THE ELECTRONIC PRESCHOOL AGE PSYCHIATRIC ASSESSMENT (ePAPA)

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OVERVIEW: THE PRESCHOOL AGE PSYCHIATRIC ASSESSMENT

THE HISTORY AND AIMS OF THE PAPA

The PAPA is one of a suite of interviews that employ a consistent approach to the assessment of psychopathology in childhood, adolescence, and young adulthood. The first of these interviews to be developed (beginning in 1986) was the Child and Adolescent Psychiatric Assessment (CAPA) which collects information from children and adolescents aged 9-18 and their parents. The first edition of the CAPA was developed at the Institute of Psychiatry in London. It has been updated and modified repeatedly since 1986 by the Developmental Epidemiology Program at Duke. A version of the CAPA for use in twin studies (which includes lifetime assessments for some disorders) was produced by the Virginia Twin Study of Adolescent Behavior and Development in 1992. The first edition of the Young Adult Psychiatric Assessment (YAPA) was produced by the Developmental Epidemiology program at Duke in 1998. Work on the first edition of the PAPA was begun in the fall of 1998, and the first edition was finalized during the summer of 1999.

In addition to these assessments of psychopathology, the Developmental Epidemiology Program has also produced companion measures to assess service use in children, adolescents and young adults (the Child and Adolescent Services Assessment - CASA), and the impact of children=s psychiatric problems on parental and family life (the Child and Adolescent Impact Assessment - CAIA).

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INTERVIEWING PRINCIPLES UNDERLYING THE PAPA, CAPA AND YAPA IN THE CONTEXT OF PSYCHIATRIC INTERVIEWS IN GENERAL

All diagnostic interviews are designed to perform four tasks:

(1) Structure information coverage, so that all interviewers will have collected all relevant information from all interviewees.

(2) Define the ways in which relevant information is to be collected.

(3) Make a diagnosis only after all relevant confirmatory and disconfirmatory information has been collected.

(4) Structure the process by which relevant confirmatory and disconfirmatory information is combined to produce a final diagnosis.

Though all interviews seek to perform these tasks, the way they go about it differs substantially from interview to interview. There is also a very basic distinction between two types of approach to these tasks:

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INTERVIEWER- AND RESPONDENT-BASED INTERVIEWS

A basic distinction has arisen between two different strategies for structuring information coverage and defining ways to collect relevant information. These two methods have been dubbed "interviewer-based" (or sometimes "investigator-based") and "respondent-based" (Angold, Prendergast et al. 1995). This distinction comes down to a difference in what is structured, or the level at which information is structured. In an interviewer-based interview, the mind of the interviewer is structured. In essence, the interview schedule serves as a tool to guide the interviewer in determining whether symptoms are present, but the interviewer makes the decisions, on the basis of information provided by the child or adult. In order to reduce idiosyncrasies in these interviewer judgments, definitions of symptoms are provided, and the interviewer is expected to question until s/he can decide whether the symptoms described meet these definitions. Interviews of this sort were the first to be developed, since they sprang naturally from clinical practice.

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Although early interviewer-based interviews were used extensively in moderately-sized epidemiological surveys, it was clear that the use of clinician interviewers created both logistic and budgetary problems. Very large scale epidemiological studies, such as the Epidemiologic Catchment Area (ECA) studies (Regier, Myers et al. 1984) mandated the use of non-clinician ("lay") interviewers. However, it was felt that such interviewers would be incapable of making the judgments required by interviewer-based interviews, so, respondent-based psychiatric interviews were developed, following methodologies used, by political and marketing surveys. In a respondent-based interview, it is the questions put to the interviewees that are structured, and the interviewer makes no decisions about the presence of symptoms. Prescribed questions are asked verbatim in a preset order, and the interviewee's responses are recorded with a minimum of interpretation or clarification by the interviewer. Information variance due to variability in interviewing style or content is thus minimized. The obvious difficulty with such an interview is that, although one knows exactly what has been asked in each interview, and exactly what was answered, there is no control over differences in how interviewees interpret questions or respond to them. ***It is important to be aware, however, that the goals of these two interviewing strategies are the same - to reduce information variance as much as possible. Strategies for data combination to produce diagnoses and scale scores have also shown considerable convergence, with computer-scoring emerging as a key diagnostic method for both respondent-based and interviewer-based interviews. It is also important to bear in mind that all interviews are moving targets. Interview developers and users are constantly modifying and updating them in response to changes in nosological systems, the requirements of particular studies, and increasing experience with the strengths and weaknesses of their own and others= measures.***		

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It is perhaps worth noting here that respondent-based interviews have often been referred to as "highly structured", while interviewer-based interviews have been called "semi-structured". These are misnomers, since the issue is not how much structure is present, but what is structured -- the questions or the definition of symptoms. ***The distinction between interviewer- and respondent-based interviews is not hard and fast in actual practice, because there has been considerable cross-fertilization between these approaches. For instance, the Child and Adolescent Psychiatric Assessment, which grew primarily from the interviewer-based tradition, includes a subset of questions that are to be asked of all interviewees in a respondent-based interview, but then allows further questioning for clarification. So it is perhaps best to consider interviews as at various locations lying along three dimensions: (1) Degree of specification of questions, (2) degree of definition of symptom concepts and (3) degree of flexibility in questioning permitted to the interviewers. Interviews that provide extensive definitions and require interviewers to make judgments lie at the interviewer-based end of the spectrum, while those that specify every question and allow no interviewer deviation from those questions lie at the respondent-based end of the scale. Thanks to its extensive glossary of symptom definitions and coding rules, and its demand that interviewers use whatever questions may be necessary to determine whether a child=s behavior meets those defined coding criteria, the PAPA clearly lies in the interviewer-based region of interviewing space. However, its specification of certain questions that should be asked of all interviewees derives from the respondent-based tradition. Its developers have tried to incorporate good ideas wherever they may have come from.***		

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WHY IS THE PAPA AN INTERVIEWER-BASED INTERVIEW

The developers of the CAPA have long argued that interviewer-based interviews have certain important advantages when used with older children and their parents and for adult self-reports. But do those supposed advantages apply to a parent-report interview for use with parents of preschoolers? We believe not only that they do, but that there are additional advantages to the interviewer-based approach for this age-group that spring from the parlous state of knowledge in this area. In order to produce an adequate respondent-based interview one needs a great deal of information about exactly what questions to ask, and it what order they should be asked if the relevant information is to be collected. The ability to produce such an interview, therefore, depends on having solid information about the usual presentations of problems. Such a knowledge base is singularly lacking for preschoolers. The interviewer flexibility demanded by the PAPA is a great help in such a situation. In essence, each interview can be seen as a structured mini-focus-group that can provide information about relevance, appropriateness, cultural sensitivity, and calibration of glossary definitions, coding rules, and questions on the schedule. We have made a great deal of use of interviewer feedback in modifying the CAPA over the years, and we expect that such feedback will be even more important for the PAPA because we start from a weaker knowledge base regarding preschoolers.

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IS DIAGNOSIS APPROPRIATE FOR PRESCHOOLERS?

The PAPA has been designed to generate DSM-IV and DC: 0-3 diagnoses, but are such diagnostic systems appropriate for preschoolers? Since the dawn of research on psychopathology the topic has been approached both categorically and dimensionally, and these differences in approach have led to intense debates about their pros and cons. The PAPA is designed to implement, as far as possible, two diagnostic schemes. The very fact that there are two diagnostic schemes immediately signals that neither we, nor anyone else, knows exactly what the proper criteria for diagnosing psychiatric disorders in preschoolers ought to be, so the PAPA's ability to make diagnoses according to these schemes should not be taken as an endorsement of the rightness of those schemes. Hence the PAPA's focus on collecting duration and frequency data at the individual symptom level. We hope that such information will help to define appropriate classes of disorder (insofar as they exist) and to generate much information on continuous dimensions. A key feature of the PAPA lies in its attempt to collect as much descriptive information as possible using a minimum of arbitrary cut-points. Sometimes cut-points have to be imposed in order to make information collection feasible, but we have tried to keep them to a minimum. At this point, perhaps it will be helpful to lay out the measurement theory underlying the PAPA a little more fully:

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ALL CATEGORIES ARE BASED ON LITTLE DIMENSIONS AND ALL DIMENSIONS ARE BASED ON LITTLE CATEGORIES

Consider the DSM-IV diagnosis of oppositional defiant disorder (p 93-94). Eight symptoms are to be considered and four must be present in order for the diagnosis to be given. The second criterion is often argues with adults. It would seem that the clinician (or computer diagnostic algorithm) must make several judgments in order to determine whether this criterion is met: (1) Does the child manifest the behavior arguing with adults? (2) How often does the child manifest that behavior? (3) Is that frequency enough to be called often? The first question involves a categorical decision about whether the child manifests any behavior that might be called and argument. The second of these questions involves a dimension and the third, the imposition of a cutpoint on that dimension. All of the criteria for oppositional disorder involve the same basic format. That is, all of them require the diagnostician to jump back and forth between categorical and dimensional judgments. Once all the criterial symptoms have been assessed, the number of positives must be counted and if their sum is four or more, then the diagnosis is given. Once again, a dimension (number of symptoms) is being constructed and then reduced to a category by means of a cutpoint.

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Now consider item 3 of the symptom section of the Child Behavior Checklist (CBCL - a questionnaire that can be used with children aged four and older) - Argues a lot. This time, it is the parent who must make the categorical decision 'does my child argue?' Then one must consider how often the child argues (dimensional) and then decide whether that is a lot (categorical). The final stage involves a three point choice - deciding whether the result of the earlier deliberations should result in a final answer of 'not true', 'somewhat or sometimes true' or 'very true'. This last involves a shift back into dimensional mode, with the minimum number of levels to avoid being a categorical decision. This sort of procedure is repeated for all the items. Then continuous scores are generated on a number of factor analytically-derived dimensions to produce an overall profile. There is even a set of categorical decisions hidden here, because the decisions about which items to include in which factors depended originally on the sizes of the factor loadings in studies used to develop the scales. For each item and each factor a yes/no decision had to be made about whether that item should be included in that factor score.		
We have been hard put to come up with any examples of symptoms that do not involve this sort of back and forth. We also note that the same sorts of criticisms have been leveled at the symptom items in both checklists and DSM diagnostic criteria. Cairns and Green (1979) long ago outlined a number of assumptions underlying the use of rating scales, which, it turns out, also underlie the use of diagnostic criteria. First, it must be assumed that the informant shares with the diagnostician or scale developer a common understanding of the behavior or psychological state to be rated. However, it is obvious to any clinician that you often have to work hard to find out what you want to know because non-clinicians do not all use the same psychopathological terms in the same way. It is also obvious to anyone who teaches clinicians that they do not all share the same definition of every symptom. Neither the DSM-IV nor any checklist that we know of provides definitions of symptom items. However, interviewer-based interviews have gone some way towards providing definitions for interviewers and clinicians in an attempt to improve standardization at the symptom level.		

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Second, it must be assumed that the informant shares with the diagnostician or scale developer an understanding of exactly which behaviors of the child represent the attribute of interest. Consider CBCL item 5 'behaves like opposite sex'. One can hardly expect that everyone has the same notion of what 'behaving like the opposite sex' entails. Exactly the same problem arises with the criteria for DSM-IV gender identity disorder. We doubt that any two clinicians will agree on exactly what constitutes 'intense desire to participate in the stereotypical games and pastimes of the other sex'. ***Third, the informant must be able to extract the relevant behaviors or states from the stream of everyday life and determine how often they occur. We would also add that this must also be done in relation to the relevant time frame (e.g. the past six months for the CBCL and a variety of frames for DSM-IV diagnoses).*** ***Fourth, the informant or diagnostician must then reduce the information already extracted to the appropriate metric for the final coding (e.g. not true, somewhat or sometimes true, very true or often true on the CBCL or symptom present/absent for DSM-IV). Ross and Ross showed (1982) that different parents judge the frequencies necessary to fall into such categories very differently. It is also worth noting that there is very little information about what constitutes normative behavior as far as most symptoms are concerned. Until recently, for instance, there have been, as far as we know, no data on how often oppositional disorder symptoms occur in the general population. In other words, the decision as to where in the frequency distribution to set the cutpoint for 'often argues with adults' has necessarily been left to the vagaries of individual guesswork.***		

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WHEN ARE CATEGORIES REQUIRED?

Some phenomena relevant to psychopathology are self-evidently categorical or so nearly so as to be reasonably regarded as being categorical under most circumstances - gender comes to mind as an example. In other cases, a phenomenon may be so dramatically bimodally distributed that it makes little sense to treat it in any way but categorically, except in studies that concentrate specifically on the rare individuals who fall between the two common states. It is worth noting here that development is an important generator of such functions. At age six very few girls are biologically competent to become pregnant, but by age 16, most are. Thus in a comparison of six- and 16-year-olds pubertal status has a bimodal distribution. However, if one were studying just 11-year-old girls, a wide range of pubertal statuses would be observed, and pubertal status might best be regarded as being dimensionally distributed.

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In certain circumstances, categorical decisions must be made. For instance, before treating a child with stimulants, it is necessary to determine whether that child has symptoms of sufficient intensity to warrant such treatment. The DSM-IV category of attention deficit hyperactivity disorder defines a group of children who are likely to benefit from such treatment. However, it is not the case that someone with a minimal amount of ADHD symptomatology will benefit from a minimal amount of stimulant medication. Rather the decision to prescribe stimulants should institute a full trial of stimulants in reasonable doses. Similarly, the decision to start cognitive behavioral therapy for depression is a categorical decision made only when depressive symptomatology to warrant it. It is not the case that individuals with one depressive symptom should be offered half a session, while those with many symptoms should receive longer treatment. It does not matter for the purposes of our argument here how the decision to provide treatment is made. It could be argued that such a decision should be based on the results of a well-known questionnaire (such as the Conners scale in the case of ADHD) or even on neuropsychological testing, without recourse to the DSM-IV criteria. But whatever assessment method is used, some cutoff point will have to be used to determine whether to institute treatment or not. Thus, no matter how dimensional the approach used to assessment, at the point at which a decision to treat or not to treat is made, all the assessment information must be reduced to a categorical statement. It is usual to call such a categorical statement a 'diagnosis'. The general point here is that when categorical decisions have to be made then assessment must end in a categorical indicator.		

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A third indication for the use of categories is when data show that some phenomenon functions in a categorical manner, rather than a dimensional manner. In rare cases, the categorical nature of the phenomenon may be revealed by the appearance of a bimodal distribution in scores on a "dimensional" measure. The appearance of a bump at the lower end of the otherwise normal IQ distribution is an indication of the presence of a group of individuals with a range of disorders affecting IQ that are rarely found in the rest of the IQ range. A number of attempts to detect points of rarity and humps in symptom distributions have been made in the service of defining subtypes of depression and distinguishing depression from anxiety, but these have been quite unsuccessful. Unless efforts are made a priori to produce non-continuous distributions, it is striking that symptom distributions appear to be resolutely continuous in both adults and older children. There is every reason to suppose that the same will be true of preschoolers. It is perhaps worth noting, however, that 'continuous' does not mean 'normally distributed.' The form of any distribution of psychopathology will depend on the way in which psychopathology is measured. If one includes high prevalence, low intensity items in one's symptom scale, it is easy enough to generate a roughly normally distributed curve. However, most of what clinicians would regard as being symptoms are absent in most people, with the result that general population symptom scores from interviewer-based interviews are heavily skewed to the right (that is most people have zero or very low scores). Even so these Poisson or inverse power curve distributions are still continuous.		

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Is this evidence that continuous measures are to be preferred? Not necessarily. Just because a distribution is continuous does not mean that the phenomenon underlying it is not categorical. Suppose for a moment that there really were a brain disease called depression and that you either had it or you didn't. Suppose also that at some point in the future some aspects of the mechanism of this disease will be discovered so that an accurate diagnostic test will be available, but for now, we have to rely on asking a lot of questions about phenomena that are related to the real disease but also have a range of other causes. Let us also assume that the disease is not very common (say it affects 4% of the population), but that some of the other causes of individual 'depressive' symptoms (e.g. primary sleep disorders, anxiety disorders, bereavement, physical illnesses) are as common, or more common. Let us also take into account that our available questioning techniques are imperfect measures even at the symptom level. In other words we face measurement error at both the symptom and diagnostic levels. What would we expect the distribution of 'depressive' symptoms to look like? We suggest that the result would be a distribution in which many people had a few symptoms and a few had many symptoms, with no sharp cutoff between the two. Our 'real' depressives would be concentrated in the upper tail of the distribution, but because of the imperfections of our question-based assessment approach, some would be in the heavy lower end of the distribution. Thus even if we were measuring the right symptoms, we could expect that our purely categorical disease would generate a continuous symptom distribution. As a further illustration, suppose for a moment that gender before age five were measurable only from observations of children's play, hair length and parental reports of behavior. We suspect that there would be endless debate over whether gender was a categorical or dimensional phenomenon.		

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THE ABILITY TO MAKE A DIAGNOSIS DOES NOT CONSTRAIN THE USER TO MAKE A DIAGNOSIS

We hope that the above makes it clear, that except in cases where a categorical decision is required for some purpose, we are agnostic as to the utility of current diagnostic schemes for preschoolers and that we believe that we need much more descriptive data before we can decide how best to parse the phenomena of preschool psychopathology. The PAPA will make 'diagnoses', but that does not mean that any user of the PAPA is constrained to use those diagnoses. The symptom coding system has been designed to allow maximum flexibility for the construction of all sorts of scales and categories. We believe that such flexibility is absolutely necessary in a situation in which no official or research classification scheme has any but the most tenuous claims to utility or validity.

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THE PLACE OF THE PAPA IN THE PSYCHIATRIC ASSESSMENT OF THE PRESCHOOL CHILD

The PAPA collects symptom and impairment information from a parent (or guardian). It is, therefore, but one component in the overall assessment of the preschooler. Any full assessment would need to include observation of the child in the family context, measurement of developmental/intellectual level, interviews with others involved in the child's care, and perhaps tests in experimental settings. In other words, we do not regard the PAPA as a full psychiatric assessment, but as one important component of such an assessment.

Having provided an overview of what the PAPA is designed to do and some background rationale for our approach to doing it, we now turn to some key concepts that underpin the administration of the interview.

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STYLE OF QUESTIONING FOR THE PAPA

The interviewer is expected to approach questioning in a flexible, but disciplined way. Questions are not fixed in format, but the presence or absence of all the items in a section must be ascertained. In questioning about a symptom, the interviewer must ask about the context in which it has occurred, aggravating and ameliorating factors, and the consequences it has entailed. Respondents should be allowed to answer questions in their own words and to describe experiences and behavior in their own way. Once a symptom has been thoroughly investigated, all the information obtained is used to match the behavior, emotion, or thought described by the respondent, to appropriate glossary definitions and levels of severity.

It is mandatory to get details of symptoms and not just yes/no answers. It is the interviewer's task to decide what symptoms are present, not the respondent's. Questions are recommended in the text, but the interviewer should ask whatever further questions are necessary to clarify the information to be recorded.

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As far as question content is concerned, the usual procedure is to start with an open question that defines the general area under consideration; to follow this with more focused closed questions on the specific symptom to be rated; and to end with open questions designed to obtain examples of the behavior or thought processes reported. For instance, when trying to elicit a child's mood one might start by asking: "How has s/he been feeling in the last month?" Such a question might result in a full description of a depressive episode, at one extreme (in which case the appropriate items should be rated), to an entirely non committal answer like "O.K.". In the latter case a more specific closed question such as "Has s/he felt miserable or unhappy at all?" would be appropriate. If the answer to this question suggested that the child had experienced low mood, clarification should be sought through open questions that seek examples. These might take the form of: "Can you give me an example of when s/he felt like that?" or "How low did s/he feel then?" or "When was the last time you s/he was like that?" If the answers indicated that the child might have experienced significantly depressed mood, further questions should be framed in order to determine whether the symptom criteria are met.		
The task is always to determine conformity to the schedule glossary's criteria for the symptom. A yes/no answer to a closed question almost never decides the rating. Occasionally, it may be necessary to rate a symptom as being present in the face of a categorical denial by the interviewee, or conversely to code its absence despite the respondent's insistence on its presence, in accordance with the directions of the glossary.		

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THE PROBE STRUCTURE

Detailed guidance on the use of the questions is provided, but the suggested questions are to be used according to the needs of the interview. Two levels of probe are employed:

(1) Mandatory probes: Mandatory probes appear on the schedule in boldface type preceded by an asterisk. For instance *Does s/he ever get frightened without knowing why?

All mandatory probes are asked unless the respondent has already provided the necessary information to determine the information being asked. It is important to be sensitive to the respondent's level of understanding in questioning throughout the interview. It will sometimes be necessary to modify the wording of questions for particular individuals and special care must be taken to ensure that respondents understand what they are being asked about. However, a good deal of work has gone into the selection of questions, so the mandatory probes should be asked as written unless there is good reason for modifying them.

If the answers to appropriately worded mandatory probes are convincingly negative, then further questioning in that area is unnecessary and the interviewer should move on to another section. However, unconvincing or doubtful negatives should lead to further questioning. Similarly, if convincing negatives have already been provided elsewhere, then even the mandatory probes do not have to be asked again, since it is the codings that are required to be consistent, not the questions per se. However, it should be borne in mind that respondents sometimes change their minds and interviewers should be willing to return to sections that have already been covered or skipped if new or better information comes to light as the interview proceeds. When apparently contradictory information is provided about a symptom, further exploration is required.

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Detailed written notes on the right hand page should be kept during the interview. Marks should be placed next to the questions that were actually asked, with yes answers being distinguished by a checkmark and negative answers being distinguished by a dash. ***Audio recordings should also be made of all interviews for review later in the office, in order to check and finalize the schedule codings.*** ***Detailed notes of actual examples of symptoms or problems should be made. These provide an important resource for data cleaning at a later stage, and also allow anyone reading through the completed schedule to get a much richer picture of the nature of a child's difficulties. This can be of immense value in trying to understand and fill out findings based on statistical analyses of the formal ratings. It is especially important to note examples of psychotic symptoms as it is often difficult to be certain about these in children.***		

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CONTEXT

For many symptoms or behaviors, assessment is made of two contexts:

1) The context of the child=s relationship

2) The context of the child=s setting

RELATIONSHIP CONTEXT

For specific items, determine with whom the child=s symptoms appear. For example, does the child have tantrums with mother only or with most adults? The relationships assessed include: parental figures, teacher/caregiver at daycare or school, babysitters, siblings, peers. Understand the relational context of a young child=s behavior is very important for understanding the scope and significance of the child=s symptoms.

SETTING CONTEXT

For specific items, determine the frequency of the child=s symptoms in three different settings:

1) Home

2) Daycare/School

3) Elsewhere

Many children show disturbances only in particular settings and so this division provides an important reminder that assessment of the sphere of life in which a disturbance occurs is as important as its specific form.

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SEVERITY RATINGS

An important feature is the precision of the severity ratings for individual symptoms. The "severity" of a symptom is compounded by a number of aspects which need to be discriminated:

1) The intensity of the symptom itself,

2) Its frequency of occurrence,

3) Its duration when actually present,

4) The length of time since it first appeared, and

5) The amount of secondary incapacity that it causes.

INTENSITY

Intensity refers to the strength or force of the symptom itself without consideration of features such as frequency or duration. The first aspect of intensity is a threshold below which items are not considered of clinical importance. This is necessary because many "symptoms" (e.g. anxiety or depression) represent features that are both common and normal when present at a lower intensity. The second aspect of intensity is its level within the clinical range.

The criteria for intensity are necessarily different for different types of symptoms. The first group of symptoms consists of those intrapsychic phenomena that are normal when present in lesser degree (such as worrying). For these items a symptom's intensity is usually evaluated according to three dimensions:

1) its intrusiveness into or interference with other mental activities (as, for instance, in the case of worries intruding into other thoughts),

2) its lack of modifiability or the child's inability to modify the phenomenon by action, thought, behavior, or environmental manipulation (as when a miserable child cheers himself up by going out to play football with his friends),

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3) its generalization or the degree to which symptomatic thoughts or emotions are present across a range of activities that may be quite unrelated to the content of the symptom (as in the case of the child who feels afraid of parental separation in situations where separation is not threatened).

Note that these characteristics are rated for the period during a symptom bout only and are therefore not confounded with the frequency and duration ratings.

The second group of symptoms comprises those where there is a qualitative difference that defines the feature as abnormal whenever it occurs, regardless of the level of intensity. Obviously, this applies to psychotic phenomena, but there are various other symptoms when the same approach may be followed on the grounds that the presence of the feature at any intensity is of clinical significance, even though it does not necessarily imply disorder in the way that is inherent in psychotic phenomena. For example, this approach is used with certain uncommon conduct symptoms (such as fire setting or running away from home), with developmental abnormalities that are unusual in the age group (such as the child not feeding himself or herself), and with certain other disturbances (such as flashbacks in PTSD).

The third group of symptoms comprise behavioral disturbances that are abnormal only when they are intense. This applies, for example, to conduct disturbance items such as disobedience and temper tantrums. Sometimes the intensity threshold is implicit in the form of the symptom (for instance tantrums are defined in terms of attempted violence against people or property), but it is sometimes necessary to specify a minimum frequency combined with the requirement of generalization across activities in order to set a threshold.

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The fourth group of symptoms is, in a sense, intermediate between the second and third in that they are common but yet are not universally expectable at low intensity in the same way that applies to the first group of intrapsychic phenomena or the third group of conduct disturbances. This group includes such items as stealing and tics. In view of the uncertainty over what intensity of manifestation is clinically relevant, the threshold has been set low so that only clearly trivial manifestations are excluded. The specific requirements are specified individually for each symptom. Throughout the interview, precise rules for coding the intensity of each item are specified in the glossary. For the most part, symptoms and behaviors are scored on a 4 point scale (0, 1, 2, 3) of "intensity".

0 = Symptom absent.

1 = Symptom conforming to the glossary definition in form, and meets most, but not all, of the criteria for "2" on intensity. "1" should also be rated when the available information suggests that the symptom fulfills the overall concept inherent in the intensity criteria but where the details fall just short of the specifics required. N.B. the "1" coding should not be used for mild symptoms (code 0) or where information is poor or uncertain (code X). It is intended, in effect, only for symptoms that fall just short of the intensity threshold on technical grounds. A coding of "1" is not intended to be used just because it is difficult to decide whether a coding should be "0" or "2". Interviewers must make every effort to decide whether a symptom is present or absent according to the glossary rules, and codings of "1" should be very uncommon. The only exceptions to this rule occur in a few instances where a coding of "1" is explicitly defined in the glossary and on the schedule. Then the glossary rules should be followed in deciding whether "1" is the appropriate coding.

2 = Symptom present at least at the minimum level of intensity as defined in the glossary.

3 = Symptom present at higher intensity level, as defined in the glossary.

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Definitions and questions	Coding rules	Codes
4 = In the Subjective Anxious Affect Section, child has not been in the situation in the past 3 months because of avoidance, but anxious affect would have been present if s/he had been in the situation. ***Several codes for various sorts of missing data are also available:*** ***d = Parent does not have sufficient knowledge to rate. Code the intensity with a "d" (for don't know) if the parent reports that they just do not know about the information in question, and can not answer your question. However, it is important not to code 'd' when the parent really means that the symptom is absent to the best of his/her knowledge. For instance, if the parent says "not as far as I know," or "I do not think so," code 0".*** ***S = Structurally missing value; the question is not applicable (for instance, recording frequency of a symptom that has not occurred) or the items are in skip sections and not covered because the responses to the screen questions were negative.*** ***N = Symptom similar to the one being coded, and of sufficient severity to warrant notice, but not conforming to any glossary definition. This coding is particularly useful when developing a new section of an interview, because it provides a means of noting the presence of symptomatology that is poorly addressed by the current format. Whenever an 'N' coding is made, careful notes justifying the coding should be made, so that it is clear what action would have to be taken to make such symptoms codable. The existence of the "N" coding is not intended as an excuse for avoiding the determination of whether defined symptoms are present or absent.***		

For Preview Only

Definitions and questions	Coding rules	Codes
X = Information missing, or section not completed. Missing data are to be avoided at all costs, but sometimes individuals are unwilling to provide certain sorts of information, and there is nothing that the interviewer can do about it. It is sometimes thought that it matters less if "X" codings appear in frequency, duration, or onset items than if they appear in intensity items. This is not true. The diagnostic and scoring algorithms typically use frequency, duration, and onset information, and its absence has a severe effect on the accuracy of the final assessment of the diagnostic status of the child. ***Some items depart from this format (for instance being coded simply 0, 1, and 2), but in these cases the glossary again provides definitions. If, in a particular symptom category, there is a mixture of intensity levels, these intensities are not averaged to achieve an overall intensity rating; the symptom is coded at its worst, or highest level, with the following proviso for "emotional"/affective symptom categories (Worries, Anxiety, including Separation Anxiety, Ruminations, Obsessions, Compulsions, Depression, and Mania): When there is a "mix" of 2 and 3 level intensities reported, in order to rate at level 3 in overall intensity the symptom must occur at that level for at least 1 week continuously, or 2 times a week for 3 2 weeks consecutively, or once a week for 7 weeks consecutively. However, if it is a clear 3, the need for 1 week continuously does not apply. For frequency and duration, all episodes that meet criteria (both 2 and 3 level intensities) are included.***		

For Review Only

Definitions and questions | Coding rules | Codes

TIMING: FREQUENCY, DURATION, AND ONSET

PRIMARY PERIOD

The interview is designed to focus on the three months immediately preceding the interview. This is called the primary period. Only in the case of a very few symptoms involving infrequent discrete acts is information sought on symptoms that have occurred only outside the primary period.

DURATION

For those symptoms that exhibit a meaningful degree of continuity over time, the duration of each bout should be recorded. In this context, a symptom bout refers to each bout of continuous occurrence or "attack" of the particular symptom. The duration is recorded as the length of time (most often in hours and minutes) of the average bout during the last three months.

The rating of duration applies to symptom bouts and hence is not used for symptoms where the concept of a symptom bout cannot be used meaningfully. Thus, the duration coding is not made for symptoms that constitute discrete acts (such as stealing or enuresis or encopresis). The day is divided into five hour blocks, so that a morning is coded as five hours, an afternoon is coded as five hours, an evening is coded as five hours and "all day" is coded as 15 hours. If a symptom lasts until its precipitant is withdrawn (as in the case of anxiety in a simple phobia) its duration is coded as 16.00 hours.

FREQUENCY

Ratings of frequency are required for all symptoms that are not continuous. The frequency refers to the number of symptom bouts or discrete acts that have occurred during the last 3 months. If the frequency exceeds 999, 999 should be coded. If a symptom has been continuously present, it should be coded 15 hours under duration and 90 under frequency.

For Review Only

Definitions and questions	Coding rules	Codes
When averaging frequencies (or any aspect of a symptom or behavior), the general rule is that it is best to underestimate symptomatology; the following are guidelines to follow in this process:		
a) 2 3 times per week = 2		
b) 3 5 times per week = 4		
c) 5 10 times per week = 7		
For symptoms present at intensity level 3, the frequency ratings reflect frequency of symptoms at both 2 and 3 level. The rationale is that the intensity level tells us about the worst that the symptom gets, and the frequency tells how often the symptom has been present at a codable level.		
SYMPTOM ONSET		
The date from which the child has suffered from any symptom that has been present during the primary period at intensity level 2 or higher should be recorded. If a symptom has been present on and off over a long period, then an additional rule applies: an asymptomatic period lasting 1 year or more is considered to constitute a break in the symptoms' presence, and the next appearance of the symptom after such a break is regarded as being the date of onset. For example, if a child lacked bladder control from birth until age 2, and then became dry for three years, started wetting again 2 years later, became dry after 6 months and then began to wet again 18 months after that, the last date would be recorded as the onset of enuresis. However, "ever" onsets should be coded as the first time a symptom or behavior occurred; the one year's absence rule would not apply in this case.		
Onset dates are coded as actual dates.		
Certain rules also apply to the coding of uncertain dates:		
(I) If a date is known only to a particular year, it is coded as occurring on 6/14 of that year (i.e. midway through the year).		

For Review Only

Definitions and questions	Coding rules	Codes
(ii) Similarly if only the age (in years) at which a symptom started is known, that is coded as a date six months after the date of the previous birthday (e.g. if a child with DOB 1/1/78 says "It started when I was seven", that date should be coded as 7/1/85). If the response given is "age 3 or 4", one would code the later age for the onset.		
(iii) If the response given is a particular season of the year, the month would be coded as 1 (January) for winter, 4 (April) for spring, 7 (July) for summer, and 10 (October) for Autumn.		
(iv) If a grade is given for the onset, use the middle of the year for the month, fourteen for the day, and three for the confidence (refer to Confidence codings below). For example, if someone says a symptom started in the third grade (and s/he was in third grade from September 1984 June 1985) the onset is 1/14/85, with a confidence of 3.		
(v) If a month can be given, the day is coded as the 14th.		
(vi) The first week is coded 7 as to day, the second week 14, the third 21, and the fourth 28.		
Persistence with date questioning, tied into markers such as holidays, birthdays, and the seasons of the year is often surprisingly effective in getting interviewees to remember onset dates that they were, at first, quite sure they could not specify so exactly.		
If the response is "S/he has always been like that", try to help the respondent pin it down (Was she already like that when you moved? What about before then?), but if you can't stir the memory use date of birth.		

For Review Only

Definitions and questions | Coding rules | Codes

FLOW OF INFORMATION

A range of different sorts of information is often necessary to describe a symptom. For many items the interviewer must determine (I) the presence (N.B. descriptions are particularly important here), (ii) the intensity, (iii) the frequency, (iv) the duration of each individual occurrence, (v) the date of onset, (vi) the effects on other areas of function (incapacity).

It is important to get a full description of any symptom before proceeding to determine its frequency and duration, since there is no point in collecting this information on items that do not reach the symptom threshold.

The preferred flow of questioning is therefore:

Presence/Absence

Date of Onset

Duration

Frequency

Obviously, this approach should not be followed slavishly. If an interviewee is spontaneously talking about the frequency of episodes of anxiety, s/he should not be made to switch to discussing its duration first.

For Review Only

Definitions and questions | Coding rules | Codes

CODING THE INTERVIEW

After the interview is completed, codings should be determined as soon as possible.

If a mental state or behavior meets criteria for two or more symptoms, it is coded only under the more specific heading that is, the item which involves the greatest number of the characteristics of that mental state of behavior.

It is not uncommon, however, for a mental state or behavior to be coded under two items, when those items refer to different aspects of that state or behavior. For instance, a child who felt simultaneously depressed and irritable would receive codings under both Depressed Mood and Irritability. The glossary often clarifies the relationships between several symptoms.

For Review Only

Definitions and questions | Coding rules | Codes

CITATIONS

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Regier, D. A., J. K. Myers, et al. (1984). 'The NIMH Epidemiological Catchment Area Program: Historical context, major objectives, and study population characteristics.' Archives of General Psychiatry 41(10): 934-941.

For Review Only

Definitions and questions | Coding rules | Codes

FAMILY SECTION
FAMILY STRUCTURE, LIFE, AND FUNCTION

This section has five major functions;

(1) ESTABLISHING RAPPORT BETWEEN THE INTERVIEWER AND THE INTERVIEWEE. The better the rapport between the interviewer and the interviewee, the better the material collected by the interview is likely to be. Good rapport also makes the interview much more pleasant for both parties and improves the flow of information. The interviewer should appear friendly, alert, and interested, but without being too obviously intrusive. The interviewee should be allowed to talk, and not over-energetically harried with questions. As far as possible the child's interests and activities should be positively connoted, and a non-censorious attitude to his/her limitations and attitudes should be adopted. Attention should be paid to the maintenance of rapport throughout the interview, but the early stages are especially important in setting the tone for the rest of the session.

(2) ESTABLISHING THE STYLE OF THE INTERVIEW. At the start of the interview, the interviewee does not know what to expect of it, or what sort of information s/he is being asked to provide. The early stages of the interview are therefore important in providing an opportunity for the interviewee to learn what is required.

(3) COLLECTING INFORMATION ABOUT FAMILY STRUCTURE, LIFE AND RELATIONSHIPS. This section represents an extension of the original family life and relationship section for use when more detailed information is required. A number of ratings are made of dimensions of family function and dysfunction that have been found to be related to child psychopathology in many studies. Many of these items are modified versions of material contained in the Child Life Events and Long-term Environment Adversity (CLELEA) interview, developed at the Institute of Psychiatry by Seija Sandberg and Micheal Rutter.

(4) FINDING ENTERIES TO OTHER SECTIONS OF THE INTERVIEW. This section is likely to throw up indications of areas of pathology, which may then be followed up.

For Review Only

Definitions and questions	Coding rules	Codes
(5) COLLECTING INFORMATION RELEVANT TO THE INCAPACITY RATINGS. Many of the questions in these sections are directly relevant to the ratings of Incapacity. It is important, right from the start of the interview, that the interviewer should be thinking about disturbance at the level both of symptoms and incapacity. ***ORGANIZATION OF THE SECTION*** ***The section is organized into 4 sub-areas:*** ***(1) Family structure*** ***(2) Family life and relationships*** ***(3) Relationships with parents*** ***(4) Relationships with siblings***		

For Review Only

Definitions and questions | Coding rules | Codes

FAMILY STRUCTURE

SIBLINGS

In this context, "siblings" include all children (or adults 18 or older) of the parents or parent substitutes who are responsible for the child, whether they are related by blood or not, and are listed in order of age (oldest first). Therefore, half-siblings and other children by previous marriages who may not be biologically related to the index child are included, as are "adoptive siblings" (which can mean that either the sibling or the child is adopted). This item includes siblings who either live or do not live at home with the index child. At this stage in the interview, the focus is on forming a picture of the current home environment of the child, with some understanding of the complications of the wider family group.

For each sibling, note name, relationship to child, sex, age, and whether the sibling has been in the home for one month of the primary period.

Newborns need not have lived in the home one month to be recorded as living in the home.

For siblings less than 1 year old, mark 0 for age.

A half sibling is one who shares one common parent with the child. For example, a mother who remarries and has another child with her new husband; the half-siblings would both have the same mother.

A step sibling, is related to the child by marriage only, and shares no biological parent with the child

MULTIPLE BIRTH

Note whether the target child is the product of a multiple birth. Code whether the parent believes the child to be an identical or non identical twin (or triplet, etc.). The child's position in that birth is then coded. A first born twin is coded as 1, even if s/he has older siblings.

For Review Only

Definitions and questions	Coding rules	Codes
Make a note of the evidence for identical/non identical status.		
Code the details of the birth order here only if the child is the result of a multiple birth.		
OTHERS IN THE HOUSE		
Note here the name and status of any adult (other than adult siblings) who has lived in the house for at least 1 month during the previous three months.		
Some families have very complicated patterns of relationships, and some children may have lived in various places during the three month primary period. The basis for these codings should be the site where the child has lived for the greatest proportion of the primary period, provided that there was at least one parental figure (that is, one who assumed some responsibility for attempting to control the behavior and discipline of the child) in the household during that time.		
If the child has not lived at home for at least 1 month during the primary period, complete the Family Section on the last one-month period that s/he did live at home. If two different family placements of at least one month's duration have occurred during the primary period, the codings are made for the longest lasting of these. If there have been two placements of equal duration, the more recent is the basis for coding.		
If there are more than ten others in the house, omit those who are the least closely related to the child. If further discrimination is required, omit those who have been there for the least time.		
AGE AT ADOPTION		
Enter the age (in years and months) at which the child was adopted by the current family, or the age at which a child is legally adopted by a step-parent.		
FOSTER CARE		

For Review Only

Definitions and questions | Coding rules | Codes

If child has ever been in foster care, code the number of foster homes and the earliest date of placement.

If child is currently in foster care, code the date of placement in that home.

BIOLOGICAL PARENTS' MARITAL STATUS

This item refers to the biological parents' latest marital status. Thus, if a couple lived together for a year, were then married for 5 years before being divorced, they would be coded 4 (Divorced).

If biological parents have a common law marriage (i.e. have cohabited for a period that the state determines is common law marriage) then code marital status as cohabited > 6 months.

Biological parents who prefer to live apart or are legally separated are coded as separated.

Note that this item refers only to the biological parents, and so does not necessarily refer to those who now "parent" the child.

NUMBER OF YEARS BIOLOGICAL PARENTS LIVED TOGETHER

The number of years that the biological parents lived together, regardless of marital status. Include the years that the child's biological parents lived together unwed, or the time biological parents lived together before getting married.

PARENTAL FIGURES

The term Parent refers to any adult who has lived in the child's home for at least 1 month, who assumes some responsibility for attempting to control the behavior and discipline of the child. Thus, a parent's live-in partner is regarded as a parent if s/he is involved in any way in providing discipline or care for the child.

For Review Only

Definitions and questions | Coding rules | Codes

For the entire Family Functioning Section, Parent #1 and Parent #2 refer to parental figures in the home who have lived with the child for at least 1 month in the 3 months being used in the family section. These are coded here as parental figures in the home.

Other Parent #1 and Other Parent #2 refer to parents who no longer live in the home. These may include biological parents, adoptive parents, step parents, or other "parents" who have had an impact on the child's upbringing. These are coded here as parental figures living elsewhere.

This section clarifies who are coded throughout the interview as Parent #1, Parent #2, Other Parent #1, and Other Parent #2. #1 and #2 are used in order to allow coding of atypical combinations of parents (two of the same sex as in having had two previous step-fathers, gay or lesbian parental relationships, or people who are not married as in mother and grandfather).

For the entire Family Functioning Section the mother and father refer to parental figures in the home, except as noted below. Information on who lives in the family home is coded separately under Others in Family Home. The relationship between the "parents" in the home is coded separately under Parental Relationships. The Marital Status of the Biological Parents is coded separately as well.

Examples of Codings of Parental Figures:

CHILD IN HOME WITH BOTH BIOLOGICAL PARENTS

If the child lives with both biological parents, code them throughout the section as Parent #1 and Parent #2.

If the biological parents have separated or divorced within the primary period and the parent now living elsewhere was in the family home for at least 1 month, code the biological parents as Parent #1 and Parent #2.

For Review Only

Definitions and questions	Coding rules	Codes
CHILD IN HOME WITH ONE BIOLOGICAL PARENT: If the child lives with one biological parent and a new partner who serves as a parent, and the other biological parent lives elsewhere, code the parent and the new partner as Parent #1 and Parent #2 respectively. Code the other biological parent living elsewhere as Other Parent #1. ***If the child lives with one biological parent who does not have a new partner who serves as parent, code that parent at Parent #1, and the absent biological parent as Other Parent #1. As the child may have had very little contact with the biological parent living elsewhere, some of the questions may not be applicable and should be coded 'structurally missing'.*** ***If the biological parents are separated or divorced and share custody of the child exactly 50/50. The mother counts as Parent #1 and her home is the home used for the section. If the mother is unavailable to interview, and the father is available, the father is coded as Parent #1 with his home being used for the home section, and the mother becomes other Parent #1.*** ***CHILD IN HOME WITH NO BIOLOGICAL PARENT: If the child lives with adoptive/foster/step parents, both of whom are involved in parenting the child, code them as Parent #1 and Parent #2. If the child has any knowledge of or contact with the biological parents, code them as Other Parent #1 and Other Parent #2.*** ***If only one adoptive/foster/step parent is in the home, with no current partner who parents, code him/her as Parent #1. Code the absent biological parents as Other Parents #1 and #2. If Parent #1's previous partner (who is not biological parent) served as a parent and is still involved in the child's life, you may choose to code him/her as an Other Parent, instead of a biological parent with whom the child has no contact.*** ***If the child lives with another adult (e.g., grandmother, aunt, non-related person) who has a partner who serves as a parent, code them as Parent #1 and Parent #2. Code the absent biological parents as Other Parents #1 and 2.***		

For Review Only

Definitions and questions	Coding rules	Codes
If the child lives with another adult (e.g. grandmother, aunt, non-related person) who has no partner, code that adult as Parent #1. Code the absent biological parents as Other Parent #1 and #2.		
Code aunts/grandparent/adult siblings as parents ONLY if they are acting as parent, instead of the mother or father. For instance, if the child lives with his/her biological mother and grandmother, but the latter does not act as a parent, as defined above, the grandmother would not count as Parent #2.		
CHILD WITH DECEASED PARENT(S): If the child's parent(s) died during the primary period, code the parent as deceased. However, because the parent(s) was alive for at least part of the primary period, code information relevant to the child's relationship with that parent wherever possible throughout the Family Section.		
If the child's parent(s) died prior to the primary period, code as deceased and complete the following items on the deceased parent: ethnic origin/race of biological parent, parental psychological problems, parental substance abuse problems, and parental arrests and prosecutions. For the age of deceased parents, code the age at time of death.		

For Review Only

Preschool Age Psychiatric Assessment

Definitions and questions

Codes

INTERVIEW #

INTERVIEWER

PAA3X01
PVIEWER

FIRST DAY OF PRIMARY PERIOD

PAP0X01
PINTLOC
, ,

TIME AT BEGINNING OF INTERVIEW

PAQ1D01

TIME AT END OF INTERVIEW

:

For Review Only

Definitions and questions

Codes

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 — PQA9X01 ☐

Misleading Answers or Lies — PQA9X02 ☐

Did Not Answer Many Questions Verbally — PQA9X03 ☐

Guarded Informant — PQA9X04 ☐

Refused to Continue — PQA9X05 ☐

Impaired Consciousness — PQA9X06 ☐

Intoxicated with Alcohol or Drugs — PQA9X07 ☐

Unsuitable Interview Environment — PQA9X08 ☐

Interviewer Comments

_____
_____
_____
_____

For Review Only

Definitions and questions

Codes

SUBJECT

GENDER
M=Male
F= Female

PAA0X01
PSEX

DATE OF BIRTH

PAA1O01
DOB
/ /

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

BIRTH WEIGHT (pounds/ounces)

PEE4X01
/

GESTATIONAL AGE (Weeks)

PEE4D01

CURRENT WEIGHT

CURRENT HEIGHT

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

PAP7I01

AGE AT ADOPTION (Years and Months)

PAP9X01
:

For Review Only

Definitions and questions

Codes

PARENTAL FIGURES

BIOLOGICAL PARENTS MARITAL STATUS
1= Married
2= Widowed
3= Separated
4= Divorced
5= Cohabited>6 months
6= Cohabited<6 months
7= Never cohabited

PAB2X01

YEARS BIOLOGICAL PARENTS LIVED TOGETHER

PAB3F01

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

PAB5X01

Gender
M= Male
F= Female

PAB5X02

AGE

PAB5X03

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

PSA0X01

For Review Only

Definitions and questions

Codes

Parental Employment and Occupation

Parent #1

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

PSA1X01 [ ]

Type of Employment (Current or most recent)
1= Employee of private business
2= Government employee
3= Self-employed
4= Working without pay

PSA1X02 [ ]

Occupation (Current or most recent)
Enter code from Census Index of Occupations

PSA1X03 [ ]

Industry (Current or most recent)
Enter code from Census Index of Occupations

PSA1X04 [ ]

Date Last Employed
Code if not employed at the time of the interview

PSA2O01 [/ /]

For Review Only

Definitions and questions

Codes

PARENTAL FIGURES

PARENT #2: Name_____

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

PAB6X01 ☐

Gender

M= Male
F= Female

PAB6X02 ☐

AGE

PAB6X03 ☐

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

PSA0X02 ☐

For Review Only

Definitions and questions

Codes

Parental Employment and Occupation

Parent #2

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

PSA3X01

Type of Employment (Current or most recent)
1= Employee of private business
2= Government employee
3= Self-employed
4= Working without pay

PSA3X02

Occupation (Current or most recent)
Enter code from Census Index of Occupations

PSA3X03

Industry (Current or most recent)
Enter code from Census Index of Occupations

PSA3X04

Date Last Employed
Code if not employed at the time of the interview

PSA4O01

/ /

For Review Only

Definitions and questions

Codes

PARENTAL FIGURES

OTHER PARENT #1: Name_____

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

PAB7X01 ☐

Gender

M= Male
F= Female

PAB7X02 ☐

AGE

PAB7X03 ☐

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

PSA0X03 ☐

For Review Only

Definitions and questions

Codes

Parental Employment and Occupation

Other Parent #1

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

PSA5X01

Type of Employment (Current or most recent)
1= Employee of private business
2= Government employee
3= Self-employed
4= Working without pay

PSA5X02

Occupation (Current or most recent)
Enter code from Census Index of Occupations

PSA5X03

Industry (Current or most recent)
Enter code from Census Index of Occupations

PSA5X04

Date Last Employed
Code if not employed at the time of the interview

PSA6O01

/ /

For Review Only

Definitions and questions

Codes

PARENTAL FIGURES

OTHER PARENT #2: Name_____

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

PAB8X01

Gender

M= Male
F= Female

PAB8X02

AGE

PAB8X03

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

PSA0X04

For Review Only

Definitions and questions

Codes

Parental Employment and Occupation

Other Parent #2

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

PSA7X01

Type of Employment (Current or most recent)
1= Employee of private business
2= Government employee
3= Self-employed
4= Working without pay

PSA7X02

Occupation (Current or most recent)
Enter code from Census Index of Occupations

PSA7X03

Industry (Current or most recent)
Enter code from Census Index of Occupations

PSA7X04

Date Last Employed
Code if not employed at the time of the interview

PSA8O01

/ /

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

1._____ PAA6X01 PAA6X02 PAA6X03 PAA6X04 PAA6X05

2._____ PAA6X06 PAA6X07 PAA6X08 PAA6X09

3._____ PAA6X10 PAA6X11 PAA6X12

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

4._____

5._____

6._____

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
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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._____ PAA6X25 PAA6X26 PAA6X27 PAA6X28

8._____ PAA6X29 PAA6X30 PAA6X31 PAA6X32

9._____ PAA6X33 PAA6X34 PAA6X35 PAA6X36

For Review Only

Definitions and questions

Codes

MULTIPLE BIRTH

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

PAA7X01
Twin

PAA7X02
Triplet

PAA7X04
Other Multiple

BIRTH ORDER IN MULTIPLE BIRTH
1= First born
2= Second born
3= Third born

PAA7X03
Birth Order

For Review Only

Definitions and questions

Codes

OTHERS IN HOUSE

List respondent first

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

1._____ PAA8X01 ☐

2._____ PAA8X02 ☐

3._____ PAA8X03 ☐

4._____ PAA8X04 ☐

5._____ PAA8X05 ☐

6._____ PAA8X06 ☐

7._____ PAA8X07 ☐

8._____ PAA8X08 ☐

9._____ PAA8X09 ☐

10._____ PAA8X10 ☐

For Review Only

Definitions and questions | Coding rules | Codes

ETHNIC ORIGIN/RACE

This refers to the ethnic origin of each biological parent and the child. These categories have been established by the Federal Government for all Federal Grants.

AI= American Indian or Alaskan Native. A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.

AS= Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area included China, India, Japan, Korea, the Philippine Island and Samoa.

BL= African-American/Black African. A person having origins in any of the black racial groups of Africa.

HI= Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

WH= White (European or Middle Eastern). A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

OT= Other. A person of a previously unspecified origin or a person insisting of a cultural indentification of mixed origins.

SUBJECT IS FEMALE

IF SUBJECT IS FEMALE, CODE PRESENT

How old is X

FEMALE SUBJECT

0 = Absent

2 = Present

YEARS

PAA0X99
Intensity

PAGE000

For Review Only

Definitions and questions	Coding rules	Codes
SUBJECT IS MALE		
IF SUBJECT IS MALE, CODE PRESENT	**MALE SUBJECT** 0 = Absent 2 = Present	PAA0X98 Intensity
How old is X?	**YEARS**	PAGE001
ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER		
RACE ALWAYS PRESENT.	**ETHNIC ORIGIN/RACE** 0 = Absent 2 = Present	PUB3I01 Intensity
Is X's biological mother Spanish, Hispanic, or Latino?	**SPANISH, HISPANIC, OR LATINO: BIOLOGICAL MOTHER** 0 = Absent 2 = Present	PUB3X01
What race is the biological mother, the mother who gave birth to X? You can choose more than one race. ***Is she American Indian or Alaskan Native?*** ***Is she Asian?*** ***African-American or Black African?*** ***White, that is, of European, Middle Eastern, or North African origin?*** ***Native Hawaiian or other Pacific Islander?*** ***Some other race that I have not mentioned?***	**ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER** 1 = American Indian or Alaska Native 2 = Asian 3 = Native Hawaiian or Other Pacific Islander 4 = Black or African American 5 = White 6 = Some Other Race	PUB3X02 PUB3X03 PUB3X04 PUB3X05 PUB3X06 PUB3X07
ETHNIC ORIGIN/RACE: BIOLOGICAL FATHER		
RACE ALWAYS PRESENT.	**ETHNIC ORIGIN/RACE** 0 = Absent 2 = Present	PUB4I01 Intensity

For Review Only

Definitions and questions	Coding rules	Codes
Is X's biological father Spanish, Hispanic, or Latino?	**SPANISH, HISPANIC, OR LATINO: BIOLOGICAL FATHER** 0 = Absent 2 = Present	PUB4X01
What race is the biological father of X? You can choose more than one. ***Is he American Indian or Alaskan Native?*** ***Is he Asian?*** ***African-American or Black African?*** ***White, that is, of European, Middle Eastern, or North African origin?*** ***Native Hawaiian or other Pacific Islander?*** ***Is he some other race that I have not mentioned?***	**ETHNIC ORIGIN/RACE: BIOLOGICAL FATHER** 1 = American Indian or Alaska Native 2 = Asian 3 = Native Hawaiian or Other Pacific Islander 4 = Black or African American 5 = White 6 = Some Other Race	PUB4X02 PUB4X03 PUB4X04 PUB4X05 PUB4X06 PUB4X07
ETHNIC ORIGIN/RACE: CHILD RACE ALWAYS PRESENT. ***Is X Spanish, Hispanic, or Latino?***	**ETHNIC ORIGIN/RACE** 0 = Absent 2 = Present **SPANISH, HISPANIC, OR LATINO: CHILD** 0 = Absent 2 = Present	PUB5I01 Intensity PUB5X01

For Review Only

Definitions and questions	Coding rules	Codes
What race is s/he? You can choose more than one.	**ETHNIC ORIGIN/RACE: CHILD**	PUB5X02
Is s/he American Indian or Alaskan Native?	1 = American Indian or Alaska Native	
Or Asian?	2 = Asian	PUB5X03
African-American or Black American?	3 = Native Hawaiian or Other Pacific Islander	
White, that is, of European, Middle Eastern, or North African origin?	4 = Black or African American	PUB5X04
Native Hawaiian or other Pacific Islander?	5 = White	
Some other race that I have not mentioned?	6 = Some Other Race	PUB5X05
		PUB5X06
		PUB5X07
FOSTER CARE		
Has s/he ever been in foster care?	**FOSTER CARE**	Ever:PAB1I01 Intensity
Has s/he been in foster care in the last three months?	0 = No	
How many foster homes has s/he ever been in?	2 = Yes	
When did s/he go into a foster home?	**FOSTER CARE**	PAB1E01 Intensity
How long has s/he been with you in foster care?	0 = No	
What is the total amount of time spent in all foster care?	2 = Yes	
	NUMBER OF FOSTER HOMES	Ever:PAB1F01
	DATE OF FOSTER PLACEMENT	Ever:PAB1O01 / /
	DATE OF CURRENT FOSTER PLACEMENT	PAB0O01 / /
	YEARS	PAB1D01

For Review Only

Definitions and questions | Coding rules | Codes

FAMILY LIFE AND RELATIONSHIPS

Has X lived at home with you for all 12 weeks of the last three months?

How many weeks in the last 3 months has s/he lived at home?
Where has s/he been living?
IF NOT LIVING AT HOME, CODE THE SECTION FOR PERIOD OF AT LEAST ONE MONTH WHEN LIVING AT HOME

If child did not live in home at least 4 weeks in last 3 months, code beginning date of last 4 weeks when was living in home.

LIVING AT HOME

0 = Present

2 = Absent

PAC2I01 Intensity

NUMBER OF WEEKS LIVING AT HOME IN THE LAST THREE MONTHS

PAC2F01

SECONDARY PERIOD: BEGINNING DATE OF LAST MONTH LIVING AT HOME

PAC3O01 / /

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

Specify

PAC3X01

PAC3X02

PAC3X03

PARENTAL SUPERVISION-CHILD LEFT HOME ALONE

Child left home alone without any supervision.

Over the last three months, have there been any times that you have left X home alone?

How often do you do that?

What was the longest amount of time you were gone?

CHILD LEFT HOME ALONE WITHOUT ANY SUPERVISION

0 = Absent

2 = Present

PUB6I01 Intensity

PUB6F01 Frequency

HOURS : MINUTES

PUB6D01 Duration

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL SUPERVISION- CHILD LEFT WITH SIBLING/OTHER CHILD WHO IS YOUNGER THAN 12

Parent fails to provide sufficient supervision as shown by leaving subject with child younger than twelve.

Have you left him/her home with a sibling(s) younger than 12?

Or other children younger than 12?

How old is the sibling (or other child) in charge?
IF LEFT AT HOME WITH A CHILD YOUNGER THAN SUBJECT CHILD, CODE IN CHILD LEFT HOME ALONE WITHOUT ANY SUPERVISION.

How often do you do that?

What is the longest amount of time you were gone?

CHILD LEFT WITH OLDER SIBLING WHO IS YOUNGER THAN 12 OR OTHER CHILD YOUNGER THAN 12

0 = Absent

2 = Present

PUB6I02 Intensity

PUB6F02 Frequency

HOURS : MINUTES

PUB6D02 Duration

PARENTAL SUPERVISION- CHILD LEFT IN CAR

Parent fails to provide sufficient supervision, as shown by leaving child without adult supervision in automobile unattended or without child twelve or older.

Have you left X in the car alone or with a sibling (or another child) and run into a store?

How old is the sibling (or other child) in charge?

How often do you do that?

What was the longest amount of time you were gone?

CHILD LEFT IN CAR WITHOUT ADULT SUPERVISION OR CHILD 12 OR OLDER

0 = Absent

2 = Present

PUB6I03 Intensity

PUB6F03 Frequency

HOURS : MINUTES

PUB6D03 Duration

IF THERE IS A PARENT #2, CONTINUE. OTHERWISE, SKIP TO "PARENTAL DISCIPLINE BY PARENT #1- TIME OUT", (PAGE 16).

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL SUPERVISION P2 - CHILD LEFT HOME ALONE

Parent fails to provide sufficient supervision as shown by leaving child home alone without adult supervision.

Over the last three months, have there been any times that Parent #2 has left X home alone?

How often do you do that?
What was the longest amount of time you were gone?

CHILD LEFT HOME ALONE WITHOUT ANY SUPERVISION

0 = Absent

2 = Present

PUB7I01 Intensity

PUB7F01 Frequency

HOURS : MINUTES

PUB7D01 Duration

PARENTAL SUPERVISION (P2)- CHILD LEFT WITH SIBLING/OTHER CHILD WHO IS YOUNGER THAN 12

Parent fails to provide sufficient supervision as shown by leaving subject with child younger than twelve.

Has Parent #2 left him/her home with a sibling(s) younger than 12 years old?

Or other children younger than 12 years old?

How old is the sibling (or other child) in charge?

How often do you do that?

What was the longest amount of time you were gone?

CHILD LEFT HOME WITH OLDER SIBLING WHO IS YOUNGER THAN 12 OR OTHER CHILD YOUNGER THAN 12

0 = Absent

2 = Present

PUB7I02 Intensity

PUB7F02 Frequency

HOURS : MINUTES

PUB7D02 Duration

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL SUPERVISION (P2)- CHILD LEFT IN CAR

Has Parent #2 left X in the car alone or with a sibling (or another child) and run into a store?

How old is the sibling (or other child) in charge?
How often do you do that?
What was the longest amount of time you were gone?

CHILD LEFT IN CAR WITHOUT ADULT SUPERVISION OR CHILD 12 OR OLDER

0 = Absent

2 = Present

PUB7I03 Intensity

PUB7F03 Frequency

HOURS : MINUTES

PUB7D03 Duration

PARENTAL DISCIPLINE BY PARENT #1- TIME OUT

Information about methods of discipline.

Time Out - Confining a child to one location (e.g. chair, corner, floor) in which the child is not allowed to participate in activities.

NOTE: If parent sends child to room as time out, code as "SENT TO ROOM" and NOT as "Time Out."

Spanking - Using an open palm to strike child, usually on the bottom, hand, arm or back.

Spanking with Implement - Using an implement (e.g. belt, brush, switch) to strike child, usually on the bottom, hand, arm or back.

NOTE: Make sure to note if child was struck with open palm or closed fist and where child was struck (face, bottom, hand). Information may be pertinent to "Victim of Physical Abuse" in Life Events Section. REPORT ANY SUSPECTED CASES OF ABUSE TO SUPERVISOR.

What do you do to discipline X?

Tell me about the last time you had to punish him/her.

Was that fairly typical of what happens?

Do you have to punish him/her often?

When s/he does something wrong, do you use time-outs?

TIME OUT

0 = Absent

2 = Present

PAQ3I01 Intensity

PAQ3F01 Frequency

HOURS : MINUTES

PAQ3D01 Duration

PAQ3O01 Onset

/ /

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL DISCIPLINE- SPANKING WITH HAND ***Do you spank X?*** *Or give him/her a swat?* *Do you use your hand?*	**SPANKING WITH HAND** 0 = Absent 2 = Present	PAQ4I01 Intensity PAQ4F01 Frequency PAQ4O01 Onset / /
PARENTAL DISCIPLINE- SPANKING WITH IMPLEMENT ***Do you spank with something like a switch, brush, or belt?***	**SPANKING WITH IMPLEMENT** 0 = Absent 2 = Present	PAQ5I01 Intensity PAQ5F01 Frequency PAQ5O01 Onset / /
PARENTAL DISCIPLINE- MARKS OR BRUISES ***Have you ever hit him/her and left bruises or other marks?*** *When was the first time you ever hit him/her to leave marks or bruises?* *In the last three months, have you hit him/her to leave marks or bruises?* *In the last three months, how often have you hit him/her to leave marks or bruises?*	**MARKS OR BRUISES** 0 = Absent 2 = Present **MARKS OR BRUISES** 0 = Absent 2 = Present	Ever:PAQ6E01 Intensity Ever:PAQ6O01 Onset / / PAQ6I01 Intensity PAQ6F01 Frequency

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL DISCIPLINE- SENT TO ROOM Parent sends child to room for punishment. There is no attempt by parent to restrict child's activities while in room. ***Do you send X to his/her room?*** *How often do you do that?* *How long does s/he have to stay in there?*	**SENT TO ROOM** 0 = Absent 2 = Present **HOURS : MINUTES**	PAQ7I01 Intensity PAQ7F01 Frequency PAQ7D01 Duration
PARENTAL DISCIPLINE- LOCKED IN ROOM, BASEMENT, OR CLOSET ***Have you locked him/her in a room, basement, or closet*** *How often do you do that?* *How long does s/he have to stay there?*	**LOCKED IN ROOM, BASEMENT OR CLOSET** 0 = Absent 2 = Present **HOURS : MINUTES**	PAQ8I01 Intensity PAQ8F01 Frequency PAQ8D01 Duration
PARENTAL DISCIPLINE- LOSS OF PRIVILEGES ***Do you take away privileges?*** ***Like what?*** *How often do you do that?* *How long does s/he lose these privileges?* ***IF LESS THAN 1 HR, CODE AS 1 HR. IF ALL DAY, CODE AS 15 HR.***	**LOSS OF PRIVILEGES** 0 = Absent 2 = Present **HOURS : MINUTES**	PAQ9I01 Intensity PAQ9F01 Frequency PAQ9D01 Duration

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL DISCIPLINE- OTHER PUNISHMENT

What other sorts of punishment does s/he get?

How often do you do that?

OTHER PUNISHMENT

0 = Absent

2 = Present

Specify

PAX0I01 Intensity

PAX0F01 Frequency

DISCIPLINARY STYLE

Parent #1 uses a harsh, restrictive or physical disciplinary style, leading to punishments that are more severe than would usually be thought appropriate.

When you punish him/her, do you get very angry?

Do you ever feel out of control?

Do you comfort your child after "the dust has settled"?

DISCIPLINE BY PARENT #1

0 = Absent

2 = Parent feels out of control when administering discipline, but punishment is accompanied by a generally nurturant atmosphere.

3 = Discipline delivered coldly, or frequently in anger, AND unaccompanied by a generally nurturant atmosphere.

PAX1I01 Intensity

IF THERE IS A PARENT #2 CONTINUE. OTHERWISE, SKIP TO "VERBAL DISPRAISE BY PARENT #1", (PAGE 24).

For Review Only

Definitions and questions

Coding rules

Codes

PARENTAL DISCIPLINE BY PARENT #2- TIME OUT

Information about methods of discipline.

Time Out - Confining a child to one location (e.g. chair, corner, floor) in which the child is not allowed to participate in activities.

NOTE: If parent sends child to room as time out, code as "SENT TO ROOM" and NOT as "Time Out."

Spanking - Using an open palm to strike child, usually on the bottom, hand, arm or back.

Spanking with Implement - Using an implement (e.g. belt, brush, switch) to strike child, usually on the bottom, hand, arm or back.

NOTE: Make sure to note if child was struck with open palm or closed fist and where child was struck (face, bottom, hand). Information may be pertinent to "Victim of Physical Abuse" in Life Events Section. REPORT ANY SUSPECTED CASES OF ABUSE TO SUPERVISOR.

What about your "partner?"

What does s/he do to discipline X?

Tell me about the last time your "partner" punished X. Was that fairly typical of what happens?
When X does something wrong, does your "partner" use time outs?

Does s/he punish X often?

TIME OUT

0 = Absent

2 = Present

HOURS : MINUTES

PAX2I01
Intensity

PAX2F01
Frequency

PAX2D01
Duration

PAX2O01
Onset
/ /

PARENTAL DISCIPLINE BY PARENT #2- SPANKING WITH HAND

Does s/he spank X?

Or give him/her a swat?
Does your "partner" use his/her hand?

SPANKING WITH HAND

0 = Absent

2 = Present

PAX3I01
Intensity

PAX3F01
Frequency

PAX3O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL DISCIPLINE BY PARENT #2- SPANKING WITH IMPLEMENT

Does your partner spank X with something like a switch, brush, or belt?

SPANKING WITH IMPLEMENT

0 = Absent

2 = Present

PAX4I01
Intensity

PAX4F01
Frequency

PAX4O01
Onset
/ /

PARENTAL DISCIPLINE BY PARENT #2- MARKS OR BRUISES

Has your "partner" ever hit X and left bruises or other marks?

When was the first time your "partner" ever hit X and left bruises or other marks?

In the last three months, has your "partner" hit X and left bruises or other marks?

How often has your "partner" hit X in the last three months and left bruises or other marks?

MARKS OR BRUISES

0 = Absent

2 = Present

Ever:PAX5E01
Intensity

Ever:PAX5O01
Onset
/ /

MARKS OR BRUISES

0 = Absent

2 = Present

PAX5I01
Intensity

PAX5F01
Frequency

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL DISCIPLINE BY PARENT #2- SENT TO ROOM Parent sends child to room for punishment. There is no attempt by parent to restrict child's activities while in room. ***Does "Parent # 2" send X to his/her room?*** *How often does s/he do that?* *How long does s/he have to stay in there?*	**SENT TO ROOM** 0 = Absent 2 = Present **HOURS : MINUTES**	PAX6I01 Intensity PAX6F01 Frequency PAX6D01 Duration
PARENTAL DISCIPLINE BY PARENT #2- LOCKED IN ROOM, BASEMENT, OR CLOSET ***Has "Parent #2" locked him/her in a room, basement, or a closet?*** *How often does s/he do that?* *How long does s/he have to stay in there?*	**LOCKED IN ROOM, BASEMENT, OR CLOSET** 0 = Absent 2 = Present **HOURS : MINUTES**	PAX7I01 Intensity PAX7F01 Frequency PAX7D01 Duration
PARENTAL DISCIPLINE BY PARENT #2- LOSS OF PRIVILEGES ***Does "Parent #2" take away privileges?*** ***Like what?*** *How often does s/he do that?* *How long does s/he lose these privileges?* *IF LESS THAN 1 HR, CODE AS 1 HR. IF ALL DAY, CODE 15HR*	**LOSS OF PRIVILEGES** 0 = Absent 2 = Present **HOURS : MINUTES**	PAX8I01 Intensity PAX8F01 Frequency PAX8D01 Duration

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL DISCIPLINE BY PARENT #2- OTHER PUNISHMENT

What other sorts of punishment does s/he get?

How often does s/he do that?

OTHER PUNISHMENT

0 = Absent

2 = Present

Specify

PAX9I01
Intensity

PAX9F01
Frequency

DISCIPLINARY STYLE BY PARENT #2

Parent #2 uses a harsh, restrictive or physical disciplinary style, leading to punishments that are more severe than would usually be thought appropriate.

When your partner punishes him/her, does s/he get very angry?

Does s/he ever feel out of control?

Does s/he comfort your child after "the dust has settled"?

DISCIPLINE BY PARENT #2

0 = Absent

2 = Parent feels out of control when administering discipline, but punishment is accompanied by a generally nurturant atmosphere.

3 = Discipline delivered coldly, or frequently in anger, AND unaccompanied by a generally nurturant atmosphere.

PAY0I01
Intensity

For Review Only

Definitions and questions

VERBAL DISPRAISE BY PARENT #1

Parent addresses child in a derogatory manner, using words and expressions or sarcasm that demean the child. Criticism is not phrased constructively.

The key distinction to be considered here is between condemnation of a child's actions and condemnation of the child him/herself. For instance, if a child is rebuked for pulling the cat's tail, saying "it's bad to hurt the cat" is not Verbal Dispraise. Saying "you're a bad boy" is Verbal Dispraise.

What do you say to your child when s/he has done something you do not like?

What did you say to X the last time s/he did something you didn't like?
In the last three months, have you told X s/he is a bad girl/boy?

Or told X that s/he is no good?

Or stupid?

Have you sworn at him/her over the last three months?

How many times have you said something like that to X over the last three months?

How about your "partner?"

Coding rules

VERBAL DISPRAISE BY PARENT #1

0 = Absent

2 = Occasional verbal dispraise by parent.

3 = Verbally dispraising statements by parent are characteristic.

Codes

PAY1I01
Intensity

PAY1F01
Frequency

PAY1O01
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

VERBAL DISPRAISE BY PARENT #2

Parent addresses child in a derogatory manner, using words and expressions or sarcasm that demean the child. Criticism is not phrased constructively.

The key distinction to be considered here is between condemnation of a child's actions and condemnation of the child him/herself. For instance, if a child is rebuked for pulling the cat's tail, saying "it's bad to hurt the cat" is not Verbal Dispraise. Saying "you're a bad boy" is Verbal Dispraise.

What does your "partner" say to your child when s/he has done something they do not like?

In the last three months, has your "partner" told X s/he is a bad girl/boy?

Or told X that s/he is no good or stupid?

Has your "partner" sworn at him/her over the last three months?

How many times has your "partner" said something like that to X over the last three months?

VERBAL DISPRAISE BY PARENT #2

0 = Absent

2 = Occasional verbal dispraise by parent.

3 = Verbally dispraising statements by parent are characteristic.

PAY2I01 Intensity

PAY2F01 Frequency

PAY2O01 Onset

/ /

VERBAL REJECTION BY PARENT #1

Parent addresses the child with words or a tone that pushes the child away or puts a barrier between them.

Does X ever make you so mad that you say you wish s/he had never been born?

Have you said anything like that to him/her in the last three months?

VERBAL REJECTION PARENT #1

0 = Absent

2 = Present

PAY3I01 Intensity

PAY3F01 Frequency

PAY3O01 Onset

/ /

For Review Only

Definitions and questions

VERBAL REJECTION BY PARENT #2

Parent addresses the child with words or a tone that pushes the child away or puts a barrier between them.

Does X ever make "Parent #2" so mad that s/he says s/he wishes that X had never been born?

Has s/he said anything like that to him/her in the last three months?

IF THERE IS MORE THAN ONE CHILD IN THE HOME COMPLETE "SELECTIVE NEGATIVE VIEW". OTHERWISE, SKIP TO "OTHER PARENTING - OTHER PARENT #1", (PAGE 29).

Coding rules

VERBAL REJECTION PARENT #2

0 = Absent

2 = Present

Codes

PAY4I01
Intensity

PAY4F01
Frequency

PAY4O01
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

SELECTIVE NEGATIVE VIEW BY PARENT #1

The target child is regarded more negatively by his/her parents than the other child(ren) in the home. Just because one child has more problems, it doesn't mean that s/he will be the subject of a selective negative view. To be rated here, the child must actually receive different treatment from the other child(ren) for equivalent misdemeanors.

Does X have siblings in the home?

Some children are easier to get along with than others. Which child in your family do you find it most difficult to get along with?

Has it always been like that?

When did you start to find him/her the most difficult?
Do you find yourself treating X differently?

Do the children get the same punishment for the same misbehavior?

Can you give me an example?
When things go wrong, is it usually X's fault?

Do you have any difficulties with the other children?

What sort of problems do you have?
INCLUDE DIFFERENCES IN VERBAL AS WELL AS BEHAVIORAL TREATMENT OF THE CHILD.

CHILD HAS SIBLINGS

0 = Absent

2 = Present

PAD7I90 Intensity

SELECTIVE NEGATIVE VIEW BY PARENT #1

0 = Target child treated in same way as rest of children.

2 = Target child consistently treated differently from other children in a negative manner, in some areas.

3 = Target child is regarded as being markedly different from other children in family, and subjected to markedly different rules or restrictions.

PAD7I01

SELECTIVE NEGATIVE VIEW BY PARENT #2

The target child is regarded more negatively by his/her parents than the other child(ren) in the home. Just because one child has more problems, it doesn't mean that s/he will be the subject of a selective negative view. To be rated here, the child must actually receive different treatment from the other child(ren) for equivalent misdemeanors.

Does your "partner" feel the same way?

When things go wrong, is it usually X's fault?

Does your "partner" have difficulties with the other children?

What sort of problems?
INCLUDE DIFFERENCES IN VERBAL AS WELL AS BEHAVIORAL TREATMENT OF THE CHILD.

SIBLINGS IN THE HOME

0 = Absent

2 = Present

PAD7I85 Intensity

SELECTIVE NEGATIVE VIEW BY PARENT #2

0 = Target child treated in same way as rest of children.

2 = Target child consistently treated differently from other children in a negative manner, in some areas.

3 = Target child is regarded as being markedly different from other children in family, and subjected to markedly different rules or restrictions.

PAD7I02

For Review Only

Definitions and questions | Coding rules | Codes

IF CHILD HAS "OTHER PARENT #1" AND/OR "OTHER PARENT #2", COMPLETE "OTHER PARENTING". OTHERWISE, SKIP TO "RELATIONSHIPS WITH SIBLINGS", (PAGE 31).

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.

Child has "Other Parent #1."

Does X see or have any contact with his/her "other parent?' Does s/he want to?

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

CODE AS STRUCTURALLY MISSING IF NO RELATIONSHIP (E.G. NEVER MET MOTHER OR FATHER, OR FATHER LEFT WHEN VERY YOUNG.

How does X get along with his/her "other parent"?

Are there any problems?
What sort of problems?
Does s/he like visiting "other parent"?
What types of things does s/he do with him/her?
Does s/he enjoy that?
Would s/he rather not see him/her?

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

OTHER PARENT #1: NUMBER OF PHONE CALLS/LETTERS TO OR FROM 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

For Review Only

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.

Child has "Other Parent #2."

Does X see or have any contact with him/her?
Does s/he want to?

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

CODE AS STRUCTURALLY MISSING IF NO RELATIONSHIP (E.G. NEVER MET MOTHER OR FATHER, OR FATHER LEFT WHEN VERY YOUNG.

How does X get along with his/her "other parent"?

Are there any problems?
What sort of problems?
Does s/he like visiting "other parent"?
What types of things does s/he do with him/her?
Does s/he enjoy that?
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

OTHER PARENT #2: NUMBER OF PHONE CALLS/LETTERS TO OR FROM 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

For Review Only

Definitions and questions

RELATIONSHIPS WITH SIBLINGS

DETERMINE THE QUALITY OF THE CHILD'S RELATIONSHIP WITH EACH SIBLING, REGARDLESS OF PLACE OF RESIDENCE.

Check that siblings are coded in the same order.

CODE AS STRUCTURALLY MISSING IF CHILD HAS OR KNOWS OF RELATIONS, SUCH AS HALF SIBLINGS, BUT THERE HAS BEEN BASICALLY NO CONTACT. DO NOT USE "STRUCTURALLY MISSING" TO INDICATE THAT THERE WAS A RELATIONSHIP, BUT THEY NO LONGER SEE EACH OTHER BECAUSE OF A NEGATIVE RELATIONSHIP.

Child has siblings.

How does X get along with his/her "brothers and sisters?"

Is s/he especially close to any of them?

Who is that? (Note Age and Sex).
Do they do things together?
What sort of things?
Can s/he share secrets or talk about his/her problems/worries with "sibling?"
Is the time they spend together more likely to be harmonious (good times) or conflictual?

Are there any of his/her brothers/sisters that s/he doesn't get along with?

Do any of his/her brothers/sisters pick on X in particular?

Or are there any of his/her brothers/sisters that X avoids because they don't get along?

What happens?
Do they argue a lot?
Or get into physical fights - I mean real fights?
When did they start not getting along?
What about the others?
CHECK THAT SIBLINGS ARE CODED IN SAME ORDER AS CODED IN FAMILY STRUCTURE - SIBLINGS.

Coding rules

CHILD HAS SIBLINGS

0 = Absent

2 = Present

RELATIONSHIPS WITH SIBLING #1

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #2

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #3

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #4

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to

Codes

PAK9I90
Intensity

PAK9X01

PAK9X02

PAK9X03

PAK9X04

For Review Only

Definitions and questions	Coding rules	Codes
	be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other. 1 = "Neutral" relationship 2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.	
	RELATIONSHIPS WITH SIBLING #5 0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other. 1 = "Neutral" relationship 2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.	PAK9X05 ☐
	RELATIONSHIPS WITH SIBLING #6 0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other. 1 = "Neutral" relationship 2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.	PAK9X06 ☐
	RELATIONSHIPS WITH SIBLING #7 0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other. 1 = "Neutral" relationship 2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or	PAK9X07 ☐

For Review Only

Definitions and questions

IF PARENT 1 AND PARENT 2 LIVED IN THE SAME HOUSHOLD IN THE LAST 3 MONTHS, COMPLETE. OTHERWISE, SKIP TO "RELATIONSHIP BETWEEN OTHER PARENT #1 AND ONE OF CHILD'S CURRENT PARENTS", (PAGE 40).

Coding rules

unpleasurable.

RELATIONSHIPS WITH SIBLING #8

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #9

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

Codes

PAK9X08 ☐

PAK9X09 ☐

For Review Only

Definitions and questions | Coding rules | Codes

RELATIONSHIP BETWEEN PARENT #1 AND PARENT #2

MARITAL RELATIONSHIP

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

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

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

LIVING AT HOME

0 = Absent

2 = Present

PAB9I01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

RELATIONSHIP BETWEEN PARENT 1 AND OTHER(S)

EXCLUSIVE PARTNERSHIP

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

EXCLUSIVE PARTNERSHIP

0 = Absent

2 = Present

PAC0I01 Intensity

DATING

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

DATING

0 = Absent

2 = Present

PAC1I01 Intensity

DISSATISFACTION WITH PARTNER'S HELP- PARENT #1

The interviewee expresses dissatisfaction with the distribution of chores, childcare, shopping, or other home-making activities.

How do you share chores and jobs around the house with your "partner?"

Like shopping?
Or looking after the children?
How about preparing meals?
And cleaning?
Are you satisfied with the way you share these things in the home?

Are there any things that you would like shared differently?

Does this ever lead to bad feelings between you?
Do you argue about it?
What happens then?
Does "partner" take any notice of what you feel about it?

DISSATISFACTION BY PARENT #1 WITH PARTNER'S HELP

0 = Satisfied with partner's help.

2 = Dissatisfied with some aspects of partner's help to an extent sufficient to cause at least occasional anger, or arguments.

3 = Almost complete dissatisfaction with partner's contribution to home-making. Almost no positive help perceived as being provided by partner.

PAN4I01 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

DISSATISFACTION WITH PARTNER'S HELP-PARENT #2

Is your "partner" satisfied with the way things are shared in the home?

Are there any things that s/he would like shared differently?

Does that cause trouble between you?

DISSATISFACTION BY PARENT #2 WITH PARTNER'S HELP

PAN4I02 Intensity

0 = Satisfied with partner's help.

2 = Dissatisfied with some aspects of partner's help to an extent sufficient to cause at least occasional anger, or arguments.

3 = Almost complete dissatisfaction with partner's contribution to home-making. Almost no positive help perceived as being provided by partner.

DISSATISFACTION WITH COMMUNICATION AND DECISION-MAKING BY PARENT #1

Parent expresses dissatisfaction with the quantity or quality of communication with his/her partner; and/or dissatisfaction with the way that they arrive at decisions that affect them as a couple, or affect the family.

How much do you talk with "partner" about ordinary, everyday things?

Like what's in the news?
Or what's been happening to you during the day?
Or what (the children) have been doing?
Do you talk over problems or difficulties with each other?

Like worries over the children?
Or problems with relatives?
Do you talk about any problems?
Can you say what you feel about those sorts of things?

Or do you keep what you think to yourself?
Why is that?
Are there any problems that you'd like to talk to "partner" about, but you can't?

What problems are they?
Why can't you talk about them?
Who usually decides things in the home?

Like making big purchases?
Or how the children should be disciplined?
Or when you both go out?
Are you happy with its being that way?

Have you tried to do anything about it?
What happened?
Does it cause disagreements?

DISSATISFACTION BY PARENT #1 WITH COMMUNICATION AND DECISION-MAKING

PAN5I01 Intensity

0 = Dissatisfaction absent.

2 = Some dissatisfaction that at least sometimes causes anger or arguments.

3 = Almost complete dissatisfaction. Almost nothing about the partner's communication style, or the decision-making process, is seen as being satisfactory.

For Review Only

Definitions and questions | Coding rules | Codes

DISSATISFACTION WITH COMMUNICATION AND DECISION-MAKING BY PARENT #2

Parent expresses dissatisfaction with the quantity or quality of communication with his/her partner; and/or dissatisfaction with the way that they arrive at decisions that affect them as a couple, or affect the family.

What does your "partner" think about it?

Can s/he say what s/he feels about any problem?
Or does s/he keep what s/he thinks to him/herself?
Does it cause disagreements?

DISSATISFACTION BY PARENT #2 WITH COMMUNICATION AND DECISION-MAKING

0 = Dissatisfaction absent.

2 = Some dissatisfaction that at least sometimes causes anger or arguments.

3 = Almost complete dissatisfaction. Almost nothing about the partner's communication style, or the decision-making process, is seen as being satisfactory.

PAN5I02 Intensity

YEARS P1 AND P2 LIVING TOGETHER IF NOT BOTH BIOLOGICAL PARENTS

INTERVIEWER DOES NOT ASK: If P1 and P2 are not both biological parents and do/have lived together in last three months.

IF PARENT #1 AND PARENT #2 ARE NOT BOTH BIOLOGICAL PARENTS CODE YEARS (MONTHS) THEY HAVE LIVED TOGETHER.

How long have you and "Parent #2" lived together?

P1 AND P2 ARE NOT BOTH BIOLOGICAL PARENTS

0 = Absent

2 = Present

PAB6I90 Intensity

MONTHS

PAB6D01 Duration

PARENTAL ARGUMENTS

Arguments are disagreements between parents in the home, lasting at least 5 minutes, that result in a dispute involving raised voices, shouting, verbal abuse, physical aggression, or fights. Only one parent need to be involved in shouting, etc.

Nearly all couples argue sometimes. How often do you argue with your "partner?"

What are the arguments like?
Can you tell me about the last time?
How long do they last?
How often do they happen?

PARENTAL ARGUMENTS

0 = Absent

2 = Present

PAF0I01 Intensity

PAF0F01 Frequency

For Review Only

Definitions and questions

INTER-PARENTAL PHYSICAL VIOLENCE (PARENTAL ARGUMENTS)

Any form of physical aggression from either partner.

Do you ever hit each other?

Have you in the last three months hit eachother?

IF "PARENTAL ARGUMENTS" AND "INTER-PARENTAL PHYSICAL VIOLENCE" ABSENT, SKIP TO "APATHY", (PAGE 39).

Coding rules

INTER-PARENTAL PHYSICAL VIOLENCE

0 = Absent

2 = Present

LAST 3 MONTHS: INTER-PARENTAL PHYSICAL VIOLENCE

0 = Absent

2 = Present

ONSET OF INTER-PARENTAL PHYSICAL VIOLENCE

Codes

Ever:PAF1E01
Intensity

PAF1I01
Intensity

PAF1F01
Frequency

Ever:PAF1O01
/ /

For Review Only

Definitions and questions | Coding rules | Codes

INVOLVEMENT OF CHILD IN ARGUMENTS OR VIOLENCE (PARENTAL ARGUMENTS)

The child is involved in arguments, whether directly taking part, or used by one or both parents as an ally in the argument. For instance a parent may attempt to persuade, or demand, that the child join in condemnation of his/her partner.

Does X get involved in these "arguments" or "fights" at all?

In what way?
Does either of you try to get X on your side?
What do you do?
What happens then?
Does X get upset when you "argue" or "fight?"

What happens then?
Do you do anything to keep X out of your arguments?

What do you do?

INVOLVEMENT OF CHILD IN ARGUMENTS/VIOLENCE

0 = Child is not involved in arguments.

2 = Child is upset by arguments/violence at least sometimes, as manifested by protesting about them to parents, or becoming withdrawn.

3 = Child is actively involved in argument/violence by one or both parents.

PAF2I01 Intensity

APATHY

A summary rating based on the information collected so far. Apathy is present when the relationship between Parent #1 and Parent #2 is generally characterized by indifference or dislike that does not lead to arguments but to withdrawal from and lack of interest in the partner.

APATHY

0 = Apathy absent.

2 = Marital relationship generally characterized by indifference or dislike, but with some one-sided affection or cooperation over mutual activities.

3 = Marital relationship typified by absence of affection, apathy, indifference, dislike, and avoidance; with negligible cooperation in mutual activities.

PAN6I01 Intensity

IF CHILD HAS OTHER PARENT #1 LIVING OUTSIDE OF THE HOME, COMPLETE SECTION. OTHERWISE, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE", (PAGE 46).

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL RELATIONSHIP(S) WITH PARENTS OUTSIDE THE HOME

RELATIONSHIP BETWEEN OTHER PARENT #1 AND ONE OF CHILD'S CURRENT PARENTS

The relationship between one of the child's current parents (either Parent #1 or #2) and Other Parent #1.

Do you/does "your partner" have any contact with "Other Parent #1?"

How do you/they get on?

How much contact has there been in the last 3 months?

CHILD'S CURRENT PARENT

1 = Parent #1.

2 = Parent #2.

PAF3X01 Intensity

NUMBER OF CONTACTS: NUMBER OF CALLS, VISITS, LETTERS, ETC IN LAST 3 MONTHS BETWEEN "CURRENT PARENT" AND "OTHER PARENT #1"

PAF4F01

QUALITY OF RELATIONSHIP BETWEEN CURRENT PARENT AND OTHER PARENT #1

0 = No evidence of relationship problems.

2 = Relationship has some negative aspects.

3 = Relationship almost completely negative.

PAF5I01

ARGUMENTS BETWEEN PARENT AND OTHER PARENT

Arguments are disagreements lasting at least 5 minutes, which result in a dispute involving raised voices, shouting, verbal abuse, physical aggression, or fights. Only one parent need be involved in shouting, etc.

Do you/they argue with each other?

What are the arguments like?
Can you tell me about the last time?

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #1

0 = Absent

2 = Present

PAF6I01 Intensity

PAF6F01 Frequency

ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT

PAF6O01

/ /

For Review Only

Definitions and questions

INTER-PARENTAL PHYSICAL VIOLENCE

Any form of physical Aggression from either parent.

Have you/they ever hit each other?

What about in the last 3 months?

IF "ARGUMENTS BETWEEN PARENT AND OTHER PARENT #1" AND "PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1" ABSENT, SKIP TO "RELATIONSHIP BETWEEN OTHER PARENT #2 AND ONE OF CHILD'S CURRENT PARENTS", (PAGE 43).

Coding rules

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1

0 = Absent

2 = Present

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1 IN LAST 3 MONTHS

0 = Absent

2 = Present

ONSET: INTER-PARENTAL VIOLENCE

Codes

Ever:PAF7E01
Intensity
[ ]

PAF7I01
Intensity
[ ]

Ever:PAF7O01
[/ /]

PAF7F01
Frequency
[ ]

For Review Only

Definitions and questions

INVOLVEMENT OF CHILD IN ARGUMENTS OR VIOLENCE

Does X get involved in these "arguments" or "fights" at all?

In what way?
Does either of you/them try to get X on your/their side?

What do you do?
What happens then?
Does X get upset when you/they "argue" or "fight?"

What happens then?

IF CHILD HAS OTHER PARENT #2 LIVING OUTSIDE OF THE HOME, COMPLETE SECTION. OTHERWISE, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE", (PAGE 46).

Coding rules

INVOLVEMENT OF CHILD IN ARGUMENT/VIOLENCE

0 = Child is not involved in arguments.

2 = Child is upset by arguments/violence at least sometimes, as manifested by protesting about them to parents, or becoming withdrawn.

3 = Child is actively involved in argument/violence by one or both parents.

Codes

PAF8I01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

RELATIONSHIP BETWEEN OTHER PARENT #2 AND ONE OF CHILD'S CURRENT PARENTS

The relationship between one of the child's current parents (either Parent #1 or #2) and Other Parent #2.

Do you/does "your current partner" have any contact with "Other Parent #2?

How do you/they get on?

How much contact has there been in the last 3 months?

CHILD'S CURRENT PARENT

1 = Parent #1.

2 = Parent #2.

PAF9X01 Intensity

PAG0F01 Frequency

QUALITY OF RELATIONSHIP BETWEEN CURRENT PARENT AND OTHER PARENT #2

0 = No evidence of relationship problems.

2 = Relationship has some negative aspects.

3 = Relationship almost completely negative.

PAG1I01

ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2

Arguments are disagreements lasting at least 5 minutes, which result in a dispute involving raised voices, shouting, verbal abuse, physical aggression, or fights. Only one parent need be involved in shouting, etc.

Do you/they argue with each other?

What are the arguments like?
Can you tell me about the last time?

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #2

0 = Absent

2 = Present

PAG2I01 Intensity

PAG2F01 Frequency

ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2

PAG2O01

/ /

For Review Only

Definitions and questions

INTER-PARENTAL PHYSICAL VIOLENCE (OTHER PARENT #2)

Any form of physical aggression from either parent.

Have you/they ever hit each other?

What about in the last 3 months?

IF "ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2" AND "PHYSICAL VIOLENCE BETWEEN PARENT AND OTHER PARENT #2" ABSENT, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE", (PAGE 46).

Coding rules

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #2

0 = Absent

2 = Present

PARENTAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #2 IN LAST 3 MONTHS

0 = Absent

2 = Present

ONSET: INTER-PARENTAL PHYSICAL VIOLENCE (OTHER PARENT #2)

Codes

Ever:PAG3E01 Intensity

PAG3I01 Intensity

Ever:PAG3F01 Frequency

Ever:PAG3O01

/ /

For Review Only

Definitions and questions

Coding rules

Codes

INVOLVEMENT OF CHILD IN ARGUMENTS OR VIOLENCE (OTHER PARENT #2)

Does X get involved in these "arguments" or "fights" at all?

In what way?
Does either of you/them try to get X on his/her side?

What do you/they do?
What happens then?
Does X get upset when you/they "argue" or "fight?"

What happens then?
Do they try to keep X out of the arguments?
What do they do?

INVOLVEMENT OF CHILD IN ARGUMENTS/VIOLENCE

0 = Child is not involved in arguments.

2 = Child is upset by arguments/violence at least sometimes, as manifested by protesting about them to parents, or becoming withdrawn.

3 = Child is actively involved in argument/violence by one or both parents.

PAG4I01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL PSYCHOPATHOLOGY

Psychological, nervous, or psychiatric problems, which have either caused a parent to seek treatment, or led to family or social disruption or impaired performance in a major life role (e.g. inability to care adequately for children, loss of job, etc.).

PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE

Psychological, nervous, or psychiatric problems, which have either caused a parent to seek treatment, or led to family or social disruption or impaired performance in a major life role (e.g. inability to care adequately for children, loss of job, etc.).

Do you have any "emotional" or "nervous" problems like "depression" or "nerves?"

Have you ever had any problem which has affected your ability to work or your ability to look after X (or other children)?

DISRUPTION OF LIFE ROLE - PARENT #1

0 = Absent

2 = Present

Ever:PAG5E01
Intensity

PARENTAL PSYCHOLOGICAL PROBLEMS-SOUGHT TREATMENT

Have you ever had any treatment for any "emotional," "nervous," or "depression" problems?

Who from?

What sort of treatment?

SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL

0 = Absent

2 = Present

Ever:PAG6E01
Intensity

PARENTAL PSYCHOLOGICAL PROBLEMS-RECEIVED MEDICATION

Have you ever received medication for any "emotional," "nervous," or "depression" problems?

What sort of medication?

RECEIVED MEDICATION

0 = Absent

2 = Present

Ever:PAG7E01
Intensity

PARENTAL PSYCHOLOGICAL PROBLEMS-HOSPITALIZED FOR MENTAL HEALTH PROBLEM

Have you ever been hospitalized for mental health problems?

HOSPITALIZED FOR MENTAL HEALTH PROBLEM

0 = Absent

2 = Present

Ever:PAG8E01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

IF CHILD HAS OTHER PARENT LIVING IN HOME CONTINUE, OTHERWISE, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- DISRUPTION OF LIFE ROLE", (PAGE 49).

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- DISRUPTION OF LIFE ROLE ***Has your "partner" ever had any problems which have affected his/her ability to work or your ability to look after X or other children?***	**DISRUPTION OF LIFE ROLE** 0 = Absent 2 = Present	Ever:PAG9E01 Intensity
PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- SOUGHT TREATMENT ***Has your "partner" ever sought treatment from a mental health profession?*** ***Who from?*** ***What sort of treatment?***	**SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL** 0 = Absent 2 = Present	Ever:PAH0E01 Intensity
PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- RECEIVED MEDICATION ***Has your "partner" ever received medication for any "emotional," "nervous," or "depression" problems***	**RECEIVED MEDICATION** 0 = Absent 2 = Present	Ever:PAH1E01 Intensity
PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- HOSPITALIZED FOR MENTAL HEALTH PROBLEMS ***Has your "partner" ever been hospitalized for mental health problems?***	**HOSPITALIZED FOR MENTAL HEALTH PROBLEM** 0 = Absent 2 = Present	Ever:PAH2E01 Intensity
IF CHILD DOES NOT HAVE OTHER PARENT(S) LIVING OUTSIDE OF HOME, SKIP TO "PARENTAL SUBSTANCE USE PROBLEMS- PROBLEMS RELATED TO ALCOHOL", (PAGE 51).		

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- DISRUPTION OF LIFE ROLE		
What about X's "Other Parent(s)"?	**DISRUPTION OF LIFE ROLE - OTHER PARENT #1**	Ever:PAH3E01 Intensity
Does s/he have any "emotional" or "nervous" problems like "depression" or "nerves"?	0 = Absent	
Has s/he ever?	2 = Present	
Have they affected "parent's" life much? *How about work?* *Or his/her ability to adequately look after X?*		
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- SOUGHT TREATMENT		
Has s/he ever sought treatment from a mental health professional?	**SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL-OP1**	Ever:PAH4E01 Intensity
Who from?	0 = Absent	
What sort of treatment?	2 = Present	
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- RECEIVED MEDICATION		
Has s/he ever received medication for any "emotional," "nervous," or "depression" problems?	**RECEIVED MEDICATION- OP1**	Ever:PAH5E01 Intensity
	0 = Absent	
	2 = Present	
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- HOSPITALIZED FOR MENTAL HEALTH PROBLEMS		
Has s/he ever been hospitalized for mental health problems?	**HOSPITALIZED FOR MENTAL HEALTH PROBLEMS- OP1**	Ever:PAH6E01 Intensity
	0 = Absent	
	2 = Present	
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2-DISRUPTION OF LIFE ROLE		
Has s/he ever had any problems which affected his/her ability to work or look after X or other children?	**DISRUPTION OF LIFE ROLE**	Ever:PAH7E01 Intensity
	0 = Absent	
	2 = Present	

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- SOUGHT TREATMENT ***Has s/he ever sought treatment from a mental health professional?*** ***Who from?*** ***What sort of treatment?***	**SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL (OP2)** 0 = Absent 2 = Present	Ever:PAH8E01 Intensity
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- RECEIVED MEDICATION ***Has s/he ever received medication for any "emotional," "nervous," or "depression" problems?***	**RECEIVED MEDICATION (OP2)** 0 = Absent 2 = Present	Ever:PAH9E01 Intensity
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- HOSPITALIZED FOR MENTAL HEALTH PROBLEM ***Has s/he ever been hospitalized for mental health problems?***	**HOSPITALIZED FOR MENTAL HEALTH PROBLEMS** 0 = Absent 2 = Present	Ever:PAI0E01 Intensity

For Review Only

Definitions and questions

Coding rules

Codes

PARENTAL SUBSTANCE USE PROBLEMS-PROBLEMS RELATED TO ALCOHOL

A level of alcohol or drug use that has caused a parent to seek treatment, led to family or social disruption, or impaired performance in a major life role (e.g. inability to care adequately for children, loss of job, loss of driver's license, etc.).

Tell me about how much you drink?

Do you use any drugs?

Have you ever had a problem with drinking?

How much do you drink?
How often do you drink?
Does that lead to any problems?
What sort of problems?
Does it cause arguments?
Do you ever get violent?
What happens?
Has drinking alcohol caused any problems outside the home?
What sort of problem?
Have you ever been arrested for DWI?
Have you ever had a problem with drug use?

What do you use?
How much?
Has that caused you any problems?

Have you ever had a problem with drinking?

How much do you drink?
How often do you drink?
Does that lead to any problems?
What sort of problems?
Does it cause arguments?
Do you ever get violent?
What happens?
Has drinking alcohol caused any problems outside the home?
What sort of problems?
Have you ever been arrested for DWI?
Have you ever had a problem with drug use?

What do you use?
How much?
Has that caused you any problems?
What sort of problems?

CURRENTLY USES DRUGS/HAS ALCOHOL PROBLEM - PARENT #1

0 = Absent

2 = Present

PROBLEMS RELATED TO ALCOHOL/DRUGS - PARENT #1

0 = Absent

2 = Problem with alcohol.

3 = Problem with drugs.

4 = Problem with both.

PAI1I01 Intensity

Ever:PAI2E01 Intensity

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL SUBSTANCE USE PROBLEMS- SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM		
Have you ever had any treatment for your drinking?	**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.	Ever:PAI3E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM		
Have you ever been hospitalized for alcohol or drug use?	**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Hospitalized for alcohol. 3 = Hospitalized for drugs. 4 = Hospitalized for both.	Ever:PAI4E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- PROBLEMS RELATED TO ALCOHOL/DRUGS		
Tell me about how much your "partner" drinks. ***Does s/he use any drugs?*** ***Has s/he ever had any problems with drinking?*** *How much does s/he drink?* *How often does s/he drink?* *Does that lead to any problems?* *What sort of problems?* *Does it cause arguments?* *Does s/he ever get violent?* *What happens?* *Has drinking alcohol caused any problems outside the home?* *What sort of problems?* *Has s/he been arrested for DWI?* ***Has s/he ever had a problem with drug use?*** *What does s/he use?* *How much?* *Has that caused him/her any problems?* *What sort of problems?*	**CURRENTLY USED DRUGS/ HAS ALCOHOL PROBLEM (P2)** 0 = Absent 2 = Present **PROBLEMS RELATED TO ALCOHOL/DRUGS (P2)** 0 = Absent 2 = Problem with alcohol. 3 = Problem with drugs. 4 = Problem with both.	PAI5I01 Intensity ☐ Ever:PAI6E01 Intensity ☐

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM ***Has s/he ever had any treatment for his/her drinking?*** ***Or treatment for using drugs?***	**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (P2)** 0 = Absent 2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.	Ever:PAI7E01 Intensity
PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM ***Has s/he ever been hospitalized for alcohol or drug use?***	**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Hospitalized for alcohol. 3 = Hospitalized for drugs. 4 = Hospitalized for both.	Ever:PAI8E01 Intensity
PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1- PROBLEMS RELATED TO ALCOHOL/DRUGS ***Tell me about how much X's "Other Parent #1" drinks.*** ***Does X's "other parent" use any drugs?*** ***Has s/he ever had a problem with drinking?*** *How much does s/he drink?* *How often does s/he drink?* *Does that lead to any problems?* *What sort of problems?* *Does it cause arguments?* *Does "parent" ever get violent?* *What happens?* *Has drinking alcohol caused any problems outside the home?* *What sort of problems?* *Has s/he been arrested for DWI?* ***Has s/he ever had a problem with drug use?*** *What does s/he use?* *How much?* *Has that caused him/her any problems?* *What sort of problems?*	**CURRENTLY USES DRUGS/HAS ALCOHOL PROBLEM - OTHER PARENT #1** 0 = Absent 2 = Present **PROBLEMS RELATED TO ALCOHOL/DRUGS - OTHER PARENT #1** 0 = Absent 2 = Problem with alcohol. 3 = Problem with drugs. 4 = Problem with both.	PAI9I01 Intensity Ever:PAJ0E01 Intensity

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1- SOUGHT TREATMENT FOR ALCOHOL/DRUGS		
Has "Other Parent" ever had any treatment for his/her drinking? ***Or treatment for using drugs?***	**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (OP1)** 0 = Absent 2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.	Ever:PAJ1E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM		
Has s/he ever been hospitalized for alcohol or drug use?	**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Hospitalized for alcohol. 3 = Hospitalized for drugs. 4 = Hospitalized for both.	Ever:PAJ2E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- PROBLEMS RELATED TO ALCOHOL/DRUGS		
Tell me about how much X's "Other Parent #2 drinks. ***Does "Other Parent" use any drugs?***	**CURRENTLY USING DRUGS/ HAS ALCOHOL PROBLEM (OP2)** 0 = Absent 2 = Present	PAJ3I01 Intensity ☐

For Review Only

Definitions and questions	Coding rules	Codes
Has s/he ever had a problem with drinking? *How much dos s/he drink?* *How often does s/he drink?* *Does that lead to any problems?* *What sort of problems?* *Does it cause arguments?* *Does s/he ever get violent?* *What happens?* *Has drinking alcohol caused any problems outside the home?* *What sort of problems?* *Has s/he been arrested for DWI?* ***Has s/he ever had a problem with drug use?*** *What does s/he use?* *How much?* *Has that caused him/her any problems?* *What sort of problems?*	**PROBLEM RELATED TO ALCOHOL/DRUGS (OP2)** 0 = Absent 2 = Problem with alcohol. 3 = Problem with drugs. 4 = Problem with both.	Ever:PAJ4E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM ***Has "Other Parent" ever had any treatment for his/her drinking?*** ***Or treatment for using drugs?***	**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (OP2)** 0 = Absent 2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.	Ever:PAJ5E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM ***Has s/he ever been hospitalized for alcohol or drug use?***	**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Hospitalized for alcohol. 3 = Hospitalized for drugs. 4 = Hospitalized for both.	Ever:PAJ6E01 Intensity ☐

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL ADULT ARRESTS AND PROSECUTIONS

Arrest and/or prosecution of parent(s) since age 18.

Have you ever been arrested?

What happened?
Were charges brought against you?

What was the result of the prosecution?
When was the first time you were arrested?

ARRESTED - PARENT #1

0 = Absent

2 = Present

Ever:PAJ7E01
Intensity

ACTION TAKEN BY POLICE - PARENT #1

0 = Not charged.

2 = Charged

Ever:PAJ8E01

DATE OF FIRST CHARGE - PARENT #1

Ever:PAJ8O01
/ /

WORST RESULT OF CHARGE

0 = Not guilty.

2 = Probation and/or community service.

3 = Treatment order.

9 = Fine

10 = Prison/house arrest.

Ever:PAJ8E02

Have you been in prison or jail in the last 3 months?

CURRENTLY IN JAIL/PRISON - PARENT #1

0 = Absent

2 = Present

PAJ9I01
Intensity

What is the total amount of time spent in prison or jail?

MONTHS

Ever:PAJ9V01

For Review Only

Definitions and questions	Coding rules	Codes
PARENTAL ADULT ARRESTS AND PROSECUTIONS (PARENT #2)		
Arrest and/or prosecution of parent(s) since age 18.	**ARESSTED - PARENT #2** 0 = Absent 2 = Present	Ever:PAK0E01 Intensity
Has parent # 2 ever been arrested? *What happened?* ***Were charges brought against him/her?*** *What was the result of the prosecution?* *When was the first time you were arrested?*	**ACTION TAKEN BY POLICE - PARENT #2** 0 = Not charged. 2 = Charged	Ever:PAK1E01
	DATE OF FIRST CHARGE - PARENT #2	Ever:PAK1O01 / /
	WORST RESULT OF CHARGE - PARENT #2 0 = Not guilty. 2 = Probation and/or community service. 3 = Treatment order. 9 = Fine 10 = Prison/house arrest.	Ever:PAK1E02
Has parent #2 been in prison or jail in the last 3 months?	**CURRENTLY IN JAIL/PRISON - PARENT#2** 0 = Absent 2 = Present	PAK2I01 Intensity
What is the total amount of time spent in prison or jail?	**MONTHS**	Ever:PAK2V01

For Review Only

Definitions and questions

PARENTAL ADULT ARRESTS AND PROSECUTIONS (OTHER PARENT #1)

Arrest and/or prosecution of parent(s) since age 18.

Has X's "other parent #1" ever been arrested?

What happened?
Were charges brought against him/her?

What was the result of the prosecution?

Has other parent #1 been in prison or jail in the last 3 months?

What is the total amount of time spent in prison or jail?

Coding rules

ARRESTED - OTHER PARENT #1

0 = Absent

2 = Present

ACTION TAKEN BY POLICE - OTHER PARENT #1

0 = Not charged.

2 = Charged

DATE OF FIRST CHARGE - OTHER PARENT #1

WORST RESULT OF CHARGE - OTHER PARENT #1

0 = Not guilty.

2 = Probation and/or community service.

3 = Treatment order.

9 = Fine

10 = Prison/house arrest.

CURRENTLY IN JAIL/PRISON - OTHER PARENT #1

0 = Absent

2 = Present

MONTHS

Codes

Ever:PAK3E01
Intensity

Ever:PAK4E01

Ever:PAK4O01
/ /

Ever:PAK4E02

PAK5I01
Intensity

Ever:PAK5V01

For Review Only

Definitions and questions | Coding rules | Codes

PARENTAL ADULT ARRESTS AND PROSECUTIONS (OTHER PARENT #2)

Arrest and/or prosecution of parent(s) since age 18.

Has X's "other parent #2" ever been arrested?

What happened?
Were charges brought against him/her?

What was the result of the prosecution?

ARRESTED - OTHER PARENT #2

0 = Absent

2 = Present

Ever:PAK6E01
Intensity

ACTION TAKEN BY POLICE - OTHER PARENT #2

0 = Not charged.

2 = Charged

Ever:PAK7E01

DATE OF FRST CHARGE - OTHER PARENT #2

Ever:PAK7O01
/ /

WORST RESULT OF CHARGE - OTHER PARENT #2

0 = Not guilty.

2 = Probation and/or community service.

3 = Treatment order.

9 = Fine

10 = Prison/house arrest.

Ever:PAK7E02

Has other parent #2 been in prison or jail in the last 3 months?

CURRENTLY IN JAIL/PRISON - OTHER PARENT #2

0 = Absent

2 = Present

PAK8I01
Intensity

What is the total amount of time spent in prison or jail?

MONTHS

Ever:PAK8V01

For Review Only

Definitions and questions

FAMILY FINANCIAL INFORMATION

Note: Supplemental Security Income (SSI) is an income supplement for low income people with disabilities such as blindness, mental illness.

Note: Social Security Disability Income (SSDI) is paid to former workers, who are now disabled, who paid into the system sufficiently, or their dependents/disabled beneficiaries. After age 65, SSDI payments become retirement payments under Social Security.

Note: Code "Income Sources" in order of magnitude, as far as possible.

Note: The amount of "Family Income" should include income from all sources including salaries, wages, investments, social security, pensions, unemployment, disability, alimony, child support, welfare, etc.

Family has income. (Interviewer does not ask!)

How well can you take care of all of your financial needs with the money that you (and your family) have?

Very well, fairly well, or poorly?

How well can you meet your payments?
Are your expenses so heavy that you cannot meet them?
Do you have some difficulty meeting them?
Or are your payments no problem to you?
Do you have financial resources to meet emergencies?

Where does the money come from to take care of you and your family?

Full-time work?
Part-time work?
Alimony or child support?
Social Security?
Unemployment compensation?
Supplemental Security Income for subject child's disability?
Supplemental Security Income for low income aged or disabled person other that subject child?
Social Security Disability Income?
Other form of disability income?
Pension?
Welfare (AFDC, etc.)?
Food stamps?
Savings or investments?
Other?

What was your total family income before taxes this past year?

Coding rules

FAMILY INCOME

0 = Absent

2 = Present

COVERAGE

0 = Very Well.

1 = Fairly Well.

2 = Poorly

INCOME SORCES

1 = Full-time work, Parent #1. (1 = A)

2 = Full-time work, Parent #2. (2 = B)

3 = Full-time work, Child. (3 = C)

4 = Full-time work, Other. (4 = D)

5 = Part-time work, Parent #1. (5 = E)

6 = Part-time work, Parent #2. (6 = F)

7 = Part-time work, Child. (7 = G)

8 = Part-time work, Other. (8 = H)

9 = Unemployment, Parent #1. (9 = I)

10 = Unemployment, Parent #2. (10 = J)

11 = Unemployment, Child. (11 = K)

12 = Unemployment, Other. (12 = L)

13 = Alimony. (13 = M)

14 = Child Support. (14 = N)

15 = Social Security. (15 = O)

16 = Disability Payment. (16 = P)

17 = Pension. (17 = Q)

18 = Welfare (AFDC, etc...). (18 = R)

19 = Food Stamps. (19 = T)

20 = Savings. (20 = U)

21 = Other Legal. (21 = V)

22 = Illegal. (22 = W)

23 = SSI for Subject Child. (23 = Y)

24 = SSI for Other Person. (24 = Z)

25 = SSDI. (25 = Z1)

FAMILY INCOME

0 = No Income.

Codes

PSA9I90 Intensity

PSA9X01

PSB0X01

PSB0X02

PSB0X03

PSB0X04

PSB0X05

PSB0X06

PSB1X01

For Review Only

Definitions and questions	Coding rules	Codes
	1 = 0,001 - 5,000 2 = 5,001 - 10,000 3 = 10,001 - 15,000 4 = 15,001 - 20,000 5 = 20,001 - 25,000 6 = 25,001 - 30,000 7 = 30,001 - 35,000 8 = 35,001 - 40,000 9 = 40,001 - 45,000 10 = 45,001 - 50,000 11 = 50,001 - 55,000 12 = 55,001 - 60,000 13 = Over 60,000	

For Review Only

Definitions and questions | Coding rules | Codes

BRIEF DEVELOPMENTAL ASSESSMENT

I would like to start by asking you about X's development. Children develop at different rates. I would like to understand what X can do now and when s/he learned to do them.

MOTOR DEVELOPMENT

GROSS MOTOR SKILLS

Movement of arms and legs for movement and coordination.

ABILITY TO SIT UP.

How old was X when s/he learned how to sit up by him/herself?

SITTING

0 = Absent

2 = Present

PUA2I01
Intensity

ONSET: SITTING

PUA2O01

/ /

ABILITY TO WALK.

When did s/he start walking by him/herself?

WALKING

0 = Absent

2 = Present

PUA3I01

PUA3O01
Onset

/ /

FINE MOTOR SKILLS-DRAWS A CIRCLE

Can s/he draw a circle?

DRAWS A CIRCLE

0 = Absent

2 = Present

PAP2I01
Intensity

FINE MOTOR SKILLS-COPIES A SQUARE

Can s/he copy a picture of a square so that it looks a lot like the original?

COPIES A SQUARE

0 = Absent

2 = Present

PAP2I02
Intensity

FINE MOTOR SKILLS- WRITES NAME

Can s/he write his/her name?

WRITES NAME

0 = Absent

2 = Present

PAP2I03
Intensity

For Review Only

Definitions and questions

Coding rules

Codes

FINE MOTOR SKILLS- CUTS WITH SCISSORS

How about cutting with scissors?

CUTS WITH SCISSORS

0 = Absent

2 = Present

PAP2I04
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
DOMINANCE		
HANDEDNESS		
Is s/he right or left handed?	**HANDEDNESS** 1 = Right 2 = Left 3 = Both	PUA4X01 Intensity ☐
Which hand does s/he color or write with?	**COLOR OR WRITE** 1 = Right 2 = Left 3 = Both	PUA4X02 ☐
Which arm(s) does s/he throw with?	**THROW** 1 = Right 2 = Left 3 = Both	PUA4X03 ☐
Which hand does s/he eat with?	**EAT** 1 = Right 2 = Left 3 = Both	PUA4X04 ☐
FOOTEDNESS		
Which foot does s/he kick with?	**FOOTEDNESS** 1 = Right 2 = Left 3 = Both	PUA5X01 Intensity ☐

For Review Only

Definitions and questions | Coding rules | Codes

HEARING

Remember to record name and dosage of antibiotics taken in the last three months for ear infections and strep infections.

HEARING PROBLEM

Child has difficulty perceiving and/or discerning sounds.

How is X's hearing?

Have you ever been told that s/he has a hearing problem?

HEARING PROBLEM DIAGNOSED BY HEALTH PROFESSIONAL

0 = Absent

2 = Present

Ever:PAP3E01
Intensity

Ever:PAP3O01
Onset
/ /

Has a health professional such as a doctor or nurse ever told you that X has a hearing problem?

HEARING PROBLEM

0 = Absent

2 = Present but with hearing aid/other intervention child is able to hear.

3 = Present and child is essentially unable to perceive and/or discern sounds.

PAP3I01
Intensity

Does s/he wear a hearing aid?

HEARING AID

0 = Absent

2 = Present

PAP3I02

EAR INFECTIONS

Has s/he ever been diagnosed with an ear infection?

How often has s/he gotten ear infections?

When was the first time s/he had an ear infection?

Has s/he gotten any ear infections in the last 3 months? Was s/he prescribed antibiotics?

EAR INFECTIONS DIAGNOSED BY HEALTH PROFESSIONAL

0 = Absent

2 = Present

Ever:PUA6E01
Intensity

Ever:PUA6V01
Frequency

Ever:PUA6O01
Onset
/ /

EAR INFECTIONS

0 = Absent

2 = Present

PUA6I01
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
FLUID DRAINED FROM EARS		
Has s/he ever had fluid drained from his/her ears?	**FLUID DRAINED FROM EAR(S)** 0 = Absent 2 = Present	Ever:PAP4E01 Intensity
How often has s/he had this procedure? *When was the first time s/he had fluid drained from his/her ears?*		Ever:PAP4V01 Frequency
		Ever:PAP4O01 Onset / /
What about in the last three months?	**FLUID DRAINED FROM EAR(S)** 0 = Absent 2 = Present	PAP4I01 Intensity
TUBES IN EARS		
Has s/he ever had tubes placed in his/her ears?	**TUBES IN EAR(S)** 0 = Absent 2 = Present	Ever:PAP5E01 Intensity
How often? *When was the first time?*		Ever:PAP5V01 Frequency
		Ever:PAP5O01 Onset / /
Does s/he currently have tubes in his/her ears?	**TUBES IN EAR(S)** 0 = Absent 2 = Present	PAP5I01 Intensity

For Review Only

Definitions and questions	Coding rules	Codes
STREP INFECTION		
Has s/he ever been diagnosed with a strep infection? *How often has s/he had a strep infection?* *When was the first time s/he had a strep infection?* *Has s/he gotten any strep infections in the last 3 months?* *Was s/he prescribed antibiotics?* *NOTE NAME AND DOSAGE OF ANTIBIOTICS TAKEN IN THE LAST 3 MONTHS.*	**STREP INFECTIONS DIAGNOSED BY HEALTH PROFESSIONAL** 0 = Absent 2 = Present	Ever:PUA7E01 Intensity Ever:PUA7V01 Frequency Ever:PUA7O01 Onset / /
	STREP INFECTIONS 0 = Absent 2 = Present	PUA7I01 Intensity
VISION		
Child has difficulty seeing or has a problem with his/her eyes such as an astigmatism. Exclude color blindness. ***How is X's vision?*** ***Have you ever been told that s/he has a problem seeing?*** *Has a health professional such as a doctor or nurse ever told you that X has a problem with his/her eyes?* ***How about in the last 3 months?*** ***When was the first time you were told he had vision problems?***	**VISION PROBLEM DIAGNOSED BY HEALTH PROFESSIONAL** 0 = Absent 2 = Present	Ever:PAP6E01 Intensity
	VISION PROBLEM 0 = Absent 2 = Present and correctable with glasses. 3 = Present and not fully correctable with glasses.	PAP6I01 Intensity Ever:PAP6O01 Onset / /
Does s/he wear glasses?	**GLASSES** 0 = Absent 2 = Present	PAP6I02
NEONATAL CARE UNIT		
Was s/he in a neonatal intensive care unit (NICU)?	**NEONATAL CARE UNIT** 0 = Absent 2 = Present	Ever:PEE5E01 Intensity

For Review Only

Definitions and questions	Coding rules	Codes
How many days was s/he in the NICU? IF LESS THAN 24 HOURS CODE AS ONE DAY	**DAYS**	Ever:PEE5D01 Duration

For Review Only

Definitions and questions | Coding rules | Codes

PREGNANCY

PREGNANCY - DIFFICULTIES

Overall, would you say that the pregnancy was easy or difficult?

PREGNANCY

1 = Very Easy.

2 = Easy

3 = So-so

4 = Difficult

5 = Very difficult.

PEE4X03 Intensity

PREGNANCY - EXPECTED DUE DATE

Very early - considered to be greater than 3 weeks prior to the due date.

Early - considered to be 3 weeks to 5 days prior to the due date.

Pretty much on time within 4 days of the due date, either 4 days before or 4 days after.

Late - 5 to 7 days after the due date.

Very late - 8 days or more after the due date.

Based on the response to the bold question, you will need to probe for additional information to determine the due date status.

Was X born on the expected due date?

Would you say s/he was born on time, or early or late?

How many days early?
How many days late?

DUE DATE

1 = Very late.

2 = Late

3 = Pretty much on time.

4 = Early

5 = Very early.

PEE4X04 Intensity

PREGNANCY - DELIVERY

Would you say the delivery was easy or difficult?

How long was the delivery?

DELIVERY

1 = Very Easy.

2 = Easy

3 = So-so

4 = Difficult

5 = Very difficult.

PEE4X05 Intensity

For Review Only

Definitions and questions

SMOKING DURING PREGNANCY

Did you smoke cigarettes before you know you were pregnant with X?

Did you start smoking while you were pregnant?

How much did you smoke?

IF SMOKED DURING PREGNANCY, COMPLETE. OTHERWISE, SKIP TO "ALCOHOL DURING PREGNANCY", (PAGE 10).

Coding rules

SMOKING DURING PREGNANCY

0 = Did not smoke.

2 = Less than 10 a day.

3 = 10 or more a day.

Codes

PEE4X07
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
SMOKING DURING PREGNANCY - FIRST TRIMESTER ***Did you smoke during the first trimester?***	**SMOKING DURING 1ST TRIMESTER** 0 = Absent 2 = Present	Ever:PEE4X99 Intensity
SMOKING DURING PREGNANCY - SECOND TRIMESTER ***Have you smoked during the second trimester?***	**SMOKING DURING 2ND TRIMESTER** 0 = Absent 2 = Present	Ever:PEE4X98 Intensity
SMOKING DURING PREGNANCY - THIRD TRIMESTER ***Did you smoke during the third trimester?***	**SMOKING DURING 3RD TRIMESTER** 0 = Absent 2 = Present	Ever:PEE4X97 Intensity
ALCOHOL DURING PREGNANCY ***Did you drink alcohol before you knew you were pregnant with X?*** ***Did you start drinking when you were pregnant?*** *How much did you drink?*	**ALCOHOL DURING PREGNANCY** 0 = Did not drink 2 = Less than once a day. 3 = Daily	abc1300 Intensity
IF ALCOHOL USED DURING PREGNANCY COMPLETE, OTHERWISE, SKIP TO "PREGNANCY - RELAXED OR STRESSED OUT", (PAGE 11).		

For Review Only

Definitions and questions	Coding rules	Codes
ALCOHOL DURING PREGNANCY - FIRST TRIMESTER ***Did you drink in the first three months?***	**FIRST TRIMESTER** 0 = Did not drink 2 = Less than once a day. 3 = Daily	abc1400 Intensity
ALCOHOL DURING PREGNANCY - SECOND TRIMESTER ***Did you drink in the second 3 months (second trimester)?***	**SECOND TRIMESTER** 0 = Did not drink 2 = Less than once a day. 3 = Daily	abc1405 Intensity
ALCOHOL DURING PREGNANCY - THIRD TRIMESTER ***Did you drink in the last 3 months (third trimester)?***	**THIRD TRIMESTER** 0 = Did not drink 2 = Less than once a day. 3 = Daily	abc1500 Intensity
PREGNANCY - RELAXED OR STRESSED OUT ***During your pregnancy, on average did you feel stressed out?***	**STRESSED OUT** 0 = Absent 2 = Present	abc1600 Intensity
PREGNANCY - CHEERFUL OR DEPRESSED ***Overall, did you feel depressed?***	**DEPRESSED** 0 = Absent 2 = Present	abc1605 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

PREGNANCY - FEELINGS AFTER THE BIRTH

What were the first few months like after the birth?

FIRST MONTHS AFTER THE BIRTH

1 = Very Easy.

2 = Easy

3 = So-so

4 = Difficult

5 = Very difficult.

abc1700
Intensity

PREGNANCY - FEELINGS ABOUT BEING PREGNANT

Were you trying for a baby?

FEELINGS ABOUT BEING PREGNANT

0 = Trying for a baby.

2 = Not trying for a baby.

abc1800
Intensity

PREGNANCY - WELCOME/UNWELCOME

Do you remember how you felt when you found out that you were pregnant?

Were you glad?

Was it a surprise?

Was it a welcome surprise?

FEELINGS ABOUT PREGNANCY

0 = Expected or welcome.

2 = Unwelcome surprise.

abc1805
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

PREGNANCY - BIOLOGICAL FATHER'S FEELINGS

Is it alright with you if I ask a few questions about his/her biological father?

Was his/her Dad glad about the pregnancy?

Was he trying for a baby?

Was it a welcome surprise for him?

Was it an unwelcome or upsetting surprise?

Was he actively involved through the pregnancy?

Was he unaware of the pregnancy?

Were the two of you married or living together at the time?

ASK ABOUT BIOLOGICAL FATHER'S FEELINGS

0 = No

2 = Yes

abc1900 Intensity

FEELINGS ABOUT PREGNANCY - BIOLOGICAL FATHER

0 = Trying for a baby.

2 = Not trying for a baby.

abc1905

WELCOME/UNWELCOME SURPRISE

0 = Expected or welcome.

2 = Unwelcome surprise.

abc2000

INVOLVEMENT THROUGH PREGNANCY

0 = Involved

2 = Not involved.

3 = Unaware of pregnancy.

abc2005

MARRIED OR LIVING TOGETHER

0 = Married

1 = Lived together at least 6 months.

2 = Lived together less than 6 months.

3 = Never lived together.

4 = Father unknown.

abc2100

BREAST FED

Child consumed breast milk for at least 2 consecutive weeks (whether taken directly from the breast or expressed and then bottle-fed to the infant) during the period when milk was the only food being provided to the child.

Note: Breast feeding can continue even if other foods are introduced.

When s/he was an infant, was s/he breast fed?

When did you start breast feeding him/her?

When did you stop breast feeding?

BREAST FED

0 = Absent

2 = Present

Ever:PEG1E01 Intensity

Ever:PEG1O01 Onset

/ /

OFFSET

Ever:PEG1O02

/ /

For Review Only

Definitions and questions	Coding rules	Codes
COMMUNICATION		
RECEPTIVE LANGUAGE- FOLLOWS VERBAL COMMANDS		
Child's ability to understand language. ***How well does s/he understand what other people say to him/her?*** ***Does X understand when you or another person asks him/her to do something?*** *For example, does s/he come to you if you ask "come here?"*	**FOLLOWS VERBAL COMMANDS** 0 = Absent 2 = Present	PUA8I01 Intensity ☐
RECEPTIVE LANGUAGE- POINTS TO AT LEAST TWO BODY PARTS WHEN ASKED		
What body parts does s/he point to if you ask him/her? *If you say "where is your nose (or belly button, hair, mouth, etc.)," can s/he show you?*	**POINTS TO AT LEAST TWO BODY PARTS WHEN ASKED** 0 = Absent 2 = Present	PUA8I02 Intensity ☐
RECEPTIVE LANGUAGE- ABLE TO POINT TO FOUR OR MORE COLORS		
Does s/he know his/her colors? ***If you asked him/her to point out four different colors, say "red, blue, yellow, green", could s/he do that?***	**ABLE TO POINT TO FOUR OR MORE COLORS** 0 = Absent 2 = Present	PUA8I03 Intensity ☐

For Review Only

Definitions and questions | Coding rules | Codes

EXPRESSIVE LANGUAGE

Child's ability to express him/herself using language.

Tell me about X's talking.

What is his/her language like?

About how many words does s/he know how to say?

Tell me about how s/he puts words together.

How many words does s/he put together in a sentence?

Two or three?
Or sentences with four words or more?
How complicated are his/her sentences?

Does s/he link two sentences together with an "and" or "if" or "because?'

Such as "I like ice cream because it is yummy."
This links "I like ice cream" and "it is yummy" with a "because."
Does s/he put a sentence inside another sentence, like "I think I'll have an ice cream cone?"

This embeds "I'll have an ice cream cone" in the sentence "I think."
How often does s/he say more complicated sentences like these?
IF CHILD USES FEWER THAN TEN WORDS ASK,

Does X babble or make other sounds that are like talking but cannot be understood as words?
Can s/he communicate his/her needs to you without using words?

EXPRESSIVE LANGUAGE COMPLEXITY

2 = Child's sentences are "complex" more that 15% of the time.

3 = Child speaks in sentences of four words or more.

4 = Child speaks in "telegraphic sentences," phrases containing a noun and a verb or two nouns.

5 = Child uses single words and speaks fewer than 50 words.

6 = Child uses single words and speaks 10 words or fewer.

7 = Child knows fewer than ten words and primarily babbles, uses other vocalizations, or uses gestures to communicate.

PAP8I01
Intensity
☐

ARTICULATION

Child's production of speech sounds. Articulation problems are distortion of sounds such as a lisp or letter substitutions ("twee" for "tree") that make understanding the child's speech difficult.

How well can people understand what X is saying?

Do family members understand his/her speech?

How about people outside of his/her family?

What makes it hard for others to understand what s/he is saying?

ARTICULATION

0 = Child's articulation is good enough that child is understood most of the time (>75%) by family and non-family members.

2 = Child's articulation is such that the child is understood by family members most of the time (>75%) but is often not understood by non-family members (>50%).

3 = Child's articulation is distorted to the degree that the child is not understood by family members and non-family members most of the time (>75%).

PAP8I02
Intensity
☐

For Review Only

Definitions and questions | Coding rules | Codes

READING

Child's acquisition of reading tools such as knowledge of the alphabet and recognition of letters and the ability to decode words.

RECITES THE ALPHABET

Child able to say the whole alphabet from memory with few errors. Letters may be out of sequence. Code "able to sing the alphabet song..." if the child cannot recite the alphabet from memory without singing but can sing the alphabet song with few errors.

Can s/he recite the alphabet without singing it?

How well can s/he do this?
What about singing the alphabet song?

RECITES THE ALPHABET

0 = Absent

2 = Able to sing the alphabet song but cannot recite alphabet without song.

3 = Present

PAU9I01
Intensity
[ ]

IDENTIFIES LETTERS

Child recognizes all printed letters (lower and uppercase) of the alphabet.

Can s/he recognize letters?

All of the letters?
Or just some of the letter?
Can s/he identify upper and lower case letters?

IDENTIFIES LETTERS

0 = Absent

2 = Present

PUB0I01
Intensity
[ ]

PUB0O01
Onset
[/ /]

READS WORDS

Child able to read ten or more words. May be read aloud or silently.

Is s/he able to read?

Can s/he read ten words or more out loud or silently?
When did s/he start to read?

READS WORDS

0 = Absent

2 = Present

PUB1I01
Intensity
[ ]

PUB1O01
Onset
[/ /]

READS SIMPLE STORIES

Child able to read a simple story.

Can s/he read a simple story like "The Cat in the Hat" or "Little Bear" to a listener?

READS SIMPLE STORIES

0 = Absent

2 = Present

PUB2I01
Intensity
[ ]

For Review Only

Definitions and questions | Coding rules | Codes

SELF-CARE SKILLS

Child's ability to perform tasks to take care of basic daily needs such as dressing, washing, and brushing teeth.

ABILITY TO PUT ON CLOTHES INDEPENDENTLY

Child is able to put on simple garments (hat, pants, dress, shirt, shoes) without help in the morning.

Garment can be inside out or backwards. Shoes can be on the wrong feet. Shoe laces do not have to be tied. Child need not be able to do fasteners such as buttons, zippers, or snaps without help.

How is X with dressing?

Can X put on his/her clothes by him/herself?

What clothes can s/he put on?

Pants? Shirt? Dress?
Can s/he put on shoes and socks by him/herself?

How much help does s/he need in the morning to be fully dressed?

Does s/he cooperate with you most of the time when you are helping him/her put on his/her clothes, shoes, or coat?

ABILITY TO PUT ON CLOTHES INDEPENDENTLY

0 = Dresses self completely including shoes.

2 = Can put on some items but still needs help with other items such as socks or shoes.

3 = Unable to dress without assistance but cooperates with process of putting on clothes.

4 = Unable to dress without assistance and does not cooperate with the process of putting on clothes.

PAP9I01 Intensity

BRUSHES OWN TEETH

Child brushes own teeth on own.

Parental help could either be putting on the toothpaste or brushing the teeth for child.

Does X brush his/her teeth by him/herself?

Do you need to remind him/her to brush his/her teeth?

Do you help him/her?

How?

BRUSHES OWN TEETH

0 = Most of the time does not need to be reminded.

2 = Sometimes does not need to be reminded.

3 = Must be reminded most of the time.

4 = Parent helps child brush teeth.

5 = Child's teeth are not brushed.

PAP9I02 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

CHILDCARE
CHILDCARE ARRANGEMENTS INCLUDING DAYCARE/SCHOOL SETTINGS

Here information is gathered about:

(1) The settings where child is cared for, such as at child's home, at another private home, in a non-home group setting.

(2) The different people who care for the child including child's parental figures, other relatives, and non-relative caregivers such as babysitters, teachers, daycare workers.

(3) The number of other children, sibling and non-sibling, whom the child is with when s/he is being cared for.

For the purposes of this section, a parent figure is defined as "Parent #1", "Parent #2", "Other Parent#1", or "Other Parent #2".

A non-parental relative is a related person (adult or child) who is not a parent figure. Do not include Godparents as related.

Non-sibling children include cousins and other non-sibling child relatives, as well as other children who are not related to the child.

A child caregiver is a person younger than 18 years old.

We are looking for a pattern of regular care in a typical week. Exclude play dates or occasional presence of another child in the setting (e.g. caregiver brings own child once a month or less when the child doesn't have school or is sick). Also exclude being babysat once a month when the parent goes to the movies. Include a standing babysitting arrangement (e.g. the parent goes out to the movies every Thursday night). If the childcare arrangement occurs in three out of four of the weeks of a month, code as regularly occurring. If they occur every other week or less, do not code as regular.

Code only for settings in which the child spends one hour or more a week.

For Review Only

Definitions and questions | Coding rules | Codes

TYPES OF CHILDCARE ARRANGEMENTS

For each childcare arrangement ask:

Who takes care of the child?

What kind of setting is it?

Is it in the child's home, in another private home, or in a setting that is not a private home?

How many other children are cared for at the same time as X is cared for?

How many related children, such as cousins, who are not X's brother or sister?

Or children who are not related, such as children in his/her classroom?

For Review Only

Definitions and questions

CHILDCARE ARRANGEMENTS

A detailed description of the people who care for the child and the settings where the child is cared for during a typical week. Included are details about the number of other children (siblings and non-siblings) cared for with the child, number of caregivers in each setting, the hours in each setting and/or with each caregiver. Here we are gathering information about a typical 7 day period, 24 hours a day.

Note: Ask the questions (and/or other questions) to obtain information about the child care arrangements. Record this information on the free writing space to the right. We expect the interviewer to code the childcare variables that follow after the interview is completed, using the information obtained on this page to determine the correct coding.

Now I want to understand who cares for X.

Let's think through a schedule of a week with the different types of care that might be provided for your child.

In a typical week, tell me the number of hours per week X spends in each of these settings.

Who takes care of the child?

What kind of setting is it?

Is it in the child's home, in another private home, or in a setting that is not a private home?

How many other children are cared for at the same time as X is cared for?

How many related children, such as cousins, who are not X's brother or sister?

Or children who are not related, such as children in his/her classroom?

How many teacher/teacher's aides/daycare providers/caregivers are present?

What time does s/he go to "childcare"?

What time does s/he leave?

Coding rules

CHILDCARE ARRANGEMENTS

0 = Absent

2 = Present

Codes

PAY5I90
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

PARENT #1 CARE

NOTE: Remember to deduct hours worked by parents from their total number of hours per week providing childcare.

Now I want to understand who cares for X and where they are cared for.

Let's think through a schedule of a week with the different types of care that might be provided for the child.

Let's see if we can fill it in for a typical week. In a typical week, tell me the number of hours per week X spends in each of these settings.

Are you employed?

How many hours per week do you work at your job?

What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

PARENT #1 CARE

0 = Absent

2 = Present

PAY5I01 Intensity

0 = PARENT #1 PROVIDES CARE WITH NO NON-SIBLING CHILDREN PRESENT PAY5X01

1 = PARENT #1 PROVIDES CARE WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT PAY5X02

2 = PARENT #1 CARES FOR CHILD AND PROVIDES GROUP CARE (3 OR MORE NON-SIBLING CHILDREN) AT THE SAME TIME PAY5X03

PARENT #2 CARE

NOTE: Remember to deduct hours worked by parents from their total number of hours per week providing childcare.

Does X receive care from "Parent #2"?

Is "Parent #2" employed?

How many hours per week does s/he work?
In what kind of setting does s/he care for X?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother of sister?
Or children who are not related, such as children in his/her classroom?

PARENT #2 CARE

0 = Absent

2 = Present

PAY5I02 Intensity

3 = PARENT #2 PROVIDES CARE WITH NO NON-SIBLING CHILDREN REGULARLY PRESENT PAY5X04

4 = PARENT #2 PROVIDES CARE WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT PAY5X05

5 = PARENT #2 CARES FOR CHILD AND PROVIDES GROUP CARE (3 OR MORE NON-SIBLING CHILDREN) AT THE SAME TIME PAY5X06

For Review Only

Definitions and questions

Coding rules

Codes

OTHER PARENT #1 CARE

NOTE: Remember to deduct hours worked by parents from their total number of hours per week providing childcare.

Does child receive care from "Other Parent #1"?

What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

CHILD RECEIVES CARE FROM OTHER PARENT #1

PAY5I03 Intensity

0 = Absent

2 = Present

6 = OTHER PARENT #1 PROVIDES CARE WITH NO NON-SIBLING CHILDREN PRESENT

PAY5X07

7 = OTHER PARENT #1 PROVIDES CARE WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT

PAY5X08

8 = OTHER PARENT #1 CARES FOR CHILD AND PROVIDES GROUP CARE (3 OR MORE NON-SIBLING CHILDREN) AT THE SAME TIME

PAY5X09

OTHER PARENT #2 CARE

NOTE: Remember to deduct hours worked by parents from their total number of hours per week providing childcare.

Does X receive care form "Other Parent #2"?

What kind of setting is it?
How many other children are cared for at the same time as X is care for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

OTHER PARENT #2 CARE

PAY5I04 Intensity

0 = Absent

2 = Present

9 = OTHER PARENT #2 PROVIDES CARE WITH NO NON-SIBLING CHILDREN REGULARLY PRESENT

PAY5X10

10 = OTHER PARENT #2 PROVIDES CARE WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT

PAY5X11

11 = OTHER PARENT #2 CARES FOR CHILD AND PROVIDES GROUP CARE (3 OR MORE NON-SIBILNG CHILDREN) AT THE SAME TIME

PAY5X12

For Review Only

Definitions and questions | Coding rules | Codes

IN-HOME NON-PARENT CARE

NON-GROUP CARE IN CHILD'S HOME

Does X receive in-home non-parent care?

Who takes care of X?
What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related such as children in his/her classroom?

CHILD RECEIVES IN-HOME NON-PARENT CARE

0 = Absent

2 = Present

PAY5I05 Intensity

12 = CARE PROVIDED IN CHILD'S HOME BY ADULT RELATIVE WITH NO NON-SIBLING CHILDREN PRESENT

PAY5X13

13 = CARE PROVIDED IN CHILD'S HOME BY NON-RELATIVE ADULT WITH NO NON-SIBLING CHILDREN REGULARLY PRESENT

PAY5X14

14 = CARE PROVIDED IN CHILD'S HOME BY CHILD (LESS THAN 18 Y O) WITH NO NON-SIBLING CHILDREN REGULARLY PRESENT

PAY5X15

For Review Only

Definitions and questions

Coding rules

Codes

GROUP CARE IN CHILD'S HOME

ONE OR TWO NON-SIBLING CHILDREN

Does s/he receive group care (one or two non-sibling children present) in his/her home?

What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

GROUP CARE IN CHILD'S HOME PAY5I06 Intensity

0 = Absent

2 = Present

15 = CARE PROVIDED IN CHILD'S HOME BY ADULT RELATIVE WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT PAY5X16

 # OF NON-SIBLING CHILDREN REGULARLY PRESENT (15) PAY5X17

16 = CARE PROVIDED IN CHILD'S HOME BY ADULT NON-RELATIVE WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT PAY5X18

 # OF NON-SIBLING CHILDREN REGULARLY PRESENT IN GROUP CARE IN CHILD'S HOME PAY5X19

17 = CARE PROVIDED IN CHILD'S HOME BY CHILD (LESS THAN 18 YO) WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT PAY5X20

 # OF NON-SIBLING CHILDREN REGULARLY PRESENT (17) PAY5X21

For Review Only

Definitions and questions

THREE OR MORE NON-SIBLING CHILDREN

Does s/he receive group care (three or more non-sibling children present) in his/her home?
What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

Coding rules

GROUP CARE (3 OR MORE NON-SIBLING CHILDREN PRESENT)

0 = Absent

2 = Present

18 = GROUP CARE (3 OR MORE NON-SIBLING CHILDREN PRESENT) PROVIDED IN CHILD'S HOME BY THE CHILD'S RELATIVE

 # CHILDREN PRESENT AT GROUP CARE PROVIDED IN CHILD'S HOME BY THE CHILD'S RELATIVE

 # OF TEACHERS/TEACHER'S AIDES/DAYCARE PROVIDERS/CAREGIVERS PRESENT AT GROUP CARE PROVIDED IN CHILD'S HOME BY CHILD'S RELATIVE

19 = GROUP CARE (3 OR MORE NON-SIBLING CHILDREN PRESENT) PROVIDED IN CHILD'S HOME BY NON-RELATIVE

 # OF CHILDREN PRESENT AT GROUP CARE PROVIDED IN CHILD'S HOME BY NON-RELATIVE

 # OF TEACHERS/TEACHER'S AIDES/DAYCARE PROVIDERS/CAREGIVERS PRESENT AT GROUP CARE PROVIDED IN CHILD'S HOME BY NON-RELATIVE

Codes

PAY5I07 Intensity

PAY5X22

PAY5X23

PAY5X24

PAY5X25

PAY5X26

PAY5X27

For Review Only

Definitions and questions | Coding rules | Codes

OUT OF HOME NON-PARENTAL CARE

NON-GROUP CARE OUTSIDE OF CHILD'S HOME

Does s/he receive out of home non-parental care?

What kind of setting is it?

How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

NON-GROUP CARE OUTSIDE OF CHILD'S HOME

0 = Absent

2 = Present

PAY5I08 Intensity

20=CARE PROVIDED OUTSIDE OF CHILD'S HOME BUT IN A PRIVATE HOME BY ADULT RELATIVE WITH NO NON-SIBS REGULARLY PRESENT

PAY5X28

21 = CARE PROVIDED OUTSIDE CHILD'S HOME BUT IN A PRIVATE HOME BY ADULT NON-RELATIVE WITH NO NON-SIBLING CHILDREN PRESENT

PAY5X29

For Review Only

Definitions and questions | Coding rules | Codes

GROUP CARE OUTSIDE OF CHILD'S HOME

ONE OR TWO NON-SIBLING CHILDREN PRESENT

Does s/he receive group care (one or two non-sibling children present) outside of his/her home?

What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

ONE OR TWO NON-SIBLING PRESENT

0 = Absent

2 = Present

PAY5I09 Intensity

22=CARE PROVIDED OUT OF CHILD'S HOME BUT IN A PRIVATE HOME BY ADULT RELATIVE WITH 1 OR 2 NON-SIBS REGULARLY PRESENT

PAY5X30

 # OF NON-SIBLING CHILDREN REGULARLY PRESENT (22)

PAY5X31

23=CARE OUT OF CHILD'S HOME BUT IN A PRIVATE HOME BY ADULT NON-RELATIVE WITH 1 OR 2 NON-SIBS REGULARLY PRESENT

PAY5X32

 # OF NON-SIBLING CHILDREN REGULARLY PRESENT (23)

PAY5X33

THREE OR MORE NON-SIBLING PRESENT

Does X receive group care (three or more non-sibling children present) outside of his/her home?

What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

THREE OR MORE NON-SIBLING CHILDREN

0 = Absent

2 = Present

PAY5I10 Intensity

24 = GROUP CARE (3 OR MORE NON-SIBLING CHILDREN PRESENT) PROVIDED IN PRIVATE HOME THAT IS NOT CHILD'S HOME

PAY5X34

 # OF CHILDREN PRESENT AT GROUP CARE PROVIDED IN PRIVATE HOME THAT IS NOT CHILD'S HOME

PAY5X35

 # OF TEACHERS/TEACHER'S AIDES/DAYCARE PROVDERS/CAREGIVERS PRESENT (24)

PAY5X36

For Review Only

Definitions and questions

GROUP CARE IN SETTING OTHER THAN A PRIVATE HOME

ANY NUMBER OF NON-SIBLING CHILDREN PRESENT

Does X receive group care in settings other than a private home?

What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X's brother or sister?
Or children who are not related, such as children in his/her classroom?

Coding rules

Codes

GROUP CARE IN SETTINGS OTHER THAN A PRIVATE HOME PAY5I11 Intensity

0 = Absent

2 = Present

25 = GROUP CARE (3 OR MORE NON-SIBLING CHILDREN REGULARLY PRESENT) PROVIDED IN SETTING OTHER THAN A PRIVATE HOME PAY5X37

 # OF CHILDREN PRESENT AT GROUP CARE PROVIDED IN SETTING OTHER THAN A PRIVATE HOME PAY5X38

 # OF TEACHERS/TEACHER'S AIDES/DAYCARE PROVIDERS/CAREGIVERS PRESENT AT GROUP CARE PROVIDED IN A SETTING OTHER THAN A PRIVATE HOME PAY5X39

27 = SECULAR PRESCHOOL/SCHOOL PROVIDED IN SETTING OTHER THAN A PRIVATE HOME PAY5X43

 # OF CHILDREN PRESENT AT SECULAR PRESCHOOL/SCHOOL PROVIDED IN SETTING OTHER THAN A PRIVATE HOME PAY5X44

 # OF TEACHERS/TEACHER'S AIDE/DAYCARE PROVIDERS/CAREGIVERS PRESENT (27) PAY5X45

28 = OTHER PAY5X46

 # OF CHILDREN PRESENT PAY5X47

 # OF TEACHERS/TEACHER'S AIDES IN THE CLASSROOM PAY5X48

For Review Only

Definitions and questions | Coding rules | Codes

DAYCARE/SCHOOL SETTINGS

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).

For Review Only

Definitions and questions

CHILD ATTENDS DAYCARE/SCHOOL

Child regularly spends one hour or more a week in any of settings #18, #19, and #22-#27.

18 = Group care (3 or more non-sibling children present) provided in child's home by the child's relative.

19 = Group care (3 or more non-sibling children present) provided in child's home by non-relative.

22 = Care provided outside of child's home but in a private home by adult relative with no more than two non-sibling children regularly present.

23 = Care provided outside child's home but in a private home by adult non-relative with no more than two non-sibling children regularly present.

24 = Group care (3 or more non-sibling children present) provided in private home that is not in child's home.

25 = Group care (3 or more non-sibling children present) provided in setting other than a private home.

26 = Religious preschool provided in setting other than a private home. School program with a curriculum that includes some religious training or religious practices.

27 = Secular preschool provided in setting other than a private home.

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

CHILD ATTENDS DAYCARE/SCHOOL.

Coding rules

CHILD ATTENDS DAYCARE/SCHOOL

0 = Absent

2 = Present

PRIMARY PERIOD: NUMBER OF WEEKS ENROLLED IN DAYCARE/SCHOOL IN LAST THREE MONTHS

PRIMARY PERIOD: NUMBER OF DAYS PRESENT

PRIMARY PERIOD: NUMBER OF WEEKS WHERE PRESENT AT LEAST ONE DAY PER WEEK

Codes

PAY6I01 Intensity

PAY6F01

PAY6F02

PAY6F03

For Review Only

Definitions and questions | Coding rules | Codes

ENROLLED IN FEDERAL OR STATE ENTITLEMENT PROGRAMS

Child is enrolled in a federally or state funded program to provide education, daycare, health insurance, or food.

ENROLLED IN HEAD START/SMART START/EARLY HEADSTART PROGRAM

Child enrolled in Head Start or Smart Start or Early Head Start or other education or daycare enhancement program.

Does s/he go to Head Start/Smart Start/Early Head Start?

ENROLLED IN HEAD START/SMART START/EARLY HEAD START PROGRAM

0 = Absent

2 = Present

PAY7I01 Intensity

ENROLLED IN CHIPS TYPE FEDERAL MEDICAID INSURANCE PROGRAM

Child enrolled in federal Medicaid insurance program.

Does s/he have medical care and bills covered by Medicaid or Children's Health Insurance Program?

FEDERAL MEDICAID INSURANCE PROGRAM OR ENROLLED IN CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

0 = Absent

2 = Present

PAY7I02 Intensity

FREE OR REDUCED PRICE MEAL PROGRAM

Qualifies for participation in a federal or other program which offers meals free or at a reduced price to children whose family income does not meet a certain level. If qualifies, but does not utilize, code 2.

Does s/he receive free or reduced price meals in school?

FREE OR REDUCED PRICE MEAL PROGRAM

0 = Absent

2 = Present

PAY7I03 Intensity

OTHER PROGRAMS

Is s/he in any other programs like WIC or Food Stamps?

ENROLLED IN OTHER FEDERAL OR STATE ENTITLEMENT PROGRAM (WIC, FOOD STAMPS,ETCETERA)

0 = Absent

2 = Present

Specify

PAY7I04 Intensity

For Review Only

Definitions and questions	Coding rules	Codes
PLAY AND PEER RELATIONSHIPS **ACTIVITIES**		
Now I want to turn to the things your child likes to do.	**ACTIVITIES** 0 = Absent 2 = Present	PAY8I90 Intensity
Now I want to turn to things your child likes to do.		
Does s/he enjoy playing outside?	**OUTSIDE** 0 = Absent 2 = Present	PAY8X01
Does s/he play on jungle gym bars?	**JUNGLE GYMS** 0 = Absent 2 = Present	PAY8X02
Does s/he like to swing?	**SWINGING** 0 = Absent 2 = Present	PAY8X03
Or slide?	**SLIDING** 0 = Absent 2 = Present	PAY8X04
Play ball games?	**BALL GAMES** 0 = Absent 2 = Present	PAY8X05
Or hide & seek?	**HIDE & SEEK** 0 = Absent 2 = Present	PAY8X06
Does s/he like playing with dolls?	**PLAY WITH DOLLS** 0 = Absent 2 = Present	PAY8X07
Or action figures?	**ACTION FIGURES** 0 = Absent 2 = Present	PAY8X08
Does s/he play with trucks, cars, or trains?	**TRUCKS/CARS/TRAINS** 0 = Absent 2 = Present	PAY8X09
Does s/he like to play house?	**"PLAY HOUSE"** 0 = Absent 2 = Present	PAY8X10

For Review Only

Definitions and questions	Coding rules	Codes
How about dress-up?	**DRESS-UP** 0 = Absent 2 = Present	PAY8X11
Does s/he like to draw and/or paint?	**DRAW AND PAINT** 0 = Absent 2 = Present	PAY8X12
Does s/he like playing with play dough or clay?	**CLAY/PLAYDOUGH** 0 = Absent 2 = Present	PAY8X13
Does s/he like to build things with legos or other blocks?	**BUILD THINGS** 0 = Absent 2 = Present	PAY8X14
Does s/he like to play board games like Candyland, Chutes and Ladders, or "Sorry"?	**BOARD GAMES** 0 = Absent 2 = Present	PAY8X15
Does s/he like to look at books by him/herself?	**LOOKS AT BOOKS ALONE** 0 = Absent 2 = Present	PAY8X16
READING TOGETHER Reading or looking at books or magazines with each other. If Parent #1 has difficulty reading, s/he may still like to look at picture books with the child. ***Do you read to X?*** ***Or show X pictures in books?*** *How long will you read together at one time?* *How often do you read together?*	**READING TOGETHER** 0 = Absent 2 = Present **HOURS : MINUTES**	PAY9I01 Intensity PAY9D01 Duration PAY9F01 Frequency

For Review Only

Definitions and questions | Coding rules | Codes

TELEVISON WATCHING

In general, the amount of time per week the child spends watching television, including videos with either P1 or P2. Watching means attending at least with half attention to the television. Thus, if the television is always on in the house, code the amount of time child actually attends to the shows. But if the child is drawing or playing while also watching television, code as present

Does s/he watch television?

How much time does X spend each day watching TV?

How often does X watch TV?

Does s/he have a TV in his/her bedroom?

TELEVISION WATCHING

0 = Absent

2 = Present

PAZ0I01 Intensity

HOURS : MINUTES

PAZ0D01 Duration

PAZ0F01 Frequency

TELEVISION IN CHILD'S ROOM

0 = Absent

2 = Present

PAZ0I02

WATCHING TV OR VIDEOS TOGETHER

Parent and child attend to T.V. show or video show at the same time. Exclude being in the same room with the T.V. on with one or neither person actually watching the program.

Do you/parent #2 and "X" watch T.V. or videos together?

How long do you/parent #2 and your child watch TV together?

How often do you/parent #2 do this with X?

WATCHING TV OR VIDEOS TOGETHER

0 = Absent

2 = Present

PAZ1I01 Intensity

HOURS : MINUTES

PAZ1D01 Duration

PAZ1F01 Frequency

VIDEO GAME PLAYING

Video games include handheld devices and devices attached to the television.

Does s/he play video games?

How much time does X spend each day playing video games, Nintendo, Gameboy, etc.?

How often does X play video games?

VIDEO GAME PLAYING

0 = Absent

2 = Present

Specify

PAZ2I01 Intensity

HOURS : MINUTES

PAZ2D01 Duration

PAZ2F01 Frequency

For Review Only

Definitions and questions	Coding rules	Codes
When did s/he start to play video games?		PAZ2O01 Onset / /
COMPUTER TIME		
Does s/he play on the computer?	**COMPUTER TIME** 0 = Absent 2 = Present	PAZ3I01 Intensity
How much time does X spend each day playing on the computer per day?	**HOURS : MINUTES**	PAZ3D01 Duration
How often does X play on the computer?		PAZ3F01 Frequency
When did s/he start using the computer?		PAZ3O01 Onset / /

For Review Only

Definitions and questions

WITHDRAWS INTO IMAGINATION WHEN CHALLENGED OR STRESSED

When faced with a difficult or challenging situation, child tunes out present situations and retreats into own fantasy world.

Now I want to ask a little more about the way X plays.

When faced with something difficult or challenging, does s/he tune things out or escape to a fantasy world?

When X is upset, does s/he retreat to his/her pretend world?

Tell me about that?
When did it start?
IF PRESENT ASK;

When this happens, can s/he tell the difference between the real world and his/her fantasy world?
Does s/he understand the difference between real and pretend?

How often does this happen?

How long does this last?

Coding rules

WITHDRAWS INTO IMAGINATION WHEN CHALLENGED OR STRESSED

0 = Absent

2 = Withdraws into private fantasy world when challenged or upset but can clearly distinguish between reality and fantasy.

3 = Withdraws into private fantasy world when challenged or upset and seems to have difficulty distinguishing between reality and his/her fantasy world.

HOURS : MINUTES

Codes

PAZ4I01
Intensity

PAZ4F01
Frequency

PAZ4D01
Duration

PAZ4O01
Onset
/ /

For Review Only

Definitions and questions

REPETITIVE STATIC PLAY

Child's play is static, unimaginative, and repetitive with a mechanical quality and does not change over time.

Does X play the same pretend game or story over and over again without changing the story or outcome?

Does s/he seem to play with a limited number of toys or games

Does his/her play seem mechanical or like a robot?

Does s/he do the same action over and over again when s/he plays?

Like mechanically moving a car back and forth and back and forth?
Or just "going through the motions?"
How often is his/her play like this?
When did it start?
Has s/he always been like this?
Or is this a change that has happened in the last three months?

Coding rules

REPETATIVE STATIC PLAY

0 = Absent. Child may play the same game or with the same toy over and over but the play changes as the child actively uses his/her imagination.

2 = Child's play involves a fixed pattern of activity that changes little.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PAZ5I01
Intensity
[ ]

PAZ5F01
Home
Frequency
[ ]

PAZ5F02
Daycare/School
Frequency
[ ]

PAZ5F03
Elsewhere
Frequency
[ ]

PAZ5O01
Onset
[/ /]

For Review Only

Definitions and questions

Coding rules

Codes

PREOCCUPATION WITH PARTS OF TOYS OR OTHER OBJECTS

Child has unusual preoccupation that limits the range of his/her play activities.

Does X focus on parts of toys or objects rather than the whole toy or object?

Can you give me an example of this?
Does his/her play focus on spinning the wheels of a toy car rather than doing different things with the car?

How long might s/he focus on the one part of a toy?
How often is his/her interest focused this way?
When did it start?
Has s/he always been like this?
Or is this a change that has happened in the last three months?
When did s/he start playing in this way?
How often does s/he play like this?
Does this happen everywhere?
Or certain places?

PREOCCUPATION WITH PARTS OF TOYS OR OTHER OBJECTS

0 = Absent

2 = Present

PAZ6I01 Intensity

HOURS : MINUTES

PAZ6D01 Duration

PAZ6O01 Onset

/ /

HOME

PAZ6F01 Home Frequency

DAYCARE/SCHOOL

PAZ6F02 Daycare/School Frequency

ELSEWHERE

PAZ6F03 Elsewhere Frequency

For Review Only

Definitions and questions

UNUSUAL PREOCCUPATION WITH SPECIAL INTERESTS/ACTIVITIES

Child has a preoccupation with a special interest or activity. The child talks about the interest, or would talk about the interest if allowed, most of the time.

Special interest include dinosaurs, Pokeman cards, baseball cards, baseball statistics, trains, bus timetables, information about the planets, a video game.

Many if not most young children develop a passion, indeed serial passions, for certain topics, toys, and games. The important things to determine here is whether the child is preoccupied (it is the only thing s/he wants to talk about) and whether the preoccupation interferes with the child's activities.

Does X have any very strong interest or passions?

Such as a particular type of game?

Or a particular topic?

Or does s/he have a wide range of interest?

IF PRESENT, ASK:

Does s/he want to talk about it most of the time?

How often does s/he talk about it?
Or do it?
Does his/her interest interfere with other activities?

How much does it interfere?
Does s/he have other interest?
When did this particular interest start?

Coding rules

UNUSUAL PREOCCUPATION WITH SPECIAL INTERESTS/ACTIVITIES

0 = No preoccupying object, activity or topic of conversation.

2 = Special preoccupying interest but does not interfere in activities.

3 = Special interest that is preoccupying to the degree that it interfere in at least 2 activities.

4 = Special interest that is preoccupying to the degree that it interfere in almost all activities.

Codes

PAZ7I01
Intensity

PAZ7F01
Frequency

PAZ7O01
Onset
/ /

For Review Only

Definitions and questions

IMAGINARY FRIEND

Invisible make-believe friend who provides companionship to the child.

The child might set a place at the table for the imaginary friend, tell his/her parents about the imaginary friend's like and dislikes, and may talk to the imaginary friend either alone or in the presence of others. The child might also blame the imaginary friend for his/her own mistakes.

While the child might protest if the existence of the imaginary friend is challenged, the child does not seem in the grip of a delusion or hallucination.

Does X have an imaginary friend?

One imaginary friend or more than one at a time?
Did s/he ever have an imaginary friend?

Does s/he talk about his/her imaginary friend?
What does s/he say?
In his/her friend a boy or a girl or an animal
How long has s/he had an imaginary friend?
How often does s/he talk about his/her imaginary friend?

Coding rules

EVER: IMAGINARY FRIEND

0 = Absent

2 = One imaginary friend at a time.

3 = Multiple imaginary friends at same time.

LARGEST NUMBER OF IMAGINARY FRIENDS PRESENT AT SAME TIME

MALE

0 = Absent

2 = Present

FEMALE

0 = Absent

2 = Present

ANIMAL

0 = Absent

2 = Present

IMAGINARY FRIEND

0 = Absent

2 = One imaginary friend at a time.

3 = Multiple imaginary friends at same time.

LARGEST NUMBER OF IMAGINARY FRIENDS AT SAME TIME

MALE

0 = Absent

2 = Present

FEMALE

0 = Absent

2 = Present

ANIMAL

0 = Absent

2 = Present

Codes

Ever:PAZ8E01
Intensity

Ever:PAZ8O01
Onset
/ /

Ever:PAZ8V01

Ever:PAZ8E02

Ever:PAZ8E03

Ever:PAZ8E04

PAZ8I01
Intensity

PAZ8F01

PAZ8I02

PAZ8I03

PAZ8I04

For Review Only

Definitions and questions | Coding rules | Codes

AGGRESSIVE THEMES IN PLAY

Child plays fantasy games with aggressive themes, including war, shooting with guns or other weapons, fighting, injury, and blood and gore.

Does X's pretend play have a lot of violence in it?

Does s/he pretend that people or animals are killed?
Or are dying?
Or are hurt?
Do his/her pretend games often include guns?
Or other weapons?
IF PRESENT ASK;

How often do his/her games have violent or aggressive parts to them?
Have his/her games become more violent in the last three months?
Or less?
Or stayed the same?
When did s/he start playing pretend games with aggressive or violent themes?
How often does s/he play these kinds of pretend games?
When did s/he start playing pretend games like this?
NOTE: CODE DEATH AND SUICIDE THEMES IN THE DEPRESSION SECTION UNDER THE SUICIDE/DEATH THEMES IN PLAY.

Note: CODE DEATH AND SUICIDE THEMES IN THE DEPRESSION SECTION UNDER THE SUICIDE/DEATH THEMES IN PLAY.

AGGRESSIVE THEMES IN PLAY

0 = Absent

2 = Violent and/or aggressive themes emerge in play and are present more than 10% of the time.

PAZ9I01 Intensity

PAZ9F01 Frequency

PAZ9O01 Onset

/ /

CHANGE

1 = Amount of aggressive play or the intensity of the play has decreased during the last three months.

2 = Amount of aggressive play or the intensity of the play has stayed the same during the last three months.

3 = Amount of aggressive play or the intensity of the play has increased during the last three months.

PAZ9X01

FREQUENCY OF CONTACT WITH PEERS

The frequency with which the child meets with others, who are not family members, during his/her leisure time. Peers can be child's friends, acquaintances, or peers in neighborhood.

Now I want to ask a few questions about X's friendships with other children.

How often does X play with other children s/he knows, outside of daycare/school?

Does s/he have "play dates" with any friends
Or play with children in his/her neighborhood?

FREQUENCY OF CONTACT WITH PEERS

0 = Sees at least 1 peer outside of daycare/school more than once per week.

2 = Sees at least 1 peer outside of daycare/school between once per week and once every two weeks.

3 = Sees less than 1 peer outside of daycare/school in 2 weeks.

PAL5I01 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

AGE APPROPRIATENESS OF FRIENDS

The degree to which the child's friends are within two years of his/her own age. Friends, in this context, refer to those with whom the child spends leisure time, and who are not family members.

Are most of X's friends about X's age?

Are they mostly younger than X?
Or older?

AGE APPROPRIATENESS OF FRIENDS

0 = Majority of friends within 2 years of age of child.

2 = Majority of friends 2 or more years older than child.

3 = Majority of friends 2 or more years younger than child.

PAL4I01
Intensity

PREFERS TO PLAY ALONE

If given a choice, child would prefer to play by him/herself rather than with another person.

Does X like to play alone more than s/he likes to play with other children?

Or with other adults?

PREFERS TO PLAY ALONE

0 = Absent

2 = Chooses to play alone at times but also enjoys playing with others.

3 = Strongly prefers playing alone and rarely enjoys playing with others.

PUA0I01
Intensity

For Review Only

Definitions and questions

DIFFICULTY MAKING OR KEEPING FRIENDS

Child has difficulty either forming or maintaining friendships, which is evidenced by having no or few friends. The difficulty may be due to failure to approach other children (withdrawal) or aggressive relationships with other children (discord) or both.

Do not include worry or anxiety about friendships unless it leads to difficulty in making or keeping friendships.

Does X have any difficulty making friends with other children?

Does s/he have any trouble keeping friends?

Does s/he find other children don't want to play with him/her or don't choose him/her for games?

Does s/he often say that other children do not like him/her?
What happens?
Do you think s/he's more shy than other boys/girls the same age?
Does that affect his/her making/keeping friends?
Or does s/he get into arguments or fights with friends or other children who might become friends?
How does she feel about that?
Does it bother him/her?
How long has s/he had difficulty making/keeping friends?
Has it always been like that, or can you remember when it started?

IF NO DIFFICULTY MAKING OR KEEPING FRIENDS DUE TO DISCORD, THEN COMPLETE CONFLICTUAL RELATIONSHIPS WITH FRIENDS. OTHERWISE, SKIP TO "CHILD IS TEASED/BULLIED", (PAGE 13).

Coding rules

DIFFICULTY MAKING FRIENDS

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Definite difficulty in making or keeping friends, but has managed to maintain friendship for at least 3 months since onset.

3 = As above, but has had no friendship lasting as long as 3 months since onset.

DISCORD

0 = Absent

2 = Definite difficulty in making or keeping friends, but has managed to maintain friendship for at least 3 months since onset.

3 = As above, but has had no friendship lasting as long as 3 months since onset.

REASONS (CODE DOMINANT REASON)

1 = Shyness

2 = Physical aggression.

3 = Verbal aggression.

4 = Lack of interest.

5 = Other

Specify

Codes

PAM0I03
Intensity

PAM0I01

PAM0I02

PAM0O01
Onset
/ /

PAM0X01

For Review Only

Definitions and questions

Coding rules

Codes

CONFLICTUAL RELATIONSHIP WITH FRIENDS

The child has relationships with a friend or friends that include substantial amounts of physical or verbal aggression or arguments. Conflict may or may not cause the child problems in making or keeping friends.

THIS ITEM IS GENERALLY CODABLE BASED ON INFORMATION ALREADY GIVEN.

YOU HAVE TOLD ME THAT X DOESN'T HAVE DIFFICULTY MAKING OR KEEPING FRIENDS.

Does X have a lot of conflict with his/her friends?

Does it cause him/her difficulty in making or keeping friends?

CONFLICTS INTERFERE WITH CHILD'S ABILITY TO MAKE OR KEEP FRIENDS

0 = Absent

2 = Present with at least one friend.

3 = Most or all friendships characterized by conflictual relationships.

PAM2I01
Intensity
[ ]

CONFICTS INTERFERE WITH CHILD'S ABILITY TO MAKE OR KEEP FRIENDS

0 = Absent

2 = Present

PAM2I02
[ ]

CHILD IS TEASED/BULLIED

Child is a particular object of mockery, physical attacks or threats by peers or siblings.

Does X get teased or bullied at all by his/her siblings or friends?

Is that more than other children?
Does s/he feel somewhat singled out?
Are other boys and girls mean to him/her?

How much?
Tell me about the last time.
Who does it?
Why do they do it?
Why do they pick on X?
What does s/he do about it?
What do you do about it?

CHILD TEASED OR BULLIED

0 = Absent

2 = The child is a particular and preferred object for bullying or teasing. S/he is at least somewhat singled out for this sort of attention.

PAM4I01
Intensity
[ ]

HOME

PAM4F01
Home
Frequency
[ ]

DAYCARE/SCHOOL

PAM4F02
Daycare/School
Frequency
[ ]

ELSEWHERE

PAM4F03
Elsewhere
Frequency
[ ]

PAM4O01
Onset
[/ /]

For Review Only

Definitions and questions

BEHAVIORAL INHIBITION

Child becomes constricted and constrained and/or withdrawn and/or fearful when confronting or interacting with an unfamiliar adult or child or facing new situations or new objects. Consider also Social Anxiety and Inhibition during Social Interactions.

How does X act when s/he meets new people?

Does s/he become very quiet?

Withdrawn or reserved?

Does s/he hide behind you?

Does s/he freeze or become very still?

Do you have to encourage him/her to speak to the other person?

Does s/he speak with a very soft voice?
Does s/he pull or turn away when meeting a new person?
Or hide behind something else like a piece of furniture?
How long does it usually take for him/her to "warm up" to an unfamiliar person?
Can you give me an example?
Can you tell me about the last time?
When did s/he start acting this way?
Does s/he act this way when s/he meets unfamiliar adults?
How about with unfamiliar children?
How about new situations or new toys or objects?
Like going to a new place such as a different ice cream store or the home of a new friend?
How about new objects or toys?
Does it take him/her time to approach the toy or object?
Does s/he act this way in all settings?
Or only in certain settings?

Coding rules

BEHAVIORAL INHIBITION

0 = Absent

2 = Present but the child's inhibition usually decreases within five minutes of meeting an unfamiliar person, situation, or object.

3 = Present and child's inhibition is not reduced within five minutes when interacting with an unfamiliar person or new situation.

4 = Child has not encountered strange adult or child or new situation in last 3 months, but would, most likely, react with inhibitions if had.

WITH UNFAMILIAR ADULTS

0 = Absent

2 = Present

WITH UNFAMILIAR CHILDREN

0 = Absent

2 = Present

NEW SITUATIONS

0 = Absent

2 = Present

NEW THINGS/OBJECTS

0 = Absent

2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PUA1I01 Intensity

PUA1O01 Onset

/ /

PUA1X01

PUA1X02

PUA1X03

PUA1X04

PUA1F01 Home Frequency

PUA1F02 Daycare/School Frequency

PUA1F03 Elsewhere Frequency

For Review Only

Definitions and questions

Coding rules

Codes

DEPRESSED AFFECT

Now we are going to talk about some of X's feelings. N.B. GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY

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.

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

Has s/he been acting very unhappy, or depressed?

Does s/he cry because of this feeling?
What was that like?
Was it serious?
What did you notice?
If I had seen him/her then would I have been able to tell?
What made him/her feel "miserable"?

How much of the time does s/he feel like that?
Does s/he act sad or depressed all the time?
Or only some of the time?
What happens when s/he's doing something else?

When s/he feels "miserable", how long does it last?
Can you do anything to cheer him/her up?

When did it start?

IF PRESENT, ASK;

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

Were there two weeks when s/he was "miserable" on at least 8 days?

IF DEPRESSED MOOD PRESENT, ASK;

Has there been a period of at least 2 months in the last year when s/he didn't feel like that?

DEPRESSED MOOD

0 = Absent

2 = The depressed mood is sometimes intrusive but also sometimes alleviated by enjoyable events or activities.

3 = Scarcely anything is able to lift the mood.

PDA0I01 Intensity

HOURS : MINUTES

PDA0F01 Frequency

PDA0D01 Duration

PDA0O01 Onset

/ /

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.

PDA0I02

PERIOD OF 2 CONTINUOUS MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR?

0 = Present

2 = Absent

PDA0I03

For Review Only

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?

How much does s/he laugh or smile?
Is that similar to other children her age?
Is it less?
What about when nice things happen?
Does she look more cheerful then?

IF "DEPRESSED MOOD" OR "LOOKS UNHAPPY" PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 7).

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.

HOURS : MINUTES

Codes

PDG0I01
Intensity

PDG0F01
Frequency

PDG0D01
Duration

PDG0O01
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

ALLEVIATION OF DEPRESSED MOOD BY SELF-GENERATED MEANS

Alleviation of depressed mood refers to means that the child may find effective in alleviating his/her depressed mood.

Alleviation by self generated means: The child alleviates mood by actively involving him/herself in other thoughts or activities.

N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.

N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD". IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELEIVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

When s/he feels "miserable", can anything cheer him/her up?

What?

Can s/he do things to cheer him/herself up?

How long would it cheer him/her up?
Or make him/her feel better?

ALLEVIATION BY SELF-GENERATED MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

PDA2I01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

ALLEVIATION OF DEPRESSED MOOD BY EXTERNAL MEANS

Alleviation of depressed mood refers to means that the child may find effective in alleviating his/her depressed mood.

Alleviation by external means: The mood is alleviated by a more passive process in which other activities or events occurring without the child's willful use of them for this purpose alleviated depressed mood.

N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.

N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD". IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELEIVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

When s/he feels "miserable," can you or others do anything to cheer him/her up?

Does s/he cheer up when s/he takes part in an activity?

Like playing with other children?

Or going out for ice cream or a treat?

How much of the time would things "cheer" him/her up?

ALLEVIATION BY EXTERNAL MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

PDA2I02 Intensity

DIURNAL VARIATION OF MOOD - AM WORST

Depressed mood is consistently worse in the first half of the day, irrespective of external events.

The parent must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

Is there any time of the day when s/he feels more "depressed" or "sad" than others?

Does s/he feel more "sad" in the morning?
What do you notice when s/he feels worse?
How long does the worst time last?

AM WORST

0 = Absent

2 = Present

PDA3I01 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

DIURNAL VARIATION OF MOOD - PM WORST

Depressed mood is consistently worse in the second half of the day, irrespective of external events.

The parent must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

Is there any time of the day when s/he feels more "depressed" or "sad" than others?

Does s/he feel more "sad" in the afternoon or evening?
What do you notice when s/he feels worse?
How long does the worst time last?

P.M. WORST PDA3I02
0 = Absent
2 = Present
Intensity

SEASONAL VARIATION OF MOOD

Persistent, consistent fluctuation of mood occurring during specific seasons (i.e. winter, spring, summer, and/or fall). May occur in one or more of the seasons.

The parent must report a difference in the intensity of the child's depressed mood that is of a degree noticeable to others. No change (absent), worsening of depressed mood, or improvement of depressed mood should be noted for each season.

NOTE: IF THERE IS A SIGNIFICANT VARIATION OF MOOD DUE TO SEASONAL CHANGES (WORSENING OR IMPROVEMENT), BE PREPARED TO DISCUSS MANIA SECTION IN DETAIL.

Are there any times of the year when s/he feels more "depressed" or "sad"?

Is s/he more "depressed" or "sad" during the winter?

Or spring?

Or summer?

Or fall?

Are there any times of the year when his/her mood actually improves?

NOTE: IF THERE IS A SIGNIFICANT VARIATION OF MOOD DUE TO SEASONAL CHANGES (WORSENING OR IMPROVEMENT), BE PREPARED TO DISCUSS MANIA SECTION IN DETAIL.

SEASONAL VARIATION OF MOOD PDG3I90
0 = Absent
2 = Present
Intensity

WINTER PDG3X01
0 = Absent
2 = Worse
3 = Improved

SPRING PDG3X02
0 = Absent
2 = Worse
3 = Improved

SUMMER PDG3X03
0 = Absent
2 = Worse
3 = Improved

FALL PDG3X04
0 = Absent
2 = Worse
3 = Improved

For Review Only

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?

What is that like?
Can you calm him/her down?
How?

Is s/he always like that?
How about when s/he's not "miserable?"

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
/ /

For Review Only

Definitions and questions | Coding rules | Codes

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?

Even when it seems that nothing has happened to warrant crying?
What happens then?
Does s/he actually cry?

Can s/he stop him/herself?
What does s/he do?
How?

How long does it last?
When was the last time?
Tell me about it.
Does s/he cry more easily than s/he used to?
Does s/he cry more than other children?

When did s/he start being tearful?

REPORTED TEARFULNESS AND CRYING

0 = Absent

2 = When feeling miserable, the eyes fill with tears, or shed tears, at least sometimes uncontrollably, in at least 2 activities.

3 = When feeling miserable, the eyes nearly always uncontrollably fill with, or shed, tears in most activities.

HOURS : MINUTES

PDA4I01 Intensity [ ]
PDA4F01 Frequency [ ]
PDA4D01 Duration [ ]
PDA4O01 Onset [/ /]

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 has s/he been like that?

EASILY FRUSTRATED

0 = Absent

2 = Present

HOURS : MINUTES

PDF7I01 Intensity [ ]
PDF7F01 Frequency [ ]
PDF7D01 Duration [ ]
PDF7O01 Onset [/ /]

For Review Only

Definitions and questions | Coding rules | Codes

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.

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 that sort of thing happen?

How long has s/he been like that?

TOUCHY OR EASILY ANNOYED

0 = Absent

2 = Present

HOURS : MINUTES

PDA6I01 Intensity

PDA6F01 Frequency

PDA6D01 Duration

PDA6O01 Onset

/ /

For Review Only

Definitions and questions

Coding rules

Codes

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?

How often?
What happens?
How often does that happen?
Does s/he get "sulky" or "pout"?

How often?
What does s/he do?
How often does that happen?

How long has s/he been like that?

ANGRY OR RESENTFUL

0 = Absent

2 = Present

HOURS : MINUTES

PDA7I01
Intensity

PDA7F01
Frequency

PDA7D01
Duration

PDA7O01
Onset
/ /

For Review Only

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?

What has s/he been "touchy" about?
Is that more than usual?
What does s/he do when s/he feels like that?

How long does it last when s/he feels like that?
Has s/he been snappy with people in the family?
Has s/he gotten into arguments or fights lately?
What has happened?
What did s/he say?
What did s/he do?
Has s/he hit or broken anything when s/he was angry?

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

IF PRESENT, ASK;

Was there a week when s/he felt "irritable" most days?
Were there two weeks when s/he was "irritable" on at least 8 days?

IF IRRITABILITY PRESENT ASK;

Has there been a period of at least 2 months in the last year when s/he didn't feel like that?
IF PRESENT, ASK;

In the last 3 months has there been a week when s/he was irritable like that every day?

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.

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 = Present

2 = Absent

Codes

PDA8I01
Intensity

PDA8F01
Frequency

PDA8D01
Duration

PDA8O01
Onset
/ /

PDA8I02

PDA8I03

For Review Only

Definitions and questions	Coding rules	Codes
if irritable present for a week (7 consecutive days), remember to complete the mania section.		

For Review Only

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?

IF PRESENT ASK;

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.

PDB0I01
Intensity

PDB0O01
Onset

/ /

For Review Only

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?

IF PRESENT ASK;

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

PDB1I01
Intensity

PDB1O01
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

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 X 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?
Or changing his/her diaper?
Or tending a cut?
Is this a change for X?
When did that change occur?

When did that change occur?

LACK OF PROTEST

0 = Absent

2 = Present

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?
What things are fun (or enjoyable) now?

Coding rules

ANHEDONIA

0 = Absent

2 = Generalized diminution in pleasure taken in normally pleasurable activities.

3 = Almost nothing gives pleasure.

Codes

PDB2I01
Intensity

PDB2O01
Onset

/ /

For Review Only

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 your child lost any of his/her usual energy?
Of feeling tired?
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?
How has that affected him/her?
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?
Or going on an outing?

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
/ /

For Review Only

Definitions and questions

Coding rules

Codes

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?

Can you give me an example?

How long does it last?
Can s/he do anything to speed him/herself up?
What?
Can you do anything?

When did s/he start to feel slowed down?

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.

PDB4I01 Intensity

PDB4F01 Frequency

HOURS : MINUTES

PDB4D01 Duration

PDB4O01 Onset

/ /

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 (making up his/her mind)?

Why not?
Has s/he had any trouble making decisions?

Why?
When was the last time s/he had that sort of trouble?
What happens when s/he has to make up his/her mind?
Can you remember the last time that happened?
Has s/he always been like that?
Does it cause him/her any trouble?
What?

INDECISIVENESS

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities.

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

PDB6I01 Intensity

PDB6O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

DEPRESSIVE THOUGHTS

In the definitions in this section the term "feeling" is frequently used, despite the fact that cognitions are being referred to. For most people, the term "feeling" carries both cognitive and affective components. However, these items refer not to mood states per se, but to certain cognitions, thoughts, opinions or attitudes. In other words, it is the content of the thought that is to be coded, not its affective tone.

LONELINESS

A feeling of being alone and/or friendless, regardless of the justification for the feeling.

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?

How often is that?
When was the last time?
How did s/he feel then?
Sometimes children feel that they have no one who would help them. Does s/he ever feel like that?

Does s/he feel cared for by friends?
Does s/he feel lonely even though s/he has some friends?
Does s/he feel left out by others?
Does s/he get left out of other children's activities?
How does s/he feel about that?
Does s/he think that's likely to change?
Can you stop him/her feeling lonely?
What happens if you try?

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

[/ /]

For Review Only

Definitions and questions

FEELS UNLOVED

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

DIFFERENTIATE FROM LONELINESS.

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 X feel like that at all?

What does s/he say?
Does X 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?
Who loves him/her?
Is there anyone else?

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.

Codes

PDC0I01
Intensity

PDC0O01
Onset
/ /

For Review Only

Definitions and questions

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?

How does s/he feel about his/her appearance (looks)?
What is s/he like compared with others?
If s/he had to choose, would s/he say s/he was good-looking, average, or ugly?

Does s/he ever say that s/he is "stupid"?
Or a "jerk"?
Or a "bad" person?
How ugly does s/he think s/he is?
Does s/he feel much worse-looking than most people?
How much of the time does s/he feel like that?
Does s/he feel that she is good at certain things?

What things does s/he do that s/he is proud of?

Is there anything that s/he thinks s/he's good at?
As a person does s/he feel as good as other people?

Does s/he think s/he's any good at all?
Does s/he think everyone is better than s/he is?

When did s/he start to feel like this?

Coding rules

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

PDC1I01
Intensity

PDC1O01
Onset
/ /

For Review Only

Definitions and questions

FEELING SORRY FOR ONESELF

A feeling that life or people have been unfairly unpleasant or troubling and that the child deserves better. Child feels unlucky, victim of "bad luck".

Code regardless of justification.

Does s/he feel sorry for him/herself?

Does s/he think s/he's unlucky?

Does X feel that s/he deserves a better life?

In what way?
Does s/he feel like that all the time or only some of the time?
When does s/he feel like that?
Does s/he think everything is unfair or just some things?
Does s/he complain about it?
How much?
Does s/he feel it will always be like that?

When did s/he start to feel like that?

Coding rules

FEELING SORRY FOR ONESELF

0 = Absent

2 = The child feels sorry for him/herself but thinks that some aspects of life have not been unfairly troubling or unpleasant.

3 = The child thinks that nothing has occurred according to his/her just desserts, and feels sorry for him/herself in nearly all situations.

Codes

PDC2I01
Intensity

PDC2O01
Onset
/ /

For Review Only

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?

How often does s/he feel like that?
When was the last time?
Does s/he ever say that s/he is a "bad" person?

Does s/he blame him/herself for things that aren't his/her fault?

Why?
Does s/he feel that s/he deserves to have bad things happen to him/her?
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 "HELPLESSNESS", (PAGE 23).

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

PDC3I01
Intensity
[ ]

PDC3O01
Onset
[/ /]

For Review Only

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?

Or 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?
What does s/he say?
Can you persuade him/her that these things aren't his/her fault?
What does she do about it?

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.

PDC4I01
Intensity

PDC4O01
Onset
/ /

HELPLESSNESS

The child feels that there is little or nothing s/he can do to improve his/her situation or psychological state, though such a change would be welcome. This is a generalized feeling.

Is there anything about the way things are or the way s/he is that s/he would like to change?

Does s/he feel helpless about his/her situation?
IF PRESENT ASK;

Is there anything s/he thinks s/he could do to make things better?

Or make him/herself feel better?

What?
Does s/he think it would work?

When did s/he start to feel this way?

HELPLESSNESS

0 = Absent

2 = The child feels helpless and cannot always modify his/her feelings, but can report expectations of being able to help him/herself.

3 = The child expresses almost no hope of being able to help him/herself.

PDC6I01
Intensity

PDC6O01
Onset
/ /

For Review Only

Definitions and questions

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 X think things will get better or worse for him/her when s/he's grown up?

How often?
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?

Coding rules

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.

Codes

PDC7I01
Intensity

PDC7O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

SUICIDE

Purposes of the Section

This section has 1 major function:

(1) To assess the suicidal and self injurious intentions and actions of the child.

Organization of the Section

The section is organized in 2 sub areas:

(1) Suicidal ideation and behavior.

(2) Non suicidal deliberate self harm.

SUICIDE AND SELF-INJURIOUS BEHAVIOR

Has s/he ever talked about death or dying?

SUICIDE SCREEN POSITIVE

0 = Absent

2 = Present

Ever:PDC8E01 Intensity

Has s/he done so in the last three months?
Has s/he ever said s/he wanted to die?

Has s/he ever said life was not worth living?

SUICIDE SCREEN POSITIVE

0 = Absent

2 = Present

PDC8I02 Intensity

Has s/he ever tried to hurt or kill him/herself?

When?
Why was that?
What happened?
Has s/he tried more than once?
Has s/he ever done anything that made people think s/he wanted to die?

What?
When was that?
What happened?
CONTINUE WITH SECTION REGARDLESS WHETHER SCREEN POSITIVE OR NEGATIVE.

How about in the last three months?

For Review Only

Definitions and questions | Coding rules | Codes

DEATH THEMES IN PLAY

Persistent preoccupation with themes of death in play (e.g., drawing pictures, imaginary play).

Distinguish from "Suicidal Themes in Play".

Has s/he ever drawn pictures about death or dying?

Has s/he ever played games about death?

Has s/he ever told stories about death or dying?

Or about people who have died?
Or about being dead him/herself?
How many times has s/he ever done that?
When was the first time that s/he did that?
Has this happened in the last in the last 3 months?
How often has s/he done that in the last 3 months?
Or about people who have killed themselves?
Or about killing him/herself?
How many times has s/he ever done that?
When was the first time that s/he did that?
Has this happened in the last 3 months?
How often has s/he done that in the last 3 months?

How about in the last three months?

EVER: DEATH THEMES IN PLAY

0 = Absent

2 = Present

Ever:PDG1E01
Intensity

Ever:PDG1V01
Frequency

Ever:PDG1O01
Onset
/ /

DEATH THEMES IN PLAY

0 = Absent

2 = Present

PDG1I01
Intensity

PDG1F01
Frequency

SUICIDAL THEMES IN PLAY

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).

Has s/he ever played games in which s/he or another character in the game kills him/herself?

Or about people who have killed themselves?
Or about killing him/herself?
How many times has s/he ever done that?
When was the first time that s/he did that?
Has this happened in the last 3 months?
How often has s/he done that in the last 3 months?

How about in the last three months?

SUICIDE THEMES IN PLAY

0 = Absent

2 = Present

Ever:PDG2E01
Intensity

Ever:PDG2V01
Frequency

Ever:PDG2O01
Onset
/ /

SUICIDE THEMES IN PLAY

0 = Absent

2 = Present

PDG2I01
Intensity

PDG2F01
Frequency

For Review Only

Definitions and questions

Coding rules

Codes

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?

What does s/he think about?

How much does s/he think about it?
Does s/he sometimes wish s/he were dead?
Does s/he want to die?
Why does s/he feel like that?

How long has s/he been thinking like that?

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.

PDC9I01
Intensity

PDC9F01
Frequency

PDC9O01
Onset
/ /

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.

Does s/he ever think about ending it all?

What does s/he say about it?
When was the last time?
What does s/he think about?
Have there been other times?
Do you think s/he actually is going to do this?

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.

PDD0I01
Intensity

PDD0F01
Frequency

PDD0O01
Onset
/ /

IF SUICIDAL THOUGHTS NOT PRESENT, SKIP TO "SUICIDAL ATTEMPTS", (PAGE 28).

For Review Only

Definitions and questions | Coding rules | Codes

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 thought what s/he might do?
Do you think s/he might do this?
Has s/he done anything to prepare for killing him/herself?
What?
How did you find out?

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.

PDD1I01 Intensity

PDD1F01 Frequency

PDD1O01 Onset

/ /

SUICIDAL ATTEMPTS

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?

What happened?
Where did s/he do it?
Were there any people around at the time?
Do you know how s/he was feeling then?
Did s/he really want to die?
What happened?
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 tried?

How does s/he think about it now?
Would s/he do it again if s/he had the chance?
Does s/he still wish s/he were dead?
Is there anything you can do about that?

SUICIDAL BEHAVIOR

0 = Absent

2 = Present

Ever:PDD2E01 Intensity

DATE OF FIRST ATTEMPT

Ever:PDD2O01

/ /

DATE OF LAST ATTEMPT

Ever:PDD2O02

/ /

Ever:PDD2V01 Frequency

SUICIDAL BEHAVIOR IN LAST 3 MONTHS

0 = Absent

2 = Present

PDD2I01 Intensity

PDD2F01 Frequency

For Review Only

Definitions and questions | Coding rules | Codes

IF A SUICIDE ATTEMPT HAS (EVER) BEEN MADE COMPLETE EVER: METHOD, EVER: INTENT, AND EVER: LETHALITY. IF ATTEMPT MADE IN THE PAST 3 MONTHS, ALSO COMPLETE ITEMS ABOUT THE RECENT ATTEMPT(S): METHOD, INTENT, AND LETHALITY.
IF NO SUICIDE ATTEMPTS MADE, SKIP TO "NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS", (PAGE 34).

For Review Only

Definitions and questions

EVER: METHODS OF SUICIDE ATTEMPT(S)

Methods of self harm used with the intention of ending life. Rate here, no matter how unlikely to cause death the attempt was, so long as the child's intention was to die.

Coding rules

SUICIDE ATTEMPTS PRESENT

0 = Absent

2 = Present

DRUG OVERDOSE

0 = Absent

2 = Present

HANGING

0 = Absent

2 = Present

STABBING/CUTTING

0 = Absent

2 = Present

SHOOTING

0 = Absent

2 = Present

RUNNING INTO TRAFFIC

0 = Absent

2 = Present

THROWING SELF DOWN STAIRS

0 = Absent

2 = Present

JUMPING FROM A HIGH PLACE

0 = Absent

2 = Present

TRIED TO OPEN DOOR WHILE IN MOVING VEHICLE

0 = Absent

2 = Present

JUMP FROM MOVING VEHICLE

0 = Absent

2 = Present

OTHER

0 = Absent

2 = Present

Specify

Codes

Ever:PDD3E90 Intensity

Ever:PDD3E08

Ever:PDD3E03

Ever:PDD3E04

Ever:PDD3E05

Ever:PDD3E06

Ever:PDD3E09

Ever:PDD3E10

Ever:PDD3E12

Ever:PDD3E11

Ever:PDD3E07

For Review Only

Definitions and questions | Coding rules | Codes

IF SUICIDE ATTEMPT(S) MADE IN THE LAS 3 MONTHS, COMPLETE METHODS OF SUICIDE ATTEMPT(S) (NEXT PAGE). OTHERWISE, SKIP TO "SUICIDAL INTENT", (PAGE 33).

For Review Only

Definitions and questions

METHODS OF SUICIDE ATTEMPT(S)

Methods of self harm used in the last 3 months with the intention of ending life. Rate here, no matter how unlikely to cause death the attempt was, so long as the child's intention was to die.

Coding rules

Codes

SUICIDE ATTEMPT(S) PRESENT IN THE LAST 3 MONTHS PDD4I90 Intensity

0 = Absent

2 = Present

DRUG OVERDOSE PDD4I08

0 = Absent

2 = Present

HANGING PDD4I03

0 = Absent

2 = Present

STABBING/CUTTING PDD4I04

0 = Absent

2 = Present

SHOOTING PDD4I05

0 = Absent

2 = Present

RUNNING INTO TRAFFIC PDD4I06

0 = Absent

2 = Present

THROWING SELF DOWN STAIRS PDD4I09

0 = Absent

2 = Present

JUMPING FROM A HIGH PLACE PDD4I10

0 = Absent

2 = Present

TRIED TO OPEN DOOR WHILE IN A MOVING VEHICLE PDD4I12

0 = Absent

2 = Present

JUMP FROM MOVING VEHICLE PDD4I11

0 = Absent

2 = Present

OTHER PDD4I07

0 = Absent

2 = Present

Specify

For Review Only

Definitions and questions | Coding rules | Codes

SUICIDAL INTENT

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?

What did s/he do?
Do you think s/he really wanted to die?
IF ATTEMPT IN THE PAST 3 MONTHS, ASK;

Was s/he serious about killing him/herself when s/he tried in the last 3 months?

SUICIDAL INTENT

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.

Ever:PDD5E01 Intensity ☐

SUICIDAL INTENT

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.

PDD5I01 Intensity ☐

LETHALITY OF SUICIDAL ATTEMPT

Code here the degree of threat to life resulting from the most serious suicidal attempt.

LETHALITY OF SUICIDAL ATTEMPT

1 = Mild: No Medical attention needed or sought.

2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).

3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

Ever:PDD7E01 Intensity ☐

LETHALITY OF SUICIDAL ATTEMPT

1 = Mild: No Medical attention needed or sought.

2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).

3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

PDD7I01 Intensity ☐

For Review Only

Definitions and questions

Coding rules

Codes

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

Self-mutilation, etc., not accompanied by any wish or intention to die (e.g., cutting on skin with a knife, buring self, deliberately putting finger in door jam and closing door, wrist-slashing or cigarette burns).

Has s/he ever hurt him/herself on purpose (apart from when s/he wanted to die)?

Or cut him/herself on purpose?

Why did s/he do it?
What did s/he feel like before s/he did it?
Did it make him/her feel better?
Did s/he want to kill him/herself?

How about in the last three months?

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

0 = Absent

2 = Acts not receiving medical treatment.

3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

Ever:PDE0E01
Intensity

Ever:PDE0V01
Frequency

Ever:PDE0O01
Onset
/ /

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

0 = Absent

2 = Acts not receiving medical treatment.

3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

PDD9I01
Intensity

PDD9F01
Frequency

For Review Only

Definitions and questions | Coding rules | Codes

HYPOMANIA AND MANIA
MANIC MOOD DISTURBANCE

REMEMBER TO GET EXAMPLES AND BEHAVIORAL DESCRIPTIONS.

EXPANSIVE MOOD

Feelings of euphoria or elation which represents a substantial change from the child's usual mood and which are not a response to specific situations.

Do not include responses to happy events (such as birthdays, holidays, etc.).

IF EXPANSIVE MOOD IS PRESENT BE PREPARED TO RECONSIDER PREVIOUS RATINGS OF IRRITABILITY.

Have you noticed a change in his/her mood?

Has s/he had times when s/he felt really happy ("super happy") for no special reason?

Did s/he seem to feel extraordinarily good about him/herself?

Has s/he had a time when s/he seemed "over the top" in a silly or giddy way that seems in appropriate for the situation?
Like laughing, singing, or making noises at very inappropriate times?
IF PRESENT ASK;

What did s/he do?

When s/he was feeling that way, was s/he acting very silly?
Or super energetic?
Or reckless?
Did you think s/he was "over the top"?
Did you or anyone else comment on his/her behavior?

What did you do?
IF EXPANSIVE MOOD IS PRESENT BE PREPARED TO RECONSIDER PREVIOUS RATINGS OF IRRITABILITY.

How long did that feeling last?

When did s/he first have it?

EXPANSIVE MOOD

0 = Absent

2 = The expansive mood is intrusive into non-elating situations, but can sometimes be controlled when inappropriate.

3 = Expansive mood is intrusive and uncontrollable in almost all activities and often inappropriate.

HOURS : MINUTES

PDE2I01
Intensity
[ ]

PDE2F01
Frequency
[ ]

PDE2D01
Duration
[ ]

PDE2O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

IF EXPANSIVE MOOD PRESENT, COMPLETE. OTHERWISE, SKIP TO "ABRUPT SHIFTS IN AFFECT (MOOD SWINGS)", (PAGE 4).

For Review Only

Definitions and questions | Coding rules | Codes

EXPANSIVE MOOD - SPONTANEITY/REACTIVITY

Degree to which expansive mood is related to or independent of external events.

Does s/he seem super happy only when something very exciting is happening (e.g., birthday party, trip to Disneyland, etc.)

Does s/he ever seem super happy for no reason?

How often does s/he seem super happy 'out of the blue' or for no reason?

How long does this super happy mood for no reason last?

When did you first notice that s/he would get super happy for no reason?

EXPANSIVE MOOD - SPONTANEITY/REACTIVITY

0 = Absent

2 = Expansive mood at times in the absence of positive events.

PDAL151 Intensity

PDAL152 Frequency

HOURS : MINUTES

PDAL153 Duration

PDAL154 Onset

/ /

EXPANSIVE MOOD - CONCERN TO ADULT

Do you think it is a problem?
Are you concerned about 'X' super happy moods?

Is anyone else concerned about his/her super happy moods? Who?

Has anyone commented that s/he seems to be too happy at times? Who?

ADULT CONCERN

0 = Absent

2 = Present

PDAL155 Intensity

WHO IS CONCERNED (CODE ALL THAT APPLY)

1 = Parent 1.

2 = Parent 2.

3 = Other Parent 1.

4 = Other Parent 2.

5 = Teacher/childcare provider.

6 = Other adult.

PDAL156

PDAL157

PDAL158

PDAL159

PDAL160

PDAL161

For Review Only

Definitions and questions | Coding rules | Codes

EXPANSIVE MOOD - ALLEVIATION

When s/he feels 'super happy,' can you do anything to settle him/her down?

What?
How long would it keep him/her settled?
How much of the time would things settle him/her down?
Can you do anything to settle him/her down?
Can s/he do anything to settle him/herself down?

EXPANSIVE MOOD - ALLEVIATION

0 = Child's mood is always and easily brought to baseline by attempts to "settle" or calm.

2 = Child's mood is brought to baseline at least sometimes by attempts to "settle" or calm.

3 = Means of alleviation never effective.

4 = Means of alleviation never employed.

PDAL157 Intensity

ABRUPT SHIFTS IN AFFECT (MOOD SWINGS)

At least once a week, child has sudden changes between extreme affect states.

Does X often suddenly change from being calm to being very agitated?

Or shift suddenly from being very happy to being very angry?

Or sad?

Or irritable?

Does s/he seem to cycle in and out of different moods during the day?

Does this happen seem to happen "out of the blue" for no reason?
How often does this happen at home?
Or at daycare/school?
Or elsewhere?

When did these shifts start?

On average, how many changes of mood (mood swings) do you see in a singe day?

ABRUPT SHIFTS IN AFFECT

0 = Absent

2 = Present

PFF2I01 Intensity

PFF2O01 Onset

/ /

HOME

PFF2F01 Home Frequency

DAYCARE/SCHOOL

PFF2F02 Daycare/School Frequency

ELSEWHERE

PFF2F03 Elsewhere Frequency

AVERAGE NUMBER OF MOOD SHIFTS PER DAY ON DAYS WHERE PRESENT

PFF2F04

IF EVIDENCE OF EXPANSIVE MOOD, ABRUPT SHIFTS IN AFFECT, OR IRRITABILITY ARE NOT PRESENT, SKIP TO ""TEMPER TANTRUMS" IS ABSENT", (PAGE ERROR! BOOKMARK NOT DEFINED.**).**

For Review Only

Definitions and questions

Coding rules

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For Review Only

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IRRITABILITY WITH EXPANSIVE MOOD

If both Irritability and Expansive Mood have been present together, or within the same 24 hour period, then code here.

IRRITABILITY WITH EXPANSIVE MOOD

0 = Expansive Mood not accompanied by Irritability.

2 = Expansive Mood accompanied by Irritability.

PDE4I01 Intensity

DEPRESSED MOOD WITH EXPANSIVE MOOD

Both Depressed Mood and Expansive Mood present within same 24 hour period. Either the two moods must both separately meet the criteria for each, or if the two rapidly alternate, the two taken together must last at least one continuous hour at a level that meets the other minimum criteria.

Were there times when s/he was both "really happy" and "depressed" on the same day?

Tell me about that.
Was s/he usually like that?
Or was s/he usually either one or the other?
How long did it last?

When did s/he start to get the "depression" and "feeling really happy" so close together?

Has there been a period of at least 2 months during the last year when s/he didn't have either "depressed mood" or "expansive mood?"

DEPRESSED MOOD WITH EXPANSIVE MOOD

0 = Absent

2 = Present, with both moods, either separately or together, meeting the intensity level '2' criteria.

PDE6I01 Intensity

PDE6O01 Onset

/ /

PERIOD OF 2 MONTHS WITHOUT EITHER DEPRESSED MOOD OR EXPANSIVE MOOD IN LAST YEAR

0 = Absent

2 = Present

PDE6I02

MORE TALKATIVE THAN USUAL

Child is more talkative than usual. Speech may be loud, rapid, nonstop, or difficult to interrupt during periods of Expansive, Expansive/Irritable, or Irritable Mood.

Distinguish from chattiness.

Were there times when s/he was more talkative than usual?

What was that like?
Could you interrupt him/her?

MORE TALKATIVE THAN USUAL

0 = Absent

2 = More talkative than usual, intrusive into at least two activities but retains some regard for others' wishes to communicate.

3 = More talkative in most activities with little regard for others' wishes to communicate.

PDF4I01 Intensity

PDF4O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

RACING THOUGHTS

A description of many images and ideas flashing through the mind or many ideas arising quickly.

Has s/he had times when s/he's had racing thoughts?

Has s/he ever said s/he has too many thoughts?

Did so many ideas come out that you could hardly keep up with them?

Has s/he ever expressed that his/her thoughts were like a traffic jam?

RACING THOUGHTS

0 = Absent

2 = Child describes periods of racing thoughts. These thoughts are intrusive into at least 2 activities.

3 = Racing thoughts occur regularly and frequently.

PDAL402 Intensity

PDAL403 Frequency

HOURS : MINUTES

PDAL404 Duration

PDAL405 Onset

/ /

PRESSURE OF SPEECH

A description of periods of talking fast, with a sensation of pressure to get words and ideas out, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Was s/he talking very fast?

Could you get a word in edgewise?

Did it seem like s/he could not stop talking?
Did s/he rattle on, even if you tried to interrupt?
How long did that last?

When did you first notice it?

PRESSURE OF SPEECH

0 = Pressure of speech absent.

2 = Pressure of speech intrusive into normal communication in at least 2 activities; but some coherent communication possible, even if with an effort to maintain control.

3 = Pressure of speech so intrusive and uncontrollable as essentially to prevent normal communication.

PDE8I01 Intensity

PDE8O01 Onset

/ /

For Review Only

Definitions and questions

Coding rules

Codes

FLIGHT OF IDEAS

A description of images and ideas flashing through the mind, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Has s/he had times when lots of thoughts flashed through his/her head one after the other very fast?

Did s/he keep jumping from one thing to another?

Did his/her words come so fast that you could hardly keep up with them?
Could you follow what s/he was saying?
What did you think of his/her ideas at the time?
Would s/he shift topics because words rhymed with each other?
Or because one word suggested some new subject?
Could you follow his/her thoughts or did they seem confusing?
Could you do anything to slow him/her down?
How long did it last?

When did it start?

FLIGHT OF IDEAS

0 = Flight of ideas absent.

2 = Flight of ideas intrusive into normal thinking, involving at least 2 activities, but some coherent thought processes possible, even if with effort to maintain control.

3 = Flight of ideas so intrusive as to be almost completely disruptive of normal thought.

PDE7I01
Intensity
[ ]

PDE7O01
Onset
[/ /]

MOTOR PRESSURE

Feeling of increased physical energy or capacity expressed in motor behavior, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Has s/he had times when s/he felt really energetic?

What did s/he do?
When s/he was feeling "super happy" or silly, did s/he do any physical activities that s/he wouldn't normally?

Was s/he rushing around all over the place?

What did you notice?
Was s/he able to do anything useful?
Or did s/he seem to be out of control?
What did you and other people think of his/her activities?
Was s/he moving faster than usual?
Could you do anything to slow him/her down?

When did this first happen to him/her?

MOTOR PRESSURE

0 = Absent

2 = Motor pressure leads to increased activity only within the child's usual range of activities involving at least 2 activities.

3 = Child actually takes up new physical activities as a result of increased motor activity.

PDE9I01
Intensity
[ ]

PDE9F01
Frequency
[ ]

HOURS : MINUTES

PDE9D01
Duration
[ ]

PDE9O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

AGITATION

Markedly changed motor activity associated with Expansive or Expansive/Irritable or Irritable Mood. Account of a severe level of inappropriate, unpleasant motor restlessness during the mood state, indicated by pacing, wringing of hands, or similar activities.

Do not include simple restlessness or fidgetiness in the absence of mood change.

Does s/he get very restless when s/he's "miserable" or super up or happy?

Does s/he have difficulty keeping still?

What is that like?
Can s/he keep him/herself still?
Does s/he have to move around?
Is s/he always like that?
Does s/he pace about?
Or wring his/her hands?
How about when s/he is not feeling "over the top" or irritable like that?

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.

PDF5I01 Intensity

PDF5F01 Frequency

HOURS : MINUTES

PDF5D01 Duration

PDF5O01 Onset

/ /

UNUSUALLY ENERGETIC

During waking hours, child is more active that usual without expected fatigue. Or child demonstrates little fatigue in spite of maintenance of normal activities.

Has s/he had more energy than usual to do things without getting tired?

Did s/he seem to go 'non-stop' without getting worn out?

Did it ever seem that s/he had too much energy?

What was s/he like then?

HOURS : MINUTES

PDAL609 Duration

PDAL608 Frequency

PDAL700 Onset

/ /

UNUSUALLY ENERGETIC

0 = Absent

2 = Child has persistent daily periods of increased energy.

PDAL607 Intensity

For Review Only

Definitions and questions

Coding rules

Codes

DISTRACTIBILITY

Inability to screen out irrelevant external stimuli during the period of mood disturbance. May have difficulty keeping thoughts on themes relevant to the topic.

When s/he is feeling this way, 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?

Does s/he find him/herself easily distracted by things going on around him/her?

Like the furnishings in a room?
Or someone's tie?
Can you give me an example?
Is it like that in all activities or just some?
Can s/he stop him/herself from getting distracted?
Is that all the time or just sometimes?

DISTRACTIBILITY

0 = Absent

2 = Present in a least 2 activities and at least sometimes uncontrollable by the child.

3 = Present in most activities and at least sometimes uncontrollable by the child or by admonition.

PDF6I01
Intensity

PDF6O01
Onset

/ /

DECREASED NEED FOR SLEEP

During the period of mood disturbance, child feels adequately rested with at least 1 hour less sleep than usual per night, for at least 1 week.

Differentiate from Insomnia, where reduced sleep is associated with a feeling of being inadequately rested.

When s/he was "super happy" or silly, did s/he need as much sleep as usual?

How much sleep was s/he getting?

Was s/he on the go all the time?
Did she disturb you at night?
What did she do?

When did that start?

DECREASED NEED FOR SLEEP

0 = Absent

2 = 1-2 hours less sleep than usual per night.

3 = More than 2 hours less sleep than usual per night.

PDF0I01
Intensity

PDF0F01
Frequency

PDF0O01
Onset

/ /

For Review Only

Definitions and questions

GRANDIOSE IDEAS AND ACTIONS

An unusually increased level of self-esteem or self-appraisal of worth, such as the feeling of being superbly strong, or exceptionally able, or intelligent, when in Expansive or Expansive/Irritable Mood or Irritable Mood.

Distinguish from fantasy play unrelated to mood changes.

When s/he's "super happy" or silly, are there any times when s/he feels that s/he is a really great or marvelous person?

Such as a super-hero?
Did s/he think that s/he has special powers?
Like s/he could fly?
Or be invisible?
Did s/he think s/he was as powerful and strong as grown-ups?

What did s/he do when s/he felt like that?

When s/he thinks s/he's in charge, thinks s/he's especially talented, etc., how long does it generally last?

Does she get this way at home/school/elsewhere?

When did s/he start to feel like that about him/herself?

IF GRANDIOSE IDEAS AND ACTIONS PRESENT, COMPLETE. OTHERWISE, SKIP TO "BRAGGING", (PAGE 13).

Coding rules

GRANDIOSE IDEAS AND ACTIONS

0 = Absent

2 = Ideas present but not translated into action.

3 = Ideas translated into action.

HOURS : MINUTES

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PDF1I01 Intensity

PDAL162 Duration

PDAL159 Home Frequency

PDAL160 Daycare/School Frequency

PDAL161 Elsewhere Frequency

PDF1O01 Onset

/ /

For Review Only

Definitions and questions

Coding rules

Codes

GRANDIOSE IDEAS AND ACTIONS - IN PLAY

Degree in which grandiosity is related to fantasy play.

Does s/he believe s/he had special powers, abilities only while engaged in fantasy play (pretending to be a queen, movie star, athlete, president)?

Does s/he believe s/he has special powers, abilities, etc. when not playing?

GRANDIOSITY - IN PLAY

0 = Grandiosity only evident in fantasy play.

2 = Grandiosity outside of fantasy play is evident.

PDAL164 Intensity

GRANDIOSE IDEAS AND ACTIONS - IDEAS TRANSLATED INTO ACTION

Degree to which ideas result in action.

Does 'X' do anything because of these beliefs (e.g., child believes s/he can fly and jumps from heights. Or child believes s/he is in charge and tells the teacher how to manage the classroom)?

What has s/he done?

TRANSLATED INTO ACTION

0 = No

2 = Yes

PDAL165 Intensity

GRANDIOSE IDEAS AND ACTIONS - CONCERN TO ADULTS

Are you concerned about "X's" beliefs that s/he has special powers/abilities or thinks s/he's in charge?

Do you think it is a problem?

Is anyone else concerned about "X's" beliefs that s/he has special powers/abilities or thinks s/he's in charge? Who?

Has anyone commented that about "X's" beliefs that s/he has special powers/abilities or thinks s/he's in charge? Who?

CONCERN TO ADULTS

0 = Absent

2 = Present

PDAL166 Intensity

WHO IS CONCERNED (CODE ALL THAT APPLY)

1 = Parent 1.

2 = Parent 2.

3 = Other Parent 1.

4 = Other Parent 2.

5 = Teacher/childcare provider.

6 = Other adult.

PDAL167

PDAL168

PDAL169

PDAL170

PDAL171

PDAL172

For Review Only

Definitions and questions | Coding rules | Codes

GRANDIOSE IDEAS AND ACTIONS - ALLEVIATION

When s/he thinks s/he's in charge, thinks s/he is especially talented, etc., can you do anything to bring him/her 'back to reality,' talk him/her out of it, reason with him/her?

How much of the time does it work?

GRANDIOSITY - ALLEVIATION

0 = Child will give up these ideas easily with adult redirection.

2 = Child's appraisal of self-worth is restored to baseline at least sometimes with adult re-direction.

3 = Means of alleviation never effective.

4 = Means of alleviation never employed.

PDAL168 Intensity

BRAGGING

Boastful talking about his/her real or perceived talents, accomplishments, etc.

Does 'X' brag about anything?

What kinds of things?

Is this something s/he really is good at?

Have others commented that s/he brags?

Does s/he brag at home/school/elsewhere?

How often does s/he brag at home/school/elsewhere?

When did you first notice that 'X' bragged a lot?

BRAGGING

0 = Absent

2 = Child brags about abilities in activities in which s/he is not especially talented (e.g., child brags about soccer skills and is of average ability or less.)

PDAL170 Intensity

HOME

PDAL180 Home Frequency

DAYCARE/SCHOOL

PDAL181 Daycare/School Frequency

ELSEWHERE

PDAL182 Elsewhere Frequency

PDAL185 Onset

/ /

IF BRAGGING IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "DAREDEVIL ACTS", (PAGE 15).

For Review Only

Definitions and questions | Coding rules | Codes

BRAGGING - IN PLAY

Degree in which bragging is related to fantasy play.

Does s/he brag only while engaged in fantasy play?

Does s/he brag when not playing?

BRAGGING - IN PLAY

0 = Bragging only evident in play.

2 = Bragging evident outside of play.

PDAL186 Intensity

BRAGGING - CONCERN TO ADULT

Are you concerned about how much 'X' brags?

Do you think it is a problem?

Is anyone else concerned about how much 'X' brags? Who?

CONCERN TO ADULT

0 = Absent

2 = Present

PDAL187 Intensity

WHO IS CONCERNED (CODE ALL THAT APPLY)

1 = Parent 1.

2 = Parent 2.

3 = Other Parent 1.

4 = Other Parent 2.

5 = Teacher/childcare provider.

6 = Other adult.

PDAL188

PDAL189

PDAL190

PDAL191

PDAL192

PDAL193

BRAGGING - ALLEVIATION

When s/he thinks s/he's in charge, thinks s/he is especially talented, etc., can you do anything to bring him/her 'back to reality,' talk him/her out of it, reason with him/her?

How much of the time does it work?

BRAGGING - ALLEVIATION

0 = Child will give up these ideas easily with adult re-direction.

2 = Child's appraisal of self-worth is restored to baseling at least sometimes with adult re-direction.

3 = Means of alleviation never effective.

4 = Means of alleviation never employed.

PDAL189 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

DAREDEVIL ACTS

Reckless physical acts with potentially harmful consequences.

When s/he is in this "super happy" place, does s/he ever act like a daredevil?

Like trying to jump from a very high place?

Or skate or ride his/her bike in a dangerous way?

Or climbing dangerously on unstable structures such as bookcases?

How often does this happen?

When did it start?

DAREDEVIL ACTS

0 = Absent

2 = Present

PDG4I01 Intensity

PDG4F01 Frequency

PDG4O01 Onset / /

INCREASED SEXUAL INTEREST

Increased interest in sexual matters including increased talk about sex and sexual body parts (genitalia, breasts, and bottoms) and an increase in overt acts related to sex, including exposure of genitalia and or masturbation.

When s/he's "super happy" or "up" does s/he talk more about sex or private body parts?

Does s/he expose her genitalia or bottom in public?

Does s/he touch him/herself in public?

Or try to touch others?

How often does this happen?

When did it start?

INCREASED SEXUAL INTEREST

0 = Absent

2 = Present

PDG5I01 Intensity

PDG5F01 Frequency

PDG5O01 Onset / /

For Review Only

Definitions and questions | Coding rules | Codes

SEXUAL LANGUAGE

Does s/he talk about body parts?

Does s/he use dirty or sexual language?

SEXUAL LANGUAGE

0 = Absent

2 = Child makes inappropriate sexual comments on more than one occasion.

3 = Child exhibits overt sexual language several times a week or at inappropriate times.

PDAL507 Intensity

PDAL508 Frequency

PDAL509 Onset / /

PREOCCUPATION WITH "POTTY TALK"

Does s/he like to talk about 'poop' or bodily functions?

In what kind of situation does s/he talk about 'poop' or bodily functions?

Is s/he currently being toilet trained?

Does s/he talk about 'poop' or bodily functions even after you've asked him/her not to?

POTTY TALK

0 = Absent

2 = Child engages in EXCESSIVE 'potty talk' on an occasional and transient basis.

3 = Child engages in 'potty talk' on a persistent basis.

PDAL600 Intensity

PDAL601 Frequency

PDAL602 Onset / /

SEXUALLY ABUSED

Do you have any reason to suspect that s/he has been sexually abused in any way?

SEXUALLY ABUSED

0 = No

2 = Yes

PDAL603 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

POOR JUDGMENT

Uncharacteristic behaviors performed with disregard for possible negative consequences during Expansive or Expansive/Irritable Mood state or Irritable Mood.

Did s/he do anything silly or dangerous when s/he was "high"?

Or anything that s/he regrets doing?

What did s/he do?
Did s/he get into any trouble when s/he was "high"?

What happened?
Has that left him/her with any problems?
What's happening about that?
What do you think about it?

When did s/he first do something like that?

POOR JUDGMENT

0 = Absent

2 = Behavior that involved definitely poor judgment but which was within the range of socially acceptable irresponsible behavior (e.g. speaking rudely/impertinently to other people, being physically reckless or aggressive).

3 = Behavior that is outside the range of socially acceptable irresponsible behavior (e.g. being overtly insulting to figures of authority, undressing in a public place), or dangerous behavior (e.g., jumping off a roof because child believed s/he could fly) and hence likely to result in some negative consequences.

PDF2I01
Intensity

PDF2O01
Onset
/ /

INAPPROPRIATE LAUGHING, JOKING, GRINNING

Child demonstrates laughing, joking, grinning in a manner incongruent to context.

Does s/he just laugh for no reason when nothing funny happened?

Does s/he laugh uncontrollably?

Does s/he laugh out when it's inappropriate (e.g., church, preschool during lesson)?

INAPPROPRIATE LAUGHING, JOKING, GRINNING

0 = Absent

2 = Present in at least two activities and at least sometimes uncontrollable.

3 = Present in most activities and uncontrollable most of the time.

PDAL500
Intensity

PDAL501
Frequency

HOURS : MINUTES

PDAL502
Duration

PDAL503
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

UNINHIBITED/GREGARIOUSNESS

The child is willing to be friendly toward almost any adult or child, to a degree unusual for his/her developmental age, social group, and familiarity with the person. The child demonstrates reduced or absent reticence around unfamiliar people.

Does s/he start a conversation with anyone - adult or child?

Is s/he the type of child who has no hesitation to engage in conversation with a stranger?

Are you concerned that s/he would talk inappropriately to strangers?

Are you concerned that s/he would run off with a stranger without any hesitation or reserve?

Does s/he seem to know everyone in his/her preschool or child care?

Are you concerned s/he would say inappropriately friendly or bossy things to unfamiliar adults, even those in a position of authority?

Do you think this is a problem?

UNINHIBITED/GREGARIOUSNESS

0 = Absent

2 = Inappropriate gregariousness is occasionally present and does not pose a social problem.

3 = Present and poses a significant social problem.

PDAL504
Intensity
[ ]

PDAL505
Frequency
[ ]

PDAL506
Onset
[/ /]

MOOD CYCLING

Child exhibits significant and abrupt mood changes.

Does it seem like X's mood can change 'on a dime?' For example, going from being very happy to very irritable or sad in a short time?

Does X's mood changes often and quickly?

PDAL703
Onset
[/ /]

MOOD CYCLING

0 = Absent

2 = Child displays abrupt changes in mood. These occur spontaneously (for no apparent reason) or in response to minor disappointments or most limit-setting.

3 = Child frequently and continuously displays spontaneous and abrupt changes in mood or child displays abrupt mood changes to nearly all disappointments or limit-setting.

PDAL701
Intensity
[ ]

PDAL702
Frequency
[ ]

For Review Only

Definitions and questions | Coding rules | Codes

CONDUCT PROBLEMS
Now we are going to ask about rule breaking.
OPPOSITIONAL BEHAVIOR

Organization of the section

The section includes into 6 major sub areas:

(1) Oppositional Behavior

(2) Deception

(3) Conduct Problems Involving Violence Against People

(4) Conduct problems Involving Violence Against Property

(5) Inappropriate Sexual Behavior

(6) Access to Weapons

Situation

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

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.

For Review Only

Definitions and questions | Coding rules | Codes

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.

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.

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.

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?

Admonition

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.

Do not include accidental acts of destruction, such as breaking a window while playing ball.

For Review Only

Definitions and questions | Coding rules | Codes

FAMILY HAS RULES

The parent perceives the family as having standing rules for behavior, to which the child is expected to adhere.

If the family does not have rules, or if the child does not understand the concept of rules at home, the interviewer proceeds to consideration of rules at daycare/school or elsewhere.

Do you have some clearly stated rules in your family?

Such as "no food in the living room?"
Or "no writing on the walls?"
Or "an hour of TV a day?"
Or "no hitting?"
Does s/he understand these rules?

How well does s/he follow your family's rules?

FAMILY HAS RULES

0 = Absent

2 = Present

3 = Child doesn't understand rules.

PGM3I01
Intensity

RULE BREAKING

Violation of standing rules at home daycare/school or elsewhere.

What sort of rules does s/he break?

Has s/he broken rules in the last 3 months?

Tell me about the rules s/he breaks.
How good is s/he at obeying the rules at daycare/school?

Do the teachers/caregiver describe him/her as a troublemaker?
What sort of rules does s/he break?
How do you hear about it?
Does s/he break rules anywhere else

Tell me about the last time that happened?

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

PGA0I01
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
When did s/he start to break rules at home, daycare/school and/or elsewhere?	**HOME**	PGA0F03 Home Frequency [ ]
	DAYCARE/SCHOOL	PGA0F04 Daycare/School Frequency [ ]
	ELSEWHERE	PGA0F05 Elsewhere Frequency [ ]
		PGA0O01 Onset [/ /]

For Review Only

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's told to do things by you and s/he doesn't want to do them?

Is s/he disobedient to you (or parent #2)?

How many times must you tell X to do something before s/he will do it?

Does s/he ignore you when you give him/her instructions?
Does s/he continue doing things you don't want him/her to do even if you ask him/her to stop?
Like continuing to play if you ask him/her to pick up his/her toys?
When was the last time?
What happened?
Can you usually get him/her to do what you want in the end?
How do you do it?
How often was s/he disobedient at home in the last three months?
Is s/he disobedient with daycare/school teachers?

Such as not sitting down when asked or continuing to talk when asked to stop?
What about other places such as the supermarket or the mall?

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?

We have asked about X's disobedience overall.

Now we want to ask how s/he acts with different members of the family.

Is s/he disobedient to you?

How about with "Parent #2"?
How about with "Other Parent #1"?
And with "Other Parent #2"?
How about with babysitters?

Does s/he cooperate when s/he is with a sitter?
How often does s/he disobey the sitter?
What happens?
How about daycare/school teachers?

Coding rules

DISOBEDIENCE

0 = Absent

2 = Disobedience occurs in at least 2 activities.

3 = Disobedience occurs in most activities.

HOME

DAYCARE/SCHOOL

ELSEWHERE

WITH PARENT #1

0 = Absent

2 = Present

WITH PARENT #2

0 = Absent

2 = Present

WITH OTHER PARENT #1

0 = Absent

2 = Present

WITH OTHER PARENT #2

0 = Absent

2 = Present

WITH BABYSITTER IN HOME

0 = Absent

2 = Present

WITH CAREGIVERS/TEACHERS AT DAYCARE/SCHOOL

Codes

PGA1I01 Intensity

PGA1F01 Home Frequency

PGA1F02 Daycare/School Frequency

PGA1F03 Elsewhere Frequency

PGA1O01 Onset / /

PGA1X02

PGA1X03

PGA1X04

PGA1X05

PGA1X06

PGA1X07

For Review Only

Definitions and questions	Coding rules	Codes
What do the caregivers/teachers do about it? ***How about other adults?*** *Who are they?* *What happens?*	0 = Absent 2 = Present **WITH OTHER ADULTS** 0 = Absent 2 = Present	PGA1X08

For Review Only

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?

Or does s/he do the opposite of what you ask?
Such as throwing toys when you ask him/her to clean them up?
When was the last time this happened?
Tell me about what happened.
How often was s/he defiant at home in the last three months?
Is s/he defiant with daycare/school teachers?

What about other places such as the supermarket or the mall?

When did s/he start to be defiant?

We have asked about X's defiance overall.

Now we want to ask how s/he acts with different members of the family.

Is s/he defiant to you?

How about with "Parent #2"?
How about with "Other Parent #1"?
And with "Other Parent #2"?
How about with babysitters?

Does s/he cooperate when s/he is with a sitter?
How often does s/he disobey the sitter?
What happens?
How about daycare/school teachers?

What do the caregivers/teachers do about it?
How about other adults?

Who are they?

Coding rules

DEFIANCE

0 = Absent

2 = Defiance occurs in at least 2 activities.

3 = Defiance occurs in most activities.

HOME

DAYCARE/SCHOOL

ELSEWHERE

WITH PARENT #1

0 = Absent

2 = Present

WITH PARENT #2

0 = Absent

2 = Present

WITH OTHER PARENT #1

0 = Absent

2 = Present

WITH OTHER PARENT #2

0 = Absent

2 = Present

WITH BABYSITTER IN HOME

0 = Absent

2 = Present

WITH CAREGIVERS/TEACHERS AT DAYCARE/SCHOOL

0 = Absent

Codes

PGM4I01 Intensity

PGM4F01 Home Frequency

PGM4F02 Daycare/School Frequency

PGM4F03 Elsewhere Frequency

PGM4O01 Onset

/ /

PGM4X02

PGM4X03

PGM4X04

PGM4X05

PGM4X06

PGM4X07

For Review Only

Definitions and questions

Coding rules

Codes

2 = Present

WITH OTHER ADULTS

PGM4X08

0 = Absent

2 = Present

EVER: ASKED TO LEAVE DAYCARE/SCHOOL DUE TO RULE BREAKING, DISOBEDIENCE, OR DEFIANCE

Distinguish from other reasons such as fighting or assaults that may have caused the child to be asked to leave daycare/school and which are coded separately.

Has your child ever been asked to leave a daycare/school program because of his/her rule breaking, disobedience, or defiance?

What happened?
Was s/he allowed to return?

EVER: ASKED TO LEAVE DAYCARE/PRESCHOOL DUE TO RULE BREAKING, DISOBEDIENCE OR DEFIANCE

Ever:PGM5E01
Intensity

0 = Absent

1 = Preschool/daycare has threatened exclusion of the child, but have not taken action on this threat.

2 = Asked to leave temporarily.

3 = Asked to leave permanently.

Ever:PGM5V01
Frequency

Ever:PGM5O01
Onset

/ /

For Review Only

Definitions and questions

WANDERING OFF

Deliberately leaving home or leaving the parent/caretaker's line of sight when not inside the home, without asking permission.

Distinguish from running away from home.

N.B. "EVER" CODED IF CHILD HAS WANDERED OFF BUT NOT IN LAST 3 MONTHS.

Has X ever wandered off without your permission?

Has s/he ever gotten lost?

Has this happened in the last three months?

How did that happen?
Has s/he ever left home without you knowing s/he was leaving?
Or wandered away from you in a store and become lost?
How long was s/he gone?
Tell me about a time in the last three months when s/he has wandered off?
Did you feel that s/he was in danger?
How did you find him/her?
How many times in the last three months has this happened?

Coding rules

WANDERING OFF

0 = Absent

2 = The child has wandered away from parent/caregiver without permission or become lost at least once.

3 = The child has wandered away from parent/caregiver without permission or become lost at least once; and child was gone at least 15 minutes; and it took effort to find the child.

HOURS : MINUTES

WANDERING OFF

0 = Absent

2 = The child has wandered away from parent/caregiver without permission or become lost at least once in the last 3 months.

3 = The child has wandered away from parent/caregiver without permission or become lost at least once in the last 3 months and child was gone at least 15 minutes and it took effort to find the child.

HOURS : MINUTES

Codes

Ever:PGL4E01
Intensity

Ever:PGL4V01
Frequency

Ever:PGL4D01
Duration

Ever:PGL4O01
Onset
/ /

PGL4I01
Intensity

PGL4F01
Frequency

PGL4D02
Duration

For Review Only

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 X 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 s/he start arguing so much?

IF NO SIBLINGS, SKIP TO "ARGUMENTS- WITH PEERS", (PAGE 12).

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

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGL5I01
Intensity
[ ]

PGL5F01
Home
Frequency
[ ]

PGL5F02
Daycare/School
Frequency
[ ]

PGL5F03
Elsewhere
Frequency
[ ]

PGL5O01
Onset
[/ /]

For Review Only

Definitions and questions

ARGUMENTS- WITH SIBLINGS

Does s/he argue with his/her siblings?

Does s/he shout or name call?
Does s/he hit during the argument?
How often does s/he argue at home?
Or daycare/school?
Or elsewhere?
When did s/he start arguing so much?

Coding rules

ARGUMENTS WITH SIBLINGS

0 = Absent

2 = Present, but without physical violence by child.

3 = Present, and one or more arguments with physical violence by child.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGL5I02 Intensity

PGL5F04 Home Frequency

PGL5F05 Daycare/School Frequency

PGL5F06 Elsewhere Frequency

PGL5O02 Onset

/ /

For Review Only

Definitions and questions

ARGUMENTS- WITH PEERS

Does s/he argue with other children?

Does s/he shout or name call?
Does s/he hit during the argument?
How often does s/he argue at home?
Or daycare/school?
Or elsewhere?
When did s/he start arguing so much?

Coding rules

ARGUMENTS WITH PEERS

0 = Absent

2 = Present, but without physical violence by child.

3 = Present, and one or more arguments with physical violence by child.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGL5I03
Intensity
[ ]

PGL5F07
Home
Frequency
[ ]

PGL5F08
Daycare/School
Frequency
[ ]

PGL5F09
Elsewhere
Frequency
[ ]

PGL5O03
Onset
[/ /]

For Review Only

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.

What sort of temper has s/he got?

What happens when s/he loses his/her temper?

How often does s/he lose his/her temper?
When did that start?

Coding rules

LOSING TEMPER

0 = Absent

2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGE0I01
Intensity
[ ]

PGE0F02
Home
Frequency
[ ]

PGE0F03
Daycare/School
Frequency
[ ]

PGE0F04
Elsewhere
Frequency
[ ]

PGE0O01
Onset
[/ /]

For Review Only

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.

Violence or damage done here does not constitute Vandalism or Assault.

What sort of temper has s/he had 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 have angry outbursts?

Does s/he have temper tantrums?

Has s/he had one in the last three months?
What does s/he do?
Does s/he cry or shout?
Or call you names?
Does s/he stamp his/her feet?
Does s/he kick objects?
Does s/he throw things, such as his/her toys?
Or spit?
Does s/he hold his/her breath?
Does s/he hit or kick the wall, or floor, or other objects like a table?

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.).

STAMPING FEET

0 = Absent

2 = Present

KICKING OBJECTS

0 = Absent

2 = Present

THROWING OBJECTS

0 = Absent

2 = Present

SPITTING

0 = Absent

2 = Present

HOLDING BREATH

0 = Absent

2 = Present

HITTING WALL/FLOOR/OBJECTS

0 = Absent

2 = Present

NON-DIRECTED KICKING (FLOOR/AIR)

0 = Absent

2 = Present

HEAD BANGING

0 = Absent

2 = Present

HOME

Codes

PGE1I01 Intensity

PGE1X01

PGE1X02

PGE1X03

PGE1X04

PGE1X05

PGE1X06

PGE1X11

PGE1X14

PGE1F04 Home Frequency

For Review Only

Definitions and questions	Coding rules	Codes
	DAYCARE/SCHOOL	PGE1F05 Daycare/School Frequency
	ELSEWHERE	PGE1F06 Elsewhere Frequency
How long does that tantrum last, that is, how long does it take him/her to return to his/her usual self?	**HOURS : MINUTES**	PGE1D02 Duration
		PGE1O02 Onset / /
What seems to trigger his/her tantrums? *Does s/he seem to have tantrums when s/he is tired?* *Or frustrated?* *What transitions, such as stopping playing to go on an errand?* *Or going to bed?* *Do changes in routine trigger tantrums?* *Do his/her tantrums ever seem to come "out of the blue" with no clear cause or trigger?*	**TRIGGERS** 1 = Anger 2 = Frustration 3 = Fatigue 4 = Transitions 5 = Changes in routine 6 = "Out of the blue" 7 = Other 8 = Bedtime Specify	PGE1X16 PGE1X17 PGE1X18 PGE1X19 PGE1X20 PGE1X21 PGE1X22 PGE1X23

For Review Only

Definitions and questions	Coding rules	Codes
We have asked about X's temper overall. Now we want to ask how s/he acts with different members of the family.		
Does s/he have a temper tantrum with you?	**WITH PARENT #1** 0 = Absent 2 = Present	PGE1I02
What happened the last time? *How about with "Parent #2?"* *How about with "Other Parent #1?"* *And with "Other Parent #2?"* ***How about with babysitters?***	**WITH PARENT #2** 0 = Absent 2 = Present	PGE1I03
Does s/he lose her temper or have tantrums when s/he is with a sitter? *How often does s/he lose her temper or have tantrums with the sitter?* ***How about with daycare/school teachers?***	**WITH OTHER PARENT #1** 0 = Absent 2 = Present	PGE1I04
What happens? *What do the caregivers/teachers do about it?* *How about with other adults whom we have not mentioned?* *Who are they?* *What happens?*	**WITH OTHER PARENT #2** 0 = Absent 2 = Present	PGE1I05
	WITH BABYSITTER IN HOME 0 = Absent 2 = Present	PGE1I06
	WITH CAREGIVERS/TEACHERS AT DAYCARE/SCHOOL 0 = Absent 2 = Present	PGE1I07
	WITH OTHER ADULTS 0 = Absent 2 = Present	PGE1I08
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).	**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).	PGE1I90 Intensity
Has s/he had any destructive temper tantrums in the last three months? *What does s/he do?* *Tell me about the last time.*		
Does s/he break things?	**BREAKING TOYS/OBJECTS** 0 = Absent 3 = Present	PGE1X07

For Review Only

Definitions and questions	Coding rules	Codes
Does s/he hit others?	**HITTING OTHERS** 0 = Absent 3 = Present	PGE1X08
Or hit him/herself?	**HITTING SELF** 0 = Absent 3 = Present	PGE1X09
Does s/he kick others?	**KICKING OTHERS** 0 = Absent 3 = Present	PGE1X10
Or bite others?	**BITING OTHERS** 0 = Absent 3 = Present	PGE1X12
Does s/he bite him/herself?	**BITING SELF** 0 = Absent 3 = Present	PGE1X13
Any other behaviors?	**OTHER** 0 = Absent 2 = Present Specify	PGE1X15
	HOME	PGE1F07 Home Frequency
	DAYCARE/SCHOOL	PGE1F08 Daycare/School Frequency
	ELSEWHERE	PGE1F09 Elsewhere Frequency
How long does the destructive tantrum last, that is, how long does it take him/her to return to his/her usual self?	**HOURS : MINUTES**	PGE1D03 Duration

For Review Only

Definitions and questions	Coding rules	Codes
How old was your child when s/he first began losing his/her temper?		PGE1O03 Onset / /

For Review Only

Definitions and questions	Coding rules	Codes
What seems to trigger his/her tantrums? *Does s/he seem to have tantrums when s/he is tired? Or frustrated?* *What about transitions, such as stopping playing to go on an errand? Or going to bed?* *Do changes in routine trigger tantrums?* *Do his/her tantrums ever seem to come "out of the blue" with no clear cause or trigger?*	**TRIGGERS** 1 = Anger 2 = Frustration 3 = Fatigue 4 = Transitions 5 = Changes in routine 6 = "Out of the blue" 7 = Other 8 = Bedtime Specify	PGE1X30 PGE1X31 PGE1X32 PGE1X33 PGE1X34 PGE1X35 PGE1X36 PGE1X37
	WITH PARENT #1 0 = Absent 2 = Present	PGE1I20
	WITH PARENT #2 0 = Absent 2 = Present	PGE1I21
	WITH OTHER PARENT #1 0 = Absent 2 = Present	PGE1I22
	WITH OTHER PARENT #2 0 = Absent 2 = Present	PGE1I23
	WITH BABYSITTER IN HOME 0 = Absent 2 = Present	PGE1I24
	WITH CAREGIVERS/TEACHERS AT DAYCARE/SCHOOL 0 = Absent	PGE1I25

For Review Only

Definitions and questions

Coding rules

Codes

2 = Present

WITH OTHER ADULTS

PGE1I26

0 = Absent

2 = Present

IF "TEMPER TANTRUMS" IS ABSENT, SKIP TO "ANNOYING BEHAVIOR", (PAGE 22).

For Review Only

Definitions and questions

DIFFICULTY RECOVERING FROM TANTRUMS

Child has difficulty returning to regular mood once tantrum starts.

Note: Baseline means child's regular mood and behavior state.

Does s/he have regular difficulty returning to his/her "usual self" after a tantrum?

How long does it usually take to "get back to his usual self"?

Coding rules

DIFFICULTY TO RECOVERY

0 = Does not have difficulty recovering from tantrums.

2 = Has regular difficulty returning to baseline from tantrums.

HOURS : MINUTES

Codes

PGE1I09
Intensity

PGE1D04
Duration

For Review Only

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. Do not code the specific annoying behavior of Teasing here but in the next item.

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?

Or does s/he find that people get annoyed because of things s/he does for fun?

What happens?
Can you tell me about the last time?
Does s/he annoy adults, such as yourself, or his/her teachers or babysitters?
How about his/her brothers or sisters?
Or other children?
How often does something like that happen at home?
Or at school?
Or elsewhere?
When did it start?

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.

ANNOYS PARENTAL FIGURES

0 = Absent

2 = Present

ANNOYS TEACHERS/CAREGIVER AT DAYCARE/SCHOOL

0 = Absent

2 = Present

ANNOYS BABYSITTERS

0 = Absent

2 = Present

ANNOYS SIBLINGS

0 = Absent

2 = Present

ANNOYS PEERS

0 = Absent

2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGA2I01 Intensity

PGA2I02

PGA2I03

PGA2I04

PGA2I05

PGA2I06

PGA2F01 Home Frequency

PGA2F02 Daycare/School Frequency

PGA2F03 Elsewhere Frequency

For Review Only

Definitions and questions

Coding rules

Codes

PGA2O01
Onset
/ /

TEASING

Intentionally annoying or causing distress to peers or siblings specifically by making fun of them or taunting them, either verbally or physically.

If elements of teasing also meet the level of Spiteful/Vindictive, code there as well.

Does X tease other children?

What does s/he do?
Does s/he call other children "names"?
Whom does s/he tease?
His/her brother or sisters?
Or other children?
Does s/he tend to tease children his/her age or younger children?
How often does s/he tease?
When does it happen?
When did s/he start teasing?

TEASING

0 = Absent

2 = Teasing occurs in at least 2 activities.

3 = Teasing occurs in at least 2 activities and the child often teases until the teased child cries.

PGL6I01
Intensity

TEASING SIBLINGS

0 = Absent

2 = Present

PGL6I02

TEASING PEERS

0 = Absent

2 = Present

PGL6I03

TEASING YOUNGER CHILDREN

0 = Absent

2 = Present

PGL6I04

HOME

PGL6F01
Home
Frequency

DAYCARE/SCHOOL

PGL6F02
Daycare/School
Frequency

ELSEWHERE

PGL6F03
Elsewhere
Frequency

PGL6O01
Onset
/ /

For Review Only

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 ever do things to upset other people on purpose?

Like knocking over another child's tower or ripping up another child's drawing?
Or try to hurt them on purpose?

Such as pinching another child because X feels angry or disappointed?
Does s/he ever try to get other people into trouble on purpose?

What does s/he do?
What about during the last 3 months?
Why does s/he do it?
How often has that happened?
Whom has s/he tried to upset or hurt on purpose?
His/her brothers and/or sisters?
Or other children?
Or adults?
Where does that sort of thing happen?
When did s/he start doing that sort of thing?

Coding rules

SPITEFUL OR VINDICTIVE

0 = Absent

2 = Present

DIRECTED AGAINST PARENTAL FIGURES

0 = Absent

2 = Present

DIRECTED AGAINST DAYCARE PROVIDER/TEACHERS

0 = Absent

2 = Present

DIRECTED AGAINST OTHER CAREGIVERS

0 = Absent

2 = Present

DIRECTED AGAINST SIBLINGS

0 = Absent

2 = Present

DIRECTED AGAINST PEERS

0 = Absent

2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGA3I01 Intensity

PGA3X04

PGA3X05

PGA3X06

PGA3X01

PGA3X02

PGA3F01 Home Frequency

PGA3F02 Daycare/School Frequency

PGA3F03 Elsewhere Frequency

PGA3O01 Onset

/ /

For Review Only

Definitions and questions

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 X tried to bully someone by threatening them?

Has X 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?
Where?
When was the first time?
What did you do about it?

Coding rules

BULLYING

0 = Absent

2 = Using threats only.

3 = With actual violence.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGF7I01
Intensity
[ ]

PGF7F01
Home
Frequency
[ ]

PGF7F02
Daycare/School
Frequency
[ ]

PGF7F03
Elsewhere
Frequency
[ ]

PGF7O01
Onset
[/ /]

For Review Only

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.

Has s/he ever hurt an animal?

When?
What happened? (Determine way of hurting)
Has s/he ever killed an animal?
Were the police brought in?
Where did s/he do it?
Why did s/he do it?
How often has s/he done that?
When was the first time?
What did you do about it?
CODE ONLY OBVIOUS OR PERMENANT INJURY.

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

DAYCARE/SCHOOL

ELSEWHERE

CRUELTY TO ANIMALS (ENTER ONLY IF AT INTENSITY LEVEL "3")

0 = Absent

2 = Present

FREQUENCY

ONSET

Codes

PGH2I01
Intensity
[ ]

PGH2F01
Home
Frequency
[ ]

PGH2F02
Daycare/School
Frequency
[ ]

PGH2F03
Elsewhere
Frequency
[ ]

PGH2O01
Onset
[/ /]

Ever:PGH3E01
Intensity
[ ]

Ever:PGH3V01
[ ]

Ever:PGH3O01
[/ /]

For Review Only

Definitions and questions

CRUELTY TO PEOPLE

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?

Like trying to drown someone?

Or burn someone?

Or smother someone?

What happened?
Where did it happen?
How about in the last three months?

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).

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).

DIRECTED AGAINST SIBLINGS

0 = Absent

2 = Present

DIRECTED AGAINST PEER(S)

0 = Absent

2 = Present

DIRECTED AGAINST ADULT(S)

0 = Absent

2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

Ever:PGF3E01
Intensity

Ever:PGF3V01
Frequency

Ever:PGF3O01
Onset
/ /

PGF3I01
Intensity

PGF3X02

PGF3X03

PGF3X04

PGF3F01
Home

PGF3F02
Daycare/School

PGF3F03
Elsewhere

For Review Only

Definitions and questions

DIFFICULTY SHARING

Child's inability to tolerate other children playing with his/her toys or to play cooperatively with toys with other children.

Exclude sharing a treasured item such as a blanket or favorite stuffed animal.

How does s/he do when s/he has to share his/her toys?

Does s/he allow other children to play with his/her toys?

Does s/he become upset or angry when s/he is asked to share his/her toys?

Or something to eat like a cookie?
Does s/he grab toys from other children without asking for them?
Is s/he able to share with his/her brothers and sisters?
How about other children not in your family?
How often does s/he have trouble sharing?
When did s/he start having trouble sharing?

Coding rules

DIFFICULTY SHARING

0 = Absent

2 = Child has difficulty sharing in at least 2 activities.

3 = Child has trouble sharing almost all of the time.

FREQUENCY: SHARING DIFFICULTY WITH SIBLINGS

FREQUENCY: SHARING DIFFICULTY WITH PEERS

Codes

PGL7I01
Intensity
[ ]

PGL7F01
[ ]

PGL7F02
[ ]

PGL7O01
Onset
[/ /]

For Review Only

Definitions and questions

SWEARING

The use of swear words or obscene language not approved or countenanced by adults in whose presence they are spoken.

Do not include swearing with adults who are tolerant of swearing (i.e., do not object to their child's swearing).

CODE NUMBER OF EPISODES OF SWEARING (NOT NUMBER OF INDIVIDUAL OBSCENE WORDS).

Does s/he ever swear when adults are around?

When does this happen?
Where does s/he do it?
How often?
Does s/he stop when you tell him/her not to swear?
What does s/he do then?
When did s/he start swearing in front of adults?

Coding rules

SWEARING

0 = Absent

2 = Swears in presence of adults, but usually (>50% of time) stops when admonished.

3 = Swearing in the presence of adults, that is not controlled by admonition.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGA4I01 Intensity

PGA4F01 Home Frequency

PGA4F02 Daycare/School Frequency

PGA4F03 Elsewhere Frequency

PGA4O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

STEALING

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?

Did s/he try to hide the thing(s) that s/he stole?
Has s/he ever taken something, such as a toy or candy, from a store without paying?

Has s/he stolen anything in the last 3 months?

What did s/he steal?
Whom did s/he steal it from?
Did s/he steal on his/her own or with someone else?
Did s/he hide what s/he stole?
Why did s/he do it?
How did you find out?
How often has s/he stolen in the last 3 months?
When was the first time s/he stole anything?

STEALING

0 = Absent

2 = Present

3 = Present, with concealment.

Ever:PGL8E01
Intensity
[ ]

Ever:PGL8V01
Frequency
[ ]

Ever:PGL8O01
Onset
[/ /]

STEALING

0 = Absent

2 = Present

3 = Present, with concealment.

PGL8I04
Intensity
[ ]

HOME

PGL8F01
Home
Frequency
[ ]

DAYCARE/SCHOOL

PGL8F02
Daycare/School
Frequency
[ ]

ELSEWHERE

PGL8F03
Elsewhere
Frequency
[ ]

For Review Only

Definitions and questions

DECEPTION

LYING

Distortion of the truth with intent to deceive others. Barefaced lies are told with little or no effort or ability to conceal the untruth, for example the child has cookie crumbs all over his/her face but denies s/he ate a cookie. Subtle lies involve more elaborate distortion of the truth.

Do not include imaginary friends.

NOTE: IF BLAMING OTHERS, CODE IN BLAMING.

Most people tell lies sometimes. Has s/he told any lies in the last 3 months?

What about?
Whom to?
Where?
Why did s/he do it?
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 admit it?

How often does s/he tell lies?
When did s/he start telling lies?
Is it usually obvious to you that s/he is lying or is it hard to tell?

Coding rules

LYING

0 = Absent

1 = Made up stories or fictions which are not told for gain or to escape punishment.

2 = Lies told for gain or to escape punishment, in at least 2 activities that do not result in others getting into trouble.

HOME

DAYCARE/SCHOOL

ELSEWHERE

FREQUENCY: BAREFACED LIES

FREQUENCY: SUBTLE LIES

Codes

PGC3I01
Intensity
[ ]

PGC3F01
Home
Frequency
[ ]

PGC3F02
Daycare/School
Frequency
[ ]

PGC3F03
Elsewhere
Frequency
[ ]

PGC3O01
Onset
[/ /]

PGC3F04
[ ]

PGC3F05
[ ]

For Review Only

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?

Do his/her lies get others into trouble?
Could they?
What does s/he do?
What is the result?
How often does s/he do this?
When did s/he start doing it?

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

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGJ3I01
Intensity

PGJ3F01
Home
Frequency

PGJ3F02
Daycare/School
Frequency

PGJ3F03
Elsewhere
Frequency

PGJ3O01
Onset
/ /

For Review Only

Definitions and questions

CHEATING

Attempts to gain increased success by unfair means.

Determine that the child understands the concept of the rules. Do not include making a mistake because s/he does not know the rules.

Does s/he cheat?

Like while playing games?

Or dividing something into shares?

Such as treats like candy?

What does s/he do when s/he is asked to stop cheating?
Does s/he cheat at home?
Or at daycare/school?
Anywhere else?
What about during the last 3 months?
How often does s/he cheat?
When did s/he start cheating?

Coding rules

CHEATING

0 = Absent

2 = Cheating in at least 2 activities and at least sometimes not responsive to admonition if caught.

3 = Cheating may occur in many or most activities and is hardly ever responsive to admonition if caught.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGC5I01
Intensity
[ ]

PGC5F01
Home
Frequency
[ ]

PGC5F02
Daycare/School
Frequency
[ ]

PGC5F03
Elsewhere
Frequency
[ ]

PGC5O01
Onset
[/ /]

For Review Only

Definitions and questions

CONDUCT PROBLEMS INVOLVING VIOLENCE

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?
How often?
Can you remember the last time s/he had a fight?
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?
Has s/he been in any fights that someone else broke up?
Who?
Why?
When did s/he start fighting?

Coding rules

FIGHTS

0 = Fights absent.

2 = Fights do not result in any physical injury to either party.

3 = Either combatant has sustained some physical injury as a result (e.g. black eye or cuts).

SIBLINGS

0 = Absent

2 = Present

PEERS

0 = Absent

2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGE5I01
Intensity
[ ]

PGE5I02
[ ]

PGE5I03
[ ]

PGE5F01
Home
Frequency
[ ]

PGE5F02
Daycare/School
Frequency
[ ]

PGE5F03
Elsewhere
Frequency
[ ]

PGE5O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

FIGHTS- USE OF WEAPON

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?

USE OF A WEAPON

0 = Absent

2 = No Injury

3 = Injury

Ever:PGE8E01
Intensity

Ever:PGE8V01
Frequency

Ever:PGE8O01
Onset
/ /

Has s/he used a weapon in the last three months?

USE OF A WEAPON

0 = Absent

2 = No Injury

3 = Injury

PGE8I01
Intensity

How often?

PGE8F01
Frequency

What type of weapon has s/he used?
What do you do about it?
What does the daycare/school do about it?

TYPE OF WEAPON

1 = Knife

2 = Scissors

3 = Bat

4 = Rock

5 = Toy

6 = Sticks

7 = Pencil

8 = Other

Specify

PGE8X01

PGE8X02

PGE8X03

For Review Only

Definitions and questions

FIGHT- EVER ASKED TO LEAVE DAYCARE/SCHOOL DUE TO FIGHTING

Has s/he ever been asked to leave a daycare/school because of fighting with other children?

Coding rules

ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT

0 = Absent

2 = Asked to leave temporarily.

3 = Asked to leave permanently.

Codes

Ever:PGL9E01
Intensity

Ever:PGL9V01
Frequency

Ever:PGL9O01
Onset
/ /

For Review Only

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?
How often has s/he done that in the last three months?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

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).

PGM6I01
Intensity
[ ]

PGM6O01
Onset
[/ /]

HOME

PGM6F01
Home
[ ]

DAYCARE/SCHOOL

PGM6F02
Daycare/School
[ ]

ELSEWHERE

PGM6F03
Elsewhere
[ ]

For Review Only

Definitions and questions

What seems to trigger his/her aggression?

Does s/he lash out in this way when s/he is mad?
What about frustrated?
Or tired?
Does s/he act this way when s/he has to change activities?
Or has to change the normal routine?
Does his/her physical aggression seem to come "out of the blue?"
Does anything else trigger this?

Has s/he shoved you?
Or your partner?
Teachers?
Other caregivers?
How about his/her sisters or brothers?
Or other children?

Coding rules

Codes

TRIGGERS PGM6X01

1 = Anger

2 = Frustration PGM6X02

3 = Fatigue

4 = Transitions

5 = Changes in routine PGM6X03

6 = "Out of the blue"

7 = Other PGM6X04

Specify

PGM6X05

PGM6X06

SHOVING OF PARENTAL FIGURES PGM6I02

0 = Absent

2 = Present

SHOVING OF TEACHERS/DAY CARE PGM6I03

0 = Absent

2 = Present

SHOVING OF OTHER CAREGIVERS PGM6I04

0 = Absent

2 = Present

SHOVING OF SIBLINGS PGM6I05

0 = Absent

2 = Present

SHOVING OF PEERS PGM6I06

0 = Absent

2 = Present

For Review Only

Definitions and questions

Coding rules

Codes

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 that in the last three months?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

What seems to trigger his/her aggression?

Does s/he lash out in this way when s/he is mad?
What about frustrated?
Or tired?
Does s/he act this way when s/he has to change activities?
Or has to change the normal routine?
Does his/her physical aggression seem to come "out of the blue?"
Does anything else trigger this?

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

DAYCARE/SCHOOL

ELSEWHERE

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

PGM7I01
Intensity

PGM7O01
Onset
/ /

PGM7F01
Home

PGM7F02
Daycare/School

PGM7F03
Elsewhere

PGM7X01

PGM7X02

PGM7X03

PGM7X04

PGM7X05

PGM7X06

For Review Only

Definitions and questions	Coding rules	Codes
Has s/he pinched you? *Or your partner?* *Teachers?* *Other caregivers?* *How about his/her sisters or brothers?* *Or other children?*	**PINCHING OF PARENTAL FIGURES** 0 = Absent 2 = Present	PGM7I02
	PINCHING OF TEACHERS/DAYCARE 0 = Absent 2 = Present	PGM7I03
	PINCHING OF OTHER CAREGIVERS 0 = Absent 2 = Present	PGM7I04
	PINCHING OF SIBLINGS 0 = Absent 2 = Present	PGM7I05
	PINCHING OF PEERS 0 = Absent 2 = Present	PGM7I06
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 that in the last three months?* *Where has s/he done that sort of thing?* *How often has s/he done anything like that at home?* *How about at daycare/school?* *Or elsewhere?*	**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).	PGM8I01 Intensity
		PGM8O01 Onset / /
	HOME	PGM8F01 Home Frequency
	DAYCARE/SCHOOL	PGM8F02 Daycare/School Frequency
	ELSEWHERE	PGM8F03 Elsewhere Frequency

For Review Only

Definitions and questions

What seems to trigger his/her aggression?

Does s/he lash out in this way when s/he is mad?
What about frustrated?
Or tired?
Does s/he act this way when s/he has to change activities?
Or has to change the normal routine?
Does his/her physical aggression seem to come "out of the blue?"
Does anything else trigger this?

Has s/he hit or punched you?
Or your partner?
Teachers?
Other caregivers?
How about his/her sisters or brothers?
Or other children?

Coding rules

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

HITTING/PUNCHING OF PARENTAL FIGURES

0 = Absent

2 = Present

HITTING/PUNCHING OF TEACHERS/DAYCARE

0 = Absent

2 = Present

HITTING/PUNCHING OF OTHER CAREGIVERS

0 = Absent

2 = Present

HITTING/PUNCHING OF SIBLINGS

0 = Absent

2 = Present

HITTING/PUNCHING OF PEERS

0 = Absent

2 = Present

Codes

PGM8X01

PGM8X02

PGM8X03

PGM8X04

PGM8X05

PGM8X06

PGM8I02

PGM8I03

PGM8I04

PGM8I05

PGM8I06

For Review Only

Definitions and questions

Coding rules

Codes

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 that in the last three months?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

What seems to trigger his/her aggression?

Does s/he lash out in this way when s/he is mad?
What about frustrated?
Or tired?
Does s/he act this way when s/he has to change activities?
Or has to change the normal routine?
Does his/her physical aggression seem to come "out of the blue?"
Does anything else trigger this?

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

DAYCARE/SCHOOL

ELSEWHERE

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

PMG9I01
Intensity

PMG9O01
Onset
/ /

PMG9F01
Home
Frequency

PMG9F02
Daycare/School
Frequency

PMG9F03
Elsewhere
Frequency

PMG9X01

PMG9X02

PMG9X03

PMG9X04

PMG9X05

PMG9X06

For Review Only

Definitions and questions	Coding rules	Codes
Has s/he kicked you? *Or your partner?* *Teachers?* *Other caregivers?* *How about his/her sisters or brothers?* *Or other children?*	**KICKING OF PARENTAL FIGURES** 0 = Absent 2 = Present	PMG9I02
	KICKING OF TEACHERS/DAYCARE 0 = Absent 2 = Present	PMG9I03
	KICKING OF OTHER CAREGIVERS 0 = Absent 2 = Present	PMG9I04
	KICKING OF SIBLINGS 0 = Absent 2 = Present	PMG9I05
	KICKING OF PEERS 0 = Absent 2 = Present	PMG9I06
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 that in the last three months?* *Where has s/he done that sort of thing?* *How often has s/he done anything like that at home?* *How about at daycare/school?* *Or elsewhere?*	**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).	PGN0I01 Intensity
		PGN0O01 Onset / /
	HOME	PGN0F01 Home Frequency
	DAYCARE/SCHOOL	PGN0F02 Daycare/School Frequency
	ELSEWHERE	PGN0F03 Elsewhere Frequency

For Review Only

Definitions and questions	Coding rules	Codes
What seems to trigger his/her aggression? *Does s/he lash out in this way when s/he is mad?* *What about frustrated?* *Or tired?* *Does s/he act this way when s/he has to change activities?* *Or has to change the normal routine?* *Does his/her physical aggression seem to come "out of the blue?"* *Does anything else trigger this?*	**TRIGGERS** 1 = Anger 2 = Frustration 3 = Fatigue 4 = Transitions 5 = Changes in routine 6 = "Out of the blue" 7 = Other Specify	PGN0X01 PGN0X02 PGN0X03 PGN0X04 PGN0X05 PGN0X06
Has s/he bitten you? *Or your partner?* *Teachers?* *Other caregivers?* *How about his/her sisters or brothers?* *Or other children?*	**BITING OF PARENTAL FIGURES** 0 = Absent 2 = Present **BITING OF TEACHERS/DAYCARE** 0 = Absent 2 = Present **BITING OF OTHER CAREGIVERS** 0 = Absent 2 = Present **BITING OF SIBLINGS** 0 = Absent 2 = Present **BITING OF PEERS** 0 = Absent 2 = Present	PGN0I02 PGN0I03 PGN0I04 PGN0I05 PGN0I06

For Review Only

Definitions and questions

Coding rules

Codes

CHOKING

Choking of 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 that in the last three months?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

What seems to trigger his/her aggression?

Does s/he lash out in this way when s/he is mad?
What about frustrated?
Or tired?
Does s/he act this way when s/he has to change activities?
Or has to change the normal routine?
Does his/her physical aggression seem to come "out of the blue?"
Does anything else trigger this?

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

DAYCARE/SCHOOL

ELSEWHERE

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

PGN1I01
Intensity

PGN1O01
Onset
/ /

PGN1F01
Home
Frequency

PGN1F02
Daycare/School
Frequency

PGN1F03
Elsewhere
Frequency

PGN1X01

PGN1X02

PGN1X03

PGN1X04

PGN1X05

PGN1X06

For Review Only

Definitions and questions	Coding rules	Codes
Has s/he choked you? *Or your partner?* *Teachers?* *Other caregivers?* *How about his/her sisters or brothers?* *Or other children?*	**CHOKING OF PARENTAL FIGURES** 0 = Absent 2 = Present	PGN1I02
	CHOKING OF TEACHERS/DAYCARE 0 = Absent 2 = Present	PGN1I03
	CHOKING OF OTHER CAREGIVERS 0 = Absent 2 = Present	PGN1I04
	CHOKING OF SIBLINGS 0 = Absent 2 = Present	PGN1I05
	CHOKING OF PEERS 0 = Absent 2 = Present	PGN1I06
IF (AT LEAST AT A LEVEL 2) SHOVING, PINCHING, HITTING, KICKING, BITING, CHOKING PRESENT IN THE LAST THREE MONTHS WITHOUT OTHER'S WILLFUL INVOLVEMENT IN THE CONTACT, GIVE SUMMARY CODING OF ASSAULT. DO NOT CODE LEVEL 1 SHOVING OR PINCHING.	**ASSAULT** 0 = Absent 2 = Present	PGE9I01
ASSAULT WITH A WEAPON 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?*	**USE OF WEAPON IN ASSAULT** 0 = Absent 2 = No Injury 3 = Injury	Ever:PGF2E01 Intensity Ever:PGF2V01 Frequency Ever:PGF2O01 Onset / /

For Review Only

Definitions and questions	Coding rules	Codes
Has s/he used a weapon in the last three months? *How often?* *What do you do about it?* *What does the daycare/school do about it?*	**USE OF A WEAPON** 0 = Absent 2 = No Injury 3 = Injury	PGF2I01 Intensity PGF2F01 Frequency
	TYPE OF WEAPON 1 = Knife 2 = Scissors 3 = Bat 4 = Rock 5 = Toy 6 = Sticks 7 = Pencil 8 = Other Specify	PGF2X01 PGF2X02 PGF2X03
Has s/he assaulted you? *Or your partner?* *Teachers?* *Other caregivers?* *How about his/her sisters or brothers?* *Or other children?* *Where has s/he done that sort of thing?* *How often has s/he done anything like that at home?* *Tell me about it.* *How often has s/he done anything like that at daycare/school?* *Or elsewhere?*	**ASSAULT OF PARENTAL FIGURES** 0 = Absent 2 = Present	PGF2I02
	ASSAULT OF TEACHERS/DAYCARE 0 = Absent 2 = Present	PGF2I03
	ASSAULT OF OTHER CAREGIVERS 0 = Absent 2 = Present	PGF2I04
	ASSAULT OF SIBLINGS 0 = Absent 2 = Present	PGF2I05
	ASSAULT OF PEERS 0 = Absent 2 = Present	PGF2I06

For Review Only

Definitions and questions

ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT

Has X ever been asked to leave a daycare/school because of hurting other children?

Coding rules

EVER: ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT

0 = Absent

2 = Asked to leave temporarily.

3 = Asked to leave permanently.

Codes

Ever:PGN2E01
Intensity

Ever:PGN2V01
Frequency

Ever:PGN2O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

ACCESS TO WEAPONS

Access to weapons, such as handguns and shotguns.

GUNS

Does anyone in your household keep a gun in the house or car?

Is the gun locked up?

Whom does it belong to?
What kind of gun is it?
A handgun?
A rifle or shotgun?
Some other kind?

ACCESS TO GUN — PGC9I01 Intensity

0 = Absent

1 = Family member has gun, but child does not have access because gun is locked up.

2 = Child has access to gun belonging to family member or friend.

HANDGUN — PGC9I02

0 = Absent

2 = Present

SHOTGUN OR RIFLE — PGC9I03

0 = Absent

2 = Present

OTHER GUN (SEMI-AUTOMATIC, MACHINE GUN, ETCETERA) — PGC9I04

0 = Absent

2 = Present

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).

Has s/he damaged or broken or smashed up anything on purpose?

What has s/he broken?
Has s/he broken his/her own toys or belongings?
Or other children's toys or belongings?
How about writing on walls?

What about breaking or smashing up things at daycare/school?

When was that?
Did s/he know the people whose stuff s/he "smashed"?
How often does s/he do that sort of thing?
When did s/he first do something like that?
What did you do about it?

VANDALISM

0 = Absent

2 = Writing on walls or similar actions that are not actually destructive of the functions of that object.

3 = Other acts involving damage to, or destruction of, property.

PGE2I01 Intensity

PGE2F04 Frequency

PGE2O01 Onset / /

DAMAGE TO PROPERTY IN THE HOME

0 = Absent

2 = Present

PGE2I05

DAMAGE TO PROPERTY OUT OF THE HOME

0 = Absent

2 = Present

PGE2I06

VANDALISM DIRECTED AT OWN PROPERTY

0 = Absent

2 = Present

PGE2I07

VANDALISM DIRECTED AT SIBLINGS' PROPERTY

0 = Absent

2 = Present

PGE2I08

VANDALISM DIRECTED AT PEERS' PROPERTY

0 = Absent

2 = Present

PGE2I09

VANDALISM DIRECTED AT PARENTS' PROPERTY

0 = Absent

2 = Present

PGE2I10

For Review Only

Definitions and questions

Coding rules

Codes

VANDALISM DIRECTED AT PROPERTY OF OTHER ADULTS IN THE CHILD'S LIFE (TEACHERS; BABYSITTERS, ETCETERA)

PGE2I11

0 = Absent

2 = Present

VANDALISM DIRECTED AT PROPERTY OF PEOPLE THE CHILD DOES NOT KNOW

PGE2I12

0 = Absent

2 = Present

For Review Only

Definitions and questions

INAPPROPRIATE SEXUAL BEHAVIOR

INAPPROPRIATE SEXUAL TOUCHING

Touching of genital area without the consent of the person being touched.

Must determine that child is initiating behavior against the wishes of the person against whom the behavior is directed in order to distinguish this behavior from mutual curiosity about genitalia.

Has s/he ever touched someone in his or her private parts who didn't want him/her to touch him/her?

Has s/he ever forced another child to remove his/her clothes without the other child's permission?

Or touched his/her private parts without permission from the other child?
Or rubbed up against another child in a sexual way without permission from the other child?
How about in the last three months?

What happened?
Who did this happen with?
Where did it happen?
How did you react?

Coding rules

INAPPROPRIATE SEXUAL TOUCHING

0 = Absent

2 = Present

INAPPROPRIATE SEXUAL TOUCHING

0 = Absent

2 = Present

DIRECTED AGAINST SIBLINGS

0 = Absent

2 = Present

DIRECTED AGAINST PEERS

0 = Absent

2 = Present

DIRECTED AGAINST ADULTS

0 = Absent

2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

Ever:PGN3E01
Intensity

Ever:PGN3V01
Frequency

Ever:PGN3O01
Onset
/ /

PGN3I01
Intensity

PGN3I02

PGN3I03

PGN3I04

PGN3F01
Home
Frequency

PGN3F02
Daycare/School
Frequency

PGN3F03
Elsewhere
Frequency

For Review Only

Definitions and questions | Coding rules | Codes

INAPPROPRIATE SEXUAL TALK

Sexual comments toward others.

Distinguish from "bathroom humor" or swearing.

Has s/he made sexual comments toward others in the last three months?

Tell me what s/he says?
How often does s/he talk like that?

INAPPROPRIATE SEXUAL TALK

0 = Absent

2 = Present

PGM2I01 Intensity

HOME

PGM2F01 Home Frequency

DAYCARE/SCHOOL

PGM2F02 Daycare/School Frequency

ELSEWHERE

PGM2F03 Elsewhere Frequency

PGM2O01 Onset

/ /

FIRE PLAY AND FIRE SETTING

Playing with matches or lighters and/or setting of unsanctioned fires with the intent of causing an object to burn. Intent to cause serious harm is not required.

N.B. "EVER" CODED IF FIRE SETTING HAS OCCURRED BUT NOT IN LAST 3 MONTHS.

Does s/he like to play with matches or lighters?

Does s/he like playing with fire?

Does s/he like burning things?

Has s/he ever started any fires in places where s/he's not supposed to?

Why did s/he do it?
Where did s/he do it?
When was that?

FIRE PLAY AND FIRE SETTING

0 = Absent

1 = Plays with matches or lighters without supervision but has not set a fire.

2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.

3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

Ever:PGE4E01 Intensity

Ever:PGE4V01 Frequency

Ever:PGE4O01 Onset

/ /

For Review Only

Definitions and questions

Has s/he played with fire or set a fire in the last three months?
Did anyone find out?
What happened?
How often has s/he done that sort of thing?
How often does s/he start fires?
When was the first time s/he started a fire?
Has s/he ever done any damage with fire?

Coding rules

FIRE PLAY AND FIRE SETTING

0 = Absent

1 = Plays with matches or lighters without supervision but has not set a fire.

2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.

3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGE3I01
Intensity

PGE3F01
Home
Frequency

PGE3F02
Daycare/School
Frequency

PGE3F03
Elsewhere
Frequency

For Review Only

Definitions and questions | Coding rules | Codes

HYPERACTIVITY

Now I would like to ask you about how active X is and how well s/he concentrates. Because a child (young person) often varies in the ways s/he behaves, I want to focus on different sorts of activities.

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

For Review Only

Definitions and questions

Coding rules

Codes

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. boxes. 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.

FIDGETINESS

Unnecessary movements of parts of the body when stationary overall (e.g. tapping of feet, squirming in seat).

First I'd like to talk about how active s/he is.

How much does s/he squirm or wiggle in his/her seat?

How much does s/he fidget with his/her hands or feet?

Is that more than other children?

What is X doing when s/he is fidgeting?
Is it like that in all activities?
Or just some activities?
Can s/he stop him/herself?
All the time?
Were there any times in the last three months when s/he couldn't stop him/herself?
How often?
How long does s/he keep from fidgeting in an hour?

FIDGETINESS SCREEN POSITIVE

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.

PRA0I01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

IF FIDGETINESS ABSENT, SKIP TO "DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)", (PAGE 5).

For Review Only

Definitions and questions

FIDGETINESS - SITUATIONAL SPECIFICITY

Rate in the following 3 situations:

a) Fidgetiness while playing or involved in an activity that the child regards as interesting at home.

b) Fidgetiness during the most interesting activity at school/daycare.

c) Fidgetiness during an interesting activity elsewhere (not at home, not at school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR FIDGETINESS.

You've told me that s/he can be fidgety.

Is s/he like that at home when doing something that is interesting?

Is s/he like that at daycare/school during an interesting activity?

Is s/he like that elsewhere when doing something interesting?

What about during circle-time at daycare or school?
Are there other times when that happens?
Is it like that everywhere?
Can s/he stop him/herself from being like that?
What about if you tell him/her to stop?
Or his/her caregiver/teacher?
How long can s/he stop for?

When did s/he start being like that?

Coding rules

FIDGETINESS - SITUATIONAL SPECIFICITY

0 = Symptom absent during interesting activity.

2 = At least sometimes uncontrollable by the child or by admonition, in at least 2 interesting activities in any situation.

3 = Almost never controllable by the child or by admonition in most interesting activities.

HOME

0 = Absent

2 = Present

DAYCARE/SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Codes

PRA1I01
Intensity

PRA1I02
Home

PRA1I03
Daycare/School

PRA1I04
Elsewhere

PRA1O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)

Often leaves seat in situations in which remaining seated is expected.

Can she usually remain in his/her seat when she's supposed to?

Like at dinner?
Or to do a project at daycare/school?
Does s/he get up much more than other children his/her age?

What is s/he doing when s/he has difficulty sitting down?
Is it like that in all activities?
Or just some activities?
Where there any times in the last three months when s/he could not stop herself?
What about if you ask him/her to stop?

DIFFICULTY REMAINING SEATED SCREEN POSITIVE

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.

PRA2I01 Intensity

TIME ABLE TO REMAIN SEATED

CHILD IS ABLE TO STAY IN HIS/HER SEAT.

How long can s/he stay in his/her seat?

ABLE TO REMAIN SEATED

0 = Absent

2 = Present

PRA2I90 Intensity

HOURS : MINUTES

PRA2D01 Duration

IF RESTLESSNESS ABSENT, SKIP TO "TALKS EXCESSIVELY", (PAGE 8).

For Review Only

Definitions and questions | Coding rules | Codes

RUSHES ABOUT OR CLIMBS ON THINGS EXCESSIVELY (RESTLESSNESS)

Focus on the absence of a limited ability to have sustained periods of calm, well-controlled activity.

Does s/he run around the house in situations when it's not appropriate?

Or climb on things?

Is that more than other children?

Does this happen in any of the activities we talked about?

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?
All the time?
Were there any times in the last three months when s/he couldn't stop him/herself?
What about if you ask him/her to stop?

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.

PRA3I01 Intensity

ALWAYS ON THE GO

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 it like that in all activities?
Or just some activities?
Can s/he stop him/herself?
All the time?
Were there any times in the last three months when s/he couldn't stop him/herself?
What about if you ask him/her to stop?

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.

PRC4I01 Intensity

For Review Only

Definitions and questions

RESTLESSNESS - SITUATIONAL SPECIFICITY

Increased unnecessary whole body movements (e.g. getting up and moving around).

Rate in the following 3 situations:

a) Restlessness while playing or involved in an activity that the child regards as interesting at home.

b) Restlessness during an interesting activity at daycare/school.

c) Restlessness during an interesting activity elsewhere (not at home, not at daycare/school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATING FOR RESTLESSNESS.

You've told me that s/he can be restless.

Is s/he like that at home when doing something that is interesting?

How about at daycare/school during an interesting activity?

How about elsewhere when doing something interesting?

Are there other times when that happens?
Is it like that everywhere?
Can s/he stop him/herself from being like that?
What about if you tell him/her to stop?
Or his/her teacher?
How long can s/he stop for?

When did it start being like that?

Coding rules

RESTLESSNESS

0 = Symptom absent during interesting activities.

2 = At least sometimes uncontrollable by the child or by admonition, in at least 2 interesting activities in any situation.

3 = Almost never controllable by the child or by admonition in most interesting activities.

HOME

0 = Absent

2 = Present

DAYCARE/SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Codes

PRA4I01
Intensity
[ ]

PRA4I02
Home
[ ]

PRA4I03
Daycare/School
[ ]

PRA4I04
Elsewhere
[ ]

PRA4O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

TALKS EXCESSIVELY

Do people complain that s/he talks too much?

Do you think s/he talks too much?

What do you do about it?
Does that work?
What does s/he do?
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?

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.

PRA5I01 Intensity

DIFFICULTY DOING THINGS QUIETLY

Often has difficulty playing or engaging in leisure activities quietly.

What happens if s/he's supposed to be doing things quietly?

Can s/he do that?

Does s/he have a hard time doing things quietly?

What does s/he do?
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?

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.

PRA6I01 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

INATTENTION

Now I'd like to focus on how well s/he concentrates. Please think about what s/he's like in the activities that require concentration, both ones she's required to do and ones s/he chooses.

DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITIES REQUIRING SUSTAINED ATTENTION - ALONE

Is s/he able to concentrate on things when s/he has to?

How long can s/he concentrate for?

Does s/he have more problems concentrating or focusing on things than other children his/her age?

Is s/he able to concentrate when doing something alone?

Like playing?

Does this happen in any of the activities we talked about?
What does s/he do?
Is it like that in all activities?
Or just some activities?

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.

PRA7I01 Intensity

DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITIES REQUIRING SUSTAINED ATTENTION - WITH ADULT

Is s/he able to concentrate when doing things with an adult?

How long do you think s/he can concentrate?

How long can s/he sit and be read a book?
Can s/he watch a whole TV show?
Or play a game to the end?
Can s/he make him/herself concentrate if s/he really tries?
Is that all the time? Or just some times?
What about if you ask him/her to concentrate?

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.

PRA7I02 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

DIFFICULTY ORGANIZING TASKS AND ACTIVITIES

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, etc.)

How is s/he at organizing a task or activity?

Like doing a project?
Can s/he get everything 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?

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.

PRC7I01 Intensity

DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS AND FAILS TO FINISH TASKS AND ACTIVITIES

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's been told to do?

What does s/he do?
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 daycare/school as well as at home?

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.

PRA8I01 Intensity

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

Does 'X' try to get out of things where s/he will have to concentrate?

Like doing a puzzle or trying to write his/her name?

Can you get him/her to do such things?
What does s/he do?
Is it like that in all activities?
Or just some activities?

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.

PRC5I01 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

EASILY DISTRACTED BY EXTRANEOUS STIMULI

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?
What does s/he do?
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?

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.

PRA9I01 Intensity

FORGETFUL IN DAILY ACTIVITIES

Forgetful in daily activities (e.g., forgets to brush teeth or hair; or to do simple chores).

Is s/he often forgetful in his/her daily activities?

Can you give me an example?

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.

PRC8I01 Intensity

OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS/ACTIVITIES AT DAYCARE/SCHOOL OR AT HOME

Loses clothing, toys, etc.

Does s/he lose things more than other kids do?

Does s/he lose things s/he needs for daycare/school?

Does s/he leave things, like toys or clothing, at daycare/school or friend's house?
Does s/he get into trouble for losing things?
What does s/he do?

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.

PRB2I01 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID TO HIM/HER WHEN SPOKEN TO DIRECTLY

Do you think s/he's good at listening to what you say to him/her?

Do people complain that s/he doesn't seem to listen to what they are saying to him/her?

How can you tell?
Does this happen across activities?
What does s/he do?
Is it like that in all activities?
Or just some activities?

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.

PRB3I01 Intensity

FAILS TO PAY CLOSE ATTENTION TO DETAILS

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 projects show that s/he doesn't pay attention to details?
What does s/he do?
Is it like that in all activities?
Or just some?
Can s/he make him/herself pay attention to details?
What about if you ask him/her to pay attention?
How often does s/he fail to pay close attention to details?

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.

PRB4I01 Intensity

IF INATTENTION ABSENT, SKIP TO "DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS", (PAGE 14).

For Review Only

Definitions and questions

INATTENTION - SITUATIONAL SPECIFICITY

Failure to maintain sufficient involvement to allow proper completion of an age-appropriate and developmentally-appropriate task.

Rate in the following 3 situations:

a) Inattention while playing or involved in an activity that the child regards as interesting at home.

b) Inattention during an interesting activity at daycare/school.

c) Inattention during an interesting activity elsewhere (not at home, not at daycare/school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR INATTENTION.

You've told me that s/he has difficulty paying attention.

Is s/he like that at home when doing something that is interesting?

How about at daycare/school during an interesting activity?

How about elsewhere when doing something interesting?

Are there other times when that happens?
Is it like that everywhere?
Can s/he stop him/herself from being like that?
What about if you tell him/her to stop?
Or his/her caregiver/teacher?
How long does s/he stop for?

When did s/he start being like that?

Coding rules

INATTENTION

0 = Inattention absent in interesting activities.

2 = At least sometimes uncontrollable by the child or by admonition, present in at least 2 interesting activities in any situation.

3 = Nearly always uncontrollable by the child or by admonition, present in most interesting activities.

HOME

0 = Absent

2 = Present

DAYCARE/SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Codes

PRB5I01
Intensity
[ ]

PRB5I02
Home
[ ]

PRB5I03
Daycare/School
[ ]

PRB5I04
Elsewhere
[ ]

PRB5O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

IMPULSIVITY

DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS

Distinguish from normative eagerness.

Can s/he wait his/her turn for things?

As well as most children his/her age?

At daycare/school can s/he stand in line with the other children?
Or participate in circle time?
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?

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.

PRB7I01
Intensity
☐

OFTEN BLURTS OUT ANSWERS TO QUESTIONS

Does s/he tend to blurt out the answers before the person's finished asking the question?

How often does that happen?
Can you give me an example?
Did it get him/her into trouble?
Can s/he stop if s/he wants to?
What if others say something?

OFTEN BLURTS OUT ANSWERS TO QUESTIONS

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.

PRB8I01
Intensity
☐

For Review Only

Definitions and questions | Coding rules | Codes

OFTEN INTERRUPTS OR INTRUDES ON OTHERS

Distinguish from normative eagerness and excitement and desire to participate in social interactions.

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?

How often does that happen?
Does it happen as much as half of the time?
Can you give me an example?
Is it like that everywhere?
Or only at home?
Or daycare/school?
Or elsewhere?
Can s/he stop him/herself?
What if others say something?

OFTEN INTERRUPTS OR INTRUDES ON OTHERS

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.

PRC1I01 Intensity

BEHAVIORAL BLURTING

Child rarely or minimally stops and thinks before acting in response to stimuli.

Is X 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?

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.

PRD5I01 Intensity

For Review Only

Definitions and questions

ACCIDENT PRONE

Prone to accidents or injury because of IMPULSIVE action rather than CLUMSINESS.

Do you think X is "accident-prone"?

Is this because s/he rushes things?
Or does things suddenly?
Does s/he seem to break things more than others do?

Or knock things over or spill things a lot?

Is s/he the one that usually gets hurt when things happen?

Does s/he tend to get injured more often than other kids?

IF IMPULSIVITY ABSENT, SKIP TO "COPROLALIA", (PAGE 3).

Coding rules

ACCIDENT PRONE

0 = Absent

2 = Mildly accident prone in at least 2 activities.

3 = Accident prone in most activities.

Codes

PRC2I01
Intensity

For Review Only

Definitions and questions

IMPULSIVITY - SITUATIONAL SPECIFICITY

Pattern of acting before thinking adequately about the consequences of actions.

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR IMPULSIVITY.

You've told me that s/he can be impulsive.

Is s/he like that at home?

Is s/he like that daycare/school?

Is s/he like that elsewhere?

Are there other times when that happens?
Is it like that everywhere?
Can s/he stop him/herself from being like that?
What about if you tell him/her to stop?
Or his/her caregiver/teacher?

When did s/he start being like that?

Coding rules

IMPULSIVITY

0 = Symptom absent

2 = Present in at least 2 activities, and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities in a particular situation and almost never controllable by the child or by admonition.

HOME

0 = Absent

2 = Present

DAYCARE/SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Codes

PRC3I01
Intensity
[ ]

PRC3I04
Home
[ ]

PRC3I05
Daycare/School
[ ]

PRC3I06
Elsewhere
[ ]

PRC3O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

TICS AND TRICHOTILLOMANIA

Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated. To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

REPORTED MOTOR TICS

Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated.

To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

Does s/he have any twitches, like winking, that people notice?

What does s/he do?
Can you show me?
How often does that happen?
Can s/he stop him/herself?
When did that start?

REPORTED MOTOR TICS

0 = Absent

2 = Single motor tics.

3 = More than one type of tic.

FREQUENCY PER HOUR

1 = Less than 10 per hour.

2 = More than 10 per hour.

3 = More than 100 per hour.

PFC5I01
Intensity
[ ]

PFC5F01
[ ]

PFC5D01
Frequency
[ ]

PFC5O01
Onset
[/ /]

For Review Only

Definitions and questions

REPORTED PHONIC TICS

Phonic tics are sudden, rapid, stereotyped, repetitive, predictable, purposeless, phonic productions.

To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

Does s/he often make strange noises like grunting or screeching?

How often?
What sort of noises?
When did that start?

IF PHONIC TICS ARE PRESENT IN THE LAST THREE MONTHS, ASK ABOUT COPROLALIA. OTHERWISE, SKIP TO "TRICHOTILLOMANIA", (PAGE 3).

Coding rules

REPORTED PHONIC TICS

0 = Absent

2 = Single phonic tic type.

3 = More than one type of tic (includes coprolalia)

FREQUENCY PER HOUR

1 = Less than 10 per hour.

2 = More than 10 per hour.

3 = More than 100 per hour.

Codes

PFC6I01
Intensity
[ ]

PFC6F01
[ ]

PFC6D01
Frequency
[ ]

PFC6O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

COPROLALIA

A complex phonic tic resulting in the uttering of obscenities.

Does s/he sometimes utter swear words, or dirty words in that way?

Can you show me what s/he does?
When did that start?

COPROLALIA

0 = Absent

2 = Present

PFC7I01
Intensity

PFC7O01
Onset
/ /

TRICHOTILLOMANIA

Recurrent pulling out of one's own hair, resulting in noticeable hair loss from scalp, eyebrows, eyelashes, and/or beard.

Do not include hair loss because of radiation therapy.

Does s/he pull his/her hair out?

Does s/he pull out hair from his/her head, face, eyebrows, or eyelashes?

Can s/he stop his/herself from doing it?
Has s/he done it in the past three months?
When did s/he first start doing it?

0 = Absent

1 = No obvious hair loss.

2 = Noticeable but partial hair loss.

3 = Most or all hair on scalp is missing.

PFC4I01
Intensity

PFC4O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

STEREOTYPIES AND UNUSUAL SPEECH
STEREOTYPIES

Voluntary movements carried out in a uniform, repetitive, often rhythmic fashion, often for long periods of time and at the expense of all other activities; e.g., rocking, finger-flicking, hand-flapping, spinning, head banging, self biting. Stereotypies can be self injurious or not.

Distinguish from habits, compulsions, tics, trichotillomania, and behaviors during temper tantrums.

BODY ROCKING

Does X ever repeat a particular movement over and over like rocking his/her body?

FOR EACH STEREOTYPIC MOVEMENT PRESENT, ASK:

Does this behavior interfere with his/her normal activities?

BODY ROCKING

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

PWA0I01
Intensity
[ ]

PWA0O01
Onset
[/ /]

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.

3 = More than 100 per hour.

PWA0F01
[ ]

INTERFERENCE WITH ACTIVITIES

0 = Absent

2 = Interferes with at least 2 activities.

3 = Interferes with almost all activities.

PWA0I02
[ ]

For Review Only

Definitions and questions

HEAD BANGING

Or banging his/her head?

Coding rules

HEAD BANGING

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.

3 = More than 100 per hour.

INTERFERENCE WITH ACTIVITIES

0 = Absent

2 = Interferes with at least 2 activities.

3 = Interferes with almost all activities.

HAS INJURED SELF

0 = Absent

2 = Present

NEEDED MEDICAL TREATMENT

0 = Absent

2 = Present

Codes

PWA1I01
Intensity
[ ]

PWA1O01
Onset
[/ /]

PWA1F01
[ ]

PWA1I02
[ ]

PWA1I03
[ ]

PWA1I04
[ ]

For Review Only

Definitions and questions

Coding rules

Codes

HAND FLAPPING

Or flapping or waving his/her hands?

HAND FLAPPING

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

PWA2I01 Intensity

PWA2O01 Onset

/ /

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.

3 = More than 100 per hour.

PWA2F01

INTERFERENCE WITH ACTIVITIES

0 = Absent

2 = Interferes with at least 2 activities.

3 = Interferes with almost all activities.

PWA2I02

SPINNING

Or spinning around?

SPINNING

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

PWA3I01 Intensity

PWA3O01 Onset

/ /

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.

3 = More than 100 per hour.

PWA3F01

INTERFERENCE WITH ACTIVITIES

0 = Absent

2 = Interferes with at least 2 activities.

3 = Interferes with almost all activities.

PWA3I02

For Review Only

Definitions and questions

FINGER FLICKING

Or flicking his/her fingers?

Coding rules

FINGER FLICKING

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

Codes

PWA4I01
Intensity

PWA4O01
Onset
/ /

FREQUENCY: NUMBER OF EPISODES PER HOUR

PWA4F01

2 = More than 10 per hour.

3 = More than 100 per hour.

INTERFERENCE WITH ACTIVITIES

PWA4I02

0 = Absent

2 = Interferes with at least 2 activities.

3 = Interferes with almost all activities.

HAS INJURED SELF

PWA4I03

0 = Absent

2 = Present

NEEDED MEDICAL TREATMENT

PWA4I04

0 = Absent

2 = Present

For Review Only

Definitions and questions

BITING HIM/HERSELF

Or biting him/herself?

Coding rules

BITING HIM/HERSELF

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.

3 = More than 100 per hour.

INTERFERENCE WITH ACTIVITIES

0 = Absent

2 = Interferes with at least 2 activities.

3 = Interferes with almost all activities.

HAS INJURED SELF

0 = Absent

2 = Present

NEEDED MEDICAL TREATMENT

0 = Absent

2 = Present

Codes

PWA5I01
Intensity
[ ]

PWA5O01
Onset
[/ /]

PWA5F01
[ ]

PWA5I02
[ ]

PWA5I03
[ ]

PWA5I04
[ ]

For Review Only

Definitions and questions

HITTING HIM/HERSELF

Or hitting him/herself?

Coding rules

HITTING HIM/HERSELF

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.

3 = More than 100 per hour.

INTERFERENCE WITH ACTIVITIES

0 = Absent

2 = Interferes with at least 2 activities.

3 = Interferes with almost all activities.

HAS INJURED SELF

0 = Absent

2 = Present

NEEDED MEDICAL TREATMENT

0 = Absent

2 = Present

Codes

PWA6I01
Intensity

PWA6O01
Onset
/ /

PWA6F01

PWA6I02

PWA6I03

PWA6I04

For Review Only

Definitions and questions

OTHER

Or any other movement like we have just described?

Coding rules

OTHER

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.

3 = More than 100 per hour.

INTERFERENCE WITH ACTIVITIES

0 = Absent

2 = Interferes with at least 2 activities.

3 = Interferes with almost all activities.

HAS INJURED SELF

0 = Absent

2 = Present

NEEDED MEDICAL TREATMENT

0 = Absent

2 = Present

Codes

PWA7I01
Intensity

PWA7O01
Onset
/ /

PWA7F01

PWA7I02

PWA7I03

PWA7I04

For Review Only

Definitions and questions | Coding rules | Codes

UNUSUAL SPEECH PATTERNS

Unusual patterns of speech including:

STUTTERING

Disturbance in the normal fluency and time pattering of speech including sound and syllable repetition, sound prolongations, broken words, blocking, monosyllabic whole word repetitions ("I-I-I-I see him").

Does X stutter?

How does his/her stuttering affect his/her conversations with other people?
How often does s/he stutter?
When did s/he start stuttering?

STUTTERING

0 = Absent

2 = Present but does not markedly interfere with communication by slowing the flow of conversation.

3 = Present and causes marked interference with communication by slowing the overall flow of conversation.

PWA8I01
Intensity
[ ]

PWA8F01
Frequency
[ ]

PWA8O01
Onset
[/ /]

ECHOLALIA

Repeated words or phrases regardless of meaning including continual repetition of jingles or commercials. May include involuntary repetition of the words or phrases of another person as though the child is an "echo."

Does X have any odd ways of speaking?

Does s/he repeat words or phrases over and over again?

Or repeat T.V. jingles or commercials over and over again?
How about repeated things that other people say as though s/he was an "echo?"

How often does s/he do that?

ECHOLALIA

0 = Absent

2 = Present but does not markedly interfere with communication.

3 = Present and causes marked interference with communication.

PWA9I01
Intensity
[ ]

PWA9F01
Frequency
[ ]

PWA9O01
Onset
[/ /]

For Review Only

Definitions and questions

Coding rules

Codes

CLANGING

Associating words together inappropriately because of their meaning or rhyme (“splash-hash-dash-mash-mush-crush-kill”) so that the speech loses its aim and coherence and the child wanders far from the original theme.

Does s/he rhyme words all the time?

Or string words together by the way they sound until you have no idea what s/he talking about?

Does this cause problems with how s/he communicates with other people?
When did s/he start speaking in this way?
How often does s/he speak like that?

CLANGING

0 = Absent

2 = Present but does not markedly interfere with communication.

3 = Present and causes marked interference with communication.

PWB0I01
Intensity

PWB0F01
Frequency

PWB0O01
Onset
/ /

OTHER UNUSUAL SPEECH PATTERNS

These may include incoherent speech, poverty of content of speech, or other unusual flights of idea like clanging that lead the child's speech far from its original theme.

Does her speech include any unusual patterns I haven't mentioned?

Can you give me an example?
What is that like?
Do these ways of talking cause problems with how s/he communicates with other people?
When did s/he start speaking in this way?
How often does s/he speak like that?

OTHER UNUSUAL SPEECH PATTERNS

0 = Absent

2 = Repeated 3 times or more per episode but not continuous.

3 = Almost continuous.

Specify

PWB1I01
Intensity

PWB1F01
Frequency

PWB1O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

REGULATION

HABITS

A pattern of behavior acquired through frequent repetition.

Code thumb sucking and use of a pacifier in the Sleep section.

DO NOT CODE NOSE PICKING.

Does X have any habits?

Does X bite his/her nails?

Or pick or scratch his/her skin?

Such as picking at the cuticle around his/her nails?
Does s/he have any other habits?

When did this (these) habit(s) start?

HABITS — PFF0I90 Intensity

0 = Absent

2 = Present

NAIL BITING — PFF0I01

0 = Absent

2 = Present

SKIN PICKING — PFF0I02

0 = Absent

2 = Present

OTHER — PFF0I03

0 = Absent

2 = Present

Specify

DIFFICULTY WITH TRANSITIONS

IN GENERAL, when the child must make a transition from one activity to another s/he becomes behaviorally and emotionally upset. Child may become angry, physically aggressive, physically resistant, "wild", or emotionally upset.

Examples of transitions include having to stop playing to eat dinner, leaving the house, turning off the T.V. or leaving the park to go home.

Does X have a hard time going from one activity to another?

Like when s/he must stop playing and go to bed?

Or leave the park to go home?

If you give X a warning that a change in activities is coming up, can s/he handle the change better?

What happens?
How much of the time does this happen?
How long does s/he remain upset?
When did s/he start having difficulty with transitions?

DIFFICULTY WITH TRANSITIONS — PFF1I01 Intensity

0 = Absent

2 = In general, child has difficulty with transitions but with warning that change is coming can move to next activity without losing equilibrium.

3 = Child has difficulty with transitions even with warning that change is coming.

PFF1O01 Onset

/ /

HOURS : MINUTES — PFF1D01 Duration

For Review Only

Definitions and questions

Coding rules

Codes

DIFFICULTY RESTORING EMOTIONAL EQUILIBRIUM AFTER BECOMING UPSET

Trouble returning to a baseline equilibrium when emotionally upset.

Is it hard for X to "pull himself together" after s/he gets upset?

Do you find that it is very difficult to soothe and comfort him/her when s/he is upset?

Does s/he seem to stay upset longer than other children his/her age?

IF PRESENT;

Does it happen only when s/he is tired or hungry?

Does s/he cry until s/he is exhausted when s/he has a temper tantrum?
Can s/he soothe him/herself?
Like with a blanket or pacifier or favorite toy?
How often does this happen?
Does it happen every time s/he becomes upset?
When did s/he start having this difficulty?

SENSORY REACTIVITY

A characteristic pattern of responses to sensory stimulation that suggests either hypersensitivity or hyposensitivity to specific types of sensory experiences. Emotionally upset means the child fusses, whines, cries, or screams. Physically aggressive means the child lashes out by hitting or flails about.

DIFFICULTY RESTORING EMOTIONAL EQUILIBRIUM AFTER BECOMING UPSET

0 = Able to regain emotional equilibrium.

2 = Some difficulty regaining equilibrium after becoming emotionally upset when tired or hungry or stressed.

3 = Difficulty regaining equilibrium most of the time after becoming emotionally upset.

PFF3I01 Intensity

HOURS : MINUTES

PFF3D01 Duration

PFF3O01 Onset

/ /

HOME

PFF3F01 Home Frequency

DAYCARE/SCHOOL

PFF3F02 Daycare/School Frequency

ELSEWHERE

PFF3F03 Elsewhere Frequency

For Review Only

Definitions and questions | Coding rules | Codes

TACTILE HYPERSENSITIVITY

Child reacts to being touched by others or by objects (e.g. the feeling of fabric/clothes tags on bare skin or brushing against a piece of furniture) with a negative response that seems out of proportion to the stimulus.

TACTILE DEFENSIVENESS IN RESPONSE TO PHYSICAL CONTACT WITH OTHER PEOPLE

Does X seem to overreact when people touch him/her?

Does s/he lash out when someone touches him/her?

Even if the touch is gentle?
Is s/he able to tolerate someone washing his/her face without becoming emotionally upset?

Or washing his/her hair?
Does s/he withdraw into a corner or under a table to avoid being touched?
Does s/he take special care not to brush against others?

TACTILE DEFENSIVENESS IN RESPONSE TO PHYSICAL CONTACT WITH OTHER PEOPLE

0 = Absent

2 = When touched, child becomes emotionally upset, physically aggressive, or physically withdraws.

PFF4I01
Intensity
[ ]

PFF4F01
Frequency
[ ]

PFF4O01
Onset
[/ /]

For Review Only

Definitions and questions

Coding rules

Codes

TACTILE DEFENSIVENESS IN RESPONSE TO CONTACT WITH FABRICS, CLOTHES TAGS, OTHER OBLECTS

Does the feeling of certain fabrics on his/her skin bother him/her?

Do tags in his/her clothes bother him/her?

Is it all tags or only some tags?
How about the seams on clothes such as socks or a shirt?

Do you buy certain clothes to reduce the affect of seams or tags?

Do you need to remove all tags from clothes?
Has s/he ever ripped off his/her clothes or scratched his/her skin up because of the feeling of a fabric or a tag on his/her skin?
Do you remove the tags in order to avoid him/her getting upset?

TACTILE DEFENSIVENESS IN RESPONSE TO CONTACT WITH FABRICS, CLOTHES TAGS, OTHER OBJECTS

0 = Absent

2 = Child is so bothered by the feel of certain fabrics, tags, and/or other objects that s/he becomes emotionally upset or physically aggressive or efforts must be taken to avoid these stimuli, e.g. removing tags.

PFF5I01
Intensity
[ ]

PFF5F01
Frequency
[ ]

PFF5O01
Onset
[/ /]

FABRIC

0 = Absent

2 = Present

PFF5X01
[ ]

TAGS

0 = Absent

2 = Present

PFF5X02
[ ]

SEAMS

0 = Absent

2 = Present

PFF5X03
[ ]

For Review Only

Definitions and questions

Coding rules

Codes

ORAL HYPERSENSITIVITY: TACTILE DEFENSIVENESS IN RESPONSE TO CONTACT WITH CERTAIN FOOD TEXTURES

Does s/he refuse to eat certain foods because s/he doesn't like how they feel in his/her mouth?

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

ORAL HYPERSENSITIVITY: TACTILE DEFENSIVENESS IN RESPONSE TO CONTACT WITH CERTAIN FOOD TEXTURES

0 = Absent

2 = Child's refusal 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.

PFF6I01
Intensity
[ ]

PFF6F01
Frequency
[ ]

PFF6O01
Onset
[/ /]

VISUAL HYPERSENSITIVITY

Child reacts to bright or harsh lights with a negative response that seems out of proportion to the stimuli.

Is X bothered by bright lights?

Do they make him/her cry or get mad?

Does s/he try to get away from bright lights?

Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

VISUAL HYPERSENSISTIVITY

0 = Absent

2 = Child is so bothered by bright or harsh light that s/he becomes emotionally upset or physically aggressive or make strong efforts to get away from stimulus.

PFF7I01
Intensity
[ ]

PFF7F01
Frequency
[ ]

PFF7O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

HYPERSENSITIVITY TO LOUD OR HIGH-PITCHED NOISES

Child reacts to loud or high-pitched noises with a negative response that seems out of proportion to the stimuli.

Is X sensitive to loud noises or high pitched sounds?

Do they make him/her cry or get mad?

Does s/he try to get away from the loud or high-pitched noises?

Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

HYPERSENSITIVITY TO LOUD OR HIGH-PITCHED NOISES

0 = Absent

2 = Child is so bothered by loud or high-pitched noises that s/he becomes emotionally upset or physically aggressive or makes strong efforts to get away from stimulus.

PFF8I01 Intensity

PFF8F01 Frequency

PFF8O01 Onset / /

HYPERSENSITIVITY TO SMELLS

Child reacts to certain smells with a negative response that seems out of proportion to the stimuli.

What about smells?

What happens?
Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

HYPERSENSITIVITY TO SMELLS

0 = Absent

2 = Child is so bothered by certain smells that they seem to make him/her emotionally upset or physically aggressive or makes strong efforts to get away from stimulus.

PFF9I01 Intensity

PFF9F01 Frequency

PFF9O01 Onset / /

For Review Only

Definitions and questions

Coding rules

Codes

HYPERSENSITIVITY TO TASTE

Child reacts to certain tastes with a negative response that seems out of proportion to the stimuli.

What about tastes?

What happens?
Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

HYPERSENSITIVITY TO TASTE

0 = Absent

2 = Child is so bothered by certain tastes that s/he becomes emotionally upset or physically aggressive and/or refuses to eat certain foods in a way that significantly limits his/her food choices.

PFG0I01
Intensity

PFG0F01
Frequency

PFG0O01
Onset
/ /

HYPERSENSITIVITY TO CHANGING SENSATIONS OF MOTION

Overreaction to changing sensations of movement involved in brisk horizontal or vertical movements like swinging on a swing, being tossed in the air, rolling down a hill, or being rocked.

Does fast motion like swinging on swings or spinning around bother him/her?

Does fast motion make him/her upset?

Or physically aggressive?

Does it seem to bother him/her more than it bothers other children?

HYPERSENSITIVITY TO CHANGING SENSATIONS OF MOTION

0 = Absent

2 = Child is so bothered by changing sensations of movement that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.

PFG1I01
Intensity

PFG1F01
Frequency

PFG1O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

OTHER SENSORY HYPERSENSITIVITY

Are there other sensations that s/he is very hypersensitive to?

Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

OTHER

0 = Absent

2 = Child is so bothered that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.

PFG2I01 Intensity

PFG2F01 Frequency

PFG2O01 Onset / /

SENSORY HYPO-SENSITIVITY

Child seems to have decreased reactivity to intense sensory input.

On the other hand, some children are not bothered at all by loud noises or bright lights. Does s/he really seem to like loud noises?

Or bright lights?

Does s/he love to swing very high on a swing for a very long time?

Or spin and spin until s/he gets dizzy?

Does s/he really crave or seem to need the loud noises, the bright lights, the spinning or the swinging?

Does s/he seem not to be as bothered as most children by loud noises?
Or lots of loud bustle and commotion?
Does s/he seem to like lots of noise?
Will s/he turn the volume of the stereo up very loud?
Or the T.V.?
Does s/he love to go on roller coasters?
Has s/he always been like this?
When did s/he start being like this?

SENSORY HYPO-SENSITIVITY

0 = Absent

2 = Child relishes loud noises, bright lights, or bold movements. Seems to have decreased reactivity to intense sensory input.

PFG3I01 Intensity

PFG3O01 Onset / /

LOUD OR HIGH-PITCHED NOISES

0 = Absent

2 = Present

PFG3I02

BRIGHT LIGHTS

0 = Absent

2 = Present

PFG3I03

SENSATIONS OF MOVEMENT

0 = Absent

2 = Present

PFG3I04

OTHER

0 = Absent

2 = Present

Specify

PFG3I05

For Review Only

Definitions and questions | Coding rules | Codes

MOTOR COORDINATION

CLUMSY

Child has decreased physical grace or skill that results in him/her regularly bumping into people or things, dropping objects, knocking things over, falling, and/or spilling things.

Do you think that s/he is more uncoordinated than other children his/her age?

Does s/he bump into people?
Or pieces of furniture?
Or drop things a lot?
Or spilling things?
Does s/he fall a lot?
Can you give me an example?
When was the last time?
Does s/he seem to do these things more than other children his/her age?
How often does s/he do these things?
When did s/he start being clumsy?

CLUMSY

0 = Absent

2 = Present

PFG4I01
Intensity

PFG4F01
Frequency

PFG4O01
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

FOOD PREFERENCES AND APPETITE

Now I want to find out about the type of eater X is. Some children enjoy food and eating while others are reluctant eaters or picky about the foods they will eat. Tell me about X.

FOOD FADS

The child will consume only a restricted range of foods. Do not include simple dislike of cabbage etc., which is typical of many children.

NOTE: TO BE RATED, FOOD FADS 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?

Does s/he only eat certain foods?

What will s/he eat?
IF PRESENT ASK;

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

Do these food preferences interfere with family meals?

What sort of things won't s/he eat?
Why is that?
What do you do about it?
Will s/he eat these things if s/he's pushed?
When did s/he start to get choosy about the food s/he will eat?

FOOD FADS

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
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

INDIFFERENCE/AVERSION TO FOOD

Child is indifferent to food (can "take it or leave it") and/or the child has an aversion to food (e.g., finds it's taste, smell or texture repulsive; 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.

If the child meets criteria for both indifference/aversion to food and reduced appetite, both may be coded.

Does X enjoy food?

Do you have to coax X to eat?

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

Or does s/he not seem to care about food?
Does it seem that s/he eats with little pleasure?
Does s/he find most foods unappealing?
Or gross?
IF CHILD HAS AN AVERSION TO FOOD, CODE CAUSE OF AVERSION.

What bothers him/her?
How often does s/he feel this way
When did this start?

INDIFFERENCE/AVERSION TO FOOD

0 = Absent

2 = Child is indifferent to food.

3 = Child has an aversion to food.

PFG5I01 Intensity [ ]

PFG5F01 Frequency [ ]

PFG5O01 Onset [/ /]

CAUSE OF AVERSION: (ONLY CODE FOR LEVEL 3)

1 = Taste

2 = Smell

3 = Texture

4 = Other

Specify _____

PFG5X01 [ ]

PFG5X02 [ ]

PFG5X03 [ ]

PFG5X04 [ ]

MANUALLY FED BY PARENT

Parent feeds child with a utensil or hands. Do not include simply helping the child to prepare food for eating (for instance by cutting up meat or mashing potatoes on the plate).

Does X feed himself at meals?

During the last three months, have you fed him/her yourself?
How often do you feed him/her?
What do you do?
Why?
IF THE PARENT FEEDS CHILD ALMOST ALL THE TIME, ASK WHETHER THE CHILD HAD PREVIOUSLY BEEN FEEDING SELF.

Was there ever a time when s/he fed himself?
When was that?

FED BY PARENT

0 = Child feeds him/herself unaided all or almost all of the time.

2 = Parent feeds child at least part of a meal at least once per week.

3 = Parent feeds child almost all the time.

PFL6I01 Intensity [ ]

PFL6F01 Frequency [ ]

PREVIOUS PERIOD OF SELF FEEDING

0 = Absent

2 = Present

PFL6E01 [ ]

EVER: ONSET OF PREVIOUS PERIOD OF SELF FEEDING

PFL6O01 [/ /]

For Review Only

Definitions and questions | Coding rules | Codes

EVER: DATE PARENT RESUMED FEEDING CHILD AFTER AT LEAST ONE MONTH OF SELF-FEEDING

PFL6O02 / /

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.

Now I would like to know about his/her appetite.

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

Has the amount s/he eats changed at all?

Has s/he had less appetite than usual?

Has his/her appetite been reduced for at least a week?
Why not?
How much has s/he been eating?
Has s/he lost any weight?
When did his/her appetite start to fall off?

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.

PFA0I01 Intensity

PFA0O01 Onset / /

WEIGHT LOSS

Any weight loss in the last three months.

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

How much?

When did s/he start losing weight?

WEIGHT LOSS

0 = Absent

2 = Present

PFA1I01 Intensity

WEIGHT LOSS IN POUNDS

PFA1X01

PFA1O01 Onset / /

GROWTH DEFICIENCY

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

Are you happy with his/her weight?

PARENTAL GROWTH DEFICIENCY CONCERN

0 = Absent

2 = Present

PFG6I01 Intensity

PFG6O01 Onset / /

For Review Only

Definitions and questions

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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?

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

In the last 3 months, has his/her food consumption increased above the usual level for at least 1 week?

How much more?
When did s/he start eating more?

EXCESSIVE APPETITE

0 = Absent

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

PFA2I01 Intensity

PFA2O01 Onset

/ /

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 orpharyngeal or nasogastric trauma.

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

In the last 3 months, has X simply refused to eat at all?

Or refused to eat most food offered to him/her?

Did s/he refuse to open his/her mouth?
Throw food?
Or try to leave his/her highchair or chair?
Did s/he seem hungry?
When did this start?
How long did s/he refuse food?
Was this related to being sick?
Did s/he refuse to eat with everyone?
Or with specific people?
Did this affect his/her growth?
In what way?
Has a doctor said that s/he is not growing as much as s/he should?

FOOD REFUSAL

0 = Absent

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

PFG7I01 Intensity

DAYS

PFG7D01 Duration

PFG7O01 Onset

/ /

RELATIONAL CONTEXT

1 = With all caregivers.

2 = With specific caregiver(s).

Specify

PFG7X01

GROWTH DEFICIENCY

0 = Absent

2 = Noted by medical provider.

PFG7X02

IF FOOD REFUSAL ABSENT, SKIP TO "CONFLICTS ABOUT FOOD", (PAGE 9).

For Review Only

Definitions and questions

Coding rules

Codes

For Review Only

Definitions and questions

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 X ever had a traumatic experience related to his/her mouth, or throat, or stomach?

Like experiencing a bad choking episode?

Or having a tube down his/her throat?

Or into his/her stomach?

When did this happen?
Has this happened in the last 3 months?

IF OP/NG TRAUMA EVER PRESENT, CONTINUE WITH SECTION. OTHERWISE, SKIP TO "CONFLICTS ABOUT FOOD", (PAGE 9).

Coding rules

OP OR NG TRAUMA

0 = Absent

2 = Present

EVENT (CODE WORST EVENT)

1 = Choking

2 = Insertion of nasogastric or endotracheal tube.

3 = Sucking

4 = Other

Specify

EVENT (LAST 3 MONTHS)

1 = Choking

2 = Insertion of nasogastric or endotracheal tube.

3 = Sucking

4 = Other

Specify

Codes

Ever:PFG8E01
Intensity

Ever:PFG8X01

Ever:PFG8O01
Onset
/ /

PFG8X02
Intensity

PFG8O02
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

FOOD REFUSAL FOLLOWING ORPHARYNGEAL (OP) OR NASOGASTRIC (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).

NOTE: Code EVER and 3 months events separately.

After that event happened, did s/he refuse food?

All food?
Or just solids?
Or just liquids?

How long did s/he refuse food?

When did this start?

Did this occur with everyone or specific people?

Whom?

Did this refusal affect his/her growth?

In what way?

Did s/he show distress when preparations were made to feed him/her?

Like crying when s/he got in the highchair?
Or placed him/her in his/her seat?

Did s/he show resistance when approached with spoon or cup or bottle?

What happened?
Did s/he shut her mouth?
Or cry?
Or scream?

Did s/he resist swallowing food or liquid once it was in his/her mouth?

After that event happened, did s/he refuse food?

All food?
Or just solids?
Or just liquids?
How long did s/he refuse food?
When did this start?

Did this occur with everyone or specific people?

Whom?

TRAUMATIC FOOD REFUSAL

0 = Absent

2 = Present for more than 24 hours.

Ever:PFG9E01
Intensity

DAYS

Ever:PFG9D01
Duration

Ever:PFG9O01
Onset
/ /

REFUSED

1 = Solids

2 = Liquids

3 = Both

Ever:PFG9X01

RELATIONAL CONTEXT

1 = With all caregivers.

2 = With specific caregiver(s).

Specify

Ever:PFG9X02

GROWTH DEFICIENCY

0 = Absent

2 = Noted by medical provider.

Ever:PFG9E02

ANTICIPATORY DISTRESS

0 = Absent

2 = Present

Ever:PFG9E03

RESISTANCE TO APPROACH WITH FOOD

0 = Absent

2 = Present

Ever:PFG9E04

RESISTANCE TO SWALLOWING

0 = Absent

2 = Present

Ever:PFG9E05

TRAUMATIC FOOD REFUSAL (LAST 3 MONTHS)

0 = Absent

2 = Present for more than 24 hours.

PFG9I01
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
Did this refusal affect his/her growth? *In what way?* ***Did s/he show distress when preparations were made to feed him/her?*** *Like crying when s/he got out of the highchair?* *Or placed him/her in his/her seat?* ***Did s/he show resistance when approached with spoon or cup or bottle?*** *What happened?* *Did s/he shut her mouth?* *Or cry?* *Or scream?* ***Did s/he resist swallowing food or liquid once it was in his/her mouth?***	**DAYS**	PFG9D02 Duration [ ] PFG9O02 Onset [/ /]
	REFUSED (LAST 3 MONTHS) 1 = Solids 2 = Liquids 3 = Both	PFG9X03 [ ]
	RELATIONAL CONTEXT (LAST 3 MONTHS) 1 = With all caregivers. 2 = With specific caregiver(s). Specify	PFG9X04 [ ]
	GROWTH DEFICIENCY (LAST 3 MONTHS) 0 = Absent 2 = Noted by medical provider.	PFG9I02 [ ]
	ANTICIPATORY DISTRESS (LAST 3 MONTHS) 0 = Absent 2 = Present	PFG9I03 [ ]
	RESISTANCE TO APPROACH WITH FOOD (LAST 3 MONTHS) 0 = Absent 2 = Present	PFG9I04 [ ]
	RESISTANCE TO SWALLOWING (LAST 3 MONTHS) 0 = Absent 2 = Present	PFG9I05 [ ]

For Review Only

Definitions and questions

CONFLICTS ABOUT FOOD

Struggles between "parent" and child about food. Tension and/or disputes may be about amount of intake or type of food eaten. May occur outside of mealtimes.

Do you have struggles with your child about food?

Do you have arguments about how much your child is eating?

Or not eating?
Can you tell me about the last time?
How often do you have these fights?
How long do they usually last?
When did these conflicts start?
Who is usually involved in these conflicts?

Does s/he become upset?

Does s/he become angry or aggressive?

How about you?

Do you get upset?

Do you become angry?

Do you lose control in these conflicts?

Does "parent #2" get upset?

Does "parent #2" get angry?

Does "parent #2" lose control in these conflicts?

Coding rules

CONFLICTS ABOUT FOOD INTAKE

0 = Absent

2 = Conflicts between parent and child about food present.

HOURS : MINUTES

CHILD UPSET

0 = Absent

2 = Present

CHILD ANGRY

0 = Absent

2 = Present

PARENT #1 UPSET

0 = Absent

2 = Present

PARENT #1 ANGRY

0 = Absent

2 = Present

PARENT #1 LOSES CONTROL

0 = Absent

2 = Present

PARENT #2 UPSET

0 = Absent

2 = Present

PARENT #2 ANGRY

0 = Absent

2 = Present

Codes

PFH0I01
Intensity

PFH0F01
Frequency

PFH0D01
Duration

PFH0O01
Onset
/ /

PFH0X01

PFH0X02

PFH0X03

PFH0X04

PFH0X05

PFH0X06

PFH0X07

For Review Only

Definitions and questions

Coding rules

Codes

PARENT #2 LOSES CONTROL

0 = Absent

2 = Present

PFH0X08

NUMBER OF MEALS EATEN TOGETHER AS A FAMILY

Do you eat meals together as a family?

How often do you eat meals together as a family?

EATING MEALS TOGETHER

0 = Absent

2 = Present

PFH1I90 Intensity

PFH1F01 Frequency

CONFLICTS DURING MEAL TIMES

Arguments or conflicts during meal times, about subjects other than food, that cause distress to the child.

What are meal times like for your family?

Do you have arguments or conflicts at meals about things other than food, for example, table manners?

Does s/he get upset?
Are they pleasant?
Or unpleasant?
What happens?
Who is usually involved?
Is X involved in these conflicts?
How does s/he feel about them?
How do the conflicts usually end?
When did these conflicts during mealtimes, that are not about food, begin?

MEAL CONFLICTS

0 = Meals usually pleasant.

2 = Conflicts occur during some meals.

PFH2I01 Intensity

PFH2F01 Frequency

HOURS : MINUTES

PFH2D01 Duration

PFH2O01 Onset

/ /

For Review Only

Definitions and questions

CHILD'S BODY DISSATISFACTION

The child has complained about body shape or appearance or expressed a wish for a different body shape or appearance. If meets criteria for worries about being/becoming fat, code under both.

Does X ever talk about being unhappy about the way s/he looks?

How often?
What does s/he say bothers her?
When did s/he start being unhappy about how s/he looks?

Coding rules

CHILD'S BODY DISSATISFACTION

0 = Absent

2 = The child is dissatisfied with his/her body shape and/or appearance.

CAUSES FOR DISSATISFACTION

1 = Too fat.

2 = Too thin.

3 = Too short.

4 = Too tall.

5 = Hair color.

6 = Eye color.

7 = Other

Specify

Codes

PFH3I01
Intensity

PFH3F01
Frequency

PFH3O01
Onset
/ /

PFH3X01

PFH3X02

PFH3X03

PFH3X04

PFH3X05

PFH3X06

For Review Only

Definitions and questions

Coding rules

Codes

PARENT #1'S DISSATISFACTION WITH CHILD'S BODY

Parent's has complained about child's body shape or appearance or expressed a wish for a different body shape or appearance for child.

Are you unhappy with the way s/he looks?

What bothers you?
When did you start being unhappy about X's looks?

PARENT #1 DISSATISFACTION

0 = Absent

2 = The parent is dissatisfied with his/her child's body shape and/or appearance.

PFH4I01
Intensity

PFH4O01
Onset
/ /

CAUSES FOR DISSATISFACTION

1 = Too fat.

2 = Too thin.

3 = Too short.

4 = Too tall.

5 = Hair color.

6 = Eye color.

7 = Other

Specify

PFH4X01

PFH4X02

PFH4X03

PFH4X04

PFH4X05

PFH4X06

For Review Only

Definitions and questions

Coding rules

Codes

PARENT #2'S DISSATISFACTION WITH CHILD'S BODY

Parent's has complained about child's body shape or appearance or expressed a wish for a different body shape or appearance for child.

Is (parent #2) unhappy with the way s/he looks?

What bothers (parent #2)?
When did your partner start being unhappy about X's looks?

PARENT #2 DISSATISFACTION

0 = Absent

2 = The parent is dissatisfied with his/her child's body shape and/or appearance.

PFH5I01
Intensity

PFH5O01
Onset
/ /

CAUSE(S) FOR DISSATISFACTION

1 = Too fat.

2 = Too thin.

3 = Too short.

4 = Too tall.

5 = Hair color.

6 = Eye color.

7 = Other

PFH5X01

PFH5X02

PFH5X03

PFH5X04

PFH5X05

PFH5X06

For Review Only

Definitions and questions | Coding rules | Codes

CHILD WORRIES ABOUT BEING/BECOMING FAT

A round of painful, unpleasant or uncomfortable thoughts about becoming (or being) fat or obese.

Does s/he worry about getting fat?

How much does s/he worry about it?
When did s/he start worrying about it?

CHILD WORRIES ABOUT BEING/BECOMING FAT

0 = Absent

2 = Child's worries about becoming fat are intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Child's worries about becoming fat are intrusive into most all activities and almost always uncontrollable.

PFB1I01 Intensity

PFB1F01 Frequency

HOURS : MINUTES

PFB1D01 Duration

PFB1O01 Onset

/ /

PARENT WORRIES ABOUT CHILD BEING/BECOMING FAT

Do you (or parent #2) worry about him/her being/becoming fat?

How often do you worry about this?
Does it affect your interactions with X?
When did you start worrying about X being or becoming fat?

PARENT WORRIES ABOUT CHILD BEING/BECOMING FAT

0 = Absent

2 = Parent's worries about child becoming fat are intrusive into interactions with child and at least sometimes uncontrollable.

3 = Parent's worries about child becoming fat are intrusive into most activities and almost always uncontrollable.

PFH6I01 Intensity

PFH6F01 Frequency

HOURS : MINUTES

PFH6D01 Duration

PFH6O01 Onset

/ /

For Review Only

Definitions and questions

Coding rules

Codes

DELIBERATE REDUCTION OF BODY WEIGHT - PARENT INITIATED

Deliberate attempts to reduce body weight by dieting.

A "diet" refers to any attempt to reduce body weight by the deliberate restriction of caloric intake (no matter how feebly adhered to), lasting at least 1 week.

Do not include diet regimens necessitated to control diabetes, PKU, or other medical diseases. Do not include health regimens (e.g., low fat) not focused on losing weight.

Have you (or parent #2) ever put X on a diet?

Why?
Is s/he on such a diet now?
How about in the last three months?

PARENT INITIATED

0 = Absent

2 = Present

Ever:PFH7E01
Intensity

Ever:PFH7O01
Onset
/ /

PARENT INITIATED LAST THREE MONTHS

0 = Absent

2 = Present

PFH7I01
Intensity

DELIBERATE REDUCTION OF BODY WEIGHT - CHILD INITIATED

Deliberate attempts to reduce body weight by dieting.

A "diet" refers to any attempt to reduce body weight by the deliberate restriction of caloric intake (no matter how feebly adhered to), lasting at least 1 week.

Do not include diet regimens necessitated to control diabetes, PKU, or other medical diseases. Do not include health regimens (e.g., low fat) not focused on losing weight.

Has X ever said that s/he is on a diet?

One that s/he initiated him/herself?
How about in the last three months?
What sort of diet?
When did s/he start doing that?
What do you think of his/her diet?
Does it worry you?

CHILD INITIATED

0 = Absent

2 = Present

Ever:PFH8E01
Intensity

Ever:PFH8O01
Onset
/ /

CHILD INITIATED: LAST THREE MONTHS

0 = Absent

2 = Present

PFH8I01
Intensity

For Review Only

Definitions and questions

FOOD HOARDING

Any UNNECESSARY hiding or storing of food in the absence of any reasonable expectation of it being taken or of the child going hungry.

DO NOT INCLUDE INSTANCES in which the child hides his/her candy (i.e. Halloween candy) to prevent siblings or others from eating it, or when taken without permission.

Does X take food and hide it?

IF PRESENT ASK;

What food does s/he take?

Why do you think s/he hides food?

What happens?
Can you tell me about the last time?
Where does s/he hide it?
How often does this happen?
When did this start?
Do you think that it is a problem?
How do you respond?

Coding rules

FOOD HOARDING

0 = Absent

2 = Present

Codes

PFH9I01
Intensity

PFH9F01
Frequency

PFH9O01
Onset
/ /

For Review Only

Definitions and questions

SWALLOWING ABNORMALITIES

Difficulties swallowing food including gagging, choking, or food stuck in child's throat.

Does X have problems swallowing his food?

Does s/he gag on his/her food?
Or seem to choke on his/her food?
When did this start?
How often does it happen?
What seems to trigger it?

Coding rules

SWALLOWING ABNORMALITIES

0 = Absent

2 = Present

GAGGING

0 = Absent

2 = Present

CHOKING

0 = Absent

2 = Present

FOOD STUCK IN THROAT

0 = Absent

2 = Present

TRIGGERS

1 = Physical problem

2 = Type of food

3 = Negative affect

4 = Other

Specify

Codes

PFI0I01
Intensity

PFI0F01
Frequency

PFI0O01
Onset
/ /

PFI0I02

PFI0I03

PFI0I04

PFI0X01

PFI0X02

PFI0X03

PFI0X04

For Review Only

Definitions and questions

POUCHING

The storage of food in the child's cheeks.

Does s/he store food in his/her cheeks?

How often does s/he do that?
How long does s/he keep the food in his/her cheeks?
When did this start?

Coding rules

POUCHING

0 = Absent

2 = Present

HOURS : MINUTES

Codes

PFL7I01
Intensity

PFL7F01
Frequency

PFL7D01
Duration

PFL7O01
Onset
/ /

For Review Only

Definitions and questions

PICA

Persistent eating (chewing and/or swallowing) of non-nutritive substances.

Distinguish from mouthing/sucking on toys, blankets, etc.

Does X eat things that are not food?

What does s/he eat?
Does s/he eat paint?
Or paper?
Or dirt?
Or clay?
Or pebbles?
How often does s/he eat these things?
When did s/he start?
What do you do?
Has s/he become sick from eating these things?
Or needed medical treatment?
What happened?

Coding rules

PICA

0 = Absent

2 = Present

SUBSTANCES

1 = Paint

2 = Plaster

3 = Paper

4 = Clothing

5 = Hair

6 = Animal Droppings

7 = Dirt

8 = Clay

9 = Pebbles

10 = Sand

11 = Starch

12 = Other

Specify

Codes

PFI1I01
Intensity

PFI1F01
Frequency

PFI1O01
Onset
/ /

PFI1X01

PFI1X02

PFI1X03

PFI1X04

PFI1X05

PFI1X06

PFI1X07

PFI1X08

PFI1X09

PFI1X10

PFI1X11

For Review Only

Definitions and questions

Coding rules

Codes

PFI1X12

MEDICAL PROBLEM FROM PICA PFI1I02

0 = Absent

2 = Present

TYPE OF MEDICAL PROBLEM PFI1X05

1 = Intestinal obstruction

2 = Throat obstruction PFI1X06

3 = Poisoning (including lead)

4 = Other illness

5 = Other PFI1X07

Specify

PFI1X08

PFI1X09

LEAD IN BLOOD

Toxic levels of lead in the child's bloodstream diagnosed by a blood test.

Has X ever been tested for lead in his/her blood?

Did anyone ever tell you that there was a problem with lead in his/her blood?

When was that?

DIAGNOSED WITH LEAD IN BLOOD Ever:PFI2E01 Intensity

0 = Absent

2 = Present

Ever:PFI2O01 Onset

/ /

ONSET: DIAGNOSED WITH LEAD IN BLOOD (2ND EPISODE) Ever:PFI2O02

/ /

For Review Only

Definitions and questions

TREATED FOR LEAD IN BLOOD

Has s/he ever been treated for lead in his/her blood?

IF MORE THAN TWO EPISODES WHEN LEAD FOUND IN BLOOD, CODE EARLIEST AND MOST RECENT EPISODE.

Coding rules

TREATED FOR LEAD IN BLOOD

0 = Absent

2 = Present

ONSET: TREATED FOR LEAD IN BLOOD (2ND EPISODE)

Codes

Ever:PFI3E01
Intensity

Ever:PFI3O01
Onset
/ /

Ever:PFI3O02
/ /

For Review Only

Definitions and questions | Coding rules | Codes

SOMATIZATION

HEADACHES

INCLUDE HEADACHES CODED UNDER "PHYSICAL SYMPTOMS ON SEPARATION".

Has s/he had any headaches over the last three months?

How often does X have headaches?
How long do the headaches last?
When did s/he start to get headaches?

Why do you think s/he has a headache?
Is s/he usually sick with a cold or flu when s/he has a headache?
Does s/he have a headache at times when s/he has to leave you?
Or when s/he has to go to daycare/school?
Or when s/he is upset?
Is it influenced by the foods s/he eats?

HEADACHES

0 = Absent

2 = Present

HOURS : MINUTES

HEADACHE LINKED TO:

0 = No link.

1 = Illness (fever, etc.).

2 = Separation from attachment figure.

3 = Daycare/school days.

4 = Anxiety/worries

5 = Sadness

6 = Anger

7 = Eating

8 = Particular foods.

9 = Other

Specify

PFJ1I01 Intensity

PFJ1F01 Frequency

PFJ1D01 Duration

PFJ1O01 Onset / /

PFJ1X01

PFJ1X02

PFJ1X03

PFJ1X04

PFJ1X05

PFJ1X06

PFJ1X07

PFJ1X08

PFJ1X09

For Review Only

Definitions and questions

ABDOMINAL PAINS

INCLUDE STOMACHACHES CODED UNDER "PHYSICAL SYMPTOMS ON SEPARATION".

Does s/he complain about stomach aches?

How long do the symptoms last?
How sick is s/he when s/he has a stomach ache?
What does s/he do when s/he has a stomach ache?
How often over the last 3 months has s/he had a stomach ache like that?
When did she start having stomach aches?
Does s/he have a fever or diarrhea or vomiting with the stomach ache?
Does s/he have a stomach ache at times when s/he has to leave you?
Or when s/he has to go to daycare/school?
Or when s/he is upset?

Why do you think s/he has a stomachache?

Is s/he usually sick with a cold or flu when s/he has a stomachache?
Does s/he have a stomachache at times when s/he has to leave you?
Or when s/he has to go to daycare/school?
Or when s/he is upset?
Is it influenced by the foods s/he eats?

Coding rules

ABDOMINAL PAINS

0 = Absent

2 = Present

HOURS : MINUTES

ABDOMINAL PAIN LINKED TO:

0 = No link.

1 = Illness (fever, etc.).

2 = Separation from attachment figure.

3 = Daycare/school days.

4 = Anxiety/worries

5 = Sadness

6 = Anger

7 = Eating

8 = Particular foods.

9 = Other

Specify

Codes

PFJ2I01 Intensity

PFJ2F01 Frequency

PFJ2D01 Duration

PFJ2O01 Onset / /

PFJ2X01

PFJ2X02

PFJ2X03

PFJ2X04

PFJ2X05

PFJ2X06

PFJ2X07

PFJ2X08

PFJ2X09

For Review Only

Definitions and questions

Coding rules

Codes

ABSENCE OF A REACTION TO PHYSICAL INJURY

No visible response to physical injury such as a splinter, cut knee, or a more serious injury, even when it is clear that the injury is painful.

How does X react when s/he gets hurt?

Does s/he cry when s/he hurt?

Will s/he allow an adult or other child to help him/her?

Does s/he go to an adult for comfort or help?
Has s/he always been like that?
Why do you think that s/he's like that?
When did this first begin?

ABSENCE OF A REACTION TO PHYSICAL INJURY

0 = Displays conventional reaction.

2 = When physically injured, child shows minimal reaction and seems indifferent to the injury.

PFJ3I01
Intensity

PFJ3O01
Onset
/ /

OVERREACTION TO PHYSICAL INJURY

Hypersensitivity to any physical injury. Much comfort and multiple band-aids are needed after even the smallest cut or scrape.

Does X become extremely upset with even the smallest cut or scrape?

Does s/he get more upset than other children his/her age?

Why do you think s/he gets so upset?
When did s/he start being so sensitive to being hurt?
Does s/he use a lot of band aids?
How many for each injury?

OVERREACTION TO PHYSICAL INJURY

0 = Displays conventional reaction.

2 = Becomes extremely upset with even the smallest injury.

PFJ4I01
Intensity

PFJ4O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

ELIMINATION BEHAVIORS
URINARY CONTINENENCE

Achievement of the milestone of voluntary control of urination. Do not include episodes of wetting directly and exclusively associated with marked physical illness, or wetting that is directly and exclusively associated with lack of toilet facilities.

DIURNAL URINARY CONTINENCE (DAY DRYNESS)

Child has used the toilet or potty to urinate regularly during the day for 1 month or more. "Dry" here refers to holding urine (pee, #1, etc.).

Has s/he ever been dry for a month or more?

In the last three months, has s/he used the potty or toilet regularly during the day?

Is X "toilet trained"?

Has s/he been dry for a month or more in the last three months?

When did s/he start being dry?

What is the longest period that s/he has been dry during the day?
if not dry most days, ask whether X has ever had a 1 month period of dryness.

Has there ever been a one month period when s/he has been "dry" during the day?

When was that?
How many months did that last?
Was s/he ever dry for as long as one year?

IF CHILD HAS NOT BEEN DRY DURING THE DAY EITHER FOR AT LEAST 1 MONTH IN THE LAST 3 MONTHS, OR EVER FOR AT LEAST 1 MONTH, SKIP TO "NOCTURNAL URINARY CONTINENCE (NIGHTTIME DRYNESS)", (PAGE 2).

DIURNAL CONTINENCE FOR AT LEAST ONE MONTH

0 = Absent

2 = Present

Ever:PFI4E01
Intensity

DIURNAL CONTINENCE OF URINE (LAST 3 MONTHS FOR AT LEAST 1 MONTH REGULARLY DRY DURING THE DAY)

0 = Absent

2 = Present

PFI4I01
Intensity

MONTHS

Ever:PFI4D01

Ever:PFI4O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

DIURNAL ENURESIS (DAYTIME WETTING)

Involuntary passage of urine during the day after the child has had at least one month period of daytime dryness.

Do not include episodes of wetting directly and exclusively associated with marked physical illness, or wetting that is directly and exclusively associated with lack of toilet facilities or with severe sneezing or laughing.

AFTER BEING DRY DURING THE DAY FOR AT LEAST 1 MONTH, THE CHILD STARTS TO WET AGAIN.

During the last three months has s/he wet his/her underpants during the daytime?

What happens?
How often does that happen?
What do you do about it?
When did s/he start wetting his/her pants again?
When s/he was younger, was s/he ever dry for as long as a year?

DIURNAL ENURESIS, LAST 3 MONTHS

0 = Absent

2 = Any episode of diurnal enuresis that involves the involuntary passage of a substantial amount of urine (i.e., excluding minor dampness associated with careless hygiene or with severe sneezing/laughing).

PFC1I01 Intensity

PFC1F01 Frequency

PFC1O01 Onset / /

NOCTURNAL URINARY CONTINENCE (NIGHTTIME DRYNESS)

Child is dry overnight for at least one month.

Has s/he ever been dry at night for at least one month?

Is X dry at night?

In the last three months, has X been dry at night for at least one month?

Has s/he ever been dry at night for at least one month?
When was s/he first dry at night for at least a month?
What has been the longest period of time s/he has been dry at night?

NOCTURNAL URINARY CONTINENCE (DRY AT NIGHT FOR AT LEAST 1 MONTH)

0 = Absent

2 = Present

Ever:PFI5E01 Intensity

NOCTURNAL CONTINENCE OF URINE (DRY AT NIGHT FOR AT LEAST 1 MONTH)

0 = Absent

2 = Present

PFI5I01 Intensity

MONTHS

Ever:PFI5D01 Duration

Ever:PFI5O01 Onset / /

For Review Only

Definitions and questions | Coding rules | Codes

IF CHILD HAS NOT BEEN DRY DURING THE NIGHT EITHER FOR AT LEAST 1 MONTH IN THE LAST 3 MONTHS OR EVER FOR AT LEAST 1 MONTH, SKIP TO "CONSULTED PHYSICIAN/THERAPIST ABOUT WETTING", (PAGE 5).

For Review Only

Definitions and questions

Coding rules

Codes

NOCTURNAL ENURESIS (NIGHTTIME WETTING)

Involuntary passage of urine in bed, during the night.

During the last three months, has X wet his bed?

Or his/her underpants or diaper (or pull-up) while in bed?

Has this happened recently?
When was the last time that it happened?
How many nights in the last three months has s/he wet at night?
When did s/he start wetting again?

IF CHILD HAS NEVER BEEN DRY DURING THE DAY EITHER FOR AT LEAST 1 MONTH IN THE LAST 3 MONTHS, OR EVER FOR AT LEAST 1 MONTH, SKIP TO "FECAL CONTINENCE", (PAGE 6).

NOCTURNAL ENURESIS (AFTER BEING DRY AT NIGHT FOR AT LEAST ONE MONTH, THE CHILD STARTS TO WET AT NIGH

0 = Absent

2 = Any episode of nocturnal enuresis that involves the involuntary passage of a substantial amount of urine (i.e. excluding minor dampness associated with careless hygiene or with severe sneezing/laughing).

PFC0I01
Intensity

PFC0F01
Frequency

PFC0O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

CONSULTED PHYSICIAN/THERAPIST ABOUT WETTING

During the last three months, have you been to a doctor or other health professional about his/her wetting?

Have you used any treatments to stop the wetting?

Like medicine?

Or a bell and pad night alarm?

When did you start the treatment?

How long have you been using it?
Has it been helpful?

CONSULTED PHYSICIAN/THERAPIST ABOUT WETTING

0 = Absent

2 = Present

PFL2I01 Intensity

CURRENTLY USING TREATMENT TO STOP WETTING

0 = Absent

2 = Present

PFI6I01

TYPE OF TREATMENT

1 = Bell and pad alarm

2 = Medication (type)

3 = Other

Specify

PFI6X01

PFI6X02

PFI6X03

TREATMENT HELPFUL

0 = Absent

2 = Present

PFI6I02

PFI6O01 Onset

/ /

 # OF NIGHTS USING TREATMENT

PFI6F01

For Review Only

Definitions and questions

Coding rules

Codes

FECAL CONTINENCE

Voluntary control of bowel movements.

Has s/he ever used the toilet for bowel movements for at least 1 month?

How about over the last three months?

Has s/he ever used the toilet regularly for bowel movements?
When was that?
When did s/he start using the toilet for bowel movements for the first time?
What is the longest period of time s/he has used the toilet for bowel movements?

IF CHILD HAS EVER REGULARLY USED THE TOILET TO DEFECATE, ASK ENCOPRESIS. OTHERWISE, SKIP TO "STOOL DEPOSITED IN INAPPROPRIATE PLACES", (PAGE 7).

FECAL CONTINENCE (HAS USED THE TOILET (OR POTTY) TO DEFECATE FOR AT LEAST 1 MONTH)

0 = Absent

2 = Present

Ever:PFI7E01
Intensity

FECAL CONTINENCE (HAS USED THE TOILET (OR POTTY) TO DEFECATE FOR AT LEAST 1 MONTH)

0 = Absent

2 = Present

PFI7I01
Intensity

Ever:PFI7O01
Onset

/ /

MONTHS

Ever:PFI7D01
Duration

For Review Only

Definitions and questions | Coding rules | Codes

ENCOPRESIS

Bowel movement in underwear, diapers, or pull-ups.

Establish that bowel, not urinary, function is being asked about.

Has X messed his/her pants in the last three months?

What happens?
How many times has that happened?
Where does it happen?
IF ENCOPRESIS PRESENT, ASK ABOUT MEDICAL REASON FOR SYMPTOM AND CONSISTENCY OF STOOL.

Is there a medical reason for his/her soiling?
What is the consistency of his/her stools?
Are they loose and unformed?
Or well-formed?

ENCOPRESIS

0 = Absent

2 = Present

PFI8I01
Intensity
[ ]

PFI8F01
Frequency
[ ]

PFI8O01
Onset
[/ /]

MEDICAL REASON FOR SYMPTOM

0 = Absent

2 = Present

PFI8I02
[ ]

CONSISTENCY OF STOOL

2 = Loose/slimy/unformed

3 = Formed

PFI8I03
[ ]

STOOL DEPOSITED IN INAPPROPRIATE PLACES

Putting stool places other than a toilet or potty such as a shoe, drawer, or piece of furniture.

In the last three months, has s/he made a mess somewhere that wasn't in a toilet or in pants or diaper?

Like on the floor?
Where?
What happened?
Has s/he ever put her movement in an inappropriate place like a drawer or shoe?

STOOL DEPOSITED IN INAPPROPRIATE PLACES

0 = Absent

2 = Present

PFL3I01
Intensity
[ ]

For Review Only

Definitions and questions | Coding rules | Codes

SMEARING

Spreading stools on self, walls or other objects.

In the last three months has s/he smeared his/her "motions"?

SMEARING

0 = No smearing.

2 = Stools deliberately smeared on self or walls or other objects (include anal masturbation here).

PFI9I01 Intensity

PFI9F01 Frequency

PFI9O01 Onset / /

CONSTIPATION

Frequency of passage of motion reduced by at least one third, compared with child's usual state lasting for at least 5 days.

Does s/he have any problems with constipation, such as not being able to "pass a motion" (pass a motion, go poo, go number two, doing a big one, take a dump, take a crap, take a poo, etc.)?

MAKE SURE THE INTERVIEWEE IS CLEAR THAT YOU ARE ASKING ABOUT BOWEL HABITS, NOT MICTURITION.

How often does s/he "pass a motion?"
Has that changed?
Do you know if s/he finds it hard to go when s/he does?
Is it painful?
When did s/he start to get "constipated?"
Why do you think s/he is so constipated?

CONSTIPATION

0 = Absent

2 = Reduced frequency but normal consistency.

3 = Reduced frequency of motions and unusually hard in consistency.

PFC3I01 Intensity

PFC3F01 Frequency

PFC3O01 Onset / /

MEDICAL REASON FOR SYMPTOM (INCLUDING TAKING MEDICATION)

0 = Absent

2 = Present

PFC3I02

For Review Only

Definitions and questions	Coding rules	Codes
DIARRHEA Unusually loose, liquid, or frequent bowel movements. ***During the last three months, has s/he had any problems with diarrhea?*** *How often has s/he had diarrhea?* *Does it bother him/her?*	**DIARRHEA** 0 = Absent 2 = Present	PFJ0I01 Intensity [ ] PFJ0F01 Frequency [ ] PFJ0O01 Onset [/ /]
Is there a medical reason for the diarrhea? *Like an infection?* *Or the side effect of a medicine?* *When did that start?*	**MEDICAL REASON FOR SYMPTOM** 0 = Absent 2 = Present	PFJ0I02 [ ]

For Review Only

Definitions and questions | Coding rules | Codes

SEPARATION

Now I want to ask you about X's feelings and behaviors when s/he is away from you. Many children feel worried or scared when they are not with their "parent" or other family members. Other children become very afraid or upset when they leave their "parent" or their parent must leave them. Tell me how X reacts when s/he is separated from you or other household members. Does s/he seem afraid of being away from you? Does s/he worry when you are away? Or when s/he has to leave you?

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.

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

Or that you might leave him/her and not come back?

Does s/he seem afraid or worry about what might happen at home when s/he's away at daycare/school?

What does s/he think might happen?
What do you do about that?
Can you reassure him/her?
How do these fears or worries affect him/her at home or at daycare/school?

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.

HOURS : MINUTES

PBE8I01 Intensity

PBE8F01 Frequency

PBE8D01 Duration

PBE8O01 Onset

/ /

For Review Only

Definitions and questions

Coding rules

Codes

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's away from the family?

Is s/he frightened that she may be hurt or taken away from you?
Is s/he afraid that s/he might be kidnapped?
Can you reassure him/her that s/he is safe?

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

PBE9I01
Intensity
[ ]

PBE9F01
Frequency
[ ]

PBE9D01
Duration
[ ]

PBE9O01
Onset
[/ /]

For Review Only

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

How often does this happen?

When did it start?
How do you respond?

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
/ /

For Review Only

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.

What happens when s/he realizes you are going to leave him/her with a babysitter or other care giver?

Does s/he become frightened or upset?

What about with another family member like grandmother?

Does s/he cry uncontrollably?
Does s/he plead or beg you not to leave him/her?
Does s/he have a tantrum, for example screaming, hitting, biting or throwing things?
Does s/he hold on to your clothes or body?
What is it like when s/he has to leave you, for example when she has to separate to go into daycare or school?

Or to a friend's home?

What happens when you bring him/her into the classroom?
Does s/he hold onto you?
Grip onto your body or clothes?
Can the teacher soothe or distract him/her?
What happens when she goes to a friend's house?
Can you comfort or reassure him/her?
How long does his/her distress last?
How often does this happen?

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.

ATTACHMENT FIGURES WITH WHOM THIS OCCURS

1 = Parent #1

2 = Parent #2

3 = Other Parent #1.

4 = Other Parent #2.

5 = Other

Specify

Codes

PBF5I01 Intensity

PBF5F01 Frequency

PBF5O01 Onset

/ /

PBF5X01

PBF5X02

PBF5X03

PBF5X04

PBF5X05

For Review Only

Definitions and questions | Coding rules | Codes

WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT

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

When you leave X with a babysitter or care giver, how does s/he act after you've gone?

Does s/he act sad or withdrawn?

What if s/he's left with friends or relatives?

Can s/he play or become engaged in an activity, such as reading or watching TV?
Does anything make him/her feel better?

How often in the last three 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?

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.

PBF6I01 Intensity

PBF6F01 Frequency

HOURS : MINUTES

PBF6D01 Duration

PBF6O01 Onset

/ /

ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT

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

Does s/he get very upset or frightened sometimes when you're not with him/her?

What is that like?
What does s/he do?
Does s/he cry uncontrollably?

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?

How often does this happen?

How long does that last?
Can s/he be comforted?
What helps to make him/her feel better?

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.

PBF7I01 Intensity

PBF7F01 Frequency

HOURS : MINUTES

PBF7D01 Duration

PBF7O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

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 on the next page.

EXCLUDE WHEN GOING TO DAYCARE/SCHOOL.

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 your "partner?"

How about when s/he is apart from you?

How often does this happen?

When did it start?

PHYSICAL SYMPTOMS ON SEPARATION

0 = No

2 = Yes

PBI0I01 Intensity

PBI0F01 Frequency

PBI0O01 Onset

/ /

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

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

In the last three months have you changed your plans to leave X because s/he was so upset or frightened about being separated from you?

Have you canceled 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?
What effect has it had on your family's life?

DISRUPTION DUE TO CHILD'S DISTRESS AT SEPARATION

0 = No

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

PBI1I01 Intensity

PBI1F01 Frequency

PBI1O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

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 has to go to daycare/school?

How often does this happen?

When did it start?

PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE

0 = No

2 = Yes

PBI2I01 Intensity

PBI2F01 Frequency

PBI2O01 Onset

/ /

FEAR/ANXIETY

FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-BEEN TO DAYCARE/SCHOOL

Fear and/or anxiety specifically related to daycare/school attendance.

Has s/he ever been to daycare/school?

BEEN TO DAYCARE OR SCHOOL

0 = No

2 = Yes

Ever:PBI3E01 Intensity

FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-SCARED OR ANXIOUS TO GO

Has s/he ever been scared or anxious about going to daycare/school?

When did she start becoming scared or anxious about going to daycare/school?

SCARED OR ANXIOUS ABOUT GOING TO DAYCARE OR SCHOOL

0 = No

2 = Yes

Ever:PBI4E01 Intensity

Ever:PBI4O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-UNABLE TO GO TO DAYCARE/SCHOOL BECAUSE WORRIED OR UPSET

Has s/he ever been unable to go to daycare/school because s/he was worried or upset?

When was the first time she was unable to go to daycare/school because s/he was worried or upset?

UNABLE TO GO TO DAYCARE/SCHOOL BECAUSE WORRIED OR UPSET

0 = No

2 = Yes

Ever:PBD7E01
Intensity

Ever:PBD7O01
Onset
/ /

FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-SCREEN POSITIVE

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 three months?

Does s/he cry, scream or have a tantrum about going to school/daycare?
Has s/he pretended to be sick so s/he won't have to go to school/daycare?
Have you had to pick him/her up early from daycare/school because she was too afraid or upset to stay?

FEAR ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE SCREEN POSITIVE

0 = No

2 = Yes

PBI5I01
Intensity

IF FEAR/ANXIETY ABOUT DAYCARE/SCHOOL NOT PRESENT IN THE LAST THREE MONTHS, SKIP TO "BEDTIME", (PAGE 4).

For Review Only

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?

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

How long does this last?
Can you reassure him/her or distract him/her?
How often does this happen?
How long does s/he remain upset or worried?
Once you actually leave the house (for example, are in the car), how long does it take for him/her to calm down?
Can s/he say why s/he is afraid 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
/ /

For Review Only

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?
How?
Can s/he calm him/herself?
What does s/he do?

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

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

CONTENT OF FEARS

1 = Teacher/caregiver

2 = Other children

3 = Recess

4 = Show and Tell

5 = Eating lunch.

7 = Other specific activity (e.g., art)

9 = Unknown

Specify

Codes

PBD9I01 Intensity

PBD9F01 Frequency

PBD9D01 Duration

PBD9O01 Onset / /

PBD9X01

PBD9X02

PBD9X03

For Review Only

Definitions and questions

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

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

Over the last three months, has X been unable to go to daycare/school because s/he was so upset, frightened, or worried about going?

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

When was the first time this happened?

IF MISSED ANY DAYS DUE TO FEAR/ANXIETY, CONTINUE. OTHERWISE, SKIP TO "HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY)", (PAGE 12).

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.

Codes

PBI6I01
Intensity

PBI6O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

MISSING TIME AT DAYCARE/SCHOOL (FEAR /ANXIETY)

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

Has X missed any days of daycare/school because of fear or anxiety?

How many days of daycare/school has X missed because of fear or anxiety?

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

MISSING TIME AT DAYCARE/SCHOOL (FEAR/ANXIETY)

0 = Absent

2 = Present

PBI6I02 Intensity

PBI6F01 Frequency

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

Does your child ride a bus/car pool to daycare/school?

Do you have to take your child to daycare/school sometimes because s/he is too scared or upset to ride the bus/car pool?

How often has this happened?
What happens?

When was the first time?

Is it because of X's difficulty in separating from you?

HAS TO TAKE CHILD TO DAYCARE/SCHOOL

0 = No

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

PBI7I01 Intensity

PBI7F01 Frequency

PBI7O01 Onset

/ /

DUE TO SEPARATION ANXIETY

0 = No

2 = Yes

PBI7I02

For Review Only

Definitions and questions | Coding rules | Codes

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 three 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 or care giver called and asked you to pick X up before the daycare/school day was done?
Why did the teacher or care giver think that X needed to be picked up?

How many times has this happened over the last three months?

When did this start?

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

0 = No

2 = Yes

PBI8I01 Intensity

PBI8F01 Frequency

PBI8O01 Onset / /

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.

Has s/he ever 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?

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

0 = No

2 = Yes

PBI9I01 Intensity

PBI9F01 Frequency

PBI9O01 Onset / /

ACTUALLY LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)

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

What happened?
Where did s/he go?
Do you know why s/he left?
QUESTION IN DETAIL TO DIFFERENTIATE ANXIETY OVER DAYCARE/SCHOOL ATTENDANCE FROM POOR SUPERVISION, OR OTHER REASONS FOR LEAVING SUCH AS ILLNESS.

CHILD LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)

0 = Absent

2 = Present

PBJ0I01 Intensity

For Review Only

Definitions and questions

How often has this happened?

Coding rules

Codes

PBJ0F01
Frequency

PBJ0O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

SLEEP

Now I want to talk with you about X's sleep. I want to understand what usually happens when you put X to bed, what happens during the night, and what it is like waking him/her up in the morning. Tell me about what kind of sleeper X is. Has s/he always been like that?

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.

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 X share a room with another child?

Whom?
Some families have a "family bed," where kids and parents sleep together in one bed.

How about your family?

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.

Specify

PFJ5X01
Intensity

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 X fall asleep most nights?

In his/her own bed?
Sibling's bed, even though his/her own bed is available?
Your bed?
Somewhere else?

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

PFJ5X02
Intensity

For Review Only

Definitions and questions

RELUCTANCE TO INITIATE SLEEP ALONE

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

You've told me where X falls asleep.

Does s/he go to sleep on his/her own?

Does s/he need you or another adult close by while s/he falls asleep?

Or with his/her sibling?

Do you stay in the room while s/he falls asleep?

Do you lie in bed with him/her while s/he falls asleep?

Does s/he fall asleep in your bed?
Could s/he go to sleep on his/her own if s/he had to?
How many nights a week do you have to be in the room or lie with him/her so that s/he can fall asleep?
When did this begin?

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.

MOST COMMON SCENARIO WHEN CHILD RELUCTANT TO GO TO SLEEP ALONE

1 = Adult caregiver in child's room but not in bed.

2 = Adult caregiver in child's bed.

3 = Child in adult caregiver's bed with adult caregiver in room.

4 = Child is in adult caregiver's bed with adult caregiver in bed.

5 = Other

6 = Child sleeps with sibling. Child has own bed. (Sibling must be present in bed).

Specify

Codes

PBF0I01
Intensity

PBF0X01

PBF0F01
Frequency

PBF0O01
Onset
/ /

For Review Only

Definitions and questions

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

SLEEPS WITH FAMILY MEMBER

0 = Absent

2 = Present

HOURS : MINUTES

Codes

PFJ6I01
Intensity

PFJ6F01
Frequency

PFJ6D01
Duration

PFJ6O01
Onset
/ /

For Review Only

Definitions and questions	Coding rules	Codes
BEDTIME Regular evening time that child actually goes to or is put to bed with the intention of going to sleep. ***What time does X go to bed?*** ***Is that the same most nights?***	**PRESENCE OF REGULAR WEEKDAY BEDTIME** 0 = Absent 2 = Present **BEDTIME: AM/PM** 1 = AM 2 = PM **BEDTIME: HOUR** 1 = 1: 2 = 2: 3 = 3: 4 = 4: 5 = 5: 6 = 6: 7 = 7: 8 = 8: 9 = 9: 10 = 10: 11 = 11: 12 = 12: **BEDTIME: MINUTES** 1 = :00 2 = :15 3 = :30 4 = :45	PFJ7I01 Intensity PFJ7X01 PFJ7X02 PFJ7X03

For Review Only

Definitions and questions

BEDTIME RESISTENCE

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 4.

Tell me about a typical evening putting X to bed.

What happens when you tell X 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?

How often does this happen?

When did it start?

Coding rules

BEDTIME RESISTENCE

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 an hour once parent has decided it is really time for bed.

4 = Parent has given up.

Codes

PFJ8I01
Intensity
[ ]

PFJ8F01
Frequency
[ ]

PFJ8O01
Onset
[/ /]

For Review Only

Definitions and questions

BEDTIME RITUALS

Pattern of parent and child interactions that leads up to the child's going to sleep

Distinguish interactions between parent and child from parent sending child to carry out bedtime tasks on his/her own. The latter does not count as a bedtime ritual.

IF USES NIGHT LIGHT, CONSIDER FEAR OF THE DARK IN THE ANXIETY SECTION

Do you help X get ready for bed?

What do you or "P2" do to get X ready for bed?

Are there things you do most nights?

Or is it different every night?

Tell me about putting X to bed in the last week.

How long do you do these things?

Do you read a book?

Do you talk together before bed?

Do you sing?

Or listen to music together?

Do you watch a video together?

Do you watch TV together?

Do you pray together?

Does X need the light on when s/he goes to sleep?

Does X use a night light?

IF USES NIGHT LIGHT, CONSIDER FEAR OF THE DARK IN THE ANXIETY SECTION.

Coding rules

BEDTIME RITUALS

0 = Absent

2 = Present

HOURS : MINUTES

READING RITUAL

0 = Absent

2 = Present

TALKING RITUAL

0 = Absent

2 = Present

SINGING RITUAL

0 = Absent

2 = Present

LISTENING TO MUSIC

0 = Absent

2 = Present

WATCHING A VIDEO TAPE

0 = Absent

2 = Present

WATCHING TV

0 = Absent

2 = Present

PRAYING

0 = Absent

2 = Present

LIGHT ON

0 = Absent

2 = Present

USES A NIGHT LIGHT

0 = Absent

2 = Present

Codes

PFJ9I01 Intensity

PFJ9D01 Duration

PFJ9I02

PFJ9I03

PFJ9I04

PFJ9I05

PFJ9I06

PFJ9I07

PFJ9I08

PFJ9I09

PFJ9I10

For Review Only

Definitions and questions	Coding rules	Codes
Does s/he want the door left open?	**DOOR OPEN** 0 = Absent 2 = Present	PFJ9I11
Anything else?	**OTHER RITUAL** 0 = Absent 2 = Present Specify	PFJ9I12
LEAVES BED Leaving bed to go to "parent," either due to fear of being alone or desire for comfort from or contact with "parent" or resistance to going to sleep/bed. Occurs prior to going to sleep. Distinguish from night waking. ***Before X goes to sleep, does X ever leave his/her bed after you put him/her there?*** *What happens?* *Why does s/he leave the bed?* *What do you do?* *How often does this happen on a typical week?* *How many times a night does this happen?*	**LEAVES BED PRIOR TO GOING TO SLEEP** 0 = Absent 2 = Sometimes leaves bed but is easily resettled. 3 = Leaves bed every night and difficult to resettle.	PFL8I01 Intensity
	AVERAGE FREQUENCY PER NIGHT ON WHICH BEHAVIOR OCCURRED	PFL8F01
	NUMBER OF NIGHTS IN THE LAST THREE MONTHS BEHAVIOR HAS OCCURRED	PFL8F02
		PFL8O01 Onset / /
	REASONS 1 = Fear 2 = Request (i.e. glass of water) 3 = Desire for contact with parent (i.e., for hug) 4 = Defiance 5 = Other Specify	PFL8X01 PFL8X02 PFL8X03 PFL8X04 PFL8X05

For Review Only

Definitions and questions | Coding rules | Codes

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.

NOTE: SLEEP INITIATION ALWAYS PRESENT.

Once X is settled down for the night, is it hard for him/her to fall asleep?

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

Does this happen every night?
How often?
Why does s/he have a hard time falling asleep?
When did s/he start having trouble falling asleep?

SLEEP INITIATION PFL9I01 Intensity

0 = Absent

2 = Present

HOURS : MINUTES PFL9D01

MEDICATION FOR INSOMNIA

NOTE HERE ANY MEDICATION (PRESCRIPTION OR OVER THE COUNTER) SPECIFICALLY USED IN AN ATTEMPT TO IMPROVE SLEEP PATTERN. NOTE NAME OF DRUG. CODE PRESCRIPTIONS IN INCAPACITIES.

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

What?
Does it work?

MEDICATION FOR INSOMNIA PFB7I05 Intensity

0 = Absent

2 = Present

THUMB SUCKING

Thumb sucking refers to a persistent habit that continued for at least one month at some point in the child's development. Since most children suck their thumbs at some point, it is important to make sure that this minimum duration criterion is met.

NOTE: ALWAYS CHOOSE PRESENT TO ANSWER FOLLOWING QUESTIONS

Has X sucked his/her thumb in the last three months?

In the last three months, has X sucked his/her thumb at nap time or bedtime?

Was it during the daytime?
The nighttime?
Or both?
When does s/he suck his/her thumb?
Does s/he suck it during the day?
What about when s/he sleeps?

THUMB SUCKING PFK0I90 Intensity

0 = Absent

2 = Present

DAYTIME PFK0I01

0 = Absent

2 = Present

SLEEP TIME (INCLUDES NIGHT OR NAP TIME) PFK0I02

0 = Absent

2 = Present

For Review Only

Definitions and questions | Coding rules | Codes

USE OF A PACIFIER

Any use of a pacifier during the primary period.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

In the last three months, has X used a pacifier?

When does s/he use it?
During the day?
Does s/he use a pacifier when s/he is sleeping or going to sleep?

USES PACIFIER

0 = Absent

2 = Present

PFK1I90
Intensity

DAYTIME

0 = Absent

2 = Present

PFK1I01

SLEEP TIME (INCLUDE NIGHT OR NAP TIME)

0 = Absent

2 = Present

PFK1I02

SPECIAL OBJECT

A special object is any inanimate object that the child is particularly attached to, and has been attached to for at least one month of the primary period. The paradigmatic example is the "blanky," but any object may be involved. Such objects act as a source of comfort to the child. Absence of the special object must at least sometimes lead to insistent demands for its return, or its removal from the child must, at least sometimes, lead to protests.

Does X have a special "blanky" or other "lovey"?

Like a stuffed animal?
Or other object?
Does s/he become upset if s/he doesn't have this "special object"?

When did s/he first become attached to his/her "lovey"?
What happens if s/he doesn't have his/her "lovey" with him/her?

SPECIAL OBJECT

0 = Child does not have a special object.

2 = Child has a special object.

PFK2I01
Intensity

PFK2O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

SELF-ROCKING

Child moves self back and forth in rocking motion.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

Does X rock back and forth when s/he going to sleep?

How about during the day?

When did s/he start rocking?
How often does s/he rock like that?
How long does an episode of rocking last?

SELF-ROCKING PFK3I90 Intensity
0 = Absent
2 = Present

DAYTIME PFK3I01
0 = Absent
2 = Present

SLEEP TIME (INCLUDES NIGHT OR NAP TIME) PFK3I02
0 = Absent
2 = Present

PFK3O01 Onset
/ /

HOURS : MINUTES PFK3D01 Duration

HEAD-BANGING

Child bangs head against wall, crib, head board of a bed, objects, etc. Usually the banging is a repetitive motion.

Do not include isolated accidental movements.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

Does X bang his/her head intentionally against the head board of his bed/crib?

Or against the wall?

Or floor?

When did s/he start banging his/her head?
How often does s/he bang his/her head?
How long does a typical episode of head banging last?

HEAD-BANGING PFK4I90 Intensity
0 = Absent
2 = Present

DAYTIME PFK4I01
0 = Absent
2 = Present

SLEEP TIME (INCLUDES NIGHT OR NAPTIME) PFK4I02
0 = Absent
2 = Present

PFK4O01 Onset
/ /

HOURS : MINUTES PFK4D01 Duration

For Review Only

Definitions and questions

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?

Or does X sleep though the night?

What does s/he do when s/he wakes up?

Does s/he call for you?
Or come to you?
Or get into your bed?
How many times a night does s/he wake up?
How long does it take to get him/her back to sleep?
What do you do?
On average, how long would you say s/he is awake per night?
How many times a week does s/he awake during the night?

Coding rules

NIGHT WAKING

0 = Child sleeps through the night.

2 = Child wakes up during the night.

FREQUENCY PER NIGHT

FREQUENCY OF NIGHTS

HOURS : MINUTES

CODE UP TO THREE

1 = Lies quietly in bed.

2 = Cries out.

3 = Leaves bed to fetch parent.

4 = Leaves bed and gets into parents' bed.

5 = Plays contentedly.

6 = Leaves bed to urinate.

7 = Wanders around home.

8 = Other

Codes

PFK5I01
Intensity

PFK5F01

PFK5F02

PFK5D01
Duration

PFK5O01
Onset
/ /

PFK5X01

PFK5X02

PFK5X03

PFK5X04

PFK5X05

PFK5X06

PFK5X07

PFK5X08

For Review Only

Definitions and questions

Coding rules

Codes

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 ever 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?

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.

PBF1I01
Intensity

PBF1F01
Frequency

PBF1O01
Onset
/ /

WAKING TIME

Time child usually wakes up in the morning.

NOTE: WAKING TIME ALWAYS PRESENT

WAKING TIME

0 = Absent

2 = Present

PFK6I01
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
Now let's turn to the morning.	**WAKING TIME: AM/PM**	PFK6X01
What time does X usually wake up in the morning?	1 = AM	☐
	2 = PM	
	WAKING TIME: HOUR	PFK6X02
	1 = 1:	☐
	2 = 2:	
	3 = 3:	
	4 = 4:	
	5 = 5:	
	6 = 6:	
	7 = 7:	
	8 = 8:	
	9 = 9:	
	10 = 10:	
	11 = 11:	
	12 = 12:	
	WAKING TIME: MINUTES	PFK6X03
	1 = :00	☐
	2 = :15	
	3 = :30	
	4 = :45	
Average Amount of Sleep Per Night.	**HOURS : MINUTES**	PFK6D02
How much sleep does X get most nights?		☐

For Review Only

Definitions and questions | Coding rules | Codes

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?
More than most other kids?
Does s/he drop off to sleep in the day?

How often does this happen?

For how long?

How long has s/he been more sleepy than usual?

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.

PFB8I01
Intensity
[ ]

PFB8F01
Frequency
[ ]

HOURS : MINUTES

PFB8D01
Duration
[ ]

PFB8O01
Onset
[/ /]

RESTLESS SLEEP

Sleep is described as restless.

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

Does s/he sleep soundly?
Does s/he toss and turn?
Is s/he restless?

When did his/her sleep become restless?

RESTLESS SLEEP

0 = Absent

2 = Present

PFD3I01
Intensity
[ ]

PFD3O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

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?

Is s/he fairly well rested when s/he gets up?

Or after sleeping during the day?

How does s/he feel?

When did that start?

INADEQUATELY RESTED BY SLEEP

0 = Absent

2 = Present

PFD4I01
Intensity

PFD4O01
Onset
/ /

DIFFICULT TO ROUSE IN MORNING

Hard to wake child up from sleep in the morning. Child keeps falling back to sleep or is groggy or "half asleep" for a significant period after being awakened.

Is it difficult to wake X up in the morning?

Can you tell me a little about that?
Does s/he almost always fall back to sleep after you or the alarm wakes him/her?
Does s/he hide under the covers?

How often is it hard to get him/her awake?

When did it start?

DIFFICULT TO ROUSE IN THE MORNING

0 = Absent

2 = Present

3 = Present and affects family schedule of getting to school, work, commitments.

PFK7I01
Intensity

PFK7F01
Frequency

PFK7O01
Onset
/ /

For Review Only

Definitions and questions

MORNING DEMEANOR

State upon waking in morning.

NOTE: MORNING DEMEANOR ALWAYS PRESENT.

What does s/he act like most mornings?

When X wakes up, does s/he have a distinct mood that you notice?

Is s/he cheerful?

Is s/he calm?

Irritable or cranky?

Is s/he sluggish in the morning?

On-the-go from the moment his/her feet touch the floor?

Is s/he sad in the mornings?

Anything I have not mentioned?

Coding rules

MORNING DEMEANOR

0 = Absent

2 = Present

CHEERFUL

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

CALM

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

IRRITABLE/CRANKY

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

SLUGGISH

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

OVERACTIVE

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

SAD

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

OTHER

0 = Absent

Codes

PFK8I90 Intensity

PFK8I01

PFK8I02

PFK8I03

PFK8I04

PFK8I05

PFK8I06

PFK8I07

For Review Only

Definitions and questions

Coding rules

Codes

NAPS

Periods of sleep during the day.

Does X take naps?

Does s/he nap every day?

How often does s/he take naps during the day?

How long does s/he usually sleep when s/he is napping?
If you add up his/her naps, how long is s/he asleep during the day?

IF NAPS ASK;

In the last three months, has his/her napping changed?

In what way?
Why do you think this change has happened?

1 = Sometimes

2 = Often

3 = Mostly

Specify

NAPS

0 = Absent

2 = Present

PFK9I01
Intensity

PFK9F01
Frequency

HOURS : MINUTES

PFK9D01

CHANGE IN NAP PATTERNS IN LAST THREE MONTHS

0 = Absent

2 = Present

PFK9I02

DESCRIPTION OF CHANGE

1 = Stopped napping.

2 = Resumed napping after having stopped.

3 = Increased number or length of nap(s).

4 = Decreased number or length of nap(s).

PFK9X01

For Review Only

Definitions and questions | Coding rules | Codes

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?

How often does this happen?

How long is s/he asleep for?

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

DAYTIME SLEEPINESS

0 = Absent

2 = Present

PFL4I01 Intensity

PFL4F01 Frequency

HOURS : MINUTES

PFL4D01 Duration

PFL4O01 Onset

/ /

FALLS ASLEEP IN CAR

Does s/he fall asleep almost every time s/he rides in a car when it is not nap time?

Does this happen even for short drives?

How long does s/he sleep for?

How long has s/he been sleepy like this?

FALLS ASLEEP IN CARSEAT FOR UNSCHEDULED NAP

0 = Absent

2 = Present

PFL0I01 Intensity

HOURS : MINUTES

PFL0D01 Duration

PFL0O01 Onset

/ /

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?

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

TIREDNESS

0 = Absent

2 = Feels tired at least half of the time.

3 = Feels tired almost all of the time.

PFD5I01 Intensity

PFD5O01 Onset

/ /

For Review Only

Definitions and questions

Coding rules

Codes

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 long has s/he felt that way?

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.

PFD6I01
Intensity

PFD6O01
Onset
/ /

NIGHTMARES

Frightening dreams that waken the child with a markedly unpleasant affect on wakening (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 THERE ALSO.

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?

When did the nightmares start?

NIGHTMARES

0 = Absent

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

PFB9I01
Intensity

PFB9F01
Frequency

PFB9O01
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

SEPARATION DREAMS

Unpleasant dreams involving theme of separation.

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

Or bad dreams about getting separated from you?

Or 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?

SEPARATION DREAMS

0 = Absent

2 = Separation dreams recalled in a.m.

3 = Separation nightmares wake child.

PBF3I01
Intensity

PBF3F01
Frequency

PBF3O01
Onset
/ /

NIGHT TERRORS

Episodes during sleep when the child is not fully conscious and does not wake up, but seems terrified and will usually cry out. The child has no memory of the event.

IF NIGHT TERRORS ARE ASSOCIATED WITH TRAUMATIC EVENTS, AND MEET CRITERIA FOR CODINGS, CODE THEM HERE AND THERE ALSO.

Does s/he ever seem to be having a terrible dream, but doesn't wake up?

Has this happened in the last 3 months?
What happens?
Can you describe it to me?
What do you do?
Does s/he remember what happened in the morning?

How often does that happen?

When did s/he start doing this?

NIGHT TERRORS

0 = Absent

2 = Present

Ever:PFD0E01
Intensity

NIGHT TERRORS

0 = Absent

2 = Present

PFD0I01
Intensity

PFD0F01
Frequency

Ever:PFD0O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

SOMNAMBULISM

Sleep walking.

Has s/he walked in his/her sleep in the last 3 months?

What happens?
What do you do?

How often does it happen?

When did it start?

SOMNAMBULISM

0 = Absent

2 = Present

PFD1I01 Intensity

PFD1F01 Frequency

PFD1O01 Onset

/ /

IRREGULARITY OF SLEEP PATTERNS

A regular sleep pattern is one characterized by (1) an identifiable bedtime at which the child is put (or goes) to bed and to sleep the majority of the time; (2) a wake-up time that is also identifiable (either because the child is woken, or because s/he tends to wake up around that time); (3) naps, if they occur are taken at reasonably consistent times. Code the existence of a reasonably generalized sleep pattern.

IF NO REGULAR PATTERN ASK ABOUT PREVIOUS SCHEDULE.

Is there a recognizable pattern to X's sleep and waking schedule?

Or does it seem "all over the place"?

Does s/he have a regular bedtime?

IF NO REGULAR PATTERN ASK ABOUT PREVIOUS SCHEDULE.

Did s/he ever have a predictable sleeping and waking schedule?

When did his/her schedule start being disorganized and unpredictable?

REGULAR, PREDICTABLE PATTERN

0 = Present

2 = Absent

PFL5I01 Intensity

REGULAR, PREDICTABLE PATTERN

0 = Present

2 = Absent

Ever:PFL5E01 Intensity

WHEN SLEEP PATTERN BECAME IRREGULAR (IF NEVER REGULAR PATTERN, CODE DATE OF BIRTH)

PFL5O01

/ /

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."

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

How bad is it?
When does that happen?
Does anything bring it on?
Do you know why?
What does s/he feel "nervous" about?
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?

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
/ /

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 sub-classified 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. There is desire for involvement with familiar people.

Include fear, self-consciousness, embarrassment, and concern about appropriateness of behavior when interacting with unfamiliar figures. Also include fear and anxiety when meeting or anticipating meeting a strange adult.

CONSIDER ALSO SHYNESS AND BEHAVIORAL INHIBITION.

DO NOT ALSO CODE INFORMATION FOR THIS ITEM IN "SITUATIONAL ANXIOUS AFFECT".

Does s/he become frightened when s/he has to meet or interact with people s/he doesn't know well?

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

Does s/he get upset when meeting new people?

Or extremely shy?

Does s/her ever become very silly, "showing off" in an anxious fashion?

What happens?
Does s/he try to hide behind you or behind furniture?
Does s/he turn his/her face away?
Or refuse to speak?
Does s/he cry or scream?
Or become agitated?
Does s/he try to leave the room?
How long does s/he remain this way?
Can you help him/her become more comfortable in the situation?
Is s/he able to go to birthday parties and interact with the other children or does s/he stay near you and only watch the activities?
How about on the playground?
What effect has this fear had on X and on your family?
Do you change plans or routine so that s/he can avoid these situations?

Coding rules

SOCIAL ANXIETY

0 = Absent

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

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

For Review Only

Definitions and questions

FEAR OF ACTIVITIES IN PUBLIC

Subjective Anxious Affect specific to the public performance of activities that do not elicit fear when performed in private. 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's called on during circle time or for show and tell?

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

What happens?
How does it affect him/her?
Can s/he stop from feeling that way?
Does s/he do anything to avoid having to "do it" in front of others?
What effect has it had on what s/he does?

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

How long does that last?

Coding rules

FEAR OF ACTIVITIES IN PUBLIC

0 = Absent

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

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but 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

For Review Only

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?

Or going out in crowded places?

Or standing in line?

Or using public transportation?

Or riding in automobiles?

Can s/he stop him/herself from being afraid?
Does s/he do anything to avoid it?
Has it affected what s/he does?
What effect has it had?

How often has that happened in the last three months?

How long does that last?

IF "AGORAPHOBIA" ABSENT, SKIP TO "ANIMAL FEARS", (PAGE 6).

Coding rules

AGORAPHOBIA

0 = Absent

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

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

For Review Only

Definitions and questions

SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS

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

Does it 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

PCB3I02
Intensity

For Review Only

Definitions and questions

ANIMAL FEARS

Subjective Anxious Affect specific to animals.

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?
Or "freeze up"?
What does s/he do about it?
Does s/he try to avoid them?
How afraid is s/he?
When did this fear start?

How often has that happened in the last three months?

How long does that last?

Coding rules

FEAR OF ANIMALS

0 = Absent

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

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

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

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

HOURS : MINUTES

TYPE OF ANIMAL FEARED

1 = Dogs

2 = Cats

3 = Mice/rats

4 = Other mammals (horses, lions)

5 = Bats

6 = Insects

7 = Spiders

8 = Snakes

9 = Birds

10 = Other

Specify

Codes

PCB4I01
Intensity

PCB4F01
Frequency

PCB4D01
Duration

PCB4O01
Onset
/ /

PCB4X01

PCB4X02

PCB4X03

PCB4X04

PCB4X05

PCB4X06

For Review Only

Definitions and questions

Coding rules

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

PCB4X07

PCB4X08

PCB4X09

PCB4X10

PCB5I01

For Review Only

Definitions and questions

FEAR OF THE DARK

Subjective anxious affect specific to the dark and being in the dark.

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?
Does his/her fear of the dark affect what s/he does?
Or the routines you and your family have developed?
In what way?
What happens if you try to 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?

Coding rules

FEAR OF THE DARK

0 = Absent

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

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but 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

PCG0I01
Intensity

PCG0F01
Frequency

PCG0D01
Duration

PCG0O01
Onset
/ /

PCG0I02

For Review Only

Definitions and questions

Coding rules

Codes

FEAR OF CLOWNS OR COSTUMED CHARACTERS

Subjective anxious affect specific to clowns or other costumed characters.

Is your child 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?

How often has that happened in the last three months?

How long does s/he stay afraid?

FEAR OF CLOWNS OR COSTUMED CHARACTERS

0 = Absent

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

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

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

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

PCG1I01
Intensity

PCG1F01
Frequency

HOURS : MINUTES

PCG1D01
Duration

PCG1O01
Onset

/ /

AVOIDANCE

PCG1I02

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.

For Review Only

Definitions and questions

Coding rules

Codes

FEAR OF STORMS, THUNDER AND/OR LIGHTNING

Subjective anxious affect specific to storms, thunder and/or lightning.

Is s/he very afraid of thunder and lightening?

What happens when there is a storm?
Is s/he afraid only if there is a storm?
Or even when just thinking about a storm?
Can you reassure him/her?
When did this start?

How often has that happened in the last three months?

How long does s/he stay afraid?

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

PCE9I01
Intensity

PCE9F01
Frequency

PCE9D01
Duration

PCE9O01
Onset
/ /

For Review Only

Definitions and questions

FEAR OF INJURY

Subjective anxious affect specific to the possibility of being hurt.

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

What is that like?
Does it affect what s/he does?
In what way?
Does s/he become very afraid or upset when s/he gets a small cut or bruise?
What happens if you try to reassure him/her?

How often has that happened in the last three months?

How long does s/he stay afraid for?

Coding rules

FEAR OF INJURY

0 = Absent

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

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but 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

PCB6I01
Intensity

PCB6F01
Frequency

PCB6D01
Duration

PCB6O01
Onset
/ /

PCB7I01

For Review Only

Definitions and questions

FEAR OF DOCTOR OR DENTIST

Subjective Anxious Affect related to going to or anticipating going to the doctor or the dentist.

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 your child become very frightened or upset when s/he goes to the doctor or the dentist?

How about when s/he thinks about going to the doctor or the dentist?

What happens?
What do you think frightens him/her?
When did this start?

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

How long does s/he remain afraid?

Coding rules

FEAR OF DOCTOR OR DENTIST

0 = Absent

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

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but 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

PCG2I01
Intensity

PCG2F01
Frequency

PCG2D01
Duration

PCG2O01
Onset
/ /

PCG2I02

For Review Only

Definitions and questions

FEAR OF BLOOD/INJECTION

Subjective Anxious Affect in relation to sight of blood, receipt or sight of injections, or anticipation of sight of blood or injections.

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?
Can s/he stop himself/herself from being afraid?
Does s/he or you do anything to avoid it?
When did this fear start?

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

How long does s/he stay afraid for?

Coding rules

FEAR OF BLOOD/INJECTION

0 = Absent

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

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but 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

PCE0I01
Intensity

PCE0F01
Frequency

PCE0D01
Duration

PCE0O01
Onset
/ /

PCE1I01

For Review Only

Definitions and questions

ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR

Are there any other things that s/he's afraid of?

IF YES, OR IF ONE OR MORE FEARS ALREADY ELICITED, CHECK ITEMS ON LIST BELOW. OTHERWISE, PROCEED TO SITUATIONAL ANXIOUS AFFECT.

Loud sounds.

Heights

Elevators or Escalators.

Germs

Dirt

Illness

Swimming

Bathing

Burglars/Robbers/Kidnappers.

Puppets

Ghost

Snakes

Water

Getting a Haircut.

Vacuum Cleaners.

Other

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

How long does s/he stay afraid for?

IF NO ANXIETIES, SKIP TO "FREE FLOATING ANXIOUS AFFECT", (PAGE 17).

Coding rules

OTHER FEARS

0 = Absent

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

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

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

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

Specify

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

For Review Only

Definitions and questions

Coding rules

Codes

For Review Only

Definitions and questions

SITUATIONAL ANXIOUS AFFECT

Anxious Affect that occurs in certain situations/environments.

REVIEW NOTES OF THE ANXIETY CIRCUMSTANCES AND CODE THE PROVOKING OCCURRENCES OF ANY OF THE FORMS OF SPECIFIC ANXIOUS AFFECT.

REMEMBER TO COLLECT FREQUENCIES AND DURATIONS.

INTERVIEWER NOTE: IF ANY ANXIETY SYMPTOMS ARE PRESENT, CHOOSE A RATING AND COMPLETE SECTION.

TOTAL DURATION

EARLIEST ONSET OF FEARS

Coding rules

SITUATIONAL ANXIOUS AFFECT

0 = Absent

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

2 = The child feels fear, or experiences anticipatory anxiety, that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences anticipatory anxiety, that is almost completely uncontrollable in most activities.

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

Codes

PCC0I01
Intensity

PCC0F01
Frequency

PCC0D01
Duration

PCC0O01
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

FREE FLOATING ANXIOUS AFFECT

Anxiety not associated with any particular situation.

Does s/he ever feel frightened without knowing why?

How often does this happen?
How long does each episode of anxiety last?
When did it start?

IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "SELECTIVE MUTISM", (PAGE 20).

FREE FLOATING ANXIOUS AFFECT

0 = Absent

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

2 = The child feels fear, or experiences free-floating anxiety that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences free-floating anxiety, that is almost completely uncontrollable in most activities.

HOURS : MINUTES

PCC1I01
Intensity

PCC1F01
Frequency

PCC1D01
Duration

PCC1O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

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 many days a week does s/he jump like that?

STARTLE RESPONSE — PCC2I01 Intensity

0 = Absent

2 = Startles to an exaggerated degree on slight provocation.

NUMBER OF DAYS IN THE LAST 3 MONTHS — PCC2F01

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?

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 many days a week does s/he have this kind of difficulty concentrating?

CONCENTRATION DIFFICULTIES — PCC3I01 Intensity

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

NUMBER OF DAYS IN THE LAST THREE MONTHS — PCC3F01

EASY FATIGABILITY

Child becomes easily fatigued when anxious.

When s/he feels "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?
When s/he's worried or anxious, does she seem to get tired more easily?
Does s/he need more sleep, either during the day as naps or at night?

EASY FATIGABILITY — PCC4I01 Intensity

0 = Absent

2 = Feels fatigued after slight exertion but continues with tasks at hand.

3 = Fatigue leads to reduced performance of tasks at hand.

NUMBER OF DAYS IN THE LAST 3 MONTHS — PCC4F01

For Review Only

Definitions and questions

ANXIOUS AUTONOMIC SYMPTOMS

Autonomic symptoms accompanied by subjective anxious affect (occurs when child is frightened, worried or nervous).

When s/he is "anxious" or frightened, does it affect him/her physically at all?

What do you notice?
What does s/he tell you?

Do his/her muscles get tensed up?

Does s/he get jumpy?

Keyed up?
Agitated?
On edge?

Does s/he get restless?

Does s/he become more "wild" when s/he is scared or anxious?

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?

Coding rules

Codes

AUTONOMIC SYMPTOMS PCD0I90
Intensity
0 = Absent
2 = Present

MUSCLE TENSION PCD0I14
0 = Absent
2 = Present

JUMPINESS PCD0I20
0 = Absent
2 = Present

RESTLESSNESS PCD0I21
0 = Absent
2 = Present

DIZZINESS/FAINTNESS PCE5I01
0 = Absent
2 = Present

FEELINGS OF CHOKING PCE5I23
0 = Absent
2 = Present

BUTTERFLIES OR PAIN IN THE STOMACH PCE5I11
0 = Absent
2 = Present

SENSATIONS OF SHORTNESS OF BREATH OR SMOTHERING PCE5I22
0 = Absent
2 = Present

PALPITATIONS, POUNDING HEART, OR ACCELERATED HEART RATE PCE5I06
0 = Absent
2 = Present

CHEST PAIN OR DISCOMFORT PCE5I07
0 = Absent
2 = Present

SWEATING PCE5I08
0 = Absent
2 = Present

For Review Only

Definitions and questions

Does s/he complain of feeling sick to his/her stomach?

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?

SELECTIVE MUTISM

Reluctance or inability to speak to certain persons or in certain situations, while able to speak adequately to other people in other situations. A change in speaking ability is selective in certain situations.

Are there some situations in which s/he finds s/he can't talk?

Or some people s/he can't talk to?

Why is that?
What happens then?
What happens when s/he's encouraged to speak up?
When did it start?

Coding rules

NAUSEA

0 = Absent

2 = Present

TREMBLING OR SHAKING

0 = Absent

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

SELECTIVE MUTISM

0 = Absent

2 = Speech limited in volume or amount to an extent that substantially interferes with communication; marked discrepancy with adequate speech usage in other circumstances.

3 = Almost complete absence of speech in particular settings or to particular people.

Codes

PCE5I09 ☐

PCE5I13 ☐

PCE5I14 ☐

PCE5I16 ☐

PCE5I18 ☐

PCD1I01 Intensity ☐

PCD1O01 Onset / /

For Review Only

Definitions and questions | Coding rules | Codes

WORRIES

GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY.

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.

Children often have worries. What does X worry about?

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

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

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

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 such as a fire or hurricane or earthquake?

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

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.

PCA0I01 Intensity

HOURS : MINUTES

PCA0F01 Frequency

PCA0D01 Duration

PCA0O01 Onset

/ /

HYPOCHONDRIASIS (WORRY ABOUT BEING PHYSICALLY ILL)

0 = Absent

2 = Present

PCA0I09

WORRY THAT FAMILY MEMBERS WILL BECOME ILL

0 = Absent

2 = Present

PCA0I10

WORRY ABOUT THE FUTURE

0 = Absent

2 = Present

PCA0I02

WORRIES ABOUT NATURAL CALAMITY

0 = Absent

2 = Present

PCA0I11

WORRIES ABOUT PAST BEHAVIOR

0 = Absent

2 = Present

PCA0I03

For Review Only

Definitions and questions	Coding rules	Codes
Does s/he worry about how well s/he does things? *Like draw a picture or play a game?*	**WORRIES ABOUT COMPETENCE OR PERFORMANCE** 0 = Absent 2 = Present	PCA0I04
Does s/he worry about how s/he looks?	**WORRIES ABOUT APPEARANCE** 0 = Absent 2 = Present	PCA0I06
Does s/he worry about whether your family will have enough food? ***Or money?***	**WORRIES ABOUT MONEY/FOOD** 0 = Absent 2 = Present	PCA0I07
Does s/he have other worries? *What are they?* *What is it like when s/he worries?* *Does it make him/her irritable?* *Or agitated?* *Or quiet and constricted in his/her play or interactions?* *Does worrying keep him/her awake at night?* *Can you give me an example?* *How often does s/he worry?* *Can s/he stop worrying if s/he wants to?* *Were there any times in the last three months s/he couldn't stop worrying?* *How often has s/he worried in the last three months?* *When did s/he start worrying like that?* **IF NO WORRIES, SKIP TO "COMPULSIONS", (PAGE 1).**	**OTHER WORRIES** 0 = Absent 2 = Present	PCA0I08

For Review Only

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 tell people about his/her worries?

Does s/he tell people about the fears we talked about earlier?
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 pf patience, or avoidance of contact with child, by that person.

Codes

PCA2I01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

RITUALS AND REPETITIONS
COMPULSIONS

Repetitive, purposeful, and intentional acts associated with a subjective feeling of compulsion arising within the child and not forced by any external power or agency.

NOTE: Repetitive means three or more times.

IF COMPULSIONS ARE ASSOCIATED WITH TRAUMATIC EVENTS, CODE THERE ALSO.

Are there any things s/he feels s/he has to do?

Like touching things in a certain way?

Or washing over and over again?

Does she spend a lot of time putting things in a special order?

Or arranging things so that they are just right?

Does s/he have any routines or rituals that s/he has to do?

What does s/he do?
What is s/he afraid will happen?
Does s/he feel uncomfortable if s/he doesn't "do compulsion" just right?
Why does s/he do it?
Is s/he worried about dirt or germs?
What does s/he do about it?
Does s/he spend a lot of time on personal cleanliness even when s/he is clean?

Why does s/he do that?
What about tidiness?
What do you do about it?
How long does s/he do it for?
When did it start?

COMPULSIONS

0 = Absent

2 = Compulsions intrusive into at least 2 activities and are at least sometimes uncontrollable.

3 = Compulsions intrusive into most activities and are almost always uncontrollable.

PCD7I01 Intensity

HOME

PCD7F01 Home Frequency

DAYCARE/SCHOOL

PCD7F02 Daycare/School Frequency

ELSEWHERE

PCD7F03 Elsewhere Frequency

HOURS : MINUTES

PCD7D01 Duration

PCD7O01 Onset

/ /

For Review Only

Definitions and questions	Coding rules	Codes
Does s/he try not to do it? *What happens then?*	**RESISTANCE** 0 = Absent 2 = Child tries to resist performing the compulsive act at least sometimes. 3 = Child usually tries to resist.	PCD7I02
	CHECKING (AT LEAST 3 TIMES) 0 = Absent 2 = Present	PCD8I01
	AVOIDING 0 = Absent 2 = Present	PCD8I02
	TOUCHING 0 = Absent 2 = Present	PCD8I03
	WASHING/CLEANING 0 = Absent 2 = Present	PCD8I04
	REPEATING 0 = Absent 2 = Present	PCD8I05
	OTHER 0 = Absent 2 = Present	PCD8I09

For Review Only

Definitions and questions | Coding rules | Codes

PSYCHOSIS
DISORDERS OF PERCEPTION, THOUGHT, AND THE CONTENT OF THOUGHT

DO NOT INCLUDE SYMPTOMS INDUCED BY USE OF DRUGS OR ALCOHOL.

DELUSIONS AND DELUSIONAL INTERPRETATIONS

A delusion is a firmly-held false belief that is out of keeping with the subject's social and cultural background.

A delusional interpretation also has these characteristics, but is an explanation of some other experience (often of other "psychotic" experiences, such as hallucinations) e.g., a subject might interpret hearing voices talking about him as evidence of a police conspiracy. The conspiracy would be a delusional interpretation.

IF THERE IS EVIDENCE OF DELUSIONS OR DELUSIONAL INTERPRETATION, OBTAIN AS FULL AN ACCOUNT OF THE PHENOMENA AS THE PARENT IS ABLE TO PROVIDE.

WRITE THE DETAILS DOWN VERBATIM.

Does s/he seem to think that people are against him/her?

Or that people are getting at him/her in some way?
Is there any truth in it, do you think?
What happens if you try to reassure him/her?
Does s/he have any unusual ideas or beliefs?

What are they?
Do you think there's any truth in that?
What happens if you tell him/her that it's not true?
Can you persuade him/her?

DELUSIONS AND DELUSIONAL INTERPRETATION

0 = Absent

2 = Present

PJA4I01
Intensity

PJA4O01
Onset
/ /

For Review Only

Definitions and questions

SENSORY CHANGES AND HALLUCINATIONS

Include changed perceptions, changed perception of time, and hallucinations.

Changed Perception

Include here any changes in perception such as heightened and dulled perception. The child may complain that objects change in shape or size or color or that people change their appearance.

Changed Perception of Time

The child's perception of time seems to change, so that events appear to move very slowly or very rapidly or to change their tempo or to be completely timeless. Time may appear to stop altogether.

Hallucinations

Hallucinations are false perceptions occurring in clear consciousness. The child may see images, visions, or hear voices in the absence of any real stimulus to the perception. Distinguish from: Illusions, which are false perceptions stimulated by real perceptions that are then momentarily transformed; Hypnogogic and Hypnopompic Hallucinations, which occur only on falling asleep or awakening; Eidetic Imagery, which is never confused with reality by the child; Elaborated Fantasies and Imaginary Companions; Hallucinations occurring only as part of a seizure or in clouded consciousness.

Does s/he hear imaginary things?

Like what?
Does s/he hear or see anything that other people don't?

Does s/he notice any funny smells or tastes or feelings when there's nothing there to explain it?

Is s/he really seeing something or do you think it imaginary?
Has s/he said that things looked or sounded different?

In what way?

Coding rules

SENSORY CHANGES AND HALLUCINATIONS

0 = Absent

2 = Present

Codes

PJA2I01
Intensity

PJA2O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

"PSYCHOTIC" ABNORMALITIES OF THOUGHT AND SPEECH

The parent reports that the child's thinking or language has become disordered. Sentences may be hard to follow or completely nonsensical. Ideas may be linked together in unusual ways (such as because of rhymes or puns, as in flight of ideas) or may have no ordinarily comprehensible links (as in "knight's move" thinking).

Distinguish from delusional content or speech; it is quite possible for a child's ideas to be entirely delusional but for the process of thinking and expressing thoughts to be quite normal.

Differentiate from developmental disorders of speech and language (such as language delay and dysarthria) where speech may be difficult to follow. These disorders will usually always have been present and will not represent a change in the child's language.

Has X's speech been unusual or odd?

What about his/her thinking?

What's it been like?
Has that worried you?

PSYCHOTIC ABNORMALITIES OF THOUGHT AND SPEECH

0 = Absent

2 = Present

PJA3I01
Intensity

PJA3O01
Onset
/ /

IDIOSYNCRATIC BEHAVIOR

The child's behavior has changed idiosyncratically in a way that indicates a marked disturbance of the perception of reality. For instance, the child may dress or walk in extraordinary ways in response to delusions.

Do not include parental reports of the child's behavior changing in ways they disapprove of if any social group to which the child might belong would expect or approve the new behavior.

Has s/he been acting in any strange or unusual ways?

What has s/he been doing?

Has that worried you?

IDIOSYNCRATIC BEHAVIOR

0 = Absent

2 = Present

PJB0I01
Intensity

PJB0O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

IF ANY EVIDENCE OF DELUSIONS AND DELUSIONAL INTERPRETATIONS OR SENSORY CHANGES AND HALLUCINATIONS, THEN OBTAIN AS FULL AN ACCOUNT OF THE PHENOMENA AS THE PARENT IS ABLE TO PROVIDE, AND COMPLETE "TEMPORAL CO-OCCURRENCE" AND "THEMATIC CONSISTENCY".
IF THERE IS NO EVIDENCE, SKIP TO "APPROACH/AVOIDANCE RESPONSES TO CAREGIVERS", (PAGE 3).

For Review Only

Definitions and questions | Coding rules | Codes

TEMPORAL, CO-OCCURRENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

Extent, onset, and course of delusions or hallucinations are temporally related to the onset and course of mood disorder.

When s/he was (in psychotic state), was s/he miserable or depressed?
Was his/her mood affected in any other way?
Was s/he always like that when s/he was (in psychotic state)?

TEMPORAL CO-0CCURENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

2 = Partial temporal co-occurence.

3 = Delusions/hallucinations only present in association with mood disorder.

PJA9I01 Intensity

ASSOCIATED MOOD: DEPRESSED

0 = Absent

2 = Present

PJA9I02

ASSOCIATED MOOD: ELATED

0 = Absent

2 = Present

PJA9I03

THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

Judgment of the examiner as to whether the content of the delusional or hallucinatory material is meaningfully related to an abnormal mood state. For instance, delusions of being related to royalty would be congruent with a manic mood state, while nihilistic delusions would be congruent with depression. Pure persecutory delusions should not be rated here.

THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISTURBANCE

2 = Partially mood congruent.

3 = Almost always mood congruent.

PJA8I01 Intensity

ASSOCIATED MOOD: DEPRESSED

0 = Absent

2 = Present

PJA8I02

ASSOCIATED MOOD: ELATED

0 = Absent

2 = Present

PJA8I03

For Review Only

Definitions and questions

Coding rules

Codes

REACTIVE ATTACHMENT DISORDER CONSTRICTED AND CONSTRAINED BEHAVIOR DURING MOST SOCIAL INTERACTIONS

Child is constricted and constrained during most, if not all, social interactions and this behavior contributes to a disturbance in the child's social relatedness. To meet criteria, child must fail to initiate social interactions due to this behavior.

NOTE THAT THIS ITEM REFERS TO ALL INTERACTIONS, NOT ONLY INTERACTIONS WITH UNFAMILIAR PEOPLE.

Is X so shy and withdrawn that it makes it hard for him/her to interact with other people?

Is s/he like that with all people?
Or just with certain people?
Who?
Does this make it hard for him/her to have relationships with other people?
How long has s/he been this way?

INHIBITION DURING SOCIAL INTERACTIONS

0 = Absent

2 = Child is inhibited in most social interactions and the behavior interferes with child's ability to have relationships with others.

PVA0I01
Intensity

PVA0O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

LACK OF INTEREST IN PEOPLE

A lack of awareness of, and sensitivity to, other people's feelings. Lack of ability to detect other's feelings, not lack of willingness to respond to them. This lack is pervasive and not specific to any particular relationship.

Does s/he prefer doing things alone or with other people?

Does s/he enjoy being with people?

Is there anyone s/he feels really close to?

Why is that?
Or does s/he not care about interacting with others?
Does it affect his/her ability to have relationships with other people?
Is s/he like that with you or other members of the family?
How about with adults outside of your family?
Or other children?

LACK OF INTEREST IN ADULT FAMILY MEMBERS

0 = Absent

2 = Present

PVA1I90 Intensity [ ]

LACK OF INTEREST IN ADULT FAMILY MEMBERS

0 = Absent

2 = Present as outlined in definition.

PVA1I01 [ ]

LACK OF INTEREST IN ADULTS WHO ARE NOT FAMILY MEMBERS

0 = Absent

2 = Present as outlined in definition.

PVA1I02 [ ]

LACK OF INTEREST IN SIBLINGS

0 = Absent

2 = Present as outlined in definition.

PVA1I03 [ ]

LACK OF INTEREST IN PEERS

0 = Absent

2 = Present as outlined in definition.

PVA1I04 [ ]

GENERAL LACK OF INTEREST IN OTHER (ALL FOUR ABOVE ARE PRESENT)

0 = 1 to 3 of above are present.

2 = All 4 above are present.

PVA1I05 [ ]

PVA1O01 Onset [/ /]

LACK OF EMPATHY/EMOTIONAL SENSITIVITY

A lack of awareness of, and sensitivity to, other people's feelings. Lack of ability to detect other's feelings, not lack of willingness to respond to them. This lack is pervasive and not specific to any particular relationship.

Is s/he good at understanding other people's feelings?

Can s/he usually tell when other people are upset?

If another child is crying, does s/he try to comfort the child?
Does his/her response ever seem inappropriate?
Like s/he laughs if a child is crying?
Can s/he tell if s/he is making someone upset?

LACK OF EMPATHY

0 = Absent

2 = Present as outlined in definition.

PVA2I01 Intensity [ ]

PVA2O01 Onset [/ /]

For Review Only

Definitions and questions | Coding rules | Codes

APPROACH/AVOIDANCE RESPONSES TO CAREGIVERS

On a regular basis, child responds to parents or other caregivers (such as grandparents, teachers) in contradictory ways. Child may approach a person for help and then withdraw, avoid, or reject that person as s/he tries to respond to the needs/requests of the child. This behavior contributes to a disturbance in the child's ability to relate to other people.

Does X often approach you and then suddenly withdraw from or avoid contact with you?

How about with other adults who are taking care of him/her?

Does s/he ask for help and then reject you (or some one else) when you try to give him/her what s/he wants?

What happens?
Why?
How often does this happen?
Does this cause problems for X?
Does it affect his/her relationships or closeness with other people?
When did s/he start acting in this way?

APPROACH/AVOIDANCE RESPONSES TO CAREGIVERS AND OTHERS

0 = Absent

2 = Contradictory responses to overtures by caregivers occurs in at least two activities and interferes with child's relationships with others.

3 = Contradictory responses to overtures by caregivers occurs in almost all activities and interferes with child's relationships with others.

PVA3I01 Intensity

PVA3F01 Frequency

PVA3O01 Onset

/ /

DIFFICULTY BEING AFFECTIONATE

Lack of warmth or emotional or physical affection in most, if not all, interactions with other people.

Multiple interactions means that the lack of affection is pervasive and recurrent in many interactions. Do not code a child's lack of affection if s/he is angry at a parent or is preoccupied with another task. This item is addressing a pervasive, not an episodic, lack of affection or inability to show affection.

Is X an affectionate child?

Is s/he able to show love, either with hugs or kisses, or warm feelings to you?
Or your "partner?"
Or other people in his/her life?
When did s/he start having difficulty being affectionate?

DIFFICULTY BEING AFFECTIONATE

0 = Absent

2 = Present

PVA4I01 Intensity

PVA4O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

INDISCRIMINATE ADULT RELATIONSHIPS

The child is reported to be willing to be friendly towards almost any adult, to a degree unusual for his/her developmental age, social group, and familiarity with the adult. The child demonstrates reduced or absent reticence around unfamiliar adults. Behavior is inappropriate for contact with unfamiliar adults.

Often the child appears "needy" or "clingy," and behaves inappropriately with unfamiliar adults. This item should only be coded as being present when the child's behavior is clearly outside normal limits. If in doubt, code this item as being absent. A child who is simply friendly or polite to adults would not code here.

Does X seem desperate for affection from adults?

Is s/he overly friendly with strangers?

Does s/he seem to be really needy or clingy to whatever adult is around?

Does s/he seem to need affection from whatever adult is near?

Is X sensible about being friendly with adults?
Is that more than average for a child his/her age, do you think?
Does it worry you?
Do you think it's a problem?
Has s/he always been like that?

INDISCRIMINATE ADULT RELATIONSHIPS

0 = Absent

2 = Indiscriminate in adult relationships but parent does not regard this as a problem.

3 = Indiscriminate in adult relationships to degree that parent regards as a problem.

PAN7I01 Intensity

PAN7O01 Onset

/ /

MINIMAL CHECKING WITH CAREGIVER IN UNFAMILIAR SETTING

Child rarely or minimally checks back with adult caregiver after venturing away even in unfamiliar settings.

If you are in a new place, does X tend to wander away from you?

IF PRESENT ASK;

Does s/he check in with you?

Either by making eye contact with you or coming back to where you are?
Does this behavior worry you?
Do you think it's a problem?
Does it ever put him/her in danger?
When did this behavior start?

MINIMAL CHECKING WITH CAREGIVER IN UNFAMILIAR SETTINGS

0 = Absent

2 = Minimal checking but parent does not regard as a problem.

3 = Minimal checking to degree that parent regards as a problem.

PVA5I01 Intensity

PVA5O01 Onset

/ /

For Review Only

Definitions and questions

Coding rules

Codes

INDISCRIMINATE WILLINGNESS TO LEAVE WITH UNFAMILIAR ADULT

Child willing to go off with an unfamiliar adult with minimal or no hesitation.

What would s/he do if an adult that s/he did not know asked him/her to go off with him/her?

Would s/he hesitate?

Is s/he the type of child who would go off with any adult with very little hesitation?

Can you give one example?
Do you think this is a problem?
When did this behavior start?

INDISCRIMINATE WILLINGNESS TO LEAVE WITH UNFAMILIAR ADULT

0 = Absent

2 = Indiscriminate willingness to leave but parent does not regard as a problem.

3 = Indiscriminate willingness to leave to a degree that parent regards as a problem.

PVA6I01
Intensity

PVA6O01
Onset

/ /

INDISCRIMINATE PEER RELATIONSHIPS

The child is reported to be willing to be friendly towards almost any peer, to a degree unusual for his/her developmental age, social group, and familiarity with the peer in question. Behavior is inappropriate for contact with unfamiliar peers.

For example, the child might call another child his/her best friend or ask another child to give him/her the child's toy right after meeting him/her. Or hug, kiss, or touch another child who is unfamiliar to the child.

Does X seem desperate for affection from other children?

Is s/he overly friendly with children s/he doesn't know well?

Does s/he seem to be really needy or clingy?

Does s/he seem to need a lot of affection from other children?

Does it worry you?
Do you think it's a problem?
When did s/he start acting this way?

INDISCRIMINATE PEER RELATIONSHIPS

0 = Absent

2 = Indiscriminate in peer relationships but parent does not regard this as a problem.

3 = Indiscriminate in peer relationships to degree that parent regards as a problem.

PAN8I01
Intensity

PAN8O01
Onset

/ /

For Review Only

Definitions and questions

AVOIDS PHYSICAL CONTACT

Parent's evaluation that the child tries to avoid being physically close with others.

Does s/he like to be hugged and cuddled?

Does s/he move away from you or from others so that s/he won't be touched?

Does s/he stiffen up like a board when you or someone else tries to hug him/her?

Will s/he let you kiss or cuddle him/her?
Does s/he like to sit on someone's lap?
Whose?
How about with other people?
Like her grandparents.
How often does it happen?
When did this start?

Coding rules

AVOIDS PHYSICAL CONTACT

0 = Absent

2 = Child often avoids physical contact but can sometimes be physically close to others.

3 = Child always tries to avoid physical contact with others.

PARENT #1

0 = Absent

2 = Present

PARENT #2

0 = Absent

2 = Present

OTHER PARENT #1

0 = Absent

2 = Present

OTHER PARENT #2

0 = Absent

2 = Present

GRANDPARENT

0 = Absent

2 = Present

SIBLING(S)

0 = Absent

2 = Present

BABYSITTER

0 = Absent

2 = Present

DAYCARE PROVIDER/TEACHER

0 = Absent

2 = Present

Codes

PVA7I01
Intensity

PVA7F01
Frequency

PVA7O01
Onset
/ /

PVA7X01

PVA7X02

PVA7X03

PVA7X04

PVA7X05

PVA7X06

PVA7X07

PVA7X08

For Review Only

Definitions and questions

Coding rules

Codes

PEERS

PVA7X09

0 = Absent

2 = Present

OTHER

PVA7X10

0 = Absent

2 = Present

Specify

DOES NOT SEEK COMFORT WHEN DISTRESSED

Rarely or minimally seeks comfort when distressed.

Does s/he look for comfort or attention from you or others when s/he is hurt or upset?

When s/he gets a scrape or a bruise, will s/he come to you for a hug, a kiss, or a band-aid?

What about to others?
Or, is s/he the type of child who withdraws into him/herself when hurt or scared?
Such as going into a corner to be by him/herself?
Who does this happen with?
How often does this happen?
When did it start?

DOES NOT SEEK COMFORT WHEN DISTRESSED

PVA8I01
Intensity

0 = Rarely does not seek comfort when hurt or upset.

2 = Regularly does not seek comfort in at least two activities.

3 = Regularly does not seek comfort in most activities.

PVA8F01
Frequency

PVA8O01
Onset

/ /

For Review Only

Definitions and questions

RESISTANCE TO COMFORT

Rarely or minimally responds to offers of physical or verbal comfort, when hurt, frightened, ill, or distressed.

How does X respond when you try to comfort him/her if s/he is hurt, frightened, or sick?

Does s/he allow you or others to soothe him/her if s/he is hurt, frightened, or sick?

Or does s/he push you away?

Or tell you to go away?
How about when other people offer him/her comfort?
What does s/he do?
Who does this happen with?
How often does this happen?
When did it start happening?

Coding rules

RESISTANCE TO COMFORT

0 = Rarely resists being comforted.

2 = Resists being comforted in at least two activities.

3 = Resists being comforted in most activities.

PARENT #1

0 = Absent

2 = Present

PARENT #2

0 = Absent

2 = Present

OTHER PARENT #1

0 = Absent

2 = Present

OTHER PARENT #2

0 = Absent

2 = Present

GRANDPARENT

0 = Absent

2 = Present

SIBLING(S)

0 = Absent

2 = Present

BABYSITTER/OTHER CAREGIVER

0 = Absent

2 = Present

DAYCARE PROVIDER/TEACHER

0 = Absent

2 = Present

Codes

PVA9I01
Intensity

PVA9F01
Frequency

PVA9O01
Onset
/ /

PVA9X01

PVA9X02

PVA9X03

PVA9X04

PVA9X05

PVA9X06

PVA9X07

PVA9X08

For Review Only

Definitions and questions

Coding rules

PEERS

0 = Absent

2 = Present

OTHER

0 = Absent

2 = Present

Specify

Codes

PVA9X09

PVA9X10

For Review Only

Definitions and questions

NEGATIVE REUNION RESPONSES

Pervasive pattern of failure to establish a positive interaction after separations. Examples include ignoring/avoiding behaviors, intense anger, or lack of affection.

Tell me what X acts like when s/he is reunited with you after you and s/he are apart.

Like when you leave him/her with a sitter?
Or go on a trip?
Does s/he greet you?

Or avoid you?

Does s/he get very angry?

Or act withdrawn?

Does s/he show affection?

Can you give me an example?
How often, when you've been apart, does s/he act in this way?
How long does s/he act this way?
When did this start?

Coding rules

IMPAIRED REUNION RESPONSES

0 = Absent

2 = Present, but positive interaction can be re-established at time of reunion within one hour.

3 = Present and positive interaction cannot be restored at time of reunion within one hour.

HOURS : MINUTES

PARENT #1

0 = Absent

2 = Present

PARENT #2

0 = Absent

2 = Present

OTHER PARENT #1

0 = Absent

2 = Present

OTHER PARENT #2

0 = Absent

2 = Present

GRANDPARENT

0 = Absent

2 = Present

SIBLING(S)

0 = Absent

2 = Present

BABYSITTER

0 = Absent

Codes

PVB0I01
Intensity

PVB0F01
Frequency

PVB0D01
Duration

PVB0O01
Onset
/ /

PVB0X01

PVB0X02

PVB0X03

PVB0X04

PVB0X05

PVB0X06

PVB0X07

For Review Only

Definitions and questions

Coding rules

Codes

2 = Present

DAYCARE PROVIDER/TEACHER PVB0X08

0 = Absent

2 = Present

PEERS PVB0X09

0 = Absent

2 = Present

OTHER PVB0X10

0 = Absent

2 = Present

Specify

CONSTRICTED RANGE OF FACIAL EXPRESSIONS

Parent's evaluation that the child appear to have little facial expression.

Does his/her face often look "blank" with few facial expressions?

Does her face seem "frozen" in one expression?
Does s/he seem very withdrawn and distant?

Does s/he react when s/he sees something happy or exciting?

Or something sad?
Does s/he look this way all the time or only sometimes?
When did this start?

CONSTRICTED RANGE OF FACIAL EXPRESSION

PVB1I01
Intensity

0 = Absent

2 = Child appearance usually lacks emotional expression most of the time.

PVB1O01
Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

AVOIDS EYE CONTACT

Parent's generalized evaluation that the child characteristically avoids making eye contact with others and that s/he often turns his/her eyes away when others try to initiate eye contact.

Distinguish from avoidance of eye contact which occurs with shyness e.g. when the child meets new people or is in an unfamiliar setting. Distinguish also from culturally dictated strictures.

Does s/he avoid looking you or others directly in the eyes?

Does s/he turn his/her eyes or body away to avoid eye to eye contact?

Does this happen with everyone?
When did this start?

AVOIDS EYE CONTACT

0 = Absent

2 = Child generally avoids eye contact with others.

PVB2I01
Intensity
[ ]

PVB2O01
Onset
[/ /]

HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, has s/he been more "on the alert" for bad things happening?

Does s/he seem to be "frozen" in place as s/he watches everything?

What does s/he do?
Is s/he like that even when there isn't much chance of anything bad happening?
How much has that affected his/her life?
How much of the time is s/he like that?
Has s/he given up doing any things because s/he doesn't want to take any chances?
When did s/he start being so hyper-aware and alert?

HYPERVIGILANCE (LAST 3 MONTHS)

0 = Absent

1 = Behavioral manifestations of hypervigilance (e.g., taking care over seating or scanning environment for danger) but does not limit activities to any major extent.

2 = Behavioral manifestations of hypervigilance interferes with at least two activities.

3 = Behavioral manifestations of hypervigilance interferes with most activities.

PVB3I01
Intensity
[ ]

PVB3O01
Onset
[/ /]

For Review Only

Definitions and questions | Coding rules | Codes

LIFE EVENTS

Events occurring in the life and environment of the child including major stressors and life threatening events. Life threatening events are events that have caused, or had the potential to cause, death or severe injury. The events should be those in which people actually died or were seriously injured and/or property was extensively damaged, or those events which had the potential to have these outcomes. A young child may also experience or witness an event that involves a serious threat to the physical or psychological integrity of him/herself or another person. An example would be sexual abuse or loss of a primary caregiver/parent. MOST EVENTS SHOULD HAVE BEEN NOTED IN THE INTERVIEW BY THIS POINT. FOR EACH GROUP A EVENT THAT OCCURRED IN THE LAST THREE MONTHS (WITH AT LEAST ONE ATTRIBUTION VARIABLE CODING) MARK ON THE PTSD CHECKLIST. FOR EACH GROUP B EVENT THAT OCCURRED EVER INCLUDING THE LAST THREE MONTHS (WITH AT LEAST ONE ATTRIBUTION VARIABLE CODING), MARK ON THE PTSD CHECKLIST. WHEN THE CHECKLIST IS COMPLETE, PRECEDE TO THE PTSD SECTION.

GROUP A EVENTS

If any "Group A" event(s) code (with at least one attribution variable coding), remember to complete PTSD-A section.

For Review Only

Definitions and questions

Coding rules

Codes

NEW CHILD(REN) LIVING IN HOME

New child(ren) (less than 18 years of age) who have come to live in the home permanently during the primary period. May be newborn or adopted child, foster child, or child(ren) of a previous relationship.

CODE ID # OF SIBLING FROM FAMILY SECTION.

Have any children come to live in X's home in the last 3 months?

Who is that?
When did s/he come to live with him/her?
Who looks after him/her?

IF "NEW CHILD(REN) LIVING IN HOME" NOT PRESENT, SKIP TO "PARENTAL SEPARATION", (PAGE 4).

NEW CHILD(REN) LIVING IN HOME

0 = Absent

2 = Present

PKA0I90
Intensity
[ ]

NEW CHILD #1 IN HOME

PKA0I01
[ ]

ONSET OF NEW CHILD #1

PKA0O01
[/ /]

NEW CHILD #2 IN HOME

PKA0I02
[ ]

ONSET OF NEW CHILD #2

PKA0O02
[/ /]

ONSET OF CHILD #3

PKA0O03
[/ /]

NEW CHILD #3 IN HOME

PKA0I03
[ ]

For Review Only

Definitions and questions

NEW CHILD(REN) LIVING IN HOME - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKA0I99
Intensity

PKA0X01

PKA0X02

PKA0X03

PKA0X04

PKA0X05

PKA0X06

For Review Only

Definitions and questions

Coding rules

Codes

PARENTAL SEPARATION

Parental figures have separated during the primary period. One parental figure has moved out of the house, apparently permanently. Either parent may have begun divorce proceedings.

Have you and your "partner" split up in the last 3 months?

What happened?
Are you planning to get back together again?

IF "PARENTAL SEPARATION" NOT PRESENT, SKIP TO "PARENTAL DIVORCE", (PAGE 6).

PARENTAL SEPARATION

0 = Absent

2 = Present

PKA2I01
Intensity

PKA2O01
Onset
/ /

PARENT WHO HAS MOVED OUT

0 = Male parental figure

2 = Female parental figure

PKA2I02

For Review Only

Definitions and questions

PARENTAL SEPARATION - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKA2I99
Intensity

PKA2X01

PKA2X02

PKA2X03

PKA2X04

PKA2X05

PKA2X06

For Review Only

Definitions and questions

Coding rules

Codes

PARENTAL DIVORCE

Parental figures have completed divorce proceedings in the last 3 months.

Have you finalized a divorce in the last 3 months?

When did that happen?
Has s/he ever had a parent get a divorced?

Has s/he ever had a parent get divorced?

IF "PARENTAL DIVORCE" NOT PRESENT, SKIP TO "NEW PARENTAL FIGURE", (PAGE 8).

0 = Absent

2 = Divorce finalized in last three months.

PKA4I01
Intensity
[ ]

ONSET: DIVORCE IN LAST THREE MONTHS

PKA4O01
[/ /]

PARENTAL DIVORCE

Ever:PKH8E01
Intensity

0 = Absent

2 = Present

[ ]

ONSET OF FIRST PARENTAL DIVORCE

Ever:PKH8O01
[/ /]

ONSET OF SECOND PARENTAL DIVORCE

Ever:PKH8O02
[/ /]

ONSET OF THIRD PARENTAL DIVORCE

Ever:PKH8O03
[/ /]

For Review Only

Definitions and questions

PARENTAL DIVORCE - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what ways?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKA4I99 Intensity

PKA4X01

PKA4X02

PKA4X03

PKA4X04

PKA4X05

PKA4X06

For Review Only

Definitions and questions

NEW PARENTAL FIGURE

New parental figure moved into the child's home during the last 3 months and has been there at least one month, due to remarriage or establishment of apparently permanent relationship.

Did a new "parent" move into your home in the last 3 months?

Is s/he there to stay?

IF "NEW PARENTAL FIGURE" NOT PRESENT, SKIP TO "MOVING", (PAGE 10).

Coding rules

NEW PARENTAL FIGURE

0 = Absent

2 = Present

Codes

PKA6I01
Intensity

PKA6O01
Onset
/ /

For Review Only

Definitions and questions

NEW PARENTAL FIGURE - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKA6I99 Intensity

PKA6X01

PKA6X02

PKA6X03

PKA6X04

PKA6X05

PKA6X06

For Review Only

Definitions and questions

MOVING

Child moved, with or without change of family structure.

Remember to code "Parental Separation," "Change of Daycare/School/Regular Caregiver," "Loss of Significant Adult(s) or Friend(s)" in relevant sections.

Has X moved to a new place in the last 3 months?

Is his/her new home in the same neighborhood?
When did you move?

Has X ever moved?

How many places has s/he lived in since birth?

When was the last time that s/he moved?

IF "MOVING" NOT PRESENT, SKIP TO "CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER", (PAGE 12).

Coding rules

MOVING HOUSE

0 = Absent

2 = Present, without change of family structure.

3 = Present, with change of family structure.

ONSET OF MOVE IN LAST 3 MONTHS

MOVING HOUSE

0 = Absent

2 = Present

PLACES LIVED IN (CODE # OF PLACES LIVED SINCE BIRTH)

DATE OF LAST MOVE

Codes

PKA8I01
Intensity

PKA8O01
/ /

Ever:PKA8E01
Intensity

Ever:PKA9F01

Ever:PKA9O01
/ /

For Review Only

Definitions and questions

MOVING - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKA8I99
Intensity

PKA8X01

PKA8X02

PKA8X03

PKA8X04

PKA8X05

PKA8X06

For Review Only

Definitions and questions

CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER

Child changed daycare/school or childcare provider(s). Reasons for change include: child was promoted from 3-year-old group to 4-year-old group, started daycare/school, return of primary parent to work, family choice, need for special class, expulsion from previous daycare/school, as well as other reasons.

In the last three months, has s/he had a change in childcare providers?

What change occurred?

Has X changed daycare/schools in the last 3 months?

Or started daycare/school for the first time?

Why did this change happen?
When did these changes occur?
Will any friends from his/her old daycare/school be at the new daycare/school?
Does s/he know anyone at the new daycare/school?

CODE THE ONE ITEM THAT BEST REFLECTS THE CHANGE THAT OCCURED.

CODE THE ONE ITEM THAT BEST REFLECTS THE REASON FOR THE CHANGE

Coding rules

CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER

0 = Absent

2 = Present

CHANGE (CODE ONE)

1 = New daycare/school with friend(s).

2 = New daycare/school without friend(s).

3 = New class in same daycare/school.

4 = Starting daycare/school for the first time.

5 = Starting non-parental childcare for the first time.

6 = Change in non-parental childcare.

7 = Change in daycare/school teacher.

8 = Other

Specify

REASON (CODE ONE)

1 = Primary parent returning to work.

2 = Primary caretaking parent unable to care for the child.

3 = Planned change of non-parental childcare providers.

4 = Promotion

5 = Move

6 = Family preference

7 = Need for special services.

8 = Expulsion from previous setting.

9 = Cost

10 = Other

Specify

Codes

PKB1I01
Intensity

PKB1O01
Onset
/ /

PKB1I02

PKB1I03

For Review Only

Definitions and questions | Coding rules | Codes

IF "CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER" NOT PRESENT, SKIP TO "LOSS OF SIGNIFICANT PERSON THROUGH MOVING", (PAGE 15).

For Review Only

Definitions and questions

CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKB1I99
Intensity

PKB1X01

PKB1X02

PKB1X03

PKB1X04

PKB1X05

PKB1X06

For Review Only

Definitions and questions

LOSS OF SIGNIFICANT PERSON THROUGH MOVING

Move by child or significant figure resulted in the end of a close relationship, with significant figure no longer available for friendship and companionship. Do not include friendships or relationships maintained after move through regular phone calls, letters, and/or visits.

Has X lost contact with someone s/he cared about in the last 3 months because one of them moved?

Who moved?
Does X still have some contact with him/her?

IF "LOSS OF SIGNIFICANT PERSON THROUGH MOVING" NOT PRESENT, SKIP TO "DEATH OF A PET", (PAGE 17).

Coding rules

LOSS OF SIGNIFICANT PERSON THROUGH MOVING

0 = Absent

2 = Present

SIGNIFICANT FIGURE

1 = Parent #1

2 = Parent #2

3 = Other parent #1

4 = Other parent #2

5 = Foster parent

6 = Grandparent (or step grandparent)

7 = Babysitter/Childcare provider

8 = Other adult

9 = Friend

10 = Sibling

11 = Other

Specify

Codes

PKB3I01
Intensity

PKB3O01
Onset
/ /

PKB3I02

For Review Only

Definitions and questions

LOSS OF SIGNIFICANT PERSON THROUGH MOVING - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKB3I99
Intensity

PKB3X01

PKB3X02

PKB3X03

PKB3X04

PKB3X05

PKB3X06

For Review Only

Definitions and questions

Coding rules

Codes

DEATH OF A PET

Death of a pet to which the child was closely attached. Pets may include dogs, cats, rodents such as mice or gerbils, fish, birds, snakes, ferrets, or other animals. Do not include death of an animal living in the wild such as a squirrel or hedgehog.

Has your family ever had a pet?

Or has X ever had a pet?

What kind?
In the last three months has X had a pet die?

Was s/he closely attached to the animal?
What happened?
When was that?

IF "DEATH OF A PET" NOT PRESENT, SKIP TO "LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT", (PAGE 19).

DEATH OF A PET

0 = Absent

2 = Present

PKJ0I01
Intensity

PKJ0O01
Onset
/ /

For Review Only

Definitions and questions

DEATH OF A PET - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ0I99
Intensity

PKJ0X01

PKJ0X02

PKJ0X03

PKJ0X04

PKJ0X05

PKJ0X06

For Review Only

Definitions and questions

LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT

Child lives/attends daycare/school in an area seen as chronically unsafe or threatening.

CODE DISCRETE THREATENING EVENTS WITNESSED BY CHILD SEPARATELY.

Does s/he live or go to daycare/school in an unsafe place?

Does s/he feel safe where s/he lives?

What is it like?
Has s/he been afraid that s/he might be hurt?
Or that s/he would die?

How long has this been going on?

IF "LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT" NOT PRESENT, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 21).

Coding rules

LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT

0 = Absent

2 = Present

MONTHS

Codes

PKB9I01
Intensity

PKB9O01
Onset
/ /

PKB9D01
Duration

For Review Only

Definitions and questions

LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKB9I99
Intensity

PKB9X01

PKB9X02

PKB9X03

PKB9X04

PKB9X05

PKB9X06

For Review Only

Definitions and questions

REDUCTION IN STANDARD OF LIVING

Noticeable reduction of family standard of living as evidenced by inability to pay bills, need to sell things, need to move (including moving in with relatives), going on welfare or food stamps, inadequate food, clothing, heat. May be result of changes in household status and needs such as parental separation or divorce, death, taking in additional dependents, high medical bills or loss of household income due to cutback in hours, layoff or loss of job, inability to find employment, under-employment, loss of unemployment benefits, depletion of savings, etc.

Has your family's income been less than usual in the last 3 months?

What changes have resulted?
Why have things changed?
When did the change occur?

IF "REDUCTION IN STANDARD OF LIVING" NOT PRESENT, SKIP TO "LOSS OF HOME WITHOUT SEPARATION FROM FAMILY", (PAGE 23).

Coding rules

REDUCTION IN STANDARD OF LIVING

0 = Absent

2 = Present, without change of family structure.

3 = Present, with change of family structure.

DATE OF CHANGE IN FINANCIAL STATUS

Codes

PKC3I01 Intensity

PKC3O01

/ /

For Review Only

Definitions and questions

REDUCTION IN STANDARD OF LIVING - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKC3I99 Intensity

PKC3X01

PKC3X02

PKC3X03

PKC3X04

PKC3X05

PKC3X06

For Review Only

Definitions and questions

Coding rules

Codes

LOSS OF HOME WITHOUT SEPARATION FROM FAMILY

Child and family loses home because of eviction, end of lease, damage to home by a fire or natural disaster, or other reason and are not resettled in a home for at least one month. During that time, the child and family could be at a shelter, on the street, in a vehicle, staying temporarily at a friend or relative's home, at a hotel etc. The place where child is staying must be meant to be temporary. Do not include intentional moves to a new setting.

In the last three months, have you and your child been forced to leave your home?

What happened?
When did that happen?
Why?
Where did you go?
Had you planned to go there?
How long were you/have you been without a home of your own?

IF "LOSS OF HOME WITHOUT SEPARATION FROM FAMILY" NOT PRESENT, SKIP TO "PARENTAL ARREST", (PAGE 25).

LOSS OF HOME WITHOUT SEPARATION FROM FAMILY

0 = Absent

2 = Present

PKJ1I01
Intensity

TEMPORARY HOUSING

1 = Shelter

2 = Homeless, on the street.

3 = In a vehicle (e.g., car, truck, rv).

4 = At friend or relative's home.

5 = Hotel

6 = Other

Specify

PKJ1I02

DAYS

PKJ1D01

For Review Only

Definitions and questions

LOSS OF HOME WITHOUT SEPARATION FROM FAMILY - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ1I99
Intensity

PKJ1X01

PKJ1X02

PKJ1X03

PKJ1X04

PKJ1X05

PKJ1X06

For Review Only

Definitions and questions

PARENTAL ARREST

Arrest of one of the parents.

If more than one arrest, code for the most upsetting.

Have either you (or parent #2) been arrested in the last 3 months?

Have either of his/her "other parents" been arrested in the last 3 months?

What happened?
Was it for something serious?

IF "PARENTAL ARREST" NOT PRESENT, SKIP TO "PARENTAL HOSPITALIZATION", (PAGE 27).

Coding rules

PARENTAL ARREST

0 = Absent

1 = Parent #1

2 = Parent #2

3 = Other Parent #1

4 = Other Parent #2

Codes

PKC1I01
Intensity

PKC1O01
Onset

/ /

For Review Only

Definitions and questions

PARENTAL ARREST - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKC1I99 Intensity

PKC1X01

PKC1X02

PKC1X03

PKC1X04

PKC1X05

PKC1X06

For Review Only

Definitions and questions

PARENTAL HOSPITALIZATION

Child's parental figure is hospitalized for more than 24 hours. Hospitalized here means evaluated or treated in an emergency room of a hospital and/or admitted to a hospital.

Do not include visits to out-patient clinics.

If more than one hospitalization, code most upsetting.

Have either you or your "partner" been evaluated at or admitted to a hospital in the last 3 months?

What about X's "other parent(s)?"
What happened?
How long were you (or your "partner") in the hospital?
Why were you (or other parent(s)) hospitalized?
When did this happen?
if more than one hospitalization, code for the most upsetting.

IF "PARENTAL HOSPITALIZATION" NOT PRESENT, SKIP TO "SEPARATION FROM "PARENT" FOR 24 HOURS OR MORE", (PAGE 29).

Coding rules

PARENTAL HOSPITALIZATION

0 = Absent

1 = Parent #1

2 = Parent #2

3 = Other Parent #1

4 = Other Parent #2

REASON(S)

1 = Medical Problem(s)

2 = Psychiatric Problem(s)

3 = Drugs or Alcohol Problem(s)

4 = Other Problem(s)

Specify

Codes

PKJ2I01
Intensity

PKJ2O01
Onset
/ /

PKJ2I02

PKJ2I03

For Review Only

Definitions and questions

PARENTAL HOSPITALIZATION - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ2I99
Intensity

PKJ2X01

PKJ2X02

PKJ2X03

PKJ2X04

PKJ2X05

PKJ2X06

For Review Only

Definitions and questions

SEPARATION FROM "PARENT" FOR 24 HOURS OR MORE

Child is apart from any parent or "other" parent for more than 24 hours over the last three months.

Child may be in the home or away from home. Code only if child apart from parent #1, parent #2, other parent #1, and other parent #2 for at least 24 hours.

Include visits to grandparents, other relatives, friends, if necessitated by adult needs (e.g. mother in hospital, going on vacation or a business trip) not solely child's wishes. Include removal from home for more than a week due to abuse or neglect or inability of parent(s) to care for the child.

Do not include regularly scheduled visitations with non-custodial parent.

In the last 3 months has s/he been separated from you (or parent #2)?

Like you (or parent #2) having to go on an overnight business trip?

Or out of town for overnight?

Or has s/he had to go and stay away from home?

When was that?

Why did s/he have to go away?
How long was s/he gone?
Or how long were you gone?
Was a "parent" with him/her?
Or his/her "sibling"?

IF "SEPARATION FROM 'PARENT' FOR 24 HOURS OR MORE" NOT PRESENT, SKIP TO "VEHICULAR ACCIDENT", (PAGE 33).

Coding rules

SEPARATION FROM "PARENT" FOR WEEK OR MORE

0 = No

2 = Yes

SIBLING WITH CHILD DURING SEPARATION

0 = No

2 = Yes

NUMBER OF SEPARATIONS (CODE # OF SEPARATIONS LASTING AT LEAST 24 HOURS)

LONGEST # OF CONSECUTIVE 24 HOUR DAYS SEPARATED (CODE # OF CONSECUTIVE 24 HOUR DAYS OF LONGEST SEPARATION)

REASON FOR SEPARATION

1 = Illness of parent.

2 = Illness of other person requiring "parent" to leave child with others.

3 = Parental vacation.

4 = Parental business/work/school trip.

5 = Removal of child from home because of abuse and/or neglect.

6 = Other

Specify

Codes

PKC5I01 Intensity

PKC5I02

PKC5F01

PKC5D01

PKC5O01 Onset

/ /

PKC5X07

PKC5X08

PKC5X09

For Review Only

Definitions and questions

Coding rules

Codes

For Review Only

Definitions and questions

SEPARATION FROM "PARENT" FOR 24 HOURS OR MORE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKC5I99 Intensity

PKC5X01

PKC5X02

PKC5X03

PKC5X04

PKC5X05

PKC5X06

For Review Only

Definitions and questions | Coding rules | Codes

GROUP B EVENTS

If any "Group B" event(s) code (with at least one attribution variable coding), remember to complete PTSD-B section.

For Review Only

Definitions and questions | Coding rules | Codes

ACCIDENTS AND INJURIES

An accident is an unplanned event leading to serious injury or the potential for serious injury that is caused involuntarily to the child by him/herself or others.

VEHICULAR ACCIDENT

Child within a vehicle when a serious vehicular accident occurred.

Vehicle can include car, truck, van, train, plane, etc. A serious accident is one that had the potential to be life-threatening or carried the risk of an injury requiring medical attention. Life-threatening means that there was a reasonable possibility that the child could have been killed.

Has s/he ever been in a serious car accident?

Or in an accident involving some other vehicle like a train?

Or an airplane?

What happened?
Could s/he have died?
When was that?
Was s/he badly hurt?
Did s/he need medical care?
Or need to go to the hospital?
Tell me what happened.
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?
Was s/he wearing a seatbelt?
Or was s/he strapped in a car seat?

When did the accident happen?
In what type of vehicle was the child riding?
Was s/he wearing a seat belt?
Or strapped in?
Was child injured?
Was medical attention needed?

In what type of vehicle was the child riding?

VEHICULAR ACCIDENT — Ever:PKJ3E01
0 = Absent
2 = Present
Intensity

VEHICULAR ACCIDENT — PKJ3I01
0 = Absent
2 = Present
Intensity

TOTAL # OF OCCURRENCES — Ever:PKJ3V01

ONSET: MOST SEVERE ACCIDENT — Ever:PKJ3O01
/ /

TYPE OF VEHICLE — Ever:PKJ3E02
1 = Car, truck, van
2 = School bus or school van
3 = Train
4 = Airplane
5 = Boat
6 = Other

For Review Only

Definitions and questions	Coding rules	Codes
Was s/he wearing a seat belt? *Or strapped in?*	**SEATBELT/CAR SEAT** 0 = Was wearing a seatbelt or strapped in a car seat. 2 = Was not wearing a seatbelt or not strapped in a car seat.	Ever:PKJ3E03 ☐
Was child injured? *Was medical attention needed?* *To what extent?*	**LETHALITY** 0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as a cut requiring a band-aid). 2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions). 3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital). 4 = Serious medical attention required and child has lasting physical effects from the event such as a scar greater than five inches long, limp, loss of spleen etc.	Ever:PKJ3E04 ☐

For Review Only

Definitions and questions

Were others injured in the accident?

Was medical attention needed?

Or killed?
Who?
What happened?
Was medical attention needed?

Coding rules

OTHERS INJURED IN THE ACCIDENT

0 = No

2 = Yes

PERSON #1

1 = Parent #1

2 = Parent #2

3 = Other Parent #1

4 = Other Parent #2

5 = Grandparent (including step grandparent).

6 = Other adult relative.

7 = Non-relative adult.

8 = Sibling

9 = Other related child.

10 = Non-related child.

11 = Other

LETHALITY FOR PERSON #1

0 = Mild: No medical attention needed or sought.

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).

3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).

4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.

5 = Death

PERSON #2

1 = Parent #1

2 = Parent #2

3 = Other Parent #1

4 = Other Parent #2

5 = Grandparent (including step grandparent).

6 = Other adult relative.

Codes

Ever:PKJ3E14 ☐

Ever:PKJ3E15 ☐

Ever:PKJ3E16 ☐

Ever:PKJ3E17 ☐

For Review Only

Definitions and questions	Coding rules	Codes
	7 = Non-relative adult. 8 = Sibling 9 = Other related child. 10 = Non-related child. 11 = Other	
	LETHALITY FOR PERSON #2 0 = Mild: No medical attention needed or sought. 2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions). 3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital). 4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc. 5 = Death	Ever:PKJ3E18
	PERSON #3 1 = Parent #1 2 = Parent #2 3 = Other Parent #1 4 = Other Parent #2 5 = Grandparent (including step grandparent). 6 = Other adult relative. 7 = Non-relative adult. 8 = Sibling 9 = Other related child. 10 = Non-related child. 11 = Other	Ever:PKJ3E19
	LETHALITY FOR PERSON #3 0 = Mild: No medical attention needed or sought. 2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).	Ever:PKJ3E20

For Review Only

Definitions and questions	Coding rules	Codes
	3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital). 4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc. 5 = Death	
	PERSON #4 1 = Parent #1 2 = Parent #2 3 = Other Parent #1 4 = Other Parent #2 5 = Grandparent (including step grandparent). 6 = Other adult relative. 7 = Non-relative adult. 8 = Sibling 9 = Other related child. 10 = Non-related child. 11 = Other	Ever:PKJ3E21 ☐
	LETHALITY FOR PERSON #4 0 = Mild: No medical attention needed or sought. 2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions). 3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital). 4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc. 5 = Death	Ever:PKJ3E22 ☐
	PERSON #5 1 = Parent #1 2 = Parent #2	Ever:PKJ3E23 ☐

For Review Only

Definitions and questions

Coding rules

Codes

3 = Other Parent #1

4 = Other Parent #2

5 = Grandparent (including step grandparent).

6 = Other adult relative.

7 = Non-relative adult.

8 = Sibling

9 = Other related child.

10 = Non-related child.

11 = Other

LETHALITY FOR PERSON #5

Ever:PKJ3E24

0 = Mild: No medical attention needed or sought.

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).

3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).

4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.

5 = Death

IF "VEHICULAR ACCIDENT" NOT PRESENT, SKIP TO "STRUCK BY VEHICLE", (PAGE 40).

For Review Only

Definitions and questions

VEHICULAR ACCIDENT - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ3I99
Intensity

PKJ3X01

PKJ3X02

PKJ3X03

PKJ3X04

PKJ3X05

PKJ3X06

For Review Only

Definitions and questions

STRUCK BY VEHICLE

Child struck by moving vehicle.

Vehicle can include a motor vehicle, a bicycle, or other vehicle. To be coded, the event must be a serious accident that had the potential to be life-threatening or carried the risk of an injury requiring medical attention.

Has s/he ever been struck by a car?

Or bicycle?

What happened?
When did that happen?
Was s/he injured?
Did s/he need medical attention?
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?

When did this happen?
What type of vehicle hit him/her?
Was medical attention needed?

Coding rules

STRUCK BY VEHICLE

0 = Absent

2 = Present

STRUCK BY VEHICLE

0 = Absent

2 = Present

ONSET OF MOST SEVERE ACCIDENT

TYPE OF VEHICLE

1 = Motor vehicle.

2 = Bicycle

3 = Other

LETHALITY

0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as a cut requiring a band-aid).

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).

3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).

4 = Serious medical attention required and child has lasting physical effects from the event such as a scar greater than five inches long, limp, loss of spleen etc.

Codes

Ever:PKJ4E01
Intensity

PKJ4I01
Intensity

Ever:PKJ4V01
Frequency

PKJ4O01
/ /

Ever:PKJ4E02

Ever:PKJ4E03

For Review Only

Definitions and questions | Coding rules | Codes

IF "STRUCK BY VEHICLE" NOT PRESENT, SKIP TO "POISONING", (PAGE 43).

For Review Only

Definitions and questions

STRUCK BY VEHICLE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ4I99
Intensity

PKJ4X01

PKJ4X02

PKJ4X03

PKJ4X04

PKJ4X05

PKJ4X06

For Review Only

Definitions and questions

POISONING

Ingestion of an agent capable of producing an acute morbid, noxious, or deadly effect upon the child.

Distinguish from Lead in Blood and Pica.

Has s/he ever swallowed pills, like aspirin or an adult's prescription medicine?

Or liquid medicine?

How about eating or drinking other products such as dishwasher soap?

Or anti-freeze?

Or some other kind of poison?

What happened?
When did this happen?
What was the substance?
Was s/he injured?
Was medical attention needed?
Did s/he need to go to the doctor?
Or a hospital?
Did s/he have to have his/her stomach pumped?
Has s/he had any lasting effects from the poisoning?
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?

IF "POISONING" NOT PRESENT, SKIP TO "ACCIDENTAL BURNING", (PAGE 46).

Coding rules

INGESTION/POISONING

0 = Absent

2 = Present

INGESTION/POISONING

0 = Absent

2 = Present

ONSET: MOST SEVERE POISONING ACCIDENT

TYPE OF SUBSTANCE OF MOST SEVERE INCIDENT

1 = Medication

2 = Household product

3 = Other

LETHALITY

0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as rinsing out child's mouth).

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. IPACAC gives to induce vomiting at home).

3 = Serious: Medical attention required because of the seriousness of the injuries (loss of consciousness) Assess the seriousness of the interventions provided (stomach pumped, charcoal given, resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to hospital).

4 = Serious medical attention required and child has lasting physical effects from the event (e.g. esophageal scarring, damage to stomach or intestines, etc.).

Codes

Ever:PKJ5E01
Intensity
[ ]

PKJ5I01
Intensity
[ ]

Ever:PKJ5V01
Frequency
[ ]

Ever:PKJ5O01
[/ /]

Ever:PKJ5E02
[ ]

Ever:PKJ5E03
[ ]

For Review Only

Definitions and questions

Coding rules

Codes

For Review Only

Definitions and questions

POISONING - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ5I99
Intensity

PKJ5X01

PKJ5X02

PKJ5X03

PKJ5X04

PKJ5X05

PKJ5X06

For Review Only

Definitions and questions

ACCIDENTAL BURNING

Accidentally, child suffers an injury caused by fire or excessive or intense heat.

Exclude "first-degree" burns which are red, somewhat painful, similar to a sunburn, and non-blistering.

Exclude intentional burns. Code intentional burns in Victim of Physical Abuse or Victim of Physical Violence by non-family member or Self-harm.

IF THE BURN RESULTS FROM A FIRE, CODE BOTH ACCIDENTAL BURNING AND FIRE.

Has s/he ever been badly burned?

Like by a flame or fire?

Or by hot liquid?

Or a fire cracker?

What happened?
How bad was the burn?
What did his/her skin look like after s/he was burned?
Did the skin blister?
Or turn white?
Was the burn very painful?
What kind of medical attention did s/he need?
Did s/he need to have a skin graft?
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?

Coding rules

0 = Absent or 1st degree burn: red, somewhat painful, non-blistering, like a sunburn.

2 = 2nd degree burn: skin red, painful, blistered.

3 = 3rd degree burn: skin white, without sensation.

4 = Any burn requiring skin graft(s).

ACCIDENTAL BURNING

0 = Absent or 1st degree burn: red, somewhat painful, non-blistering, like a sunburn.

2 = 2nd degree burn: skin red, painful, blistered.

3 = 3rd degree burn: skin white, without sensation.

4 = Any burn requiring skin graft(s).

SOURCE

1 = Fire (e.g., candle flame, camp fire)

2 = Hot liquid (e.g., boiling water)

3 = Fireworks

4 = Hot surface (e.g., stove top)

5 = Other

LETHALITY (CODE WORST)

0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as application of an over the counter ointment such as Neosporin).

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. prescribed ointment).

3 = Serious: Medical attention required because of the seriousness of the injuries (e.g. high level of pain, loss of consciousness, severe skin injury). Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative

Codes

Ever:PKJ6E01
Intensity
[ ]

Ever:PKJ6V01
Frequency
[ ]

Ever:PKJ6O01
Onset
[/ /]

PKJ6I01
Intensity
[ ]

Ever:PKJ6E02
[ ]

Ever:PKJ6E03
[ ]

For Review Only

Definitions and questions	Coding rules	Codes
IF "ACCIDENTAL BURNING" NOT PRESENT, SKIP TO "NEAR DROWNING", (PAGE 49).	intervention, admission to the hospital). 4 = Serious medical attention required and child has lasting physical effects from the event such as a scar from burn or from skin graft.	

For Review Only

Definitions and questions

ACCIDENTAL BURNING - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ6I99
Intensity

PKJ6X01

PKJ6X02

PKJ6X03

PKJ6X04

PKJ6X05

PKJ6X06

For Review Only

Definitions and questions

NEAR DROWNING

To be nearly suffocated in water or other fluid; to come close to perishing in water or other fluid.

To be coded, the event must be a serious accident that had the potential to be life-threatening or carried the risk of an injury requiring medical attention.

CODE INTENTIONAL ATTEMPTS TO DROWN THE CHILD IN PHYSICAL ABUSE SECTION OR VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER.

IF NEAR DROWNING OCCURS AS A RESULT OF A NATURAL DISASTER SUCH AS A FLOOD, CODE HERE AND NATURAL DISASTER.

Has X ever been close to drowning?

For example, has s/he fallen in a pool and been unable to swim?
Or has s/he fallen out of a boat without a life jacket?
Or has s/he been swept by ocean waves away from shore and unable to swim back?
Or when s/he was little, did you or someone leave him/her alone in the bathtub and s/he went under water?
What happened?
Was there a chance that s/he would die?
Was s/he hurt?
Or be seriously injured?
Did s/he need medical attention?
Does s/he have any lasting physical effect from the accident?

IF "NEAR DROWNING" NOT PRESENT, SKIP TO "ACCIDENTAL SERIOUS FALL", (PAGE 51).

Coding rules

NEAR DROWNING

0 = Absent

2 = Present

NEAR DROWNING

0 = Absent

2 = Present

LETHALITY (IF MORE THAN ONE, CODE WORST)

0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as sputtering from water in lungs).

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. monitoring airways/respiration).

3 = Serious: Medical attention required because of the seriousness of the injuries (loss of consciousness). Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).

4 = Serious medical attention required and child has lasting physical effects from the event such as brain damage from lack of oxygen.

Codes

Ever:PKJ7E01
Intensity

Ever:PKJ7V01
Frequency

Ever:PKJ7O01
Onset
/ /

PKJ7I01
Intensity

Ever:PKJ7E02

For Review Only

Definitions and questions

NEAR DROWNING - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ7I99
Intensity

PKJ7X01

PKJ7X02

PKJ7X03

PKJ7X04

PKJ7X05

PKJ7X06

For Review Only

Definitions and questions

ACCIDENTAL SERIOUS FALL

Fall from high place, steep place, or object such as a bicycle that resulted in, or could have resulted in death, serious injury, or injury requiring medical attention to the child.

To be coded, the fall must be a serious accident that had the potential to be life-threatening or carried the risk of an injury requiring medical attention.

If child is intentionally pushed, code VICTIM OF PHYSICAL VIOLENCE or PHYSICAL ABUSE.

Has X ever had a serious fall?

Like from a tree house?
Or down cellar stairs?
Or out of a window?
Or off a high playground structure like a slide?
What happened?
Was his/her life in danger?
Was s/he hurt?
How badly was s/he injured?
Did s/he need medical attention?
What kind?
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?

IF "ACCIDENTAL SERIOUS FALL" NOT PRESENT, SKIP TO "ATTACKED BY AN ANIMAL", (PAGE 53).

Coding rules

ACCIDENTAL SERIOUS FALL

0 = Absent

2 = Present

ACCIDENTAL SERIOUS FALL

0 = Absent

2 = Present

LETHALITY (MOST SEVERE)

0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as a cut requiring a band-aid).

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).

3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)). Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).

4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.

Codes

Ever:PKJ8E01
Intensity

Ever:PKJ8V01
Frequency

Ever:PKJ8O01
Onset
/ /

PKJ8I01
Intensity

Ever:PKJ8E02

For Review Only

Definitions and questions

ACCIDENTAL SERIOUS FALL - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ8I99
Intensity

PKJ8X01

PKJ8X02

PKJ8X03

PKJ8X04

PKJ8X05

PKJ8X06

For Review Only

Definitions and questions

ATTACKED BY AN ANIMAL

Mauled and/or bitten by an animal.

To be coded, the animal attack must have had the potential to be life-threatening or carried the risk of an injury requiring medical attention.

Exclude roughhousing or tussling with a puppy unless the puppy seriously bit or scratched the child.

Has an animal ever attacked X?

What kind of animal?
What happened?
Was s/he bitten?
Or seriously scratched?
Did s/he have any other injuries?
Did s/he need medical attention?
Does s/he have scars from the event?
Does s/he have any permanent physical problems or limitations from the attack?
When did this happen?

IF "ATTACKED BY AN ANIMAL" NOT PRESENT, SKIP TO "BROKEN BONE(S)", (PAGE 56).

Coding rules

ATTACKED BY AN ANIMAL

0 = Absent

2 = Present

ATTACKED BY AN ANIMAL

0 = Absent

2 = Present

TYPE OF ANIMAL

1 = Dog

2 = Other

Specify

LETHALITY

0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as a cut requiring a band-aid).

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).

3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)). Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).

4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.

Codes

Ever:PKJ9E01
Intensity

PKJ9I01
Intensity

Ever:PKJ9V01
Frequency

Ever:PKJ9O01
Onset
/ /

Ever:PKJ9E02

Ever:PKJ9E03

For Review Only

Definitions and questions

Coding rules

Codes

For Review Only

Definitions and questions

ATTACKED BY AN ANIMAL - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKJ9I99
Intensity

PKJ9X01

PKJ9X02

PKJ9X03

PKJ9X04

PKJ9X05

PKJ9X06

For Review Only

Definitions and questions

BROKEN BONE(S)

Fracture of child's bone(s).

Include all broken bones whatever the cause. The cause could be an accident, an intentional injury, or a bone disease that results in bone fractures. Code the causes in other relevant places.

We have been talking about all kinds of accidents and injuries that can happen to a child.

Has X ever broken any bones?

Which bones?
Has s/he ever fractured his/her skull?

Has s/he broken any bones in the last three months?
How many times has this happened?
When did it (they) happen?

Coding rules

BROKEN BONE(S)

0 = Absent

2 = Present

BROKEN BONES

0 = Absent

2 = Present

NUMBER OF BROKEN BONES EVER

TYPE OF BONE(S) - 1

1 = Leg Bone(s)

2 = Arm Bone(s)

3 = Ankle Bone(s)

4 = Foot Bone(s)

5 = Wrist bone(s)

6 = Hand bone(s)

7 = Collarbone

8 = Skull

9 = Other bone(s)

Specify

ONSET #1

TYPE OF BONE(S) - 2

1 = Leg Bone(s)

2 = Arm Bone(s)

3 = Ankle Bone(s)

4 = Foot Bone(s)

5 = Wrist bone(s)

6 = Hand bone(s)

7 = Collarbone

8 = Skull

9 = Other bone(s)

Specify

Codes

Ever:PKK0E01
Intensity

PKK0I01
Intensity

Ever:PKK0V01

Ever:PKK0X01

Ever:PKK0O01
/ /

Ever:PKK0X02

For Review Only

Definitions and questions

Coding rules

Codes

ONSET #2

Ever:PKK0O02

/ /

TYPE OF BONE(S) - 3

Ever:PKK0X03

1 = Leg Bone(s)

2 = Arm Bone(s)

3 = Ankle Bone(s)

4 = Foot Bone(s)

5 = Wrist bone(s)

6 = Hand bone(s)

7 = Collarbone

8 = Skull

9 = Other bone(s)

Specify

ONSET #3

Ever:PKK0O03

/ /

TYPE OF BONE(S) - 4

Ever:PKK0X04

1 = Leg Bone(s)

2 = Arm Bone(s)

3 = Ankle Bone(s)

4 = Foot Bone(s)

5 = Wrist bone(s)

6 = Hand bone(s)

7 = Collarbone

8 = Skull

9 = Other bone(s)

Specify

ONSET #4

Ever:PKK0O04

/ /

For Review Only

Definitions and questions

DIAGNOSIS OF PHYSICAL ILLNESS

Diagnosis of an illness carrying current risk of death or chronic disability (e.g. cancer, AIDS, cystic fibrosis, diabetes).

NB: Asthma requiring more than 24 hour hospitalization.

Has s/he ever gotten very sick?

Has s/he been in the hospital?

When did that happen?
What illness did/does s/he have?
When did s/he get better?
Is s/he going to get better?
Has s/he had it in the last 3 months?
Has it gotten worse?

IF "DIAGNOSIS OF PHYSICAL ILLNESS" NOT PRESENT, SKIP TO "HOSPITALIZATION OF CHILD", (PAGE 60).

Coding rules

DIAGNOSIS OF PHYSICAL ILLNESS

0 = Absent

2 = Present

Specify

DIAGNOSIS OF PHYSICAL ILLNESS

0 = Absent

2 = Diagnosis of illness, or recurrence of illness in remission, in last 3 months.

Codes

Ever:PKC7E01
Intensity

Ever:PKC7O01
Onset
/ /

PKC7I01
Intensity

PKC7O02
Onset
/ /

For Review Only

Definitions and questions

DIAGNOSIS OF PHYSICAL ILLNESS - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKC7I99 Intensity

PKC7X01

PKC7X02

PKC7X03

PKC7X04

PKC7X05

PKC7X06

For Review Only

Definitions and questions

HOSPITALIZATION OF CHILD

Child admitted to a medical or psychiatric hospital for more than 24 hours or spent more than 24 hours in a hospital emergency room.

Has s/he ever been in the hospital?

Why?
How long was s/he there?
How about in the last three months?

IF "HOSPITALIZATION OF CHILD" NOT PRESENT, SKIP TO "DEATH OF ADULT LOVED ONE", (PAGE 62).

Coding rules

HOSPITALIZATION OF CHILD

0 = No

1 = Medical

2 = Psychiatric

HOSPITALIZATION OF CHILD

0 = No

1 = Medical

2 = Psychiatric

Codes

Ever:PKK1E01
Intensity

Ever:PKK1V01
Frequency

Ever:PKK1O01
Onset
/ /

PKK1I01
Intensity

PKK1O02
Onset
/ /

For Review Only

Definitions and questions

HOSPITALIZATION OF CHILD - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKK1I99 Intensity

PKK1X01

PKK1X02

PKK1X03

PKK1X04

PKK1X05

PKK1X06

For Review Only

Definitions and questions

DEATH OF ADULT LOVED ONE

Death of someone close to the child: biological parent, other parental figure, other relative with whom child has close ties, other adult who has played a significant role in the child's life.

IF MORE THAN 2 DEATHS, CODE DEATH OF PARENTAL FIGURE AND ANOTHER THAT THE PARENT THINKS WAS MOST UPSETTING TO THE CHILD.

Has anyone close to him/her died?

Who was that?
What happened?
When did it happen?
What did s/he die of?

Coding rules

DEATH OF LOVED ONE #1: RELATIONSHIP TO CHILD

0 = Absent

1 = Biological parent.

2 = Step/adoptive/foster parent.

3 = Other parental figure.

4 = Grandparent

5 = Aunt or uncle.

6 = Close unrelated adult.

8 = Other close related adult.

EVER: DATE OF DEATH LOVED ONE #1

CAUSE OF DEATH - 1

1 = Physical illness.

2 = Accident

3 = Suicide

4 = Natural disaster (flood, earthquake).

5 = Fire

6 = War or terrorism.

7 = Riots or urban violence.

8 = Noxious agent.

9 = Physical violence.

10 = Physical abuse.

11 = Captivity

DEATH OF LOVED ONE #2: RELATIONSHIP TO CHILD

0 = Absent

1 = Biological parent.

2 = Step/adoptive/foster parent.

3 = Other parental figure.

4 = Grandparent

5 = Aunt or uncle.

6 = Close unrelated adult.

8 = Other close related adult.

EVER: DATE OF DEATH OF LOVED ONE #2

Codes

Ever:PKK2E01
Intensity

Ever:PKK2O01
/ /

Ever:PKK2E02

Ever:PKK2E03

Ever:PKK2O02
/ /

For Review Only

Definitions and questions

Coding rules

Codes

CAUSE OF DEATH - 2

Ever:PKK2E04

1 = Physical illness.

2 = Accident

3 = Suicide

4 = Natural disaster (flood, earthquake).

5 = Fire

6 = War or terrorism.

7 = Riots or urban violence.

8 = Noxious agent.

9 = Physical violence.

10 = Physical abuse.

11 = Captivity

IF "DEATH OF ADULT LOVED ONE" NOT PRESENT, SKIP TO "DEATH OF SIBLING OR PEER", (PAGE 65).

For Review Only

Definitions and questions

DEATH OF ADULT LOVED ONE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKK2I99
Intensity

PKK2X01

PKK2X02

PKK2X03

PKK2X04

PKK2X05

PKK2X06

For Review Only

Definitions and questions

DEATH OF SIBLING OR PEER

Death of child's sibling, close friend, or other peer.

IF MORE THAN 2 DEATHS, CODE THOSE THAT THE PARENT THINKS WAS MOST UPSETTING TO THE CHILD.

Has a friend of his/her ever died?

Or one of his/her brothers or sisters or cousins?

Who was that?
What happened?
When did it happen?
What did s/he die of?
Has s/he known anyone around his/her age who has committed suicide?

What happened?
When did it happen?

Coding rules

DEATH OF SIBLING OR PEER

0 = Absent

1 = Biological sibling.

2 = Step/adoptive/foster sibling.

3 = Other related child

4 = Close friend.

5 = Other friend.

6 = Acquaintance at daycare/school.

ONSET: DEATH OF SIBLING OR PEER

DEATH OF SIBLING OR PEER #1: CAUSE OF DEATH

1 = Physical illness.

2 = Accident

3 = Suicide

4 = Natural disaster (flood, earthquake).

5 = Fire

6 = War or terrorism.

7 = Riots or urban violence.

8 = Noxious agent.

9 = Physical violence.

10 = Physical abuse.

11 = Captivity

DEATH OF SIBLING OR PEER

0 = Absent

1 = Biological sibling.

2 = Step/adoptive/foster sibling.

3 = Other related child

4 = Close friend.

5 = Other friend.

6 = Acquaintance at daycare/school.

Codes

Ever:PKE6E01
Intensity

Ever:PKE6O01
/ /

Ever:PKE6X01

Ever:PKE7E01

Ever:PKE7O01
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

DEATH OF SIBLING OR PEER #2: CAUSE OF DEATH

Ever:PKE7X01

1 = Physical illness.

2 = Accident

3 = Suicide

4 = Natural disaster (flood, earthquake).

5 = Fire

6 = War or terrorism.

7 = Riots or urban violence.

8 = Noxious agent.

9 = Physical violence.

10 = Physical abuse.

11 = Captivity

IF "DEATH OF SIBLING OR PEER" NOT PRESENT, SKIP TO "NATURAL DISASTER", (PAGE 68).

For Review Only

Definitions and questions

DEATH OF SIBLING OR PEER - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKE6I99
Intensity

PKE6X02

PKE6X03

PKE6X04

PKE6X05

PKE6X06

PKE6X07

For Review Only

Definitions and questions

NATURAL DISASTER

Events not caused by intentional human actions (e.g. floods, hurricanes, tornadoes) in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Has s/he ever been in a terrible storm, tornado, or hurricane?

Or an earthquake?

Or a flood?

What happened?
How bad was it?
Were people killed?
Was s/he afraid that people would be killed or badly hurt?
Or that s/he would die or be badly hurt?
When did that happen?

IF "NATURAL DISASTER" NOT PRESENT, SKIP TO "FIRE", (PAGE 70).

Coding rules

NATURAL DISASTER

0 = No
2 = Storm
3 = Tornado
4 = Hurricane
5 = Earthquake
6 = Flood
7 = More than one type.

NATURAL DISASTER

0 = No
2 = Storm
3 = Tornado
4 = Hurricane
5 = Earthquake
6 = Flood
7 = More than one type.

Codes

Ever:PKE9E01
Intensity

Ever:PKE9O01
Onset
/ /

Ever:PKE9V01
Frequency

PKE9I01
Intensity

PKE9O02
Onset
/ /

PKE9F01
Frequency

For Review Only

Definitions and questions

NATURAL DISASTER - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKE9I90
Intensity

PKE9X01

PKE9X02

PKE9X03

PKE9X04

PKE9X05

PKE9X06

For Review Only

Definitions and questions

Coding rules

Codes

FIRE

Fire, either accidentally or deliberately set, in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Has s/he ever been in a terrible fire?

What happened?
How bad was it?
Were people killed?
Was s/he afraid that people would be killed or badly hurt?
Or that s/he would die or be badly hurt?
When did that happen?
How does s/he think that the fire started?

Was it an accident?

FIRE

0 = Absent

2 = Accidental fire.

3 = Intentionally set fire.

Ever:PKF1E01
Intensity

Ever:PKF1V01
Frequency

Ever:PKF1O01
Onset
/ /

FIRE

0 = Absent

2 = Accidental fire.

3 = Intentionally set fire.

PKF1I01
Intensity

PKF1O02
Onset
/ /

IF "FIRE" NOT PRESENT, SKIP TO "WAR OR TERRORISM", (PAGE 72).

For Review Only

Definitions and questions

FIRE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKF1I99
Intensity

PKF1X01

PKF1X02

PKF1X03

PKF1X04

PKF1X05

PKF1X06

For Review Only

Definitions and questions

Coding rules

Codes

WAR OR TERRORISM

Child has lived for at least a day in an area in which civil law was disrupted (e.g. a country at war or an area in which civil war or terrorism has disrupted normal life).

Has s/he ever been in a war?

Or somewhere where armies or terrorists were fighting?

What happened?
When did that happen?
What did s/he see?
Were people killed?
Was s/he afraid that people would be killed?
Was s/he afraid that s/he might be hurt?
Or that s/he would die?
How long was s/he there?

IF "WAR OR TERRORISM" NOT PRESENT, SKIP TO "WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY", (PAGE 74).

WAR OR TERRORISM

0 = No

2 = Yes

DAYS

WAR OR TERRORISM

0 = No

2 = Yes

DAYS

Ever:PKF3E01
Intensity

Ever:PKF3O01
Onset
/ /

Ever:PKF3D01
Duration

PKF3I01
Intensity

PKF3O02
Onset
/ /

PKF3D02
Duration

For Review Only

Definitions and questions

WAR OR TERRORISM - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKF3I99
Intensity

PKF3X01

PKF3X02

PKF3X03

PKF3X04

PKF3X05

PKF3X06

For Review Only

Definitions and questions

WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY

Person saw or heard but was not the object of an event with potential for life threat or severe physical injury. Include seeing someone shot or killed, hearing someone raped or beaten in an adjacent room, seeing another person killed or severely injured in an accident.

Do not include events seen in movies or on the news.

Has s/he ever seen or heard something really terrible happen to anyone?

Like someone dying?
Or being badly hurt?
Or being beaten up?
What happened?
Has s/he ever seen or heard someone in your family hurting or beating up someone else in your family?

Coding rules

WITNESS TO EVENT

0 = Absent

2 = Present, to stranger.

3 = Present, to acquaintance.

4 = Present, to friend.

5 = Present, to family member.

PERPETRATOR

0 = No perpetrator.

2 = Unknown perpetrator.

3 = Acquaintance

4 = Friend

5 = Family member.

WITNESS TO EVENT

0 = Absent

2 = Present, to stranger.

3 = Present, to acquaintance.

4 = Present, to friend.

5 = Present, to family member.

PERPETRATOR

0 = No perpetrator.

2 = Unknown perpetrator.

3 = Acquaintance

4 = Friend

5 = Family member.

Codes

Ever:PKF5E01
Intensity

Ever:PKF5O01
Onset
/ /

Ever:PKF5X01

PKF5I01
Intensity

PKF5O02
Onset
/ /

PKF5X02

For Review Only

Definitions and questions | Coding rules | Codes

IF "WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY" NOT PRESENT, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 77).

For Review Only

Definitions and questions

WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKF5I99
Intensity

PKF5X03

PKF5X04

PKF5X05

PKF5X06

PKF5X07

PKF5X08

For Review Only

Definitions and questions

CAUSING DEATH OR SEVERE HARM

Child caused an event resulting in death or severe physical injury.

Include causing a car accident, shooting or otherwise injuring another person, starting a fire. Do not include delusional guilt over events not under child's control.

Has s/he or someone s/he was with ever hurt another person badly?

Or caused another person to die?

What happened?
Did s/he mean to hurt him/her?
Was it an accident?

Coding rules

CAUSING DEATH OR SEVERE HARM

0 = Absent

2 = Severe Harm

3 = Death

PERSON HURT

2 = Stranger

3 = Acquaintance

4 = Friend

5 = Family member

INTENTIONALITY

0 = Harm was accidental.

2 = Intended to hurt.

3 = Intended to kill.

CAUSING DEATH OR SEVERE HARM

0 = Absent

2 = Severe Harm

3 = Death

PERSON HURT

2 = Stranger

3 = Acquaintance

4 = Friend

5 = Family member

INTENTIONALITY

0 = Harm was accidental.

2 = Intended to hurt.

3 = Intended to kill.

Codes

Ever:PKG1E01
Intensity

Ever:PKG1O01
Onset
/ /

Ever:PKG1X01

Ever:PKG1X02

PKG1I01
Intensity

PKG1O02
Onset
/ /

PKG1X03

PKG1X04

For Review Only

Definitions and questions | Coding rules | Codes

IF "CAUSING DEATH OR SEVERE INJURY" NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER (NOT ABUSE)", (PAGE 80).

For Review Only

Definitions and questions

CAUSING DEATH OR SEVERE HARM - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKG1I99 Intensity

PKG1X05

PKG1X06

PKG1X07

PKG1X08

PKG1X09

PKG1X10

For Review Only

Definitions and questions

VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER (NOT ABUSE)

Child has been the victim of physical violence, with one or more people using force against the child with potential to cause death or serious injury. Force may have been used in order to get something (e.g. mugging, robbery), or to intimidate or frighten child, or for its own sake (assault, fight, torture). Victim may have been threatened with a weapon.

Code physical abuse by family member separately.

Has anyone ever hit or hurt him/her badly?

Has anyone ever robbed or mugged him/her?

Or beaten him/her up really badly?
What happened?
Did they threaten him/her with a weapon?
Why did they do it?
Does s/he know who did it?

Coding rules

VICTIM OF PHYSICAL VIOLENCE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

PERSON USING FORCE

2 = Known peer.

3 = Known non-familial adult.

4 = Unknown adult.

5 = Unknown peer.

6 = More than one person.

THREATENED WITH WEAPON

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

VICTIM OF PHYSICAL VIOLENCE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

Codes

Ever:PKG3E01
Intensity

Ever:PKG3V01
Frequency

Ever:PKG3O01
Onset
/ /

Ever:PKG3X01

Ever:PKG3E02

PKG3I01
Intensity

PKG3F01
Frequency

PKG3O02
Onset
/ /

For Review Only

Definitions and questions

Coding rules

Codes

PERSON USING FORCE

PKG3X02

2 = Known peer.

3 = Known non-familial adult.

4 = Unknown adult.

5 = Unknown peer.

6 = More than one person.

THREATENED WITH WEAPON

PKG3I02

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

IF "VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER (NOT ABUSE)" NOT PRESENT, SKIP TO "REMOVAL FROM HOME BECAUSE OF NEGLECT", (PAGE 83).

For Review Only

Definitions and questions

VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER (NOT ABUSE) - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKG3I99 Intensity

PKG3X03

PKG3X04

PKG3X05

PKG3X06

PKG3X07

PKG3X08

For Review Only

Definitions and questions | Coding rules | Codes

REMOVAL FROM HOME BECAUSE OF NEGLECT

Child has ever been removed from his/her home by social services, family, or friends for more than 24 hours due to neglect of basic needs for food, shelter, and loving care by parents.

Has X ever been removed from the home because of neglect (you or another caregiver were not taking care of his/her needs)"

Tell me what happened.

When did this happened?

How long was the child out of the home?
Was s/he removed temporarily?

Or permanently?

IF "REMOVAL FROM HOME BECAUSE OF NEGLECT" NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 85).

REMOVAL FROM HOME DUE TO NEGLECT

0 = Absent

2 = Present

Ever:PKK3E01
Intensity

Ever:PKK3O01
Onset
/ /

REMOVAL FROM HOME DUE TO NEGLECT

0 = Absent

2 = Present

PKK3I01
Intensity

DAYS

PKK3D01

ONSET IF PERMANENT REMOVAL

PKK3O02
/ /

For Review Only

Definitions and questions

REMOVAL FROM HOME BECAUSE OF NEGLECT - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Codes

PKK3I99 Intensity

PKK3X03

PKK3X04

PKK3X05

PKK3X06

PKK3X07

PKK3X08

For Review Only

Definitions and questions

VICTIM OF PHYSICAL ABUSE

Child has been the victim of intentional physical abuse by a member of the family.

Has anyone in your family ever hit or hurt him/her badly?

Or beaten him/her up really badly?
Has s/he been slammed against the wall?
Or pushed down the stairs?
What happened?
Did they threaten him/her with a weapon?
Like a belt?
Or a brush?
Has any one in your family ever put X in very hot water and scalded him/her as punishment?
Has any one burned him/her?
Like with a cigarette lighter?
Or making him/her put his/her hand on a hot burner?
Has any one in your family ever broken one or more of X's bones?
Why did they do it?
How badly was X hurt?
What were his/her injuries like?

Coding rules

VICTIM OF PHYSICAL ABUSE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

PERSON USING FORCE

1 = Parent #1

2 = Parent #2

3 = Other Parent #1

4 = Other Parent #2

5 = Grandparent (including step grandparent).

6 = Other adult family member.

7 = Sibling in the home.

8 = Sibling not in the home.

9 = Babysitter/Daycare provider.

10 = Unrelated child (

11 = Other

Specify

THREATENED WITH WEAPON

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

VICTIM OF PHYSICAL ABUSE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb,

Codes

Ever:PKG5E01
Intensity

Ever:PKG5O01
Onset
/ /

Ever:PKG5X01

Ever:PKG5V01
Frequency

Ever:PKG5E02

PKG5I01
Intensity

For Review Only

Definitions and questions

Coding rules

Codes

unconsciousness, hospitalization), or force with potential for such.

PKG5O02
Onset
/ /

PERSON USING FORCE

PKG5X02

1 = Parent #1

2 = Parent #2

3 = Other Parent #1

4 = Other Parent #2

5 = Grandparent (including step grandparent).

6 = Other adult family member.

7 = Sibling in the home.

8 = Sibling not in the home.

9 = Babysitter/Daycare provider.

10 = Unrelated child (

11 = Other

PKG5F01
Frequency

THREATENED WITH WEAPON

PKG5I02

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

For Review Only

Definitions and questions

REMOVED FROM HOME DUE TO PHYSICAL ABUSE

If removed temporarily, code duration in months and days.

If removed permanently, code onset.

Has X ever been removed from his/her by social services or the police because s/he was being physically abused?

When was that?
Was s/he removed temporarily?
Or permanently?

IF CHILD NOT A VICTIM OF PYSICAL ABUSE, SKIP TO "CAPTIVITY", (PAGE 90).

Coding rules

REMOVED FROM HOME DUE TO PHYSICAL ABUSE

0 = Absent

2 = Child removed temporarily from home.

3 = Child removed permanently from home. Parental rights terminated.

MONTHS

ONSET IF PERMANENT REMOVAL

Codes

Ever:PKG6E01
Intensity

Ever:PKG6D01

Ever:PKG6O01
/ /

For Review Only

Definitions and questions

SEEKING HELP (PHYSICAL ABUSE)

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the child to such services, or removing the child from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the child if anyone else ever told.

Did s/he ever tell anyone about these things?

Someone his/her age?
A family member?
An adult outside your family?
Has any agency been involved in helping X?
Did s/he help?

What happened?
What did s/he do?
Did s/he feel s/he/they could have done more?

IF "SEEKING HELP (PHYSICAL ABUSE)" NOT PRESENT, SKIP TO "CAPTIVITY", (PAGE 90).

Coding rules

SEEKING HELP (PHYSICAL ABUSE)

0 = Absent

2 = Present

SUPPORIVE RESPONSE

2 = Listening

3 = Personal intervention.

4 = Intervention involving professional agency.

UNSUPPORTIVE RESPONSE

2 = Unwillingness to listen.

3 = Reluctance to get involved.

4 = Denial of truth of story.

5 = Threaten child if Ever tell anyone.

Codes

Ever:PKG6E02
Intensity

Ever:PKG6X01

Ever:PKG6X02

Ever:PKG6X03

Ever:PKG6X04

Ever:PKG6X05

Ever:PKG6X06

For Review Only

Definitions and questions

SEEKING HELP (PHYSICAL ABUSE) - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKG6I99 Intensity

PKG6X07

PKG6X08

PKG6X09

PKG6X10

PKG6X11

PKG6X12

For Review Only

Definitions and questions

CAPTIVITY

Being held against one's will (usually by someone older) under circumstances with potential for death, severe physical injury, sexual or physical assault. Include being kidnapped or held hostage. Do not include grounding, time outs, or being required to stay with a non-desired person or in a non-desired setting such as day care, camp, or a hospital.

Has s/he ever been kidnapped?

Or taken as a hostage?

Has s/he ever been locked up against his/her will?

What happened?
Who did it?
For how long?
How did they treat him/her?
What did they want him/her to do?
How did they make him/her do what they wanted?
How did s/he feel at the time?

IF "CAPTIVITY" NOT PRESENT, SKIP TO "SEXUAL ABUSE OR RAPE", (PAGE 92).

Coding rules

CAPTIVITY

0 = Absent

2 = Held captive against will for at least a day.

3 = Captivity included threats of death, severe injury, or never seeing family member(s) again.

HOURS : MINUTES

CAPTIVITY

0 = Absent

2 = Held captive against will for at least a day.

3 = Captivity included threats of death, severe injury, or never seeing family member(s) again.

Codes

Ever:PKG8E01
Intensity

Ever:PKG8V01
Frequency

Ever:PKG8D01
Duration

Ever:PKG8O01
Onset
/ /

PKG8I01
Intensity

PKG8F01
Frequency

PKG8O02
Onset
/ /

For Review Only

Definitions and questions

CAPTIVITY - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKG8I99
Intensity

PKG8X01

PKG8X02

PKG8X03

PKG8X04

PKG8X05

PKG8X06

For Review Only

Definitions and questions

SEXUAL ABUSE OR RAPE

Sexual abuse episode(s) in which a person, termed a perpetrator, involves the child in activities for the purpose of the perpetrator's own sexual gratification. These activities can include kissing (that makes a child uncomfortable), genital fondling (over or under clothing), oral-genital or oral-anal contact, genital or anal intercourse, or use of instruments. Sexual abuse does not include medical exams or "playing doctor" with a same-age peer.

Rape is a sudden unexpected (usually isolated) event involving sexual intercourse.

Has anyone ever touched him/her in places where they shouldn't?

Has anyone ever touched him/her in ways that made him/her feel funny?

Or seemed wrong to him/her?

Has anyone ever made him/her touch them in ways that made him/her feel uncomfortable?

What happened?
Who was involved?
How did s/he feel about it?
Was s/he upset?
When did it first happen?
How many times has it happened?

Has this happened in the last three months?

Coding rules

SEXUAL ABUSE OR RAPE

0 = Absent

2 = Present

SEXUAL ABUSE OR RAPE

0 = Absent

2 = Present

SEXUAL ABUSE

0 = Absent

2 = Present

NUMBER OF TIMES SEXUAL ABUSE

ONSET OF SEXUAL ABUSE

SEXUAL ABUSE

0 = Absent

2 = Present

LAST 3 MONTHS: NUMBER OF TIMES SEXUAL ABUSE

LAST 3 MONTHS: ONSET OF SEXUAL ABUSE

RAPE

0 = Absent

2 = Present

NUMBER OF TIMES RAPE

ONSET OF RAPE

RAPE

0 = Absent

2 = Present

LAST 3 MONTHS: NUMBER OF TIMES RAPE

Codes

Ever:PKH0X99
Intensity

PKH0X98
Intensity

Ever:PKH0E01

Ever:PKH0V01

Ever:PKH0O01
/ /

PKH0I01

PKH0F01

PKH0O02
/ /

Ever:PKH0E02

Ever:PKH0V02

Ever:PKH0O03
/ /

PKH0I02

PKH0F02

For Review Only

Definitions and questions

IF NO EVIDENCE OF POSSIBLE SEXUAL ABUSE, SKIP TO "OTHER EVENT", (PAGE 98).

Coding rules

LAST 3 MONTHS: ONSET OF RAPE

PERPETRATOR

1 = Parent #1

2 = Parent #2

3 = Other Parent #1

4 = Other Parent #2

5 = Grandparent (including step grandparent).

6 = Other adult family member.

7 = Sibling (under 18 yrs. old).

8 = Babysitter/childcare provider.

9 = Sibling (18 or more yrs. old).

10 = Unrelated child (under 18 yrs. old).

11 = Other unrelated adult.

12 = Other

Specify

Codes

PKH0O04

/ /

Ever:PKH0X01

Ever:PKH0X02

Ever:PKH0X03

Ever:PKH0X04

Ever:PKH0X05

Ever:PKH0X06

Ever:PKH0X07

Ever:PKH0X08

Ever:PKH0X09

Ever:PKH0X10

Ever:PKH0X11

Ever:PKH0X12

For Review Only

Definitions and questions

Coding rules

Codes

For Review Only

Definitions and questions

COERCION (SEXUAL ABUSE)

Use of threat to constrain victim.

Did the person ever threaten to hurt X or get him/her in trouble if X didn't do what s/he/they wanted?

Or if s/he told someone?

Did s/he/they actually hurt X?

Did s/he get any cuts, bruises, or marks?

Coding rules

COERCION

0 = Absent

2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.

3 = Moderate coercion: threats (of death or sever physical injury to victim or another person) but not actual use of force.

4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.

COERCION

0 = Absent

2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.

3 = Moderate coercion: threats (of death or sever physical injury to victim or another person) but not actual use of force.

4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.

Codes

Ever:PKH2E01
Intensity

PKH2I01
Intensity

For Review Only

Definitions and questions

SEEKING HELP (SEXUAL ABUSE)

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the child to such services, or removing the child from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the child if anyone else ever told.

Did X ever tell anyone about these things?

Someone his/her age?
A family member?
An adult outside your family?
Did s/he help?

What happened?
What did s/he do?
Did you feel s/he/they could have done more?

IF "SEEKING HELP (SEXUAL ABUSE)" NOT PRESENT, SKIP TO "OTHER EVENT", (PAGE 98).

Coding rules

SEEKING HELP (SEXUAL ABUSE)

0 = Absent

2 = Present

SUPPORTIVE RESPONSE: FAMILY MEMBER

2 = Listening

3 = Personal intervention.

4 = Intervention involving professional agency.

SUPPORTIVE RESPONSE: OTHER ADULT

2 = Listening

3 = Personal intervention.

4 = Intervention involving professional agency.

UNSUPPORTIVE RESPONSE: FAMILY MEMBER

2 = Unwillingness to listen.

3 = Reluctance to get involved.

4 = Denial of truth of story.

5 = Threaten child (including threat of removal from home) if ever tell anyone.

6 = Threatens to harm others if child tells.

UNSUPPORTIVE RESPONSE: OTHER ADULT

2 = Unwillingness to listen.

3 = Reluctance to get involved.

4 = Denial of truth of story.

5 = Threaten child (including threat of removal from home) if ever tell anyone.

6 = Threatens to harm others if child tells.

Codes

Ever:PKH3I90
Intensity

Ever:PKH3X02

Ever:PKH3X03

Ever:PKH4X02

Ever:PKH4X03

For Review Only

Definitions and questions

SEEKING HELP (SEXUAL ABUSE) - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

16 = Relationship with parent #2.

17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKH4I99 Intensity

PKH4X04

PKH4X05

PKH4X06

PKH4X07

PKH4X08

PKH4X09

For Review Only

Definitions and questions

OTHER EVENT

Other event that has made child feel really terrible, upset, frightened, or shook up.

Has anything else really bad happened to him/her?

Or made him/her feel really terrible?

Or really upset or frightened him/her?

What happened?
When was that?

IF "OTHER EVENT" NOT PRESENT, SKIP TO "ACUTE BEHAVIORAL REACTIONS", (PAGE 3).

Coding rules

OTHER EVENT

0 = Absent

2 = Present

Specify

OTHER EVENT

0 = Absent

2 = Present

Specify

Codes

Ever:PKH6E01
Intensity

Ever:PKH6V01
Frequency

Ever:PKH6O01
Onset
/ /

PKH6I01
Intensity

PKH6F01
Frequency

PKH6O02
Onset
/ /

For Review Only

Definitions and questions

OTHER EVENT - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).

2 = New or increased fears/anxiety.

3 = Increased crying.

4 = Irritability

5 = Being depressed and/or withdrawn.

6 = Regression of toileting skills.

7 = Regression in language (e.g. return of baby talk).

8 = Physical symptoms.

9 = Eating/food-related behavior.

10 = Sleep behaviors.

11 = Hyperactivity

12 = Difficulty concentrating.

13 = Oppositional behavior (including disobedience and tantrums).

14 = Increased aggression.

15 = Relationship with parent #1.

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17 = Relationship with other parent #1.

18 = Relationship with other parent #2.

19 = Relationships with other adults including daycare provider/teacher.

20 = Sibling relationships.

21 = Peer relationships.

22 = Sexually suggestive play.

23 = Other

Specify

Codes

PKH6I99
Intensity

PKH6X01

PKH6X02

PKH6X03

PKH6X04

PKH6X05

PKH6X06

For Review Only

Definitions and questions | Coding rules | Codes

POST TRAUMATIC STRESS - A
ACUTE RESPONSES TO TRAUMATIC EVENT

ACUTE EMOTIONAL RESPONSES

Emotional responses to the event when it occurred. If more than one event occurred, ask about the most traumatic.

Now I would like to ask you about feelings X may have had when the "life event" occurred.

PTSD A PRESENT PLJ0I90

0 = Absent

2 = Present

Intensity

PTSD A-EVENT PLJ0I01

1 = New Child(ren) in Home

2 = Parental Separation

3 = Parental Divorce

4 = New Parent Figure

5 = Moving House

6 = Change of Daycare/School Situation/Change of Daily Caregiver

7 = Loss of Significant Person Through Moving

8 = Death of a Pet

9 = Chronically Unsafe Environment

10 = Reduction in Standard of Living

11 = Loss of Home without Separation from Family

12 = Parental Arrest

13 = Parental Hospitalization

14 = Separation from Parent or Guardian for more than 24 hours

Was s/he surprised?

SURPRISE PLJ1X01

0 = Absent

2 = Present

Was s/he afraid or scared?

FEAR PLJ1X02

0 = Absent

2 = Present

Did s/he feel helpless?

Like s/he couldn't do anything to make it better?

HELPLESSNESS PLJ1X03

0 = Absent

2 = Present

Was s/he worried that s/he wasn't safe?

Or that s/he might die?

WORRY PLJ1X04

0 = Absent

2 = Present

For Review Only

Definitions and questions	Coding rules	Codes
Did s/he feel sad?	**SADNESS** 0 = Absent 2 = Present	PLJ1X05
Did s/he get angry?	**ANGER** 0 = Absent 2 = Present	PLJ1X06
Did s/he seem to feel nothing at all? *Like s/he couldn't feel anything?* *Or didn't want to feel anything?*	**EMOTIONAL NUMBNESS** 0 = Absent 2 = Present	PLJ1X07
Did s/he have any other feeling?	**OTHER** 0 = Absent 2 = Present	PLJ1X08

IF NO "PTSD - A EVENT" PRESENT, SKIP TO "ACUTE BEHAVIORAL REACTIONS", (PAGE 3).

For Review Only

Definitions and questions

ACUTE BEHAVIORAL REACTIONS

Behavioral reactions to the event when it occurred.

How did s/he act when the "life event" occurred?

Did s/he cry?

Or scream?

Become agitated?

Or aggressive?

Was s/he aggressive to people?

Or to things?

Coding rules

ACUTE BEHAVIORAL REACTIONS

0 = Absent

2 = Present

CRYING

0 = Absent

2 = Present

HOURS : MINUTES

SCREAMING

0 = Absent

2 = Present

HOURS : MINUTES

PHYSICALLY AGITATED

0 = Absent

2 = Present

HOURS : MINUTES

AGGRESSIVE TOWARDS PEOPLE

0 = Absent

2 = Present

HOURS : MINUTES

AGGRESSIVE TOWARDS THINGS

0 = Absent

2 = Present

HOURS : MINUTES

Codes

PLJ2I90 Intensity

PLJ2X01

PLJ2D01 Duration

PLJ2X02

PLJ2D02

PLJ2X03

PLJ2D03

PLJ2X04

PLJ2D04

PLJ2X05

PLJ2D05

For Review Only

Definitions and questions	Coding rules	Codes
Did s/he act confused?	**CONFUSED**	PLJ2X06
Like s/he didn't understand what was happening?	0 = Absent 2 = Present	
Was s/he able to control his/her reaction? Or could you or others help him/her control his/her behavior?	**HOURS : MINUTES**	PLJ2D06
Was s/he quiet?	**QUIET**	PLJ2X07
Did s/he seem out of touch with what was happening? Like s/he was in a dream?	0 = Absent 2 = Present	
Did s/he say that s/he felt sick?	**HOURS : MINUTES**	PLJ2D07
Did s/he have other reactions?	**FEELING SICK**	PLJ2X08
	0 = Absent 2 = Present	
	HOURS : MINUTES	PLJ2D08
	OTHER	PLJ2X09
	0 = Absent 2 = Present Specify	
	HOURS : MINUTES	PLJ2D09

For Review Only

Definitions and questions

RE-EXPERIENCING

EXTERNALLY CUED PAINFUL RECALL

Unwanted, painful and distressing recollections, memories, thoughts, or images of "life event" occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

In the last 3 months have upsetting memories or pictures in his/her mind of "life event" come back to him/her?

Do any things or places remind him/her of "life event"?

What about sounds or things s/he sees?

When that happens does it bring back unpleasant memories of "life event"?

Does s/he try to avoid any things or places that might remind him/her of "life event"?

Does s/he notice any physical effects when s/he remembers "life event"?

Like his/her heart racing?
Or being short of breath?
Or feeling shaky or sick to his/her stomach?
What does s/he notice?

Do other people notice when s/he is remembering event?

What do they see?

When s/he remembers event, what does s/he do to feel better?

Does s/he try to think about other things or do things s/he likes to do to take his/her mind off of it?
Does s/he talk to you or someone else and ask them for help?
Does s/he have a routine of things s/he can think about or do to feel better?

Coding rules

EXTERNALLY CUED PAINFUL RECALL

0 = Externally cued painful recall absent.

2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.

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

HOURS : MINUTES

ONSET: EXTERNALLY CUED PAINFUL RECALL

AVOIDANCE

2 = Avoids or tries to avoid situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.

3 = Avoidance or avoidance attempts lead to disruption of normal life and activities and results in a highly restricted lifestyle.

AUTONOMIC EFFECTS

0 = Absent

2 = Autonomic changes in response to painful recall.

PAINFUL RECALL NOTICEABLE TO OTHERS

0 = No

2 = Child reports others notice changes (anxiety, daydreaming, etc.).

SUPPRESSION

0 = Absent

2 = Attempts to reduce painful recall using thoughts, rituals, or other behaviors.

Codes

PLJ3I01
Intensity

PLJ3F01
Frequency

PLJ3D01
Duration

PLJ3O01
/ /

PLJ3I02

PLJ3O02
Onset
/ /

PLJ3I03

PLJ3I04

PLJ3I05

For Review Only

Definitions and questions

Coding rules

Codes

PLAY RECAPITULATING "LIFE EVENT"

Play involving activities that recapitulate all or some aspects of "life event" (e.g. preoccupation with crashing toy cars after being in a car accident).

In the last 3 months has s/he played games that are like "life event"?

Or acted out what happened?

How often does s/he act out the "life event?"
When s/he is playing a game that is like the "life event," how long does the game last?
When did s/he start playing these kinds of games?

What does s/he do?

Has the game or the made-up story changed as s/he has played it?

Or has it remained the same?

PLAY RECAPITULATING LIFE EVENT

0 = Absent

2 = Present

PLJ4I01
Intensity

PLJ4F01
Frequency

HOURS : MINUTES

PLJ4D01
Duration

PLJ4O01
Onset
/ /

"LIFE EVENT" PLAY CONTENT

PLJ4X01

1 = Play continues to evolve.

2 = Core part of the play imitating the "life event" remains the same despite some changes.

3 = The play remains nearly the same each time.

For Review Only

Definitions and questions

What kinds of emotions are associated with the play/story that began after the "life event" happened?

Coding rules

AFFECT(S) ASSOCIATED WITH PLAY RECAPITULATING "LIFE EVENT"

1 = Enjoyment/Pleasure

2 = Excitement

3 = Fear

4 = Anxiety

8 = Other

Specify

Codes

PLJ4I02

PLJ4I03

PLJ4I04

PLJ4I05

PLJ4I06

PLJ4I07

PLJ4I08

PLJ4I09

For Review Only

Definitions and questions

CHANGES IN OTHER PLAY

Changes in the quality or content of play other than the play imitating the "life event". Changes must be noted since the "life event" and may include repetitive play, play without feelings, and more aggressive play.

Play here is all play other than play recapitulating the life event.

Tell me about the made-up stories or games s/he plays that are not about the "life event"?

In the last 3 months, have you noticed changes in the way s/he plays these games?
Have you noticed that his/her play is less imaginative?
That s/he is playing the same thing over and over again?

In the last 3 months, has his/her play changed in other ways?

How about the emotions s/he shows when s/he is playing?

Does it seem like s/he is "going through the motions"?
Does s/he seem to show few feelings when s/he plays?
Do you think that this change is linked to the "life event?"

Has his/her play been more aggressive?

Has s/he been more physically aggressive in his/her play?
Or violent?
Like hitting others?
Or ripping heads off of Barbies?
Do you think that this change is linked to the "life event?"

Has his/her play had more violent themes since the life event?
Like more killing?
Or mayhem?

Coding rules

Codes

REPETITIVE PLAY NOT ABOUT "LIFE EVENT"

0 = No

2 = Yes

PLJ5I01 Intensity

FREQUENCY: REPETITVE PLAY NOT ABOUT "LIFE EVENT"

PLJ5F01

ONSET: REPETITIVE PLAY NOT ABOUT "LIFE EVENT"

PLJ5O01 / /

AFFECT ASSOCIATED WITH PLAY DECREASED SINCE THE "LIFE EVENT"

0 = No

2 = Yes

PLJ5I02

FREQUENCY: AFFECT ASSOCIATED WITH PLAY DECREASED SINCE "LIFE EVENT"

PLJ5F02

ONSET: AFFECT ASSOCIATED WITH PLAY DECREASED SINCE "LIFE EVENT"

PLJ5O02 / /

MORE PHYSICALLY AGGRESSIVE PLAY

0 = No

2 = Yes

PLJ5I03

FREQUENCY: MORE PHYSICALLY AGGRESSIVE PLAY

PLJ5F03

ONSET: MORE PHYSICALLY AGGRESSIVE PLAY

PLJ5O03 / /

MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE "LIFE EVENT"

0 = No

2 = Yes

PLJ5I04

FREQUENCY: MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE "LIFE EVENT"

PLJ5F04

ONSET: MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE "LIFE EVENT"

PLJ5O04 / /

For Review Only

Definitions and questions

RE-TELLING OF THE LIFE EVENT

Child tells and re-tells all or some part of the story of the “life events". Child does not need to be distressed while telling the story. Descriptions/narrative may differ over time from the actual event but narrative thread to “life event” must be apparent.

In the last three months, has X talked about the "life event" with you or other people?

Has X told you or other people the “story” of the "life event"?

Tell me about that.
Does s/he tell the whole story of the “life event” or just parts?
Does the story that s/he tells change?
In what way?
Or does the story stay pretty much the same each time s/he tells it?

What feelings does s/he show when s/he is telling the story of the "life event"?

Does s/he seem worried?
Or afraid?
Or sad?
Or angry?
Or does s/he seems excited or keyed up when s/he tells the story?
Or guilty?
Can s/he stop telling the story if s/he is interrupted?
Or does s/he get upset if s/he is interrupted or stopped from telling the story?

Coding rules

RE-TELLING OF THE STORY OF THE "LIFE EVENT"

0 = No

2 = Yes

AFFECT WHEN TELLING STORY

1 = Enjoyment/pleasure

2 = Excitement

3 = Fear

4 = Anxiety

5 = Anger

6 = Sadness

7 = Guilt

8 = No affect.

9 = Other

CONTENT STABILITY OF THE STORY OF THE "LIFE EVENT"

0 = Story has changed over time.

2 = No change in the story. Told the same way with each telling.

UPSET IF INTERRUPTED/STOPPED FROM TELLING THE STORY

0 = Absent

2 = Present

Codes

PLJ6I01 Intensity

PLJ6F01 Frequency

PLJ6O01 Onset / /

PLJ6X01

PLJ6X02

PLJ6I02

PLJ6I03

For Review Only

Definitions and questions

To whom does s/he tell the story about the "life event"?

Does s/he tell it to people in your family?
Whom?
What about to people outside of your family, such as his/her teacher/daycare provider or babysitter?
What about strangers, such as the person at the supermarket checkout counter?
How often does s/he tell the story or part of the story of the "life event"?
When did s/he start telling the story about the "life event"?

FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Does s/he have difficulty remembering some things about "life event"?

What things are hard to remember?
Is that because s/he doesn't want to remember them, or that s/he just can't?
How much can s/he remember?
Are those memories real clear?

Coding rules

FAMILY MEMBERS

0 = No

2 = Yes

NON-FAMILY FRIENDS

0 = No

2 = Yes

STRANGERS

0 = No

2 = Yes

FAILURES OF RECALL

0 = No failure of recall.

1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.

2 = At least some aspects of the event cannot be recalled, even with effort.

3 = Most or all details of the event cannot be recalled.

Codes

PLJ6I04

PLJ6I05

PLJ6I06

PLJ7I01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

RELIVING OF LIFE EVENT

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include such phenomena even if they occurred during sleep cycle.

CODE NIGHTMARES AND NIGHT TERRORS IN ITEMS THAT FOLLOW.

In the last 3 months, has s/he felt as though the "life event" was happening to him/her again, even when it wasn't?

What was that like?
What did s/he do?
How long did it last?
How often did it happen?
How real did it seem?
Did s/he feel as though s/he was really there, and that it was really happening again?
When it was happening was s/he aware of what was really going on around him/her and where s/he really was?
Did the memory of "life event" seem more real than his/her actual surroundings?

RELIVING OF "LIFE EVENT"

0 = Absent

2 = Able to report sensory phenomena associated with "life event", but still aware of real surroundings to at least some extent.

3 = No, or almost no, awareness of real surroundings (flashback).

PLJ8I01
Intensity
[ ]

DISSOCIATION

Since “life event” child has new onset of episodes of being “frozen” or “blank” and unresponsive to multisensory (eg. talking, touching) attempts to get his/her attention.

In the last three months, has s/he had any episodes when s/he seems to freeze?

Or blank out?

Like s/he was in a trance?
Or his/her attention was focused somewhere else?

Does s/he become very still?
Lose eye contact?
Can you “snap” him/her out of it?
What do you do?
How long do these “spells” last?
How often do they happen?
When did they start?

DISSOCIATION

0 = Absent

2 = Present

PLJ9I01
Intensity
[ ]

PLJ9F01
Frequency
[ ]

HOURS : MINUTES

PLJ9D01
Duration
[ ]

PLJ9O01
Onset
[/ /]

For Review Only

Definitions and questions

NIGHTMARES

Frightening dreams that waken child, with content related to the "life event" (either about "life event" or reminding child of it). Unpleasant affect apparent when wakening, which may be followed rapidly by feelings of relief.

In the last 3 months, has s/he had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind him/her of it?

Tell me about them.
Do they wake him/her up?

How often do they happen?
When s/he wakes up, does s/he notice any physical effects?
When s/he wakes up is s/he panicky?
Is it hard for him/her to get back to sleep afterwards?
What does s/he do?
Does fear of these dreams make it hard for him/her to get to sleep?
Does s/he have trouble sleeping alone?

Coding rules

NIGHTMARES RELATED TO "LIFE EVENT"

0 = Absent

2 = Present. Onset of nightmare was prior to the "life event" but now the content of nightmares is related to the "life event".

3 = Present. Onset of nightmares after the "life event".

NIGHTMARE CONTENT

1 = Fixed dream(s) about event.

2 = Fixed dream(s) but not about event.

3 = Content not fixed.

4 = Don't know content.

AUTONOMIC EFFECTS

0 = Absent

2 = Notices autonomic changes in response to nightmares.

REASSURANCE

0 = Absent

2 = Upon waking from nightmare, seeks time limited reassurance or contact.

3 = Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).

ANTICIPATORY REASSURANCE

0 = Absent

2 = At bedtime, seeks time limited reassurance or contact (e.g. more involved bedtime ritual needed than prior to the life event).

3 = Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).

Codes

PLK0I01
Intensity

PLK0F01
Frequency

PLK0O01
Onset
/ /

PLK0X01

PLK0I02

PLK0I03

PLK0I04

For Review Only

Definitions and questions

NIGHT TERRORS

Episodes during sleep when the child is not fully conscious and does not wake up, but seems terrified and will usually cry out. The child has no memory of the event. Night terrors began or increased in frequency since the “life event”.

IF NIGHT TERRORS ASSOCIATED WITH TRAUMATIC EVENTS ARE PRESENT, CODE THEM HERE AND IN THE SLEEP SECTION.

In the last three months, does s/he ever seem to be having a terrible dream, but doesn't wake up?

What happens?
Can you describe it to me?
What do you do?
Does s/he remember what happened in the morning?
How often does that happen?
When did s/he start doing this?
Did these terrible dreams start after the “life event”?
Or did they happen more often after the “life event”?

Coding rules

NIGHT TERRORS

0 = Absent

2 = Present. Onset prior to "life event" but worsening of symptom since the "life event".

3 = Present. Onset after "life event".

Codes

PLK1I01
Intensity

PLK1F01
Frequency

PLK1O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

HYPERAROUSAL

For Review Only

Definitions and questions | Coding rules | Codes

SLEEP

Earlier in the interview, we talked about X's sleep patterns. Since the "life event" have you noticed a change in X's ability to go to sleep or stay asleep?

BE SURE TO CODE THE SPECIFICS OF THE SLEEP BEHAVIORS IN THE RELEVANT ITEMS IN THE SLEEP SECTION.

DIFFICULTY INITIATING SLEEP

Since the “life event” child has had difficulty going to sleep or settling down to sleep at bed time and/or nap time.

In the last three months, has s/he had a hard time falling asleep?

What happens?
Does it happen at bedtime?
Nap time?
Or both?
How often does this happen?
When did it start?
How long does it take him/her to get to sleep?
Did this difficulty start after the life event?

DIFFICULTY INITIATING SLEEP

0 = Absent

2 = Present

HOURS : MINUTES

PLK2I01
Intensity

PLK2F01
Frequency

PLK2D01
Duration

PLK2O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

NIGHT WAKING

Since the “life event” child has had difficulty staying asleep during the night. Child wakes up during the night for reasons other than nightmares or night terrors.

IF CHILD WAKES UP BECAUSE OF NIGHTMARES CODE NIGHTMARE RATHER THAN NIGHT WAKING. IF THE PARENT WAKES THE CHILD UP AFTER S/HE HAS A NIGHT TERROR, CODE NIGHT TERROR RATHER THAN NIGHT WAKING.

In the last three months, has X had trouble staying asleep during the night?

What happens?
Why is s/he waking up in the night?
When did this behavior start?
Did it start after the “life event” occurred?
Or before?
Did the behavior change after the “life event” happened?
How often does s/he wake up during the night?
Is s/he able to go back to sleep?
How long does it take him/her to go back to sleep?
What do you need to do to help him/her go back to sleep?

NIGHT WAKING

0 = Absent

2 = Present

PLK3I01 Intensity

PLK3F01 Frequency

HOURS : MINUTES

PLK3D01 Duration

PLK3O01 Onset

/ /

DECREASED CONCENTRATION

Difficulty maintaining sufficient involvement to allow completion of tasks requiring concentration.

In the last 3 months, has s/he had more trouble concentrating since "life event"?

Is it more difficult for him/her to concentrate?

Does s/he have trouble remembering things?
Does s/he seem to have a shorter attention span than s/he did before the life event?
What have you noticed?
Has this caused him/her any problems?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

DECREASED CONCENTRATION/ATTENTION SPAN

0 = Absent

2 = Decreased concentration occurs in at least 2 activities.

3 = Decreased concentration occurs in most activities.

PLK4I01 Intensity

PLK4F01 Frequency

PLK4O01 Onset

/ /

PHASIC EXACERBATION

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

PLK4I02

For Review Only

Definitions and questions

IRRITABILITY

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

Since "life event" have things "gotten on his/her nerves" more easily?

What kinds of things?
Is that more than usual?
Or has s/he been more irritable?

Does s/he get more annoyed or upset than s/he did before the "life event"?

Has this affected how s/he gets along with people?
How so?
How does s/he feel this way?
When s/he's irritable, how long does it last?
Is it worse when s/he has been thinking about "life event"?

Coding rules

IRRITABILITY

0 = Absent

2 = Irritability occurs in at least 2 activities.

3 = Irritability occurs in most activities.

HOURS : MINUTES

PHASIC EXACERBATION

0 = Absent

2 = Irritability occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLK5I01
Intensity

PLK5F01
Frequency

PLK5D01
Duration

PLK5O01
Onset
/ /

PLK5I02

For Review Only

Definitions and questions

INCREASED AGGRESSION

Child is more physically combative and/or assaultive since the "life event".

Since the "life event" has X been more aggressive?

Has s/he got into more physical fights?

Or attacked others without being provoked?

What happens?
How often does this aggression occur at home?
In daycare/school?
Elsewhere?
How much of the time does s/he act this way?
Is it worse when s/he has been thinking about "life event"?
Has this affected how s/he gets along with people?
How so?
Does s/he act this way towards everyone?
Or with certain people?
Who?
Is s/he more aggressive with animals?
Or objects like toys?
Or furniture?

Coding rules

INCREASED PHYSICAL AGGRESSION

0 = Absent

2 = Aggression occurs in at least 2 activities.

3 = Aggression occurs in most activities.

HOME

DAYCARE/SCHOOL

ELSEWHERE

PROVOKED - FREQUENCY

UNPROVOKED - FREQUENCY

PHASIC EXACERBATION

0 = Absent

2 = Aggression occurs or increases in response to cues prompting recall or reliving of the "life event".

AGGRESSION TARGETED TOWARDS:

0 = Parent #1

1 = Parent #2

2 = Other Parent #1

3 = Other Parent #2

4 = Other Adult Family Members

6 = Unrelated but Familiar Adults

7 = Siblings

8 = Peers

Codes

PLK6I01 Intensity

PLK6O01 Onset / /

PLK6F01 Home Frequency

PLK6F02 Daycare/School Frequency

PLK6F03 Elsewhere Frequency

PLK6F04

PLK6F05

PLK6I02

PLK6I03

PLK6I04

PLK6I05

For Review Only

Definitions and questions

Coding rules

Codes

9 = Strangers

10 = Animals

11 = Objects (Toys, Pillows, Walls, etc.)

PLK6I06

PLK6I07

PLK6I08

PLK6I09

PLK6I10

PLK6I11

PLK6I12

PLK6I13

HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, has s/he been more "on the alert" for bad things happening than before "life event"?

What does s/he do?
Is s/he like that even when there isn't much chance of anything bad happening?
How much has that affected his/her life?
How much of the time is s/he like that?
Has s/he given up doing any things because s/he doesn't want to take any chances?
Is it worse when s/he has been thinking about "life event"?

HYPERVIGILANCE

0 = Absent or hypervigilance not manifested in any overt behavioral change.

2 = Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.

3 = Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.

PLK7I01
Intensity

PLK7O01
Onset
/ /

PHASIC EXACERBATION

0 = Absent

2 = Hypervigilance occurs or increases in response to cues prompting recall or reliving of the "life event".

PLK7I02

For Review Only

Definitions and questions

EXAGGERATED STARTLE RESPONSE

Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

In the last 3 months has s/he startled more easily than before "life event"?

Or has s/he been more jumpy than usual?

Do unexpected noises make him/her jump more easily than they used to?
What is it like when that happens?
How often does it happen?
How long does s/he stay "jumpy" afterwards?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

Coding rules

EXAGGERATED STARTLE RESPONSE

0 = Absent

2 = Present, but not noticeable to others.

3 = Present, noticeable to others.

PHASIC EXACERBATION

0 = Absent

2 = Startle response occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLK8I01
Intensity

PLK8O01
Onset
/ /

PLK8I02

For Review Only

Definitions and questions | Coding rules | Codes

NUMBING

SOCIAL WITHDRAWAL

Retreat from participation in social interactions; include play with other children.

Since the "life event" has X changed his/her interest in being with other people?

Or interacting with other people?

Has s/he withdrawn from playing with other children?

What has happened?
Is it affecting his/her relationships with others?
Or his/her ability to do things, like go to school/daycare or have play dates with other children?
How often does s/he withdraw like that?
If you or someone else reassures him/her, is s/he able to participate with others?
When did this start?

SOCIAL WITHDRAWAL

0 = Absent

2 = Social withdrawal occurs in at least 2 activities.

3 = Social withdrawal occurs in most activities.

PLK9I01 Intensity [ ]

PLK9O01 Onset [/ /]

REASSURANCE

0 = With reassurance, child interacts with others.

2 = Despite reassurance, child remains withdrawn and resistant to interacting with others.

PLK9I02 [ ]

PHASIC EXACERBATION

0 = Absent

2 = Social withdrawal occurs or increases in response to cues prompting recall or reliving or the "life event".

PLK9I03 [ ]

LOSS OF POSITIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her feelings?

Has s/he got any feelings left?
Can s/he feel happy or good feelings?

LOSS OF POSITIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

PLL0I01 Intensity [ ]

ONSET: LOSS OF POSITIVE AFFECT

PLL0O01 [/ /]

For Review Only

Definitions and questions

Coding rules

Codes

LOSS OF NEGATIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her unhappy or negative feelings?

Has s/he got any feelings left?

LOSS OF NEGATIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

PLL0I02
Intensity
[ ]

PLL0O02
Onset
[/ /]

LOSS OF POSITIVE EMOTIONAL EXPRESSION

Since "life event", unable or unwilling to express emotions to the degree existing before the "life event."

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Is it harder for him/her to show happy or good feelings?

LOSS OF POSITIVE EMOTIONAL EXPRESSION

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

PLL1I01
Intensity
[ ]

ONSET: LOSS OF POSITIVE EMOTIONAL EXPRESSION

PLL1O01
[/ /]

LOSS OF NEGATIVE EMOTIONAL EXPRESSION

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Is it harder for him/her to show unhappy or bad feelings?

LOSS OF NEGATIVE EMOTIONAL EXPRESSION

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

PLL1I02
Intensity
[ ]

PLL1O02
Onset
[/ /]

For Review Only

Definitions and questions

LOSS OF PREVIOUSLY ACQUIRED SKILLS

Child moved backward in skills, such as the use of the toilet rather than diapers, speaking in sentences, or walking, that had previously been mastered

Code as present only if child had the skill and then, after the "life event," the child no longer has the same level of skill. Be sure to get examples.

Since the "life event," has X gone backward in his/her development?

Are there things that s/he could do before the "life event" that s/he no longer does?

Can you give me an example?

Since the life event, has s/he started wetting the bed?

Or soiling his/her pants?

When did this start?

How about his/her talking since the "life event"?

After the life event, did s/he talk more like s/he did when s/he was a baby?

Or when s/he was a younger child?

Did his/her language become simpler?
In what way?
When did this start?

Have you noticed a change in the physical things that s/he can do since the "life event"?

Are there physical things that s/he used to be able to do that s/he does not do any more?
Like what?
When did this start?

Since the "life event" has there been a loss of any other skills?

Can you give me an example?
When did that start?

Coding rules

LOSS OF PREVIOUSLY ACQUIRED SKILLS

0 = Absent

2 = Present

REGRESSION IN TOILETING

0 = Absent

2 = Present

ONSET: REGRESSION IN TOILETING

REGRESSION IN LANGUAGE

0 = Absent

2 = Present

ONSET: REGRESSION IN LANGUAGE

REGRESSION IN MOTOR SKILLS

0 = Absent

2 = Present

ONSET: REGRESSION IN MOTOR SKILLS

OTHER AREAS OF REGRESSION

0 = Absent

2 = Present

Specify

ONSET: OTHER AREAS OF REGRESSION

Codes

PLL2I90 Intensity

PLL2I01

PLL2O01 / /

PLL2I02

PLL2O02 / /

PLL2I03

PLL2O03 / /

PLL2I04

PLL2O04 / /

For Review Only

Definitions and questions

NEW ONSET OF FEARS OR INTENSIFICATION OF ALREADY PRESENT FEARS

Child has developed new fears such as the fear of going to the bathroom by him/herself, fear of the dark, fear of being apart from his/her significant caretaker, or other fears; or has experienced a distinct intensification of already present fears.

BE SURE TO CODE IN THE ANXIETY SECTION AS WELL.

Since the "life event", has X developed any new fears?

What new fears has s/he developed?

Since the "life event" have any of fears that s/he already had become worse?

Which ones?
What has happened?
Since the "life event" has s/he had a fear of going to the bathroom by him/herself?

Or a fear of the dark?

Fears of separating from you or being apart from you or other people in your family?

Any other fears?

Have these fears caused problems for him/her?
Have they affected his/her relationships with other people?
When did these fears start (or get worse)?

Coding rules

NEW ONSET OF FEARS OR INTENSIFICATION OF ALREADY PRESENT FEARS

0 = Absent

2 = Present

FEAR OVERALL SINCE THE "LIFE EVENT"

0 = Absent

2 = Fears occurs in at least 2 activities.

3 = Fears occurs in most activities.

FEAR OF GOING TO THE BATHROOM ALONE

0 = Absent

2 = New since the "life event".

3 = Present prior to the "life event" but intensified since the "life event".

ONSET (OF NEW FEAR OR OF INTENSIFICATION OF "FEAR OF GOING TO THE BATHROOM ALONE")

FEAR OF THE DARK

0 = Absent

2 = New since the "life event".

3 = Present prior to the "life event" but intensified since the "life event".

ONSET (OF NEW FEAR OR OF INTENSIFICATION OF "FEAR OF THE DARK")

SEPARATION FEARS

0 = Absent

2 = New since the "life event".

3 = Present prior to the "life event" but intensified since the "life event".

ONSET (OF NEW FEAR OR OF INTENSIFICATION OF "SEPARATION FEARS")

Codes

PLL3I90 Intensity

PLL3I01

PLL3O01 Onset / /

PLL3I02

PLL3O02 / /

PLL3I03

PLL3O03 / /

PLL3I04

PLL3O04 / /

For Review Only

Definitions and questions

Coding rules

OTHER

0 = Absent

2 = New since the “life event”.

3 = Present prior to the “life event” but intensified since the “life event”.

Specify

ONSET (OF NEW FEAR OR OF INTENSIFICATION OF "OTHER FEARS")

Codes

PLL3I05

PLL3O05

/ /

For Review Only

Definitions and questions | Coding rules | Codes

OTHER BEHAVIORS

DANGEROUS ACTIVITIES

Increased activities that physically endanger the child or others since "life event".

Since "life event", has s/he taken chances and done risky things?

Or dangerous things?

Is this more than before "life event"?

What has s/he done in the last 3 months?
How often does this happen?
When did it start?

DANGEROUS ACTIVITIES

0 = Absent

2 = Present

Specify

PLL4I01 Intensity

PLL4F01 Frequency

PLL4O01 Onset

/ /

OMEN FORMATION

Following the "life event", child has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined "life events".

Is s/he superstitious about things?

Are there signs that mean bad things will happen?

Or signs that make him/her think that s/he'll be OK?

What are they?
Does s/he think that these signs are really true?
Did s/he believe in them before "life event" or are they new?

OMEN FORMATION

0 = Not present.

1 = Superstitious beliefs not resulting in any overt behavior.

2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).

3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.

PLL5I01 Intensity

PLL5O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

SURVIVOR GUILT

A subjective belief or feeling of responsibility for the "life event" or its prevention, or a feeling that the child should have substituted (or been substituted) for another who was more severely affected.

Does s/he feel guilty about what happened during "life event"?

Does s/he ever feel it was his/her fault, even though it wasn't?

Does s/he sometimes feel that s/he should have prevented "life event" even though s/he couldn't?
Does s/he ever wish that s/he and not "specific other person" should have "specific other person's" fate?
Does s/he ever feel bad about what s/he did during "life event"?

SURVIVOR GUILT

0 = Absent

2 = Present

PLL6I01 Intensity

PLL6O01 Onset

/ /

REVENGE FANTASIES AFTER EVENT

In the last 3 months child imagined doing something to punish the "cause" of the trauma.

Does s/he still wish that s/he could get revenge or punish "the cause of the trauma"?

Or that something would happen to get back at "the cause"?

What does s/he wish would happen?
Or what does s/he wish s/he could do?

REVENGE FANTASIES

0 = Absent

2 = Present

PLL7I01 Intensity

PLL7O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

POST TRAUMATIC STRESS - B
ACUTE RESPONSES TO TRAUMATIC EVENT

ACUTE EMOTIONAL RESPONSES

Emotional responses to the event when it occurred. If more than one event coded, ask about the most traumatic.

Now I would like to ask you about feelings X may have had when the "life event" occurred.

PTSD B PRESENT PLM0E90

0 = Absent

2 = Present

Intensity

PTSD B-EVENT PLM0E01

15 = Vehicular Accident (child in vehicle)

16 = Struck by Vehicle

17 = Poisoning

18 = Accidental Burning

19 = Near Drowning

20 = Accidental Serious Fall

21 = Attacked by an Animal

22 = Broken Bone(s)

23 = Diagnosis of Physical Illness

24 = Hospitalization of Child

25 = Death of Adult Loved One

26 = Death of Sibling or Peer

27 = Natural Disaster

28 = Fire

29 = War or Terrorism

30 = Witness to Event that Caused, or had Potential to Cause, Death or Severe Injury

31 = Causing Death or Severe Injury

32 = Victim of Physical Violence by Non-Family Member (Not Abuse)

33 = Removal from Home Due to Neglect

34 = Victim of Physical Abuse

35 = Captivity

36 = Sexual Abuse or Rape

37 = Other

Was s/he surprised?

SURPRISE PLM1X01

0 = Absent

2 = Present

Was s/he afraid or scared?

FEAR PLM1X02

0 = Absent

2 = Present

For Review Only

Definitions and questions	Coding rules	Codes
Did s/he feel helpless? *Like s/he couldn't do anything to make it better?*	**HELPLESSNESS** 0 = Absent 2 = Present	PLM1X03
Was s/he worried that s/he wasn't safe? ***Or that s/he might die?***	**WORRY** 0 = Absent 2 = Present	PLM1X04
Did s/he feel sad?	**SADNESS** 0 = Absent 2 = Present	PLM1X05
Did s/he get angry?	**ANGER** 0 = Absent 2 = Present	PLM1X06
Did s/he seem to feel nothing at all? *Like s/he couldn't feel anything?* *Or didn't want to feel anything?*	**EMOTIONAL NUMBNESS** 0 = Absent 2 = Present	PLM1X07
Did s/he have any other feelings?	**OTHER** 0 = Absent 2 = Present	PLM1X08

IF NO "PTSD - B EVENT" PRESENT, SKIP TO "ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL", (PAGE 37).

For Review Only

Definitions and questions

ACUTE BEHAVIORAL REACTIONS

Behavioral reactions to the event when it occurred.

How did s/he act when the "life event" occurred?

Did s/he cry?

Or scream?

Become agitated?

Or aggressive?

Was s/he aggressive to people?

Or to things?

Coding rules

ACUTE BEHAVIORAL REACTIONS

0 = Absent

2 = Present

CRYING

0 = Absent

2 = Present

HOURS : MINUTES

SCREAMING

0 = Absent

2 = Present

HOURS : MINUTES

PHYSICALLY AGITATED

0 = Absent

2 = Present

HOURS : MINUTES

AGGRESSIVE TOWARDS PEOPLE

0 = Absent

2 = Present

HOURS : MINUTES

AGGRESSIVE TOWARDS THINGS

0 = Absent

2 = Present

HOURS : MINUTES

Codes

PLM2I90 Intensity

PLM2X01

PLM2D01 Duration

PLM2X02

PLM2D02

PLM2X03

PLM2D03

PLM2X04

PLM2D04

PLM2X05

PLM2D05

For Review Only

Definitions and questions	Coding rules	Codes
Did s/he act confused?	**CONFUSED**	PLM2X06
Like s/he didn't understand what was happening?	0 = Absent 2 = Present	☐
Was s/he able to control his/her reaction? Or could you or others help him/her control his/her behavior?	**HOURS : MINUTES**	PLM2D06 ☐
Was s/he quiet?	**QUIET**	PLM2X07
Did s/he seem out of touch with what was happening? Like s/he was in a dream?	0 = Absent 2 = Present	☐
Did s/he say that s/he felt sick?	**HOURS : MINUTES**	PLM2D07 ☐
Did s/he have other reactions?	**FEELING SICK**	PLM2X08
	0 = Absent 2 = Present	☐
	HOURS : MINUTES	PLM2D08 ☐
	OTHER	PLM2X09
	0 = Absent 2 = Present	☐
	Specify _____	
	HOURS : MINUTES	PLM2D09 ☐

For Review Only

Definitions and questions

RE-EXPERIENCING

EXTERNALLY CUED PAINFUL RECALL

Unwanted, painful and distressing recollections, memories, thoughts, or images of "life event" occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

In the last 3 months have upsetting memories or pictures in his/her mind of "life event" come back to him/her?

Do any things or places remind him/her of "life event"?

What about sounds or things s/he sees?

When that happens does it bring back unpleasant memories of "life event"?

Does s/he try to avoid any things or places that might remind him/her of "life event"?

Does s/he notice any physical effects when s/he remembers "life event"?

Like his/her heart racing?
Or being short of breath?
Or feeling shaky or sick to his/her stomach?
What does s/he notice?

Do other people notice when s/he is remembering event?

What do they see?

Coding rules

EXTERNALLY CUED PAINFUL RECALL

0 = Externally cued painful recall absent.

2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.

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

HOURS : MINUTES

ONSET: EXTERNALLY CUED PAINFUL RECALL

AVOIDANCE

2 = Avoids or tries to avoid situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.

3 = Avoidance or avoidance attempts lead to disruption of normal life and activities and results in a highly restricted lifestyle.

AUTONOMIC EFFECTS

0 = Absent

2 = Autonomic changes in response to painful recall.

PAINFUL RECALL NOTICEABLE TO OTHERS

0 = No

2 = Child reports others notice changes (anxiety, daydreaming, etc.).

Codes

PLM3I01 Intensity

PLM3F01 Frequency

PLM3D01 Duration

PLM3O01 / /

PLM3I02

PLM3O02 Onset / /

PLM3I03

PLM3I04

For Review Only

Definitions and questions

When s/he remembers event, what does s/he do to feel better?

Does s/he try to think about other things or do things s/he likes to do to take his/her mind off of it?
Does s/he talk to you or someone else and ask them for help?
Does s/he have a routine of things s/he can think about or do to feel better?

PLAY RECAPITULATING LIFE EVENT

Play involving activities that recapitulate all or some aspects of "life event" (e.g. preoccupation with crashing toy cars after being in a car accident).

In the last 3 months has s/he played games that are like "life event"?

Or acted out what happened?

How often does s/he act out the "life event?"
When s/he is playing a game that is like the "life event," how long does the game last?
When did s/he start playing these kinds of games?

What does s/he do?

Has the game or the made-up story changed as s/he has played it?

Or has it remained the same?

Coding rules

SUPPRESSION

0 = Absent

2 = Attempts to reduce painful recall using thoughts, rituals, or other behaviors.

PLAY RECAPITULATING "LIFE EVENT"

0 = Absent

2 = Present

HOURS : MINUTES

"LIFE EVENT" PLAY CONTENT

1 = Play continues to evolve.

2 = Core part of the play imitating the "life event" remains the same despite some changes.

3 = The play remains nearly the same each time.

Codes

PLM3I05

PLM4I01
Intensity

PLM4F01
Frequency

PLM4D01
Duration

PLM4O01
Onset
/ /

PLM4X01

For Review Only

Definitions and questions

What kinds of emotions are associated with the play/story that began after the "life event" happened?

CHANGES IN OTHER PLAY

Changes in the quality or content of play other than the play imitating the "life event". Changes must be noted since the "life event" and may include repetitive play, play without feelings, and more aggressive play.

Play here is all play other than play recapitulating the "life event".

If positive, be sure to consider increased aggression item.

Tell me about the games or made-up stories s/he plays that are not about the "life event"?

In the last 3 months, have you noticed changes in the way s/he plays these games?
Have you noticed that his/her play is less imaginative?
That s/he is playing the same thing over and over again?

Coding rules

AFFECT(S) ASSOCIATED WITH PLAY RECAPITULATING "LIFE EVENT"

1 = Enjoyment/Pleasure

2 = Excitement

3 = Fear

4 = Anxiety

8 = Other

Specify

REPETITIVE PLAY NOT ABOUT "LIFE EVENT"

0 = No

2 = Yes

FREQUENCY: REPETITIVE PLAY NOT ABOUT "LIFE EVENT"

ONSET: REPETITIVE PLAY NOT ABOUT "LIFE EVENT"

Codes

PLM4I02

PLM4I03

PLM4I04

PLM4I05

PLM4I06

PLM4I07

PLM4I08

PLM4I09

PLM5I01 Intensity

PLM5F01

PLM5O01 / /

For Review Only

Definitions and questions

In the last 3 months, has his/her play changed in other ways?

How about the emotions s/he shows when s/he is playing?

Does it seem like s/he is "going through the motions"?
Does s/he seem to show few feelings when s/he plays?
Do you think that this change is linked to the "life event?"

Has his/her play been more aggressive?

Has s/he been more physically aggressive in his/her play?
Or violent?
Like hitting others?
Or ripping heads off of Barbies?
Do you think that this change is linked to the "life event?"

Has his/her play had more violent themes since the life event?
Like more killing?
Or mayhem?

Coding rules

AFFECT ASSOCIATED WITH PLAY DECREASED SINCE THE "LIFE EVENT"

0 = No

2 = Yes

FREQUENCY: AFFECT ASSOCIATED WITH PLAY DECREASED SINCE "LIFE EVENT"

ONSET: AFFECT ASSOCIATED WITH PLAY DECREASED SINCE "LIFE EVENT"

MORE PHYSICALLY AGGRESSIVE PLAY

0 = No

2 = Yes

FREQUENCY: MORE PHYSICALLY AGGRESSIVE PLAY

ONSET: MORE PHYSICALLY AGGRESSIVE PLAY

MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE "LIFE EVENT"

0 = No

2 = Yes

FREQUENCY: MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE "LIFE EVENT"

ONSET: MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE "LIFE EVENT"

Codes

PLM5I02 [ ]

PLM5F02 [ ]

PLM5O02 [/ /]

PLM5I03 [ ]

PLM5F03 [ ]

PLM5O03 [/ /]

PLM5I04 [ ]

PLM5F04 [ ]

PLM5O04 [/ /]

For Review Only

Definitions and questions

RE-TELLING OF THE LIFE EVENT

Child tells and re-tells all or some part of the story of the “life events". Child does not need to be distressed while telling the story. Descriptions/narrative may differ over time from the actual event but narrative thread to “life event” must be apparent.

In the last three months, has X talked about the "life event" with you or other people?

Has X told you or other people the “story” of the "life event"?

Tell me about that.
Does s/he tell the whole story of the “life event” or just parts?
Does the story that s/he tells change?
In what way?
Or does the story stay pretty much the same each time s/he tells it?

What feelings does s/he show when s/he is telling the story of the life event?

Does s/he seem worried?
Or afraid?
Or sad?
Or angry?
Or does s/he seems excited or keyed up when s/he tells the story?
Or guilty?
Can s/he stop telling the story if s/he is interrupted?
Or does s/he get upset if s/he is interrupted or stopped from telling the story?

Coding rules

RE-TELLING OF THE STORY OF THE "LIFE EVENT"

0 = No

2 = Yes

AFFECT WHEN TELLING STORY

1 = Enjoyment/pleasure

2 = Excitement

3 = Fear

4 = Anxiety

5 = Anger

6 = Sadness

7 = Guilt

8 = No affect.

9 = Other

CONTENT STABILITY OF THE STORY OF THE "LIFE EVENT"

0 = Story has changed over time.

2 = No change in the story. Told the same way with each telling.

UPSET IF INTERRUPTED/STOPPED FROM TELLING THE STORY

0 = Absent

2 = Present

Codes

PLM6I01 Intensity

PLM6F01 Frequency

PLM6O01 Onset

/ /

PLM6X01

PLM6X02

PLM6I02

PLM6I03

For Review Only

Definitions and questions

To whom does s/he tell the story about the "life event"?

Does s/he tell it to people in your family?
Whom?
What about to people outside of your family, such as his/her teacher/daycare provider or babysitter?
What about strangers, such as the person at the supermarket checkout counter?
How often does s/he tell the story or part of the story of the "life event"?
When did s/he start telling the story about the "life event"?

FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Does s/he have difficulty remembering some things about "life event"?

What things are hard to remember?
Is that because s/he doesn't want to remember them, or that s/he just can't?
How much can s/he remember?
Are those memories real clear?

Coding rules

FAMILY MEMBERS

0 = No

2 = Yes

NON-FAMILY FRIENDS

0 = No

2 = Yes

STRANGERS

0 = No

2 = Yes

FAILURES OF RECALL

0 = No failure of recall.

1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.

2 = At least some aspects of the event cannot be recalled, even with effort.

3 = Most or all details of the event cannot be recalled.

Codes

PLM6I04

PLM6I05

PLM6I06

PLM7I01
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

RELIVING OF LIFE EVENT

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include such phenomena even if they occurred during sleep cycle.

CODE NIGHTMARES AND NIGHT TERRORS IN ITEMS THAT FOLLOW.

In the last 3 months, has s/he felt as though the "life event" was happening to him/her again, even when it wasn't?

What was that like?
What did s/he do?
How long did it last?
How often did it happen?
How real did it seem?
Did s/he feel as though s/he was really there, and that it was really happening again?
When it was happening was s/he aware of what was really going on around him/her and where s/he really was?
Did the memory of "life event" seem more real than his/her actual surroundings?

RELIVING OF "LIFE EVENT"

0 = Absent

2 = Able to report sensory phenomena associated with "life event", but still aware of real surroundings to at least some extent.

3 = No, or almost no, awareness of real surroundings (flashback).

PLM8I01
Intensity
[ ]

DISSOCIATION

Since “life event” child has new onset of episodes of being “frozen” or “blank” and unresponsive to multisensory (eg. talking, touching) attempts to get his/her attention.

In the last three months, has s/he had any episodes when s/he seems to freeze?

Or blank out?

Like s/he was in a trance?
Or his/her attention was focused somewhere else?

Does s/he become very still?
Lose eye contact?
Can you “snap” him/her out of it?
What do you do?
How long do these “spells” last?
How often do they happen?
When did they start?

DISSOCIATION

0 = Absent

2 = Present

PLM9I01
Intensity
[ ]

PLM9F01
Frequency
[ ]

HOURS : MINUTES

PLM9D01
Duration
[ ]

PLM9O01
Onset
[/ /]

For Review Only

Definitions and questions

NIGHTMARES

Frightening dreams that waken child, with content related to the "life event" (either about "life event" or reminding child of it). Unpleasant affect apparent when wakening, which may be followed rapidly by feelings of relief.

In the last 3 months, has s/he had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind him/her of it?

Tell me about them.
Do they wake him/her up?

How often do they happen?
When s/he wakes up, does s/he notice any physical effects?
When s/he wakes up is s/he panicky?
Is it hard for him/her to get back to sleep afterwards?
What does s/he do?
Does fear of these dreams make it hard for him/her to get to sleep?
Does s/he have trouble sleeping alone?

Coding rules

NIGHTMARES RELATED TO "LIFE EVENT"

0 = Absent

2 = Present. Onset of nightmare was prior to the "life event" but now the content of nightmares is related to the "life event".

3 = Present. Onset of nightmares after the "life event".

NIGHTMARE CONTENT

1 = Fixed dream(s) about event.

2 = Fixed dream(s) but not about event.

3 = Content not fixed.

4 = Don't know content.

AUTONOMIC EFFECTS

0 = Absent

2 = Notices autonomic changes in response to nightmares.

REASSURANCE

0 = Absent

2 = Upon waking from nightmare, seeks time limited reassurance or contact.

3 = Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).

ANTICIPATORY REASSURANCE

0 = Absent

2 = At bedtime, seeks time limited reassurance or contact (e.g. more involved bedtime ritual needed than prior to the life event).

3 = Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).

Codes

PLN0I01
Intensity

PLN0F01
Frequency

PLN0O01
Onset
/ /

PLN0X01

PLN0I02

PLN0I03

PLN0I04

For Review Only

Definitions and questions

NIGHT TERRORS

Episodes during sleep when the child is not fully conscious and does not wake up, but seems terrified and will usually cry out. The child has no memory of the event. Night terrors began or increased in frequency since the “life event”.

IF NIGHT TERRORS ASSOCIATED WITH TRAUMATIC EVENTS ARE PRESENT, CODE THEM HERE AND IN THE SLEEP SECTION.

In the last three months, does s/he ever seem to be having a terrible dream, but doesn't wake up?

What happens?
Can you describe it to me?
What do you do?
Does s/he remember what happened in the morning?
How often does that happen?
When did s/he start doing this?
Did these terrible dreams start after the “life event”?
Or did they happen more often after the “life event”?

Coding rules

NIGHT TERRORS

0 = Absent

2 = Present. Onset prior to "life event" but worsening of symptom since the "life event".

3 = Present. Onset after "life event".

Codes

PLN1I01
Intensity

PLN1F01
Frequency

PLN1O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

HYPERAROUSAL

For Review Only

Definitions and questions | Coding rules | Codes

SLEEP

Earlier in the interview, we talked about X's sleep patterns. Since the "life event" have you noticed a change in X's ability to go to sleep or stay asleep?

BE SURE TO CODE THE SPECIFICS OF THE SLEEP BEHAVIORS IN THE RELEVANT ITEMS IN THE SLEEP SECTION.

DIFFICULTY INITIATING SLEEP

Since the “life event” child has had difficulty going to sleep or settling down to sleep at bed time and/or nap time.

In the last three months, has s/he had a hard time falling asleep?

What happens?
Does it happen at bedtime?
Nap time?
Or both?
How often does this happen?
When did it start?
How long does it take him/her to get to sleep?
Did this difficulty start after the "life event"?

DIFFICULTY INITIATING SLEEP

0 = Absent

2 = Present

HOURS : MINUTES

PLN2I01
Intensity

PLN2F01
Frequency

PLN2D01
Duration

PLN2O01
Onset
/ /

For Review Only

Definitions and questions | Coding rules | Codes

NIGHT WAKING

Since the “life event” child has had difficulty staying asleep during the night; Child wakes up during the night for reasons other than nightmares or night terrors.

IF CHILD WAKES UP BECAUSE OF NIGHTMARES CODE NIGHTMARE RATHER THAN NIGHT WAKING. IF THE PARENT WAKES THE CHILD UP AFTER S/HE HAS A NIGHT TERROR, CODE NIGHT TERROR RATHER THAN NIGHT WAKING.

In the last three months, has X had trouble staying asleep during the night?

What happens?
Why is s/he waking up in the night?
When did this behavior start?
Did it start after the “life event” occurred?
Or before?
Did the behavior change after the “life event” happened?
How often does s/he wake up during the night?
Is s/he able to go back to sleep?
How long does it take him/her to go back to sleep?
What do you need to do to help him/her go back to sleep?

NIGHT WAKING

0 = Absent

2 = Present

PLN3I01 Intensity

PLN3F01 Frequency

HOURS : MINUTES

PLN3D01 Duration

PLN3O01 Onset

/ /

DECREASED CONCENTRATION

Difficulty maintaining sufficient involvement to allow completion of tasks requiring concentration.

In the last 3 months, has s/he had more trouble concentrating since "life event"?

Is it more difficult for him/her to concentrate?

Does s/he have trouble remembering things?
Does s/he seem to have a shorter attention span than s/he did before the "life event"?
What have you noticed?
Has this caused him/her any problems?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

DECREASED CONCENTRATION/ATTENTION SPAN

0 = Absent

2 = Decreased concentration occurs in at least 2 activities.

3 = Decreased concentration occurs in most activities.

PLN4I01 Intensity

PLN4F01 Frequency

PLN4O01 Onset

/ /

PHASIC EXACERBATION

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

PLN4I02

For Review Only

Definitions and questions

IRRITABILITY

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

Since "life event" have things "gotten on his/her nerves" more easily?

What kinds of things?
Is that more than usual?
Or has s/he been more irritable?

Does s/he get more annoyed or upset than s/he did before the "life event"?

Has this affected how s/he gets along with people?
How so?
How does s/he feel this way?
When s/he's irritable, how long does it last?
Is it worse when s/he has been thinking about "life event"?

Coding rules

IRRITABILITY

0 = Absent

2 = Irritability occurs in at least 2 activities.

3 = Irritability occurs in most activities.

HOURS : MINUTES

PHASIC EXACERBATION

0 = Absent

2 = Irritability occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLN5I01
Intensity

PLN5F01
Frequency

PLN5D01
Duration

PLN5O01
Onset
/ /

PLN5I02

For Review Only

Definitions and questions

INCREASED AGGRESSION

Child is more physically combative and/or assaultive since the “life event”.

Since the “life event” has X been more aggressive?

Has s/he got into more physical fights?

Or attacked others without being provoked?

What happens?
How often does this aggression occur at home?
In daycare/school?
Elsewhere?
How much of the time does s/he act this way?
Is it worse when s/he has been thinking about "life event"?
Has this affected how s/he gets along with people?
How so?
Does s/he act this way towards everyone?
Or with certain people?
Who?
Is s/he more aggressive with animals?
Or objects like toys?
Or furniture?

Coding rules

INCREASED PHYSICAL AGGRESSION

0 = Absent

2 = Aggression occurs in at least 2 activities.

3 = Aggression occurs in most activities.

HOME

DAYCARE/SCHOOL

ELSEWHERE

PROVOKED - FREQUENCY

UNPROVOKED - FREQUENCY

PHASIC EXACERBATION

0 = Absent

2 = Aggression occurs or increases in response to cues prompting recall or reliving of the "life event".

AGGRESSION TARGETED TOWARDS:

0 = Parent #1

1 = Parent #2

2 = Other Parent #1

3 = Other Parent #2

4 = Other Adult Family Members

6 = Unrelated but Familiar Adults

7 = Siblings

8 = Peers

Codes

PLN6I01 Intensity

PLN6O01 Onset / /

PLN6F01 Home Frequency

PLN6F02 Daycare/School Frequency

PLN6F03 Elsewhere Frequency

PLN6F04

PLN6F05

PLN6I02

PLN6I03

PLN6I04

PLN6I05

For Review Only

Definitions and questions

Coding rules

Codes

9 = Strangers

10 = Animals

11 = Objects (Toys, Pillows, Walls, etc.)

PLN6I06

PLN6I07

PLN6I08

PLN6I09

PLN6I10

PLN6I11

PLN6I12

PLN6I13

HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, has s/he been more "on the alert" for bad things happening than before "life event"?

What does s/he do?
Is s/he like that even when there isn't much chance of anything bad happening?
How much has that affected his/her life?
How much of the time is s/he like that?
Has s/he given up doing any things because s/he doesn't want to take any chances?
Is it worse when s/he has been thinking about "life event"?

HYPERVIGILANCE

0 = Absent or hypervigilance not manifested in any overt behavioral change.

2 = Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.

3 = Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.

PLN7I01
Intensity

PLN7O01
Onset
/ /

PHASIC EXACERBATION

0 = Absent

2 = Hypervigilance occurs or increases in response to cues prompting recall or reliving of the "life event".

PLN7I02

For Review Only

Definitions and questions

EXAGGERATED STARTLE RESPONSE

Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

In the last 3 months has s/he startled more easily than before "life event"?

Or has s/he been more jumpy than usual?

Do unexpected noises make him/her jump more easily than they used to?
What is it like when that happens?
How often does it happen?
How long does s/he stay "jumpy" afterwards?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

Coding rules

EXAGGERATED STARTLE RESPONSE

0 = Absent

2 = Present, but not noticeable to others.

3 = Present, noticeable to others.

PHASIC EXACERBATION

0 = Absent

2 = Startle response occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLN8I01
Intensity

PLN8O01
Onset
/ /

PLN8I02

For Review Only

Definitions and questions | Coding rules | Codes

NUMBING

SOCIAL WITHDRAWAL

Retreat from participation in social interactions include play with other children.

Since the "life event" has X changed his/her interest in being with other people?

Or interacting with other people?

Has s/he withdrawn from playing with other children?

What has happened?
Is it affecting his/her relationships with others?
Or his/her ability to do things, like go to school/daycare or have play dates with other children?
How often does s/he withdraw like that?
If you or someone else reassures him/her, is s/he able to participate with others?
When did this start?

SOCIAL WITHDRAWAL

0 = Absent

2 = Social withdrawal occurs in at least 2 activities.

3 = Social withdrawal occurs in most activities.

PLN9I01 Intensity

PLN9O01 Onset

/ /

REASSURANCE

0 = With reassurance, child interacts with others.

2 = Despite reassurance, child remains withdrawn and resistant to interacting with others.

PLN9I02

PHASIC EXACERBATION

0 = Absent

2 = Social withdrawal occurs or increases in response to cues prompting recall or reliving or the "life event".

PLN9I03

LOSS OF POSITIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her feelings?

Has s/he got any feelings left?
Can s/he feel happy or good feelings?

LOSS OF POSITIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

PLO0I01 Intensity

ONSET: LOSS OF POSITIVE AFFECT

PLO0O01

/ /

For Review Only

Definitions and questions | Coding rules | Codes

LOSS OF NEGATIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her unhappy of negative feelings?

Has s/he got any feelings left?

LOSS OF NEGATIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

PLO0I02 Intensity

PLO0O02 Onset

/ /

LOSS OF POSITIVE EMOTIONAL EXPRESSION

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Is it harder for him/her to show happy or good feelings?

LOSS OF POSITIVE EMOTIONAL EXPRESSION

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

PLO1I01 Intensity

PLO1O01 Onset

/ /

LOSS OF NEGATIVE EMOTIONAL EXPRESSION

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Is it harder for him/her to show unhappy or bad feelings?

LOSS OF NEGATIVE EMOTIONAL EXPRESSION

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

PLO1I02 Intensity

PLO1O02 Onset

/ /

For Review Only

Definitions and questions

LOSS OF PREVIOUSLY ACQUIRED SKILLS

Child moved backward in skills, such as the use of the toilet rather than diapers, speaking in sentences, or walking, that had previously been mastered.

Code as present only if child had the skill and then, after the "life event," the child no longer has the same level of skill. Be sure to get examples.

Since the "life event," has X gone backward in his/her development?

Are there things that s/he could do before the "life event" that s/he no longer does?

Can you give me an example?

Since the "life event", has s/he started wetting the bed?

Or soiling his/her pants?

When did this start?

How about his/her talking since the "life event"?

After the "life event," did s/he talk more like s/he did when s/he was a baby?

Or when s/he was a younger child?

Did his/her language become simpler?
In what way?
When did this start?

Have you noticed a change in the physical things that s/he can do since the "life event"?

Are there physical things that s/he used to be able to do that s/he does not do any more?
Like what?
When did this start?

Since the "life event" has there been a loss of any other skills?

Can you give me an example?
When did that start?

Coding rules

LOSS OF PREVIOUSLY ACQUIRED SKILLS

0 = Absent

2 = Present

REGRESSION IN TOILETING

0 = Absent

2 = Present

ONSET: REGRESSION IN TOILETING

REGRESSION IN LANGUAGE

0 = Absent

2 = Present

ONSET: REGRESSION OF LANGUAGE

REGRESSION IN MOTOR SKILLS

0 = Absent

2 = Present

ONSET: REGRESSION IN MOTOR SKILLS

OTHER AREAS OF REGRESSION

0 = Absent

2 = Present

Specify

ONSET: OTHER AREAS OF REGRESSION

Codes

PLO2I90 Intensity

PLO2I01

PLO2O01 / /

PLO2I02

PLO2O02 / /

PLO2I03

PLO2O03 / /

PLO2I04

PLO2O04 / /

For Review Only

Definitions and questions

NEW ONSET OF FEARS OR INTENSIFICATION OF ALREADY PRESENT FEARS

Child has developed new fears such as the fear of going to the bathroom by him/herself, fear of the dark, fear of being apart from his/her significant caretaker, or other fears; or has experienced a distinct intensification of already present fears.

BE SURE TO CODE IN THE ANXIETY SECTION AS WELL.

Since the life event, has X developed any new fears?

What new fears has s/he developed?

Since the "life event" have any of fears that s/he already had become worse?

Which ones?
What has happened?
Since the "life event" has s/he had a fear of going to the bathroom by him/herself?

Or a fear of the dark?

Fears of separating from you or being apart from you or other people in your family?

Any other fears?

Have these fears caused problems for him/her?
Have they affected his/her relationships with other people?
When did these fears start (or get worse)?

Coding rules

NEW ONSET OF FEARS OR INTENSIFICATION OF ALREADY PRESENT FEARS

0 = Absent

2 = Present

FEAR OVERALL SINCE THE "LIFE EVENT"

0 = Absent

2 = Fears occurs in at least 2 activities.

3 = Fears occurs in most activities.

FEAR OF GOING TO THE BATHROOM ALONE

0 = Absent

2 = New since the "life event".

3 = Present prior to the "life event" but intensified since the "life event".

ONSET: FEAR OF GOING TO THE BATHROOM ALONE

FEAR OF THE DARK

0 = Absent

2 = New since the "life event".

3 = Present prior to the "life event" but intensified since the "life event".

ONSET: FEAR OF THE DARK

SEPARATION FEARS

0 = Absent

2 = New since the "life event".

3 = Present prior to the "life event" but intensified since the "life event".

ONSET: SEPARATION FEARS

Codes

PLO3I90 Intensity

PLO3I01

PLO3O01 Onset / /

PLO3I02

PLO3O02 / /

PLO3I03

PLO3O03 / /

PLO3I04

PLO3O04 / /

For Review Only

Definitions and questions

Coding rules

OTHER

0 = Absent

2 = New since the “life event”.

3 = Present prior to the “life event” but intensified since the “life event”.

Specify

ONSET: OTHER FEARS

Codes

PLO3I05

PLO3O05

/ /

For Review Only

Definitions and questions | Coding rules | Codes

OTHER BEHAVIORS

DANGEROUS ACTIVITIES

Increased activities that physically endanger the child or others since "life event".

Since "life event", has s/he taken chances and done risky things?

Or dangerous things?

Is this more than before "life event"?

What has s/he done in the last 3 months?
How often does this happen?
When did it start?

DANGEROUS ACTIVITIES

0 = Absent

2 = Present

Specify

PLO4I01 Intensity

PLO4F01 Frequency

PLO4O01 Onset

/ /

OMEN FORMATION

Following the "life event", child has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined "life events".

Is s/he superstitious about things?

Are there signs that mean bad things will happen?

Or signs that make him/her think that s/he'll be OK?

What are they?
Does s/he think that these signs are really true?
Did s/he believe in them before "life event" or are they new?

OMEN FORMATION

0 = Not present.

1 = Superstitious beliefs not resulting in any overt behavior.

2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).

3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.

PLO5I01 Intensity

PLO5O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

SURVIVOR GUILT

A subjective belief or feeling of responsibility for the "life event" or its prevention, or a feeling that the child should have substituted (or been substituted) for another who was more severely affected.

Does s/he feel guilty about what happened during "life event"?

Does s/he ever feel it was his/her fault, even though it wasn't?

Does s/he sometimes feel that s/he should have prevented "life event" even though s/he couldn't?
Does s/he ever wish that s/he and not "specific other person" should have "specific other person's" fate?
Does s/he ever feel bad about what s/he did during "life event"?

SURVIVOR GUILT

0 = Absent

2 = Present

PLO6I01 Intensity

PLO6O01 Onset

/ /

REVENGE FANTASIES AFTER EVENT

In the last 3 months child imagined doing something to punish the "cause" of the trauma.

Does s/he still wish that s/he could get revenge or punish "the cause of the trauma"?

Or that something would happen to get back at "the cause"?

What does s/he wish would happen?
Or what does s/he wish s/he could do?

REVENGE FANTASIES

0 = Absent

2 = Present

PLO7I01 Intensity

PLO7O01 Onset

/ /

For Review Only

Definitions and questions | Coding rules | Codes

INCAPACITY SECTION

REVIEW BRIEFLY WITH THE SUBJECT THE AREAS WHERE PROBLEMS OR SYMPTOMS HAVE EMERGED DURING THE INTERVIEW. TAKING ONE AREA AT A TIME, REVIEW THE AREAS OF SYMPTOMATOLOGY TO DETERMINE WHETHER SYMPTOMS IN THAT AREA HAVE CAUSED INCAPACITY. USE THIS, AND INFORMATION COLLECTED THROUGHOUT THE INTERVIEW, TO COMPLETE THE INCAPACITY RATINGS. REMEMBER, YOU NEED ONLY TO ASK THE SPECIFIC QUESTIONS IF YOU HAVE NOT ALREADY COLLECTED THE INFORMATION WHILE COVERING THE APPROPRIATE SYMPTOM SECTION. IF INCAPACITY IS PRESENT FIND OUT WHEN IT BEGAN. REMEMBER TO OBTAIN SEPARATE TIMINGS FOR THE ONSET OF PARTIAL AND SEVERE INCAPACITIES.

SUMMARY OF RULES FOR RATING INCAPACITY

IMPAIRMENT/INCAPACITY

Two levels of disturbance or impaired functioning are distinguished:

Partial Incapacity; refers to a notable reduction of function in a particular area. If a person is still able to do things, but does them less well, or more slowly, then code as a Partial Incapacity.

Severe Incapacity; refers to a complete, or almost complete, inability to function in a particular area.

With the exception of the lifelong symptoms mentioned below, most incapacities require a decrement or change in functioning. The decrement can predate the primary period but must still be present during the primary period.

SYMPTOM DEPENDENCE

For Review Only

Definitions and questions	Coding rules	Codes
For incapacity to be rated it must arise demonstrably from the presence of some particular symptoms or disordered behaviors. For instance, a child who has lost friends because her mother would not allow her to associate with them, would not have that loss of friends rated as an incapacity here. Although, of course, it might have had crippling effects on her social life, it would not count as an incapacity because it was not secondary to any psychopathology of the child. However, it would count if the child was too frightened to leave the house and lost her friends because of it. ***The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that a child was incapacitated in certain ways and that the child had certain psychopathological problems. The incapacity must be linked to the problems that seem to have generated it. Often this is difficult when children have multiple problems and incapacities, but the attempt should be made nevertheless. However, this does not mean that a particular incapacity has to be assigned to one single problem. It will sometimes be the case that several symptoms of different types will contribute to a particular incapacity. When this is the case, each contributing problem area should be recorded.*** ***It follows that if an incapacity is to be seen as being secondary to other symptoms, then those other symptoms must have been present before the onset of that incapacity. They must also have resulted in a fall-off from a previous level of attainment or proficiency if they are to be regarded as having resulted in an incapacity. Thus a child who had previously been able to function well enough in class might show a reduced ability to participate in group activities, because he felt too miserable to do so. This would be regarded as an incapacity secondary to the affective symptoms. On the other if a child had always been unable to participate in group activities and later became depressed, an incapacity, secondary to depression, would be recorded only if his capacity to participate in group activities suffered a further decrement from its already low level. If there had been no further decrement, an incapacity in relation to depression would not be recorded.***		

For Review Only

Definitions and questions | Coding rules | Codes

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

For Review Only

Definitions and questions	Coding rules	Codes
The rules for dating the onset of incapacities are essentially the same as those for dating symptom onsets. That is, the decision is first made as to whether or not a particular incapacity was present during the 3 month primary period. If it was, then its onset is coded as the date it appeared at the minimum criterion level required by the glossary definition. Once again, there is a proviso that if the incapacity has been present only intermittently, the onset is dated from when the incapacity began again following the last period of one year (or longer) without incapacity. The dates of exacerbations from partial to complete incapacity are also recorded. ***Even if a child did not code for any problems in the a particular section of the PAPA, the Incapacity section can not 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.***		

For Review Only

Definitions and questions

PARENTAL RELATIONSHIPS - PARENT #1

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with you?

How?
What do you do about it?
What does s/he do about it?
Does it cause any arguments?
Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIPS - PARENT #1

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMA0I90 Intensity

PMA0I01

PMA0I02

PMA0X03

PMA0X04

PMA0X05

PMA0X06

PMA0X07

PMA0X08

PMA0X09

PMA0X10

PMA0X11

PMA0X12

For Review Only

Definitions and questions

Coding rules

Codes

PMA0X13

PMA0X14

PMA0X15

PMA0X16

PMA0X17

PMA0X18

PMA0X19

PMA0X20

PMA0X21

PMA0X22

ONSET OF FIRST PARTIAL INCAPACITY PMA0O01

/ /

ONSET OF FIRST SEVERE INCAPACITY PMA0O02

/ /

For Review Only

Definitions and questions

PARENTAL RELATIONSHIPS - PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with "other parent"?

How?
What does "other parent" do about it?
What does X do about it?
Does it cause any arguments?
Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - PARENT #2

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMA1I90 Intensity

PMA1I01

PMA1I02

PMA1X03

PMA1X04

PMA1X05

PMA1X06

PMA1X07

PMA1X08

PMA1X09

PMA1X10

PMA1X11

PMA1X12

For Review Only

Definitions and questions

Coding rules

Codes

PMA1X13

PMA1X14

PMA1X15

PMA1X16

PMA1X17

PMA1X18

PMA1X19

PMA1X20

PMA1X21

PMA1X22

ONSET OF FIRST PARTIAL INCAPACITY PMA1O01 / /

ONSET OF FIRST SEVERE INCAPACITY PMA1O02 / /

For Review Only

Definitions and questions

PARENTAL RELATIONSHIPS - OTHER PARENT #1

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with "Other Parent #1"?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #1

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

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7 = Physical Symptoms

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13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMA2I90 Intensity

PMA2I01

PMA2I02

PMA2X03

PMA2X04

PMA2X05

PMA2X06

PMA2X07

PMA2X08

PMA2X09

PMA2X10

PMA2X11

PMA2X12

For Review Only

Definitions and questions

Coding rules

Codes

PMA2X13

PMA2X14

PMA2X15

PMA2X16

PMA2X17

PMA2X18

PMA2X19

PMA2X20

PMA2X21

PMA2X22

ONSET OF FIRST PARTIAL INCAPACITY PMA2O01 / /

ONSET OF FIRST SEVERE INCAPACITY PMA2O02 / /

For Review Only

Definitions and questions

PARENTAL RELATIONSHIPS - OTHER PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with "Other Parent #2"?

How?
What does "other parent" do about it?
What does X do about it?
Does it cause any arguments?
Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #2

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

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17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMA3I90 Intensity

PMA3I01

PMA3I02

PMA3X03

PMA3X04

PMA3X05

PMA3X06

PMA3X07

PMA3X08

PMA3X09

PMA3X10

PMA3X11

PMA3X12

For Review Only

Definitions and questions | Coding rules | Codes

IF NO CHILDREN IN HOUSEHOLD, SKIP TO "SIBLING RELATIONSHIPS: OUT OF HOME", (PAGE 15).

PMA3X13

PMA3X14

PMA3X15

PMA3X16

PMA3X17

PMA3X18

PMA3X19

PMA3X20

PMA3X21

PMA3X22

ONSET OF FIRST PARTIAL ICAPACITY PMA3O01 / /

ONSET OF FIRST SEVERE INCAPACITY PMA3O02 / /

For Review Only

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, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with (brothers and sisters)?

How?
What do they do about it?
What does s/he do?
Does it create any arguments?
Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH SIBLING RELATIONSHIPS - IN HOME

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMA4I90 Intensity

PMA4I01

PMA4I02

PMA4X03

PMA4X04

PMA4X05

PMA4X06

PMA4X07

PMA4X08

PMA4X09

PMA4X10

PMA4X11

PMA4X12

For Review Only

Definitions and questions

Coding rules

Codes

PMA4X13

PMA4X14

PMA4X15

PMA4X16

PMA4X17

PMA4X18

PMA4X19

PMA4X20

PMA4X21

PMA4X22

ONSET OF FIRST PARTIAL INCAPACITY PMA4O01 / /

ONSET OF FIRST SEVERE INCAPACITY PMA4O02 / /

IF NO SIBLINGS OUT OF HOME, SKIP TO "COOPERATIVE HELPING", (PAGE 17).

For Review Only

Definitions and questions

SIBLING RELATIONSHIPS: OUT OF HOME

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior

Does it affect how s/he gets along with (brothers and/or sisters) who don't live at home?

How?
What do they do about it?
What does s/he do about it?
Does it create any arguments?
Can you tell me about the last time?

Coding rules

PROBLEMS WITH SIBLING RELATIONSHIP - OUT OF HOME

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMA5I90 Intensity

PMA5I01

PMA5I02

PMA5X03

PMA5X04

PMA5X05

PMA5X06

PMA5X07

PMA5X08

PMA5X09

PMA5X10

PMA5X11

PMA5X12

For Review Only

Definitions and questions

Coding rules

Codes

PMA5X13

PMA5X14

PMA5X15

PMA5X16

PMA5X17

PMA5X18

PMA5X19

PMA5X20

PMA5X21

PMA5X22

ONSET OF FIRST PARTIAL INCAPACITY PMA5O01

/ /

ONSET OF FIRST SEVERE INCAPACITY PMA5O02

/ /

For Review Only

Definitions and questions

COOPERATIVE HELPING

(e.g. Toy Clean-up)

A child should be able to follow parental directions, to clean up his/her toys, bring plate to sink, 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.

What about helping 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's stopped doing because of (the way s/he's been feeling)?

Would it make a difference if s/he didn't...(have symptoms)?

What difference would it make?
How do you know that it's...(symptom)...that causes the trouble?

Coding rules

PROBLEMS WITH COOPERATIVE HELPING

0 = Absent

2 = Partial incapacity.

3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMA7I90 Intensity

PMA7X02

PMA7X03

PMA7X04

PMA7X05

PMA7X06

PMA7X07

PMA7X08

PMA7X09

PMA7X10

PMA7X11

PMA7X12

PMA7X13

PMA7X14

For Review Only

Definitions and questions	Coding rules	Codes
		PMA7X15
		PMA7X16
		PMA7X17
		PMA7X18
		PMA7X19
		PMA7X20
		PMA7X21
	ONSET OF FIRST PARTIAL INCAPACITY	PMA7O01 / /
	ONSET OF FIRST SEVERE INCAPACITY	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...(symptom)...make it hard for him/her to leave the house?

To get ready to go outside?

Or to go to school or daycare?

Coding rules

LEAVING HOUSE

0 = Absent

2 = Partial incapacity.

3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

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16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMA9I01 Intensity

PMA9X02

PMA9X03

PMA9X04

PMA9X05

PMA9X06

PMA9X07

PMA9X08

PMA9X09

PMA9X10

PMA9X11

PMA9X12

PMA9X13

PMA9X14

For Review Only

Definitions and questions	Coding rules	Codes
		PMA9X15
		PMA9X16
		PMA9X17
		PMA9X18
		PMA9X19
		PMA9X20
		PMA9X21
	ONSET OF FIRST PARTIAL INCAPACITY	PMA9O01 / /
	ONSET OF FIRST SEVERE INCAPACITY	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...(symptom)... affect how s/he gets along there?

Does...(symptom)...affect how well s/he does at daycare/school?

How?
Can you tell me about the last time that it did?

Coding rules

DAYCARE/SCHOOL PERFORMANCE

0 = Absent

2 = Partial incapacity.

3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMB0I90 Intensity

PMB0X02

PMB0X03

PMB0X04

PMB0X05

PMB0X06

PMB0X07

PMB0X08

PMB0X09

PMB0X10

PMB0X11

PMB0X12

PMB0X13

PMB0X14

For Review Only

Definitions and questions	Coding rules	Codes
		PMB0X15
		PMB0X16
		PMB0X17
		PMB0X18
		PMB0X19
		PMB0X20
		PMB0X21
	ONSET OF FIRST PARTIAL INCAPACITY	PMB0O01 / /
	ONSET OF FIRST SEVERE INCAPACITY	PMB0O02 / /

For Review Only

Definitions and questions

DAYCARE/SCHOOL LIFE - SUSPENSION

Exclusion from school for any length of time.

Has X ever been suspended from daycare/school?

Has it happened in the last three months?

Coding rules

SUSPENSION

0 = Absent

2 = Present

SUSPENSION IN LAST 3 MONTHS

0 = Absent

2 = Present

DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

Codes

Ever:PMB1E90
Intensity

Ever:PMB1V01
Frequency

Ever:PMB1O01
Onset
/ /

PMB1I01
Intensity

PMB1D01

Ever:PMB1I02

Ever:PMB1I03

Ever:PMB1I04

Ever:PMB1I05

Ever:PMB1I06

Ever:PMB1I07

Ever:PMB1I08

Ever:PMB1I09

Ever:PMB1I10

For Review Only

Definitions and questions	Coding rules	Codes
	20 = Life Events/Post-Traumatic Stress	Ever:PMB1I11
		Ever:PMB1I12
		Ever:PMB1I13
		Ever:PMB1I14
		Ever:PMB1I15
		Ever:PMB1I16
		Ever:PMB1I17
		Ever:PMB1I18
		Ever:PMB1I19
		Ever:PMB1I20
		Ever:PMB1I21

For Review Only

Definitions and questions

DAYCARE/SCHOOL LIFE - EXPULSION

Expulsion from daycare/school or asked to withdraw voluntarily.

Has X ever been expelled from school?

Has that happened in the last three months?

Coding rules

EXPULSION

0 = Absent

2 = Present

DATE OF FIRST EXPULSION

EXPULSION IN LAST 3 MONTHS

0 = Absent

2 = Present

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

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16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

Ever:PMB3E90
Intensity

Ever:PMB3V01
Frequency

Ever:PMB3O01
/ /

PMB3I01
Intensity

Ever:PMB3I02

Ever:PMB3I03

Ever:PMB3I04

Ever:PMB3I05

Ever:PMB3I06

Ever:PMB3I07

Ever:PMB3I08

Ever:PMB3I09

Ever:PMB3I10

Ever:PMB3I11

For Review Only

Definitions and questions

Coding rules

Codes

Ever:PMB3I12

Ever:PMB3I13

Ever:PMB3I14

Ever:PMB3I15

Ever:PMB3I16

Ever:PMB3I17

Ever:PMB3I18

Ever:PMB3I19

Ever:PMB3I20

Ever:PMB3I21

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 nonparental 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 it affect how s/he gets along with the caregivers/teachers?

Coding rules

PROBLEMS WITH DAYCARE PROVIDER/TEACHER RELATIONSHIPS

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMB4I90 Intensity

PMB4I01

PMB4I02

PMB4X03

PMB4X04

PMB4X05

PMB4X06

PMB4X07

PMB4X08

PMB4X09

PMB4X10

PMB4X11

PMB4X12

For Review Only

Definitions and questions

Coding rules

Codes

PMB4X13

PMB4X14

PMB4X15

PMB4X16

PMB4X17

PMB4X18

PMB4X19

PMB4X20

PMB4X21

PMB4X22

ONSET OF FIRST PARTIAL INCAPACITY PMB4O01

/ /

ONSET OF FIRST SEVERE INCAPACITY PMB4O02

/ /

For Review Only

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.

What about how s/he gets along with other children at daycare/school; does it affect that?

What about friends at daycare/school?

Has it made him/her see friends less than s/he used to?
Or try to avoid them?
Or do they seem to want to do things with him/her less than they used to?
Why is that?

Coding rules

PROBLEMS WITH PEER RELATIONSHIPS AT DAYCARE/SCHOOL

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMB5I90 Intensity

PMB5I01

PMB5I02

PMB5I03

PMB5I04

PMB5I05

PMB5I06

PMB5I07

PMB5I08

PMB5I09

PMB5I10

PMB5I11

PMB5I12

For Review Only

Definitions and questions

Coding rules

Codes

PMB5I13

PMB5I14

PMB5I15

PMB5I16

PMB5I17

PMB5I18

PMB5I19

PMB5I20

PMB5I21

PMB5I22

ONSET OF FIRST PARTIAL INCAPACITY PMB5O01 / /

ONSET OF FIRST SEVERE INCAPACITY PMB5O02 / /

For Review Only

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 I 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?

Coding rules

SPARE TIME ACTIVITIES

0 = Absent

2 = Partial incapacity.

3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMB6I01 Intensity

PMB6I02

PMB6I03

PMB6I04

PMB6I05

PMB6I06

PMB6I07

PMB6I08

PMB6I09

PMB6I10

PMB6I11

PMB6I12

PMB6I13

PMB6I14

For Review Only

Definitions and questions	Coding rules	Codes
		PMB6I15
		PMB6I16
		PMB6I17
		PMB6I18
		PMB6I19
		PMB6I20
		PMB6I21
	ONSET OF FIRST PARTIAL INCAPACITY	PMB6O01 / /
	ONSET OF FIRST SEVERE INCAPACITY	PMB6O02 / /

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 it affect how s/he gets along with other people outside the home or school - such as neighbors...or people at (the park, etc.)?

Who?
How?
Can you tell me about the last time that it did?
Has it made him/her see less of other adults?
Or try to avoid them?
Or do they treat him/her differently?
Why?

Coding rules

PROBLEMS WITH RELATIONSHIPS WITH ADULTS OUTSIDE THE HOME OR DAYCARE/SCHOOL

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMB7I90 Intensity

PMB7I01

PMB7I02

PMB7X03

PMB7X04

PMB7X05

PMB7X06

PMB7X07

PMB7X08

PMB7X09

PMB7X10

PMB7X11

For Review Only

Definitions and questions

Coding rules

Codes

PMB7X12

PMB7X13

PMB7X14

PMB7X15

PMB7X16

PMB7X17

PMB7X18

PMB7X19

PMB7X20

PMB7X21

PMB7X22

ONSET OF FIRST PARTIAL INCAPACITY PMB7O01

/ /

ONSET OF FIRST SEVERE INCAPACITY PMB7O02

/ /

For Review Only

Definitions and questions

RELATIONSHIPS WITH PEERS

Children should be able to form mutually interested relationships and to undertake activities together (chatter and playing constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to peers.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Has it affected how s/he gets along with friends at all - I mean outside school?

How?
Can you tell me more about the last time that it did?
Has it made him/her see less of friend(s) than s/he used to?
Why is that?
What about with other children/young people in your neighborhood?

Coding rules

PROBLEMS WITH PEER RELATIONSHIPS

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMB8I90 Intensity

PMB8I01

PMB8I02

PMB8X03

PMB8X04

PMB8X05

PMB8X06

PMB8X07

PMB8X08

PMB8X09

PMB8X10

PMB8X11

PMB8X12

For Review Only

Definitions and questions

Coding rules

Codes

PMB8X13

PMB8X14

PMB8X15

PMB8X16

PMB8X17

PMB8X18

PMB8X19

PMB8X20

PMB8X21

PMB8X22

ONSET OF FIRST PARTIAL INCAPACITY PMB8O01 / /

ONSET OF FIRST SEVERE INCAPACITY PMB8O02 / /

For Review Only

Definitions and questions

ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL

Child can go to places outside home (e.g. grocery store, restaurant, church/synagogue/mosque) and act appropriately for his/her age.

Does s/he make it hard for you to take him/her out in public?

Can you go out with X to places like the grocery store?

Or to a restaurant?

What happens?

Coding rules

PROBLEMS WITH ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PME0I90 Intensity

PME0I01

PME0I02

PME0X03

PME0X04

PME0X05

PME0X06

PME0X07

PME0X08

PME0X09

PME0X10

PME0X11

For Review Only

Definitions and questions

Coding rules

Codes

PME0X12

PME0X13

PME0X14

PME0X15

PME0X16

PME0X17

PME0X18

PME0X19

PME0X20

PME0X21

PME0X22

ONSET OF FIRST PARTIAL INCAPACITY PME0O01

/ /

ONSET OF FIRST SEVERE INCAPACITY PME0O02

/ /

For Review Only

Definitions and questions

TREATMENT

Referrals to professional agencies concerned with child psychopathology are coded here.

Has s/he ever seen anyone about (symptoms)?

Like a doctor or anyone at daycare/school?

Who did s/he see?
Where did s/he see them?
Did s/he go to a clinic?

Or into a hospital?

What did they do?
Did it help at all?
When did s/he go to see...?
When did s/he...(have treatment)?

Coding rules

TREATMENT

0 = Absent

2 = Present

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxiety

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Speech Therapy

21 = Occupational/Physical Therapy

22 = Life Events/Post-Traumatic Stress

Codes

PMD0I01 Intensity

PMD0X02

PMD0X03

PMD0X04

PMD0X05

PMD0X06

PMD0X07

PMD0X08

PMD0X09

PMD0X10

PMD0X11

PMD0X12

PMD0X13

PMD0X14

PMD0X15

For Review Only

Definitions and questions	Coding rules	Codes
		PMD0X16
		PMD0X17
		PMD0X18
		PMD0X19
		PMD0X20
		PMD0X21
		PMD0X22
		PMD0X23
	BEGINNING OR FIRST TREATMENT	PMD0O01 / /

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 anything from his/her doctor?

What?
What is that?

Coding rules

Codes

MEDICATION PMC0I90
Intensity

0 = Absent

2 = Present

MINOR TRANQUILIZERS/SEDATIVES PMC0I01

0 = Absent

2 = Present

BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT PMC0O01 / /

ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS PMC1I01

0 = Absent

2 = Present

BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT PMC1O01 / /

STIMULANTS PMC2I01

0 = Absent

2 = Present

BEGINNING OF STIMULANTS TREATMENT PMC2O01 / /

STRATERRA (NON-STIMULANT) PMC2I02

0 = Absent

2 = Present

BEGINNING OF STRATTERA (NON-STIMULANT) TREATMENT PMC2O02 / /

ANTIDEPRESSANTS PMC3I01

0 = Absent

2 = Present

BEGINNING OF ANTIDEPRESSANTS TREATMENT PMC3O01 / /

LITHIUM PMC4I01

0 = Absent

2 = Present

BEGINNING OF LITHIUM TREATMENT PMC4O01 / /

For Review Only

Definitions and questions

Coding rules

Codes

ANTICONVULSANTS PMC5I01

0 = Absent

2 = Present

BEGINNING OF ANTICONVULSANTS TREATMENT PMC5O01

/ /

ANTIBIOTICS PMF0I01

0 = Absent

2 = Present

BEGINNING OF ANTIBIOTICS TREATMENT PMF0O01

/ /

ASTHMA MEDICATION PMF1I01

0 = Absent

2 = Present

BEGINNING OF ASTHMA MEDICATION TREATMENT PMF1O01

/ /

OTHER PMC6I01

0 = Absent

2 = Present

Specify

BEGINNING OF TREATMENT PMC6O01

/ /

IF ANY MEDICATION TAKEN CONTINUE. OTHERWISE, SKIP TO "ADMINISTRATION OF THE CAIA", (PAGE ERROR! BOOKMARK NOT DEFINED.**).**

For Review Only

Definitions and questions

MEDICATION - RX 1

Which medication is s/he on?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POAAX03
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
	35 = Wellbutrin 36 = Zoloft 37 = Zyrtek 38 = Other Medication.	
	DOSE IN MG - RX 1	POAAX01
		POAAF01 Frequency
	DOSE IN MG - (IF VARIES WITHIN 24 HOURS) - RX 2	POAAX02
	NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2	POAAF02
		POAAO01 Onset / /
	DOCTOR EXPLANATION 0 = No 2 = Yes	POAAX05
	MENTION OF SIDE EFFECTS 0 = No 2 = Yes	P0AAX07
	NUMBER OF SIDE EFFECTS - RX 1	POAAX08
	CHECKING REACTION TO MEDICATION 0 = No 2 = Yes	POAAX09
	VIEWED MEDICATION BOTTLE 0 = No 2 = Yes	P0AAX10

For Review Only

Definitions and questions

MEDICATION - RX 2

WHICH MEDICATION IS S/HE ON?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POABX03
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
	35 = Wellbutrin 36 = Zoloft 37 = Zyrtek 38 = Other Medication.	
	DOSE IN MG - RX 2	POABX01
		POABF01 Frequency
	DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 2	POABX02
	NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2	POABF02
		POABO01 Onset / /
	DOCTOR EXPLANATION 0 = No 2 = Yes	POABX05
	MENTION OF SIDE EFFECTS 0 = No 2 = Yes	POABX07
	NUMBER OF SIDE EFFECTS - RX 2	POABX08
	CHECKING REACTION TO MEDICATION 0 = No 2 = Yes	POABX09
	VIEWED MEDICATION BOTTLE 0 = No 2 = Yes	POABX10

For Review Only

Definitions and questions

MEDICATION - RX 3

WHICH MEDICATION IS S/HE ON?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POACX03
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
	35 = Wellbutrin 36 = Zoloft 37 = Zyrtek 38 = Other Medication.	
	DOSE IN MG - RX 3	POACX01
		POACF01 Frequency
	DOSE IN MG (IF VERIES WITHIN 24 HOURS) - RX 3	POACX02
	NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 3	POACF02
		POACO01 Onset / /
	DOCTOR EXPLANATION 0 = No 2 = Yes	POACX05
	MENTION OF SIDE EFFECTS 0 = No 2 = Yes	POACX07
	NUMBER OF SIDE EFFECTS - RX 3	POACX08
	CHECKING REACTION TO MEDICATION 0 = No 2 = Yes	POACX09
	VIEWED MEDICATION BOTTLE 0 = No 2 = Yes	POACX10

For Review Only

Definitions and questions

MEDICATION - RX 4

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POADX03
Intensity

For Review Only

Definitions and questions	Coding rules	Codes
	35 = Wellbutrin 36 = Zoloft 37 = Zyrtek 38 = Other Medication.	
	DOSE IN MG - RX 4	POADX01
		POADF01 Frequency
	DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 4	POADX02
	NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 4	POADF02
		POADO01 Onset / /
	DOCTOR EXPLANATION 0 = No 2 = Yes	POADX05
	MENTION OF SIDE EFFECTS 0 = No 2 = Yes	POADX07
	NUMBER OF SIDE EFFECTS - RX 4	POADX08
	CHECKING REACTION TO MEDICATION 0 = No 2 = Yes	POADX09
	VIEWED MEDICATION BOTTLE 0 = No 2 = Yes	POADX10

For Review Only

Definitions and questions

OFFSETS

Code here if symptoms coded in the symptom section have ceased within the 3 months primary period.

CODE HERE IF SYMPTOMS CODED IN THE SYMPTOM SECTION HAVE CEASED WITHIN THE 3 MONTHS PRIMARY PERIOD.

Coding rules

PRESENT 2

0 = Absent

2 = Present

SCHOOL NON-ATTENDACE OFFSET

SEPARATION ANXIETY OFFSET

WORRIES/ANXIETY OFFSET

OBSESSIONS/COMPULSIONS OFFSET

DEPRESSION OFFSET

MANIA OFFSET

PHYSICAL SYMPTOMS OFFSET

FOOD-RELATED BEHAVIOR OFFSET

HYPERACTIVITY OFFSET

CONDUCT DISORDER OFFSET

ALCOHOL/DRUGS OFFSET

SMOKING CIGARETTES OFFSET

PSYCHOSIS OFFSET

RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2 OFFSET

Codes

PMC7XYZ 00
Intensity

PMC7O01 / /

PMC7O02 / /

PMC7O03 / /

PMC7O04 / /

PMC7O05 / /

PMC7O06 / /

PMC7O07 / /

PMC7O08 / /

PMC7O19 / /

PMC7O09 / /

PMC7O10 / /

PMC7O18 / /

PMC7O11 / /

PMC7O12 / /

For Review Only

Definitions and questions	Coding rules	Codes
	RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2 OFFSET	PMC7O13 / /
	RELATIONSHIPS WITH OTHER ADULTS OFFSET	PMC7O14 / /
	SIBLING RELATIONSHIPS OFFSET	PMC7O15 / /
	PEER RELATIONSHIPS OFFSET	PMC7O16 / /
	LIFE EVENTS/POST-TRAUMATIC STRESS OFFSET	PMC7O17 / /

For Review Only

Definitions and questions

PLACEMENT

If, by reason of psychological or behavioral disturbance, a child's residential placement is changed, then that change is recorded in this section. The same guiding rules apply to these ratings as are outlined above.

With children who have experienced changes ask:

Why did s/he move...("into foster care", etc.)?

Was it because of...(symptoms)...at all?

Coding rules

PLACEMENT

0 = Absent

2 = Present

SYMPTOM AREAS CAUSING PLACEMENT CHANGE

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMD1I01 Intensity

PMD1X02

PMD1X03

PMD1X04

PMD1X05

PMD1X06

PMD1X07

PMD1X08

PMD1X09

PMD1X10

PMD1X11

PMD1X12

PMD1X13

PMD1X14

PMD1X15

For Review Only

Definitions and questions

Coding rules

Codes

PMD1X16

PMD1X17

PMD1X18

PMD1X19

PMD1X20

PMD1X21

DATE OF FIRST PLACEMENT CHANGE PMD1O01

/ /

For Review Only

Definitions and questions

Coding rules

Codes

ENDING THE INTERVIEW

PERCEPTION OF PROBLEMS

We have covered quite a lot of ground, but is there anything that worries him/her, or causes problems, that I haven't asked about?

What?
Can you tell me more about that?
You have told me about many different things; do you think that any of them are problems for him/her?

PERCEPTION OF PROBLEM(S)

0 = Absent

2 = Present

PMC8I90 Intensity

PROBLEMS WITH:

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

PMC8X01

PMC8X02

PMC8X03

PMC8X04

PMC8X05

PMC8X06

For Review Only

Definitions and questions

HELP NEEDED WITH:

Are there any things that you think s/he needs help with?

What?
What sort of help does s/he need?

Coding rules

HELP NEEDED

0 = Absent

2 = Present

HELP NEEDED WITH:

1 = Daycare/School Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

Codes

PMC9I90
Intensity

PMC9X01

PMC9X02

PMC9X03

PMC9X04

PMC9X05

PMC9X06

For Review Only

Definitions and questions | Coding rules | Codes

CHILD AND ADOLESCENT IMPACT ASSESSMENT
ADMINISTRATION OF THE CAIA

This is the point during the interview for the interviewer to decide whether to administer the CAIA. It is essential to do the CAIA if any impairment or symptom coded.

If any of the below are true or there is any doubt, administer the CAIA. (If you decide when you are coding, after the interview, that there were no codings whatsoever in the PAPA you may "S" the CAIA.)

If a "Life Event" codes, but there is no "Painful Recall", you need not complete the CAIA solely on the basis of that event. If "Painful Recall" is present, do the CAIA.

PERCEPTION OF PROBLEM(S)

NOTE: INTERVIEWER DO NOT ASK QUESTION.

Has the parent endorsed any symptom areas on "Perception of Problems?"

PERCEPTION OF PROBLEMS

0 = No

2 = Yes

PTD0I01 Intensity

HELP NEEDED

NOTE: INTERVIEWER DO NOT ASK QUESTION.

Has the parent endorsed any symptom areas on "Help Needed"?

HELP NEEDED

0 = No

2 = Yes

PTD0I02 Intensity

ANY ISSUES, DIFFICULTIES, PROBLEMS, OR SYMPTOMS CODED

NOTE: INTERVIEWER DO NOT ASK QUESTION.

During the interview, has the parent mentioned any issues, difficulties, problems, or symptoms related to the child that coded or that you think will code? It is not necessary that the parent view them as problems.

ANY ISSUES, DIFFICULTIES, PROBLEMS, OR SYMPTOMS CODED

0 = No

2 = Yes

PTD0I03 Intensity

INCAPACITIES

NOTE: INTERVIEWER DO NOT ASK QUESTION.

Were there any incapacities?

INCAPACITIES

0 = No

2 = Yes

PTD0I04 Intensity

For Review Only

Definitions and questions	Coding rules	Codes
OTHER REASON WHY CAIA SHOULD BE ADMINISTERED NOTE: INTERVIEWER DO NOT ASK QUESTION. ***Is there any other reason interviewer feels that the CAIA should be administered?***	**ANY OTHER REASON WHY INTERVIEWER FEELS CAIA SHOULD BE ADMINISTERED** 0 = No 2 = Yes Specify	PTD0X01 Intensity
INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY INTERVIEWER'S SUBJECTIVE RATING OF THE SEVERITY OF THE PROBLEMS:	**INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY** 1 = Mild 2 = Moderate 3 = Severe	PTD0X02 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

ECONOMIC BURDEN

If services received in the last three months, ask expenses. Otherwise, skip to "Loss of Income".

EXPENSES

The monetary expenses associated with getting services for child's emotional or behavioral problems. Include costs of medication.

Do not include income lost because of child's problems, which is coded under "Loss of Income".

Have there been any expenses associated with getting help for your child?

Have the costs of getting help for your child's problems had an impact on family budget for other things?

Are they causing any restrictions elsewhere?
Do you have savings to cover them?
Have you had to work extra hours?
Have you or anyone else had to take an additional job?

Have you gone into debt to cover these expenses?

Are you concerned about being able to pay back these expenses?

IF SERVICES NOT RECEIVED IN THE LAST THREE MONTHS, SKIP TO "LOSS OF INCOME", (PAGE 4).

EXPENSES

0 = No expenses.

1 = Expenses but affordable.

2 = Expenses causing effects on other areas of family budget.

PTA0I01 Intensity

IMPACT ON EXPENSES

0 = Absent

1 = Using savings.

2 = Necessitate cutting back on other expenditures.

3 = Necessitate working additional hours/jobs.

PTA0I02

DEBTS

0 = Absent

2 = Incurred debts but envision no serious problems with payback.

3 = Incurred debts and envision will have problems with payback.

PTA0I03

For Review Only

Definitions and questions

LOSS OF INCOME

Loss of income that results from the need to get professional services for child's emotional or behavioral problems, or from the need to provide an increased level of care at home, or from other things directly associated with the child's problems.

Do not include actual expenditures incurred for the child's problems, which are coded under "Expenses".

Have your child's problems affected your family's income?

Have your child's problems affected your paid work?

Have you lost any time at work because of it?
Or have you had to cut down to part-time work?
Or have you been unable to work at all?
Or lost you job?

Has your partner's paid work been affected at all?

Or you child's?

Or another family member's?

Coding rules

LOSS OF INCOME

0 = Absent

2 = Present

PARENT #1

0 = No income lost.

2 = Time lost at work, or hours reduced.

3 = Unable to work, or lost job.

PARENT #2

0 = No income lost.

2 = Time lost at work, or hours reduced.

3 = Unable to work, or lost job.

CHILD/ADOLESCENT

0 = No income lost.

2 = Time lost at work, or hours reduced.

3 = Unable to work, or lost job.

OTHER FAMILY MEMBER

0 = No income lost.

2 = Time lost at work, or hours reduced.

3 = Unable to work, or lost job.

Codes

PTA1I90 Intensity

PTA1I01

PTA1I02

PTA1I03

PTA1I04

For Review Only

Definitions and questions | Coding rules | Codes

IMPACT ON FAMILY RELATIONSHIPS

NEGATIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

Have your child's problems had any negative impact on your relationship with your "current partner"?

Has having to deal with these problems strained the relationship at all?
How much of a strain has it been?

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP

0 = No negative effects.

1 = Some negative effects, but relationship essentially satisfactory.

2 = Severe negative effects on quality of relationship attributed to the child's problems.

3 = Child's problems contributed to marital breakdown.

PTA2I01 Intensity

POSITIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

Have your child's problems had any positive impact on your relationship with your "current partner"?

Has having to deal with these problems strengthened that relationship at all?

POSITIVE IMPACT ON CURRENT RELATIONSHIP

0 = No positive effects.

2 = Relationship has been strengthened.

PTA2I02 Intensity

IF PARENT DOES NOT HAVE "CURRENT PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP", (PAGE 6).

For Review Only

Definitions and questions | Coding rules | Codes

NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

The impact of the child's emotional or behavioral problems on the parent's relationship with the child's "Other Parent" who no longer lives in the home. "Other Parent" may be either a biological parent who lives elsewhere or another person who lives elsewhere that has played a significant part in raising the child.

Have your child's problems had any impact on your relationship with "child's other parent"?

Has having to deal with these problems put a strain on that relationship?
How much of a strain has it been?
Did it contribute to the breakdown of that relationship?

NEGATIVE/NEUTRAL IMPACT ON BREAKDOWN OF PREVIOUS PARTNERSHIP

0 = No negative effect.

1 = Some negative effects, but breakdown of marital relationship not influenced by child's problems.

2 = Child's problems seen as contributing to breakdown of marital relationship.

3 = Child's problems seen as most important reason for breakdown of marital relationship.

PTA3I01 Intensity

IMPACT ON PARENT'S CURRENT RELATIONSHIP WITH OTHER PARENT #1

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

How have your child's problems affected your current relationship with "child's other parent"?

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP WITH PREVIOUS PARTNER

0 = No negative effect.

1 = Some negative effects, but the quality of current relationship not influenced by child's problems.

2 = Child's problems seen as contributing to difficulties in current relationship.

3 = Child's problems seen as most important reason for difficulties in current relationship.

PTA3I02 Intensity

IF PARENT DOES NOT HAVE A "PREVIOUS PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND", (PAGE 7).

For Review Only

Definitions and questions

Coding rules

Codes

NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?

Has having to deal with these problems strained the relationship at all?
How much of a strain has it been?

IF PARENT DOES NOT HAVE A "STEADY BOYFRIEND/GIRLFRIEND", SKIP TO "IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE", (PAGE 9).

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP

0 = No negative effects.

1 = Some negative effects, but relationship is essentially satisfactory.

2 = Severe negative effects on quality of relationship attributed to the child's problems.

3 = Child's problems contributed to breakdown of relationship.

PTC0I01
Intensity

For Review Only

Definitions and questions

POSITIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?

Has having to deal with these problems strengthened that relationship at all?

IF THERE ARE NO OTHER CHILDREN IN THE HOUSEHOLD, SKIP TO "IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS", (PAGE 10).

Coding rules

POSITIVE IMPACT ON CURRENT RELATIONSHIP

0 = No positive effects.

2 = Relationship has been strengthened.

Codes

PTC0I02
Intensity

For Review Only

Definitions and questions | Coding rules | Codes

IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE

The impact of the child's emotional or behavioral problems on the parent's relationship with other child(ren).

Have your child's problems had any impact on your relationships with your other child(ren)?

In what way?
Have they taken time away from your contact with them?
Have the problems made it more dificult for you to deal with the other child(ren)?

IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN)

0 = Neutral or positive effect.

2 = Subject child's problems leave parent less time for other child(ren), but not otherwise affected.

3 = Subject child's problems have led to a worsening of the relationship between parent and other child(ren).

PTA4I01 Intensity ☐

IMPACT ON RELATIONSHIPS BETWEEN OTHER CHILD(REN) IN THE HOUSEHOLD

The impact of child's emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

You've told me some about X's relationship with "other children in the home". Have X's problems affected the other children?

In what way?
Have they led to conflicts between the children?

IMPACT ON RELATIONSHIPS BETWEEN OTHER CHILDREN

0 = Neutral or positive effect on relationship.

2 = Subject child's problems have led to some conflicts between children.

3 = Subject child's problems have led to major disruption of previous relationship.

PTA5I01 Intensity ☐

IMPACT ON BEHAVIOR OF OTHER CHILD(REN) IN THE HOUSEHOLD

The impact of child's emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

Have the other children gotten into more trouble, following the example set by X?

Tell me about the last time.

IMPACT ON OTHER CHILDREN'S BEHAVIOR

0 = Neutral or positive effect on other children's behavior.

2 = Subject child's problems have led other children to have some behavior problems and to get into trouble at home.

3 = Subject child's problems have led other children to have some behavior problems and to get into trouble at school or elsewhere.

PTA5I02 Intensity ☐

For Review Only

Definitions and questions | Coding rules | Codes

IMPACT ON OTHER RELATIONSHIPS

IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS

Impact on the child's emotional or behavioral problems on the parent's relationships with other family members.

Have your child's problems had any impact on your relationship with other members of your family?

Has having to deal with these problems strained your relationship with your parents?
Your siblings?
Other close relatives?

RELATIONSHIPS WITH OTHER FAMILY MEMBERS

0 = Positive or neutral effect.

1 = Some negative effects, but relationships essentially unchanged.

2 = Worsening of relationships attributable to the child's problems.

3 = Child's problems have resulted in breakdown of relationships.

PTA6I01 Intensity

IMPACT ON RELATIONSHIPS WITH FRIENDS

The impact of the child's emotional or behavioral problems on the parent's relationships with friends.

Have your child's problems had any impact on relationships with your friends?

Has having to deal with these problems put a strain on your friendships?

RELATIONSHIPS WITH FRIENDS

0 = Positive or neutral effect.

1 = Some negative effects, but relationships essentially unchanged.

2 = Worsening of relationships attributable to the child's problems.

3 = Child's problems have resulted in breakdown of relationships.

PTA7I01 Intensity

For Review Only

Definitions and questions | Coding rules | Codes

RESTRICTIONS ON ACTIVITIES

RESTRICTIONS ON PARENT'S PERSONAL ACTIVITIES

Restrictions on parent's personal life and activities that have resulted from the child's problems. Do not include changes in employment coded under "Expenses" and "Loss of Income" or changes in family social structure coded under "Restrictions on Family Social Activities".

Have your own activities been affected?

Are there things that you haven't done because of your child's needs?
Like hobbies?
Or other activities?
Have your child's problems changed your social life?

In what way?

RESTRICTED PERSONAL ACTIVITIES

0 = Little effect on personal activities.

2 = Some disruption of personal leisure activities due to child's problems, such as cutting down on activities or hobbies.

3 = Most or all personal leisure activities restricted or disrupted because of child's problems.

PTA8I01 Intensity

RESTRICTIONS ON FAMILYS SOCIAL ACTIVITIES

Restrictions on family's social life that result from the child's problems.

Have these problems kept you from doing things socially with your child?

Are you embarrassed to do things because of his/her problems?
Are there places that are harder to go because of these problems?
Or places that you can't go?
Do you ever not go out because you are concerned about what others will think?

RESTRICTED SOCIAL ACTIVITIES FOR FAMILY

0 = No effect of family's social life.

2 = Some disruption, such as family can no longer go some places because of child's problems.

3 = Most or all social activities restricted or disrupted because of child's problems.

PTA9I01 Intensity

STIGMA

Child's problems have resulted in parent's feeling that others disapprove or blame him/herself and/or his/her partner.

Are you embarrassed about your child's problems?

Have you felt that others disapprove of you or the way you handle things?

Or blame you for what has happened?

Or avoid you because of you child's problems?

STIGMA

0 = No stigma perceived.

1 = Embarrassed but does not feel disapproval or blame directed at him/herself.

2 = Parent feels stigmatized in the eyes of at least some people.

3 = Parent feels stigmatized be almost anyone who knows about child's problems.

PTB0I01 Intensity

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RESPONSIBILITY FOR PROBLEMS

ATTRIBUTION OF CAUSE OF PROBLEMS

Parent's view of what has caused the child's problems, including attribution to various causes or individuals. Include self-blame by parent who feels responsible for having caused the child's problems, or for the child's lack of progress in dealing with the problems.

Do you think there have been causes for your child's problems?

What things do you think have been causes of your child's problems?

How so?

Do you think that your child was born with these problems?

Is a physical injury or disability to blame?

Or does s/he have problems because something really bad happened to him/her?

Do you think your child is responsible for what has happened?

RESPONSIBLILITY FOR PROBLEMS PTB1I90 Intensity

0 = Absent

2 = Present

GENETICS PTB1I01

0 = Absent

1 = Vague or indefinite attribution.

2 = Partially responsible for child's problems.

3 = Completely or almost completely responsible for child's problems.

PHYSICAL INJURY/DISABILITY PTB1I02

0 = Absent

1 = Vague or indefinite attribution.

2 = Partially responsible for child's problems.

3 = Completely or almost completely responsible for child's problems.

PREVIOUS TRAUMATIC EXPERIENCE PTB1I03

0 = Absent

1 = Vague or indefinite attribution.

2 = Partially responsible for child's problems.

3 = Completely or almost completely responsible for child's problems.

CHILD PTB1I04

0 = Absent

1 = Vague or indefinite attribution.

2 = Partially responsible for child's problems.

3 = Completely or almost completely responsible for child's problems.

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Definitions and questions	Coding rules	Codes
Do you blame yourself for any of what has happened? ***Do you feel responsible for the problems that your child has?***	**SELF** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I05
Do you think that your "current partner" is responsible?	**PARTNER** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I06
Or child's "other parent"?	**CHILD'S OTHER PARENT** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I07
Or other members of your family?	**OTHER FAMILY MEMBER** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I08
Or you child's friends and/or peers?	**CHILD'S FRIENDS/PEERS** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I09
Or the school?	**SCHOOL** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I10

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Definitions and questions	Coding rules	Codes
Or neighborhood and community?	**NEIGHBORHOOD/COMMUNITY** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I11
Do you think these problems are the result of bad luck?	**CHANCE/BAD LUCK** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I12
Or God's will?	**GOD'S WILL** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I13
Or the work of Satan?	**SATAN** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems.	PTB1I14
Do you think anything else has been responsible?	**OTHER** 0 = Absent 1 = Vague or indefinite attribution. 2 = Partially responsible for child's problems. 3 = Completely or almost completely responsible for child's problems. Specify	PTB1I15

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IMPACT OF FEELINGS OF PERSONAL WELL-BEING

PSYCHOLOGICAL ADJUSTMENT

Parent's psychological adjustment to child's problems.

Have your child's problems affected how you have been feeling?

Have you been depressed because of his/her problems?

Have you felt discouraged about his/her situation?

Have you been worried about what was happening with your child?

Have you been feeling tired?

Have your child's problems made you irritable or quick to get angry about things?

Have your child's problems affected your health at all?

In terms of mental or emotional health?

In what way?

PARENT'S PSYCHOLOGICAL ADJUSTMENT — PTB3I90 Intensity

0 = Absent

2 = Present

DEPRESSION — PTB3I01

0 = No increase in depressive feelings attributed to child's problems.

2 = Yes, some depression related to child's condition.

3 = Depression related to child's condition affecting ability to function normally.

WORRIES — PTB3I02

0 = No increase in worries attributed to child's problems.

2 = Yes, some worries related to child's condition.

3 = Worries affecting ability to function normally.

TIREDNESS OR ANERGIA — PTB3I03

0 = No tiredness attributed to child's problems.

2 = Yes, some tiredness related to child's condition.

3 = Tiredness affecting ability to function normally.

IRRITABILITY — PTB3I05

0 = No irritability attributed to child's problems.

2 = Yes, some irritability related to child's condition.

3 = Irritability affecting ability to function normally.

OTHER MENTAL HEALTH PROBLEMS — PTB3I06

0 = No other mental health problems attributed to child's problems.

2 = Yes, other mental health problems related to child's condition.

3 = Other mental health problems affecting ability to function normally.

Specify

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Definitions and questions	Coding rules	Codes
What about in terms of physical health? *How?*	**OTHER PHYSICAL HEALTH PROBLEMS** 0 = No other physical health problems attributed to child's problems. 2 = Yes, some other physical health problems related to child's condition. 3 = Other physical health problems affecting ability to function normally. Specify	PTB3I07
Have you taken any medication to make yourself feel better?	**ASSISTANCE WITH PROBLEMS: MEDICATION** 0 = No medication for parent's problems related to child's condition. 2 = Medication being taken.	PTB4I01
Have your child's problems led you to use alcohol or drugs more than before?	**ASSISTANCE WITH PROBLEMS: SUBSTANCE USE** 0 = No increase or change in pattern of usage because of child's problems. 2 = Child's problems have led to increase in usage of alcohol and/or drugs.	PTB4I02
Have you gotten any help from others to assist you in dealing with the strain? ***Family?*** ***Friends?***	**ASSISTANCE WITH PROBLEMS: SUPPORT NETWORK** 0 = Family and/or friends have been of assistance to parent in dealing with the stress of the problems. 2 = Limited assistance. 3 = No assistance. 4 = Parent has not sought help.	PTB4I03
Have you gotten any professional help to assist you in dealing with the strain?	**ASSISTANCE WITH PROBLEMS: PROFESSIONAL HELP** 0 = No help sought. 2 = Parent has sought help from a professional for own problems related to child's condition.	PTB4I04
Do you feel you have the energy to handle your child's problems? ***Do you feel you know what to do about them?***	**FEELINGS OF COMPETENCE** 0 = Absent 2 = Feels some doubts about own ability to handle all or most child's problems adequately. 3 = Feels incompetent to deal with all or most of child's problems.	PTB4I05

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THANK YOU

THANKS

*********AFTER FINISHING INTERVIEW, REMEMBER TO COMPLETE "ADEQUACY OF INTERVIEW" ON FIRST SCREEN OF THE ASSESSMENT.**********

NOTE HERE ANY FULL SECTIONS ADMINISTERED OVER THE TELEPHONE. OMIT TELEPHONE CLARIFICATION OF SEPARATE ITEM(S).

Well, I think that's all I want to ask about, thank you for talking to me so helpfully. Were there any other things you'd like to add?

ADDITIONAL CONCERNS

0 = Absent

2 = Present

Specify

PQA0X01
Intensity

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