



# **PRESCHOOL AGE PSYCHIATRIC ASSESSMENT (PAPA)**

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

**Version 10.0.0**

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**Derived from the Child and Adolescent Psychiatric Assessment (CAPA)  
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Definitions and questions

**INTERVIEW #**

**INTERVIEWER**

**DATE OF INTERVIEW**

**FIRST DAY OF PRIMARY PERIOD**

**START TIME OF INTERVIEW**

**END TIME OF INTERVIEW**

Codes

PAPAID

PAA3X01  
PVIEWER

PAA4O01

PAP0X01

PAQ1D01

PQA9X12

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Codes

PQA9X01

PQA9X02

PQA9X03

PQA9X04

PQA9X05

PQA9X06

PQA9X07

PQA9X08

**SUBJECT**

**GENDER**  
1 = Male  
2 = Female

**DATE OF BIRTH**  
*What is "your child's" birth date?*

**HISPANIC**  
0 = Absent  
2 = Present

**ETHNIC ORIGIN**  
1= American Indian or Alaskan Native  
2= Asian  
3= Native Hawaiian or Other Pacific Islander  
4= Black or African American  
5= White  
6= Some Other Race

**BIRTH WEIGHT (pounds/ounces)**  
*What was "your child's" birth weight?*

**GESTATIONAL AGE (Weeks)**  
*How many weeks pregnant were you (or biological mother) when X was born?*

**CURRENT WEIGHT**

**CURRENT HEIGHT**

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

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

PAA0X01  
PSEX

PAA1O01  
DOB

PUB5X01

PUB5X02

PEE4X01

PEE4D01

WEIGHT

HEIGHT

PAP7I01

PAP9X01

**PARENTAL FIGURES**

**What is the current marital status of the child's biological parents?**

*Are they married?*

*Divorced?*

*Separated?*

*Do they "live together" without being married?*

*Have they lived together for more than 6 months or less than 6 months?*

*Have they ever lived together?*

**YEARS BIOLOGICAL PARENTS LIVED TOGETHER**

*How long have the biological parents lived together?*

**PARENT #1: Name** \_\_\_\_\_

**What is your relationship with "the child"?**

*Are you the biological parent?*

*Are you the 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**

M= Male

F= Female

**AGE**

*How old are you?*

**EDUCATION**

*How many years of school did you complete?*

*Did you go to college?*

**BIOLOGICAL PARENTS MARITAL STATUS**

1= Married

2= Widowed

3= Separated

4= Divorced

5= Cohabited>6 months

6= Cohabited<6 months

7= Never cohabited

**PARENT #1:**

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

**Age in Years**

**EDUCATION**

1= 0-8 years completed

2= Some high school

3= GED or high school equivalency

4= High school degree

5= Post high-school training (vocational, technical, job training)

6= Some college (0-2 years)

7= 2 year associate degree

8= Some college (2-4 years)

9= 4 year college degree

10= Some graduate or professional school training

11= Completed graduate or professional degree

PAB2X01

PAB3F01

PAB5X01

PAB5X02

PAB5X03

PSA0X01

Definitions and questions

Codes

**Parental Employment and Occupation**

**Parent #1**

*Are you currently employed?*

*Full-time?*

*Part-time?*

*Are you employed by a private business?*

*Do you work for the government?*

*Are you self-employed?*

*Are you a homemaker (working without pay)?*

**Occupation (Current or most recent)**

Enter code from Census Index of Occupations

**Industry (Current or most recent)**

Enter code from Census Index of Occupations

**Date Last Employed**

Code if not employed at the time of the interview

*When was the last time you were employed?*

**Current Employment Status**

1= Employed full-time

2= Employed full-time and part-time

3= Employed part-time (1 or more jobs)

4= Not employed outside of the home

5= Student

6= Retired

7= Disabled

8= Unemployed

**Type of Employment (Current or most recent)**

1= Employee of private business

2= Government employee

3= Self-employed

4= Working without pay

**Occupation (Current or most recent)**

**Industry (Current or most recent)**

**Date last employed**

PSA1X01

PSA1X02

PSA1X03

PSA1X04

PSA2O01

**PARENTAL FIGURES**

**PARENT #2: Name** \_\_\_\_\_

*What is "Parent #2" relationship with "the child"?*

*Is s/he the biological parent?*

*Is s/he the 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**

M= Male

F= Female

**AGE**

*How old is "Parent #2"?*

**EDUCATION**

*How many years of school did you complete?*

*Did you go to college?*

**PARENT #2:**

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

**EDUCATION**

1= 0-8 years completed

2= Some high school

3= GED or high school equivalency

4= High school degree

5= Post high-school training (vocational, technical, job training)

6= Some college (0-2 years)

7= 2 year associate degree

8= Some college (2-4 years)

9= 4 year college degree

10= Some graduate or professional school training

11= Completed graduate or professional degree

PAB6X01

PAB6X02

PAB6X03

PSA0X02



**Parental Employment and Occupation**

**Parent #2**

*Is "Parent #2" currently employed?*

*Full-time?*

*Part-time?*

*Is "Parent #2" employed by a private business?*

*Does s/he work for the government?*

*Is s/he self-employed?*

*Is s/he a homemaker (working without pay)?*

**Occupation (Current or most recent)**

Enter code from Census Index of Occupations

**Industry (Current or most recent)**

Enter code from Census Index of Occupations

**Date Last Employed**

Code if not employed at the time of the interview

*When was the last time s/he was employed?*

**Current Employment Status**

1= Employed full-time

2= Employed full-time and part-time

3= Employed part-time (1 or more jobs)

4= Not employed outside of the home

5= Student

6= Retired

7= Disabled

8= Unemployed

**Type of Employment (Current or most recent)**

1= Employee of private business

2= Government employee

3= Self-employed

4= Working without pay

**Occupation (Current or most recent)**

**Industry (Current or most recent)**

PSA3X01

PSA3X02

PSA3X03

PSA3X04

PSA4O01

**PARENTAL FIGURES**

**OTHER PARENT #1: Name** \_\_\_\_\_

*What is "Other Parent #1" relationship with "the child"?*

*Is s/he the biological parent?*

*Is s/he the 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: OTHER PARENT #1**

1= Male

2= Female

**AGE: OTHER PARENT #1:**

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

**EDUCATION OTHER PARENT #1:**

*How many years of school did "Other Parent #1" complete?*

*Did s/he go to college?*

**OTHER PARENT #1:**

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**

**EDUCATION**

1= 0-8 years completed

2= Some high school

3= GED or high school equivalency

4= High school degree

5= Post high-school training (vocational, technical, job training)

6= Some college (0-2 years)

7= 2 year associate degree

8= Some college (2-4 years)

9= 4 year college degree

10= Some graduate or professional school training

11= Completed graduate or professional degree

PAB7X01

PAB7X02

PAB7X03

PSA0X03

**Parental Employment and Occupation**

**Current Employment Status: Other Parent #1**

*Is s/he currently employed?*

*Full-time?*

*Part-time?*

**Type of Employment (Current or most recent): Other Parent #1**

*Is s/he employed by a private business?*

*Does s/he work for the government?*

*Is s/he self-employed?*

*Is s/he a homemaker (working without pay)?*

**Occupation (Current or most recent)**

Enter code from Census Index of Occupations

**Industry (Current or most recent)**

Enter code from Census Index of Occupations

**Date Last Employed**

Code if not employed at the time of the interview

*When was the last time s/he was employed?*

**Current Employment Status**

1= Employed full-time

2= Employed full-time and part-time

3= Employed part-time (1 or more jobs)

4= Not employed outside of the home

5= Student

6= Retired

7= Disabled

8= Unemployed

**Type of Employment (Current or most recent)**

1= Employee of private business

2= Government employee

3= Self-employed

4= Working without pay

**Occupation (Current or most recent)**

**Industry (Current or most recent)**

**Date Last Employed**

PSA5X01

PSA5X02

PSA5X03

PSA5X04

PSA6O01

**PARENTAL FIGURES**

**OTHER PARENT #2: Name** \_\_\_\_\_

*What is "Other Parent #2" relationship with "the child"?*

*Is s/he the biological parent?*

*Is s/he the 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**

M= Male

F= Female

**AGE**

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

**EDUCATION OTHER PARENT #2:**

*How many years of school did "Other Parent #2" complete?*

*Did s/he go to college?*

**OTHER PARENT #2:**

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

**EDUCATION**

1= 0-8 years completed

2= Some High School

3= GED or high school equivalency

4= High school degree

5= Post high-school training (vocational, technical, job training)

6= Some college (0-2 years)

7= 2 year associate degree

8= Some college (2-4 years)

9= 4 year college degree

10= Some graduate or professional school training

11= Completed graduate or professional degree

PAB8X01

PAB8X02

PAB8X03

PSA0X04

**Parental Employment and Occupation**

**Current Employment Status: Other Parent #2**

*Is s/he currently employed?*

*Full-time?*

*Part-time?*

**Type of Employment (Current or most recent): Other Parent #1**

*Is s/he employed by a private business?*

*Does s/he work for the government?*

*Is s/he self-employed?*

*Is s/he a homemaker (working without pay)?*

**Occupation (Current or most recent)**

Enter code from Census Index of Occupations

**Industry (Current or most recent)**

Enter code from Census Index of Occupations

**Date Last Employed**

Code if not employed at the time of the interview

*When was the last time s/he was employed?*

**Current Employment Status**

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5= Student

6= Retired

7= Disabled

8= Unemployed

**Type of Employment (Current or most recent)**

1= Employee of private business

2= Government employee

3= Self-employed

4= Working without pay

**Occupation (Current or most recent)**

**Industry (Current or most recent)**

**Date Last Employed**

PSA7X01

PSA7X02

PSA7X03

PSA7X04

PSA8O01

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

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

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

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

Codes

PAA6X01

PAA6X02

PAA6X03

PAA6X04

PAA6X05

PAA6X06

PAA6X07

PAA6X08

PAA6X09

PAA6X10

PAA6X11

PAA6X12

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

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

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

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

Codes

PAA6X13

PAA6X14

PAA6X15

PAA6X16

PAA6X17

PAA6X18

PAA6X19

PAA6X20

PAA6X21

PAA6X22

PAA6X23

PAA6X24

For Review Only

Definitions and questions

Codes

**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. \_\_\_\_\_

PAA6X25

PAA6X26

PAA6X27

PAA6X28

PAA6X29

PAA6X30

PAA6X31

PAA6X32

PAA6X33

PAA6X34

PAA6X35

PAA6X36

For Review Only



Definitions and questions

**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

Codes

PAA7X01  
Twin

PAA7X02  
Triplet

PAA7X04  
Other Multiple

PAA7X03  
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. \_\_\_\_\_

PAA8X01

PAA8X02

PAA8X03

PAA8X04

PAA8X05

PAA8X06

PAA8X07

PAA8X08

PAA8X09

PAA8X10

For Review Only

Definitions and questions

**LIVING AT HOME**

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

***Has s/he lived at home with you 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).

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

***In the last 3 months, how many weeks has s/he lived at home?***

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

*Where else has s/he lived in the past 3 months?*

**IF NOT LIVING AT HOME FOR AT LEAST 4 WEEKS, CONTINUE. OTHERWISE, SKIP TO " OTHER PARENT #1", (PAGE 3).**

Coding rules

**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

**NUMBER OF WEEKS LIVING AT HOME IN LAST 3 MONTHS**

Codes

PAC2I01  
Intensity

PAC2F01

Definitions and questions

**LIVING ELSEWHERE IN LAST 3 MONTHS**

If child not living at for at least 4 weeks in past 3 months, code all items for a period of time that child was at home for at least 4 weeks (including secondary period).

***When did s/he last live at home for at least 4 weeks?***

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

*Where has s/he been living?*

**IF OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO END.**

Coding rules

**CHILD LIVING ELSEWHERE**

- 0 = Absent
- 2 = Present

**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

Codes

PAC3I90  
Intensity

PAC3O01

PAC3X01

For Review Only

Definitions and questions

**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.

CODE AS PRESENT AND CONTINUE.

**Does X see or have any contact with his/her "Other Parent #1"?**

*Does s/he want to?  
How long are the visits to "Other Parent #1"?*

**In the last 3 months, has s/he received any phone calls, texts, emails, or letters from "Other Parent #1"?**

*How many calls or letters?*

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

**How would you describe X's relationship with "Other Parent #1"?**

*Are there any problems?  
Does s/he like visiting "Other Parent#1"?  
Would s/he rather not see him/her?*

**IF OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO END.**

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 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

PAD8I01  
Intensity

PAD8F01

PAD8D01

PAD9F01

PAE0I01

Definitions and questions

**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.

IF CHILD HAS "OTHER PARENT #2," CONTINUE.

**Does X see or have any contact with "Other Parent #2?"**

*Does s/he want to?  
How long are the visits to "Other Parent #2?"*

**In the last 3 months, has s/he received any phone calls, texts, emails, or letters from "Other Parent #2"?**

*How many calls or letters?*

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

**How would you describe X's relationship with "Other Parent #2?"**

*Are there any problems?  
Does s/he like visiting "Other Parent #2?"  
Would s/he rather not see him/her?*

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/LETTERS 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

PAE1I01  
Intensity

PAE1F01

PAE1D01

PAE2F01

PAE3I01

**CHILDCARE**

**DAYCARE/SCHOOL SETTINGS**

**Child Attends Daycare/School**

It is necessary to define the subset of childcare arrangements that we call "Daycare/School" so as to provide a reference point for the daycare/school setting referred to throughout the PAPA. "Daycare/School" may refer to one setting (e.g. the child goes to preschool only) or to more than one setting (e.g. the child goes to preschool and then in the afternoon goes to an in-home daycare).

Homeschooling is not considered a school setting. Conduct problems occurring while home-schooled are coded as occurring at home or elsewhere if homeschooling is held at a home other than the child's home. Daycare is a school equivalent if 3 or more NON-SIBLINGS are present and daycare provider is not child's parent (Parent #1, Parent #2, Other Parent #1, or Other Parent #2).

Determine the number of weeks the child is enrolled in a daycare/school setting in the last 3 months, the number of days the child is actually present in the last 3 months, and the number of weeks where the child is present at least 1 day per week in the last 3 months. Exclude weeks of vacation or extended illness. Include weeks when enrolled but missed daycare/school because of worry/anxiety.

For Review Only

Definitions and questions

Coding rules

Codes

**CHILD ATTENDS DAYCARE/SCHOOL**

Child regularly spends 1 hour or more a week in daycare/school setting. If the childcare arrangement occurs in 3 out of 4 of the weeks of a month, code as regularly occurring. If they occur every other week or less, do not code as daycare/school.

Determine the number of weeks the child is enrolled in an overall daycare/school setting in the last 3 months, the number of days the child is actually present in the last 3 months, and the number of weeks where the child is present at least 1 day per week in the last 3 months. Exclude weeks of vacation or extended illness. Include weeks when enrolled but missed daycare/school because of worry/anxiety.

***Has s/he been to daycare/school in the last 3 months?***

*How many other children are in his/her class/daycare?*

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

***During the last 3 months, how many weeks was s/he in daycare/school?***

*Was s/he out sick for a whole week?  
Any vacations lasting a week or more in the last 3 months?  
Or daycare/school holidays lasting a week?  
Did s/he stay home any days because s/he was worried about going to daycare/school?*  
EXCLUDE WEEKS OF VACATION OR EXTENDED ILLNESS.

INCLUDE WEEKS ENROLLED BUT MISSED SCHOOL BECAUSE OF WORRY/ANXIETY.

THE MAXIMUM NUMBER IS 12 WEEKS.

***Did s/he attend daycare/school each day?***

***Was s/he out sick any days?***

*Any vacations?  
Did s/he miss school because s/he was worried about going to daycare/school?*  
TOTAL NUMBER OF DAYS PRESENT (MAXIMUM OF 60 DAYS).

NUMBER OF WEEKS PRESENT AT LEAST 1 DAY PER WEEK (MAXIMUM OF 12 WEEKS).

**CHILD ATTENDS DAYCARE/SCHOOL**

0 = Absent  
2 = Present

PAY6I01  
Intensity

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

PAY6F01

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

PAY6F02

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

PAY6F03



Definitions and questions

Coding rules

Codes

**FOOD PREFERENCES AND APPETITE**

**APPETITE CHANGES**

**REDUCED APPETITE**

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

***How has his/her appetite been in the last 3 months?***

***Has his/her appetite been less than usual?***

*Has the amount s/he eats changed at all?*  
IF PRESENT, ASK:

*In the last 3 months, has s/he been eating less than usual for at least 1 week?*

*How much less has s/he been eating?*  
*Why is s/he eating less?*

*When did his/her appetite start to fall off?*

**WEIGHT LOSS**

Any weight loss in the last 3 months.

***Has s/he lost weight during the last 3 months?***

*How much weight has s/he lost in the last 3 months?*

*When did s/he start losing weight?*

**GROWTH DEFICIENCY: PARENT CONCERNED**

***In the last 3 months, have you worried that s/he is not growing as big or fast as s/he should be?***

***Are you happy with his/her 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 = Child can only be induced to eat by marked parental or other persuasion.

**WEIGHT LOSS: 3 MONTHS**

0 = Absent

2 = Present

**WEIGHT LOSS IN POUNDS**

**PARENTAL GROWTH DEFICIENCY CONCERN**

0 = Absent

2 = Present

PFA0101  
Intensity

PFA0001  
Onset

PFA1101  
Intensity

PFA1X01

PFA1O01  
Onset

PFG6101  
Intensity

Definitions and questions

*When did you become concerned over his/her growth deficiency?*

**GROWTH DEFICIENCY: DOCTOR CONCERNED**  
 Growth deficiency as noted by a medical doctor.

***Has a doctor said that s/he is not growing as much as s/he should?***

**EXCESSIVE APPETITE**  
 An increase in appetite outside the normal range of the child, including eating for comfort. Include change in appetite due to side effects of medication.

***Has s/he had a bigger appetite than usual in the last 3 months?***

***Has s/he actually eaten more than usual?***

*How much more is s/he eating?*  
 IF PRESENT, ASK:

*In the last 3 months, has s/he been eating more than usual for at least 1 week?*  
*Why is s/he eating more?*

*When did s/he start eating more?*

Coding rules

**GROWTH DEFICIENCY**

0 = Absent

2 = Noted by medical provider.

**EXCESSIVE APPETITE**

0 = Absent

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

Codes

PFG6O01  
Onset

/ /

PFG7X02  
Intensity

PFA2I01  
Intensity

PFA2O01  
Onset

/ /

Definitions and questions

**FOOD REFUSAL**

Refusal to eat adequate amounts of food occurring for more than 24 hours and not co-occurring with underlying medical illness (e.g. stomach flu or toothache) or oropharyngeal or nasogastric trauma.

NOTE: Child may take liquids but refuse solid foods. Include tube feedings.

***In the last 3 months, has s/he simply refused to eat at all?***

***Has s/he refused to eat most food offered to him/her?***

*Has s/he refused to eat for MORE than 24 hours?  
Was this related to being sick?  
Did s/he refuse to open his/her mouth?  
Throw food?  
Did this affect his/her growth?*

IF FOOD REFUSAL FOR MORE THAN 24 HOURS, CONTINUE.

*How many days has s/he refused food?*

*When did s/he start to refuse to eat?*

*Did s/he refuse to eat with all caregivers?  
Or just specific caregivers, like "Parent #2"?*

Coding rules

**FOOD REFUSAL**

0 = Absent

2 = Refused to eat adequate amounts of food for more than 24 hours.

**DAYS**

**RELATIONAL CONTEXT**

1 = With all caregivers.

2 = With specific caregiver(s).

Specify

—

Codes

PFG7101  
Intensity

PFG7D01  
Duration

PFG7O01  
Onset

PFG7X01

Definitions and questions

Coding rules

Codes

**FOOD PREFERENCES AND APPETITE**

**FOOD SELECTIVITY**

The child extremely limits the range of foods consumed resulting in impairment in functioning and/or a need for nutritional supplementation.

Do not include simple dislike of cabbage etc., which is typical of many children.

NOTE: To be rated, Food Selectively must be extensive and restrictive to the point of generally interfering with preparation of one meal for the family, that is, the parent must fix the child a meal in addition to the regular family meal.

*Many children are fussy about the foods they will eat.*

*Is s/he choosy about the foods s/he will eat?*

*Do you consider him/her a picky eater?*

*Does s/he only eat certain foods?*

*Do you have to fix special meals just for him/her?*

*Do these food preferences interfere with family meals?*

*What will s/he eat?*

*When you go out to eat as a family, do you have to bring food for him/her to eat?*

*Do you find it difficult to travel with him/her because of his/her picky eating?*

*What sort of things won't s/he eat?*

*Why is that?*

*Will s/he eat these things if s/he is pushed?*

*When did s/he start to get choosy like that?*

**IF FOOD SELECTIVITY, CONTINUE.  
OTHERWISE, SKIP TO "GAGGING  
WHEN EATING OR ANTICIPATION OF  
EATING", (PAGE 5).**

**FOOD SELECTIVITY**

0 = Absent

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

3 = Eating with others difficult because of extreme fads.

PFA4I01  
Intensity

PFA4O01  
Onset

Definitions and questions

**FOOD SELECTIVITY DUE TO APPEARANCE**

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

***Is s/he picky about eating because of the way food looks?***

***Does s/he avoid certain foods because of the color?***

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

***Is s/he disgusted or "grossed out" by the appearance of some foods?***

*Is that with most food or just some foods?  
What does s/he say?*

**FOOD SELECTIVITY DUE TO TEXTURE**

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

***Is s/he picky about eating because of the texture of some foods?***

***Does s/he refuse to eat certain foods because it is too hard?***

***Or it is too crunchy?***

***Does s/he avoid certain foods because the texture is too soft?***

*Are his/her food choices limited because s/he doesn't like the texture of certain foods in his/her mouth?  
What does s/he say?*

Coding rules

**FOOD SELECTIVITY DUE TO APPEARANCE**

0 = No

2 = Yes

**FOOD SELECTIVITY DUE TO TEXTURE**

0 = No

2 = Yes

Codes

PFA4102  
Intensity

PFA6115  
Intensity

Definitions and questions

Coding rules

Codes

**FOOD SELECTIVITY DUE TO TASTE**

Child avoids certain foods based on taste. The child may avoid sweet, sour, bitter or salty foods. Do not include simple dislike of vegetables, etc.

***Is s/he picky about eating because of the way food tastes?***

***Does s/he say food tastes "disgusting" or "revolting" to him/her?***

***Does s/he avoid eating certain foods because they taste too sweet or sour?***

*Or bitter or salty?*

*Does s/he prefer "bland" or tasteless food?*

*What happens?*

**FOOD SELECTIVITY DUE TO SMELL**

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

***Is s/he picky about eating because of the way food smells?***

***Is s/he able to tolerate being in the same room with food s/he finds unappealing?***

*What happens?*

**SOCIAL IMPAIRMENT DUE TO FOOD SELECTIVITY**

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

***Does his/her picky eating upset you (or "Parent #2")?***

***Does his/her picky eating affect his/her relationship with family or friends?***

***Does it limit the places you can take him/her?***

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

**FOOD SELECTIVITY DUE TO TASTE**

0 = No

2 = Yes

PFA4103  
Intensity

**FOOD SELECTIVITY DUE TO SMELL**

0 = No

2 = Yes

PFA4104  
Intensity

**SOCIAL IMPAIRMENT DUE TO FOOD SELECTIVITY**

0 = No

2 = Yes

PFA4105  
Intensity

Definitions and questions

Coding rules

Codes

**HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY**

Child may be dependent on enteral feeding or oral nutritional supplements. Child may experience significant weight loss or failure to meet expected weight gain or developmental norms.

***Has his/her picky eating affected his/her health?***

*Have others commented on his/her health?*

***Does s/he have to take nutritional supplements?***

*Like "PediaSure" or "Boost"?*

***Has s/he experienced weight loss or trouble maintaining his/her weight?***

***Has s/he been on a feeding tube?***

**HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY**

0 = No

2 = Yes

PFA4106  
Intensity

For Review Only

Definitions and questions

Coding rules

Codes

**GAGGING WHEN EATING OR ANTICIPATION OF EATING**

Child gags related to food or eating, either in anticipation of or consequence of eating.

Do not rate episodes of gagging when associated with underlying medical illness.

*Does s/he gag when s/he eats?*

*Does s/he gag when you START making food?*

*Does s/he gag when s/he ANTICIPATES having to eat?*

*Are there certain types of food that make him/her gag? What happens?*

*Are there certain types of food that make him/her gag in anticipation of seeing, smelling, or tasting them? What are they?*

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

*When did this start?*

**VOMITING WHEN EATING OR ANTICIPATION OF EATING**

Child experiences episodes of vomiting related to food or eating, either in anticipation of or consequence of eating.

Do not rate episodes of vomiting when associated with underlying medical illness such as the stomach flu.

*Does s/he vomit when s/he eats?*

*Does s/he vomit when you START making food?*

*Does s/he vomit when s/he ANTICIPATES having to eat?*

*Are there certain types of food that make him/her vomit? What happens? What are they?*

*Are there certain types of food that makes your child vomit in anticipation of seeing, smelling, or tasting them?*

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

*When did this start?*

**GAGGING WHEN EATING OR ANTICIPATION OF EATING**

0 = No

2 = Yes

**VOMITING WHEN EATING OR ANTICIPATION OF EATING**

0 = No

2 = Yes

PEZ8I01 Intensity

PEZ8F01 Frequency

PEZ8O01 Onset

PEZ7I01 Intensity

PEZ7F01 Frequency

PEZ7O01 Onset



Definitions and questions

**INDIFFERENCE TO FOOD**

Child is indifferent to food. Child has a "take it or leave it" attitude about food or eating. Distinguish from decreased appetite, which is coded separately. Differentiate from Selective Eating and/or simple dislike of certain foods.

***Does s/he enjoy food?***

***Does s/he have a "take it or leave it" attitude about food or eating?***

***Do you have to "coax" him/her to eat?***

***Does s/he forget to eat?***

*Does s/he not seem to care about food?  
Does it seem that s/he eats with little pleasure?*

*How often does s/he feel this way?*

*When did this first start?*

Coding rules

**INDIFFERENCE TO FOOD**

0 = Absent

2 = Child is indifferent to food.

Codes

PFG5101  
Intensity

PFG5F01  
Frequency

PFG5O01  
Onset

For Review Only

Definitions and questions

**AVERSION TO FOOD**

Child has an aversion to food (e.g., finds it's taste, smell or texture repulsive; child can barely be in the same room with it). Distinguish from decreased appetite, which is coded separately. Differentiate from food fads and simple dislike of certain foods.

**Does s/he find most foods unappealing?**

**Does s/he find food repulsive or disgusting?**

**Or gross?**

Why?

How often does s/he feel this way?

When did this start?

What bothers him/her about food?  
 Is it the taste of food?  
 Or the smell?  
 Or texture?  
 Anything else that I haven't mentioned?

Does his/her "disgust" for food get in the way of his/her relationships with others?  
 How about with family members?

Does it limit the places you can take him/her?

Does it limit what you can do with others?

Has his/her picky eating affected his/her health?  
 Have others commented on his/her health?

Does s/he have to take nutritional supplements?  
 Like PediaSure or Boost?

Has s/he experienced weight loss or trouble maintaining his/her weight?  
 Has s/he been on a feeding tube?

Coding rules

**AVERSION TO FOOD**

- 0 = Absent
- 2 = Child has an aversion to food.

**CAUSE OF AVERSION**

- 1 = Taste
- 2 = Smell
- 3 = Texture
- 4 = Other

**SOCIAL IMPAIRMENT DUE TO AVERSION TO FOOD3**

- 0 = No
- 2 = Yes

**HEALTH IMPAIRMENT DUE TO AVERSION TO FOOD**

- 0 = No
- 2 = Yes

Codes

PFG5102  
Intensity

PFG5F02  
Frequency

PFG5002  
Onset

PFG5X01

PFG5X02

PFG5X03

PFG5X04

PFG5103

PFG5104

Definitions and questions

Coding rules

Codes

**APPETITE CHANGES**

**REDUCED APPETITE**

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

*How has his/her appetite been in the last 3 months?*

*Has his/her appetite been less than usual?*

*Has the amount s/he eats changed at all?*

IF PRESENT,ASK:

*In the last 3 months, has s/he been eating less than usual for at least 1 week?*

*How much less has s/he been eating?*

*Why is s/he eating less?*

*When did his/her appetite start to fall off?*

**WEIGHT LOSS**

Any weight loss in the last 3 months.

*Has s/he lost weight during the last 3 months?*

*How much weight has s/he lost in the last 3 months?*

*When did s/he start losing weight?*

**GROWTH DEFICIENCY: PARENT CONCERNED**

Parental concern that child is not growing as big or as fast as developmental norms.

*In the last 3 months have you worried that s/he is not growing as big or fast as s/he should be?*

*Are you happy with his/her weight?*

*When did you become concerned over his/her growth deficiency?*

**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 = Child can only be induced to eat by marked parental or other persuasion.

**WEIGHT LOSS**

0 = Absent

2 = Present

**WEIGHT LOSS IN KILOGRAMS**

**PARENTAL GROWTH DEFICIENCY CONCERN**

0 = Absent

2 = Present

PFA0101  
Intensity

PFA0001  
Onset

PFA1101  
Intensity

PFA1X01

PFA1O01  
Onset

PFG6I01  
Intensity

PFG6O01  
Onset

Definitions and questions

**GROWTH DEFICIENCY: DOCTOR CONCERNED**

Growth deficiency as noted by a medical doctor.

***Has a doctor said that s/he is not growing as much as s/he should?***

*When did the doctor become concerned over his/her growth deficiency?*

**EXCESSIVE APPETITE**

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

***Has s/he had a bigger appetite than usual in the last 3 months?***

***Has s/he actually eaten more than usual?***

IF PRESENT, ASK:

***In the last 3 months, has s/he been eating more than usual for at least 1 week?***

*How much more is s/he eating?*  
*Why is s/he eating more?*

*When did s/he start eating more?*

Coding rules

**GROWTH DEFICIENCY**

- 0 = Absent
- 2 = Noted by medical provider.

**EXCESSIVE APPETITE**

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

Codes

PFG7X02  
Intensity

PFG7O02  
Onset

PFA2I01  
Intensity

PFA2O01  
Onset

Definitions and questions

**FOOD REFUSAL**

Refusal to eat adequate amounts of food occurring for more than 24 hours and not co-occurring with underlying medical illness (e.g. stomach flu or toothache) or oropharyngeal or nasogastric trauma.

NOTE: Child may take liquids but refuse solid foods. Include tube feedings.

***In the last 3 months, has s/he simply refused to eat at all?***

***Has s/he refused to eat most food offered to him/her?***

*Has s/he refused to eat for MORE than 24 hours?  
Was this related to being sick?  
Did s/he refuse to open his/her mouth?  
Throw food?  
Did this affect his/her growth?*

IF FOOD REFUSAL FOR MORE THAN 24 HOURS, CONTINUE.

*How many days has s/he refused food?*

*When did s/he start to refuse to eat?*

**ORPHARYNGEAL (OP) OR NASOGASTRIC (NG) TRAUMA**

Traumatic event related to the child's mouth or throat or gastrointestinal tract (e.g., choking, insertion of tubes in throat or stomach).

***Has s/he EVER had a traumatic experience related to his/her mouth, throat, or stomach?***

***Like experiencing a bad choking episode?***

***Or having a tube down his/her throat or stomach?***

CODE WORST EVENT.

*When was the first time this happened?*

**IF OP/NG TRAUMA EVER PRESENT, CONTINUE. OTHERWISE, SKIP TO END.**

Coding rules

**FOOD REFUSAL**

0 = Absent

2 = Refused to eat adequate amounts of food for more than 24 hours.

**DAYS**

**ORPHARYNGEAL (OP) OR NASOGASTRIC (NG) TRAUMA: EVER**

0 = Absent

2 = Choking

3 = Insertion of nasogastric or endotracheal tube.

Codes

PFG7101 Intensity

PFG7D01 Duration

PFG7O01 Onset

Ever:PFG8E01 Intensity

Ever:PFG8O01 Onset

Definitions and questions

**FOOD REFUSAL FOLLOWING OP OR NG TRAUMA**

Refusal to eat adequate amounts of food (solids and/or liquids), for more than 24 hours, following a traumatic event related to the child's mouth or throat or gastrointestinal tract (e.g., choking, insertion of tubes in throat or stomach).

***Because of the traumatic event (choking or tube down throat), has s/he refused food in the last 3 months?***

*Did s/he refuse to eat for MORE than 24 hours?*

*Was it with all food?*

*Did s/he refuse to open his/her mouth?*

*In the last 3 months, how many days has s/he refused to eat food?*

*When did this start in the last 3 months?*

Coding rules

**TRAUMATIC FOOD REFUSAL: 3 MONTHS**

0 = Absent

2 = Present for more than 24 hours.

**DAYS**

Codes

PFG9I01  
Intensity

PFG9D02  
Duration

PFG9O02  
Onset

For Review Only

Definitions and questions

Coding rules

Codes

**SLEEP BEHAVIORS**

**SLEEP ARRANGEMENTS**

The sleeping arrangement that the child is supposed to adhere to. Code actual departures from this arrangement (such as a child's refusal to sleep in his/her own bed) in the appropriate places elsewhere. If the sleep arrangements have changed during the primary period, code the highest coding that occurred during the primary period for at least one week.

***Now I want to talk with you about his/her sleep.***

***First, I would like to ask about the sleeping arrangements in your home.***

***Where is s/he supposed to sleep?***

***Does s/he have his/her own bed?***

*Or does s/he share a bed with another child?*

***Does s/he share a room with another child?***

*Whom?*

*Some families have a "family bed" where kids and parents usually sleep together in one bed.*

*How about your family?*

**LOCATION OF SLEEP INITIATION**

Place where child usually (50% or more) goes to sleep for the night. Place where child falls asleep.

***Sometimes children fall asleep in places different than where they sleep during the night.***

***Where does s/he fall asleep most nights?***

*In his/her own bed?*

*Sibling's bed, even though his/her own bed is available?*

*Your bed?*

*Somewhere else?*

**SLEEP ARRANGEMENTS**

1 = Own room: Child sleeps alone in own bedroom.

2 = Shared room: Child sleeps in a room with one or more siblings, but not parent(s), in own bed.

3 = Parental room: Child sleeps in parent room in own bed.

4 = Sibling bed: Shares bed with sibling or other child.

5 = Parental bed: Shares bed with parent(s). Child has no bed.

6 = Family Bed: Child sleeps with parents on regular basis. Child may or may not have own bed.

7 = Other

Specify

\_\_\_\_\_

**LOCATION OF SLEEP INITIATION**

1 = Own bed

2 = Sibling's bed (when own bed available).

3 = Parent's bed

4 = Couch/Sofa

5 = Other

Specify

\_\_\_\_\_

PFJ5X01  
Intensity

PFJ5X02  
Intensity

Definitions and questions

**RELUCTANCE TO INITIATE SLEEP ALONE**

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

*Is s/he reluctant to go to sleep on his/her own?*

*Does s/he need you or another adult close by in order to fall asleep?*

*Does s/he need his/her sibling in the room in order to fall asleep?*

*Does s/he get really upset if you don't stay with him/her while s/he falls asleep?*

*Does s/he get upset most nights?*

*Could s/he go to sleep on his/her own if s/he had to?*

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

*When did this start?*

**SLEEPS WITH FAMILY MEMBER DUE TO A RELUCTANCE TO SLEEP ALONE**

Sleeps part of the night or whole night with a family member because of persistent refusal to sleep (through the night) without being near a major attachment figure.

Exclude sleeping in a "family bed" with parents.

*Does s/he sleep with you for part of the night?*

*Or the whole night?*

*Does s/he sleep with any other family member(s)?*

*Whom does s/he sleep with?*

*How often does s/he sleep with family member(s)?*

*How long does s/he sleep with a family member?*

*When did this start?*

Coding rules

**RELUCTANCE TO GO 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 family member in room with him/her while s/he falls asleep.

**SLEEPS WITH FAMILY MEMBER**

0 = Absent

2 = Present

**HOURS : MINUTES**

Codes

PBF0I01  
Intensity

PBF0F01  
Frequency

PBF0O01  
Onset

PFJ6I01  
Intensity

PFJ6F01  
Frequency

PFJ6D01  
Duration

PFJ6O01  
Onset



Definitions and questions

**BEDTIME RESISTANCE**

Child's regular opposition to stopping daytime activities in order to go to bed for the night.

CONSIDER TRIGGERS TO TANTRUMS.

IF NO CONFLICT BECAUSE PARENT HAS GIVEN UP, CODE AS SUCH.

***Tell me about a typical evening putting him/her to bed.***

***What happens when you tell him/her that it is time for bed?***

***Does s/he put up a big fuss?***

***Or get angry or upset?***

*What happens?*

*How long does his/her fussing last?*

*Does it take as long as 1 hour to get him/her to bed because of the fussing?*

*Have you given up trying to put him/her to bed on time?*

*How often does this happen?*

*When did it start?*

**TIME TO SLEEP INITIATION**

From the time parent says goodnight, after any rituals are completed, the average time it takes the child to fall asleep.

***How long does it take him/her to fall asleep?***

Coding rules

**BEDTIME RESISTANCE**

0 = Absent

1 = Mild resistance easily circumvented by parent.

2 = Resistance that deteriorates into conflict between parent and child. May include tears/tantrums on part of child.

3 = Resistance is so great that it takes more than 1 hour once parent has decided it is really time for bed.

4 = Parent has given up.

**HOURS : MINUTES**

Codes

PFJ8I01  
Intensity

PFJ8F01  
Frequency

PFJ8O01  
Onset

PFL9D01

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. Remember to code medication in Incapacities section.

**Does s/he take anything to help him/her sleep?**

*What does s/he take?*  
*Does it work?*

**NIGHT WAKING**

Child wakes up from sleep during the night after child has been asleep for over ten minutes.

IF CHILD GETS INTO PARENT'S BED, THIS INFORMATION MAY BE RELEVANT TO ITEM "SLEEPS WITH FAMILY MEMBER(S)"

**Does s/he wake up during the night?**

*Why does s/he wake up?*  
*In the last 3 months, how often has this happened?*

*On average, how long would you say s/he is awake per night?*

*When did this start?*

Coding rules

**MEDICATION FOR INSOMNIA**

- 0 = Absent
- 2 = Present

**NIGHT WAKING**

- 0 = Absent
- 2 = Child wakes up during the night.

**HOURS : MINUTES**

Codes

PFB7105 Intensity

PFK5101 Intensity

PFK5F02 Frequency

PFK5D01 Duration

PFK5O01 Onset

Definitions and questions

**RISING TO CHECK ON FAMILY MEMBERS**

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

***Sometimes children wake up in the night and check on "family members".***

***Does s/he get up to check that "family members" are OK?***

*Does s/he wake you up when s/he checks on you?  
Is s/he able to go back to bed and fall asleep on his/her own after getting up to check on you?*

*How often does s/he do that?*

*When did s/he start getting up to check on the family?*

**HYPERSOMNIA - INCREASED NEED FOR SLEEP**

Total hours sleep exceed usual amount by at least one hour, unless subject prevented from sleeping.

***Does s/he feel sleepy during the day?***

*More sleepy than usual?*

***Does s/he drop off to sleep in the day?***

*More than most other kids?  
What was s/he doing at the time that s/he fell asleep?  
Could s/he stop him/herself from feeling this way?  
Always or just sometimes?*

*How often does s/he feel sleepy like that?*

*How long is s/he sleepy like that?*

*When did s/he start feeling more sleepy than usual?*

Coding rules

**RISES 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.

**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**

Codes

PBF1I01  
Intensity

PBF1F01  
Frequency

PBF1O01  
Onset

PFB8I01  
Intensity

PFB8F01  
Frequency

PFB8D01  
Duration

PFB8O01  
Onset

Definitions and questions

**RESTLESS SLEEP**  
Sleep is described as restless.

*How would you describe an average night's sleep for him/her?*

*Does s/he sleep soundly?*

*Or does s/he toss and turn?*

*Is his/her sleep restless?*

*How often does this happen?*

*When did his/her sleep become restless?*

**INADEQUATELY RESTED BY SLEEP**  
Sleep disturbance does not meet criteria for insomnia, but subject describes being inadequately rested by sleep upon waking.

*Does s/he usually get a good night's sleep?*

*Does s/he seem inadequately rested when s/he gets up?*

*Or after sleeping during the day?*  
*How does s/he feel?*

*How often does this happen?*

*When did that start?*

Coding rules

**RESTLESS SLEEP**

0 = Absent  
2 = Present

**INADEQUATELY RESTED BY SLEEP**

0 = Absent  
2 = Present

Codes

PFD3I01  
Intensity

PFD3F01  
Frequency

PFD3O01  
Onset

PFD4I01  
Intensity

PFD4F01  
Frequency

PFD4O01  
Onset

Definitions and questions

**DAYTIME SLEEPINESS**

Child falls asleep during the day at times other than scheduled or expected naps.

***Does s/he seem sleepy during the day?***

*More sleepy than usual?*

***Does s/he fall asleep in the middle of activities?***

*More than most other kids?*

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

*How long is s/he asleep for?*

*When did s/he begin to feel sleepy in this way?*

**TIREDNESS**

A feeling of being tired or weary at least half the time.

***Has s/he been feeling especially tired or weary?***

*How much of the time has s/he felt tired like that?  
Is it as much as half the time?*

*How often does this happen?*

*When did s/he begin to feel tired or weary?*

Coding rules

**DAYTIME SLEEPINESS**

0 = Absent

2 = Present

**HOURS : MINUTES**

**TIREDNESS**

0 = Absent

2 = Feels tired at least half of the time.

3 = Feels tired almost all of the time.

Codes

PFL4I01  
Intensity

PFL4F01  
Frequency

PFL4D01  
Duration

PFL4O01  
Onset

PFD5I01  
Intensity

PFD5F01  
Frequency

PFD5O01  
Onset

Definitions and questions

**FATIGABILITY**

Child becomes tired or "worn out" more easily than usual.

***Has s/he become tired or "worn out" more easily than usual?***

***Does s/he feel exhausted even by things that would have been no problem before?***

*When s/he gets tired like that, does it take a long time to get over it?  
Is that more than usual for him/her?*

*How often does this happen?*

*How long has s/he felt that way?*

**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.

If Nightmares are associated with traumatic events and meet criteria for codings, code them here and in the PTSD section.

***In the last 3 months has s/he had any bad dreams or nightmares that have woken him/her up?***

*What are they about?  
What are they like?*

*How often has s/he had nightmares in the last 3 months?*

*When was the first time s/he had a nightmare?*

Coding rules

**FATIGABILITY**

- 0 = Absent
- 2 = Increased fatigability not meeting criteria for 3.
- 3 = Even minimal physical activity or play rapidly result in child feeling exhausted, and recovery from that exhaustion is slow.

**NIGHTMARES**

- 0 = Absent
- 2 = Bad dreams have woken the child in the last 3 months.

Codes

PFD6I01  
Intensity

PFD6F01  
Frequency

PFD6O01  
Onset

PFB9I01  
Intensity

PFB9F01  
Frequency

PFB9O01  
Onset

Definitions and questions

**SEPARATION DREAMS**

Unpleasant dreams involving theme of separation.

***Has s/he had any bad dreams about you leaving him/her?***

***Has s/he had any bad dreams about getting separated from you?***

***Or being kidnapped?***

*Did they wake him/her from sleep?*

*How often does s/he have these bad dreams?*

*When did s/he start to have bad dreams?*

Coding rules

**SEPARATION DREAMS**

0 = Absent

2 = Separation dreams recalled in a.m.

3 = Separation nightmares wake child.

Codes

PBF3I01  
Intensity

PBF3F01  
Frequency

PBF3O01  
Onset

For Review Only

Definitions and questions

Coding rules

Codes

**SEPARATION ANXIETY**

**FEAR/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 daycare/school.

***How does s/he react when s/he is separated from you or other household members?***

***When s/he is away from you, is s/he afraid that YOU might come to some harm?***

***Is s/he afraid that YOU might leave him/her and not come back?***

***Is s/he afraid or worry that something bad might happen at home when s/he is away at daycare/school?***

*What does s/he think might happen?*

*What do you do about that?*

*What is s/he doing when s/he is afraid?*

*Do these fears or worries affect him/her at home or at daycare/school?*

*Can you reassure him/her?*

*How often does this happen?*

*How long does this feeling last?*

*When was the first time this happened?*

**FEAR ABOUT POSSIBLE HARM**

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.

PBE8101  
Intensity

PBE8F01  
Frequency

**HOURS : MINUTES**

PBE8D01  
Duration

PBE8O01  
Onset



Definitions and questions

**FEAR/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.

*Is s/he afraid that S/HE might come to some harm while s/he is away from the family?*

*Is s/he afraid that S/HE might be kidnapped or taken away from you?*

*Is s/he frightened that s/he may be hurt or taken away from you?*

*What is s/he doing when s/he feels this way?*

*Can you reassure him/her that s/he is safe?*

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

*How long does this feeling last?*

*When was the first time this happened?*

Coding rules

**FEAR ABOUT CALAMITOUS SEPARATION**

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.

**HOURS : MINUTES**

Codes

PBE9I01  
Intensity

PBE9F01  
Frequency

PBE9D01  
Duration

PBE9O01  
Onset

Definitions and questions

**AVOIDANCE OF BEING ALONE**

Persistent avoidance of being alone due to anxiety about being away from attachment figures.

***Does s/he seem to be afraid of being alone?***

***Does s/he try to avoid being alone?***

***Does s/he like to be near you most of the time?***

***Does s/he follow you around the house?***

***Does s/he become upset or protest if you leave the room s/he is in?***

*Does s/he ask you to be in the bathroom with him/her?  
Or to escort him/her to an empty room to retrieve a toy?  
Does s/he deliberately choose not to be in a room because s/he would be alone?  
Does s/he insist that you remain in a room while s/he plays?  
What does she do to avoid being alone?  
Can s/he play alone in one room while you are in another room?  
Can you reassure him/her?  
Always or just sometimes?*

*How often does this happen?*

*When did it start?*

Coding rules

**AVOIDANCE OF BEING ALONE**

0 = Absent

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

3 = Almost always tries to avoid being alone because of nearly always uncontrollable fear or anxiety about being away from attachment figures. Follows "parent" around the house.

Codes

PBF4I01  
Intensity

PBF4F01  
Frequency

PBF4O01  
Onset

Definitions and questions

**ANTICIPATORY DISTRESS/RESISTANCE TO SEPARATION**

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

***Does s/he become frightened or upset when s/he realizes you are going to leave him/her at daycare/school?***

***What is it like when s/he finds out you are going to leave him/her with a babysitter or other care giver?***

***Does s/he plead or beg you not to leave him/her?***

*Does s/he cry uncontrollably?*  
*Does s/he hold on to your clothes or body?*  
***Does s/he have a tantrum, like screaming, hitting, biting or throwing things?***

*Can the teacher soothe or distract him/her?*  
***What about with another family member like grandmother?***

*What happens when s/he goes to a friend's house?*  
*Can you comfort or reassure him/her?*

*How often does this happen?*

*When was the first time this happened?*

Coding rules

**ANTICIPATORY DISTRESS/RESISTANCE TO SEPARATION**

0 = Absent

2 = At least sometimes uncontrollable distress related to potential separation from attachment figures. At least sometimes unresponsive to reassurance.

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

Codes

PBF5I01  
Intensity

PBF5F01  
Frequency

PBF5O01  
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.

***How does s/he act AFTER you leave him/her at daycare, with a babysitter, or other caregiver?***

***Does s/he act sad or withdrawn AFTER you are gone?***

*Can s/he play or become engaged in an activity, such as reading or watching TV?*

***What if s/he is left with friends or relatives?***

*Does anything make him/her feel better?*

*Can s/he stop him/herself from being sad or withdrawn? Always or just sometimes?*

*How often in the last 3 months has she acted like this when you have gone away?*

*How long does it take for him/her to cheer up or begin to play?*

*Does s/he stay withdrawn until you return?*

*When was the first time this happened?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = At least sometimes uncontrollable withdrawal etc., when not with attachment figures.

3 = Nearly always uncontrollable withdrawal etc., in most activities, when not with attachment figures.

**HOURS : MINUTES**

Codes

PBF6I01  
Intensity

PBF6F01  
Frequency

PBF6D01  
Duration

PBF6O01  
Onset

Definitions and questions

**ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT**

Signs or complaints of excessive distress, fear or agitation, when separated from major attachment figure.

***AFTER you have left him/her, does s/he get very upset or frightened because you are not with him/her?***

***Does s/he cry uncontrollably when you are gone?***

*Does s/he scream, hit, kick, or bite?*

*Does s/he throw things or try to break toys?*

***Does s/he talk about where you are when you are not with him/her because s/he is afraid of being away from you?***

***Does s/he go to the window or door and look for you because s/he is afraid of being away from you?***

*Does s/he want to call you on the phone?*

*Can s/he be comforted or reassured?*

*Always or just sometimes?*

*How often does this happen?*

*How long does that last?*

*When was the first time this happened?*

Coding rules

**DISTRESS**

0 = Absent

2 = At least sometimes uncontrollable distress etc., when not with attachment figure.

3 = Nearly always uncontrollable distress etc., in most activities, when not with attachment figure.

**HOURS : MINUTES**

Codes

PBF7I01  
Intensity

PBF7F01  
Frequency

PBF7D01  
Duration

PBF7O01  
Onset

Definitions and questions

**PHYSICAL SYMPTOMS OF SEPARATION**

Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting, when separation from major attachment figures is anticipated or occurs. Exclude for daycare/school attendance, which is coded separately.

REMEMBER TO COMPLETE ANXIOUS AUTONOMIC SYMPTOMS AND SOMATIC SYMPTOMS SECTION IF, FOR EXAMPLE, STOMACH ACHES OCCUR WITH SEPARATION. BE SURE TO CODE IN THE SOMATIC COMPLAINTS SECTION AS WELL.

***Does s/he complain of headaches, stomach aches, sore throat or other aches or pains when s/he ANTICIPATES being separated from you or "Parent #2"?***

***How about when s/he is ACTUALLY separated from you?***

EXCLUDE TIMES WHEN GOING TO DAYCARE/SCHOOL.

*How often does this happen?*

*When did it start?*

**PARENT CHANGED PLANS TO LEAVE CHILD BECAUSE OF CHILD'S DISTRESS AT SEPARATION**

"Parent" changed plans at least once in the last 3 months because of child's distress or fear in anticipation of separation from major attachment figure.

***In the last 3 months, have you changed your plans to leave him/her because s/he was so upset or frightened about being separated from you?***

*Have you cancelled an evening out or taken your child with you because s/he is so upset about you leaving?*  
*Have you changed your work or childcare plans because s/he is so frightened about you leaving him/her?*

*How often has this happened?*

*When was the first time this happened?*

Coding rules

**PHYSICAL SYMPTOMS ON SEPARATION**

- 0 = No
- 2 = Yes

**PARENT CHANGED PLANS TO LEAVE CHILD DUE TO CHILD'S DISTRESS**

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

Codes

PBI0I01  
Intensity

PBI0F01  
Frequency

PBI0O01  
Onset

PBI1I01  
Intensity

PBI1F01  
Frequency

PBI1O01  
Onset

Definitions and questions

Coding rules

Codes

**FEAR/ANXIETY**

**FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE SCREEN: 3 MONTHS**

*In the last 3 months, does s/he get worried or upset on mornings when s/he has to go to daycare/school?*

*Has s/he been scared or anxious about going to daycare or school in the last 3 months?*

*In the last 3 months, does s/he cry, scream, or have a tantrum about going to school/daycare?*

*Have you had to pick him/her up early from daycare/school because she was too afraid or upset to stay?*

IF YES TO ANY QUESTION, CODE YES AND CONTINUE WITH SECTION.

**FEAR ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE: 3 MONTHS**

0 = No

2 = Yes

PBI5101  
Intensity

For Review Only

Definitions and questions

**PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE**

Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting when attendance at school/daycare is anticipated or occurs.

REMEMBER TO COMPLETE ANXIOUS AUTONOMIC SYMPTOMS AND SOMATIC SYMPTOMS SECTION IF, FOR EXAMPLE, STOMACH ACHES OCCUR WITH SEPARATION. BE SURE TO CODE IN THE SOMATIC COMPLAINTS SECTION AS WELL.

***Does s/he complain of headaches, stomach aches, sore throat or other aches or pains when s/he ANTICIPATES going to daycare/school?***

***Does this happen when s/he is on the way or ACTUALLY at daycare/school?***

*How often does this happen?*

*When did it start?*

**IF FEAR/ANXIETY ABOUT DAYCARE/SCHOOL, CONTINUE. OTHERWISE, SKIP TO END.**



Coding rules

**PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE**

0 = No

2 = Yes

Codes

PBI2I01  
Intensity

PBI2F01  
Frequency

PBI2O01  
Onset



Definitions and questions

**FEAR/ANXIETY ABOUT LEAVING HOME**

Fear or subjective anxious affect related to leaving home for daycare/school.

REMEMBER TO GET EXAMPLES OF BEHAVIOR.

*Is s/he frightened or worried about leaving home to go to daycare/school?*

*Is s/he very reluctant or resistant when leaving the house for daycare/school?*

*Does s/he cry uncontrollably, scream or have a tantrum when s/he has to leave for daycare/school?*

*Is s/he afraid or worry that something might happen to you (Parent #2)?*

*What happens?*

*Can you reassure him/her or distract him/her?*

*Always or just sometimes?*

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

*How long does s/he remain upset or worried?*

*When did s/he start acting this way?*

Coding rules

**FEAR/ANXIETY ABOUT LEAVING HOME FOR DAYCARE/SCHOOL**

0 = Absent

2 = Anticipatory worry or anticipatory anxiety present and at times is responsive to reassurance.

3 = Anticipatory worry or anticipatory anxiety occurring, present and almost entirely uncontrollable.

**HOURS : MINUTES**

Codes

PBD8I01  
Intensity

PBD8F01  
Frequency

PBD8D01  
Duration

PBD8O01  
Onset

Definitions and questions

**ANTICIPATORY FEAR OF DAYCARE/SCHOOL**

Anticipatory fear or subjective anxious affect related to daycare/school situation.

***Is s/he frightened or worried about anything at daycare/school?***

***Such as a particular teacher or care giver, certain activities, or the behavior of other children?***

***Does s/he worry about daycare/school when s/he's not there?***

*Can s/he tell you what makes him/her worried or afraid about daycare/school?*

*Can anyone reassure him/her?*

*Can s/he stop him/herself from feeling this way?*

*Can s/he calm him/herself?*

*Always or just sometimes?*

*How often does s/he say she is worried or afraid of going to daycare/preschool?*

*How long do these feeling last?*

*When did this fear begin?*

Coding rules

**ANTICIPATORY FEAR OF DAYCARE/SCHOOL**

0 = Absent

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

3 = With anticipatory anxiety occurring, almost entirely uncontrollably, in most activities.

**HOURS : MINUTES**

Codes

PBD9I01  
Intensity

PBD9F01  
Frequency

PBD9D01  
Duration

PBD9O01  
Onset

Definitions and questions

**STAYS OUT OF DAYCARE/SCHOOL SOME MORNINGS (FEAR/ANXIETY)**

Child stays out of daycare/school because of fear/anxiety/emotional disturbance related to daycare/school attendance. Do not include time missed for usually acceptable reasons, such as sickness.

***In the last 3 months, has s/he ACTUALLY stayed home from daycare/school because s/he was so upset, frightened, or worried about going?***

*Does s/he cry or scream?  
Does s/he kick, hit or bite when s/he is so upset?  
Do you try to make him/her go to daycare/school?  
How do you do that?  
What happens then?  
How often does this happen?*

*How many days of daycare/school has s/he missed because of fear or anxiety?*

NUMBER OF 1/2 DAYS MISSED WHEN ENROLLED IN DAYCARE/SCHOOL.

3 CLASSES = 1/2 DAY

*When was the first time this happened?*

**HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY)**

***Does s/he ride a bus/car pool to daycare/school?***

***Do you HAVE to take him/her to daycare/school sometimes because s/he is too scared or upset to ride the bus/car pool?***

*What happens?  
How often has this happened?*

*When was the first time?*

Coding rules

**DAYCARE/SCHOOL NON-ATTENDANCE (FEAR/ANXIETY)**

- 0 = Absent
- 2 = Without marked parental attempts to get him/her to daycare/school.
- 3 = With marked parental attempts to get him/her to daycare/school.

**HAS TO TAKE CHILD TO DAYCARE/SCHOOL**

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

Codes

PBI6I01  
Intensity

PBI6F01  
Frequency

PBI6O01  
Onset

PBI7I01  
Intensity

PBI7F01  
Frequency


PBI7O01  
Onset

Definitions and questions

Coding rules

Codes

**IF HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY), CONTINUE. OTHERWISE, SKIP TO "PICKED UP EARLY FROM DAYCARE/SCHOOL (FEAR/ANXIETY)", (PAGE 14).**



For Review Only

Definitions and questions

Coding rules

Codes

**HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY) DUE TO SEPARATION ANXIETY**

Child has to be taken to Daycare/School (Fear/Anxiety) due to separation anxiety.

*Do you take him/her to school because of his/her difficulty in separating from you?*

**PICKED UP EARLY FROM DAYCARE/SCHOOL (FEAR/ANXIETY)**

Child picked up from daycare/school before the end of the day because s/he is too afraid or upset to remain at daycare/school.

*In the last 3 months, have you had to pick him/her up from daycare/school before the day was over because s/he was too afraid or upset to be at daycare/school?*

*Has the teacher/caregiver called and asked you to pick him/her up before the daycare/school day was done?*

*Why did the teacher/caregiver think that s/he needed to be picked up?*

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

*When did this start?*

**HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY) DUE TO SEPARATION ANXIETY**

0 = No

2 = Yes

**PICKED UP EARLY FROM DAYCARE/SCHOOL (FEAR/ANXIETY)**

0 = No

2 = Yes

PBI7I02 Intensity

PBI8I01 Intensity

PBI8F01 Frequency

PBI8O01 Onset

Definitions and questions

**ATTEMPTS TO LEAVE DAYCARE/SCHOOL (FEAR/ANXIETY)**

Question in detail to differentiate anxiety over daycare/school attendance from poor supervision or other reasons for leaving such as illness.

***In the last 3 months, has s/he TRIED to leave daycare/school without permission?***

*What happened?  
Why do you think s/he tried to leave?  
Was s/he afraid or worried?*

*How often has this happened?*

*When was the first time this happened?*

**ACTUALLY LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)**

Question in detail to differentiate anxiety over daycare/school attendance from poor supervision or other reasons for leaving such as illness.

***Has s/he ever actually left daycare/school without permission?***

*What happened?  
Where did s/he go?  
Do you know why s/he left?  
Was s/he afraid or worried?*

*How often has this happened?*

*When was the first time this happened?*

Coding rules

**CHILD TRIES UNSUCCESSFULLY TO LEAVE DAYCARE/SCHOOL (FEAR/ANXIETY)**

- 0 = No
- 2 = Yes

**CHILD LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)**

- 0 = Absent
- 2 = Present

Codes

PBI9I01  
Intensity

PBI9F01  
Frequency

PBI9O01  
Onset

PBJ0I01  
Intensity

PBJ0F01  
Frequency

PBJ0O01  
Onset

Definitions and questions

**WORRIES**

A round of painful, unpleasant, or uncomfortable thoughts that cannot be stopped voluntarily and that occurs across more than one activity.

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

**Most children have worries. What does s/he worry about?**

*Does s/he ever have things on his/her mind that bother him/her?*

**Does s/he worry that s/he might be sick?**

**Does s/he worry at all about becoming physically ill?**

**Does s/he worry about you or other family members becoming sick?**

**Does s/he worry about the future?**

**Does s/he worry about bad things happening to your home or town like a fire, hurricane, or earthquake?**

**Does s/he worry about things s/he has done?**

**Does s/he worry about how well s/he does things?**

*Like drawing a picture or playing a game?*

**Does s/he worry about how s/he looks?**

**Does s/he worry about whether your family will have enough food?**

**Or money?**

**Does s/he have other worries?**

*What is it like when s/he worries?*

*What is s/he worrying about?*

*What is s/he doing when s/he is worrying?*

*Does worrying keep him/her awake at night?*

*Does worrying affect his/her concentration?*

*Can s/he stop his/herself from worrying?*

*Always or just sometimes?*

**How often does s/he worry about these things?**

**How long do these feelings last?**

**When was the first time s/he worried like this?**

Coding rules

**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**

Codes

PCA0I01  
Intensity

PCA0F01  
Frequency

PCA0D01  
Duration

PCA0O01  
Onset

Definitions and questions

USE INFORMATION ABOVE TO CODE CONTENT OF WORRIES.

USE INFORMATION ABOVE TO CODE CONTENT OF WORRIES.

USE INFORMATION ABOVE TO CODE CONTENT OF WORRIES.

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USE INFORMATION ABOVE TO CODE CONTENT OF WORRIES.

USE INFORMATION ABOVE TO CODE CONTENT OF WORRIES.

USE INFORMATION ABOVE TO CODE CONTENT OF WORRIES.

**IF WORRIES, CONTINUE. OTHERWISE, SKIP TO END.**

---

Coding rules

**HYPOCHONDRIASIS (WORRY ABOUT BEING PHYSICALLY ILL)**

- 0 = Absent
- 2 = Present

**WORRY THAT FAMILY MEMBER(S) WILL BECOME ILL**

- 0 = Absent
- 2 = Present

**WORRY ABOUT THE FUTURE**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT NATURAL CALAMITY**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT PAST BEHAVIOR**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT COMPETENCE OR PERFORMANCE**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT APPEARANCE**

- 0 = Absent
- 2 = Present

**WORRIES ABOUT MONEY/FOOD**

- 0 = Absent
- 2 = Present

**OTHER WORRIES**

- 0 = Absent
- 2 = Present

Codes

PCA0109

PCA0110

PCA0102

PCA0111

PCA0103

PCA0104

PCA0106

PCA0107

PCA0108



Definitions and questions

**EXCESSIVE NEED FOR REASSURANCE**

The child seeks reassurance from others about worries, but the worries continue in spite of such reassurance. Include Daycare/School-Related Worries/Anxiety, Separation Anxiety, and Worries.

***Does s/he talk to people about his/her worries or fears?***

*How often?*  
***Do they ever get fed up with hearing about his/her worries?***

*What happens then?*  
*Can s/he stop him/herself from talking about his/her worries?*

Coding rules

**EXCESSIVE NEED FOR REASSURANCE**

0 = Absent

2 = Seeks reassurance 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 child by that person.

Codes

PCA2101  
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."

Do not include in this rating material coded under Separation Anxiety and School Non-Attendance (Worry/Anxiety) even if it conforms to the definition of Nervous Tension.

*Is s/he sometimes tense, nervous, or on edge?*

*Does s/he get tense or nervous in anticipation of an event?*

*Does s/he get nervous or tense about things that s/he really should not worry about?*

*What does s/he feel "nervous" about?*

*When does that happen?*

*How bad is it?*

*What is s/he doing when s/he feels this way?*

*Do you know why?*

*Can you get him/her to calm down?*

*If s/he concentrates on something or is doing something s/he likes, does the nervousness go away?*

*Always or just sometimes?*

*How often does s/he feel this way?*

*How long does the feeling last?*

*When did it start?*

**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**

PCA3I01  
Intensity

PCA3F01  
Frequency

PCA3D01  
Duration

PCA3O01  
Onset

Definitions and questions

Coding rules

Codes

**SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)**

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

*This overall item is not coded here but it is subclassified into Free Floating and Situation Specific Anxious Affects at the end of the section.*

*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.*

For Review Only

Definitions and questions

**SOCIAL ANXIETY**

Subjective Anxious Affect specific to social interactions. 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.

**Does s/he become nervous or frightened when s/he has to talk people?**

**Does s/he get upset when meeting new people?**

**Does s/he act frightened when s/he meets new children?**

**Does s/he become extremely shy in social situations?**

**Is s/he able to go to birthday parties and interact with the other people?**

*How about other places like the park or playground?  
Does s/he think s/he might do something stupid or embarrassing?  
Does s/he think that people might make fun of him/her?  
Does s/he try to hide behind you or behind furniture?  
Does s/he refuse to speak?  
Does s/he cry or scream?  
Does s/he try to leave the room?  
What is s/he doing at the time when s/he feels like this?  
Can you help him/her become more comfortable in the situation?  
Can you reassure him/her?  
Always or just sometimes?*

*How often does s/he feel this way?*

*How long do these feelings last?*

*When was the first time you noticed this?*

*Does s/he get upset when s/he has to meet new people?  
Or start to cry?  
Or refuse to speak?*

*Does s/he avoid going to parties or places like the park where s/he might have to talk to people?  
Have you changed your plans or routines so that s/he can avoid these situations?*

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 parent helped him/her to avoid it, but parent reports that anxious affect would have occurred if the child 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.

**AVOIDANCE**

- 0 = Absent
- 1 = With accompaniment and reassurance, child is able to remain in feared situation.
- 2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.
- 3 = Child lives a highly restricted life because of feared situations.

Codes

PCA6I01  
Intensity

PCA6F01  
Frequency

PCA6D01  
Duration

PCA6O01  
Onset

PCA7I01

PCA8I01

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 going to the bathroom at daycare/school or other public places, eating in public, speaking up at circle time or participating in "sharing" at daycare/school.

***Does s/he get nervous or frightened when s/he has to do things in front of other people?***

***What about when s/he is called on during circle time or for show and tell?***

***Does it embarrass him/her to eat when other people are around?***

*What happens?*

*Is s/he frightened because s/he thinks that others may think s/he is stupid?*

*Is s/he afraid that people might laugh at him/her?*

*Or make fun of him/her?*

*Is s/he frightened that s/he might offend others?*

*Is s/he scared that s/he will make a mistake?*

*How does it affect him/her?*

*What was s/he doing at the time?*

*Can s/he stop from feeling that way?*

*Can you reassure him/her?*

*Always or just sometimes?*

*How often has s/he done that in the last 3 months?*

*How long does that last?*

*When was the first time this happened?*

***Does s/he get upset, cry, or refuse to speak when s/he is in this situation?***

*If you comfort him/her, can s/he stay in the situation?*

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

Coding rules

**FEAR OF ACTIVITIES IN PUBLIC**

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

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

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

Codes

PCA9I01  
Intensity

PCA9F01  
Frequency

PCA9D01  
Duration

PCA9O01  
Onset

PCB0I01

PCB1I01

Definitions and questions

**AGORAPHOBIA**

Subjective anxious affect specific to open spaces or crowds. Typical places and situations relevant to agoraphobia include being outside the home alone, being in a crowd, standing in line, traveling on public transport or by automobile.

Distinguish from acrophobia (fear of heights) when fear of being on bridges, etc. is described.

Distinguish from separation-related anxieties and worries, where the central fears or worries concern separation from attachment figures. When there is doubt as to the correct coding in such a case, code both the appropriate separation-related symptoms and agoraphobia and complete the coding indicating possible overlap with separation-related symptoms.

*Is s/he afraid in open spaces?*

*How about going out in crowded places?*

*Or standing in line?*

*Is s/he afraid of using public transportation?*

*Or riding in automobiles?*

*Is s/he afraid of being in an enclosed place like a store or movie theater?*

*Has it affected what s/he does?*

*What effect has it had?*

*Can s/he stop him/herself 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?*

*If you comfort him/her, can s/he stay in the situation?*

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

**IF AGORAPHOBIA PRESENT, CONTINUE. OTHERWISE, SKIP TO "ANIMAL FEARS", (PAGE 7).**

Coding rules

**AGORAPHOBIA**

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 parent reports that the anxious affect would have occurred if the child had been in such a situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

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

Codes

PCB2I01  
Intensity

PCB2F01  
Frequency

PCB2D01  
Duration

PCB2O01  
Onset

PCB3I01

Definitions and questions

**SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS**

Anxiety and/or worry may be associated with separation from attachment figures.

***Does this fear have anything to do with being separated from you?***

***Or from other people s/he is attached to?***

Coding rules

**SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS**

0 = Absent

2 = Present

Codes

PCB3102  
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.

Distinguish from Fear of Monsters, remembering the "monsters" can include animals that really exist under certain circumstances.

***Do any animals frighten him/her?***

- Which ones?*
- What happens?*
- Does she cry?*
- Or have a tantrum?*
- Or cling to you?*
- What does s/he do about it?*
- How afraid is s/he?*
- Can s/he stop him/herself 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?*

*If you comfort him/her, can s/he stay in the situation?*

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

*Like going to someone's house because they have an animal?*

Coding rules

**FEAR OF ANIMALS**

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

**HOURS : MINUTES**

**AVOIDANCE**

- 0 = Absent
- 1 = With accompaniment and reassurance, child is able to remain in feared situation.
- 2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.
- 3 = Child lives a highly restricted life because of feared situations.

Codes

PCB4I01  
Intensity

PCB4F01  
Frequency

PCB4D01  
Duration

PCB4O01  
Onset

PCB5I01



Definitions and questions

**FEAR OF THE DARK**

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

Differentiate fear of the dark from fear of separating from "parent" or being alone in the room at bedtime.

*Is s/he afraid of being in the dark?*

*Does s/he become upset when s/he has to go into a dark room or outside at night?*

*Can s/he go into a dark room by him/herself?  
Does s/he cry, scream or become agitated when s/he anticipates being in the dark or has to go into a dark room?  
What is she doing that requires him/her to go into the dark?  
Can s/he stop him/herself from being afraid?  
Can you reassure him/her?  
If you go with your child can s/he go into the dark?  
Have you changed plans or routine to accommodate your child's fear of the dark?*

*How often has s/he been afraid of the dark?*

*How long does s/he stay afraid for?*

*When was the first time this happened?*

*If you comfort him/her, can s/he stay in the situation?  
Do you change plans or routines so that s/he can avoid these situations?*

Coding rules

**FEAR OF THE DARK**

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

**HOURS : MINUTES**

**AVOIDANCE FEAR OF THE DARK**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in the feared situation. For example, the child can go into a dark room or fall asleep in a dark room when accompanied by parent.

2 = Child's "parent" has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situation.

Codes

PCG0101  
Intensity

PCG0F01  
Frequency

PCG0D01  
Duration

PCG0O01  
Onset

PCG0102

Definitions and questions

**FEAR OF CLOWNS OR COSTUMED CHARACTERS**

Subjective anxious affect specific to clowns or other costumed characters. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared object or situation.

***Is s/he afraid of clowns?***

***How about other costumed characters?***

***Is s/he afraid of going to Chuck E. Cheese's because of the costumed characters?***

*What is s/he afraid will happen if s/he encounters a clown or other costumed character?*

*How does this fear affect her routines or the routines of your family?*

*Can s/he stop him/herself from being afraid?*

*Can you reassure him/her?*

*Always or just sometimes?*

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

*How long does s/he stay afraid?*

*When was the first time this happened?*

*If you comfort him/her, can s/he stay in the situation?*

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

Coding rules

**FEAR OF CLOWNS OR COSTUMED CHARACTERS**

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

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

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

Codes

PCG1101  
Intensity

PCG1F01  
Frequency

PCG1D01  
Duration

PCG1O01  
Onset

PCG1102

Definitions and questions

**FEAR OF STORMS, THUNDER AND/OR LIGHTNING**

Subjective anxious affect specific to storms, thunder and/or lightning. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the storm or situation.

***Is s/he very afraid of thunder and lightning?***

*What happens when there is a storm?  
 Is s/he afraid only if there is a storm?  
 Is s/he afraid when just thinking about a storm?  
 Can s/he stop him/herself from being afraid?  
 Can you reassure him/her?  
 Always or just sometimes?*

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

*How long does s/he stay afraid?*

*When did this start?*

Coding rules

**FEAR OF STORMS, THUNDER, AND/OR LIGHTNING**

0 = Absent

2 = Fear is present and uncontrollable at least some of the time and occurs in the presence of storms, thunder, and/or lightning.

3 = Fear is nearly always uncontrollable and occurs even in the absence of a storm.

4 = No storm occurred during the primary period, but the child would have been afraid if one had occurred.

**HOURS : MINUTES**

Codes

PCE9I01  
Intensity

PCE9F01  
Frequency

PCE9D01  
Duration

PCE9O01  
Onset

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.

***Does s/he feel "nervous" or "frightened" about getting hurt or injured?***

***Does s/he become very afraid or upset when s/he gets a small cut or bruise?***

***Is s/he afraid to do things because s/he might get hurt?***

*Does it affect what he does?  
In what way?  
What is s/he doing that s/he is afraid of getting hurt?  
Can s/he stop him/herself from being afraid?  
Always or just sometimes?*

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

*How long does s/he stay afraid for?*

*When was the first time you noticed this?*

*If you comfort him/her, can s/he stay in the situation?  
Do you change plans or routines so that s/he can avoid these situations?*

Coding rules

**FEAR OF INJURY**

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

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

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

Codes

PCB6101  
Intensity

PCB6F01  
Frequency

PCB6D01  
Duration

PCB6O01  
Onset

PCB7101

Definitions and questions

**FEAR OF DOCTOR OR DENTIST**

Subjective Anxious Affect related to going to or anticipating going to the doctor or the dentist. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared object or situation.

Distinguish from Fear of Blood/Injection.

Include fear that arises on the day of or during a visit to the doctor or dentist, but only code as positive if the fear is uncontrollable at least some of the time.

***Does s/he become very frightened or upset when s/he goes to the doctor or the dentist?***

***How about when s/he just THINKS about going to the doctor or the dentist?***

*What happens?*

*What do you think frightens him/her?*

*Can s/he stop himself/herself from being afraid?*

*Always or just sometimes?*

*How often has s/he been afraid in the last 3 months?*

*How long does s/he remain afraid?*

*When did this start?*

*If you comfort him/her, can s/he stay in the situation?*

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

*For example, cancel or skip doctor appointments because s/he is afraid to go?*

Coding rules

**FEAR OF DOCTOR OR DENTIST**

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

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to go to doctor or dentist and be examined.

2 = Child's "parent" has regularly changed plans or routines so as to allow child to avoid feared situation, including avoiding taking child to doctor or dentist.

Codes

PCG2101  
Intensity

PCG2F01  
Frequency

PCG2D01  
Duration

PCG2O01  
Onset

PCG2102

Definitions and questions

**FEAR OF BLOOD OR 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.

Distinguish from Fear of Doctor/Dentist

***Does s/he feel frightened about the sight of blood?***

***Is s/he afraid of getting a shot or injection?***

***Is s/he afraid of seeing anyone getting an injection?***

*How does it affect him/her?*

*Do doctors or nurses have to hold him/her down?*

*Does s/he scream or cry when s/he finds out s/he is going to get a shot?*

*Does the thought of getting a shot frighten him/her?*

*Can s/he stop himself/herself from being afraid?*

*Always or just sometimes?*

*How often, in the last 3 months, has s/he been afraid of blood/injections?*

*How long does s/he stay afraid for?*

*When was the first time you noticed this?*

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

*For example, do you cancel or skip doctor appointments because s/he is afraid of getting a shot?*

*If you comfort him/her, can s/he stay in the situation?*

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

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = Child can be reassured about the sight of blood or cooperate about receiving a shot if accompanied/reassured.

2 = "Parent" has developed routines that allow child to avoid feared situation including postponing shots or immunizations.

Codes

PCE0101  
Intensity

PCE0F01  
Frequency

PCE0D01  
Duration

PCE0001  
Onset

PCE1101

Definitions and questions

**OTHER ANXIETY OR FEAR PROVOKING SITUATIONS**

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 s/he's afraid of?**

**Loud sounds?**

**Heights?**

**Elevators or Escalators?**

**Germs?**

**Dirt?**

**Illness?**

**Swimming?**

**Bathing?**

**Burglars/Robbers/Kidnappers?**

**Puppets?**

**Ghost?**

**Water?**

**Getting a Haircut?**

**Vacuum Cleaners?**

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

*What is s/he doing when s/he is afraid?  
Can s/he stop him/herself from being afraid?  
Always or just sometimes?*

*How often has s/he been afraid in the last 3 months?*

*How long does s/he stay afraid for?*

*When did this fear start?*

*Do you change plans or routines so that s/he can avoid these situations?  
If you comfort him/her, can s/he stay in the situation?*

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

**HOURS : MINUTES**

**AVOIDANCE**

- 0 = Absent
- 1 = With accompaniment and reassurance, child is able to remain in feared situation.
- 2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.
- 3 = Child lives a highly restricted life because of feared situations.

Codes

PCB8I01  
Intensity

PCB8F01  
Frequency

PCB8D01  
Duration

PCB8O01  
Onset

PCB9I01

Definitions and questions

**FREE FLOATING ANXIOUS AFFECT**

Anxiety not associated with any particular situation.

***Does s/he feel frightened without knowing why?***

*What is s/he doing when s/he is frightened like this?  
Can s/he stop him/herself from being afraid?  
Always or just sometimes?*

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

*How long does each episode of anxiety last?*

*When was the first time this happened?*

**IF SCHOOL/SEPARATION ANXIETY,  
SITUATIONAL ANXIOUS AFFECT,  
FREE-FLOATING, NERVOUS TENSION,  
CONTINUE. OTHERWISE, SKIP TO  
END.**



Coding rules

**FREE FLOATING ANXIOUS AFFECT**

0 = Absent

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

PCC1I01  
Intensity

PCC1F01  
Frequency

PCC1D01  
Duration

PCC1O01  
Onset



Definitions and questions

**STARTLE RESPONSE**

Exaggerated startle response to minor stimuli. Do not include startling in response to situations that would make most people jump.

Startle response may also appear in PTSD section. If so, code in both places.

***Does s/he startle more easily than most people?***

*What sort of things makes him/her jump?  
Are these the kinds of things that would make most people jump?*

*How often has s/he been jumpy like that in the last 3 months?*

*When did this start?*

**CONCENTRATION DIFFICULTIES**

Difficulty in concentrating or mind "going blank" when feeling anxious.

***When s/he feels "anxious" or scared, is it hard for him/her to concentrate?***

***Does his/her mind seem to go blank?***

*What happens?  
Can s/he focus on a game?  
Does s/he seem to jump aimlessly from one activity to another because his/her anxiety makes it difficult for him/her to concentrate?*

*How often has s/he had this kind of difficulty concentrating in the last 3 months?*

*When did this start?*

Coding rules

**STARTLE RESPONSE**

0 = Absent

2 = Startles to an exaggerated degree on slight provocation.

**CONCENTRATION DIFFICULTIES**

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

Codes

PCC2I01  
Intensity

PCC2F01  
Frequency

PCC2O01  
Onset

PCC3I01  
Intensity

PCC3F01  
Frequency

PCC3O01  
Onset

Definitions and questions

**EASY FATIGABILITY**

Child becomes easily fatigued when anxious.

***When s/he is worried or anxious, does s/he get tired easily?***

*What happens?  
Can s/he continue to play or interact even though s/he is tired out by being anxious?  
Does s/he need more sleep, either during the day as naps or at night?*

*How often has s/he 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 his/her muscles tense up when s/he is "worried," "anxious," or "frightened"?***

*How often has s/he felt like that in the last 3 months?*

*When did this start?*

Coding rules

**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

PCC4I01  
Intensity

PCC4F01  
Frequency

PCC4O01  
Onset

PCD0I14  
Intensity

PCD0F14  
Frequency

PCD0O14  
Onset

Definitions and questions

**RESTLESSNESS WHEN WORRIED, ANXIOUS, OR FRIGHTENED**

Increased unnecessary whole body movements (e.g. getting up and moving around) when anxious or worried.

*Does s/he get restless when s/he is "worried," "anxious," or "frightened?"*

*Does s/he have to keep getting up or moving around when s/he is "worried," "anxious," or "frightened"?*

*Does s/he become more "wild" when s/he is scared or anxious?  
Keyed up or on edge?*

*How often has s/he felt like that in the last 3 months?*

*When did that start?*

**SLEEP DISTURBANCE WHEN WORRIED/ANXIOUS**

Child has difficulty falling asleep, staying asleep, restless or unsatisfying sleep when anxious or worried.

*When s/he is worried or anxious, does s/he have trouble falling asleep?*

*Does s/he have trouble staying asleep when s/he is anxious or worried?*

*Would you describe his/her sleep as restless?*

*Does s/he feel s/he needs more sleep when s/he is worried or anxious?*

*How often has s/he had difficulty sleeping 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

Codes

PCD0121  
Intensity

PCD0F21  
Frequency

PCD0021  
Onset

PCD0126  
Intensity

PCD0F26  
Frequency

PCD0026  
Onset

Definitions and questions

**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.

*Is s/he irritable when s/he is worried or anxious?*

*Is s/he easily angered when s/he is worried or anxious?*

*How often has s/he been irritable like that in the last 3 months?*

*When did this start?*

Coding rules

**IRRITABLE WHEN WORRIED/ANXIOUS**

0 = No

2 = Yes

Codes

PCD0127  
Intensity

PCD0F27  
Frequency

PCD0027  
Onset

For Review Only

Definitions and questions

**ANXIOUS AUTONOMIC SYMPTOMS**  
 Autonomic symptoms accompanied by subjective anxious affect (occurs when child is frightened, worried or nervous).  
 CODE AS PRESENT AND CONTINUE.  
*When s/he is "anxious" or frightened, does it affect him/her physically at all?*  
*Does s/he get jumpy?*  
 Keyed up?  
 Agitated?  
 On edge?  
*Does s/he get dizzy or giddy or faint?*  
*Does it affect his/her breathing?*  
*Does s/he act as if s/he is choking?*  
*Does s/he get butterflies in his/her stomach?*  
*Does s/he get stomach pains?*  
*Does s/he get sensations of shortness of breath?*  
*Or feel as if s/he is smothering?*  
*Does it affect his/her heart?*  
*Does s/he complain of his/her heart beating hard or fast?*  
*Can you feel his/her heart beating fast?*  
*Does s/he complain of a pain in his/her chest?*  
*Does s/he get sweaty?*  
*Does s/he complain of feeling sick to his/her stomach?*

Coding rules

**AUTONOMIC SYMPTOMS**

0 = Absent  
 2 = Present

**JUMPINESS**

0 = Absent  
 2 = Present

**DIZZINESS/FAINTNESS**

0 = Absent  
 2 = Present

**FEELINGS OF CHOKING**

0 = Absent  
 2 = Present

**BUTTERFLIES OR PAIN IN THE STOMACH**

0 = Absent  
 2 = Present

**SENSATIONS OF SHORTNESS OF BREATH OR SMOTHERING**

0 = Absent  
 2 = Present

**PALPITATIONS, POUNDING HEART, OR ACCELERATED HEART RATE**

0 = Absent  
 2 = Present

**CHEST PAIN OR DISCOMFORT**

0 = Absent  
 2 = Present

**SWEATING**

0 = Absent  
 2 = Present

**NAUSEA**

0 = Absent  
 2 = Present

**TREMBLING OR SHAKING**

0 = Absent

Codes

PCD0190  
 Intensity

PCD0120

PCE5101

PCE5123

PCE5111

PCE5122

PCE5106

PCE5107

PCE5108

PCE5109

PCE5113

Definitions and questions

***Does s/he get shaky or twitch?***

***Does s/he get hot flushes?***

***Does s/he complain of funny feelings in his/her fingers or toes?***

***Does his/her stomach churn?***

Coding rules

2 = Present

**HOT FLUSHES OR CHILLS**

0 = Absent

2 = Present

**PARAESTHESIAE (NUMBNESS OR TINGLING SENSATIONS)**

0 = Absent

2 = Present

**ABDOMINAL CHURNING**

0 = Absent

2 = Present

Codes

PCE5114

PCE5116

PCE5118

For Review Only

Definitions and questions

**DEPRESSED AFFECT**

**DEPRESSED MOOD**

Feelings of low mood. Includes feeling unhappy, miserable, blue, low spirited, being down in the dumps or dejected.

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.

**Now I am going to talk about some of your child's feelings.**

**Has s/he been feeling "down" at all?**

**Has s/he been feeling down in the dumps, unhappy, or depressed?**

*Does s/he cry because of this feeling?  
What made him/her feel "miserable"?  
If I had seen him/her then would I have been able to tell?  
Can you do anything to cheer him/her up?  
Can s/he do anything to cheer him/herself up?  
How often is s/he "down" like that at home?  
How often is s/he "down" like that at daycare/school?  
How often is s/he "down" like that elsewhere?  
Note: If child is depressed all day every day, code frequency as 90 times for each setting of home, school, and elsewhere.*

*When s/he feels "miserable", how long does it last?*

*When did s/he start to feel down like that?*

*Was there a week when s/he felt "miserable" most days?  
Were there 2 consecutive weeks when s/he was "miserable" on at least 8 days?*

*Has there been a period of at least 2 consecutive months in the last year when s/he did not feel "down" like that?*

Coding rules

**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 CONTINUOUS MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR**

0 = Yes

2 = No

Codes

PDA0101  
Intensity

PDA0F01  
Home  
Frequency

PDA0F02  
School  
Frequency

PDA0F03  
Elsewhere  
Frequency

PDA0D01  
Duration

PDA0001  
Onset

PDA0102

PDA0103

Definitions and questions

**LOOKS UNHAPPY**

Parent's evaluation that the child characteristically looks unhappy to an extent abnormal for the child's age or developmental stage.

***Does s/he often look unhappy?***

***Does his/her face seem sad?***

*What about when nice things happen?  
Does she look more cheerful then?  
What is s/he doing at the time when she looks unhappy?*

*How often does s/he look unhappy at home?*

*How often does s/he look unhappy at daycare/school?*

*How often does s/he look unhappy elsewhere?*

*When s/he looks unhappy, how long does it last?*

*When did s/he first start to look unhappy?*

**IF "DEPRESSED MOOD" OR "LOOKS UNHAPPY" PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 4).**



Coding rules

**LOOKS UNHAPPY**

- 0 = Absent
- 2 = Child looks unhappy in at least 2 activities but looks more cheerful at times.
- 3 = Child hardly ever looks normally cheerful.

**HOME**

**SCHOOL**

**ELSEWHERE**

**HOURS : MINUTES**

Codes

PDG0I01  
Intensity

PDG0F01  
Home  
Frequency

PDG0F02  
School  
Frequency

PDG0F03  
Elsewhere  
Frequency

PDG0D01  
Duration

PDG0O01  
Onset



Definitions and questions

**AGITATION**

Markedly changed motor activity associated with depressed mood. In moderate degree it is shown by fidgeting various parts of the body and an inability to stay still. In severe degree, it is expressed by pacing up and down and wandering about and an inability to sit down for very long. In all degrees, it must appear to be accompanied by unpleasant affect.

DO NOT INCLUDE SIMPLE RESTLESSNESS OR FIDGETINESS IN THE ABSENCE OF MOOD CHANGE.

***Does s/he get very restless when s/he's "miserable?"***

***Does s/he have difficulty keeping still when depressed?***

***Does s/he wander about without seeming to have a purpose when s/he is depressed?***

*Can you calm him/her down?  
 What was s/he doing at the time?  
 Could s/he stop him/herself from feeling this way?  
 Can s/he always stop feeling this way?  
 Or just sometimes?*

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

*How long does it last?*

*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 child can inhibit his/her agitation with effort.

3 = Agitation almost entirely uncontrollable.

**HOURS : MINUTES**

Codes

PDA5I01  
Intensity

PDA5F01  
Frequency

PDA5D01  
Duration

PDA5O01  
Onset

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).

**Does s/he ever feel so "miserable" that s/he wants to cry?**

**Does s/he cry even when it seems that nothing has happened to warrant crying?**

Does s/he actually cry?  
 What was s/he doing at the time?  
 Can s/he stop him/herself?  
 Always?  
 Or just sometimes?  
 How often does this happen at home?  
 How often does this happen at daycare/school?  
 How often does this happen elsewhere?

How long does it last?

When did s/he 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.

**HOME**

**SCHOOL**

**ELSEWHERE**

**HOURS : MINUTES**

Codes

PDA4I01  
Intensity

PDA4F01  
Home  
Frequency

PDA4F02  
School  
Frequency

PDA4F03  
Elsewhere  
Frequency

PDA4D01  
Duration

PDA4O01  
Onset

Definitions and questions

Coding rules

Codes

**EASILY FRUSTRATED**

The child is generally more prone to feelings of frustration, under minor provocation than most children.

This pattern need not represent a change in behavior.

**Does s/he become frustrated very easily?**

*What sorts of things frustrate him/her?*

**Does s/he get frustrated more easily than most children his/her age, do you think?**

*What happens?*

*How often does that sort of thing happen?*

*How long does s/he stay frustrated?*

*When was the first time you noticed this?*

**EASILY FRUSTRATED**

0 = Absent

2 = Present

PDF7I01  
Intensity

PDF7F01  
Frequency

PDF7D01  
Duration

PDF7O01  
Onset

HOURS : MINUTES

**ANGER AND IRRITABILITY**

***The three items making up this section may lead to confusion unless careful attention is paid to the definitions. In essence, anger and irritability are being assessed at two levels: that of proneness to feelings of anger (as in Touchy or Easily Annoyed), and that of angry behavior (as in Angry or Resentful). For these first two items, a change does not have to have been noted, so that a child who had always been like this would be coded positively here. Irritability requires the presence of both increased proneness to feelings of anger and angry behavior. It also requires that a change must have been observed, but does not stipulate that the mood or behavior need occur more than in most children. Thus all three of these items may be rated as being present in the same person.***

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.

***Do things get on his/her nerves easily?***

*What sorts of things?*  
***Does s/he get annoyed more easily than most children, do you think?***

*What does s/he do?*

*How often does this happen at home?*

*How often does this happen at daycare/school?*

*How often does this happen elsewhere?*

*How long do these feelings last?*

*When was the first time you noticed this?*

*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

PDA6I01  
 Intensity

PDA6F01  
 Home  
 Frequency

PDA6F02  
 School  
 Frequency

PDA6F03  
 Elsewhere  
 Frequency

PDA6D01  
 Duration

PDA6O01  
 Onset

PDA6X01

PDA6X02

PDA6X03

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.

**Does s/he get angry very often?**

*What happens?*  
**Does s/he get "sulky" or "pout"?**  
*What does s/he do?*

*How often does this happen at home?*  
*How often does this happen at daycare/school?*  
*How often does this happen elsewhere?*

*How long do these feelings last?*

*When was the first time you noticed this?*

*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

PDA7I01  
 Intensity

PDA7F01  
 Home  
 Frequency

PDA7F02  
 School  
 Frequency

PDA7F03  
 Elsewhere  
 Frequency

PDA7D01  
 Duration

PDA7O01  
 Onset

PDA7X01

PDA7X02

PDA7X03

Definitions and questions

**IRRITABILITY**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance. (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.

N.B. INFORMATION OBTAINED HERE MAY ALSO BE RELEVANT TO LOSING TEMPER AND TEMPER TANTRUMS.

**Has s/he been more irritable than usual in the last 3 months?**

**Or made angry more easily?**

**Has s/he had more tantrums than usual in the last 3 months?**

*Can you tell me about it?  
 What has s/he been "touchy" about?  
 Is that more than usual?  
 Has s/he been snappy with people in the family?  
 Has s/he gotten into arguments or fights lately?  
 Has s/he hit or broken anything when s/he was angry?  
 What was s/he doing at the time of this irritable mood?  
 Could s/he stop him/herself from feeling this way?  
 Always or just sometimes?  
 How often does that happen at home?  
 How often does that happen at daycare/school?  
 How often does that happen elsewhere?*

*How long does it last when s/he feels like that?*

*When did s/he start to get "irritable" like that?*

**Was there a week when s/he felt "irritable" most days?**

**Were there 2 consecutive weeks when s/he was "irritable" on at least 8 days?**

*Has there been a period of at least 2 consecutive months in the last year when s/he 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 by child.

3 = Irritable mood present in most activities, accompanied by snappiness, shouting, quarrelsomeness, and nearly always uncontrollable by child.

**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

PDA8I01  
Intensity

PDA8F01  
Home  
Frequency

PDA8F02  
School  
Frequency

PDA8F03  
Elsewhere  
Frequency

PDA8D01  
Duration

PDA8O01  
Onset

PDA8I02

PDA8I03

Definitions and questions

Coding rules

Codes

**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. But 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 is s/he bored, do you think?***

***Does s/he get bored more than other people?***

*What activities are boring to him/her?  
Can s/he do anything to stop from being bored?  
Is there something that s/he would like to be doing?*

*How long has s/he been feeling so bored?*

**BOREDOM**

- 0 = Absent
- 2 = More than half the time.
- 3 = Almost all the time.

PDB0101  
Intensity

PDB0001  
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 daycare/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.

***Have things been interesting him/her as much as usual?***

***Like his/her toys or friends?***

***Have you noticed that s/he isn't interested in doing things that s/he used to care a lot about?***

***Has s/he lost interest in anything?***

*What kinds of things has s/he lost interest in?  
Can you get him/her interested in anything?  
Can anybody?*

*When did s/he 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 child is completely or almost completely uninterested in everything or nearly everything.

Codes

PDB1101  
Intensity

PDB1001  
Onset



Definitions and questions

**LACK OF PROTEST**

Near absence of child's resistance and/or reaction in situations when protest or reaction would be expected.

Change may predate the primary period, but must have continued into the primary period.

***Have you noticed that s/he protests or resists less than other children his/her age?***

***Or less than s/he used to?***

***Is s/he overly compliant about things?***

*Like when you are putting him/her to bed?  
Or combing his/her hair?  
Is this a change for him/her?*

*When was the first time you noticed this?*

Coding rules

**LACK OF PROTEST**

0 = Absent

2 = Present

Codes

PDF9I01  
Intensity

PDF9O01  
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, Loss of Initiative, Lack of Protest, inability to engage in activities, 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. Comparison should be made with enjoyment when the child is normal. This may not be accessible in episodes of very long duration.

**DISTINGUISH FROM BOREDOM AND LOSS OF INTEREST OR LACK OF OPPORTUNITIES FOR PARTICIPATION.**

***Can s/he have fun or enjoy him/herself?***

***Are there things s/he used to enjoy but doesn't anymore?***

*Like playing with certain toys?  
Or doing certain things with you?  
Does s/he seem to have lost enthusiasm for things that s/he used to enjoy?*

*When did s/he 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

PDB2101  
Intensity

PDB2001  
Onset

Definitions and questions

**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 (NEXT PAGE), AND FATIGABILITY (SLEEP SECTION), ALTHOUGH YOU MAY DOUBLE CODE IF CRITERIA FOR MORE THAN ONE ARE MET.

***Does s/he have as much energy as s/he used to have?***

***Has s/he been as energetic as usual?***

***Has s/he been complaining of a lack of energy?***

*Has s/he lost any of his/her usual energy?*

*Does s/he have enough energy to do things?*

*Has s/he been taking naps more often than usual or going to sleep earlier than s/he used to?*

*Does s/he choose not to do things because s/he hasn't got enough energy?*

*Like swinging on a swing?*

*Or starting a drawing?*

*When did s/he start feeling less energetic?*

Coding rules

**ANERGIA**

0 = Absent

2 = A generalized listlessness and lack of energy.

3 = A report of being almost completely without energy.

Codes

PDB3I01  
Intensity

PDB3O01  
Onset

Definitions and questions

**MOTOR SLOWING**

The child is slowed down in movement AND speech compared with his/her usual condition.

***Has s/he been moving more slowly than s/he used to?***

***Does s/he do things more slowly than s/he used to?***

***Or talk more slowly?***

*Are there long pauses in his/her speech?  
 Or is s/he speaking so softly that you can't hear him/her?  
 What is s/he doing at the time that s/he is moving slowly?  
 Can s/he do anything to speed him/herself up?  
 Does it help him/her speed up?  
 Does it always help?  
 Or just sometimes?*

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

*How long does it last?*

*When did s/he start to feel slowed down?*

**INDECISIVENESS**

Unpleasant difficulty in reaching decisions, even about simple matters. This is a general rating of child's ability to make decisions.

***Is s/he good at making decisions?***

***Does s/he have trouble making up his/her mind?***

***Has s/he had any trouble making decisions?***

*What happens when s/he has to make up his/her mind?  
 What things does s/he have difficulty deciding?  
 Does s/he have trouble deciding on things at home?  
 How about daycare/school?  
 Is it really difficult for her to make up his/her mind at the store?*

*When was the first time you noticed this?*

Coding rules

**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**

**INDECISIVENESS**

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities.

3 = Almost always uncontrollable and occurring in relation to almost all decisions.

Codes

PDB4I01  
Intensity

PDB4F01  
Frequency

PDB4D01  
Duration

PDB4O01  
Onset

PDB6I01  
Intensity

PDB6O01  
Onset

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.

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.

NOTE RELEVANT INFORMATION FROM PEER RELATIONSHIPS.

**Do you think s/he feels lonely?**

**Sometimes children feel that they have no one who would help them. Does s/he feel like that?**

**Does s/he feel lonely even though s/he has some friends?**

*Does s/he feel left out by adults?  
Does s/he get left out of other children's activities?  
How does s/he feel about that?  
What is s/he doing when s/he feels lonely?  
Can s/he stop him/herself from feeling lonely?  
Always or just sometimes?*

*When did s/he start to feel lonely like that?*

**LONELINESS**

0 = Absent

2 = The child definitely feels intrusively and uncontrollably lonely, in at least 2 activities.

3 = S/he feels lonely almost all the time.

PDB9I01  
Intensity

PDB9O01  
Onset

Definitions and questions

**FEELS UNLOVED**

A generalized feeling of being unloved and uncared for, regardless of the justification for that feeling.

DIFFERENTIATE FROM LONELINESS.

RELEVANT INFORMATION TO CODE THIS ITEM MAY HAVE EMERGED IN THE FAMILY LIFE AND RELATIONSHIPS SECTION.

**Sometimes children feel that no one loves them, even when they do. Does s/he feel like that at all?**

*What does s/he say?*  
**Does s/he feel like s/he is loved less than other people?**

*Is s/he completely convinced that no one loves him/her?*

*When did s/he 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 think s/he feels about him/herself?**

**Does s/he like him/herself?**

**If s/he had to choose, would s/he say s/he was good-looking, average, or ugly?**

*Does s/he say that s/he is ugly?*  
**As a person does s/he feel as good as other people?**

**Does s/he say that s/he is "stupid"?**

*Or a "bad" person?*  
*Does s/he think everyone is better than s/he is?*  
*What things does s/he do that s/he is proud of?*  
*How much of the time does s/he feel like that?*

*When did s/he start to feel like this?*

Coding rules

**FEELS UNLOVED**

0 = Absent

2 = The child feels that there are others who love him/her but that s/he is loved or cared for less than other people.

3 = The child feels that almost no one loves him/her, or hardly ever believes that anyone does.

**SELF-DEPRECIATION**

0 = Absent

2 = The child 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 child feels almost entirely worthless and without saving graces, in nearly all activities, or inferior to everyone. Self-hatred is also rated here.

Codes

PDC0101  
Intensity

PDC0001  
Onset

PDC1101  
Intensity

PDC1001  
Onset

Definitions and questions

**PATHOLOGICAL GUILT**

Excessive self-blame for minor or non-existent wrongdoings. Child realizes that guilt is exaggerated (otherwise, code as Delusions of Guilt).

***Does s/he feel bad or guilty about anything that s/he's done?***

*What?*

***Does s/he say that s/he is a "bad" person?***

***Does s/he blame him/herself for things that aren't his/her fault?***

*Does s/he think s/he deserves to be punished, even when s/he has done nothing wrong?*

*Does s/he ever feel guilty about things that s/he knows aren't really his/her fault?*

*Does s/he feel that a lot of things that go wrong are his/her fault?*

*When did s/he start to feel that s/he was "to blame?"*

**IF PATHOLOGICAL GUILT IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "HOPELESSNESS", (PAGE 18).**

Coding rules

**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

PDC3101  
Intensity

PDC3001  
Onset

Definitions and questions

Coding rules

Codes

**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.

***Does s/he believe that s/he has committed a crime?***

***Does s/he believe that s/he has sinned greatly?***

*Does s/he think that s/he deserves to be punished?  
Does s/he think that s/he might hurt or ruin other people?  
Can you persuade him/her that these things aren't his/her fault?*

*When was the first time this happened?*

**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.

***Does s/he seem hopeless about the future?***

***Does s/he think things will get better or worse for him/her when s/he's grown up?***

*Does s/he think anyone can help him/her?  
Does s/he believe things will be better?  
How often does s/he feel like that?  
Can you do anything about it?*

*When did s/he start to feel this way?*

**DELUSIONS OF GUILT**

0 = Absent

2 = The child 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 child has an unmodifiable delusional conviction that s/he has sinned greatly, etc.

**HOPELESSNESS**

0 = Absent

2 = The child feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the future.

3 = The child expresses almost no hope for the future at all.

PDC4I01  
Intensity

PDC4O01  
Onset

PDC7I01  
Intensity

PDC7O01  
Onset



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**

**The section is organized in 2 sub areas:**

**(1) Suicidal ideation and behavior.**

**(2) Non suicidal deliberate self-harm.**

**DEATH THEMES IN PLAY: 3 MONTHS**

Persistent preoccupation with themes of death in play (e.g., drawing pictures, imaginary play).

Distinguish from "Suicidal Themes in Play".

**In the last 3 months, has s/he drawn pictures about death or dying?**

**Has s/he played games or told stories about death or dying?**

*Or about people who have died?*

**Has s/he played games about killing him/herself?**

*Or about people who have killed themselves?*

*In the last 3 months, how often has s/he done this?*

*When was the first time this ever happened?*

**DEATH THEMES IN PLAY: LAST 3 MONTHS**

0 = Absent

2 = Present

PDG1I01  
Intensity

PDG1F01  
Frequency

PDG1O01  
Onset

Definitions and questions

Coding rules

Codes

**SUICIDE THEMES IN PLAY: 3 MONTHS**

Persistent preoccupation with themes of suicide (e.g., subject or others attempting to or succeeding in killing self) in play (e.g., drawing pictures, imaginary play).

***In the last 3 months, has s/he played games in which s/he or another character in the game kills him/herself?***

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

*When was the first time s/he has done this?*

**SUICIDE AND SELF-INJURIOUS BEHAVIOR: EVER**

***Has s/he EVER talked about death or dying?***

***Has s/he EVER said s/he wanted to die?***

***Has s/he EVER said life was not worth living?***

***Has s/he EVER done anything that made people think s/he wanted to die?***

**SUICIDE ATTEMPT: EVER**

***Has s/he EVER tried to hurt or kill him/herself?***

**IF EVER SUICIDE SCREEN PRESENT, CONTINUE. OTHERWISE, SKIP TO "THINKING ABOUT DEATH", (PAGE 22).**



**SUICIDE THEMES IN PLAY**

0 = Absent

2 = Present

**SUICIDE SCREEN: EVER**

0 = Absent

2 = Present

**SUICIDE SCREEN POSITIVE**

0 = Absent

2 = Present

PDG2I01  
Intensity

PDG2F01  
Frequency

PDG2O01  
Onset

Ever:PDC8E01  
Intensity

Ever:PDC8E02  
Intensity

Definitions and questions

**SUICIDE AND SELF-INJURIOUS BEHAVIOR: 3 MONTHS**

*Has s/he talked about death or dying in the last 3 months?*

*In the last 3 months, has s/he said s/he wanted to die?*

*In the last 3 months, has s/he said life was not worth living?*

*In the last 3 months, has s/he tried to hurt or kill him/herself?*

*In the last 3 months, has s/he done anything that made people think s/he wanted to die?*

**IF 3 MONTH DEATH THEMES IN PLAY, SUICIDE THEMES IN PLAY, SUICIDE PRESENT, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL ATTEMPT(S): EVER", (PAGE 25).**

Coding rules

**SUICIDE AND SELF-INJURIOUS BEHAVIOR: 3 MONTHS**

0 = Absent

2 = Present

Codes

PDC8102  
Intensity

For Review Only

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).

***Does s/he seem to think about death or dying?***

***Does s/he think a lot about other people who have died?***

*Like grandparents or other relatives?*

*Does s/he sometimes wish that s/he were dead?*

*Does s/he want to die?*

*What does s/he think about?*

*What is she doing when s/he is thinking about death or dying?*

*Can s/he stop him/herself from thinking about death or dying?*

*Can you stop him/her from thinking about it?*

*Always or just sometimes?*

*How often does s/he think about death or dying?*

*When did s/he first start thinking about death or dying?*

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

PDC9I01  
Intensity

PDC9F01  
Frequency

PDC9O01  
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, has s/he thought about killing him/herself?***

***Does s/he think about ending it all?***

*What does s/he say about it?  
Do you think s/he actually is going to do this?  
What is s/he doing when s/he is thinking about it?  
Can s/he stop him/herself from thinking about ending it all?  
Can you stop him/her from thinking about it?  
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 ATTEMPT(S): EVER", (PAGE 25).**



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

PDD0I01  
Intensity

PDD0F01  
Frequency

PDD0O01  
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.

***Has s/he thought about actually killing him/herself?***

***Has s/he had a plan?***

***Has s/he done anything to prepare for killing him/herself?***

*Like storing up pills to take?*

*Has s/he said s/he was going to run into traffic?*

*Do you think s/he might do any of these things?*

*How did you find out?*

*How many times has this happened?*

*When was the first time s/he came up with a plan?*

**IF EVER SUICIDE ATTEMPT PRESENT, CONTINUE. OTHERWISE, SKIP TO END.**



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

PDD1101  
Intensity

PDD1F01  
Frequency

PDD1O01  
Onset

Definitions and questions

**SUICIDAL ATTEMPT(S): 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. If parent unsure about intention to die, code if the parent can describe a clear self-harmful event.

**Has s/he ever actually tried to kill him/herself?**

- Did s/he really want to die?*
- What happened?*
- Where did s/he do it?*
- Were there any people around at the time?*
- Who found him/her?*
- Did s/he go to the hospital?*

*When did s/he first try to kill him/herself?*

*When did s/he last try to kill him/herself?*

*How many times has s/he EVER tried?*

**IF SUICIDAL ATTEMPTS: EVER, CONTINUE. OTHERWISE, SKIP TO END.**



Coding rules

**SUICIDAL BEHAVIOR: EVER**

- 0 = Absent
- 2 = Present

**DATE OF FIRST ATTEMPT**

**DATE OF LAST ATTEMPT**

Codes

Ever:PDD2E01  
Intensity

Ever:PDD2O01

Ever:PDD2O02

Ever:PDD2V01  
Frequency

For Review Only

Definitions and questions

**SUICIDAL INTENT: EVER**

Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here.

***Which time was s/he most serious about killing him/herself?***

***Do you think s/he really wanted to die?***

*What did s/he do?*

**SUICIDAL ATTEMPT(S): 3 MONTHS**

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. If parent unsure about intention to die, code if the parent can describe a clear self-harmful event.

***Has s/he tried to kill him/herself in the last 3 months?***

*What happened?*  
*Did s/he go to the hospital?*  
*Does s/he still wish s/he were dead?*  
*Would s/he do it again if s/he had the chance?*

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

**IF SUICIDE ATTEMPT(S) IN LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO END.**

---

Coding rules

**SUICIDAL INTENT: EVER**

1 = Child reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.

2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

**SUICIDAL BEHAVIOR: 3 MONTHS**

0 = Absent

2 = Present

Codes

Ever:PDD5E01  
Intensity

PDD2I01  
Intensity

PDD2F01  
Frequency



Definitions and questions

**SUICIDAL INTENT: 3 MONTHS**

Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here.

***Was s/he serious about killing him/herself when s/he tried in the last 3 months?***

***Do you think s/he really wanted to die?***

*What did s/he do?*

Coding rules

**SUICIDAL INTENT: 3 MONTHS**

1 = Child reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.

2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

Codes

PDD5101  
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
<p style="text-align: center;"><b>CONDUCT PROBLEMS</b></p> <p style="text-align: center;"><b>OPPOSITIONAL BEHAVIOR</b></p> <p><b>Organization of the section</b>                      The section includes into 4 major sub areas:                      (1) Oppositional Behavior                      (2) Deception                      (3) Conduct Problems Involving Violence Against People or Animals                      (4) Conduct Problems Involving Violence Against Property</p> <p><b>Situation</b>                      For most items in this section it is necessary to note the frequency of occurrence of the behaviors of interest. Three possible situations are coded:                      Home                      Daycare/School                      Elsewhere</p> <p>The overall intensity can be coded as present as long as the behavior is manifested either in two different situations (e.g. home and daycare/school) or in two different ways in the same situation.</p> <p>If a behavior is present in only one situation, then that behavior (e.g., disobedience) must manifest itself in at least 2 different ways; for example, if a child is disobedient at home only when told to pick up his/her toys but obeys in every other situation at home, then it does not count. However, if at daycare/school s/he refuses (after being so asked) to stop talking in class and will not stop running around the room, then this does count. Further, if a child's only form of disobedience is talking during circle time, this does not count; however, if s/he talks in circle time and story time, it does count.</p> <p>If the behavior is present in two or more locations then one manifestation of the behavior in each of two environments is sufficient for coding the overall intensity. If you had to go back in time for either the Home or Daycare/School section, those time periods are used in questioning about and rating the items in the Conduct Section.</p> <p>For purposes of the PAPA interview, behaviors that occur with a nanny, sitter, or daycare provider in the child's home without a parent present will be considered as occurring in the daycare/school situation.</p> <p>We will also assess with whom the child's behaviors occur. Does the behavior, such as disobedience, occur only with parent #1, or does it occur with parent #1, the caregiver/teacher, and the babysitter? Or does it occur with all adults?</p> <p><b>Admonition</b></p> <p>For symptoms which mention in the coding rule a stipulation about being admonished when caught; if the child has never been caught (e.g. for cheating, or disobedience) so that s/he cannot be admonished, the symptom is still regarded as being present, provided that it meets the other criteria.</p> <p>Do not include accidental acts of destruction, such as breaking a window while playing ball.</p>		

Definitions and questions

**RULE BREAKING**

Violation of standing rules at home daycare/school or elsewhere.

**How well does s/he follow your family's rules?**

**Has s/he broken rules at home in the last 3 months?**

*What sort of rules does s/he break?*

**Has s/he broken the rules at daycare/school?**

**Do teachers/caregivers describe him/her as a troublemaker?**

*How do you hear about it?*

**'Does s/he break rules anywhere else like grandma's house or the grocery store?**

*How often has s/he broken rules at home?*  
*How often has s/he broken rules at daycare/school?*  
*How often has s/he broken rules elsewhere?*

*Does s/he stop when you ask him/her to stop?*  
*Always or just sometimes?*

*When did s/he start to break rules at home, daycare/school and/or elsewhere?*

Coding rules

**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**

Codes

PGA0I01  
Intensity

PGA0F03  
Home  
Frequency

PGA0F04  
School  
Frequency

PGA0F05  
Elsewhere  
Frequency

PGA0001  
Onset

Definitions and questions

**DISOBEDIENCE**

Failure to carry out specific instructions when directly given.

NOTE: Failure to carry out instructions occurs after being told instructions three (3) or more times.

***What happens when s/he is told to do things by you and s/he doesn't want to do them?***

***Is s/he disobedient to you (or parent #2)?***

***Is s/he disobedient with daycare/school teachers?***

***Is s/he disobedient in other places such as grandma's house or the store?***

*Can you give me some examples?  
 How many times must you tell him/her to do something before s/he will do it?  
 Does s/he ignore you when you give him/her instructions?  
 Like continuing to play if you ask him/her to pick up his/her toys?  
 At other places, does s/he still pick things up when you ask him/her to put them down?  
 What about running in the store when you ask him/her to stop?  
 How often was s/he disobedient at home?  
 How often was s/he disobedient at daycare/school?  
 How often was s/he disobedient at other places like grandma's house or the store?*

*When was the first time s/he was disobedient?*

Coding rules

**DISOBEDIENCE**

- 0 = Absent
- 2 = Disobedience occurs in at least 2 activities.
- 3 = Disobedience occurs in most activities.

Codes

PGA1I01  
Intensity

**HOME**

PGA1F01  
Home  
Frequency

**SCHOOL**

PGA1F02  
School  
Frequency

**ELSEWHERE**

PGA1F03  
Elsewhere  
Frequency

PGA1O01  
Onset

Definitions and questions

**DEFIANCE**  
 Disrupting or challenging instructions or requests.

***Is s/he defiant to you when asked to do something?***

*Is s/he defiant to "Parent #2"?*  
***Does s/he challenge your authority when you give him/her instructions?***

***Does s/he say "no" when you ask him/her to do something?***

*Does s/he do the opposite of what you ask?*  
*Such as throwing toys when you ask him/her to clean them up?*  
***Is s/he defiant with daycare/school teachers?***

***What about at other places such as the supermarket or the mall?***

*How often was s/he defiant at home in the last 3 months?*  
*How often was s/he defiant at daycare/school in the last 3 months?*  
*How often was s/he defiant at other places, like his/her grandparent's house or the grocery store?*

*When was the first time s/he was defiant?*

Coding rules

**DEFIANCE**

- 0 = Absent
- 2 = Defiance occurs in at least 2 activities.
- 3 = Defiance occurs in most activities.

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

PGM4I01  
 Intensity

PGM4F01  
 Home  
 Frequency

PGM4F02  
 School  
 Frequency

PGM4F03  
 Elsewhere  
 Frequency

PGM4O01  
 Onset

Definitions and questions

**ARGUMENTS WITH ADULTS**

An argument is a negative verbal dispute in which there is strong disagreement or difference of opinion. An argument involves an interaction, or attempted interaction, between two people. An argument begins with a verbal exchange. The PAPA definition of argument implies anger and some form of verbal aggression (raised voices, name calling, taunting) or physical aggression directed towards the person the child is arguing with.

There are elements in common between temper tantrums and arguments. Temper tantrums may be triggered or preceded by an argument but once a tantrum starts, it almost has a "life of its own" that does not involve interaction or exchange with another person. It is a "display of temper". Physical aggression can be a common element to temper tantrums and arguments. Certainly, arguments and temper tantrums can both be coded.

Note: In order to distinguish from normative assertions of autonomy, persistence and intransigence need to be determined.

***Does s/he argue with adults?***

***Does s/he disagree with you in a negative way?***

*Does s/he disagree with you in an angry way?*

*Does s/he disagree with you in a defiant way?*

*Does s/he shout?*

*Name call?*

*Does s/he hit during the argument?*

*How often does s/he argue at home?*

*Or daycare/school?*

*Or elsewhere?*

*When did this start?*

Coding rules

**ARGUMENTS WITH ADULTS**

0 = Absent

2 = Present but without physical violence by child.

3 = Present and one or more arguments with physical violence by child.

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

PGL5101  
Intensity

PGL5F01  
Home  
Frequency

PGL5F02  
School  
Frequency

PGL5F03  
Elsewhere  
Frequency

PGL5001  
Onset

Definitions and questions

**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 has s/he got?**

*Would you say his temper is hot, medium, or mild?*

**What happens when s/he loses his/her temper?**

*Does s/he yell or shout?*  
*Does s/he call people name?*

*How often does s/he lose his/her temper at home?*

*How often does s/he lose his/her temper at daycare/school?*

*How often does s/he lose his/her temper at other places like grandma's house or the store?*

*When did s/he first start to lose his/her temper?*

*Does s/he lose his/her temper with sibling(s)?*

*Does s/he lose his/her temper with other kids?*  
*Like kids at school?*  
*Or kids in the neighborhood?*

*Does s/he lose his/her temper with you (Parent #2)?*  
*Or his/her teachers?*  
*Or other 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

PGE0101  
Intensity

PGE0F02  
Home  
Frequency

PGE0F03  
School  
Frequency

PGE0F04  
Elsewhere  
Frequency

PGE0001  
Onset

PGE0X01

PGE0X02

PGE0X03

Definitions and questions

**NON-DESTRUCTIVE TEMPER TANTRUMS**

Discrete episodes of excessive temper, frustration or upset, manifested by shouting, crying or stamping or non-destructive violence directed against property.

The behavior occurs with at least one individual who is NOT a sibling.

**Has s/he had any temper tantrums in the last 3 months?**

**What has his/her temper been like in the past 3 months?**

**What happens when something upsets him/her or s/he doesn't get what s/he wants?**

*Does s/he cry or shout or call you names?  
Does s/he stamp his/her feet?  
Does s/he kick things?  
Does s/he throw things, such as his/her toys?  
Does s/he spit when having a tantrum?  
Does s/he drop to the floor, and then kick his/her feet up in the air?  
How often has this happened at home in the last 3 months?  
How often has this happened at daycare/school in the last 3 months?  
How often has this happened elsewhere, grandma's house or the store?*

IF PRESENT, ASK:

*Does s/he actually break toys or other property or is s/he violent against self or others?*

CODE EPISODES OF BREAKING TOYS OR PROPERTY DAMAGE AS DESTRUCTIVE TEMPER TANTRUMS.

*How long does that tantrum last?  
That is, how long does it take him/her to return to his/her usual self?*

*When was the first time s/he had a temper tantrum?*

*Does s/he have temper tantrums with his/her sibling(s)?*

*Does s/he have temper tantrums with other kids?  
Like kids at school?  
Or kids in the neighborhood?*

*Does s/he have temper tantrums with you (Parent #2)?  
Or with other 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. stamping, kicking, throwing toys, hitting walls, spitting, holding breath, 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

PGE1I01  
Intensity

PGE1F04  
Home  
Frequency

PGE1F05  
School  
Frequency

PGE1F06  
Elsewhere  
Frequency

PGE1D02  
Duration

PGE1O02  
Onset

PGE1X01

PGE1X02

PGE1X03



Definitions and questions

**DESTRUCTIVE TEMPER TANTRUMS**

Discrete episodes of excessive temper, frustration or upset manifested by shouting, crying or stamping with destructive violence (e.g. breaking toys) or violence against oneself, other people, or property (e.g. hitting, biting, kicking, head banging).

The behavior occurs with at least one individual who is NOT a sibling.

**Has s/he had any destructive temper tantrums in the last 3 months?**

**Has s/he had any temper tantrums in which s/he "broke things" or hit others in the last 3 months?**

*What does s/he do?  
Does s/he break things?  
Does s/he hit others?  
Or hit him/herself?  
Does s/he kick others?  
Does s/he bite?  
Or bang his/her head?  
In the past 3 months, how often does s/he have a destructive temper at home?  
How often does s/he have a destructive temper at daycare/school?  
How often does this happen elsewhere, like grandma's house or the store?*

*How long does the destructive tantrum last, that is, how long does it take him/her to return to his/her usual self?*

*How old was your child when s/he first began losing his/her temper?*

*Does this happen with sibling(s)?*

*Does this happen with other kids?  
Like kids at school?  
Or kids in the neighborhood?*

*Does this happen with you (Parent #2)?  
Or other adults?*

Coding rules

**DESTRUCTIVE TEMPER TANTRUMS**

0 = Absent

3 = With destructive violence (e.g. breaking toys) or violence against 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

PGE1I90  
Intensity

PGE1F07  
Home  
Frequency

PGE1F08  
School  
Frequency

PGE1F09  
Elsewhere  
Frequency

PGE1D03  
Duration

PGE1O03  
Onset

PGE1X04

PGE1X05

PGE1X06

Definitions and questions

**ANNOYING BEHAVIOR**

Indulgence in active behaviors that annoy or anger peers, siblings, or adults. 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.

**Does s/he find that other people get annoyed by things s/he does?**

**Does s/he bother people a lot?**

*What does s/he do to annoy people?*  
**Does s/he do things deliberately to annoy other people?**

**Does s/he find that people get annoyed because of things s/he does for fun?**

*What happens?*  
*Will s/he stop when asked to stop?*  
*Always or just sometimes?*  
*How often does something like that happen at home?*  
*How often does that happen at daycare/school?*  
*How often does that happen elsewhere, like grandma's house or the store?*

*When did it start?*

**Does s/he annoy his/her sibling(s)?**

**Does s/he annoy other kids?**  
*Like kids at school?*  
*Or other kids in the neighborhood?*

**Does s/he annoy you (Parent #2)?**  
*Or other adults?*

Coding rules

**ANNOYING BEHAVIOR**

0 = Absent

2 = Annoying behavior occurs in at least 2 activities and child is at least sometimes unresponsive to admonition.

3 = Annoying behavior 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**

**OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

**OCCURS WITH PEERS**

0 = No

2 = Yes

**OCCURS WITH ADULTS**

0 = No

2 = Yes

Codes

PGA2I01  
Intensity

PGA2F01  
Home  
Frequency

PGA2F02  
School  
Frequency

PGA2F03  
Elsewhere  
Frequency

PGA2O01  
Onset

PGA2X02

PGA2X03

PGA2X04

Definitions and questions

**SPITEFUL OR VINDICTIVE**

Spiteful: The child engages in deliberate actions aimed at causing distress to another child or adult.

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, biting or attempting to get the other person into trouble.

Do not include behaviors coded under Assault, Cruelty, Bullying, or Lying.

**Does s/he do things to upset other people on purpose?**

**Like knocking over another child's tower or ripping up another child's drawing?**

**Does s/he try to hurt others on purpose?**

**Such as pinching another child because s/he feels angry or disappointed?**

**Does s/he try to get other people into trouble on purpose?**

What does s/he do?  
 Whom has s/he tried to upset or hurt on purpose?  
 Why does s/he do it?  
 In the last 3 months, how often does this happen at home?  
 How often does this happen at daycare/school?  
 How often does this happen elsewhere, like grandma's house or the store?

When was the first time you noticed this?

Is s/he spiteful or vindictive to his/her sibling(s)?

Is s/he spiteful or vindictive to other kids?  
 Like other kids at school?  
 Or kids in the neighborhood?

Is s/he spiteful or vindictive to you (Parent #2)?  
 How about to his/her teachers?  
 How about to other adults?

Coding rules

**SPITEFUL OR VINDICTIVE**

0 = Absent  
 2 = Present

**HOME**

**SCHOOL**

**ELSEWHERE**

**DIRECTED AGAINST SIBLING(S)**

0 = No  
 2 = Yes

**DIRECTED AGAINST PEERS**

0 = No  
 2 = Yes

**DIRECTED AGAINST ADULTS**

0 = No  
 2 = Yes

Codes

PGA3I01  
 Intensity

PGA3F01  
 Home  
 Frequency

PGA3F02  
 School  
 Frequency

PGA3F03  
 Elsewhere  
 Frequency

PGA3O01  
 Onset

PGA3X01

PGA3X02

PGA3X03

Definitions and questions

**STEALING: EVER**

Taking something belonging to another without permission and with the intention of depriving the owner of its use on more than one occasion.

Do not include items intended eventually for general distribution that will include the child (such as general food from the refrigerator or school erasers).

NB: Monetary value of the item not significant.

**Has s/he EVER stolen anything?**

*Has s/he EVER stolen something from a family member?  
Has s/he EVER taken something like a toy or candy from a store without paying?  
Has s/he EVER stolen anything from daycare/school?  
Did s/he try to hide the thing(s) that s/he stole?  
What did s/he steal?*

*How many times has s/he EVER stolen anything?*

*When was the first time s/he stole anything?*

**IF STEALING: EVER, CONTINUE.  
OTHERWISE, SKIP TO "LYING", (PAGE 13).**



Coding rules

**STEALING: EVER**

- 0 = Absent
- 2 = Present
- 3 = Present, with concealment.

Codes

Ever:PGL8E01  
Intensity

Ever:PGL8V01  
Frequency

Ever:PGL8O01  
Onset

For Review Only

Definitions and questions

**STEALING: 3 MONTHS**

Taking something belonging to another without permission and with the intention of depriving the owner of its use on more than one occasion.

Do not include items intended eventually for general distribution that will include the child (such as general food from the refrigerator or school erasers).

NB: Monetary value of the item not significant.

***Has s/he stolen anything in the last 3 months?***

*Did s/he try to hide the thing(s) that s/he stole?*

*How often has s/he stolen from home in the last 3 months?*

*How often has s/he stolen from daycare/school in the last 3 months?*

*In the last 3 months, how often has s/he stolen from anywhere else?*

Coding rules

**STEALING: 3 MONTHS**

0 = Absent

2 = Present

3 = Present, with concealment.

Codes

PGL8I04  
Intensity

**HOME**

PGL8F01  
Home  
Frequency

**SCHOOL**

PGL8F02  
School  
Frequency

**ELSEWHERE**

PGL8F03  
Elsewhere  
Frequency

Definitions and questions

Coding rules

Codes

**DECEPTION**

**LYING**

Distortion of the truth with intent to deceive others.

Do not include imaginary friends.

NOTE: IF BLAMING OTHERS, CODE IN BLAMING.

***Has s/he told any lies in the last 3 months?***

*Does s/he lie to get out of trouble?*

***Does s/he lie to get something that s/he wants?***

*What about?*

***Does s/he ever tell lies to get out of things s/he doesn't want to do?***

***When something goes wrong that's his/her fault, does s/he lie it?***

*Is it usually obvious to you that s/he is lying or is it hard to tell?*

*How often does s/he tell lies at home?*

*How often does s/he tell lies at daycare/school?*

*How often does s/he tell lies anyplace else, like at grandma's house or the store?*

*When did s/he start telling lies?*

**LYING**

0 = Absent

2 = Lies told for gain or to escape punishment, in at least 2 activities that do not result in others getting into trouble.

**HOME**

**SCHOOL**

**ELSEWHERE**

PGC3I01  
Intensity

PGC3F01  
Home  
Frequency

PGC3F02  
School  
Frequency

PGC3F03  
Elsewhere  
Frequency

PGC3O01  
Onset

Definitions and questions

**BLAMING**  
 Falsely attributing misdemeanors to another so as to avoid reproach or punishment.

***Does s/he lie if s/he thinks s/he can get out of trouble by blaming someone else?***

***Does s/he blame others for things s/he has done wrong?***

*Do his/her lies get others into trouble?  
 What does s/he do?  
 What is the result?  
 How often does s/he do this at home?  
 How often does s/he do this at daycare/school?  
 How about anywhere else?*

*When did s/he start blaming others?*

*Does s/he blame his/her sibling(s)?*

*Does s/he blame other kids?  
 Like kids at school?  
 Or other kids in the neighborhood?*

*Does s/he blame you (Parent #2)?  
 Or his/her teachers?  
 Or other adults?*

Coding rules

**BLAMING**

0 = Absent

2 = Lies in at least 2 activities, that result in others being blamed for child'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

Codes

PGJ3I01  
 Intensity

PGJ3F01  
 Home  
 Frequency

PGJ3F02  
 School  
 Frequency

PGJ3F03  
 Elsewhere  
 Frequency

PGJ3O01  
 Onset

PGJ3X02

PGJ3X03

PGJ3X04

Definitions and questions

**CONDUCT PROBLEMS INVOLVING VIOLENCE**

**BULLYING**

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.

***Has s/he tried to bully someone by threatening them?***

***Has s/he forced someone to do something they didn't want to do by threatening or hurting them?***

*Was there any actual violence involved?*  
*Whom did s/he bully?*  
*Why did s/he do it?*  
*How often does this happen at home?*  
*How often does this happen at daycare/school?*  
*How often does this happen elsewhere?*

*When was the first time this happened?*

Coding rules

**BULLYING**

- 0 = Absent
- 2 = Using threats only.
- 3 = With actual violence.

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

PGF7101  
Intensity

PGF7F01  
Home  
Frequency

PGF7F02  
School  
Frequency

PGF7F03  
Elsewhere  
Frequency

PGF7O01  
Onset



Definitions and questions

**FIGHTS**

Physical fights in which both (or all) combatants are actively initiating. Otherwise code as assault.

If child is a victim of an attack and fights back only to protect him/herself, do not rate here or under Assault.

Code worst result of fights in last 3 months.

**Does s/he get into physical fights at all?**

**Has s/he gotten into any fights in the last 3 months?**

*Who with?*  
*Was it a friendly fight?*  
*What is the worst that's happened in a fight s/he was in?*  
*Did anyone get hurt?*  
*What happened?*  
*How often does this happen at home?*  
*How often does this happen at daycare/school?*  
*How often does this happen elsewhere?*

*When was the first time s/he got in a physical fight?*

**FIGHTS WITH A WEAPON: EVER**

Ever use of a knife, scissors, bat, rock, toy or any other item as a weapon in a fight.

**Has s/he EVER used a weapon in a fight?**

*Like a knife or stone or anything else?*  
*Or used a toy as a weapon?*  
*Was anyone injured?*

*How many times has s/he EVER used a weapon in a fight?*

*When was the first time this EVER happened?*

**IF EVER USE OF WEAPON IN FIGHT, CONTINUE. OTHERWISE, SKIP TO "SHOVING", (PAGE 18).**

Coding rules

**FIGHTS**

0 = 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**

**USE OF A WEAPON**

0 = Absent

2 = No Injury

3 = Injury

Codes

PGE5I01  
Intensity

PGE5F01  
Home  
Frequency

PGE5F02  
School  
Frequency

PGE5F03  
Elsewhere  
Frequency

PGE5O01  
Onset

Ever:PGE8E01  
Intensity

Ever:PGE8V01  
Frequency

Ever:PGE8O01  
Onset

Definitions and questions

**FIGHTS WITH A WEAPON: 3 MONTHS**

Use of a knife, scissors, bat, rock, toy or any other item as a weapon in a fight.

***Has s/he used a weapon in a fight in the last 3 months?***

*How often has s/he used a weapon in the last 3 months?*

*What type of weapon has s/he used?*

Coding rules

**USE OF A WEAPON: 3 MONTHS**

- 0 = Absent
- 2 = No Injury
- 3 = Injury

**TYPE OF WEAPON**

- 1 = Knife
- 2 = Scissors
- 3 = Bat
- 4 = Rock
- 5 = Toy
- 6 = Sticks
- 7 = Pencil
- 8 = Other
- Specify

Codes

PGE8I01  
Intensity

PGE8F01  
Frequency

PGE8X01

PGE8X02

PGE8X03

PGE8X04

PGE8X05

PGE8X06

PGE8X07

PGE8X08

Definitions and questions

Coding rules

Codes

**ASSAULT**

**Physical aggression, attack upon, or attempt to hurt another without the other's physical willful involvement in the contact. Code the worst result in the last 3 months.**

**If child is the victim of an attack and fights back only to protect him/herself, do not rate here or under Fights.**

**SHOVING**

Pushing or shoving of another child or adult without others willful involvement in the contact.

**Has s/he shoved anyone who didn't want to fight him/her?**

**Has s/he shoved someone who really wasn't doing anything?**

*Did s/he hurt him/her?*

*In the last 3 months, how often has s/he done anything like that at home?  
How about at daycare/school?  
Or elsewhere?*

*When was the first time this happened?*

**SHOVING**

0 = Absent

1 = Shoving did not result in any physical injury to either party.

2 = The victim sustained some physical injury as a result (e.g. bruise or wound).

**HOME**

**SCHOOL**

**ELSEWHERE**

PGM6I01  
Intensity

PGM6F01  
Home  
Frequency

PGM6F02  
School  
Frequency

PGM6F03  
Elsewhere  
Frequency

PGM6O01  
Onset

Definitions and questions

**PINCHING**

Pinching of another child or adult without others willful involvement in the contact.

***Has s/he pinched somebody?***

*Did s/he hurt him/her?*

*How often has s/he done anything like that at home?*

*How about at daycare/school?*

*Or elsewhere?*

*When was the first time this happened?*

Coding rules

**PINCHING**

0 = Absent

1 = Isolated pinching with sufficient force to cause pain to other.

2 = The victim sustained some physical injury as a result (e.g. bruise or wound).

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

PGM7I01  
Intensity

PGM7F01  
Home  
Frequency

PGM7F02  
School  
Frequency

PGM7F03  
Elsewhere  
Frequency

PGM7O01  
Onset

Definitions and questions

**HITTING OR PUNCHING**

Hitting or punching of another child or adult without others willful involvement in the contact.

***Has s/he hit or punched someone?***

*Did s/he hurt him/her?*

*How often has s/he done anything like that at home?  
How about at daycare/school?  
Or elsewhere?*

*When was the first time this happened?*

Coding rules

**HITTING**

0 = Absent

2 = Hitting did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. black eye).

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

PGM8I01  
Intensity

PGM8F01  
Home  
Frequency

PGM8F02  
School  
Frequency

PGM8F03  
Elsewhere  
Frequency

PGM8O01  
Onset

For Review Only

Definitions and questions

**KICKING**

Kicking of another child or adult without others willful involvement in the contact.

***Has s/he kicked someone?***

*Did s/he hurt him/her?*

*How often has s/he done anything like that at home?  
How about at daycare/school?  
Or elsewhere?*

*When was the first time this happened?*

Coding rules

**KICKING**

0 = Absent

2 = Kicking did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. bruises or cuts).

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

PMG9I01  
Intensity

PMG9F01  
Home  
Frequency

PMG9F02  
School  
Frequency

PMG9F03  
Elsewhere  
Frequency

PMG9O01  
Onset

For Review Only

Definitions and questions

**BITING**

Biting of another child or adult without others willful involvement in the contact.

***Has s/he bitten someone?***

*Did s/he hurt him/her?*

*How often has s/he done anything like that at home?  
How about at daycare/school?  
Or elsewhere?*

*When was the first time this happened?*

Coding rules

**BITING**

0 = Absent

2 = Biting did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. bruise or wound).

**HOME**

**SCHOOL**

**ELSEWHERE**

Codes

PGN0101  
Intensity

PGN0F01  
Home  
Frequency

PGN0F02  
School  
Frequency

PGN0F03  
Elsewhere  
Frequency

PGN0O01  
Onset

Definitions and questions

**CHOKING**

Choking another child or adult without others willful involvement in the contact.

**Has s/he choked someone?**

*Did s/he hurt him/her?  
How often has s/he done anything like that at home?  
How about at daycare/school?  
Or elsewhere?*

*When was the first time this happened?*

**ASSAULT WITH A WEAPON: EVER**

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon.

**Has s/he EVER used an object like a toy or knife in hitting, kicking, punching, someone?**

*Or anything else?  
Was there any injury?  
How many times has that EVER happened?  
When was the first time this EVER happened?*

**IF EVER ASSAULT USING WEAPON, CONTINUE. OTHERWISE, SKIP TO "CRUELTY TO ANIMALS", (PAGE 25).**

Coding rules

**CHOKING**

0 = Absent

2 = Choking did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. bruise or wound).

**HOME**

**SCHOOL**

**ELSEWHERE**

**ASSAULT WITH A WEAPON**

0 = Absent

2 = No Injury

3 = Injury

Codes

PGN1101  
Intensity

PGN1F01  
Home  
Frequency

PGN1F02  
School  
Frequency

PGN1F03  
Elsewhere  
Frequency

PGN1O01  
Onset

Ever:PGF2E01  
Intensity

Ever:PGF2V01  
Frequency

Ever:PGF2O01  
Onset



Definitions and questions

**ASSAULT WITH A WEAPON: 3 MONTHS**

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon.

***Has s/he used a weapon in the last three months?***

*How often?*

*Was anyone injured?*

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

*What did s/he use as a weapon?*

Coding rules

**USE OF A WEAPON: 3 MONTHS**

0 = Absent

2 = No Injury

3 = Injury

**TYPE OF WEAPON**

1 = Knife

2 = Scissors

3 = Bat

4 = Rock

5 = Toy

6 = Sticks

7 = Pencil

8 = Other

Specify

Codes

PGF2I01  
Intensity

PGF2F01  
Frequency

PGF2X01

PGF2X02

PGF2X03

PGF2X04

PGF2X05

PGF2X06

PGF2X07

PGF2X08

Definitions and questions

**CRUELTY TO ANIMALS**

Deliberate activities involving hurting animals. Include reptiles, amphibians, snakes, and toads. Do not include hunting, fishing, or stomping on ants or other insects. May include smothering, choking, hard kicking.

Note: To distinguish from normative teasing and poorly modulated play, need to determine that the act was deliberate with the purpose of causing pain or distress.

N.B. "EVER" CODED IF NO CRUELTY TO ANIMALS IN LAST 3 MONTHS.

***In the last 3 months, has s/he hurt an animal?***

*What happened? (Determine way of hurting)*  
*Has s/he killed an animal in the last 3 months?*  
*Were the police brought in?*  
*Why did s/he do it?*  
*What did you do about it?*  
*How often has s/he done that at home?*  
*How about daycare/school?*  
*How about elsewhere?*

*When did this start?*

Coding rules

**CRUELTY TO ANIMALS**

- 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**

Codes

PGH2I01  
Intensity

PGH2F01  
Home  
Frequency

PGH2F02  
School  
Frequency

PGH2F03  
Elsewhere  
Frequency

PGH2O01  
Onset

Definitions and questions

**CRUELTY TO ANIMALS: EVER**

Deliberate activities involving hurting animals. Include reptiles, amphibians, snakes, and toads. Do not include hunting, fishing, or stomping on ants or other insects. May include smothering, choking, hard kicking.

Note: To distinguish from normative teasing and poorly modulated play, need to determine that the act was deliberate with the purpose of causing pain or distress.

N.B. "EVER" CODED IF NO CRUELTY TO ANIMALS IN LAST 3 MONTHS.

***Has s/he EVER seriously injured an animal on purpose?***

***Has s/he EVER killed an animal on purpose?***

*What happened?*

*Were the police brought in?*

*How many times has s/he EVER done that?*

*When was the first time this EVER happened?*

Coding rules

**CRUELTY TO ANIMALS: LEVEL 3**

0 = Absent

3 = Acts resulting in obvious or permanent injury.

Codes

Ever:PGH3E01  
Intensity

Ever:PGH3V01  
Frequency

Ever:PGH3O01  
Onset

Definitions and questions

**CRUELTY TO PEOPLE: EVER**

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include cutting or burning a person, holding a person's head underwater, forcing a child to do something with the purpose of causing physical pain or harm, ritualized infliction of pain, and sadistic violence or terrorization.

The most common thing to consider here is harming a child who is younger or more helpless than the child (e.g., an infant).

Note: To distinguish from normative teasing and poorly modulated play, need to determine that the act was deliberate with the purpose of causing pain or distress.

***Has s/he ever tried to hurt or frighten someone very badly?***

***Such as a baby?***

***Or trying to drown someone?***

***Or burn someone?***

***Or smother someone?***

*What happened?*

*Were the police involved?*

*How many times has this EVER happened?*

*When was the first time this EVER happened?*

**IF CRUELTY TO PEOPLE, CONTINUE.  
OTHERWISE, SKIP TO "VANDALISM ",  
(PAGE 29).**



Coding rules

**CRUELTY TO PEOPLE**

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).

Codes

Ever:PGF3E01  
Intensity

Ever:PGF3V01  
Frequency

Ever:PGF3O01  
Onset

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 cutting or burning a person, holding a person's head underwater, forcing a child to do something with the purpose of causing physical pain or harm, ritualized infliction of pain, and sadistic violence or terrorization.

The most common thing to consider here is harming a child who is younger or more helpless than the child (e.g., an infant).

Note: To distinguish from normative teasing and poorly modulated play, need to determine that the act was deliberate with the purpose of causing pain or distress.

***Has s/he tried to hurt anyone in the last 3 months?***

- How often has this happened at home?*
- How often has this happened at daycare/school?*
- How often has this happened anywhere else?*

Coding rules

**CRUELTY TO PEOPLE**

- 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).

Codes

PGF3I01  
Intensity

**HOME**

PGF3F01  
Home  
Frequency

**SCHOOL**

PGF3F02  
School  
Frequency

**ELSEWHERE**

PGF3F03  
Elsewhere  
Frequency

For Review Only

Definitions and questions

Coding rules

Codes

**CONDUCT PROBLEMS INVOLVING VIOLENCE AGAINST PROPERTY**

**VANDALISM**

Damage to, or destruction of, property without the intention of gain. Includes breaking, cutting or tearing up belongings.

Do not include instances in which parents allow children to write on certain walls in home (i.e., designated playroom walls, next to phone, etc.). Exclude writing on walls or similar actions which are not actually destructive to the function of the object.

***Has s/he damaged or broken or smashed up anything on purpose?***

***What about breaking or smashing up things at daycare/school?***

***Has s/he broken his/her own toys or belongings?***

*Or other children's toys or belongings?  
What has s/he broken?*

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

*When was the first time this happened?*

**FIRE SETTING: EVER**

Setting of unsanctioned fires with the intent of causing an object to burn. Intent to cause serious harm is not required.

***Has s/he EVER started any fires in places where s/he is not supposed to?***

*Has s/he EVER caused any damage with fire?  
What happened?  
Were the police involved?*

*How many times has that EVER happened?*

*When was the first time this EVER happened?*

**IF FIRE SETTING: EVER, CONTINUE.  
OTHERWISE, SKIP TO END.**

**VANDALISM**

0 = Absent

3 = Destructive acts involving damage to, or destruction of, property.

**FIRE SETTING: EVER**

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.

PGE2I01  
Intensity

PGE2F04  
Frequency

PGE2O01  
Onset

Ever:PGE4E01  
Intensity

Ever:PGE4V01  
Frequency

Ever:PGE4O01  
Onset

Definitions and questions

**FIRE SETTING: 3 MONTHS**

Setting of unsanctioned fires with the intent of causing an object to burn. Intent to cause serious harm is not required.

***Has s/he started a fire in the last 3 months?***

*Did s/he cause any damage with fire?*

*What happened?*

*Were the police involved?*

Coding rules

**FIRE SETTING: 3 MONTHS**

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

PGE3101  
Intensity

For Review Only

**HYPERACTIVITY**

**OVERACTIVITY**

**Organization of the Section**

The structure differs somewhat from the rest of the interview, on account of the requirements of different diagnostic systems. There are three subareas: overactivity, inattention, and impulsivity. Summary ratings are made for each subarea.

Note, however, that the concept of controllability has an additional feature here, as with many other items relevant to oppositional and conduct disorders, in that control by admonition by others is added to the usual notion of self-control. Thus it is necessary to find out whether being admonished or disciplined for the occurrence of these items brings them under control. Additionally, if a parent must exert a great amount of effort to control the child's behavior, or has given up trying to control the child's behavior, this is to be regarded as evidence of uncontrollability and intrusiveness.

We are looking here for patterns that are characteristic of the way that the child acts. Thus, if an example is given that happened only once or twice and was uncharacteristic of the child, it does not count here.

The question is does s/he control the behavior, not can/could s/he control it if s/he wanted to (or if s/he weren't disobeying or being naughty). Many parents are convinced that their children could exercise such control, if they only would; this belief is not to be regarded as evidence of controllability.

**Ten minute rule**

Some behaviors are not rated if the child is able to stop them, when told to, for at least 10 minutes (without being reminded within the 10 minutes). The 10 minute rule refers to an average of ten minutes. If the admonition must be repeated within a short space of time (10 minutes), then the child's behavior is regarded as not being responsive to admonition and therefore the behavior is not regarded as being controllable.

The 10 minute rule applies to Fidgetiness, Difficulty Remaining Seated When Required, and Difficulty Concentrating on Tasks Requiring Sustained Attention. It may be applied to Talks Excessively and Doing Things Quietly if one is having difficulty making a general determination. For the other generalized items and the items in the Impulsivity section, control for 10 minutes is not relevant.

Clearly, there is a great range in children of different ages regarding levels of activity, impulsivity, and the ability to control activity and impulsivity. For example, most two or three year olds have more difficulty sitting at the dinner table than five or six year olds. Nonetheless, code the behavior as described by the parent and defined in the Glossary.



Definitions and questions

**FIDGETINESS**

Child often fidgets with or taps hands or feet or squirms in seat. Unnecessary movements of parts of the body when stationary overall.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

*First, I'd like to talk about how active s/he is.*

*I want you to think about times OTHER than when s/he is watching TV, a movie, or playing video games.*

*How MUCH does s/he squirm or wiggle in his/her seat?*

*How MUCH does s/he fidget with his/her hands or feet?*

*Does s/he fidget more than other children?*

*Do teachers say that s/he is fidgety?*

*Can you give me some examples?*  
*How often does s/he fidget?*  
*Can s/he stop him/herself from fidgeting at times OTHER than when watching TV/ movie or playing a video game?*  
*What is s/he doing when s/he is fidgeting?*  
*Is it like that in all activities?*  
*Or just some activities?*  
*All the time?*  
*Were there any times in the last 3 months when s/he couldn't stop him/herself?*

*Not including watching TV/movie or playing a video game, how long can s/he keep from fidgeting?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Is s/he like this elsewhere?*  
*Like at the store or grandma's house?*

*When did this start?*

Coding rules

**FIDGETINESS**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**HOURS : MINUTES**

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRA0101  
Intensity

PRA0D01  
Duration

PRA0102

PRA0103

PRA0104

PRA0001  
Onset

Definitions and questions

**DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)**

Child often leaves seat in situations in which remaining seated is expected (e.g., leaves his or her seat in the classroom, restaurants, church, or other places that require remaining in place).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Can s/he usually remain in his/her seat when s/he's supposed to?**

**Like at dinner?**

**Does s/he have difficulty remaining seated at times OTHER than when watching TV/movie or playing video games?**

**Do teachers say s/he has a difficult time sitting down?**

*Or to do a project at daycare/school?*

**Does s/he get up much more than other children his/her age?**

*How often does this happen in the last 3 months?*  
*What is s/he doing when s/he has difficulty sitting down?*  
*Is it like that in all activities?*  
*Or just some activities?*  
*Can s/he stop him/herself?*  
*Always or just sometimes?*  
*Where there any times in the last 3 months when s/he could not stop?*  
*What about if you ask him/her to stop?*

*Not including watching TV, a movie, or playing a video game, how long can s/he remain in his/her seat?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Is s/he like this elsewhere?*  
*Like at the store or grandma's house?*

*When did this start?*

Coding rules

**DIFFICULTY REMAINING SEATED**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**HOURS : MINUTES**

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRA2I01  
Intensity

PRA2D01  
Duration

PRA2I02

PRA2I03

PRA2I04

PRA2O01  
Onset

Definitions and questions

**RUSHES ABOUT OR CLIMBS ON THINGS EXCESSIVELY (RESTLESSNESS)**

Child runs about or climbs in situations there it is inappropriate. Focus on the absence of a limited ability to have sustained periods of calm, well-controlled activity.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he run around the house in situations when it's not appropriate?**

**Or climb on things?**

- Is that more than other children?*
- Is s/he still like this at times OTHER than when watching TV/movie or playing video games?*
- How often does this happen?*
- What is s/he doing when s/he is acting this way?*
- Is it like that in all activities?*
- Or just some activities?*
- Can s/he stop him/herself?*
- Always or just sometimes?*
- What about if you ask him/her to stop?*
- Were there any times in the last 3 months when s/he couldn't stop him/herself?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Is s/he like this elsewhere?*

*Like at the store or grandma's house?*

*When did this start?*

Coding rules

**RUSHES/CLIMBS EXCESSIVELY**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRA3101  
Intensity

PRA3102

PRA3103

PRA3104

PRA3001  
Onset

Definitions and questions

**ALWAYS ON THE GO**

Child is often "on the go." Child acts as if "driven by a motor." Child is unable or uncomfortable being still for extended periods of time (e.g., restaurants, church). May be experienced by others as the child being restless or difficulty in keeping up with the child.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Would you say s/he was "always on the go"?**

**Or as if s/he were "driven by a motor"?**

*What does s/he do?*  
*Is s/he still like this at times OTHER than when watching TV/movie or playing video games?*  
*How often does this happen in the last 3 months?*  
*Is it like that in all activities?*  
*Or just some activities?*  
*Can s/he stop him/herself?*  
*Always or just some of the time?*  
*What about if you ask him/her to stop?*  
*Were there any times in the last 3 months when s/he couldn't stop him/herself?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Does this happen elsewhere?*  
*Like at the store or grandma's house?*

*When did this start?*

Coding rules

**ALWAYS ON THE GO**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRC4101  
Intensity

PRC4102

PRC4103

PRC4104

PRC4001  
Onset

Definitions and questions

**TALKS EXCESSIVELY**  
 Child talks excessively.

***Do people complain that s/he talks too much?***

***Do you think s/he talks too much?***

*Is it like that in all activities?  
 Or just some activities?  
 Can s/he stop him/herself?  
 All the time?  
 Or just sometimes?  
 What about if you ask him/her to stop?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Is s/he like this elsewhere?  
 Like at the store or grandma's house?*

*When did that start?*

Coding rules

**TALKS EXCESSIVELY**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRA5101  
Intensity

PRA5102

PRA5103

PRA5104

PRA5001  
Onset

Definitions and questions

**DIFFICULTY DOING THINGS QUIETLY**

Child often has difficulty playing or engaging in leisure activities quietly.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**What happens if s/he is supposed to be doing things quietly?**

**Does s/he have a hard time doing things quietly?**

*Does s/he have a hard time doing things quietly EVEN WHEN watching TV, a movie, or playing a video game? How often does s/he have difficulty doing things quietly? Is it like that in all activities? Or just some activities? Can s/he stop him/herself? All the time or just sometimes? What about if you ask him/her to stop?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Is s/he like this elsewhere? Like at the store or grandma's house?*

*When did that start?*

Coding rules

**DIFFICULTY DOING THINGS QUIETLY**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRA6101  
Intensity

PRA6102

PRA6103

PRA6104

PRA6001  
Onset

Definitions and questions

Coding rules

Codes

**INATTENTION**

**DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITIES REQUIRING SUSTAINED ATTENTION - ALONE**

Child often has difficulty sustaining attention in tasks or play activities (e.g., difficulty remaining focused while playing, or while reading or looking at books, etc.).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

***Now I'd like to focus on how well s/he concentrates. Please think about what s/he is like in the activities that require concentration, both ones s/he is required to do and ones s/he chooses.***

***Is s/he able to concentrate on things when s/he has to?***

***Is s/he able to concentrate when doing something alone?***

***Like playing?***

***Does s/he have a hard time concentrating or focusing on things like coloring or looking at books?***

***Or writing his/her alphabet?***

***Do daycare providers/teachers tell you that s/he has a hard time concentrating?***

***Does s/he have more problems concentrating or focusing on things than other children his/her age?***

***How long can s/he concentrate for?***

***Is it hard for him/her to concentrate at times OTHER than when watching TV/movie or playing a video game?***

***How often does s/he have difficulty concentrating?***

***What is s/he doing at the time that s/he has difficulty concentrating?***

***Is it like that in all activities?***

***Or just some activities?***

***Can s/he make him/herself concentrate if s/he really tries?***

***Always or just sometimes?***

***Not considering watching TV or playing a video game, how long can s/he concentrate when doing things alone?***

**DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITY INDEPENDENTLY**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**HOURS : MINUTES**

PRA7101  
Intensity

PRA7D01  
Duration

Definitions and questions

*Does this happen at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere?  
Like at the store or grandma's house?*

*When did that start?*

Coding rules

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRA7102

PRA7103

PRA7104

PRA7001

Onset

For Review Only



Definitions and questions

Coding rules

Codes

**DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITIES REQUIRING SUSTAINED ATTENTION - WITH ADULT**

Child often has difficulty sustaining attention in tasks or play activities with adults (e.g., difficulty remaining focused during circle time, during conversations, reading or looking at books, or other tasks).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

***Is s/he able to concentrate when doing things with an adult?***

***Can s/he play a game to the end with you?***

***How is s/he at practicing or writing his/her alphabet?***

***Can s/he sit and be read a book?***

***Do daycare providers/teachers tell you that s/he has a hard time concentrating?***

***Is it hard for him/her to concentrate at times OTHER than when watching TV/movie or playing a video game?***

***How long do you think s/he can concentrate?***

***What is s/he doing at the time that s/he has difficulty concentrating?***

***Is it like that in all activities?***

***Or just some activities?***

***Can s/he make him/herself concentrate if s/he really tries?***

***Always or just sometimes?***

***How often does s/he have difficulty concentrating?***

***Not considering watching TV, a movie, or playing a video game, how long can s/he concentrate with adults?***

***Does this happen at home?***

***Does this happen at daycare/school?***

***Does this happen elsewhere?***

***Like at the store or grandma's house?***

***When did that start?***

**DIFFICULTY CONCENTRATING ON ADULT-DIRECTED TASKS OR PLAY ACTIVITIES**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**HOURS : MINUTES**

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

PRA7105  
Intensity

PRA7D05  
Duration

PRA7106

PRA7107

PRA7108

PRA7O02  
Onset

Definitions and questions

**DIFFICULTY ORGANIZING TASKS AND ACTIVITIES**

Often has difficulty organizing tasks and activities when structure is not imposed by others (e.g., at a loss to start or structure a project; to have all the right materials on hand to play a game, build a train track; has difficulty managing sequential tasks; has difficulty keeping necessary materials and belongings in order; messy; disorganized work).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he have difficulty organizing a task or activity?**

*Like doing a project?*

*Are his/her belongings messy and disorganized?*

*Can s/he gather all materials needed to play a game?*

*Or setting up a game?*

**Does s/he know where to start?**

**If s/he gets started, does s/he then get disorganized?**

*Is s/he able to organize a task if s/he really tries?*  
*Always or just sometimes?*  
*How often does this happen?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Is s/he like this elsewhere?*  
*Like at the store or grandma's house?*

*When did this start?*

Coding rules

**DIFFICULTY ORGANIZING TASKS**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRC7101  
Intensity

PRC7102

PRC7103

PRC7104

PRC7001  
Onset

Definitions and questions

**DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS AND FAILS TO FINISH TASKS AND ACTIVITIES**

Often does not follow through on instructions and fails to finish chores, or other duties (e.g., starts tasks but quickly loses focus and is easily sidetracked).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**How good is s/he at following through on instructions from others?**

**Does s/he tend not to complete things s/he's been asked to do?**

**What about with things s/he has been told to do?**

**Is s/he easily sidetracked?**

What was s/he doing at the time?  
 Is it like that in all activities?  
 Or just some activities?  
 Does s/he complete things if s/he makes an effort?  
 Is that all the time?  
 Or just sometimes?  
 What about if you ask him/her to follow through?  
 Does that happen at school as well as at home?  
 How often does this happen?

Is s/he like this at home?

Is s/he like this at daycare/school?

Is s/he like this elsewhere?  
 Like at the store or grandma's house?

When did that start?

Coding rules

**DIFFICULTY FOLLOWING INSTRUCTIONS**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRA8101  
Intensity

PRA8102

PRA8103

PRA8104

PRA8001  
Onset

Definitions and questions

**AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT**

Child often avoids, dislikes, or is reluctant to engage in tasks or activities that require sustained mental effort (e.g., schoolwork, homework, writing reports).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he try to get out of things where s/he will have to concentrate?**

**Does s/he try to get out of practicing the ABC's or reading?**

**Or doing a puzzle or trying to write his/her name?**

How often does that happen?  
 Can you get him/her to do such things?  
 Is it like that in all activities?  
 Or just some activities?  
 What if you ask him/her to stop?

Is s/he like this at home?

Is s/he like this at daycare/school?

Is s/he like this elsewhere?  
 Like at the store or grandma's house?

When did that start?

Coding rules

**AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRC5101  
Intensity

PRC5102

PRC5103

PRC5104

PRC5001  
Onset

Definitions and questions

**EASILY DISTRACTED BY EXTRANEOUS STIMULI**

Child is often easily distracted extraneous stimuli.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

***Is s/he easily distracted by things going on around her?***

***Does s/he have difficulty paying attention when s/he can look out of the window or hear other people talking in the next room?***

*Are these things that would distract anyone?  
How often does this happen?  
What was s/he doing at the time?  
Is it like that in all activities?  
Or just some activities?  
Can s/he stop him/herself?  
Is that all the time or just sometimes?  
What about if you ask him/her to pay attention?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Does this happen elsewhere?  
Like at the store or grandma's house?*

*When did that start?*

Coding rules

**EASILY DISTRACTED**

- 0 = Absent
- 2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.
- 3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

- 0 = Absent
- 2 = Present

**OCCURS AT DAYCARE/SCHOOL**

- 0 = Absent
- 2 = Present

**OCCURS ELSEWHERE**

- 0 = Absent
- 2 = Present

Codes

PRA9I01  
Intensity

PRA9I02

PRA9I03

PRA9I04

PRA9O01  
Onset

Definitions and questions

**FORGETFUL IN DAILY ACTIVITIES**

Child is often forgetful in daily activities (e.g., forgets to brush teeth or hair, to do simple chores, forgetting homework assignments or other things needed for school).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

***Is s/he often forgetful in his/her daily activities?***

***Does s/he often forget to do his/her chores?***

***How about forget to brush his/her teeth?***

***Does s/he often forget to bring lunch or lunch money to school?***

*Can you give me some examples of things s/he forgets?  
Does s/he still forget if you remind him/her?  
How often does s/he forget things?*

*Is s/he like this at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere?  
Like at the store or grandma's house?*

*When did that start?*

Coding rules

**FORGETFUL IN DAILY ACTIVITIES**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRC8101  
Intensity

PRC8102

PRC8103

PRC8104

PRC8001  
Onset

Definitions and questions

**OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS/ACTIVITIES AT DAYCARE/SCHOOL OR AT HOME**

Child often loses things necessary for task and activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile phone, handheld devices, or clothing).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

*Does s/he lose things more than other kids do?*

*Does s/he lose things s/he needs for daycare/school like homework or books?*

*Does s/he lose things like pencils, keys, phone, or money?*

*Does s/he leave things, like clothing, at school or friend's house?*

*Does s/he get into trouble for losing things?  
Can s/he stop him/herself from losing things?  
Always or just sometimes?  
What if you remind him/her not to lose them?  
How often does s/he lose things?*

*Is s/he like this at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere?  
Like at the store or grandma's house?*

*When did that start?*

Coding rules

**OFTEN LOSES THINGS**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRB2101  
Intensity

PRB2102

PRB2103

PRB2104

PRB2001  
Onset

Definitions and questions

**OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID TO HIM/HER WHEN SPOKEN TO DIRECTLY**

Child often does not seem to listen when spoken to directly (e.g., mind seems elsewhere even in the absence of any obvious distractions).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

***Do you think s/he's good at listening to what you say to him/her?***

***Do teachers complain that s/he doesn't seem to listen to what they are saying to him/her?***

***Do other people complain that s/he doesn't seem to listen to what they are saying to him/her?***

*Is it like that in all activities?*

*Or just some activities?*

*Can you get him/her to listen?*

*How often does this happen?*

*Does this happen at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere?*

*Like at the store or grandma's house?*

*When did that start?*

Coding rules

**DOES NOT LISTEN**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRB3101  
Intensity

PRB3102

PRB3103

PRB3104

PRB3001  
Onset



Definitions and questions

**FAILS TO PAY CLOSE ATTENTION TO DETAILS**

Child often fails to give close attention to details or makes careless mistakes in schoolwork or other activities (e.g., overlooks or misses details, work is inaccurate).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**How good is s/he at paying attention to details when s/he is working on something?**

**Does s/he tend to do things incorrectly or sloppily because s/he hasn't paid enough attention to the task?**

**Do his/her teachers say s/he doesn't pay attention?**

**Do his/her projects/homework show that s/he doesn't pay attention to details?**

Can s/he make him/herself pay attention to details?  
 What about if you ask him/her to pay attention?  
 Is it like that in all activities?  
 Or just some?  
 How often does s/he fail to pay close attention to details?

Does this happen at home?

Does this happen at daycare/school?

Does this happen elsewhere?  
 Like at the store or grandma's house?

When did that start?

Coding rules

**FAILS TO PAY ATTENTION TO DETAILS**

- 0 = Absent
- 2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.
- 3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

- 0 = Absent
- 2 = Present

**OCCURS AT DAYCARE/SCHOOL**

- 0 = Absent
- 2 = Present

**OCCURS ELSEWHERE**

- 0 = Absent
- 2 = Present

Codes

PRB4101  
Intensity

PRB4102

PRB4103

PRB4104

PRB4001  
Onset

Definitions and questions

Coding rules

Codes

**IMPULSIVITY**

**DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS**

Child often has difficulty waiting his/her turn (e.g., while standing in line). Distinguish from normative eagerness.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

*Can s/he wait his/her turn for things?*

*Or wait for his/her turn to participate in circle time?*

*Can s/he stand in line and wait his/her turn?*

*As well as most children his/her age?*

*At daycare/school can s/he stand in line with the other children?*

*At home can s/he wait his/her turn during a game?*

*Why does s/he push in?*

*Does it get him/her in trouble?*

*Can s/he control it?*

*What if others say something?*

*How often does this happen?*

*Does this happen at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere?*

*Like at the store or grandma's house?*

*When did that start?*

**DIFFICULTY WAITING FOR TURN**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRB7101  
Intensity

**OCCURS AT HOME**

0 = Absent

2 = Present

PRB7102

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

PRB7103

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

PRB7104

PRB7001  
Onset

Definitions and questions

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

Child blurts out answer before question has been completed (e.g., completes other people's sentences or cannot wait for turn in a conversation). Distinguish from normative eagerness.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he tend to blurt out the answers before the person's finished asking the question?**

*In what situations does s/he blurt out answers? Do teachers tell you this happens?*

*Did it get him/her into trouble?  
Can s/he stop if s/he wants to?  
What if others say something?  
How often does that happen?*

*Does this happen at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere?  
Like at the store or grandma's house?*

*When did that start?*

Coding rules

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRB8101  
Intensity

PRB8102

PRB8103

PRB8104

PRB8001  
Onset

Definitions and questions

**OFTEN INTERRUPTS OR INTRUDES ON OTHERS**

Child often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things, without asking or receiving permission; may intrude into or take over what others are doing). Distinguish from normative eagerness/excitement and desire to participate in social interactions.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

***Does s/he tend to interrupt other people when they're talking to someone else?***

***What about butting into games without being invited to join in?***

***Does s/he use other people's things without asking permission?***

*Can you give me an example?  
Does it happen as much as half of the time?  
Can s/he stop him/herself?  
What if others say something?  
How often does that happen?*

*Does this happen at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere?  
Like at the store or grandma's house?*

*When did that start?*

Coding rules

**OFTEN INTERRUPTS OR INTRUDES ON OTHERS**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRC1101  
Intensity

PRC1102

PRC1103

PRC1104

PRC1001  
Onset

Definitions and questions

**BEHAVIORAL BLURTING**

Child rarely or minimally stops and thinks before acting in response to stimuli.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

***Is s/he the kind of child who acts before thinking?***

***For example, does s/he dart away from you if s/he sees something interesting?***

***Or sees something s/he wants?***

*Will s/he stop to think about things before doing it?  
Always or just sometimes?  
How often does this happen?*

*Does this happen at home?*

*Does this happen at daycare/school?*

*Is s/he like this elsewhere?  
Like at the store or grandma's house?*

*When did this start?*

Coding rules

**BEHAVIORAL BLURTING**

0 = Absent

2 = Present and at least sometimes uncontrollable by the child or by admonition.

3 = Present and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

Codes

PRD5101  
Intensity

PRD5102

PRD5103

PRD5104

PRD5001  
Onset

**INCAPACITY SECTION**

**SUMMARY OF RULES FOR RATING INCAPACITY**

*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.*

**IMPAIRMENT/INCAPACITY**

*Two levels of disturbance or impaired functioning are distinguished:*

*2 = 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.*

*3 = 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 his/her mother would not allow him/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 hand, 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 (e.g. daycare/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 a particular section of the PAPA, 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 PAPA.*

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.

***Now I'm going to ask about how any of his/her behaviors or behavior problems that we've talked about impact different aspects of his/her life.***

***Does anything we have been talking about affect how s/he gets along with you?***

***Do 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 happened?*

*Do you need to discipline him/her more because of this issue(s)?*

IF PRESENT, CONTINUE:

*What issue(s) is causing the problem between him/her and you?*

*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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMA0I01

PMA0I02

PMA0X03

PMA0X04

PMA0X05

PMA0X06

PMA0X07

PMA0X08



Definitions and questions

IF PARENT #2, CONTINUE. OTHERWISE, SKIP TO " OTHER PARENT #1", (PAGE 7)

Coding rules

Sleep Difficulties

Conduct

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

PMA0X09

PMA0X10

PMA0X11

PMA0X12

PMA0X13

PMA0X14

PMA0X15

PMA0001

/ /

PMA0002

/ /

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 s/he gets along with "Parent #2"?***

***Do they avoid each other because of any issue(s)?***

*Do they refuse to talk to each other?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*

*Did anyone get injured?*

*What happened?*

***Does "Parent #2" need to discipline him/her more because of this issue(s)?***

IF PRESENT, CONTINUE:

***What behavior(s) is causing the problem between him/her 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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMA1101

PMA1102

PMA1X03

PMA1X04

PMA1X05

PMA1X06

PMA1X07

PMA1X08

Definitions and questions

IF OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO "SIBLING RELATIONSHIPS: IN THE HOME", (PAGE 11)

Coding rules

Sleep Difficulties

Conduct

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

PMA1X09

PMA1X10

PMA1X11

PMA1X12

PMA1X13

PMA1X14

PMA1X15

PMA1O01

/ /

PMA1O02

/ /

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 s/he gets along with "Other Parent #1"?***

***Do they avoid each other because of any issue(s)?***

*Do they refuse to talk to each other?*

***Do these difficulties cause any arguments with "Other Parent #1"?***

*Does "Other Parent #1" need to discipline him/her more because of this issue(s)?*

*What issue(s) is causing the problem between him/her 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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMA2101

PMA2102

PMA2X03

PMA2X04

PMA2X05

PMA2X06

PMA2X07

PMA2X08

Definitions and questions

**IF OTHER PARENT #2, CONTINUE. OTHERWISE, SKIP TO "SIBLING RELATIONSHIPS: IN THE HOME", (PAGE 11)**

Coding rules

Sleep Difficulties

Conduct

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

PMA2X09

PMA2X10

PMA2X11

PMA2X12

PMA2X13

PMA2X14

PMA2X15

PMA2O01

PMA2O02

/ /

/ /

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 s/he gets along with "Other Parent #2"?***

***Do they avoid each other because of any issue(s)? Do they refuse to talk to each other?***

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*

*Did anyone get injured? What happened?*

*Does "Other Parent #2" need to discipline him/her more because of this issue?*

IF PRESENT, CONTINUE:

*What issue(s) is causing the problem between him/her 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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMA3I01

PMA3I02

PMA3X03

PMA3X04

PMA3X05

PMA3X06

PMA3X07

PMA3X08

Definitions and questions

IF CHILDREN IN HOUSEHOLD,  
CONTINUE. OTHERWISE, SKIP TO  
"SIBLING RELATIONSHIPS: OUT OF  
HOME", (PAGE 13).

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Coding rules

Sleep Difficulties

Conduct

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

PMA3X09

PMA3X10

PMA3X11

PMA3X12

PMA3X13

PMA3X14

PMA3X15

PMA3O01

PMA3O02

//

//

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 s/he gets along with his/her sibling(s)?***

***Do they avoid each other because of any issue(s)?***

*Do they refuse to talk to each other?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*

*Did anyone get injured?  
What happened?*

IF PRESENT, CONTINUE:

*What issue(s) is causing the problem between him/her and the 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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMA4I01

PMA4I02

PMA4X03

PMA4X04

PMA4X05

PMA4X06

PMA4X07

PMA4X08



Definitions and questions

For Review Only

**IF CHILDREN OUT OF HOUSEHOLD,  
CONTINUE. OTHERWISE, SKIP TO  
"COOPERATIVE HELPING", (PAGE 15).**

Coding rules

Sleep Difficulties

Conduct

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

PMA4X09

PMA4X10

PMA4X11

PMA4X12

PMA4X13

PMA4X14

PMA4X15

PMA4O01

/ /

PMA4O02

/ /

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, sibling(s).

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior

***Does anything we have been talking about affect how s/he gets along with his/her sibling(s) who don't live at home?***

***Do they avoid each other because of any issue(s)?***

*Do they refuse to talk to each other?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*

*Did anyone get injured?  
What happened?*

IF PRESENT, CONTINUE:

*What issue(s) is causing the problem between him/her and the 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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMA5I01

PMA5I02

PMA5X03

PMA5X04

PMA5X05

PMA5X06

PMA5X07

PMA5X08

Definitions and questions

Coding rules

Sleep Difficulties

Conduct

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

PMA5X09

PMA5X10

PMA5X11

PMA5X12

PMA5X13

PMA5X14

PMA5X15

PMA5O01

/ /

PMA5O02

/ /

Definitions and questions

**COOPERATIVE HELPING**

A child should be able to follow parental directions, to clean up his/her toys, bring plate to sink, or put on pajamas. Child may perform task in concert with an adult. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

***Will s/he help with chores around the house?***

*Like cleaning up his/her toys?  
Or cleaning up his/her plate from the tables?*

***Are there any things that s/he can't do properly or that s/he has stopped doing because of the way s/he's been feeling?***

*Would it make a difference if s/he didn't have "symptom"?*

IF PRESENT, CONTINUE:

*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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Sleep Difficulties

Conduct

Codes

PMA7I01  
Intensity

PMA7X02

PMA7X03

PMA7X04

PMA7X05

PMA7X06

PMA7X07

PMA7X08

PMA7X09

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

PMA7X10

PMA7X11

PMA7X12

PMA7X13

PMA7X14

PMA7O01

/ /

PMA7O02

/ /

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 him/her to leave the house?***

*Like to get ready to go outside?  
Or to go to school or daycare?*

*Tell me about it.*

IF PRESENT, CONTINUE:

*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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Sleep Difficulties

Conduct

Codes

PMA9I01  
Intensity

PMA9X02

PMA9X03

PMA9X04

PMA9X05

PMA9X06

PMA9X07

PMA9X08

PMA9X09

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

PMA9X10

PMA9X11

PMA9X12

PMA9X13

PMA9X14

PMA9O01

/ /

PMA9O02

/ /

For Review Only

Definitions and questions

**DAYCARE/SCHOOL LIFE - PERFORMANCE**

Deterioration in behavior or ability to participate in school/daycare routines (e.g. circle time, rest time, story time) 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 daycare/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.

***What about at daycare/school, does anything we have been talking about affect how s/he gets along there?***

***Does anything affect how well s/he does at daycare/school?***

*How?*

IF PRESENT, CONTINUE:

*What issue(s) is causing the problem at daycare/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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Sleep Difficulties

Conduct

Codes

PMB0190  
Intensity

PMB0X02

PMB0X03

PMB0X04

PMB0X05

PMB0X06

PMB0X07

PMB0X08

PMB0X09



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

PMB0X1 0

PMB0X1 1

PMB0X1 2

PMB0X1 3

PMB0X1 4

PMB0O01

/ /

PMB0O02

/ /

For Review Only

Definitions and questions

**SUSPENDED FROM DAYCARE/SCHOOL: EVER**

Exclusion from daycare/school for any length of time.

***Has s/he EVER been suspended from daycare/school?***

*How many times has s/he EVER been suspended from daycare/school?*

*When was the first time s/he was EVER suspended?*

**IF EVER SUSPENDED, CONTINUE.  
OTHERWISE, SKIP TO "EXPELLED  
FROM DAYCARE/SCHOOL: EVER",  
(PAGE 24).**



Coding rules

**SUSPENSION FROM  
DAYCARE/SCHOOL: EVER**

0 = Absent

2 = Present

Codes

Ever:PMB1E90  
Intensity

Ever:PMB1V01  
Frequency

Ever:PMB1O01  
Onset

For Review Only

Definitions and questions

**DAYCARE/SCHOOL SUSPENSION: 3 MONTHS**  
 Exclusion from daycare/school for any length of time.

***Has s/he been suspended in the last 3 months?***

*How long was s/he suspended for in the last 3 months?*

*What issue(s) is causing him/her to get suspended?*

Coding rules

**SUSPENSION IN LAST 3 MONTHS**

- 0 = Absent
- 2 = Present

**DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)**

**SYMPTOM AREAS CAUSING INCAPACITY**

- 0 = Absent
- 2 = Present

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Sleep Difficulties

Conduct

Codes

PMB1101  
Intensity

PMB1D01

PMB1102

PMB1103

PMB1104

PMB1105

PMB1106

PMB1107

PMB1108

PMB1109

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

Codes

PMB1110

PMB1111

PMB1112

PMB1113

PMB1114

For Review Only

Definitions and questions

**EXPELLED FROM DAYCARE/SCHOOL: EVER**

Expulsion from daycare/school or asked to withdraw voluntarily.

***Has s/he EVER been expelled from daycare/school?***

*How many times has s/he EVER been expelled?*

*When was the first time s/he was EVER expelled?*

**IF EVER EXPELLED, CONTINUE.  
OTHERWISE, SKIP TO "DAYCARE  
PROVIDER/TEACHER  
RELATIONSHIPS", (PAGE 27).**

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Coding rules

**BEEN EXPELLED FROM  
DAYCARE/SCHOOL: EVER**

0 = Absent

2 = Present

Codes

Ever:PMB3E90  
Intensity

Ever:PMB3V01  
Frequency

Ever:PMB3O01  
Onset

Definitions and questions

**DAYCARE/SCHOOL EXPULSION: 3 MONTHS**  
 Expulsion from daycare/school or asked to withdraw voluntarily.

***Has s/he been expelled in the last 3 months?***

*What issue(s) caused him/her to get expelled?*

Coding rules

**EXPULSION IN LAST 3 MONTHS**

0 = Absent

2 = Present

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Sleep Difficulties

Conduct

Relationships with Parent #1 and/or Parent #2

Relationships with Other Parent #1 and/or Other Parent #2

Codes

PMB3101  
Intensity

PMB3102

PMB3103

PMB3104

PMB3105

PMB3106

PMB3107

PMB3108

PMB3109

PMB3110

PMB3111

Definitions and questions

Coding rules

Relationships with Other Adults

Sibling Relationships

Peer Relationships

Codes

PMB3112

PMB3113

PMB3114

For Review Only

Definitions and questions

**DAYCARE PROVIDER/TEACHER RELATIONSHIPS**

A deterioration in a child's relationships with his/her daycare providers/teachers is regarded as an incapacity. The need to use increasing levels of disciplinary action or a withdrawal from contact with caregivers with whom the child has previously had good relationships is evidence of disturbance here. Include all non-parental caregivers (e.g. nanny) identified in the child care sections.

**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 s/he gets along with teachers/daycare providers?***

***Do they avoid each other because of any issue(s)? Do they refuse to talk to each other?***

***Do these difficulties cause any arguments?***

***Do the teachers/daycare providers need to discipline him/her more because of this issue?***

**IF PRESENT, CONTINUE:**

***What behavior(s) is causing the problem between him/her and his/her teachers/daycare providers?  
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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMB4101

PMB4102

PMB4X03

PMB4X04

PMB4X05

PMB4X06

PMB4X07

PMB4X08



Definitions and questions

Coding rules

Sleep Difficulties

Conduct

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

PMB4X09

PMB4X10

PMB4X11

PMB4X12

PMB4X13

PMB4X14

PMB4X15

PMB4O01

/ /

PMB4O02

/ /

Definitions and questions

**PEER RELATIONSHIPS AT DAYCARE/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.

***Does anything we have been talking about affect how s/he gets along with other children at daycare/school?***

***Do they avoid each other?***  
*Do they refuse to talk to each other?*

***Do these difficulties cause any arguments?***

IF PRESENT, CONTINUE:

*What issue(s) is causing the problem between him/her and the other children at daycare/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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMB5101

PMB5102

PMB5103

PMB5104

PMB5105

PMB5106

PMB5107

PMB5108

Definitions and questions

Coding rules

Sleep Difficulties

Conduct

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

PMB5109

PMB5110

PMB5111

PMB5112

PMB5113

PMB5114

PMB5115

PMB5001

/ /

PMB5002

/ /

Definitions and questions

**PLAY (OUTSIDE OF DAYCARE/SCHOOL)**

Reduction of spontaneous play 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.

Play here includes many activities: imaginary play; playing with dolls, cars, trains; outdoor play; playing on computer/Gameboy/Nintendo, etc.

**Does it affect his/her playing time?**

**Or his/her ability to play either alone or with other kids?**

*Tell me about it.*

IF PRESENT, CONTINUE:

*What issue(s) is affecting his/her play outside of daycare/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. Child 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
- Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Sleep Difficulties

Conduct

Codes

PMB6101  
Intensity

PMB6102

PMB6103

PMB6104

PMB6105

PMB6106

PMB6107

PMB6108

PMB6109

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

PMB6110

PMB6111

PMB6112

PMB6113

PMB6114

PMB6001

/ /

PMB6002

/ /

For Review Only

Definitions and questions

**RELATIONSHIPS WITH ADULTS OUTSIDE THE HOME OR DAYCARE/SCHOOL**

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 s/he gets along with other people outside the home or school, such as neighbors or people at the park (etc.)?***

*How about with grandparents?  
Has it made him/her 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 happened?*

IF PRESENT, CONTINUE:

*What behavior(s) is causing the problem between him/her 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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMB7101

PMB7102

PMB7X03

PMB7X04

PMB7X05

PMB7X06

PMB7X07

PMB7X08

Definitions and questions

Coding rules

Sleep Difficulties

Conduct

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

PMB7X09

PMB7X10

PMB7X11

PMB7X12

PMB7X13

PMB7X14

PMB7X15

PMB7O01

/ /

PMB7O02

/ /

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 s/he gets along with other children outside of daycare/school?***

***Has it affected how s/he gets along with friends outside daycare/school?***

***Do they avoid each other because of any issue(s)?***

*Do they refuse to talk to each other?*

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*

*Did anyone get injured?  
What happened?*

IF PRESENT, CONTINUE:

*What issue(s) is causing the problem between him/her and the other children outside of daycare/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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMB8101

PMB8102

PMB8X03

PMB8X04

PMB8X05

PMB8X06

PMB8X07

PMB8X08



Definitions and questions

Coding rules

Sleep Difficulties

Conduct

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

PMB8X09

PMB8X10

PMB8X11

PMB8X12

PMB8X13

PMB8X14

PMB8X15

PMB8O01

/ /

PMB8O02

/ /

Definitions and questions

**ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL**

Child has difficulty going places outside of the home (grocery store, restaurant, church, synagogue, and mosque) and acting appropriately and acting his/her age.

***Do any of his/her behaviors make it hard for you to take him/her out in public?***

***Can you go out with him/her to places like the grocery store or to a restaurant?***

***Do you avoid taking him/her out in public places?***

***Do these difficulties cause any arguments?***

*Have any of the arguments gotten physical?*

*Did anyone get injured?  
What happened?*

IF PRESENT, CONTINUE:

*What issue(s) is affecting his/her ability to act appropriately out in public?  
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. Child 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. Child 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

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PME0101

PME0102

PME0X03

PME0X04

PME0X05

PME0X06

PME0X07

PME0X08

Definitions and questions

Coding rules

Sleep Difficulties

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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

PME0X09

PME0X10

PME0X11

PME0X12

PME0X13

PME0X14

PME0X15

PME0O01

/ /

PME0O02

/ /

Definitions and questions

**TREATMENT**

Referrals to professional agencies concerned with child psychopathology are coded here.

***Has s/he received any treatment for any of the issues we have been talking about in the last 3 months?***

*Like a doctor or anyone at daycare/school?  
Did s/he go to a clinic?  
Or into a hospital?  
Who did s/he see?  
What did they do?*

IF PRESENT, CONTINUE:

*What issue(s) led you to seek treatment for him/her?*

*When was the first time you sought help for him/her?*

Coding rules

**TREATMENT**

0 = Absent

2 = Present

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Sleep Difficulties

Conduct

Relationships with Parent #1 and/or Parent #2

Relationships with Other Parent #1 and/or Other Parent #2

Codes

PMD0I01  
Intensity

PMD0X02

PMD0X03

PMD0X04

PMD0X05

PMD0X06

PMD0X07

PMD0X08

PMD0X09

PMD0X10

PMD0X11

Definitions and questions

Coding rules

Relationships with Other Adults

Sibling Relationships

Peer Relationships

20 = Speech Therapy

21 = Occupational/Physical Therapy

**BEGINNING OR FIRST TREATMENT**

Codes

PMD0X12

PMD0X13

PMD0X14

PMD0X15

PMD0X16

PMD0001

/ /

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.

**Is s/he on any medication?**  
 Or tablets or pills?  
 Or anything from his/her doctor?  
 What?  
 Why is s/he 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 medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

Coding rules

**MEDICATION**

- 0 = Absent
- 2 = Present

**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 NON-STIMULANT TREATMENT**

Codes

PMC0190  
Intensity

PMC0101

PMC0001

PMC1101

PMC1001

PMC2101

PMC2001

PMC2102

PMC2002

Definitions and questions

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

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**

**ANTIBIOTICS**

0 = Absent  
2 = Present

**BEGINNING OF ANTIBIOTICS TREATMENT**

**ASTHMA MEDICATION**

0 = Absent  
2 = Present

**BEGINNING OF ASTHMA MEDICATION TREATMENT**

**OTHER MEDICATION**

0 = Absent  
2 = Present

**BEGINNING OF TREATMENT**

Codes

PMC3101

PMC3001

 / /

PMC4101

PMC4001

 / /

PMC5101

PMC5001

 / /

PMF0101

PMF0001

 / /

PMF1101

PMF1001

 / /

PMC6101

PMC6001

 / /

Definitions and questions

**ENDING THE INTERVIEW**

*Well, I think that's all I want to ask about, Thank you for being so helpful.*

*Is there anything else you'd like to add?*

INTERVIEWER: WRITE DOWN THE TIME THE INTERVIEW ENDS!!!

AFTER FINISHING THE INTERVIEW, REMEMBER TO COMPLETE "ADEQUACY OF INTERVIEW."

Coding rules

**ADDITIONAL CONCERNS**

0 = Absent

2 = Present

Codes

PQA0X01  
Intensity

For Review Only