### Definitions and questions

<table>
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<tr>
<td>FIRST DAY OF PRIMARY PERIOD</td>
<td>3 Months ago from Interview Date</td>
</tr>
<tr>
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<td>TIME AT END OF INTERVIEW</td>
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<tr>
<td>LOCATION OF INTERVIEW</td>
<td>H = Subjects Home, P = Project Office, T = Treatment Setting, C = Custodial Institution, O = Other</td>
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QUALITY OF INTERVIEW

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

0= Adequate

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

3= The whole interview is inadequate.

Quality of interview
Adequacy of Interview
Misleading Answers or Lies
Did Not Answer Many Questions Verbally
Guarded Informant
Refused to Continue
Impaired Consciousness
Intoxicated with Alcohol or Drugs
Unsuitable Interview Environment

Interviewer Comments
_______________________________
_______________________________
_______________________________
_______________________________
SUBJECT

GENDER
1 = Male
2 = Female

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

HISPANIC
Is X's biological mother Spanish, Hispanic, or Latino?

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

What race are you?

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

AGE AT ADOPTION (Years and Months)
PARENTAL FIGURES

What is the current marital status of the child’s biological parents?
Are they married?
Divorced?
Separated?
Do they “live together” without being married?
Have they lived together for more than 6 months or less than 6 months?
Have they ever lived together?

YEARS BIOLOGICAL PARENTS LIVED TOGETHER
How long have the biological parents lived together?

PARENT #1: Name___________________________

What is your relationship with “the child”?
Are you the biological parent?
Are you the adoptive parent?
Step parent?
Live-in partner of one parent?
More than 6 months or less than 6 months?
Grandparent?
Some other relative like an aunt or uncle?
Foster parent?
An unrelated adult serving as a parent?

Gender
1 = Male
2 = Female

AGE
How old are you?

EDUCATION
How many years of school did you complete?
Did you go to college?

BIological parents marital status
1 = Married
2 = Widowed
3 = Separated
4 = Divorced
5 = Cohabited>6 months
6 = Cohabited<6 months
7 = Never cohabited

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

Gender

Age in Years

Education
1 = 0-8 years completed
2 = Some high school
3 = GED or high school equivalent
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
Parental Employment and Occupation

Parent #1
Are you currently employed?
Full-time?
Part-time?

Are you employed by a private business?
Do you work for the government?
Are you self-employed?
Are you a homemaker (working without pay)?

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

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

Date Last Employed
Code if not employed at the time of the interview
When was the last time you were employed?

Current Employment Status
1= Employed full-time
2= Employed full-time and part-time
3= Employed part-time (1 or more jobs)
4= Not employed outside of the home
5= Student
6= Retired
7= Disabled
8= Unemployed

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

Occupation (Current or most recent)

Industry (Current or most recent)

Date last employed
### PARENTAL FIGURES

**PARENT #2: Name**

*What is “Parent #2” relationship with “the child”?*

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

**Gender**

1 = Male  
2 = Female

**AGE**

*How old is “Parent #2”?*

**EDUCATION**

*How many years of school did you complete? Did you go to college?*

1 = 0-8 years completed  
2 = Some high school  
3 = GED or high school equivalent  
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

**PARENT #2:**

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

**Gender**

1 = Male  
2 = Female

**AGE**

**EDUCATION**

1 = 0-8 years completed  
2 = Some high school  
3 = GED or high school equivalent  
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
**Parental Employment and Occupation**

**Parent #2**

Is “Parent #2” currently employed?
- Full-time?
- Part-time?

Is “Parent #2” employed by a private business?
- Does s/he work for the government?
- Is s/he self-employed?
- Is s/he a homemaker (working without pay)?

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

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

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

When was the last time s/he was employed?

---

**Current Employment Status**

1= Employed full-time
2= Employed full-time and part-time
3= Employed part-time (1 or more jobs)
4= Not employed outside of the home
5= Student
6= Retired
7= Disabled
8= Unemployed

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

1= Employee of private business
2= Government employee
3= Self-employed
4= Working without pay

**Occupation (Current or most recent)**

**Industry (Current or most recent)**
PARENTAL FIGURES

OTHER PARENT #1: Name
What is “Other Parent #1” relationship with “the child”?
Is s/he the biological parent?
Is s/he the adoptive parent?
Step parent?
Live-in partner of one parent?
More than 6 months or less than 6 months?
Grandparent?
Some other relative like an aunt or uncle?
Foster parent?
An unrelated adult serving as a parent?

Gender: OTHER PARENT #1
1= Male
2= Female

AGE: OTHER PARENT #1:
How old is “Other Parent #1”?

EDUCATION OTHER PARENT #1:
How many years of school did “Other Parent #1” complete?
Did s/he go to college?

OTHER PARENT #1:

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

Gender
1= Male
2= Female

AGE IN YEARS

EDUCATION
1= 0-8 years completed
2= Some high school
3= GED or high school equivalent
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
### Parental Employment and Occupation

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

**Is s/he currently employed?**
- Full-time?
- Part-time?

**Type of Employment (Current or most recent): Other Parent #1**
- Is s/he employed by a private business?
- Does s/he work for the government?
- Is s/he self-employed?
- Is s/he a homemaker (working without pay)?

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

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

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

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

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<thead>
<tr>
<th>Current Employment Status</th>
<th>Codes</th>
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<tbody>
<tr>
<td>1= Employed full-time</td>
<td>PSA5X01</td>
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<tr>
<td>2= Employed full-time and part-time</td>
<td></td>
</tr>
<tr>
<td>3= Employed part-time (1 or more jobs)</td>
<td></td>
</tr>
<tr>
<td>4= Not employed outside of the home</td>
<td></td>
</tr>
<tr>
<td>5= Student</td>
<td>PSA5X02</td>
</tr>
<tr>
<td>6= Retired</td>
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<td>7= Disabled</td>
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<td>2= Government employee</td>
<td>PSA5X02</td>
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<tr>
<td>3= Self-employed</td>
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<td>4= Working without pay</td>
<td>PSA5X04</td>
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<th>Codes</th>
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<tbody>
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<td>PSA6O01</td>
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PARENTAL FIGURES

OTHER PARENT #2: Name

What is “Other Parent #2” relationship with “the child”? 
Is s/he the biological parent? 
Is s/he the adoptive parent? 
Step parent? 
Live-in partner of one parent? 
More than 6 months or less than 6 months? 
Grandparent? 
Some other relative like an aunt or uncle? 
Foster parent? 
An unrelated adult serving as a parent?

Gender
1 = Male
2 = Female

AGE
How old is “Other Parent #2”?

EDUCATION OTHER PARENT #2: 
How many years of school did “Other Parent #2” complete? 
Did s/he go to college?

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

EDUCATION
1 = 0-8 years completed
2 = Some high school
3 = GED or high school equivalent
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
Parental Employment and Occupation

Current Employment Status: Other Parent #2

Is s/he currently employed?
Full-time?
Part-time?

Type of Employment (Current or most recent): Other Parent #1
Is s/he employed by a private business?
Does s/he work for the government?
Is s/he self-employed?
Is s/he a homemaker (working without pay)?

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

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

Date Last Employed
Code if not employed at the time of the interview
When was the last time s/he was employed?

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8= Unemployed

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

Occupation (Current or most recent)

Industry (Current or most recent)

Date Last Employed

FOR REVIEW ONLY
Definitions and questions

SIBLINGS

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

Sex of Sibling
1 = Male
2 = Female

Age

Sibling Living In the Home
0 = Live at home at least 1 month
2 = Live away from home

1. _______________________________

2. _______________________________

3. _______________________________
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
1= Male
2 = Female

Age

Sibling Living In the Home
0= Live at home at least 1 month
2= Live away from home

4. _______________________

5. _______________________

6. _______________________
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
1= Male
2 = Female

Age

Sibling Living In the Home
0= Live at home at least 1 month
2= Live away from home

7.______________________________

8.______________________________

9.______________________________

Codes

PAA6X25
PAA6X26
PAA6X27
PAA6X28
PAA6X29
PAA6X30
PAA6X31
PAA6X32
PAA6X33
PAA6X34
PAA6X35
PAA6X36
MULTIPLE BIRTH

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

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

Codes
- PAA7X01 Twin
- PAA7X02 Triplet
- PAA7X04 Other Multiple
- PAA7X03 Birth Order
OTHERS IN HOUSE

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

List respondent first

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________
7. __________________________
8. __________________________
9. __________________________
10. __________________________
**FAMILY SECTION**

**LIVING AT HOME**
Child lives at home for at least 4 weeks of the last 3 months.

*Has s/he lived at home for at LEAST 4 weeks of the last 3 months?*

**WEEKS LIVING AT HOME**
Number of weeks living at home with Parent #1/(Parent #2).

**CODE AS PRESENT AND CONTINUE.**

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

**CHILD LIVING AT HOME FOR AT LEAST 4 WEEKS IN PAST 3 MONTHS**
2 = Present

**Coding rules**

**LIVING AT HOME**
0 = Child has lived at home for at least 4 weeks in last 3 months
2 = Child HAS NOT lived at home for at LEAST 4 weeks in the last 3 months.

**CHILD LIVING AT HOME FOR AT LEAST 4 WEEKS IN PAST 3 MONTHS**
2 = Present
Definitions and questions

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

CODE AS PRESENT AND CONTINUE.

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

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

*Where has s/he been living?*

### ARGUMENTS WITH PARENT #1
An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

**Does s/he have arguments with you?**

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

*How many arguments has s/he had with you in the last 3 months?*

*When was the first time s/he had an argument with you?*

### IF ARGUMENT WITH PARENT #1, CONTINUE. OTHERWISE, SKIP TO "OTHER PHYSICAL VIOLENCE AGAINST PARENT #1 BY CHILD (WITHOUT ARGUMENTS)". (PAGE 4).
Definitions and questions

Coding rules

Codes
Definitions and questions

**PHYSICAL ARGUMENTS WITH PARENT #1**
An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

*In the last 3 months, did s/he get physical during the argument?*

Did s/he hit you while arguing?

*In the last 3 months, how often has s/he had an argument with you that has gotten physical?*

When was the first time s/he had an argument with you that got physical?

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

*In the last 3 months, has s/he hit you without having an argument?*

*In the last 3 months, how often has s/he hit you without an argument?*

When was the first time this happened?

**ARGUMENTS WITH PARENT #2**
An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

*In the last 3 months, has s/he had arguments with "Parent #2"?*

How long do these arguments last?
Did either one of them raise their voice?

How many arguments has s/he had with him/her in the last 3 months?

When was the first time they had an argument like this?

### Coding rules

**PHYSICAL ARGUMENTS WITH PARENT #1**

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

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<th>Intensity</th>
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**NUMBER OF ARGUMENTS WITH PARENT #2**

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</table>
IF ARGUMENT WITH PARENT #2, CONTINUE. OTHERWISE, SKIP TO "OTHER PHYSICAL VIOLENCE AGAINST PARENT #2 BY CHILD (WITHOUT ARGUMENTS)", (PAGE 6).
Definitions and questions

**PHYSICAL ARGUMENTS WITH PARENT #2**
An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

**In the last 3 months, did the arguments get physical?**
Did s/he hit "Parent #2" while arguing?

**In the last 3 months, how many arguments has s/he had with him/her that got physical?**
When was the first time this happened?

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

**In the last 3 months, has s/he hit “Parent #2” without having an argument?**

**In the last 3 months, how often has this happened?**
When was the first time this happened?

**IF OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO "ARGUMENTS WITH OTHER ADULTS", (PAGE 13).**

Coding rules

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<th>Codes</th>
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<tr>
<td>PAD6O01 Onset</td>
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</table>

FOR REVIEW ONLY
OTHER PARENTING - OTHER PARENT #1

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

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

CODE AS PRESENT AND CONTINUE.

Does s/he see or have any contact with "Other Parent #1"?

Does s/he want to?

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

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

How many calls, texts, letters, or emails?

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

How would you describe his/her relationship with "Other Parent #1"?

Are there any problems?

Does s/he like visiting "Other Parent #1"?

IF OTHER PARENT #2, CONTINUE. OTHERWISE, SKIP TO "ARGUMENTS WITH OTHER ADULTS", (PAGE 13).
**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.**

**CODE AS PRESENT AND CONTINUE.**

**Does s/he see or have any contact with "Other Parent #2"?**

- **Does s/he want to?**
  - **How long are the visits to "Other Parent #2"?**
  - **In the last 3 months, has s/he received any phone calls, texts, letters, or emails from "Other Parent #2"?**
  - **How many calls, texts, letters, or emails?**

**ARGUMENTS WITH OTHER PARENT #1**

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

**Does s/he have arguments with "Other Parent #1"?**

- **How long do these arguments last?**
- **Did either one of them raise their voice?**
- **How many arguments has s/he had with "Other Parent #1" in the last 3 months?**
- **When was the first time this happened?**
IF ARGUMENT WITH OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO "OTHER PHYSICAL VIOLENCE AGAINST OTHER PARENT #1 BY CHILD (WITHOUT ARGUMENTS)", (PAGE 10).
**PHYSICAL ARGUMENTS WITH OTHER PARENT #1**

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

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

Did s/he hit "Other Parent #1" while arguing?

*In the last 3 months, how many arguments has s/he has with "Parent #2" that got physical?*

*When was the first time this happened?*

---

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

*In the last 3 months, has s/he hit "Other Parent #1" without having an argument?*

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

*When was the first time this happened?*

---

**ARGUMENTS WITH OTHER PARENT #2**

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

*Does s/he have arguments with "Other Parent #2"?*

How long do these arguments last?

Did either one of them raise their voice?

*How many arguments has s/he had with "Other Parent #2" in the last 3 months?*

*When was the first time this happened?*
IF ARGUMENT WITH OTHER PARENT #2, CONTINUE. OTHERWISE, SKIP TO "OTHER PHYSICAL VIOLENCE AGAINST OTHER PARENT #2 BY CHILD (WITHOUT ARGUMENTS)", (PAGE 12).
**Definitions and questions**

**PHYSICAL ARGUMENTS WITH OTHER PARENT #2**

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

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

Did s/he hit "Other Parent #2" while arguing?

*In the last three months, how many arguments has s/he has with him/her that got physical?*

When was the first time this happened?

---

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

*In the last 3 months, has s/he hit "Other Parent #2" without having an argument?*

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

When was the first time this happened?

---

**Coding rules**

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ARGUMENTS WITH OTHER ADULTS

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

In the last 3 months, has s/he had arguments with other adults?

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

How long do these arguments last?

Did either one of them raise their voice?

How many arguments has s/he had with other adults in the last 3 months?

When was the first time this happened?

IF ARGUMENT WITH OTHER ADULTS, CONTINUE. OTHERWISE, SKIP TO "OTHER PHYSICAL VIOLENCE AGAINST OTHER ADULT BY CHILD (WITHOUT ARGUMENTS)". (PAGE 14).
Definitions and questions

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

In the last 3 months, did the arguments get physical?
Did s/he hit the "Other Adult" while arguing?

In the last 3 months, how many arguments has s/he had with the "other adult" that got physical?
When was the first time this happened?

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

In the last 3 months, has s/he hit another adult without having an argument?
In the last 3 months, how often has this happened?
When was the first time this happened?

Coding rules

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<td>PAL3O01 Onset</td>
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**FOOD RELATED BEHAVIOR (WITHOUT ARFID)**

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

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

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

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

*IF PRESENT, ASK:*

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

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

*Why is s/he eating less?*

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

**WEIGHT LOSS**
Any weight loss in the last 3 months.

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

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

*When did s/he start losing weight?*

**Coding rules**

**REDUCED APPETITE**
0 = Absent
2 = Food intake has been definitely reduced below normal level because of lack of appetite for at least 1 week.
3 = Subject can only be induced to eat by marked parental or other persuasion.

**WEIGHT LOSS: 3 MONTHS**
0 = Absent
2 = Present

**WEIGHT LOSS IN POUNDS: 3 MONTHS**
EXCESSIVE APPETITE
An increase in appetite outside the normal range of the subject, including eating for comfort. Include change in appetite due to substance use or side effects of medication.

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

Has s/he actually eaten more than usual?
How much more is s/he eating?
IF PRESENT, ASK:
In the last 3 months, has s/he been eating more than usual for at least 1 week?
Why is s/he eating more?
When did s/he start eating more?

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

Has s/he gained an unusual amount of weight in the last 3 months?
How much?
Is s/he trying to gain weight?
How much weight has s/he gained?
When did s/he start putting on weight?

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

WEIGHT GAIN: 3 MONTHS
0 = Absent
2 = Present

WEIGHT GAIN IN POUNDS: 3 MONTHS

Coding rules

Codes
FOOD RELATED BEHAVIOR (WITH ARFID)

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

How has his/her appetite been in the last 3 months?
Has his/her appetite been less than usual?
Has the amount s/he eats changed at all?
IF PRESENT, ASK:
In the last 3 months, has s/he been eating less than usual for at least 1 week?
How much less has s/he been eating?
Why is s/he eating less?
When did his/her appetite start to fall off?

WEIGHT LOSS
Any weight loss in the last 3 months.

Has s/he lost any weight during the last 3 months?
How much weight has s/he lost in the last 3 months?
When did s/he start losing weight?

GROWTH DEFICIENCY: PARENT CONCERNED
Parental concern that child is not growing as big or as fast as developmental norms.

In the last 3 months have you worried that s/he is not growing as big or as fast as s/he should be?
Are you happy with his/her weight?
When did you become concerned over his/her growth deficiency?
Definitions and questions

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

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

What did the doctor say?

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

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

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

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

How much more is s/he eating?

*IF PRESENT, ASK:*

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

Why is s/he eating more?

When did s/he start eating more?

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

*Has s/he gained an unusual amount of weight in the last 3 months?*

How much?

Is s/he trying to gain weight?

How much weight has s/he gained?

When did s/he start putting on weight?

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<td>0 = Absent</td>
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<td>2 = Food consumption has been definitely increased above the subject's usual level for at least 1 week.</td>
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FOOD SELECTIVITY

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

Do not include simple dislike of cabbage/broccoli, etc., which is typical of many children. Do not include avoidance or restriction of food intake related to the lack of availability of food or to cultural practices (e.g., religious fasting or normal dieting).

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

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

Do you consider him/her a picky eater?

Does s/he only eat certain foods?

Does s/he get nervous at the thought of having to try a new food?

Is it hard for him/her to try new foods?

What will s/he eat?
What sort of things won't s/he eat?
Why is that?
Will s/he eat these things if s/he is pushed?
Do you have to fix special meals just for him/her?

Do these food preferences interfere with family meals?

Does it make it difficult to go out to eat with him/her?

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

When did s/he start to get choosy about the food s/he will eat?

IF FOOD SELECTIVITY, CONTINUE. OTHERWISE, SKIP TO "INDIFFERENCE TO FOOD", (PAGE 7).
FOOD SELECTIVITY DUE TO APPEARANCE
Child avoids eating certain foods due to appearance. Child may avoid eating food based on the color (i.e. red, green, etc.) or the appearance, that is, food looks "gross" or "disgusting" to child.

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

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

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

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

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

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

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

Does s/he refuse to eat certain foods because of the way it "feels" in his/her mouth?

What does s/he say?

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

Or the texture is too hard?

Does s/he avoid food because it is crunchy?
**FOOD SELECTIVITY DUE TO TASTE**
Child avoids certain foods based on taste.

- *Is s/he picky about eating because of the way food tastes?*
- *Is s/he disgusted or "grossed out" by the taste of some foods?*
- *Does the taste of new food sometimes make him/her gag?*
  - *Does s/he avoid eating certain foods because they taste sweet or sour?*
  - *Or bitter or salty?*
  - *Does s/he prefer “bland” or tasteless food?*

*What happens?*
*DO NOT INCLUDE SIMPLE DISLIKE OF VEGETABLES, ETC.*

**FOOD SELECTIVITY DUE TO SMELL**
Child avoids certain foods based on the smell. Child may not be able to tolerate being in the same room because of the smell of certain foods.

- *Is s/he picky about eating because of the way food smells?*
- *Is s/he disgusted or “grossed out” by the smell of some foods?*
- *Does the smell of a new food sometimes make him/her gag?*
*Does s/he have to leave the room because s/he does not like the smell of some foods?*

*What happens?*
SOCIAL IMPAIRMENT DUE TO FOOD SELECTIVITY
Child experiences marked interference with psychosocial functioning. Child may experience social impairment with relationships with family members or friends. Selective eating may limit the number of places the child can go.

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

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

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

Does it limit what you can do with others?

Or what s/he can do with others?

HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY
Child may be dependent on enteral feeding or oral nutritional supplements. Child may experience significant weight loss or failure to meet expected weight gain, height increases, or developmental growth norms.

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

Have others commented on his/her health?

Does s/he have to take nutritional supplements like Ensure, PediaSure, or Boost?

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

Has s/he been on a feeding tube?
**Definitions and questions**

**INDIFFERENCE TO FOOD**

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

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

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

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

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

**Does s/he not seem to care about food?**

**Is eating a chore for him/her?**

IF YES TO ANY QUESTION, CONTINUE.

**Does his/her indifference about food affect his/her relationships with others?**

How about with family members?

**Does it limit the places s/he can go or what s/he can do with others?**

**Does his/her lack of interest in food affect his/her health?**

Have others commented on his/her health?

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

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

Has s/he been on a feeding tube?

When did this first start?

---

**Coding rules**

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**FOR REVIEW ONLY**
Definitions and questions

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

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

- **Does s/he have trouble telling when s/he is hungry?**
- **How does s/he usually know when s/he is hungry?**
- **Does s/he worry about how the food will make his/her body feel after s/he eats it?**
- **Does s/he like the way food makes his/her body feel?**
- **Does feeling full bother him/her?**
- **Does his/her discomfort with eating affect his/her health?**
- **Have others commented on his/her health?**
- **Does s/he have to take nutritional supplements?**
- **Has s/he experienced weight loss or trouble maintaining his/her weight?**
- **Has s/he been on a feeding tube?**
- **When did this start?**

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

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

- **Is s/he reducing the amount of food s/he eats in order to change his/her body shape?**
- **Or to change his/her appearance?**
- **When did this first start?**

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Codes

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APPEARANCE MOTIVATION

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Food Related Behavior
### SOMATIC MOTIVATION

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

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

**Does s/he limit food because of how it will make his/her body feel?**

**Does s/he ever say s/he is too uncomfortable to eat?**

**Does s/he sometimes avoid eating because s/he says it is too painful to eat?**

**IF YES TO ANY QUESTION, CONTINUE.**

**Does his/her discomfort with eating get in the way of his/her relationships with others?**

**How about with family members?**

**Does it limit the places s/he can go or what s/he can do with others?**

**Has his/her discomfort with eating affected his/her health?**

**Have others commented on his/her health?**

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

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

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

**When did this start?**

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REWARDING VALUE OF FOOD

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

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

Has s/he stopped or limited certain foods because s/he fears s/he will over eat them?

What type of foods does s/he limit or restrict for these reasons?
IF YES, ASK:

When s/he eats these foods, does s/he feel that s/he cannot stop eating it even though s/he wants to?

Does s/he ever feel driven or compelled to eat these foods?

What happens?

When did this start?
School/Work Performance and Behavior

Definitions and questions

**SCHOOL/WORK PERFORMANCE AND BEHAVIOR**

**TYPE OF SCHOOL**

*Is s/he currently enrolled in school?*

CHILDREN WHO ARE ON SUMMER BREAK ARE ENROLLED IN SCHOOL.

IF CHILD CURRENTLY ENROLLED IN SCHOOL, CONTINUE.

*Which school does s/he go to?*

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

*What grade is s/he currently in?*

What grade did s/he last complete?

*Has s/he EVER repeated a grade?*

Which grade(s)?

DO NOT COUNT KINDERGARTEN.

*Has s/he EVER skipped a grade?*

Which grade?

DO NOT COUNT KINDERGARTEN.

There are 12 weeks in a 3 month period.

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

Was s/he out sick for a whole week?

Any vacations lasting a week or more in the last 3 months?

Did s/he skip school for a week or more?

Did s/he miss school because s/he was worried about going to school?

Has s/he been suspended for a week or more in the last 3 months?

EXCLUDE WEEKS OF VACATION/EXTENDED ILLNESS

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

*Did s/he attend each day?*

Was s/he out sick any days?

Any vacations?

Did s/he skip school?

Or miss school because s/he was worried about going to school?

TOTAL NUMBER OF DAYS PRESENT (MAXIMUM OF 60

**Coding rules**

- **CURRENTLY ENROLLED IN SCHOOL**
  - 0 = Absent
  - 2 = Present

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

- **CURRENT GRADE OR GRADE LAST COMPLETED**

- **REPEATED A GRADE: EVER**
  - 0 = No
  - 2 = Yes

- **SKIPPED A GRADE: EVER**
  - 0 = No
  - 2 = Yes

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

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

- **NUMBER OF WEEKS WHERE PRESENT AT LEAST 1 DAY PER WEEK: 3 MONTHS**
Definitions and questions

DAYS).

NUMBER OF WEEKS PRESENT AT LEAST 1 DAY PER WEEK

IF CHILD IS STILL IN SCHOOL, COMPLETE. OTHERWISE, SKIP TO "SCHOOL INFORMATION FOR THOSE WHO HAVE LEFT SCHOOL", (PAGE 6).
Definitions and questions

**NUMBER OF WEEKS ENROLLED IN SCHOOL - SECONDARY PERIOD**

Beginning date of last month period when enrolled in school.

IF CHILD HAS NOT ATTENDED SCHOOL FOR AT LEAST 4 WEEKS OF THE LAST 3 MONTHS, CONTINUE.

CODE BEGINNING DATE OF LAST 4 WEEKS WHEN WAS IN SCHOOL.

*When was the last time s/he was in school for 4 weeks?*

TOTAL NUMBER OF DAYS PRESENT IN SECONDARY PERIOD (MAXIMUM OF 20 DAYS).

NUMBER OF WEEKS PRESENT AT LEAST 1 DAY PER WEEK (MAXIMUM OF 4 WEEKS).

**ARGUMENTS WITH TEACHERS**

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

*Does s/he have arguments with teachers?*

*Did s/he (or the teacher) raise his/her voice during the argument?*

*How long do these arguments last?*

*How many arguments have they had in the last 3 months?*

*When was the first time s/he had an argument with a teacher?*

**IF ARGUMENTS WITH TEACHERS, CONTINUE. OTHERWISE, SKIP TO "OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)", (PAGE 4).**
Definitions and questions

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

Did any of these arguments get physical?
What happened?

In the last 3 months, how many times has s/he gotten physical during an argument with a teacher?

When was the first time this happened?

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)
In the last 3 months, has s/he hit a teacher without having an argument?

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

When was the first time this happened?

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

Does s/he have arguments with other kids at school?
Who does s/he argue with?
How long do these arguments last?
Do either one of them raise their voice?

How many arguments has s/he had with other kids at school in the last 3 months?

When did this start?
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF CHILD NOT ENROLLED IN SCHOOL, COMPLETE. OTHERWISE, SKIP TO &quot;AFTER SCHOOL WORK&quot;, (PAGE 8).</strong></td>
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</tr>
</tbody>
</table>
Definitions and questions

SCHOOL INFORMATION FOR THOSE WHO HAVE LEFT SCHOOL

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

CODE AS PRESENT AND CONTINUE.

Has s/he officially left or quit school?

Did s/he graduate?

When did s/he officially leave school?

When was the last month s/he was officially ENROLLED in school?

How many days was s/he in school during that month?

NUMBER OF WEEKS PRESENT AT LEAST 1 DAY PER WEEK

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

When was the last time s/he was in school for 4 weeks and went to school at least 1 day a week?

TOTAL NUMBER OF DAYS PRESENT.

How many days did s/he go to school during that 4 week period?

What was the last grade s/he COMPLETED?

Has s/he EVER repeated a grade?

Which grade(s)?

DO NOT COUNT KINDERGARTEN.

Did s/he graduate?

IF DID NOT GRADUATE, ASK

Has s/he gotten his/her GED?

Did s/he complete an alternative school program?
Definitions and questions

WORK PERFORMANCE AND BEHAVIOR

IF SUBJECT STILL IN SCHOOL, COMPLETE. OTHERWISE, SKIP TO "MISSING TIME AT SCHOOL (TRUANCY): 3 MONTHS", (PAGE 11).

Coding rules

2 = Yes

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

Has s/he had an after school job in the last 3 months?
What does s/he do?
On average, how many hours a week does s/he work?
Does s/he work that many hours most weeks?
When did s/he first get an after school job?

DISMISSED FROM JOB: EVER
Has s/he EVER been dismissed/fired from a job?

IF OFFICIALLY LEFT SCHOOL, CONTINUE. OTHERWISE, SKIP TO "MISSING TIME AT SCHOOL (TRUANCY): 3 MONTHS", (PAGE 11).

CURRENTLY WORK AFTER SCHOOL
PBC101101 Intensity
0 = Absent
2 = Present

PBC1F01 Frequency

PBC1O01 Onset

DISMISSED FROM JOB: EVER
Ever:PBC2I01 Intensity
0 = No
2 = Yes
Definitions and questions

EMPLOYMENT: EVER
Paid employment for those who have left school officially.

Has s/he EVER had a job?
How many jobs has s/he EVER had?
Has s/he EVER been fired/dismissed from a job?
Since leaving school, what is the longest time s/he has been without a job?
CODE NUMBER OF WEEKS UNEMPLOYED.

IF EVER EMPLOYED, CONTINUE. OTHERWISE, SKIP TO "MISSING TIME AT SCHOOL (TRUANCY): 3 MONTHS", (PAGE 11).

Coding rules

EMPLOYED: EVER
0 = Absent
2 = Present

NUMBER OF JOBS HELD

DISMISSED/FIRED FROM JOB: EVER
0 = Absent
2 = Present

LONGEST PERIOD OF UNEMPLOYMENT
**REGULAR EMPLOYMENT**
Paid employment for those who have left school officially.

*Has s/he had a job in the last 3 months?*

*Does s/he work less than 20 hours per week?*

*Does s/he work 20 hours or more per week?*

There are 12 weeks in a 3 month period. How many weeks has s/he worked in the last 3 months?

*Since s/he left/quit school, when did s/he get his/her first job?*

---

**Definitions and questions**

**REGULAR EMPLOYMENT**

Has s/he had a job in the last 3 months?

Does s/he work less than 20 hours per week?

Does s/he work 20 hours or more per week?

There are 12 weeks in a 3 month period. How many weeks has s/he worked in the last 3 months?

Since s/he left/quit school, when did s/he get his/her first job?

---

**Coding rules**

**REGULAR EMPLOYMENT**

0 = No

2 = Yes

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

0 = No

2 = Yes

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

0 = No

2 = Yes

**NUMBER OF WEEKS WORKED: 3 MONTHS**

**DATE FIRST JOB BEGAN SINCE LEAVING SCHOOL**
Definitions and questions

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

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

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

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

*In the last 3 months, has s/he skipped school?*

*Has s/he skipped any classes while in school?*

*Has s/he skipped out of school during the day?*

*Has s/he pretended to be sick so that s/he will not have to go to school?*

How many days has s/he skipped school in the last 3 months?
How many times has s/he left school without permission in the last 3 months?
How many classes has s/he skipped in the last 3 months?
3 CLASSES EQUALS 1/2 DAY

When was the first time s/he skipped school?

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

### Coding rules

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>PBC6I01</td>
<td>Intensity</td>
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<tr>
<td>PBC6F01</td>
<td>Onset</td>
</tr>
<tr>
<td>PBC6O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

**SKIPPED SCHOOL: 3 MONTHS**

0 = No
2 = Yes

**MISSING TIME AT SCHOOL**

[Blank]

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Definitions and questions

STAYS AT HOME SOME MORNINGS (TRUANCY)

Does X stay at HOME sometimes when s/he should be at school?

What do you do when s/he doesn't want to go to school?
Do you try to make him/her go?
Is it like that every morning?

In the last 3 months, how many times has s/he stayed home from school because of truancy?

HAS TO BE TAKEN TO SCHOOL (TRUANCY)

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

In the last 3 months, have you had to take him/her to school to make sure that s/he doesn't skip school?

Does anyone else take him/her to school to make sure s/he doesn't skip school?

How often has this happened in the last 3 months?

PARENTAL COLLUSION (TRUANCY)

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

What do you do when s/he doesn't want to go to school?

Do you (or "Parent #2") try to make him/her go to school?

Do you think s/he should be going to school?
When s/he doesn't go to school, does it bother you?
What about "Parent #2"?

Coding rules

STAYS AT HOME SOME MORNINGS

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

HAS TO BE TAKEN TO SCHOOL

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

PARENTAL COLLUSION

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

### RUNS OUT OF SCHOOL (TRUANCY)

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

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

**Does s/he leave home and fail to ARRIVE to school?**

**Does s/he arrive to school then LEAVE school?**

**IF CHILD SKIPS SCHOOL, CONTINUE:**

**When s/he skips school, does s/he come back home?**

In the last 3 months, how often has s/he skipped school and returned home?

**When s/he skips school, does s/he go off alone?**

Do you know where s/he goes?

In the last 3 months, how often has s/he skipped school and gone off alone?

**When s/he skips school, does s/he go off with friends?**

Do you know where s/he goes?

In the last 3 months, how often has s/he skipped school and gone off with friends?

## Coding rules

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<thead>
<tr>
<th>Codes</th>
<th>Definitions</th>
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<tbody>
<tr>
<td>PBD0I01</td>
<td>CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (TRUANCY)</td>
</tr>
<tr>
<td>0 = No</td>
<td>2 = Yes</td>
</tr>
<tr>
<td>PBD0I90</td>
<td>CHILD FAILS TO REACH OR LEAVES SCHOOL</td>
</tr>
<tr>
<td>0 = Absent</td>
<td>2 = Present</td>
</tr>
<tr>
<td>PBD0F01</td>
<td>FREQUENCY: CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (TRUANCY)</td>
</tr>
<tr>
<td>PBD1I01</td>
<td>CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE (TRUANCY)</td>
</tr>
<tr>
<td>0 = No</td>
<td>2 = Yes</td>
</tr>
<tr>
<td>PBD1F01</td>
<td>FREQUENCY: CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE</td>
</tr>
<tr>
<td>PBD2I01</td>
<td>CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS (TRUANCY)</td>
</tr>
<tr>
<td>0 = No</td>
<td>2 = Yes</td>
</tr>
<tr>
<td>PBD2F01</td>
<td>FREQUENCY: CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS</td>
</tr>
</tbody>
</table>

**FOR REVIEW ONLY**
Definitions and questions

SCHOOL/SEPARATION ANXIETY

SEPARATION ANXIETY

WORRIES/ANXIETY ABOUT POSSIBLE HARM

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

Does s/he worry about you (or “Parent #2”) when you go out without him/her?

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

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

Does s/he seem afraid or worry about what might happen at home when s/he is at school?

What does s/he think might happen?
What do you do about that?
What is s/he doing when s/he is afraid?
Do these fears or worries affect him/her at home or at school?
Can you reassure him/her?

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

How long does this feeling last?

When was the first time this happened?

Coding rules

WORRIES ABOUT POSSIBLE HARM

0 = Absent

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

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

Intensity

Frequency

Duration

Onset
**WORRIES/ANXIETY ABOUT CALAMITOUS SEPARATION**

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

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

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

**Is s/he frightened that s/he may be hurt or killed?**

What happens if a friend asks him/her to go out?  
What is s/he doing when s/he feels this way?  
Can you reassure him/her that s/he is safe?

In the last 3 months, how often has this happened?  
How long does this feeling last?  
When was the first time this happened?

**RELUCTANCE TO SLEEP ALONE**

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

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

**Does s/he need to be near an adult (or sibling) in order to fall asleep?**

Does s/he get upset if you (or other attachment figure) won’t stay near him/her?  
Could s/he go to sleep on his/her own if s/he had to?

In the last 3 months, how often has this happened?  
How long does the reluctance to go to sleep last?  
When was the first time this happened?

---

**FEAR ABOUT CALAMITOUS SEPARATION**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Frequency</th>
<th>Duration</th>
<th>Onset</th>
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</thead>
<tbody>
<tr>
<td>PBE9I01</td>
<td>PBE9F01</td>
<td>PBE9D01</td>
<td>PBE9O01</td>
</tr>
</tbody>
</table>

0 = Absent  
2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.  
3 = Worry is intrusive into most activities and nearly always uncontrollable.

---

**RELUCTANCE TO GO TO SLEEP ALONE**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Frequency</th>
<th>Duration</th>
<th>Onset</th>
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<tbody>
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<td>PBF0I01</td>
<td>PBF0F01</td>
<td>PBF0D01</td>
<td>PBF0O01</td>
</tr>
</tbody>
</table>

0 = Absent  
2 = Sometimes reluctant to go to sleep alone.  
3 = Almost always reluctant to go to sleep alone. Protest nearly every night unless allowed to sleep with family member.
Definitions and questions

SLEEPS WITH FAMILY MEMBER

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

Can s/he sleep the night through on his/her own?

Does s/he have to sleep with "Mom" or "Dad" in order to get to sleep?

Or with a sibling?

Does s/he get upset if you are not near him/her when sleeping?

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

When was the first time this happened?

RISING TO CHECK ON FAMILY MEMBERS

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

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

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

Does s/he wake you (or Parent #2) 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?

Coding rules

SLEEPS WITH FAMILY MEMBER

0 = Absent

2 = Sometimes reluctant to go to sleep alone.

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

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.
AVERSE OF SLEEPING AWAY FROM FAMILY

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

Does s/he get worried about sleeping away from home?

Has s/he ever been on any overnight school trips? Does s/he ever stay overnight with friends?

What about his/her grandmother's (or other relatives)? Does s/he try to avoid sleeping away from home?

IF NEVER SLEPT AWAY FROM FAMILY, ASK:

Has s/he ever been asked to sleep over? Is s/he afraid go?

When was the first time this happened?

SEPARATION DREAMS

Unpleasant dreams involving theme of separation.

Has s/he had any nightmares about leaving you?

Has s/he had bad dreams about being separated from you (or Parent #2)?

Did the dream wake him/her up?

How often does s/he have these bad dreams?

When was the first time s/he had these dreams?

Coding rules

AVERSE OF SLEEPING AWAY FROM FAMILY

0 = Absent

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

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

SEPARATION DREAMS

0 = Absent

2 = Separation dreams recalled

3 = Separation nightmares wake child.
### AVOIDANCE OF BEING ALONE

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

**Does s/he try to avoid being on his/her own?**

**Is s/he afraid of being alone?**

**Does s/he follow you around the house because s/he is afraid to be alone?**

**Does s/he start to cry or get upset?**
**Can s/he stop him/herself from being afraid?**
**Always or just sometimes?**

**When did it start?**

### ANTICIPATORY DISTRESS

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

**What does s/he do when s/he thinks you might leave him/her?**

**Does s/he get frightened or upset when s/he finds out you have to leave him/her?**

**Does s/he cry?**
**Does s/he hold on to your clothes or body?**
**Does s/he plead or beg you not to leave him/her?**
**What was s/he doing at the time s/he got upset about you leaving him/her?**
**Can s/he stop him/herself from being afraid?**
**Always or just sometimes?**

**When was the first time you noticed this?**

### Definitions and questions

<table>
<thead>
<tr>
<th><strong>AVOIDANCE OF BEING ALONE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.</td>
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<table>
<thead>
<tr>
<th><strong>Does s/he try to avoid being on his/her own?</strong></th>
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| **Does s/he start to cry or get upset?**
| **Can s/he stop him/herself from being afraid?**
| **Always or just sometimes?** |

<table>
<thead>
<tr>
<th><strong>When did it start?</strong></th>
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<table>
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<tr>
<th><strong>AVOIDANCE OF BEING ALONE</strong></th>
</tr>
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<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = At least sometimes tries to avoid being alone because of at least sometimes uncontrollable worry or anxiety about being away from attachment figures.</td>
</tr>
<tr>
<td>3 = Almost always tries to avoid being alone because of nearly always uncontrollable worry or anxiety about being away from attachment figures.</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Anticipatory Distress</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = At least sometimes uncontrollable distress related to potential separation from attachment figures. At least sometimes unresponsive to reassurance and occurring in at least 2 activities.</td>
</tr>
<tr>
<td>3 = Nearly always uncontrollable distress related to potential separation from attachment figures. Usually unresponsive to reassurance and occurring in most activities.</td>
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<table>
<thead>
<tr>
<th><strong>PBF4I01 Intensity</strong></th>
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<th><strong>PBF4O01 Onset</strong></th>
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<tr>
<th><strong>PBF5I01 Intensity</strong></th>
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<tr>
<th><strong>PBF5O01 Onset</strong></th>
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</table>
Definitions and questions

WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT
Social withdrawal, apathy, sadness, or difficulty concentrating on work or play when not with a major attachment figure.

Do you know what happens when s/he's left alone (or with a sitter)?

Does s/he become sad or withdrawn when you leave?
Can s/he play or become engaged in an activity, such as reading or watching TV?
How does s/he feel?
Can s/he stop him/herself from being sad?
What was s/he doing at the time?
Does anything make him/her feel better?
What if s/he's with friends?

When was the first time you noticed him/her getting sad about this?

ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT
Signs or complaints of excessive distress, or extreme homesickness, when separated from major attachment figure.

Does s/he get very upset sometimes when you're not with him/her?

Does s/he cry when you're separated from him/her?
Does s/he get homesick?
Has s/he had to come home because s/he was so upset about being separated from you?
What was s/he doing at the time this happened?
Can s/he stop him/herself from getting upset?
Always or just sometimes?

When was the first time this happened?

Coding rules

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

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

**WORRIES/ANXIETY OVER GOING TO SCHOOL**

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

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

*In the last 3 months, has s/he stayed home from school because s/he was worried or upset about GOING to school?*

*In the last 3 months, has s/he pretended to be sick so s/he won’t have to GO to school?*

Was that because s/he was worried about going to school?

*Has s/he pretended to be sick so s/he could LEAVE school early because s/he was too afraid to STAY at school?*

*Has s/he left school early because s/he was too afraid to STAY at school?*

**If yes to any question, code as present.**

*In the last 3 months, how many days has s/he missed school due to his/her worry about school?*

*In the last 3 months, how many times have you had to pick him/her up early due to his/her anxiety?*

**FREQUENCY CODED AS NUMBER OF 1/2 DAYS MISSED.**

**Note:** 3 CLASSES EQUALS 1/2 DAY

*When was the first time s/he missed school because s/he was worried or upset about going to school?*

---

**Coding rules**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>PBD7I01</td>
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<tr>
<td>PBD7F01</td>
<td>Frequency</td>
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<tr>
<td>PBD7O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

0 = Absent

2 = Present
WORRIES/ANXIETY ABOUT LEAVING HOME
Worry or subjective anxious affect related to leaving home for school.

**Definitions and questions**

- In the last 3 months, has s/he been worried at all about going to school?
- Is s/he frightened or worried about leaving home to go to school?
- Is s/he very reluctant or resistant when leaving the house for school?

What does s/he think might happen?
Does s/he end up staying at home?
Does s/he leave school early because s/he is so worried?
What is s/he doing at the time that s/he is worried?
Can s/he stop him/herself from being worried like that?
Always or just sometimes?
Can you reassure him/her or distract him/her?

How often does this happen?
How long does s/he remain upset or worried?
When did s/he start acting this way?

**Coding rules**

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

**HOURS : MINUTES**

- **PBD8I01** Intensity
- **PBD8F01** Frequency
- **PBD8D01** Duration
- **PBD8O01** Onset

ANTICIPATORY FEAR OF SCHOOL
Anticipatory worry or subjective anxious affect related to school situation.

- Does s/he get anxious or upset about school on school mornings?
- Is s/he frightened or worried about anything at school?
- Such as particular classes, or teachers, or the behavior of other children?
- Does s/he worry about school when s/he’s not actually there?

Why is s/he frightened about school?
Can anyone manage to reassure him/her?
Can s/he stop being frightened?
Always or just sometimes?

- In the last 3 months, how often has this happened?
- How long do these feelings last?
- When was the first time this happened?

**Coding rules**

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

**HOURS : MINUTES**

- **PBD9I01** Intensity
- **PBD9F01** Frequency
- **PBD9D01** Duration
- **PBD9O01** Onset
Definitions and questions

FEAR WHEN AWAY OF WHAT WILL HAPPEN AT HOME
Worry or subjective anxious affect related to the possibility of bad things happening at home while the child is at school.

Does s/he worry about what might happen at home when s/he’s away at school?

Does s/he worry something bad will happen at home while s/he is at school?

What does s/he think might happen?
Have teachers told you about this?
What is s/he doing at the time when s/he is afraid?
Can s/he stop him/herself from being afraid?
Always or just sometimes?

In the last 3 months, how often has this happened?
How long do these feelings last?
When was the first time this happened?

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

Remember to complete anxious autonomic symptoms.

In the last 3 months, does s/he get headaches or stomach aches on school days?

Does s/he get any other aches or pains on school days?
Does s/he complain of headaches, stomach aches, sore throat when s/he ANTICIPATES being separated from you (or “Parent #2”)?

Does s/he complain about this when s/he is ACTUALLY separated from you (or “Parent #2”)?

Does s/he feel sick at times of separation?

In the last 3 months, how often has this happened?
When did this start?

Coding rules

FEAR WHEN AWAY OF WHAT WILL HAPPEN AT HOME
0 = Absent
2 = Anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.
3 = Anticipatory worry or anticipatory anxiety occurring, almost entirely uncontrollable, in most activities.

PHYSICAL SYMPTOMS OF SEPARATION
0 = No
2 = Yes
Definitions and questions

PATTERN OF NON-ATTENDANCE (WORRIES/ANXIETY)
HAS TO BE TAKEN TO SCHOOL (WORRY/ANXIETY)

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

Do you have to take him/her to school sometimes to make sure s/he gets there?

Does anyone else have to take him/her to school to make sure s/he gets there?

Is that because s/he is afraid to leave home or go to school?

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

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

Coding rules

HAS TO BE TAKEN TO SCHOOL (WORRY/ANXIETY)
0 = No
2 = Yes, on at least one occasion in last 3 months.

Intensity

Frequency
STAYS AT HOME SOME MORNINGS (WORRY/ANXIETY)

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

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

In the last 3 months, does s/he stay at home sometimes because s/he is worried about going to school?

How does s/he feel on these mornings?
What do you do when s/he doesn't want to go to school?
Do you make him/her go?
Do you try to make him/her go?

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

Coding rules

STAYS AT HOME SOME MORNINGS (WORRY/ANXIETY)

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

Codes

PBE2I01
Intensity

PBE2F01
Frequency
**RUNS OUT OF SCHOOL (WORRY/ANXIETY)**

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

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

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

**Are there times when s/he just can't bear to go into school because s/he is worried about school?**

**Has s/he left school without permission because of his/her worry about school?**

What is it that makes it difficult for him/her to go into school?

IF CHILDS LEAVES SCHOOL DUE TO WORRY/ANXIETY, CONTINUE.

**Does s/he LEAVE school and come back home when s/he is worried/anxious about school?**

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

**Does s/he leave home and fail to ARRIVE to school because s/he is worried/anxious about school?**

**Does s/he arrive to school then LEAVE school because s/he is worried/anxious about school?**

When this happens, does s/he go off alone?

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

**When s/he LEAVES school because s/he worried or anxious, does s/he go off with friends?**

Do you know where s/he goes?

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

<table>
<thead>
<tr>
<th><strong>RUNS OUT OF SCHOOL (WORRY/ANXIETY)</strong></th>
<th>Codes</th>
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<tbody>
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<table>
<thead>
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<th><strong>FREQUENCY:</strong> CHILDS FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS (WORRY/ANXIETY)</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
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<td>PBE6I01</td>
</tr>
<tr>
<td>2 = Present</td>
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</table>
**Definitions and questions**

**WORRIES**

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

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

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

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

*Does s/he worry about the future?*

*Does s/he worry about bad things happening in the future?*

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

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

Like school work or sports?

*Does s/he worry when other people are around?*

*Does s/he worry about how s/he acts when other people are around?*

*Does s/he get self-conscious?*

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

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

*Or money?*

*Does s/he have other worries?*

*What are they?*

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

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

*Does worrying affect his/her concentration?*

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

*Always or just sometimes?*

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

*How long do these feelings last?*

*Any times in the last 3 months that s/he has been worried for 1 hour or more?*

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

---

**Coding rules**

**WORRIES**

0 = Absent

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

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

**HOURS : MINUTES**

**WORRIES ABOUT FUTURE EVENTS**

0 = Absent

2 = Present

**WORRIES ABOUT PAST BEHAVIOR**

0 = Absent

2 = Present

**WORRIES ABOUT COMPETENCE OR PERFORMANCE**

0 = Absent

2 = Present

**SELF-CONSCIOUSNESS**

0 = Absent

2 = Present

**WORRIES ABOUT APPEARANCE**

0 = Absent

2 = Present

**WORRIES ABOUT MONEY**

0 = Absent

2 = Present
WORRIES ABOUT FUTURE EVENTS
USE INFORMATION ABOVE TO CODE.

WORRIES ABOUT PAST BEHAVIOR
USE INFORMATION ABOVE TO CODE.

WORRIES ABOUT COMPETENCE OR PERFORMANCE
USE INFORMATION ABOVE TO CODE.

SELF-CONSCIOUSNESS
USE INFORMATION ABOVE TO CODE.

WORRIES ABOUT APPEARANCE
USE INFORMATION ABOVE TO CODE.

WORRIES ABOUT MONEY
USE INFORMATION ABOVE TO CODE.

OTHER WORRIES
USE INFORMATION ABOVE TO CODE.

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

Does s/he worry at all about being physically ill?

Does s/he worry that there may be something seriously wrong with him/her?

What does s/he worry about?
What is s/he doing when s/he is worried about that?
Can s/he stop him/herself worrying?
What happens when you try to reassure him/her?

How often does s/he worry about being ill?

How long does s/he worry about being ill?
Any times in the last 3 months that s/he has been worried for 1 hour or more?

When did s/he first start to worry about this?

HYPOCHONDRIASIS
0 = Absent
2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time
3 = Worrying is intrusive into most activities and nearly always uncontrollable

HOURS : MINUTES
### Definitions and questions

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

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

Does s/he tell people about his/her worries?

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?

EXCESSIVE NEED FOR REASSURANCE

Coding rules

0 = Absent
2 = Seeks reassurance at least weekly (once a week for four consecutive weeks), but not to the extent of interfering with ordinary social discourse.
3 = Seeks reassurance to such an extent that ordinary social discourse with at least one person is interfered with, as evidenced by loss of patience, or avoidance of contact with subject, by that person.
Definitions and questions

**ANXIOUS AFFECT**

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

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

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

What does s/he feel "nervous" about?
How bad is it?
Does anything bring it on?
Can you get him/her to calm down?
What is s/he doing when s/he feels this way?
If s/he concentrates on something, or is doing something s/he likes, does the nervousness go away?
Always or just sometimes?

How often does s/he feel this way?

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

*SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)*

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

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

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

<table>
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<th>Codes</th>
<th>PCA3I01 Intensity</th>
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<table>
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<table>
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<tr>
<th>PCA3O01 Onset</th>
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Coding rules
SOCIAL ANXIETY

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

Note: There is desire for involvement with familiar people.

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

Does s/he become nervous or frightened when s/he has to talk to people?  
Is s/he nervous or frightened when s/he has to talk to other kids?  
Does s/he get upset when meeting new people?  
Does s/he become extremely shy in social situations?  
Is s/he able to go to birthday parties and interact with the other people?  
How about other places like the park or playground?

What happens?  
Is s/he frightened because s/he thinks s/he might do something stupid or embarrassing?  
Does s/he think that people might make fun of him/her?  
Is s/he frightened that s/he might offend others?  
Does s/he think that people might reject him/her?  
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 try to leave the room?  
What is s/he doing at the time when s/he feels like this?  
Can you help him/her become more comfortable in the situation?  
Always or just sometimes?  
How often does s/he feel this way?  
How long do these feelings last?  
When was the first time you noticed this?  
Does s/he get upset when s/he has to meet new people?  
Does s/he start to cry?  
Or refuse to speak?  
When did s/he first get upset like that?

SOCIAL ANXIETY

0 = Absent  
2 = Social anxiety is intrusive into at least 2 activities and uncontrollable at least some of the time.  
3 = Social anxiety is intrusive into most activities and nearly always uncontrollable.  
4 = The child has not been in such a situation during the last 3 months because parent helped him/her to avoid it, but parent reports that anxious affect would have occurred if the child had been in situation.

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

Does s/he avoid going to parties or places where s/he might have to talk to people?
Do you change plans or routine so that s/he can avoid these situations?

When did s/he first start to avoid these situations?

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

Does s/he ever have a feeling, for no reason, that something awful is going to happen?

What makes him/her feel that way?
What is s/he doing at the time when s/he feels like that?
Can s/he stop him/herself from feeling like that?
Always or just sometimes?

How often does this happen?

How long do these feelings last?
Have there been any times it has lasted as long as 1 hour in a day?

When was the first time this happened?

Coding rules

ANXIOUS FOREBODING
0 = Absent
2 = Anxious foreboding is intrusive into at least 2 activities and uncontrollable for at least some of the time.
3 = Anxious foreboding is intrusive into most activities and nearly always uncontrollable.

Codes

PCA4I01
Intensity

PCA4F01
Frequency

PCA4D01
Duration

PCA4O01
Onset

/ /
Definitions and questions

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

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

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

Does s/he get nervous or frightened when s/he has to give a speech?

How about when s/he gets called on in class?

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

Can you give me an example of when that happened?
Is s/he frightened because s/he thinks that others may think s/he is stupid?
Is s/he afraid that people might laugh at him/her? Or make fun of him/her?
Is s/he frightened that s/he might offend others?
Is s/he scared that s/he will make a mistake?
What is s/he doing at the time when s/he is afraid?
Can s/he stop him/herself from being afraid?
Always or just sometimes?
Can you reassure him/her?

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

How long does that last?

When was the first time this happened?

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

When did s/he first get upset like that?

Does s/he do anything to avoid having to do these things in front of others?

When did s/he first start to avoid these situations?

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.

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

**FEAR OF USING PUBLIC TRANSPORTATION**

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

*Is s/he afraid of riding in cars/automobiles?*

*Is s/he afraid of using other public transportation like buses, trains, or planes?*

*Does the thought of riding in a car or using public transportation frighten him/her?*

Tell me how s/he feels when these things happen.

*Is s/he afraid because s/he thinks it might be difficult for him/her to escape?*

*Is s/he afraid s/he will not be able to get help if s/he needed it?*

*Is s/he afraid that s/he might do something stupid or embarrassing while in the situation?*

What is s/he doing at the time when s/he is afraid?

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

Can you reassure him/her?

Always or just sometimes?

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

*How long does this feeling last?*

*When was the first time this happened?*

*Does s/he do anything to avoid these situations?*

*Does s/he avoid going certain places or doing certain things because s/he is afraid?*

Do YOU change plans or routines so that S/HE can avoid these situations?

What happens?

*When did s/he start avoiding these situations?*

<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
</tr>
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<tbody>
<tr>
<td><strong>AGORAPHOBIA</strong></td>
<td><strong>FEAR OF USING PUBLIC TRANSPORTATION</strong></td>
</tr>
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<td><strong>FEAR OF USING PUBLIC TRANSPORTATION</strong></td>
<td><strong>Intensity</strong></td>
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<td>2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
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<tr>
<td>3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.</td>
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<tr>
<td>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.</td>
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</tbody>
</table>

| **AVOIDANCE: FEAR OF USING PUBLIC TRANSPORTATION**                                        | **Frequency**                                                               |
| 0 = Absent                                                                               | PCG3F01                                                                      |
| 2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation. |                                                                             |
| 3 = Subject lives a highly restricted life because of feared situations.                  |                                                                             |

| **AVOIDANCE ONSET: FEAR OF USING PUBLIC TRANSPORTATION**                                  | **Duration**                                                                |
| / /                                                                                      | PCG3D01                                                                      |
| / /                                                                                      |                                                                             |

| **Onset**                                                                                | **Onset**                                                                   |
| / /                                                                                      | PCG3O01                                                                      |
| / /                                                                                      |                                                                             |

Anxious Affect
### Definitions and questions

**FEAR OF BEING IN OPEN SPACES**

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

*Is s/he afraid in open spaces like parking lots or other public places?*

*Is s/he afraid of being on a bridge?*

*Does the thought of these things frighten him/her?*

Tell me how s/he feels when these things happen.

*Is s/he afraid because s/he thinks it might be difficult for him/her to escape?*

*Is s/he afraid s/he will not be able to get help if s/he needed it?*

*Is s/he afraid that s/he might do something stupid or embarrassing while in the situation?*

What is s/he doing at the time when s/he is afraid?

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

*Can you reassure him/her?*

Always or just sometimes?

How often has that happened in the last 3 months?

How long does this feeling last?

*When was the first time this happened?*

*Does s/he do anything to avoid these situations?*

*Does s/he avoid going certain places or doing certain things because s/he is afraid?*

*Do YOU change plans or routines so that S/HE can avoid these situations?*

*What happens?*

*When did s/he start avoiding these situations?*

### Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCG4I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PCG4F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>PCG4D01</td>
<td>Duration</td>
</tr>
<tr>
<td>PCG4O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

#### FEAR OF BEING IN OPEN SPACES

0 = Absent

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

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

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

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

0 = Absent

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

3 = Subject lives a highly restricted life because of feared situations.
FEAR OF BEING IN ENCLOSED PLACES

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

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

How about other places like a restaurant or cafeteria?

Does the thought of these places frighten him/her?

Tell me how s/he feels when these things happen. Is s/he afraid because s/he thinks it might be difficult for him/her to escape? Is s/he afraid s/he will not be able to get help if s/he needed it? Is s/he afraid that s/he might do something stupid or embarrassing while in the situation? What is s/he doing at the time when s/he is afraid? Can s/he stop him/herself from being afraid? Can you reassure him/her?

Always or just sometimes?

How often has that happened in the last 3 months?

How long does this feeling last?

When was the first time this happened?

Does s/he do anything to avoid these situations? Does s/he avoid going certain places or doing certain things because s/he is afraid? Do YOU change plans or routines so that S/HE can avoid these situations?

What happens?

When did s/he start avoiding these situations?

FEAR OF BEING IN ENCLOSED PLACES

0 = Absent

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

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

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

Avoidance: Fear of Being in Enclosed Places

0 = Absent

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

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

Avoidance Onset: Fear of Being in Enclosed Places

PCG5I01

Intensity

PCG5F01

Frequency

PCG5D01

Duration

PCG5O01

Onset
**Definitions and questions**

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

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

*Is s/he afraid of standing in lines?*

*Is s/he afraid of going out into crowded places?*

*Or being around a lot of people?*

*Will just the thought of these things frighten him/her?*

Tell me how s/he feels when these things happen. Is s/he afraid because s/he thinks it might be difficult for him/her to escape? Is s/he afraid s/he will not be able to get help if s/he needed it? Is s/he afraid that s/he might do something stupid or embarrassing while in the situation? What is s/he doing at the time when s/he is afraid? Can s/he stop him/herself from being afraid? Can you reassure him/her? Always or just sometimes?

How often has that happened in the last 3 months?

How long does this feeling last?

When was the first time this happened?

Does s/he do anything to avoid these situations? Does s/he avoid going certain places or doing certain things because s/he is afraid? Do YOU change plans or routines so that s/he can avoid these situations? What happens?

When did s/he start avoiding these situations?

---

**Coding rules**

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

- 0 = Absent
- 2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
- 3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
- 4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the parent reports that the anxious affect would have occurred if the child had been in such a situation.

---

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

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

---

**AVOIDANCE ONSET: FEAR OF STANDING IN LINE OR BEING IN A CROWD**
FEAR OF BEING OUTSIDE OF THE HOME ALONE

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

Is s/he afraid of being alone while outside of his/her home?

Is s/he afraid of going outside alone?

Does the thought of these things frighten him/her?

Tell me how s/he feels when these things happen.
Is s/he afraid because s/he thinks it might be difficult for him/her to escape?
Is s/he afraid s/he will not be able to get help if s/he needed it?
Is s/he afraid that s/he might do something stupid or embarrassing while in the situation?
What is s/he doing at the time when s/he is afraid?
Can s/he stop him/herself from being afraid?
Can you reassure him/her?
Always or just sometimes?

How often has that happened in the last 3 months?

How long does this feeling last?

When was the first time this happened?

Does s/he do anything to avoid these situations?
Does s/he avoid going certain places or doing certain things because s/he is afraid?
Do YOU change plans or routines so that S/HE can avoid these situations?
What happens?

When did s/he start avoiding these situations?

IF AGORAPHOBIA, CONTINUE. OTHERWISE, SKIP TO "ANIMAL FEARS", (PAGE 11).
**FEAR OF PANIC OR PANIC-LIKE SYMPTOMS**

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

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

- **Is s/he afraid in those situations because s/he might get panicky or have a panic attack?**
- **Is s/he afraid that s/he might embarrass him/herself or do something stupid?**
- **Is s/he afraid of these things because it might be difficult for him/her to escape if s/he had to?**
- **Is s/he afraid that there might not be anyone there to help him/her if s/he got panicky?**
- **Does this happen in different situations or places?**
- **Does s/he avoid going places or doing certain thing?**
- **Does it affect what s/he does or where s/he goes?**
- **Can s/he stop him/herself from being afraid?**

---

### Coding rules

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

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<th>Code</th>
<th>Description</th>
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<td>0</td>
<td>Agoraphobic symptoms not associated with fear of panic attack or panic-like symptoms.</td>
</tr>
<tr>
<td>2</td>
<td>Some agoraphobic symptoms or sometimes agoraphobic symptoms associated with fear of panic attack or panic-like symptoms.</td>
</tr>
<tr>
<td>3</td>
<td>Agoraphobic symptoms always associated with fear of panic attack or panic-like symptoms.</td>
</tr>
</tbody>
</table>
Definitions and questions

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

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

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

Do any animals frighten him/her?
Which ones?
What happens?
Does she cry?
Or have a tantrum?
Or cling to you?
Or “freeze up”?
How afraid is s/he?
What does s/he do about it?
Can s/he stop him/herself from being afraid?
Always or just sometimes?

How often has that happened in the last 3 months?
How long does that last?
When was the first time that happened?
Do you change plans or routine so that s/he can avoid these situations?
When did s/he first start to avoid these situations?

Coding rules

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

FEAR OF ANIMALS - INTENSITY
PCB4I01

FEAR OF ANIMALS - FREQUENCY
PCB4F01

FEAR OF ANIMALS - DURATION
PCB4D01

FEAR OF ANIMALS - ONSET
PCB4O01

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

AVOIDANCE - INTENSITY
PCB5I01

AVOIDANCE - FREQUENCY
PCB5F01
FEAR OF INJURY
Subjective anxious affect specific to the possibility of being hurt. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared object or situation.

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

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

Does it affect what s/he does?
What was s/he doing at the time when s/he is afraid?
Can s/he stop him/herself from being afraid?
Always or just sometimes?
What happens if you try to reassure him/her?

How often has that happened in the last 3 months?
How long does s/he stay afraid for?
When was the first time you noticed this?
Do you change plans or routine so that s/he can avoid these situations?
When did s/he first start to avoid these situations?

**Coding rules**

**FEAR OF INJURY**

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<td>PCB6I01</td>
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<tr>
<td>2 = Fear of an injury is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
<td>PCB6I01</td>
</tr>
<tr>
<td>3 = Fear of injury is intrusive into most activities and nearly always uncontrollable.</td>
<td>PCB6I01</td>
</tr>
<tr>
<td>4 = Child has not been in situation in past 3 months because of avoidance, but parent reports that anxious affect would be present if child had been in situation.</td>
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**Frequency**

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**Duration**

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**AVOIDANCE**

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</table>

**FEAR OF INJURY - AVOIDANCE ONSET**

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</thead>
<tbody>
<tr>
<td>PCB7O01</td>
<td></td>
</tr>
</tbody>
</table>
FEAR OF BLOOD/INJECTION

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

AIDS-related fears are not coded here.

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

Do doctors or nurses have to hold him/her down?
Does the thought of getting a shot frighten him/her?
Can s/he stop himself/herself from being afraid?
Always or just sometimes?

In the last 3 months, how often has s/he been afraid of blood/injections?
How long does s/he stay afraid for?
When was the first time you noticed this?
Do you change plans or routine so that s/he can avoid these situations?
Have you canceled doctor appointments because s/he was so afraid s/he might have to get a shot?
With reassurance, can s/he stay in the situation?
When did s/he first start to avoid these situations?

Coding rules

FEAR OF BLOOD/INJECTION
0 = Absent
2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear is intrusive into most activities and nearly always uncontrollable.
4 = Child has not been in situation in past 3 months because of avoidance, but parent reports that anxious affect would be present if child had been in situation.

AVOIDANCE
0 = Absent
2 = Child has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
3 = Child lives a highly restricted life because of feared situations or has neglected appropriate medical care.

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>PCE0I01 Intensity</td>
</tr>
<tr>
<td>PCE0F01 Frequency</td>
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<tr>
<td>PCE0D01 Duration</td>
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<tr>
<td>PCE0O01 Onset</td>
</tr>
<tr>
<td>PCE1I01 AVOIDANCE - ONSET</td>
</tr>
<tr>
<td>PCE10O1</td>
</tr>
</tbody>
</table>
ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR

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

Are there any other things that s/he's afraid of?

- Loud sounds?
- Thunder, lightning, or storms?
- Heights?
- Elevators or Escalators?
- Costumed Characters like Clowns or Chuck E. Cheese?
- Water?
- Burglars or Robbers?
- Insects and spiders?
- Snakes?
- Birds?
- The dark?
- Illness
- Frightening things on TV or Movies?
- War?
- Anything else I haven't mentioned?

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

In the last 3 months, how often has s/he been afraid of these things?

How long does s/he stay afraid for?

When was the first time you noticed this?

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

When did s/he first start to avoid these situations?

OTHER FEARS

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

Specify

AVOIDANCE

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

Anxiety or Fear Provoking Situations Aide-Memoir - Avoidance Onset
Definitions and questions

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

Does s/he ever feel frightened without knowing why?
What is s/he doing at the time when s/he is afraid?
Can s/he stop him/herself from being afraid?
Always or just sometimes?
Can you do anything to reassure him/her?

How often is s/he afraid like this?

How long do these feelings last?
Any times in the last 3 months that it lasted a total of 1 hour or more during the day?

When was the first time you noticed this?

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

Coding rules

FREE FLOATING ANXIOUS AFFECT
0 = Absent
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.

Intensity

Frequency

Duration

Onset

PCC1I01
PCC1F01
PCC1D01
PCC1O01
Definitions and questions

**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 often does s/he have this kind of difficulty concentrating?

*When did this start?*

**EASY FATIGABILITY**
Child becomes easily fatigued when anxious.

*When s/he’s worried or anxious, does she seem to get tired more easily?*

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

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

*When did this start?*

**MUSCLE TENSION**
Generalized tightness, stiffness, or soreness in muscles not resulting from physical exercise.

*Do his/her muscles tense up when s/he is “worried,” “anxious,” or “frightened”?*

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

*When did this start?*
RESTLESSNESS
Increased unnecessary whole body movements (e.g., getting up and moving around) when anxious or worried.

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

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

Keyed up or on edge?

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

When did that start?

SLEEP DISTURBANCE WHEN WORRIED/ANXIOUS
Child has difficulty falling asleep, staying asleep, restless or unsatisfying sleep when anxious or worried.

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

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

How often has s/he had difficulty sleeping in the last 3 months?

When did this start?

IRRITABILITY WHEN WORRIED/ANXIOUS
Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance when worried or anxious.

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

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

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

When did this start?
Definitions and questions

PANIC ATTACKS

Panic attacks are discrete episodes of overwhelming subjective anxious affect and autonomic symptoms that reach a peak within 10 minutes of onset, and that the subject usually tries to terminate by taking some definite action, unless they are too "frozen" by panic to do so.

Does s/he ever get panicky?

Has s/he had a panic attack in the last 3 months?

Does s/he try to avoid situations where s/he might get panicky?

Is the panic attack so severe that it makes him/her stop what s/he is doing?

Does it affect him/her physically at all?

Does s/he have to get out of the situation?

What does s/he do?

Does it sometimes happen "out of the blue"?

Does it occur for no good reason?

Does it occur in any SPECIFIC situations?

What triggers it?

How often has this happened in the last 3 months?

How long do these feelings of panic last?

When was the first time this happened?

IF PANIC ATTACKS, CONTINUE. OTHERWISE, SKIP TO END.
DEREALIZATION DURING PANIC ATTACK
The subject experiences his/her surroundings as unreal; everything may seem colorless, artificial, or dead.

*When s/he got panicky, did s/he feel that things around him/her didn’t seem real?*

*Or that it was like a stage set with people acting like robots instead of being themselves?*

*What was it like?*

*When did this start?*

DEPERSONALIZATION DURING PANIC ATTACK
The subject feels as if s/he is unreal, that s/he is acting a part, or that s/he is detached from his/her own experiences.

*When s/he got panicky, did s/he feel as if s/he weren’t real?*

*Did s/he feel like s/he was acting his/her life instead of being natural?*

*Did s/he feel that s/he was outside his/her body looking at him/herself from outside his/her body?*

*When did this start?*

FEAR OF LOSS OF CONTROL DURING PANIC ATTACK
Subject feels as though “going crazy” or is afraid of losing control over body or mind (e.g. urinating in public, falling down, creating a “scene”).

*When s/he got panicky, did s/he feel like s/he was going crazy?*

*Did s/he feel as though s/he was losing control of his/her body or his/her mind?*

*Was s/he afraid of what s/he might do?*

*Did s/he feel as though s/he might fall down or create a “scene”?*

*When did this start?*
Definitions and questions

FEAR OF DYING DURING PANIC ATTACK
Subject feels as though s/he might die, or is afraid that s/he might die.

When s/he got panicky, was s/he afraid that s/he might die?

When did this start?

CONCERN ABOUT ADDITIONAL PANIC ATTACKS
Concern, worry, or anxious affect related to the possibility that another panic attack may occur.

Is s/he worried about having another "panic attack"?

Does it bother him/her much?

When did this start?

CHANGE IN BEHAVIOR
Any change in usual behavior or routines, intended to avoid the possibility of a panic attack recurrence. Or changes in behavior or routine to avoid potential embarrassment or humiliation that the subject fears might result from a panic attack.

Has s/he done anything to avoid having anymore "panic attacks"?

Does that affect his/her life much?

When did this start?

Coding rules

FEAR OF DYING
0 = Absent
2 = Present as described in definition.

CONCERN ABOUT ADDITIONAL PANIC ATTACKS
0 = Absent
2 = Present

CHANGE IN BEHAVIOR
0 = Absent
2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
3 = Subject lives a highly restricted life because of feared situation.
**WORRY ABOUT IMPLICATIONS**
Worry or anxious affect related to possible secondary consequences of having another panic attack.

Do not include such worries or fears during a panic attack which are coded under Fear of Loss of Control During Panic Attack.

*Has s/he been worried about what might happen if s/he had another "panic attack"?*

*What does s/he think might happen?*
*Has s/he been afraid that s/he might die?*
*Or go crazy?*
*Or lose control?*

*When did this start?*

---

**Coding rules**

**WORRY ABOUT IMPLICATIONS**

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<th>Description</th>
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**Codes**

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<td>Intensity</td>
</tr>
<tr>
<td>PCE4O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

/ /
**Definitions and questions**

**ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS**

Autonomic symptoms accompanied by subjective anxious affect.

*When s/he is "worried," "anxious," or "frightened", does it affect him/her physically at all?*

**Does s/he get dizzy, giddy, or faint?**

*When did this start?*

**Does s/he feel like s/he is choking?**

*How?*

*When did this start?*

**Does s/he have difficulty breathing?**

*Or feel as though s/he is smothering?*

*In what way?*

*When did this start?*

**Does s/he breathe faster?**

*When did this start?*

**Does it affect his/her heart?**

**Does his/her heart beat very fast?**

*When did this start?*

**Does s/he get tightness or pain in his/her chest?**

*When did this start?*

**Does s/he get sweaty?**

*When did this start?*

**Does s/he feel sick or nauseous?**

*When did this start?*

**Does s/he get butterflies in his/her stomach?**

**Does s/he get pain in his/her stomach?**

*When did this start?*

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

**Does s/he start to tremble?**

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**Coding rules**

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<th>Symptom</th>
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### Definitions and questions

**When did this start?**

**Does s/he get flushed?**

**Does s/he get chills?**

**When did this start?**

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

**When did this start?**

**Does his/her stomach churn?**

**Does s/he get stomach cramps?**

**When did this start?**

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<th>Question</th>
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<td>TREMBLING/SHAKING/TWITCHING</td>
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### Coding rules

- **2 = Yes**
- **0 = No**
Definitions and questions

**DEPRESSED AFFECT**

**DEPRESSED MOOD**
Includes feeling unhappy, miserable, blue, low spirited, being down in the dumps or dejected; daily total duration of at least 1 hour.

Distinguish from other unpleasant affects e.g. Nervous Tension or Anxiety, Apathy and Anhedonia. It is also important to make sure that it is the mood itself that is being rated and not its "expected" concomitants (such as apathy, self-depreciation or crying). Items such as these are rated separately. If they are used as evidence of depression as well, spurious relationships will be generated by the interviewer.

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

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

Has s/he been acting very unhappy or sad?

Has s/he been crying because of the way s/he has been feeling?

What made him/her feel "miserable"?

If I had seen him/her then would I have been able to tell?

Can you do anything to cheer him/her up?

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

How often is s/he "down" like that at home?

How often is s/he "down" like that at school?

How often is s/he "down" like that elsewhere?

Note: If child is depressed all day every day, code frequency as 90 times for each setting of home, school, and elsewhere.

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

When did X start to feel down like that?

**EPISODE OF DEPRESSED MOOD**

0 = Absent

2 = At least 1 week with 4 days depressed mood.

3 = Period of 2 consecutive weeks where depressed mood present on at least 8 days.

**PERIOD OF 2 CONSECUTIVE MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR**

0 = Yes

2 = No

Has there been a period of at least 2 consecutive months in the last year when s/he didn't feel like that?
LOOKS UNHAPPY
Parent's evaluation that the child characteristically looks unhappy to an extent abnormal for the child's age or developmental stage.

Does s/he often look unhappy?

Does his/her face seem sad?

What about when nice things happen?
Does s/he look more cheerful then?
What is s/he doing at the time when s/he looks unhappy?
How often does s/he look unhappy at home?
How often does s/he look unhappy at school?
How often does s/he look unhappy elsewhere?

When did you first notice this?

IF DEPRESSED MOOD, CONTINUE.
OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 4).
Definitions and questions

SUBJECTIVE AGITATION

Markedly changed motor activity associated with depressed mood. Account of a severe level of inappropriate, unpleasant motor restlessness during a period of dysphoric mood, indicated by pacing, wringing of hands, or similar activities; daily total duration of at least 1 hour.

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

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

Does s/he have difficulty keeping still when depressed?

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

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

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

How long does it last?
Any times in the last 3 months it's lasted for as long as an 1 hour a day?

When did the "agitation" start?

Coding rules

AGITATION

0 = Absent
2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the subject can inhibit his/her agitation with effort.
3 = Agitation almost entirely uncontrollable.

HOURS : MINUTES

Intensity
Frequency
Duration
Onset
Definitions and questions

**REPORTED TEARFULNESS AND CRYING**

Eyes filling with tears or actual shedding of tears as a response to an internal state of unhappiness or misery.

Do not rate crying precipitated by usual precipitants (such as sad situations or anger or being spanked or disciplined).

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

*Does s/he actually cry?*

Even when it seems that nothing has happened to warrant crying?
What was s/he doing at the time?
Can s/he stop him/herself?
Or just sometimes?
Always?
How often does this happen at home?
How often does this happen at school?
How often does this happen elsewhere?

How long does it last?

When did s/he start being tearful?

**Coding rules**

**REPORTED TEARFULNESS AND CRYING**

0 = Absent

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

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

**HOME**

PDA4F01 Home Frequency

**SCHOOL**

PDA4F02 School Frequency

**ELSEWHERE**

PDA4F03 Elsewhere Frequency

**HOURS : MINUTES**

PDA4D01 Duration

PDA4O01 Onset
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.

The behavior occurs with at least one individual who is NOT a sibling.

Do things get on his/her nerves easily?

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

What does s/he do?
How often does this happen at home?
How often does this happen at school?
How often does this happen elsewhere?

How long do these feelings last?

When was the first time you noticed this?

Does s/he get easily annoyed with sibling(s)?

Does s/he get easily annoyed with peers?
How about kids at school?
Or other kids in the neighborhood?

Does s/he get easily annoyed with you (Parent #2)?
How about with his/her teachers?
Or babysitters/caregivers?
How about with other adults, like grandparents?

Coding rules

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</table>
Definitions and questions

ANGRY OR RESENTFUL

The child is generally more prone to MANIFESTATIONS of anger or resentment (such as snappiness, shouting, quarreling or sulking) under minor provocation, than most children. This pattern need not represent a change in behavior.

The behavior occurs with at least one individual who is NOT a sibling.

Does s/he get angry very often?

What happens?

Does s/he get "sulky" or "pout"?

What does s/he do?

How often does this happen at home?

How often does this happen at school?

How often does this happen elsewhere?

How long do these feelings last?

When was the first time you noticed this?

Does s/he get angry with sibling(s)?

Does s/he get angry with peers?

Like kids at school?

Or other kids in the neighborhood?

Does s/he get angry with you (Parent #2)?

How about to his/her teachers?

Or babysitters/caregivers?

How about to other adults, like grandparents?

Coding rules

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</table>
### Definitions and questions

**IRRITABILITY**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance; daily total duration of at least 1 hour. (Change may predate the primary period and continue into at least part of the primary period.)

Note that this rating is of a change in the child's usual liability to be precipitated into anger; it does not refer to the form of the anger once it has been precipitated.

N.B.: The irritable mood itself is being rated, not just its manifestations; thus, frequency and duration ratings refer to the number and length of episodes of the mood, not of the episodes of snappiness, shouting or quarrelsomeness.

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?
Has s/he been snappy with people in the family?
Has s/he gotten into arguments or fights lately?
Has s/he hit or broken anything when s/he was angry?
What was s/he doing at the time of this irritable mood?
Could s/he stop him/herself from feeling this way?
Always or just sometimes?
How often does that happen at home?
How often does that happen at school?
How often does that happen elsewhere?

How long does it last when s/he feels like that?
Any times in the last 3 months that it's lasted as long as 1 hour in a day?

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

**IF IRRITABILITY PRESENT, ASK;**

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

**IF IRRITABILITY PRESENT ASK;**

Has there been a period of at least 2 consecutive months in

<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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<td><strong>IRRITABILITY</strong></td>
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<td>0 = Absent</td>
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<tr>
<td>2 = Irritable mood present in at least 2 activities manifested by at least one instance of snappiness, shouting, quarrelsomeness and at least sometimes uncontrollable.</td>
<td>2 = Irritable mood present in at least 2 activities manifested by at least one instance of snappiness, shouting, quarrelsomeness and at least sometimes uncontrollable.</td>
<td></td>
</tr>
<tr>
<td>3 = Irritable mood present in most activities, accompanied by snappiness, shouting, quarrelsomeness, and nearly always uncontrollable.</td>
<td>3 = Irritable mood present in most activities, accompanied by snappiness, shouting, quarrelsomeness, and nearly always uncontrollable.</td>
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**HOME**

**PDA8F01**

Home Frequency

**SCHOOL**

**PDA8F02**

School Frequency

**ELSEWHERE**

**PDA8F03**

Elsewhere Frequency

**HOURS : MINUTES**

**PDA8D01**

Duration

**PDA8O01**

Onset

**EPISODE OF IRRITABLE MOOD**

**PDA8I02**

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**

**PDA8I03**

0 = Yes
2 = No
Definitions and questions

the last year when s/he didn't feel like that?

**LOSS OF AFFECT**

Complaint of loss of a previously existing ability to feel or experience emotion.

*Has s/he complained of not having any feelings (emotions) left?*

*Or that s/he has lost his/her feelings?*

Could s/he feel any emotions?

What was s/he doing at the time?

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

Always or just sometimes?

When was the first time this happened?

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</tr>
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<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.</td>
<td>/</td>
</tr>
<tr>
<td>3 = Affect is felt to be lost in almost all activities.</td>
<td>//</td>
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</tbody>
</table>
CONATIVE PROBLEMS

BOREDOM

Activities the child is actually engaged in are felt to be dull and lacking in interest while interest in other possible potential activities is expressed.

Everyone gets bored sometimes, so code a child positively here only if s/he is more often bored than not. Code positive even if the activities are truly dull. It must seem to the child that other potential activities would be of interest even if s/he is uncertain what those other activities might be.

Differentiate from anhedonia and loss of interest, where nothing seems to be of potential interest or likely to give pleasure.

Code even if the activities described are truly boring in your opinion.

How much of the time 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.
### LOSS OF INTEREST

Diminution of the child's interest in usual pursuits and activities. Either some interests have been dropped or the intensity of interest has decreased. Everyone has interests of some sort, but the extent of the diminution must be measured in the context of the range and depth of the child's usual activities. Take into account everyday school and home activities as well as watching TV, playing games, taking an interest in clothes, food, appearance, toys, etc. Inevitably, those with more intense and varied interests initially will have more room to lose interest than those who have never taken a great interest in things.

Distinguish from "growing out" of activities or giving up certain activities to take up new ones or because of increased pressure of school/work.

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

*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?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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<tbody>
<tr>
<td><strong>LOSS OF INTEREST</strong></td>
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<tr>
<td>0 = Absent</td>
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<tr>
<td>2 = Generalized diminution in interest taken in normally interesting activities.</td>
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<tr>
<td>3 = The subject is completely or almost completely uninterested in everything or nearly everything.</td>
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</tbody>
</table>
Definitions and questions

**ANHEDONIA**
A partial or complete loss or diminution of the ability to experience pleasure, enjoy things, or have fun. It also refers to basic pleasures like those resulting from eating favorite foods.

Anhedonia concerns the mood state itself. Loss of Interest or loss of the ability to concentrate on looking at books, games, TV or school may accompany Anhedonia, so the interviewer may code different aspects under different items. Do not confuse this item with a lack of opportunity to do things or to excessive parental restriction.

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

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

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

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

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

---

**Coding rules**

**ANHEDONIA**
0 = Absent
2 = Generalized diminution in pleasure taken in normally pleasurable activities.
3 = Almost nothing gives pleasure.

**Codes**

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</table>
Definitions and questions

**SUBJECTIVE ANERGIA**
The child is markedly lacking in energy compared with usual state. The child is described as being easily fatigued and/or excessively tired. This is a general rating of child’s overall energy level.

DIFFERENTIATE FROM MOTOR SLOWING, INSOMNIA, HYPERSONMIA, AND FATIGABILITY 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?**

Has s/he been taking naps more often than usual or going to sleep earlier than s/he used to? Does s/he have enough energy to do things? Does s/he choose not to do things because s/he hasn’t got enough energy?

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

**SUBJECTIVE MOTOR SLOWING**
The child is slowed down in movement and speech compared with his/her usual condition; daily total duration of at least 1 hour.

**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?
What is s/he doing at the time that s/he is moving slowly?
Can s/he do anything to speed him/herself up?
Does it help him/her speed up?
Always or just sometimes?

In the last 3 months, how often has this happened?
**How long does it last?**
When did s/he start to feel slowed down?

### Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Intensity</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDB3I01</td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = A generalized listlessness and lack of energy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = A report of being almost completely without energy.</td>
<td></td>
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</tbody>
</table>

### SUBJECTIVE ANERGIA

<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
<tr>
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### MOTOR SLOWING

<table>
<thead>
<tr>
<th>Codes</th>
<th>Intensity</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>PDB4I01</td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Slowing present and cannot be overcome in at least 2 activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = Slowing present and cannot be overcome in almost all activities.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>Duration</th>
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<table>
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<th>Onset</th>
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</thead>
<tbody>
<tr>
<td>PDB4O01</td>
<td></td>
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</tbody>
</table>
Definitions and questions

SUBJECTIVE COMPLAINTS ABOUT THINKING

INEFFICIENT THINKING

Unpleasant difficulty with thinking clearly or efficiently, or concentrating, even about simple matters; daily total duration of at least 1 hour.

Do his/her thoughts get muddled or confused easily?

Does s/he have difficulty concentrating?

Can s/he think clearly if s/he needs to?

Does it cause him/her any trouble? What?

Does s/he complain of any interference with his/her thoughts?

What does s/he say is happening?

When did s/he start to have trouble with his/her thinking?

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 or making up his/her mind?

Has s/he had any trouble making decisions?

What happens when s/he has to make up his/her mind?

What things does s/he have difficulty deciding?

Does s/he have trouble deciding on things at home?

How about school?

Is it really difficult for him/her to make up his/her mind at the store?

When was the first time you noticed this?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
<tr>
<td>PDB5I01</td>
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<tr>
<td>PDB5O01</td>
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</table>

<table>
<thead>
<tr>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Sometimes uncontrollable in at least 2 activities</td>
</tr>
<tr>
<td>3 = Almost always uncontrollable and occurring in relation to almost all situations where clear thinking required</td>
</tr>
</tbody>
</table>

| PDB6I01 |
| PDB6O01 |

<table>
<thead>
<tr>
<th>Onset</th>
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<thead>
<tr>
<th>Intensity</th>
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</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Sometimes uncontrollable in at least 2 activities</td>
</tr>
<tr>
<td>3 = Almost always uncontrollable and occurring in relation to almost all decisions</td>
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</tbody>
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<tr>
<th>Onset</th>
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</tbody>
</table>
DEPRESSIVE THOUGHTS

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

LONELINESS

A feeling of being alone and/or friendless, regardless of the justification for the feeling; daily total duration of at least 1 hour.

Adult contacts and peer friendships should be considered. Differentiate from feeling unloved. A child may be lonely but still acknowledge being loved and vice versa.

Do you think s/he feels lonely?

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

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?
What is s/he doing when s/he feels lonely?
Can you stop him/her feeling lonely?
Always or just sometimes?

When did s/he start to feel lonely like that?
Definitions and questions

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

DIFFERENTIATE FROM LONELINESS.

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

What does s/he say?
Does s/he feel like s/he is loved less than other people?
Is s/he completely convinced that no one loves him/her?
When did s/he start to feel like that?

SELF-DEPRECIATION AND SELF-HATRE
An unjustified feeling of inferiority to others (including unjustified feelings of ugliness). Self-hatred involves severe hostility directed by the child against him/herself accompanied by expressed dislike or expressed criticism.

Do not rate delusional phenomena here.

How do you think s/he feels about him/herself?
Does s/he like him/herself?
If s/he had to choose, would s/he say s/he was good-looking, average, or ugly?
As a person does s/he feel as good as other people?
Does s/he ever say that s/he is "stupid"?
Or a "bad" person?
Does s/he feel that s/he 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 is good at?
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

FEELS UNLOVED
0 = Absent
2 = The subject feels that there are others who love him/her but that s/he is loved or cared for less than other people.
3 = The subject feels that almost no one loves him/her, or hardly ever believes that anyone does.

SELF-DEPRECIATION
0 = Absent
2 = The subject rates him/herself lower than seems justified, but does not see him/herself as being completely without value, since in some activities s/he does not feel inferior.
3 = The subject feels almost entirely worthless and without saving graces, in nearly all activities, or inferior to everyone. Self-hatred is also rated here.
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 s/he 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?
Does s/he think everything is unfair or just some things?
Does s/he complain about it?
Does s/he feel it will always be like that?

When did s/he start to feel like that?

PATHOLOGICAL GUILT
Excessive self-blame for minor or non-existent wrongdoings. Child realizes that guilt is exaggerated; if not, code as Delusions of Guilt.

**Does s/he feel bad or guilty about anything that s/he's done?**

What?

**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?**

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/her 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 "IDEAS OF REFERENCE", (PAGE 20).
DELUSIONS OF GUILT

Delusional self-blame for minor or non-existent wrongdoings. Child DOES NOT realize that guilt is exaggerated.

The child may believe that s/he has brought ruin to his/her family by being in his/her present condition or that his/her symptoms are a punishment for not doing better. Distinguish from pathological guilt without delusional elaboration, in which the child is in general aware that the guilt originates within him/herself and is exaggerated.

**Does s/he believe that s/he has committed a crime?**

**Does s/he believe that s/he has sinned greatly?**

*Does s/he think that s/he deserves to be punished?*

*Does s/he think that s/he might hurt or ruin other people?*

*Can you persuade him/her that these things aren’t his/her fault?*

*When was the first time this happened?*

---

**Codes**

<table>
<thead>
<tr>
<th>DELUSIONS OF GUILT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = The subject has a delusional conviction of having done wrong but there is a fluctuating awareness that his/her feelings are an exaggeration of normal guilt.</td>
</tr>
<tr>
<td>3 = The subject has an unmodifiable delusional conviction that s/he has sinned greatly, etc.</td>
</tr>
</tbody>
</table>

**Coding rules**

*PDC4IO1* Intensity

*PDC4O01* Onset

/ /
### IDEAS OF REFERENCE

Subjective feeling of being noticed or commented about in public settings that are not justified by reality. Comments seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that subject actually was being noticed or commented upon.

**IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS**

**Does s/he get the feeling that other people are looking at them even when they know they aren’t really?**

**Does s/he ever feel that people are talking about him/her?**

What does s/he think they are saying?

**Does s/he ever feel they might be laughing at him/her or saying rude things about him/her?**

**Does s/he think people follow him/her or watch him/her?**

**Does s/he feel people accusing him/her of something?**

What does s/he think people think or say when s/he feels that they’re noticing him/her?

**Does s/he feel people accusing him/her of something?**

**Does s/he think s/he's imagining it?**

What do you think?

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

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

**When did this start?**

<table>
<thead>
<tr>
<th>IDEAS OF REFERENCE</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>PDC5I01 Intensity</td>
</tr>
<tr>
<td>2 = Simple ideas of reference</td>
<td>PDC5F01 Frequency</td>
</tr>
<tr>
<td>3 = Guilty ideas of reference</td>
<td>PDC5O01 Onset</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOURS : MINUTES</th>
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<tbody>
<tr>
<td>PDC5D01 Duration</td>
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</tbody>
</table>

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**Definitions and questions**

**Coding rules**

**Codes**

---

**Depression**
### 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?**

### HOPElessness

The child has a bleak, negative, pessimistic view of the future, and little hope that his/her situation will improve. This is a generalized feeling.

**Does s/he seem hopeless about the future?**

**Does s/he think things will get better or worse for him/her when s/he’s grown up?**

**Does s/he think anyone can help him/her?**  
**Does s/he believe things will be better?**  
**Can you do anything about it?**  
**How often does s/he feel like that?**

**When did s/he start to feel this way?**
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: EVER**

*Has s/he EVER talked about death or dying?*

*Has s/he EVER said s/he wanted to die?*

*Has s/he EVER said life was not worth living?*

*Has s/he EVER done anything that made people think s/he wanted to die?*

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

*IF YES TO ANY QUESTION, CODE AS PRESENT.*

*Has s/he thought about death or dying in the last 3 months?*

**IF 3 MONTH SUICIDE SCREEN PRESENT, CONTINUE, OTHERWISE SKIP TO SUICIDE ATTEMPTS., SKIP TO END.**
Definitions and questions

THINKING ABOUT DEATH

Thoughts about death and dying, whether referred to self or others.

Include thoughts about not being able to go on any longer and life not being worth living. Include discussion about a grandparent who has died ("Do they go to heaven?" "What will happen when I die?") To code, thoughts must be intrusive into at least two activities.

CODE THOUGHTS ABOUT TAKING ONE'S OWN LIFE UNDER SUICIDAL THOUGHTS (NEXT PAGE).

Does s/he seem to think a lot about death or dying?

Does s/he think a lot about other people who have died? Like grandparents or other relatives?

Does s/he sometimes wish that s/he was dead?

Does s/he want to die?

What does s/he think about?

What is s/he doing when s/he is thinking about death or dying?

Can s/he stop him/herself from thinking about death or dying?

Can you stop him/her from thinking about it?

Always or just sometimes?

How often does s/he think about death or dying?

How long has s/he been thinking like that?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>THINKING ABOUT DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDC9I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PDC9F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>PDC9O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

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.
Definitions and questions

**SUICIDAL THOUGHTS**

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

This may accompany thinking about death in general, or may be present if a child has reported a suicidal plan or past attempt.

Do not include suicidal plans.

*In the last 3 months, has s/he thought about killing him/herself?*

**Does s/he think about ending it all?**

What does s/he say about it?
Do you think s/he actually is going to do this?
What is s/he doing when s/he is thinking about it?
Can s/he stop him/herself from thinking about ending it all?
Can you stop him/her from thinking about it?
Always or just sometimes?

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

*When was the first time this happened?*

**IF SUICIDAL THOUGHTS PRESENT, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL ATTEMPT(S): EVER", (PAGE 26).**

Coding rules

**SUICIDAL THOUGHTS**

0 = Absent

2 = At least sometimes uncontrollable suicidal thoughts, recurring in at least 2 activities.

3 = Usually uncontrollable suicidal thoughts intruding into most activities.

<table>
<thead>
<tr>
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<th>Definitions</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>PDD0F</td>
<td>Frequency</td>
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<tr>
<td>PDD0O</td>
<td>Onset</td>
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</table>

/ /
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 recently done anything to prepare for killing him/herself?

Like storing up pills to take?

Has s/he said s/he was going to run into traffic?

Do you think s/he might do any of these things?

How did you find out?

How many times has this happened?

When was the first time s/he came up with a plan?

IF EVER SUICIDE ATTEMPT PRESENT, CONTINUE. OTHERWISE, SKIP TO END.
SUICIDAL ATTEMPT(S): EVER

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the child's intention was to die. If parent unsure about intention to die, code if the parent can describe a clear self-harmful event.

Has s/he ever actually tried to kill him/herself?

Did s/he really want to die?
What happened?
Where did s/he do it?
Were there any people around at the time?
Who found him/her?
Did s/he go to the hospital?

When did s/he first try to kill him/herself?

When did s/he last try to kill him/herself?

How many times has s/he EVER tried?

Has s/he tried to kill him/herself in the last 3 months?
Does s/he still wish s/he were dead?
Would s/he do it again if s/he had the chance?
Is there anything you can do to change the way s/he feels?

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

SUICIDAL BEHAVIOR
0 = Absent
2 = Present

DATE OF FIRST ATTEMPT

DATE OF LAST ATTEMPT

SUICIDAL BEHAVIORS: 3 MONTHS
0 = No
2 = Yes
OPPOSITIONAL/CONDUCT DISORDER SECTION

OPPOSITIONAL BEHAVIOR

REMEMBER TO GET EXAMPLES AND BEHAVIORAL DESCRIPTIONS

RULE BREAKING
Violation of standing rules.

Do not include breaking laws or violating parole.

How good is s/he at obeying the rules?

Does s/he break the rules at home?

Like no food in his/her bedroom?

No running in the house?

No TV till homework is done?

Does s/he break the rules at school?

Like talking in class?

Do the teachers describe him/her as a troublemaker?

What sort of rules does s/he break?

Does s/he break the rules anywhere else like at grandma’s house or the grocery store?

How do you hear about it?

Does s/he get into trouble?

What happened when you asked him/her to stop?

Does s/he simply ignore the person asking him/her to stop?

Does s/he challenge the authority of teachers?

How often does s/he break rules at home?

How often does s/he break rules at school?

How often does s/he break rules elsewhere, like grandma’s house or the store?

Rule Breaking

PGA0I01

Intensity

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 = If 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.
When did s/he start breaking rules?

Does s/he do it on his/her own or with other people?
How much of the time is s/he with someone else?

**DISOBEDIENCE**
Failure to carry out specific instructions when directly given.

What happens when s/he is told to do things by you and s/he doesn't want to do them?

Is s/he disobedient to you (or parent #2)?

Is s/he disobedient with school teachers?

Is s/he disobedient in other places such as the supermarket or the mall?

Does s/he ignore you when you give him/her instructions? 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 3 months?

How often was s/he disobedient at school?

How often was s/he disobedient at other places?

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

**DISOBEDIENCE**

0 = Absent

2 = Disobedience occurs in at least 2 activities, and child is at least sometimes unresponsive to admonition.

3 = Disobedience may occur in most activities and the child sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.

**HOME**

**SCHOOL**
**Definitions and questions**

*When was the first time s/he was disobedient?*

*Does s/he do it on his/her own or with other people? How much of the time is s/he with someone else?*

**BREAKING CURFEW**

Staying out late despite parental prohibitions. Do not include accidental lateness caused by circumstances over which the subject had little or no control.

Do not include breaking curfew imposed by probation/parole, which is coded as probation/parole violation.

*Does s/he have a curfew?*

*How good is s/he at keeping it?*

*Does s/he get in later than s/he is supposed to?*

*Does s/he break curfew on purpose? What happens then? Does s/he get into trouble over it?*

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

*When did s/he start staying out late?*

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>PGA1F03</td>
<td>Elsewhere Frequency</td>
<td>PGA1O01</td>
</tr>
<tr>
<td>SOLITARY/ACCOMPANIED</td>
<td>0 = Solitary 2 = Often accompanied (25–49% of the time). 3 = Accompanied 50% or more of the time.</td>
<td></td>
</tr>
<tr>
<td>PGA1X01</td>
<td></td>
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</tr>
<tr>
<td>BREAKING CURFEW</td>
<td>0 = No 2 = Yes</td>
<td></td>
</tr>
<tr>
<td>PGJ1F01</td>
<td>Frequency</td>
<td></td>
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<tr>
<td>PGJ1O01</td>
<td>Onset</td>
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</tbody>
</table>
**ANNOYING BEHAVIOR**

Indulgence in active behaviors that annoy or anger peers, siblings, and/or adults. The annoying behavior occurs with at least one individual who is NOT a sibling. The child’s intention need not be to annoy, but the behaviors would obviously annoy their recipient.

Do not include annoying behaviors that are the result of unintentional acts, for instance, annoyance caused by clumsiness, or failure to understand the rules of games.

Do not include behaviors that conform to the definitions of Rule Breaking and Disobedience.

**Does s/he find that other people get annoyed by things s/he does?**

**Does s/he do things deliberately to annoy other people?**

**Like what?**

**Does s/he find that other people get annoyed because of the things s/he does for fun?**

**Can you tell me about the last time?**

**Does this happen with people OTHER than siblings?**

**Will s/he stop when asked to stop?**

**Always or just sometimes?**

**How often does this happen at home?**

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

**How often does this happen elsewhere?**

**When was the first time this happened?**

### Coding rules

<table>
<thead>
<tr>
<th>ANNOYING BEHAVIOR</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intensity</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Annoying behavior occurs in at least 2 activities and subject is at least sometimes unresponsive to admonition.</td>
<td></td>
</tr>
<tr>
<td>3 = Annoying behavior occurs in most activities and the subject sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.</td>
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</tbody>
</table>

### Codes

<table>
<thead>
<tr>
<th>PGA2O01 Onset</th>
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<tbody>
<tr>
<td>/ /</td>
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</tbody>
</table>
### Definitions and questions

**Does s/he annoy his/her sibling(s)?**

**Does s/he annoy other kids?**
- Like kids at school?
- Or other kids in the neighborhood?

**Does s/he annoy you (Parent #2)?**
- How about school teachers?
- Or babysitters/caregivers?
- How about to other adults, like grandparents?

**Does s/he do it on his/her own or with other people?**
- How much of the time is s/he with someone else?

### SPITEFUL OR VINDICTIVE

Spiteful: The child engages in deliberate actions aimed at causing distress to another person.

Vindictive: The child responds to failure to get his/her own way, disappointment, or interpersonal disagreement with adults or peers with deliberate attempts to hurt the other or gain revenge. For instance, by pinching, pushing or attempting to get the other person into trouble.

The behavior occurs with at least one individual who is NOT a sibling.

Do not include behaviors coded under Assault, Cruelty, Bullying, or Lying.

**Does s/he do things to upset other people on purpose?**

**Does s/he try to hurt people on purpose?**

**Does s/he try to get other people into trouble on purpose?**

Does this happen with people OTHER than siblings?
- What does s/he do?
- How often does this happen at home?
- How often does this happen at school?
- How often does this happen elsewhere?

### Coding rules

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCCURS WITH SIBLING(S)</td>
<td>PGA2X02</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>OCCURS WITH PEERS</td>
<td>PGA2X03</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>OCCURS WITH ADULTS</td>
<td>PGA2X04</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>SOLITARY/ACCOMPANIED</td>
<td>PGA2X01</td>
</tr>
<tr>
<td>0 = Solitary</td>
<td></td>
</tr>
<tr>
<td>2 = Often accompanied (25-49% of the time).</td>
<td></td>
</tr>
<tr>
<td>3 = Accompanied 50% or more of the time.</td>
<td></td>
</tr>
<tr>
<td>SPITEFUL OR VINDICTIVE</td>
<td>PGA3I01</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

When did s/he start doing that sort of thing?

Is s/he spiteful or vindictive to his/her sibling(s)?

Is s/he spiteful or vindictive to other kids?
Like other kids at school?
Or kids in the neighborhood?

Is s/he spiteful or vindictive to you (Parent #2)?
How about to his/her teachers?
Or other babysitters/caregivers?
How about to other adults, like grandparents?

SWEARING

The use of swear words or obscene language not approved or countenanced by adults in whose presence they are spoken.

Do not include swearing among peers when adults are not present or with adults who are tolerant of swearing (i.e., do not object to their child's swearing).

Does s/he swear or curse when adults are around?

Will s/he stop when asked to stop?
Always or just sometimes?
How often does this happen at home?
How often does this happen at school?
How often does this happen elsewhere?

CODE NUMBER OF EPISODES NOT CURSE WORDS.

Coding rules

HOME

PGA3F01
Home
Frequency

SCHOOL

PGA3F02
School
Frequency

ELSEWHERE

PGA3F03
Elsewhere
Frequency

PGA3O01
Onset

OCCURS WITH SIBLING(S)

PGA3X01

0 = No
2 = Yes

OCCURS WITH PEERS

PGA3X02

0 = No
2 = Yes

OCCURS WITH ADULTS

PGA3X03

0 = No
2 = Yes

SWEARING

PGA4I01
Intensity

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.
When did s/he start swearing in front of adults?

<table>
<thead>
<tr>
<th></th>
<th>HOME</th>
<th>SCHOOL</th>
<th>ELSEWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PGA4F01</strong></td>
<td>Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PGA4F02</strong></td>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PGA4F03</strong></td>
<td>Elsewhere</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PGA4O01</strong></td>
<td>Onset</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Codes:
- PGA4F01: Home Frequency
- PGA4F02: School Frequency
- PGA4F03: Elsewhere Frequency
- PGA4O01: Onset
Definitions and questions

STEALING

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject (such as general food from the refrigerator or school erasers).

STEALING: EVER

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject (such as general food from the refrigerator or school eraser.)

Has s/he EVER stolen anything?

What is the most s/he has EVER stolen at one time?

How much is that worth?

How many times has s/he EVER stolen something?

IF EVER STOLEN COMPLETE. OTHERWISE, SKIP TO "BREAKING PROMISES", (PAGE 22).

Coding rules

HIGHEST VALUE OF ITEMS STOLEN IN A SINGLE EPISODE

0 = Has not stolen anything.
1 = less than $5.
2 = $5 - $99.
3 = Equal to or greater than $100.

Codes

Ever:PGA5E01
Intensity

Ever:PGA5V01
Frequency
Definitions and questions

**STEALING AT HOME OR FROM FAMILY**
Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject such as general food from the refrigerator.

**Has s/he stolen anything at home or from family?**

What did s/he steal?
DO NOT INCLUDE GENERAL USE ITEMS SUCH AS FOOD FROM THE REFRIGERATOR.

Who did s/he steal it from?
Did s/he "single" that person out to steal from?

In the last 3 months, how often has s/he stolen anything from home or family?

When was the first time s/he stole anything from home or from family?

**STEALING AT SCHOOL**
Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject such as pencils or erasers.

**Has s/he stolen anything from school in the last 3 months?**

What did s/he steal?
DO NOT INCLUDE GENERAL USE ITEMS LIKE SCHOOL ERASERS OR PENCILS.

Coding rules

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA6I90</td>
<td><strong>STEALING AT HOME OR FROM FAMILY</strong></td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA6I01</td>
<td><strong>STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON</strong></td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA6I02</td>
<td><strong>STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS</strong></td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA6F01</td>
<td><strong>Frequency</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA6O01</td>
<td><strong>Onset</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA7I90</td>
<td><strong>STEALING AT SCHOOL</strong></td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA7I01</td>
<td><strong>STEALING ITEMS NOT AVAILABLE FOR A GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON</strong></td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Definitions and questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who did s/he steal from?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did s/he “single” that person out to steal from?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last 3 months, how often has s/he stolen anything from school?</td>
<td>PGA7I02</td>
<td></td>
</tr>
<tr>
<td>When was the first time s/he stole anything from school?</td>
<td>PGA7F01</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGA7O01</td>
<td></td>
</tr>
</tbody>
</table>

### STEALING ELSEWHERE

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject such as general food from the refrigerator.

**Has s/he stolen anything from any place else in the last 3 months?**

*Like from the store, a friend’s house, or work?*

**What did s/he steal?**

*DO NOT INCLUDE GENERAL USE ITEMS SUCH AS FOOD FROM THE REFRIGERATOR.*

**Did s/he "single" that person out to steal from?**

**Who did s/he steal it from?**

In the last 3 months, how often has s/he stolen anything from elsewhere?

*Like the store, friend’s house, or work?*

When was the first time s/he stole anything from elsewhere?

---

**Stealing Directed Specifically Against A Particular Person Or Persons**

<table>
<thead>
<tr>
<th>Code</th>
<th>Frequency</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA7I02</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stealing Elsewhere**

<table>
<thead>
<tr>
<th>Code</th>
<th>Frequency</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA8I01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stealing Items Not Available For General Use But Not Aimed Against A Particular Person**

<table>
<thead>
<tr>
<th>Code</th>
<th>Frequency</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA8I02</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Conduct Problems

10
IF STEALING IN LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO "BREAKING AND ENTERING: EVER", (PAGE 12).
### PATTERNS OF STEALING

Code one or more of the following scenarios: Stealing alone; stealing with one other person; stealing in a group.

**Shoplifting** - Stealing, alone or in company, from a shop that is open for business. The act is covert and does not involve confrontation with the shop staff or members of the public. Detection may provoke a confrontation, but the intention is to avoid it.

**CODE AS PRESENT AND CONTINUE.**

**Was s/he alone when s/he stole?**

**Was s/he with someone else when s/he stole?**

**How many others were with his/her when s/he stole?**

**Was s/he with a group of people when s/he stole?**

**Has s/he shoppedlifted from a store in the last 3 months?**

### BREAKING AND ENTERING: EVER

Breaking and entering: Includes breaking into a house, building, or store to steal. Code breaking into a car separately.

**Has s/he EVER broken into anywhere?**

**How many times has s/he EVER broken into anywhere?**

**When was the first time s/he EVER broke into anywhere?**

---

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEALING IN PRIMARY PERIOD</strong></td>
<td><strong>PGA9I90</strong></td>
</tr>
<tr>
<td>2 = Present</td>
<td>Intensity</td>
</tr>
<tr>
<td><strong>STEALING ALONE</strong></td>
<td><strong>PGA9I01</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>STEALING WITH ONE OTHER</strong></td>
<td><strong>PGA9I02</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>STEALING IN A GROUP</strong></td>
<td><strong>PGA9I03</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Less than 50% of the time.</td>
<td></td>
</tr>
<tr>
<td>3 = More than 50% of the time.</td>
<td></td>
</tr>
<tr>
<td><strong>SHOPLIFTING</strong></td>
<td><strong>PGA9I04</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>BREAKING AND ENTERING</strong></td>
<td><strong>Ever: PGB1E90</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>Ever: PGB1V01</strong></td>
<td>Frequency</td>
</tr>
<tr>
<td><strong>Ever: PGB1O01</strong></td>
<td>Onset</td>
</tr>
</tbody>
</table>

---

For Review Only
IF EVER BREAKING AND ENTERING, CONTINUE. OTHERWISE, SKIP TO "BREAKING INTO A CAR: EVER", (PAGE 14).
Definitions and questions

**BREAKING AND ENTERING: 3 MONTHS**

Breaking and entering: Includes breaking into a house, building, or store to steal. Code breaking into a car separately.

*In the last 3 months, has s/he broken into anywhere?*

**BREAKING INTO A CAR: EVER**

Breaking into a car to steal.

*Has s/he EVER broken into a car to steal something?*

*How many times has s/he ever broken into a car?*

*When was the first time s/he broke into a car to steal?*

**IF EVER BREAKING INTO A CAR, CONTINUE. OTHERWISE, SKIP TO "STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: EVER", (PAGE 15).**

Coding rules

**BREAKING AND ENTERING: 3 MONTHS**

<table>
<thead>
<tr>
<th>Codes</th>
<th>0 = Absent</th>
<th>2 = Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGB0I01</td>
<td>Intensity</td>
<td></td>
</tr>
</tbody>
</table>

**BREAKING INTO A CAR**

<table>
<thead>
<tr>
<th>Codes</th>
<th>0 = Absent</th>
<th>2 = Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:PGB3E01</td>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>Ever:PGB3V01</td>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>Ever:PGB3O01</td>
<td>Onset</td>
<td></td>
</tr>
</tbody>
</table>

/ /
**BREAKING INTO A CAR: 3 MONTHS**

Breaking into a car to steal.

*Has s/he broken into a car to steal something?*

**STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: EVER**

Includes attempts to steal a motor vehicle; also occasions when subject takes and drives away a car/motorcycle, even if s/he does not intend to steal it but rather to use it for his/her own purposes in an unauthorized way (e.g. joy rides).

*Has s/he EVER stolen a car or motor-bike?*

*Has s/he EVER taken a car or motorcycle to use without permission?*

*How many times has s/he stolen a motor vehicle or took one and drove away?*

*When was the first time s/he stole a car or took and drove it away without permission?*

**IF EVER STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY, CONTINUE. OTHERWISE, SKIP TO"STEALING INVOLVING CONFRONTATION OF THE VICTIM BUT WITHOUT ACTUAL VIOLENCE: EVER", (PAGE 16).**
DEFINITIONS AND QUESTIONS

STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: 3 MONTHS

Includes attempts to steal a motor vehicle; also occasions when subject takes and drives away a car/motorcycle, even if s/he does not intend to steal it but rather to use it for his/her own purposes in an unauthorized way (e.g. joy rides).

In the last 3 months, has s/he taken a car or motorcycle?

Has s/he taken a car or motorcycle to use without permission?

STEALING INVOLVING CONFRONTATION OF THE VICTIM BUT WITHOUT ACTUAL VIOLENCE: EVER

The victim is directly confronted and money or goods are demanded, threats may be made directly or implicitly (e.g. by the presence of a weapon), but no actual violence is done.

Has s/he EVER threatened anyone to make them give him/her something?

How many times has s/he ever threatened anyone to make them give him/her something?

IF EVER STEALING INVOLVING CONFRONTATION OF THE VICTIM BUT WITHOUT ACTUAL VIOLENCE, CONTINUE. OTHERWISE, SKIP TO "STEALING INVOLVING ACTUAL VIOLENCE: EVER", (PAGE 17).
Definitions and questions

STEALING INVOLVING CONFRONTATION OF THE VICTIM BUT WITHOUT ACTUAL VIOLENCE: 3 MONTHS

The victim is directly confronted and money or goods are demanded, threats may be made directly or implicitly (e.g. by the presence of a weapon), but no actual violence is done.

In the last 3 months, has s/he threatened anyone to make them give him/her something?

STEALING INVOLVING ACTUAL VIOLENCE: EVER

The victim is directly confronted or set upon in some way and some violent action actually takes place. For instance, the victim might be kicked or punched.

Has s/he EVER mugged anyone?

Did s/he hurt him/her?

How many times has s/he ever mugged someone?

When was the first time?

IF EVER STEALING INVOLVING ACTUAL VIOLENCE, CONTINUE. OTHERWISE, SKIP TO "STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: EVER", (PAGE 18).
Definitions and questions

STEALING INVOLVING ACTUAL VIOLENCE: 3 MONTHS
The victim is directly confronted or set upon in some way and some violent action actually takes place. For instance, the victim might be kicked or punched.

In the last 3 months, has s/he mugged anyone?
Did s/he hurt them?

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: EVER
As a result of violence committed during stealing, the victim sustained broken limbs, or required hospitalization, or was unconscious for any period.

Has s/he EVER mugged anyone and caused serious injury?
How often has s/he mugged someone and caused serious injury?

When was the first time s/he seriously injured someone in a mugging situation?

IF EVER STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY, CONTINUE. OTHERWISE, SKIP TO "USE OF WEAPON: EVER", (PAGE 19).
Definitions and questions

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: 3 MONTH

As a result of violence committed during stealing, the victim sustained broken limbs, or required hospitalization, or was unconscious for any period.

In the last 3 months, has s/he mugged anyone and caused serious injury?

USE OF WEAPON: EVER

Use of any item that could be used to threaten or intimidate a victim. Include carrying a weapon even if it is concealed and not used.

Has s/he EVER carried a weapon when s/he stole anything?

What?
Did s/he use it?

How many times has s/he ever carried a weapon when s/he stole something?

When was the first time s/he carried a weapon to steal?

IF EVER USE OF WEAPON, CONTINUE. OTHERWISE, SKIP TO "OUTCOME OF STEALING", (PAGE 21).

Coding rules

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: 3 MONTH

0 = Absent
2 = Present

USE OF WEAPON

0 = Absent
2 = Carried weapon while stealing.
3 = Used weapon to threaten victim.

Coded rules

PGB8I01
Intensity

Ever:PGC1E01
Intensity

Ever:PGC1V01
Frequency

Ever:PGC1O01
Onset

/ /
Definitions and questions

**USE OF WEAPON: 3 MONTHS**

Use of any item that could be used to threaten or intimidate a victim. Include carrying a weapon even if it is concealed and not used.

_In the last 3 months, has s/he carried a weapon when s/he stole anything?_

What?
Did s/he use it?

**IF STOLEN IN THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO "BREAKING PROMISES", (PAGE 22).**

Coding rules

**USE OF WEAPON: 3 MONTHS**

0 = Absent
2 = Carried weapon while stealing.
3 = Used weapon to threaten victim.

Codes

---
OUTCOME OF STEALING

IF SUSPENDED OR EXPELLED FROM SCHOOL
BECAUSE OF STEALING, CODE HERE AND UNDER
SCHOOL SUSPENSION, IN-SCHOOL SUSPENSION OR
SCHOOL EXPULSION.

CODE POLICE INVOLVEMENT UNDER POLICE
CONTACT.

Did s/he get caught at all in the last 3 months?

What happened?
Did s/he get punished?
Were the police involved?
What happened?
IF CAUGHT STEALING IN LAST 3 MONTHS, CONTINUE.

Has his/her activities with peers been restricted?

Has s/he been grounded?

Has his/her activities with adults been restricted?

Has s/he been punished by you or other family
members?

Has s/he been banned from store premises?

Has s/he been suspended from school?

Has s/he been expelled from school?

OUTCOME OF STEALING

0 = Absent
2 = Present

ACTIVITIES WITH PEERS RESTRICTED

0 = Absent
2 = Present

ACTIVITIES WITH ADULTS RESTRICTED

0 = Absent
2 = Present

OTHER PUNISHMENT BY FAMILY OR
OTHERS

0 = Absent
2 = Present

BANNED FROM PREMISES OR
ORGANIZATIONS/SUSPENDED OR
EXPelled FROM
SCHOOL/COLLEGE/UNIVERSITY

0 = Absent
2 = Present
**DECEPTION**

**BREAKING PROMISES**

Failure to carry out actions for which a direct commitment has been given to another person. Do not include behavior that meets criteria for lying.

*How good is s/he at keeping promises?*

*Has s/he broken any promises in the last 3 months?*

What happened?  
What did s/he do?  
In the last 3 months, how often has s/he broken promises at home?  
How often has that happened at school?  
How often has that happened elsewhere?

*When was the first time s/he broke a promise?*

**Coding rules**

**BREAKING PROMISES**

0 = No  
2 = Yes

**Codes**

- **HOME**  
- **SCHOOL**  
- **ELSEWHERE**

- **PGJ2101**  
  Intensity

- **PGJ2F01**  
  Home Frequency

- **PGJ2F02**  
  School Frequency

- **PGJ2F03**  
  Elsewhere Frequency

- **PGJ2O01**  
  Onset

/ /
**LYING**
Distortion of the truth with intent to deceive others.

*Has s/he told any lies in the last 3 months?*

*Does s/he tell lies to get out of things s/he doesn’t want to do?*

*Does s/he lie to get out of trouble?*

*When something goes wrong that’s his/her fault, does s/he admit it?*

Can you give me some examples of lies s/he has told?  
How often does s/he lie at home?  
How often does s/he lie at school?  
How often does s/he lie elsewhere?

When was the first time this happened?

Does s/he do it on his/her own or with other people?  
How much of the time is s/he with someone else?

**Coding rules**

**LYING**

0 = Absent

2 = Lies told for gain, or to get out of school attendance etc., or to escape school punishment, in at least 2 activities that do not result in others getting into trouble.

**HOME**

PGC3F01 Home Frequency

**SCHOOL**

PGC3F02 School Frequency

**ELSEWHERE**

PGC3F03 Elsewhere Frequency

**ONSET**

PGC3O01 Onset

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.
### BLAMING

Falsely attributing misdemeanors to another so as to avoid reproach or punishment. The behavior occurs with at least one individual who is NOT a sibling.

**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?**

**Does s/he blame others for things s/he has done wrong?**

What does s/he do?

**Does this happen with people OTHER than siblings?**

**How often does this happen at home?**

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

**How often does this happen elsewhere?**

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<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLAMING</strong></td>
<td>BLAMING</td>
</tr>
<tr>
<td>Falsely attributing</td>
<td>0 = Absent</td>
</tr>
<tr>
<td>misdemeanors to another</td>
<td>2 = Lies in at least 2 activities, that result in others being blamed for subject's misdemeanors or otherwise getting into trouble or lies which, if believed, would have the same result.</td>
</tr>
<tr>
<td>so as to avoid reproach</td>
<td></td>
</tr>
<tr>
<td>or punishment. The</td>
<td></td>
</tr>
<tr>
<td>behavior occurs with</td>
<td></td>
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<tr>
<td>at least one individual</td>
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<tr>
<td>who is NOT a sibling.</td>
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<thead>
<tr>
<th><strong>Does s/he lie if s/he thinks s/he can get out of trouble by blaming someone else?</strong></th>
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<tbody>
<tr>
<td><strong>Do his/her lies get others into trouble?</strong></td>
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<tr>
<td><strong>Does s/he blame others for things s/he has done wrong?</strong></td>
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<tr>
<td>What does s/he do?</td>
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<tr>
<td><strong>Does this happen with people OTHER than siblings?</strong></td>
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<tr>
<td><strong>How often does this happen at home?</strong></td>
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<tr>
<td><strong>How often does this happen at school?</strong></td>
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<tr>
<td><strong>How often does this happen elsewhere?</strong></td>
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<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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<td>PGJ3F01 Intensity</td>
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<td></td>
<td>PGJ3F01 Home Frequency</td>
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<tr>
<td></td>
<td>PGJ3F02 School Frequency</td>
</tr>
<tr>
<td></td>
<td>PGJ3F03 Elsewhere Frequency</td>
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<tr>
<td><strong>OCCURS WITH SIBLING(S)</strong></td>
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<td>0 = No</td>
<td>PGJ3X03</td>
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<tr>
<td>2 = Yes</td>
<td>PGJ3X04</td>
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<tr>
<td><strong>OCCURS WITH PEERS</strong></td>
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</tr>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>OCCURS WITH ADULTS</strong></td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

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When was the first time this happened?

Does s/he blame his/her sibling(s)?

Does s/he blame other kids?

Like kids at school?

Or other kids in the neighborhood?

Does s/he blame you (Parent #2)?

How about to his/her teachers?

Or caregivers/babysitters?

How about to other adults, like grandparents?
Definitions and questions

Does s/he do it on his/her own or with other people?
How much of the time is s/he with someone else?

CON-ARTISTRY
Lying in order to obtain goods or favors with a monetary value of at least $10.

Has s/he tried to con anyone to get them to give him/her something?

Does s/he lie to get money from someone?

Does s/he lie to get others to do him/her a favor?
What happened?
In the last 3 months, how often has this happened?

When was the first time this happened?

Does s/he do it on his/her own or with other people?
How much of the time is s/he with someone else?

Coding rules

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

CON-ARTISTRY
0 = Absent
2 = Simple lies.
3 = “Scam” involving at least some planning to develop and implement scheme.

Intensity

PGC4I01

PGC4F01

PGC4O01

Onset

PGC4X01

PGC3X01

FOR REVIEW ONLY
### CHEATING
Attempts to gain increased marks at school or increased success in other settings by unfair means.

**Does s/he cheat?**

*In the last 3 months, has s/he cheated on tests or exams?*

**Does s/he cheat at games?**

What about copying homework?

Has s/he been caught in the last 3 months?
What happened?
How often has this happened at home?
How often has this happened at school?
How often has this happened elsewhere?

**MINOR FORGERY: EVER**

Deliberate non-illegal imitation of documents, letters or signatures for the subject's own ends.

Includes getting others to forge documents for the subject's purposes, but do not include illegal acts.

Has s/he EVER faked sick notes for school?

Or faked your signature on report cards?

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<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>CHEATING</strong></td>
<td>PGC5I01</td>
</tr>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Cheating in at least 2 activities and at least sometimes not responsive to admonition if caught.</td>
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<tr>
<td>3 = Cheating may occur in many or most activities and is hardly ever responsive to admonition if caught.</td>
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<table>
<thead>
<tr>
<th>HOME</th>
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<table>
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<th>SCHOOL</th>
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<td>School Frequency</td>
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<th>ELSEWHERE</th>
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<tbody>
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<td>Elsewhere Frequency</td>
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<tr>
<th>Onset</th>
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<table>
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<tr>
<th>MINOR FORGERY</th>
<th>PGC6E90</th>
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<tbody>
<tr>
<td>Ever:</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Behaviors that are neither illegal nor likely to result in police action, such as faking school reports or sick notes.</td>
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</tr>
</tbody>
</table>
Definitions and questions

How many times has s/he EVER done that?

When was the first time that happened?

IF EVER MINOR FORGERY, CONTINUE. OTHERWISE, SKIP TO "MAJOR FORGERY: EVER", (PAGE 28).

Coding rules

Codes

Ever: PGC6V01
    Frequency

Ever: PGC6001
    Onset

/ /
MINOR FORGERY: 3 MONTHS
Deliberate non-illegal imitation of documents, letters or signatures for the subject's own ends.
Includes getting others to forge documents for the subject's purposes, but do not include illegal acts.

In the last 3 months, has s/he faked sick notes for school?
Or faked your signature on report cards?
How often has s/he done this at home?
How often has s/he done this at school?
How often has s/he done this elsewhere?

MINOR FORGERY: 3 MONTHS
0 = No
2 = Behaviors that are neither illegal nor likely to result in police action, such as faking school reports or sick notes.

HOME
PGC6F01 Home Frequency

SCHOOL
PGC6F02 School Frequency

ELSEWHERE
PGC6F03 Elsewhere Frequency

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

MAJOR FORGERY: EVER
Deliberate illegal imitation of documents, letters or signatures for the subject's own ends.
Include getting others to forge documents for the subject's purposes.

Has s/he EVER forged a fake ID?
Or anything else?
Has s/he gotten anyone else to forge anything for him/her?
What was it?
How many times has s/he EVER done that?
Definitions and questions

When was the first time s/he EVER did this?

Coding rules

IF EVER MAJOR FORGERY, CONTINUE. OTHERWISE, SKIP TO "RUNNING AWAY FROM HOME: 3 MONTHS", (PAGE 31).

Codes

Ever:PGJ5O01
Onset
/ /
**MAJOR FORGERY: 3 MONTHS**

Deliberate illegal imitation of documents, letters or signatures for the subject's own ends.

Include getting others to forge documents for the subject's purposes.

Include only illegal acts.

*In the last 3 months, has s/he forged a fake ID?*

*Has s/he gotten anyone else to forge anything for him/her?*

How often has s/he done this at home?
How often has s/he done this at school?
How often has s/he done this elsewhere?

*Does s/he do it on his/her own or with other people?*
How much of the time is s/he with someone else?
Definitions and questions

RUNNING AWAY FROM HOME: 3 MONTHS
Leaving the home with the deliberate intention of staying away temporarily or permanently.

Has s/he run away from home in the last 3 months?
Did s/he pack anything when s/he left?
Has s/he run away from home for overnight in the last 3 months?
Why did s/he run away?
Did you contact the police?
What happened?

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

How long did s/he stay gone?

RUNNING AWAY FROM HOME FOR OVERNIGHT: EVER
Leaving the home with the deliberate intention of staying away temporarily or permanently for at least 1 night.

Has s/he EVER run away from home for overnight?
Where did s/he stay?
How many times has s/he EVER run away for overnight?

How long did s/he stay gone?

Coding rules

RUNNING AWAY FROM HOME: 3 MONTHS
0 = Absent
2 = Intending to stay away at time of leaving, but returning or returned before away overnight. Some preparations to allow the subject to have stayed away should have occurred such as packing a bag, taking some treasured possessions, or buying a one way ticket
3 = As 2, and away at least overnight.

RUNNING AWAY FROM HOME FOR OVERNIGHT
0 = Absent
3 = Running away from home for overnight.

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

DAYS

For Review Only
Definitions and questions

*When was the first time this EVER happened?*

Codes

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
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<tbody>
<tr>
<td>Ever:PGC8001</td>
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</tbody>
</table>
ACCESS TO WEAPONS

Access to weapons, such as handguns, shotguns, semi-automatics, machine guns.

ACCESS TO GUNS

Does anyone in your household keep a gun in the house or car?

Does X have his/her own gun?

Does s/he have any other access to a gun?

Is the gun locked up?

Whom does it belong to?

What kind of gun is it?

Is it a handgun?

A shotgun or rifle?

Some other kind?

IF ACCESS TO/POSSESSION OF GUN, CONTINUE. OTHERWISE, SKIP TO "GUNS: EVER ACCOMPlice TO SHOOTING", (PAGE 34).
### Definitions and questions

**CURRENTLY CARRIES A GUN**

*Does s/he carry a gun when s/he goes out?*

- Why?
- Where does s/he go with it?
- Does s/he usually or just sometimes carry a gun when s/he goes out?

**TAKES GUN TO SCHOOL**

*Has s/he taken a gun to school in the past 3 months?*

- Does s/he usually or just sometimes carry a gun to school?

**GUNS: EVER ACCOMPLICE TO SHOOTING**

*Has s/he EVER been there when someone else shot at someone?*

- What happened?

**IF EVER ACCOMPLICE TO SHOOTING, CONTINUE. OTHERWISE, SKIP TO "GUNS: SHOT AT ANOTHER PERSON - EVER", (PAGE 35).**

### Coding rules

<table>
<thead>
<tr>
<th>CURRENTLY CARRIES A GUN</th>
<th>Codes</th>
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<tbody>
<tr>
<td>PGC9I05</td>
<td>Intensity</td>
</tr>
<tr>
<td>0 = Has not carried a gun in last 3 months</td>
<td></td>
</tr>
<tr>
<td>2 = Sometimes has carried a gun</td>
<td></td>
</tr>
<tr>
<td>3 = Usually carries a gun</td>
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<table>
<thead>
<tr>
<th>TAKES GUN TO SCHOOL</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGC9I06</td>
<td>Intensity</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Sometimes</td>
<td></td>
</tr>
<tr>
<td>3 = Usually</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>ACCOMPLICE TO SHOOTING: EVER</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>Ever:PGD0E01</td>
<td>Intensity</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

GUNS: ACCOMPLICE TO SHOOTING - 3 MONTHS
Has s/he been there when someone shot at another person in the last 3 months?

GUNS: SHOT AT ANOTHER PERSON - EVER
Has s/he EVER shot at anybody?
Did s/he hit them?

IF SHOT AT SOMEONE, CONTINUE. OTHERWISE, SKIP TO “KNIVES”, (PAGE 36).

Coding rules

ACCOMPLICE TO SHOOTING: 3 MONTHS
0 = No
2 = Yes

SHOT AT ANOTHER PERSON
0 = No
2 = Yes

Codes

PGD0I01
Intensity

Ever:PGD1E01
Intensity
Definitions and questions

GUNS: INJURED ANOTHER WITH A GUN - EVER
Did s/he injure the person s/he shot at?
What happened?

KNIVES
In the last 3 months, has s/he carried a knife as a weapon or for protection?
Does s/he sometimes or usually carry a knife for protection?
How often has s/he carried it in the past 3 months?
Where does s/he carry it?
Has s/he taken it to school?
Does s/he sometimes or usually carry a knife to school?

USED KNIFE IN FIGHT OR TO THREATEN: EVER
Has s/he EVER used a knife in a fight or to threaten somebody?

IF USED KNIFE IN FIGHT OR TO THREATEN: EVER, CONTINUE. OTHERWISE, SKIP TO "OTHER WEAPONS", (PAGE 37).

Coding rules

GUNS: INJURED ANOTHER WITH A GUN - EVER
YES = 2
0 = No
2 = Yes

KNIVES
CURRENTLY CARRIES KNIFE
0 = Has not carried a knife in this 3 months
2 = Sometimes has carried a knife
3 = Usually carries a knife

TAKES KNIFE TO SCHOOL
0 = No
2 = Sometimes
3 = Usually

USED KNIFE IN FIGHT OR TO THREATEN: EVER
0 = No
2 = Yes
Definitions and questions

INJURED ANOTHER WITH A KNIFE: EVER
Has s/he EVER injured another person with a knife?
What happened?

OTHER WEAPONS
Has s/he carried anything else as a weapon or for protection?
Like brass knuckles?
Or chains?
Or a BB gun?
Or a pellet gun?
Or a bat?
Has s/he taken it to school?
Does s/he sometimes or usually carry some other kind of weapon to school?

OTHER SELF-DEFENSE EQUIPMENT
In the last 3 months, has s/he carried anything like mace or a stun gun?

Has s/he taken it to school?
Usually or just sometimes?

Coding rules

<table>
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<tr>
<th>Codes</th>
<th>INJURED ANOTHER WITH A KNIFE: EVER</th>
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<tbody>
<tr>
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<th>Codes</th>
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<tr>
<td>0</td>
<td>Has not carried other weapon in this 3 months</td>
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<tr>
<td>2</td>
<td>Sometimes has carried other weapon</td>
</tr>
<tr>
<td>3</td>
<td>Usually carries other weapon</td>
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<table>
<thead>
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<th>TAKES OTHER WEAPON TO SCHOOL</th>
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<td>0</td>
<td>No</td>
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<tr>
<td>2</td>
<td>Sometimes</td>
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<td>3</td>
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<tr>
<th>Codes</th>
<th>CURRENTLY CARRIES SELF-DEFENSE EQUIPMENT</th>
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<tr>
<td>0</td>
<td>Has not carried self-defense equipment this 3 months</td>
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<tr>
<td>2</td>
<td>Sometimes has carried other self-defense equipment</td>
</tr>
<tr>
<td>3</td>
<td>Usually carries other self-defense equipment</td>
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</table>

<table>
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<tr>
<th>Codes</th>
<th>TAKES SELF DEFENSE EQUIPMENT TO SCHOOL</th>
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<tbody>
<tr>
<td>0</td>
<td>No</td>
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<tr>
<td>2</td>
<td>Sometimes</td>
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<td>3</td>
<td>Usually</td>
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### Conduct Problems Involving Violence

#### Losing Temper

Discrete episodes of temper manifested by shouting or name calling but without violence and not meeting criteria for a temper tantrum. The behavior occurs with at least one individual who is NOT a sibling.

**What sort of temper has s/he got?**

**Would you say his/her temper is hot, medium, or mild?**

**What happens when s/he loses his/her temper?**

- How often does s/he lose his/her temper at home?
- How often does s/he lose his/her temper at school?
- How often does s/he lose his/her temper at other places like grandma's house or the store?

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<th>Codes</th>
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<td>Intensity</td>
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<td>2 = Present</td>
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<td><strong>SCHOOL</strong></td>
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<td></td>
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<tr>
<td>2 = Yes</td>
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<table>
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</thead>
<tbody>
<tr>
<td><strong>OCCURS WITH PEERS</strong></td>
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<tr>
<td>0 = No</td>
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<td>2 = Yes</td>
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<th>PGE0X03</th>
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<tbody>
<tr>
<td><strong>OCCURS WITH ADULTS</strong></td>
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<tr>
<td>0 = No</td>
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<tr>
<td>2 = Yes</td>
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</table>

When was the first time you noticed this?

Does s/he lose his/her temper with sibling(s)?

Does s/he lose his/her temper with other kids?

- Like kids at school?
- Or kids in the neighborhood?

Does s/he lose his/her temper with you (Parent #2)?

- How about to his/her teachers?
- Or babysitters/caregivers?
- How about to other adults, like grandparents?
Definitions and questions

**NON-DESTRUCTIVE TEMPER TANTRUMS**
Discrete episodes of excessive temper, frustration or upset, manifested by shouting, crying, stomping feet, or non-destructive violence directed against property. The behavior occurs with at least one individual who is NOT a sibling.

What happens when s/he doesn’t get what s/he wants or something upsets him/her?

Does s/he have any temper tantrums?

IF YES, ASK:
What does s/he do?
Does s/he cry or shout?
Does s/he stomp his/her feet?
Or slam doors?
Does s/he kick or throw things?

Does s/he drop to the floor, then kick his/her feet up in the air?
Does s/he hit or kick things like a table or wall?
How often does this happen at home?
How often does this happen at school?
How often does this happen elsewhere, like grandma’s house or the store?

How long does it last?

Coding rules

**NON-DESTRUCTIVE TEMPER TANTRUMS**

0 = Absent

2 = Excessive temper, upset, shouting, crying, or non-destructive violence directed only against property, (e.g. stomping feet, kicking or throwing objects, hitting walls, etc.).

<table>
<thead>
<tr>
<th>HOME</th>
<th>PGG0F01</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Frequency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>PGG0F02</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School Frequency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELSEWHERE</th>
<th>PGG0F03</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elsewhere Frequency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOURS : MINUTES</th>
<th>PGG0D01</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Duration</td>
</tr>
</tbody>
</table>
## Definitions and questions

**When did this start?**

**Does s/he have temper tantrums with his/her sibling(s)?**

**Does s/he have temper tantrums with other kids?**

*How about with other kids at school?*

*Or kids in the neighborhood?*

**Does s/he have temper tantrums with you (Parent #2)?**

*How about with his/her school teachers?*

*Or babysitters/caregivers?*

*How about with other adults, like grandparents?*

## DESTRUCTIVE TEMPER TANTRUMS

Discrete episodes of excessive temper, frustration, or behavioral outbursts manifested by shouting, crying, or stomping feet with destructive violence towards property (e.g. breaking toys or punching/kicking holes in wall/door) or violence against animals, oneself, or other people (e.g. hitting, biting, kicking, head banging). The behavior occurs with at least one individual who is NOT a sibling.

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Vandalism, Cruelty to Animals, or Assault.

**Has s/he had any destructive temper tantrums in the past YEAR (12 months)?**

**Does s/he "break things" when s/he gets angry?**

**Does s/he hit or kick others when s/he is angry?**

IF YES, ASK:

*What does s/he do?*

*Has s/he broken toys or other things?*

**Does s/he punch or kick holes in the wall/door?**

**Does s/he kick or hit animals when angry?**

*Does s/he hit or bite him/herself?*

*Does s/he bang his/her head?*

*How often has this happened at home?*

*How often has this happened at school?*

*How often has this happened elsewhere?*

## Coding rules

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGG0001</td>
<td>Onset</td>
</tr>
<tr>
<td>PGG0X01</td>
<td>Occurs with Sibling(s)</td>
</tr>
<tr>
<td>PGG0X02</td>
<td>Occurs with Peers</td>
</tr>
<tr>
<td>PGG0X03</td>
<td>Occurs with Adults</td>
</tr>
<tr>
<td>PGG1I01</td>
<td>Intensity</td>
</tr>
</tbody>
</table>

### PGG0X01 Occurs with Sibling(s)

| 0 | No |
| 2 | Yes |

### PGG0X02 Occurs with Peers

| 0 | No |
| 2 | Yes |

### PGG0X03 Occurs with Adults

| 0 | No |
| 2 | Yes |

### PGG1I01 Intensity

| 0 | Absent |
| 2 | Excessive temper with destructive violence towards property (e.g. breaking toys, punching/kicking hole in wall, etc.) |
| 3 | Excessive temper with violence against animals, self, or others (e.g. hitting, biting, kicking, head banging). |
### Definitions and questions

**In the last YEAR (12 months), how many times has s/he damaged or broken things when s/he was angry?**

**How many times did s/he hit someone when s/he was angry in the past year?**

**How long does it last?**

**When did this first happen?**

**Does s/he have destructive tantrums with his/her sibling(s)?**

**Does s/he have destructive tantrums with other kids?**

- Like kids at school?
- Or kids in the neighborhood?

**Does s/he have destructive tantrums you (Parent #2)?**

- How about to his/her with school teachers?
- Or babysitters/caregivers?
- How about to other adults, like grandparents?

### Coding rules

<table>
<thead>
<tr>
<th>HOME</th>
<th>PGG1F01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Frequency</td>
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</table>

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>PGG1F02</th>
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</thead>
<tbody>
<tr>
<td>School Frequency</td>
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</table>

<table>
<thead>
<tr>
<th>ELSEWHERE</th>
<th>PGG1F03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elsewhere Frequency</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HOURS : MINUTES</th>
<th>PGG1D01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Onset</th>
<th>PGG1O01</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OCCURS WITH SIBLING(S)</th>
<th>PGG1X01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OCCURS WITH PEERS</th>
<th>PGG1X02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OCCURS WITH ADULTS</th>
<th>PGG1X03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

**VANDALISM**

Damage to, or destruction of, property without the intention of gain.

Do not include writing on school desks.

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Vandalism, Cruelty to Animals, or Assault.

**Has s/he damaged, broken, or smashed up anything?**

Like public property?

**Has s/he damaged school books or school property?**

**In the last 3 months, has s/he written or spray painted on walls?**

Did s/he know the people whose stuff s/he "smashed"?

Were the police involved?

How often does this happen at home?

How often does this happen at school?

How often does this happen elsewhere?

Did s/he vandalize public property, like phones or walls?

Was it directed at someone s/he didn’t know?

Coding rules

**VANDALISM**

0 = Absent

2 = Writing graffiti, carving on trees or similar actions that are not actually destructive of the functions of that object.

3 = Other acts involving damage to, or destruction of, property.

<table>
<thead>
<tr>
<th>Codes</th>
<th>PGE2I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
<td>PGE2F01</td>
<td>Home Frequency</td>
</tr>
<tr>
<td>SCHOOL</td>
<td>PGE2F02</td>
<td>School Frequency</td>
</tr>
<tr>
<td>ELSEWHERE</td>
<td>PGE2F03</td>
<td>Elsewhere Frequency</td>
</tr>
<tr>
<td>DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC TELEPHONES)</td>
<td>PGE2I02</td>
<td></td>
</tr>
<tr>
<td>DIRECTED AGAINST UNKNOWN INDIVIDUAL’S PROPERTY</td>
<td>PGE2I03</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME</th>
<th>PGE2F01</th>
<th>0 = Absent, 2 = Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL</td>
<td>PGE2F02</td>
<td>0 = Absent, 2 = Present</td>
</tr>
<tr>
<td>ELSEWHERE</td>
<td>PGE2F03</td>
<td>0 = Absent, 2 = Present</td>
</tr>
<tr>
<td>DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC TELEPHONES)</td>
<td>PGE2I02</td>
<td></td>
</tr>
<tr>
<td>DIRECTED AGAINSTUNKNOWN INDIVIDUAL’S PROPERTY</td>
<td>PGE2I03</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

Was it directed at someone s/he did know?

When was the first time this happened?

Does s/he do it on his/her own or with other people? How much of the time is s/he with someone else?

FIRE SETTING: EVER
Setting of unsanctioned fires.
Do not include burning individual matches or pieces of paper.

Does s/he like playing with fire? Or burning things?

Has s/he EVER started a fire in a place without your permission?

What happened?
Was there any damage from the fire?
Were the police or fire department called?

How many fires has s/he EVER started?

When was the first time s/he EVER started a fire?

IF EVER FIRE SETTING, CONTINUE; OTHERWISE, SKIP TO "FIGHTS: 3 MONTHS ", (PAGE 46).

Coding rules

DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY
0 = Absent
2 = Present

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

FIRE SETTING
0 = Absent
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

Codes

PGE2I04

PGE2O01
Onset

PGE2X01

PGE4E01
Intensity

PGE4V01
Frequency

PGE4O01
Onset

FOR REVIEW ONLY
**Definitions and questions**

**FIRE SETTING: 3 MONTHS**

Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

*In the last 3 months, has s/he started any fires without your permission?*

Was there any damage from the fire?  
Why did s/he do it?  
Was the fire(s) directed towards anyone or anything?  
How often does this happen at home?  
How often does this happen at school?  
How often does this happen elsewhere?

---

**Coding rules**

**FIRE SETTING**

0 = Absent  
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.  
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

---

**Codes**

- **FIRE SETTING**
  - PGE3I01 Intensity
- **HOME**
  - PGE3F01 Home Frequency
- **SCHOOL**
  - PGE3F02 School Frequency
- **ELSEWHERE**
  - PGE3F03 Elsewhere Frequency
- **DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC BUILDINGS/PUBLIC PARKS)**
  - PGE3I02
- **DIRECTED AGAINST UNKNOWN INDIVIDUAL’S PROPERTY**
  - PGE3I03
- **DIRECTED AGAINST KNOWN INDIVIDUAL’S PROPERTY**
  - PGE3I04

---

**Definitions and questions**

**FIRE SETTING: 3 MONTHS**

Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

*In the last 3 months, has s/he started any fires without your permission?*

Was there any damage from the fire?  
Why did s/he do it?  
Was the fire(s) directed towards anyone or anything?  
How often does this happen at home?  
How often does this happen at school?  
How often does this happen elsewhere?

---

**Coding rules**

**FIRE SETTING**

0 = Absent  
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.  
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

---

**Codes**

- **FIRE SETTING**
  - PGE3I01 Intensity
- **HOME**
  - PGE3F01 Home Frequency
- **SCHOOL**
  - PGE3F02 School Frequency
- **ELSEWHERE**
  - PGE3F03 Elsewhere Frequency
- **DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC BUILDINGS/PUBLIC PARKS)**
  - PGE3I02
- **DIRECTED AGAINST UNKNOWN INDIVIDUAL’S PROPERTY**
  - PGE3I03
- **DIRECTED AGAINST KNOWN INDIVIDUAL’S PROPERTY**
  - PGE3I04
**Definitions and questions**

*Does s/he start fires with other people or on his/her own? How much of the time is s/he with someone else?*

*In the last 3 months, when did s/he start the fire(s)?*

**Coding rules**

**SOLITARY/ACCOMPANIED**

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

**Codes**

- PGE3X01
- PGE3O01

*Onset* / /
Definitions and questions

**VIOLENCE AGAINST PERSONS**

**FIGHTS: 3 MONTHS**
Physical fights in which both (or all) combatants are actively initiating. Otherwise code as assault.

If subject is a victim of an attack and fights back only to protect him/herself, do not rate here or under Assault.

**Has s/he gotten into any fights in the last 3 months?**

*Who with?*
*Was it a friendly fight?*
*Did anyone get hurt?*
*What is the worst that’s happened in a fight s/he were in?*
*Were the police involved?*
*How often does this happen at home?*
*How often does this happen at school?*
*How often does this happen elsewhere?*

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<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIGHTS</strong></td>
<td>PGE5I01 Intensity</td>
</tr>
<tr>
<td>0 = Fights absent.</td>
<td></td>
</tr>
<tr>
<td>2 = Fights do not result in any physical injury to either party.</td>
<td></td>
</tr>
<tr>
<td>3 = Either combatant has sustained some physical injury as a result (e.g. black eye or cuts).</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>HOME</th>
<th>PGE5F01 Home Frequency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>PGE5F02 School Frequency</th>
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</table>

<table>
<thead>
<tr>
<th>ELSEWHERE</th>
<th>PGE5F03 Elsewhere Frequency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SOLITARY/ACCOMPANIED</th>
<th>PGE5X01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Solitary</td>
<td></td>
</tr>
<tr>
<td>2 = Often accompanied (25-49% of the time).</td>
<td></td>
</tr>
<tr>
<td>3 = Accompanied 50% or more of the time.</td>
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</tr>
</tbody>
</table>

---

**When was the first time s/he got in a fight?**

**Does s/he do it on his/her own or with other people?**
*How much of the time is s/he with someone else?*
**Definitions and questions**

**FIGHTS RESULTING IN SERIOUS INJURY: EVER**

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

Note whether any further action was taken by the authorities.

*Has s/he EVER been in a fight where someone was SERIOUSLY hurt?*

*What is the worst thing that's happened in a fight?*

*Were the police involved?*

*How many fights has s/he EVER been in that someone was SERIOUSLY hurt?*

*When was the first time s/he was EVER in fight that someone was SERIOUSLY hurt?*

**IF EVER FIGHTS RESULTING IN SERIOUS INJURY, CONTINUE. OTHERWISE, SKIP TO "FIGHTS: EVER USE OF WEAPON ", (PAGE 48).**

---

**Coding rules**

**FIGHTS RESULTING IN SERIOUS INJURY: EVER**

0 = None

2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.
Definitions and questions

FIGHTS RESULTING IN SERIOUS INJURY: 3 MONTHS
As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

NOTE WHETHER ANY FURTHER ACTION WAS TAKEN BY THE AUTHORITIES

Has s/he been in a fight where someone was SERIOUSLY injured in the last 3 months?
What is the worst thing that’s happened in a fight?
Were the police involved?

FIGHTS: EVER USE OF WEAPON
Physical fights in which both (or all) combatants are using a weapon (bat, bottle, rock, knife, gun, etc.).

Has s/he EVER used a weapon during a fight?
Like a bat, bottle, knife, rock, or anything else?
Did anyone get hurt?
Were the police involved?

How many times has s/he EVER used a weapon in a fight?

When was the first time s/he EVER used a weapon in a fight?
ASSAULT: 3 MONTHS

Attack upon or attempt to hurt another without the other’s willful involvement in the contact. If subject is the victim of an attack and fights back only to protect him/herself, do not rate here or under Fight.

Damage or Violence occurring during Destructive Tantrums does NOT constitute an assault.

N.B. Code “EVER” assault if assault did not occur in last 3 months.

In the last 3 months, has s/he hurt or attacked anyone who didn’t want to fight him/her?

Did s/he hurt him/her?
Why did s/he attack him/her?
Were the police involved?
How often does this happen at home?
How often does this happen elsewhere?
How often does this happen at school?

When was the first time this happened?

Does s/he do it on his/her own or with other people?
How much of the time is s/he with someone else?

<table>
<thead>
<tr>
<th>Intensity</th>
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<tbody>
<tr>
<td>HOME</td>
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<tr>
<td>SCHOOL</td>
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<tr>
<td>ELSEWHERE</td>
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<table>
<thead>
<tr>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
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<tr>
<td>SCHOOL</td>
</tr>
<tr>
<td>ELSEWHERE</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLITARY/ACCOMPANIED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
</tr>
<tr>
<td>SCHOOL</td>
</tr>
<tr>
<td>ELSEWHERE</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
| 0 = Solitary
| 2 = Often accompanied (25-49% of the time).
| 3 = Accompanied 50% or more of the time.
ASSAULT RESULTING IN SERIOUS INJURY: EVER

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

Damage or Violence occurring during Destructive Tantrums does NOT constitute an assault.

Note whether any further action was taken by the authorities.

Has s/he EVER seriously injured anyone who didn’t want to fight him/her?

Was the injury serious?
Were the police involved?

How many times has s/he EVER been involved in an assault where someone was seriously injured?

When was the first time this happened?

IF ASSAULT RESULTING IN SERIOUS INJURY, CONTINUE. OTHERWISE, SKIP TO "ASSAULT: EVER USE OF A WEAPON", (PAGE 51).
Definitions and questions

ASSAULT RESULTING IN SERIOUS INJURY: 3 MONTHS

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

Damage or Violence occurring during Destructive Tantrums does NOT constitute an assault.

N.B. Code “EVER” assault if assault did not occur in last 3 months.

In the last 3 months, has s/he been involved in an assault where someone was SERIOUSLY injured?

What was the injury?

ASSAULT: EVER USE OF A WEAPON

Physical aggression, attack upon, or attempt to hurt another without the other’s willful involvement in the contact using a weapon.

Damage or Violence occurring during Destructive Tantrums does NOT constitute an assault.

Note whether any further action was taken by the authorities.

Has s/he EVER used a weapon in an assault?

Like a knife or stone?
Were the police involved?

How many times has s/he EVER used a weapon to attack someone?

When was the first time s/he EVER used a weapon in an attack?

IF ASSAULT OCCURRED, ASK ABOUT CRUELTY. OTHERWISE, SKIP TO "BULLYING: 3 MONTHS", (PAGE 55).
### CRUELTY TO PEOPLE: 3 MONTHS

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

Code assaults involving cruelty here, not under assaults. If not certain which to code, code under assault.

<table>
<thead>
<tr>
<th>Question</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has s/he tried to hurt or frighten someone very badly?</td>
<td></td>
</tr>
<tr>
<td>Such as a baby?</td>
<td></td>
</tr>
<tr>
<td>Has s/he tried to drown someone?</td>
<td></td>
</tr>
<tr>
<td>Or cut or burn someone?</td>
<td></td>
</tr>
<tr>
<td>How often does this happen at home?</td>
<td></td>
</tr>
<tr>
<td>How often does this happen at school?</td>
<td></td>
</tr>
<tr>
<td>How often does this happen elsewhere?</td>
<td></td>
</tr>
<tr>
<td>When was the first time this happened?</td>
<td></td>
</tr>
<tr>
<td>Does s/he do it on his/her own or with other people?</td>
<td></td>
</tr>
<tr>
<td>How much of the time is s/he with someone else?</td>
<td></td>
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</tbody>
</table>

**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).

**SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.
CRUELTY RESULTING IN SERIOUS INJURY: EVER

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

Code assaults involving cruelty here, not under assaults. If not certain which to code, code under assault.

*Has s/he EVER seriously injured anyone like that?*

*How many times has s/he EVER done that?*

*When was the first time s/he EVER did that?*

IF CRUELTY RESULTING IN SERIOUS INJURY, CONTINUE. OTHERWISE, SKIP TO "CRUELTY: EVER USE OF WEAPON", (PAGE 54).
CRUELTY RESULTING IN SERIOUS INJURY: 3 MONTHS

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

Code assaults involving cruelty here, not under assaults. If not certain which to code, code under assault.

Has s/he SERIOUSLY injured anyone like that in the last 3 months?

What happened?

CRUELTY: EVER USE OF WEAPON

Using a weapon during an assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

Code assaults involving cruelty here, not under assaults. If not certain which to code, code under assault.

Has s/he EVER used a weapon when intentionally hurting someone?

How many times has that EVER happened?

When was the first time this EVER happened?
Definitions and questions

**BULLYING: 3 MONTHS**
Attempts to force another to do something against his/her will by using threats or violence, or intimidation.

Do not include episodes that meet the criteria for stealing involving confrontation.

Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.

*In the last 3 months, has s/he tried to bully someone by threatening them?*

*Has s/he forced someone to do something s/he didn’t want to do by threatening or hurting him/her?*

*Does s/he ever pick on anyone?*

*Whom did s/he bully?*
*Where the police involved?*
*How often does this happen at home?*
*How often does this happen at school?*
*How often does this happen elsewhere?*

**When was the first time this happened?**

*Does s/he do it on his/her own or with other people?*
*How much of the time is s/he with someone else?*

Coding rules

**BULLYING**
0 = Absent
2 = Using threats only.
3 = With actual violence.

**HOME**
PGF7F01 Home Frequency

**SCHOOL**
PGF7F02 School Frequency

**ELSEWHERE**
PGF7F03 Elsewhere Frequency

**ONSET**
PGF7O01 Onset

**SOLITARY/ACCOMPANIED**
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
Definitions and questions

BULLYING: EVER USE OF WEAPON
Attempts to force another to do something against his/her will by using threats or violence, or intimidation while using a weapon.

Has s/he EVER used a weapon to bully someone?

How often has s/he EVER used a weapon to bully someone?

When was the first time this EVER happened?

FORCED SEXUAL ACTIVITY: EVER
Engagement in sexual activity without willing consent of the person.

Has s/he EVER made someone have sex with him/her when s/he didn’t want to?

Has s/he kissed or fondled anyone who didn’t want him/her to?

What happened?
Did s/he use any violence against the person?

How many times has that EVER happened?

When was the first time that EVER happened?

FORCED SEXUAL ACTIVITY: EVER USE OF WEAPON
Engagement in sexual activity without willing consent of the person while using a weapon.

Did s/he EVER use a weapon of any sort to force someone into sexual activity?

What happened?

Coding rules

BULLYING: EVER USE OF WEAPON
0 = No
2 = Yes

EVER: FORCED SEXUAL ACTIVITY
0 = Absent
2 = Using threats only.
3 = With actual violence.

USE OF WEAPON FOR FORCED SEXUAL ACTIVITY: EVER
0 = No
2 = Yes

Codes

Ever:PGF8E01
Intensity

Ever:PGF8V01
Frequency

Ever:PGF8O01
Onset

Ever:PGF9E01
Intensity

Ever:PGF9V01
Frequency

Ever:PGF9O01
Onset
Definitions and questions

**SEXUAL ACTIVITY FOR GAIN: EVER**

Engagement in sexual activity in order to obtain money, goods, or drugs.

**Has s/he EVER had sex with someone to get something that s/he wanted?**

Like money or drugs?

**How many times has that EVER happened?**

**When was the first time this EVER happened?**

**SEXUAL ACTIVITY FOR GAIN: EVER**

0 = Absent

2 = Present

---

**CRUELTY TO ANIMALS: 3 MONTHS**

Deliberate activities involving hurting animals. Do not include hunting.

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Cruelty to Animals.

Code "EVER" assault if assault did not occur in last 3 months.

**In the last 3 months, has s/he hurt an animal on purpose?**

What happened? (Determine way of hurting)

Has s/he ever killed an animal?

Were the police brought in?

How often does this happen at home?

How often does this happen at school?

How often does this happen elsewhere?
Definitions and questions

When was the first time this happened?

Does s/he do it on his/her own or with other people?
How much of the time is s/he with someone else?

CRUELTY TO ANIMALS: EVER

Deliberate activities involving hurting animals resulting in serious injury or death. Code only if at Level 3.

Do not include hunting.

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Cruelty to Animals.

Has s/he EVER seriously injured an animal on purpose?

Has s/he EVER killed an animal on purpose?
What happened?

How many times has s/he EVER done that?

When was the first time this EVER happened?

Cruelty to Animals: Ever (Code Only if at Level 3)

0 = Absent
3 = Acts resulting in obvious or permanent injury.
Definitions and questions

DEALING DRUGS: EVER

The subject sells illegal drugs to others, gets others to sell drugs for him/her, or gives drugs to others in exchange for goods (including weapons) and services (including sexual favors).

ALSO CODE UNDER SUBSTANCE RELATED CRIME IN THE MALADAPTIVE BEHAVIOR SECTION

Has s/he EVER sold drugs to anyone?
Has s/he EVER gotten anyone else to sell drugs for him/her?
Has s/he EVER given drugs in exchange for something s/he wanted?

IF YES TO ANY QUESTION, CONTINUE.

Has s/he EVER sold cannabis (Marijuana, weed, pot, grass)?
How many times?
What were the drugs worth?

Cocaine or crack?
How many times?
What were the drugs worth?

Amphetamines (uppers, speed), Ice, or Meth?
How many times?
What were the drugs worth?

Heroin, morphine, opium, other opioids?
What about ecstasy or oxycodone?
How many times?
What were the drugs worth?

Coding rules

SOLD DRUGS: EVER

0 = No
2 = Yes

DEAL CANNABIS: EVER

0 = Absent
2 = 1-5 occasions only.
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over lifetime.

DEAL COCAINE, CRACK: EVER

0 = Absent
2 = 1-5 occasions only.
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over lifetime.

AMPHETAMINES, ICE, METH: EVER

0 = Absent
2 = 1-5 occasions only.
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over lifetime.

DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE

0 = Absent
2 = 1-5 occasions only.
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over lifetime.
### Definitions and questions

**LSD, PCP, or Magic Mushrooms?**
- How many times?
- What were the drugs worth?

**Sedatives (barbiturates) such as Xanax, Klonopin, or Valium?**
- How many times?
- What were the drugs worth?

**When was the first time s/he EVER sold any type of drug?**

---

### Coding rules

**DEALT HALLUCINOGENS: EVER**
- 0 = Absent
- 2 = 1-5 occasions only.
- 3 = 6 or more occasions.
- 4 = As 3, but value of drugs is $1,000 or more over lifetime.

**DEALT SEDATIVES: EVER**
- 0 = Absent
- 2 = 1-5 occasions only.
- 3 = 6 or more occasions.
- 4 = As 3, but value of drugs is $1,000 or more over lifetime.

---

### Codes

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<td></td>
<td>3 = 6 or more occasions.</td>
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<td>4 = As 3, but value of drugs is $1,000 or more over lifetime.</td>
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<td>3 = 6 or more occasions.</td>
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<td>4 = As 3, but value of drugs is $1,000 or more over lifetime.</td>
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<td>/ /</td>
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---

**IF EVER DEALT DRUGS, CONTINUE.**
**OTHERWISE, SKIP TO "POLICE CONTACT: EVER", (PAGE 62).**
DEALING DRUGS: 3 MONTHS

The subject sells illegal drugs to others, gets others to sell drugs for him/her, or gives drugs to others in exchange for goods (including weapons) and services (including sexual favors).

ALSO CODE UNDER SUBSTANCE RELATED CRIME IN THE MALADAPTIVE BEHAVIOR SECTION

Has s/he sold drugs in the last 3 months?
Has s/he gotten anyone else to sell drugs for him/her?
Has s/he given drugs in exchange for something s/he wanted?

IF YES TO ANY QUESTION, CONTINUE.

Has s/he sold cannabis (Marijuana, weed, pot, grass) in the last 3 months?
How many times?
What were the drugs worth?

Cocaine or crack?
How many times?
What were the drugs worth?

Heroin, morphine, opium, other opioids?
What about ecstasy or oxycodone?
How many times?
What were the drugs worth?

LSD, PCP, or Magic Mushrooms?
How many times?
What were the drugs worth?

DEALT CANNABIS: 3 MONTHS

0 = Absent
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over last 3 months.

DEALT COCAINE, CRACK: 3 MONTHS

0 = Absent
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over last 3 months.

DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE: 3 MONTHS

0 = Absent
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over last 3 months.

DEALT HALLUCINOGENS: 3 MONTHS

0 = Absent
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over last 3 months.
Definitions and questions

*Sedatives (barbiturates) such as Xanax, Klonopin, or Valium?*
How many times?
What were the drugs worth?

*How much were the drugs worth that s/he sold in the last 3 months?*
Just take your best guess on the value of the drugs.

**POLICE CONTACT: EVER**

Any involvement with police resulting from items recorded in Conduct Disorder section or any other behavior or suspected behavior for which a complaint could have been filed.

Do not include simple questioning such as being questioned about something the youth saw.

Do not include speeding tickets, unless they are associated with driving under the influence or reckless driving.

*Has s/he EVER been involved with the police?*

*Has s/he EVER been in trouble with the police?*

*When was the first time this EVER happened?*

**IF EVER POLICE CONTACT, CONTINUE. OTHERWISE, SKIP TO END.**

---

**Coding rules**

**DEALTSEDATIVE: 3 MONTHS**

0 = Absent
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs is $1,000 or more over last 3 months.

**PHC4I06**

**VALUE OF DRUGS SOLD IN LAST 3 MONTHS**

**PHC4X01**

**POLICE CONTACT: EVER**

0 = Absent
2 = Present

**Ever:PGH6E01**

*Intensity*

**Ever:PGH6O01**

*Onset*
Definitions and questions

**POLICE CONTACT: 3 MONTHS**

Any involvement with police resulting from items recorded in Conduct Disorder section or any other behavior or suspected behavior for which a complaint could have been filed.

Do not include simple questioning such as being questioned about something the youth saw.

Do not include speeding tickets, unless they are associated with driving under the influence or reckless driving.

*In the last 3 months, has s/he had any contact with the police?*

**IF POLICE CONTACT HAS OCCURRED, COMPLETE DELINQUENCY SECTION. OTHERWISE, SKIP TO "PROBATION/PAROLE: EVER", (PAGE 65).**

Coding rules

**POLICE CONTACT: 3 MONTHS**

- 0 = Absent
- 2 = Present

<table>
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<td></td>
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</table>
Definitions and questions

DELINQUENCY

ACTION TAKEN BY POLICE
Code highest level of police contact EVER.

What was the result of the police contact?
Was s/he questioned by the police and then released?
Was s/he referred to a juvenile counselor?
Was s/he charged with a crime?

What was the total number of charges against him/her?

When was the first time this EVER happened?

CHARGED WITH DWI/DUI: EVER
Charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) for either alcohol or drugs.

Has s/he EVER been charged with DWI or DUI?

DRIVING WHILE INTOXICATED (DWI) OR DRIVING UNDER THE INFLUENCE (DUI)

How many times has s/he EVER been charged with DWI or DUI?

IF CHARGED WITH DWI/DUI: EVER, CONTINUE. OTHERWISE, SKIP TO "PROBATION/PAROLE: EVER", (PAGE 65).

Coding rules

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<th>Description</th>
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<tr>
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<td>No further action</td>
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<tr>
<td>1</td>
<td>Adjustment by police</td>
</tr>
<tr>
<td>2</td>
<td>Adjustment by juvenile counselor</td>
</tr>
<tr>
<td>3</td>
<td>Charged</td>
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TOTAL NUMBER OF CHARGES

<table>
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<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2</td>
<td>Present</td>
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</tbody>
</table>

DRIVING WHILE INTOXICATED/DRIVING UNDER THE INFLUENCE: EVER

<table>
<thead>
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
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</tbody>
</table>

ACTION TAKEN BY POLICE

<table>
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<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
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<tr>
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<td>Ever:PGH8O01</td>
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<tr>
<td>Ever:PGH8E90</td>
<td>Intensity</td>
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<tr>
<td>Ever:PGH8V02</td>
<td>Frequency</td>
</tr>
</tbody>
</table>
Definitions and questions

**RESULT OF PROSECUTION(S): EVER**
If subject has ever been charged, code highest result of prosecution.

*What is the result of his/her prosecution(s)?*

**PROBATION/PAROLE: EVER**
Child has been placed on probation or paroled.

*Has s/he EVER been placed on probation?*

*Juvenile or adult probation?*

*Has s/he EVER been paroled?*

**IF EVER PROBATION/PAROLE, ASK ABOUT VIOLATION. OTHERWISE, SKIP TO END.**

Coding rules

**RESULT OF PROSECUTION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Charges dropped.</td>
</tr>
<tr>
<td>1</td>
<td>Not guilty.</td>
</tr>
<tr>
<td>2</td>
<td>Unsupervised probation/restitution.</td>
</tr>
<tr>
<td>3</td>
<td>Community service.</td>
</tr>
<tr>
<td>4</td>
<td>Supervised probation only.</td>
</tr>
<tr>
<td>5</td>
<td>Supervised probation with treatment order.</td>
</tr>
<tr>
<td>6</td>
<td>Treatment order without probation.</td>
</tr>
<tr>
<td>7</td>
<td>Detention</td>
</tr>
<tr>
<td>8</td>
<td>Wilderness camp.</td>
</tr>
<tr>
<td>9</td>
<td>Suspended training school commitment.</td>
</tr>
<tr>
<td>10</td>
<td>Training school commitment.</td>
</tr>
<tr>
<td>11</td>
<td>Bound over to superior court.</td>
</tr>
<tr>
<td>12</td>
<td>Fine in superior court.</td>
</tr>
<tr>
<td>13</td>
<td>Prison commitment by superior court.</td>
</tr>
</tbody>
</table>

**PROBATION/PAROLE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Juvenile probation.</td>
</tr>
<tr>
<td>3</td>
<td>Adult probation.</td>
</tr>
<tr>
<td>4</td>
<td>Parole</td>
</tr>
</tbody>
</table>
Definitions and questions

**PROBATION/PAROLE: 3 MONTHS**
Child has been placed on probation or paroled.

*Is s/he currently on probation or parole?*

*Juvenile or adult probation?*

**PROBATION/PAROLE VIOLATIONS: EVER**
Violation of the terms of Probation or Parole. Include substance abuse.

*Has s/he EVER violated the terms of his/her probation/parole?*

*What was the violation?*

*How many times has that EVER happened?*

---

**Coding rules**

**PROBATION/PAROLE: 3 MONTHS**

0 = No
2 = Juvenile probation.
3 = Adult probation.
4 = Parole

**PROBATION/PAROLE VIOLATIONS: EVER**

0 = Absent
2 = Present

---

**Codes**

PGIOI01
Intensity

Ever:PGIOE90
Intensity

Ever:PGIOV01
Frequency
**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
Some behaviors are not rated if the child is able to stop them, when told to, for at least 10 minutes (without being reminded within the 10 minutes). The 10 minute rule refers to an average of ten minutes. If the admonition must be repeated within a short space of time (10 minutes), then the child’s behavior is regarded as not being responsive to admonition and therefore the behavior is not regarded as being controllable.

The 10 minute rule applies to Fidgetiness, Difficulty Remaining Seated When Required, and Difficulty Concentrating on Tasks Requiring Sustained Attention. It may be applied to Talks Excessively and Doing Things Quietly if one is having difficulty making a general determination. For the other generalized items and the items in the Impulsivity section, control for 10 minutes is not relevant.

Clearly, there is a great range in children of different ages regarding levels of activity, impulsivity, and the ability to control activity and impulsivity. For example, most two or three year olds have more difficulty sitting at the dinner table than five or six year olds. Nonetheless, code the behavior as described by the parent and defined in the Glossary.
Definitions and questions

FIDGETINESS
Child often fidgets with or taps hands or feet or squirms in seat. Unnecessary movements of parts of the body when stationary overall.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

First, I’d like to talk about how active s/he is.

I want you to think about times OTHER than when s/he is watching TV, a movie, or playing video games.

How MUCH does s/he squirm or wiggle in his/her seat?

How MUCH does s/he fidget with his/her hands or feet?

Does s/he fidget more than other children?

Do teachers say that s/he is fidgety?

Can you give me some examples?

How often does s/he fidget?

Can s/he stop him/herself from fidgeting at times OTHER than when watching TV/ movie or playing a video game?

What is s/he doing when s/he is fidgeting?

Is it like that in all activities?

Or just some activities?

All the time?

Were there any times in the last 3 months when s/he couldn’t stop him/herself?

Not including watching TV/movie or playing a video game, how long can s/he keep from fidgeting?

Is s/he like this at home?

Is s/he like this at school?

Is s/he like this elsewhere?

Like at the store or grandma’s house?

When did this start?

Coding rules

<table>
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<tr>
<th>Codes</th>
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<th>Duration</th>
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<tr>
<td>FIDGETINESS</td>
<td>0 = Absent</td>
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<tr>
<td>2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.</td>
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<td></td>
</tr>
<tr>
<td>3 = Present in most activities and almost never controllable by the child or by admonition.</td>
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<table>
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<tr>
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PRA0O01 Onset
/
/
**DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)**

Child often leaves seat in situations in which remaining seated is expected (e.g., leaves his or her seat in the classroom, restaurants, church, or other places that require remaining in place).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician’s office, etc.).

**Can s/he usually remain in his/her seat when s/he’s supposed to?**

**Like at dinner?**

**Does s/he have difficulty remaining seated at times OTHER than when watching TV/movie or playing video games?**

**Do teachers say s/he has a difficult time sitting down?**

Or to do a project at school?

**Does s/he get up much more than other children his/her age?**

How often does this happen in the last 3 months?

What is s/he doing when s/he has difficulty sitting down?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

Always or just sometimes?

Where there any times in the last 3 months when s/he could not stop?

What about if you ask him/her to stop?

Not including watching TV, a movie, or playing a video game, how long can s/he remain in his/her seat?

Is s/he like this at home?

Is s/he like this at school?

Is s/he like this elsewhere?

Like at the store or grandma’s house?

When did this start?

---

**Coding rules**

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<td>OCCURS AT HOME</td>
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<td>PRA2I03</td>
<td>OCCURS AT SCHOOL</td>
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**DIFFICULTY REMAINING SEATED**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**HOURS : MINUTES**

0 = Absent

2 = Present
**RUSHES ABOUT OR CLIMBS ON THINGS EXCESSIVELY (RESTLESSNESS)**

Child runs about or climbs in situations there it is inappropriate (Note: in adolescents, may be limited to feeling restless). Focus on the absence of a limited ability to have sustained periods of calm, well-controlled activity.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he run around the house in situations when it’s not appropriate?**

**Or climb on things?**

Is that more than other children?  
Is s/he still like this at times OTHER than when watching TV/movie or playing video games?  
How often does this happen?  
What is s/he doing when s/he is acting this way?  
Is it like that in all activities?  
Or just some activities?  
Can s/he stop him/herself?  
Always or just sometimes?  
What about if you ask him/her to stop?  
Were there any times in the last 3 months when s/he couldn’t stop him/herself?

Is s/he like this at home?  
Is s/he like this at school?  
Is s/he like this elsewhere?  
Like at the store or grandma's house?  
When did this start?

<table>
<thead>
<tr>
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<td>2 = Present</td>
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<td>OCCURS ELSEWHERE</td>
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<td>PRA3O01</td>
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</table>
**ALWAYS ON THE GO**

Child is often "on the go." Child acts as if "driven by a motor." Child is unable or uncomfortable being still for extended periods of time (e.g., restaurants, church). May be experienced by others as the child being restless or difficulty in keeping up with the child.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Would you say s/he was "always on the go"?**

**Or as if s/he were "driven by a motor"?**

What does s/he do?
Is s/he still like this at times OTHER than when watching TV/movie or playing video games?
How often does this happen in the last 3 months?
Is it like that in all activities?
Or just some activities?
Can s/he stop him/herself?
Always or just some of the time?
What about if you ask him/her to stop?
Were there any times in the last 3 months when s/he couldn't stop him/herself?

Is s/he like this at home?

Does this happen at school?

Does this happen elsewhere?
Like at the store or grandma's house?

When did this start?
### Definitions and questions

**TALKS EXCESSIVELY**

Child talks excessively.

**Do people complain that s/he talks too much?**

**Do you think s/he talks too much?**

*Is it like that in all activities?*
*Or just some activities?*
*Can s/he stop him/herself?*
*All the time?*
*Or just sometimes?*
*What about if you ask him/her to stop?*

*Is s/he like this at home?*

*Is s/he like this at school?*

*Is s/he like this elsewhere?*
*Like at the store or grandma's house?*

*When did that start?*

### Coding rules

#### TALKS EXCESSIVELY

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#### OCCURS AT HOME

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#### OCCURS ELSEWHERE

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</table>
DIFFICULTY DOING THINGS QUIETLY

Child often has difficulty playing or engaging in leisure activities quietly.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

What happens if s/he's supposed to be doing things quietly?

Does s/he have a hard time doing things quietly?

Does s/he have a hard time doing things quietly even when watching TV, a movie, or playing a video game?

How often does s/he have difficulty doing things quietly?
Is it like that in all activities?
Or just some activities?
Can s/he stop him/herself?
All the time or just sometimes?
What about if you ask him/her to stop?

Is s/he like this at home?

Is s/he like this at school?

Is s/he like this elsewhere?
Like at the store or grandma's house?

When did that start?
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 REQUIRING SUSTAINED ATTENTION

Child often has difficulty sustaining attention in tasks or play activities (e.g., difficulty remaining focused during lectures, during conversations, or lengthy reading).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Is s/he able to concentrate on things when s/he has to?

Does s/he have a hard time concentrating or focusing on schoolwork or homework?

Or reading?

Do teachers tell you that s/he has a hard time concentrating?

Does s/he have more problems concentrating or focusing on things than other children his/her age?

Is it hard for him/her to concentrate at times OTHER than when watching TV/movie or playing a video game?

How often does s/he have difficulty concentrating?

What is s/he doing at the time that s/he has difficulty concentrating?

Is it like that in all activities?

Or just some activities?

Can s/he make him/herself concentrate if s/he really tries?

Always or just sometimes?

Not considering watching TV, a movie, or playing a video game, how long can s/he concentrate?

Is s/he like this at home?

Does this happen at school?

Does this happen elsewhere?

Like at the store or grandma's house?

When did that start?
**DIFFICULTY ORGANIZING TASKS AND ACTIVITIES**

Often has difficulty organizing tasks and activities when structure is not imposed by others (e.g., at a loss to start or structure homework or a school project; has difficulty managing sequential tasks; has difficulty keeping necessary materials and belongings in order; messy; disorganized work; poor time management; fails to meet deadlines).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Does s/he have difficulty organizing a task or activity?

Does s/he have difficulty organizing his/her homework or a school project?

Is his/her schoolwork or homework messy and disorganized?

Does s/he have poor time management skills?

Does s/he turn projects in late because s/he is so disorganized?

Can s/he gather all materials needed to play a game?

Does s/he know where to start?

If s/he gets started, does s/he then get disorganized?

Is s/he able to organize a task if s/he really tries?

Always or just sometimes?

How often does this happen?

Is s/he like this at home?

Is s/he like this at school?

Is s/he like this elsewhere?

Like at the store or grandma's house?

When did this start?
**Attention Deficit Hyperactivity Disorder**

**DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS**

Often does not follow through on instructions and fails to finish schoolwork, chores, or other duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant environmental stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**How good is s/he at following through on instructions from others?**

**Does s/he tend not to complete things s/he's been asked to do?**

**What about with things s/he's been told to do?**

Is s/he easily sidetracked?
What was s/he doing at the time?
Is it like that in all activities?
Or just some activities?
Does s/he complete things if s/he makes an effort?
Is that all the time?
Or just sometimes?
What about if you ask him/her to follow through?
Does that happen at school as well as at home?
How often does this happen?

Is s/he like this at home?

Is s/he like this at school?

Is s/he like this elsewhere?
Like at the store or grandma's house?

When did that start?

**Coding rules**

**DIFFICULTY FOLLOWING INSTRUCTIONS**

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</table>

**OCCURS AT HOME**

| 0 = Absent |
| PRA8I02   |
| 2 = Present|

**OCCURS AT SCHOOL**

| 0 = Absent |
| PRA8I03   |
| 2 = Present|

**OCCURS ELSEWHERE**

| 0 = Absent |
| PRA8I04   |
| 2 = Present|

**Onset**

| / / |
| PRA8O01 |

---

Attention Deficit Hyperactivity Disorder
AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

Child often avoids, dislikes, or is reluctant to engage in tasks or activities that require sustained mental effort (e.g., schoolwork, homework, writing reports).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Does s/he try to get out of things where s/he will have to concentrate?

Does s/he try to get out of doing homework or reading because s/he will have to concentrate?

How often does that happen?
Can you get him/her to do such things?
Is it like that in all activities?
Or just some activities?
What if you ask him/her to stop?

Is s/he like this at home?

Is s/he like this at school?

Is s/he like this elsewhere?
Like at the store or grandma's house?

When did that start?

<table>
<thead>
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<th>Codes</th>
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OCCURS AT HOME

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<th>Codes</th>
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<td>PRC5I02</td>
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OCCURS AT SCHOOL

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<th>Codes</th>
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OCCURS ELSEWHERE

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<td>2 = Present</td>
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</table>

Attention Deficit Hyperactivity Disorder
**Definitions and questions**

**EASILY DISTRACTED BY EXTRANEOUS STIMULI**

Child is often easily distracted extraneous stimuli.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Is s/he easily distracted by things going on around him/her?

Does s/he have difficulty paying attention when s/he can look out of the window or hear other people talking in the next room?

Are these things that would distract anyone?
How often does this happen?
What was s/he doing at the time?
Is it like that in all activities?
Or just some activities?
Can s/he stop him/herself?
Is that all the time or just sometimes?
What about if you ask him/her to pay attention?

Is s/he like this at home?

Does this happen at school?

Does this happen elsewhere?
Like at the store or grandma’s house?

When did that start?
FORGETFUL IN DAILY ACTIVITIES

Child is often forgetful in daily activities (e.g., forgets to brush teeth or hair, to do simple chores, forgetting homework assignments or other things needed for school).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Is s/he often forgetful in his/her daily activities?

Does s/he often forget to do his/her chores?

Does s/he often forget appointments?

Does s/he often forget to do his/her homework?

Does s/he often forget to bring lunch or lunch money to school?

Can you give me any other examples?
Does s/he still forget if you remind him/her?
How often does s/he forget things?

Is s/he like this at home?

Does this happen at school?

Does this happen elsewhere?
Like at the store or grandma's house?

When did that start?

FORGETFUL IN DAILY ACTIVITIES

0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.
3 = Present in most activities and almost never controllable by the child or by admonition.

OCCURS AT HOME

0 = Absent
2 = Present

OCCURS AT SCHOOL

0 = Absent
2 = Present

OCCURS ELSEWHERE

0 = Absent
2 = Present

Onset

/-/
## Definitions and questions

### Often Loses Things That Are Necessary For Tasks or Activities

Child often loses things necessary for task and activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile phone, handheld devices, or clothing).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he lose things more than other kids do?**

**Does s/he lose things s/he needs for school like homework or books?**

**Does s/he lose things like pencils, keys, phone, or money?**

**Does s/he leave things, like clothing, at school or friend's house?**

**Does s/he get into trouble for losing things?**

**Can s/he stop him/herself from losing things?**

**Always or just sometimes?**

**What if you remind him/her not to lose them?**

**How often does s/he lose things?**

**Is s/he like this at home?**

**Does this happen at school?**

**Does this happen elsewhere?**

**Like at the store or grandma's house?**

**When did that start?**

---

## Coding rules

### Often Loses Things

- **PRB2I01**
  - **Intensity**
  - 0 = Absent
  - 2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.
  - 3 = Present in most activities and almost never controllable by the child or by admonition.

### Occurs at Home

- **PRB2I02**
  - 0 = Absent
  - 2 = Present

### Occurs at School

- **PRB2I03**
  - 0 = Absent
  - 2 = Present

### Occurs Elsewhere

- **PRB2I04**
  - 0 = Absent
  - 2 = Present

### Onset

- **PRB2O01**
  - / /
OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID TO HIM/HER

Child often does not seem to listen when spoken to directly (e.g., mind seems elsewhere even in the absence of any obvious distractions).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you think s/he's good at listening to what you say to him/her?

Do teachers complain that s/he doesn't seem to listen to what they are saying to him/her?

Do other people complain that s/he doesn't seem to listen to what they are saying to him/her?

Is it like that in all activities?
Or just some activities?
Can you get him/her to listen?
How often does this happen?

Is s/he like this at home?

Does this happen at school?

Does this happen elsewhere?
Like at the store or grandma's house?

When did that start?
**FAILS TO PAY CLOSE ATTENTION TO DETAILS IN SCHOOL OR OTHER WORK**

Child often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or other activities (e.g., overlooks or misses details, work is inaccurate).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**How good is s/he at paying attention to details when s/he is working on something?**

**Does s/he tend to do things incorrectly or sloppily because s/he hasn’t paid enough attention to the task?**

**Do his/her teachers say s/he doesn’t pay attention?**

**Do his/her projects/homework show that s/he doesn’t pay attention to details?**

**Can s/he make him/herself pay attention to details?**

**What about if you ask him/her to pay attention?**

**Is it like that in all activities?**

**Or just some?**

**How often does s/he fail to pay close attention to details?**

**Is s/he like this at home?**

**Does this happen at school?**

**Does this happen elsewhere?**

**Like at the store or grandma’s house?**

**When did that start?**

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**CODING RULES**

**FAILS TO PAY ATTENTION TO DETAILS**

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**MAKES CARELESS MISTAKES**

Child often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or other activities (e.g., overlooks or misses details, work is inaccurate).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he make a lot of careless mistakes?**

**Does that affect his/her schoolwork/work?**

What does s/he do?
How often does that happen?
Is it like that in all activities or just some?
Can s/he stop him/herself?
All the time or just sometimes?
What about if you ask him/her to stop?

Is s/he like this at home?

Does this happen at school?

Does this happen elsewhere?
Like at the store or grandma's house?

When did that start?

---

### Coding rules

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Attention Deficit Hyperactivity Disorder 19
Definitions and questions

**IMPULSIVITY**

**DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS**

Child often has difficulty waiting his/her turn (e.g., while standing in line). Distinguish from normative eagerness.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician’s office, etc.).

**Can s/he wait his/her turn for things?**

**As well as most children his/her age?**

**At school can s/he stand in line with the other children?**

**At home can s/he wait his/her turn during a game?**

Why does s/he push in?
Does it get him/her in trouble?
Can s/he control it?
What if others say something?
How often does this happen?

Is s/he like this at home?

Does this happen at school?

Does this happen elsewhere?
Like at the store or grandma’s house?

When did that start?

Coding rules

**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.

**OCCURS AT HOME**

0 = Absent
2 = Present

**OCCURS AT SCHOOL**

0 = Absent
2 = Present

**OCCURS ELSEWHERE**

0 = Absent
2 = Present

Codes

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</table>
**Definitions and questions**

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

Child blurts out answer before question has been completed (e.g., completes other people's sentences or cannot wait for turn in a conversation). Distinguish from normative eagerness.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he tend to blurt out the answers before the person's finished asking the question?**

In what situations does s/he blurt out answers?  
**Do teachers tell you this happens?**

Did it get him/her into trouble?  
Can s/he stop if s/he wants to?  
What if others say something?  
How often does that happen?

Is s/he like this at home?  
Does this happen at school?  
Does this happen elsewhere?  
Like at the store or grandma's house?

When did that start?

**Coding rules**

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

0 = Absent  
2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.  
3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent  
2 = Present

**OCCURS AT SCHOOL**

0 = Absent  
2 = Present

**OCCURS ELSEWHERE**

0 = Absent  
2 = Present

**Onset**

/ /
OFTEN INTERRUPTS OR INTRUDES ON OTHERS

Child often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things, without asking or receiving permission; may intrude into or take over what others are doing). Distinguish from normative eagerness/excitement and desire to participate in social interactions.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he tend to interrupt other people when they’re talking to someone else?**

**What about butting into games without being invited to join in?**

**Does s/he use other people's things without asking permission?**

  Can you give me an example?
  Does it happen as much as half of the time?
  Can s/he stop him/herself?
  What if others say something?
  How often does that happen?

**Is s/he like this at home?**

**Does this happen at school?**

**Does this happen elsewhere?**

  Like at the store or grandma’s house?

**When did that start?**

---

**Coding rules**

**OFTEN INTERRUPTS OR INTRUDES ON OTHERS**

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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 AN INCAPACITY IS PRESENT, FIND OUT WHEN IT BEGAN. REMEMBER TO OBTAIN SEPARATE TIMINGS FOR THE ONSET OF PARTIAL AND SEVERE INCAPACITIES.

SUMMARY OF RULES FOR RATING INCAPACITY

IMPAIRMENT/INCAPACITY

Two levels of disturbance or impaired functioning are distinguished:

Partial Incapacity; refers to a notable reduction of function in a particular area. If a person is still able to do things, but does them less well, or more slowly, then code as a Partial Incapacity.

Severe Incapacity; refers to a complete, or almost complete, inability to function in a particular area.

With the exception of the lifelong symptoms mentioned below, most incapacities require a decrement or change in functioning. The decrement can predate the primary period but must still be present during the primary period.

SYMPTOM DEPENDENCE
For incapacity to be rated it must arise demonstrably from the presence of some particular symptoms or disordered behaviors. For instance, a child who has lost friends because her mother would not allow her to associate with them would not have that loss of friends rated as an incapacity here. Although, of course, it might have had crippling effects on her social life, it would not count as an incapacity because it was not secondary to any psychopathology of the child. However, it would count if the child was too frightened to leave the house and lost her friends because of it.

The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that a child was incapacitated in certain ways and that the child had certain psychopathological problems. The incapacity must be linked to the problems that seem to have generated it. Often this is difficult when children have multiple problems and incapacities, but the attempt should be made nevertheless. However, this does not mean that a particular incapacity has to be assigned to one single problem. It will sometimes be the case that several symptoms of different types will contribute to a particular incapacity. When this is the case, each contributing problem area should be recorded. It follows that if an incapacity is to be seen as being secondary to other symptoms, then those other symptoms must have been present before the onset of that incapacity. They must also have resulted in a fall-off from a previous level of attainment or proficiency if they are to be regarded as having resulted in an incapacity. Thus a child who had previously been able to function well enough in class might show a reduced ability to participate in group activities, because he felt too miserable to do so. This would be regarded as an incapacity secondary to the affective symptoms. On the other hand, if a child had always been unable to participate in group activities and later became depressed, an incapacity, secondary to depression, would be recorded only if his capacity to participate in group activities suffered a further decrement from its already low level. If there had been no further decrement, an incapacity in relation to depression would not be recorded.
In the case of symptoms that have been present throughout life, it will be impossible to show a decrement secondary to the symptoms, because both the symptoms and the putative incapacity will have been present simultaneously. In this situation, provided always that the incapacity can be directly related to the symptoms, it is acceptable to rate it as such. An example might be the social incapacities of a hyperactive child who had always shown such behavior from his earliest years and thus always had disturbed peer relationships.

**SITUATION NOT ENTERED**

If the subject has not entered a particular social situation (such as school) during the preceding three months, but there is clear evidence from past experience that incapacity would have been manifested had s/he been in the situation (e.g. discordant peer relationships would have been present) then that incapacity is rated as being present, and its date of onset should be determined. The intensity rating should not be higher than the previously actually occurring highest intensity. Quite often in such a situation, the incapacity will have been contributory to the failure to enter the social situation under consideration.

The incapacitating effects of the psychopathology do not have to be directly due to the behavior of the child but may be mediated by others. For instance, if a boy were excluded from school for constant fighting and trouble making, that would be counted as an incapacitation of school performance just as much as if the child had failed to attend because of his own anxiety about leaving home.
The rules for dating the onset of incapacities are essentially the same as those for dating symptom onsets. That is, the decision is first made as to whether or not a particular incapacity was present during the 3-month primary period. If it was, then its onset is coded as the date it appeared at the minimum criterion level required by the glossary definition. Once again, there is a proviso that if the incapacity has been present only intermittently, the onset is dated from when the incapacity began again following the last period of one year (or longer) without incapacity. The dates of exacerbations from partial to complete incapacity are also recorded.

Even if a child did not code for any problems in a particular section of the CAPA, the Incapacity section cannot be skipped. If you have enough information, not every question needs to be asked.

**TREATMENT**

Referrals to professional agencies or professional concerned with child’s symptoms or behavior.

*Note the name of the site where treatment was received and the professionals seen.*

Treatment may be coded even if symptoms did not code in the CAPA.
PARENTAL RELATIONSHIPS - PARENT #1

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Now I’m going to ask about how any of his/her behaviors that we’ve talked about impact different aspects of his/her life.

Does anything we have been talking about affect how s/he gets along with you?

Do either one of you avoid each other because of any of the issues that we talked about?

Do you refuse to talk to each other?
Do any of the issues we have been talking about cause any arguments?
Do you need to discipline him/her more because of this issue(s)?
IF PRESENT, CONTINUE:

Is avoidance/withdrawal (either by him/her or you) a big problem or a little problem?

Is the conflict a big problem or a little problem?
**What issue(s) is causing the problem between him/her and you?**

**Coding rules**

**SYMPTOM AREAS CAUSING INCAPACITY**

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 5 = Depression
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct Disorder
- 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**

- PMA0X03
- PMA0X04
- PMA0X05
- PMA0X06
- PMA0X07
- PMA0X08
- PMA0X09
- PMA0X10
- PMA0X11
- PMA0X12
- PMA0X13
- PMA0X14

**Incapacity Ratings**

**When did this first become an issue?**

**When did this first become a big issue?**

**ONSET OF FIRST PARTIAL INCAPACITY**

- PMA0001

**ONSET OF FIRST SEvere INCAPACITY**

- PMA0002
PARENTAL RELATIONSHIPS - PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

**Does anything we have been talking about affect how s/he gets along with "Parent #2"?**

**Do they avoid each other because of any issue(s)?**

**Do these difficulties cause any arguments?**

**Do they refuse to talk to each other?**

**Does "Parent #2" need to discipline him/her more because of any issue(s)?**

IF PRESENT, CONTINUE:

**Is avoidance/withdrawal (either by him/her or "Parent #2") a big problem or a little problem?**

**Does s/he or "Parent #2" think the conflict is a big problem or a little problem?**

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WITHDRAWAL

0 = Absent
2 = Partial Incapacity
3 = Severe Incapacity

DISCORD

0 = Absent
2 = Partial Incapacity
3 = Severe Incapacity
What behavior(s) is causing the problem between him/her and "Parent #2"?

When did this first become a problem?

When did this first become a big problem?

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<th>SYMPTOM AREAS CAUSING INCAPACITY</th>
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When did this first become a problem?

When did this first become a big problem?

ONSET OF FIRST PARTIAL INCAPACITY: PMA1X01

ONSET OF FIRST SEVERE INCAPACITY: PMA1X02
IF OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO "SIBLING RELATIONSHIPS: IN HOME", (PAGE 15).
**PARENTAL RELATIONSHIPS - OTHER PARENT #1**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

**Does anything we have been talking about affect how s/he gets along with "Other Parent #1"?**

**Do they avoid each other because of any issue(s)?**

**Do these difficulties cause any arguments with "Other Parent #1"?**

**Do they refuse to talk to each other?**

**Does "Other Parent #1" need to discipline him/her more because of this issue(s)?**

*IF PRESENT, CONTINUE:*

**Is avoidance/withdrawal (either by him/her or "Other Parent #1") a big problem or a little problem?**

**Does s/he or "Other Parent #1" think the conflict is a big problem or a little problem?**
Definitions and questions

What issue(s) is causing the problem between him/her and "Other Parent #1"?

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<tr>
<th>SYMPTOM AREAS CAUSING INCAPACITY</th>
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When did this first become a problem?

When did this first become a big problem?

Codes

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Incapacity Ratings
<table>
<thead>
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<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>IF OTHER PARENT #2, CONTINUE. OTHERWISE, SKIP TO &quot;SIBLING RELATIONSHIPS: IN HOME&quot;, (PAGE 15).</td>
<td></td>
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</table>
PARENTAL RELATIONSHIPS - OTHER PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does anything we have been talking about affect how s/he gets along with "Other Parent #2"?

Do they avoid each other because of any issue(s)?

Do these difficulties cause any arguments?

Do they refuse to talk to each other?

Does "Other Parent #2" need to discipline him/her more because of this issue(s)?

IF PRESENT, CONTINUE:

Is avoidance/withdrawal (either by him/her or "Other Parent #2") a big problem or a little problem?

Does s/he or "Other Parent #2" think the conflict is a big problem or a little problem?
What issue(s) is causing the problem between him/her and "Other Parent #2"?

When did this first become a problem?

When did this first become a big problem?

**SYMPTOM AREAS CAUSING INCAPACITY**

1 = School Non-Attendance  
2 = Separation Anxiety  
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**ONSET OF FIRST PARTIAL INCAPACITY**  
PMA3O01

**ONSET OF FIRST SEVERE INCAPACITY**  
PMA3O02
SIBLING RELATIONSHIPS: IN HOME

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, sibling(s).

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does anything we have been talking about affect how s/he gets along with his/her sibling(s)?

Do they avoid each other?

Do these difficulties cause any arguments?

IF PRESENT, CONTINUE:

Is avoidance/withdrawal (either by him/her or sibling(s)) a big problem or a little problem?

Is the conflict a big problem or a little problem?

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Incapacity Ratings

15
Definitions and questions

**What issue(s) is causing the problem between X and the sibling(s)?**

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<td>3 = Worries/Anxieties</td>
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<tr>
<td>8 = Food-Related Behavior</td>
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<tr>
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</tbody>
</table>

**When did this first become a little problem?**

**When did this first become a big problem?**

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**
Definitions and questions

SIBLING RELATIONSHIPS: OUT OF HOME

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior

Does anything we have been talking about affect how s/he gets along with his/her sibling(s) who don’t live at home?

Do they avoid each other because of any issue(s)?

Do these difficulties cause any arguments?

IF PRESENT, CONTINUE:

Is avoidance/withdrawal (either by him/her or the sibling(s)) a big problem or a little problem?

Is the conflict a big problem or a little problem?

Coding rules

PROBLEMS WITH SIBLING RELATIONSHIP - OUT OF HOME

<table>
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<th>Codes</th>
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<td>0 = Absent</td>
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<td>2 = Present</td>
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</tbody>
</table>

WITHDRAWAL

| 0 = Absent |
| 2 = Partial Incapacity |
| 3 = Severe Incapacity |

DISCORD

| 0 = Absent |
| 2 = Partial Incapacity |
| 3 = Severe Incapacity |
Definitions and questions

What issue(s) is causing the problem between him/her and the sibling(s)?

When did this first become a little problem?

When did this first become a big problem?

Coding rules

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance
2 = Separation Anxiety
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PMA5X03

PMA5X04

PMA5X05

PMA5X06

PMA5X07

PMA5X08

PMA5X09

PMA5X10

PMA5X11

PMA5X12

PMA5X13

PMA5X14

ONSET OF FIRST PARTIAL INCAPACITY

PMA5O01

ONSET OF FIRST SEVERE INCAPACITY

PMA5O02

FOR REVIEW ONLY
Definitions and questions

**SELF-CARE**

A child should be able to keep him/herself clean and tidy to a degree consonant with his/her age.

The reduction in level of self-care must be marked enough to have led to visible or smellable changes, or to require unusual parental efforts to maintain appearance.

*Does s/he keep him/herself clean and tidy?*

*Is there anything that makes it harder for him/her to keep him/herself clean and tidy?*

*Is it a big problem or a little problem?*

**IF PRESENT, CONTINUE:**

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<tbody>
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<td>Intensity</td>
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</table>

**Coding rules**

- **SELF-CARE**
  - 0 = Absent
  - 2 = Partial incapacity.
  - 3 = Severe incapacity.
**Definitions and questions**

*What issue(s) is making it harder to keep him/herself clean and tidy?*

**Coding rules**

**SYMPTOM AREAS CAUSING INCAPACITY**

1 = School Non-Attendance
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**When did this first become a little problem?**

**ONSET OF FIRST PARTIAL INCAPACITY - SELF CARE**

PMA6O01

**When did this first become a big problem?**

**ONSET OF FIRST SEVERE INCAPACITY**

PMA6O02

FOR REVIEW ONLY
CHORES
A child should be able to perform reasonable work tasks expected of him/her at home, such as keeping the bedroom tidy, helping out around the house and yard. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

Will s/he help with chores around the house?

Will s/he clean up his/her room?

Or cleaning up his/her plate from the table? 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 “these problems”?

Is it a big problem or a little problem? IF PRESENT, CONTINUE:

Signing off on the page: __________

Date: ________
### Definitions and questions

**What issue(s) is causing the problem of not helping with chores?**

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**When did this first become a little problem?**

**When did this first become a big problem?**

### Coding rules

**ONSET OF FIRST PARTIAL INCAPACITY**

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**ONSET OF FIRST SEVERE INCAPACITY**

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</table>
**Definitions and questions**

**HOMEWORK**

A child should be able to do reasonable homework assignments at home. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

*Are there any problem(s) with him/her doing his/her homework?*

*Are there any things that s/he can't do properly or that s/he has stopped doing because of the way s/he's been feeling?*

*Would it make a difference if s/he didn't "these problems"? Is it a big problem or a little problem?*

**IF PRESENT, CONTINUE:**

<table>
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</table>
### Definitions and questions

**What issue(s) is causing the problem of not being able to do his/her homework?**

When did this first become a little problem?

When did this first become a big problem?

### Coding rules

**SYMPTOM AREAS CAUSING INCAPACITY**

- 1 = School Non-Attendance
- 2 = Separation Anxiety
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### Incapacity Ratings

**ONSET OF FIRST PARTIAL INCAPACITY**

- / /

**ONSET OF FIRST SEVERE INCAPACITY**

- / /
LEAVING HOUSE

A child should be able to leave his/her house without difficulty. Obviously the range of activities that might induce a child to go outside the house varies widely with age, and judgment must be used in deciding what is consonant with the child's developmental stage.

Does anything we have been talking about make it hard for him/her to leave the house?

To get ready to go outside?
Or to go to school?
Is this a big problem or a little problem?
IF PRESENT, CONTINUE:
**Definitions and questions**

*What issue(s) is causing the problem of not wanting to leave the house?*

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<td>19 = Peer Relationships</td>
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*When did this first become a little problem?*

*When did this first become a big problem?*

**Coding rules**

**ONSET OF FIRST PARTIAL INCAPACITY**

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**ONSET OF FIRST SEVERE INCAPACITY**

<table>
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<th>PMA9O02</th>
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</table>
SCHOOL LIFE

SCHOOL PERFORMANCE

Deterioration in class work, behavior, or ability to participate in school is considered to be evidence of an incapacity. A description of things that the child used to be able to do but can no longer is required for a rating here. Do not include children whose low intelligence limits their ability to perform at school and have, therefore, always had poor results.

However, a child that has never been able to perform due to hyperactivity or chronic conduct problems would code if it is clear that these problems contribute to difficulties with school performance.

What are his/her grades like in school?

Have his/her grades gotten worse?

Does anything we have been talking about affect how well s/he can do his/her class work at school?

Is this a big problem or a little problem?

IF PRESENT, CONTINUE:

Coding rules

SCHOOL PERFORMANCE

0 = Absent
2 = Partial incapacity.
3 = Severe incapacity.

Codes

PMB0I01

Intensity

FOR REVIEW ONLY
**Definitions and questions**

*What issue(s) is causing the problem(s) at school?*

**Coding rules**

**SYMPTOM AREAS CAUSING INCAPACITY**

1 = School Non-Attendance  
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**Codes**

PMB0X02  
PMB0X03  
PMB0X04  
PMB0X05  
PMB0X06  
PMB0X07  
PMB0X08  
PMB0X09  
PMB0X10  
PMB0X11  
PMB0X12  
PMB0X13

**Incapacity Ratings**

*When did this first become a little problem?*

*When did this first become a big problem?*
SCHOOL SUSPENSION: EVER
Exclusion from school for any length of time.

Has s/he EVER been suspended from school?

How many times has s/he EVER been suspended from school?

When was the first time s/he was EVER suspended?

IF EVER BEEN SUSPENDED, CONTINUE. OTHERWISE, SKIP TO "IN-SCHOOL SUSPENSION (ISS): EVER", (PAGE 31).
Definitions and questions

**SCHOOL SUSPENSION: 3 MONTHS**
Exclusion from school for any length of time.

*Has s/he been suspended in the last 3 months?*

*How long was s/he suspended for in the last 3 months?*

*What issue(s) is causing him/her to get suspended?*

Coding rules

**SUSPENSION: 3 MONTHS**
0 = Absent
2 = Present

**DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)**

**SYMPTOM AREAS CAUSING INCAPACITY**
1 = School Non-Attendance
2 = Separation Anxiety
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Codes

PMB1I01
PMB1D01
PMB1X02
PMB1X03
PMB1X04
PMB1X05
PMB1X06
PMB1X07
PMB1X08
PMB1X09
PMB1X10
PMB1X11
PMB1X12
PMB1X13

For review only
IN-SCHOOL SUSPENSION (ISS): EVER
Suspension from school served in school.

Has s/he EVER had In-School Suspension (ISS)?

How many times has s/he EVER had In-School Suspension (ISS)?

When was the first time s/he EVER had an In-School Suspension (ISS)?

IF EVER IN-SCHOOL SUSPENSION, CONTINUE. OTHERWISE, SKIP TO "EXPULSION: EVER", (PAGE 33).
**Definitions and questions**

**IN-SCHOOL SUSPENSION (ISS): 3 MONTHS**
Suspension from school served in school.

*Has s/he has In-School Suspension (ISS) in the last 3 months?*

*How long was the In-School Suspension (ISS) for in the last 3 months?*

*What issue(s) is causing him/her to get In-School Suspension (ISS)?*

**Coding rules**

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**Codes**

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EXPULSION: EVER
Expulsion from school.

*Has s/he EVER been expelled from school?*

*How many times has s/he EVER been expelled?*

*When was the first time s/he was EVER expelled?*

**IF EVER EXPELLED FROM SCHOOL, CONTINUE: OTHERWISE, SKIP TO "TEACHER RELATIONSHIPS", (PAGE 35).**
### SCHOOL EXPULSION: 3 MONTHS
Expulsion from school.

**Has s/he been expelled from school in the last 3 months?**

What issue(s) caused him/her to get expelled from school?

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TEACHER RELATIONSHIPS

A deterioration in a child’s relationships with his/her teachers is regarded as an incapacity. The need to use increasing levels of disciplinary action or a withdrawal from contact with teachers with whom the child has previously had good relationships is evidence of disturbance here.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to teachers.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

*Does anything we have been talking about affect how s/he gets along with teachers?*

*Do they avoid each other because of any issue(s)?*  
*Do these difficulties cause any arguments?*  
*Do the teachers need to discipline him/her more because of this issue?*

**IF PRESENT, CONTINUE:**

*Is avoidance/withdrawal (either by him/her or the teacher) a big problem or a little problem?*

*Does s/he or his/her teachers think the conflict is a big problem or a little problem?*
### Definitions and questions

**What behavior(s) is causing the problem between him/her and his/her teachers?**

### Coding rules

**SYMPTOM AREAS CAUSING INCAPACITY**

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<td>Depression</td>
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<td>PMB4X07</td>
<td>Conduct Disorder</td>
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<tr>
<td>PMB4X08</td>
<td>Relationships with Parent #1 and/or Parent #2</td>
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<td>Relationships with Other Parent #1 and/or Other Parent #2</td>
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<td>Relationships with Other Adults</td>
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### Codes

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### ONSET OF FIRST PARTIAL INCAPACITY

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### ONSET OF FIRST SEVERE INCAPACITY

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</table>

### When did this first become a little problem?

### When did this first become a big problem?
### PEER RELATIONSHIPS AT SCHOOL

Children should be able to form mutually interested relationships and to undertake activities together (playing, chatting constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with or talk to peers.

**DISCORD**: Incapacity involving aggressions, arguments, fights or disruptive behavior.

#### Definitions and questions

*Does anything we have been talking about affect how s/he gets along with other children at school?*

*Do they avoid each other?*

*Do these difficulties cause any arguments?*

*Has it made him/her see friends less than s/he used to?*

**IF PRESENT, CONTINUE:**

*Is avoidance/withdrawal (either by him/her or the other children) a big problem or a little problem?*

*Is the conflict a big problem or a little problem for the other children?*

#### Coding rules

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<table>
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<tr>
<td>3</td>
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<table>
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<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
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<td>DISCORD</td>
</tr>
<tr>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Partial Incapacity</td>
</tr>
<tr>
<td>3</td>
<td>Severe Incapacity</td>
</tr>
</tbody>
</table>
### Definitions and questions

**What issue(s) is causing the problem between him/her and the other children at school?**

- School Non-Attendance
- Separation Anxiety
- Worries/Anxieties
- Depression
- Food-Related Behavior
- Hyperactivity
- Conduct Disorder
- Relationships with Parent #1 and/or Parent #2
- Relationships with Other Parent #1 and/or Other Parent #2
- Relationships with Other Adults
- Sibling Relationships
- Peer Relationships

### Coding rules

#### SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 5 = Depression
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct Disorder
- 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

- PMB5X03
- PMB5X04
- PMB5X05
- PMB5X06
- PMB5X07
- PMB5X08
- PMB5X09
- PMB5X10
- PMB5X11
- PMB5X12
- PMB5X13
- PMB5X14

### Incapacity Ratings

- ONSET OF first PARTIAL INCAPACITY
  - PMB5O01
  - / /

- ONSET OF FIRST SEVERE INCAPACITY
  - PMB5O02
  - / /
Definitions and questions

**SPARE TIME ACTIVITIES**
Reduction of spontaneous out of school activities by at least one third and to a degree outside their normal range of variation. Care should be taken to ensure that the subject has not lost interest in an activity for no particular reason. That is to say that the reduction in involvement must clearly be a response to some symptomatology.

*Does anything we have been talking about affect what s/he does with his/her spare time?*

*Does anything affect his/her ability to do out-of-school activities either alone or with other kids?*

*Is this a big problem or a little problem?*

IF PRESENT, CONTINUE:

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Incapacity Ratings
### Definitions and questions

*What issue(s) is affecting his/her spare time activities outside of school?*

### Coding rules

#### SYMPTOM AREAS CAUSING INCAPACITY

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<td>PMB6X04</td>
<td>Worries/Anxieties</td>
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<td>Depression</td>
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<tr>
<td>PMB6X06</td>
<td>Food-Related Behavior</td>
</tr>
<tr>
<td>PMB6X07</td>
<td>Hyperactivity</td>
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<tr>
<td>PMB6X08</td>
<td>Conduct Disorder</td>
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<tr>
<td>PMB6X09</td>
<td>Relationships with Parent #1 and/or Parent #2</td>
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<td>PMB6X10</td>
<td>Relationships with Other Parent #1 and/or Other Parent #2</td>
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<td>PMB6X11</td>
<td>Relationships with Other Adults</td>
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<td>PMB6X12</td>
<td>Sibling Relationships</td>
</tr>
<tr>
<td>PMB6X13</td>
<td>Peer Relationships</td>
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</tbody>
</table>

### Codes

- PMB6X01: ONSET OF FIRST PARTIAL INCAPACITY
- PMB6X02: ONSET OF FIRST SEVERE INCAPACITY

### Incapacity Ratings

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RELATIONSHIPS WITH ADULTS IN SPARE TIME ACTIVITIES

Both withdrawal from such relationships and disturbances of their harmony are evidence to be borne on mind for the purposes of a rating here.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to adults.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

*Does anything we have been talking about affect how s/he gets along with other people outside the home or school, such as neighbors or people at the park (etc.)*?

How about with grandparents?
Has it made him/her see less of other adults or avoid them?

*Do these difficulties cause any arguments? IF PRESENT, CONTINUE:*

*Is avoidance/withdrawal (either by him/her or the other adults) a big problem or a little problem?*

*Does s/he or other adults (like grandparents) think the conflict is a big problem or a little problem?*
**Definitions and questions**

*What behavior(s) is causing the problem between him/her and other adults?*

**Coding rules**

**SYMPTOM AREAS CAUSING INCAPACITY**

1 = School Non-Attendance  
2 = Separation Anxiety  
3 = Worries/Anxieties  
5 = Depression  
8 = Food-Related Behavior  
9 = Hyperactivity  
13 = Conduct Disorder  
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**

- PMB7X03
- PMB7X04
- PMB7X05
- PMB7X06
- PMB7X07
- PMB7X08
- PMB7X09
- PMB7X10
- PMB7X11
- PMB7X12
- PMB7X13
- PMB7X14

**When did this first become a little problem?**

**ONSET OF FIRST PARTIAL INCAPACITY**  
PMB7O01

**When did this first become a big problem?**

**ONSET OF FIRST SEvere INCAPACITY**  
PMB7O02

**FOR REVIEW ONLY**
**RELATIONSHIPS WITH PEERS OUTSIDE OF SCHOOL**

Children should be able to form mutually interested relationships and to undertake activities together (chatter and playing constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with or talk to peers.

**DISCORD:** Incapacity involving aggression, arguments, fights or disruptive behavior.

**Does anything we have been talking about affect how s/he gets along with other children outside of school?**

**What about with other children/young people in your neighborhood?**

Has it made him/her see less of friend(s) than s/he used to?

Do these difficulties cause any arguments?

**IF PRESENT, CONTINUE:**

**Is avoidance/withdrawal (either by him/her or the other children) a big problem or a little problem?**

**Is the conflict a big problem or a little problem for him/her or the other children?**
**Definitions and questions**

*What issue(s) is causing the problem between X and the other children outside of school?*

<table>
<thead>
<tr>
<th>SYMPTOM AREAS CAUSING INCAPACITY</th>
<th>Codes</th>
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</thead>
<tbody>
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<td>PMB8X03</td>
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<tr>
<td>2 = Separation Anxiety</td>
<td>PMB8X04</td>
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<td>PMB8X05</td>
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<tr>
<td>5 = Depression</td>
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<tr>
<td>8 = Food-Related Behavior</td>
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<td>9 = Hyperactivity</td>
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<td>13 = Conduct Disorder</td>
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<td>15 = Relationships with Parent #1 and/or Parent #2</td>
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<td>16 = Relationships with Other Parent #1 and/or Other Parent #2</td>
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<td>17 = Relationships with Other Adults</td>
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<td>18 = Sibling Relationships</td>
<td>PMB8X13</td>
</tr>
<tr>
<td>19 = Peer Relationships</td>
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</table>

**Coding rules**

*When did this first become a little problem?*

*When did this first become a big problem?*

**Incapacity Ratings**

**FOR REVIEW ONLY**

44
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CURRENTLY EMPLOYED, CONTINUE: OTHERWISE, SKIP TO &quot;TREATMENT&quot;, (PAGE 48).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMPLOYMENT

Many adolescents have jobs, and they may prove unable to perform these jobs adequately as a result of psychopathology, in which case an incapacity should be recorded as being present as a result of that psychopathology. The child's performance of the job must actually be substandard to some degree. It is not enough that the subject should simply describe it as being more difficult or tiring.

Does anything we have been talking about affect how well s/he can do his/her job?

Does s/he avoid interacting with people at work? Do these difficulties cause any arguments?

IF PRESENT, CONTINUE:

Is avoidance/withdrawal (either by him/her or the other people at work) a big problem or a little problem?

Do others at work think the conflict is a big problem or a little problem?

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<td>3 = Severe Incapacity</td>
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**Definitions and questions**

*What behavior(s) is causing the problem between him/her and others at work?*

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<tr>
<th>SYMPTOM AREAS CAUSING INCAPACITY</th>
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<td>5 = Depression</td>
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<td>8 = Food-Related Behavior</td>
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<td>9 = Hyperactivity</td>
<td>PMB9X08</td>
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<tr>
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<td>PMB9X09</td>
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<tr>
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**Coding rules**

*When did this first become a little problem?*

*When did this first become a big problem?*

**Codes**

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</thead>
<tbody>
<tr>
<td>PMB9Q02</td>
<td></td>
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</table>
TREATMENT

Referrals to professional agencies concerned with child psychopathology are coded here.

*In the last 3 months, has s/he seen anyone about these issues?*

*Like a doctor or anyone at school?*

*Has s/he received any treatment for any of the issues we have been talking about in the last 3 months?*

*Did s/he go to a clinic?*

*Or into a hospital?*

*What did they do?*

*Did it help at all?*

**IF PRESENT, CONTINUE:**

<table>
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<th>Codes</th>
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### Definitions and questions

**What issue(s) lead you to seek treatment for him/her?**

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<th>SYMPTOM AREAS LEADING TO TREATMENT</th>
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<td>19 = Peer Relationships</td>
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</table>

### Coding rules

**BEGINNING OR FIRST TREATMENT**

/ /

### Incapacity Ratings
**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?
Why is s/he taking it?
IF PRESENT, COLLECT NAME OF MEDICATION AND ONSET.

CODE AS PRESENT EVEN IF PRESCRIPTION WAS NEVER FILLED.

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

*When did s/he start taking this medication?*

*What is the name of the medication s/he is taking?*

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| MINOR TRANQUILIZERS/SEDATIVES | PMC0101 |
| 0 = Absent | | |
| 2 = Present | | |

| BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT | PMC0001 |
| / / | | |

| ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS | PMC1101 |
| 0 = Absent | | |
| 2 = Present | | |

| BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT | PMC1001 |
| / / | | |

| STIMULANTS | PMC2101 |
| 0 = Absent | | |
| 2 = Present | | |

| BEGINNING OF STIMULANTS TREATMENT | PMC2001 |
| / / | | |

| STRATTERA (ATOMOXETINE)/ INTUNIV (GUANFACINE)/ KAPVAY (CLONIDINE): NON-STIMULANT | PMC2102 |
| 0 = Absent | | |
| 2 = Present | | |
Definitions and questions

When did s/he start taking this medication?

What is the name of the medication s/he is taking?

When did s/he start taking this medication?

What is the name of the medication s/he is taking?

When did s/he start taking this medication?

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What is the name of the medication s/he is taking?
Definitions and questions

When did s/he start taking this medication?

PLACEMENT

If, by reason of psychological or behavioral disturbance, a child's residential placement is changed, then that change is recorded in this section. The same guiding rules apply to these ratings as are outlined above.

With children who have experienced changes ask:

In the last 3 months, has s/he been placed into foster care/residential treatment facility BECAUSE of any of the issues we have been talking about?

Has s/he changed or moved to a new foster home/residential treatment facility BECAUSE of his/her behavior?

In the last 3 months, has s/he been placed into any treatment facility BECAUSE of his/her behavior?

IF PRESENT, CONTINUE:

Incapacity Ratings
Definitions and questions

What is the reason(s) s/he was placed in this home/facility?

When was the first time s/he was placed in a home/facility?

Coding rules

SYMPTOM AREAS CAUSING PLACEMENT CHANGE

1 = School Non-Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
5 = Depression
8 = Food-Related Behavior
9 = Hyperactivity
13 = Conduct Disorder
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

DATE OF FIRST PLACEMENT CHANGE

PMD1O01

Codes

PMD1X02
PMD1X03
PMD1X04
PMD1X05
PMD1X06
PMD1X07
PMD1X08
PMD1X09
PMD1X10
PMD1X11
PMD1X12
PMD1X13

FOR REVIEW ONLY

FOR REVIEW ONLY
OFFSETS

Code here if symptoms coded in the symptom section have ceased within the 3 months primary period.

Has anything that we have been talking about that was a problem in the past, actually STOPPED being a problem in the past 3 months?

When did it stop being a problem?
IF SYMPTOM HAS STOPPED IN LAST 3 MONTHS, CODE DATE SYMPTOM STOPPED.

- OFFSETS: SCHOOL NON-ATTENDANCE
- OFFSETS: SEPARATION ANXIETY
- OFFSETS: WORRIES/ANXIETY
- OFFSETS: DEPRESSION
- OFFSETS: FOOD-RELATED BEHAVIOR
- OFFSETS: HYPERACTIVITY
- OFFSETS: RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2
- OFFSETS: RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2
- OFFSETS: RELATIONSHIPS WITH OTHER ADULTS
- OFFSETS: SIBLING RELATIONSHIPS
- OFFSETS: PEER RELATIONSHIPS
PERCEPTION OF PROBLEMS

Parent's perception that the child has problems or difficulties in any of the areas of symptomatology discussed during interview.

*We have talked about many different things; do you think that any of them are problems for him/her?*

**IF YES, ASK:**

*What issue(s) do you think is problematic for him/her?*

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>PMC8I90</td>
<td>Intensity</td>
</tr>
<tr>
<td>PMC8X01</td>
<td>School Non-Attendance</td>
</tr>
<tr>
<td>PMC8X02</td>
<td>Separation Anxiety</td>
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<tr>
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<td>Worries/Anxieties</td>
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<td>Conduct Disorder</td>
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<td>Relationships with Parent #1 and/or Parent #2</td>
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<td>Sibling Relationships</td>
</tr>
<tr>
<td>PMC8X12</td>
<td>Peer Relationships</td>
</tr>
</tbody>
</table>
HELP NEEDED WITH:
Parent's perception that the child needs help in any of the areas of symptomatology discussed during interview.

*Are there any things that you think s/he needs help with?*

*What sort of help does s/he need?*

**IF YES, ASK:**

*What issue(s) do you think s/he needs help with?*
ENDING THE INTERVIEW

AFTER FINISHING INTERVIEW, REMEMBER TO COMPLETE "ADEQUACY OF INTERVIEW" ON FIRST SCREEN OF THE ASSESSMENT.

Well, I think that's all I want to ask about. Thank you for being so helpful.

Were there any other things you'd like to add?

WRITE DOWN THE TIME INTERVIEW ENDS