3O01  
Onset

CDB4I01  
Intensity

CDB4F01  
Frequency

CDB4D01  
Duration

CDB4O01  
Onset

Definitions and questions

**SUBJECTIVE COMPLAINTS ABOUT THINKING**

**INEFFICIENT THINKING**

Unpleasant difficulty with thinking clearly or efficiently, or concentrating, even about simple matters; daily total duration of at least 1 hour.

***Do your thoughts get muddled or confused easily?***

***Do you have difficulty concentrating?***

***Can you think clearly if you need to?***

*Does it cause you any trouble?*  
*Is there any interference with your thoughts?*

*When did you start to have trouble with your thinking?*

**INDECISIVENESS**

Unpleasant difficulty in reaching decisions, even about simple matters. This is a general rating of child's ability to make decisions.

***Are you good at making decisions or making up your mind?***

***Have you had any trouble making decisions?***

*What happens when you have to make up his/her mind?*  
*What things do you have difficulty deciding?*  
*Do you have trouble deciding on things at home?*  
*How about school?*  
*Is it really difficult for you to make up your mind at the store?*

*When was the first time this happened?*

Coding rules

**INEFFICIENT THINKING**

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities

3 = Almost always uncontrollable and occurring in relation to almost all situations where clear thinking required

**INDECISIVENESS**

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities.

3 = Almost always uncontrollable and occurring in relation to almost all decisions.

Codes

CDB5101  
Intensity

CDB5001  
Onset

CDB6101  
Intensity

CDB6001  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**DEPRESSIVE THOUGHTS**

***In the definitions in this section the term "feeling" is frequently used, despite the fact that cognitions are being referred to. For most people, the term "feeling" carries both cognitive and affective components. However, these items refer not to mood states per se, but to certain cognitions, thoughts, opinions or attitudes. In other words, it is the content of the thought that is to be coded, not its affective tone.***

**LONELINESS**

A feeling of being alone and/or friendless, regardless of the justification for the feeling; daily total duration of at least 1 hour.

Adult contacts and peer friendships should be considered. Differentiate from feeling unloved. A child may be lonely but still acknowledge being loved and vice versa.

***Do you feel lonely?***

***Sometimes children feel that they have no one who would help them. Do you ever feel like that?***

*Do you feel lonely even though you have some friends?*

*Do you feel left out by others?*

*Do you get left out of other children's activities?*

*What are you doing when you feel lonely?*

*Can you stop yourself from feeling lonely?*

*Always or just sometimes?*

*When did you start to feel lonely like that?*

**LONELINESS**

0 = Absent

2 = The subject definitely feels intrusively and uncontrollably lonely, in at least 2 activities.

3 = S/he feels lonely almost all the time.

CDB9I01  
Intensity

CDB9O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**FEELS UNLOVED**

A generalized feeling of being unloved and uncared for, regardless of the justification for that feeling.

DIFFERENTIATE FROM LONELINESS.

**Sometimes children feel that no one loves them, even when they do. Do you feel like that at all?**

*What about your parents; do you think they love you?*  
**Do you feel loved less than other people?**

*Have you always felt like that?*

*When did you start to feel like that?*

**SELF-DEPRECIATION AND SELF-HATRED**

An unjustified feeling of inferiority to others (including unjustified feelings of ugliness). Self-hatred involves severe hostility directed by the child against him/herself, accompanied by expressed dislike or expressed criticism.

Do not rate delusional phenomena here.

**How do you feel about yourself?**

**Do you like yourself?**

**If you had to choose, would you say you were good-looking, average, or ugly?**

**As a person do you feel as good as other people?**

**Do you ever say that you're "stupid"?**

*Or a "bad" person?*  
*Do you feel that you're good at certain things?*  
*What things do you do that you're proud of?*  
*Is there anything that you think you're good at?*  
*Do you think you're any good at all?*  
*Do you think everyone is better than you?*

*When did you start to feel like this?*

Coding rules

**FEELS UNLOVED**

0 = Absent

2 = The subject feels that there are others who love him/her but that s/he is loved or cared for less than other people.

3 = The subject feels that almost no one loves him/her, or hardly ever believes that anyone does.

**SELF-DEPRECIATION**

0 = Absent

2 = The subject rates him/herself lower than seems justified, but does not see him/herself as being completely without value, since in some activities s/he does not feel inferior.

3 = The subject feels almost entirely worthless and without saving graces, in nearly all activities, or inferior to everyone. Self-hatred is also rated here.

Codes

CDC0101  
Intensity

CDC0001  
Onset

CDC1101  
Intensity

CDC1001  
Onset

Definitions and questions

**FEELING SORRY FOR ONESELF**

A feeling that life or people have been unfairly unpleasant or troubling and that the child deserves better. Child feels unlucky, victim of "bad luck".

Code regardless of justification.

**Do you feel sorry for yourself?**

**Do you think you're unlucky?**

**Do you feel that you deserve a better life?**

*In what way?*  
*Do you feel like that all the time or only some of the time?*  
*Do you think everything is unfair or just some things?*  
*Do you feel it will always be like that?*

*When did you start to feel like that?*

**PATHOLOGICAL GUILT**

Excessive self-blame for minor or non-existent wrongdoings. Child realizes that guilt is exaggerated; if not, code as Delusions of Guilt.

**Do you feel bad or guilty about anything that you've done?**

*What?*  
**Do you ever say that you're a "bad" person?**

**Do you blame yourself for things that aren't your fault?**

*Do you feel that you deserve to have bad things happen to you?*  
*Do you think you deserve to be punished, even when you've done nothing wrong?*  
*Do you ever feel guilty about things that you know aren't really your fault?*  
*Do you feel that a lot of things that go wrong are your fault?*

*When did you start to feel that you were "to blame?"*

**IF PATHOLOGICAL GUILT IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "IDEAS OF REFERENCE", (PAGE 17).**

Coding rules

**FEELING SORRY FOR ONESELF**

- 0 = Absent
- 2 = The subject feels sorry for him/herself but thinks that some aspects of life have not been unfairly troubling or unpleasant.
- 3 = The subject thinks that nothing has occurred according to his/her just desserts, and feels sorry for him/herself in nearly all situations.

**PATHOLOGICAL GUILT**

- 0 = Absent
- 2 = At least partially unmodifiable excessive self-blame not generalized to all negative events.
- 3 = The child generalizes the feeling of self-blame to almost anything that goes wrong in his/her environment.

Codes

CDC2I01  
Intensity

CDC2001  
Onset

CDC3I01  
Intensity

CDC3001  
Onset

Definitions and questions

**DELUSIONS OF GUILT**

Delusional self-blame for minor or non-existent wrongdoings. Child DOES NOT realize that guilt is exaggerated.

The child may believe that s/he has brought ruin to his/her family by being in his/her present condition or that his/her symptoms are a punishment for not doing better. Distinguish from pathological guilt without delusional elaboration, in which the child is in general aware that the guilt originates within him/herself and is exaggerated.

***Do you believe that you have committed a crime?***

***Do you believe that you have sinned greatly?***

*Do you think that you deserve to be punished?  
Do you think that you might hurt or ruin other people?  
Are you convinced that these things are your fault?*

*When was the first time this happened?*

Coding rules

**DELUSIONS OF GUILT**

0 = Absent

2 = The subject has a delusional conviction of having done wrong but there is a fluctuating awareness that his/her feelings are an exaggeration of normal guilt.

3 = The subject has an unmodifiable delusional conviction that s/he has sinned greatly, etc.

Codes

CDC4I01  
Intensity

CDC4O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**IDEAS OF REFERENCE**

Subjective feeling of being noticed or commented about in public settings that are not justified by reality. Comments seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that subject actually was being noticed or commented upon.

IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS.

*Sometimes people get the feeling that other people are looking at them even when they know they aren't really. Does that happen to you?*

*Do you ever feel that people are talking about you?*

*Do you ever feel they might be laughing at you or saying rude things about you?*

*Do people follow you or watch you?*

*Are people blaming you for something?*

*Are people accusing you of something?*

*What do you think people think or say when you feel that they're noticing you?*

*What do you think they are saying?*

*Do you think they really are or are you just being sensitive?*

*How do you know they are?*

*Are you imagining it?*

*In the last 3 months, how often has this happened?*

*How long do you feel this way?*

*When did this start?*

Coding rules

**IDEAS OF REFERENCE**

0 = Absent

2 = Simple ideas of reference

3 = Guilty ideas of reference

HOURS : MINUTES

Codes

CDC5I01  
Intensity

CDC5F01  
Frequency

CDC5D01  
Duration

CDC5O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**HELPLESSNESS**

The child feels that there is little or nothing s/he can do to improve his/her situation or psychological state, though such a change would be welcome. This is a generalized feeling.

***Is there anything about the way things are or the way you are that you would like to change?***

***Do you feel helpless about your situation?***

IF PRESENT ASK;

*Is there anything you could do to make things better?*

*Or make yourself feel better?*

*What?*

*Do you think it would work?*

*When did you start to feel this way?*

**HOPELESSNESS**

The child has a bleak, negative, pessimistic view of the future, and little hope that his/her situation will improve. This is a generalized feeling.

***Do you feel hopeless about the future?***

***Do you think things will get better or worse for you when you're grown up?***

*Do you think anyone can help you?*

*Do you believe things will get better?*

*Can you do anything about it?*

*How often do you feel like this?*

*When did you start to feel this way?*

Coding rules

**HELPLESSNESS**

0 = Absent

2 = The subject feels helpless and cannot always modify his/her feelings, but can report expectations of being able to help him/herself.

3 = The subject expresses almost no hope of being able to help him/herself.

**HOPELESSNESS**

0 = Absent

2 = The subject feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the future.

3 = The subject expresses almost no hope for the future at all.

Codes

CDC6I01  
Intensity

CDC6O01  
Onset

CDC7I01  
Intensity

CDC7O01  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**SUICIDE**

***Purposes of the Section***

***This section has 1 major function:***

***(1) To assess the suicidal and self-injurious intentions and actions of the child.***

***Organization of the Section***

**SUICIDE AND SELF-INJURIOUS BEHAVIOR:  
EVER**

***Have you EVER thought about death or dying?***

***Have you EVER said you wanted to die?***

***Have you EVER said life was not worth living?***

***Have you EVER done anything that made people think you wanted to die?***

***Have you EVER tried to hurt or kill yourself?***

IF YES TO ANY QUESTION, CODE AS PRESENT.

***Have you thought about death or dying in the last 3 months?***

**IF 3 MONTH SUICIDE SCREEN PRESENT, CONTINUE. OTHERWISE "SUICIDAL ATTEMPTS: EVER", (PAGE 23 ).**

**SUICIDE SCREEN: EVER**

0 = Absent

2 = Present

**SUICIDE SCREEN: 3 MONTHS**

0 = No

2 = Yes

Ever: CDC8101  
Intensity

CDC8102  
Intensity

Definitions and questions

**THINKING ABOUT DEATH**

Thoughts about death and dying, whether referred to self or others.

Include thoughts about not being able to go on any longer and life not being worth living. Include discussion about a grandparent who has died ("Do they go to heaven?" "What will happen when I die?") To code, thoughts must be intrusive into at least two activities.

CODE THOUGHTS ABOUT TAKING ONE'S OWN LIFE UNDER SUICIDAL THOUGHTS (NEXT PAGE).

***Do you think a lot about death or dying?***

***Do you think a lot about other people who have died?***

*Like grandparents or other relatives?*

***Do you sometimes wish that you were dead?***

*Do you want to die?*

*What do you think about?*

*What are you doing when you're thinking about death or dying?*

*Can you stop yourself from thinking about death or dying?*

*Always or just sometimes?*

*How often do you think about death or dying?*

*How long have you been thinking like that?*

FOR REVIEW ONLY

Coding rules

**THINKING ABOUT DEATH**

0 = Absent

2 = Present but not including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

Codes

CDC9I01  
Intensity

CDC9F01  
Frequency

CDC9O01  
Onset

Definitions and questions

**SUICIDAL THOUGHTS**

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

This may accompany thinking about death in general, or may be present if a child has reported a suicidal plan or past attempt.

Do not include suicidal plans.

***In the last 3 months, have you thought about killing yourself?***

***Do you think about ending it all?***

*What do you think about?  
Do you think you're actually going to do this?  
What are you doing when you're thinking about it?  
Can you stop yourself from thinking about ending it all?  
Always or just sometimes?*

*In the last 3 months, how often has this happened?*

*When was the first time this happened?*

**IF SUICIDAL THOUGHTS PRESENT, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL ATTEMPTS: EVER", (PAGE 23).**



FOR REVIEW ONLY

Coding rules

**SUICIDAL THOUGHTS**

0 = Absent

2 = At least sometimes uncontrollable suicidal thoughts, recurring in at least 2 activities.

3 = Usually uncontrollable suicidal thoughts intruding into most activities.

Codes

CDD0I01  
Intensity

CDD0F01  
Frequency

CDD0001  
Onset

Definitions and questions

**SUICIDAL PLANS**

Suicidal thoughts that contain plans of a suicidal act and some intent to carry them out.

If suicidal attempt has been made, determine whether a plan was present prior to the attempt.

***In the last 3 months, have you thought about actually killing yourself?***

***Have you thought about a plan?***

*Like what?*

***Have you recently done anything to prepare for killing yourself?***

*Like storing up pills to take?*

*Have you thought about running into traffic?*

*Do you think you might do any of these things?*

*How many times has this happened?*

*When was the first time you came up with a plan?*

Coding rules

**SUICIDAL PLANS**

0 = Absent

2 = A specific plan, considered on more than 1 occasion, over which no action was taken.

3 = A specific plan, considered on more than 1 occasion, with preparatory action taken, for example storing up pills.

Codes

CDD1I01  
Intensity

CDD1F01  
Frequency

CDD1O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**SUICIDAL ATTEMPTS: EVER**

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the child's intention was to die.

**Have you EVER actually tried to kill yourself?**

*Did you really want to die?  
 What happened?  
 Where did you do it?  
 Were there any people around at the time?  
 Who found you?  
 Did you go to the hospital?*

*When did you first try to kill yourself?*

*When did you last try to kill yourself?*

*How many times have you EVER tried?*

*Have you tried to kill yourself in the last 3 months?  
 Do you still wish you were dead?  
 Would you do it again if you had the chance?  
 Is there anything you can do to change the way you feel?*

*In the last 3 months, how often have you tried to kill yourself?*

Coding rules

**SUICIDAL BEHAVIOR: EVER**

0 = No

2 = Yes

**DATE OF FIRST ATTEMPT**

**DATE OF LAST ATTEMPT**

**SUICIDAL BEHAVIOR: 3 MONTHS**

0 = No

2 = Yes

**NUMBER OF SUICIDE ATTEMPT IN LAST 3 MONTHS**

Codes

Ever:CDD2E01  
Intensity

Ever:CDD2O01

 /  / 

Ever:CDD2O02

 /  / 

Ever:CDD2V01  
Frequency

CDD2I01  
Intensity

CDD2F01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**OPPOSITIONAL/CONDUCT DISORDER SECTION**

**OPPOSITIONAL BEHAVIOR**

**REMEMBER TO GET EXAMPLES AND BEHAVIORAL DESCRIPTIONS**

**RULE BREAKING**

Violation of standing rules.

Do not include breaking laws or violating parole.

**How good are you at obeying the rules?**

**Do you break the rules at home?**

**Like no food in your bedroom?**

*Or no TV until your homework is done?*

**Do you break the rules at school?**

*Like talking in class?*

*Or the dress code at school?*

**Do the teachers say you're a troublemaker?**

**Do you break the rules anywhere else like grandma's house or the grocery store?**

*What sort of rules do you break?*

*Do you get into trouble?*

*What happens when you're asked to stop?*

*Do you just ignore them?*

*Or dispute or challenge them?*

*How often do you break rules at home?*

*How often do you break rules at school?*

*How often do you break rules elsewhere, like grandma's house or the store?*

*When did you start breaking rules?*

*Do you do it on your own or with other people?*

*How much of the time are you with someone else?*

**RULE BREAKING**

0 = Absent

2 = The child breaks rules relating to at least 2 activities and at least sometimes responds to admonition by public failure to comply.

3 = Rule breaking occurs in most activities and the child sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

CGA0I01  
Intensity

CGA0F01  
Home  
Frequency

CGA0F02  
School  
Frequency

CGA0F03  
Elsewhere  
Frequency

CGA0001  
Onset

CGA0X01

Definitions and questions

**DISOBEDIENCE**  
Failure to carry out specific instructions when directly given.

***What happens when you're told to do things by your parents and you don't want to do them?***

***Are you disobedient to your parents?***

***Are you disobedient to school teachers?***

***Are you disobedient in other places such as the supermarket or the mall?***

*Do you ignore them when they give you instructions?  
What happened?  
Do you end up doing it in the end?*

*How often are you disobedient at home in the last 3 months?*

*How often are you disobedient at school?*

*How often are you disobedient at other places?*

*When was the first time you were disobedient?*

*Do you do it on your own or with other people?  
How much of the time are you with someone else?*

Coding rules

**DISOBEDIENCE**

0 = Absent

2 = Disobedience occurs in at least 2 activities and child is at least sometimes unresponsive to admonition.

3 = Disobedience occurs in most activities, and the child sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGA1I01  
Intensity

CGA1F01  
Home  
Frequency

CGA1F02  
School  
Frequency

CGA1F03  
Elsewhere  
Frequency

CGA1O01  
Onset

CGA1X01

FOR REVIEW ONLY

Definitions and questions

**BREAKING CURFEW**

Staying out late despite parental prohibitions. Do not include accidental lateness caused by circumstances over which the subject had little or no control.

Do not include breaking curfew imposed by probation/parole, which is coded as probation/parole violation.

**Do you have a curfew?**

*How good are you at keeping it?*  
**Do you get in later than you're supposed to?**

*Do you break your curfew on purpose?*  
*What happens then?*  
*Do you get into trouble over it?*

*In the last 3 months, how often has this happened?*

*When did you start staying out late?*

Coding rules

**BREAKING CURFEW**

0 = No  
2 = Yes

Codes

CGJ1I01  
Intensity

CGJ1F01  
Frequency

CGJ1O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**ANNOYING BEHAVIOR**

Indulgence in active behaviors that annoy or anger peers, siblings, and/or adults. The annoying behavior occurs with at least one individual who is NOT a sibling. The child's intention need not be to annoy, but the behaviors would obviously annoy their recipient.

Do not include annoying behaviors that are the result of unintentional acts, for instance, annoyance caused by clumsiness, or failure to understand the rules of games.

Do not include behaviors that conform to the definitions of Rule Breaking and Disobedience.

**Do you find that other people get annoyed by things you do?**

**Do you do things deliberately to annoy other people?**

*Like what?*  
**Do you find that other people get annoyed because of the things you do for fun?**

*Can you tell me about the last time?*  
*Will you stop when asked to stop?*  
*Always or just sometimes?*

*How often does this happen at home?*

*How often does this happen at school?*

*How often does this happen elsewhere?*

*When was the first time this happened?*

*Does this happen with sibling(s)?*

*Does this happen with peers?*

*Does this happen with adults?*

*Do you do it on your own or with other people?*  
*How much of the time are you with someone else?*

Coding rules

**ANNOYING BEHAVIOR**

0 = Absent

2 = Annoying behavior occurs in at least 2 activities and subject is at least sometimes unresponsive to admonition.

3 = Annoying behavior occurs in most activities and the subject sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.

**HOME**

**SCHOOL**

**ELSEWHERE**

**OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

**OCCURS WITH PEERS**

0 = No

2 = Yes

**OCCURS WITH ADULTS**

0 = No

2 = Yes

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGA2I01  
Intensity

CGA2F01  
Home  
Frequency

CGA2F02  
School  
Frequency

CGA2F03  
Elsewhere  
Frequency

CGA2O01  
Onset

CGA2X02

CGA2X03

CGA2X04

CGA2X01

Definitions and questions

**SPITEFUL OR VINDICTIVE**

**Spiteful:** The child engages in deliberate actions aimed at causing distress to another person.

**Vindictive:** The child responds to failure to get his/her own way, disappointment, or interpersonal disagreement with adults or peers with deliberate attempts to hurt the other or gain revenge. For instance, by pinching, pushing or attempting to get the other person into trouble.

The behavior occurs with at least one individual who is NOT a sibling.

Do not include behaviors coded under Assault, Cruelty, Bullying, or Lying.

***Do you do things to upset other people on purpose?***

***Or try to hurt them on purpose?***

***Do you try to get other people into trouble on purpose?***

***Do you try to "get back at" or "get even" with others?***

*What do you do?*

*How often does this happen at home?*

*How often does this happen at school?*

*How often does this happen elsewhere?*

*When did you start doing that sort of thing?*

*Does this happen with sibling(s)?*

*Does this happen with peers?*

*Does this happen with adults?*

Coding rules

**SPITEFUL OR VINDICTIVE**

0 = Absent

2 = Present

**HOME**

**SCHOOL**

**ELSEWHERE**

**OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

**OCCURS WITH PEERS**

0 = Absent

2 = Present

**OCCURS WITH ADULTS**

0 = No

2 = Yes

Codes

CGA3I01  
Intensity

CGA3F01  
Home  
Frequency

CGA3F02  
School  
Frequency

CGA3F03  
Elsewhere  
Frequency

CGA3O01  
Onset

CGA3X01

CGA3X02

CGA3X03

Definitions and questions

**SWEARING**

The use of swear words or obscene language not approved or countenanced by adults in whose presence they are spoken.

Do not include swearing among peers when adults are not present, or with adults who are tolerant of swearing (i.e., do not object to their child's swearing).

***Do you swear or curse when adults are around?***

*Do you stop when asked to stop?  
Always or just sometimes?  
How often does this happen at home?  
How often does this happen at school?  
How often does this happen elsewhere?*

CODE NUMBER OF EPISODES NOT NUMBER OF CURSE WORDS.

*When did you start swearing in front of adults?*

Coding rules

**SWEARING**

0 = Absent

2 = Swears in presence of adults but usually (>50% of time) stops when admonished.

3 = Swearing in the presence of adults that is not controlled by admonition.

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

CGA4I01  
Intensity

CGA4F01  
Home  
Frequency

CGA4F02  
School  
Frequency

CGA4F03  
Elsewhere  
Frequency

CGA4O01  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**STEALING**

**STEALING: EVER**

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject such as general food from the refrigerator or school eraser.

***Have you EVER stolen anything?***

*What is the most you have EVER stolen at one time?  
How much is that worth?*

*How many times have you EVER stolen something?*

**IF EVER STOLEN, CONTINUE.  
OTHERWISE SKIP TO LYING  
(PAGE 16) .**

**HIGHEST VALUE OF ITEMS STOLEN IN SINGLE EPISODE**

- 0 = Has not stolen anything.
- 1 = less than \$5.
- 2 = \$5 - \$99.
- 3 = Equal to or greater than \$100.

Ever:CGA5E01  
Intensity

Ever:CGA5V01  
Frequency

FOR REVIEW ONLY

Definitions and questions

**STEALING AT HOME OR FROM FAMILY**

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject such as general food from the refrigerator.

***In the last 3 months, have you stolen anything at home or from family?***

*What did you steal?*

DO NOT INCLUDE GENERAL USE ITEMS SUCH AS FOOD FROM THE REFRIGERATOR.

*Who did you steal it from?*

*Did you "single" that person out to steal from?*

*In the last 3 months, how often have you stolen anything from home or family?*

*When was the first time you stole anything form home or from family?*

Coding rules

**STEALING AT HOME OR FROM FAMILY**

0 = No

2 = Yes

**STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON**

0 = No

2 = Yes

**STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS**

0 = No

2 = Yes

Codes

CGA6I90  
Intensity

CGA6I01

CGA6I02

CGA6F01  
Frequency

CGA6O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**STEALING AT SCHOOL**

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject such as pencils or erasers.

***Have you stolen anything from school in the last 3 months?***

*What did you steal?*

DO NOT INCLUDE GENERAL USE ITEMS LIKE SCHOOL ERASERS OR PENCILS.

*Who did you steal it from?*

*Did you "single" that person out to steal from?*

*In the last 3 months, how often have you stolen anything from school?*

*When was the first time you stole anything from school?*

Coding rules

**STEALING AT SCHOOL**

0 = No

2 = Yes

**STEALING ITEMS NOT AVAILABLE FOR A GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON**

0 = No

2 = Yes

**STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS**

0 = No

2 = Yes

Codes

CGA7I90  
Intensity

CGA7I01

CGA7I02

CGA7F01  
Frequency

CGA7O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**STEALING ELSEWHERE**

***Have you stolen anything from any place else in the last 3 months?***

*Like from the store, a friend's house, or work?*

*What did you steal?*

**DO NOT INCLUDE GENERAL USE ITEMS SUCH AS FOOD FROM THE REFRIGDERATOR.**

*Who did s/he steal it from?*

*Did you "single" that person out to steal from?*

*In the last 3 months, how often have you stolen anything from elsewhere?*

*Like the store, friend's house, or work?*

*When was the first time you stole anything elsewhere?*

**IF STEALING IN LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO "BREAKING AND ENTERING: EVER", (PAGE 11).**

Coding rules

**STEALING ELSEWHERE**

0 = No

2 = Yes

**STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON**

0 = No

2 = Yes

**STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS**

0 = No

2 = Yes

Codes

CGA8I90  
Intensity

CGA8I01

CGA8I02

CGA8F01  
Frequency

CGA8O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**PATTERNS OF STEALING**

Code one or more of the following scenarios: Stealing alone; stealing with one other person; stealing in a group.

Shoplifting- Stealing, alone or in company, from a shop that is open for business. The act is covert and does not involve confrontation with the shop staff or members of the public. Detection may provoke a confrontation, but the intention is to avoid it.

CODE AS PRESENT AND CONTINUE.

***Were you by yourself when you stole?***

***Were you with someone else when you stole?***

*How many others were with you when you stole?*

***Were you with a group of people when you stole?***

***Have you shoplifted from a store in the last 3 months?***

**BREAKING AND ENTERING: EVER**

Breaking and entering: Includes breaking into a house, building, or store to steal. Code breaking into a car separately.

***Have you EVER broken into anywhere?***

*How many times have you EVER broken into anywhere?*

*When was the first time you EVER broke into anywhere?*

*In the last 3 months, have you broken into anywhere?*

Coding rules

**STEALING IN PRIMARY PERIOD**

2 = Present

**STEALING ALONE**

0 = Absent

2 = Present

**STEALING WITH ONE OTHER**

0 = Absent

2 = Present

**STEALING IN A GROUP**

0 = Absent

2 = Less than 50% of the time.

3 = More than 50% of the time.

**SHOPLIFTING**

0 = Absent

2 = Present

**BREAKING AND ENTERING: EVER**

0 = Absent

2 = Present

**BREAKING AND ENTERING: 3 MONTHS**

0 = Absent

2 = Present

Codes

CGA9I90  
Intensity

CGA9I01

CGA9I02

CGA9I03

CGA9I04

Ever:CGB1E90  
Intensity

Ever:CGB1V01  
Frequency

Ever:CGB1O01  
Onset

CGB0I01  
Intensity

Definitions and questions

**BREAKING INTO A CAR: EVER**

Breaking into a car to steal.

**Have you EVER broken into a car to steal something?**

*How many times have you EVER broken into a car to steal something?*

*When was the first time you EVER broke into a car to steal?*

  

*In the last 3 months, have you broken into a car to steal?*

  

**STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: EVER**

Includes attempts to steal a motor vehicle; also occasions when subject takes and drives away a car/motorcycle, even if s/he does not intend to steal it but rather to use it for his/her own purposes in an unauthorized way (e.g. joy rides).

**Have you EVER stolen a car or motor-bike?**

**Have you EVER taken a car or motorcycle to use without permission?**

*How many times have you EVER stolen a motor vehicle or took one and drove away?*

*When was the first time you stole a car or took and drove it away without permission?*

  

*In the last 3 months, have you taken a car or motor-bike?*

*Have you taken a car or motorcycle to use without permission?*

Coding rules

**BREAKING INTO A CAR: EVER**

- 0 = Absent
- 2 = Present

**BREAKING INTO A CAR: 3 MONTHS**

- 0 = Absent
- 2 = Present

**STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: EVER**

- 0 = Absent
- 2 = Present

**STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: 3 MONTHS**

- 0 = Absent
- 2 = Present

Codes

Ever:CGB3E01  
Intensity

Ever:CGB3V01  
Frequency

Ever:CGB3O01  
Onset

CGB2I01  
Intensity

Ever:CGB5E01  
Intensity

Ever:CGB5V01  
Frequency

Ever:CGB5O01  
Onset

CGB4I01  
Intensity

Definitions and questions

**STEALING INVOLVING CONFRONTATION OF THE VICTIM BUT WITHOUT ACTUAL VIOLENCE: EVER**

The victim is directly confronted and money or goods are demanded, threats may be made directly or implicitly (e.g. by the presence of a weapon), but no actual violence is done.

***Have you EVER threatened anyone to make them give him/her something?***

*What happened?*

*How many times have you EVER threatened anyone to make them give him/her something?*

*In the last 3 months, have you threatened anyone to make them give you something?*

**STEALING INVOLVING ACTUAL VIOLENCE: EVER**

The victim is directly confronted or set upon in some way and some violent action actually takes place. For instance, the victim might be kicked or punched.

***Have you EVER mugged anyone?***

*Did you hurt them?  
What happened?*

*How many times have you EVER mugged someone?*

*When was the first time?*

*In the last 3 months, have you mugged anyone?*

*Did you hurt them?*

Coding rules

**STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE: EVER**

0 = Absent  
2 = Present

**STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE: 3 MONTHS**

0 = Absent  
2 = Present

**STEALING INVOLVING ACTUAL VIOLENCE: EVER**

0 = Absent  
2 = No physical injury to the victim.  
3 = Some physical injury (e.g. black eye, cuts)

**STEALING INVOLVING ACTUAL VIOLENCE: 3 MONTHS**

0 = Absent  
2 = No physical injury to the victim.  
3 = Some physical injury (e.g. black eye, cuts)

Codes

Ever:CGJ0E01  
Intensity

Ever:CGJ0V01  
Frequency

CGB6I01  
Intensity

Ever:CGB7E01  
Intensity

Ever:CGB7V01  
Frequency

Ever:CGB7O01  
Onset

CGB6I02  
Intensity

Definitions and questions

**STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: EVER**

As a result of violence committed during stealing, the victim sustained broken limbs, or required hospitalization, or was unconscious for any period.

**Have you EVER mugged anyone and caused serious injury?**

*How often have you EVER mugged someone and caused serious injury?*

*When was the first time you seriously injured someone in a mugging situation?*

*In the last 3 months, have you mugged anyone and caused serious injury?*

**USE OF WEAPON: EVER**

Use of any item that could be used to threaten or intimidate a victim. Include carrying a weapon even if it is concealed and not used.

**Have you EVER carried a weapon when you stole anything?**

*What?  
Did you use it?*

*How many times have you EVER carried a weapon when you stole something?*

*When was the first time you carried a weapon to steal?*

*In the last 3 months, have you carried a weapon when you stole anything?*

*What?  
Did you use it?*

Coding rules

**STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: EVER**

- 0 = Absent
- 2 = Present

**STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: 3 MONTHS**

- 0 = Absent
- 2 = Present

**USE OF WEAPON: EVER**

- 0 = Absent
- 2 = Carried weapon while stealing.
- 3 = Used weapon to threaten victim.

**USE OF WEAPON: 3 MONTHS**

- 0 = Absent
- 2 = Carried weapon while stealing.
- 3 = Used weapon to threaten victim.

Codes

Ever:CGB9E01  
Intensity

Ever:CGB9V01  
Frequency

Ever:CGB9O01  
Onset

CGB8I01  
Intensity

Ever:CGC1E01  
Intensity

Ever:CGC1V01  
Frequency

Ever:CGC1O01  
Onset

CGC0I01  
Intensity

FOR REVIEW ONLY

Definitions and questions

**OUTCOME OF STEALING**  
 IF SUSPENDED OR EXPELLED FROM SCHOOL BECAUSE OF STEALING, CODE HERE AND UNDER SCHOOL SUSPENSION, IN -SCHOOL SUSPENSION OR SCHOOL EXPULSION.

CODE POLICE INVOLVEMENT UNDER POLICE CONTACT.

***Did you get caught at all in the last 3 months?***

*What happened?*  
*Did you get punished?*  
*Were the police involved?*  
*What happened?*

IF CAUGHT STEALING IN LAST 3 MONTHS, CONTINUE.

***Have your activities with peers been restricted?***

***Have you been grounded?***

***Have you activities with adults been restricted?***

***Have you been punished by your family or others?***

***Have you been banned from store premises?***

***Have you been suspended from school?***

*Have you been expelled from school?*  
*Were the police involved?*

Coding rules

**OUTCOME OF STEALING**

- 0 = Absent
- 2 = Present

**ACTIVITIES WITH PEERS RESTRICTED**

- 0 = Absent
- 2 = Present

**ACTIVITIES WITH ADULTS RESTRICTED**

- 0 = Absent
- 2 = Present

**OTHER PUNISHMENT BY FAMILY OR OTHERS**

- 0 = Absent
- 2 = Present

**BANNED FROM PREMISES OR ORGANIZATIONS/SUSPENDED OR EXPELLED FROM SCHOOL**

- 0 = Absent
- 2 = Present

Codes

CGC2190  
Intensity

CGC2101

CGC2102

CGC2103

CGC2104

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**DECEPTION**

**LYING**

Distortion of the truth with intent to deceive others.

***Have you told any lies in the last 3 months?***

*Like what?*

***Do you tell lies to get out of things you don't want to do?***

***Do you lie when you're caught doing something wrong?***

***Do you lie to get out of trouble?***

***When something goes wrong that's your fault, do you admit it?***

*Can you give me some examples?*

*How often do you lie at home?*

*How often do you lie at school?*

*How often do you lie elsewhere?*

*When was the first time this happened?*

*Do you lie on your own or with other people?*

*How much of the time are you with someone else when you lie?*

**LYING**

0 = Absent

2 = Lies told for gain or to get out of school attendance etc., or to escape school punishment in at least 2 activities that do not result in others getting into trouble.

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

CGC3I01  
Intensity

CGC3F01  
Home  
Frequency

CGC3F02  
School  
Frequency

CGC3F03  
Elsewhere  
Frequency

CGC3O01  
Onset

CGC3X01

FOR REVIEW ONLY

Definitions and questions

**BLAMING**

Falsely attributing misdemeanors to another so as to avoid reproach or punishment. The behavior occurs with at least one individual who is NOT a sibling.

***Do you lie if you think you can get out of trouble by blaming someone else?***

*Do your lies get others into trouble?*  
***Do you blame others for things you have done wrong?***

*Can you give me some examples?*  
*What do you do?*

*How often does this happen at home?*

*How often does this happen at school?*

*How often does this happen elsewhere?*

*When was the first time this happened?*

*Does this happen with sibling(s)?*

*Does this happen with peers?*

*Does this happen with adults?*

*Do you blame others own or with other people?*  
*How much of the time are you with someone else?*

Coding rules

**BLAMING**

0 = Absent

2 = Lies in at least 2 activities, that result in others being blamed for subject's misdemeanors or otherwise getting into trouble or lies which, if believed, would have the same result.

**HOME**

**SCHOOL**

**ELSEWHERE**

**OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

**OCCURS WITH PEERS**

0 = No

2 = Yes

**OCCURS WITH ADULTS**

0 = No

2 = Yes

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGJ3101  
Intensity

CGJ3F01  
Home  
Frequency

CGJ3F02  
School  
Frequency

CGJ3F03  
Elsewhere  
Frequency

CGJ3001  
Onset

CGJ3X02

CGJ3X03

CGJ3X04

CGJ3X01

FOR REVIEW ONLY

Definitions and questions

**CON-ARTISTRY**

Lying in order to obtain goods or favors with a monetary value of at least \$10.

***Have you tried to con anyone to get them to give you something?***

***Do you lie to get money from someone?***

***Do you lie to get others to do you a favor?***

*Tell me about that.*

*What happened?*

*In the last 3 months, how often has this happened?*

*When was the first time this happened?*

*Do you do it on your own or with other people?*

*How much of the time are you with someone else?*

Coding rules

**CON-ARTISTRY**

0 = Absent

2 = Simple lies.

3 = "Scam" involving at least some planning to develop and implement scheme.

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGC4I01  
Intensity

CGC4F01  
Frequency

CGC4O01  
Onset

CGC4X01

FOR REVIEW ONLY

Definitions and questions

**CHEATING**

Attempts to gain increased marks at school or increased success in other settings by unfair means.

***In the last 3 months, have you cheated on tests or exams?***

***How about at games?***

***What about copying homework?***

*Have you been caught in the last 3 months?*

*How often has this happened at home?*

*How often has this happened at school?*

*How often has this happened elsewhere?*

*When did you start cheating?*

Coding rules

**CHEATING**

0 = Absent

2 = Cheating in at least 2 activities and at least sometimes not responsive to admonition if caught.

3 = Cheating may occur in many or most activities and is hardly ever responsive to admonition if caught.

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

CGC5I01  
Intensity

CGC5F01  
Home  
Frequency

CGC5F02  
School  
Frequency

CGC5F03  
Elsewhere  
Frequency

CGC5O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**MINOR FORGERY: EVER**

Deliberate non-illegal imitation of documents, letters or signatures for the subject's own ends.

Includes getting others to forge documents for the subject's purposes, but do not include illegal acts.

**Have you EVER faked sick notes for school?**

**Or faked your parent's signature on report cards?**

*How many times have you EVER done that?*

*When was the first time you did this?*

*In the last 3 months, have you faked sick notes for school?*

*Or faked your parent's signature on report cards?*

*How often have you done this at home?*

*How often have you done this at school?*

*How often have you done this elsewhere?*

*Do you do it on your own or with other people?*

*How much of the time are you with someone else?*

Coding rules

**MINOR FORGERY: EVER**

0 = No

2 = Behaviors that are neither illegal nor likely to result in police action, such as faking school reports or sick notes.

**MINOR FORGERY: 3 MONTH**

0 = Absent

2 = Present

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

Ever:CGC6I90  
Intensity

Ever:CGC6V01  
Frequency

Ever:CGC6O01  
Onset

CGC6I01  
Intensity

CGC6F01  
Home  
Frequency

CGC6F02  
School  
Frequency

CGC6F03  
Elsewhere  
Frequency

CGC6X01

FOR REVIEW ONLY

Definitions and questions

**MAJOR FORGERY: EVER**

Deliberate illegal imitation of documents, letters or signatures for the subject's own ends.

Include getting others to forge documents for the subject's purposes.

Include only illegal acts.

**Have you EVER forged a fake ID?**

*Or anything else?*  
**Have you EVER gotten anyone else to forge anything for you?**

*What was it?*

*How many times have you EVER done that?*

*When was the first time?*

*In the last 3 months, have you forged a fake ID?*

*Or anything else?*  
**Have you gotten anyone else to forge anything for you?**  
*What was it?*

*How often have you done this at home?*

*How often have you done this at school?*

*How often have you done this elsewhere?*

*Do you do it on your own or with other people?*  
*How much of the time are you with someone else?*

Coding rules

**MAJOR FORGERY: EVER**

0 = Absent  
 2 = Present

**MAJOR FORGERY: 3 MONTHS**

0 = Absent  
 2 = Present

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary  
 2 = Often accompanied (25-49% of the time).  
 3 = Accompanied 50% or more of the time.

Codes

Ever:CGJ5I90  
 Intensity

Ever:CGJ5V01  
 Frequency

Ever:CGJ5O01  
 Onset

CGJ5I01  
 Intensity

CGJ5F01  
 Home  
 Frequency

CGJ5F02  
 School  
 Frequency

CGJ5F03  
 Elsewhere  
 Frequency

CGJ5X01

FOR REVIEW ONLY

Definitions and questions

**RUNNING AWAY FROM HOME: 3 MONTHS**

Leaving the home with the deliberate intention of staying away temporarily or permanently.

***In the last 3 months, have you run away from home?***

*Did you pack anything when you left?*

*Have you run away from home for overnight in the last 3 months?*

*Why did you run away?*

*Were the police called?*

*What happened?*

*In the last 3 months, how often has this happened?*

*How long did you stay gone?*

*When was the first time you ran away?*

*Do you do it on your own or with other people?*

*How much of the time are you with someone else?*

Coding rules

**RUNNING AWAY FROM HOME: 3 MONTHS**

0 = Absent

2 = Intending to stay away at time of leaving but returning or returned before away overnight. Some preparations to allow the subject to have stayed away should have occurred such as packing a bag, taking some treasured possessions, or buying a one way ticket.

3 = As 2, and away at least overnight.

**HOURS : MINUTES**

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGC7I01  
Intensity

CGC7F01  
Frequency

CGC7D01  
Duration

CGC7O01  
Onset

CGC7X01

FOR REVIEW ONLY

Definitions and questions

**RUNNING AWAY FROM HOME FOR OVERNIGHT: EVER**

Leaving the home with the deliberate intention of staying away temporarily or permanently for at least 1 night.

***Have you EVER run away from home for overnight?***

*Where did you stay?*

*How many times have you EVER run away for overnight?*

*How long did you stay gone?*

*When was the first time this EVER happened?*

Coding rules

**RUNNING AWAY FROM HOME FOR OVERNIGHT**

0 = Absent

3 = Running away from home for overnight.

**NUMBER OF DAYS**

Codes

Ever:CGC8E01  
Intensity

Ever:CGC8V01  
Frequency

Ever:CGC8D01  
Duration

Ever:CGC8O01  
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**ACCESS TO WEAPONS**

**ACCESS TO GUNS**

Access to weapons such as handguns, shotguns, semi-automatics, machine guns.

***Does anyone in your household keep a gun in the house or car?***

***Do you have your own gun?***

***Do you have any other access to a gun?***

*Is the gun locked up?  
Whom does it belong to?*

*What kind of gun is it?  
Is it a handgun?*

*A shotgun or rifle?*

*Some other kind?*

**CURRENTLY CARRIES A GUN**

***Do you carry a gun when you go out?***

*Why?  
Where do you go with it?  
Do you usually or just sometimes carry a gun when you go out?*

**TAKES GUN TO SCHOOL**

***Have you taken a gun with you to school in the past 3 months?***

*Do you usually or just sometimes carry a gun to school?*

**ACCESS TO GUN**

0 = Absent

1 = Family member has gun, but subject does not have access because gun is locked up.

2 = Subject has access to gun belonging to family member or friend but does not have own gun.

3 = Subject has own gun(s) and may have access to other guns as well.

**HANDGUN**

0 = Absent

2 = Present

**SHOTGUN OR RIFLE**

0 = Absent

2 = Present

**OTHER GUN (SEMI-AUTOMATIC, MACHINE GUN, ETCETERA)**

0 = Absent

2 = Present

**CURRENTLY CARRIES A GUN**

0 = No

2 = Sometimes carries a gun

3 = Usually carries a gun

**TAKES GUN TO SCHOOL**

0 = No

2 = Sometimes

3 = Usually

CGC9101  
Intensity

CGC9102

CGC9103

CGC9104

CGC9105  
Intensity

CGC9106  
Intensity

Definitions and questions

Coding rules

Codes

**GUNS - ACCOMPLICE TO SHOOTING: EVER**

*Have you EVER been there when someone else shot at someone?*

*What happened?*

*Have you been there when someone shot at another person in the last 3 months?*

**SHOT AT ANOTHER PERSON: EVER**

*Have you EVER shot at anybody?*

*Have you actually shot another person?*

**INJURED ANOTHER WITH A GUN: EVER**

*When you shot at them, did you hit them?*

*Was s/he injured?  
What happened to them?  
What happened to you?*

**KNIVES**

*In the last 3 months, have you carried a knife as a weapon or for protection?*

*Do you sometimes or usually carry a knife for protection?  
Where do you carry it?*

*Have you taken it to school?  
Do you sometimes or usually carry a knife to school?*

**USED KNIFE IN FIGHT OR TO THREATEN: EVER**

*Have you EVER used a knife in a fight or to threaten someone?*

*What happened?*

**ACCOMPLICE TO SHOOTING: EVER**

0 = No  
2 = Yes

**ACCOMPLICE TO SHOOTING: 3 MONTHS**

0 = No  
2 = Yes

**SHOT AT ANOTHER PERSON: EVER**

0 = No  
2 = Yes

**INJURED ANOTHER WITH A GUN: EVER**

0 = No  
2 = Yes

**CURRENTLY CARRIES KNIFE**

0 = No  
2 = Sometimes carries a knife  
3 = Usually carries a knife

**TAKES KNIFE TO SCHOOL**

0 = No  
2 = Sometimes  
3 = Usually

**USED KNIFE IN FIGHT OR TO THREATEN: EVER**

0 = No  
2 = Yes

Ever:CGD0E01  
Intensity

CGD0I01  
Intensity

Ever:CGD1E01  
Intensity

Ever:CGD1E02  
Intensity

CGD2I01  
Intensity

CGD3I01

Ever:CGD4E01  
Intensity

Definitions and questions

Coding rules

Codes

**INJURED ANOTHER WITH A KNIFE: EVER**

***Have you EVER injured someone with a knife?***

*What happened?*

**OTHER WEAPONS**

***Have you carried anything else as a weapon or for protection?***

*Like brass knuckles?*

*Or chains?*

*Or a BB gun?*

*Or a pellet gun?*

*Or a bat?*

*Do you sometimes or usually carry some other kind of weapon in the past 3 months?*

*Where do you carry it?*

*Have you taken it to school?*

*Do you sometimes or usually carry some other kind of weapon to school?*

**OTHER SELF DEFENSE EQUIPMENT**

***Have you carried anything like mace or a stun gun in the last 3 months?***

*What was it?*

*Have you taken it to school?*

*Usually or just sometimes?*

**INJURED ANOTHER WITH A KNIFE: EVER**

0 = No

2 = Yes

**CURRENTLY CARRIES OTHER WEAPON**

0 = No

2 = Sometimes carries other weapon

3 = Usually carries other weapon

**TAKES OTHER WEAPON TO SCHOOL**

0 = No

2 = Sometimes

3 = Usually

**CURRENTLY CARRIES SELF-DEFENSE EQUIPMENT**

0 = No

2 = Sometimes carries other self-defense equipment

3 = Usually carries other self-defense equipment

**TAKES SELF DEFENSE EQUIPMENT TO SCHOOL**

0 = No

2 = Sometimes

3 = Usually

Ever:CGD5E01  
Intensity

CGD6I01  
Intensity

CGD7I01

CGD8I01  
Intensity

CGD9I01

FOR REVIEW ONLY

Definitions and questions

**CONDUCT PROBLEMS INVOLVING VIOLENCE**

**LOSING TEMPER**

Discrete episodes of temper manifested by shouting or name calling but without violence and not meeting criteria for a temper tantrum. The behavior occurs with at least one individual who is NOT a sibling.

*What sort of temper have you got?*

*Would you say your temper is hot, medium, or mild?*

*What happens when you lose his/her temper?*

*How often do you lose your temper at home?*

*How often do you lose your temper at school?*

*How often do you lose your temper at other places like grandma's house or the store?*

*When was the first time you lost your temper?*

*Does this happen with sibling(s)?*

*Does this happen with peers?*

*Does this happen with adults?*

Coding rules

**LOSING TEMPER**

0 = Absent

2 = Present

**HOME**

**SCHOOL**

**ELSEWHERE**

**OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

**OCCURS WITH PEERS**

0 = No

2 = Yes

**OCCURS WITH ADULTS**

0 = No

2 = Yes

Codes

CGE0101  
Intensity

CGE0F02  
Home  
Frequency

CGE0F03  
School  
Frequency

CGE0F04  
Elsewhere  
Frequency

CGE0O01  
Onset

CGE0X01

CGE0X02

CGE0X03

FOR REVIEW ONLY

Definitions and questions

**NON-DESTRUCTIVE TEMPER TANTRUMS**

Discrete episodes of excessive temper, frustration or upset, manifested by shouting, crying, stomping feet, or non-destructive violence directed against property. The behavior occurs with at least one individual who is NOT a sibling.

***What happens when you don't get what you want or something upsets you?***

***Do you have any temper tantrums?***

IF YES, ASK:

*What do you do?*

***Do you cry or yell?***

***Do you stomp your feet?***

***Or slam doors?***

***Does s/he kick or throw things?***

*Does s/he drop to the floor, then kick his/her feet up in the air?*

*Does s/he hit or kick things like a table or wall?*

*How often does this happen at home?*

*How often does this happen at school?*

*How often does this happen elsewhere, like grandma's house or the store?*

*How long does it last?*

*When did this start?*

*Does this happen with sibling(s)?*

*Does this happen with peers?*

*Does this happen with adults?*

Coding rules

**NON-DESTRUCTIVE TEMPER TANTRUMS**

0 = Absent

2 = Excessive temper, upset, shouting, crying, or non-destructive violence directed only against property, (e.g. stomping feet, kicking or throwing objects, hitting walls, etc.),

**HOME**

**SCHOOL**

**ELSEWHERE**

**HOURS : MINUTES**

**OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

**OCCURS WITH PEERS**

0 = No

2 = Yes

**OCCURS WITH ADULTS**

0 = No

2 = Yes

Codes

CGG0I01  
Intensity

CGG0F01  
Home  
Frequency

CGG0F02  
School  
Frequency

CGG0F03  
Elsewhere  
Frequency

CGG0D01  
Duration

CGG0O01  
Onset

CGG0X01

CGG0X02

CGG0X03

Definitions and questions

**DESTRUCTIVE TEMPER TANTRUMS**

Discrete episodes of excessive temper, frustration, or behavioral outbursts manifested by shouting, crying, or stomping feet with destructive violence towards property (e.g. breaking toys or punching/kicking holes in wall/door) or violence against animals, oneself, or other people (e.g. hitting, biting, kicking, head banging). The behavior occurs with at least one individual who is NOT a sibling.

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Vandalism, Cruelty to Animals, or Assault.

***Have you had any destructive temper tantrums in the past YEAR (12 months)?***

***Do you "break things" when you get angry?***

***Do you hit or kick others people when you are angry?***

IF YES, ASK:

*What do you do?*

***Have you broken toys or other things?***

***Do you punch or kick holes in the wall/door?***

***Do you kick or hit animals when you are angry?***

*Or bite others?*

*Do you hit or bite yourself?*

*Do you bang your head?*

*How often has this happened at home?*

*How often has this happened at school?*

*How often has this happened elsewhere?*

*How long does it last?*

*When did this first happen?*

*Does this happen with sibling(s)?*

*Does this happen with peers?*

*Does this happen with adults?*

Coding rules

**DESTRUCTIVE TEMPER TANTRUMS**

0 = Absent

2 = Excessive temper with destructive violence towards property (e.g. breaking toys, punching/kicking hole in wall, etc.)

3 = Excessive temper with violence against animals, self, or others (e.g. hitting, biting, kicking, head banging).

**HOME**

**SCHOOL**

**ELSEWHERE**

**HOURS : MINUTES**

**OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

**OCCURS WITH PEERS**

0 = No

2 = Yes

**OCCURS WITH ADULTS**

0 = No

2 = Yes

Codes

CGG1I01  
Intensity

CGG1F01  
Home  
Frequency

CGG1F02  
School  
Frequency

CGG1F03  
Elsewhere  
Frequency

CGG1D01  
Duration

CGG1O01  
Onset

CGG1X01

CGG1X02

CGG1X03

Definitions and questions

**VANDALISM**

Damage to, or destruction of, property without the intention of gain.

Do not include writing on school desks.

Damage or Violence occurring during Destructive Tantrums does NOT constitute Vandalism.

**Have you damaged or broken or smashed up anything?**

*Like public property?*  
**Have you damaged school books or school property?**

**Have you written or spray painted on walls?**

*What did you do?*  
*Do you know the people whose stuff you "smashed"?*  
*Were the police involved?*

*How often have you done this at home?*

*How often have you done this at school?*

*How often have you done this elsewhere?*

*Did you vandalize public property, like telephones, streetlights, or walls?*

*Was it directed at someone you did NOT know?*

*Was it directed at someone you DID know?*

*Do you do it on your own or with other people?*

*How much of the time are you with someone else?*

*When was the first time this happened?*

Coding rules

**VANDALISM**

0 = Absent

2 = Writing graffiti, carving on trees or similar actions that are not actually destructive of the functions of that object.

3 = Other acts involving damage to, or destruction of, property.

**HOME**

**SCHOOL**

**ELSEWHERE**

**DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC TELEPHONES)**

0 = Absent

2 = Present

**DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY**

0 = Absent

2 = Present

**DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY**

0 = Absent

2 = Present

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGE2I01  
Intensity

CGE2F01  
Home  
Frequency

CGE2F02  
School  
Frequency

CGE2F03  
Elsewhere  
Frequency

CGE2I02

CGE2I03

CGE2I04

CGE2X01

CGE2O01  
Onset

Definitions and questions

**FIRE SETTING: EVER**

Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

***Do you like playing with fire?  
Or burning things?***

***Have you EVER started a fire in a place without permission?***

*What happened?  
Was there any damage from the fire?  
Were the police or fire department called?*

*How many fires have you EVER started?*

*When was the first time you EVER started a fire?*

Coding rules

**FIRE SETTING**

- 0 = Absent
- 2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.
- 3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

Codes

Ever:CGE4E01  
Intensity

Ever:CGE4V01  
Frequency

Ever:CGE4O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**FIRE SETTING: 3 MONTHS**

Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

***In the last 3 months, have you started any fires without permission?***

*Was there any damage from the fire?  
Why did you do it?  
Was the fire(s) directed towards anyone or anything?*

*How often have you done this at home?*

*How often have you done this at school?*

*How often have you done this elsewhere?*

*Was the fire(s) directed towards public property, like the woods or public buildings?*

*Was the fire(s) directed towards someone you did NOT know?*

*Was the fire(s) directed towards someone you DID know?*

*Do you start fires with other people or on your own?  
How much of the time are you with someone else?*

*In the last 3 months, when did you start the fire(s)?*

Coding rules

**FIRE SETTING**

0 = Absent

2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.

3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

**HOME**

**SCHOOL**

**ELSEWHERE**

**DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC BUILDINGS/PUBLIC PARKS)**

0 = No

2 = Yes

**DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY**

0 = No

2 = Yes

**DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY**

0 = No

2 = Yes

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGE3I01  
Intensity

PGE3F01  
Home  
Frequency

PGE3F02  
School  
Frequency

PGE3F03  
Elsewhere  
Frequency

CGE3I02

CGE3I03

CGE3I04

CGE3X01

CGE3O01  
Onset

Definitions and questions

**VIOLENCE AGAINST PERSONS**

**FIGHTS: 3 MONTHS**

Physical fights in which both (or all) combatants are actively initiating. Otherwise code as assault.

If subject is a victim of an attack and fights back only to protect him/herself, do not rate here or under Assault.

***Have you gotten into any fights in the last 3 months?***

*Who was it with?  
Was it a friendly fight?  
Did anyone get hurt?  
What is the worst that's happened in a fight you were in?  
Were the police involved?*

*How often does this happen at home?*

*How often does this happen at school?*

*How often does this happen elsewhere?*

*When was the first time you got in a fight?*

*Do you fight on your own or with other people?  
How much of the time are you with someone else?*

Coding rules

- FIGHTS**
- 0 = Fights Absent
  - 2 = Fights do not result in any physical injury to either party.
  - 3 = Either combatant has sustained some physical injury as a result (e.g. black eye or cuts).
- HOME**
- SCHOOL**
- ELSEWHERE**
- SOLITARY/ACCOMPANIED**
- 0 = Solitary
  - 2 = Often accompanied (25-49% of the time).
  - 3 = Accompanied 50% or more of the time.

Codes

- CGE5I01 Intensity
- CGE5F01 Home Frequency
- CGE5F02 School Frequency
- CGE5F03 Elsewhere Frequency
- CGE5O01 Onset
- CGE5X01

FOR REVIEW ONLY

Definitions and questions

**FIGHTS RESULTING IN SERIOUS INJURY: EVER**

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

NOTE WHETHER ANY FURTHER ACTION WAS TAKEN BY THE AUTHORITIES

**Have you EVER been in a fight where someone was SERIOUSLY hurt?**

*What is the worst thing that's happened in a fight?  
Were the police involved?*

*How many fights have you EVER been in that someone was SERIOUSLY hurt?*

*When was the first time you were EVER in fight that someone was SERIOUSLY hurt?*

*Have you been in a fight where someone was SERIOUSLY injured in the last 3 months?*

*What is the worst thing that's happened in a fight?  
Were the police involved?*

**FIGHTS: EVER USE OF WEAPON**

Physical fights in which both (or all) combatants are using a weapon (bat, bottle, rock, knife, gun, etc.).

**Have you EVER used a weapon during a fight?**

*Like a bat, bottle, knife, rock, or anything else?  
Did anyone get hurt?  
Were the police involved?*

*How many times have you EVER used a weapon in a fight?*

*When was the first time you EVER used a weapon in a fight?*

Coding rules

**FIGHTS RESULTING IN SERIOUS INJURY: EVER**

- 0 = Absent
- 2 = Present

**FIGHTS RESULTING IN SERIOUS INJURY: 3 MONTHS**

- 0 = None
- 2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

**EVER USE OF WEAPON DURING A FIGHT**

- 0 = No
- 2 = Yes

Codes

Ever:CGE7E01  
Intensity

Ever:CGE7V01  
Frequency

Ever:CGE7O01  
Onset

CGE6I01  
Intensity

Ever:CGE8E01  
Intensity

Ever:CGE8V01  
Frequency

Ever:CGE8O01  
Onset

Definitions and questions

**ASSAULT: 3 MONTHS**

Attack upon or attempt to hurt another without the other's willful involvement in the contact. If subject is the victim of an attack and fights back only to protect him/herself, do not rate here or under Fight.

Damage or Violence occurring during Destructive Tantrums does NOT constitute an assault.

N.B. Code "EVER" assault if assault did not occur in last 3 months.

***In the last 3 months, have you hurt or attacked anyone who didn't want to fight you?***

*Did you hurt them?  
Why did you attack them?  
Were the police involved?*

*How often has this happened at home?*

*How often has this happened at school?*

*How often has this happened elsewhere?*

*When was the first time this happened?*

*Do you do this on your own or with other people?  
How much of the time are you with someone else?*

Coding rules

**ASSAULT**

0 = No assault

2 = Assaults did not result in any physical injury to either party

3 = The victim sustained some physical injury as a result (e.g. black eye or cuts)

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGE9I01  
Intensity

CGE9F01  
Home  
Frequency

CGE9F02  
School  
Frequency

CGE9F03  
Elsewhere  
Frequency

CGE9O01  
Onset

CGE9X01

FOR REVIEW ONLY

Definitions and questions

**ASSAULT RESULTING IN SERIOUS INJURY:  
EVER**

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

Damage or Violence occurring during Destructive Tantrums does NOT constitute an assault.

Note whether any further action was taken by the authorities.

***Have you EVER seriously injured anyone who didn't want to fight you?***

*What was the injury?*

*Were the police involved?*

*How many times have you EVER been involved in an assault where someone was seriously injured?*

*When was the first time this happened?*

*In the last 3 months, have you been involved in an assault where someone was SERIOUSLY injured?*

*What was the injury?*

Coding rules

**ASSAULT RESULTING IN SERIOUS INJURY: EVER**

0 = Absent

2 = Present

**ASSAULTS RESULTING IN SERIOUS INJURY: 3 MONTHS**

0 = None

2 = As a result, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period

Codes

Ever:CGF0E01  
Intensity

Ever:CGF1V01  
Frequency

Ever:CGF1O01  
Onset

CGF0I01  
Intensity

FOR REVIEW ONLY

Definitions and questions

**ASSAULT: EVER USE OF A WEAPON**

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon (bat, bottle, rock, knife, gun, etc.).

Damage or Violence occurring during Destructive Tantrums does NOT constitute an assault.

Note whether any further action was taken by the authorities.

***Have you EVER used a weapon in an assault?***

*Like a knife or stone?*

*Were the police involved?*

*How many times have you EVER used a weapon to attack someone?*

*When was the first time you EVER used a weapon in an attack?*

Coding rules

**USE OF WEAPON: EVER**

0 = No

2 = Yes

Codes

Ever:CGF2E01  
Intensity

Ever:CGF2V01  
Frequency

Ever:CGF2O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**CRUELTY TO PEOPLE: 3 MONTHS**

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

Code assaults involving cruelty here, not under assaults. If not certain which to code, code under assault.

***Have you tried to hurt or frighten someone very badly?***

*Like a baby?*  
*Have you tried to drown someone?*  
*Or cut or burn someone?*

*How often does this happen at home?*

*How often does this happen at school?*

*How often does this happen elsewhere?*

*When was the first time this happened?*

*Do you do this on your own or with other people?*  
*How much of the time are you with someone else?*

Coding rules

**CRUELTY TO PEOPLE: 3 MONTHS**

- 0 = Absent
- 2 = Cruelty did not result in any physical injury to either party.
- 3 = The victim sustained some physical injury as a result (e.g. black eye or cuts).

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

Codes

CGF3I01  
Intensity

CGF3F01  
Home  
Frequency

CGF3F02  
School  
Frequency

CGF3F03  
Elsewhere  
Frequency

CGF3O01  
Onset

CGF3X01

FOR REVIEW ONLY

Definitions and questions

**CRUELTY RESULTING IN SERIOUS INJURY: EVER**

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

Code assaults involving cruelty here, not under assaults. If not certain which to code, code under assault.

**Have you EVER seriously injured anyone like that?**

*What happened?*

*How many times have you EVER done that?*

*When was the first time you EVER did that?*

*Have you seriously injured anyone like that in the last 3 months?*

*What happened?*

**CRUELTY: EVER USE OF WEAPON**

Using a weapon during an assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

Code assaults involving cruelty here, not under assaults. If not certain which to code, code under assault.

**Have you ever used a weapon when intentionally hurting someone?**

*What happened?*

*How many times has that EVER happened?*

*When was the first time this EVER happened?*

Coding rules

**CRUELTY RESULTING IN SERIOUS INJURY: EVER**

- 0 = Absent
- 2 = Present

**CRUELTY RESULTING IN SERIOUS INJURY**

- 0 = None
- 2 = As a result of cruelty either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

**USE OF WEAPON: EVER**

- 0 = No
- 2 = Yes

Codes

Ever:CGF5E01 Intensity

Ever:CGF5V01 Frequency

Ever:CGF5O01 Onset

CGF4I01 Intensity

Ever:CGF6E01 Intensity

Ever:CGF6V01 Frequency

Ever:CGF6O01 Onset

Definitions and questions

**BULLYING: 3 MONTHS**

Attempts to force another to do something against his/her will by using threats or violence, or intimidation.

Do not include episodes that meet the criteria for stealing involving confrontation.

Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.

***In the last 3 months, have you tried to bully someone by threatening them?***

***Have you forced someone to do something they didn't want to do by threatening or hurting them?***

***Do you ever pick on anyone?***

*Whom did you bully?  
What happened?  
Where the police involved?  
How often does this happen at home?  
How often does this happen at school?  
How often does this happen elsewhere?*

*When was the first time this happened?*

*Do you do this on your own or with other people?  
How much of the time are you with someone else?*

**BULLYING: EVER USE OF WEAPON**

Attempts to force another to do something against his/her will by using threats or violence, or intimidation while using a weapon.

***Have you EVER used a weapon to bully someone?***

*What happened?*

*How often have you EVER used a weapon to bully someone?*

*When was the first time this EVER happened?*

Coding rules

**BULLYING**

- 0 = Absent
- 2 = Using threats only.
- 3 = With actual violence.

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

**BULLYING: EVER USE OF WEAPON**

- 0 = No
- 2 = Yes

Codes

CGF7I01  
Intensity

CGF7F01  
Home  
Frequency

CGF7F02  
School  
Frequency

CGF7F03  
Elsewhere  
Frequency

CGF7O01  
Onset

CGF7X01

Ever:CGF8E01  
Intensity

Ever:CGF8V01  
Frequency

Ever:CGF8O01  
Onset

Definitions and questions

**FORCED SEXUAL ACTIVITY: EVER**

Engagement in sexual activity without willing consent of the person.

**Have you EVER kissed or fondled anyone who didn't want you to?**

**Have you EVER made someone have sex with you when they didn't want to?**

*What happened?*

*Did you use any violence against the person?*

*How many times has that EVER happened?*

*When was the first time that EVER happened?*

**SEXUAL ACTIVITY FOR GAIN: EVER**

Engagement in sexual activity in order to obtain money, goods, or drugs.

**Have you EVER had sex with someone to get something that you wanted?**

*Like money or drugs?*

*How many times has that EVER happened?*

*When was the first time this EVER happened?*

Coding rules

**FORCED SEXUAL ACTIVITY: EVER**

0 = Absent

2 = Using threats only.

3 = With actual violence.

**SEXUAL ACTIVITY FOR GAIN: EVER**

0 = Absent

2 = Present

Codes

Ever:CGF9E01  
Intensity

Ever:CGF9V01  
Frequency

Ever:CGF9O01  
Onset

Ever:CGH1E01  
Intensity

Ever:CGH1V01  
Frequency

Ever:CGH1O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**CRUELTY TO ANIMALS: 3 MONTHS**

Deliberate activities involving hurting animals. Do not include hunting.

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Cruelty to Animals.

Code "EVER" assault if assault did not occur in last 3 months.

***In the last 3 months, have you hurt an animal on purpose?***

*What happened? (Determine way of hurting)  
Have you killed an animal on purpose?  
Were the police brought in?*

*How often has this happened at home?*

*How often has this happened at school?*

*How often has this happened elsewhere?*

*When was the first time this happened?*

*Do you do this on your own or with other people?  
How much of the time are you with someone else?*

Coding rules

**CRUELTY TO ANIMALS: 3 MONTHS**

0 = Absent

2 = Definite cruelty not resulting in obvious or permanent injury to the animal.

3 = Acts resulting in obvious or permanent injury.

**HOME**

**SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGH2I01  
Intensity

CGH2F01  
Home  
Frequency

CGH2F02  
School  
Frequency

CGH2F03  
Elsewhere  
Frequency

CGH2O01  
Onset

CGH2X01

FOR REVIEW ONLY

Definitions and questions

**CRUELTY TO ANIMALS: EVER**

Deliberate activities involving hurting animals resulting in serious injury or death. Code only if at Level 3.

Do not include hunting.

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Cruelty to Animals.

***Have you EVER seriously injured an animal on purpose?***

*Have you EVER killed an animal on purpose?  
What happened?*

*How many times have you EVER done that?*

*When was the first time this EVER happened?*

Coding rules

**CRUELTY TO ANIMALS: EVER (CODE ONLY IF AT LEVEL 3)**

0 = Absent

3 = Acts resulting in obvious or permanent injury.

Codes

Ever:CGH3E90  
Intensity

Ever:CGH3V01  
Frequency

Ever:CGH3O01  
Onset

FOR REVIEW ONLY

Definitions and questions

**POLICE CONTACT: EVER**

Any involvement with police resulting from items recorded in Conduct Disorder section or any other behavior or suspected behavior for which a complaint could have been filed.

Do not include simple questioning such as being questioned about something the youth saw.

Do not include speeding tickets, unless they are associated with driving under the influence or reckless driving.

*Have you EVER been involved with the police?*

*Have you EVER been in trouble with the police?*

*When was the first time this EVER happened?*

*In the last 3 months, have you had any contact with the police?*

**IF POLICE CONTACT HAS OCCURRED, COMPLETE DELINQUENCY SECTION. OTHERWISE, SKIP TO "PROBATION/PAROLE: EVER", (PAGE 47).**

Coding rules

**POLICE CONTACT: EVER**

0 = Absent  
2 = Present

**POLICE CONTACT: 3 MONTHS**

0 = Absent  
2 = Present

Codes

Ever:CGH6E01  
Intensity

Ever:CGH6O01  
Onset

CGH6I01  
Intensity

FOR REVIEW ONLY

Definitions and questions

**DELINQUENCY**

**ACTION TAKEN BY POLICE: EVER**  
Code highest level of police contact EVER.

*What was the result of the police contact?*

*Were you questioned by the police, then released?*

*Were you referred to a juvenile counselor?*

*Were you charged with a crime?*

*What was the total number of charges against you?*

*When was the first time this EVER happened?*

**CHARGED WITH DWI/DUI: EVER**  
Charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) for either alcohol or drugs.

*Have you EVER been charged with DWI or DUI?*

**DRIVING WHILE INTOXICATED OR DRIVING UNDER THE INFLUENCE**

*How many times have you EVER been charged with DWI or DUI?*

**IF CHARGED WITH DWI/DUI: EVER, CONTINUE. OTHERWISE, SKIP TO "PROBATION/PAROLE: EVER", (PAGE 47).**

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Coding rules

**ACTION TAKEN BY POLICE: EVER**

- 0 = No further action
- 1 = Adjustment by police
- 2 = Adjustment by juvenile counselor
- 3 = Charged

**TOTAL NUMBER OF CHARGES**

**DRIVING WHILE INTOXICATED/DRIVING UNDER THE INFLUENCE: EVER**

- 0 = Absent
- 2 = Present

Codes

Ever:CGH7E01  
Intensity

Ever:CGH8V01

Ever:CGH8O01  
Onset

Ever:CGH8E90  
Intensity

Ever:CGH8V02  
Frequency

Definitions and questions

**RESULT OF PROSECUTION(S): EVER**

If subject has ever been charged, code highest result of prosecution.

*What is the result of your prosecution(s)?*

Coding rules

**RESULT OF PROSECUTION**

- 0 = Charges dropped.
- 1 = Not guilty.
- 2 = Unsupervised probation/restitution.
- 3 = Community service.
- 4 = Supervised probation only.
- 5 = Supervised probation with treatment order.
- 6 = Treatment order without probation.
- 7 = Detention
- 8 = Wilderness camp.
- 9 = Suspended training school commitment.
- 10 = Training school commitment.
- 11 = Bound over to superior court.
- 12 = Fine in superior court.
- 13 = Prison commitment by superior court.

Codes

Ever:CGH9E01  
Intensity

FOR REVIEW ONLY

Definitions and questions

**PROBATION/PAROLE: EVER**  
Child has been placed on probation or paroled.  
**Have you EVER been placed on probation?**  
*Juvenile or adult probation?*  
**Have you EVER been paroled?**

*Are you currently on probation or parole?*  
*Juvenile or adult probation?*

**PROBATION/PAROLE VIOLATIONS: EVER**  
Violation of the terms of Probation or Parole. Include substance abuse.  
**Have you EVER violated the terms of his/her probation/parole?**  
*What was the violation?*  
*How many times has that EVER happened?*

Coding rules

**PROBATION/PAROLE: EVER**

- 0 = No
- 2 = Juvenile probation.
- 3 = Adult probation.
- 4 = Parole

**PROBATION/PAROLE: 3 MONTHS**

- 0 = No
- 2 = Juvenile probation.
- 3 = Adult probation.
- 4 = Parole

**PROBATION/PAROLE VIOLATIONS: EVER**

- 0 = Absent
- 2 = Present

Codes

Ever:CGI0E01  
Intensity

CGI0I01  
Intensity

Ever:CGI0E90  
Intensity

Ever:CGI0V01  
Frequency

FOR REVIEW ONLY

## INCAPACITY SECTION

***Review briefly with the subject the areas where problems or symptoms have emerged during the interview. Taking one area at a time, review the areas of symptomatology to determine whether symptoms in that area have caused incapacity. Use this, and information collected throughout the interview, to complete the incapacity ratings. Remember, you need only to ask the specific questions if you have not already collected the information while covering the appropriate symptom section. If incapacity is present, find out when it began. Remember to obtain separate timings for the onset of partial and severe incapacities.***

### SUMMARY OF RULES FOR RATING INCAPACITY

#### **IMPAIRMENT/INCAPACITY**

***Two levels of disturbance or impaired functioning are distinguished:***

***Partial Incapacity; refers to a notable reduction of function in a particular area. If a person is still able to do things, but does them less well, or more slowly, then code as a Partial Incapacity.***

***Severe Incapacity; refers to a complete, or almost complete, inability to function in a particular area.***

***With the exception of the lifelong symptoms mentioned below, most incapacities require a decrement or change in functioning. The decrement can predate the primary period but must still be present during the primary period.***

**SYMPTOM DEPENDENCE**

***For incapacity to be rated it must arise demonstrably from the presence of some particular symptoms or disordered behaviors. For instance, a child who has lost friends because her mother would not allow her to associate with them, would not have that loss of friends rated as an incapacity here. Although, of course, it might have had crippling effects on her social life, it would not count as an incapacity because it was not secondary to any psychopathology of the child. However, it would count if the child was too frightened to leave the house and lost her friends because of it.***

***The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that a child was incapacitated in certain ways and that the child had certain psychopathological problems. The incapacity must be linked to the problems that seem to have generated it. Often this is difficult when children have multiple problems and incapacities, but the attempt should be made nevertheless. However, this does not mean that a particular incapacity has to be assigned to one single problem. It will sometimes be the case that several symptoms of different types will contribute to a particular incapacity. When this is the case, each contributing problem area should be recorded. It follows that if an incapacity is to be seen as being secondary to other symptoms, then those other symptoms must have been present before the onset of that incapacity. They must also have resulted in a fall-off from a previous level of attainment or proficiency if they are to be regarded as having resulted in an incapacity. Thus a child who had previously been able to function well enough in class might show a reduced ability to participate in group activities, because he felt too miserable to do so. This would be regarded as an incapacity secondary to the affective symptoms. On the other if a child had always been unable to participate in group activities and later became depressed, an incapacity, secondary to depression, would be recorded only if his capacity to participate in group activities suffered a further decrement from its already low level. If there had been no further decrement, an incapacity in relation to depression would not be recorded.***

**LIFELONG SYMPTOMS/BEHAVIORS**

***In the case of symptoms that have been present throughout life, it will be impossible to show a decrement secondary to the symptoms, because both the symptoms and the putative incapacity will have been present simultaneously. In this situation, provided always that the incapacity can be directly related to the symptoms, it is acceptable to rate it as such. An example might be the social incapacities of a hyperactive child who had always shown such behavior from his earliest years and thus always had disturbed peer relationships.***

**SITUATION NOT ENTERED**

***If the subject has not entered a particular social situation (such as school) during the preceding three months, but there is clear evidence from past experience that incapacity would have been manifested had s/he been in the situation (e.g. discordant peer relationships would have been present) then that incapacity is rated as being present, and its date of onset should be determined. The intensity rating should not be higher than the previously actually occurring highest intensity. Quite often in such a situation, the incapacity will have been contributory to the failure to enter the social situation under consideration.***

***The incapacitating effects of the psychopathology do not have to be directly due to the behavior of the child but may be mediated by others. For instance, if a boy were excluded from school for constant fighting and trouble making, that would be counted as an incapacitation of school performance just as much as if the child had failed to attend because of his own anxiety about leaving home.***

**ONSETS**

*The rules for dating the onset of incapacities are essentially the same as those for dating symptom onsets. That is, the decision is first made as to whether or not a particular incapacity was present during the 3 month primary period. If it was, then its onset is coded as the date it appeared at the minimum criterion level required by the glossary definition. Once again, there is a proviso that if the incapacity has been present only intermittently, the onset is dated from when the incapacity began again following the last period of one year (or longer) without incapacity. The dates of exacerbations from partial to complete incapacity are also recorded.*

*Even if a child did not code for any problems in the a particular section of the CAPA, the Incapacity section cannot be skipped. If you have enough information, not every question needs to be asked.*

**TREATMENT**

*Referrals to professional agencies or professional concerned with child's symptoms or behavior.*

*Note the name of the site where treatment was received and the professionals seen.*

*Treatment may be coded even if symptoms did not code in the CAPA.*

FOR REVIEW ONLY

Definitions and questions

**PARENTAL RELATIONSHIPS - PARENT #1**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior.

***Does anything we have been talking about affect how you get along with your "Parent #1"?***

***Does anything we have been talking about cause you to avoid each other?***

***Do you refuse to talk to each other?***

***Does "Parent #1" need to punish you more because of this issue(s)?***

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?  
Did anyone get injured?*

*What issue(s) is causing the problem between you and "Parent #1"?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMA0I01

CMA0I02

CMA0X03

CMA0X04

CMA0X05

CMA0X06

CMA0X07

CMA0X08

Definitions and questions

Coding rules

RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2

RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2

RELATIONSHIPS WITH OTHER ADULTS

SIBLING RELATIONSHIPS

PEER RELATIONSHIPS

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMA0X09

CMA0X10

CMA0X11

CMA0X12

CMA0X13

CMA0001

/ /

CMA0002

/ /

FOR REVIEW ONLY

Definitions and questions

**PARENTAL RELATIONSHIPS - PARENT #2**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior.

***Does anything we have been talking about affect how you get along with "Parent #2"?***

***Do you avoid each other because of any issue(s)?***

*Do you refuse to talk to each other?*

***Does "Parent #2" need to punish you more because of any issue(s)?***

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?  
Did anyone get injured?*

*What behavior(s) is causing the problem between you and "Parent #2"?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMA1101

CMA1102

CMA1X03

CMA1X04

CMA1X05

CMA1X06

CMA1X07

CMA1X08

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMA1X09

CMA1X10

CMA1X11

CMA1X12

CMA1X13

CMA1001

CMA1002

FOR REVIEW ONLY

Definitions and questions

**PARENTAL RELATIONSHIPS - OTHER PARENT #1**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior.

***Does anything we have been talking about affect how you get along with "Other Parent #1"?***

***Do you avoid each other because of any issue(s)?***

*Do you refuse to talk to each other?*

***Does "Other Parent #1" need to punish you more because of this issue(s)?***

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?  
Did anyone get injured?*

*What issue(s) is causing the problem between you and "Other Parent #1"?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMA2I01

CMA2I02

CMA2X03

CMA2X04

CMA2X05

CMA2X06

CMA2X07

CMA2X08

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMA2X09

CMA2X10

CMA2X11

CMA2X12

CMA2X13

CMA2001

CMA2002

FOR REVIEW ONLY

Definitions and questions

**PARENTAL RELATIONSHIPS - OTHER PARENT #2**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior.

***Does anything we have been talking about affect how you get along with "Other Parent #2"?***

***Do you avoid each other because of any issue(s)?***

*Do you refuse to talk to each other?*

***Does "Other Parent #2" need to punish you more because of this issue(s)?***

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?  
Did anyone get injured?*

*What issue(s) is causing the problem between you and "Other Parent #2"?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMA3I01

CMA3I02

CMA3X03

CMA3X04

CMA3X05

CMA3X06

CMA3X07

CMA3X08

Definitions and questions

FOR REVIEW ONLY

**IF SIBLINGS AT HOME, CONTINUE.  
OTHERWISE,, SKIP TO "SIBLING  
RELATIONSHIPS: OUT OF HOME",  
(PAGE 15).**

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Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMA3X09

CMA3X10

CMA3X11

CMA3X12

CMA3X13

CMA3O01

CMA3O02

Definitions and questions

**SIBLING RELATIONSHIPS: IN HOME**

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with, or talk to, sibling(s).

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior.

***Does anything we have been talking about affect how you get along with your sibling(s)?***

***Do you avoid each other?***

*Do you refuse to talk to each other?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*  
*Did anyone get injured?*

*What issue(s) is causing the problem between you and your sibling(s)?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMA4I01

CMA4I02

CMA4X03

CMA4X04

CMA4X05

CMA4X06

CMA4X07

CMA4X08

Definitions and questions

IF SIBLINGS OUTSIDE HOME,  
CONTINUE. OTHERWISE, SKIP TO  
"SELF-CARE", (PAGE 17).

---

Coding rules

RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2

RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2

RELATIONSHIPS WITH OTHER ADULTS

SIBLING RELATIONSHIPS

PEER RELATIONSHIPS

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMA4X09

CMA4X10

CMA4X11

CMA4X12

CMA4X13

CMA4001

CMA4002

Definitions and questions

**SIBLING RELATIONSHIPS: OUT OF HOME**

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior

***Does anything we have been talking about affect how you get along with your sibling(s) who don't live at home?***

***Does you avoid each other because of any issue(s)?***

*Do you refuse to talk to each other?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?  
Did anyone get injured?*

*What issue(s) is causing the problem between you and your sibling(s)?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMA5I01

CMA5I02

CMA5X03

CMA5X04

CMA5X05

CMA5X06

CMA5X07

CMA5X08

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMA5X09

CMA5X10

CMA5X11

CMA5X12

CMA5X13

CMA5001

CMA5002

FOR REVIEW ONLY

Definitions and questions

**SELF-CARE**

A child should be able to keep him/herself clean and tidy to a degree consonant with his/her age.

The reduction in level of self-care must be marked enough to have led to visible or smellable changes, or to require unusual parental efforts to maintain appearance.

***Has anything we have been talking about made it harder for you to keep yourself clean and tidy?***

*Have you stopped/reduced bathing or showering because of any problems we have been talking about?*  
*Have you stopped brushing your teeth because of problems we have talked about?*

*What issue(s) is making it harder to keep yourself clean and tidy?*

*When did this first become a problem?*  
*When did this first become a big problem?*

Coding rules

**SELF-CARE**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

Codes

CMA6I01  
Intensity

CMA6X02

CMA6X03

CMA6X04

CMA6X05

CMA6X06

CMA6X07

CMA6X08

CMA6X09

FOR REVIEW ONLY

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY  
- SELF CARE**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMA6X10

CMA6X11

CMA6X12

CMA6001

CMA6002

FOR REVIEW ONLY

Definitions and questions

**CHORES**

A child should be able to perform reasonable work tasks expected of him/her at home, such as keeping the bedroom tidy, helping out around the house and yard. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

**Do you help with chores around the house?**

*Like cleaning up your room?  
Or helping wash the dishes?*

**Are there any things that you can't do properly or that you stopped doing because of the way you have been feeling?**

*Would it make a difference if you didn't have "these problems"?*

*What issue(s) is causing the problem of not helping with chores?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**PROBLEMS WITH COOPERATIVE HELPING**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

Codes

CMA7I01  
Intensity

CMA7X02

CMA7X03

CMA7X04

CMA7X05

CMA7X06

CMA7X07

CMA7X08

CMA7X09

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMA7X10

CMA7X11

CMA7X12

CMA7O01

CMA7O02

FOR REVIEW ONLY

Definitions and questions

**HOMEWORK**

A child should be able to do reasonable homework assignments at home. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

***Are there any problem(s) with you doing your homework?***

***Are there any things that you can't do properly or that you've stopped doing because of the way you've been feeling?***

*Would it make a difference if you didn't have "these problems"?*

*What issue(s) is causing the problem of not being able to do your homework?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**HOMEWORK**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

Codes

CMA8I01  
Intensity

CMA8X02

CMA8X03

CMA8X04

CMA8X05

CMA8X06

CMA8X07

CMA8X08

CMA8X09

FOR REVIEW ONLY

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMA8X10

[Empty box]

CMA8X11

[Empty box]

CMA8X12

[Empty box]

CMA8001

//

CMA8002

//

FOR REVIEW ONLY

Definitions and questions

**LEAVING HOUSE**

A child should be able to leave his/her house without difficulty. Obviously the range of activities that might induce a child to go outside the house varies widely with age, and judgment must be used in deciding what is consonant with the child's developmental stage.

***Does anything we have been talking about make it hard for you to leave the house?***

***Is anything making it harder for you to go outside? Or to go to school?***

*What issue(s) is causing the problem of not wanting to leave the house?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**LEAVING HOUSE**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

Codes

CMA9I01  
Intensity

CMA9X02

CMA9X03

CMA9X04

CMA9X05

CMA9X06

CMA9X07

CMA9X08

CMA9X09

FOR REVIEW ONLY

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMA9X10

CMA9X11

CMA9X12

CMA9001

CMA9002

FOR REVIEW ONLY

Definitions and questions

**SCHOOL LIFE**

**SCHOOL PERFORMANCE**

Deterioration in classwork, behavior, or ability to participate in school is considered to be evidence of an incapacity. A description of things that the child used to be able to do but can do no longer is required for a rating here. Do not include children whose low intelligence limits their ability to perform at school and have, therefore, always had poor results.

However, a child that has never been able to perform due to hyperactivity or chronic conduct problems would code if it is clear that these problems contribute to difficulties with school performance.

***Does anything we have been talking about affect how well you can do your classwork at school?***

***What are your grades like in in school?***

***Have your grades gotten worse?***

*What issue(s) is causing the problem(s) at school?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**DAYCARE/SCHOOL PERFORMANCE**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

Codes

CMB0101  
Intensity

CMB0X02

CMB0X03

CMB0X04

CMB0X05

CMB0X06

CMB0X07

CMB0X08

CMB0X09

FOR REVIEW ONLY

Definitions and questions

Empty box for definitions and questions.

Coding rules

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMB0X10

CMB0X11

CMB0X12

CMB0001

CMB0002

FOR REVIEW ONLY

Definitions and questions

**SCHOOL SUSPENSION: EVER**  
 Exclusion from school for any length of time.

**Have you EVER been suspended from school?**

*How many times have you EVER been suspended from school?*

*When was the first time you were EVER suspended?*

**IF SCHOOL SUSPENSION: EVER, CONTINUE. OTHERWISE SKIP TO "IN-SCHOOL SUSPENSIONS: EVER" (PAGE 29)**

*Have you been suspended in the last 3 months?*

*How long were you suspended for in the last 3 months?*

*What issue(s) is causing you to get suspended?*

Coding rules

**SUSPENSION: EVER**

- 0 = No
- 2 = Yes

**SUSPENSION: 3 MONTHS**

- 0 = Absent
- 2 = Present

**DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)**

**SYMPTOM AREAS CAUSING INCAPACITY**

- 0 = Absent
- 2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

Codes

Ever:CMB1E90  
Intensity

Ever:CMB1V01  
Frequency

Ever:CMB1O01  
Onset

CMB1I01  
Intensity

CMB1D01

CMB1X02

CMB1X03

CMB1X04

CMB1X05

CMB1X06

FOR REVIEW ONLY

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

Codes

CMB1X07

CMB1X08

CMB1X09

CMB1X10

CMB1X11

CMB1X12

FOR REVIEW ONLY

Definitions and questions

**IN-SCHOOL SUSPENSION (ISS): EVER**  
 Suspension from school served in school.

**Have you EVER had In-School Suspension (ISS)?**

*How many times have you EVER had In-School Suspension (ISS)?*

*When was the first time you EVER had In-School Suspension (ISS)?*

**IF IN-SCHOOL SUSPENSION: EVER, CONTINUE. OTHERWISE SKIP TO "EXPULSION: EVER" (PAGE 31)**

*Have you had In-School Suspension (ISS) in the last 3 months?*

*How long was the In-School Suspension (ISS) in the last 3 months?*

*What issue(s) is causing you to get In-School Suspension (ISS)?*

Coding rules

**IN-SCHOOL SUSPENSION (ISS): EVER**

- 0 = No
- 2 = Yes

**IN-SCHOOL SUSPENSION (ISS): 3 MONTHS**

- 0 = Absent
- 2 = Present

**DURATION OF LONGEST IN-SCHOOL SUSPENSION IN LAST 3 MONTHS (IN DAYS)**

**SYMPTOM AREAS CAUSING INCAPACITY**

- 0 = Absent
- 2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

Codes

Ever:CMB2E90  
Intensity

Ever:CMB2V01  
Frequency

Ever:CMB2O01  
Onset

CMB2I01  
Intensity

CMB2D01

CMB2X02

CMB2X03

CMB2X04

CMB2X05

CMB2X06

FOR REVIEW ONLY

Definitions and questions

Empty box for definitions and questions.

Coding rules

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

Codes

CMB2X07

CMB2X08

CMB2X09

CMB2X10

CMB2X11

CMB2X12

FOR REVIEW ONLY

Definitions and questions

**EXPULSION: EVER**  
 Expulsion from school.

**Have you EVER been expelled from school?**  
*How many times have you EVER been expelled?*  
*When was the first time you were EVER expelled?*

**IF EXPULSION: EVER, CONTINUE. OTHERWISE SKIP TO "TEACHER RELATIONSHIPS" (PAGE 33)**

*Have you been expelled in the last 3 months?*  
*What issue(s) caused you to get expelled?*

Coding rules

**EXPULSION: EVER**  
 0 = No  
 2 = Yes

**EXPULSION: 3 MONTHS**  
 0 = Absent  
 2 = Present

**SYMPTOM AREAS CAUSING INCAPACITY**  
 0 = Absent  
 2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

Ever:CMB3E90  
 Intensity  
  
 Ever:CMB3V01  
 Frequency  
  
 Ever:CMB3O01  
 Onset

CMB3I01  
 Intensity

CMB3X02

CMB3X03

CMB3X04

CMB3X05

CMB3X06

CMB3X07

FOR REVIEW ONLY

Definitions and questions

FOR REVIEW ONLY

Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

Codes

CMB3X08

CMB3X09

CMB3X10

CMB3X11

CMB3X12

Definitions and questions

**TEACHER RELATIONSHIPS**

A deterioration in a child's relationships with his/her teachers is regarded as an incapacity. The need to use increasing levels of disciplinary action, or a withdrawal from contact with teachers with whom the child has previously had good relationships, is evidence of disturbance here.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with or talk to teachers.

**DISCORD:** Incapacity involving aggression, arguments, fights or disruptive behavior.

***Does anything we have been talking about affect how you get along with teachers?***

*Does you avoid each other because of any issue(s)?  
Do you refuse to talk to each other?*

***Do the teachers need to punish you more because of this issue(s)?***

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*

*What behavior(s) is causing the problem between you and your teacher(s)?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMB4I01

CMB4I02

CMB4X03

CMB4X04

CMB4X05

CMB4X06

CMB4X07

CMB4X08

Definitions and questions

Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMB4X09

CMB4X10

CMB4X11

CMB4X12

CMB4X13

CMB4O01

CMB4O02

FOR REVIEW ONLY

Definitions and questions

**PEER RELATIONSHIPS AT SCHOOL**

Children should be able to form mutually interested relationships and to undertake activities together (playing, chatting constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with or talk to peers.

**DISCORD:** Incapacity involving aggressions, arguments, fights or disruptive behavior.

*Has it made you see friends less than you used to?*  
**Does anything we have been talking about affect how you get along with other children at school?**

**Do you avoid each other?**

*Do you refuse to talk to each other?*

**Do these difficulties cause any arguments?**

**Have any of the arguments gotten physical?**

*Did anyone get injured?*

*What issue(s) is causing the problem between you and other children at school?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMB5I01

CMB5I02

CMB5X03

CMB5X04

CMB5X05

CMB5X06

CMB5X07

CMB5X08

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMB5X09

CMB5X10

CMB5X11

CMB5X12

CMB5X13

CMB5O01

CMB5O02

FOR REVIEW ONLY

Definitions and questions

**SPARE TIME ACTIVITIES**

Reduction of spontaneous out of school activities by at least one third and to a degree outside their normal range of variation. Care should be taken to ensure that the subject has not lost interest in an activity for no particular reason. That is to say that the reduction in involvement must clearly be a response to some symptomatology.

***Does anything we have been talking about affect what you do with your spare time?***

***Does anything affect your ability to do out-of-school activities?***

*Either alone or with other kids?  
In the last 3 months, do you find that you are doing less of the things you used to enjoy?  
How much less?*

*What issue(s) is affecting your spare time activities outside of school?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**SPARE TIME ACTIVITIES**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

Codes

CMB6I01  
Intensity

CMB6X02

CMB6X03

CMB6X04

CMB6X05

CMB6X06

CMB6X07

CMB6X08

CMB6X09

FOR REVIEW ONLY

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMB6X10

CMB6X11

CMB6X12

CMB6O01

CMB6O02

FOR REVIEW ONLY

Definitions and questions

**RELATIONSHIPS WITH ADULTS IN SPARE TIME ACTIVITIES**

Both withdrawal from such relationships and disturbances of their harmony are evidence to be borne on mind for the purposes of a rating here.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with or talk to adults.

**DISCORD:** Incapacity involving aggression, arguments, fights or disruptive behavior.

***Does anything we have been talking about affect how you get along with other adults outside of home or school?***

***Does anything affect how you get along with your neighbors?***

***Or adults at the grocery store or movie theaters?***

*How about with grandparents?*  
*Do you refuse to talk to some adults?*  
*Has it made you see less of other adults or avoid them?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*  
*Did anyone get injured?*

*What behavior(s) is causing the problem between you and other adults?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

- 0 = Absent
- 2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.
- 3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

- 0 = Absent
- 2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.
- 3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

- 0 = Absent
- 2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMB7I01

CMB7I02

CMB7X03

CMB7X04

CMB7X05

CMB7X06

CMB7X07

CMB7X08

Definitions and questions

[Empty box for definitions and questions]

Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

Codes

CMB7X09

CMB7X10

CMB7X11

CMB7X12

CMB7X13

CMB7O01

CMB7O02

FOR REVIEW ONLY

Definitions and questions

**RELATIONSHIPS WITH PEERS**

Children should be able to form mutually interested relationships and to undertake activities together (chatter and playing constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with or talk to peers.

**DISCORD:** Incapacity involving aggression, arguments, fights or disruptive behavior.

***Does anything we have been talking about affect how you get along with other children outside of school?***

***Does anything affect how you get along with other kids in your neighborhood?***

***Do you refuse to talk to other kids?***

*Has it made you see less of friend(s) than you used to?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?  
Did anyone get injured?*

*What issue(s) is causing the problem between you and the other children outside of school?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMB8I01

CMB8I02

CMB8X03

CMB8X04

CMB8X05

CMB8X06

CMB8X07

CMB8X08

Definitions and questions

IF CURRENTLY EMPLOYED,  
CONTINUE: OTHERWISE, SKIP TO  
"TREATMENT", (PAGE 45).

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Coding rules

RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2

RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2

RELATIONSHIPS WITH OTHER ADULTS

SIBLING RELATIONSHIPS

PEER RELATIONSHIPS

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMB8X09

CMB8X10

CMB8X11

CMB8X12

CMB8X13

CMB8O01

CMB8O02

Definitions and questions

**EMPLOYMENT**

Many adolescents have jobs, and they may prove unable to perform these jobs adequately as a result of psychopathology, in which case an incapacity should be recorded as being present as a result of that psychopathology. Their performance of the job must actually be substandard to some degree. It is not enough that the subject should simply describe it as being more difficult or tiring.

***Does anything we have been talking about affect how well you can do your job?***

***Do you avoid interacting with people at work?***

*Do you refuse to talk to co-workers?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*  
*Did anyone get injured?*

*What behavior(s) is causing the problem between you and others at work?*

*When did this first become a problem?*

*When did this first become a big problem?*

Coding rules

**WITHDRAWAL - EMPLOYMENT**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

Codes

CMB9I01

CMB9I02

CMB9X03

CMB9X04

CMB9X05

CMB9X06

CMB9X07

CMB9X08

Definitions and questions

Coding rules

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**ONSET OF FIRST PARTIAL INCAPACITY  
- EMPLOYMENT**

**ONSET OF FIRST SEVERE INCAPACITY  
- EMPLOYMENT**

Codes

CMB9X09

CMB9X10

CMB9X11

CMB9X12

CMB9X13

CMB9O01

CMB9O02

FOR REVIEW ONLY

Definitions and questions

**TREATMENT**

Referrals to professional agencies concerned with child psychopathology are coded here.

***Has you sought help from anyone about these issues in the last 3 months?***

***Have you received any treatment for any of the issues we have been talking about in the last 3 months?***

***Like a doctor or anyone at school?***

*Did you go to a clinic?  
Or into a hospital?  
What did they do?  
Did it help at all?*

*What issue(s) lead you (or your parents) to seek treatment?*

*When was the first time you (or your parents) sought help?*

Coding rules

**TREATMENT**

0 = No

2 = Yes

**SYMPTOM AREAS CAUSING INCAPACITY**

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**BEGINNING OR FIRST TREATMENT**

Codes

CMD0I01  
Intensity

CMD0X02

CMD0X03

CMD0X04

CMD0X05

CMD0X06

CMD0X07

CMD0X08

CMD0X09

CMD0X10

CMD0X11

CMD0X12

CMD0O01

FOR REVIEW ONLY

Definitions and questions

**MEDICATION**

Any medication prescribed by a medical practitioner (either mainstream or alternative) or given by parents or guardian. Do not include analgesics taken less than once per week for sporadic headaches, etc. However, such drugs should be included if they are taken more regularly than this.

Note: Type and daily dose if known for any medication mentioned.

**Do you take any medication for any of the issues we have been talking about?**

*Or tablets or pills?  
Or anything from your doctor?  
What?*

*Why are you taking it?*

IF PRESENT, COLLECT NAME OF MEDICATION AND ONSET.

CODE AS PRESENT EVEN IF PRESCRIPTION WAS NEVER FILLED.

*What is the name of the tranquilizer/sedative you're taking?*

*When did you start taking this medication?*

*What is the name of the medication you're taking?*

*When did you start taking this medication?*

*What is the name of the medication you're taking?*

*When did you start taking this medication?*

*What is the name of the medication you're taking?*

*When did you start taking this medication?*

*What is the name of the medication you're taking?*

*When did you start taking this medication?*

*What is the name of the medication you're taking?*

*When did you start taking this medication?*

*What is the name of the medication you're taking?*

*When did you start taking this medication?*

*What is the name of the medication you're taking?*

*When did you start taking this medication?*

Coding rules

**MEDICATION**

0 = No

2 = Yes

**MINOR TRANQUILIZERS/SEDATIVES**

0 = Absent

2 = Present

**BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT**

**ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS**

0 = Absent

2 = Present

**BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT**

**STIMULANTS**

0 = Absent

2 = Present

**BEGINNING OF STIMULANTS TREATMENT**

**STRATTERA (ATOMOXETINE)/INTUNIV (GUANFACINE)/KAPVAY (CLONIDINE): NON-STIMULANT**

0 = Absent

2 = Present

**BEGINNING OF STRATTERA (NON-STIMULANT) TREATMENT**

Codes

CMC0190  
Intensity

CMC0101

CMC0001

CMC1101

CMC1001

CMC2101

CMC2001

CMC2102

CMC2002

Definitions and questions

Coding rules

**ANTIDEPRESSANTS**

- 0 = Absent
- 2 = Present

**BEGINNING OF ANTIDEPRESSANTS TREATMENT**

**LITHIUM**

- 0 = Absent
- 2 = Present

**BEGINNING OF LITHIUM TREATMENT**

**ANTICONVULSANTS**

- 0 = Absent
- 2 = Present

**BEGINNING OF ANTICONVULSANTS TREATMENT**

**OTHER MEDICATION**

- 0 = Absent
  - 2 = Present
- Specify
- 

**BEGINNING OF TREATMENT**

Codes

CMC3I01

CMC3001

CMC4I01

CMC4001

CMC5I01

CMC5001

CMC6I01

CMC6001

FOR REVIEW ONLY

Definitions and questions

**PLACEMENT**

If, by reason of psychological or behavioral disturbance, a child's residential placement is changed, then that change is recorded in this section. The same guiding rules apply to these ratings as are outlined above.

With children who have experienced changes ask:

***In the last 3 months, has you been placed into foster care/residential treatment facility BECAUSE of any of the issues we have been talking about?***

*Have you changed or moved to a new foster home/residential treatment facility BECAUSE of your behavior?*

*In the last 3 months, has you been placed into any treatment facility BECAUSE of your behavior?*

*What is the reason(s) you were placed in this home/facility?*

*When was the first time you were placed in a home/facility?*

Coding rules

**PLACEMENT**

0 = No

2 = Yes

**SYMPTOM AREAS CAUSING PLACEMENT CHANGE**

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

**DATE OF FIRST PLACEMENT CHANGE**

Codes

CMD1I01  
Intensity

CMD1X02

CMD1X03

CMD1X04

CMD1X05

CMD1X06

CMD1X07

CMD1X08

CMD1X09

CMD1X10

CMD1X11

CMD1X12

CMD1O01

FOR REVIEW ONLY

Definitions and questions

**PERCEPTION OF PROBLEMS**

Child's perception that s/he has problems or difficulties in any of the areas of symptomatology discussed during interview.

*We have talked about many different things.*

*Do you think any of the things we have been talking about are a problem for you?*

*What issue(s) do you think is problematic for you?*

Coding rules

**PERCEPTION OF PROBLEM(S)**

0 = No

2 = Yes

**PROBLEMS WITH:**

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

Codes

CMC8I90  
Intensity

CMC8X01

CMC8X02

CMC8X03

CMC8X04

CMC8X05

CMC8X06

CMC8X07

CMC8X08

CMC8X09

CMC8X10

CMC8X11

FOR REVIEW ONLY

Definitions and questions

**HELP NEEDED WITH:**

Child's perception that s/he needs help in any of the areas of symptomatology discussed during interview.

***Are there any things that you think you need help with?***

*What sort of help do you need?*

*What issue(s) do you think you need help with?*

Coding rules

**HELP NEEDED**

0 = No

2 = Yes

**HELP NEEDED WITH:**

**SCHOOL NON-ATTENDANCE**

**SEPARATION ANXIETY**

**WORRIES/ANXIETIES**

**DEPRESSION**

**FOOD-RELATED BEHAVIOR**

**CONDUCT DISORDER**

**RELATIONSHIPS WITH PARENT #1  
AND/OR PARENT #2**

**RELATIONSHIPS WITH OTHER PARENT  
#1 AND/OR OTHER PARENT #2**

**RELATIONSHIPS WITH OTHER ADULTS**

**SIBLING RELATIONSHIPS**

**PEER RELATIONSHIPS**

Codes

CMC9I90  
Intensity

CMC9X01

CMC9X02

CMC9X03

CMC9X04

CMC9X05

CMC9X06

CMC9X07

CMC9X08

CMC9X09

CMC9X10

CMC9X11

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**ENDING THE INTERVIEW**

**ENDING THE INTERVIEW**

AFTER FINISHING INTERVIEW, REMEMBER TO COMPLETE "ADEQUACY OF INTERVIEW" ON FIRST SCREEN OF THE ASSESSMENT.

*Well, I think that's all I want to ask about, Thank you for being so helpful.*

*Were there any other things you'd like to add?*

WRITE DOWN THE TIME INTERVIEW ENDS.

**ADDITIONAL CONCERNS**

0 = Absent

2 = Present

CQA0X01  
Intensity

FOR REVIEW ONLY