

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

**Parent Interview
Version 5.0**

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Definitions and questions

Codes

INTERVIEW #

INTERVIEWER

PAA3X01
PVIEWER

FIRST DAY OF PRIMARY PERIOD

PAP0X01
PINTLOC

TIME AT BEGINNING OF INTERVIEW

PAQ1D01

TIME AT END OF INTERVIEW

FOR REVIEW ONLY

Definitions and questions

Codes

QUALITY OF INTERVIEW

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

0= Adequate

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

3= The whole interview is inadequate.

Quality of interview

Adequacy of Interview

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

PQA9X01

PQA9X02

PQA9X03

PQA9X04

PQA9X05

PQA9X06

PQA9X07

PQA9X08

FOR REVIEW ONLY

Definitions and questions

Codes

SUBJECT

GENDER
M=Male
F= Female

DATE OF BIRTH

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

BIRTH WEIGHT (pounds/ounces)

GESTATIONAL AGE (Weeks)

CURRENT WEIGHT

CURRENT HEIGHT

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

AGE AT ADOPTION (Years and Months)

PAA0X01
PSEX

PAA1O01
DOB

PEE4X01

PEE4D01

PAP7I01

PAP9X01

PARENTAL FIGURES

BIOLOGICAL PARENTS MARITAL STATUS

- 1= Married
- 2= Widowed
- 3= Separated
- 4= Divorced
- 5= Cohabited>6 months
- 6= Cohabited<6 months
- 7= Never cohabited

YEARS BIOLOGICAL PARENTS LIVED TOGETHER

PARENT #1: Name _____

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

Gender

- M= Male
- F= Female

AGE

EDUCATION

- 1= 0-8 years completed
- 2= Some high school
- 3= GED or high school equivalency
- 4= High school degree
- 5= Post high-school training (vocational, technical, job training)
- 6= Some college (0-2 years)
- 7= 2 year associate degree
- 8= Some college (2-4 years)
- 9= 4 year college degree
- 10= Some graduate or professional school training
- 11= Completed graduate or professional degree

PAB2X01

PAB3F01

PAB5X01

PAB5X02

PAB5X03

PSA0X01

Parental Employment and Occupation

Parent #1

Current Employment Status

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

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)

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

PSA1X01

PSA1X02

PSA1X03

PSA1X04

PSA2001

FOR REVIEW ONLY

PARENTAL FIGURES

PARENT #2: Name _____

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

Gender

- M= Male
- F= Female

AGE

EDUCATION

- 1= 0-8 years completed
- 2= Some high school
- 3= GED or high school equivalency
- 4= High school degree
- 5= Post high-school training (vocational, technical, job training)
- 6= Some college (0-2 years)
- 7= 2 year associate degree
- 8= Some college (2-4 years)
- 9= 4 year college degree
- 10= Some graduate or professional school training
- 11= Completed graduate or professional degree

PAB6X01

PAB6X02

PAB6X03

PSA0X02

FOR REVIEW ONLY

Parental Employment and Occupation

Parent #2

Current Employment Status

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

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)

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

PSA3X01

PSA3X02

PSA3X03

PSA3X04

PSA4O01

FOR REVIEW ONLY

PARENTAL FIGURES

OTHER PARENT #1: Name _____

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

Gender

- M= Male
- F= Female

AGE

EDUCATION

- 1= 0-8 years completed
- 2= Some high school
- 3= GED or high school equivalency
- 4= High school degree
- 5= Post high-school training (vocational, technical, job training)
- 6= Some college (0-2 years)
- 7= 2 year associate degree
- 8= Some college (2-4 years)
- 9= 4 year college degree
- 10= Some graduate or professional school training
- 11= Completed graduate or professional degree

PAB7X01

PAB7X02

PAB7X03

PSA0X03

FOR REVIEW ONLY

Parental Employment and Occupation

Other Parent #1

Current Employment Status

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

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)

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

PSA5X01

PSA5X02

PSA5X03

PSA5X04

PSA6O01

FOR REVIEW ONLY

PARENTAL FIGURES

OTHER PARENT #2: Name _____

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

Gender

- M= Male
- F= Female

AGE

EDUCATION

- 1= 0-8 years completed
- 2= Some high school
- 3= GED or high school equivalency
- 4= High school degree
- 5= Post high-school training (vocational, technical, job training)
- 6= Some college (0-2 years)
- 7= 2 year associate degree
- 8= Some college (2-4 years)
- 9= 4 year college degree
- 10= Some graduate or professional school training
- 11= Completed graduate or professional degree

PAB8X01

PAB8X02

PAB8X03

PSA0X04

FOR REVIEW ONLY

Parental Employment and Occupation

Other Parent #2

Current Employment Status

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

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)

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

PSA7X01

PSA7X02

PSA7X03

PSA7X04

PSA8O01

FOR REVIEW ONLY

Definitions and questions

Codes

SIBLINGS

Siblings

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

Sex of Sibling

- M= Male
- F= Female

Age

Sibling Living In the Home

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

1. _____

2. _____

3. _____

PAA6X01

PAA6X02

PAA6X03

PAA6X04

PAA6X05

PAA6X06

PAA6X07

PAA6X08

PAA6X09

PAA6X10

PAA6X11

PAA6X12

FOR REVIEW ONLY

Definitions and questions

Codes

SIBLINGS

Siblings

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

Sex of Sibling

- M= Male
- F= Female

Age

Sibling Living In the Home

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

4. _____

5. _____

6. _____

PAA6X13

PAA6X14

PAA6X15

PAA6X16

PAA6X17

PAA6X18

PAA6X19

PAA6X20

PAA6X21

PAA6X22

PAA6X23

PAA6X24

FOR REVIEW ONLY

Definitions and questions

Codes

SIBLINGS

Siblings

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

Sex of Sibling

- M= Male
- F= Female

Age

Sibling Living In the Home

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

7. _____

8. _____

9. _____

PAA6X25

PAA6X26

PAA6X27

PAA6X28

PAA6X29

PAA6X30

PAA6X31

PAA6X32

PAA6X33

PAA6X34

PAA6X35

PAA6X36

FOR REVIEW ONLY

Definitions and questions

Codes

MULTIPLE BIRTH

IDENTICAL/NON-IDENTICAL

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

BIRTH ORDER IN MULTIPLE BIRTH

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

PAA7X01
Twin

PAA7X02
Triplet

PAA7X04
Other Multiple

PAA7X03
Birth Order

FOR REVIEW ONLY

Definitions and questions

Codes

OTHERS IN HOUSE

Status

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

List respondent first

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

PAA8X01

PAA8X02

PAA8X03

PAA8X04

PAA8X05

PAA8X06

PAA8X07

PAA8X08

PAA8X09

PAA8X10

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

REASON FOR REFERRAL

The initial section of the interview is designed to set the subject at ease, to obtain "scene-setting" information, and to allow the subject to express his/her concerns. The interviewer should follow the subject's leads and should avoid premature intrusive cross-questioning.

WHETHER DIFFICULTIES (PARENT'S PERCEPTION)

Now I'd like to get a picture of why it is X is going to the clinic?

Who's idea was it for X to go to the clinic?

TYPE OF PROBLEM (PARENT'S PERCEPTION)

What was is that you were concerned about?

When did you become concerned about it?

Were there any other concerns?

What made you seek help now?

What sort of problems were you having with X?

What does X think about it?

IF OTHER'S INITIATIVE ASK THE FOLLOWING

Would you have been concerned if s/he hadn't raised it?

(IF YES) What were you concerned about?

When did you become concerned about it?

Can you tell me why you're taking X to the clinic?

What does X think about it?

WHETHER DIFFICULTIES (PARENT'S PERCEPTION)

0 = None

1 = Yes, but not more than most children of X's age

2 = Yes, but vague or indefinite specification

3 = Yes, definite

TYPE OF PROBLEM (PARENT'S PERCEPTION)

0 = No

2 = Emotional Problems

3 = Conduct Problems

4 = Drug/Alcohol Problems

5 = Overactivity/inattention Problems

6 = School Non-Attendance

7 = Learning Problem

8 = Family Relationships Problem

9 = Other

PAP0101
Intensity

PAPOX02
Intensity

Definitions and questions

REFERRING AGENT

The referring agent is the individual who made the contact with the clinic that led to the referral being offered. If a medical practitioner wrote to the clinic and the mother then made an appointment, code the medical practitioner as the referring agent. If the mother had gone to the clinic on the verbal advice of the medical practitioner, then the mother would be regarded as being the referring agent.

WHEN YOU HAVE AN OVERALL PICTURE OF THE CHILD'S PROBLEMS, MOVE ON TO SOMATIZATION SECTION.

Coding rules

REFERRING AGENT

- 0 = Absent
- 1 = Parent
- 2 = Social Worker
- 3 = Residential Home
- 4 = School
- 5 = Educational Services
- 6 = Psychologist
- 7 = Juvenile Justice
- 8 = Medical practitioner
- 9 = Subject
- 10 = Substance abuse counselor
- 11 = Other

Codes

PAP8X01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

SOMATIZATION

NOTE THAT THIS SECTION SERVES TO EXCLUDE BRIQUET'S SYNDROME, BUT THAT THE MOST COMMON CAUSE OF MULTIPLE PHYSICAL SYMPTOMS IS PHYSICAL ILLNESS. SOMATIZATION

How has X felt physically over the last 3 months?

Has s/he had any illness?

How did the illness affect him/her?

Does s/he have anything else physically wrong with him/her?

SUBJECT IS FEMALE

IF SUBJECT IS FEMALE, CODE PRESENT.

SUBJECT IS MALE

IF SUBJECT IS MALE CODE PRESENT.

FEMALE

0 = Absent

2 = Present

YEARS

MALE

0 = Absent

2 = Present

YEARS

PAA0X99
Intensity

PAGE000

PAA0X98
Intensity

PAGE001

Definitions and questions

HEADACHES

Does s/he get any headaches?

- How long do the symptoms last?*
- How often over the last 3 months has s/he had a headache like that?*
- How ill has s/he been?*
- When did the "symptoms" start?*
- What have you done about them?*
- How much do they affect his/her life?*

Has s/he missed any school/work because of them?

- Has s/he contacted the doctor?*
- What did the doctor say is wrong?*
- When was that?*
- What did "X" do about it?*
- What did you do?*

Did s/he need any medication?

- Do you think these "symptoms" are serious?*
- Do you sometimes think they're not real but imaginary?*

Coding rules

HEADACHES

- 0 = Absent
- 2 = Headaches lasting at least one hour at least once per week for each week of the primary period.

HOURS : MINUTES

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEA0101
Intensity

PEA0F01
Frequency

PEA0D01
Duration

PEA0102

PEA0103

PEA0104

PEA0105

PEA0001
Onset

FOR REVIEW ONLY

Definitions and questions

ABDOMINAL PAINS

Exclude menstrual cramps.

Does s/he get any stomach aches?

*How long do the symptoms last?
How often over the last 3 months has s/he had a stomach ache like that?*

Has s/he missed any school/work because of these stomach aches?

*Has s/he contacted the doctor?
What did the doctor say is wrong?
What did s/he do about it?
What did you do?*

Has s/he taken any medications for his/her stomach aches?

*Do you think these symptoms are serious?
Do you sometimes think they're not real but imaginary?*

INCLUDE HEADACHES AND STOMACH ACHES CODED UNDER PHYSICAL SYMPTOMS ON SEPARATION.

When did they start?

Coding rules

ABDOMINAL PAINS (AT LEAST 1 HOUR)

0 = Absent

2 = Abdominal pains lasting at least one hour at least once per week for each week of the primary period.

HOURS : MINUTES

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.

2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

Codes

PEA1101
Intensity

PEA1F01
Frequency

PEA1D01
Duration

PEA1102

PEA1103

PEA1104

PEA1105

PEA1001
Onset

FOR REVIEW ONLY

Definitions and questions

ACHES AND PAINS

Aches and pains in muscles.

Do not include headaches or stomach aches, which are coded separately, or aches and pains resulting only from involvement in sports.

Does s/he get a lot of aches and pains in his/her muscles or joints?

How often does this happen?

Has s/he given up any activities because of aches and pains?

FEELS UNWELL

A generalized feeling of illness or unwellness.

Has s/he felt physically unwell at all during the last 3 months?

Less well than usual?

How much of the time?

SICKLY

How would you describe his/her health in general?

Would you say s/he has been "ill" for most of his/her life? What does s/he think?

What has X's physical health been like in the last 3 months?

Has s/he had frequent health problems?

Is s/he a sickly child?

Coding rules

ACHES AND PAINS

- 0 = Absent
- 2 = Describes aches and pains as occurring at least three times per week for each week of the primary period.
- 3 = Aches and pains almost constantly present.

AVOIDANCE

- 0 = Absent
- 2 = Avoids, or has given up activities because of pain

ACHES AND PAINS - AVOIDANCE ONSET

FEELS UNWELL

- 0 = Absent
- 2 = Feeling physically less well than usual.
- 3 = Feels physically unwell almost all of the time.

SICKLY

- 0 = Absent
- 2 = Present

Codes

PEE0101
Intensity

PEE0001
Onset

PEE1101

PEE1001

PEE2101
Intensity

PEE2001
Onset


PEA2101
Intensity

Definitions and questions

Coding rules

Codes

IF SUBJECT IS FEMALE, ASK ABOUT MENSTRUATION. OTHERWISE, SKIP TO "NEONATAL CARE UNIT", (PAGE 6).



FOR REVIEW ONLY

Definitions and questions

MENSTRUATION
Has she ever had a period?
When was her first period?

Does she have regular periods every month?
Has she had at least three monthly periods in a row?

NEONATAL CARE UNIT
Was s/he in a neonatal intensive care unit (NICU)?

How many days was s/he in the NICU?
 IF LESS THAN 24 HOURS CODE AS ONE DAY

Coding rules

MENSTRUATION

- 0 = No
- 2 = Yes

REGULAR ESTABLISHED CYCLE

- 0 = No
- 2 = At least three months in a row.

FIRST DAY OF LAST PERIOD

NEONATAL CARE UNIT

- 0 = Absent
- 2 = Present

DAYS

Codes

Ever:PEE3E01
 Intensity

Ever:PEE3O01
 Onset

 / /

Ever:PEE3E02

Ever:PEE3O02

 / /

Ever:PEE5E01
 Intensity

Ever:PEE5D01
 Duration

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

PREGNANCY

PREGNANCY - DIFFICULTIES

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

PREGNANCY - EXPECTED DUE DATE

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

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

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

Late - 5 to 7 days after the due date.

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

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

Was X born on the expected due date?

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

*How many days early?
How many days late?*

PREGNANCY - DELIVERY

Would you say the delivery was easy or difficult?

How long was the delivery?

PREGNANCY

- 1 = Very Easy.
- 2 = Easy
- 3 = So-so
- 4 = Difficult
- 5 = Very difficult.

DUE DATE

- 1 = Very late.
- 2 = Late
- 3 = Pretty much on time.
- 4 = Early
- 5 = Very early.

DELIVERY

- 1 = Very Easy.
- 2 = Easy
- 3 = So-so
- 4 = Difficult
- 5 = Very difficult.

PEE4X03
Intensity

PEE4X04
Intensity

PEE4X05
Intensity

Definitions and questions

SMOKING DURING PREGNANCY

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

Did you start smoking while you were pregnant?

How much did you smoke?

Did you carry on smoking while you were pregnant?

Did you smoke in the first 3 months?

Did you smoke in the second 3 months (2nd trimester)?

Did you smoke in the last 3 months (3rd trimester)?

ALCOHOL DURING PREGNANCY

Did you drink alcohol before you knew you were pregnant with X?

Did you start drinking when you were pregnant?

How much did you drink?

IF ALCOHOL USED DURING PREGNANCY COMPLETE, OTHERWISE, SKIP TO "PREGNANCY - RELAXED OR STRESSED OUT", (PAGE 9).

Coding rules

SMOKING DURING PREGNANCY

0 = Did not smoke.

2 = Less than 10 a day.

3 = 10 or more a day.

SMOKING WHILE PREGNANT

1 = First trimester.

2 = Second trimester.

3 = Third trimester.

ALCOHOL DURING PREGNANCY

0 = Did not drink

2 = Less than once a day.

3 = Daily

Codes

PEE4X07
Intensity

xyz1203

xyz1204

xyz1205

abc1300
Intensity

Definitions and questions

<p>ALCOHOL DURING PREGNANCY - FIRST TRIMESTER</p> <p><i>Did you drink in the first three months?</i></p>
<p>ALCOHOL DURING PREGNANCY - SECOND TRIMESTER</p> <p><i>Did you drink in the second 3 months (second trimester)?</i></p>
<p>ALCOHOL DURING PREGNANCY - THIRD TRIMESTER</p> <p><i>Did you drink in the last 3 months (third trimester)?</i></p>
<p>PREGNANCY - RELAXED OR STRESSED OUT</p> <p><i>During your pregnancy, on average did you feel stressed out?</i></p>
<p>PREGNANCY - CHEERFUL OR DEPRESSED</p> <p><i>Overall, did you feel depressed?</i></p>

Coding rules

FIRST TRIMESTER

- 0 = Did not drink
- 2 = Less than once a day.
- 3 = Daily

SECOND TRIMESTER

- 0 = Did not drink
- 2 = Less than once a day.
- 3 = Daily

THIRD TRIMESTER

- 0 = Did not drink
- 2 = Less than once a day.
- 3 = Daily

STRESSED OUT

- 0 = Absent
- 2 = Present

DEPRESSED

- 0 = Absent
- 2 = Present

Codes

abc1400
Intensity

abc1405
Intensity

abc1500
Intensity

abc1600
Intensity

abc1605
Intensity

FOR REVIEW ONLY

Definitions and questions

<p>PREGNANCY - FEELINGS AFTER THE BIRTH <i>What were the first few months like after the birth?</i></p>
<p>PREGNANCY - FEELINGS ABOUT BEING PREGNANT <i>Do you remember how you felt when you found out that you were pregnant?</i> <i>Were you trying for a baby?</i></p>
<p>PREGNANCY - WELCOME/UNWELCOME <i>Were you glad?</i> <i>Was it a surprise?</i> <i>Was it a welcome surprise?</i></p>

Coding rules

FIRST MONTHS AFTER THE BIRTH

- 1 = Very Easy.
- 2 = Easy
- 3 = So-so
- 4 = Difficult
- 5 = Very difficult.

FEELINGS ABOUT BEING PREGNANT

- 0 = Trying for a baby.
- 2 = Not trying for a baby.

FEELINGS ABOUT PREGNANCY

- 0 = Expected or welcome.
- 2 = Unwelcome surprise.

Codes

abc1700
Intensity

abc1800
Intensity

abc1805
Intensity

FOR REVIEW ONLY

Definitions and questions

PREGNANCY - BIOLOGICAL FATHER'S FEELINGS

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

Was his/her Dad glad about the pregnancy?

Was he trying for a baby?

Was it a welcome surprise for him?

Was it an unwelcome or upsetting surprise?

Was he actively involved through the pregnancy?

Was he unaware of the pregnancy?

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

BREAST FED

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

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

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

When did you start breast feeding him/her?

When did you stop breast feeding?

Coding rules

ASK ABOUT BIOLOGICAL FATHER'S FEELINGS

- 0 = No
- 2 = Yes

FEELINGS ABOUT PREGNANCY - BIOLOGICAL FATHER

- 0 = Trying for a baby.
- 2 = Not trying for a baby.

WELCOME/UNWELCOME SURPRISE

- 0 = Expected or welcome.
- 2 = Unwelcome surprise.

INVOLVEMENT THROUGH PREGNANCY

- 0 = Involved
- 2 = Not involved.
- 3 = Unaware of pregnancy.

MARRIED OR LIVING TOGETHER

- 0 = Married
- 1 = Lived together at least 6 months.
- 2 = Lived together less than 6 months.
- 3 = Never lived together.
- 4 = Father unknown.

BREAST FED

- 0 = Absent
- 2 = Present

OFFSET

Codes

abc1900
Intensity

abc1905

abc2000

abc2005

abc2100

Ever:PEG1E01
Intensity

Ever:PEG1O01
Onset

Ever:PEG1O02

Definitions and questions

Coding rules

Codes

SOMATIZATION CHECK LIST

ALL CODINGS IN CHECK LIST ARE "EVER" RATINGS FOR SUBJECT'S LIFETIME.

ONSET SHOULD BE RATED IF SYMPTOM PRESENT, EVEN IF SYMPTOM DID NOT RESULT IN MISSED SCHOOL/WORK, CONTACT WITH PHYSICIAN, MEDICATION, OR ALTERED LIFE PATTERN.

FOR REVIEW ONLY

Definitions and questions

SYMPTOMS REFERRED TO THE NERVOUS SYSTEM

DIFFICULTY SWALLOWING

When did it start?
Has s/he had any difficulty swallowing?

Did s/he miss any school/work?
What happened about that?
Did s/he see a doctor about it?
Did s/he take anything for it?
Did it affect his/her life at all?

Coding rules

DIFFICULTY SWALLOWING

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEA4X01
Intensity

PEA4I01

PEA4I02

PEA4I03

PEA4I04

PEA4O01
Onset

FOR REVIEW ONLY

Definitions and questions

LOSS OF VOICE

Has s/he lost his/her voice?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

LOSS OF VOICE

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEA5X01
Intensity

PEA5I01

PEA5I02

PEA5I03

PEA5I04

PEA5O01
Onset

FOR REVIEW ONLY

Definitions and questions

DEAFNESS

Has s/he complained of deafness?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

DEAFNESS

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEA6X01
Intensity

PEA6101

PEA6102

PEA6103

PEA6104

PEA6O01
Onset

FOR REVIEW ONLY

Definitions and questions

DOUBLE VISION

Has s/he complained of double vision?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

DOUBLE VISION

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEA7X01
Intensity

PEA7I01

PEA7I02

PEA7I03

PEA7I04

PEA7O01
Onset

FOR REVIEW ONLY

Definitions and questions

BLURRED VISION

Has s/he complained of blurred vision?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

BLURRED VISION

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEA8X01
Intensity

PEA8I01

PEA8I02

PEA8I03

PEA8I04

PEA8O01
Onset

FOR REVIEW ONLY

Definitions and questions

BLINDNESS

Has s/he ever gone blind?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

BLINDNESS

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEA9X01
Intensity

PEA9I01

PEA9I02

PEA9I03

PEA9I04

PEA9O01
Onset

FOR REVIEW ONLY

Definitions and questions

FAINTING OR LOSS OF CONSCIOUSNESS

Has s/he ever fainted?

Did s/he miss any school/work?
What happened about that?
Did s/he see a doctor about it?
Did s/he take anything for it?
Did it affect his/her life at all?
When did it start?

Coding rules

FAINTING OR LOSS OF CONSCIOUSNESS

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEBOX01
Intensity

PEBOI01

PEBOI02

PEBOI03

PEBOI04

PEBOO01
Onset

FOR REVIEW ONLY

Definitions and questions

MEMORY LOSS

Has s/he ever lost his/her memory?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

MEMORY LOSS

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEB1X01
Intensity

PEB1I01

PEB1I02

PEB1I03

PEB1I04

PEB1O01
Onset

FOR REVIEW ONLY

Definitions and questions

SEIZURES OR CONVULSIONS

Has s/he ever had any fits or convulsions?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

SEIZURES OR CONVULSIONS

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEB2X01
Intensity

PEB2I01

PEB2I02

PEB2I03

PEB2I04

PEB2O01
Onset

FOR REVIEW ONLY

Definitions and questions

TROUBLE WALKING

Has s/he ever had any trouble in walking?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

TROUBLE WALKING

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEB3X01
Intensity

PEB3I01

PEB3I02

PEB3I03

PEB3I04

PEB3O01
Onset

FOR REVIEW ONLY

Definitions and questions

PARALYSIS OR MUSCLE WEAKNESS

Has s/he ever had any paralysis or muscle weakness?

Did s/he miss any school/work?

What happened about that?

Did s/he see a doctor about it?

Did s/he take anything for it?

Did it affect his/her life at all?

When did it start?

Coding rules

PARALYSIS OR MUSCLE WEAKNESS

0 = Absent

2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.

2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

Codes

PEB4X01
Intensity

PEB4I01

PEB4I02

PEB4I03

PEB4I04

PEB4O01
Onset

FOR REVIEW ONLY

Definitions and questions

URINARY RETENTION OR DIFFICULTY URINATING

Has s/he had any trouble passing water?

*Did s/he miss any school/work?
What happened about that?
Did s/he see a doctor about it?
Did s/he take anything for it?
Did it affect his/her life at all?
When did it start?*

Coding rules

URINARY RETENTION OR DIFFICULTY URINATING

0 = Absent

2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.

2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

Codes

PEB5X01
Intensity

PEB5I01

PEB5I02

PEB5I03

PEB5I04

PEB5O01
Onset

FOR REVIEW ONLY

Definitions and questions

OTHER UNEXPLAINED "NEUROLOGICAL SYMPTOMS"

Has s/he had any other symptoms affecting his/her nerves or brain?

- Did s/he miss any school/work?*
- What happened about that?*
- Did s/he see a doctor about it?*
- Did s/he take anything for it?*
- Did it affect his/her life at all?*
- When did it start?*

Coding rules

OTHER UNEXPLAINED "NEUROLOGICAL SYMPTOMS"

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEB6X01
Intensity

PEB6I01

PEB6I02

PEB6I03

PEB6I04

PEB6O01
Onset

FOR REVIEW ONLY

Definitions and questions

SYMPTOMS REFERRING TO THE GASTROINTESTINAL TRACT

SENSATION OF A LUMP IN THE THROAT

Has s/he had a feeling of a lump in his/her throat?

*Did s/he miss any school/work?
What happened about that?
Did s/he see a doctor about it?
Did s/he take anything for it?
Did it affect his/her life at all?
When did it start?*

Coding rules

SENSATION OF A LUMP IN THE THROAT

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEB7X01
Intensity

PEB7I01

PEB7I02

PEB7I03

PEB7I04

PEB7O01
Onset

FOR REVIEW ONLY

Definitions and questions

ABDOMINAL PAIN

Has s/he had any abdominal pains?

Did s/he miss any school/work?
What happened about that?
Did s/he see a doctor about it?
Did s/he take anything for it?
Did it affect his/her life at all?
When did it start?

Coding rules

ABDOMINAL PAIN

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEB8X01
Intensity

PEB8I01

PEB8I02

PEB8I03

PEB8I04

PEB8O01
Onset

FOR REVIEW ONLY

Definitions and questions

NAUSEA

Has s/he felt sick?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

NAUSEA

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEB9X01
Intensity

PEB9I01

PEB9I02

PEB9I03

PEB9I04

PEB9O01
Onset

FOR REVIEW ONLY

Definitions and questions

VOMITING SPELLS (OTHER THAN DURING PREGNANCY)

Has s/he vomited at all?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

VOMITING SPELLS (OTHER THAN DURING PREGNANCY)

0 = Absent

2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.

2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

Codes

PEC0X01
Intensity

PEC0I01

PEC0I02

PEC0I03

PEC0I04

PEC0001
Onset

FOR REVIEW ONLY

Definitions and questions

BLOATING (GASSY)
Has s/he get bloated with gas?
Did s/he miss any school/work?
What happened about that?
Did s/he see a doctor about it?
Did s/he take anything for it?
Did it affect his/her life at all?
When did it start?

Coding rules

BLOATING (GASSY)

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEC1X01
Intensity

PEC1101

PEC1102

PEC1103

PEC1104

PEC1001
Onset

FOR REVIEW ONLY

Definitions and questions

INTOLERANCE OF A VARIETY OF FOODS

Is s/he sensitive to certain foods?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

INTOLERANCE OF A VARIETY OF FOODS

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEC2X01
Intensity

PEC2I01

PEC2I02

PEC2I03

PEC2I04

PEC2O01
Onset

FOR REVIEW ONLY

Definitions and questions

DIARRHEA

Has s/he had any diarrhea?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

DIARRHEA

0 = Absent
 2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.
 2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.
 2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.
 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.
 2 = Some reduction in functioning.

Codes

PEC3X01
 Intensity

PEC3I01

PEC3I02

PEC3I03

PEC3I04

PEC3O01
 Onset

FOR REVIEW ONLY

Definitions and questions

GENITAL AREA (OTHER THAN DURING INTERCOURSE)

Has s/he had any pain in the genital area?

*Did s/he miss any school/work?
What happened about that?
Did s/he see a doctor about it?
Did s/he take anything for it?
Did it affect his/her life at all?
When did it start?*

Coding rules

GENITAL AREA (OTHER THAN DURING INTERCOURSE)

0 = Absent

2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.

2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

Codes

PEC8X01
Intensity

PEC8I01

PEC8I02

PEC8I03

PEC8I04

PEC8O01
Onset

FOR REVIEW ONLY

Definitions and questions

PAIN ON URINATION
Has s/he had any pain while urinating?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

PAIN ON URINATION

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PEC9X01
Intensity

PEC9I01

PEC9I02

PEC9I03

PEC9I04

PEC9O01
Onset

FOR REVIEW ONLY

Definitions and questions

HEADACHE

Has s/he had any headaches?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

HEADACHES

0 = Absent
 2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.
 2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.
 2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.
 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.
 2 = Some reduction in functioning.

Codes

PEDOX01
 Intensity

PED0101

PED0102

PED0103

PED0104

PED0001
 Onset

FOR REVIEW ONLY

Definitions and questions

OTHER PAIN

Has s/he had any other pain?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

OTHER PAIN

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PED1X01
Intensity

PED1101

PED1102

PED1103

PED1104

PED1001
Onset

FOR REVIEW ONLY

Definitions and questions

SHORTNESS OF BREATH

Has s/he had any breathing problems?

Did s/he miss any school/work?

What happened about that?

Did s/he see a doctor about it?

Did s/he take anything for it?

Did it affect his/her life at all?

When did it start?

Coding rules

SHORTNESS OF BREATH

0 = Absent

2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.

2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

Codes

PED2X01
Intensity

PED2I01

PED2I02

PED2I03

PED2I04

PED2O01
Onset

FOR REVIEW ONLY

Definitions and questions

PALPITATIONS

Has s/he had any heart problems or palpitations?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

PALPITATIONS

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PED3X01
Intensity

PED3101

PED3102

PED3103

PED3104

PED3001
Onset

FOR REVIEW ONLY

Definitions and questions

CHEST PAIN

Has s/he had any chest pain?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

CHEST PAIN

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PED4X01
Intensity

PED4I01

PED4I02

PED4I03

PED4I04

PED4O01
Onset

FOR REVIEW ONLY

Definitions and questions

DIZZINESS

Does s/he get dizzy?

*Did s/he miss any school/work?
 What happened about that?
 Did s/he see a doctor about it?
 Did s/he take anything for it?
 Did it affect his/her life at all?
 When did it start?*

Coding rules

DIZZINESS

- 0 = Absent
- 2 = Present

MISSED SCHOOL OR WORK

- 0 = No school or work missed on account of symptom.
- 2 = At least 1 day of school or work missed.

PHYSICIAN

- 0 = No contact.
- 2 = Any medical contact related to symptoms.

MEDICATION

- 0 = No treatment.
- 2 = Any medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

- 0 = No effect on functioning.
- 2 = Some reduction in functioning.

Codes

PED5X01
Intensity

PED5101

PED5102

PED5103

PED5104

PED5001
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**FOOD RELATED BEHAVIOR
REDUCED APPETITE**

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

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

Has it been less than usual?

Has the amount s/he eats changed at all?

Has s/he been eating as much as usual?
Why not?
How much has s/he been eating?
Has s/he lost any weight?
When did his/her appetite start to fall off?

WEIGHT LOSS

Has s/he lost an unusual amount of weight during the last 3 months?

Are you happy with his/her weight?

How much?
When did s/he start losing weight?

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.

FOLLOW ON FROM SCREENING QUESTIONS TO GET DETAILS.

Has s/he had a bigger appetite than usual?

Why?
What about in the last 3 months?

Has s/he actually eaten more than usual?

How much more?
When did s/he start eating more?

REDUCED APPETITE

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

WEIGHT LOSS

0 = Absent
2 = Present

WEIGHT LOSS IN POUNDS

EXCESSIVE APPETITE

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

PFA0101
Intensity

PFA0001
Onset

PFA1101
Intensity

PFA1X01

PFA1001
Onset

PFA2101
Intensity

PFA2001
Onset

Definitions and questions

WEIGHT GAIN

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

Has s/he put on an unusual amount of weight in the last 3 months?

How much?
How long has s/he been putting on weight?

FOOD FADS

Child will consume only a restricted range of foods not typical of others of his/her developmental stage or social group.

Do not include simple dislike of cabbage etc.

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

Does s/he have food fads?
What sort of things won't s/he eat?
Why is that?
What do you do about it?
Will s/he eat these things if s/he's pushed?
When did s/he start to get choosy about the food s/he will eat?

Coding rules

WEIGHT GAIN

- 0 = Absent
- 2 = Present

WEIGHT GAIN IN POUNDS

FOOD FADS

- 0 = Absent
- 2 = The subject eats only within the range of his/her fads.
- 3 = Eating with others difficult because of extreme fads.

Codes

PFA3I01
Intensity

PFA3X01

PFA3O01
Onset

PFA4I01
Intensity

PFA4O01
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ANOREXIA/BULIMIA SCREEN

IF THERE IS EVIDENCE OF DIETING LASTING AT LEAST ONE WEEK, FEAR OF GETTING FAT, EXERCISING TO LOSE WEIGHT LASTING AT LEAST ONE WEEK, OR PRIVATE BINGES, THEN COMPLETE SECTION.

Has s/he been on a diet in the last 3 months?

*How long did s/he stick to it?
Is s/he afraid of getting fat?*

Does s/he ever have really severe eating binges on his/her own?

Does s/he avoid foods that might make him/her fat?

Has s/he done any exercise to lose weight?

Has s/he done anything else to lose weight?

Does s/he think you need to lose weight?

Does his/her weight bother him/her at all?

IF ANOREXIA/BULIMIA SCREEN POSITIVE CONTINUE, OTHERWISE, SKIP TO "SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT", (PAGE 9).

ANOREXIA/BULIMIA SCREEN POSITIVE

0 = No

2 = Yes

PFA5101
Intensity

FOR REVIEW ONLY

Definitions and questions

DELIBERATE REDUCTION OF BODY WEIGHT

Deliberate attempts to reduce body weight by dieting or any other method, for any reason.

A "diet" refers to any attempt to reduce body weight by the deliberate restriction of caloric intake (no matter how feebly adhered to), lasting at least 1 week.

"Exercise" refers to any physical activity undertaken for at least 1 week with the specific intention of reducing body weight. Do not include items such as jogging for general health purposes, unless the subject also states that a supplementary aim is weight reduction.

Do not include diets or exercise regimens prescribed by physician or other medical advisor, or parent.

Does s/he try to keep his/her weight down?

Is s/he on a diet?

What sort of diet?

Does s/he exercise to lose weight?

Does s/he ever make him/herself vomit?

Does s/he take any medicines or pills for his/her weight?

When did s/he start doing that?

What do you think of his/her diet?

Does it worry you?

Is s/he making him/herself too thin, do you think?

What happens if you encourage him/her to eat?

When did you first take anything like that for your weight?

Coding rules

DELIBERATE REDUCTION ATTEMPTS PRESENT

0 = No

2 = Yes

DIETING

0 = No

2 = Yes

VOMITING

0 = No

2 = Yes

VOMITING ONSET

EXERCISE

0 = No

2 = Yes

EXERCISE ONSET

DRUGS USED TO REDUCE BODY WEIGHT: PURGATIVES

0 = No

2 = Yes

APPETITE SUPPRESSANTS

0 = No

2 = Yes

DIURETICS

0 = No

2 = Yes

OTHER

0 = No

2 = Yes

CODE DATE OF FIRST DRUG USED

Codes

PFA6X01
Intensity

PFA6I01

PFA6O01
Onset

PFA7I01

PFA7O01

PFA8I01

PFA8O01

PFA9I01

PFA9I02

PFA9I03

PFA9I04

PFA9O01

Definitions and questions

PREOCCUPATION WITH FOOD AND EATING

Unusual and excessive amount of time spent thinking or worrying about food and eating; total daily duration of at least 1 hour.

How much does s/he think about food and eating?

Does s/he take a lot of interest in how fattening foods are?

Does s/he worry about food?

How much?

What does s/he say about it?

Can you stop him/her worrying about it?

Can anybody?

Do you think it is a real problem?

How much time does s/he spend thinking about food or eating?

How long has s/he been bothered about food and eating/

DISTINGUISH PREOCCUPATION WITH FOOD AND EATING FROM WORRYING ABOUT BECOMING FAT

IF IMPOSSIBLE TO SEPARATE, CODE UNDER WORRYING ABOUT BECOMING FAT.

Coding rules

PREOCCUPATION WITH FOOD AND EATING

0 = Absent

2 = Thoughts or worries about food or eating intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Thoughts or worries about food or eating intrusive into most activities and nearly always uncontrollable.

HOURS : MINUTES

Codes

PFBOI01
Intensity

PFB0F01
Frequency

PFBOD01
Duration

PFB0O01
Onset

FOR REVIEW ONLY

Definitions and questions

WORRY ABOUT BECOMING FAT

A round of painful, unpleasant or uncomfortable thoughts about becoming (or being) fat or obese; total daily duration of at least 1 hour.

NB. IF "PREOCCUPATION WITH FOOD AND EATING" AND "WORRY ABOUT BECOMING FAT" DO NOT MEET THE ONE HOUR DAILY CRITERION SEPARATELY, BUT THE TWO SYMPTOMS TOGETHER LAST 1 HOUR OR MORE IN DAILY TOTAL, CODE UNDER PREOCCUPATION WITH FOOD AND EATING AND BASE FREQUENCY, DURATION AND ONSET ON COMBINED SYMPTOMS.

Does s/he think s/he is the right weight?

How much does s/he think s/he should weigh?

Does s/he worry about getting fat?

*How much does s/he worry about it?
Does worrying interfere with whatever else s/he's doing?
How long does s/he spend worrying about it?
When did s/he start worrying about it?
What do you think?
Does his/her weight worry you?*

BODY IMAGE DISTURBANCE

Child has unrealistic conviction that s/he is fatter than is the case.

Do not code fat people, who realistically report that they are fat, here.

How does s/he see his/her body size?

Does s/he think s/he is thin or fat?

*Does s/he think s/he is fatter than average?
Can you persuade him/her that s/he's not fat?
When did s/he start to feel fat?*

IF CHILD IS OBVIOUSLY THIN ASK,

Do you think his/her current low body weight is serious?

IF YES,

Does s/he think it is dangerous to be so thin?

Coding rules

WORRY ABOUT BECOMING/BEING FAT

0 = Absent

2 = Worries about becoming fat are intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Worries about becoming fat are intrusive into most all activities and almost always uncontrollable.

HOURS : MINUTES

BODY IMAGE DISTURBANCE

0 = Absent

2 = The subject has a persistent unrealistic view that s/he is fat but sometimes can be induced to agree that s/he may not be overweight.

DENIES SERIOUSNESS OF LOW BODY WEIGHT

0 = Absent

2 = Subject denies seriousness of current low body weight.

Codes

PFB1I01
Intensity

PFB1F01
Frequency

PFB1D01
Duration

PFB1O01
Onset

PFB2I01
Intensity

PFB2O01
Onset

PFB2I02

Definitions and questions

BULIMIA (EATING BINGES)

Recurrent, discrete, secret, episodes of excessive, rapid eating of easily ingested food. Do not include snack "binges" (for instance on return from workout or sports) where there is no attempt at secrecy, even though there may be no one else around. Do not include public displays of greed, or individuals who normally have large appetites.

Does s/he have eating "binges" or attacks?

- What are they like?*
- What does s/he eat?*
- Does s/he go off on his/her own to eat?*
- Does anything trigger them?*
- Do you try to resist them?*
- What ends a "binge"?*
- Does s/he make him/herself vomit?*
- How does s/he feel afterwards?*
- Does s/he feel miserable?*
- Or guilty?*
- Or ashamed?*
- Does s/he feel bad about him/herself?*
- How long do these "binges" last?*
- What do you do about them?*
- When did s/he start having "binges"?*

IF IF SUBJECT IS FEMALE, ASK FOLLOWING QUESTION. OTHERWISE, SKIP TO "SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT", (PAGE 9).

Coding rules

EATING BINGES

- 0 = Absent
- 2 = Binges at least sometimes uncontrollable.
- 3 = Binges almost always uncontrollable.

HOURS : MINUTES

EPISODE TERMINATED BY

- 0 = None
- 2 = Abdominal Pain.
- 3 = Self-Induced Vomiting.
- 4 = Sleep
- 5 = Social Interruption.

DEPRESSED FOLLOWING BINGE

- 0 = No
- 2 = Yes

GUILT, SHAME AND/OR LOW SELF ESTEEM

- 0 = No
- 2 = Yes

Codes

PFB3I01
Intensity

PFB3F01
Frequency

PFB3D01
Duration

PFB3O01
Onset

PFB4I01

PFB4I02

PFB4I03

PFB4I04

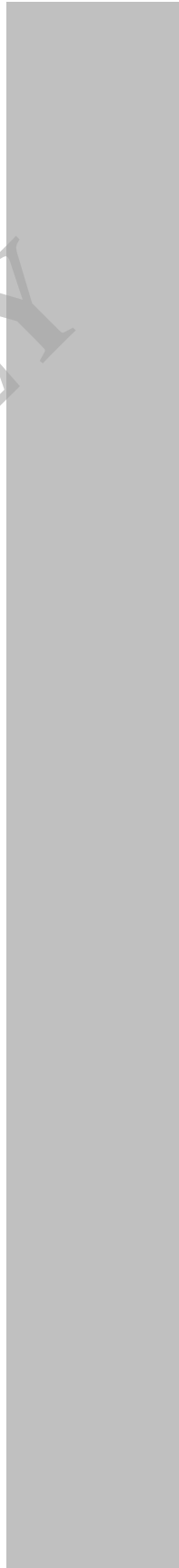
PFB5I01

PFB5I02

Definitions and questions

Coding rules

Codes



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

AMENORRHEA

Absence of periods for at least 3 months in a row after onset of regular periods. Onset of regular periods means that subject has had a period three times in a row, no more than 36 days apart.

Have her periods started?

IF PERIODS HAVE STARTED, ASK ABOUT AMENORRHEA.

Have they stopped again?

When did they stop?

SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT

The subject's evaluation of him/herself is reported to be strongly dependent on his/her shape or weight. Thus s/he regards his/her value as a person, evaluation by peers or others as being heavily influenced by his/her shape or weight. Do not include being underweight or underdeveloped.

Does his/her weight make a difference to how s/he feel about him/herself?

How important is his/her weight or shape in affecting how s/he feel about him/herself?

Is it the most important factor in the way s/he thinks about him/herself?

Does s/he think it affects how other people see him/her and what they think of him/her?

Would s/he feel better about him/herself if s/he were thinner?

Would it make a really big difference?

When did s/he start to feel like that about his/her weight or shape?

AMENORRHEA

0 = Absent (or female subject has not begun regular periods).

2 = Present

SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT

0 = Absent

2 = The subject's self evaluation includes body shape and/or weight as an important component.

3 = The subject's self evaluation is overwhelmingly influenced by considerations of body shape or weight.

PFB6I01
Intensity

PFB6O01
Onset

PFD2I01
Intensity

PFD2O01
Onset

Definitions and questions

Coding rules

Codes

SLEEP PROBLEMS

Now I want to talk with you about X's sleep. I want to understand what usually happens when you put X to bed, what happens during the night, and what it is like waking him/her up in the morning. Tell me about what kind of sleeper X is. Has s/he always been like that?

SLEEP PROBLEMS

INSOMNIA

Disturbance of usual sleep pattern involving a reduction in actual sleep time of at least 1 hour during the subject's sleep period that is accompanied by a subjective feeling of a need for more sleep. Do NOT include externally imposed changes in overall sleep pattern (e.g., change in job hours, arrival of new baby), or insomnia during first 2 weeks following such changes. Sleep problems are scored irrespective of taking medication for them, but note whether medication is being taken. Also include changes attributed to side effects of medication or substance use.

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

What time does s/he go to bed?

Is it hard for him/her to fall asleep when s/he wants to?

How long does it take?

Is that every night? How often?

Is there any reason for it (e.g. fear of the dark)?

Once s/he's off to sleep, does s/he wake up again in the night?

Why is that?

Can s/he get back to sleep again easily?

Does s/he wake up early in the morning and can't go back to sleep?

Is that earlier than s/he needs to?

What happens when s/he wakes up?

What does s/he do?

Does s/he need more sleep?

How long has s/he been having sleep problems?

DO NOT CODE INITIAL DIFFICULTY FALLING ASLEEP OR EARLY MORNING WAKING UNDER 1 HOUR

CODE FREQUENCY (NUMBER OF DAYS) AND ONSET OF SYMPTOMS FOR INSOMNIA OVERALL (I.E. FOR INITIAL, MIDDLE, AND TERMINAL INSOMNIA COMBINED).

INSOMNIA

0 = Absent

1 = Any middle insomnia under 1 hour.

2 = If the insomnia covers a period between 1 and 2 hours.

3 = If its duration is greater than or equal to 2 hours per night.

PFB7I01
Intensity

PFB7F01
Frequency

PFB7O01
Onset

Definitions and questions

DIFFICULTY GETTING TO SLEEP AT NIGHT LASTING AT LEAST ONE HOUR.

AT LEAST ONE HOUR AND UNABLE TO RETURN TO SLEEP.

MEDICATION FOR INSOMNIA

NOTE HERE ANY MEDICATION (PRESCRIPTION OR OVER THE COUNTER) SPECIFICALLY USED IN AN ATTEMPT TO IMPROVE SLEEP PATTERN. NOTE NAME OF DRUG. CODE PRESCRIPTIONS IN INCAPACITIES.

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

What?

Does it work?

Coding rules

INITIAL INSOMNIA

- 0 = Absent
- 2 = Present

MIDDLE INSOMNIA (WAKING AT NIGHT OTHER THAN FOR MICTURITION)

- 0 = Absent
- 1 = Any middle insomnia under 1 hour.
- 2 = 1-2 hours of middle insomnia.
- 3 = More than 2 hours of middle insomnia.

EARLY MORNING WAKENING (TERMINAL INSOMNIA)

- 0 = Absent
- 2 = Present

MEDICATION FOR INSOMNIA

- 0 = Absent
- 2 = Present

Codes

PFB7I02

PFB7I03

PFB7I04

PFB7I05 Intensity

FOR REVIEW ONLY

Definitions and questions

HYPERSOMNIA - INCREASED NEED FOR SLEEP

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

Does s/he feel sleepy during the day?

More sleepy than usual?
More than most other kids?

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

For how long?

How long has s/he been more sleepy than usual?

RESTLESS SLEEP

Sleep is described as restless. Restless sleep may occur with insomnia, with hypersomnia or with neither of these.

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

Does s/he sleep soundly?
Does s/he toss and turn?
Is s/he restless?

INADEQUATELY RESTED BY SLEEP

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

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

Is s/he fairly well rested when s/he gets up?

Or after sleeping during the day?

How does s/he feel?
When did that start?

Coding rules

INCREASED NEED FOR SLEEP

- 0 = Absent
- 2 = Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.
- 3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.

HOURS : MINUTES

RESTLESS SLEEP

- 0 = Absent
- 2 = Present

INADEQUATELY RESTED BY SLEEP

- 0 = Absent
- 2 = Present

Codes

PFB8I01
Intensity

PFB8F01
Frequency

PFB8D01
Duration

PFB8O01
Onset

PFD3I01
Intensity

PFD3O01
Onset

PFD4I01
Intensity

PFD4O01
Onset

Definitions and questions

NIGHTMARES

Frightening dreams that waken the child with a markedly unpleasant affect on waking (which may be followed rapidly by feelings of relief).

IF NIGHTMARES ARE ASSOCIATED WITH SEPARATION ANXIETY, CODE THEM MORE SPECIFICALLY AS SEPARATION DREAMS.

IF NIGHTMARES ARE ASSOCIATED WITH TRAUMATIC EVENTS, AND MEET CRITERIA FOR CODINGS, CODE THEM HERE AND THERE ALSO.

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

What are they about?
What are they like?

How often?

When did the nightmares start?

TIREDNESS

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

Has s/he been feeling especially tired or weary?

How much of the time has s/he felt tired like that?

FATIGABILITY

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

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

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

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

How long has s/he felt that way?

Coding rules

NIGHTMARES

0 = Absent

2 = Bad dreams have woken the subject on at least 3 occasions in the last 3 months.

TIREDNESS

0 = Absent

2 = Feels tired at least half of the time.

3 = Feels tired almost all of the time.

FATIGABILITY

0 = Absent

2 = Increased fatigability not meeting criteria for the following: Even light tasks rapidly result in feeling exhausted and recovery from that exhaustion is slow.

3 = Even light tasks rapidly results in subject feeling exhausted, and recovery from that exhaustion is slow.

Codes

PFB9I01
Intensity

PFB9F01
Frequency

PFB9O01
Onset

PFD5I01
Intensity

PFD5O01
Onset

PFD6I01
Intensity

PFD6O01
Onset

Definitions and questions

NIGHT TERRORS

Episodes during sleep when the child is not fully conscious and does not wake up, but seems terrified and will usually cry out. The child has no memory of the event.

IF NIGHT TERRORS ARE ASSOCIATED WITH TRAUMATIC EVENTS, AND MEET CRITERIA FOR CODINGS, CODE THEM HERE AND THERE ALSO.

Does s/he ever seem to be having a terrible dream, but doesn't wake up?

- What happens?*
- Can you describe it to me?*
- What do you do?*
- Does s/he remember what happened in the morning?*

How often does that happen?

When did s/he start doing this?

SOMNAMBULISM

Sleep walking.

Has s/he walked in his/her sleep in the last 3 months?

- What happens?*
- What do you do?*
- How often does it happen?*
- When did it start?*

Coding rules

NIGHT TERRORS

- 0 = Absent
- 2 = Present

NIGHT TERRORS

- 0 = Absent
- 2 = Present

SOMNAMBULISM

- 0 = Absent
- 2 = Present

Codes

Ever:PFD0E01
Intensity

PFD0I01
Intensity

PFD0F01
Frequency

Ever:PFD0O01
Onset

PFD1I01
Intensity

PFD1F01
Frequency

PFD1O01
Onset

FOR REVIEW ONLY

Definitions and questions

**ELIMINATION DISORDERS
ELIMINATION DISORDERS**

NOCTURNAL ENURESIS

Urine passed involuntarily in bed or underwear.

Do not include episodes of wetting directly and exclusively associated with marked physical illness, or wetting that is directly and exclusively associated with lack of toilet facilities.

Does X wet the bed?

*Has this happened recently?
When was the last time that it happened?*

Has s/he ever gone one year without wetting the bed?

MONTHS OF AGE WHEN LAST WET PRECEDING 1 YEAR'S CONTINENCE

How old was s/he when s/he first became nighttime potty trained for one year?

How many times has s/he wet the bed in the last 3 months?

ONSET OF NOCTURNAL ENURESIS FOLLOWING ONE YEAR'S NOCTURNAL CONTINENCE.

How old was s/he when s/he started wetting the bed again after a full year of being nighttime potty trained?

DIURNAL ENURESIS

How about wetting his/her pants in the daytime?

*What happens?
How often does that happen?
What do you do about it?*

IF WET IN THE LAST THREE MONTHS, ASK:

*When s/he was younger, was s/he ever dry for as long as a year?
When did s/he start wetting again?*

Has s/he ever gone one year without wetting him/herself during the day?

Coding rules

NOCTURNAL ENURESIS

0 = Absent

2 = Any episode of nocturnal enuresis that involves the involuntary passage of a substantial amount of urine (i.e. excluding minor dampness associated with careless hygiene or with severe sneezing/laughing).

PREVIOUS PERIOD OF ONE YEAR'S NOCTURNAL CONTINENCE

0 = Absent

2 = Present

AGE OF FIRST NOCTURNAL CONTINENCE

DIURNAL ENURESIS

0 = Absent

2 = Any episode of diurnal enuresis meeting criteria as for nocturnal enuresis.

PREVIOUS PERIOD OF ONE YEAR'S DIURNAL CONTINENCE

0 = Absent

2 = Present

Codes

PFC0I01
Intensity

PFC0I02

PFC0I03

PFC0F01
Frequency

PFC0O01
Onset

PCF1I01
Intensity

PPFC1I0200

Definitions and questions

MONTHS OF AGE WHEN LAST WET PRECEDING 1 YEAR'S CONTINENCE

How old was s/he when s/he first became potty trained during the day for one year?

How many times has s/he wet his/her pants in the last 3 months?

ONSET OF DIURNAL ENURESIS FOLLOWING ONE YEAR'S DIURNAL CONTINENCE.

How old was s/he when s/he started wetting the bed again after a full year of being daytime potty trained?

Coding rules

AGE OF FIRST DIURNAL CONTINENCE

Codes

PFC1I03

PFC1F01
Frequency

PFC1O01
Onset

FOR REVIEW ONLY

Definitions and questions

ENCOPRESIS

The passage of stool in inappropriate places.

Has X messed his/her pants in the last 3 months?

Has s/he ever made a mess somewhere that was not in a toilet?

Does s/he ever smear his/her motions?

What happens?
 ESTABLISH THAT BOWEL, NOT URINARY, FUNCTION IS BEING ASKED ABOUT.

How did that happen?
Does s/he ever smear his/her motions?

Where does it happen?
Can s/he control his/her "motions"?
Where?
What happened?
 QUESTION TO DETERMINE WHETHER THE CHILD HAS, OR HAS EVER HAD, VOLUNTARY CONTROL OVER DEFECATION

How often has this happened in the last 3 months?

When did s/he start to mess his/her pants again?

Is there a medical reason for him/her to mess his/her pants?

Are his/her motions formed or loose?

Has s/he ever gone 6 months or longer without messing his/her pants?

Does s/he smear his/her motions?

Coding rules

ENCOPRESIS

- 0 = Absent
- 1 = Underwear is occasionally severely stained with feces but no actual lumps of motion
- 2 = Actual motions passed into underwear or nightwear but not deposited in inappropriate places.
- 3 = Stools selectively deposited, with apparent control, in clearly inappropriate places (such as in the piano or a drawer).

MEDICAL REASON FOR SYMPTOM

- 0 = Absent
- 2 = Present

CONSISTENCY OF STOOL

- 2 = Loose/slimy/unformed
- 3 = Formed

PRIMARY/SECONDARY

- 2 = Previous period of bowel control lasting 6 months or longer
- 3 = No previous periods of bowel control

SMEARING

- 2 = No smearing
- 3 = Stools deliberately smeared on self or walls or other objects (include anal masturbation here)

Codes

PFC2I01
Intensity

PFC2F01
Frequency

PFC2O01
Onset

PFC2I02

PFC2I03

PFC2I04

PFC2I05

Definitions and questions

CONSTIPATION

Frequency of passage of motion reduced by at least one third, compared with subject's usual state, lasting for at least 1 week.

Does s/he have any problems with constipation - I mean not being able to pass a motion?

MAKE SURE THE SUBJECT IS CLEAR THAT YOU ARE ASKING ABOUT BOWEL HABITS, NOT MICTURITION.

How often does s/he "pass a motion"?

Has that changed?

Do you know if s/he finds it hard to go when s/he does?

Is it painful?

When did s/he start to get "constipated?"

Coding rules

CONSTIPATION

0 = No constipation

2 = Reduced frequency but normal consistency

3 = Reduced frequency of motions unusually hard in consistency

MEDICAL REASON FOR SYMPTOM

0 = Absent

2 = Present

Codes

PFC3I01
Intensity

PFC3O01
Onset

 / /

PFC3I02

FOR REVIEW ONLY

Definitions and questions

TICS AND TRICHOTILLOMANIA

Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated. To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

TRICHOTILLOMANIA

Recurrent pulling out of one's own hair, resulting in noticeable hair loss from scalp, eyebrows, eyelashes, and/or beard.

Do not include hair loss because of radiation therapy.

Does s/he ever pull his/her hair out?

Does s/he pull out hair from his/her head, face, eyebrows, or eyelashes?

*Can s/he stop his/herself from doing it?
Has s/he done it in the past three months?
When did s/he first start doing it?*

Coding rules

- 0 = Absent
 - 1 = No obvious hair loss.
 - 2 = Noticeable but partial hair loss.
 - 3 = Most or all hair on scalp is missing.
- TENSION BEFORE PULLING HAIR OUT**
- 0 = Absent
 - 2 = Subject experiences a building sense of tension prior to hair pulling
- RELIEF AFTER PULLING HAIR OUT**
- 0 = Absent
 - 2 = Subject experiences a relief of tension as a result of hair pulling

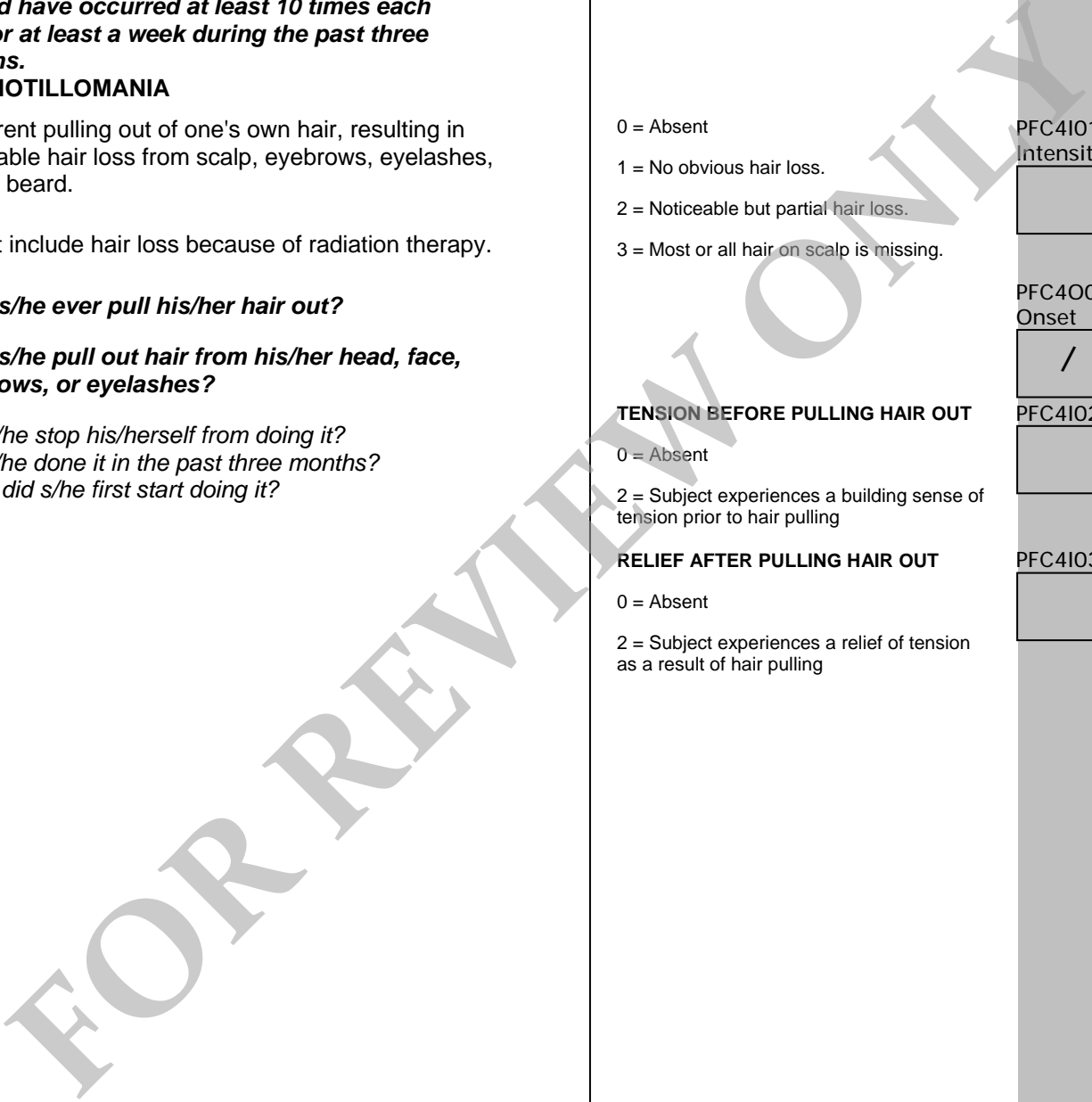
Codes

PFC4I01
Intensity

PFC4O01
Onset

PFC4I02

PFC4I03



Definitions and questions

REPORTED MOTOR TICS

Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated. The parent's account of the child's tics is sought here.

To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

Does s/he have any twitches, like winking, that people notice?

- What does s/he do?*
- Can you show me?*
- How often does that happen?*
- Can s/he stop him/herself?*
- When did that start?*

REPORTED PHONIC TICS

Phonic tics are sudden, rapid, stereotyped, repetitive, predictable, purposeless, phonic productions.

To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

Does s/he often make strange noises like grunting or screeching?

- How often?*
- What sort of noises?*
- When did that start?*

Coding rules

REPORTED MOTOR TICS

- 0 = Absent
- 2 = Single motor tics.
- 3 = More than one type of tic.

FREQUENCY PER HOUR

- 1 = Less than 10 per hour.
- 2 = More than 10 per hour.
- 3 = More than 100 per hour.

REPORTED PHONIC TICS

- 0 = Absent
- 2 = Single phonic tic type.
- 3 = More than one type of tic (includes coprolalia)

FREQUENCY PER HOUR

- 1 = Less than 10 per hour.
- 2 = More than 10 per hour.
- 3 = More than 100 per hour.

Codes

PFC5I01
Intensity

PFC5F01

PFC5D01
Frequency

PFC5O01
Onset

PFC6I01
Intensity

PFC6F01

PFC6D01
Frequency


PFC6O01
Onset

Definitions and questions

Coding rules

Codes

IF PHONIC TICS ARE PRESENT IN THE LAST 3 MONTHS, ASK ABOUT COPROLALIA. OTHERWISE, SKIP TO ""ARGUMENTS BETWEEN PARENT AND OTHER PARENT #1" AND "PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1" ABSENT", (PAGE ERROR! BOOKMARK NOT DEFINED.).



FOR REVIEW ONLY

Definitions and questions

COPROLALIA

A complex phonic tic resulting in the uttering of obscenities.

Does s/he sometimes utter swear words, or dirty words in that way?

*Can you show me what s/he does?
When did that start?*

Coding rules

COPROLALIA

0 = Absent

2 = Present

Codes

PFC7I01
Intensity

PFC7O01
Onset

FOR REVIEW ONLY

**FAMILY SECTION
FAMILY STRUCTURE AND FUNCTION**

This section has five major functions;

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

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

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

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

(5) COLLECTING INFORMATION RELEVANT TO THE INCAPACITY RATINGS. *Many of the questions in these sections are directly relevant to the ratings of Incapacity. It is important, right from the start of the interview, that the interviewer should be thinking about disturbance at the level both of symptoms and incapacity.*

ORGANIZATION OF THE SECTION

The section is organized into 4 sub-areas:

(1) Family structure

(2) Family life and relationships

(3) Relationships with parents

(4) Relationships with siblings

FOR REVIEW ONLY

FAMILY STRUCTURE

SIBLINGS

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

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

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

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

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

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

MULTIPLE BIRTH

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

Make a note of the evidence for identical/non identical status.

Code the details of the birth order here only if the child is the result of a multiple birth.

OTHERS IN THE HOUSE

Note here the name and status of any adult (other than adult siblings) who has lived in the house for at least 1 month during the previous three months.

Some families have very complicated patterns of relationships, and some children may have lived in various places during the three month primary period. The basis for these codings should be the site where the child has lived for the greatest proportion of the primary period, provided that there was at least one parental figure (that is, one who assumed some responsibility for attempting to control the behavior and discipline of the child) in the household during that time.

If the child has not lived at home for at least 1 month during the primary period, complete the Family Section on the last one-month period that s/he did live at home. If two different family placements of at least one month's duration have occurred during the primary period, the codings are made for the longest lasting of these. If there have been two placements of equal duration, the more recent is the basis for coding.

If there are more than ten others in the house, omit those who are the least closely related to the child. If further discrimination is required, omit those who have been there for the least time.

AGE AT ADOPTION

Enter the age (in years and months) at which the child was adopted by the current family, or the age at which a child is legally adopted by a step-parent.

FOSTER CARE

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

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

BIOLOGICAL PARENTS' MARITAL STATUS

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

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

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

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

NUMBER OF YEARS BIOLOGICAL PARENTS LIVED TOGETHER

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

PARENTAL FIGURES

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

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

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

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

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

Examples of Codings of Parental Figures:

CHILD IN HOME WITH BOTH BIOLOGICAL PARENTS

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

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

CHILD IN HOME WITH ONE BIOLOGICAL PARENT: *If the child lives with one biological parent and a new partner who serves as a parent, and the other biological parent lives elsewhere, code the parent and the new partner as Parent #1 and Parent #2 respectively. Code the other biological parent living elsewhere as Other Parent #1.*

If the child lives with one biological parent who does not have a new partner who serves as parent, code that parent at Parent #1, and the absent biological parent as Other Parent #1. As the child may have had very little contact with the biological parent living elsewhere, some of the questions may not be applicable and should be coded 'structurally missing'.

If the biological parents are separated or divorced and share custody of the child exactly 50/50. The mother counts as Parent #1 and her home is the home used for the section. If the mother is unavailable to interview, and the father is available, the father is coded as Parent #1 with his home being used for the home section, and the mother becomes other Parent #1.

CHILD IN HOME WITH NO BIOLOGICAL PARENT: *If the child lives with adoptive/foster/step parents, both of whom are involved in parenting the child, code them as Parent #1 and Parent #2. If the child has any knowledge of or contact with the biological parents, code them as Other Parent #1 and Other Parent #2.*

If only one adoptive/foster/step parent is in the home, with no current partner who parents, code him/her as Parent #1. Code the absent biological parents as Other Parents #1 and #2. If Parent #1's previous partner (who is not biological parent) served as a parent and is still involved in the child's life, you may choose to code him/her as an Other Parent, instead of a biological parent with whom the child has no contact.

If the child lives with another adult (e.g., grandmother, aunt, non-related person) who has a partner who serves as a parent, code them as Parent #1 and Parent #2. Code the absent biological parents as Other Parents #1 and 2.

Definitions and questions

Coding rules

Codes

If the child lives with another adult (e.g. grandmother, aunt, non-related person) who has no partner, code that adult as Parent #1. Code the absent biological parents as Other Parent #1 and #2.

Code aunts/grandparent/adult siblings as parents ONLY if they are acting as parent, instead of the mother or father. For instance, if the child lives with his/her biological mother and grandmother, but the latter does not act as a parent, as defined above, the grandmother would not count as Parent #2.

CHILD WITH DECEASED PARENT(S): If the child's parent(s) died during the primary period, code the parent as deceased. However, because the parent(s) was alive for at least part of the primary period, code information relevant to the child's relationship with that parent wherever possible throughout the Family Section.

If the child's parent(s) died prior to the primary period, code as deceased and complete the following items on the deceased parent: ethnic origin/race of biological parent, parental psychological problems, parental substance abuse problems, and parental arrests and prosecutions. For the age of deceased parents, code the age at time of death.

Definitions and questions

Coding rules

Codes

ETHNIC ORIGIN/RACE

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

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

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

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

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

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

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

ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER

NOTE: RACE ALWAYS PRESENT.

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

ETHNIC ORIGIN/RACE

0 = Absent

2 = Present

SPANISH, HISPANIC, OR LATINO: BIOLOGICAL MOTHER

0 = Absent

2 = Present

PUB3I01
Intensity

PUB3X01

Definitions and questions

What race is the biological mother, the mother who gave birth to X? You can choose more than one race.

Is she American Indian or Alaskan Native?

Is she Asian?

African-American or Black African?

White, that is, of European, Middle Eastern, or North African origin?

Native Hawaiian or other Pacific Islander?

Some other race that I have not mentioned?

ETHNIC ORIGIN/RACE: BIOLOGICAL FATHER

NOTE: RACE ALWAYS PRESENT.

Is X's biological father Spanish, Hispanic, or Latino?

Coding rules

ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER

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

ETHNIC ORIGIN/RACE

- 0 = Absent
- 2 = Present

SPANISH, HISPANIC, OR LATINO: BIOLOGICAL FATHER

- 0 = Absent
- 2 = Present

Codes

PUB3X02

PUB3X03

PUB3X04

PUB3X05

PUB3X06

PUB3X07

PUB4I01 Intensity

PUB4X01

FOR REVIEW ONLY

Definitions and questions

What race is the biological father of X? You can choose more than one.

Is he American Indian or Alaskan Native?

Is he Asian?

African-American or Black African?

White, that is, of European, Middle Eastern, or North African origin?

Native Hawaiian or other Pacific Islander?

Is he some other race that I have not mentioned?

ETHNIC ORIGIN/RACE: CHILD
NOTE: RACE ALWAYS PRESENT.

Is X Spanish, Hispanic, or Latino?

Coding rules

ETHNIC ORIGIN/RACE: BIOLOGICAL FATHER

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

ETHNIC ORIGIN/RACE

- 0 = Absent
- 2 = Present

SPANISH, HISPANIC, OR LATINO: CHILD

- 0 = Absent
- 2 = Present

Codes

PUB4X02

PUB4X03

PUB4X04

PUB4X05

PUB4X06

PUB4X07

PUB5I01 Intensity

PUB5X01

FOR REVIEW ONLY

Definitions and questions

What race is s/he? You can choose more than one.

Is s/he American Indian or Alaskan Native?

Or Asian?

African-American or Black American?

White, that is, of European, Middle Eastern, or North African origin?

Native Hawaiian or other Pacific Islander?

Some other race that I have not mentioned?

FOSTER CARE

Has s/he ever been in foster care?

Has s/he been in foster care in the last three months?

How many foster homes has s/he ever been in?

When did s/he go into a foster home?

How long has s/he been with you in foster care?

What is the total amount of time spent in all foster care?

Coding rules

ETHNIC ORIGIN/RACE: CHILD

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

FOSTER CARE

- 0 = No
- 2 = Yes

FOSTER CARE

- 0 = No
- 2 = Yes

NUMBER OF FOSTER HOMES

DATE OF FOSTER PLACEMENT

DATE OF CURRENT FOSTER PLACEMENT

MONTHS

Codes

PUB5X02

PUB5X03

PUB5X04

PUB5X05

PUB5X06

PUB5X07

Ever:PAB1I01 Intensity

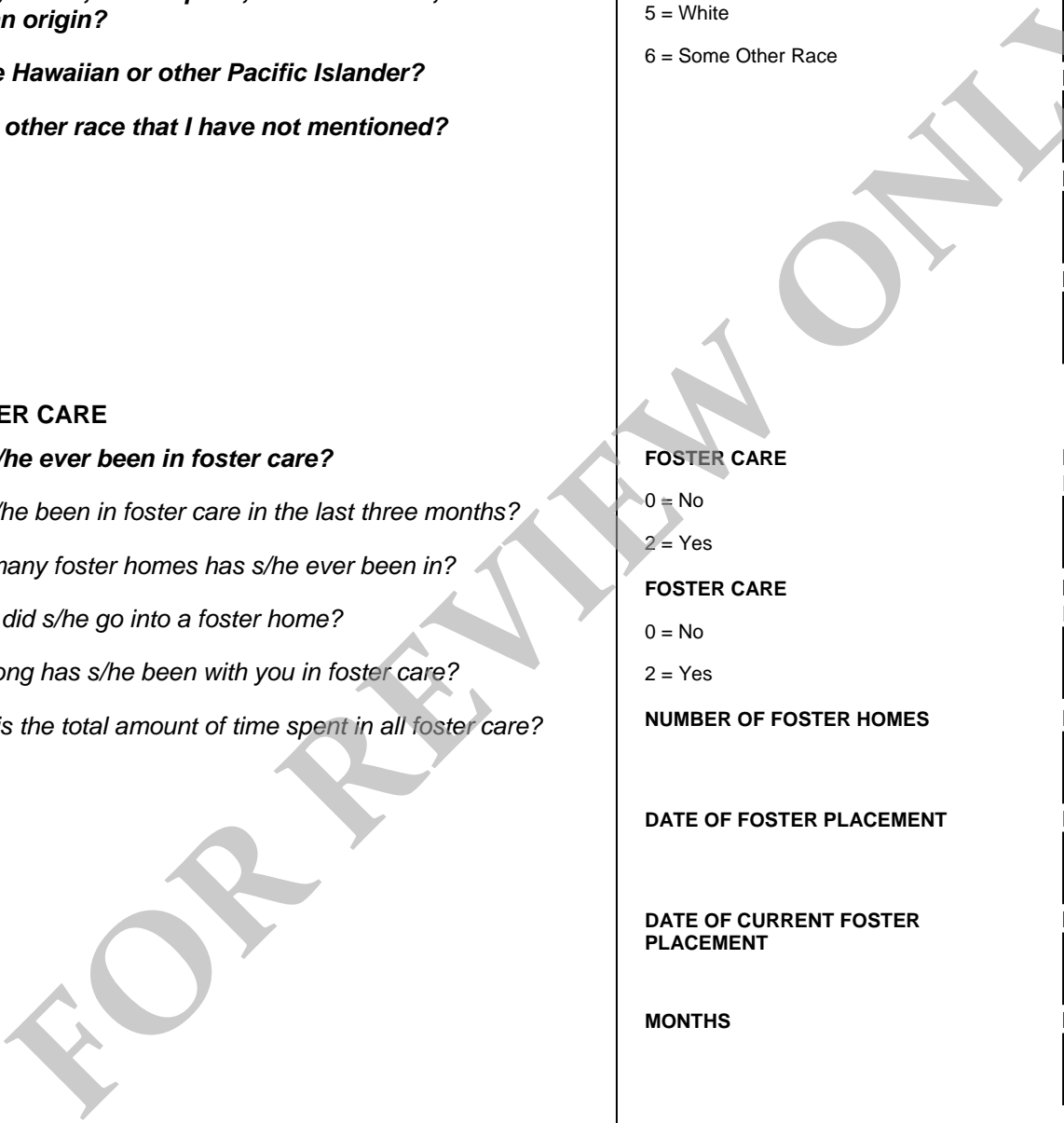
PAB1E01 Intensity

Ever:PAB1F01

Ever:PAB1O01

PAB0O01

PAB1D01



Definitions and questions

YEARS P1 AND P2 LIVING TOGETHER IF NOT BOTH BIOLOGICAL PARENTS

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

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

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

MARITAL RELATIONSHIP

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

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

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

Coding rules

P1 AND P2 ARE NOT BOTH BIOLOGICAL PARENTS

0 = Living with both biological parents

2 = Not living with both biological parents

MONTHS

LIVING AT HOME

0 = Absent

2 = Present

Codes

PAB6190
Intensity

PAB6D01
Duration

PAB9101
Intensity

FOR REVIEW ONLY

Definitions and questions

RELATIONSHIP BETWEEN PARENT 1 AND OTHER(S)

EXCLUSIVE PARTNERSHIP

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

DATING

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

LIVING AT HOME - FAMILY LIFE AND RELATIONSHIPS

IF NOT LIVING AT HOME, CODE THE SECTION FOR PERIOD OF AT LEAST ONE MONTH WHEN LIVING AT HOME.

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

*How many weeks in the last 3 months has s/he lived at home?
Where has s/he been living?*

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

Coding rules

EXCLUSIVE PARTNERSHIP

0 = Absent
2 = Present

DATING

0 = Absent
2 = Present

LIVING AT HOME

0 = Present
2 = Absent

NUMBER OF WEEKS LIVING AT HOME IN THE LAST THREE MONTHS

SECONDARY PERIOD: BEGINNING DATE OF LAST MONTH LIVING AT HOME

REASON(S) NOT LIVING AT HOME 4 WEEKS

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

2 = In hospital.

3 = In treatment facility(ies)

4 = Living with other parent.

5 = Foster care

6 = Other

Specify

Codes

PAC0I01
Intensity

PAC1I01
Intensity

PAC2I01
Intensity

PAC2F01

PAC3O01

PAC3X01

PAC3X02

PAC3X03

Definitions and questions

Coding rules

Codes

RELATIONSHIPS WITH AND BETWEEN PARENTS

There are two basic dimensions of relationships with parents: a qualitative aspect, that is the quality of the relationship during that time; and a quantitative aspect, that is, time actually spent involved with parents.

ACTIVITIES WITH PARENT #1

Activities with parental involvement are coded here.

What sort of things do you do with X?

- Do you go out together?*
- What about shopping?*
- Do you help with homework?*
- Or with his/her hobbies?*
- Do you go fishing/hunting etc. with X?*
- Do you have meals together?*
- Or watch T.V. together?*
- Do you all go out together as a family?*
- Do you drive X to outside activities?**

Do you enjoy doing things with X?

Does X enjoy doing things with you?

- Is that all the time or...*
- Why not?*
- What happens?*
- Can you tell me about the last time something like that happened?*

ACTIVITIES WITH PARENT #2

Activities with parental involvement are coded here.

What about your partner?

Does X enjoy doing things with him/her?

ACTIVITIES WITH PARENT

0 = All or most (atleast 75%) shared activities said to be a source of enjoyment to child

2 = At least some (25-74%) shared activities are a souce of tension, worry, or disinterest to the child.

3 = All mor most (at least 75%) shared activities are a souce of tension, worry, or disinterest to the child.

PAC4101 Intensity

ACTIVITIES WITH PARENT

0 = All or most (atleast 75%) shared activities said to be a source of enjoyment to child

2 = At least some (25-74%) shared activities are a souce of tension, worry, or disinterest to the child.

3 = All mor most (at least 75%) shared activities are a souce of tension, worry, or disinterest to the child.

PAC4102 Intensity

Definitions and questions

INADEQUATE SUPERVISION BY PARENT #1

Parent fails to provide sufficient supervision. as shown by frequent lack of knowledge of the child's whereabouts, activities, or company; and/or fails to maintain effective control/ or disciplinary strategies; and/or is not concerned, or does not attempt to interveve, when the chid's behavior is deviant, or likely to lead him/her into trouble.

If parents have given up trying to maintain discipline, Code as 3.

Does X do any chores?

*What does s/he do?
Does s/he do a good job?
Does s/he help around the "house" in any other way?
Is it easy for you to get him/her to do what you want?*

What happens when X doesn't want to do what you say?

Have there been times in the last three months when s/he didn't do what was asked?

*What do you do about it?
Does it bother you?
Does it lead to arguments?
Do you ever just give up?
What happens then?
How often had that heppend in the last three months?
Do you always know where X is when s/he is not at home?*

Do you expect X to let you know where s/he is?

Over the last three months, how often has s/he been out without your knowing where s/he is?

INADEQUATE SUPERVISION BY PARENT #2

Parent fails to provide sufficient supervision. as shown by frequent lack of knowledge of the child's whereabouts, activities, or company; and/or fails to maintain effective control/ or disciplinary strategies; and/or is not concerned, or does not attempt to interveve, when the chid's behavior is deviant, or likely to lead him/her into trouble.

If parents have given up trying to maintain discipline, Code as 3.

What about with parent #2?

Coding rules

INADEQUATE SUPERVISION BY PARENT

- 0 = Appropriate supervision/control for age and circumstances.
- 2 = Whereabouts of child not known at least once per week; or parent unable to exercise effective control at least once per week.
- 3 = Whereabouts of child unknown at least 5 times per week; or parent usually (>50% of the time) unable to exercise effective control.

Codes

PAC8101 Intensity

INADEQUATE SUPERVISION BY PARENT

- 0 = Appropriate supervision/control for age and circumstances.
- 2 = Whereabouts of child not known at least once per week; or parent unable to exercise effective control at least once per week.
- 3 = Whereabouts of child unknown at least 5 times per week; or parent usually (>50% of the time) unable to exercise effective control.

PAC8102 Intensity

Definitions and questions

OVERINVOLVEMENT BY PARENT #1

Parent is unusually intrusive into, and controlling of, the child's life, to a degree that involves infantilization of the child. For instance, by excessive checking of the child's activities, preventing age-appropriate independent behavior or decision-making (such as selecting friends or clothes).

Does X think you give him/her enough independence?

Does s/he still need help choosing clothes?

Does s/he want you to help?
What about washing his/her hair?

Can you trust him/her to get clean at bath time?
Do you let him/her go out alone?

Can s/he ride his/her bicycle or walk to places s/he wants to go?
Do you need to exercise control over who X's friends are?

How much do you like X to make decisions on his/her own?

Do you ever need to go through X's belongings?

Or look in his/her closets?

Are there things s/he would like to be able to do that you won't let him/her do?

OVERINVOLVEMENT BY PARENT #2

Parent is unusually intrusive into, and controlling of, the child's life, to a degree that involves infantilization of the child. For instance, by excessive checking of the child's activities, preventing age-appropriate independent behavior or decision-making (such as selecting friends or clothes).

What about your "partner"?

Coding rules

OVERINVOLVMENT BY PARENT

0 = Appropriate level of involvement for the child's age and situation

2 = Definite infantilization (e.g. dressing of washing chold above age where this is normal); and prevention of age-appropriate behavior or decision -making

3 = As 2, but reaching extreme proportions

Codes

PAC9I01
Intensity

OVERINVOLVMENT BY PARENT

0 = Appropriate level of involvement for the child's age and situation

2 = Definite infantilization (e.g. dressing of washing chold above age where this is normal); and prevention of age-appropriate behavior or decision -making

3 = As 2, but reaching extreme proportions

PAC9I02
Intensity

Definitions and questions

HARSH DISCIPLINE BY PARENT #1

One or both parents uses a harsh, restrictive or physical disciplinary style, leading to punishments that are more severe than would usually be thought appropriate.

What do yo do to discipline X?

Do you have to punish him/her often?

Tell me about the last time you had to punish him/her. Was that fairly typical of what happens?

How often does X get grounded for doing something wrong?

What other sorts of punishment does s/he get?

Do you ever hit X?

*How often?
What happens then?
How often does X need to be punished altogether?*

HARSH DISCIPLINE BY PARENT #2

One or both parents uses a harsh, restrictive or physical disciplinary style, leading to punishments that are more severe than would usually be thought appropriate.

What about your "partner"?

Coding rules

HARSH DISCIPLINE BY PARENT

0 = Absent

2 = A disciplinary stlye thta is more severe than most parents would use, but delivered in a basically nurturant setting.

3 = Severe discipline, delievered coldlt, or frequently in anger, unaccompanied by a generally nuturant atmosphere.

Codes

PAD0101
Intensity

HARSH DISCIPLINE BY PARENT

0 = Absent

2 = A disciplinary stlye thta is more severe than most parents would use, but delivered in a basically nurturant setting.

3 = Severe discipline, delievered coldlt, or frequently in anger, unaccompanied by a generally nuturant atmosphere.

PAD0102
Intensity

FOR REVIEW ONLY

Definitions and questions

NUMBER OF ARGUMENTS WITH PARENT #1

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

Does s/he have arguments with you?

*Tell me about the last time.
How long do these argumetns last?
How many arguments has s/he had with you in the last three months?
Did the arguments ever get phsyical?
What happened?*

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS WITH P1)

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

Has s/he "hit" you over the last three months?

Coding rules

NUMBER OF ARGUMENTS

- 0 = Absent
- 2 = Present

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

- 0 = Absent
- 2 = Present

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (P1)

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (P1) FREQUENCY

OTHER PHSYICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)

- 0 = Absent
- 2 = Present

Codes

A1B2C03
Intensity

PAD1F01
Frequency

PAD1O01
Onset

PAD2I01

PAD2F01

PAD2O01

PAD3I01
Intensity

PAD3F01
Frequency

PAD3O01
Onset

Definitions and questions

NUMBER OF 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.

Does s/he have arguments with your "partner"?

Tell me about the last time.

How long do these arguments last?

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

Did the arguments ever get physical?

What happened?

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS WITH P2)

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.

Has s/he "hit" your partner over the last three months?

IF THERE IS MORE THAN ONE CHILD IN THE HOME COMPLETE "SELECTIVE NEGATIVE VIEW". OTHERWISE, SKIP TO "OTHER PARENTING - OTHER PARENT #1", (PAGE 24).

Coding rules

NUMBER OF ARGUMENTS

0 = Absent

2 = Present

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

0 = Absent

2 = Present

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (P2) FREQUENCY

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (P2) ONSET

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)

0 = Absent

2 = Present

Codes

abc1112
Intensity

PAD4F01
Frequency

PAD4O01
Onset

PAD5I01

PAD5F01

PAD5O01

PAD6I01
Intensity

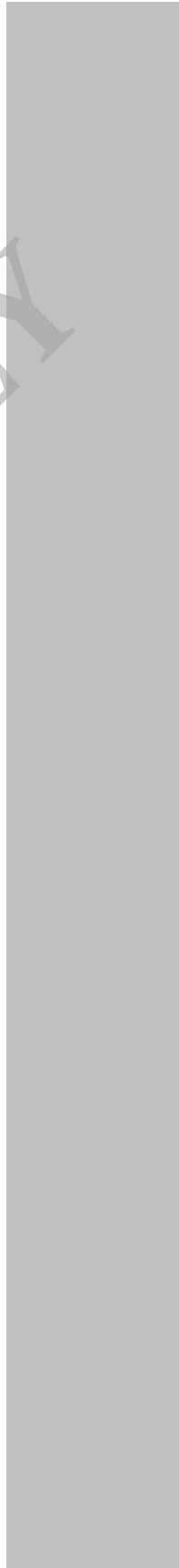
PAD6F01
Frequency

PAD6O01
Onset

Definitions and questions

Coding rules

Codes



Definitions and questions

SELECTIVE NEGATIVE VIEW BY PARENT #1

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

Does X have siblings in the home?

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

Has it always been like that?

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

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

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

Do you have any difficulties with the other children?

What sort of problems do you have?

SELECTIVE NEGATIVE VIEW BY PARENT #2

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

Are there siblings in the home?

Does your "partner" feel the same way?

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

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

What sort of problems?

Coding rules

CHILD HAS SIBLINGS

- 0 = Absent
- 2 = Present

SELECTIVE NEGATIVE VIEW BY PARENT #1

- 0 = Target child treated in same way as rest of children.
- 2 = Target child consistently treated differently from other children in a negative manner, in some areas.
- 3 = Target child is regarded as being markedly different from other children in family, and subjected to markedly different rules or restrictions.

SIBLING IN THE HOME

- 0 = Absent
- 2 = Present

SELECTIVE NEGATIVE VIEW BY PARENT #2

- 0 = Target child treated in same way as rest of children.
- 2 = Target child consistently treated differently from other children in a negative manner, in some areas.
- 3 = Target child is regarded as being markedly different from other children in family, and subjected to markedly different rules or restrictions.

Codes

PAD7190
Intensity

PAD7101

PAD7185
Intensity


PAD7102

Definitions and questions

Coding rules

Codes

**IF CHILD HAS "OTHER PARENT #1"
AND/OR "OTHER PARENT #2",
COMPLETE "OTHER PARENTING".
OTHERWISE, SKIP TO
"RELATIONSHIPS WITH SIBLINGS",
(PAGE 26).**



FOR REVIEW ONLY

Definitions and questions

OTHER PARENTING - OTHER PARENT #1

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

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

Child has "Other Parent #1."

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

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

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

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

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

Coding rules

CHILD HAS "OTHER PARENT #1"

- 0 = Absent
- 2 = Present

OTHER PARENT #1: NUMBER OF VISITS

OTHER PARENT #1: DURATION OF VISITS

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

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

OTHER PARENT #1: QUALITY OF RELATIONSHIP

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

Codes

PAD8I01
Intensity

PAD8F01

PAD8D01

PAD9F01

PAEOI01

FOR REVIEW ONLY

Definitions and questions

OTHER PARENTING - OTHER PARENT #2

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

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

Child has "Other Parent #2."

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

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

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

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

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

Coding rules

CHILD HAS "OTHER PARENT #2"

- 0 = Absent
- 2 = Present

OTHER PARENT #2: NUMBER OF VISITS

DURATION OF VISITS: OTHER PARENT #2

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

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

OTHER PARENT #2: QUALITY OF RELATIONSHIP

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

Codes

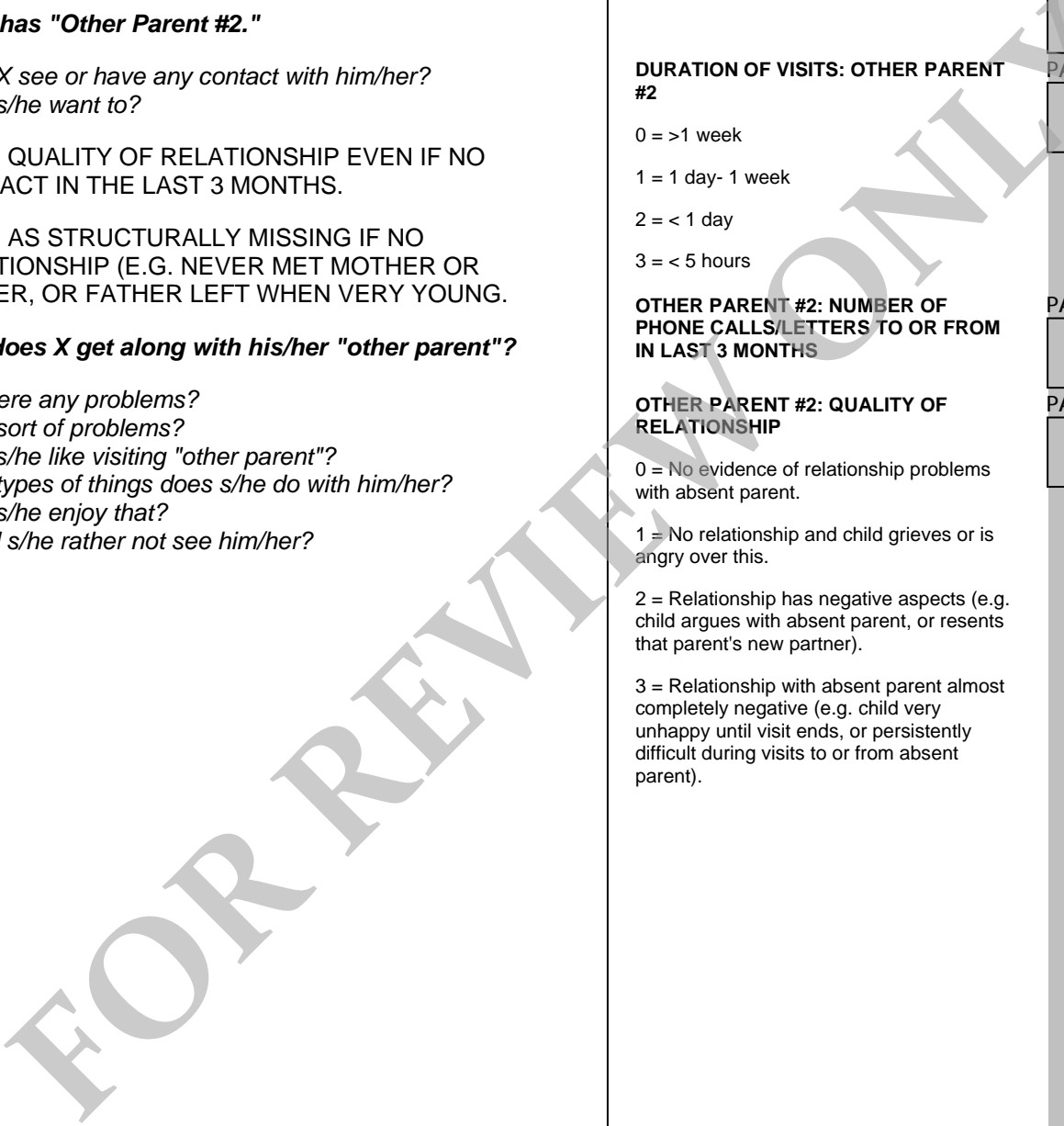
PAE1I01
Intensity

PAE1F01

PAE1D01

PAE2F01

PAE3I01



Definitions and questions

RELATIONSHIPS WITH SIBLINGS

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

Check that siblings are coded in the same order.

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

Child has siblings.

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

Is s/he especially close to any of them?

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

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

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

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

*Who is that?
Do they argue a lot?
Or get into physical fights - I mean real fights?
How long do they stay angry at each other afterwards?
When did they start not getting along?
When did they start to get along badly?
What about the others?*

Coding rules

CHILD HAS SIBLINGS

- 0 = Absent
- 2 = Present

RELATIONSHIPS WITH SIBLING #1

- 0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other. There is sharing of confidences
- 1 = "Neutral" relationship
- 2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #2

- 0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other. There is sharing of confidences
- 1 = "Neutral" relationship
- 2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #3

- 0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other. There is sharing of confidences
- 1 = "Neutral" relationship
- 2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #4

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

Codes

PAK9I90
Intensity

PAK9X01

PAK9X02

PAK9X03

PAK9X04

Definitions and questions

FOR REVIEW

Coding rules

be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other. There is sharing of confidences

1 = "Neutral" relationship

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

RELATIONSHIPS WITH SIBLING #5

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

1 = "Neutral" relationship

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

RELATIONSHIPS WITH SIBLING #6

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

1 = "Neutral" relationship

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

RELATIONSHIPS WITH SIBLING #7

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

1 = "Neutral" relationship

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

Codes

PAK9X05

PAK9X06

PAK9X07

Definitions and questions

FOR REVIEW ONLY

Coding rules

unpleasurable.

RELATIONSHIPS WITH SIBLING #8

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

1 = "Neutral" relationship

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

RELATIONSHIPS WITH SIBLING #9

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

1 = "Neutral" relationship

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

Codes

PAK9X08

PAK9X09

Definitions and questions

NUMBER OF 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 argumetns with "other parent #1"?

*Tell me about the last time.
How long do these argumetns last?
How many arguments has s/he had wtih him/her in the last three months?
Did the arguments ever get physical?
What happened?*

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS WITH OP1)

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.

Has "X" hit him/her over the last three months?

Coding rules

ARGUMENTS WITH OTHER PARENT

- 0 = Absent
- 2 = Present

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

- 0 = No
- 2 = Yes
- 3 = No Contact

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD - ONSET

OTHER PHYSICAL VIOLENCE BY CHILD

- 0 = Absent
- 2 = Present

Codes

INTBF38
Intensity

PAE4F01
Frequency

PAE4O01
Onset

PAE5I01

PAE5F01

PAE5O01

PAE6I01
Intensity

PAE6F01
Frequency

PAE6O01
Onset

Definitions and questions

Coding rules

Codes

DISSATISFACTION WITH PARTNER'S HELP- PARENT #1

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

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

*Like shopping?
Or looking after the children?
How about preparing meals?
And cleaning?*

Are you satisfied with the way you share these things in the home?

Are there any things that you would like shared differently?

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

DISSATISFACTION WITH PARTNER'S HELP- PARENT #2

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

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

Does that cause trouble between you?

DISSATISFACTION BY PARENT #1 WITH PARTNER'S HELP

0 = Satisfied with partner's help.

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

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

PAN4I01
Intensity

DISSATISFACTION BY PARENT #2 WITH PARTNER'S HELP

0 = Satisfied with partner's help.

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

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

PAN4I02
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

DISSATISFACTION WITH COMMUNICATION AND DECISION-MAKING BY PARENT #1

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

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

Like what's in the news?

Or what's been happening to you during the day?

Or what (the children) have been doing?

Do you talk over problems or difficulties with each other?

Like worries over the children?

Or problems with relatives?

Do you talk about any problems?

Can you say what you feel about those sorts of things?

Or do you keep what you think to yourself?

Why is that?

Are there any problems that you'd like to talk to "partner" about, but you can't?

What problems are they?

Why can't you talk about them?

Who usually decides things in the home?

Like making big purchases?

Or how the children should be disciplined?

Or when you both go out?

Are you happy with its being that way?

Have you tried to do anything about it?

What happened?

Does it cause disagreements?

DISSATISFACTION WITH COMMUNICATION AND DECISION-MAKING BY PARENT #2

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

What does your "partner" think about it?

Can s/he say what s/he feels about any problem?

Or does s/he keep what s/he thinks to him/herself?

Does it cause disagreements?

DISSATISFACTION BY PARENT #1 WITH COMMUNICATION AND DECISION-MAKING

0 = Dissatisfaction absent.

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

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

PAN5101
Intensity

DISSATISFACTION BY PARENT #2 WITH COMMUNICATION AND DECISION-MAKING

0 = Dissatisfaction absent.

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

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

PAN5102
Intensity

Definitions and questions

PARENTAL ARGUMENTS

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

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

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

INTER-PARENTAL PHYSICAL VIOLENCE (PARENTAL ARGUMENTS)

Any form of physical aggression from either partner.

Do you ever hit each other?

Have you in the last three months hit each other?

IF "PARENTAL ARGUMENTS" AND "INTER-PARENTAL PHYSICAL VIOLENCE" ABSENT, SKIP TO "APATHY", (PAGE 34).

Coding rules

PARENTAL ARGUMENTS

0 = Absent
2 = Present

INTER-PARENTAL PHYSICAL VIOLENCE

0 = Absent
2 = Present

LAST 3 MONTHS: INTER-PARENTAL PHYSICAL VIOLENCE

0 = Absent
2 = Present

ONSET OF INTER-PARENTAL PHYSICAL VIOLENCE

Codes

PAF0I01
Intensity

PAF0F01
Frequency

Ever:PAF1E01
Intensity

PAF1I01
Intensity

PAF1F01
Frequency

Ever:PAF1O01

 / /

Definitions and questions

INVOLVEMENT OF CHILD IN ARGUMENTS OR VIOLENCE (PARENTAL ARGUMENTS)

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

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

In what way?

Does either of you try to get X on your side?

What do you do?

What happens then?

Does X get upset when you "argue" or "fight?"

What happens then?

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

What do you do?

APATHY

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

Coding rules

INVOLVEMENT OF CHILD IN ARGUMENTS/VIOLENCE

0 = Child is not involved in arguments.

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

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

APATHY

0 = Apathy absent.

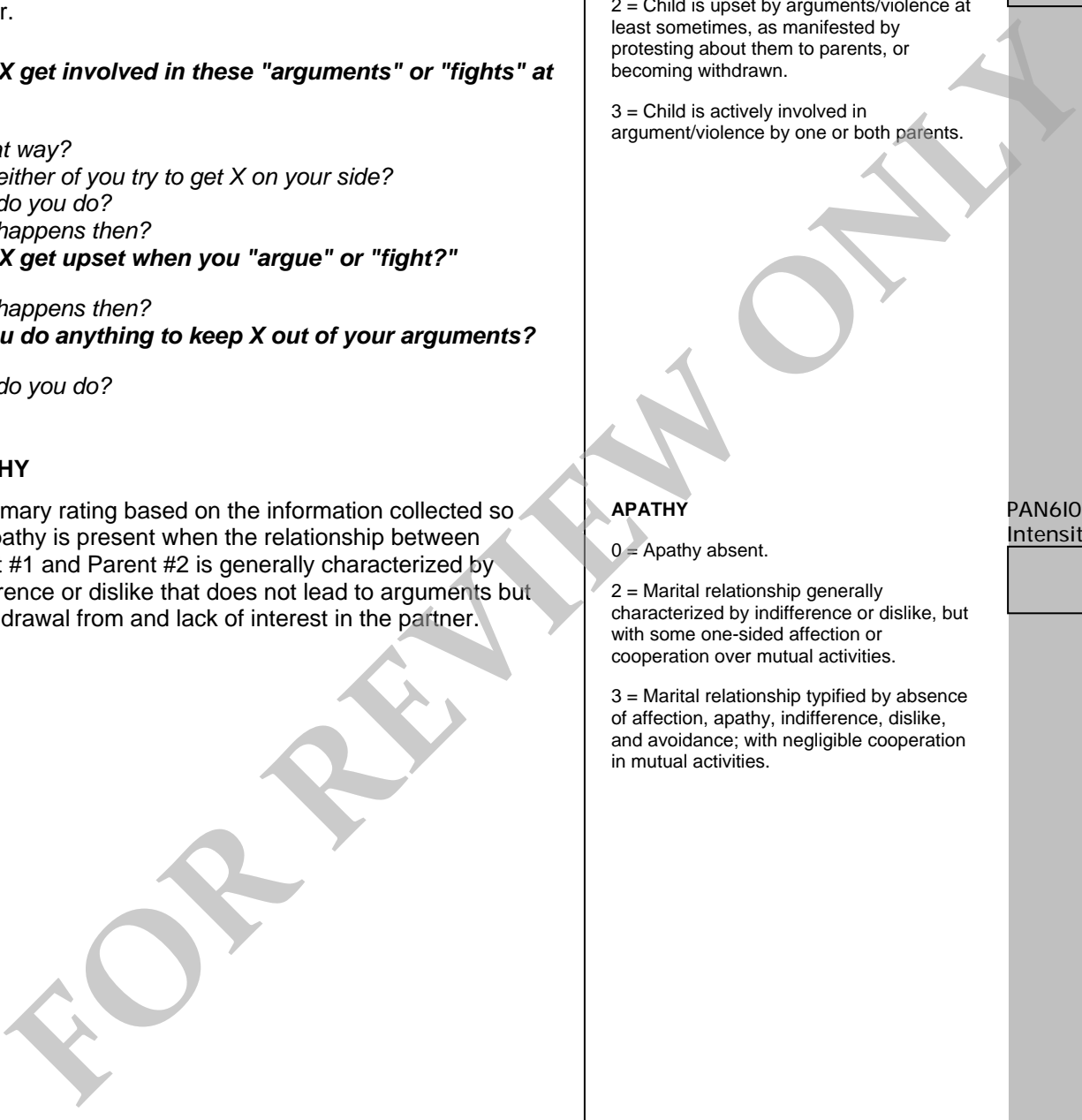
2 = Marital relationship generally characterized by indifference or dislike, but with some one-sided affection or cooperation over mutual activities.

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

Codes

PAF2101
Intensity

PAN6101
Intensity



Definitions and questions

Coding rules

Codes

PARENTAL RELATIONSHIP(S) WITH PARENTS OUTSIDE THE HOME

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

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

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

How do you/they get on?

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

ARGUMENTS BETWEEN PARENT AND OTHER PARENT

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

Do you/they argue with each other?

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

CHILD'S CURRENT PARENT

1 = Parent #1.

2 = Parent #2.

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

QUALITY OF RELATIONSHIP BETWEEN CURRENT PARENT AND OTHER PARENT #1

0 = No evidence of relationship problems.

2 = Relationship has some negative aspects.

3 = Relationship almost completely negative.

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #1

0 = Absent

2 = Present

ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT

PAF3X01
Intensity

PAF4F01

PAF5I01

PAF6I01
Intensity

PAF6F01
Frequency

PAF6O01

/ /

Definitions and questions

INTER-PARENTAL PHYSICAL VIOLENCE

Any form of physical Aggression from either parent.

Have you/they ever hit each other?

What about in the last 3 months?

IF "ARGUMENTS BETWEEN PARENT AND OTHER PARENT #1" AND "PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1" ABSENT, SKIP TO "RELATIONSHIP BETWEEN OTHER PARENT #2 AND ONE OF CHILD'S CURRENT PARENTS", (PAGE 37).

Coding rules

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1

0 = Absent

2 = Present

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

0 = Absent

2 = Present

ONSET: INTER-PARENTAL VIOLENCE

Codes

Ever:PAF7E01
Intensity

PAF7I01
Intensity

PAF7O01

PAF7F01
Frequency

FOR REVIEW ONLY

Definitions and questions

INVOLVEMENT OF CHILD IN ARGUMENTS OR VIOLENCE

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

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

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

What happens then?

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

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

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

How do you/they get on?

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

ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2

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

Do you/they argue with each other?

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

Coding rules

INVOLVEMENT OF CHILD IN ARGUMENT/VIOLENCE

- 0 = Child is not involved in arguments.
- 2 = Child is upset by arguments/violence at least sometimes, as manifested by protesting about them to parents, or becoming withdrawn.
- 3 = Child is actively involved in argument/violence by one or both parents.

CHILD'S CURRENT PARENT

- 1 = Parent #1.
- 2 = Parent #2.

QUALITY OF RELATIONSHIP BETWEEN CURRENT PARENT AND OTHER PARENT #2

- 0 = No evidence of relationship problems.
- 2 = Relationship has some negative aspects.
- 3 = Relationship almost completely negative.

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #2

- 0 = Absent
- 2 = Present

ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2

Codes

PAF8I01
Intensity

PAF9X01
Intensity

PAG0F01
Frequency

PAG1I01

PAG2I01
Intensity

PAG2F01
Frequency

PAG2O01

Definitions and questions

**INTER-PARENTAL PHYSICAL VIOLENCE
(OTHER PARENT #2)**

Any form of physical aggression from either parent.

Have you/they ever hit each other?

What about in the last 3 months?

IF "ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2" AND "PHYSICAL VIOLENCE BETWEEN PARENT AND OTHER PARENT #2" ABSENT, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE", (PAGE 40).

Coding rules

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #2

0 = Absent

2 = Present

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

0 = Absent

2 = Present

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

Codes

Ever:PAG3E01
Intensity

PAG3I01
Intensity

PAG3F01
Frequency

PAG3O01

 / /

Definitions and questions

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

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

In what way?

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

What do you/they do?

What happens then?

Does X get upset when you/they "argue" or "fight?"

What happens then?

Do they try to keep X out of the arguments?

What do they do?

Coding rules

INVOLVEMENT OF CHILD IN ARGUMENTS/VIOLENCE

0 = Child is not involved in arguments.

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

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

Codes

PAG4I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

PARENTAL PSYCHOPATHOLOGY

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

PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE

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

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

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

PARENTAL PSYCHOLOGICAL PROBLEMS-SOUGHT TREATMENT

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

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS-RECEIVED MEDICATION

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

What sort of medication?

PARENTAL PSYCHOLOGICAL PROBLEMS-HOSPITALIZED FOR MENTAL HEALTH PROBLEM

Have you ever been hospitalized for mental health problems?

DISRUPTION OF LIFE ROLE - PARENT #1

- 0 = Absent
- 2 = Present

Ever:PAG5E01 Intensity

SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL

- 0 = Absent
- 2 = Present

Ever:PAG6E01 Intensity

RECEIVED MEDICATION

- 0 = Absent
- 2 = Present

Ever:PAG7E01 Intensity

HOSPITALIZED FOR MENTAL HEALTH PROBLEM

- 0 = Absent
- 2 = Present

Ever:PAG8E01 Intensity

Definitions and questions

Coding rules

Codes

IF CHILD HAS OTHER PARENT LIVING IN HOME CONTINUE, OTHERWISE, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- DISRUPTION OF LIFE ROLE", (PAGE 43).



FOR REVIEW ONLY

Definitions and questions

PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- DISRUPTION OF LIFE ROLE

Has your "partner" ever had any problems which have affected his/her ability to work or your ability to look after X or other children?

PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- SOUGHT TREATMENT

Has your "partner" ever sought treatment from a mental health profession?

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- RECEIVED MEDICATION

Has your "partner" ever received medication for any "emotional," "nervous," or "depression" problems

PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- HOSPITALIZED FOR MENTAL HEALTH PROBLEMS

Has your "partner" ever been hospitalized for mental health problems?

IF CHILD DOES NOT HAVE OTHER PARENT(S) LIVING OUTSIDE OF HOME, SKIP TO "PARENTAL SUBSTANCE USE PROBLEMS- PROBLEMS RELATED TO ALCOHOL", (PAGE 45).

Coding rules

DISRUPTION OF LIFE ROLE

- 0 = Absent
- 2 = Present

SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL

- 0 = Absent
- 2 = Present

RECEIVED MEDICATION

- 0 = Absent
- 2 = Present

HOSPITALIZED FOR MENTAL HEALTH PROBLEM

- 0 = Absent
- 2 = Present

Codes

Ever:PAG9E01
Intensity

Ever:PAH0E01
Intensity

Ever:PAH1E01
Intensity

Ever:PAH2E01
Intensity

Definitions and questions

Coding rules

Codes

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- DISRUPTION OF LIFE ROLE

What about X's "Other Parent(s)"?

Does s/he have any "emotional" or "nervous" problems like "depression" or "nerves"?

Has s/he ever?

*Have they affected "parent's" life much?
How about work?
Or his/her ability to adequately look after X?*

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- SOUGHT TREATMENT

Has s/he ever sought treatment from a mental health professional?

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- RECEIVED MEDICATION

Has s/he ever received medication for any "emotional," "nervous," or "depression" problems?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- HOSPITALIZED FOR MENTAL HEALTH PROBLEMS

Has s/he ever been hospitalized for mental health problems?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2-DISRUPTION OF LIFE ROLE

Has s/he ever had any problems which affected his/her ability to work or look after X or other children?

DISRUPTION OF LIFE ROLE - OTHER PARENT #1

0 = Absent
2 = Present

Ever:PAH3E01
Intensity

SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL-OP1

0 = Absent
2 = Present

Ever:PAH4E01
Intensity

RECEIVED MEDICATION- OP1

0 = Absent
2 = Present

Ever:PAH5E01
Intensity

HOSPITALIZED FOR MENTAL HEALTH PROBLEMS- OP1

0 = Absent
2 = Present

Ever:PAH6E01
Intensity

DISRUPTION OF LIFE ROLE

0 = Absent
2 = Present

Ever:PAH7E01
Intensity

Definitions and questions

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- SOUGHT TREATMENT

Has s/he ever sought treatment from a mental health professional?

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- RECEIVED MEDICATION

Has s/he ever received medication for any "emotional," "nervous," or "depression" problems?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- HOSPITALIZED FOR MENTAL HEALTH PROBLEM

Has s/he ever been hospitalized for mental health problems?

Coding rules

SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL (OP2)

0 = Absent

2 = Present

RECEIVED MEDICATION (OP2)

0 = Absent

2 = Present

HOSPITALIZED FOR MENTAL HEALTH PROBLEMS

0 = Absent

2 = Present

Codes

Ever:PAH8E01
Intensity

Ever:PAH9E01
Intensity

Ever:PAIOE01
Intensity

FOR REVIEW ONLY

Definitions and questions

PARENTAL SUBSTANCE USE PROBLEMS- PROBLEMS RELATED TO ALCOHOL

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

Tell me about how much you drink?

Do you use any drugs?

Have you ever had a problem with drinking?

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

Have you ever had a problem with drug use?

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

Have you ever had a problem with drinking?

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

Have you ever had a problem with drug use?

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

Coding rules

CURRENTLY USES DRUGS/HAS ALCOHOL PROBLEM - PARENT #1

- 0 = Absent
- 2 = Present

PROBLEMS RELATED TO ALCOHOL/DRUGS - PARENT #1

- 0 = Absent
- 2 = Problem with alcohol.
- 3 = Problem with drugs.
- 4 = Problem with both.

Codes

PA11I01
Intensity

Ever:PAI2E01
Intensity

Definitions and questions

PARENTAL SUBSTANCE USE PROBLEMS-SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM

Have you ever had any treatment for your drinking or drug use?

PARENTAL SUBSTANCE USE PROBLEMS-HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM

Have you ever been hospitalized for alcohol or drug use?

PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- PROBLEMS RELATED TO ALCOHOL/DRUGS

Tell me about how much your "partner" drinks.

Does s/he use any drugs?

Has s/he ever had any problems with drinking?

*How much does s/he drink?
 How often does s/he drink?
 Does that lead to any problems?
 What sort of problems?
 Does it cause arguments?
 Does s/he ever get violent?
 What happens?
 Has drinking alcohol caused any problems outside the home?
 What sort of problems?
 Has s/he been arrested for DWI?*

Has s/he ever had a problem with drug use?

*What does s/he use?
 How much?
 Has that caused him/her any problems?
 What sort of problems?*

Coding rules

SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM

- 0 = Absent
- 2 = Treatment for alcohol.
- 3 = Treatment for drugs.
- 4 = Treatment for both.

HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM

- 0 = Absent
- 2 = Hospitalized for alcohol.
- 3 = Hospitalized for drugs.
- 4 = Hospitalized for both.

CURRENTLY USED DRUGS/ HAS ALCOHOL PROBLEM (P2)

- 0 = Absent
- 2 = Present

PROBLEMS RELATED TO ALCOHOL/DRUGS (P2)

- 0 = Absent
- 2 = Problem with alcohol.
- 3 = Problem with drugs.
- 4 = Problem with both.

Codes

Ever:PAI3E01
Intensity

Ever:PAI4E01
Intensity

PAI5I01
Intensity

Ever:PAI6E01
Intensity

Definitions and questions

PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM

*Has s/he ever had any treatment for his/her drinking?
Or treatment for using drugs?*

PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM

Has s/he ever been hospitalized for alcohol or drug use?

PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1- PROBLEMS RELATED TO ALCOHOL/DRUGS

*Tell me about how much X's "Other Parent #1" drinks.
Does X's "other parent" use any drugs?
Has s/he ever had a problem with drinking?*

*How much does s/he drink?
How often does s/he drink?
Does that lead to any problems?
What sort of problems?
Does it cause arguments?
Does "parent" ever get violent?
What happens?
Has drinking alcohol caused any problems outside the home?
What sort of problems?
Has s/he been arrested for DWI?
Has s/he ever had a problem with drug use?*

*What does s/he use?
How much?
Has that caused him/her any problems?
What sort of problems?*

Coding rules

SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (P2)

- 0 = Absent
- 2 = Treatment for alcohol.
- 3 = Treatment for drugs.
- 4 = Treatment for both.

HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM

- 0 = Absent
- 2 = Hospitalized for alcohol.
- 3 = Hospitalized for drugs.
- 4 = Hospitalized for both.

CURRENTLY USES DRUGS/HAS ALCOHOL PROBLEM - OTHER PARENT #1

- 0 = Absent
- 2 = Present

PROBLEMS RELATED TO ALCOHOL/DRUGS - OTHER PARENT #1

- 0 = Absent
- 2 = Problem with alcohol.
- 3 = Problem with drugs.
- 4 = Problem with both.

Codes

Ever:PAI7E01
Intensity

Ever:PAI8E01
Intensity

PAI9I01
Intensity

Ever:PAJ0E01
Intensity

Definitions and questions

PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1- SOUGHT TREATMENT FOR ALCOHOL/DRUGS

Has "Other Parent" ever had any treatment for his/her drinking?

Or treatment for using drugs?

PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM

Has s/he ever been hospitalized for alcohol or drug use?

PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- PROBLEMS RELATED TO ALCOHOL/DRUGS

Tell me about how much X's "Other Parent #2 drinks.

Does "Other Parent" use any drugs?

Coding rules

SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (OP1)

- 0 = Absent
- 2 = Treatment for alcohol.
- 3 = Treatment for drugs.
- 4 = Treatment for both.

HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM

- 0 = Absent
- 2 = Hospitalized for alcohol.
- 3 = Hospitalized for drugs.
- 4 = Hospitalized for both.

CURRENTLY USING DRUGS/ HAS ALCOHOL PROBLEM (OP2)

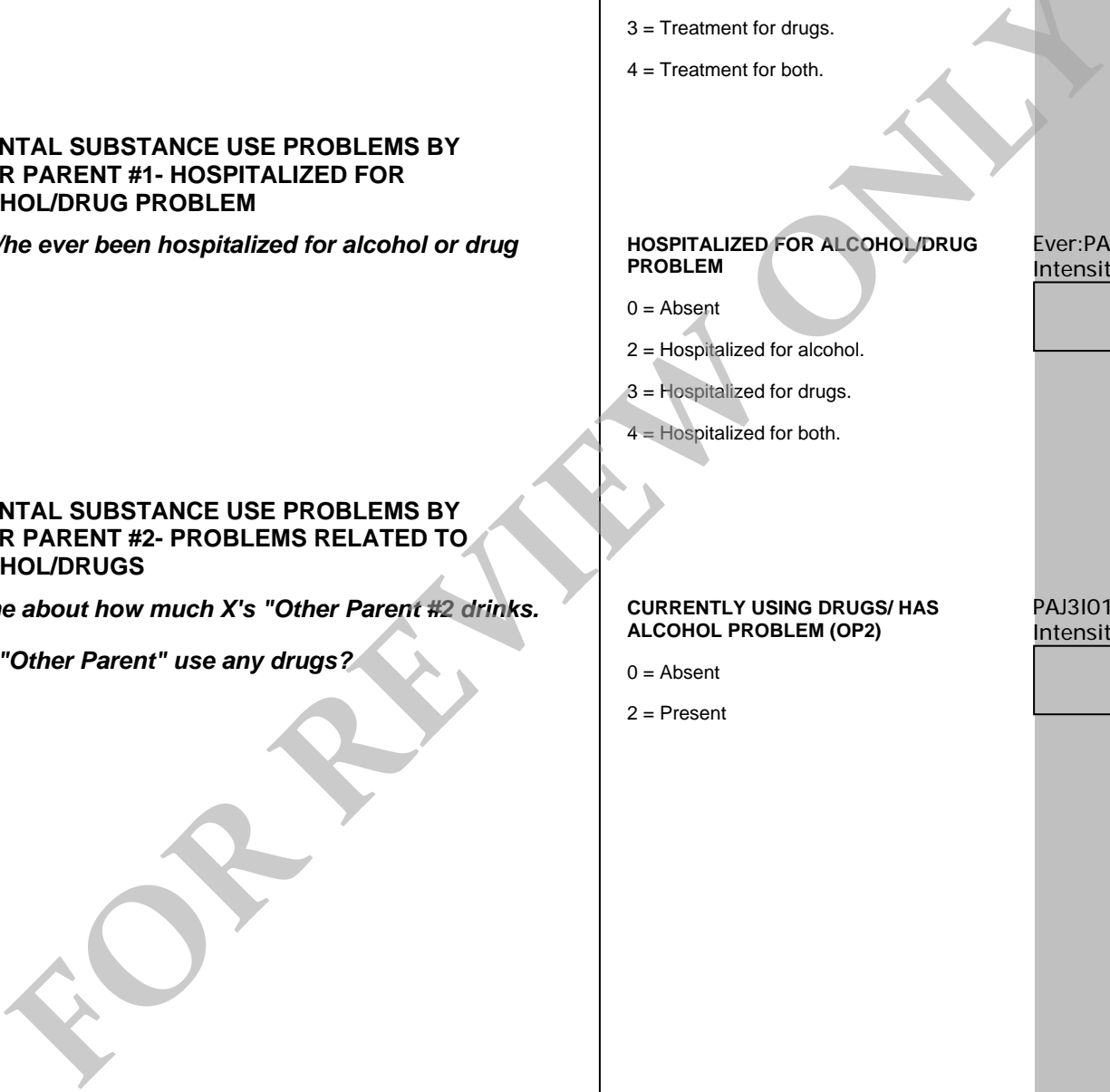
- 0 = Absent
- 2 = Present

Codes

Ever:PAJ1E01
Intensity

Ever:PAJ2E01
Intensity

PAJ3I01
Intensity



Definitions and questions

Has s/he ever had a problem with drinking?

*How much dos s/he drink?
 How often does s/he drink?
 Does that lead to any problems?
 What sort of problems?
 Does it cause arguments?
 Does s/he ever get violent?
 What happens?
 Has drinking alcohol caused any problems outside the home?
 What sort of problems?
 Has s/he been arrested for DWI?*

Has s/he ever had a problem with drug use?

*What does s/he use?
 How much?
 Has that caused him/her any problems?
 What sort of problems?*

PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM

Has "Other Parent" ever had any treatment for his/her drinking?

Or treatment for using drugs?

PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM

Has s/he ever been hospitalized for alcohol or drug use?

Coding rules

PROBLEM RELATED TO ALCOHOL/DRUGS (OP2)

- 0 = Absent
- 2 = Problem with alcohol.
- 3 = Problem with drugs.
- 4 = Problem with both.

SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (OP2)

- 0 = Absent
- 2 = Treatment for alcohol.
- 3 = Treatment for drugs.
- 4 = Treatment for both.

HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM

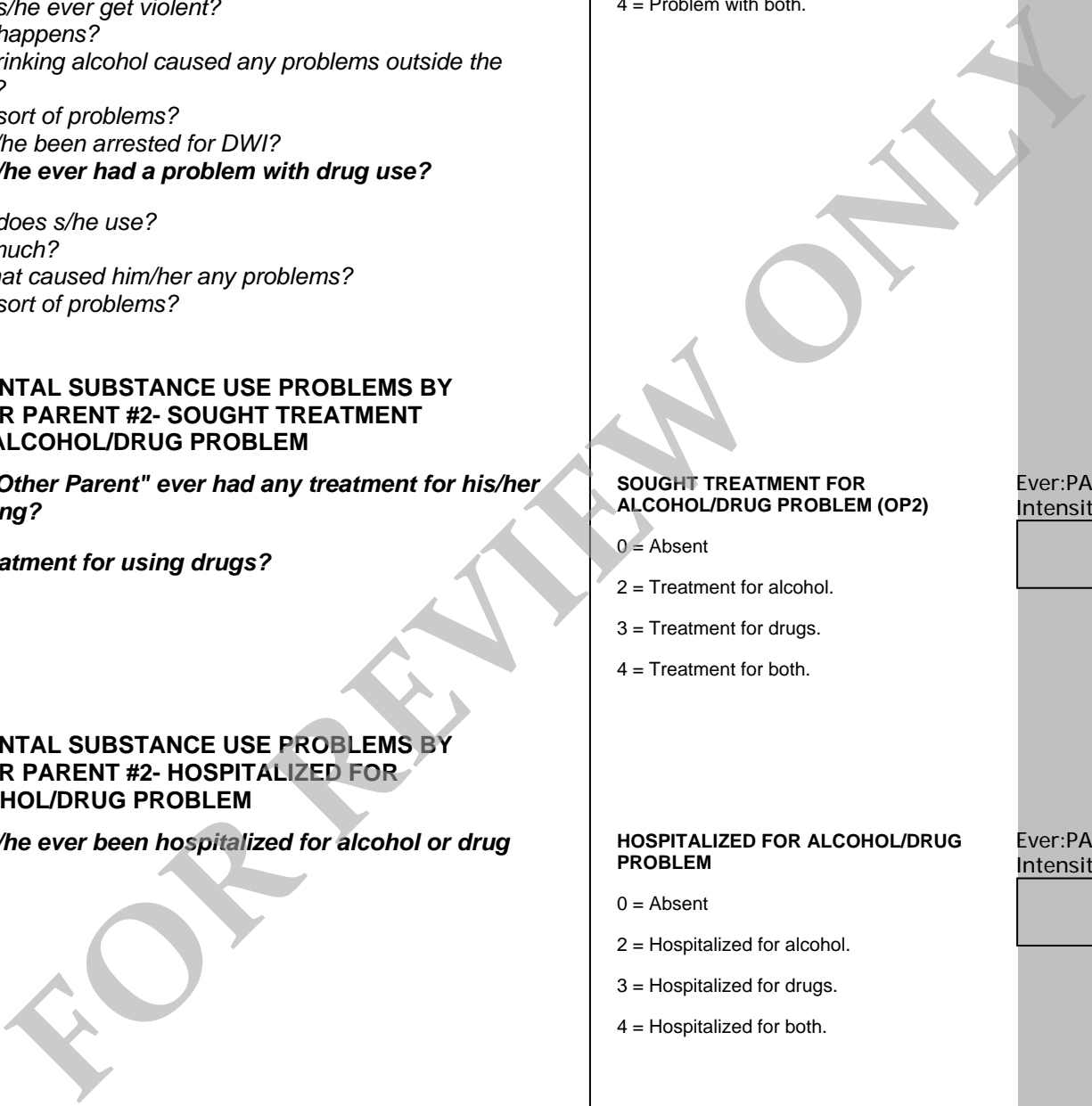
- 0 = Absent
- 2 = Hospitalized for alcohol.
- 3 = Hospitalized for drugs.
- 4 = Hospitalized for both.

Codes

Ever:PAJ4E01
Intensity

Ever:PAJ5E01
Intensity

Ever:PAJ6E01
Intensity



Definitions and questions

PARENTAL ADULT ARRESTS AND PROSECUTIONS

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

Have you ever been arrested?

What happened?

Were charges brought against you?

What was the result of the prosecution?

When was the first time you were arrested?

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

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

Coding rules

ARRESTED - PARENT #1

0 = Absent

2 = Present

ACTION TAKEN BY POLICE - PARENT #1

0 = Not charged.

2 = Charged

DATE OF FIRST CHARGE - PARENT #1

WORST RESULT OF CHARGE

0 = Not guilty.

2 = Probation and/or community service.

3 = Treatment order.

9 = Fine

10 = Prison/house arrest.

CURRENTLY IN JAIL/PRISON - PARENT #1

0 = Absent

2 = Present

MONTHS

Codes

Ever:PAJ7E01
Intensity

Ever:PAJ8E01

Ever:PAJ8O01

Ever:PAJ8E02

PAJ9I01
Intensity

Ever:PAJ9V01

FOR REVIEW ONLY

Definitions and questions

PARENTAL ADULT ARRESTS AND PROSECUTIONS (PARENT #2)

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

Has parent # 2 ever been arrested?

What happened?
Were charges brought against him/her?

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

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

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

Coding rules

ARESSTED - PARENT #2

- 0 = Absent
- 2 = Present

ACTION TAKEN BY POLICE - PARENT #2

- 0 = Not charged.
- 2 = Charged

DATE OF FIRST CHARGE - PARENT #2

WORST RESULT OF CHARGE - PARENT #2

- 0 = Not guilty.
- 2 = Probation and/or community service.
- 3 = Treatment order.
- 9 = Fine
- 10 = Prison/house arrest.

CURRENTLY IN JAIL/PRISON - PARENT#2

- 0 = Absent
- 2 = Present

MONTHS

Codes

Ever:PAK0E01
Intensity

Ever:PAK1E01

Ever:PAK1O01

Ever:PAK1E02

PAK2I01
Intensity

Ever:PAK2V01

FOR REVIEW ONLY

Definitions and questions

PARENTAL ADULT ARRESTS AND PROSECUTIONS (OTHER PARENT #1)

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

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

What happened?

Were charges brought against him/her?

What was the result of the prosecution?

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

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

Coding rules

ARRESTED - OTHER PARENT #1

0 = Absent

2 = Present

ACTION TAKEN BY POLICE - OTHER PARENT #1

0 = Not charged.

2 = Charged

DATE OF FIRST CHARGE - OTHER PARENT #1

WORST RESULT OF CHARGE - OTHER PARENT #1

0 = Not guilty.

2 = Probation and/or community service.

3 = Treatment order.

9 = Fine

10 = Prison/house arrest.

CURRENTLY IN JAIL/PRISON - OTHER PARENT #1

0 = Absent

2 = Present

MONTHS

Codes

Ever:PAK3E01
Intensity

Ever:PAK4E01

Ever:PAK4O01

Ever:PAK4E02

PAK5I01
Intensity

Ever:PAK5V01

FOR REVIEW ONLY

Definitions and questions

PARENTAL ADULT ARRESTS AND PROSECUTIONS (OTHER PARENT #2)

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

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

What happened?

Were charges brought against him/her?

What was the result of the prosecution?

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

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

Coding rules

ARRESTED - OTHER PARENT #2

- 0 = Absent
- 2 = Present

ACTION TAKEN BY POLICE - OTHER PARENT #2

- 0 = Not charged.
- 2 = Charged

DATE OF FRST CHARGE - OTHER PARENT #2

WORST RESULT OF CHARGE - OTHER PARENT #2

- 0 = Not guilty.
- 2 = Probation and/or community service.
- 3 = Treatment order.
- 9 = Fine
- 10 = Prison/house arrest.

CURRENTLY IN JAIL/PRISON - OTHER PARENT #2

- 0 = Absent
- 2 = Present

MONTHS

Codes

Ever:PAK6E01
Intensity

Ever:PAK7E01

Ever:PAK7O01

Ever:PAK7E02

PAK8I01
Intensity

Ever:PAK8V01

FOR REVIEW ONLY

Definitions and questions

OUT OF SCHOOL ACTIVITIES AND PEER RELATIONSHIPS

OUT OF SCHOOL ACTIVITIES AND PEER RELATIONSHIPS

SAFETY OF NEIGHBORHOOD

Do X feel safe around where s/he lives?

What is it like?

NUMBER OF 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.

Does s/he have arguments with other adults who s/he sees outside of school?

Who does s/he argue with?
Tell me about the last time.
How long do these argument last?

IF ARGUMENTS WITH ADULTS PRESENT, CONTINUE. OTHERWISE, SKIP TO "AGE APPROPRIATENESS OF FRIENDS", (PAGE 2).

Coding rules

SAFETY OF NEIGHBORHOOD

- 0 = Child feels neighborhood is safe.
- 2 = Child feels neighborhood is unsafe.
- 3 = Child or parent restricts child's activities in neighborhood because of perceived lack of safety.

NUMBER OF ARGUMENTS WITH OTHER ADULTS

- 0 = Absent
- 2 = Present

Codes

PAL0I01 Intensity

abc1101 Intensity

PAL1F01 Frequency

PAL1001 Onset

Definitions and questions

ARGUMENTS 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.

*How many arguments has s/he had with other adults over the last three months?
Did the arguments ever get physical?
What happened?*

OTHER PHYSICAL VIOLENCE BY CHILD

Has s/he "hit" an "other adult" over the last three months?

AGE APPROPRIATENESS OF FRIENDS

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

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

*Are they mostly younger than X?
Or older?*

Coding rules

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

0 = No
2 = Yes

OTHER PHYSICAL VIOLENCE BY CHILD

0 = No
2 = Yes

AGE APPROPRIATENESS OF FRIENDS

0 = Majority of friends within 2 years of age of child.
2 = Majority of friends 2 or more years older than child.
3 = Majority of friends 2 or more years younger than child.

Codes

PAL2I01
Intensity

PAL2F01
Frequency

PAL2O01
Onset

PAL3I01
Intensity

PAL3F01
Frequency

PAL3O01
Onset

PAL4I01
Intensity

Definitions and questions

Coding rules

Codes

FREQUENCY OF CONTACT WITH PEERS

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

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

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

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

BEST FRIEND

An intensive, selective, and exclusive or semi-exclusive friendship with another person, in which there is an expectation that the dyad does things together, and in which there is a preferential sharing of confidences. There may be 1 or 2 "best friends" at any one time, but if the friendship involves 3 or more peers this would not ordinarily be included as a "best friend" relationship.

Do you have a best friend? (NOTE NAME)

*Does s/he ever come to your house?
Or do you go to his/hers?
How long has s/he been X best friend?
What about X's other friends?
Is that different from X's other friendships?
Does "X" tell "best friend" things s/he wouldn't tell other people?
IF NO "BEST FRIEND" CURRENTLY, ASK:*

Has s/he had a best friend in the past?

CONFIDANT(E) AMONG PEERS

The presence of a confidante is demonstrated by a personal sharing of intimate feelings with one or more other people in a fashion that is selective to that relationship. The sharing may consist of hopes, worries, personal "secrets," ambitions, problems, fantasies, feelings of love or rejection, etc., but the sharing must be private to the relationship and it must involve some self-disclosure.

Do not include sibling relationships here.

Does X talk with anyone about his/her feelings?

FREQUENCY OF CONTACT WITH PEERS

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

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

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

BEST FRIEND

0 = Definite best friend in last year.

1 = Uncertain (including 3 or more close friendships described as "best").

2 = No best friend in last year.

CONFIDANT(E) AMONG PEERS OR OTHER ADULTS

0 = Definite confidant(e) with whom shared feelings in last year.

1 = Uncertain (including sharing of feelings to wider non-exclusive group).

2 = No confidant(e).

PAL5101 Intensity

PAL6101 Intensity

PAV0101 Intensity

Definitions and questions

CONFIDANT(E) IN FAMILY
Has s/he talked to you about worries or problems?

*Or anyone else in the family?
Who is that?
Does s/he share "secrets" with anyone?
Does s/he have a friend s/he has talked to about worries or problems?*

OTHER ADULT CONFIDANT(E)
Does X share her thoughts or personal problems with adults outside of the family?

Coding rules

CONFIDANT(E) IN FAMILY

0 = Definite confidant(e) with whom shared feelings in last year.

1 = Uncertain (including sharing of feelings to wider non-exclusive group).

2 = No confidant(e)

OTHER ADULT CONFIDANT(E)

0 = Definite confidant(e) with whom shared feelings in last year.

1 = Uncertain (including sharing of feelings to wider non-exclusive group).

2 = No confidant(e)

Codes

PAL8101
Intensity

PAL9101
Intensity

FOR REVIEW ONLY

Definitions and questions

DIFFICULTY MAKING OR KEEPING FRIENDS

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

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

Does X have any difficulty making friends with other children?

Does s/he have any trouble keeping friends?

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

Does s/he often say that other children do not like him/her? What happens?

Do you think s/he's more shy than other boys/girls the same age?

Does that affect his/her making/keeping friends?

Or does s/he get into arguments or fights with friends or other children who might become friends?

How does she feel about that?

Does it bother him/her?

How long has s/he had difficulty making/keeping friends?

Has it always been like that, or can you remember when it started?

Coding rules

DIFFICULTY MAKING FRIENDS

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

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

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

DISCORD

0 = Absent

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

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

REASONS (CODE DOMINANT REASON)

1 = Shyness

2 = Physical aggression.

3 = Verbal aggression.

4 = Lack of interest.

5 = Other

Specify

Codes

PAM0I03
Intensity

PAM0I01

PAM0I02

PAM0O01
Onset

 / /

PAM0X01

FOR REVIEW ONLY

Definitions and questions

NUMBER OF ARGUMENTS WITH PEERS

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 kids when s/he is not at school?

*Who does s/he argue with?
Tell me about the last time.
How long do these arguments last?
How many arguments has s/he had with other kids away from school over the last three months?*

CONFLICTUAL RELATIONSHIP WITH FRIENDS

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

THIS ITEM IS GENERALLY CODABLE BASED ON INFORMATION ALREADY GIVEN.

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

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

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

SHYNESS WITH PEERS

Sensitive reluctance to approach peers who are little known to the subject.

CONSIDER SOCIAL ANXIETY ESPECIALLY IF SHYNESS IS PRESENT TO THE EXTENT THAT CONTACT IS ACTIVELY AVOIDED.

Do you think that X is more shy than other kids?

*In what way?
How shy?
Does that stop him/her from doing anything?
Can you tell me about last time it did?*

Coding rules

NUMBER OF ARGUMENTS

- 0 = Absent
- 2 = Present

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

- 0 = Absent
- 2 = Present with at least one friend.
- 3 = Most or all friendships characterized by conflictual relationships.

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

- 0 = Absent
- 2 = Present

SHYNESS WITH PEERS

- 0 = Absent
- 2 = Shyness involving definite discomfort on meeting new people with whom child has no special reason to feel usch discomfort.

Codes

PAM1XYZ 00
Intensity

PAM1F01
Frequency

PAM1O01
Onset

PAM2I01
Intensity

PAM2I02

PAM3I01
Intensity

Definitions and questions

SUBJECT IS TEASED/BULLIED

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

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

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

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

"SCHIZOID" LACK OF INTEREST IN PEOPLE

Child has pervasive lack of interest in peers that is not a consequence of anxiety; does not seek increased contact with them; and lacks a sense of closeness or involvement with other people.

Does s/he prefer doing things alone or with other people?

*Why is that?
Does s/he enjoy being with people?
How well does s/he fit in with other kids?*

Is s/he usually one of the group?

Is there anyone s/he feels really close to?

*Does s/he have a special friend?
Does s/he wish s/he had more friends?
Why doesn't s/he have more friends?*

Coding rules

CHILD TEASED OR BULLIED

0 = Absent

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

HOME

SCHOOL

ELSEWHERE

"SCHIZOID" LACK OF INTEREST IN PEOPLE

0 = Absent

2 = Present

Codes

PAM4I01
Intensity

PAM4F01
Home
Frequency

PAM4F02
School
Frequency

PAM4F03
Elsewhere
Frequency

PAM4O01
Onset

PAM5I01
Intensity

Definitions and questions

Coding rules

Codes

LACK OF EMPATHY

A lack of awareness of, and sensitivity to, other people's feelings. Lack of ability to detect other's feelings, not lack of willingness to respond to them. This lack is pervasive and not specific to any particular relationship.

Can s/he usually tell when other people are upset?

Or happy?

Is s/he good at understanding other people's feelings?

*What does s/he do?
How does s/he do it?*

LACK OF EMPATHY

0 = Absent

2 = Present

PAM6101
Intensity

FOR REVIEW ONLY

Definitions and questions

GIRLFRIEND/BOYFRIEND

A selective relationship with a member of the opposite sex, that involves joint activities. The relationship need not include any sexual activity.

IF CHILD IS AGE 11 OR ABOVE, ASK ABOUT BOYFRIEND/GIRLFRIEND.

Has X had a boyfriend/girlfriend in the last 3 months?

How long has s/he been dating him/her?

Has s/he ever been pregnant/gotten a girl pregnant?

How many times?

When was the first time?

What was the outcome?

Does X have any children?

How many?

ALSO CODE PREGNANCIES FOR GIRLS/BOYS IN LIFE EVENTS.

Coding rules

BOYFRIEND/GIRLFRIEND

0 = No

2 = Yes

BEEN PREGNANT/GOTTEN A GIRL PREGNANT

0 = Absent

2 = Present

PREGNANCY OUTCOME

0 = Still pregnant

1 = Miscarriage

2 = Abortion

3 = Live birth, mother kept child

4 = Live birth, father kept child

5 = Child adopted or cared for by another family member

6 = Child released for extra-familial adoption

7 = Child in foster care

8 = Live birth: mother, father and child live together

9 = Live birth: mother and father live separately, however child lives equal time with each

NUMBER OF CHILDREN; CODE ACTUAL NUMBER OF LIVING CHILDREN

Codes

PAM7I01
Intensity

Ever:XYZcba800
Intensity

Ever:PANOV01
Frequency

PAN0O01
Onset

PAN1I01

PAN1I02

PAN1I03

PAN2F01

FOR REVIEW ONLY

Definitions and questions

INDISCRIMINATE ADULT RELATIONSHIPS

The child is reported to be willing to be friendly towards almost any adult, to a degree unusual for his/her developmental age, social group, and familiarity with the adult. The child demonstrates reduced or absent reticence around unfamiliar adults. Behavior is inappropriate for contact with unfamiliar adults.

Often the child appears "needy" or "clingy," and behaves inappropriately with unfamiliar adults. This item should only be coded as being present when the child's behavior is clearly outside normal limits. If in doubt, code this item as being absent. A child who is simply friendly or polite to adults would not code here.

Does X seem desperate for affection from adults?

Is s/he overly friendly with strangers?

Does s/he seem to be really needy or clingy to whatever adult is around?

Does s/he seem to need affection from whatever adult is near?

*Is X sensible about being friendly with adults?
Is that more than average for a child his/her age, do you think?
Does it worry you?
Do you think it's a problem?
Has s/he always been like that?*

Coding rules

INDISCRIMINATE ADULT RELATIONSHIPS

0 = Absent

2 = Indiscriminate in adult relationships but parent does not regard this as a problem.

3 = Indiscriminate in adult relationships to degree that parent regards as a problem.

Codes

PAN7I01
Intensity

PAN7O01
Onset

FOR REVIEW ONLY

Definitions and questions

INDISCRIMINATE PEER RELATIONSHIPS

The child is reported to be willing to be friendly towards almost any peer, to a degree unusual for his/her developmental age, social group, and familiarity with the peer in question. Behavior is inappropriate for contact with unfamiliar peers.

For example, the child might call another child his/her best friend or ask another child to give him/her the child's toy right after meeting him/her. Or hug, kiss, or touch another child who is unfamiliar to the child.

Does X seem desperate for affection from other children?

Is s/he overly friendly with children s/he doesn't know well?

Does s/he seem to be really needy or clingy?

Does s/he seem to need a lot of affection from other children?

Does it worry you?

Do you think it's a problem?

When did s/he start acting this way?

Coding rules

INDISCRIMINATE PEER RELATIONSHIPS

0 = Absent

2 = Indiscriminate in peer relationships but parent does not regard this as a problem.

3 = Indiscriminate in peer relationships to degree that parent regards as a problem.

Codes

PAN8101
Intensity

PAN8001
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**SCHOOL/WORK PERFORMANCE AND
BEHAVIOR
SCHOOL PERFORMANCE AND BEHAVIOR**

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

GENERAL SCHOOL INFORMATION

GET A GENERAL PICTURE OF THE CHILD'S LIFE IN THE SCHOOL.

TYPE OF SCHOOL

CHILD ATTENDS SCHOOL.

Which school does X go to?

What grade is s/he in?

Has s/he ever repeated a grade?

Has s/he ever skipped a grade?

How many weeks was s/he in school in the last 3 months?

Did s/he attend each day?

*Was s/he out for sickness?
Vacation?*

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

How does s/he like school?

How does s/he get along with the teachers?

*Which teacher does s/he like best?
Are there any teachers whom s/he really dislikes?
How is s/he you getting along in school?*

What are his/her report cards like?

What sort of trouble does s/he get into at school?

*Has s/he ever been sent home from school?
Has s/he ever been expelled?
Or suspended?
Had in-school suspension?*

How does s/he get along with the kids at school?

*How much does s/he get into fights?
Are these friendly fights or real fights?*

CURRENT GRADE OR GRADE LAST COMPLETED

EVER REPEATED GRADE.

EXCLUDE WEEKS OF VACATION OR EXTENDED ILLNESS. INCLUDE WEEKS WHEN ENROLLED BUT MISSED SCHOOL BECAUSE OF TRUANCY OR WORRY/ANXIETY.

TYPE OF 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 LAST GRADE COMPLETED

EVER REPEATED GRADE

0 = No

2 = Yes

EVER SKIPPED A GRADE

0 = No

2 = Yes

PRIMARY PERIOD: NUMBER OF WEEKS ENROLLED IN SCHOOL IN LAST 3 MONTHS

PRIMARY PERIOD: NUMBER OF DAYS PRESENT

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

PBA1XYZ 00
Intensity

PBAOX01

PBA1X01

PBA2X01

PBA2X02

PBA3D01

PBA4F01

PBA5F01

Definitions and questions

Coding rules

Codes

**IF CHILD IS STILL IN SCHOOL,
COMPLETE. OTHERWISE , SKIP TO
"SCHOOL INFORMATION FOR THOSE
WHO HAVE LEFT SCHOOL", (PAGE 8).**

FOR REVIEW ONLY

Definitions and questions

NUMBER OF WEEKS ENROLLED IN SCHOOL - SECONDARY PERIOD

Beginning date of last month period when enrolled in school.

ENROLLED DURING A SECONDARY PERIOD.

IF CHILD NOT ENROLLED IN SCHOOL 4 WEEKS IN LAST 3 MONTHS, CODE BEGINNING DATE OF LAST 4 WEEKS WHEN WAS IN SCHOOL

NUMBER OF WEEKS ENROLLED IN SCHOOL - TERTIARY PERIOD

Beginning date of last 4 week period when child present in school 1 day per week.

ENROLLED IN TERTIARY PERIOD.

IF CHILD NOT ENROLLED IN SCHOOL 4 WEEKS IN LAST 3 MONTHS, CODE BEGINNING DATE OF LAST 4 WEEKS WHEN WAS IN SCHOOL 1 DAY PER WEEK

SAFETY OF SCHOOL

How safe is the school?

Does s/he feel that it is a dangerous place to be?

Coding rules

SECONDARY PERIOD

- 0 = No
- 2 = Yes

SECONDARY PERIOD: NUMBER OF DAYS PRESENT

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

ENROLLED IN TERTIARY PERIOD

- 0 = No
- 2 = Yes

TERTIARY PERIOD: NUMBER OF DAYS PRESENT

SAFETY OF SCHOOL

- 0 = Child feels safe.
- 2 = Child reports feeling unsafe.
- 3 = Child restricts activities because of lack of safety.

Codes

abc0001
Intensity

PBA6O01
Onset

PBA6F01

PBA6F02

abc0002
Intensity

PBA7O01
Onset

PBA7F01

PBA8I01
Intensity

Definitions and questions

FREE OR REDUCED PRICE MEAL PROGRAM

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

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

Did you fill in a form about your income?

NUMBER OF 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?

Who does s/he argue with?

Tell me about the last time.

How long do these arguments last?

Did the arguments ever get physical?

What happened?

Coding rules

FREE OR REDUCES PRICE MEAL PROGRAM

0 = No

2 = Yes

NUMBER OF ARGUMENTS WITH TEACHERS

0 = Absent

2 = Present

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

0 = Absent

2 = Present

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (FREQUENCY)

NUMBER OF ARGUMENTS WITH TEACHERS (WITH PHYSICAL VIOLENCE)

Codes

PBG0101
Intensity

BCAYXZ5 00
Intensity

PBB7F01
Frequency

PBB7O01
Onset

PBB8I01

PBB8F01

PBB8O01

FOR REVIEW ONLY

Definitions and questions

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT 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.

Has s/he hit a teacher over the last three months?

NUMBER OF ARGUMENTS WITH PEERS AT SCHOOL

Does s/he have arguments with peers at school?

Who does s/he argue with?

Tell me about the last time.

How long do these arguments last?

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

Coding rules

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS WITH TEACHER)

0 = Absent

2 = Present

NUMBER OF ARGUMENTS WITH PEERS AT SCHOOL

0 = Absent

2 = Present

Codes

PBB9I01
Intensity

PBB9F01
Frequency

PBB9O01
Onset

ABCM204
Intensity

PBCOF01
Frequency

PBCO001
Onset

FOR REVIEW ONLY

Definitions and questions

AFTER SCHOOL WORK

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

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

What does s/he do?

How many hours a week does s/he work?
How long has s/he been working?

Has s/he ever been dismissed from a job?

Why was that?

Coding rules

CURRENTLY WORK AFTER SCHOOL

- 0 = Absent
- 2 = Present

EVER DISMISSED FROM JOB

- 0 = Absent
- 2 = Present

Codes

PBC1I01
Intensity

PBC1F01
Frequency

PBC1O01
Onset

PBC2I01

FOR REVIEW ONLY

Definitions and questions

WORK PERFORMANCE AND BEHAVIOR

SCHOOL INFORMATION FOR THOSE WHO HAVE LEFT SCHOOL

School Information for Those Who Have Left School Officially

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

Those 16 or over can officially leave school if either:

- 1) youth or parent informs the school by letter, by telephone, or by official drop out form, or
- 2) youth has dropped out: parents or teachers no longer expect him/her to be in school and subject does not go to school at all. S/he may have a 40 hour a week job.

Graduating is not the same as officially leaving school and is coded separately.

If the student dropped out and then has re-enrolled and/or graduated, to not code as having officially left school.

Suspensions and expulsions are not included here but in the Incapacities section.

Code date left school. If the subject has left more than once, code the most recent occasion.

When did s/he leave school?

What was the last grade s/he completed?

Had s/he ever repeated a grade?

Did s/he graduate before leaving?

IF NOT GRADUATE, ASK

Has s/he gotten his/her GED?

Or attended night school?
Or another alternative school?

IF CHILD NOT PRESENT IN SCHOOL 1 DAY A WEEK FOR 4 WEEKS IN SECONDARY PERIOD, CODE BEGINNING DATE OF 4 WEEK PERIOD WHEN WAS IN SCHOOL 1 DAY PER WEEK.

Coding rules

LEFT SCHOOL OFFICIALLY

- 0 = No
- 2 = Yes

SECONDARY PERIOD: LAST MONTH PERIOD WHEN ENROLLED IN SCHOOL

SECONDARY PERIOD: NUMBER OF DAYS PRESENT

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

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

TERTIARY PERIOD: NUMBER OF DAYS PRESENT

LAST GRADE COMPLETED

EVER REPEATED GRADE

- 0 = No
- 2 = Yes

GRADUATED

- 0 = Yes
- 2 = No

EARNED GED

- 0 = Yes
- 2 = No

COMPLETE ALTERNATIVE SCHOOL PROGRAM

- 0 = Yes
- 2 = No

Codes

PBA9I01
Intensity

PBA9O01
Onset

PBB0O01

PBB0F01

PBB0F02

PBB1O01

PBB1F01

PBB2X01

PBB3I01

PBB4I01

PBB5I01

PBB6I01

Definitions and questions

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

Has s/he ever had a job?

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

What does s/he do?

How many hours a week does s/he work?
Has s/he ever worked 20 or more hours a week?
How many weeks has s/he worked in the last 3 months?
When did s/he get his/her first job?
How many jobs has s/he has in his/her life?
Has s/he ever been dismissed from a job?

What is the longest s/he has been without a job?

CURRENTLY EMPLOYED

CODE ONLY IF OFFICIALLY LEFT SCHOOL

CODE NUMBER OF WEEKS UNEMPLOYED

Coding rules

REGULAR EMPLOYMENT

0 = Absent
 2 = Present

CURRENTLY EMPLOYED

0 = Absent
 2 = Present

CURRENTLY EMPLOYED >20 HR/WEEK

0 = Absent
 2 = Present

NUMBER OF WEEKS WORKED IN PAST 3 MONTHS

DATE FIRST JOB BEGAN SINCE LEAVING SCHOOL

EVER: NUMBER OF JOBS HELD

EVER: DISMISSED FROM JOB

0 = Absent
 2 = Present

EVER: LONGEST PERIOD OF UNEMPLOYMENT

Codes

Ever:PCB30XX
 00

Intensity

PBC3I01

Intensity

PBC3I02

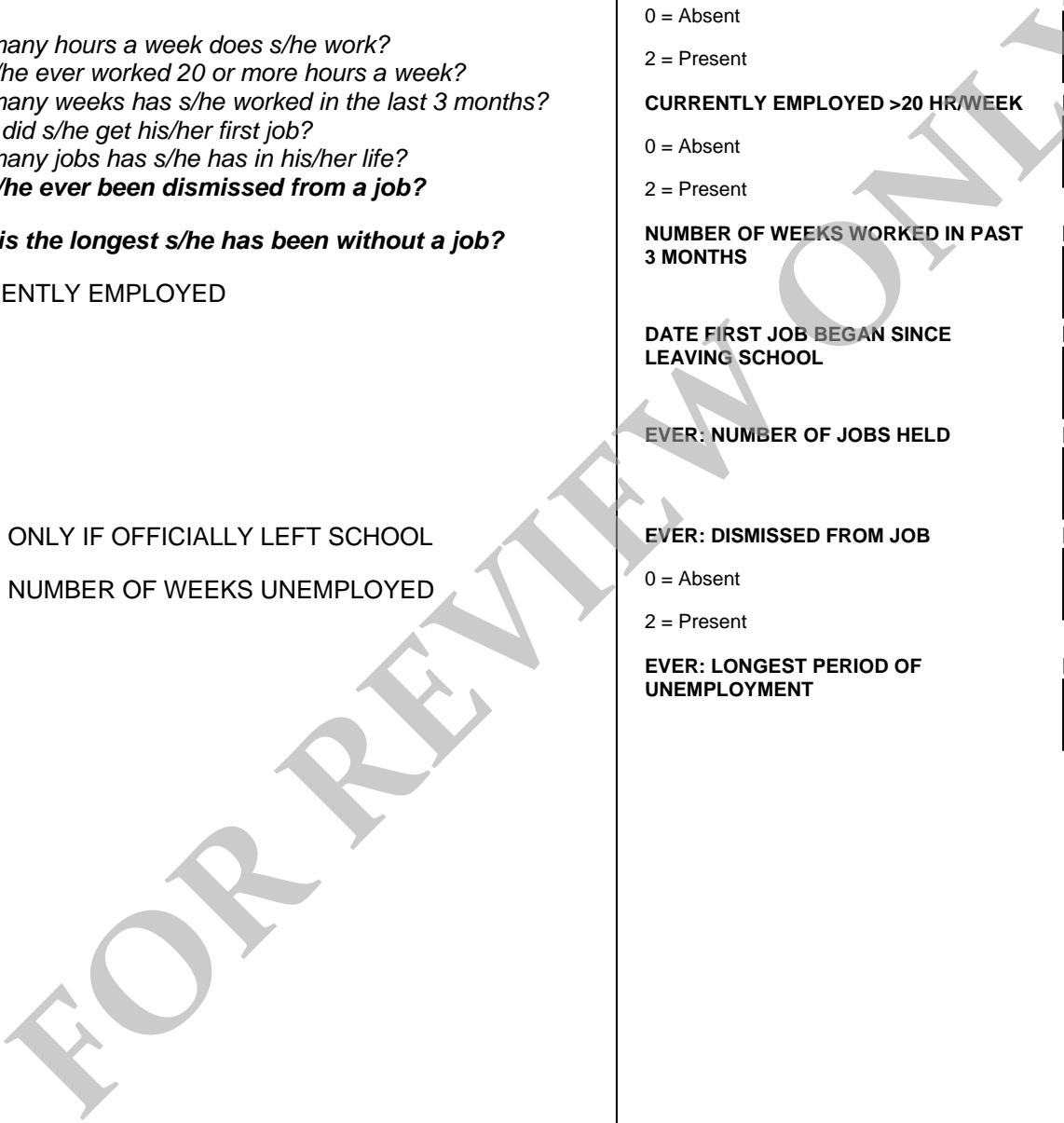
PBC3F01

PBC3O01

Ever:PBC3V01

Ever:PBC4E01

Ever:PBC5V01



Definitions and questions

Coding rules

Codes

PATTERN OF NON-ATTENDANCE (TRUANCY)

LAST 3 MONTHS: MISSING TIME AT SCHOOL (TRUANCY)

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.

Has s/he skipped school in the last 3 months?

NUMBER OF 1/2 DAYS IN SCHOOL PERIOD WHEN ENROLLED IN SCHOOL

EVER: MISSING TIME AT SCHOOL (TRUANCY)

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.

Has X ever skipped school?

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

How often?

What about during the last 3 months?

Why was that?

Tell me about the last time.

What did s/he do?

What was s/he up to?

Was s/he on his/her own or with other children/people?

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

How often?

Why was that?

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

SKIPPED SCHOOL

0 = Absent

2 = Present

PBC6I01
Intensity

MISSING TIME AT SCHOOL

PBC6F01

EVER: SKIPPED SCHOOL (TRUANCY)

0 = Absent

2 = Present

Ever:PBC6E01
Intensity

Ever:PBC6O01
Onset

Definitions and questions

Coding rules

Codes

IF MISSED AT LEAST 1 HALF DAY, NO ACCEPTABLE REASON FOR SCHOOL ABSENCE, AND ABSENCE NOT DUE TO WORRY/ANXIETY, COMPLETE. OTHERWISE , SKIP TO "ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT", (PAGE 13).



FOR REVIEW ONLY

Definitions and questions

STAYS AT HOME SOME MORNINGS (TRUANCY)

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

How often?
What do you do when s/he doesn't want to go to school?
Do you try to make him/her go?
What about your "partner"?
What happens then?
Tell me about the last time it happened.
Is it like that every morning?

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.

Do you have to take X to school sometimes to make sure that s/he will go?

How often?
What happens?

PARENTAL COLLUSION (TRUANCY)

The child is out of school, meeting criteria for truancy (above). 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 X doesn't want to go to school?

Do you think s/he should be going to that school?
Does X's not going to school bother you?
What about your "partner"?

Coding rules

STAYS AT HOME SOME MORNINGS

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

HAS TO BE TAKEN TO SCHOOL

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

PARENTAL COLLUSION

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

Codes

PCBC7I0100
Intensity

PCBC7F0100
Frequency

PBC8I01
Intensity

PBC8F01
Frequency

PBC9I01
Intensity

Definitions and questions

RUNS OUT OF SCHOOL (TRUANCY)

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

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

What happens when s/he leaves school?

Where does s/he go?

What does s/he do?

Is that on his/her own or with someone else?

Who?

Coding rules

PRESENT 2

0 = Absent

2 = Present

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

0 = No

2 = Yes

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

0 = No

2 = Yes

CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF ALONE (TRUANCY) - FREQUENCY

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

0 = No

2 = Yes

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

Codes

zyxabc9 00 Intensity

PBD0I01

PBD0F01 Frequency

PBD1I01

PBD1F01

PBD2I01

PBD2F01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**SCHOOL/SEPARATION ANXIETY
WORRY/ANXIETY OVER SCHOOL
ATTENDANCE AND SEPARATION**

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

Has s/he been worried at all about going to school?

Has s/he ever been unable to go to school because s/he was worried or upset?

Has s/he ever pretended to be sick so s/he won't have to go to school?

Have they missed any school due to being worried or upset in the last three months?

*Such as because of work or on vacation?
Would s/he worry about that?*

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

Has s/he been unable to go to school because s/he was worried, upset or pretended to be sick in the last 3 months?

FREQUENCY CODED AS NUMBER OF 1/2 DAYS IN SCHOOL PERIOD WHEN ENROLLED IN SCHOOL.

**EVER: SCHOOL NON-ATTENDANCE
(WORRY/ANXIETY)**

0 = Absent

2 = Present

Ever:PBD7E01
Intensity

Ever:PBD7O01
Onset

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

0 = No

2 = Yes

PBD7I01
Intensity

PBD7F01
Frequency

FOR REVIEW ONLY

Definitions and questions

LEGAL ACTION OR TREATMENT FOR SCHOOL NON-ATTENDANCE

Code legal action or treatment for school non-attendance, due to truancy or separation (worry anxiety) in the last three months.

IF TRUANCY OR MISSING SCHOOL DUE TO ANXIETY, ASK FOLLOWING QUESTIONS. OTHERWISE CODE AS ABSENT.

Has anybody done anything about X's missing school?

Like a school counselor?

Who?

What have they done?

Has anyone else tried to help you get X back to school?

What have they done?

Have they taken any legal action?

Coding rules

LEGAL ACTION OR TREATMENT FOR SCHOOL NON-ATTENDANCE

0 = Absent

2 = Present

SCHOOL-BASED RESPONSE TO NON-ATTENDANCE

0 = None

2 = Any school-based disciplinary action

3 = Counselling or other therapeutic response

PROFESSIONAL INVOLVEMENT FOR SCHOOL NON-ATTENDANCE

0 = No

2 = Involvement of any professional from mental health services who would not normally be involved with child. Include psychologists, doctors, etc.

LEGAL ACTION FOR SCHOOL NON-ATTENDANCE

0 = No

2 = Code here only when legal action actually under way. Do not code threats of legal action.

Codes

xbayzc4200
Intensity

PBD3I01

PBD4I01

PBD5I01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

SCREEN: SCHOOL ATTENDANCE/SEPARATION (WORRY/ANXIETY) POSITIVE

NB: IF SCHOOL NON-ATTENDANCE IN THE LAST THREE MONTHS DUE TO WORRY/ANXIETY, CODE SCREEN AS POSITIVE.

Has s/he been worried at all about going to school in the last 3 months?

*What happens when s/he's worried about school?
Does s/he get anxious or upset on school morning?*

Does s/he worry or get upset about being away from you?

Does s/he worry when you go out without him/her?

Or when s/he's at school?

*What about if you go away without him/her?
Such as because of work or on vacation?
Would s/he worry about that?*

IF SCHOOL ATTENDANCE/SEPARATION ANXIETY SCREEN POSITIVE, COMPLETE. OTHERWISE, SKIP TO "EXCESSIVE NEED FOR REASSURANCE", (PAGE 4).

SCREEN: SCHOOL NON-ATTENDANCE (WORRYING/ANXIETY)

0 = Absent

2 = Present

PBD6101 Intensity

FOR REVIEW ONLY

Definitions and questions

WORRIES/ANXIETY OVER GOING TO SCHOOL

WORRIES/ANXIETY ABOUT LEAVING HOME

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

Does s/he ever worry about leaving home to go to school?

Is s/he frightened about having to leave home?

Why?
What does s/he say about it?
What does s/he think might happen?
Does s/he ever end up staying at home?
Or leaving school early, before s/he should?

How long does this last?
Can you reassure him/her or distract him/her?
How often does this happen?
How long does s/he remain upset or worried?
Once you actually leave the house (for example, are in the car), how long does it take for him/her to calm down?
Can s/he say why s/he is afraid or worried?

When did s/he start acting this way?

ANTICIPATORY FEAR OF SCHOOL

Anticipatory worry or subjective anxious affect related to school situation.

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

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

Why?
Do you think that s/he worries about school when s/he's not there?

How do you know that?
What does s/he do about it?
Can s/he stop being frightened?
Can anyone manage to reassure him/her?

Coding rules

WORRIES/ANXIETY ABOUT LEAVING HOME

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

HOURS : MINUTES

ANTICIPATORY FEAR OF SCHOOL

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

HOURS : MINUTES

Codes

PBD8I01
Intensity

PBD8F01
Frequency

PBD8D01
Duration

PBD8O01
Onset

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?

*What does s/he think might happen?
What do you do about that?
Does s/he worry about it even when s/he's at home?
What does s/he say about it?
Can you manage do reassure him/her?*

PHYSICAL SYMPTOMS OF SEPARATION

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

Does s/he get any aches or pains on school days?

Or at other times when s/he's seperated from you or your "partner"?

Does s/he ever feel sick at these times?

*Or get headaches?
Or stomachaches?*

REMEMBER TO COMPLETE ANXIOUS AUTONOMIC SYMPTOMS.

NUMBER OF DAYS IN PRIMARY PERIOD

When did it start?

Coding rules

FEAR WHEN AWAY OF WHAT WILL HAPPEN AT HOME

0 = Absent

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

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

HOURS : MINUTES

PHYSICAL SYMPTOMS ON SEPARATION

0 = No

2 = Yes

Codes

PBE0I01
Intensity

PBE0F01
Frequency

PBE0D01
Duration

PBE0O01
Onset

PBE1I01
Intensity

PBE1F01
Frequency

PBE1O01
Onset

Definitions and questions

Coding rules

Codes

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

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

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

Does s/he stay at home sometimes?

When is that?

How often?

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?

What happens then?

Tell me about the last time it happened.

Is it like that every morning?

QUESTION IN DETAIL TO DIFFERENTIATE STAYING AT HOME BECAUSE OF ANXIETY, OR OTHER EMOTIONAL DISTURBANCES, FROM STAYING AT HOME FOR OTHER REASONS.

When was the first time this happened?

**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 X to school sometimes?

Why is that?

How often?

What happens?

**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.

PBE2I01
Intensity

PBE2O01
Onset

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

0 = No

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

PBE3I01
Intensity

PBE3F01
Frequency

FOR REVIEW ONLY

Definitions and questions

RUNS OUT OF SCHOOL (WORRY/ANXIETY)

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

Are there ever times when s/he just can't bear to go into school?

What is it that makes it difficult for him/her to go into school?
Or when s/he leaves school without permission

Why does s/he leave?
Where does s/he go?
Who with?
Do you know what s/he does then?
What have you done about that?
What has the school done?

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.

SEPARATION ANXIETY POSITIVE

Endorsement of separation questions requires that you do the whole section.

Endorsement of worry/anxiety over school attendance questions only, allows you to skip the separation part of the section.

Separation anxiety would code "yes" if child has worries/anxieties about being separated from parent(s). If child has worries/anxieties about school attendance only, code "no".

NB. INTERVIEWER USE INFORMATION ALREADY COLLECTED TO CODE THIS ITEM.

Coding rules

RUNS OUT OF SCHOOL (WORRY/ANXIETY)

- 0 = Absent
- 2 = Present

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

- 0 = Absent
- 2 = Present

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

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

- 0 = Absent
- 2 = Present

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

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

- 0 = Absent
- 2 = Present

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

SEPARATION ANXIETY POSITIVE

- 0 = No
- 2 = Yes

Codes

zyxabc4 00
Intensity

PBE4I01

PBE4F01

PBE5I01

PBE5F01

PBE6I01

PBE6F01


PBD6I03
Intensity

Definitions and questions

Coding rules

Codes

**IF SEPARATION ANXIETY PRESENT,
CONTINUE. OTHERWISE, SKIP TO
"EXCESSIVE NEED FOR
REASSURANCE", (PAGE 4).**



FOR REVIEW ONLY

Definitions and questions

SEPARATION ANXIETY

SEPARATION WORRIES/ANXIETY

Excessive worries or fear concerning separation from the persons to whom the affected child is attached.

There are 2 forms of Separations Worries/Anxiety:

Worries/Anxiety about Possible Harm, and Worries/Anxiety about calamitous Separation.

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.

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.

Tell me how X reacts when s/he is separated from you or other household members.

Does s/he seem afraid of being away from you?

Does s/he worry when you are away?

Or when s/he has to leave you?

When s/he's away from you, does s/he worry that you might come to some harm?

Or that you might leave him/her?

What does s/he say?
What do you do about it?
Can you stop him/her worrying?
What do you do?

Does s/he worry that s/he might come to some harm while s/he's away from the family?

What does s/he do about it?
What happens at school time?
What happens if a friend asks him/her to go out?
Can you stop X worrying about that?

Coding rules

SEPARATION WORRIES/ANXIETY

0 = Absent

2 = Worrying or anxiety 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 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.

WORRIES ABOUT CALAMITOUS SEPARATION

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.

Codes

PBE7I01
Intensity

PBE7F01
Frequency

PBE7D01
Duration

PBE7O01
Onset

PBE8I01

PBE9I01

Definitions and questions

RISING TO CHECK ON FAMILY MEMBERS

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

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

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

How often does s/he do that?

How often does s/he do that?

Does s/he wake you up when s/he checks on you?

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

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

AVOIDANCE OF SLEEPING AWAY FROM FAMILY

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

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)?

IF NO, ASK:

Has s/he ever been asked to sleep over?

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

Coding rules

RISES TO CHECK ON FAMILY MEMBERS

0 = Absent

2 = Sometimes rises to check on family members but without waking them.

3 = Wakes family members up when checks on them.

AVOIDANCE OF SLEEPING AWAY FROM FAMILY

0 = Absent

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

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

Codes

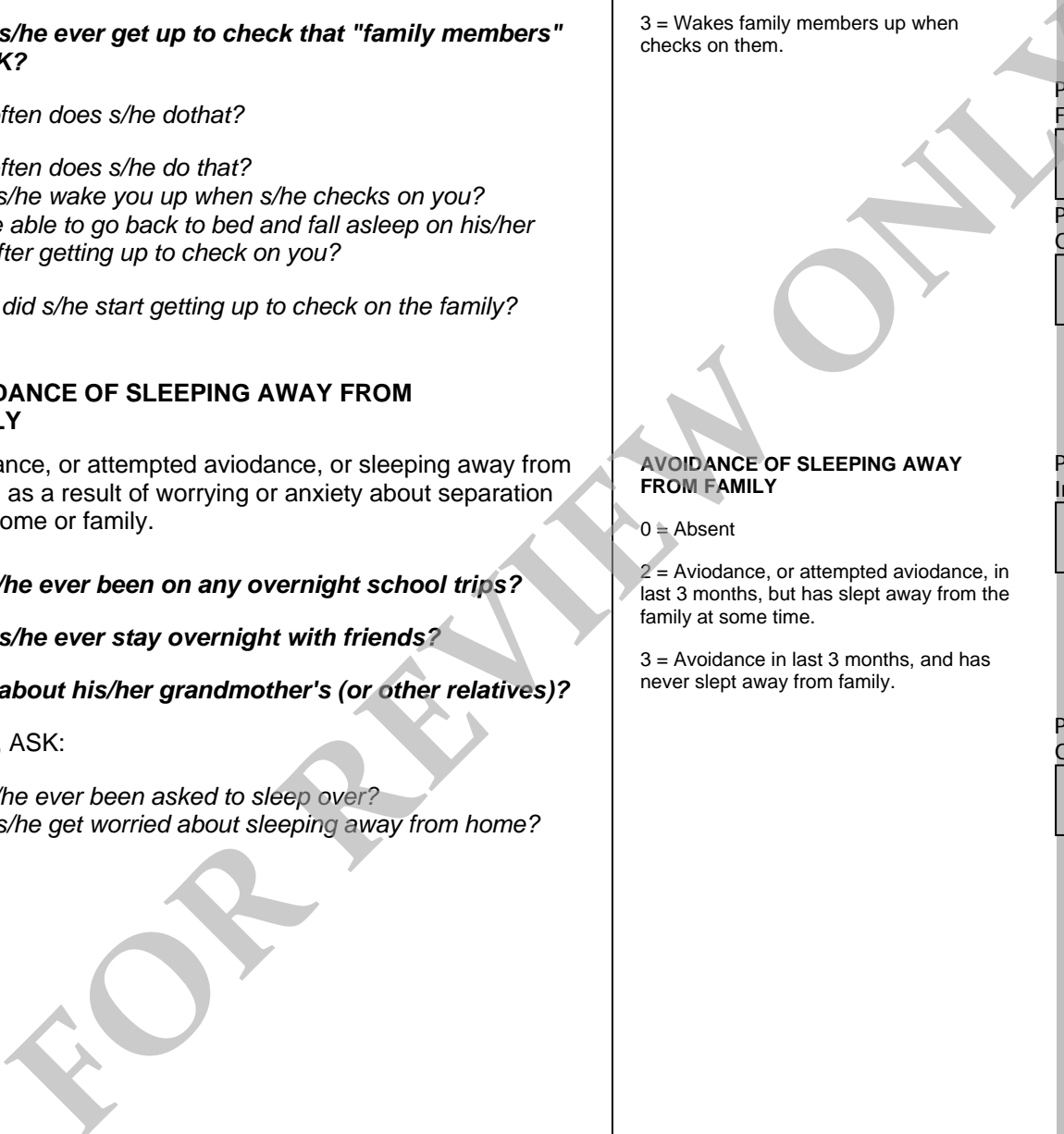
PBF1I01
Intensity

PBF1F01
Frequency

PBF1O01
Onset

PBF2I01
Intensity

PBF2O01
Onset



Definitions and questions

SEPARATION DREAMS
 Unpleasant dreams involving theme of separation.

Has s/he had any nightmares about leaving you?

How often?

How often does s/he have these bad dreams?
Did they wake him/her from sleep?

AVOIDANCE OF BEING ALONE
 Persistent avoidance of being alone due to anxiety about being away from attachment figures.

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

Why is that?
What does s/he do?
What do you do?

When did it start?
How do you respond?

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?

Or when s/he has to leave you?

Coding rules

SEPARATION DREAMS

- 0 = Absent
- 2 = Separation dreams recalled
- 3 = Separation nightmares wake child.

AVOIDANCE OF BEING ALONE

- 0 = Absent
- 2 = At least sometimes tries to avoid being alone because of at least sometimes uncontrollable worry or anxiety about being away from attachment figures.
- 3 = Almost always tries to avoid being alone because of nearly always uncontrollable worry or anxiety about being away from attachment figures.

ANTICIPATORY DISTRESS

- 0 = Absent
- 2 = At least sometimes uncontrollable distress related to potential separation from attachment figures. At least sometimes unresponsive to reassurance and occurring in at least 2 activities.
- 3 = Nearly always uncontrollable distress related to potential separation from attachment figures. Usually unresponsive to reassurance and occurring in most activities.

Codes

PBF3I01
Intensity

PBF3F01
Frequency

PBF3O01
Onset

PBF4I01
Intensity

PBF4O01
Onset

PBF5I01
Intensity

PBF5O01
Onset

Definitions and questions

WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT

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

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

- How does s/he feel?*
- Can s/he concentrate?*
- Does anything make him/her feel better?*
- What is s/he's with friends?*

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 get homesick?*
- What's that like?*
- What does s/he do?*

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.

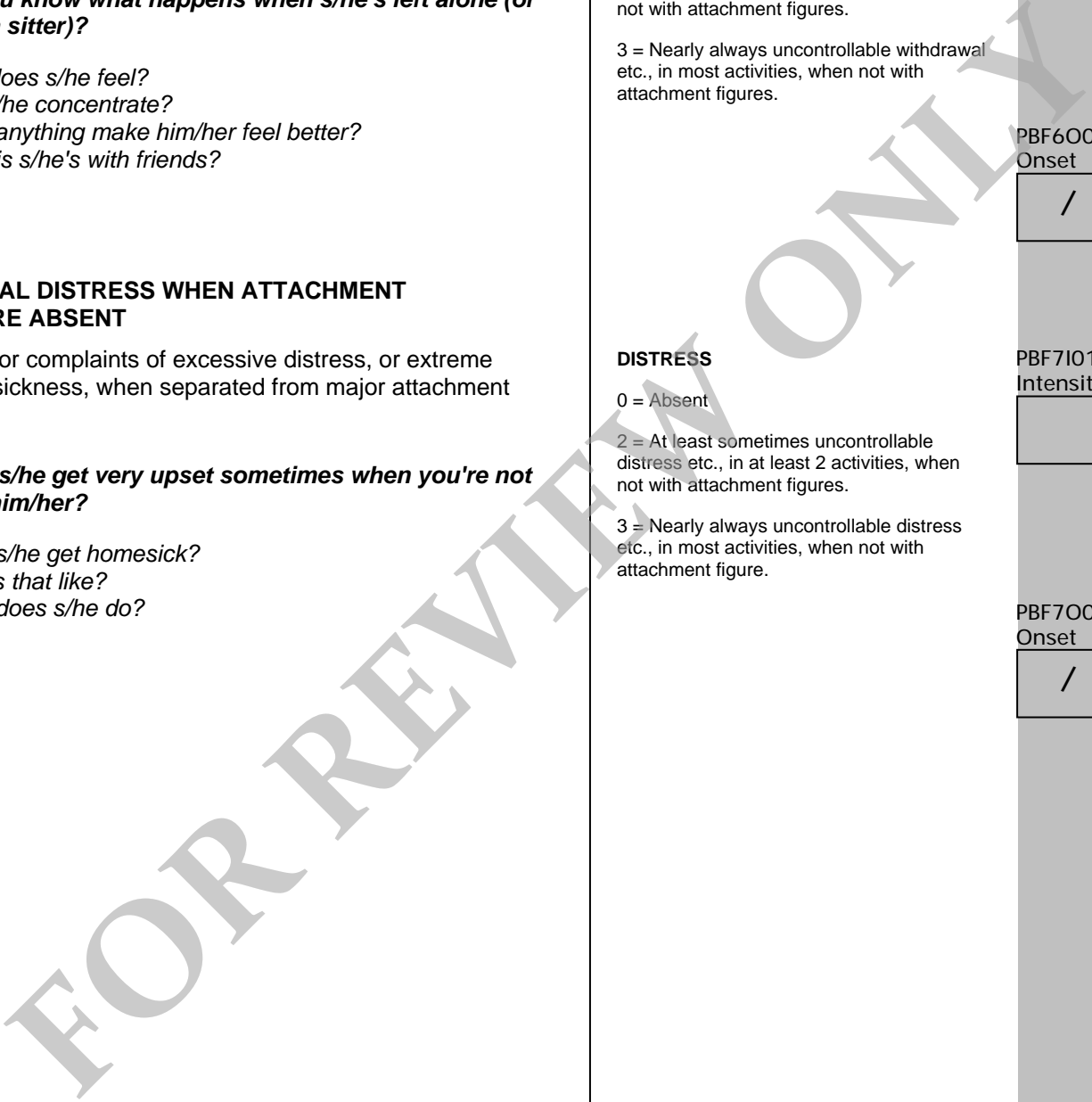
Codes

PBF6I01
Intensity

PBF6O01
Onset

PBF7I01
Intensity

PBF7O01
Onset



Definitions and questions

WORRIES

GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY. WORRIES

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

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

Most people have got some worries. What does X worry about?

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

Does s/he worry about what will happen in 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 how good s/he is at sports?*

Does s/he worry about what people think of her?

Does s/he get worried when other people are around?

Or worry about how s/he is with other people?

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 money?

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.

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

Codes

PCA0101
Intensity

PCA0102

PCA0103

PCA0104

PCA0105

PCA0106

PCA0107

Definitions and questions

Does s/he have other worries?

- What are they?
- What is it like when s/he worries?
- Can you give me an example?
- Can s/he turn his/her mind to other things?
- Does worrying affect his/her concentration?
- Does worrying keep him/her awake at night?
- When s/he worries like that, how long does it last?
- How often does s/he worry like that in a day?
- How often has s/he worried like that in the last 3 months?
- Does s/he stop worrying if s/he wants to?
- Were there any times in the last 3 months s/he couldn't stop worrying?
- What is s/he doing when s/he is worrying like that?
- Does it make any difference what s/he is doing?
- What about if s/he is doing other things like TV or school work?
- When did s/he start worrying like that?

TOTAL DAILY DURATION OF AT LEAST 1 HOUR

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?

- That there may be something seriously wrong with him/her?
- What does s/he worry about?
- What does s/he think might happen?
- How much does s/he worry about that?
- Can s/he stop him/herself worrying?
- What happens when you try to reassure him/her?
- Has s/he been to a doctor?
- What did the doctor say?
- How long do the worries last?
- When did those worries start?

TOTAL DAILY DURATION OF AT LEAST 1 HOUR.

**IF WORRIES PRESENT, CONTINUE.
OTHERWISE , SKIP TO
"AGORAPHOBIA", (PAGE 4).**

Coding rules

OTHER WORRIES

- 0 = Absent
- 2 = Present

HOURS : MINUTES

HYPOCHONDRIASIS

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

HOURS : MINUTES

Codes

PCA0I08

PCA0F01
Frequency

PCA0D01
Duration

PCA0O01
Onset

PCA1I01
Intensity

PCA1F01
Frequency

PCA1D01
Duration

PCA1O01
Onset

Definitions and questions

Coding rules

Codes

[Redacted content]

[Redacted content]

FOR REVIEW ONLY

Definitions and questions

EXCESSIVE NEED FOR REASSURANCE

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

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?

Coding rules

EXCESSIVE NEED FOR REASSURANCE

0 = Absent

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

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

Codes

PCA2I01
Intensity

FOR REVIEW ONLY

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?

How bad is it?
When does that happen?
Does anything bring it on?
Do you know why?
What does s/he feel "nervous" about?
Can you get him/her to calm down?
If s/he concentrates on something, or is doing something s/he likes, does the nervousness go away?

TOTAL DAILY DURATION OF AT LEAST 1 HOUR.

How long does the feeling last?

When did it start?

Coding rules

NERVOUS TENSION

0 = Absent

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

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

HOURS : MINUTES

Codes

PCA3I01
Intensity

PCA3F01
Frequency

PCA3D01
Duration

PCA3O01
Onset

FOR REVIEW ONLY

Definitions and questions

SOCIAL ANXIETY

Subjective Anxious Affect specific to social interactions. There is desire for involvement with familiar people.

Include fear, self-consciousness, embarrassment, and concern about appropriateness of behavior when interacting with unfamiliar figures. Also include fear and anxiety when meeting or anticipating meeting a strange adult.

CONSIDER ALSO SHYNESS.

Does s/he become frightened when s/he has to meet or interact with people s/he doesn't know well?

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

Does s/he get upset when meeting new people?

Or extremely shy?

Does s/her ever become very silly, "showing off" in an anxious fashion?

*What happens?
Does s/he try to hide behind you or behind furniture?
Does s/he turn his/her face away?
Or refuse to speak?
Does s/he cry or scream?
Or become agitated?
Does s/he try to leave the room?
How long does s/he remain this way?
Can you help him/her become more comfortable in the situation?
Is s/he able to go to birthday parties and interact with the other children or does s/he stay near you and only watch the activities?
How about on the playground?
What effect has this fear had on X and on your family?
Do you change plans or routine so that s/he can avoid these situations?*

Coding rules

SOCIAL ANXIETY

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

HOURS : MINUTES

DISTRESS

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

SOCIAL ANXIETY - DISTRESS ONSET

AVOIDANCE

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

SOCIAL ANXIETY - AVOIDANCE ONSET

Codes

PCA6I01
Intensity

PCA6F01
Frequency

PCA6D01
Duration

PCA6O01
Onset

PCA7I01

PCA7O01

PCA8I01

PCA8O01

Definitions and questions

FEAR OF ACTIVITIES IN PUBLIC

Subjective Anxious Affect specific to the public performance of activities that do not elicit fear when performed in private. Include going to the bathroom at school or other public places, eating in public, speaking up in class , or undressing at school (ex. P.E.)

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

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

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

What happens?
How does it affect him/her?
Can s/he stop from feeling that way?
Does s/he do anything to avoid having to "do it" in front of others?
What effect has it had on what s/he does?

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

How long does that last?

Coding rules

FEAR OF ACTIVITIES IN PUBLIC

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

HOURS : MINUTES

DISTRESS

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

FEAR PF ACTIVITIES IN PUBLIC - DISTRESS ONSET

AVOIDANCE

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

FEAR OF ACTIVITIES IN PUBLIC - AVOIDANCE ONSET

Codes

PCA9I01
Intensity

PCA9F01
Frequency

PCA9D01
Duration

PCA9O01
Onset

PCB0I01

PCB0O01

PCB1I01

PCB1O01

Definitions and questions

AGORAPHOBIA

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

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

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

Is s/he afraid in open spaces?

Or going out in crowded places?

Or standing in line?

Or using public transportation?

Or riding in automobiles?

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

Does s/he do anything to avoid it?

Has it affected what s/he does?

What effect has it had?

How often has that happened in the last three months?

How long does that last?

Coding rules

AGORAPHOBIA

0 = Absent

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

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

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

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

HOURS : MINUTES

AVOIDANCE

0 = Absent

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 - AVOIDANCE ONSET

Codes

PCB2I01
Intensity

PCB2F01
Frequency

PCB2D01
Duration

PCB2O01
Onset

PCB3I01

PCB3O01

Definitions and questions

ANIMAL FEARS

Subjective Anxious Affect specific to animals.

Do not code spiders, insects, snakes or birds.

Do any animals frighten him/her?

*Which ones?
 What happens?
 Does she cry?
 Or have a tantrum?
 Or cling to you?
 Or "freeze up"?
 What does s/he do about it?
 Does s/he try to avoid them?
 How afraid is s/he?
 When did this fear start?*

How often has that happened in the last three months?

How long does that last?

Coding rules

FEAR OF ANIMALS

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

HOURS : MINUTES

TYPE OF ANIMAL FEARED

- 1 = Dogs
 - 2 = Cats
 - 3 = Mice/rats
 - 4 = Other mammals (horses, lions)
 - 5 = Bats
 - 10 = Other
- 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.

ANIMAL FEARS - AVOIDANCE ONSET

Codes

PCB4I01
Intensity

PCB4F01
Frequency

PCB4D01
Duration

PCB4O01
Onset

PCB4X01

PCB4X02

PCB4X03

PCB5I01

PCB5O01

Definitions and questions

FEAR OF INJURY

Subjective anxious affect specific to the possibility of being hurt.

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

What is that like?
Does it affect what s/he does?
In what way?
Does s/he become very afraid or upset when s/he gets a small cut or bruise?
What happens if you try to reassure him/her?

How often has that happened in the last three months?

How long does s/he stay afraid for?

Coding rules

FEAR OF INJURY

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

HOURS : MINUTES

AVOIDANCE

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

FEAR OF INJURY - AVOIDANCE ONSET

Codes

PCB6I01
Intensity

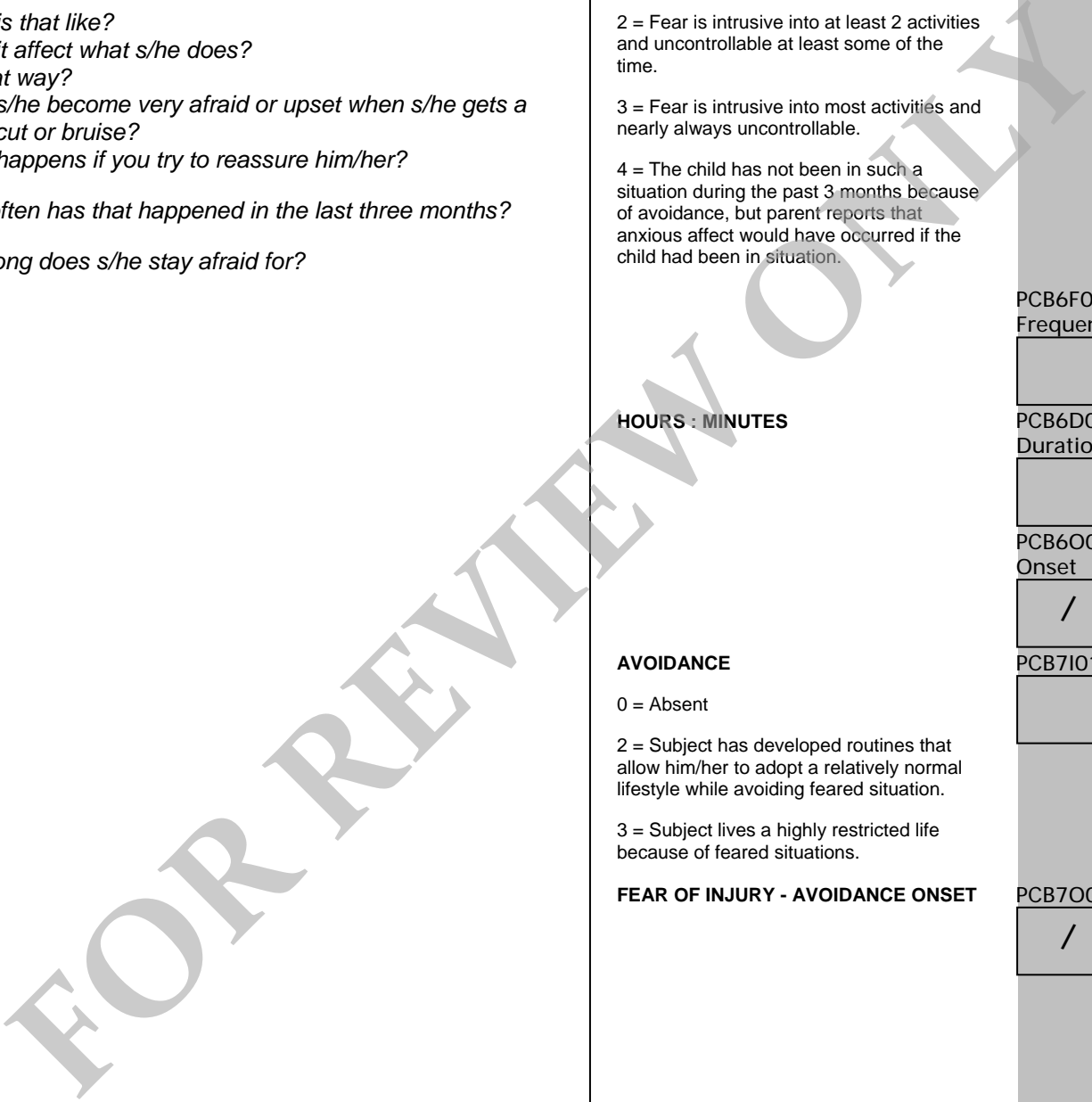
PCB6F01
Frequency

PCB6D01
Duration

PCB6O01
Onset

PCB7I01

PCB7O01



Definitions and questions

FEAR OF BLOOD/INJECTION

Subjective Anxious Affect in relation to sight of blood, receipt or sight of injections, or anticipation of sight of blood or injections.

AIDS-related fears are not coded here.

Distinguish from Fear of Doctor/Dentist

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

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

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

How does it affect him/her?
Can s/he stop himself/herself from being afraid?
Does s/he or you do anything to avoid it?
When did this fear start?

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

How long does s/he stay afraid for?

Coding rules

FEAR OF BLOOD/INJECTION

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

HOURS : MINUTES

AVOIDANCE

- 0 = Absent
- 1 = Child can be reassured about the sight of blood or cooperate about receiving a shot if accompanied/reassured.
- 2 = "Parent" has developed routines that allow child to avoid feared situation including postponing shots or immunizations.

AVOIDANCE - ONSET

Codes

PCE0I01
Intensity

PCE0F01
Frequency

PCE0D01
Duration

PCE0O01
Onset

PCE1I01

PCE1O01

Definitions and questions

ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR

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

IF YES, OR IF ONE OR MORE FEARS ALREADY ELICITED, CHECK ITEMS ON LIST BELOW. OTHERWISE, PROCEED TO SITUATIONAL ANXIOUS AFFECT.

Heights

Elevators or Escalators.

Insects and spiders

Snakes

Birds

The dark

Illness

Frightening things on TV and Movies

War

Other

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

How long does s/he stay afraid for?

IF NO ANXIETIES, SKIP TO "FREE FLOATING ANXIOUS AFFECT", (PAGE 11).

Coding rules

OTHER FEARS

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

Specify

HOURS : MINUTES

AVOIDANCE

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

ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR - AVOIDANCE ONSET

Codes

PCB8I01
Intensity

PCB8F01
Frequency

PCB8D01
Duration

PCB8O01
Onset

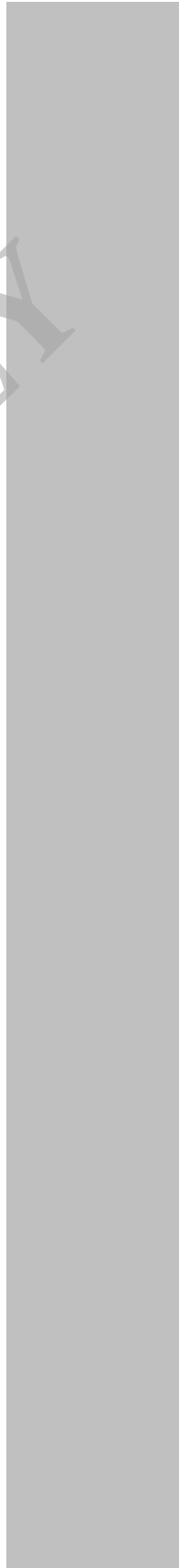
PCB9I01

PCB9O01

Definitions and questions

Coding rules

Codes



Definitions and questions

SITUATIONAL ANXIOUS AFFECT

Anxious Affect that occurs in certain situations/environments.

REVIEW NOTES OF THE ANXIETY CIRCUMSTANCES AND CODE THE PROVOKING OCCURRENCES OF ANY OF THE FORMS OF SPECIFIC ANXIOUS AFFECT.

REMEMBER TO COLLECT FREQUENCIES AND DURATIONS.

INTERVIEWER NOTE: IF ANY ANXIETY SYMPTOMS ARE PRESENT, CHOOSE A RATING AND COMPLETE SECTION.

Coding rules

SITUATIONAL ANXIOUS AFFECT

0 = Absent

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

2 = The child feels fear, or experiences anticipatory anxiety, that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences anticipatory anxiety, that is almost completely uncontrollable in most activities.

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

HOURS : MINUTES

Codes

PCC0I01
Intensity

PCC0F01
Frequency

PCC0D01
Duration

PCC0O01
Onset

FOR REVIEW ONLY

Definitions and questions

FREE FLOATING ANXIOUS AFFECT

Occurs unassociated with any particular situation; total daily duration of at least 1 hour.

Does s/he ever feel frightened without knowing why?

How often does this happen?

How long does each episode of anxiety last?

When did it start?

TOTAL DAILY DURATION OF AT LEAST 1 HOUR.

IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "PANIC ATTACKS", (PAGE 14).

Coding rules

FREE FLOATING ANXIOUS AFFECT

0 = Absent

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

2 = The child feels fear, or experiences free-floating anxiety that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences free-floating anxiety, that is almost completely uncontrollable in most activities.

HOURS : MINUTES

Codes

PCC1I01
Intensity

PCC1F01
Frequency

PCC1D01
Duration

PCC1O01
Onset

Definitions and questions

STARTLE RESPONSE

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

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

Does s/he startle more easily than most people?

*What sort of things makes him/her jump?
Are these the kinds of things that would make most people jump?
How many days a week does s/he jump like that?*

CONCENTRATION DIFFICULTIES

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

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

*What happens?
Can s/he focus on a game?
Does s/he seem to jump aimlessly from one activity to another because his/her anxiety makes it difficult for him/her to concentrate?
How many days a week does s/he have this kind of difficulty concentrating?*

EASY FATIGABILITY

Child becomes easily fatigued when anxious.

When s/he feels "anxious" does s/he get tired easily?

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

Coding rules

STARTLE RESPONSE

0 = Absent

2 = Startles to an exaggerated degree on slight provocation.

NUMBER OF DAYS IN THE LAST 3 MONTHS

CONCENTRATION DIFFICULTIES

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

NUMBER OF DAYS IN THE LAST THREE MONTHS

EASY FATIGABILITY

0 = Absent

2 = Feels fatigued after slight exertion but continues with tasks at hand.

3 = Fatigue leads to reduced performance of tasks at hand.

NUMBER OF DAYS IN THE LAST 3 MONTHS

Codes

PCC2I01
Intensity

PCC2F01

PCC3I01
Intensity

PCC3F01

PCC4I01
Intensity

PCC4F01

Definitions and questions

ANXIOUS AUTONOMIC SYMPTOMS

Autonomic symptoms accompanied by subjective anxious affect (occurs when child is frightened, worried or nervous).

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

What do you notice?
What does s/he tell you?

Do his/her muscles get tensed up?

Does s/he get jumpy?

Keyed up?
Agitated?
On edge?

Does s/he get restless?

Does s/he become more "wild" when s/he is scared or anxious?

Coding rules

AUTONOMIC SYMPTOMS

0 = Absent

2 = Present

MUSCLE TENSION

0 = Absent

2 = Present

JUMPINESS

0 = Absent

2 = Present

RESTLESSNESS

0 = Absent

2 = Present

Codes

PCD0190
Intensity

PCD0114

PCD0120

PCD0121

FOR REVIEW ONLY

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 that happened in the last 3 months?*
- What happens then?*
- Does it affect him/her physically at all?*
- When does it happen?*
- Does it occur for no good reason?*
- Does it sometimes happen "out of the blue"?*
- What triggers it?*
- Does s/he have to get out of the situation?*
- How long does it last?*
- What does s/he do?*
- Do you try to avoid situations where you might get panicky?*
- How many times has that happened in the last 3 months?*
- When did it start?*

IF NO PANIC ATTACKS, SKIP TO "SELECTIVE MUTISM", (PAGE 18).

Coding rules

PANIC ATTACKS

- 0 = Absent
- 2 = Panic attack that is of such severity that subject stops activity engaged in at the time.

FREE FLOATING

- 0 = Absent
- 2 = Panic attack unassociated with any particular situation.

SITUATIONAL

- 0 = Absent
- 2 = Panic attack that occurs in certain situations/environments.

HOURS : MINUTES

Codes

PCC5I01
Intensity

PCC5I02

PCC5I03

PCC5F01
Frequency

PCC5D01
Duration

PCC5O01
Onset

Definitions and questions

Coding rules

Codes

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?

DEPERSONALIZATION DURING PANIC ATTACK

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

When s/he got panicky, did s/he feel as if you weren't real?

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

Did you feel that you were outside your body looking at yourself from outside your body?

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, was s/he afraid of what s/he might do?

That you might fall down, or create a "scene"?

Did s/he feel like s/he was going crazy?

Or losing control of your mind?

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?

DEREALIZATION

0 = Absent

2 = Present

PCC6I01
Intensity

DEPERSONALIZATION

0 = Absent

2 = Present

PCC7I01
Intensity

FEAR OF LOSS OF CONTROL

0 = Absent

2 = Present

PCC8I01
Intensity

FEAR OF DYING

0 = Absent

2 = Present

PCC9I01
Intensity

Definitions and questions

Coding rules

Codes

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 her much?

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 your life much?

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 you might die?
Or go crazy?
Or lose control?*

CONCERN ABOUT ADDITIONAL PANIC ATTACKS

0 = Absent

2 = Present

PCE2I01
Intensity

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.

PCE3I01
Intensity

WORRY ABOUT IMPLICATIONS

0 = Absent

2 = Present

PCE4I01
Intensity

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?

What do you notice?

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

Does s/he feel like s/he is choking or smothering?

How?

Does it affect his/her breathing?

Does s/he breath faster?

Does it affect your heart?

Do you get a pain in your chest?

Do you get sweaty?

Or feel sick?

Coding rules

ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS

0 = Absent
2 = Present

DIZZINESS/FAINTNESS

0 = No
2 = Yes

CHOKING/SMOTHERING

0 = No
2 = Yes

DIFFICULTY BREATHING

0 = No
2 = Yes

RAPID BREATHING

0 = No
2 = Yes

PALPITATIONS/TACHYCARDIA

0 = No
2 = Yes

TIGHTNESS OR PAIN IN CHEST

0 = No
2 = Yes

SWEATING

0 = No
2 = Yes

NAUSEA

0 = No
2 = Yes

Codes

PCE5190
Intensity

PCE5101

PCE5103

PCE5104

PCE5105

PCE5106

PCE5107

PCE5108

PCE5109

Definitions and questions

Does it affect your stomach?

Does s/he get shaky or twitch?

Does s/he get flushed?

Does s/he get chills?

Does s/he have funny feelings in your fingers or toes?

Does his/her stomach churn?

*Does it only happen in certain situations?
Or can it happen any time?*

SELECTIVE MUTISM

Reluctance or inability to speak to certain persons or in certain situations, while able to speak adequately to other people in other situations. A change in speaking ability is selective in certain situations.

Are there some situations in which s/he finds s/he can't talk?

Or some people s/he can't talk to?

*Why is that?
What happens then?
What happens when s/he's encouraged to speak up?
When did it start?*

Coding rules

BUTTERFLIES/PAIN IN THE STOMACH

- 0 = No
- 2 = Yes

TREMBLING/SHAKING/TWITCHING

- 0 = No
- 2 = Yes

FLUSHING OR CHILLS

- 0 = No
- 2 = Yes

PARAESTHESIAE

- 0 = No
- 2 = Yes

ABDOMINAL CHURNING

- 0 = No
- 2 = Yes

SELECTIVE MUTISM

- 0 = Absent
- 2 = Speech limited in volume or amount to an extent that substantially interferes with communication; marked discrepancy with adequate speech usage in other circumstances.
- 3 = Almost complete absence of speech in particular settings or to particular people.

Codes

PCE5111

PCE5113

PCE5114

PCE5116

PCE5118

PCD1101
Intensity

PCD1001
Onset

Definitions and questions

OBSESSIONS, AND COMPULSIONS

Painful, recurrent, repetitive ideas, thoughts, or images that the subject experiences as intrusive and unwanted. Subject regards these as being incompatible with his/her image of him/herself as a person, but does not regard these as being external implants.

OBSESSIONAL THOUGHTS

Painful, recurrent, repetitive ideas, thoughts, or images that the subject experiences as intrusive and unwanted. Subject regards these as being incompatible with his/her image of him/herself as a person, but does not regard these as being external implants.

Does s/he have thoughts that get stuck in his/her mind that s/he can't get rid of?

Does s/he have any awful or ridiculous thoughts that keep coming back into his/her mind even though s/he doesn't want them to?

*What kind of thoughts are they?
Does s/he have any silly thoughts or words that won't go away?*

Does s/he have any special things s/he thinks about to get rid of horrible things in his/her mind?

*What are they?
Does s/he have to count things over and over?*

Does s/he have thoughts s/he has to think in a certain way?

*Does s/he feel uncomfortable if s/he can't think these thoughts just right?
What makes him/her do it?*

*Does s/he try and make the thoughts go away?
Do they interfere with other things s/he wants to think about?
Can s/he do anything about it?
Does s/he try not to think about them?
How long do they go on for?
When did they start?*

Coding rules

OBSESSIONAL THOUGHTS

0 = Absent

2 = Obsessional thoughts are intrusive into at least 2 activities and uncontrollable at least sometimes.

3 = Obsessional thoughts are intrusive into most activities and almost always uncontrollable.

HOME

SCHOOL

ELSEWHERE

HOURS : MINUTES

RESISTANCE NOT MEETING CRITERIA FOR OBSESSIONAL RITUALS

0 = Absent

2 = Subject tries to resist thinking the obsessional thought at least sometimes.

3 = Subject usually tries to resist.

Codes

PCD3I01
Intensity

PCD3F01
Home
Frequency

PCD3F02
School
Frequency

PCD3F03
Elsewhere
Frequency

PCD3D01
Duration

PCD3O01
Onset

PCD3I02

Definitions and questions

Coding rules

Codes

**IF OBSESSIVE THOUGHTS
PRESENT, CONTINUE. OTHERWISE,
SKIP TO "COMPULSIONS", (PAGE 5).**



FOR REVIEW ONLY

Definitions and questions

OBSESSIONAL RITUALS

Recurrent, repetitive ideas, thoughts, images, or mental rituals engaged in to reduce or extinguish the mental discomfort generated by Obsessional Thoughts. Performed despite being regarded as excessive, unreasonable, pointless, or absurd.

Occasionally mental rituals may be performed but the subject is unable or unwilling to describe clear Obsessional Thoughts. Such mental rituals may be coded as Obsessional Rituals provided they meet the other criteria for an Obsessional Ritual.

Coding rules

OBSESSIONAL RITUALS

0 = Absent

2 = Obsessional rituals are intrusive and uncontrollable in at least 2 activities at least sometimes.

3 = Obsessional rituals are intrusive into most activities and almost always uncontrollable.

HOME

SCHOOL

ELSEWHERE

HOURS : MINUTES

RESISTANCE TO OBSESSIONAL RITUALS

0 = Absent

2 = Subject tries to resist thinking the obsessional ritual at least sometimes.

3 = Subject usually tries to resist thinking the obsessional ritual.

Codes

PCD4I01
Intensity

PCD4F01
Home
Frequency

PCD4F02
School
Frequency

PCD4F03
Elsewhere
Frequency

PCD4D01

PCD4O01
Onset

PCD5I01

FOR REVIEW ONLY

Definitions and questions

CONTENT OF OBSESSIVE THOUGHTS

Code the theme or content of the Obsessive Thoughts. More than one type may be present, in which case code both or all.

IF OBSESSIVE THOUGHTS ARE ASSOCIATED WITH TRAUMATIC EVENTS, CODE THERE ALSO.

Coding rules

CONTENT OF OBSESSIVE THOUGHTS

0 = Absent

2 = Present

TRANSMITTING DISEASE

0 = Absent

2 = Present

MAGICAL, E.G., WARDING OFF DANGER

0 = Absent

2 = Present

SEX RELATED

0 = Absent

2 = Present

CONCERNS ABOUT PERFORMANCE

0 = Absent

2 = Present

VIOLENCE

0 = Absent

2 = Present

OTHER

0 = Absent

2 = Present

Codes

PCD6X01
Intensity

PCD6101

PCD6102

PCD6103

PCD6104

PCD6105

PCD6106

FOR REVIEW ONLY

Definitions and questions

COMPULSIONS

Repetitive, purposeful, and intentional acts associated with a subjective feeling of compulsion arising within the subject and not forced by any external power or agency, performed despite being regarded as excessive, unreasonable, pointless, or absurd.

Does s/he have to check things more than other people?

Are there any things s/he feels s/he has to do?

Like touching things in a certain way?

Or washing over and over again?

Does s/he spend a lot of time putting things in a special order?

Or arranging things so that they are just right?

Does s/he have any routines or rituals that s/he has to do?

What does s/he do?
What is s/he afraid will happen?
Does s/he feel uncomfortable if s/he doesn't "do compulsion" just right?
Why does s/he do it?

Is s/he worried about dirt or germs?
What does s/he do about it?
Does s/he spend a lot of time on personal cleanliness even when s/he is clean?

Why does s/he do that?
What about tidiness?
What do you do about it?
Does s/he try not to do it?
What happens then?
How long does s/he do it for?
When did it start?

Coding rules

COMPULSIONS

0 = Absent

2 = Compulsions intrusive into at least 2 activities and are at least sometimes uncontrollable.

3 = Compulsions intrusive into most activities and are almost always uncontrollable.

HOME

SCHOOL

ELSEWHERE

HOURS : MINUTES

Codes

PCD7I01
Intensity

PCD7F01
Home
Frequency

PCD7F02
School
Frequency

PCD7F03
Elsewhere
Frequency

PCD7D01
Duration

PCD7O01
Onset

Definitions and questions

*Does s/he try not to do it?
What happens then?*

IF OBSESSIVE THOUGHTS, OBSESSIVE RITUALS, OR COMPULSIONS ARE PRESENT, ASK ABOUT OBSESSIVE SLOWNESS. OTHERWISE,, SKIP TO ""DEPRESSED MOOD" IS PRESENT, CONTINUE. OTHERWISE", (PAGE ERROR! BOOKMARK NOT DEFINED.).

Coding rules

RESISTANCE

- 0 = Absent
- 2 = Subject tries to resist performing the compulsive act at least sometimes.
- 3 = Subject usually tries to resist.

CHECKING (AT LEAST 3 TIMES)

- 0 = Absent
- 2 = Present

AVOIDING

- 0 = Absent
- 2 = Present

TOUCHING

- 0 = Absent
- 2 = Present

WASHING/CLEANING

- 0 = Absent
- 2 = Present

REPEATING

- 0 = Absent
- 2 = Present

OTHER

- 0 = Absent
- 2 = Present

Codes

PCD7102

PCD8101

PCD8102

PCD8103

PCD8104

PCD8105

PCD8109

Definitions and questions

OBSESSIONAL SLOWNESS

Normal actions take an unreasonable amount of time due to internal concerns to do things "correctly" or due to obsessional thought patterns.

Do not include slowness by rituals themselves. Minor degrees of slowness are not rated here.

Does it sometimes take him/her a long time to do things?

Like getting dressed?

Why is that?

What can s/he do about it?

Is it because s/he's having to think certain thoughts or do certain things?

How long does it last?

When did you start to get slowed down like that?

Coding rules

OBSESSIONAL SLOWNESS

0 = Absent

2 = Obsessional slowness intrusive into at least 2 activities that at least sometimes cannot be overcome.

3 = Obsessional slowness affecting most activities that can hardly ever be overcome.

HOURS : MINUTES

Codes

PCD9I01
Intensity

PCD9F01
Frequency

PCD9D01
Duration

PCD9O01
Onset

FOR REVIEW ONLY

Definitions and questions

DEPRESSED AFFECT

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

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. Do not include Depressed Mood induced solely by drug or alcohol use.

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

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

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

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

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

When did it start?

IF DEPRESSED MOOD PRESENT, ASK;

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

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

IF DEPRESSED MOOD PRESENT, ASK;

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

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

Coding rules

DEPRESSED MOOD

0 = Absent

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

3 = Scarcely anything is able to lift the mood.

HOURS : MINUTES

EPISODE OF DEPRESSED MOOD

0 = Absent

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

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

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

0 = Present

2 = Absent

Codes

PDA0101
Intensity

PDA0F01
Frequency

PDA0D01
Duration

PDA0001
Onset

PDA0102

PDA0103

Definitions and questions

Coding rules

Codes

[Redacted content]

[Redacted content]

FOR REVIEW ONLY

Definitions and questions

DISTINCT QUALITY OF DEPRESSED MOOD

Depressed mood has a subjectively different quality from sadness. Thus the rating should be contrasted with an experience that caused sadness, such as loss of a pet or watching a very weepy film.

Check that the provoking situation is one that is appropriate for sadness. Prompt on such situations if necessary.

When s/he's "miserable" does s/he seem to feel the same as when something sad happens or s/he sees a sad movie or program?

Is this feeling of "being miserable" different than the feeling of "being sad"?

Can you tell me how it is different?

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?

Coding rules

DISTINCT QUALITY OF DPERESSED MOOD

0 = Absent

2 = Subject understands quality of sadness and reports that periods of depressed mood have a different quality.

LOOKS UNHAPPY

0 = Absent

2 = Subject looks unhappy in at least 2 activities but looks more cheerful at times.

3 = Subject hardly ever looks normally cheerful.

Codes

PDA1101
Intensity

PDG0101
Intensity

PDGFX99
Frequency

PDGOX99
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ALLEVIATION OF DEPRESSED MOOD BY SELF-GENERATED MEANS

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

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

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

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

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

What?

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

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

ALLEVIATION BY SELF-GENERATED MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

PDA2I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ALLEVIATION OF DEPRESSED MOOD BY EXTERNAL MEANS

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

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

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

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

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

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

Like playing with other children?

Or going out for ice cream or a treat?

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

DIURNAL VARIATION OF MOOD - AM WORST

Persistent (lasting at least 14 days [not necessarily consecutive]) consistent fluctuation within first or second half of the day, irrespective of external events.

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

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

Does s/he feel more "sad" in the morning?

What do you notice when s/he feels worse?

How long does the worst time last?

ALLEVIATION BY EXTERNAL MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

PDA2I02
Intensity

AM WORST

0 = Absent

2 = Present

PDA3I01
Intensity

Definitions and questions

Coding rules

Codes

DIURNAL VARIATION OF MOOD - PM WORST

Persistent (lasting at least 14 days [not necessarily consecutive]) consistent fluctuation within first or second half of the day, irrespective of external events.

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

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

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

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; with a total daily 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?

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

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

How long does it last?

When did the "agitation" start?

P.M. WORST

- 0 = Absent
- 2 = Present

PDA3I02
Intensity

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.

PDA5I01
Intensity

HOURS : MINUTES

PDA5F01
Frequency

PDA5D01
Duration

PDA5O01
Onset

Definitions and questions

REPORTED TEARFULNESS AND CRYING

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

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

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

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

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

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

When did s/he start being tearful?

TOUCHY OR EASILY ANNOYED

The child is generally more prone to FEELINGS of anger bad temper, short temper, resentment, sulking or annoyance, UNDER MINOR PROVOCATION than most children. This pattern need not represent a change in behavior.

Do things get on his/her nerves easily?

*What sorts of things?
Does s/he get annoyed more easily than most children, do you think?
What does s/he do?
How often does that sort of thing happen?
How long has s/he been like that?*

Coding rules

REPORTED TEARFULNESS AND CRYING

0 = Absent

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

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

HOURS : MINUTES

TOUCHY OR EASILY ANNOYED

0 = Absent

2 = Present

HOURS : MINUTES

Codes

PDA4I01
Intensity

PDA4F01
Frequency

PDA4D01
Duration

PDA4O01
Onset

PDA6I01
Intensity

PDA6F01
Frequency

PDA6D01
Duration

PDA6O01
Onset

Definitions and questions

ANGRY OR RESENTFUL

The child is generally more prone to MANIFESTATIONS of anger or resentment (such as snappiness, shouting, quarreling or sulking) under minor provocation, than most children.

This pattern need not represent a change in behavior.

Does s/he get angry very often?

How often?

What happens?

How often does that happen?

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

How often?

What does s/he do?

How often does that happen?

How long has s/he been like that?

Coding rules

ANGRY OR RESENTFUL

0 = Absent

2 = Present

HOURS : MINUTES

Codes

PDA7I01
Intensity

PDA7F01
Frequency

PDA7D01
Duration

PDA7O01
Onset

FOR REVIEW ONLY

Definitions and questions

IRRITABILITY

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

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

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 EPISODES OF SNAPPINESS, SHOUTING, OR QUARRELSOMENESS.

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

Or made angry more easily?

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

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

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

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

IF PRESENT, ASK;

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

IF IRRITABILITY PRESENT ASK;

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

IF PRESENT, ASK;

*In the last 3 months has there been a week when s/he was irritable like that every day?
if irritable present for a week (7 consecutive days),*

Coding rules

IRRITABILITY

0 = Absent

2 = Irritable mood present in at least 2 activities manifested by at least one instance of snappiness, shouting, quarrelsomeness and at least sometimes uncontrollable.

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

HOURS : MINUTES

EPISODE OF IRRITABLE MOOD

0 = Absent

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

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

PERIOD OF 2 CONTINUOUS MONTHS WITHOUT IRRITABLE MOOD IN LAST YEAR

0 = Present

2 = Absent

Codes

PDA8I01
Intensity

PDA8F01
Frequency

PDA8D01
Duration

PDA8O01
Onset

PDA8I02

PDA8I03

Definitions and questions

remember to complete the mania section.

IRRITABILITY PRESENT FOR AT LEAST 4 HOURS

INTERVIEWER DO NOT ASK.

ONLY CODE YES IF INFORMATION IS ALREADY COLLECTED AND IRRITABILITY IS PRESENT FOR AT LEAST 4 HOURS A DAY FOR 1 CONTINUOUS WEEK.

N.B IF CODED YES, REMEMBER TO COMPLETE MANIA SECTION.

IRRITABILITY PRESENT FOR AT LEAST 4 HOURS A DAY FOR 1 CONTINUOUS WEEK.

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?

What did s/he say?
Could s/he feel any emotions?
What happened about it?
When did s/he start to lose his/her feelings?

Coding rules

IRRITABILITY PRESENT FOR AT LEAST 4 HOURS FOR 1 CONTINUOUS WEEK

- 0 = Absent
- 2 = Present

LOSS OF AFFECT

- 0 = Absent
- 2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.
- 3 = Affect is felt to be lost in almost all activities.

Codes

PDA8I90
Intensity

PDA9I01
Intensity

PDA9O01
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CONATIVE PROBLEMS

BOREDOM

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

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

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

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

How much of the time is s/he bored, do you think?

Does s/he get bored more than other people?

IF PRESENT ASK;

What activities are boring to him/her?

*Can s/he do anything to stop from being bored?
Is there something that s/he would like to be doing?*

How long has s/he been feeling so bored?

BOREDOM

0 = Absent

2 = More than half the time.

3 = Almost all the time.

PDB0101
Intensity

PDB0001
Onset

FOR REVIEW ONLY

Definitions and questions

LOSS OF INTEREST

Diminution of the child's interest in usual pursuits and activities.

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

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

NOTE INFORMATION FROM THE OUT OF SCHOOL ACTIVITIES SECTION

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

Like his/her toys or friends?

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

Has s/he lost interest in anything?

IF PRESENT ASK;

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

When did s/he start to lose interest in things?

Coding rules

LOSS OF INTEREST

0 = Absent

2 = Generalized diminution in interest taken in normally interesting activities.

3 = The subject is completely or almost completely uninterested in everything or nearly everything.

Codes

PDB1101
Intensity

PDB1001
Onset

FOR REVIEW ONLY

Definitions and questions

ANHEDONIA

Loss or diminution of the ability to experience pleasure, enjoy things, or have fun.

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

FIND OUT IF ACTIVITIES DESCRIBED DURING OUT OF SCHOOL ACTIVITIES ARE FUN.

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

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

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

*When did s/he start to feel like that?
What things are fun (or enjoyable) now?*

SUBJECTIVE ANERGIA

Subjective report of a lack of energy compared with usual state, a general rating of subject's overall energy level.

DIFFERENTIATE FROM MOTOR SLOWING (NEXT ITEM), FATIGABILITY AND HYPERSOMNIA (SLEEP SECTION).

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

Has s/he been as energetic as usual?

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

*Has your child lost any of his/her usual energy?
Of feeling tired?
Does s/he have enough energy to do things?
Has s/he been taking naps more often than usual or going to sleep earlier than s/he used to?
How has that affected him/her?
Does s/he choose not to do things because s/he hasn't got enough energy?
Like swinging on a swing?
Or starting a drawing?
Or going on an outing?*

When did s/he start feeling less energetic?

Coding rules

ANHEDONIA

- 0 = Absent
- 2 = Generalized diminution in pleasure taken in normally pleasurable activities.
- 3 = Almost nothing gives pleasure.

ANERGIA

- 0 = Absent
- 2 = A generalized listlessness and lack of energy.
- 3 = A report of being almost completely without energy.

Codes

PDB2I01
Intensity

PDB2O01
Onset

PDB3I01
Intensity

PDB3O01
Onset

Definitions and questions

SUBJECTIVE MOTOR SLOWING

The child is slowed down in movement AND speech; 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?

How long does it last?

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

What?

Can you do anything?

When did s/he start to feel slowed down?

Coding rules

MOTOR SLOWING

0 = Absent

2 = Slowing present and cannot be overcome in at least 2 activities.

3 = Slowing present and cannot be overcome in almost all activities.

HOURS : MINUTES

Codes

PDB4I01
Intensity

PDB4F01
Frequency

PDB4D01
Duration

PDB4O01
Onset

FOR REVIEW ONLY

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?

How long has it been like that?
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?
What do you notice?
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 (making up his/her mind)?

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

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

Coding rules

INEFFICIENT THINKING

- 0 = Absent
- 2 = Sometimes uncontrollable in at least 2 activities
- 3 = Almost always uncontrollable and occurring in relation to almost all situations where clear thinking required

INDECISIVENESS

- 0 = Absent
- 2 = Sometimes uncontrollable in at least 2 activities.
- 3 = Almost always uncontrollable and occurring in relation to almost all decisions.

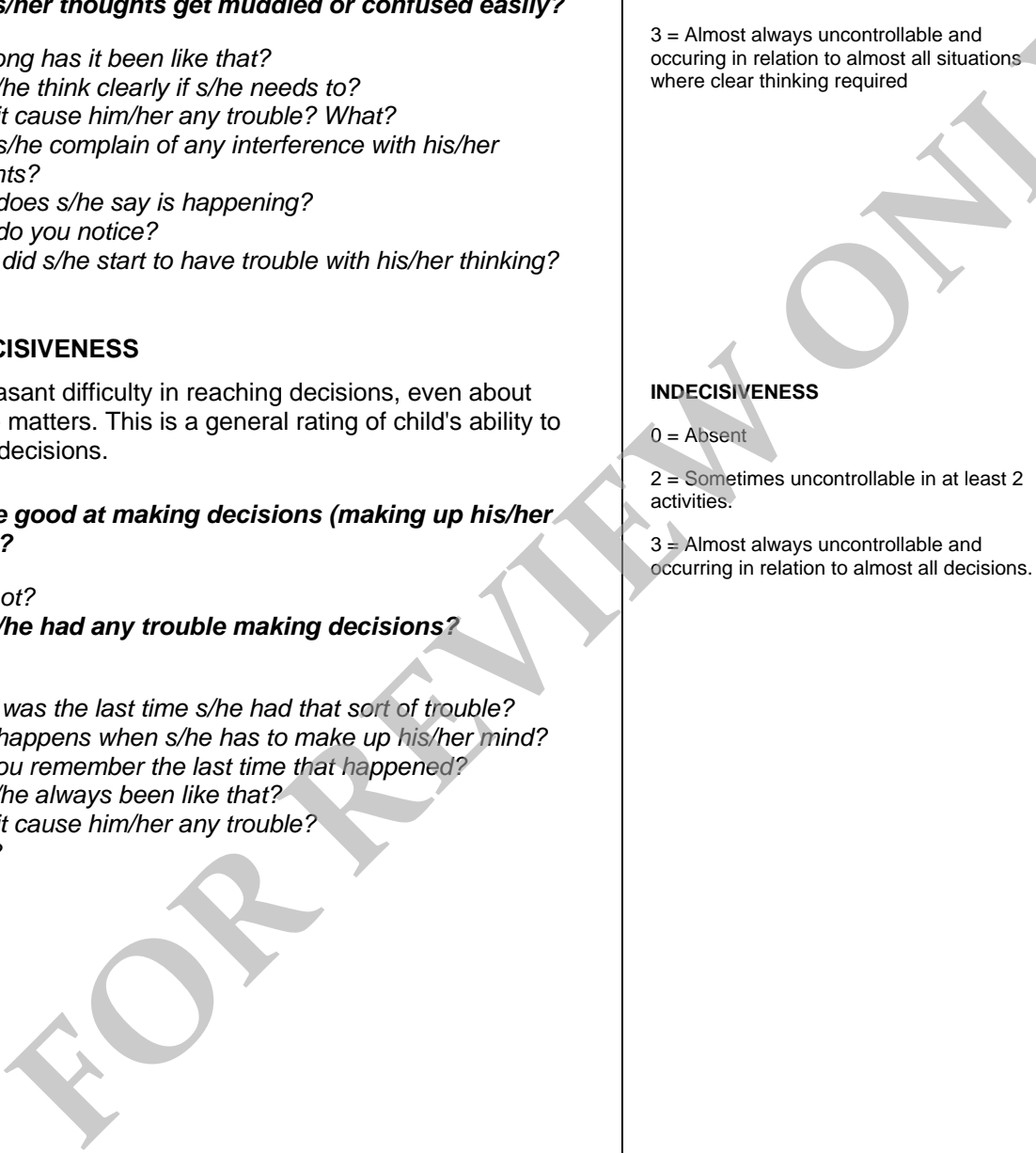
Codes

PDB5I01
Intensity

PDB5O01
Onset

PDB6I01
Intensity

PDB6O01
Onset



Definitions and questions

Coding rules

Codes

DEPRESSIVE THOUGHTS

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

LONELINESS

A feeling of being alone and/or friendless, regardless of the justification for the feeling; total daily duration of at least 1 hour.

NOTE RELEVANT INFORMATION FROM PEER RELATIONSHIPS.

Do you think s/he feels lonely?

How often is that?

When was the last time?

How did s/he feel then?

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

Does s/he feel cared for by friends?

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

Does s/he feel left out by others?

Does s/he get left out of other children's activities?

How does s/he feel about that?

Does s/he think that's likely to change?

Can you stop him/her feeling lonely?

What happens if you try?

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

LONELINESS

0 = Absent

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

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

PDB9101
Intensity

PDB9001
Onset

Definitions and questions

FEELS UNLOVED

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

DIFFERENTIATE FROM LONELINESS.

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

Sometimes children feel that no one loves them, even when they do. Does X feel like that at all?

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

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

When did s/he start to feel like that?
Who loves him/her?
Is there anyone else?

Coding rules

FEELS UNLOVED

0 = Absent

2 = The 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.

Codes

PDC0I01
Intensity

PDC0O01
Onset

FOR REVIEW ONLY

Definitions and questions

SELF-DEPRECIATION AND SELF-HATRED

An unjustified feeling of inferiority to others (including unjustified feelings of ugliness). Self-hatred involves severe hostility directed by the child against him/herself, accompanied by expressed dislike or expressed criticism.

Do not rate delusional phenomena here.

How do you think s/he feels about him/herself?

Does s/he like him/herself?

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

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

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

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

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

When did s/he start to feel like this?

Coding rules

SELF-DEPRECIATION

0 = Absent

2 = The subject rates him/herself lower than seems justified, but does not see him/herself as being completely without value, since in some activities s/he does not feel inferior.

3 = The subject feels almost entirely worthless and without saving graces, in nearly all activities, or inferior to everyone. Self-hatred is also rated here.

Codes

PDC1101
Intensity

PDC1001
Onset

FOR REVIEW ONLY

Definitions and questions

FEELING SORRY FOR ONESELF

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

Code regardless of justification.

Does s/he feel sorry for him/herself?

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

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

In what way?

Does s/he feel like that all the time or only some of the time?

When does s/he feel like that?

Does s/he think everything is unfair or just some things?

Does s/he complain about it?

How much?

Does s/he feel it will always be like that?

When did s/he start to feel like that?

Coding rules

FEELING SORRY FOR ONESELF

0 = Absent

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

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

Codes

PDC2I01
Intensity

PDC2O01
Onset

FOR REVIEW ONLY

Definitions and questions

PATHOLOGICAL GUILT

Excessive self-blame for minor or non-existent wrongdoings. Child realizes that guilt is exaggerated (otherwise, code as Delusions of Guilt).

Does s/he feel bad or guilty about anything that s/he's done?

What?

How often does s/he feel like that?

When was the last time?

Does s/he ever say that s/he is a "bad" person?

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

Why?

Does s/he feel that s/he deserves to have bad things happen to him/her?

Does s/he think s/he deserves to be punished, even when s/he has done nothing wrong?

Does s/he ever feel guilty about things that s/he knows aren't really his/her fault?

Does s/he feel that a lot of things that go wrong are his/her fault?

IF PATHOLOGICAL GUILT IS PRESENT, CONSIDER DELUSIONS OF GUILT.

When did s/he start to feel that s/he was "to blame?"

IF NO PATHOLOGICAL GUILT, SKIP TO "IDEAS OF REFERENCE", (PAGE 22).

Coding rules

PATHOLOGICAL GUILT

0 = Absent

2 = At least partially unmodifiable excessive self-blame not generalized to all negative events.

3 = The child generalizes the feeling of self-blame to almost anything that goes wrong in his/her environment.

Codes

PDC3I01
Intensity

PDC3O01
Onset

FOR REVIEW ONLY

Definitions and questions

DELUSIONS OF GUILT

Delusional self-blame for minor or non-existent wrongdoings. Child DOES NOT realize that guilt is exaggerated.

The child may believe that s/he has brought ruin to his/her family by being in his/her present condition or that his/her symptoms are a punishment for not doing better. Distinguish from pathological guilt without delusional elaboration, in which the child is in general aware that the guilt originates within him/herself and is exaggerated.

Does s/he believe that s/he has committed a crime?

Or sinned greatly?

Does s/he think that s/he deserves to be punished?

Does s/he think that s/he might hurt or ruin other people?

What does s/he say?

Can you persuade him/her that these things aren't his/her fault?

What does she do about it?

Coding rules

DELUSIONS OF GUILT

0 = Absent

2 = The subject has a delusional conviction of having done wrong but there is a fluctuating awareness that his/her feelings are an exaggeration of normal guilt.

3 = The subject has an unmodifiable delusional conviction that s/he has sinned greatly, etc.

Codes

PDC4I01
Intensity

PDC4O01
Onset

FOR REVIEW ONLY

Definitions and questions

IDEAS OF REFERENCE

Subjective feeling of being noticed or commented about in public settings that are not justified by reality. Comments seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that subject actually was being noticed or commented upon.

IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS.

IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS.

Sometimes people get the feeling that other people are looking at them even when they know they aren't really. Does that happen to you?

*When was the last time?
Can you tell me about that?
What do you think people think or say when you feel that they're noticing you?*

Do you ever feel that people are talking about you?

*Do you ever feel they might be laughing at you or saying rude things about you?
Do people follow you or watch you?
How do you know they are?
Are you imagining it?
Are people blaming you for something? What?
Are people accusing you of something? What?
How do you know they are?
What do they do?
Do you think they really are or are you just being sensitive?*

How often does that happen?

How long does it last when you feel like that?

When did you first start feeling like that?

Coding rules

IDEAS OF REFERENCE

- 0 = Absent
- 2 = Simple ideas of reference
- 3 = Guilty ideas of reference

HOURS : MINUTES

Codes

PDC5I01
Intensity

PDC5F01
Frequency

PDC5D01
Duration

PDC5O01
Onset

Definitions and questions

HELPLESSNESS

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

Is there anything about the way things are or the way 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 X think things will get better or worse for him/her when s/he's grown up?

How often?
Does s/he think anyone can help him/her?
Does s/he believe things will be better?
How often does s/he feel like that?
Can you do anything about it?

When did s/he start to feel this way?

Coding rules

HELPLESSNESS

0 = Absent

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

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

HOPELESSNESS

0 = Absent

2 = The subject feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the future.

3 = The subject expresses almost no hope for the future at all.

Codes

PDC6I01
Intensity

PDC6O01
Onset

PDC7I01
Intensity

PDC7O01
Onset

Definitions and questions

Coding rules

Codes

SUICIDE

Purposes of the Section

This section has 1 major function:

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

Organization of the Section

The section is organized in 2 sub areas:

(1) Suicidal ideation and behavior.

(2) Non suicidal deliberate self harm.

SUICIDE AND SELF-INJURIOUS BEHAVIOR

Has s/he ever talked about death or dying?

Has s/he done so in the last three months?

Has s/he ever said s/he wanted to die?

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

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

When?

Why was that?

What happened?

Has s/he tried more than once?

Has s/he ever done anything that made people think s/he wanted to die?

What?

When was that?

What happened?

CONTINUE WITH SECTION REGARDLESS WHETHER SCREEN POSITIVE OR NEGATIVE.

How about in the last three months?

SUICIDE SCREEN POSITIVE

0 = Absent

2 = Present

SUICIDE SCREEN POSITIVE

0 = Absent

2 = Present

Ever:PDC8E01
Intensity

PDC8I02
Intensity

Definitions and questions

THINKING ABOUT DEATH

Thoughts about death and dying, whether referred to self or others.

Include thoughts about not being able to go on any longer and life not being worth living. Include discussion about a grandparent who has died ("Do they go to heaven?" "What will happen when I die?") To code, thoughts must be intrusive into at least two activities.

CODE THOUGHTS ABOUT TAKING ONE'S OWN LIFE UNDER SUICIDAL THOUGHTS (NEXT PAGE).

Does s/he seem to think about death or dying?

What does s/he think about?

How much does s/he think about it?

Does s/he sometimes wish s/he were dead?

Does s/he want to die?

Why does s/he feel like that?

How long has s/he been thinking like that?

SUICIDAL THOUGHTS

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

This may accompany thinking about death in general, or may be present if a child has reported a suicidal plan or past attempt.

Do not include suicidal plans.

Does s/he ever think about ending it all?

What does s/he say about it?

When was the last time?

What does s/he think about?

Have there been other times?

Do you think s/he actually is going to do this?

IF SUICIDAL THOUGHTS NOT PRESENT, SKIP TO "SUICIDAL ATTEMPTS", (PAGE 26).

Coding rules

THINKING ABOUT DEATH

0 = Absent

2 = Present but not including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

SUICIDAL THOUGHTS

0 = Absent

2 = At least sometimes uncontrollable suicidal thoughts, recurring in at least 2 activities.

3 = Usually uncontrollable suicidal thoughts intruding into most activities.

Codes

PDC9I01
Intensity

PDC9F01
Frequency

PDC9O01
Onset

PDD0I01
Intensity

PDD0F01
Frequency

PDD0O01
Onset

Definitions and questions

SUICIDAL PLANS

Suicidal thoughts that contain plans of a suicidal act and some intent to carry them out.

If suicidal attempt has been made, determine whether a plan was present prior to the attempt.

Has s/he thought about actually killing him/herself?

Has s/he had a plan?

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

SUICIDAL ATTEMPTS

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the child's intention was to die. If parent unsure about intention to die, code if the parent can describe a clear self-harmful event.

Has s/he ever actually tried to kill him/herself?

*What happened?
Where did s/he do it?
Were there any people around at the time?
Do you know how s/he was feeling then?
Did s/he really want to die?
What happened?
Who found him/her?
Did s/he go to the hospital?*

*When did s/he first try to kill him/herself?
When did s/he last try to kill him/herself?
How many times has s/he tried?
How does s/he think about it now?
Would s/he do it again if s/he had the chance?
Does s/he still wish s/he were dead?
Is there anything you can do about that?*

Coding rules

SUICIDAL PLANS

0 = Absent

2 = A specific plan, considered on more than 1 occasion, over which no action was taken.

3 = A specific plan, considered on more than 1 occasion, with preparatory action taken, for example storing up pills.

SUICIDAL BEHAVIOR

0 = Absent

2 = Present

DATE OF FIRST ATTEMPT

DATE OF LAST ATTEMPT

SUICIDAL BEHAVIOR IN LAST 3 MONTHS

0 = Absent

2 = Present

Codes

PDD1I01
Intensity

PDD1F01
Frequency

PDD1O01
Onset

Ever:PDD2E01
Intensity

Ever:PDD2O01

Ever:PDD2O02

Ever:PDD2V01
Frequency

PDD2I01
Intensity

PDD2F01
Frequency

Definitions and questions

Coding rules

Codes

IF A SUICIDE ATTEMPT HAS (EVER) BEEN MADE COMPLETE EVER: METHOD, EVER: INTENT, AND EVER: LETHALITY. IF ATTEMPT MADE IN THE PAST 3 MONTHS, ALSO COMPLETE ITEMS ABOUT THE RECENT ATTEMPT(S): METHOD, INTENT, AND LETHALITY. IF NO SUICIDE ATTEMPTS MADE, SKIP TO "NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS", (PAGE 32).

FOR REVIEW ONLY

Definitions and questions

EVER: METHODS OF SUICIDE ATTEMPT(S)

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

IF SUICIDE ATTEMPT(S) MADE IN THE LAS 3 MONTHS, COMPLETE METHODS OF SUICIDE ATTEMPT(S) (NEXT PAGE). OTHERWISE, SKIP TO "SUICIDAL INTENT", (PAGE 30).

Coding rules

SUICIDE ATTEMPTS PRESENT

- 0 = Absent
- 2 = Present

EVER: OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION

- 0 = Absent
- 2 = Present

EVER: ILLICIT DRUG OVERDOSE

- 0 = Absent
- 2 = Present

HANGING

- 0 = Absent
- 2 = Present

STABBING/CUTTING

- 0 = Absent
- 2 = Present

SHOOTING

- 0 = Absent
- 2 = Present

RUNNING INTO TRAFFIC

- 0 = Absent
- 2 = Present

OTHER

- 0 = Absent
- 2 = Present

Specify

Codes

Ever:PDD3E90
Intensity

Ever:PDD3E01

Ever:PDD3E02

Ever:PDD3E03

Ever:PDD3E04

Ever:PDD3E05

Ever:PDD3E06

Ever:PDD3E07

Definitions and questions

METHODS OF SUICIDE ATTEMPT(S)

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

Coding rules

SUICIDE ATTEMPT(S) PRESENT IN THE LAST 3 MONTHS

- 0 = Absent
- 2 = Present

OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION

- 0 = Absent
- 2 = Present

ILLICIT DRUG OVERDOSE

- 0 = Absent
- 2 = Present

HANGING

- 0 = Absent
- 2 = Present

STABBING/CUTTING

- 0 = Absent
- 2 = Present

SHOOTING

- 0 = Absent
- 2 = Present

RUNNING INTO TRAFFIC

- 0 = Absent
- 2 = Present

OTHER

- 0 = Absent
- 2 = Present

Specify

Codes

PDD4190
Intensity

PDD4101

PDD4102

PDD4103

PDD4104

PDD4105

PDD4106

PDD4107

FOR REVIEW ONLY

Definitions and questions

ALCOHOL OR DRUG INTOXICATION AT TIME OF SUICIDE ATTEMPT

Alcohol or drug consumption prior to attempt sufficient for subject to be experiencing effects at time of attempt.

When s/he tried to kill him/herself, had s/he had anything to drink?

Had s/he used any drugs?

*How long was that before s/he tried to kill him/herself?
Was s/he drunk?
Was s/he high?
Was the alcohol (drug) having any effect on you at the time you tried to kill yourself?*

Were you drunk or high when you tried in the last 3 months?

"SUICIDAL" BEHAVIOR WITHOUT INTENT

Actions threatening suicide, without intention of ending life, e.g., taking a gun and threatening to shoot oneself, in order to control others' behavior.

Has s/he done anything that made people think s/he wanted to die?

Why did s/he do it?

When was the first time?

Coding rules

INTOXICATION AT TIME OF ATTEMPT

- 0 = Absent
- 2 = The subject had drunk alcohol or used drugs but was not showing marked effect at the time of the attempt.
- 3 = Definitely intoxicated, drunk or high at time of attempt.

INTOXICATION AT TIME OF ATTEMPT

- 0 = Absent
- 2 = The subject had drunk alcohol or used drugs but was not showing marked effect at the time of the attempt.
- 3 = Definitely intoxicated, drunk or high at time of attempt.

"SUICIDAL" BEHAVIOR WITHOUT INTENT

- 0 = Absent
- 2 = Present

"SUICIDAL" BEHAVIOR WITHOUT INTENT (IN LAST 3 MONTHS)

- 0 = Absent
- 2 = Present

Codes

Ever:PDD8E01 Intensity

PDD8I01 Intensity

Ever:PDD6I01 Intensity

Ever:PDD6V01 Frequency

Ever:PDD6O01 Onset

PDD6XYZ 00 Intensity

PDD6F01 Frequency

FOR REVIEW ONLY

Definitions and questions

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

Self-mutilation, etc., not accompanied by any wish or intention to die (e.g., cutting on skin with a knife, burning self, deliberately putting finger in door jam and closing door, wrist-slashing or cigarette burns). Do not include self-inflicted burns or tattooing or carving initials on skin to demonstrate "toughness" or gang or subgroup membership.

Has s/he ever hurt him/herself on purpose (apart from when s/he wanted to die)?

Or cut him/herself on purpose?

- Why did s/he do it?*
- What did s/he feel like before s/he did it?*
- Did it make him/her feel better?*
- Did s/he want to kill him/herself?*

How about in the last three months?

IF NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS ARE PRESENT, COMPLETE DYSPHORIA OF SELF-MUTILATORY TYPE. OTHERWISE, SKIP TO "BRAGGING", (PAGE 13).

Coding rules

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

- 0 = Absent
- 2 = Acts not receiving medical treatment.
- 3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

- 0 = Absent
- 2 = Acts not receiving medical treatment.
- 3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

Codes

Ever:PDE0E01
Intensity

Ever:PDE0V01
Frequency

Ever:PDE0O01
Onset

PDD9I01
Intensity

PDD9F01
Frequency

PDD9O01
Onset

Definitions and questions

DYSPHORIA OF SELF-MUTILATORY TYPE

Highly unpleasant mounting feeling of inner tension, released by a self-mutilatory act.

Questions as under non-suicidal physical self-damaging acts.

*How long does that feeling last?
When did s/he first get it?*

Coding rules

DYSPHORIA OF SELF-MUTILATORY TYPE

0 = Absent

2 = Present

HOURS : MINUTES

Codes

PDE1I01
Intensity

PDE1F01
Frequency

PDE1D01
Duration

PDE1O01
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**HYPOMANIA AND MANIA
MANIC MOOD DISTURBANCE**

**REMEMBER TO GET EXAMPLES AND
BEHAVIORAL DESCRIPTIONS.**

EXPANSIVE MOOD

Feelings of euphoria or elation, lasting at least 1 hour at a time, which represents a substantial change from the child's usual mood and which are not a response to specific situations.

Do not include drug/alcohol induced euphoria.

Do not include responses to happy events (such as birthdays, sporting victories, falling in love, etc.).

IF EXPANSIVE MOOD IS PRESENT BE PREPARED TO RECONSIDER PREVIOUS RATINGS OF IRRITABILITY.

Have you noticed a change in his/her mood?

Has s/he had times when s/he felt really happy ("super happy") for no special reason?

Did s/he seem to feel extraordinarily good about him/herself?

Has s/he had a time when s/he seemed "over the top" in a silly or giddy way that seems in appropriate for the situation?

Like laughing, singing, or making noises at very inappropriate times?

IF PRESENT ASK;

What did s/he do?

When s/he was feeling that way, was s/he acting very silly? Or super energetic?

Or reckless?

Did you think s/he was "over the top"?

Did you or anyone else comment on his/her behavior?

What did you do?

IF EXPANSIVE MOOD IS PRESENT BE PREPARED TO RECONSIDER PREVIOUS RATINGS OF IRRITABILITY.

How long did that feeling last?

When did s/he first have it?

EXPANSIVE MOOD

0 = Absent

2 = The expansive mood is intrusive into non-elating situations, but can sometimes be controlled when inappropriate.

3 = Expansive mood is intrusive and uncontrollable in almost all activities and often inappropriate.

HOURS : MINUTES

PDE2I01
Intensity

PDE2F01
Frequency

PDE2D01
Duration

PDE2O01
Onset

/ /

Definitions and questions

Coding rules

Codes

**IF EXPANSIVE MOOD PRESENT,
COMPLETE. OTHERWISE, SKIP TO
"ALWAYS ON THE GO", (PAGE 6).**



FOR REVIEW ONLY

Definitions and questions

EXPANSIVE MOOD - SPONTANEITY/REACTIVITY

Degree to which expansive mood is related to or independent of external events.

Does s/he seem super happy only when something very exciting is happening (e.g., birthday party, trip to Disneyland, etc.)

Does s/he ever seem super happy for no reason?

How often does s/he seem super happy 'out of the blue' or for no reason?

How long does this super happy mood for no reason last?

When did you first notice that s/he would get super happy for no reason?

EXPANSIVE MOOD - CONCERN TO ADULT

Do you think it is a problem?

Are you concerned about 'X' super happy moods?

Is anyone else concerned about his/her super happy moods? Who?

Has anyone commented that s/he seems to be too happy at times? Who?

Coding rules

EXPANSIVE MOOD - SPONTANEITY/REACTIVITY

0 = Absent

2 = Expansive mood at times in the absence of positive events.

HOURS : MINUTES

ADULT CONCERN

0 = Absent

2 = Present

WHO IS CONCERNED (CODE ALL THAT APPLY)

1 = Parent 1.

2 = Parent 2.

3 = Other Parent 1.

4 = Other Parent 2.

5 = Teacher/childcare provider.

6 = Other adult.

Codes

PDAL151 Intensity

PDAL152 Frequency

PDAL153 Duration

PDAL154 Onset

PDAL155 Intensity

PDAL156

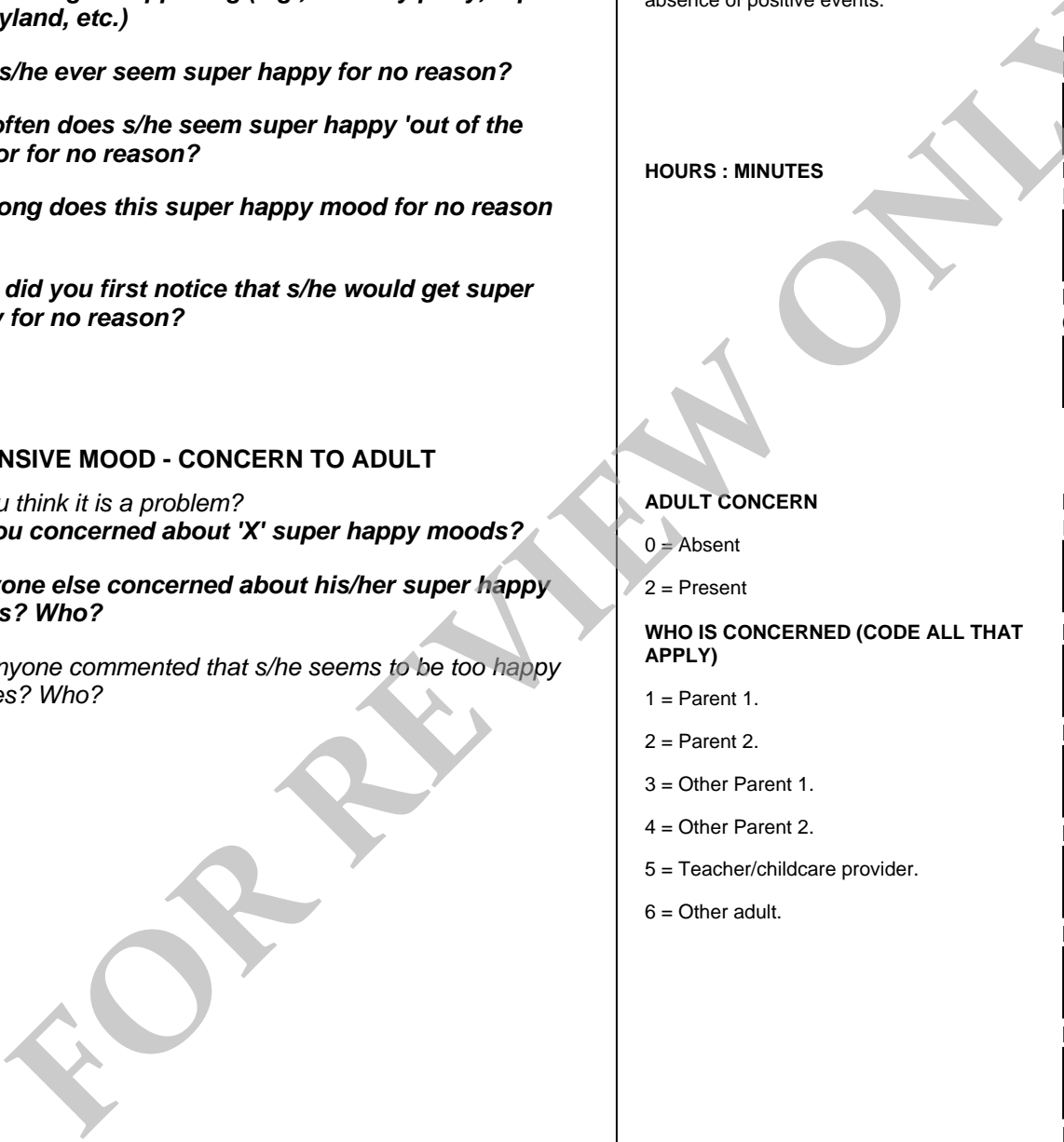
PDAL157

PDAL158

PDAL159

PDAL160

PDAL161



Definitions and questions

EXPANSIVE MOOD - ALLEVIATION

When s/he feels 'super happy,' can you do anything to settle him/her down?

What?

How long would it keep him/her settled?

How much of the time would things settle him/her down?

Can you do anything to settle him/her down?

Can s/he do anything to settle him/herself down?

IF EVIDENCE OF EXPANSIVE MOOD OR IRRITABILITY PRESENT FOR AT LEAST 4 HOURS, COMPLETE THIS SECTION. OTHERWISE, SKIP TO "ALWAYS ON THE GO", (PAGE 6).



Coding rules

EXPANSIVE MOOD - ALLEVIATION

0 = Child's mood is always and easily brought to baseline by attempts to "settle" or calm.

2 = Child's mood is brought to baseline at least sometimes by attempts to "settle" or calm.

3 = Means of alleviation never effective.

4 = Means of alleviation never employed.

Codes

PDAL157
Intensity

FOR REVIEW ONLY

Definitions and questions

IRRITABILITY WITH EXPANSIVE MOOD

If both Irritability and Expansive Mood have been present together, or within the same 24 hour period, then code here.

DEPRESSED MOOD WITH EXPANSIVE MOOD

Both Depressed Mood and Expansive Mood present within same 24 hour period. Either the two moods must both separately meet the criteria for each, or if the two rapidly alternate, the two taken together must last at least one continuous hour at a level that meets the other minimum criteria.

Were there times when s/he was both "really happy" and "depressed" on the same day?

*Tell me about that.
Was s/he usually like that?
Or was s/he usually either one or the other?
How long did it last?*

When did s/he start to get the "depression" and "feeling really happy" so close together?

Has there been a period of at least 2 months during the last year when s/he didn't have either "depressed mood" or "expansive mood"?

MORE TALKATIVE THAN USUAL

Child is more talkative than usual. Speech may be loud, rapid, nonstop, or difficult to interrupt during periods of Expansive, Expansive/Irritable, or Irritable Mood.

Distinguish from chattiness.

Were there times when s/he was more talkative than usual?

*What was that like?
Could you interrupt him/her?*

Coding rules

IRRITABILITY WITH EXPANSIVE MOOD

- 0 = Expansive Mood not accompanied by Irritability.
- 2 = Expansive Mood accompanied by Irritability.

DEPRESSED MOOD WITH EXPANSIVE MOOD

- 0 = Absent
- 2 = Present, with both moods, either separately or together, meeting the intensity level '2' criteria.

PERIOD OF 2 MONTHS WITHOUT EITHER DEPRESSED MOOD OR EXPANSIVE MOOD IN LAST YEAR

- 0 = Absent
- 2 = Present

MORE TALKATIVE THAN USUAL

- 0 = Absent
- 2 = More talkative than usual, intrusive into at least two activities but retains some regard for others' wishes to communicate.
- 3 = More talkative in most activities with little regard for others' wishes to communicate.

Codes

PDE4I01
Intensity

PDE6I01
Intensity

PDE6O01
Onset

PDE6I02

PDF4I01
Intensity

PDF4O01
Onset

Definitions and questions

RACING THOUGHTS

A description of many images and ideas flashing through the mind or many ideas arising quickly.

Has s/he had times when s/he's had racing thoughts?

Has s/he ever said s/he has too many thoughts?

Did so many ideas come out that you could hardly keep up with them?

Has s/he ever expressed that his/her thoughts were like a traffic jam?

Coding rules

RACING THOUGHTS

0 = Absent

2 = Child describes periods of racing thoughts. These thoughts are intrusive into at least 2 activities.

3 = Racing thoughts occur regularly and frequently.

HOURS : MINUTES

Codes

PDAL402
Intensity

PDAL403
Frequency

PDAL404
Duration

PDAL405
Onset

FOR REVIEW ONLY

Definitions and questions

OTHER MANIC SYMPTOMS

SUBJECTIVE FLIGHT OF IDEAS

A subjective description of images and ideas flashing through the mind, when in Expansive or Expansive/Irritable Mood, or Irritable Mood. Lasting at least 1 hour in daily total.

Has s/he had times when lots of thoughts flashed through his/her head one after the other very fast?

Did s/he keep jumping from one thing to another?

Did his/her words come so fast that you could hardly keep up with them?
Could you follow what s/he was saying?
What did you think of his/her ideas at the time?
Would s/he shift topics because words rhymed with each other?
Or because one word suggested some new subject?
Could you follow his/her thoughts or did they seem confusing?
Could you do anything to slow him/her down?
How long did it last?

When did it start?

SUBJECTIVE PRESSURE OF SPEECH

A description of periods of talking fast, with a sensation of pressure to get words and ideas out, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Was s/he talking very fast?

Could you get a word in edgewise?

Did it seem like s/he could not stop talking?
Did s/he rattle on, even if you tried to interrupt?
How long did that last?

When did you first notice it?

Coding rules

FLIGHT OF IDEAS

- 0 = Flight of ideas absent.
- 2 = Flight of ideas intrusive into normal thinking, involving at least 2 activities, but some coherent thought processes possible, even if with effort to maintain control.
- 3 = Flight of ideas so intrusive as to be almost completely disruptive of normal thought.

PRESSURE OF SPEECH

- 0 = Pressure of speech absent.
- 2 = Pressure of speech intrusive into normal communication in at least 2 activities; but some coherent communication possible, even if with an effort to maintain control.
- 3 = Pressure of speech so intrusive and uncontrollable as essentially to prevent normal communication.

Codes

PDE7I01
Intensity

PDE7O01
Onset

PDE8I01
Intensity

PDE8O01
Onset

Definitions and questions

SUBJECTIVE MOTOR PRESSURE

Feeling of increased physical energy or capacity expressed in motor behavior, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Has s/he had times when s/he felt really energetic?

*What did s/he do?
When s/he was feeling "super happy" or silly, did s/he do any physical activities that s/he wouldn't normally?
Was s/he rushing around all over the place?*

*What did you notice?
Was s/he able to do anything useful?
Or did s/he seem to be out of control?
What did you and other people think of his/her activities?
Was s/he moving faster than usual?
Could you do anything to slow him/her down?*

When did this first happen to him/her?

SUBJECTIVE AGITATION

Markedly changed motor activity associated with Expansive or Expansive/Irritable or Irritable Mood. with a total daily duration of at least 1 hour. Account of a severe level of inappropriate, unpleasant motor restlessness during the mood state, indicated by pacing, wringing of hands, or similar activities.

Do not include simple restlessness or fidgetiness in the absence of mood change.

Does s/he get very restless when s/he's "miserable" or super up or happy?

Does s/he have difficulty keeping still?

*What is that like?
Can s/he keep him/herself still?
Does s/he have to move around?
Is s/he always like that?
Does s/he pace about?
Or wring his/her hands?
How about when s/he is not feeling "over the top" or irritable like that?*

Coding rules

MOTOR PRESSURE

- 0 = Absent
- 2 = Motor pressure leads to increased activity only within the child's usual range of activities involving at least 2 activities.
- 3 = Child actually takes up new physical activities as a result of increased motor activity.

HOURS : MINUTES

AGITATION

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

HOURS : MINUTES

Codes

PDE9I01
Intensity

PDE9F01
Frequency

PDE9D01
Duration

PDE9O01
Onset

PDF5I01
Intensity

PDF5F01
Frequency

PDF5D01
Duration

PDF5O01
Onset

Definitions and questions

UNUSUALLY ENERGETIC

During waking hours, subject is more active than usual without expected fatigue. Or subject demonstrates little fatigue in spite of maintenance of normal activities.

Has s/he had more energy than usual to do things without getting tired?

Did s/he seem to go 'non-stop' without getting worn out?

Did it ever seem that s/he had too much energy?

What was s/he like then?

DISTRACTIBILITY

Inability to screen out irrelevant external stimuli during the period of mood disturbance. May have difficulty keeping thoughts on themes relevant to the topic.

When s/he is feeling this way, does s/he have difficulty paying attention when s/he can look out of the window or hear other people talking in the next room?

Does s/he find him/herself easily distracted by things going on around him/her?

*Like the furnishings in a room?
Or someone's tie?
Can you give me an example?
Is it like that in all activities or just some?
Can s/he stop him/herself from getting distracted?
Is that all the time or just sometimes?*

Coding rules

UNUSUALLY ENERGETIC

- 0 = Absent
- 2 = Child has persistent daily periods of increased energy.

HOURS : MINUTES

DISTRACTIBILITY

- 0 = Absent
- 2 = Present in a least 2 activities and at least sometimes uncontrollable by the child.
- 3 = Present in most activities and at least sometimes uncontrollable by the child or by admonition.

Codes

PDAL607
Intensity

PDAL608
Frequency

PDAL609
Duration

PDAL700
Onset

PDF6101
Intensity

PDF6001
Onset

Definitions and questions

DECREASED NEED FOR SLEEP

During the period of mood disturbance, child feels adequately rested with at least 1 hour less sleep than usual per night, for at least 1 week.

Differentiate from Insomnia, where reduced sleep is associated with a feeling of being inadequately rested.

When s/he was "super happy" or silly, did s/he need as much sleep as usual?

How much sleep was s/he getting?

Was s/he on the go all the time?
 Did she disturb you at night?
 What did she do?

When did that start?

GRANDIOSE IDEAS AND ACTIONS

An unusually increased level of self-esteem or self-appraisal of worth, such as the feeling of being superbly strong, or exceptionally able, or intelligent, when in Expansive or Expansive/Irritable Mood or Irritable Mood.

Distinguish from fantasy play unrelated to mood changes.

When s/he's "super happy" or silly, are there any times when s/he feels that s/he is a really great or marvelous person?

Such as a super-hero?
 Did s/he think that s/he has special powers?
 Like s/he could fly?
 Or be invisible?
Did s/he think s/he was as powerful and strong as grown-ups?

What did s/he do when s/he felt like that?

When s/he thinks s/he's in charge, thinks s/he's especially talented, etc., how long does it generally last?

When did s/he start to feel like that about him/herself?

Coding rules

DECREASED NEED FOR SLEEP

- 0 = Absent
- 2 = 1-2 hours less sleep than usual per night.
- 3 = More than 2 hours less sleep than usual per night.

GRANDIOSE IDEAS AND ACTIONS

- 0 = Absent
- 2 = Ideas present but not translated into action.
- 3 = Ideas translated into action.

HOURS : MINUTES

HOME

SCHOOL

ELSEWHERE

Codes

PDF0I01
Intensity

PDF0F01
Frequency

PDF0O01
Onset

PDF1I01
Intensity

PDAL162
Duration

PDAL159
Home
Frequency

PDAL160
School
Frequency

PDAL161
Elsewhere
Frequency

PDF1O01
Onset

Definitions and questions

Coding rules

Codes

**IF GRANDIOSE IDEAS AND ACTIONS
PRESENT, COMPLETE. OTHERWISE,
SKIP TO "BRAGGING", (PAGE 13).**



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

GRANDIOSE IDEAS AND ACTIONS - IDEAS TRANSLATED INTO ACTION

Degree to which ideas result in action.

Does 'X' do anything because of these beliefs (e.g., child believes s/he can fly and jumps from heights. Or child believes s/he is in charge and tells the teacher how to manage the classroom)?

What has s/he done?

GRANDIOSE IDEAS AND ACTIONS - CONCERN TO ADULTS

Are you concerned about "X's" beliefs that s/he has special powers/abilities or thinks s/he's in charge?

Do you think it is a problem?

Is anyone else concerned about "X's" beliefs that s/he has special powers/abilities or thinks s/he's in charge? Who?

Has anyone commented that about "X's" beliefs that s/he has special powers/abilities or thinks s/he's in charge? Who?

TRANSLATED INTO ACTION

0 = No

2 = Yes

CONCERN TO ADULTS

0 = Absent

2 = Present

WHO IS CONCERNED (CODE ALL THAT APPLY)

1 = Parent 1.

2 = Parent 2.

3 = Other Parent 1.

4 = Other Parent 2.

5 = Teacher/childcare provider.

6 = Other adult.

PDAL165
Intensity

PDAL166
Intensity

PDAL167

PDAL168

PDAL169

PDAL170

PDAL171

PDAL172

FOR REVIEW ONLY

Definitions and questions

GRANDIOSE IDEAS AND ACTIONS - ALLEVIATION

When s/he thinks s/he's in charge, thinks s/he is especially talented, etc., can you do anything to bring him/her 'back to reality,' talk him/her out of it, reason with him/her?

How much of the time does it work?

BRAGGING

Boastful talking about his/her real or perceived talents, accomplishments, etc.

Does 'X' brag about anything?

What kinds of things?

Is this something s/he really is good at?

Have others commented that s/he brags?

When did you first notice that 'X' bragged a lot?

IF BRAGGING IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "SEXUAL LANGUAGE", (PAGE 15).

Coding rules

GRANDIOSITY - ALLEVIATION

0 = Child will give up these ideas easily with adult redirection.

2 = Child's appraisal of self-worth is restored to baseline at least sometimes with adult re-direction.

3 = Means of alleviation never effective.

4 = Means of alleviation never employed.

BRAGGING

0 = Absent

2 = Child brags about abilities in activities in which s/he is not especially talented (e.g., child brags about soccer skills and is of average ability or less.)

HOME

SCHOOL

ELSEWHERE

Codes

PDAL168 Intensity

PDAL170 Intensity

PDAL180 Home Frequency

PDAL181 School Frequency

PDAL182 Elsewhere Frequency

PDAL185 Onset

Definitions and questions

BRAGGING - CONCERN TO ADULT

Are you concerned about how much 'X' brags?

Do you think it is a problem?

Is anyone else concerned about how much 'X' brags? Who?

BRAGGING - ALLEVIATION

When s/he thinks s/he's in charge, thinks s/he is especially talented, etc., can you do anything to bring him/her 'back to reality,' talk him/her out of it, reason with him/her?

How much of the time does it work?

Coding rules

CONCERN TO ADULT

0 = Absent

2 = Present

WHO IS CONCERNED (CODE ALL THAT APPLY)

1 = Parent 1.

2 = Parent 2.

3 = Other Parent 1.

4 = Other Parent 2.

5 = Teacher/childcare provider.

6 = Other adult.

BRAGGING - ALLEVIATION

0 = Child will give up these ideas easily with adult re-direction.

2 = Child's appraisal of self-worth is restored to baseling at least sometimes with adult re-direction.

3 = Means of alleviation never effective.

4 = Means of alleviation never employed.

Codes

PDAL187
Intensity

PDAL188

PDAL189

PDAL190

PDAL191

PDAL192

PDAL193

PDAL189
Intensity

Definitions and questions

INAPPROPRIATE LAUGHING, JOKING, GRINNING

Subject demonstrates laughing, joking, grinning in a manner incongruent to context.

Does s/he just laugh for no reason when nothing funny happened?

Does s/he laugh uncontrollably?

Does s/he laugh out when it's inappropriate (e.g., church, preschool during lesson)?

UNINHIBITED/GREGARIOUSNESS

The subject is willing to be friendly toward almost any adult or child, to a degree unusual for his/her developmental age, social group, and familiarity with the person. The subject demonstrates reduced or absent reticence around unfamiliar people.

Does s/he start a conversation with anyone - adult or child?

Is s/he the type of child who has no hesitation to engage in conversation with a stranger?

Are you concerned that s/he would talk inappropriately to strangers?

Are you concerned that s/he would run off with a stranger without any hesitation or reserve?

Does s/he seem to know everyone in his/her preschool or child care?

Are you concerned s/he would say inappropriately friendly or bossy things to unfamiliar adults, even those in a position of authority?

Do you think this is a problem?

Coding rules

INAPPROPRIATE LAUGHING, JOKING, GRINNING

- 0 = Absent
- 2 = Present in at least two activities and at least sometimes uncontrollable.
- 3 = Present in most activities and uncontrollable most of the time.

HOURS : MINUTES

UNINHIBITED/GREGARIOUSNESS

- 0 = Absent
- 2 = Inappropriate gregariousness is occasionally present and does not pose a social problem.
- 3 = Present and poses a significant social problem.

Codes

PDAL500 Intensity

PDAL501 Frequency

PDAL502 Duration

PDAL503 Onset

PDAL504 Intensity

PDAL505 Frequency

PDAL506 Onset

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

Definitions and questions

Coding rules

Codes

Some behaviors are not rated if the child is able to stop them, when told to, for at least 10 minutes (without being reminded within the 10 minutes). The 10 minute rule refers to an average of ten minutes. If the admonition must be repeated within a short space of time (10 minutes), then the child's behavior is regarded as not being responsive to admonition and therefore the behavior is not regarded as being controllable.

The 10 minute rule applies to Fidgetiness, Difficulty Remaining Seated When Required, and Difficulty Concentrating on Tasks Requiring Sustained Attention. boxes. It may be applied to Talks Excessively and Doing Things Quietly if one is having difficulty making a general determination. For the other generalized items and the items in the Impulsivity section, control for 10 minutes is not relevant.

Clearly, there is a great range in children of different ages regarding levels of activity, impulsivity, and the ability to control activity and impulsivity. For example, most two or three year olds have more difficulty sitting at the dinner table than five or six year olds. Nonetheless, code the behavior as described by the parent and defined in the Glossary.

FIDGETINESS

Unnecessary movements of parts of the body when stationary overall (e.g. tapping of feet, squirming in seat).

First I'd like to talk about how active s/he is.

How much does s/he squirm or wiggle in his/her seat?

How much does s/he fidget with his/her hands or feet?

Is that more than other children?

What does s/he do?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

All the time?

Were there any times in the last three months when s/he couldn't stop him/herself?

How often?

How long does s/he keep from fidgeting in an hour?

FIDGETINESS SCREEN POSITIVE

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.


PRA0101
Intensity

Definitions and questions

Coding rules

Codes

IF FIDGETINESS ABSENT, SKIP TO "DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)", (PAGE 5).



FOR REVIEW ONLY

Definitions and questions

FIDGETINESS - SITUATIONAL SPECIFICITY

Rate in the following 3 situations:

- a) Fidgetiness while playing or involved in an activity that the child regards as interesting at home.
- b) Fidgetiness during the most interesting activity at school/daycare.
- c) Fidgetiness during an interesting activity elsewhere (not at home, not at school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR FIDGETINESS.

You've told me that s/he can be fidgety.

Is s/he like that at home when doing something that is interesting?

Is s/he like that at daycare/school during an interesting activity?

Is s/he like that elsewhere when doing something interesting?

*What about during circle-time at daycare or school?
 Are there other times when that happens?
 Is it like that everywhere?
 Can s/he stop him/herself from being like that?
 What about if you tell him/her to stop?
 Or his/her caregiver/teacher?
 How long can s/he stop for?*

When did s/he start being like that?

Coding rules

FIDGETINESS - SITUATIONAL SPECIFICITY

0 = Symptom absent during interesting activity.

2 = At least sometimes uncontrollable by the child or by admonition, in at least 2 interesting activities in any situation.

3 = Almost never controllable by the child or by admonition in most interesting activities.

HOME

0 = Absent

2 = Present

SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Codes

PRA1101
Intensity

PRA1102
Home

PRA1103
School

PRA1104
Elsewhere

PRA1001
Onset

Definitions and questions

DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)

Often leaves seat in situations in which remaining seated is expected.

Can she usually remain in his/her seat when she's supposed to?

Like at dinner?

Or to do a project at daycare/school?

Does s/he get up much more than other children his/her age?

What does s/he do?

Is it like that in all activities?

Or just some activities?

IF EITHER FIDGETINESS OR DIFFICULTY REMAINING SEATED, COMPLETE REST OF OVERACTIVITY SECTION. OTHERWISE, SKIP TO "DIFFICULTY CONCENTRATING ON TASKS REQUIRING SUSTAINED ATTENTION", (PAGE 9).

Coding rules

DIFFICULTY REMAINING SEATED SCREEN POSITIVE

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

Codes

PRA2I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

RUSHES ABOUT OR CLIMBS ON THINGS EXCESSIVELY (RESTLESSNESS)

Focus on the absence of a limited ability to have sustained periods of calm, well-controlled activity.

Does s/he run around the house in situations when it's not appropriate?

Or climb on things?

Is that more than other children?

Does this happen in any of the activities we talked about?

What does s/he do?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

All the time?

Were there any times in the last three months when s/he couldn't stop him/herself?

What about if you ask him/her to stop?

ALWAYS ON THE GO

Would you say s/he was "always on the go"?

Or as if s/he were "driven by a motor"?

What does s/he do?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

All the time?

Were there any times in the last three months when s/he couldn't stop him/herself?

What about if you ask him/her to stop?

RUSHES/CLIMBS EXCESSIVELY

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRA3I01
Intensity

ALWAYS ON THE GO

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRC4I01
Intensity

FOR REVIEW ONLY

Definitions and questions

RESTLESSNESS - SITUATIONAL SPECIFICITY

Increased unnecessary whole body movements (e.g. getting up and moving around).

Rate in the following 3 situations:

a) Restlessness while playing or involved in an activity that the child regards as interesting at home.

b) Restlessness during an interesting activity at daycare/school.

c) Restlessness during an interesting activity elsewhere (not at home, not at daycare/school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATING FOR RESTLESSNESS.

You've told me that s/he can be restless.

Is s/he like that at home when doing something that is interesting?

How about at daycare/school during an interesting activity?

How about elsewhere when doing something interesting?

*Are there other times when that happens?
Is it like that everywhere?
Can s/he stop him/herself from being like that?
What about if you tell him/her to stop?
Or his/her teacher?
How long can s/he stop for?*

When did it start being like that?

Coding rules

RESTLESSNESS

0 = Symptom absent during interesting activities.

2 = At least sometimes uncontrollable by the child or by admonition, in at least 2 interesting activities in any situation.

3 = Almost never controllable by the child or by admonition in most interesting activities.

HOME

0 = Absent

2 = Present

SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Codes

PRA4101
Intensity

PRA4102
Home

PRA4103
School

PRA4104
Elsewhere

PRA4001
Onset

Definitions and questions

Coding rules

Codes

TALKS EXCESSIVELY

Do people complain that s/he talks too much?

Do you think s/he talks too much?

What do you do about it?

Does that work?

What does s/he do?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

All the time?

Or just sometimes?

What about if you ask him/her to stop?

DIFFICULTY DOING THINGS QUIETLY

Often has difficulty playing or engaging in leisure activities quietly.

What happens if s/he's supposed to be doing things quietly?

Can s/he do that?

Does s/he have a hard time doing things quietly in any of these activities we talked about?

What does s/he do?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

All the time or just sometimes?

What about if you ask him/her to stop?

TALKS EXCESSIVELY

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRA5I01
Intensity

DIFFICULTY DOING THINGS QUIETLY

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRA6I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

INATTENTION

Now I'd like to focus on how well s/he concentrates. Please think about what s/he's like in the activities that require concentration, both ones she's required to do and ones s/he chooses.

DIFFICULTY CONCENTRATING ON TASKS REQUIRING SUSTAINED ATTENTION

Is s/he able to concentrate on things when s/he has to?

Does s/he have more problems concentrating or focusing on things than other children his/her age?

Is s/he able to concentrate when doing something alone?

Like playing?

Does this happen in any of the activities we talked about?

What does s/he do?

Is it like that in all activities?

Or just some activities?

DIFFICULTY ORGANIZING TASKS AND ACTIVITIES

Difficulty organizing tasks and activities when structure is not imposed by others (e.g., at a loss to start or structure a project, to have all the right materials on hand to play a game, build a train track, etc.)

How is s/he at organizing a task or activity?

Like doing a project?

Can s/he gather all materials needed to play a game?

Or setting up a game?

Does s/he know where to start?

If s/he gets started, does s/he then get disorganized?

DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITY INDEPENDENTLY

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRA7101
Intensity

DIFFICULTY ORGANIZING TASKS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRC7101
Intensity

Definitions and questions

Coding rules

Codes

DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS AND FAILS TO FINISH TASKS AND ACTIVITIES

How good is s/he at following through on instructions from others?

Does s/he tend not to complete things s/he's been asked to do?

What about with things s/he's been told to do?

What does s/he do?

Is it like that in all activities?

Or just some activities?

Does s/he complete things if s/he makes an effort?

Is that all the time?

Or just sometimes?

What about if you ask him/her to follow through?

Does that happen at daycare/school as well as at home?

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

Does 'X' try to get out of things where s/he will have to concentrate?

Like doing a puzzle or trying to write his/her name?

Can you get him/her to do such things?

What does s/he do?

Is it like that in all activities?

Or just some activities?

EASILY DISTRACTED BY EXTRANEOUS STIMULI

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?

Is s/he easily distracted by things going on around her?

Are these things that would distract anyone?

What does s/he do?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

Is that all the time or just sometimes?

What about if you ask him/her to pay attention?

DIFFICULTY FOLLOWING INSTRUCTIONS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRA8101 Intensity

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRC5101 Intensity

EASILY DISTRACTED

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRA9101 Intensity

Definitions and questions

Coding rules

Codes

FORGETFUL IN DAILY ACTIVITIES

Forgetful in daily activities (e.g., forgets to brush teeth or hair; or to do simple chores).

Is s/he often forgetful in his/her daily activities?

Can you give me an example?

OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS/ACTIVITIES AT DAYCARE/SCHOOL OR AT HOME

Loses clothing, toys, etc.

Does s/he lose things more than other kids do?

Does s/he lose things s/he needs for daycare/school?

Does s/he leave things, like toys or clothing, at daycare/school or friend's house?

*Does s/he get into trouble for losing things?
What does s/he do?*

OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID TO HIM/HER

Do you think s/he's good at listening to what you say to him/her?

Do people complain that s/he doesn't seem to listen to what they are saying to him/her?

How can you tell?

Does this happen across activities?

What does s/he do?

Is it like that in all activities?

Or just some activities?

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.

PRC8101
Intensity

OFTEN LOSES THINGS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRB2101
Intensity

DOES NOT LISTEN

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRB3101
Intensity

Definitions and questions

Coding rules

Codes

FAILS TO PAY CLOSE ATTENTION TO DETAILS

How good is s/he at paying attention to details when s/he is working on something?

Does s/he tend to do things incorrectly or sloppily because s/he hasn't paid enough attention to the task?

Do his/her projects show that s/he doesn't pay attention to details?

What does s/he do?

Is it like that in all activities?

Or just some?

Can s/he make him/herself pay attention to details?

What about if you ask him/her to pay attention?

How often does s/he fail to pay close attention to details?

MAKES CARELESS MISTAKES

Does X make a lot of careless mistakes?

Does that affect his/her schoolwork/work?

What does s/he do?

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?

IF INATTENTION ABSENT, SKIP TO "DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS", (PAGE 14).

FAILS TO PAY ATTENTION TO DETAILS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRB4I01 Intensity

MAKES CARELESS MISTAKES

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.

PRC6I01 Intensity

FOR REVIEW ONLY

Definitions and questions

INATTENTION - SITUATIONAL SPECIFICITY

Failure to maintain sufficient involvement to allow proper completion of an age-appropriate and developmentally-appropriate task.

Rate in the following 3 situations:

a) Inattention while playing or involved in an activity that the child regards as interesting at home.

b) Inattention during an interesting activity at daycare/school.

c) Inattention during an interesting activity elsewhere (not at home, not at daycare/school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR INATTENTION.

You've told me that s/he has difficulty paying attention.

Is s/he like that at home when doing something that is interesting?

How about at daycare/school during an interesting activity?

How about elsewhere when doing something interesting?

*Are there other times when that happens?
Is it like that everywhere?
Can s/he stop him/herself from being like that?
What about if you tell him/her to stop?
Or his/her caregiver/teacher?
How long does s/he stop for?*

When did s/he start being like that?

Coding rules

INATTENTION

0 = Inattention absent in interesting activities.

2 = At least sometimes uncontrollable by the child or by admonition, present in at least 2 interesting activities in any situation.

3 = Nearly always uncontrollable by the child or by admonition, present in most interesting activities.

HOME

0 = Absent

2 = Present

SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Codes

PRB5101
Intensity

PRB5102
Home

PRB5103
School

PRB5104
Elsewhere

PRB5001
Onset

Definitions and questions

Coding rules

Codes

IMPULSIVITY

DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS

Distinguish from normative eagerness.

Can s/he wait his/her turn for things?

As well as most children his/her age?

At daycare/school can s/he stand in line with the other children?

Or participate in circle time?

At home can s/he wait his/her turn during a game?

Why does s/he push in?

Does it get him/her in trouble?

Can s/he control it?

What if others say something?

OFTEN BLURTS OUT ANSWERS TO QUESTIONS

Does s/he tend to blurt out the answers before the person's finished asking the question?

How often does that happen?

Can you give me an example?

Did it get him/her into trouble?

Can s/he stop if s/he wants to?

What if others say something?

DIFFICULTY WAITING FOR TURN

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

PRB7101
Intensity

OFTEN BLURTS OUT ANSWERS TO QUESTIONS

0 = Absent

2 = Present and at least sometimes uncontrollable by the child or by admonition.

3 = Present and almost never controllable by the child or by admonition.

PRB8101
Intensity

FOR REVIEW ONLY

Definitions and questions

OFTEN INTERRUPTS OR INTRUDES ON OTHERS

Distinguish from normative eagerness and excitement and desire to participate in social interactions.

Does s/he tend to interrupt other people when they're talking to someone else?

What about butting into games without being invited to join in?

How often does that happen?

Does it happen as much as half of the time?

Can you give me an example?

Is it like that everywhere?

Or only at home?

Or daycare/school?

Or elsewhere?

Can s/he stop him/herself?

What if others say something?

IF IMPULSIVITY ABSENT, SKIP TO "ANTI-SOCIAL BEHAVIOR", (PAGE ERROR! BOOKMARK NOT DEFINED.).

Coding rules

OFTEN INTERRUPTS OR INTRUDES ON OTHERS

0 = Absent

2 = Present and at least sometimes uncontrollable by the child or by admonition.

3 = Present and almost never controllable by the child or by admonition.

Codes

PRC1101 Intensity

FOR REVIEW ONLY

Definitions and questions

IMPULSIVITY - SITUATIONAL SPECIFICITY

Pattern of acting before thinking adequately about the consequences of actions.

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR IMPULSIVITY.

You've told me that s/he can be impulsive.

Is s/he like that at home?

Is s/he like that daycare/school?

Is s/he like that elsewhere?

Are there other times when that happens?

Is it like that everywhere?

Can s/he stop him/herself from being like that?

What about if you tell him/her to stop?

Or his/her caregiver/teacher?

When did s/he start being like that?

Coding rules

IMPULSIVITY

0 = Symptom absent

2 = Present in at least 2 activities, and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities in a particular situation and almost never controllable by the child or by admonition.

HOME

0 = Absent

2 = Present

SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Codes

PRC3101
Intensity

PRC3104
Home

PRC3105
School

PRC3106
Elsewhere

PRC3001
Onset

Definitions and questions

Coding rules

Codes

**ANTI-SOCIAL
ANTI-SOCIAL BEHAVIOR**

FAILURE TO HONOR FINANCIAL OBLIGATION

Subject has not paid money s/he owes, or has not repaid money s/he has borrowed. The debt may have arisen prior to the last three months, but the failure to pay has been ongoing in the last three months. If two or more weeks have passed since the debt was incurred (or bill was due) and payment has not been made, code failure to honor the commitment despite assurance the subject plans to pay in the future. Code failure to pay child support more specifically below.

Over the last three months, has s/he owed anyone any money?

Or borrowed any money?

*Did s/he pay the money back?
Were there any times in the last three months when s/he didn't pay someone the money s/he owed or borrowed?
Did s/he have any financial obligations that s/he did not honor?*

How many times over the last three months has s/he owed someone money but didn't pay them?

When was the first time s/he didn't pay money s/he owed?

CHILD LIVING ELSEWHERE

Does s/he have any children who don't live with him/her?

IF SUBJECT HAS A CHILD THAT LIVES ELSEWHERE, COMPLETE. OTHERWISE, SKIP TO "FINANCIAL CONSEQUENCES", (PAGE 2).

FAILURE TO HONOR FINANCIAL OBLIGATIONS

0 = Does not owe money or has not failed to pay.

1 = Has made partial payment.

2 = Has not paid/repaid an amount less than \$50.00.

3 = Has not paid/repaid an amount greater than or equal to \$50.00.

HOME

SCHOOL

ELSEWHERE

CHILD LIVING ELSEWHERE

0 = No

2 = Yes

PGK0I01
Intensity

PGK0F01
Home
Frequency

PGK0F02
School
Frequency

PGK0F03
Elsewhere
Frequency

PGK0O01
Onset

PGK1I00
Intensity

Definitions and questions

FAILS TO PAY CHILD SUPPORT

Is there a court order that requires him/her to pay child support?

Has s/he paid child support?

Has s/he missed any payments in the last three months?
NOTE: IF NO COURT ORDER ASK

Does s/he contribute money for the child's upbringing even though it is not court-ordered?

FINANCIAL CONSEQUENCES

Has s/he ever had a car or other possessions repossessed?

Has s/he had debts turned over to a collection agency?

Has s/he been unable to pay his/her rent?

Coding rules

FAILS TO PAY CHILD SUPPORT

0 = Pays either court-ordered child support or voluntarily contributes more than \$20 per month to child's upbringing.

1 = Does not contribute financially, or less than \$20 per month.

2 = Has missed at least one court-ordered child support payment in the last three months.

EVER: FINANCIAL CONSEQUENCES

0 = Absent

2 = Present

Codes

PGK1I01
Intensity

Ever:PGL1E01
Intensity

Ever:PGL1V01
Frequency

Ever:PGL1O01
Onset

FOR REVIEW ONLY

Definitions and questions

LACK OF REMORSE

Lack of remorse, as indicated by being indifferent to or rationally having hurt, mistreated, or stolen from another. Subject steals, cheats, maltreats people or otherwise breaks clear societal boundaries without guilt. Taking inexpensive items or small amounts of money are considered stealing if the owner was not informed and is deprived of the use of the item. Do not code for white lies told to spare the feelings of others.

Does X feel badly when s/he does something wrong?

Does s/he feel guilty if s/he lies?

Or cheat?

Or steal?

Has s/he hurt anyone over the last three months?

Can you give me an example?

How many times has s/he done something like that over the last three months without feeling badly about it?

When did s/he start doing things like that and not feeling bad about it?

HARASSMENT

Repeated or persistent infringement that causes annoyance or torment to another person.

Over the last three months, has s/he called someone on the phone, just to make them feel annoyed?

Or to make them feel frightened?

Can you tell me a little about that?

Has s/he just shown up at someone's house or property?

Why did s/he go there?

What happened?

How many times has s/he done that?

When did s/he start doing that?

Coding rules

LACK OF REMORSE

0 = Has not committed any wrongdoing or feels remorse for transgressions.

2 = Expresses no remorse for obvious transgressions.

HOME

SCHOOL

ELSEWHERE

HARASSMENT

0 = Absent

2 = Present

Codes

PGK2I01
Intensity

PGK2F01
Home
Frequency

PGK2F02
School
Frequency

PGK2F03
Elsewhere
Frequency

PGK2O01
Onset

PGL2I01
Intensity

PGL2F01
Frequency

PGL2O01
Onset

Definitions and questions

IMPULSIVITY OR FAILURE TO PLAN AHEAD

Subject acts on impulse without making plans or considering the end result (i.e., quitting a job before having a new job, severing relationships without considering the consequences, taking on responsibilities without any "game plan" for follow through).

Does s/he sometimes do things on impulse?

Or just decide to do things without planning ahead?

Does it cause problems when s/he does this?

Can you give me an example?

Does s/he change plans frequently?

Does that make it difficult for him/her or others?

Has s/he moved without any specific place to go?

Has s/he left a long term relationship without really thinking it through?

What about in the last 3 months?

How many times has s/he done something like that in the last 3 months?

When was the first time s/he acted impulsively like that?

Coding rules

IMPULSIVITY OR FAILURE TO PLAN AHEAD

0 = Absent

2 = Impulsiveness or change of plans occurs in at least two activities and results in minor negative consequences.

3 = Impulsiveness or change of plans occurs in most activities or more than once has resulted in major negative consequences.

IMPULSIVITY OR FAILURE TO PLAN AHEAD

0 = Absent

2 = Impulsiveness or change of plans occurs in at least two activities and results in minor negative consequences.

3 = Impulsiveness or change of plans occurs in most activities or more than once has resulted in major negative consequences.

Codes

Ever:PGK3E01
Intensity

PGK3I01
Intensity

PGK3F01
Frequency

PGK3O01
Onset

FOR REVIEW ONLY

Definitions and questions

NO PERMANENT ADDRESS

Subject has spent at least a month without a home, moving in with one acquaintance or another, living on the streets or in shelters. Do not include camps, hospital stays, visits with friends, and situations where the expectation is that they can and will return home.

Has s/he ever spent a month or more with no fixed address?

*Did s/he move around from place to place?
Or live on the street?
Or in shelters?*

What about the last three months?

What is the longest period of time that s/he lived like that?

When was the first time s/he spent at least a month with no fixed address?

USE OF AN ALIAS

Subject uses another name to fool authority, or gain entree' to an opportunity that would not be granted under the subject's own name, or to avoid responsibilities. Do not code literary (authorial) pseudonyms or simple nicknames.

Did s/he ever used an alias?

Or used another name to either get something or avoid something?

Why was that?

Has s/he used an alias over the last three months?

How many times?

When was the first time s/he used another name for those kinds of reasons?

Coding rules

NO PERMANENT ADDRESS

0 = Retained a permanent address.

2 = No permanent address for a month or more.

NO PERMANENT ADDRESS IN PP

0 = Retained a permanent address.

2 = No permanent address for a month or more.

HOURS : MINUTES

USE OF AN ALIAS

0 = Absent

2 = Uses another name to avoid recognition or responsibility.

3 = Uses another name for illegal purposes or to avoid legal pursuit.

USE OF AN ALIAS

0 = Absent

2 = Uses another name to avoid recognition or responsibility.

3 = Uses another name for illegal purposes or to avoid legal pursuit.

Codes

Ever:PGL3E01
Intensity

PGL3I01
Intensity

Ever:PGL3D01

Ever:PGL3O01
Onset

Ever:PKG4E01
Intensity

PKG4I01
Intensity

PKG4F01
Frequency

PKG4O01
Onset

Definitions and questions

GAMBLING

Subject makes wagers on card games, sporting events, etc. There is some intimation that this behavior goes beyond playing poker or football pools for minimal amounts with family and friends.

Does s/he gamble?

Does s/he bet at cards?

Does s/he bet on football or basketball games?

Or horse races or animal fights?

Does s/he risk more than \$50.00 at a time?

How many times would you say s/he has gambled in the last 3 months?

When did s/he first start gambling or taking bets?

How much has s/he lost over the last three months?

About how much has s/he ever lost?

IF SUBJECT HAS LOST MONEY BY GAMBLING OVER THE LAST THREE MONTHS, COMPLETE. OTHERWISE, SKIP TO "RECKLESS DISREGARD FOR SAFETY OF SELF OR OTHERS", (PAGE 9).

Coding rules

GAMBLING

0 = Absent

2 = Gambling is present in at least two activities and is at least sometimes uncontrollable, but amount wagered is less than \$50.00 at a time.

3 = Gambling is present in most activities and is usually uncontrollable or has wagered \$50.00 (or more) at a time at least once in the primary period.

APPROXIMATE AMOUNT LOST OVER THE LAST THREE MONTHS

0 = Came out even or made money.

1 = Less than \$50.

2 = \$100 or less.

3 = \$200 or less.

4 = \$300 or less.

5 = \$400 or more.

APPROXIMATE AMOUNT EVER LOST

0 = Came out even or made money.

1 = Less than \$50.

2 = \$100 or less.

3 = \$200 or less.

4 = \$300 or less.

5 = \$400 or more.

Codes

PKG5I11
Intensity

PKG5F11
Frequency

PKG5O11
Onset

PKG6I01

PKG6E01

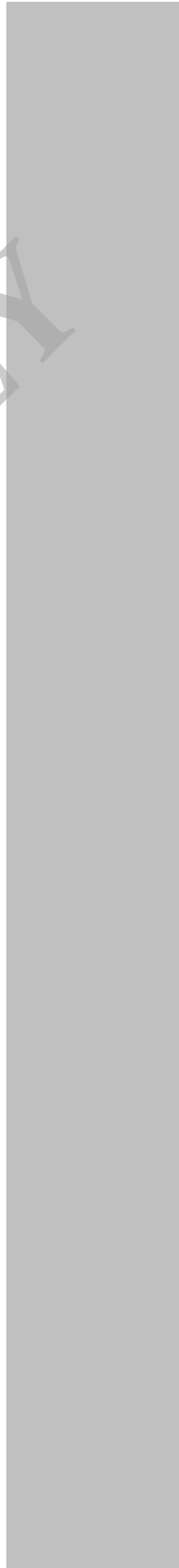
Definitions and questions

Coding rules

Codes



A large, empty rectangular box with a thin black border, intended for definitions and questions. At the top of this box is a solid dark grey horizontal bar. The rest of the box is white and contains a large, light grey watermark that reads "FOR REVIEW ONLY" diagonally from the bottom-left to the top-right.



A solid, vertical grey bar intended for codes, located to the right of the coding rules section.

Definitions and questions

DIFFICULTIES RESULTING FROM NEED TO COVER GAMBLING LOSSES

Subject is unable to cover gambling debts and this has resulted in further difficulties. If the information conforms to the definitions of other items (Failure to Honor Financial Obligations, Neglect or Failure to Care For a Child, Stealing, etc.), code there as well.

Over the last three months, has s/he had any trouble covering his/her gambling losses?

Where does she get the money to pay for his/her gambling debts?

Did s/he had to use his/her savings?

Did s/he had to work extra hours, or an extra job, to raise the money?

Did s/he have to borrow from someone else to cover his/her gambling losses?

Did s/he pay them back?

Has his/her gambling affected his/her ability to cover other expenses?

Was s/he unable to support his/her child because of gambling losses?

Has s/he resorted to stealing to cover gambling losses?

Or dealt drugs to raise the money?

Has anyone been calling him/her, or harassing him/her for payment?

Is s/he in physical danger because you haven't paid your gambling debts?

When was the first time his/her losses caused these other problems?

Coding rules

RESULTANT DIFFICULTIES

0 = Absent

2 = Present

FORM OF DIFFICULTY CAUSED BY GAMBLING LOSSES

1 = Using savings.

2 = Working extra.

3 = Borrowing from others to cover losses.

4 = Unable to pay other expenses.

5 = Unable to pay child support.

7 = Fear of physical harassment.

8 = Has been physically harassed over non-payment.

9 = Stealing, selling drugs or other illegal act to cover gambling losses.

10 = Other

Codes

PGK7I01
Intensity

PGK7I02

PGK7I03

PGK7I04

PGK7O01
Onset

Definitions and questions

RECKLESS DISREGARD FOR SAFETY OF SELF OR OTHERS

Subject enters into or causes dangerous situations without considering the consequences to self or others. Do not code car accidents that clearly were not the subject's fault.

Has s/he ever been the driver when an auto accident occurred?

What happened?
Has s/he driven a car or motor bike after using alcohol or drugs?

Does s/he like taking risks?

Does s/he do dangerous things?

Can you give me an example?
Why did s/he do that?
Does s/he usually speed when driving a car or motorcycle or 4-wheeler?

When was the first time X put himself/herself or others into a dangerous situation like that?

How often has s/he done dangerous or risky things like that, in the last 3 months?

SUBJECT HAS CHILD OR TAKES CARE OF CHILD

Does s/he babysit?

Does s/he watch his/her brothers or sisters?

Or other children?

IF SUBJECT HAS A CHILD, 'STEPCHILD' OR TAKES CARE OF A CHILD, CONTINUE. OTHERWISE, SKIP TO "ACCESS TO WEAPONS", (PAGE ERROR! BOOKMARK NOT DEFINED.).

Coding rules

DISREGARD FOR SAFETY

- 0 = Absent
- 2 = Present
- 3 = Present, and subject or other needed medical attention.

DISREGARD FOR SAFETY IN PP

- 0 = Absent
- 2 = Present
- 3 = Present, and subject or other needed medical attention.

CGK8001

SUBJECT HAS CHILD OR TAKES CARE OF CHILD

- 0 = No
- 2 = Yes

PRIMARY PERIOD CARES FOR CHILD(REN)

- 0 = No
- 2 = Yes

Codes

Ever:PGK8E01
Intensity

PGK8I01
Intensity

Ever:PGK8F01
Frequency

Ever:PGK8001

Ever:ywn0300
Intensity

ywn3303
Intensity

Definitions and questions

NEGLECT OR FAILURE TO CARE FOR A CHILD
 Due to the subject's lack of responsibility, a child has suffered or been put into danger.

Does s/he take good care of his/her child/ the child you babysit?

Has X left him/her alone for a long time?

Or not fed him/her?

Has X put him/her in danger?

What happened?
When was the first time that happened?

How many times in the last 3 months?

CHILD ABUSE

Has X ever spanked or hit a child so hard that it left bruises?

Has s/he ever shaken a child real hard?

What happened?
Has anyone ever reported him/her to social services?
When was the first time s/he did something like that?

Has that happened in the last 3 months?

How many times?

Coding rules

NEGLECT OR FAILURE TO CARE FOR A CHILD

- 0 = Absent
- 2 = Neglect or failure to adequately care for a child in at least two activities.
- 3 = Neglect or failure to adequately care for a child in most activities.

CHILD ABUSE

- 0 = Absent
- 2 = Present
- 3 = Present and child required medical care.

CHILD ABUSE

- 0 = Absent
- 2 = Present
- 3 = Present and child required medical care.

Codes

PGK9I01
Intensity

PGK9F01
Frequency

PGK9O01
Onset

Ever:PGLOE01
Intensity

PGL0I01
Intensity

PGL0F01
Frequency

PGL0O01
Onset

Definitions and questions

**OPPOSITIONAL/CONDUCT DISORDER
SECTION
OPPOSITIONAL BEHAVIOR**

**REMEMBER TO GET EXAMPLES AND
BEHAVIORAL DESCRIPTIONS**

RULE BREAKING

Violation of standing rules at school/college/university or elsewhere but NOT at home.

N.B. "Rule-breaking" at home is rated as disobedience since families do not have formal rules.

Do not include breaking laws or violating parole.

How good s/he at obeying the rules at school?

What happens if s/he doesn't?

What sort of rules does s/he break?

Does s/he break the rules anywhere else?

Tell me about the last time it happened.

How do you hear about it?

Does s/he get into trouble?

How often does s/he break the rules?

When did s/he start breaking rules?

Does s/he do it on his/her own or with other people?

Coding rules

RULE BREAKING

0 = Absent

2 = The child breaks rules relating to at least 2 activities, and at least sometimes responds to admonition by public failure to comply.

3 = 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

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

PGA0I01
intensity

PGA0F01

PGA0F02

PGA0X01

PGA0001
Onset

Definitions and questions

DISOBEDIENCE

Failure to carry out specific instructions when directly given.

What happens when s/he's told to do things by you and s/he doesn't want to do them?

*Is s/he disobedient with you?
When was the last time?
What happened?
Can you usually get him/her to do what you want in the end?
How do you do it?
What about with teachers?*

*What do they do about it?
Is s/he disobedient anywhere (else)?*

*When was the last time?
What happened?
How long has s/he been like that?
How often does s/he disobey?*

Coding rules

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

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

PGA1I01
Intensity

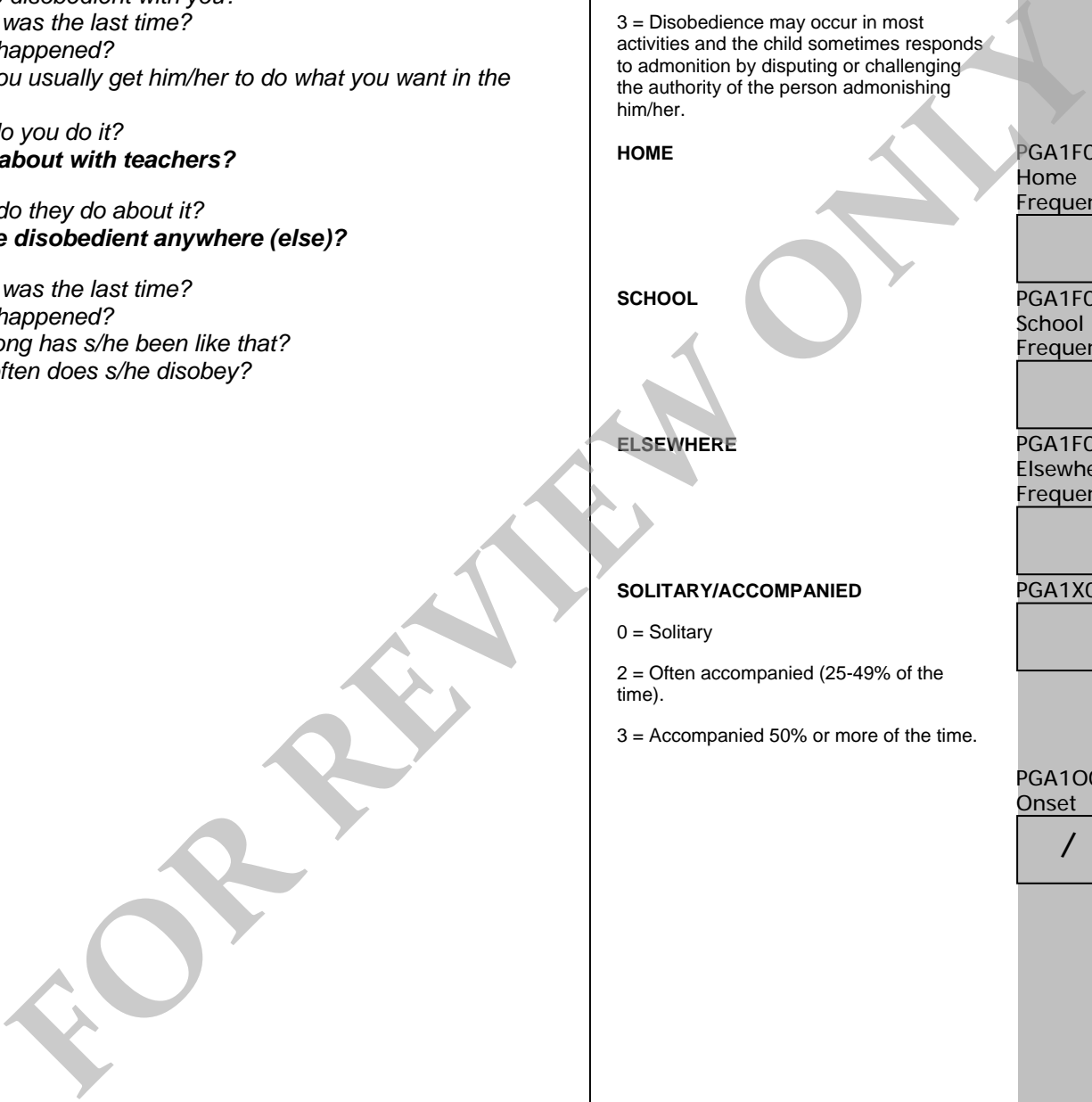
PGA1F01
Home
Frequency

PGA1F02
School
Frequency

PGA1F03
Elsewhere
Frequency

PGA1X01

PGA1O01
Onset



Definitions and questions

BREAKING CURFEW

Staying out late despite parental prohibitions. Do not include accidental lateness caused by circumstances over which the subject had little or no control.

Do not include breaking curfew imposed by probation/parole, which is coded as probation/parole violation.

Does s/he have a curfew?

How good is s/he at keeping it?

Does s/he ever get in later than s/he is supposed to?

What happens then?
When did s/he start staying out late?
Does s/he get into trouble over it?

Coding rules

BREAKING CURFEW

0 = No

2 = Yes

Codes

PGJ1I01
Intensity

PGJ1F01
Frequency

PGJ1O01
Onset

FOR REVIEW ONLY

Definitions and questions

ANNOYING BEHAVIOR

Indulgence in active behaviors that annoy or anger peers, siblings, or other adults. The child's intention need not be to annoy, but the behaviors would obviously annoy their recipient.

Do not include annoying behaviors that are the result of unintentional acts, for instance, annoyance caused by clumsiness, or failure to understand the rules of games.

Do not include behaviors that conform to the definitions of Rule Breaking and Disobedience.

Does s/he find that other people get annoyed by things s/he does?

Like what?

Does s/he ever do things deliberately to annoy other people?

Or does s/he find that other people get annoyed because of the things s/he does for fun?

What happens?

Can you tell me about the last time?

Where does s/he do those sorts of things?

How often does something like that happen?

When did it start?

Coding rules

ANNOYING BEHAVIOR

0 = Absent

2 = Annoying behavior occurs in at least 2 activities and subject is at least sometimes unresponsive to admonition.

3 = Annoying behavior occurs in most activities and the subject sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.

HOME

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

PGA2I01
Intensity

PGA2F01
Home
Frequency

PGA2F02
School
Frequency

PGA2F03
Elsewhere
Frequency

PGA2X01

PGA2O01
Onset

FOR REVIEW ONLY

Definitions and questions

SPITEFUL OR VINDICTIVE

Spiteful: The child engages in deliberate actions aimed at causing distress to another person.

Vindictive: The child responds to failure to get his/her own way, disappointment, or interpersonal disagreement with adults or peers with deliberate attempts to hurt the other or gain revenge. For instance, by pinching, pushing or attempting to get the other person into trouble.

Do not include behaviors coded under Assault, Cruelty, Bullying, Lying, or Malicious Rumors.

Does s/he ever do things to upset other people on purpose?

Or try to hurt them on purpose?

Does s/he ever try to get other people into trouble on purpose?

What does s/he do?

What about during the last 3 months?

Why does s/he do it?

How often has that happened?

Where does that sort of thing happen?

Who has s/he done it to?

What about with adults?

When did s/he start doing that sort of thing?

Coding rules

SPITEFUL OR VINDICTIVE

0 = Absent

2 = Present

HOME

SCHOOL

ELSEWHERE

DIRECTED AGAINST SIBLINGS

0 = Absent

2 = Present

DIRECTED AGAINST PEERS

0 = Absent

2 = Present

DIRECTED AGAINST ADULTS

0 = Absent

2 = Present

Codes

PGA3I01
Intensity

PGA3F01
Home
Frequency

PGA3F02
School
Frequency

PGA3F03
Elsewhere
Frequency

PGA3O01
Onset

PGA3X01

PGA3X02

PGA3X03

FOR REVIEW ONLY

Definitions and questions

SWEARING

The use of swear words or obscene language not approved or countenanced by adults in whose presence they are spoken.

Do not include swearing 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 ever swear when adults are around?

When does that happen?
Where does s/he do it?
How often?
Do you tell him/her not to?
What does s/he do then?
When did s/he start swearing in front of adults?

CODE NUMBER OF EPISODES OF SWEARING (NOT NUMBER OF INDIVIDUAL OBSCENE WORDS)

Coding rules

SWEARING

0 = Absent

2 = Swears in presence of adults, but usually (>50% of time) stops when admonished.

3 = Swearing in the presence of adults, that is not controlled by admonition.

HOME

SCHOOL

ELSEWHERE

Codes

PGA4I01
Intensity

PGA4F01
Home
Frequency

PGA4F02
School
Frequency

PGA4F03
Elsewhere
Frequency

PGA4O01
Onset

FOR REVIEW ONLY

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 AT HOME OR FROM FAMILY

Has s/he stolen anything at home or from family?

Who did s/he steal it from?
What did s/he steal?
Did s/he steal on his/her own or with anyone else?

How often has s/he stolen anything from home or family in the last 3 months?

When was the first time s/he stole anything form home or from family?

Coding rules

STEALING AT HOME OR FROM FAMILY
 0 = No
 2 = Yes

STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON
 0 = No
 2 = Yes

STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS
 0 = No
 2 = Yes

Codes

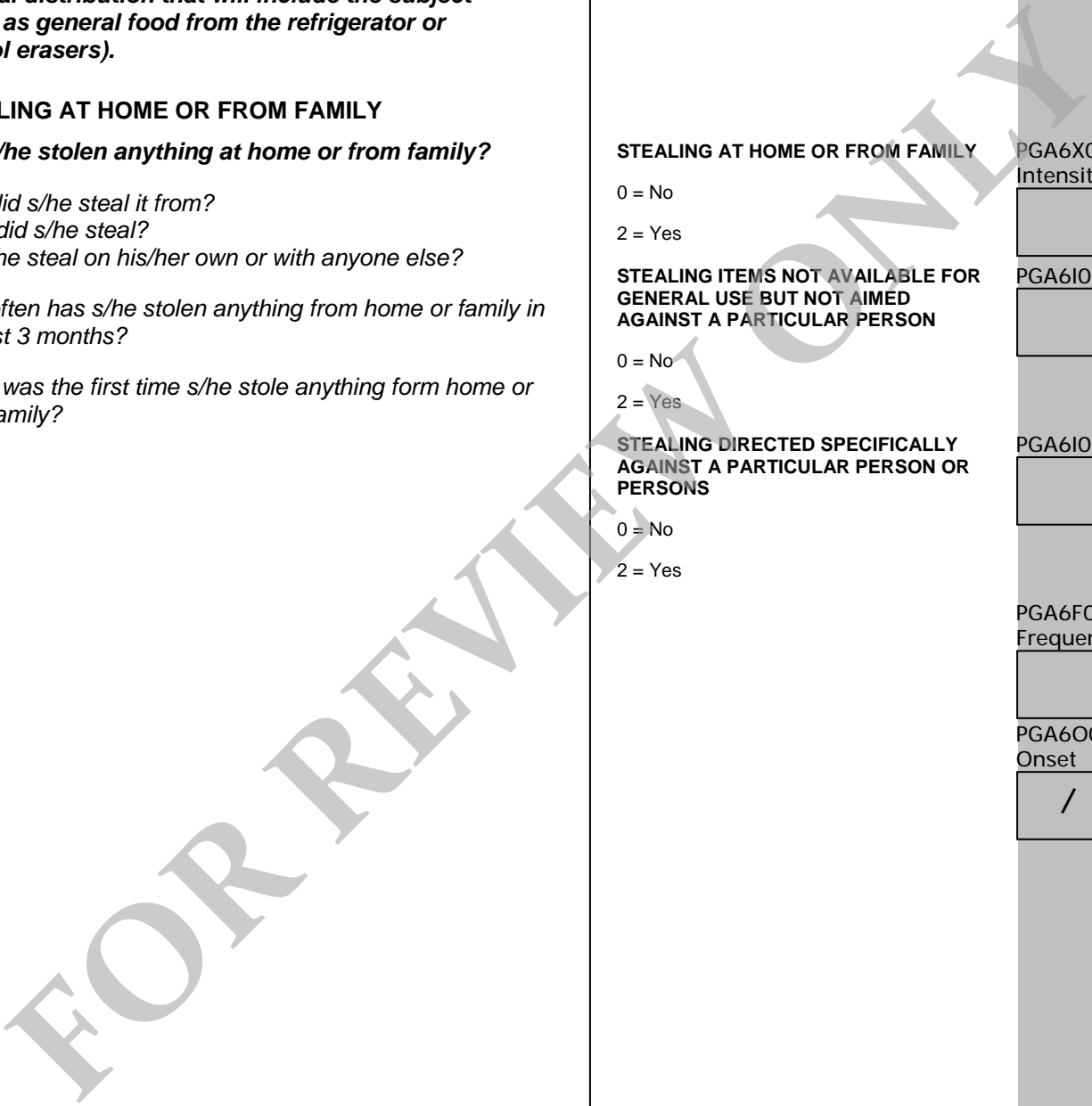
PGA6X01
Intensity

PGA6I01

PGA6I02

PGA6F01
Frequency

PGA6O01
Onset



Definitions and questions

STEALING AT SCHOOL

Has s/he stolen anything from school in the last 3 months?

What did s/he steal?
Who did s/he steal it from?
Did s/he steal on his/her own or with anyone else?
Why did s/he do it?

How often has s/he stolen anything in the last 3 months?

When was the first time s/he stole anything from school/work?

Coding rules

STEALING AT SCHOOL

0 = No

2 = Yes

STEALING ITEMS NOT AVAILABLE FOR A GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON

0 = No

2 = Yes

STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSON

0 = No

2 = Yes

Codes

PGA7X01
Intensity

PGA7I01

PGA7I02

PGA7F01
Frequency

PGA7O01
Onset

FOR REVIEW ONLY

Definitions and questions

STEALING ELSEWHERE

Has s/he stolen anything elsewhere in the last 3 months?

What did s/he steal?
Who did s/he steal it from?
Did s/he steal on his/her own or with anyone else?
Why did s/he do it?

How often has s/he stolen anything in the last 3 months besides at home, school, or work?

When was the first time s/he stole anything outside home, school or work?

STEALING - HIGHEST VALUE OF ITEMS STOLEN IN SINGLE EPISODE

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 EVIDENCE OF STEALING COMPLETE SECTION. OTHERWISE,, SKIP TO "BREAKING PROMISES", (PAGE 16).

Coding rules

STEALING ELSEWHERE

- 0 = No
- 2 = Yes

STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON

- 0 = No
- 2 = Yes

STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS

- 0 = No
- 2 = Yes

HIGHEST VALUE OF ITEMS STOLEN IN SINGLE EPISODE

- 0 = Has not stolen anything.
- 1 = less than \$5.
- 2 = \$5 - \$99.
- 3 = Equal to or greater than \$100.

Codes

PGA8X01 Intensity

PGA8I01

PGA8I02

PGA8F01 Frequency

PGA8O01 Onset

Ever:PGA5E01 Intensity

Ever:PGA5V01 Frequency

Definitions and questions

Coding rules

Codes

[Redacted content]

FOR REVIEW ONLY

[Redacted content]

Definitions and questions

PATTERNS OF STEALING

Note: 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.

Was s/he on his/her own or with anybody else?

Did anyone find out?

What did they do?
What happened as a result?
Has s/he stolen anything else?
Or taken anything from a store?
What did s/he do?

PATTERNS OF STEALING - BREAKING AND ENTERING

Breaking and entering: Includes breaking into a house, building, store to steal. Code breaking into a car separately.

Has s/he broken into anywhere in the last 3 months?

Has s/he ever broken into anywhere?

How many times has s/he ever broken into anywhere?

When was the first time s/he broke into anywhere?

Coding rules

STEALING IN PRIMARY PERIOD

- 0 = Absent
- 2 = Present

STEALING ALONE

- 0 = Absent
- 2 = Present

STEALING WITH ONE OTHER

- 0 = Absent
- 2 = Present

STEALING IN A GROUP

- 0 = Absent
- 2 = Less than 50% of the time.
- 3 = More than 50% of the time.

SHOPLIFTING

- 0 = Absent
- 2 = Present

BREAKING AND ENTERING

- 0 = Absent
- 2 = Present

BREAKING AND ENTERING

- 0 = Absent
- 2 = Present

Codes

PGA9X01
Intensity

PGA9I01

PGA9I02

PGA9I03

PGA9I04

PGB0I01
Intensity

Ever:PGB0E01
Intensity

Ever:PGB1V01
Frequency

Ever:PGB1O01
Onset

Definitions and questions

PATTERNS OF STEALING - BREAKING INTO A CAR

Breaking into a car to steal.

Has s/he broken into a car in the last 3 months?

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?

PATTERNS OF STEALING - STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY

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 taken a car or motor-bike in the last 3 months?

Has s/he ever taken a car or motor-bike?

Or 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?

Coding rules

BREAKING INTO A CAR

- 0 = Absent
- 2 = Present

BREAKING INTO A CAR

- 0 = Absent
- 2 = Present

STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY

- 0 = Absent
- 2 = Present

STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY

- 0 = Absent
- 2 = Present

Codes

PGB2I01
Intensity

Ever:PGB2E01
Intensity

Ever:PGB3V01
Frequency

Ever:PGB3O01
Onset

PGB4I01
Intensity

Ever:PGB4E01
Intensity

Ever:PGB5V01
Frequency

Ever:PGB5O01
Onset

Definitions and questions

PATTERNS OF STEALING - CONFRONTATION OF THE VICTIM, BUT W/O ACTUAL VIOLENCE

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 threatened anyone to make them give him/her something in the last 3 months?

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?

PATTERNS OF STEALING - INVOLVING ACTUAL VIOLENCE

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 hurt someone in the last 3 months while mugging them?

Has s/he ever mugged anyone?

Did s/he hurt him/her?
Has s/he done that in the last 3 months?

How many times has s/he ever mugged someone?

When was the first time?

Coding rules

STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE

- 0 = Absent
- 2 = Present

STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE

- 0 = Absent
- 2 = Present

STEALING INVOLVING ACTUAL VIOLENCE

- 0 = Absent
- 2 = Present

STEALING INVOLVING ACTUAL VIOLENCE

- 0 = Absent
- 2 = No physical injury to the victim.
- 3 = Some physical injury (e.g. black eye, cuts)

Codes

PGB6I01 Intensity

Ever:PGB6E01 Intensity

Ever:PGJ0V01 Frequency

Ever:PGB6O01 Onset

PGB7I01 Intensity

Ever:PGB6E02 Intensity

Ever:PGB7V01 Frequency

Ever:PGB7O01 Onset

Definitions and questions

PATTERN OF STEALING - INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

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 mugged anyone and caused serious injury in the last 3 months?

Has s/he ever mugged someone 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?

PATTERNS OF STEALING - USE OF WEAPON

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 used a weapon to steal in the last 3 months?

Has s/he ever carried a weapon when s/he stole anything?

What?
Did you 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?

Coding rules

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

- 0 = Absent
- 2 = Present

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

- 0 = Absent
- 2 = Present

- 0 = Absent

- 2 = Carried weapon while stealing.
- 3 = Used weapon to threaten victim.

USE OF WEAPON

- 0 = Absent
- 2 = Carried weapon while stealing.
- 3 = Used weapon to threaten victim.

Codes

PGB8I01
Intensity

Ever:PGB9E01
Intensity

Ever:PGB9V01
Frequency

Ever:PGB9O01
Onset

PGC0I01
Intensity

Ever:PGC0E01
Intensity

Ever:PGC1V01
Frequency

Ever:PGC1O01
Onset

Definitions and questions

OUTCOME OF STEALING

IF SUSPENDED OR EXPELLED FROM SCHOOL BECAUSE OF STEALING, CODE HERE AND UNDER SCHOOL SUSPENSION, IN -SCHOOL SUSPENSION OR SCHOOL EXPULSION.

CODE POLICE INVOLVEMENT UNDER POLICE CONTACT.

Did s/he get caught at all in the last 3 months?

What happened?
Did s/he get punished?
Were the police involved?
What happened?

Coding rules

OUTCOME OF STEALING

0 = Absent

2 = Present

ACTIVITIES WITH PEERS RESTRICTED

0 = Absent

2 = Present

ACTIVITIES WITH ADULTS RESTRICTED

0 = Absent

2 = Present

OTHER PUNISHMENT BY FAMILY OR OTHERS

0 = Absent

2 = Present

BANNED FROM PREMISES OR ORGANIZATIONS/SUSPENDED OR EXPELLED FROM SCHOOL/COLLEGE/UNIVERSITY

0 = Absent

2 = Present

Codes

PGC2X01
Intensity

PGC2I01

PGC2I02

PGC2I03

PGC2I04

FOR REVIEW ONLY

Definitions and questions

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?

Has s/he broken any promises to "parental figures" or "siblings"?

What about at school?

Has s/he broken any promises to anyone else?

Coding rules

BREAKING PROMISES

0 = No

2 = Yes

HOME

SCHOOL

ELSEWHERE

Codes

PGJ2I01
Intensity

PGJ2F01
Home
Frequency

PGJ2F02
School
Frequency

PGJ2F03
Elsewhere
Frequency

PGJ2O01
Onset

FOR REVIEW ONLY

Definitions and questions

DECEPTION

LYING

Distortion of the truth with intent to deceive others.

Most people tell lies sometimes. Has s/he told any lies in the last 3 months?

What about?
Who to?
Where?
Why did s/he do it?
Was it to get out of trouble?
What was the result?
How often does s/he tell lies?
When did s/he start telling lies?
Does s/he ever tell lies to get out of things s/he doesn't want to do?

What happens when s/he's caught doing something wrong?

When something goes wrong that's his/her fault, does s/he admit it?

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

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

PGC3I01
Intensity

PGC3F01
Home
Frequency

PGC3F02
School
Frequency

PGC3F03
Elsewhere
Frequency

PGC3O01
Onset

PGC3X01

FOR REVIEW ONLY

Definitions and questions

BLAMING

Does s/he lie if s/he thinks s/he can get out of trouble by blaming someone else?

Do his/her lies get others into trouble?

Could they?
What does s/he do?
What is the result?
How often does s/he do this?
When did s/he start doing it?

Coding rules

BLAMING

0 = Absent

2 = Lies in at least 2 activities, that result in others being blamed for subject's misdemeanors or otherwise getting into trouble or lies which, if believed, would have the same result.

HOME

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

PGJ3I01
Intensity

PGJ3F01
Home
Frequency

PGJ3F02
School
Frequency

PGJ3F03
Elsewhere
Frequency

PGJ3O01
Onset

PGJ3X01

FOR REVIEW ONLY

Definitions and questions

PSEUDOLOGIA

Distortion of truth with intent to deceive others, with a fantastical quality in which no immediate gain is apparent beyond self aggrandizement.

Does s/he ever make up stories about him/herself?

Or pretend to be someone s/he's not?

Or something s/he's not?

What does s/he say?

How often does s/he do that?

Who does s/he do it with?

Has that happened in the last 3 months?

When did s/he start doing it?

Coding rules

PSEUDOLOGIA

0 = Absent

2 = Fantastic lies told in at least 2 settings and at least sometimes uncontrollable.

3 = Fantastic lies told in most settings and nearly always uncontrollable.

HOME

SCHOOL

ELSEWHERE

Codes

PGJ4I01
Intensity

PGJ4F01
Home
Frequency

PGJ4F02
School
Frequency

PGJ4F03
Elsewhere
Frequency

PGJ4O01
Onset

FOR REVIEW ONLY

Definitions and questions

CON-ARTISTRY

Lying in order to obtain goods or favors with a monetary value of at least \$10.

Has s/he ever tried to con anyone to get them to give him/her something?

Or to do him/her a favor?

What happened?

Coding rules

CON-ARTISTRY

- 0 = Absent
- 2 = Simple lies.
- 3 = "Scam" involving at least some planning to develop and implement scheme.

SOLITARY/ACCOMPANIED

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

Codes

PGC4I01
Intensity

PGC4F01
Frequency

PGC4O01
Onset

PGC4X01

FOR REVIEW ONLY

Definitions and questions

CHEATING

Attempts to gain increased marks at school or increased success in other settings by unfair means.

Does s/he ever cheat?

*In tests or exams?
Or games?*

What about copying homework?

*Anywhere else?
What about during the last 3 months?
How often does s/he cheat?
When did s/he start cheating?
What happened?
What did you s/he do?
What did the school do?*

Coding rules

CHEATING

0 = Absent

2 = Cheating in at least 2 activities and at least sometimes not responsive to admonition if caught.

3 = Cheating may occur in many or most activities and is hardly ever responsive to admonition if caught.

HOME

SCHOOL

ELSEWHERE

Codes

PGC5I01
Intensity

PGC5F01
Home
Frequency

PGC5F02
School
Frequency

PGC5F03
Elsewhere
Frequency

PGC5O01
Onset

FOR REVIEW ONLY

Definitions and questions

MINOR FORGERY

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?

How many times has s/he ever done this?
How many times has s/he done this in the last three months?
What was the result?
When was the first time?

Coding rules

MINOR FORGERY

- 0 = Absent
- 2 = Present

MINOR FORGERY

- 0 = No
- 2 = Behaviors that are neither illegal nor likely to result in police action, such as faking school reports or sick notes.

HOME

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

Codes

Ever:PGC6E01
Intensity

Ever:PGC6V01
Frequency

Ever:PGC6O01
Onset

PGC6I01
Intensity

PGC6F01
Home
Frequency

PGC6F02
School
Frequency

PGC6F03
Elsewhere
Frequency

PGC6X01

Definitions and questions

MAJOR FORGERY

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.

Has s/he ever forged a fake ID?

Or anything else?

Has s/he gotten anyone else to forge anything for him/her?

How often has s/he done it?

How many times has s/he ever done this?

How many times in the last 3 months?

What was the result?

When was the first time?

Coding rules

MAJOR FORGERY

- 0 = Absent
- 2 = Present

MAJOR FORGERY

- 0 = No
- 2 = Illegal acts such as credit card fraud, forging a fake ID, etc.

HOME

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

Codes

Ever:PGJ5E01
Intensity

Ever:PGJ5V01
Frequency

Ever:PGJ5O01
Onset

 / /

PGJ5I01
Intensity

PGJ5F01
Home
Frequency

PGJ5F02
School
Frequency

PGJ5F03
Elsewhere
Frequency

PGJ5X01

Definitions and questions

RUNNING AWAY FROM HOME

Leaving the home with the deliberate intention of staying away temporarily or permanently.

N.B. "EVER" CODED IF SUBJECT HAS RUN AWAY BUT NOT IN LAST 3 MONTHS.

Has s/he ever run away from home?

- When was that?*
- Has s/he run away from home in the last 3 months?*
- How long for?*
- Why did s/he run away?*
- How often has s/he run away?*
- What did you do?*
- Did you contact the police?*
- What happened?*
- Why did s/he come back?*
- What did you do then?*
- When was the first time s/he ran away?*

Days/hours away

ENTER ONLY IF RAN AWAY FROM HOME OVERNIGHT.

Coding rules

RUNNING AWAY FROM HOME

- 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 tick
- 3 = As 2, and away at least overnight.

DAYS

SOLITARY/ACCOMPANIED

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

RUNNING AWAY FROM HOME OVERNIGHT

- 0 = Absent
- 2 = Present

RUNNING AWAY FROM HOME OVERNIGHT - FREQUENCY

DAYS

ONSET - RUNNING AWAY

Codes

PGC7I01
Intensity

PGC7F01
Frequency

PGC7D01
Duration

PGC7O01
Onset

PGC7X01

Ever:PGC8E01
Intensity

Ever:PGC8V01

Ever:PGC8D01

Ever:PGC8O01

Definitions and questions

Coding rules

Codes

ACCESS TO WEAPONS

Access to weapons, such as handguns, shotguns, semi-automatics, machine guns.

GUNS

Does anyone in your household keep a gun in the house or car?

Does X have your his/her own gun?

Is the gun locked up?

Whom does it belong to?

What kind of gun is it?

A handgun?

A rifle or shotgun?

Some other kind?

Does s/he have any other access to a gun?

IF NO ACCESS TO/POSSESSION OF GUN , SKIP TO "GUNS - ACCOMPLICE TO SHOOTING", (PAGE 26).

ACCESS TO GUN

0 = Absent

1 = Family member has gun, but subject does not have access because gun is locked up.

2 = Subject has access to gun belonging to family member or friend, but does not have own gun.

3 = Subject has own gun(s) and may have access to other guns as well.

HANDGUN

0 = Absent

2 = Present

SHOTGUN OR RIFLE

0 = Absent

2 = Present

OTHER GUN (SEMI-AUTOMATIC, MACHINE GUN, ETCETERA)

0 = Absent

2 = Present

PGC9101
Intensity

PGC9102

PGC9103

PGC9104

Definitions and questions

CURRENTLY CARRIES A GUN
*Does X carry a gun when s/he goes out?
 Why?
 Where does s/he go with it?
 How often has s/he carried a gun in the past 3 months?*

TAKES GUN TO SCHOOL
*Has s/he taken a gun to school in the past 3 months?
 Do s/he usually or just sometimes carry a gun to school?*

GUNS - ACCOMPLICE TO SHOOTING
*Has s/he ever been there when someone else shot at someone?
 What happened?
 Has that happened in the last 3 months?*

GUNS - SHOT AT ANOTHER PERSON
*Has s/he ever shot at anybody?
 Has s/he actually shot another person?
 Did you hit them?
 What happened to them?
 What happened to you?*

Coding rules

CURRENTLY CARRIES A GUN

- 0 = Has not carried a gun in last 3 months
- 2 = Sometimes has carried a gun
- 3 = Usually carries a gun

TAKES GUN TO SCHOOL/COLLEGE/UNIVERSITY

- 0 = No
- 2 = Sometimes
- 3 = Usually

YES 2

- 0 = No
- 2 = Yes

ACCOMPLICE TO SHOOTING PP

- 0 = No
- 2 = Yes

SHOT AT ANOTHER PERSON

- 0 = No
- 2 = Yes

INJURED ANOTHER WITH A GUN

- 0 = No
- 2 = Yes

Codes

PGC9I05
Intensity

PGC9I06
Intensity

Ever:PGD0E01
Intensity

PGD0I01
Intensity

Ever:PGD1E01
Intensity

Ever:PGD1E02

Definitions and questions

KNIVES

Has s/he carried a knife as a weapon or 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?
Has s/he ever used it in a fight or to threaten somebody?*

KNIVES CONTINUED

Has s/he ever used a knife in a fight or to threaten someone?

Has s/he ever injured another with a knife?

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?
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?*

Coding rules

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

- 0 = No
- 2 = Yes

INJURED ANOTHER WITH A KNIFE

- 0 = No
- 2 = Yes

CURRENTLY CARRIES OTHER WEAPON

- 0 = Has not carried other weapon in this 3 months
- 2 = Sometimes has carried other weapon
- 3 = Usually carries other weapon

TAKES OTHER WEAPON TO SCHOOL

- 0 = No
- 2 = Sometimes
- 3 = Usually

Codes

PGD2I01
Intensity

PGD3I01

Ever:PGD4E01
Intensity

Ever:PGD5E01

PGD6I01
Intensity

PGD7I01

Definitions and questions

OTHER SELF DEFENSE EQUIPMENT
Has s/he carried anything like mace or a stun gun?
Or bat to defend herself?

Coding rules

CURRENTLY CARRIES SELF-DEFENSE EQUIPMENT

0 = Has not carried self-defense equipment this 3 months

2 = Sometimes has carried other self defense equipment

3 = Usually carries other self defense equipment

TAKES SELF DEFENSE EQUIPMENT TO SCHOOL

0 = No

2 = Sometimes

3 = Usually

Codes

PGD8101
Intensity

PGD9101

FOR REVIEW ONLY

Definitions and questions

CONDUCT PROBLEMS INVOLVING VIOLENCE

LOSING TEMPER

Discrete episodes of temper manifested by shouting or name calling but without violence and not meeting criteria for a temper tantrum.

What sort of temper has s/he got?

What happens when s/he loses his/her temper?

How often does s/he lose his/her temper?
When did that start?

Coding rules

LOSING TEMPER

0 = Absent

2 = Present

HOME

SCHOOL

ELSEWHERE

Codes

PGE0101
Intensity

PGE0F02
Home
Frequency

PGE0F03
School
Frequency

PGE0F04
Elsewhere
Frequency

PGE0001
Onset

FOR REVIEW ONLY

Definitions and questions

TEMPER TANTRUMS

Discrete episodes of excessive temper, frustration or upset, manifested by shouting, crying or stamping, and involving violence or attempts at damage directed against people or property.

Violence or damage done here does not constitute Vandalism or Assault.

What happens when s/he doesn't get what s/he wants or something upsets him/her?

Does s/he ever get into a tantrum?

- What does s/he do?*
- Tell me about the last time.*
- What do you do about it?*
- How long does it go on for?*
- How often does it happen?*
- When did it start?*

N.B. INFORMATION OBTAINED HERE MAY ALSO BE RELEVANT TO TOUGHY OR EASILY ANNOYED, ANGRY OR RESENTFUL AND IRRITABILITY

Coding rules

TEMPER TANTRUMS

0 = Absent

2 = Non destructive violence directed only against, property, (e.g. slamming doors, stamping, etc.).

3 = With destructive violence (e.g. smashing window) or violence against persons.

HOME

SCHOOL

ELSEWHERE

HOURS : MINUTES

Codes

PGE1I01
Intensity

PGE1F01
Home
Frequency

PGE1F02
School
Frequency

PGE1F03
Elsewhere
Frequency

PGE1D01
Duration

PGE1O01
Onset

Definitions and questions

VANDALISM

Damage to, or destruction of, property without the intention of gain.

DO NOT INCLUDE WRITING ON SCHOOL DESKS.

Has s/he ever written on walls?

Where?
What?
Has s/he damaged or broken or smashed up anything?

What about public telephones?

What about school books or property?

When was that?
Did s/he know the people whose stuff s/he "smashed"?
How often does s/he do that sort of thing?
When did s/he first do something like that?
What did you do about it?
Were the police involved?

Coding rules

VANDALISM

0 = Absent

2 = Writing graffiti, carving on trees or similar actions that are not actually destructive of the functions of that object.

3 = Other acts involving damage to, or destruction of, property.

HOME

SCHOOL

ELSEWHERE

DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC TELEPHONES)

0 = Absent

2 = Present

DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY

0 = Absent

2 = Present

DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY

0 = Absent

2 = Present

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

PGE2I01
Intensity

PGE2F01
Home
Frequency

PGE2F02
School
Frequency

PGE2F03
Elsewhere
Frequency

PGE2I02

PGE2I03

PGE2I04

PGE2X01

PGE2O01
Onset

Definitions and questions

FIRESETTING

Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

N.B. "EVER" CODED IF FIRE SETTING HAS OCCURRED BUT NOT IN LAST 3 MONTHS.

Does s/he like playing with fire?

Or burning things?

Has s/he EVER started any fires in places where s/he wasn't supposed to?

Why did s/he do it?
Where did s/he do it?
When did s/he do it?
Has s/he done it in the last 3 months?
Did anyone find out?
What happened?
How often has s/he done that sort of thing?
Does s/he start fires with other people or on his/her own?
How often does s/he start fires?
When was the first time s/he started a fire?
Has s/he ever done any damage with fire?

Coding rules

FIRESETTING

- 0 = Absent
- 2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.
- 3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

HOME

SCHOOL

ELSEWHERE

DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLISH TELEPHONES)

- 0 = No
- 2 = Yes

DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY

- 0 = No
- 2 = Yes

DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY

- 0 = No
- 2 = Yes

SOLITARY/ACCOMPANIED

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

Codes

PGE3I01
Intensity

PGE3F01
Home
Frequency

PGE3F02
School
Frequency

PGE3F03
Elsewhere
Frequency

PGE3I02

PGE3I03

PGE3I04

PGE3X01

PGE3O01
Onset

Definitions and questions

EVER: FIRESETTING

Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

N.B. "EVER" CODED IF FIRE SETTING HAS OCCURRED BUT NOT IN LAST 3 MONTHS.

Coding rules

FIRESETTING

0 = Absent

2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.

3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

Codes

Ever:PGE4E01
Intensity

Ever:PGE4V01
Frequency

Ever:PGE4O01
Onset

FOR REVIEW ONLY

Definitions and questions

VIOLENCE AGAINST PERSONS

FIGHTS

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.

Does s/he get into fights at all?

Has s/he gotten into any fights in the last 3 months?

Who with?
How often?
Can you remember the last time s/he had a fight?
Was it a friendly fight?
What is the worst that's happened in a fight s/he were in?
Did anyone get hurt?
What happened?
Has s/he been in any fights that someone else broke up?
Who?
Why?
When did s/he start fighting?
What do you do about it?
What does the school (etc.) do about it?
Were the police involved?

FIGHTS- RESULTING IN SERIOUS INJURY

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 badly hurt?

Coding rules

FIGHTS

0 = Fights absent.

2 = Fights do not result in any physical injury to either party.

3 = Either combatant has sustained some physical injury as a result (e.g. black eye or cuts).

HOME

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

FIGHTS RESULTING IN SERIOUS INJURY

0 = None

2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

Codes

PGE5I01
Intensity

PGE5F01
Home
Frequency

PGE5F02
School
Frequency

PGE5F03
Elsewhere
Frequency

PGE5X01

PGE5O01
Onset

Ever:PGE7E01
Intensity

Definitions and questions

Has this happened in the last 3 months?

EVER: USE OF WEAPON IN FIGHTS

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 used a weapon in a fight?

Like a knife or stone or anything else?
How often has this ever happened?
When was the first time this ever happened?

When was the first time?

Coding rules

0 = None

2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

USE OF WEAPON

0 = No

2 = Yes

FREQUENCY - USE OF WEAPON IN FIGHTS

FIGHTS RESULTING IN SERIOUS INJURY - ONSET

Codes

Ever:PGE7V01
Frequency

Ever:PGE7O01
Onset

PGE6I01
Intensity

Ever:PGE8E01
Intensity

Ever:PGE8V01

Ever:PGE8O01

FOR REVIEW ONLY

Definitions and questions

ASSAULT

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.

N.B. "EVER" CODED IF ASSULTED HAS NOT OCCURED IN LAST 3 MONTHS.

Has s/he hurt or attacked anyone who didn't want to fight him/her?

What was that?
When was that?
Whose fault was it?
How did it happen?
Did X hurt him/her? How much?
Why?

Coding rules

ASSAULT

0 = No assault

2 = Assaults did not result in any physical injury to either party

3 = The victim sustained some physical injury as a result (e.g.black eye or cuts)

HOME

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

PGE9I01
Intensity

PGE9F01
Home
Frequency

PGE9F02
School
Frequency

PGE9F03
Elsewhere
Frequency

PGE9X01

PGE9O01
Onset

FOR REVIEW ONLY

Definitions and questions

ASSAULT RESULTING IN SERIOUS INJURY

As a result of an assault, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

Has s/he ever injured anyone who didn't want to fight him/her?

- Has this happened in the last 3 months?*
- How many times has s/he ever been involved in an assault where someone was seriously injured?*
- What was the serious injury?*
- How many times has this ever happened?*
- When was the first time?*

ASSAULT WITH A WEAPON

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon.

Has s/he ever used a weapon in an assault?

- Like a knife or stone?*
- Were the police involved?*
- How often has s/he done anything like that?*
- Where has s/he done that sort of thing?*
- When was the first time s/he did anything like that?*
- Tell me about it.*
- What did you do about it?*
- What did the school (etc.) do about it?*

How many times have you ever used a weapon to attack someone?

When was the first time you used a weapon in an attack?

IF ASSAULT OCCURRED, ASK ABOUT CRUELTY. OTHERWISE, SKIP TO "BULLYING", (PAGE 40).

Coding rules

ASSAULTS RESULTING IN SERIOUS INJURY

0 = None

2 = As a result, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period

ASSAULT RESULTING IN SERIOUS INJURY

0 = Absent

2 = Present

USE OF WEAPON

0 = No

2 = Yes

Codes

Ever:PGF0E01 Intensity

Ever:PGF1V01 Frequency

Ever:PGF1O01 Onset

PGF0I01 Intensity

Ever:PGF2E01 Intensity

Ever:PGF2V01 Frequency

Ever:PGF2O01 Onset

Definitions and questions

CRUELTY TO PEOPLE

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

CODE ASSAULTS INVOLVING CRUELTY HERE, NOT UNDER ASSULTS, IF NOT CERTAIN WHICH TO CODE, CODE UNDER ASSAULT.

Coding rules

CRUELTY TO PEOPLE

0 = Absent

2 = Cruelty did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. black eye or cuts).

HOME

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

PGF3I01
Intensity

PGF3F01
Home
Frequency

PGF3F02
School
Frequency

PGF3F03
Elsewhere
Frequency

PGF3X01

PGF3O01
Onset

FOR REVIEW ONLY

Definitions and questions

BULLYING

Attempts to force another to do something against his/her will by using threats or violence, or intimidation.

Do not include episodes that meet the criteria for stealing involving confrontation.

Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.

Has X forced someone to do something s/he did'nt want to do by threatening or hurting him/her?

Does s/he pick on anyone?

*Who was it?
Why did s/he do it?
How often?
Where?
When was the first time?
Where the police involved?
What did you do about it?*

Did s/he use a weapon of any sort?

CODE FORCED SEXUAL ACTIVITY ON NEXT SYMPTOM

Coding rules

BULLYING

- 0 = Absent
- 2 = Using threats only.
- 3 = With actual violence.

HOME

SCHOOL

ELSEWHERE

SOLIRATY/ACCOMPANIED

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

Codes

PGF7I01
Intensity

PGF7F01
Home
Frequency

PGF7F02
School
Frequency

PGF7F03
Elsewhere
Frequency

PGF7X01

PGF7O01
Onset

FOR REVIEW ONLY

Definitions and questions

EVER: USE OF WEAPON WITH BULLYING

Attempts to force another to do something against his/her will by using threats or violence, or intimidation with a weapon.

Do not include episodes that meet the criteria for stealing involving confrontation.

Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.

Has s/he ever used a weapon of any sort while bullying?

*How often has this ever happened?
When was the first time this ever happened?*

FORCED SEXUAL ACTIVITY

Has s/he ever made someone have sex with him/her when s/he didn't want to?

Or has s/he kissed or fondled anyone who didn't want him/her to?

Did s/he use a weapon of any sort?

Coding rules

USE OF WEAPON

- 0 = No
- 2 = Yes

FORCED SEXUAL ACTIVITY

- 0 = Absent
- 2 = Using threats only.
- 3 = With actual violence.

USE OF WEAPON FOR FORCED SEXUAL ACTIVITY

- 0 = No
- 2 = Yes

USE OF WEAPON FOR FORCED SEXUAL ACTIVITY - FREQUENCY

USE OF A WEAPON FOR FORCED SEXUAL ACTIVITY - ONSET

Codes

Ever:PGF8E01
Intensity

Ever:PGF8V01
Frequency

Ever:PGF8O01
Onset

 / /

Ever:PGF9E01
Intensity

Ever:PGF9V01
Frequency

Ever:PGF9O01
Onset

 / /

Ever:PGH0E01

Ever:PGH0V01

Ever:PGH0O01

 / /

Definitions and questions

SEXUAL ACTIVITY FOR GAIN

Engagement in sexual activity in order to obtain money, goods, or drugs.

IF DRUG RELATED, ALSO CODE UNDER SUBSTANCE-RELATED CRIME.

Has s/he ever had sex with someone to get something that s/he wanted?

*How many times?
When did s/he first do that?*

CRUELTY TO ANIMALS

Deliberate activities involving hurting animals.

Do not include hunting.

N.B. "EVER" CODED IF NO CRUELTY TO ANIMALS IN LAST 3 MONTHS.

Has s/he ever hurt an animal?

*When?
What happened? (Determine way of hurting)
Has s/he ever killed an animal?
Were the police brought in?
Where did s/he do it?
Why did s/he do it?
How often has s/he done that?
When was the first time?
What did you do about it?*

Coding rules

SEXUAL ACTIVITY FOR GAIN

- 0 = Absent
- 2 = Present

CRUELTY TO ANIMALS

- 0 = Absent
- 2 = Definite cruelty not resulting in obvious or permanent injury to the animal.
- 3 = Acts resulting in obvious or permanent injury.

HOME

SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.

Codes

Ever:PGH1E01
Intensity

Ever:PGH1V01
Frequency

Ever:PGH1O01
Onset

PGH2I01
Intensity

PGH2F01
Home
Frequency

PGH2F02
School
Frequency

PGH2F03
Elsewhere
Frequency

PGH2X01

PGH2O01
Onset

Definitions and questions

EVER: CRUELTY TO ANIMALS

Deliberate activities involving hurting animals.

Do not include hunting or hunting type behaviors.

N.B. "EVER" CODED IF NO CRUELTY TO ANIMALS IN LAST 3 MONTHS.

EVER: CRUELTY TO ANIMALS - ENTER ONLY IF RESULTING IN OBVIOUS OR PERMENANT INJURY.

Has s/he ever hurt an animal that resulted in obvious or permanent injury?
How often has this happened?
When was the first time this ever happened?

POLICE CONTACT

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?
What about in the last 3 months?

IF POLICE CONTACT HAS OCCURRED, COMPLETE DELINQUENCY SECTION. OTHERWISE, SKIP TO "PROBATION/PAROLE", (PAGE 45).

Coding rules

CRUELTY TO ANIMALS (ENTER ONLY IF RESULTING IN OBVIOUS OR PERMENANT INJURY)

0 = Absent

3 = Acts resulting in obvious or permanent injury.

POLICE CONTACT

0 = Absent

2 = Police Contact Present

POLICE CONTACT

0 = Absent

2 = Present in last 3 months

Codes

Ever:PGH3E01 Intensity

Ever:PGH3V01 Frequency

Ever:PGH3O01 Onset

Ever:PGH6E01 Intensity

Ever:PGH6O01 Onset

PGH6I01 Intensity

Definitions and questions

DELINQUENCY

ACTION TAKEN BY POLICE
 IF SUBJECT EVER HAS BEEN CHARGED, CODE EVER:RESULT OF PROSECUTION

CODE EVER:TOTAL NUMBER OF DWI'S SEPARTELY FROM EVER: TOTAL NUMBER OF CHARGES. THEN CODE HIGHEST RESULT OF PROSECUTION FROM EITHER TYPE OF CHARGE.

Was there ever action taken after involvement with the police?

IF CASE IS PENDING, CODE AS STRUCTRUALY MISSING.

LIST IS IN ORDER OF SEVERITY. CODE THE HIGHEST LEVEL OF SEVERITY.

Coding rules

ACTION TAKEN BY POLICE

- 0 = No further action
- 1 = Adjustment by police
- 2 = Adjustment by juvenile counselor
- 3 = Charged

TOTAL NUMBER OF CHARGES

TOTAL NUMBER OF DWIS

RESULT OF PROSECUTION

- 0 = Charges dropped.
- 1 = Not guilty.
- 2 = Unsupervised probation/restitution.
- 3 = Community service.
- 4 = Supervised probation only.
- 5 = Supervised probation with treatment order.
- 6 = Treatment order without probation.
- 7 = Detention
- 8 = Wilderness camp.
- 9 = Suspended training school commitment.
- 10 = Training school commitment.
- 11 = Bound over to superior court.
- 12 = Fine in superior court.
- 13 = Prison commitment by superior court.

Codes

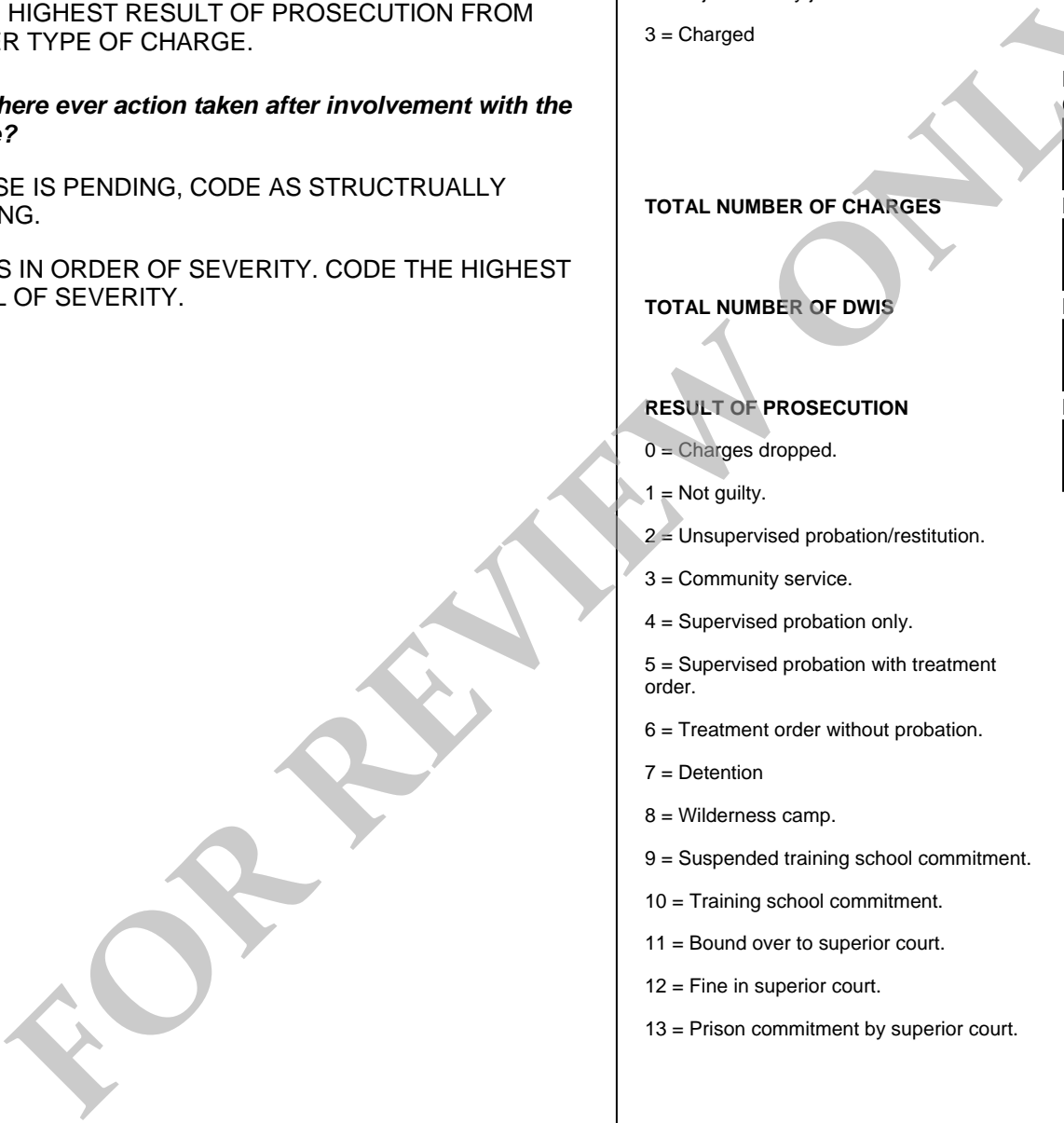
Ever:PGH7E01
 Intensity

Ever:PGH8O01
 Onset

Ever:PGH8V01

Ever:PGH8V02

Ever:PGH9E01



Definitions and questions

PROBATION/PAROLE

Has s/he ever been placed on probation?

Or been paroled?

Has s/he done anything that was against the terms of his/her probation/parole?

N.B. REMEMBER TO RECONSIDER THIS ISSUE OF SUBSTANCE USE PRESENT.

CURRENTLY ON PROBATION/PAROLE

Coding rules

PROBATION

- 0 = No
- 2 = Juvenile probation.
- 3 = Adult probation.
- 4 = Parole

CURRENTLY ON PROBATION/PAROLE

- 0 = No
- 2 = Yes

NUMBER OF PROBATION/PAROLE VIOLATIONS

Codes

Ever:PGIOE01
Intensity

PGIOI01
Intensity

Ever:PGIOV01

FOR REVIEW ONLY

Definitions and questions

**TOBACCO, ALCOHOL, AND DRUGS
TOBACCO USE**

Include use of any tobacco products.

SMOKING

Has s/he ever smoked tobacco?

When did that start?

Has s/he ever smoked more than 1 a day?
What is the most s/he has ever smoked per day on a regular basis?

When did that start?
Has s/he smoked on a regular basis over the last three months?

How many cigarettes a day?

CURRENTLY SMOKING.

Coding rules

EVER SMOKED

- 0 = No
- 2 = Yes

EVER SMOKED PER DAY ON A REGULAR BASIS (CODE ONLY IF >1 PER DAY)

- 0 = No
- 2 = Yes

MOST SMOKED PER DAY ON A REGULAR BASIS (CODE ONLY IF >1 PER DAY)

DATE BEGAN SMOKING REGULARLY (CODE ONLY IF > 1 PER DAY)

CURRENTLY SMOKING

- 0 = Absent
- 2 = Present

CURRENTLY SMOKING: # PER DAY ON A REGULAR BASIS (CODE ONLY IF >1 PER DAY)

Codes

Ever:PHA0E02
Intensity

Ever:PHA0O02
Onset

Ever:PHA0E01

Ever:PHA0V01

Ever:PHA0O01

PHA0I01
Intensity

PHA0F01

FOR REVIEW ONLY

Definitions and questions

SNUFF

*Has s/he ever used snuff?
Such as Skoal, Copenhagen, or Red Wolf?
Does s/he use it now?*

When did s/he start using it?

*Has s/he ever used snuff on a regular basis?
How many tins/cans does s/he use a week?
When did s/he start using it?
Has s/he ever used it at least 5 times a week?*

Coding rules

EVER USED SNUFF

0 = No
2 = Yes

EVER USED SNUFF

0 = No
2 = Yes

MOST SNUFF USED ON A REGULAR BASIS (CODE NUMBER OF 1/2 TINS/CANS PER WEEK) (1/2 TINS/CANS = 1/2 OZ = ABOUT 5 DIPS/CHEWS)

DATE BEGAN USING SNUFF REGULARLY

USE IN PP

0 = Absent
2 = Present

CURRENTLY USING SNUFF (CODE NUMBER OF 1/2 TINS/CANS PER WEEK) (1/2 TIN/CAN = 1/2 OZ = 5 DIPS/CHEWS)

Codes

Ever:PHA1E02
Intensity

Ever:PHA1O02
Onset

 / /

Ever:PHA1E01

Ever:PHA1V01

Ever:PHA1O01

 / /

PHA1I01
Intensity

PHA1F01

FOR REVIEW ONLY

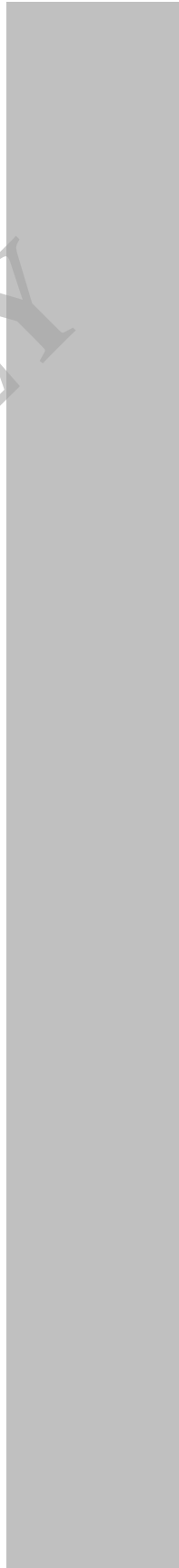
Definitions and questions

Coding rules

Codes



A large rectangular box with a thin black border. At the top, there is a solid dark grey horizontal bar. The rest of the box is empty white space.



A solid dark grey vertical bar extending from the top to the bottom of the page.

FOR REVIEW ONLY

Definitions and questions

ABSTAINING FROM USE OF TOBACCO

Actual effort at abstaining from tobacco use, lasting at least 8 hours, but which proved to be UNSUCCESSFUL.

Has s/he ever tried to quit "using tobacco"?

*How often has s/he tried to quit?
What about in the last 3 months?
For how long?*

Coding rules

EVER: ATTEMPTED TO ABSTAIN

0 = No

2 = Yes

ATTEMPTED TO ABSTAIN

0 = Has not tried to abstain during last 3 months

2 = Has tried to abstain during last 3 months

DAYS

Codes

Ever:PHL5E01
Intensity

Ever:PHL5V01
Frequency

Ever:PHL5O01
Onset

PHL5I01
Intensity

PHL5D01
Duration

FOR REVIEW ONLY

Definitions and questions

ALCOHOL

ALCOHOL USE

Include any use of alcohol (beer, wine, hard liquor), even with parental permission.

Has s/he ever tried drinking alcohol?

What about hard liquor?

When did s/he first try it?
Has s/he had any in the last 3 months?
How often does s/he drink alcohol?
How much does s/he drink in the average week?

IF THE SUBJECT HAS EVER DRUNK ALCOHOL, COMPLETE SECTION.

INCLUDE SIPS AND COMMUNION WINE/ALCOHOL.

OTHERWISE SKIP TO DRUG USE SECTION

HAS DRUNK ALCOHOL IN THE LAST 3 MONTHS.

DO NOT INCLUDE SIPS OR COMMUNION WINE/ALCOHOL.

IF LESS THAN 1 PER WEEK, CODE 1 PER WEEK.

IF THE SUBJECT HAS DRUNK ALCOHOL, CONTINUE, OTHERWISE, SKIP TO "CANNABIS USE", (PAGE 9).

Coding rules

EVER: ALCOHOL USE

- 0 = Never drunk alcohol
- 2 = Has drunk alcohol at some time

ALCOHOL USE IN PP

- 0 = Absent
- 2 = Present

NUMBER OF DRINKS (CODE AVG # OF DRINKS/WEEK DURING LAST 3 MOS; 1 DRINK = 1 BOTTLE OF BEER; 1 GLASS OF WINE; 1 SHOT OF SPIRITS

FREQUENCY OF DRINKING EPISODES

SOLITARY/ACCOMPANIED

- 0 = Solitary
- 2 = Often accompanied, but < 50% of the time
- 3 = Accompanied 50% or more of the time

Codes

Ever:PHA3E01
Intensity

Ever:PHA3O01
Onset

PHA3I02
Intensity

PHA3I01

PHA3F01

PHA3X01

Definitions and questions

USE OF ALCOHOL WITHOUT PERMISSION FROM A RESPONSIBLE ADULT

Drinking alcohol without permission from a responsible adult, whether alcohol obtained legally or illegally.

Has s/he ever drunk alcohol without permission?

*When was that?
What about during the last three months?
How often has s/he done it?
Does s/he usually drink alcohol on his/her own or with other people?
Does s/he ever drink alcohol on his/her own?
When did that start?*

INCLUDE SIPS TAKEN WITHOUT PERMISSION.

DO NOT INCLUDE SIPS TAKEN WITHOUT PERMISSION.

DRINKING WEEKLY

Once a week for a month.

Has there ever been a period when s/he drank every week for a month or more?

*When did that start?
Has s/he drunk at least once a week for a month or more in the last 3 months?*

Coding rules

EVER: USE WITHOUT PERMISSION

0 = Has never drunk without permission

2 = Has drunk alcohol without permission at some time

USE WITHOUT PERMISSION

0 = Has not drunk alcohol without permission during last 3 months

2 = Has drunk alcohol without permission during the last three months

EVER: USED WEEKLY

0 = No

2 = Yes

USED WEEKLY IN LAST 3 MONTHS

0 = No

2 = Yes

Codes

Ever:PHA4E01
Intensity

PHA4I01
Intensity

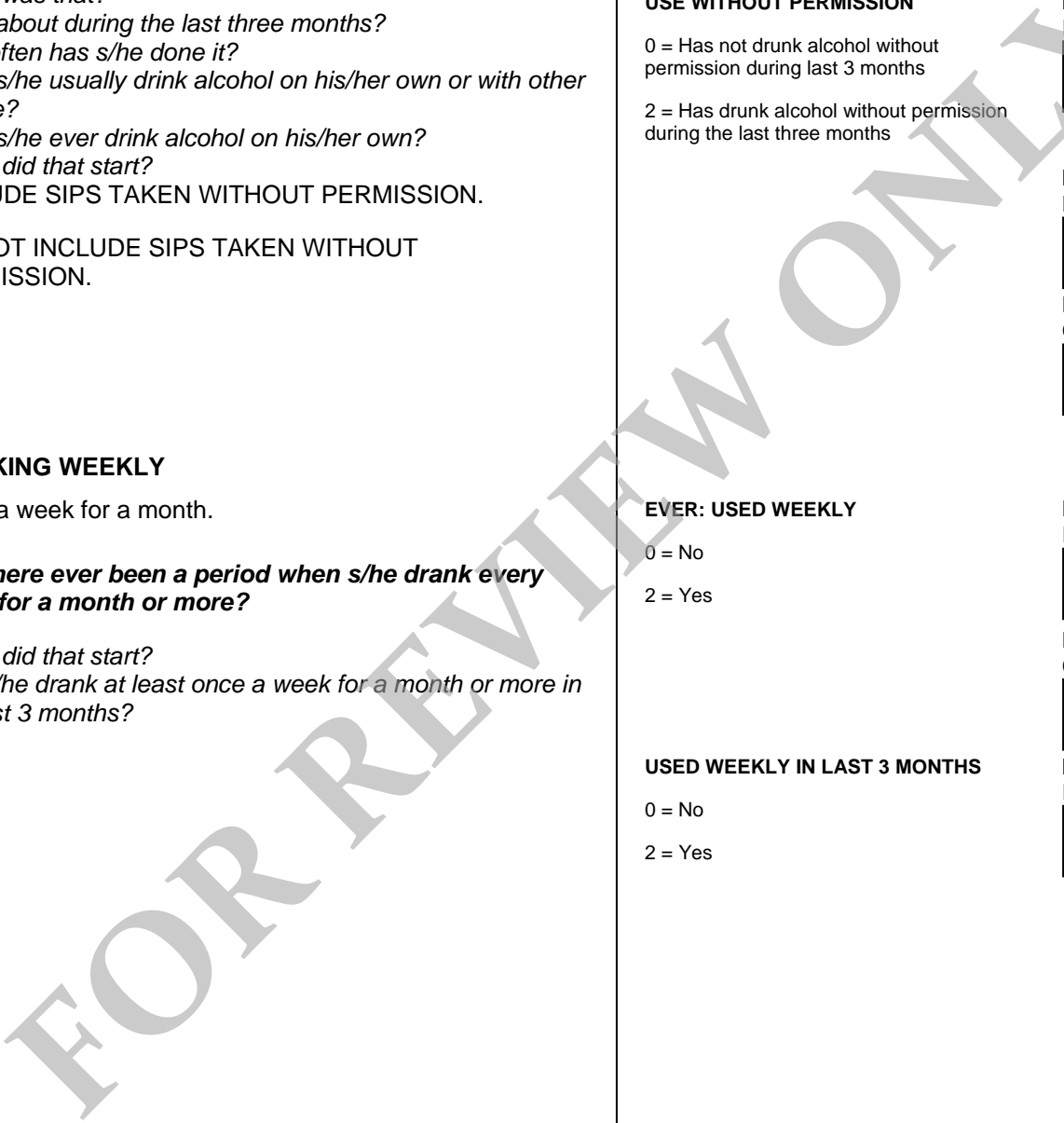
PHA4F01
Frequency

Ever:PHA4O01
Onset

Ever:PHA5E01
Intensity

Ever:PHA5O01
Onset

PHA5I01
Intensity



Definitions and questions

DRINKING DAILY
 5 days per week for a month

*Has there ever been a period when s/he drank 5 or more days per week for a month?
 When did that start?
 How about in the last 3 months?*

SOURCE OF ALCOHOL
 Code the means by which the subject obtained the alcohol drunk without permission.

More than one means may have been employed during the last 3 months, in which case include each one.

INTERVIEWER CODES PRESENT IF SUBJECT HAS DRUNK ALCOHOL IN THE LAST 3 MONTHS

Where did the drink come from?

Did s/he ever provide any him/herself?

*Where did s/he get it from?
 Has s/he ever stolen alcohol from anywhere?*

*Where from?
 What about during the last 3 months?
 Was s/he caught?
 What happened?
 What did you do?*

IF ALCOHOL USE REPORTED FOR LAST 3 MONTHS, COMPLETE MALADAPTIVE BEHAVIOR.

Coding rules

EVER: USED DAILY

- 0 = No
- 2 = Yes

USED DAILY IN LAST 3 MONTHS

- 0 = No
- 2 = Yes

SUBJECT DRINKS ALCOHOL

- 0 = Absent
- 2 = Present

TAKEN FROM HOME

- 0 = No
- 2 = Yes

PROVIDED BY FRIEND

- 0 = No
- 2 = Yes

BOUGHT BY SUBJECT

- 0 = No
- 2 = Yes

STOLEN BY SUBJECT

- 0 = No
- 2 = Yes

Codes

Ever:PHA6E01
 Intensity

Ever:PHA6O01
 Onset

PHA6I01
 Intensity

PHA7I90
 Intensity

PHA7I01

PHA7I02

PHA7I03

PHA7I04

Definitions and questions

Coding rules

Codes

DRUG USE

Code all drugs used by the subject

CANNABIS USE

Marijuana, weed, pot, grass, hash, Thai stick.

Do you know if s/he has taken any drugs?

Has s/he used marijuana in the last 3 months?

How often has s/he used it in the last 3 months?

When was the first time s/he ever used marijuana?

COCAINE USE

Coke

Has s/he ever tried cocaine?

When did s/he first try?

Has s/he used it in the last 3 months?

How often has s/he used it in the last 3 months?

CANNABIS USE

0 = No

2 = Yes

CANNABIS USE IN LAST 3 MONTHS

0 = No

2 = Yes

COCAINE USE

0 = No

2 = Yes

COCAINE USE IN LAST 3 MONTHS

0 = No

2 = Yes

Ever:PHB0E01
Intensity

PHB0I01
Intensity

PHB0F01
Frequency

Ever:PHB0O01
Onset

Ever:PHB1E01
Intensity

PHB1I01
Intensity

PHB1F01
Frequency

Ever:PHB1O01
Onset

FOR REVIEW ONLY

Definitions and questions

CRACK USE
 Coke

Has s/he ever used Crack?

When did s/he first try it?

Has s/he used crack in the last 3 months?

How often has s/he used it in the last 3 months?

AMPHETAMINE USE
 Uppers, speed.

Has s/he ever used amphetamines (speed, uppers)?

When did s/he first try?

Has s/he had any in the last 3 months?

How often has s/he used it in the last 3 months?

Coding rules

CRACK USE

- 0 = No
- 2 = Yes

CRACK USE IN THE LAST 3 MONTHS

- 0 = No
- 2 = Yes

AMPHETAMINE USE

- 0 = No
- 2 = Yes

AMPHETAMINE USE IN THE LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PHB2E01
 Intensity

PHB2I01
 Intensity

PHB2F01
 Frequency

Ever:PHB2O01
 Onset

Ever:PHB3E01
 Intensity

PHB3I01
 Intensity

PHB3F01
 Frequency

Ever:PHB3O01
 Onset

FOR REVIEW ONLY

Definitions and questions

ICE USE
 Methamphetamine, Crystal Meth

Has s/he ever tried Ice (crystal meth, methamphetamine)?

When did s/he first start?

Have you had any in the last 3 months?

How often has s/he used it in the last 3 months?

INHALANT USE
 Glue, lighter fluid, petrol, paint sniffing.

Has s/he ever tried inhalants?

When did s/he first try it?

How about in the last 3 months?

How often has s/he used it in the last 3 months?

Coding rules

ICE USE

0 = No

2 = Yes

ICE USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

INHALANT USE

0 = No

2 = Yes

INHALANT USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

Codes

Ever:PHB4E01
Intensity

PHB4I01
Intensity

PHB4F01
Frequency

Ever:PHB4O01
Onset

Ever:PHB5E01
Intensity

PHB5I01
Intensity

PHB5F01
Frequency

Ever:PHB5O01
Onset

FOR REVIEW ONLY

Definitions and questions

NITRITE INHALANT USE
 Poppers

Has s/he ever used nitrite inhalants or poppers?

When did it first start?

How about in the last 3 months?

How often has s/he used it in the last 3 months?

HEROIN USE
 Heroin, smack

Has s/he ever tried heroin?

When did s/he first try it?

Has s/he used it in the last 3 months?

How often has s/he used it in the last 3 months?

Coding rules

NITRITE INHALANTS

- 0 = No
- 2 = Yes

NITRITE INHALANT USE IN THE LAST 3 MONTHS

- 0 = No
- 2 = Yes

HEROIN USE

- 0 = No
- 2 = Yes

HEROIN USE IN THE LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PHM4E01
 Intensity

PHM4I01
 Intensity

PHM4F01
 Frequency

Ever:PHM4O01
 Onset

Ever:PHB6E01
 Intensity

PHB6I01
 Intensity

PHB6F01
 Frequency

Ever:PHB6O01
 Onset

FOR REVIEW ONLY

Definitions and questions

OTHER OPIOID USE
 Morphine, opium, codeine, other opioid pain killers.

Has s/he tried any other opioids like morphine, codeine, or other pain killers?

When did s/he first try it?

Has s/he had any in the last 3 months?

How often has s/he used it in the last 3 months?

LSD USE

Has s/he ever used LSD?

When did s/he first try it?

Has s/he used it in the last 3 months?

How often has s/he used it in the last 3 months?

Coding rules

OTHER OPIOIDS USE

- 0 = No
- 2 = Yes

OTHER OPIOID USE IN LAST 3 MONTHS

- 0 = No
- 2 = Yes

LSD USE

- 0 = No
- 2 = Yes

LSD USE IN THE LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PHB7E01
Intensity

PHB7I01
Intensity

PHB7F01
Frequency

Ever:PHB7O01
Onset

Ever:PHB8E01
Intensity

PHB8I01
Intensity

PHB8F01
Frequency

Ever:PHB8O01
Onset

FOR REVIEW ONLY

Definitions and questions

PCP USE
 Angel Dust

Has s/he ever tried PCP or Angel Dust?

When did s/he first try?

Has s/he had any in the last 3 months?

How often has s/he used it in the last 3 months?

PSILOCYBIN USE
 Magic mushrooms

Has s/he ever done shrooms?

When did s/he first try it?

Has s/he had any in the last 3 months?

How often has s/he used it in the last 3 months?

Coding rules

PCP USE

- 0 = No
- 2 = Yes

PCP USE IN THE LAST 3 MONTHS

- 0 = No
- 2 = Yes

PSILOCYBIN USE

- 0 = No
- 2 = Yes

PSILOCYBIN USE IN THE LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PHB9E01
 Intensity

PHB9I01
 Intensity

PHB9F01
 Frequency

Ever:PHB9O01
 Onset

Ever:PHC0E01
 Intensity

PHC0I01
 Intensity

PHC0F01
 Frequency

Ever:PHC0O01
 Onset

Definitions and questions

SEDATIVE USE

Downers, sleepers, barbs, Valium, Librium, Xanax, Klonopin

Has s/he ever used sedatives like Xanax, Klonopin, or Valium?

When did s/he first try it?

Has s/he had any in the last 3 months?

How often has s/he used it in the last 3 months?

OTHER DRUG USE

Has s/he used anything else?
What was it?
When did s/he first try it?

Has s/he had any "other drugs" in the last 3 months?

Has s/he had any in the last 3 months?

Coding rules

SEDATIVE USE

0 = No

2 = Yes

SEDATIVE USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

OTHER DRUG USE

0 = No

2 = Yes

OTHER DRUG USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

Codes

Ever:PHC1E01
Intensity

PHC1I01
Intensity

PHC1F01
Frequency

Ever:PHC1O01
Onset

Ever:PHC2E01
Intensity

PHC2I01
Intensity

PHC2F01
Frequency

Ever:PHC2O01
Onset

FOR REVIEW ONLY

Definitions and questions

STERIOD USE

Has s/he ever used steroids?

When did s/he first try it?

Has s/he used them in the last 3 months?

How often has s/he used it in the last 3 months?

What is the longest period of time s/he used steroids?

LIFETIME DURATION OF STERIOD USE (CODE IN WEEKS)

Coding rules

STERIOD USE

0 = No

2 = Yes

STERIOD USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

WEEKS

WEEKS

Codes

Ever:PHC3E01
Intensity

PHC3I01
Intensity

PHC3F01
Frequency

Ever:PHC3O01
Onset

PHC3D01

Ever:PHC3D02

FOR REVIEW ONLY

Definitions and questions

DEALING DRUGS

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/dealt drugs to anyone?

Has s/he sold/dealt drugs in the last 3 months?

Or gotten anyone else to sell drugs for him/her?

Or given anyone drugs in exchange for something s/he wanted?

What kind of drugs?

How many times?

What were the drugs worth?

Cannabis (Marijuana, weed, pot, grass)?

Cocaine or crack?

Amphetamines (uppers, speed), Ice, or Meth?

Heroin, morphine, opium, other opioids?

What about ecstasy or oxycodone?

LSD, PCP, or Magic Mushrooms?

Sedatives (barbiturates) such as Xanax, Klonopin, or Valium?

When was the first time s/he ever sold any type of drug?

What about in the last 3 months?

How much were the drugs worth that s/he sold in the last 3 months?

Coding rules

EVER SOLD DRUGS

0 = No

2 = Yes

DEALT IN PP

0 = No

2 = Yes

EVER: DEALT CANNABIS

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

EVER: DEALT COCAINE, CRACK

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

EVER: DEALT AMPHETAMINES, ICE, METH

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

EVER: DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

EVER: DEALT HALLUCINOGENS

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

EVER: SEDATIVES

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

Codes

Ever:PHC4I90
Intensity

PHC4X02
Intensity

Ever:PHC4E01

Ever:PHC4E02

Ever:PHC4E03

Ever:PHC4E04

Ever:PHC4E05

Ever:PHC4E06

Definitions and questions

Coding rules

DEALT CANNABIS

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

DEALT COCAINE, CRACK

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

DEALT AMPHETAMINES, ICE, METH

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

DEALT HALLUCINOGENS

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

DEALT SEDATIVES

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs > \$1,000 over last 12 mos.

VALUE OF DRUGS SOLD IN LAST 3 MONTHS

Codes

Ever:PHC4001
Onset

/ /

PHC4101

PHC4102

PHC4103

PHC4104

PHC4105

PHC4106

PHC4X01

Definitions and questions

Coding rules

Codes

MALADAPTIVE BEHAVIORAL CHANGES

Complete the Maladaptive section on alcohol use meeting criteria as well as any drug meeting criteria.

MALADAPTIVE SCREEN

Alcohol or any drug met criteria for entry into the Maladaptive Section.

Let's review then...

*Was there alcohol use sufficient to enter the Maladaptive section?
 Was there any drug use sufficient to enter the Maladaptive section?
 Which ones?*

**IF ANY SUBSTANCE USED DAILY FOR ANY 5 DAY PERIOD DURING THE LAST 3 MONTHS, OR USED ON AT LEAST 10 DAYS, OR SUBJECT HAS BEEN INTOXICATED AT LEAST TWICE, COMPLETE THIS SECTION. POSITIVE CODINGS FOR ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRE ENTRANCE INTO THE MALADAPTIVE SECTION.
 IF ANY SUBSTANCE USED DAILY FOR ANY 5 DAY PERIOD IN LAST 3 MOS, OR USED ON > 10 DAYS OR INTOXICATED 2X, COMPLETE SECTION, OTHERWISE, SKIP TO ""DIAGNOSIS OF PHYSICAL ILLNESS" NOT PRESENT", (PAGE ERROR! BOOKMARK NOT DEFINED.).**

POSITIVE MALADAPTIVE SCREEN

0 = Absent
 2 = Present

PIA0190
 Intensity

Definitions and questions

SUBJECTIVE NEED FOR "SUBSTANCE"

A feeling of need or craving to consume "substance", that is, at least sometimes, intrusive into other thoughts or activities, and cannot always be controlled except through using "substance".

Does s/he sometimes need "substance" to help him/her get through the day?

Does it bother him/her if s/he doesn't have "substance" on any given day?

Does s/he crave it?

When did that start?

How often in the last 3 months?

When does s/he have his/her first "substance" of the day?

Does s/he miss it if s/he can't get "substance" ?

What happens if s/he doesn't get "substance"?

Coding rules

SUBJECTIVE NEED FOR "SUBSTANCE"

0 = Absent

2 = At least some days feels uncontrollable need for substance, intrusive into at least 2 activities, unless satisfied

3 = Most days feels uncontrollable need for substance, intrusive into at least 2 activities, unless satisfied

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIA0I01
Intensity

PIA0F01
Frequency

PIA0001
Onset

PIA0I02

PIA0I03

PIA0I04

PIA0I05

PIA0I06

PIA0I07

PIA0I08

PIA0I09

FOR REVIEW ONLY

Definitions and questions

USES "SUBSTANCE" TO IMPROVE MOOD

The subject describes using "substance" in an attempt to relieve dysphoria, anxiety, or irritability, or to induce an increased feeling of well-being.

Does s/he sometimes use "substance" to cheer him/herself up when s/he feels low?

Or to keep him/herself from getting down?

Or to keep from feeling anxious or stressed?

When did that start?

How often does that happen?

Is that usually why s/he uses "substance"?

Coding rules

USES "SUBSTANCE" TO IMPROVE MOOD

0 = Absent

2 = Sometimes uses substance to improve mood (

3 = Sometimes uses substance to improve mood (>=50% of the time)

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIA11O1
Intensity

PIA1F01
Frequency

PIA1O01
Onset

PIA11O2

PIA11O3

PIA11O4

PIA11O5

PIA11O6

PIA11O7

PIA11O8

PIA11O9

FOR REVIEW ONLY

Definitions and questions

TIME SPENT IN "SUBSTANCE" RELATED BEHAVIOR

Amount of time spent in "substance" related behavior including activities associated with getting and consuming "substance" and recovering from the effects of using "substance".

How much time does s/he spend using "substance"?

Or getting "substance", including locating it, going after it, etc.?

Or getting it ready to use (whatever preparatory measures are appropriate for the substances used)?

Or recovering from the effects of using it (being hungover, sleeping it off, etc.)?

How much time, in an average day, does s/he spend in "substance-related" activities?

COST OF SUBSTANCES PER WEEK IN LAST 3 MONTHS

Has s/he payed for substances in the last 3 months?

How much does s/he spend per week in the last 3 months on drugs and alcohol?

How does s/he pay for his/her use of "substances?"

Coding rules

TIME SPENT

- 0 = < 1 hour per day
- 2 = 1-3 hours per day
- 3 = > 3 hours per day

SUBSTANCE LIST

- 1 = Alcohol
- 2 = Cannabis
- 3 = Cocaine/Crack
- 4 = Amphet./Ice/Meth
- 5 = Inhalants
- 6 = Heroin/Opioids/X/Oxy
- 7 = Hallucinogens
- 8 = Sedatives

PAYED FOR SUBSTANCES

- 0 = Absent
- 2 = Present

Codes

PIA2I01
Intensity

PIA2I02

PIA2I03

PIA2I04

PIA2I05

PIA2I06

PIA2I07

PIA2I08

PIA2I09

TGIF300
Intensity

PIA2X01
Frequency

Definitions and questions

TOLERANCE

The need for increased intake of "substance" (by at least 50%) to produce previously experienced psychological or behavioral changes associated with "substance" use.

Does s/he need to use more "substance" than s/he used to, to have the same effect?

Is s/he able to tolerate larger amounts of "substance" than s/he used to?

How much more?

When did s/he start to need more?

Coding rules

TOLERANCE

0 = Does not show tolerance.

2 = Needs to use "substance" at least 50% more than previously to obtain desired effect or can tolerate at least 50% more than previously.

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIA3I01
Intensity

PIA3O01
Onset

 / /

PIA3I02

PIA3I03

PIA3I04

PIA3I05

PIA3I06

PIA3I07

PIA3I08

PIA3I09

FOR REVIEW ONLY

Definitions and questions

OVERCONSUMPTION

Consumption of more "substance" than intended on a particular occasion. If regular overconsumption is present, consider carefully whether the subject's behavior also conforms to the definition of a Narrowed "Substance" Use Repertoire.

Does s/he sometimes use more "substance" than s/he means to?

Like intending to have just one or two, but then using much more?

How often has that happened in the last 3 months?

When did that start?

Coding rules

OVERCONSUMPTION

0 = Has not used "substance" more than meant to.

2 = Sometimes uses "substance" more than meant to.

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIA4I01
Intensity

PIA4F01
Frequency

PIA4O01
Onset

PIA4I02

PIA4I03

PIA4I04

PIA4I05

PIA4I06

PIA4I07

PIA4I08

PIA4I09

FOR REVIEW ONLY

Definitions and questions

UNCONTROLLABLE "SUBSTANCE" USE

Episodes in which, whatever his/her original intentions, the subject keeps on using "substance" until unable to use "substance" any more, either because of the unavailability of further "substance" or because of physical incapability (e.g. severe nausea).

Once s/he starts using "substance", does s/he ever find that s/he just can't stop until it's all gone?

Or until s/he physically can't take any more (e.g. because of unconsciousness, vomiting, "sore lungs", etc.)?

Does s/he ever use "substance" just because it's there?

How often does that happen?
When did that start?

Coding rules

UNCONTROLLABLE SUBSTANCE USE

0 = Never unable to resist using "substance" until no further "substance" available or unable to use "substance" any more.

2 = Sometimes unable to stop (

3 = Usually (> or equal to 50% of the time) unable to stop until no further "substance" available or unable to use "substance" any more.

SUBSTANCE LIST

- 1 = Alcohol
- 2 = Cannabis
- 3 = Cocaine/Crack
- 4 = Amphet./Ice/Meth
- 5 = Inhalants
- 6 = Heroin/Opioids/X/Oxy
- 7 = Hallucinogens
- 8 = Sedatives

Codes

PIA5I01
Intensity

PIA5F01
Frequency

PIA5O01
Onset

PIA5I02

PIA5I03

PIA5I04

PIA5I05

PIA5I06

PIA5I07

PIA5I08

PIA5I09

FOR REVIEW ONLY

Definitions and questions

NARROWED "SUBSTANCE" USE REPERTOIRE

The subject tends to use "substance" in the same way in any situation, even when a particular pattern may be inappropriate. For instance using "substance" heavily when on a first date, or using "substance" as much whether alone or in company. Subject is unable to have a repertoire of substance using behaviors; patterns of heavy use are no longer differentiated by environment.

Does s/he "get high (drunk) (use substance)" in inappropriate circumstances?

Like where?

Does s/he have different patterns of using "substance" in different situations?

Does s/he vary how s/he uses "substances" depending on the situation?

When did that start to happen?

Like when s/he goes on a date, as compared with when s/he is with his/her friends?

Coding rules

NARROWED "SUBSTANCE" USE REPERTOIRE

0 = No

2 = Yes

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIA6I01
Intensity

PIA6O01
Onset

 / /

PIA6I02

PIA6I03

PIA6I04

PIA6I05

PIA6I06

PIA6I07

PIA6I08

PIA6I09

FOR REVIEW ONLY

Definitions and questions

MORNING "SUBSTANCE" USE

Use of "substance" within 2 hours of rising. Take into consideration persons who work shift-work and question "within 2 hours of rising" even if that is not "in the morning".

Does s/he use "substance" soon after s/he gets up?

How soon after s/he gets up?
How often in the last 3 months?

Does s/he feel s/he needs it in the morning?

When did that start?
Does s/he ever try anything else instead or as a substitute?

Coding rules

MORNING SUBSTANCE USE

- 0 = No
- 2 = Yes

SUBSTANCE LIST

- 1 = Alcohol
- 2 = Cannabis
- 3 = Cocaine/Crack
- 4 = Amphet./Ice/Meth
- 5 = Inhalants
- 6 = Heroin/Opioids/X/Oxy
- 7 = Hallucinogens
- 8 = Sedatives

Codes

PIA7I01
Intensity

PIA7F01
Frequency

PIA7O01
Onset

PIA7I02

PIA7I03

PIA7I04

PIA7I05

PIA7I06

PIA7I07

PIA7I08

PIA7I09

FOR REVIEW ONLY

Definitions and questions

DISINHIBITED AGGRESSION

After using "substance" the subject has been verbally or physically aggressive in a way that is not characteristic of his/her behavior when not intoxicated.

Has s/he gotten into any arguments when s/he was "high (drunk)"?

When s/he's used a lot of "substance" does s/he get bad-tempered or angry?

More than usual?

How often in last 3 months?

When did that start?

Has s/he gotten into any physical fights when s/he was "high (drunk)" in the last 3 months?

Do you think s/he is more aggressive when s/he uses drugs or alcohol?

How often?

When did that start?

Coding rules

DISINHIBITED AGGRESSION

0 = Not unusually aggressive when under the influence of "substance".

2 = Has been atypically verbally aggressive when under the influence of "substance" during last 3 months.

3 = Has been atypically physically aggressive when under the influence of "substance" during last 3 months.

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIA8I01
Intensity

PIA8F01
Frequency

PIA8O01
Onset

PIA8I02

PIA8I03

PIA8I04

PIA8I05

PIA8I06

PIA8I07

PIA8I08

PIA8I09

FOR REVIEW ONLY

Definitions and questions

DISINHIBITED SEXUALITY

After using "substance" the subject is sexually provocative, or forward in a way that is not characteristic of his/her behavior when not intoxicated.

Has s/he made a pass at anyone when s/he was "high (drunk)"?

Has s/he tried to pick anyone up when s/he was "high (drunk)"?

Has s/he done anything of a sexual nature while drunk or high that s/he would not normally do?

What happened?

Is that the sort of thing that s/he would do when s/he hadn't been using "substance"?

How often in the last 3 months?

When did that start?

Coding rules

DISINHIBITED SEXUALITY

0 = No episodes of disinhibited sexuality during last 3 months.

2 = Has been atypically sexually disinhibited while under the influence of "substance" during the last 3 months.

3 = Has sexually assaulted someone while under the influence of "substance", during the last 3 months.

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIA9I01
Intensity

PIA9F01
Frequency

PIA9O01
Onset

 / /

PIA9I02

PIA9I03

PIA9I04

PIA9I05

PIA9I06

PIA9I07

PIA9I08

PIA9I09

FOR REVIEW ONLY

Definitions and questions

POOR JUDGMENT

After using "substance", the subject shows poor judgment, as defined in the Mania section.

Uncharacteristic behaviors performed with disregard for possible negative consequences.

Did s/he do anything that s/he regrets?

Or anything that seemed really stupid afterwards?

What?
How many times in the last 3 months has s/he done something like that?
When did that start?

Coding rules

POOR JUDGMENT

- 0 = Absent
- 2 = Behavior that involved definitely poor judgment but which was within the range of socially acceptable irresponsible behavior (e.g. speaking rudely/impertinently to other people, being physically reckless or aggressive).
- 3 = Behavior that is outside the range of socially acceptable irresponsible behavior (e.g. being overtly insulting to figures of authority, undressing in a public place), or dangerous behavior (e.g., jumping off a roof because child believed s/he could fly) and hence likely to result in some negative consequences.

SUBSTANCE LIST

- 1 = Alcohol
- 2 = Cannabis
- 3 = Cocaine/Crack
- 4 = Amphet./Ice/Meth
- 5 = Inhalants
- 6 = Heroin/Opioids/X/Oxy
- 7 = Hallucinogens
- 8 = Sedatives

Codes

PIB0I01
Intensity

PIB0F01
Frequency

PIB0O01
Onset

PIB0I02

PIB0I03

PIB0I04

PIB0I05

PIB0I06

PIB0I07

PIB0I08

PIB0I09

Definitions and questions

SOCIAL PROBLEMS AT HOME

Relationship problems with parents or siblings that have resulted from "substance" use.

CODE AS IN INCAPACITY SECTION.

Is his/her "substance" use ever involved in any problems at home?

How do you react?

Has anyone done anything about it?

Like what?

When did it start to be a problem at home?

Coding rules

SOCIAL PROBLEMS IN FAMILY

0 = Absent

2 = Partial incapacity

3 = Complete incapacity

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIB1I01
Intensity

PIB1O01
Onset

 / /

PIB1I02

PIB1I03

PIB1I04

PIB1I05

PIB1I06

PIB1I07

PIB1I08

PIB1I09

FOR REVIEW ONLY

Definitions and questions

SOCIAL PROBLEMS WITH FRIENDS

Relationship problems with peers that have resulted from "substance use".

CODE AS IN INCAPACITY SECTION.

What do his/her friends think?

Has s/he changed his/her friends since s/he's been using "substance"?

Has it caused any trouble with his/her friends or other people his/her own age?

*What happened?
When did that start?*

Has s/he lost any friends because of using "substance"?

Are there people who just won't hang around him/her anymore because of his/her using?

Coding rules

SOCIAL PROBLEM WITH FRIENDS

- 0 = Absent
- 2 = Partial incapacity
- 3 = Complete incapacity

SUBSTANCE LIST

- 1 = Alcohol
- 2 = Cannabis
- 3 = Cocaine/Crack
- 4 = Amphet./Ice/Meth
- 5 = Inhalants
- 6 = Heroin/Opioids/X/Oxy
- 7 = Hallucinogens
- 8 = Sedatives

Codes

PIB2I01
Intensity

PIB2O01
Onset

 / /

PIB2I02

PIB2I03

PIB2I04

PIB2I05

PIB2I06

PIB2I07

PIB2I08

PIB2I09

FOR REVIEW ONLY

Definitions and questions

REDUCED ACTIVITIES

A reduction in activities that has resulted from "substance" use.

CODE AS IN INCAPACITY SECTION

Has s/he stopped doing any things that s/he used to enjoy because of using "substance"?

Like sports or hobbies?

What?

Why did s/he stop?

Has s/he given up anything else?

When did that start?

Coding rules

REDUCED ACTIVITIES

0 = Absent

2 = Partial incapacity

3 = Complete incapacity

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIB3I01
Intensity

PIB3O01
Onset

 / /

PIB3I02

PIB3I03

PIB3I04

PIB3I05

PIB3I06

PIB3I07

PIB3I08

PIB3I09

FOR REVIEW ONLY

Definitions and questions

SCHOOL/WORK AFFECTED

Negative effects on school or work, performance and/or achievement that have resulted from "substance" use.

CODE AS IN INCAPACITY SECTION.

Has his/her education or work ever been affected because s/he was using "substance"?

When was that?

What happened?

What about during the last 3 months?

Has s/he ever been to school or work when s/he was "high (drunk)"?

What happened?

Has s/he gotten into any trouble there because "substance" was involved?

What happened?

Have you neglected your studies or work because of "substance"?

Have you missed any classes or work because of "substance use"?

How much?

When was that?

What about in the last 3 months?

Coding rules

SCHOOL/WORK AFFECTED

0 = Absent

2 = Partial incapacity

3 = Complete incapacity

MISSED SCHOOL

MISSED WORK

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIB4I01
Intensity

PIB4O01
Onset

 / /

PIB4F01

PIB4F02

PIB4I02

PIB4I03

PIB4I04

PIB4I05

PIB4I06

PIB4I07

PIB4I08

PIB4I09

FOR REVIEW ONLY

Definitions and questions

DANGEROUS ACTIVITIES

Activities that physically endanger either the subject or others, undertaken while intoxicated, such as driving while intoxicated, or operating machinery while intoxicated.

Has s/he done any dangerous things when s/he was "high (drunk)" in the last 3 months?

- Like driving?*
- Or showing off or taking risky dares?*
- What happened?*
- How often in the last 3 months?*
- When did that start?*

Coding rules

DANGEROUS ACTIVITIES

- 0 = No
- 2 = Yes

SUBSTANCE LIST

- 1 = Alcohol
- 2 = Cannabis
- 3 = Cocaine/Crack
- 4 = Amphet./Ice/Meth
- 5 = Inhalants
- 6 = Heroin/Opioids/X/Oxy
- 7 = Hallucinogens
- 8 = Sedatives

Codes

PIB5I01
Intensity

PIB5F01
Frequency

PIB5O01
Onset

PIB5I02

PIB5I03

PIB5I04

PIB5I05

PIB5I06

PIB5I07

PIB5I08

PIB5I09

FOR REVIEW ONLY

Definitions and questions

"SUBSTANCE" RELATED CRIME

Illegal activities undertaken either to obtain "substance", or associated with intoxication with "substance".

PROSTITUTION IS ALSO CODED AS SEXUAL ACTIVITY FOR GAIN.

DEALING IS ALSO CODED AS DEALING DRUGS.

Has s/he done anything illegal while s/he was "high" in the last 3 months?

*What did s/he do?
Did s/he get caught?
What happened?
When was the first time?*

Has s/he ever stolen to get money for "substance"?

Or stolen any "substance"?

Has s/he ever been a runner or dealer to get money for "substance"?

Has s/he ever had sex with anyone or engaged in prostitution to get "substance"?

Coding rules

"SUBSTANCE" RELATED CRIME

- 0 = No
- 2 = Yes

DEALING

- 0 = No
- 2 = Yes

PROSTITUTION

- 0 = No
- 2 = Yes

SUBSTANCE LIST

- 1 = Alcohol
- 2 = Cannabis
- 3 = Cocaine/Crack
- 4 = Amphet./Ice/Meth
- 5 = Inhalants
- 6 = Heroin/Opioids/X/Oxy
- 7 = Hallucinogens
- 8 = Sedatives

Codes

PIB6101
Intensity

PIB6001
Onset

PIB6102

PIB6103

PIB6104

PIB6105

PIB6106

PIB6107

PIB6108

PIB6109

PIB6110

PIB6111

Definitions and questions

TROUBLE WITH THE LAW

Any involvement with the police associated with using "substance".

Has s/he been in trouble with the police in the last 3 months on account of using "substance"?

What happened?

When was the first time?

Coding rules

TROUBLE WITH LAW

0 = No

2 = Yes

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIB7101
Intensity

PIB7001
Onset

 / /

PIB7102

PIB7103

PIB7104

PIB7105

PIB7106

PIB7107

PIB7108

PIB7109

FOR REVIEW ONLY

Definitions and questions

MOOD LABILITY

Unstable mood swings, often from excessive joviality to maudlin misery or anxiety. Mood lability should only be coded here if it is sufficiently pronounced as to lead to effects that seem inappropriate to the situation (such as copious, apparently unprovoked, weeping in a bar), or appear to have interfered with the normal course of conversation or activities.

Does his/her mood change at all when s/he is high?

How did s/he feel?

What is it like?

Does his/her mood go way up and down?

What about in the last 3 months?

When did that start?

Coding rules

MOOD LABILITY

0 = Absent

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

3 = Symptom intrusive into almost all activities and hardly ever controllable.

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIB8I01
Intensity

PIB8O01
Onset

PIB8I02

PIB8I03

PIB8I04

PIB8I05

PIB8I06

PIB8I07

PIB8I08

PIB8I09

FOR REVIEW ONLY

Definitions and questions

PHYSICAL PROBLEMS

Include any physical problems that either stem directly from intoxication (such as those resulting from injuries from an accident while intoxicated), or that a physician has told the subject are related to "substance" use.

MAKE WRITTEN NOTE OF NATURE OF PHYSICAL PROBLEMS.

Has s/he had any other physical problems on account of "substance" in the last 3 months?

Like coughing, shortness of breath, nausea, headaches, etc.

Has s/he been to a Doctor as a result of substance use in the last 3 months?

When did that start?

Did anyone tell him/her that using "substance" was responsible?

Was s/he hospitalized because of it?

Did s/he keep on using "substance" anyway?

Coding rules

PHYSICAL PROBLEMS

0 = Absent

2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIB9101
Intensity

PIB9001
Onset

 / /

PIB9102

PIB9103

PIB9104

PIB9105

PIB9106

PIB9107

PIB9108

PIB9109

FOR REVIEW ONLY

Definitions and questions

BLACKOUTS

Episodes of amnesia lasting at least 1 hour that occur in relation to bouts of heavy "substance" use.

Have there been any times when s/he couldn't remember what had happened when s/he was using "substance"?

Did s/he black out?

Tell me about it.

When did that start?

Has it happened in the last 3 months?

How often?

How long was the period that s/he couldn't remember?

What about the last 3 months?

Coding rules

EVER: BLACKOUTS

0 = No

2 = Yes

BLACKOUTS

0 = No

2 = Yes

HOURS : MINUTES

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

Ever:PICOE01
Intensity

PIC0I01
Intensity

PIC0F01
Frequency

PIC0D01
Duration

PIC0O01
Onset

PIC0I02

PIC0I03

PIC0I04

PIC0I05

PIC0I06

PIC0I07

PIC0I08

PIC0I09

FOR REVIEW ONLY

Definitions and questions

UNCONSCIOUSNESS

Code here episodes in which the subject uses "substance" until unconscious.

Has s/he ever passed out?

How about in the last 3 months?

When did that first happen?

Coding rules

UNCONSCIOUSNES

0 = No

2 = Yes

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

PIC1I01
Intensity

PIC1F01
Frequency

PIC1O01
Onset

PIC1I02

PIC1I03

PIC1I04

PIC1I05

PIC1I06

PIC1I07

PIC1I08

PIC1I09

FOR REVIEW ONLY

LIFE EVENTS

Events occurring in the life and environment of the subject. Life threatening events are events that have caused, or had the potential to cause, death or severe injury. The events should be those in which people actually died or were seriously injured and/or property was extensively damaged, or those events which had the potential to have these outcomes. MOST EVENTS SHOULD HAVE BEEN NOTED IN THE INTERVIEW BY THIS POINT. FOR EACH EVENT THAT OCCURRED, ASK ABOUT ATTRIBUTION AND PAINFUL RECALL. IF PAINFUL RECALL PRESENT AS ABOUT AVOIDANCE, AND HYPERAROUSAL.

Attributions: Subject states that life event has contributed to a problem or symptom already identified. Painful Recall: Subject experiences unwanted, painful and distressing recollections, memories, thoughts, or images of life event. May include repetitive play or trauma-specific reenactment. Avoidance: Subject avoids situations, thoughts, or feelings that might provoke painful recall. Hyperarousal: Symptoms of anxiety or increased arousal not present before the trauma (or exacerbated by the trauma) that may include difficulty falling or staying asleep, hypervigilance (increased general level of awareness and alertness toward the subject's surroundings, in the absence of imminent danger which may be manifested by an exaggerated startle response, jumpiness, scanning the environment for danger). Some individuals report irritability, anger or difficulty concentrating or completing tasks. IF PAINFUL RECALL, AVOIDANCE, AND HYPERAROUSAL SCREEN ALL POSITIVE, NOTE ON THE PTSD SCREEN PAGE (CHECKLIST). NOTE: IF MORE THAN ONE EVENT IS CHECKED ON THE PTSD SCREEN PAGE (CHECKLIST), THE PTSD SECTION WILL BE COMPLETED TWICE: ONCE FOR THE LIFE EVENT GROUP B OR GROUP A THAT THE SUBJECT DESCRIBES AS THE MOST UPSETTING IN THE LAST 3 MONTHS, AND SECONDLY FOR THE LIFE EVENT IN GROUP B THAT THE SUBJECT DESCRIBES AS THE MOST UPSETTING EVENT EVER.

Definitions and questions

GROUP A EVENTS

NEW CHILD(REN) LIVING IN HOME

New child(ren) (less than 18 years of age) who have come to live in the home permanently during the primary period. May be newborn or adopted child, foster child, or child(ren) of a previous relationship.

CODE ID # OF SIBLING FROM FAMILY SECTION.

Have any children come to live in your home in the last 3 months?

Who is that?
When did s/he come to live with you?
Does your "parent" look after him/her?

Who is that?
When did s/he come to live with you?

Who is that?
When did s/he come to live with you?

Coding rules

NEW CHILD(REN) LIVING IN HOME

- 0 = Absent
- 2 = Present

NEW CHILD #1 IN HOME

- 1 = Sibling #1
- 2 = Sibling #2
- 3 = Sibling #3
- 4 = Sibling #4
- 5 = Sibling #5
- 6 = Sibling #6
- 7 = Sibling #7
- 8 = Sibling #8
- 9 = Sibling #9

ONSET OF NEW CHILD #1

NEW CHILD #2 IN HOME

- 1 = Sibling #1
- 2 = Sibling #2
- 3 = Sibling #3
- 4 = Sibling #4
- 5 = Sibling #5
- 6 = Sibling #6
- 7 = Sibling #7
- 8 = Sibling #8
- 9 = Sibling #9

ONSET OF NEW CHILD #2

NEW CHILD #3 IN HOME

- 1 = Sibling #1
- 2 = Sibling #2
- 3 = Sibling #3
- 4 = Sibling #4
- 5 = Sibling #5
- 6 = Sibling #6

Codes

PKA0190
Intensity

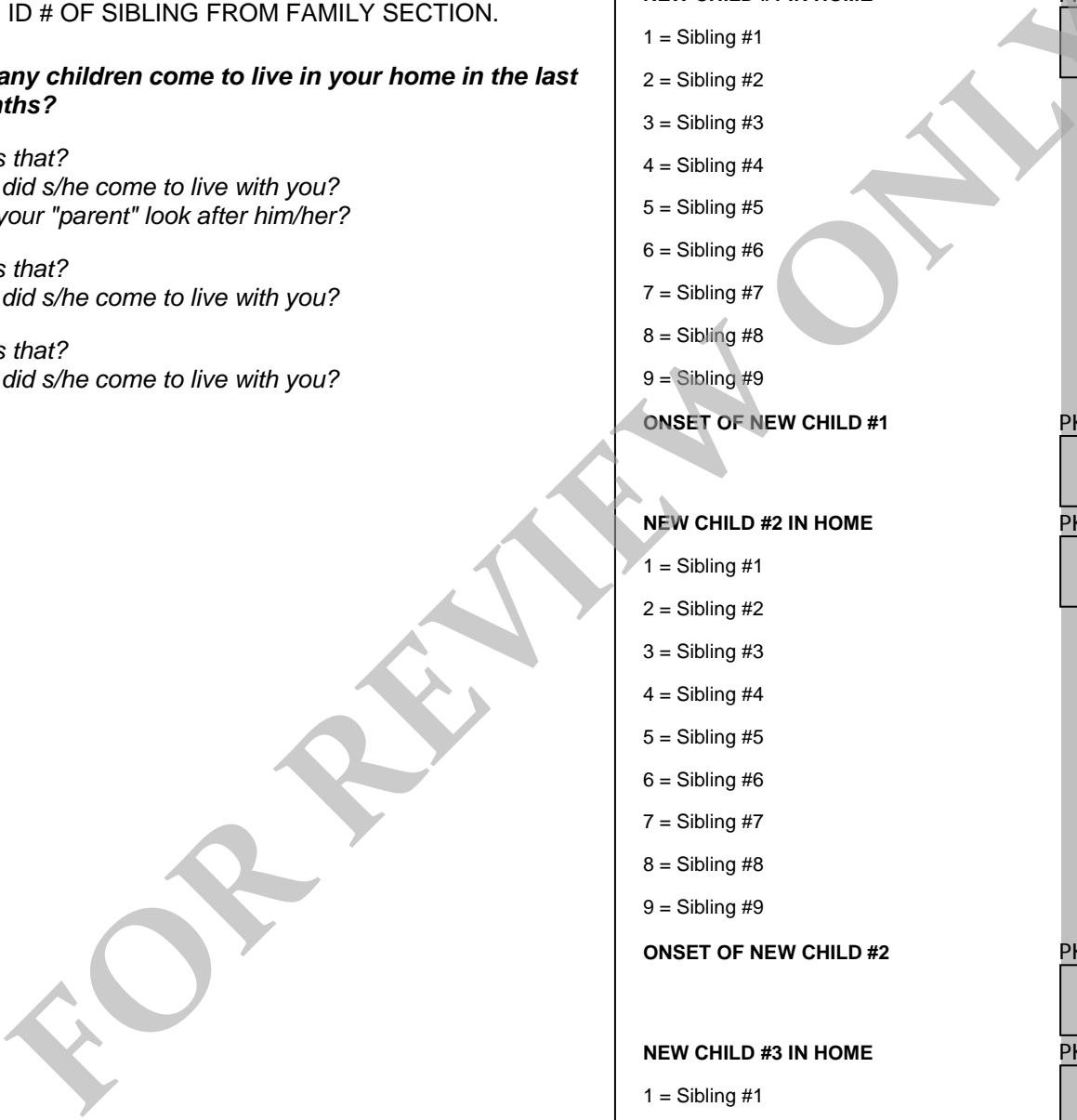
PKA0101

PKA0001

PKA0102

PKA0002

PKA0103



Definitions and questions

**IF "NEW CHILD(REN) LIVING IN HOME"
NOT PRESENT, SKIP TO "PARENTAL
SEPARATION", (PAGE 6).**

FOR REVIEW ONLY

Coding rules

7 = Sibling #7

8 = Sibling #8

9 = Sibling #9

ONSET OF CHILD #3

Codes

PKA0003

/ /

Definitions and questions

NEW CHILD(REN) LIVING IN HOME - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

*Which ones?
In what way?*

NEW CHILD(REN) LIVING IN HOME: PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didn't want them to?

*What was that like?
Has s/he had any nightmares about the event?*

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

Specify

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKA0199
Intensity

PKA0X01

PKA0X02

PKA0X03

PKA0X04

PKA0X05

PKA0X06


PKA1101
Intensity

Definitions and questions

Coding rules

Codes

IF PAINFUL RECALL PRESENT, COMPLETE AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "PARENTAL SEPARATION", (PAGE 6).



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

NEW CHILD(REN) LIVING IN HOME - AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

NEW CHILD(REN) LIVING IN HOME - HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

PARENTAL SEPARATION

Parental figures have separated during the primary period. One parental figure has moved out of the house, apparently permanently. Either parent may have begun divorce proceedings.

Have you and your "partner" split up in the last 3 months?

What happened?

Are you planning to get back together again?

IF PARENTAL SEPARATION PRESENT, COMPLETE. OTHERWISE, SKIP TO "EVER: PARENTAL DIVORCE", (PAGE 9).

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

PARENTAL SEPARATION

0 = Absent

2 = Present

PARENT WHO HAS MOVED OUT

0 = Male parental figure

2 = Female parental figure

PKA1102
Intensity

PKA1103
Intensity

PKA2101
Intensity

PKA2001
Onset

PKA2102

Definitions and questions

PARENTAL SEPARATION - ATTRIBUTION

In the last 3 months have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didn't want them to?

*What was that like?
In what way?*

PARENTAL SEPARATION - PAINFUL RECALL

In the last 3 months have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didnt want them to?

*What was that like?
Has s/he had any nightmares about the event?*

IF PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "EVER: PARENTAL DIVORCE", (PAGE 9).

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTION TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKA1I99
Intensity

PKA2X01

PKA2X02

PKA2X03

PKA3I01
Intensity

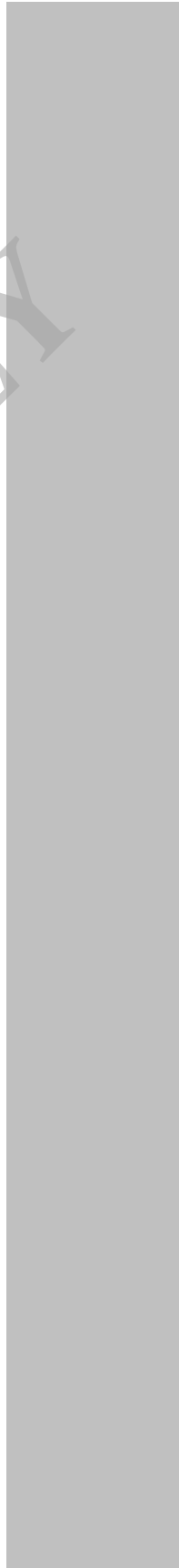
Definitions and questions

Coding rules

Codes



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FOR REVIEW ONLY

Definitions and questions

PARENTAL SEPARATION - AVOIDANCE
Do certain things/thoughts remind him/her of "life event"?
 What things?
 Does s/he try to avoid these things/thoughts?

PARENTAL SEPARATION - HYPERAROUSAL
Since "life event", has s/he been more jumpy or irritable?
 Has s/he had any trouble sleeping?
 Has s/he been "on the alert" for bad things happening?

EVER: PARENTAL DIVORCE
 Parental figures have ever completed divorce proceedings.
 Code dates of up to three other divorces between parental figures with whom child has lived.

PARENTAL DIVORCE
 Parental figures have completed divorce proceedings in the last 3 months.
 Have you finalized a divorce in the last 3 months?
 When did that happen?

IF "PARENTAL DIVORCE" NOT PRESENT, SKIP TO "NEW PARENTAL FIGURE", (PAGE 12).

Coding rules

AVIODANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

EVER: PARENTAL DIVORCE

- 0 = Absent
- 2 = Present

EVER: PARENTAL DIVORCE #1

EVER: PARENTAL DIVORCE #2

EVER: PARENTAL DIVORCE #3

- 0 = Absent

- 2 = Divorce finalized in last three months.

ONSET: DIVORCE IN LAST THREE MONTHS

Codes

PKA3I02
Intensity

PKA3I03
Intensity

Ever:PKA4E01
Intensity

Ever:PKH8O01

Ever:PKH8O02

Ever:PKH8O03

PKA4I01
Intensity

PKA4O01

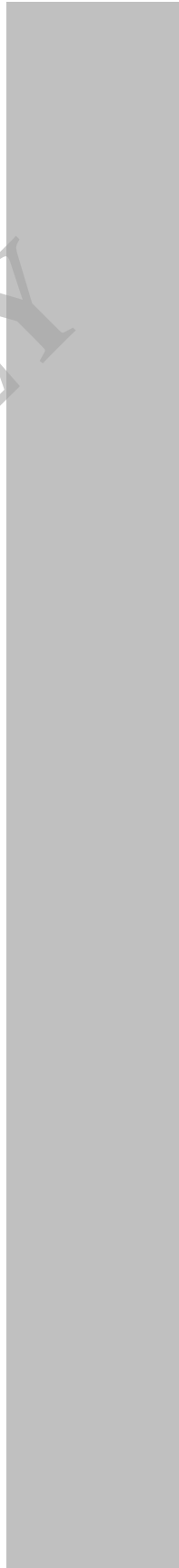
Definitions and questions

Coding rules

Codes



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Definitions and questions

Coding rules

Codes

PARENTAL DIVORCE-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

PARENTAL DIVORCE-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

NEW PARENTAL FIGURE

New Parental figure moved into the child's home during the last 3 months and has been there as least one month, due to remarriage or establishment of apparently permanent relationship.

Did a new "parent" move into your home in the last 3 months?

Is s/he there to stay?

IF NEW PARENTAL FIGURE PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL. OTHERWISE, SKIP TO "PLACES LIVED IN LAST 5 YEARS", (PAGE 15).

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

NEW PARENTAL FIGURE

0 = Absent

2 = Present

PKA5I02
Intensity

PKA5I03
Intensity

PKA6I01
Intensity

PKA6O01
Onset

Definitions and questions

NEW PARENTAL FIGURE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

*Which ones?
In what way?*

NEW PARENTAL FIGURE - PAINFUL RECALL

In the last 3 months have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didn't want them to?

*What was that like?
Has s/he had any nightmares about the event?*

IF NEW PARENTAL FIGURE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "PLACES LIVED IN LAST 5 YEARS", (PAGE 15).

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKA31XX 00
Intensity

PKA6X01

PKA6X02

PKA6X03

PKA7I01
Intensity

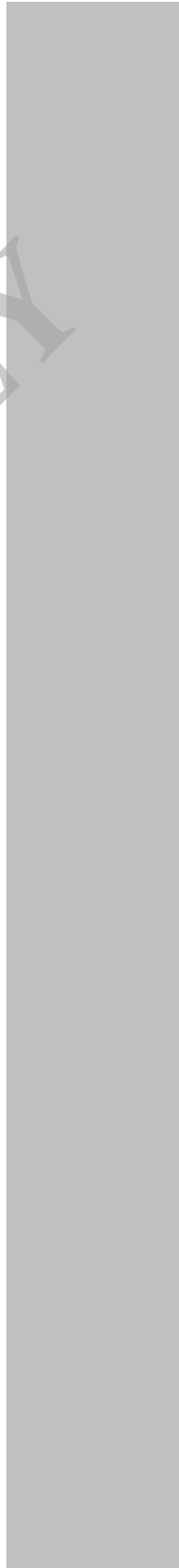
Definitions and questions

Coding rules

Codes



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FOR REVIEW ONLY

Definitions and questions

NEW PARENTAL FIGURE - AVOIDANCE
Do certain things/thoughts remind him/her of "life event"?
 What things?
 Does s/he try to avoid these things/thoughts?

NEW PARENTAL FIGURE - HYPERAROUSAL
Has s/he had any trouble sleeping?
Since "life event", has s/he been more jumpy or irritable?
Has s/he been "on the alert" for bad things happening?

PLACES LIVED IN LAST 5 YEARS
 Subject moved, with or without change of family structure.
 REMEMBER TO CODE PARENTAL SEPARATION, CHANGE OF SCHOOL, LOSS OF FRIENDS, ETC. IN RELEVANT SECTIONS.
 INTERVIEWER NOTE- ALWAYS CODE AS PRESENT
 IF LIVED IN THE SAME HOME IN THE LAST FIVE YEARS, CODE FREQUENCY AS 1.
How many places has s/he lived in the last 5 years?
 When was the last time that s/he moved?

MOVING HOUSE
 Subject moved, with or without change of family structure.
 REMEMBER TO CODE PARENTAL SEPARATION, CHANGE OF SCHOOL, LOSS OF FRIENDS, ETC. IN RELEVANT SECTIONS.
Has s/he moved to a new place in the last 3 months?
 Is his/her home in the same neighborhood?
 When did you move?

IF MOVING NOT PRESENT, SKIP TO "CHANGE OF SCHOOL", (PAGE 19).

Coding rules

AVIODANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

PLACES LIVED IN LAST 5 YEARS

- 0 = Absent
- 2 = Present

MOVING HOUSE

- 0 = Absent
- 2 = Present, without change of family structure.
- 3 = Present, with change of family structure.

Codes

PKA7I02
Intensity

PKA7I03
Intensity

PKA9E01
Intensity

PKA9F01
Frequency

PKA9O01
Onset

PKA8I01
Intensity

PKA8O01
Onset

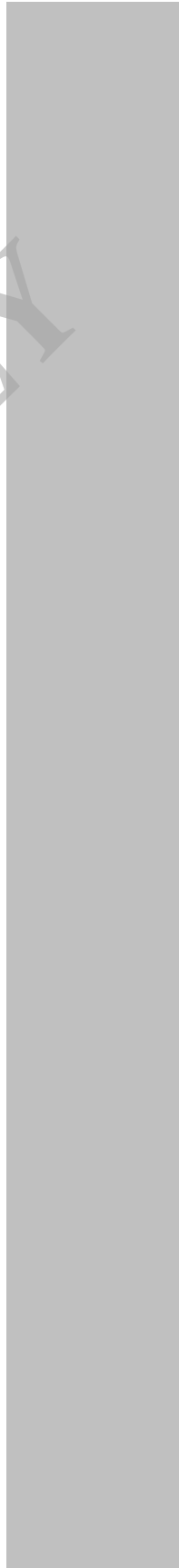
Definitions and questions

Coding rules

Codes



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FOR REVIEW ONLY

Definitions and questions

MOVING HOUSE - ATTRIBUTION

In the last 3 months have thoughts or pictures of "life event" come into his/her mind?

*Which ones?
In what way?*

MOVING HOUSE-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didn't want them to?

*What was that like?
Has s/he had any nightmares about the the event?*

IF "MOVING HOUSE" PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "CHANGE OF SCHOOL", (PAGE 19).

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKA8ABC 00
Intensity

PKA8X01

PKA8X02

PKA8X03

PKB0I01
Intensity

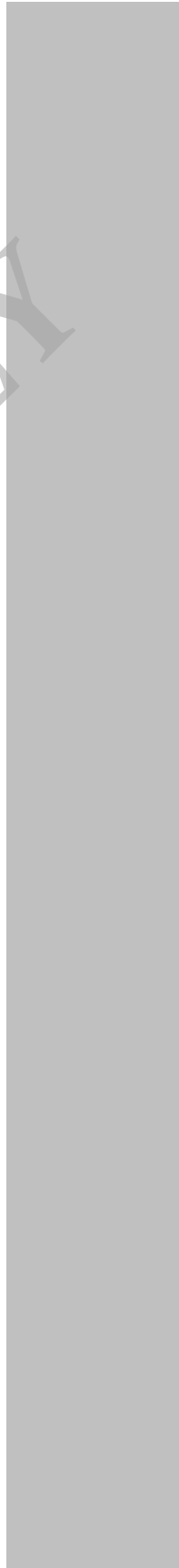
Definitions and questions

Coding rules

Codes



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FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

MOVING HOUSE-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

MOVING HOUSE-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

CHANGE OF SCHOOL

Subject changed schools. Change may be routine because subject was promoted (e.g. elementary to middle school, or middle school to high school) or non-routine, either because of moving, family choice, necessity, or expulsion from previous school.

Has X changed schools in the last 3 months?

When did s/he last change schools?

Why was that?

When did s/he leave the old school?

When did/does s/he start at the new school?

Will any friends from his/her old school be at the new school?

Does s/he know anyone at the new school?

IF CHANGE OF SCHOOL NOT PRESENT, SKIP TO "LOSS OF BEST FRIEND THROUGH MOVING", (PAGE 22).

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CHANGE OF SCHOOL

0 = No

1 = Routine change with other schoolmates including friends

2 = Routine change but not friends from former school at new school

3 = Non-routine change

PKB0102
Intensity

PKB0103
Intensity

PKB1101
Intensity

PKB1001
Onset

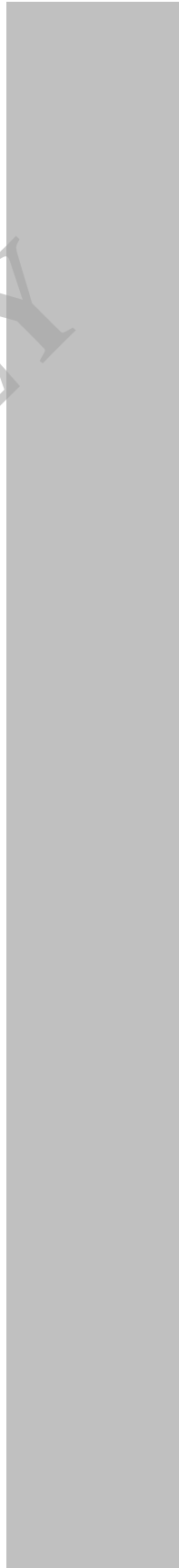
Definitions and questions

Coding rules

Codes



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Definitions and questions

Coding rules

Codes

CHANGE OF SCHOOLS-AVOIDANCE

Do certain things/thoughts remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

CHANGE OF SCHOOLS-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

IF ALL SCREENS ARE POSITIVE, PLACE CHECKMARK ON PTSD CHECKLIST.

LOSS OF BEST FRIEND THROUGH MOVING

Move by subject or significant other resulted in the end of a close relationship, with significant figure no longer available for sharing confidences and doing things together. Do not include friendships maintained after move through phone calls, letters, and/or visits.

CODE BOY/GIRLFRIEND SEPARATELY

Has X lost contact with someone s/he cared about in the last 3 months because one of them moved?

Who moved?

Does X still have some contact with him/her?

IF LOSS OF BEST FRIEND THROUGH MOVING NOT PRESENT, SKIP TO "BREAKUP WITH BEST FRIEND", (PAGE 25).

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

LOSS OF BEST FRIEND THROUGH MOVING

0 = Absent

2 = Present

PKB2102
Intensity

PKB2103
Intensity

PKB3101
Intensity

PKB3001
Onset

Definitions and questions

LOSS OF BEST FRIEND THROUGH MOVING - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

*Which ones?
In what way?*

LOSS OF BEST FRIEND THROUGH MOVE-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didn't want them to?

*What was that like?
Has s/he had any nightmares about the event?*

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

Specify

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKB2ABC 00
Intensity

PKB3X01

PKB3X02

PKB3X03

PKB3X04

PKB3X05

PKB3X06

PKB4I01
Intensity

Definitions and questions

Coding rules

Codes

IF LOSS OF BEST FRIEND THROUGH MOVING PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "BREAKUP WITH BEST FRIEND", (PAGE 25).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

LOSS OF BEST FRIEND THROUGH MOVING-AVOIDANCE

Do certain things/thoughts remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

LOSS OF BEST FRIEND THROUGH MOVE-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

BREAKUP WITH BEST FRIEND

Loss of a best friend through conflict or quarrel. Loss should seem permanent.

CODE BREAKUP WITH BOYFRIEND/GIRLFRIEND SEPARATELY. IF MORE THAN ONE BREAKUP, CODE THE ONE SUBJECT SAID WAS THE MOST UPSETTING.

Has s/he ended a relationship with a best friend in the last 3 months?

Who was that?

What happened?

IF BREAKUP WITH BEST FRIEND PRESENT CONTINUE, OTHERWISE, SKIP TO "BREAKUP WITH BOY/GIRLFRIEND", (PAGE 28).

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

BREAKUP WITH BEST FRIEND

0 = Absent

2 = Present

PKB4102
Intensity

PKB4103
Intensity

PKB5101
Intensity

PKB5001
Onset

Definitions and questions

BREAKUP WITH BEST FRIEND-ATTRIBUTION

Loss of a best friend through conflict or quarrel. Loss should seem permanent.

Has s/he broken up with a best friend in the last 3 months?

*Who was that?
What happened?*

BREAKUP WITH BEST FRIEND-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into his/her mind?

*What was that like?
Has s/he had any nightmares about the event?*

IF BREAKUP WITH BEST FRIEND PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "BREAKUP WITH BOY/GIRLFRIEND", (PAGE 28).

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKB5ABC 00
Intensity

PKB5X01

PKB5X02

PKB5X03

PKB6I01
Intensity

Definitions and questions

Coding rules

Codes

[Redacted content]

[Redacted content]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

BREAKUP WITH BEST FRIEND-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

BREAKUP WITH BEST FRIEND-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

BREAKUP WITH BOY/GIRLFRIEND

Relationships with boy/girlfriend ends because of conflict, "falling out of love", or geographical move. Do not include love relationships that turn into regular friendships without conflict, or love relationships maintained by phone calls, letters, and/or visits.

IF MORE THAN ONE BREAKUP IN THE LAST 3 MONTHS, CODE THE ONE MOST IMPORTANT TO THE SUBJECT.

Has s/he broken up with a boy/girlfriend in the last 3 months?

What happened?

Have they broken up for good?

Are they still friends?

IF BREAKUP PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL. OTHERWISE, SKIP TO "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT", (PAGE 31).

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

BREAKUP WITH BOY/GIRLFRIEND

0 = No

2 = Yes

PKB6105
Intensity

PKB6106
Intensity

PKB7101
Intensity

PKB7001
Onset

Definitions and questions

BREAKUP WITH BOY/GIRLFRIEND - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

*Which ones?
In what way?*

BREAKUP WITH BOY/GIRLFRIEND - PAINFUL RECALL

*Has s/he had any nightmares about the event?
In the last 3 months have thoughts or pictures of "life event" come into his/her mind?*

Even when s/he didn't want them to?

What was that like?

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKB7ABC 00
Intensity

PKB7X01

PKB7X02

PKB7X03


PKB8I01
Intensity

Definitions and questions

Coding rules

Codes

IF BREAKUP WITH BOY/GIRLFRIEND PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT", (PAGE 31).



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

BREAKUP WITH BOY/GIRLFRIEND - AVOIDANCE

*Does s/he try to avoid these thing/thoughts?
Do certain things/thoughts remind him/her of "life event"?*

What things?

BREAKUP WITH BOY/GIRLFRIEND - HYPERAROUSAL

Has s/he been "on the alert" for bad things happening?

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT

Subject lives, attends school/college/university or works in an area seen as chronically unsafe or threatening.

CODE DISCRETE THREATENING EVENTS WITNESSED BY SUBJECT SEPARATELY.

Does s/he live or go to school in an unsafe place?

Or work in an unsafe place?

*What is it like?
Has s/he been afraid that s/he might be hurt?
Or that s/he would die?*

IF "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT" NOT PRESENT, SKIP TO "PARENTAL ARREST", (PAGE 34).

ATTRIBUTION

0 = Absent
2 = Present

PKB8102
Intensity

ATTRIBUTION

0 = Absent
2 = Present

PKB8103
Intensity

LIVES, ATTENDS SCHOOL/COLLEGE/UNIVERSITY, OR WORKS IN CHRONICALLY UNSAFE ENVIRONMENT

0 = Absent
2 = Present

PKB9101
Intensity

PKB9001
Onset

MONTHS

PKB9D01
Duration

Definitions and questions

Coding rules

Codes

IF PAINFUL RECALL PRESENT, ASK ABOUT AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "PARENTAL ARREST", (PAGE 34).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

PARENTAL ARREST

Either of subject's parental figures is arrested.

IF MORE THAN ONE ARREST, CODE THE MOST UPSETTING.

Have either your or your "partner" been arrested in the last 3 months?

What happened?

Was it for something serious?

IF PARENTAL ARREST PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL. OTHERWISE, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 37).

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

PARENTAL ARREST

0 = No

2 = Yes

PKC0102
Intensity

PKC0103
Intensity

PKC1101
Intensity

PKC1001
Onset

Definitions and questions

PARENTAL ARREST - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

*In what way?
Which ones?*

PARENTAL ARREST - PAINFUL RECALL

*Has s/he had any nightmares about the event?
In the last 3 months have thoughts or pictures of "life event" come into his/her mind?*

Even when s/he didn't want them to?

What was that like?

IF PARENTAL ARREST PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 37).

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKC1I99
Intensity

PKC1X01

PKC1X02

PKC1X03

PKC2I01
Intensity

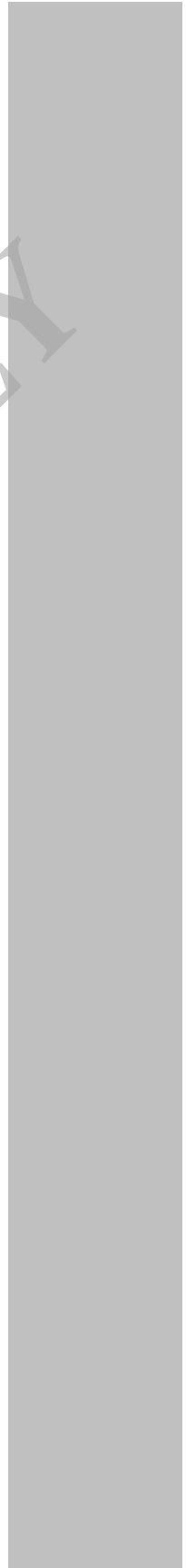
Definitions and questions

Coding rules

Codes



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Definitions and questions

Coding rules

Codes

PARENTAL ARREST -AVOIDANCE

Does s/he try to avoid these things/thoughts?

Do certain things/thoughts remind him/her of "life event"?

What things?

PARENTAL ARREST -HYPERAROUSAL

Has s/he been "on the alert" for bad things happening?

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

REDUCTION IN STANDARD OF LIVING

Noticeable reduction of family standard of living as evidenced by inability to pay bills, need to sell things, need to move (including moving in with relatives), going on welfare or food stamps, inadequate food, clothing, heat. May be result of changes in household status and needs such as parental separation or divorce, death, taking in additional dependents, high medical bills or loss of household income due to cutback in hours, layoff or loss of job, inability to find employment, under-employment, loss of unemployment benefits, depletion of savings, etc.

Has your family's income been less than usual in the last 3 months?

*What changes have resulted?
Why have things changed?
When did the change occur?*

IF "REDUCTION IN STANDARD OF LIVING" NOT PRESENT, SKIP TO "FORCED SEPARATION FROM HOME", (PAGE 40).

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

PKC2I02
Intensity

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

PKC2I03
Intensity

REDUCTION IN STANDARD OF LIVING

- 0 = Absent
- 2 = Present, without change of family structure.
- 3 = Present, with change of family structure.

PKC3I01
Intensity

DATE OF CHANGE IN FINANCIAL STATUS


PKC3O01

Definitions and questions

Coding rules

Codes

IF REDUCTION IN STANDARD OF LIVING PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "FORCED SEPARATION FROM HOME", (PAGE 40).



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

REDUCTION IN STANDARD OF LIVING-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

REDUCTION IN STANDARD OF LIVING-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

FORCED SEPARATION FROM HOME

Subject has to be away from home for at least one week at a time, against his/her will. Include visits to grandparents, other relatives, friends, if necessitated by adult needs (e.g. mother in hospital) not child's wishes. Do not include absences if accompanied by parental figures, or camp, even if subject is reluctant to go.

In the last 3 months has s/he had to go and stay away from home, when s/he would rather have stayed at home?

When was that?

Why did s/he have to go away?

How long was s/he gone?

Was a parent with him/her?

Or his/her "sibling"?

CODE NUMBER OF SEPARATIONS LASTING AT LEAST A WEEK

CODE NUMBER OF DAYS IN ALL SEPARATIONS

IF FORCED SEPARATION FROM HOME PRESENT, COMPLETE OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS", (PAGE 44).

AVOIDANCE SCREEN

0 = Absent

2 = Present

PKC4I02
Intensity

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

PKC4I03
Intensity

FORCED SEPARATION FROM HOME

0 = No

2 = Yes

PKC5I01
Intensity

PKC5O01
Onset

NUMBER OF SEPARATIONS

PKC5F01

DAYS

PKC5D01
Duration

Definitions and questions

**FORCED SEPARATION FROM HOME -
ATTRIBUTION**

*In the last 3 months, has this affected any of the
problems we've been talking about?*

*Which ones?
In what way?*

**FORCED SEPARATION FROM HOME-PAINFUL
RECALL**

*In the last 3 months, have thoughts or pictures of "life
event" come into his/her mind?*

Even when s/he didn't want them to?

*What was that like?
Has s/he had any nightmares about the event?*

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKC5XYZ 00
Intensity

PKC5X01

PKC5X02

PKC5X03


PKC6I01
Intensity

Definitions and questions

Coding rules

Codes

IF "FORCED SEPARATION FROM HOME" PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS", (PAGE 44).



FOR REVIEW ONLY

Definitions and questions

FORCED SEPARATION FROM HOME-AVOIDANCE
Do certain things remind him/her of "life event"?
What things?
Does s/he try to avoid these things/thoughts?

FORCED SEPARATION FROM HOME-HYPERAROUSAL
Since "life event", has s/he been more jumpy or irritable?
Has s/he had any trouble sleeping?
Has s/he been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKC6I02
Intensity

PKC6I03
Intensity

FOR REVIEW ONLY

Definitions and questions

GROUP B EVENTS

DIAGNOSIS OF PHYSICAL ILLNESS

Diagnosis of an illness carrying current risk of death or chronic disability (e.g. cancer, AIDS, diabetes, MS).

NB: Asthma requiring more than 24 hour hospitalization.

Has s/he ever gotten very sick?

Has s/he been in the hospital?

*When did that happen?
 What illness did/does s/he have?
 When did s/he get better?
 Is s/he goin to get better?
 Has s/he had it in the last 3 months?
 Has it gotten worse?*

IF "DIAGNOSIS OF PHYSICAL ILLNESS" NOT PRESENT, SKIP TO "ACCIDENT", (PAGE 47).

Coding rules

DIAGNOSIS OF PHYSICAL ILLNESS

0 = Absent
 2 = Present
 Specify

DIAGNOSIS OF PHYSICAL ILLNESS

0 = Absent
 2 = Diagnosis of illness, or recurrence of illness in remission, in last 3 months.

Codes

Ever:PKC7E01
 Intensity

Ever:PKC7O01
 Onset

PKC7I01
 Intensity

PKC7O02
 Onset

FOR REVIEW ONLY

Definitions and questions

DIAGNOSIS OF PHYSICAL ILLNESS - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

*Which ones?
In what way?*

DIAGNOSIS OF PHYSICAL ILLNESS-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didn't want them to?

*What was that like?
Has s/he has any nightmares about the event?*

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

Specify

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKC7I99
Intensity

PKC7X01

PKC7X02

PKC7X03


PKC8I01
Intensity

Definitions and questions

Coding rules

Codes

IF DIAGNOSIS OF PHYSICAL ILLNESS PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "ACCIDENT", (PAGE 47).



FOR REVIEW ONLY

Definitions and questions

DIAGNOSIS OF PHYSICAL ILLNESS- AVOIDANCE

Do certain things remind him/her of "life event"?

What things?
Does s/he try to avoid these things/thoughts?

DIAGNOSIS OF PHYSICAL ILLNESS- HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

ACCIDENT

Serious physical harm caused involuntarily by self or others (e.g. car accident, boating accident, other accident) that is life-threatening or carries risk of long-term disfigurement or disability). Code accidents involving fire under Fire.

IF ACCIDENT IN LAST 3 MONTHS OR IF RESULTS OF PREVIOUS ACCIDENT STILL POSE THREAT TO LIFE, DISFIGUREMENT, OR DISABILITY, COMPLETE ATTRIBUTION AND SCREENS. OTHERWISE SKIP TO DEATH OF LOVED ONE.

Has s/he ever been in a serious accident?

Or been badly hurt in an accident?

What happened?
Could s/he have died?
Did it change the way his/her body looks or works?
Are you still affected by it?

IF ACCIDENT IN LAST 3 MONTHS OR IF RESULT OF PREVIOUS ACCIDENT STILL POSE THREAT OR DISABILITY, COMPLETE. OTHERWISE, SKIP TO "PREGNANCY (GIRLS) - FIRST PREGNANCY", (PAGE 52).

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

ACCIDENT

- 0 = Absent
- 2 = Present

SERIOUS ACCIDENT: PRIMARY PERIOD

- 0 = Absent
- 2 = Present

Codes

PKC8I02
Intensity

PKC8I03
Intensity

Ever:PKC9E01
Intensity

Ever:PKC9V01
Frequency

Ever:PKC9O01
Onset

PKC9I01
Intensity

PKC9O02
Onset

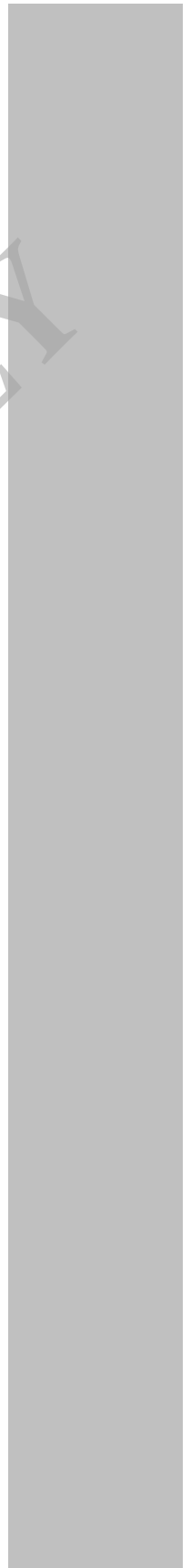
Definitions and questions

Coding rules

Codes



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A solid, dark grey vertical bar that spans the height of the page content area.

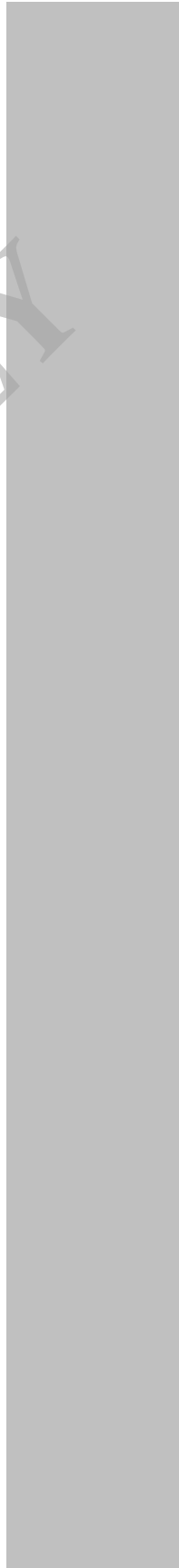
Definitions and questions

Coding rules

Codes



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A solid dark grey vertical bar extending from the top to the bottom of the page.

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ACCIDENT-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

ACCIDENT-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

IF SUBJECT IS FEMALE PROCEED WITH PREGNANCY QUESTIONS. OTHERWISE , SKIP TO "MAKES SOMEONE PREGNANT (BOYS)", (PAGE 65).

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

PKD0102
Intensity

PKD0103
Intensity

FOR REVIEW ONLY

Definitions and questions

PREGNANCY (GIRLS) - FIRST PREGNANCY

Subject ever pregnant.

IF SUBJECT IS MALE, CODE AS ABSENT.

Has she ever been pregnant?

When did she find out she was pregnant?

When did she get pregnant?

How did she find out?

Was she planning to get pregnant?

Did she want to be pregnant?

DATE OF CONCEPTION.

IF SUBJECT IS FEMALE AND EVER PREGNANT (GIRLS), COMPLETE SECTION ON UP TO THREE PREGNANCIES. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).

Coding rules

PREGNANCY

0 = No

2 = Yes

DATE OF AWARENESS - (GIRLS) FIRST PREGNANCY

INTENTIONALITY

1 = Planned pregnancy

2 = Pregnancy unplanned, wanted

3 = Pregnancy unplanned, unwanted

Codes

Ever:PKD1E11
Intensity

Ever:PKD1O11
Onset

 / /

Ever:PKD1O12

 / /

Ever:PKD1X11

FOR REVIEW ONLY

Definitions and questions

PREMATURE TERMINATION OF PREGNANCY (GIRLS) - FIRST PREGNANCY

Pregnancy ends for a reason other than birth (e.g. miscarriage, abortion).

What happened when she found out she was pregnant?

Who decided what should happen?
Were you involved?
The father of the child?
 IF ABORTION, ASK:

Does she feel OK about how the decision was made?

DATE OF TERMINATION.

Coding rules

PREMATURE TERMINATION OF PREGNANCY

- 0 = No
- 2 = Miscarriage
- 3 = Abortion

WEEK OF PREGNANCY WHEN TERMINATED

INVOLVEMENT IN ABORTION DECISION

- 0 = Subject's decision, with or without consultation with other(s).
- 2 = Other(s) made decision, with subject's agreement.
- 3 = Other(s) made decision against subject's own wishes.

Codes

Ever:PKD2E11
Intensity

Ever:PKD2O11
Onset

Ever:PKD2X11

Ever:PKD2X12

FOR REVIEW ONLY

Definitions and questions

CHILDBIRTH (GIRLS) - FIRST PREGNANCY
 Pregnancy ends in childbirth, or is expected to end in childbirth.
 IF SUBJECT STILL PREGNANT, CODE AND SKIP TO MOST UPSETTING PREGNANCY.
Did she have the baby?
 When was that?
 What happened with the child?
 DATE OF PLACEMENT WITH OTHERS.

PREGNANCY (GIRLS) - SECOND PREGNANCY
 Subject ever pregnant.
Has she ever been pregnant?
 When did she find out she was pregnant?
 When did she get pregnant?
 How did she find out?
 Was she planning to get pregnant?
 Did she want to be pregnant?

Coding rules

CHILDBIRTH

- 0 = Still Pregnant
- 2 = Stillbirth
- 3 = Perinatal death
- 4 = Live birth, mother or both kept child
- 5 = Live birth, father kept child
- 6 = Live birth, child adopted/cared for by another family member
- 7 = Live birth, child in foster care
- 8 = Live birth, child released for extra-familial adoption

DATE OF BIRTH OF CHILD

DATE OF PLACEMENT - (GIRLS) - FIRST PREGNANCY

INVOLVEMENT IN PLACEMENT DECISION

- 0 = Subject's decision
- 2 = Other(s) made decision, with subject's agreement.
- 3 = Other(s) made decision against subject's own wishes.

PREGNANCY

- 0 = No
- 2 = Yes

DATE OF AWARENESS - (GIRLS) - SECOND PREGNANCY

INTENTIONALITY

- 1 = Planned pregnancy
- 2 = Pregnancy unplanned, wanted
- 3 = Pregnancy unplanned, unwanted

Codes

Ever:PKD3E11
Intensity

Ever:PKD3O11

Ever:PKD4O11

Ever:PKD4I11

Ever:PKD1E21
Intensity

Ever:PKD1O21

Onset

Ever:PKD1O22

Ever:PKD1X21

Definitions and questions

Coding rules

Codes

**IF PREGNANT A SECOND TIME,
COMPLETE. OTHERWISE, SKIP TO
"PREGNANCY (GIRLS) -
ATTRIBUTION", (PAGE 62).**

FOR REVIEW ONLY

Definitions and questions

PREMATURE TERMINATION OF PREGNANCY (GIRLS) - SECOND PREGNANCY

Pregnancy ends for reason other than birth (e.g. miscarriage, abortion).

What happened when she found out she was pregnant?

Who decided that should happen?

Were you involved?

The father of the child?

IF ABORTION, ASK:

Does she feel OK about how the decision was made?

Coding rules

PREMATURE TERMINATION OF PREGNANCY

0 = No

2 = Miscarriage

3 = Abortion

INVOLVEMENT IN ABORTION DECISION

0 = Subject's decision, with or without consultation with other(s).

2 = Other(s) made decision, with subject's agreement.

3 = Other(s) made decision against subject's own wishes.

Codes

Ever:PKD2E21
Intensity

Ever:PKD2O21
Onset

Ever:PKD2X21
Frequency

Ever:PKD2X22

FOR REVIEW ONLY

Definitions and questions

CHILDBIRTH (GIRLS) - SECOND PREGNANCY

Pregnancy ends in childbirth, or is expected to end in childbirth.

IF SUBJECT STILL PREGNANT, CODE AND SKIP TO MOST UPSETTING PREGNANCY.

Did she have the baby?

When was that?

What happened with the child?

Coding rules

CHILDBIRTH

- 0 = Still Pregnant
- 2 = Stillbirth
- 3 = Perinatal death
- 4 = Live birth, mother or both kept child
- 5 = Live birth, father kept child
- 6 = Live birth, child adopted/cared for by another family member
- 7 = Live birth, child in foster care
- 8 = Live birth, child released for extra-familial adoption

DATE OF PLACEMENT - (GIRLS) SECOND PREGNANCY

INVOLVEMENT IN PLACEMENT DECISION

- 0 = Subject's decision
- 2 = Other(s) made decision, with subject's agreement.
- 3 = Other(s) made decision against subject's own wishes.

Codes

Ever:PKD3E21
Intensity

Ever:PKD3O21
Onset

Ever:PKD4O21

Ever:PKD4I21

FOR REVIEW ONLY

Definitions and questions

PREGNANCY (GIRLS) - THIRD PREGNANCY

Subject ever pregnant.

Has she ever been pregnant?

When did she get pregnant?

How did she find out?

Was she planning to get pregnant?

Did she want to be pregnant?

IF PREGNANT THIRD TIME, COMPLETE SECTION. OTHERWISE, SKIP TO "MOST UPSETTING PREGNANCY", (PAGE 61).

Coding rules

PREGNANCY

0 = No

2 = Yes

DATE OF AWARENESS - (GIRLS) - THIRD PREGNANCY

INTENTIONALITY

1 = Planned pregnancy

2 = Pregnancy unplanned, wanted

3 = Pregnancy unplanned, unwanted

Codes

Ever:PKD1E31
Intensity

Ever:PKD1O31
Onset

Ever:PKD1O32

Ever:PKD1X31

FOR REVIEW ONLY

Definitions and questions

PREMATURE TERMINATION OF PREGNANCY (GIRLS) - THIRD PREGNANCY

Pregnancy ends for reason other than birth (e.g. miscarriage, abortion).

What happened when she found out she was pregnant?

Who decided what should happen?

Were you involved?

The father of the child?

IF ABORTION, ASK:

Does she feel OK about how the decision was made?

Coding rules

PREMATURE TERMINATION OF PREGNANCY

0 = No

2 = Miscarriage

3 = Abortion

INVOLVEMENT IN ABORTION DECISION

0 = Subject's decision, with or without consultation with other(s).

2 = Other(s) made decision, with subject's agreement.

3 = Other(s) made decision against subject's own wishes.

Codes

Ever:PKD2E31
Intensity

Ever:PKD2O31
Onset

Ever:PKD2X31
Frequency

Ever:PKD2X32

FOR REVIEW ONLY

Definitions and questions

CHILDBIRTH (GIRLS) THIRD PREGNANCY

Pregnancy ends in childbrith, or is expected to end in childbirth.

Did she have the baby?

*When was that?
What happened wth the child?*

**IF MORE THAN ONE PREGNANCY
ASK. OTHERWISE, SKIP TO
"PREGNANCY (GIRLS) -
ATTRIBUTION", (PAGE 62).**

Coding rules

CHILDBIRTH

- 0 = Still Pregnant
- 2 = Stillbirth
- 3 = Perinatal death
- 4 = Live birth, mother or both kept child
- 5 = Live birth, father kept child
- 6 = Live birth, child adopted/cared for by another family member
- 7 = Live birth, child in foster care
- 8 = Live birth, child released for extra-familial adoption

DATE OF PLACEMENT - (GIRLS) - THIRD PREGNANCY

INVOLVEMENT IN PLACEMENT DECISION

- 0 = Subject's decision
- 2 = Other(s) made decision, with subject's agreement.
- 3 = Other(s) made decision against subject's own wishes.

Codes

Ever:PKD3E31
Intensity

Ever:PKD3O31
Onset

Ever:PKD4O31

Ever:PKD4I31

Definitions and questions

MOST UPSETTING PREGNANCY

What part of the pregnancy was the most upsetting for her?

IF SUBJECT EVER PREGNANT, COMPLETE ATTRIBUTION AND PAINFUL RECALL ON THE PART OF THE PREGNANCY THAT WAS THE MOST UPSETTING TO THE SUBJECT

Coding rules

UPSETTING PART OF PREGNANCY

- 0 = No upsetting part
- 2 = Finding out girl was pregnant
- 3 = Miscarriage
- 4 = Decision to have abortion
- 5 = Having abortion
- 6 = Stillbirth or perinatal death
- 7 = Birth
- 8 = Placement decision
- 9 = Whole experience

Codes

Ever:PKD5I01
Intensity

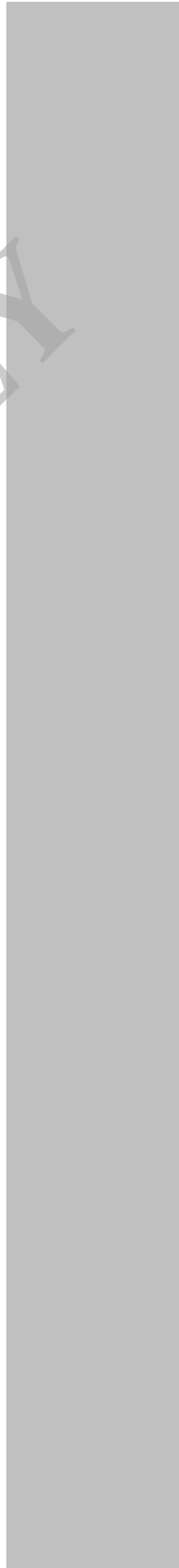
Ever:PKD5O01
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes



Definitions and questions

PREGNANCY (GIRLS) - AVOIDANCE

*Does she try to avoid these things/thoughts?
Do certain things/thoughts remind her of "life event"?*

What things?

PREGNANCY (GIRLS) - HYPERAROUSAL

Has she been "on the alert" for bad things happening?

Since "life event", has she been more jumpy or irritable?

Has she had trouble sleeping?

**IF SUBJECT IS MALE, COMPLETE.
OTHERWISE, SKIP TO "DEATH OF
LOVED ONE", (PAGE 78).**

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKD6I02
Intensity

PKD6I03
Intensity

FOR REVIEW ONLY

Definitions and questions

MAKES SOMEONE PREGNANT (BOYS)

Has he ever gotten a girl pregnant?

When did he find out she was pregnant?

When did she get pregnant?

How did he find out?

Was he planning to get her pregnant?

Did she want to be pregnant?

IF EVER PRESENT, COMPLETE SECTION ON UP TO THREE PREGNANCIES. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).

Coding rules

MAKES SOMEONE PREGNANT

0 = No

2 = Yes

DATE OF AWARENESS - MAKES SOMEONE PREGNANT (BOYS)

INTENTIONALITY

1 = Planned pregnancy

2 = Pregnancy unplanned, wanted

3 = Pregnancy unplanned, unwanted

Codes

Ever:PKD7E11
Intensity

Ever:PKD7O11
Onset

Ever:PKD7O12

Ever:PKD7X11

FOR REVIEW ONLY

Definitions and questions

PREMATURE TERMINATION OF PREGNANCY (BOYS) - FIRST PREGNANCY

*What happened when she got pregnant?
Is she still pregnant?*

*Did she have the baby?
Who decided what should happen?
Was he involved in the decision?
IF ABORTION, ASK:*

Does he feel OK about how the decision was made?

Coding rules

PREMATURE TERMINATION OF PREGNANCY

- 0 = No
- 2 = Miscarriage
- 3 = Abortion

INVOLVEMENT IN ABORTION DECISION

- 0 = Aware and part of the decision process.
- 2 = Informed but not involved in the decision though willing to be.
- 3 = Not informed until after termination, or not involved.
- 4 = Refused to be involved.

Codes

Ever:PKD8E11
Intensity

Ever:PKD8O11
Onset

Ever:PKD8X11
Frequency

Ever:PKD8X12

FOR REVIEW ONLY

Definitions and questions

CHILDBIRTH (BOYS) - FIRST PREGNANCY

Did she have the baby?
When was that?
What happened with the child?
Does he get to see the baby at all?

Does he want to?
How often does he see him/her?

Coding rules

CHILDBIRTH

- 0 = Still Pregnant
- 2 = Stillbirth
- 3 = Perinatal death
- 4 = Live birth, mother or both kept child
- 5 = Live birth, father kept child
- 6 = Live birth, child adopted/cared for by another family member
- 7 = Live birth, child in foster care
- 8 = Live birth, child released for extra-familial adoption

DATE OF PLACEMENT - MAKES SOMEONE PREGNANT (BOYS)

CONTACT WITH CHILD

- 0 = Lives with and helps care for child
- 1 = Sees child at least once a week
- 2 = Sees child at least once a month
- 3 = Sees child less than once a month
- 4 = Never sees child

Codes

Ever:PKD9E11
Intensity

Ever:PKD9O11
Onset

Ever:PKE0O11

Ever:PKE0I11

FOR REVIEW ONLY

Definitions and questions

MAKES SOMEONE PREGNANT (BOYS) - SECOND PREGNANCY

Subject became aware that he has ever made a girl pregnant.

Has he ever gotten a girl pregnant?

- When did he find out she was pregnant?*
- When did she get pregnant?*
- How did he find out?*
- Was he planning to get her pregnant?*
- Did she want to be pregnant?*

IF PRESENT, COMPLETE SECTION ON UP TO THREE PREGNANCIES. OTHERWISE, SKIP TO "MAKES SOMEONE PREGNANT (BOYS) - ATTRIBUTION", (PAGE 75).



FOR REVIEW ONLY

Coding rules

MAKES SOMEONE PREGNANT

- 0 = Absent
- 2 = Present

DATE OF AWARENESS - MAKES SOMEONE PREGNANT (BOYS) - SECOND PREGNANCY

INTENTIONALITY

- 0 = Planned Pregnancy
- 2 = Pregnancy unplanned, wanted
- 3 = Pregnancy unplanned, unwanted

Codes

Ever:PKD7E21
Intensity

Ever:PKD7O21
Onset

Ever:PKD7O22

Ever:PKD7X21

Definitions and questions

PREMATURE TERMINATION OF PREGNANCY (BOYS) - SECOND PREGNANCY

Pregnancy ends for reason other than birth (e.g. miscarriage abortion).

What happened when she got pregnant?

Is she still pregnant?
Did she have the baby?
Who decided what should happen?
Was he involved in the decision?
 IF ABORTION, ASK:

Does he feel OK about how the decision was made?

Coding rules

PREMATURE TERMINATION OF PREGNANCY

- 0 = No
- 2 = Miscarriage
- 3 = Abortion

INVOLVEMENT IN ABORTION DECISION

- 0 = Aware and part of the decision process.
- 2 = Informed but not involved in the decision though willing to be.
- 3 = Not informed until after termination, or not involved.
- 4 = Refused to be involved.

Codes

Ever:PKD8E21
Intensity

Ever:PKD8O21
Onset

Ever:PKD8X21
Frequency

Ever:PKD8X22

FOR REVIEW ONLY

Definitions and questions

CHILDBIRTH (BOYS) - SECOND PREGNANCY
 Pregnancy ends in childbirth or is expected to end in childbirth.

Coding rules

CHILDBIRTH

- 0 = Still Pregnant
- 2 = Stillbirth
- 3 = Perinatal death
- 4 = Live birth, mother or both kept child
- 5 = Live birth, father kept child
- 6 = Live birth, child adopted/cared for by another family member
- 7 = Live birth, child in foster care
- 8 = Live birth, child released for extra-familial adoption

DATE OF PLACEMENT

CONTACT WITH CHILD

- 0 = Lives with and helps care for child
- 1 = Sees child at least once a week
- 2 = Sees child at least once a month
- 3 = Sees child less than once a month
- 4 = Never sees child

Codes

Ever:PKD9E21
 Intensity

Ever:PKD9O21
 Onset

Ever:PKE0O21

Ever:PKE0I21

FOR REVIEW ONLY

Definitions and questions

MAKES SOMEONE PREGNANT (BOYS) - THIRD PREGNANCY

Subject became aware that he has ever made a girl pregnant.

Has he ever gotten a girl pregnant?

- When did he find out she was pregnant?*
- When did she get pregnant?*
- How did he find out?*
- Was he planning to get her pregnant?*
- Did she want to be pregnant?*

IF THIRD PREGNANCY PRESENT, COMPLETE SECTION. OTHERWISE, SKIP TO "MOST UPSETTING PREGNANCY (BOYS)", (PAGE 74).



Coding rules

EVER: MAKES SOMEONE PREGNANT

- 0 = Absent
- 2 = Present

DATE OF AWARENESS - THIRD PREGNANCY

INTENTIONALITY

- 0 = Planned Pregnancy
- 2 = Pregnancy unplanned, wanted
- 3 = Pregnancy unplanned, unwanted

Codes

Ever:PKD7E31
Intensity

Ever:PKD7O31
Onset

Ever:PKD7O32

Ever:PKD7X31

FOR REVIEW ONLY

Definitions and questions

PREMATURE TERMINATION OF PREGNANCY (BOYS) - THIRD PREGNANCY

Pregnancy ends for reason other than birth (e.g. miscarriage, abortion).

What happened when she got pregnant?

Is she still pregnant?

Did she have the baby?

Who decided what should happen?

Was he involved in the decision?

IF ABORTION, ASK:

Does he feel OK about how the decision was made?

Coding rules

PREMATURE TERMINATION OF PREGNANCY

0 = No

2 = Miscarriage

3 = Abortion

INVOLVEMENT IN ABORTION DECISION

0 = Aware and part of the decision process.

2 = Informed but not involved in the decision though willing to be.

3 = Not informed until after termination, or not involved.

4 = Refused to be involved.

Codes

Ever:PKD8E31
Intensity

Ever:PKD8O31
Onset

Ever:PKD8X31
Frequency

Ever:PKD8X32

FOR REVIEW ONLY

Definitions and questions

CHILDBIRTH (BOYS) - THIRD PREGNANCY

Pregnancy ends in childbirth or is expected to end in childbirth.

Did she have the baby?

When was that?

What happened with the child?

Does he get to see the baby at all?

Does he want to?

How often does he see him/her?

**IF MORE THAN ONE PREGNANCY,
ASK MOST UPSETTING PREGNANCY
(BOYS), SKIP TO "MAKES SOMEONE
PREGNANT (BOYS) - ATTRIBUTION",
(PAGE 75).**

Coding rules

CHILDBIRTH

0 = Still Pregnant

2 = Stillbirth

3 = Perinatal death

4 = Live birth, mother or both kept child

5 = Live birth, father kept child

6 = Live birth, child adopted/cared for by another family member

7 = Live birth, child in foster care

8 = Live birth, child released for extra-familial adoption

DATE OF PLACEMENT - CHILDBIRTH (BOYS) - THIRD PREGNANCY

CONTACT WITH CHILD

0 = Lives with and helps care for child

1 = Sees child at least once a week

2 = Sees child at least once a month

3 = Sees child less than once a month

4 = Never sees child

Codes

Ever:PKD9E31
Intensity

Ever:PKD9O31
Onset

Ever:PKE0O31

Ever:PKE0I31

Definitions and questions

MOST UPSETTING PREGNANCY (BOYS)

IF MORE THAN ONE PREGNANCY, ASK WHICH PREGNANCY WAS THE MOST UPSETTING.

What part of that pregnancy was the most upsetting for him?

Coding rules

UPSETTING PART OF PREGNANCY

- 0 = No upsetting part
- 2 = Finding out girl was pregnant
- 3 = Miscarriage
- 4 = Decision to have abortion
- 5 = Having abortion
- 6 = Stillbirth or perinatal death
- 7 = Birth
- 8 = Placement decision
- 9 = Whole experience

Codes

Ever:PKE1101
Intensity

Ever:PKE1001
Onset


FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**IF MAKES SOMEONE PREGNANT
PAINFULL RECALL PRESENT, ASK
AVOIDANCE AND HYPERAROUSAL.
OTHERWISE, SKIP TO "DEATH OF
LOVED ONE", (PAGE 78).**



FOR REVIEW ONLY

Definitions and questions

MAKES SOMEONE PREGNANT (BOYS) - AVOIDANCE

Do certain things/thoughts remind him of "life event"?

What things?

In what way?

MAKES SOMEONE PREGNANT (BOYS) - HYPERAROUSAL

Since "life event", has he been more jumpy or irritable?

Has he had any trouble sleeping?

Has he been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

Codes

PKE2102
Intensity

PKE2103
Intensity

FOR REVIEW ONLY

Definitions and questions

DEATH OF LOVED ONE

Death of someone close to the subject: biological parent, other parental figure, other relative with whom subject has close ties, other adult who has played a significant role in the child's life, subjects own child, or pet.

IF MORE THEN 2 DEATHS, CODE DEATH OR PARENTAL FIGURE AND ANOTHER THAT THE SUBJECT DESCRIBES AS THE MOST UPSETTING

Has anyone close to him/her died?

- Who was that?*
- What happened?*
- When did it happen?*
- What did s/he die of?*

Coding rules

DEATH OF LOVED ONE #1: RELATIONSHIP TO SUBJECT

- 0 = Absent
- 1 = Biological parent.
- 2 = Step/adoptive/foster parent.
- 3 = Other parental figure.
- 4 = Grandparent
- 5 = Aunt or uncle.
- 6 = Close unrelated adult.
- 7 = Pet
- 8 = Other close related adult.

EVER: DATE OF DEATH LOVED ONE #1

CAUSE OF DEATH - 1

- 1 = Physical illness.
- 2 = Accident
- 3 = Suicide
- 4 = Natural disaster (flood, earthquake).
- 5 = Fire
- 6 = War or terrorism.
- 7 = Riots or urban violence.
- 8 = Noxious agent.
- 9 = Physical violence.
- 10 = Physical abuse.
- 11 = Captivity

DEATH OF LOVED ONE #2: RELATIONSHIP TO SUBJECT

- 0 = Absent
- 1 = Biological parent.
- 2 = Step/adoptive/foster parent.
- 3 = Other parental figure.
- 4 = Grandparent
- 5 = Aunt or uncle.
- 6 = Close unrelated adult.
- 7 = Pet
- 8 = Other close related adult.

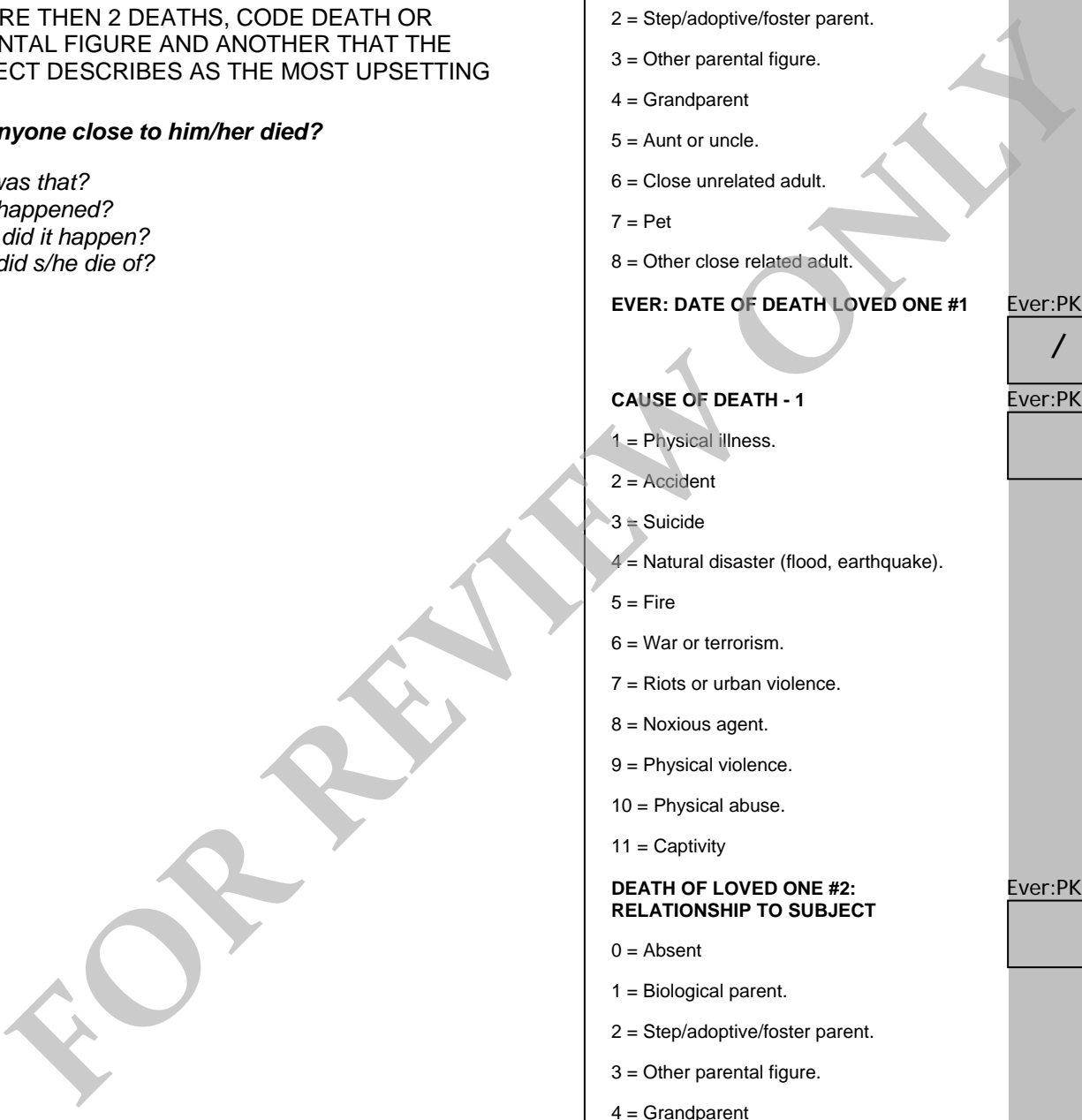
Codes

Ever:PKE3E01
Intensity

Ever:PKE3O01

Ever:PKE3X01

Ever:PKE4E01



Definitions and questions

IF DEATH OF ADULT LOVED ONE NOT PRESENT, SKIP TO "DEATH OF SIBLING OR PEER", (PAGE 83).

FOR REVIEW ONLY

Coding rules

EVER: DATE OF DEATH OF LOVED ONE #2

CAUSE OF DEATH - 2

- 1 = Physical illness.
- 2 = Accident
- 3 = Suicide
- 4 = Natural disaster (flood, earthquake).
- 5 = Fire
- 6 = War or terrorism.
- 7 = Riots or urban violence.
- 8 = Noxious agent.
- 9 = Physical violence.
- 10 = Physical abuse.
- 11 = Captivity

Codes

Ever:PKE4O01


Ever:PKE4X01

Definitions and questions

Coding rules

Codes

**IF DEATH OF LOVED ONE PAINFUL
RECALL PRESENT, ASK AVOIDANCE
AND HYPERAROUSAL. OTHERWISE,
SKIP TO "DEATH OF SIBLING OR
PEER", (PAGE 83).**



FOR REVIEW ONLY

Definitions and questions

DEATH OF LOVED ONE-AVOIDANCE
Do certain things remind him/her of "life event"?
What things?
Does s/he try to avoid these things/thoughts?

DEATH OF LOVED ONE-HYPERAROUSAL
Since "life event", has s/he been more jumpy or irritable?
Has s/he had any trouble sleeping?
Have you been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKE5102
Intensity

PKEI003
Intensity

FOR REVIEW ONLY

Definitions and questions

DEATH OF SIBLING OR PEER
 Death of subject's sibling, close friend or other peer.

IF MORE THAN 2 DEATHS, CODE THOSE THAT THE SUBJECT REPORTS AS MOST UPSETTING.

Has a friend of his/her ever died?

*Or one of his/her brothers or sisters or cousins?
 Who was that?
 What happened?
 When did it happen?
 What did s/he die of?*

Has s/he known anyone around his/her age who has committed suicide?

*What happened?
 When did it happen?*

Coding rules

DEATH OF A CHILD

- 0 = Absent
- 1 = Biological child
- 2 = Adoptive child
- 3 = Step or foster child
- 4 = Cousin or other close child
- 5 = Non-biological child living in the home
- 6 = Childhood friend from school

ONSET: DEATH OF A SIBLING OR PEER #1

DEATH OF A SIBLING OR PEER: CAUSE OF DEATH

- 1 = Physical illness.
- 2 = Accident
- 3 = Suicide
- 4 = Natural disaster (flood, earthquake).
- 5 = Fire
- 6 = War or terrorism.
- 7 = Riots or urban violence.
- 8 = Noxious agent.
- 9 = Physical violence.
- 10 = Physical abuse.
- 11 = Captivity

DEATH OF A SIBLING OR PEER

- 0 = Absent
- 1 = Biological Sibling
- 2 = Step/Adopted/Foster Sibling
- 3 = Close Friend
- 4 = Other Friend
- 5 = Acquaintance at school
- 6 = Other related child

ONSET: DEATH OF A SIBLING OR PEER #2

DEATH OF A SIBLING OR PEER #2: CAUSE OF DEATH

- 1 = Physical illness.

Codes

Ever:PKE6E01
 Intensity

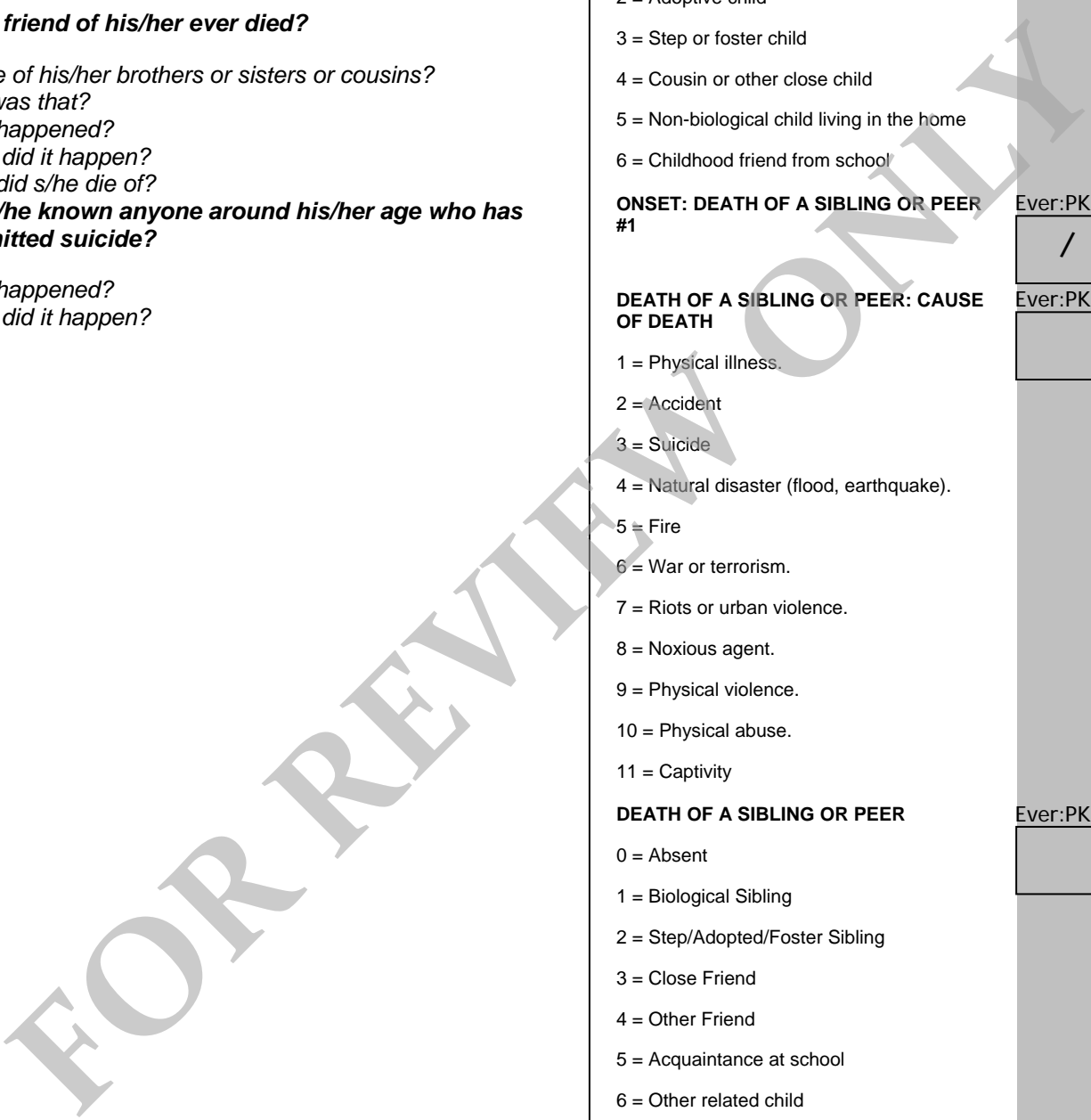
Ever:PKE6O01

Ever:PKE6X01

Ever:PKE7E01

Ever:PKE7O01

Ever:PKE7X01



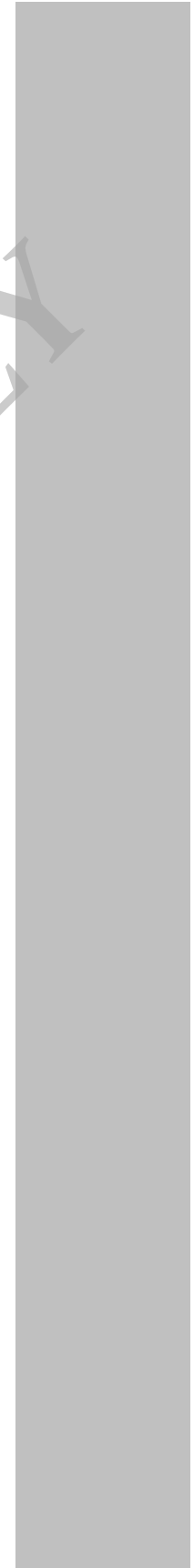
Definitions and questions

IF DEATH OF A SIBLLING PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL FOR THE MOST UPSETTING DEATH. OTHERWISE, SKIP TO "NATURAL DISASTER", (PAGE 88).

Coding rules

- 2 = Accident
- 3 = Suicide
- 4 = Natural disaster (flood, earthquake).
- 5 = Fire
- 6 = War or terrorism.
- 7 = Riots or urban violence.
- 8 = Noxious agent.
- 9 = Physical violence.
- 10 = Physical abuse.
- 11 = Captivity

Codes




FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**IF DEATH OF A SIBLING PAINFUL
RECALL PRESENT, ASK AVOIDANCE
AND HYPERAROUSAL. OTHERWISE,
SKIP TO "NATURAL DISASTER",
(PAGE 88).**



FOR REVIEW ONLY

Definitions and questions

DEATH OF A SIBLING OR PEER-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

DEATH OF A SIBLING OR PEER-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

Codes

PKE8102
Intensity

PKE8103
Intensity

FOR REVIEW ONLY

Definitions and questions

NATURAL DISASTER

Events not caused by intentional human actions (e.g. floods, hurricanes, tornadoes) in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Has s/he ever been in a terrible storm, tornado, or hurricane?

Or an earthquake?

Or a flood?

What happened?

How bad was it?

Were people killed?

Was s/he afraid that people would be killed or badly hurt?

Or that s/he would die or be badly hurt?

When did that happen?

IF NATURAL DISASTER PRESENT COMPLETE. OTHERWISE, SKIP TO "FIRE", (PAGE 91).

Coding rules

NATURAL DISASTER

- 0 = No
- 2 = Storm
- 3 = Tornado
- 4 = Hurricane
- 5 = Earthquake
- 6 = Flood
- 7 = More than one type.

NATURAL DISASTER

- 0 = No
- 2 = Storm
- 3 = Tornado
- 4 = Hurricane
- 5 = Earthquake
- 6 = Flood
- 7 = More than one type.

Codes

Ever:PKE9E01 Intensity

Ever:PKE9O01 Onset

Ever:PKE9V01 Frequency

PKE9I01 Intensity

PKE9O02 Onset


PKE9F01 Frequency

Definitions and questions

Coding rules

Codes

**IF NATURAL DISASTER PAINFUL
RECALL PRESENT, ASK AVOIDANCE
AND HYPERAROUSAL. OTHERWISE,
SKIP TO "FIRE", (PAGE 91).**



FOR REVIEW ONLY

Definitions and questions

NATURAL DISASTER: AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

NATURAL DISASTER: HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

FIRE

Fire, either accidentally or deliberately set, in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Has s/he ever been in a terrible fire?

What happened?

How bad was it?

Were people killed?

Was s/he afraid that people would be killed or badly hurt?

Or that s/he would die or be badly hurt?

When did that happen?

How does s/he think that the fire started?

Was it an accident?

IF "FIRE" NOT PRESENT, SKIP TO "WAR OR TERRORISM", (PAGE 94).

Coding rules

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

FIRE

0 = Absent

2 = Accidental fire.

3 = Intentionally set fire.

FIRE

0 = Absent

2 = Accidental fire.

3 = Intentionally set fire.

Codes

PKF0I02
Intensity

PKF0I03
Intensity

Ever:PKF1E01
Intensity

Ever:PKF1V01
Frequency

Ever:PKF1O01
Onset

PKF1I01
Intensity


PKF1O02
Onset

Definitions and questions

Coding rules

Codes

**IF FIRE PAINFUL RECALL PRESENT,
ASK AVOIDANCE AND
HYPERAROUSAL. OTHERWISE, SKIP
TO "WAR OR TERRORISM", (PAGE 94).**



FOR REVIEW ONLY

Definitions and questions

FIRE: AVOIDANCE
Do certain things remind him/her of "life event"?
What things?
Does s/he try to avoid these things/thoughts?

FIRE: HYPERAROUSAL
Since "life event", has s/he been more jumpy or irritable?
Has s/he had any trouble sleeping?
Has s/he been "on the alert" for bad things happening?

WAR OR TERRORISM
 Subject has lived for at least a day in an area in which civil law was disrupted (e.g. a country at war or an area in which civil war or terrorism has disrupted normal life).
Has s/he ever been in a war?
Or somewhere where armies or terrorists were fighting?
What happened?
When did that happen?
What did s/he see?
Were people killed?
Was s/he afraid that people would be killed?
Was s/he afraid that s/he might be hurt?
Or that s/he would die?
How long was s/he there?

IF WAR OR TERRORISM NOT PRESENT, SKIP TO "WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY", (PAGE 99).

Coding rules

AVOIDANCE SCREEN

0 = Absent
 2 = Present

HYPERAROUSAL SCREEN

0 = Absent
 2 = Present

WAR OR TERRORISM

0 = No
 2 = Yes

DAYS

WAR OR TERRORISM

0 = No
 2 = Yes

DAYS

Codes

PKF2I02
 Intensity

PKF2I03
 Intensity

Ever:PKF3E01
 Intensity

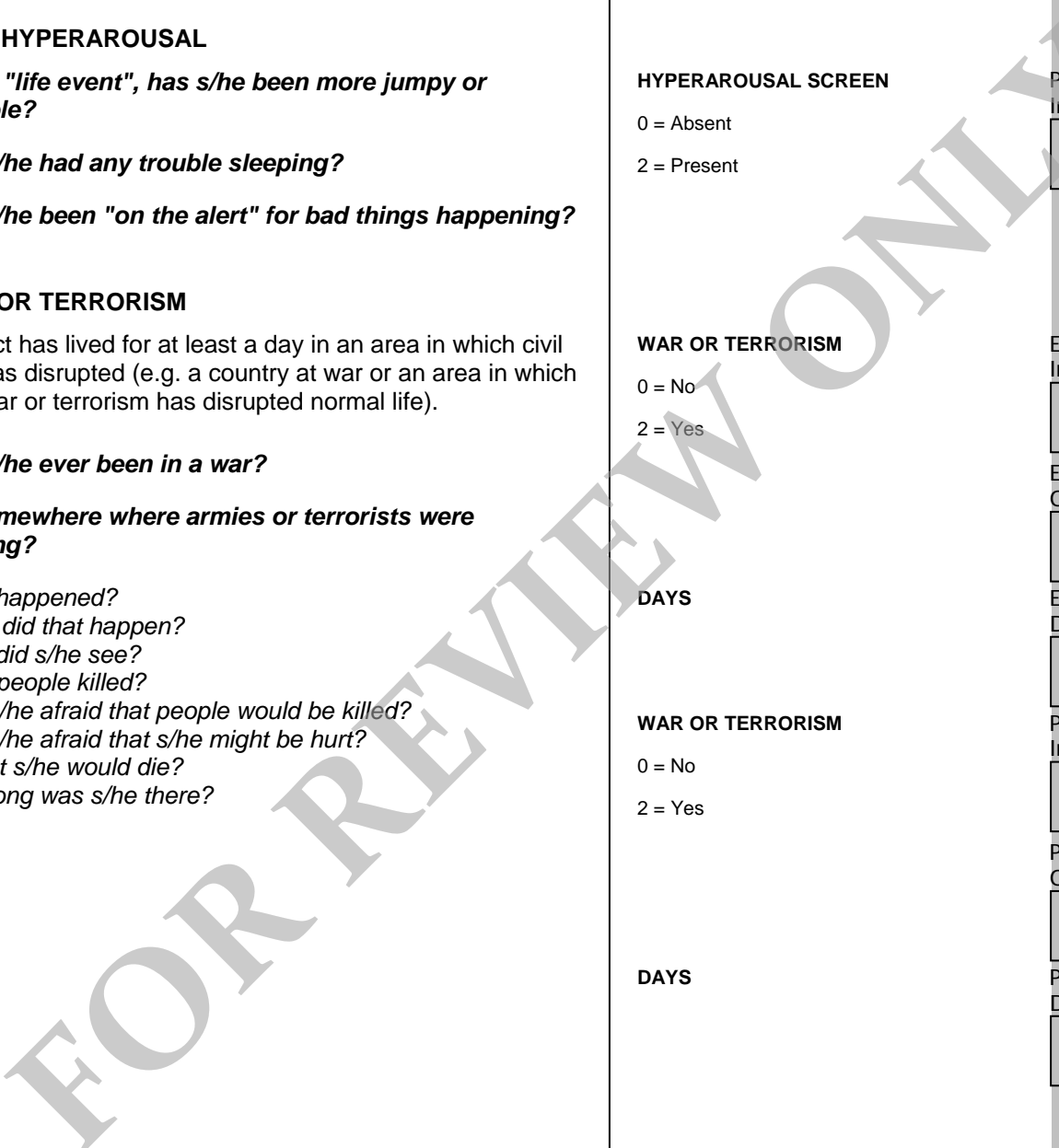
Ever:PKF3O01
 Onset

Ever:PKF3D01
 Duration

PKF3I01
 Intensity

PKF3O02
 Onset

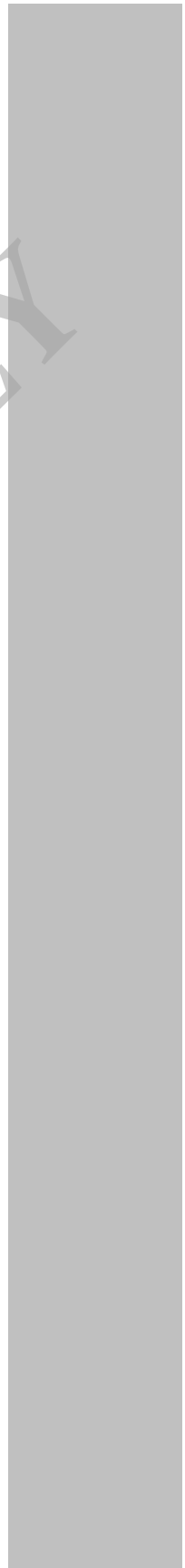
PKF3D02
 Duration



Definitions and questions

Coding rules

Codes




Definitions and questions

Coding rules

Codes

**IF WAR OR TERRORISM PAINFUL
RECALL PRESENT, ASK AVOIDANCE
AND HYPERAROUSAL. OTHERWISE,
SKIP TO "WITNESS TO EVENT THAT
CAUSED, OR HAD POTENTIAL TO
CAUSE, DEATH OR SEVERE INJURY",
(PAGE 99).**



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

WAR OR TERRORISM: AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

WAR OR TERRORISM: HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

PKF4102
Intensity

PKF4103
Intensity

FOR REVIEW ONLY

Definitions and questions

WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY

Person saw or heard but was not the object of an event with potential for life threat or severe physical injury. Include seeing someone shot or killed, hearing someone raped or beaten in an adjacent room, seeing another person killed or severely injured in an accident.

Do not include events seen in movies or on the news.

Has s/he ever seen or heard something really terrible happen to anyone?

*Like someone dying?
Or being badly hurt?
Or being beaten up?
What happened?*

Has s/he ever seen or heard someone in your family hurting or beating up someone else in your family?

Coding rules

WITNESS TO EVENT

- 0 = Absent
- 2 = Present, to stranger.
- 3 = Present, to acquaintance.
- 4 = Present, to friend.
- 5 = Present, to family member.

PERPETRATOR

- 0 = No perpetrator.
- 2 = Unknown perpetrator.
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member.

WITNESS TO EVENT

- 0 = Absent
- 2 = Present, to stranger.
- 3 = Present, to acquaintance.
- 4 = Present, to friend.
- 5 = Present, to family member.

PERPETRATOR

- 0 = No perpetrator.
- 2 = Unknown perpetrator.
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member.

Codes

Ever:PKF5E01
Intensity

Ever:PKF5O01
Onset

Ever:PKF5X01

PKF5I01
Intensity

PKF5O02
Onset

PKF5X02

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

IF WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY NOT PRESENT, SKIP TO "LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH", (PAGE 104).



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**IF WITNESS TO EVENT PAINFUL
RECALL PRESENT, ASK AVOIDANCE
AND HYPERAROUSAL. OTHERWISE,
SKIP TO "LEARNED ABOUT EVENT
POSSIBLY CAUSING SEVERE INJURY
OR DEATH", (PAGE 104).**

FOR REVIEW ONLY

Definitions and questions

WITNESS TO EVENT-AVOIDANCE
Do certain things remind him/her of "life event"?
What happened?
Does s/he try to avoid these things/thoughts?

WITNESS TO EVENT-HYPERAROUSAL
Since "life event", has s/he been more jumpy or irritable?
Has s/he had any trouble sleeping?
Has s/he been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKF6102
Intensity

PKF6103
Intensity

FOR REVIEW ONLY

Definitions and questions

LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH

Person learned about, but did not see or hear, an event with serious potential for life threat or severe physical injury to a loved one (e.g. first or second degree relative or close personal friend).

Has someone s/he really cares about ever had anything really terrible happen to him/her?

*Or been badly hurt?
Or been beaten up?
What happened?*

IF LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH NOT PRESENT, SKIP TO "LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT", (PAGE 108).

Coding rules

LEARNED ABOUT EVENT

- 0 = Absent
- 2 = Present, to friend
- 3 = Present, to 2nd degree relative
- 4 = Present, to 1st degree relative

EVER: PERPETRATOR

- 0 = No perpetrator.
- 2 = Unknown perpetrator.
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member.

LEARNED ABOUT EVENT

- 0 = Absent
- 2 = Present, to friend
- 3 = Present, to 2nd degree relative
- 4 = Present, to 1st degree relative

PERPETRATOR

- 0 = No perpetrator.
- 2 = Unknown perpetrator.
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member.

Codes

Ever:PKF7E01
Intensity

Ever:PKF7O01
Onset

Ever:PKF7X01

PKF7I01
Intensity

PKF7O02
Onset

PKF7X02

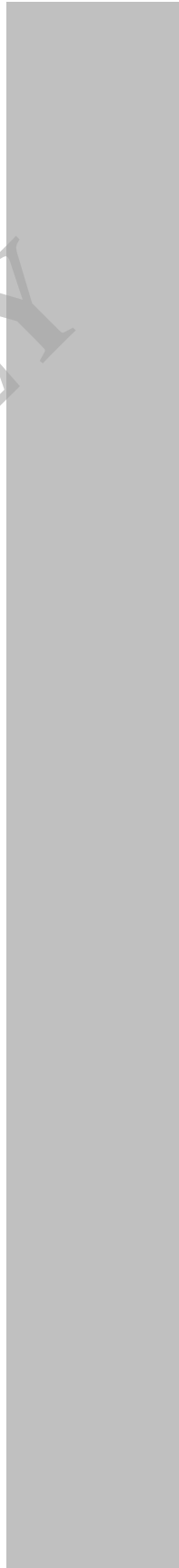
Definitions and questions

Coding rules

Codes



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A solid dark grey vertical bar extending from the top to the bottom of the page.

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

[Redacted content]

FOR REVIEW ONLY

[Redacted content]

Definitions and questions

LEARNED ABOUT EVENT-AVOIDANCE
Do certain things remind him/her of "life event"?
 What things?
Does s/he try to avoid these things/thoughts?

LEARNED ABOUT EVENT-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT
 Person learned about exposure to noxious agent such as chemicals, environmental contaminants, infectious agents such as HIV, or other poisons capable of causing death or severe physical injury. Include radiation exposure after a nuclear power plant accident or accidental ingestion of a toxic substance like pesticide. Do not include fluoridated water or common illnesses like chicken pox.
Has s/he ever had contact with anything that s/he thought might make him/her sick or die?
 Like chemicals, radiation, or other poisons?
Or to a disease that you could die from?
 How did that happen?

IF LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT ABSENT, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 112).

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

EXPOSURE TO NOXIOUS AGENT

- 0 = No
- 2 = Yes, exposure to chemical
- 3 = Yes, exposure to infectious agent

EXPOSURE TO NOXIOUS AGENT

- 0 = No
- 2 = Yes, exposure to chemical
- 3 = Yes, exposure to infectious agent

Codes

PKF8102
Intensity

PKF8103
Intensity

Ever:PKF9E01
Intensity

Ever:PKF9O01
Onset

PKF9101
Intensity


PKF9O02
Onset

Definitions and questions

Coding rules

Codes

IF LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 112).



FOR REVIEW ONLY

Definitions and questions

LEARNED ABOUT EXPOSURE-AVOIDANCE
Do certain things remind him/her of "life event"?
What happened?
Does s/he try to avoid these things/thoughts?

LEARNED ABOUT EXPOSURE-HYPERAROUSAL
Since "life event", has s/he been more jumpy or irritable?
Has s/he had any trouble sleeping?
Has s/he been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKG0102
Intensity

PKG0103
Intensity

FOR REVIEW ONLY

Definitions and questions

CAUSING DEATH OR SEVERE HARM

Person caused an event resulting in death or severe physical injury.

Include causing a car accident, shooting or otherwise injuring another person, i.e. starting a fire. Do not include delusional guilt over events not under subject's control.

Has s/he or someone s/he were with ever hurt another person badly?

Or caused another person to die?

What happened?
Did you mean to hurt him/her?
Was it an accident?

Coding rules

CAUSING DEATH OR SEVERE HARM

- 0 = Absent
- 2 = Severe Harm
- 3 = Death

PERSON HURT

- 2 = Stranger
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member

INTENTIONALITY

- 0 = Harm was accidental.
- 2 = Intended to hurt.
- 3 = Intended to kill.

CAUSING DEATH OR SEVERE HARM

- 0 = Absent
- 2 = Severe Harm
- 3 = Death

PERSON HURT

- 2 = Stranger
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member

INTENTIONALITY

- 0 = Harm was accidental.
- 2 = Intended to hurt.
- 3 = Intended to kill.

Codes

Ever:PKG1E01
Intensity

Ever:PKG1O01
Onset

Ever:PKG1X01

Ever:PKG1X02

PKG1I01
Intensity

PKG1O02
Onset

PKG1X03


PKG1X04

Definitions and questions

Coding rules

Codes

IF CAUSING DEATH OR SEVERE INJURY NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)", (PAGE 117).



FOR REVIEW ONLY

Definitions and questions

CAUSING DEATH OR SEVERE HARM - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

*Which ones?
In what way?*

CAUSING DEATH OR SEVERE HARM-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didn't want them to?

*What was that like?
Has s/he had any nightmares about the event?*

Coding rules

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

Specify

PAINFUL RECALL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKG1I99
Intensity

PKG1X05

PKG1X06

PKG1X07

PKG1X08

PKG1X09

PKG1X10


PKG2I01
Intensity

Definitions and questions

Coding rules

Codes

IF CAUSING DEATH OR SEVERE HARM PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)", (PAGE 117).



FOR REVIEW ONLY

Definitions and questions

CAUSING DEATH OR SEVERE HARM-AVOIDANCE
Do certain things remind him/her of "life event"?
What happened?
Does s/he try to avoid these things/thoughts?

CAUSING DEATH OR SEVERE HARM-HYPERAROUSAL
Since "life event", has s/he been more jumpy or irritable?
Has s/he had any trouble sleeping?
Has s/he been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

Codes

PKG2102
Intensity

PKG2103
Intensity

FOR REVIEW ONLY

Definitions and questions

VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)

Subject has been the victim of physical violence, with one or more people using force against the subject with potential to cause death or serious injury. Force may have been used in order to get something (e.g. mugging, robbery), or to intimidate or frighten subject, or for its own sake (assault, fight, torture). Victim may have been threatened with a weapon.

Code physical abuse by family member separately.

Has anyone ever hit or hurt him/her badly?

Has anyone ever robbed or mugged him/her?

Or beaten him/her up really badly?

What happened?

Did they threaten him/her with a weapon?

Why did they do it?

Does s/he know who did it?

When was the first time?

Coding rules

VICTIM OF PHYSICAL VIOLENCE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

PERSON USING FORCE

2 = Known peer.

3 = Known non-familial adult.

4 = Unknown adult.

5 = Unknown peer.

6 = More than one person.

THREATENED WITH WEAPON

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

VICTIM OF PHYSICAL VIOLENCE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

Codes

Ever:PKG3E01
Intensity

Ever:PKG3V01
Frequency

Ever:PKG3O01
Onset

Ever:PKG3X01

Ever:PKG3E02

PKG3I01
Intensity

PKG3F01
Frequency

PKG3O02
Onset

Definitions and questions

IF VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE) NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 122).

FOR REVIEW ONLY

Coding rules

PERSON USING FORCE

- 2 = Known peer.
- 3 = Known non-familial adult.
- 4 = Unknown adult.
- 5 = Unknown peer.
- 6 = More than one person.

THREATENED WITH WEAPON

- 0 = Absent
- 2 = Weapon used to threaten but not to hurt victim.
- 3 = Weapon used to threaten and injure victim.

Codes

PKG3X02


PKG3I02

Definitions and questions

Coding rules

Codes

**IF PHYSICAL VIOLENCE (NOT ABUSE)
PAINFUL RECALL PRESENT, ASK
AVOIDANCE AND HYPERAROUSAL.
OTHERWISE, SKIP TO "VICTIM OF
PHYSICAL ABUSE", (PAGE 122).**



FOR REVIEW ONLY

Definitions and questions

VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)-HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

Codes

PKG4102
Intensity

CKG4103
Intensity

FOR REVIEW ONLY

Definitions and questions

VICTIM OF PHYSICAL ABUSE

Subject has been the victim of physical abuse by a member of the family.

Has anyone in your family ever hit or hurt him/her badly?

*Or beaten him/her up really badly?
What happened?*

*Did they threaten him/her with a weapon?
Why did they do it?*

Coding rules

VICTIM OF PHYSICAL ABUSE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

PERSON USING FORCE

2 = Parent in home

3 = Other parent not in home

4 = Sibling in the home

5 = Sibling not in the home

6 = Other adult family member

Specify

THREATENED WITH WEAPON

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

VICTIM OF PHYSICAL ABUSE PP

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

PERSON USING FORCE

2 = Parent in home

Codes

Ever:PKG5E01
Intensity

Ever:PKG5O01
Onset

Ever:PKG5X01

Ever:PKG5V01
Frequency

Ever:PKG5E02

PKG5I01
Intensity

PKG5O02
Onset

PKG5X02

FOR REVIEW ONLY

Definitions and questions

IF SUBJECT NOT A VICTIM OF PHYSICAL ABUSE, SKIP TO "CAPTIVITY", (PAGE 127).

FOR REVIEW ONLY

Coding rules

- 3 = Other parent not in home
- 4 = Sibling in the home
- 5 = Sibling not in the home
- 6 = Other adult family member

THREATENED WITH WEAPON

- 0 = Absent
- 2 = Weapon used to threaten but not to hurt victim.
- 3 = Weapon used to threaten and injure victim.

Codes

PKG5F01
Frequency

PKG5I02

Definitions and questions

SEEKING HELP (PHYSICAL ABUSE)

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the subject to such services, or removing the subject from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the subject if anyone else ever told.

Did s/he ever tell anyone about these things?

Someone his/her age?

A family member?

An adult outside your family?

Did s/he help?

What happened?

What did s/he do?

Did s/he feel s/he/they could have done more?

Coding rules

SEEKING HELP (PHYSICAL ABUSE)

0 = Absent

2 = Present

SUPPORTIVE RESPONSE

0 = Absent

2 = Listening

3 = Personal intervention

4 = Intervention involving professional agency

SUPPORTIVE RESPONSE

0 = Absent

2 = Listening

3 = Personal intervention

4 = Intervention involving professional agency

SUPPORTIVE RESPONSE

0 = Absent

2 = Listening

3 = Personal intervention

4 = Intervention involving professional agency

UNSUPPORTIVE RESPONSE

0 = Absent

2 = Unwillingness to listen

3 = Reluctance to get involved

4 = Denial of truth of story

5 = Threaten child if ever tell anyone

UNSUPPORTIVE RESPONSE

0 = Absent

2 = Unwillingness to listen

3 = Reluctance to get involved

4 = Denial of truth of story

5 = Threaten child if ever tell anyone

UNSUPPORTIVE RESPONSE

0 = Absent

2 = Unwillingness to listen

3 = Reluctance to get involved

Codes

Ever:PKG6X99
Intensity

Ever:PKG6X01

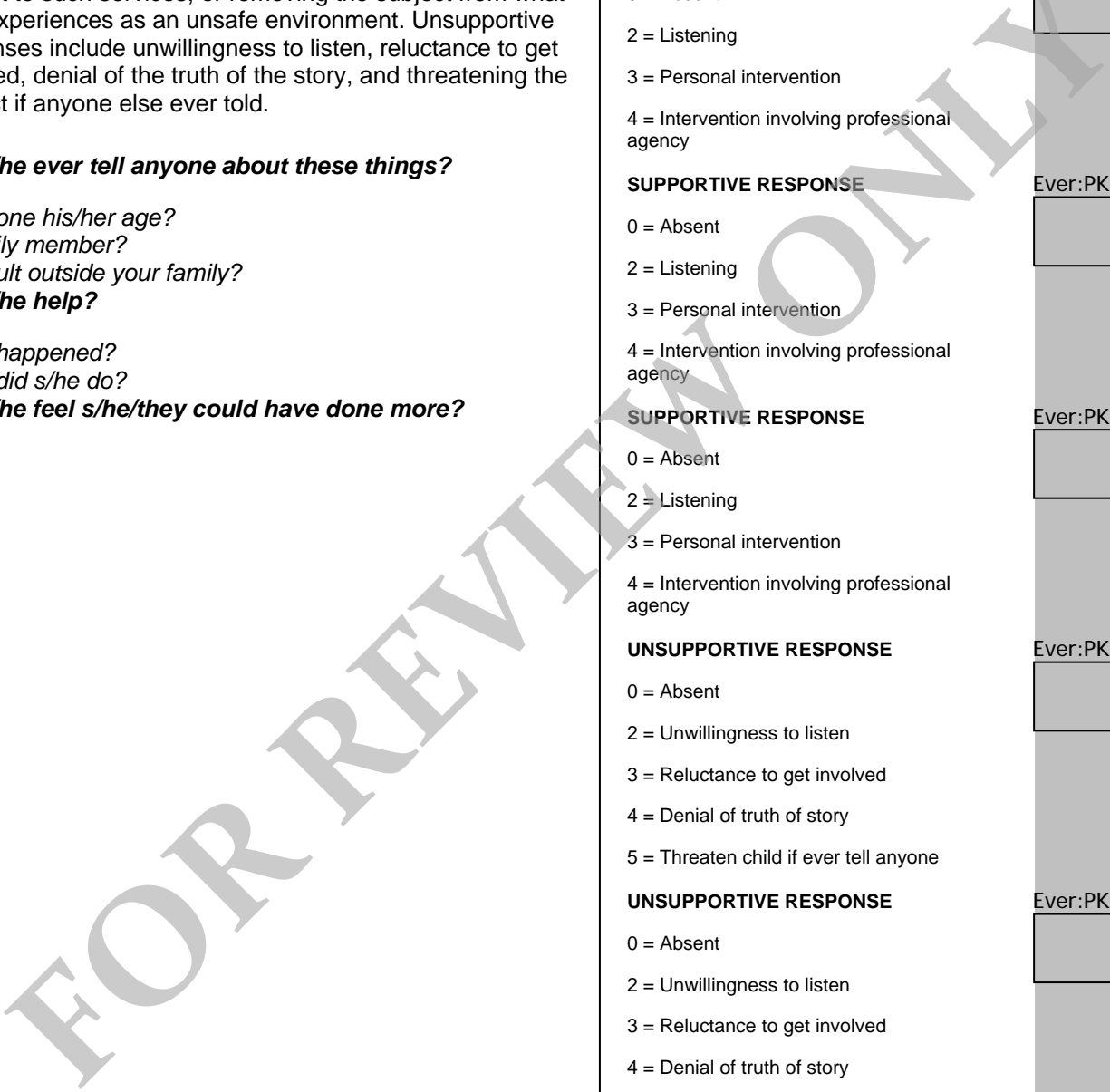
Ever:PKG6X02

Ever:PKG6X03

Ever:PKG6X04

Ever:PKG6X05

Ever:PKG6X06




Definitions and questions

Coding rules

Codes

**IF SEEKING HELP (PHYSICAL ABUSE)
PAINFUL RECALL PRESENT, ASK
AVOIDANCE AND HYPERAROUSAL.
OTHERWISE, SKIP TO "CAPTIVITY",
(PAGE 127).**



FOR REVIEW ONLY

Definitions and questions

<p>VICTIM OF PHYSICAL ABUSE-AVOIDANCE</p> <p><i>Do certain things/thoughts remind him/her of "life event"?</i></p> <p><i>Do you try to avoid these things/thoughts?</i></p>
<p>VICTIM OF PHYSICAL ABUSE-HYPERAROUSAL</p> <p><i>Since "life event", has s/he been more jumpy or irritable?</i></p> <p><i>Has s/he had any trouble sleeping?</i></p> <p><i>Has s/he been "on the alert" for bad things happening?</i></p>
<p>CAPTIVITY</p> <p>Being held against one's will (usually by someone older) under circumstances with potential for death, severe physical injury, sexual or physical assault. Include being kidnapped or held hostage. Do not include grounding, time outs, or being required to stay with a non-desired person or in a non-desired setting such as day care, camp, a hospital, or prison.</p> <p><i>Has s/he ever been kidnapped?</i></p> <p><i>Or taken as a hostage?</i></p> <p><i>Has s/he ever been locked up against his/her will?</i></p> <p><i>What happened?</i> <i>Who did it?</i> <i>How did they treat him/her?</i> <i>What did they want him/her to do?</i> <i>How did they make him/her do what they wanted?</i> <i>How did s/he feel at the time?</i></p>

Coding rules

AVOIDANCE SCREEN

- 0 = Absent
- 2 = Present

HYPERAROUSAL SCREEN

- 0 = Absent
- 2 = Present

CAPTIVITY

- 0 = Absent
- 2 = Held captive against will for at least a day.
- 3 = Captivity included threats of death, severe injury, or never seeing family member(s) again.

CAPTIVITY

- 0 = Absent
- 2 = Held captive against will for at least a day.
- 3 = Captivity included threats of death, severe injury, or never seeing family member(s) again.

Codes

PKG7I02
Intensity

PKG7I03
Intensity

Ever:PKG8E01
Intensity

Ever:PKG8V01
Frequency

Ever:PKG8O01
Onset

 / /

PKG8I01
Intensity

PKG8F01
Frequency

PKG8O02
Onset

 / /

Definitions and questions

Coding rules

Codes

IF CAPTIVITY NOT PRESENT, SKIP TO "SEXUAL ABUSE OR RAPE", (PAGE 132).




FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**IF CAPTIVITY PAINFUL RECALL
PRESENT, ASK AVOIDANCE AND
HYPERAROUSAL. OTHERWISE, SKIP
TO "SEXUAL ABUSE OR RAPE",
(PAGE 132).**



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CAPTIVITY-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

CAPTIVITY-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

PKG9102
Intensity

PKG9103
Intensity

FOR REVIEW ONLY

Definitions and questions

SEXUAL ABUSE OR RAPE

Sexual abuse episode(s) in which a person, termed a perpetrator, involves a child or adolescent in activities for the purpose of the perpetrator's own sexual gratification. These activities can include kissing (that makes a person uncomfortable), genital fondling (over or under clothing), oral-genital or oral-anal contact, genital or anal intercourse, or use of instruments. Sexual abuse does not include medical exams or mutually desires sexual relations with a peer.

Rape is a sudden unexpected (usually isolated) event involving non-consensual sexual intercourse.

Has anyone ever touched him/her in places where they shouldn't?

Has anyone ever touched him/her in ways that made him/her feel funny?

Or seemed wrong to him/her?

Has anyone ever made him /her touch them in ways that made him/her feel uncomfortable?

What happened?

Who was involved?

How did s/he feel about it?

Was s/he upset?

When did it first happen?

How many times has it happened?

Has it happened in the last 3 months?

How about in the last 3 months?

Coding rules

SEXUAL ABUSE OR RAPE

0 = Absent

2 = Present

SEXUAL ABUSE OR RAPE IN LAST 3 MONTHS

0 = Absent

2 = Present

SEXUAL ABUSE

0 = Absent

2 = Present

NUMBER OF TIMES SEXUAL ABUSE

ONSET SEXUAL ABUSE

SEXUAL ABUSE

0 = Absent

2 = Present

LAST 3 MONTHS: NUMBER OF TIMES SEXUAL ABUSE

LAST 3 MONTHS: ONSET OF SEXUAL ABUSE

RAPE

0 = Absent

2 = Present

NUMBER OF TIMES RAPE

ONSET OF RAPE

RAPE

0 = Absent

2 = Present

LAST 3 MONTHS: NUMBER OF TIMES RAPE

Codes

Ever:PKHOX99
Intensity

PKHOX98
Intensity

Ever:PKHOE01

Ever:PKHOV01

Ever:PKH0001

PKHOI01

PKHOF01

PKH0002

Ever:PKHOE02

Ever:PKHOV02

Ever:PKH0003

PKHOI02

PKHOF02

Definitions and questions

**IF NO EVIDENCE OF POSSIBLE
SEXUAL ABUSE, SKIP TO "OTHER
EVENT", (PAGE 138).**

FOR REVIEW ONLY

Coding rules

LAST 3 MONTHS: ONSET OF RAPE

PERPETRATOR

2 = Perpetrator is stranger

3 = Perpetrator is known individual

Specify

Codes

PKH0004

Ever:PKHOX01

Ever:PKHOX02

Ever:PKHOX03

Definitions and questions

COERCION (SEXUAL ABUSE)

Use of threat of violence to constrain victim.

Did the person ever threaten to hurt X or get him/her in trouble if X didn't do what s/he/they wanted?

Or if s/he told someone?

Did s/he/they actually hurt X?

Did s/he get any cuts, bruises, or marks?

Coding rules

COERCION

0 = Absent

2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.

3 = Moderate coercion: threats (of death or severe physical injury to victim or another person) but not actual use of force.

4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.

COERCION

0 = Absent

2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.

3 = Moderate coercion: threats (of death or severe physical injury to victim or another person) but not actual use of force.

4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.

Codes

Ever:PKH2E01
Intensity

PKH2I01
Intensity

FOR REVIEW ONLY

Definitions and questions

SEEKING HELP (SEXUAL ABUSE)

Three forms of supportive response to requests for help are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the subject to such services, or removing the subject from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the child if anyone else ever told.

Did X ever tell anyone about these things?

Did s/he tell someone his/her age?

A family member?
Did s/he help?

What happened?
What did s/he do?
Did you feel s/he/they could have done more?

What did s/he do?
An adult outside your family?

Did you feel s/he/they could have done more

What happened?
Did s/he help?

Coding rules

SEEKING HELP (SEXUAL ABUSE)

- 0 = Absent
- 2 = Present

SUPPORTIVE RESPONSE: PEERS

- 0 = Absent
- 2 = Listening
- 3 = Personal intervention
- 4 = Intervention involving professional agency

SUPPORTIVE RESPONSE: FAMILY MEMBER

- 0 = Absent
- 2 = Listening
- 3 = Personal intervention
- 4 = Intervention involving professional agency

SUPPORTIVE RESPONSE: OTHER ADULT

- 0 = Absent
- 2 = Listening
- 3 = Personal intervention
- 4 = Intervention involving professional agency

UNSUPPORTIVE RESPONSE- PEERS

- 0 = Absent
- 2 = Unwillingness to listen
- 3 = Reluctance to get involved
- 4 = Denial of truth of story
- 5 = Threaten child if ever tell anyone

UNSUPPORTIVE RESPONSE: FAMILY MEMBER

- 2 = Unwillingness to listen.
- 3 = Reluctance to get involved.
- 4 = Denial of truth of story.
- 5 = Threaten subject if ever tell anyone.
- 6 = Threatens to harm others if subject tells.

UNSUPPORTIVE RESPONSE- OTHER ADULT

Codes

Ever:XYZ3I15
Intensity

Ever:PKH3X01

Ever:PKH3X02

Ever:PKH3X03

Ever:PKH4X01

Ever:PKH4X02

Ever:PKH4X03

Definitions and questions

SEXUAL ABUSE: ATTRIBUTION

In the last 3 months, has this affected any of the problems we've been talking about?

*Which ones?
In what way?*

Coding rules

- 2 = Unwillingness to listen.
- 3 = Reluctance to get involved.
- 4 = Denial of truth of story.
- 5 = Threaten subject if ever tell anyone.
- 6 = Threatens to harm others if subject tells.

ATTRIBUTION

- 0 = Absent
- 2 = Present

ATTRIBUTION OF LIFE EVENT AS CONTRIBUTING TO PROBLEM WITH:

- 1 = School non-attendance.
- 2 = Separation anxiety.
- 3 = Worries/anxiety.
- 4 = Obsessions/compulsions.
- 5 = Depression
- 6 = Mania
- 7 = Physical symptoms.
- 8 = Food-related behavior.
- 9 = Hyperactivity/ADD
- 10 = Conduct disorder.
- 11 = Alcohol/drugs
- 12 = Psychosis
- 13 = Relationships with parent #1 and/or parent #2.
- 14 = Relationships with other parent #1 and/or other parent #2.
- 15 = Relationships with other adults.
- 16 = Sibling relationships.
- 17 = Peer relationships.

Codes

- PKH4X10
Intensity
- PKH4X04
- PKH4X05
- PKH4X06
- PKH4X07
- PKH4X08
- PKH4X09

FOR REVIEW ONLY

Definitions and questions

SEXUAL ABUSE OR RAPE-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into his/her mind?

Even when s/he didn't want them to?

What was that like?

Has s/he had any nightmares about the event?

IF SEXUAL ABUSE OR RAPE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "OTHER EVENT", (PAGE 138).

Coding rules

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

Codes

PKH5I01
Intensity

FOR REVIEW ONLY

Definitions and questions

SEXUAL ABUSE OR RAPE-AVOIDANCE
Do certain things remind him/her of "life event"?
 What things?
Does s/he try to avoid these things/thoughts?

SEXUAL ABUSE OR RAPE-HYPERAROUSAL
Since "life event", has s/he been more jumpy or irritable?
Has s/he had any trouble sleeping?
Has s/he been "on the alert" for bad things happening?

OTHER EVENT
 Other event that has made subject feel really terrible, upset, frightened, or shook up.
Has anything else really bad happened to him/her?
Or made him/her feel really terrible?
Or really upset or frightened him/her?
 What happened?
 When was that?
 How many times has s/he had upsetting things like that happen?
 Has anything like that happened in the last 3 months?

Coding rules

AVOIDANCE SCREEN

0 = Absent
 2 = Present

HYPERAROUSAL SCREEN

0 = Absent
 2 = Present

OTHER EVENT

0 = Absent
 2 = Present
 Specify

OTHER EVENT

0 = Absent
 2 = Present
 Specify

Codes

PKH5I02
 Intensity

PKH5I03
 Intensity

Ever:PKH6E01
 Intensity

Ever:PKH6V01
 Frequency

Ever:PKH6O01
 Onset

 / /

PKH6I01
 Intensity

PKH6F01
 Frequency

PKH6O02
 Onset

 / /

Definitions and questions

Coding rules

Codes

IF OTHER EVENT NOT PRESENT, SKIP TO "ACTIVE RECALL", (PAGE 12).




FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**IF OTHER PAINFUL RECALL PRESENT,
ASK AVOIDANCE AND
HYPERAROUSAL. OTHERWISE, SKIP
TO "ACTIVE RECALL", (PAGE 12).**



FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

OTHER EVENT-AVOIDANCE

Do certain things remind him/her of "life event"?

What things?

Does s/he try to avoid these things/thoughts?

OTHER EVENT-HYPERAROUSAL

Since "life event", has s/he been more jumpy or irritable?

Has s/he had any trouble sleeping?

Has s/he been "on the alert" for bad things happening?

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

PKH7102
Intensity

PKH7103
Intensity

FOR REVIEW ONLY

Definitions and questions

**POST TRAUMATIC STRESS - A
SCREEN FOR LIFE EVENT IN LAST 3 MONTHS**

Mark "Present" if any Life Event in last 3 months had a positive screen.

IF 3 MONTH EVENT MARKED ON CHECKLIST, COMPLETE PTSD SECTION ON EVENT IN LAST 3 MONTHS FROM GROUP B OR A THAT SUBJECT CONSIDERS MOST UPSETTING EVENT IN THE LAST 3 MONTHS.

IF EVER EVENT MARKED ON CHECKLIST, COMPLETE PTSD ON EVENT FROM GROUP B THAT SUBJECT CONSIDERS MOST UPSETTING EVENT EVER.

INTERVIEWER NOTE: Was there a Life Event in the last 3 months with a positive screen?

Coding rules

SCREEN FOR LIFE EVENT IN LAST 3 MONTHS

0 = Absent

2 = Present

PTSD-A EVENT

0 = Absent

1 = New Child(ren) in Home

2 = Parental Separation

3 = Parental Divorce

4 = New Parental Figure

5 = Moving House

6 = Change of School

7 = Loss of Best Friend Through Moving

8 = Breakup with Best Friend

9 = Breakup with Boy/Girlfriend

10 = Chronically Unsafe School/Work/Neighborhood

11 = Parental Arrest

12 = Reduction in Standard of Living

13 = Forced Separation From Home

14 = Diagnosis of Physical Illness

15 = Accident

Codes

PLA9X89
Intensity

PLA9X88

PLA9X89

PLA9X90

PLA9X91

PLA9X92

PLA9X93

PLA9X94

PLA9X95

PLA9X96

PLA9X97

PLA9X98

PLA9X99

PLA9X100

FOR REVIEW ONLY

Definitions and questions

FOR REVIEW ONLY

Coding rules

PTSD-B EVENTS

- 0 = Absent
- 16 = Pregnancy (Girls)
- 17 = Makes Someone Pregnant (Boys)
- 18 = Death of Loved One
- 19 = Death of Sibling/Peer
- 20 = Natural Disaster
- 21 = Fire
- 22 = War or Terrorism
- 23 = Witness to Event
- 24 = Learned about Event
- 25 = Exposure to Noxious Agent
- 26 = Causing Death or Severe Harm
- 27 = Victim of Physical Violence
- 28 = Victim of Physical Abuse
- 29 = Captivity
- 30 = Sexual Abuse or Rape
- 31 = Other

Codes

- PLA9X101
-
- PLA9X102
-
- PLA9X103
-
- PLA9X87
-
- PLA9X88
-
- PLA9X89
-
- PLA9X90
-
- PLA9X91
-
- PLA9X92
-
- PLA9X93
-
- PLA9X94
-
- PLA9X95
-
- PLA9X96
-
- PLA9X97
-
- PLA9X98
-

Definitions and questions

Coding rules

Codes

PLA9X99

PLA9X100

PLA9X101

PLA9X102

**IF LIFE EVENT IN LAST 3 MONTHS
ABSENT, SKIP TO "ACTIVE RECALL",
(PAGE 10).**



FOR REVIEW ONLY

Definitions and questions

ACUTE RESPONSES TO TRAUMATIC EVENT

ACUTE EMOTIONAL RESPONSES

Emotional responses to the event when it occurred.

CHOOSE THE MOST UPSETTING EVENT

Now I would like to ask you about feelings X may have had when the "life event" occurred.

Coding rules

LIFE EVENT IN THE LAST 3 MONTHS

- 0 = Absent
- 1 = New Child(ren) in Home
- 2 = Parental Separation
- 3 = Parental Divorce
- 4 = New Parental Figure
- 5 = Moving House
- 6 = Change of Schools
- 7 = Loss of Best Friend through Moving
- 8 = Breakup with Best Friend
- 9 = Breakup with Boy/Girlfriend
- 10 = Chronically Unsafe Neighborhood
- 11 = Parental Arrest
- 12 = Reduction in Standard of Living
- 13 = Forced Separation from Home
- 14 = Diagnosis of Physical Illness
- 15 = Accident
- 16 = Pregnancy (Girls)
- 17 = Makes Someone Pregnant (Boys)
- 18 = Death of Loved One
- 19 = Death of Sibling or Peer
- 20 = Natural Disaster
- 21 = Fire
- 22 = War or Terrorism
- 23 = Witness to Event
- 24 = Learned about Event
- 25 = Exposure to Noxious Agent
- 26 = Causing Death or Severe Harm
- 27 = Victim of Physical Violence
- 28 = Victim of Physical Abuse
- 29 = Captivity
- 30 = Sexual Abuse or Rape
- 31 = Other

Codes

PLA0101
Intensity

FOR REVIEW ONLY

Definitions and questions

Was s/he suprised by what happened?
Did s/he feel helpless? <i>Like s/he couldn't do anything to make it better?</i>
Did s/he feel like it wasn't really happening? <i>Like it was only a story, not the real thing?</i>
Was she afraid or scared?
Was s/he worried that s/he wasn't safe? Or that s/he might die?
Did s/he get angry?
Did s/he feel nothing at all? <i>Like s/he couldn't feel anything?</i>
Was s/he grossed out or disgusted by what happened?
Did s/he feel out of control? <i>That s/he might not be able to control his/her feelings?</i>
Did s/he feel sad?
Did s/he feel confused? <i>Like s/he couldn't understand what was happening?</i> <i>Like it didn't make any sense?</i>

Coding rules

SURPRISE
0 = Absent
2 = Present

HELPLESSNESS
0 = Absent
2 = Present

DEREALIZATION
0 = Absent
2 = Present

FEAR
0 = Absent
2 = Present

WORRY
0 = Absent
2 = Present

ANGER
0 = Absent
2 = Present

EMOTIONAL NUMBNESS
0 = Absent
2 = Present

DISGUST/REVULSION
0 = Absent
2 = Present

OUT OF CONTROL
0 = Absent
2 = Present

SAD
0 = Absent
2 = Present

CONFUSED
0 = Absent
2 = Present

Codes

PLA1X01

PLA1X02

PLA1X03

PLA1X04

PLA1X05

PLA1X06

PLA1X07

PLA1X08

PLA1X09

PLA1X10

PLA1X11

Definitions and questions

Did s/he feel out of touch with him/herself?
Or cut off from him/herself?
 As if s/he were in a dream?
 As if it wasn't happening to him/her?

Did s/he feel guilty?
 Like it was his/her fault?

Did s/he feel like someone s/he trusted had tricked him/her?

Did s/he feel embarrassed by what was happening?
 Or ashamed?

ACUTE SOMATIC RESPONSES
 Physical responses to the life event when it occurred.

When "life event" occurred, did it affect him/her physically at all?

Did s/he get dizzy or giddy or faint?

Did s/he get a dry mouth?

Did it affect his/her breathing?
 How?

Coding rules

DETACHED
 0 = Absent
 2 = Present

GUILTY
 0 = Absent
 2 = Present

BETRAYED
 0 = Absent
 2 = Present

EMBARRASSED
 0 = Absent
 2 = Present

ACUTE SOMATIC RESPONSES
 0 = Absent
 2 = Present

DIZZINESS/FAINTNESS
 0 = Absent
 2 = Present

DRY MOUTH
 0 = Absent
 2 = Present

CHOKING/SMOTHERING
 0 = Absent
 2 = Present

DIFFICULTY BREATHING
 0 = Absent
 2 = Present

RAPID BREATHING
 0 = Absent
 2 = Present

Codes

PLA1X12

PLA1X13

PLA1X14

PLA1X15

PLA2I90
 Intensity

PLA2X01

PLA2X02

PLA2X03

PLA2X04

PLA2X05

Definitions and questions

<i>Did it affect his/her heart?</i>
<i>Did s/he get a pain in his/her chest?</i>
<i>Did s/he get sweaty?</i>
<i>Or feel sick?</i>
<i>Did s/he have to go to the bathroom?</i>
<i>Did it affect his/her stomach?</i>
<i>Did s/he get diarrhea?</i>
<i>Did you get shaky?</i>
<i>Did his/her muscles get sore?</i>
<i>Did s/he get flushed?</i>
<i>Or pale?</i>
<i>Did s/he have funny feelings in his/her fingers or toes?</i>

Coding rules

PALPITATIONS

- 0 = Absent
- 2 = Present

TIGHTNESS OR PAIN IN CHEST

- 0 = Absent
- 2 = Present

SWEATING

- 0 = Absent
- 2 = Present

NAUSEA

- 0 = Absent
- 2 = Present

URINATING FREQUENTLY

- 0 = Absent
- 2 = Present

BUTTERFLIES IN THE STOMACH

- 0 = Absent
- 2 = Present

DIARRHEA

- 0 = Absent
- 2 = Present

TREMBLING/SHAKING

- 0 = Absent
- 2 = Present

MUSCLE SORENESS

- 0 = Absent
- 2 = Present

FLUSHING

- 0 = Absent
- 2 = Present

PALLOR

- 0 = Absent
- 2 = Present

PARAESTHESIAE

- 0 = Absent
- 2 = Present

Codes

PLA2X06

PLA2X07

PLA2X08

PLA2X09

PLA2X10

PLA2X11

PLA2X12

PLA2X13

PLA2X14

PLA2X15

PLA2X16

PLA2X17

Definitions and questions

Did s/he get a lump in his/her throat?

Did his/her abdomen churn?

INTERVENTION FANTASIES
 During the event, subject imagines doing something extraordinary to stop the event.
During "life event", did s/he imagine or wish that s/he could do something superhuman to get him/her or someone else out of danger?
 What did s/he imagine?
 What happened?

RESCUE FANTASIES DURING EVENT
 During the event, subject imagines being rescued.
During "life event" did s/he imagine or wish that "person at risk" would be rescued?
 What did s/he imagine?
 What happened?

REVENGE FANTASIES
 During the event, subject imagines something that punishes the "cause" of the trauma.
During "life event", did s/he imagine or wish that s/he could get revenge or punish "the cause of the trauma"?
 Or that someone else or something would get revenge?
 What did s/he imagine?
 What happened?

Coding rules

LUMP IN THE THROAT

- 0 = Absent
- 2 = Present

ABDOMINAL CHURNING

- 0 = Absent
- 2 = Present

INTERVENTION FANTASIES

- 0 = Absent
- 2 = Present during event and realized.
- 3 = Present during event but unrealized.

RESCUE FANTASIES DURING EVENT

- 0 = Absent
- 2 = Present during event and realized.
- 3 = Present during event but unrealized.

REVENGE FANTASIES

- 0 = Absent
- 2 = Present during event and realized.
- 3 = Present during event but unrealized.

Codes

PLA2X18

PLA2X19

PLA3X01
Intensity

PLA3X02
Intensity

PLA3X03
Intensity

Definitions and questions

COGNITIVE INTRUSIONS

PAINFUL RECALL OF LIFE EVENT

Unwanted, painful and distressing recollections, memories, thoughts, or images of life event.

In the last 3 months have upsetting memories or pictures in his/her mind of "life event" come back to him/her?

EXTERNALLY CUED PAINFUL RECALL

Painful recall occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

Do any things or places remind him/her of "life event"?

What about sounds or things s/he see?

When that happens does it bring back unpleasant memories of "life event"?

Coding rules

PAINFUL RECALL OF LIFE EVENT

- 0 = Absent
- 2 = Present

EXTERNALLY CUED PAINFUL RECALL

- 0 = Externally cued painful recall absent.
- 2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.
- 3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

HOURS : MINUTES

ONSET: EXTERNALLY CUED PAINFUL RECALL

Codes

PLA4XYZ 00
Intensity

PLA4I01
Intensity

PLA4F01
Frequency

PLA4D01
Duration

PLA4O01

Definitions and questions

PAINFUL RECALL OF LIFE EVENT - AVOIDANCE

Unwanted, painful and distressing recollections, memories, thoughts, or images of "life event" occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

Does s/he try to avoid any things or places that might remind him/her of "life event"?

Does s/he notice any physical effects when s/he remembers "life event"?

- Like his/her heart racing?*
- Or being short of breath?*
- Or feeling shaky or sick to his/her stomach?*
- What does s/he notice?*
- Does s/he get panicky?*

Do other people notice when s/he is remembering event?

What do they see?
When s/he remembers event, what does s/he do to feel better?

- Does s/he try to think about other things or do things s/he likes to do to take his/her mind off of it?*
- Does s/he talk to you or someone else and ask them for help?*
- Does s/he have a routine of things s/he can think about or do to feel better?*

Coding rules

AVOIDANCE

- 0 = Absent
- 2 = Avoids situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.
- 3 = Avoidance leads to disruption of normal life and activities and results in a highly restricted lifestyle.

NORMAL SUPPRESSION

- 0 = Absent
- 2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.

OBSESSIVE SUPPRESSION

- 0 = Absent
- 2 = Uses obsessive thoughts or obsessive rituals in attempt to reduce painful recall.

COMPULSIVE SUPPRESSION

- 0 = Absent
- 2 = Uses compulsive behaviors in attempt to reduce painful recall.

AUTONOMIC EFFECTS

- 0 = Absent
- 2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks
- 3 = Panic attacks in response to painful recall

NOTICEABLE TO OTHERS

- 0 = No
- 2 = Child reports others notice changes (anxiety, daydreaming, etc.).

Codes

PLA5I01
Intensity

PLA5O01
Onset

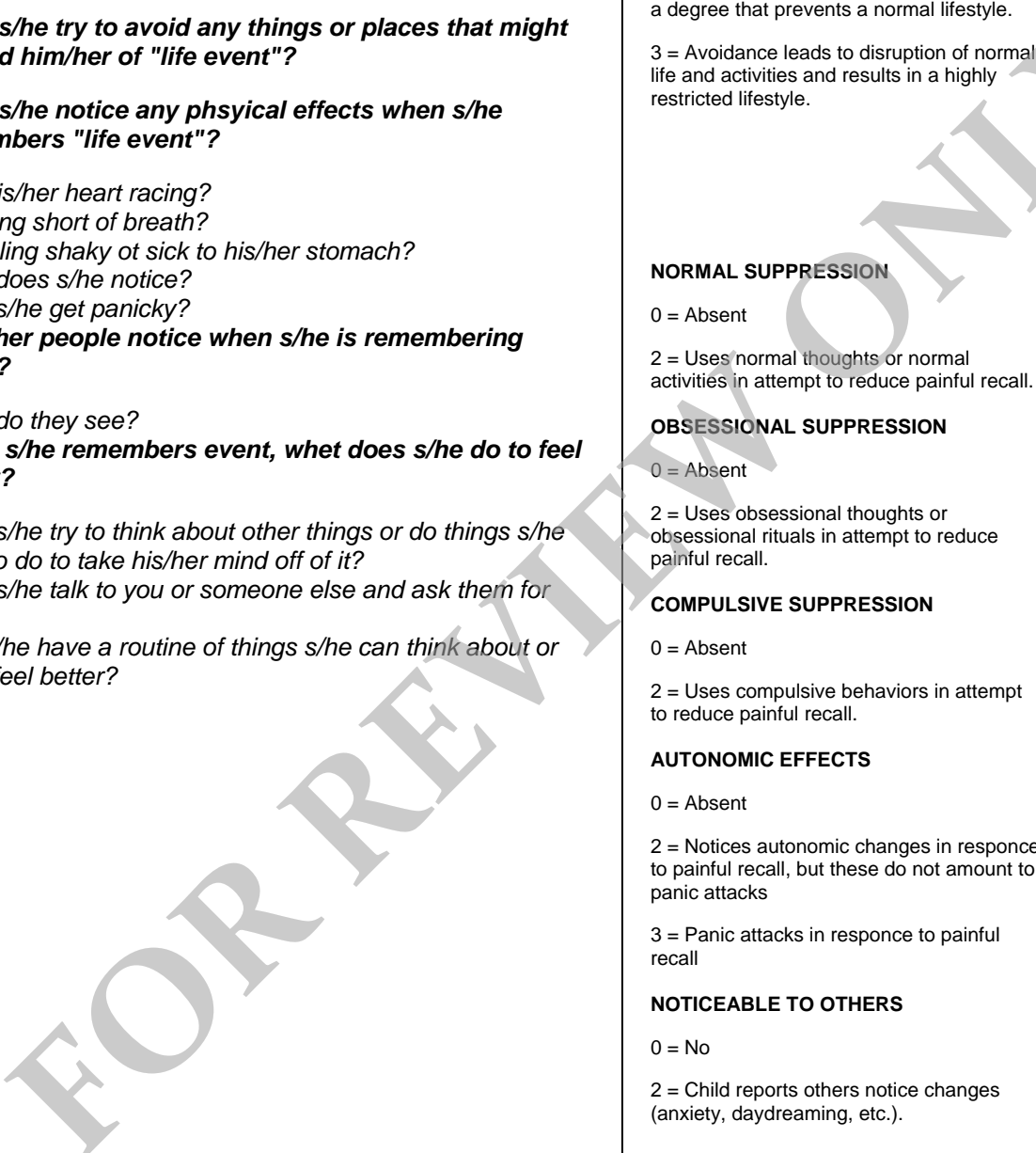
PLA6I01

PLA6I02

PLA6I03

PLA7I01

PLA7I02



Definitions and questions

PAINFUL RECALL NOT EXTERNALLY CUED

Recollections not cued by external cues or stimuli.

May be internally cued responses, occurring in response to emotional states, feelings, particular thoughts, autonomic symptoms, bodily sensations, or any other internal cue or stimulus. If internal cues are a response to external stimulus, code as Externally Cued Recollections.

Recollections also may occur without apparent relationship to either external or internal cues or stimuli.

In the last three months have any feelings or emotions reminded him/her of "life event"?

Have any physical feelings or changes in his/her body reminded him/her of it?

When that happens, does it bring back unpleasant memories of "life event"?
What are they like?
How often does that happen?
How long does it last?

When that happens, does s/he try not to have those "feelings", so s/he won't be reminded of "life event"?

Does s/he do anything so as not to have those "feelings" that remind him/her of "life event"?

Does s/he try not to think about life event?
Does s/he do anything to stop him/herself thinking about it?
Can s/he stop thinking about it?
What does s/he do?

Would other people notice when s/he is remembering "life event"?

What would they see?

When s/he "thinks about life event", does s/he notice any physical effects?

What does s/he notice?
Does s/he get panicky?

Coding rules

PAINFUL RECALL NOT EXTERNALLY CUED

- 0 = Absent
- 2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.
- 3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

HOURS : MINUTES

NORMAL SUPPRESSION

- 0 = Absent
- 2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.

OBSESSIONAL SUPPRESSION

- 0 = Absent
- 2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

COMPULSIVE SUPPRESSION

- 0 = Absent
- 2 = Uses compulsive behaviors in attempt to reduce painful recall.

PAINFUL RECALL NOTICABLE TO OTHERS

- 0 = No
- 2 = Child reports others notice changes (anxiety, daydreaming, etc.).

AUTONOMIC EFFECTS

- 0 = Absent
- 2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks.
- 3 = Panic attacks in response to painful

Codes

PLA8I01
Intensity

PLA8F01
Frequency

PLA8D01
Duration

PLA8O01
Onset

PLA9I01

PLA9I02

PLA9I03

PLBOI01

PLBOI02

Definitions and questions

ACTIVE RECALL
 Intentional recall of event.

Does s/he ever think about "life event" on purpose?

*Has s/he in the last three months?
 When s/he does so, how does s/he feel?
 Are the feelings painful for him/her?
 Does s/he get worried?
 Or sad?
 Or angry?
 Or feel guilty?
 Does s/he feel better able to cope with what happened?*

Coding rules

recall.

ACTIVE RECALL

0 = Absent

2 = Present

HOURS : MINUTES

WORRY

0 = Absent

2 = Present

SADNESS

0 = Absent

2 = Present

ANGER

0 = Absent

2 = Present

GUILT

0 = Absent

2 = Present

SENSE OF MASTERY

0 = Absent

2 = Present

Codes

PLB1I01
Intensity

PLB1F01
Frequency

PLB1D01
Duration

PLB1O01
Onset

PLB2I01

PLB2I02

PLB2I03

PLB2I04

PLB2I05

FOR REVIEW ONLY

Definitions and questions

FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Does s/he have difficulty remembering some things about "life event"?

What things are hard to remember?

Is that because s/he don't want to remember them, or that s/he just can't?

How much can s/he remember?

Are those memories real clear?

Has it happened in the last three months?

Coding rules

FAILURES OF RECALL

0 = No failure of recall.

1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.

2 = At least some aspects of the event cannot be recalled, even with effort.

3 = Most or all details of the event cannot be recalled.

Codes

PLB2I06
Intensity

PLB2O01
Onset

FOR REVIEW ONLY

Definitions and questions

RELIVING OF LIFE EVENT

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include panic attacks where the mental content of the panic episode is related to the "life event".

Include such phenomena even if they occurred at times of intoxication with alcohol or drugs or during sleep cycle.

CODE NIGHTMARES IN ITEMS THAT FOLLOW.

In the last 3 months, has s/he felt as though the "life event" was happening to him/her again, even when it wasn't?

- What was that like?*
- What did s/he do?*
- How long did it last?*
- How often did it happen?*
- How real did it seem?*
- Did s/he feel as though s/he were really there, and that it was really happening again?*
- When it was happening was s/he aware of what was really going on around him/her and where s/he really was?*
- Did the memory of "life event" seem more real than his/her actual surroundings?*
- Did this happen when s/he was falling asleep?
Or waking up?*
- Does s/he ever wake up in the middle of the night feeling this way?*

Coding rules

RELIVING OF LIFE EVENT

- 0 = Absent
- 2 = Able to report sensory phenomena associated with "life event", but still aware of real surroundings to at least some extent.
- 3 = No, or almost no, awareness of real surroundings (flashback).

HOURS : MINUTES

ASSOCIATED PANIC

- 0 = No associated panic attacks.
- 2 = With panic attacks.

HYPNOGOGIC (ON FALLING ASLEEP)

- 0 = Absent
- 2 = Present

HYPNOPOMPIC (ON WAKING)

- 0 = Absent
- 2 = Present

NOCTURNAL

- 0 = Absent
- 2 = Present

DAYLIGHT (WHEN UP AND ABOUT)

- 0 = Absent
- 2 = Present

Codes

PLB3I01
Intensity

PLB3F01
Frequency

PLB3D01
Duration

PLB3O01
Onset

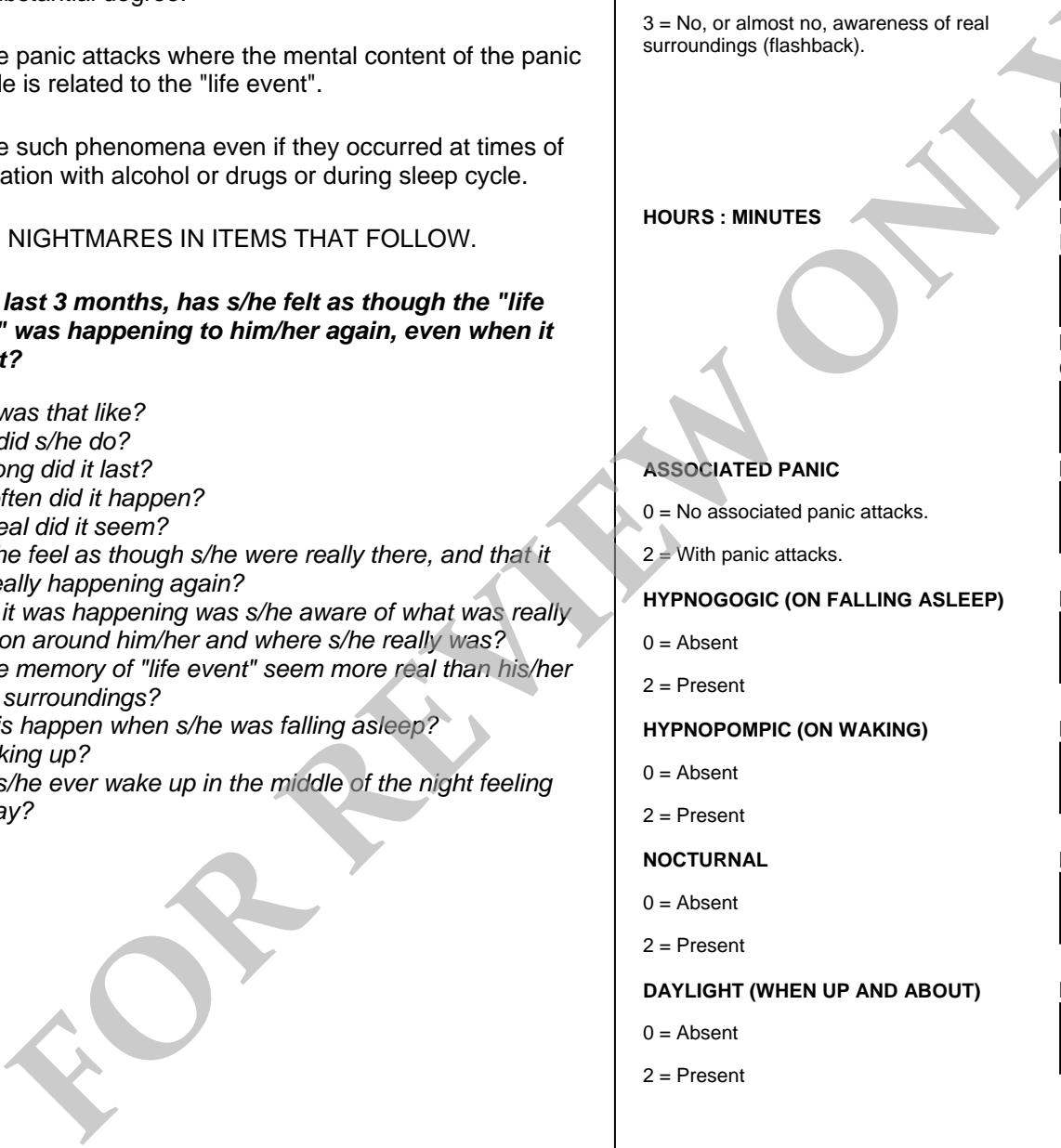
PLB3I02

PLB3I03

PLB3I04

PLB3I05

PLB3I06



Definitions and questions

NIGHTMARES

Frightening dreams that waken subject, with content related to the "life event" (either about "life event" or reminding subject of it). Unpleasant affect apparent when waking, which may be followed rapidly by feelings of relief.

In the last 3 months, has s/he had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind him/her of it?

Tell me about them.

Do they wake him/her up?

How often do they happen?

When s/he wakes up, does s/he notice any physical effects?

When s/he wakes up is s/he panicky?

Is it hard for him/her to get back to sleep afterwards?

What does s/he do?

Does fear of these dreams make it hard for him/her to get to sleep?

Does s/he have trouble sleeping alone?

Coding rules

NIGHTMARES

0 = Absent

2 = Present

AUTONOMIC EFFECTS

0 = Absent

2 = Notices autonomic changes in response to nightmares.

3 = Has panic attack in response to nightmares.

REASSURANCE

0 = Absent

2 = Upon waking from nightmare, seeks time limited reassurance or contact.

3 = Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).

ANTICIPATORY REASSURANCE

0 = Absent

2 = At bedtime, seeks time limited reassurance or contact (e.g. extended bedtime ritual).

3 = Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).

Codes

PLB4I01
Intensity

PLB4O01
Onset

 / /

PLB4I02

PLB4I03

PLB4I04

FOR REVIEW ONLY

Definitions and questions

HYPERAROUSAL

NON-RESTORATIVE SLEEP

Disturbance of usual sleep pattern since "life event" so that subject does not feel rested upon waking and feels tired during the day. Do not include insomnia; sleep is normal but subject feels sleepy during the day.

DO NOT INCLUDE INSOMNIA.

Has s/he been having problems sleeping well in the last three months?

Does s/he feel rested when s/he wakes up in the morning?

Has that changed since "life event"?
Does s/he feel tired during the day from not sleeping well?
Does this make it harder for him/her to do his/her work?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

Coding rules

NON-RESTORATIVE SLEEP

- 0 = Absent
- 2 = Present but does not interfere with functioning.
- 3 = Present and interfered with functioning.

AROUSAL

- 0 = Absent
- 2 = Symptom present 0-25% of the time.
- 3 = Symptom present 26-50% of the time.
- 4 = Symptom present 51-75% of the time.
- 5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

- 0 = Absent
- 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLB5I01
Intensity

PLB5O01
Onset

PLB5F01
Frequency

PLB5I02

PLB5I03

FOR REVIEW ONLY

Definitions and questions

INATTENTION

Difficulty maintaining sufficient involvement to allow completion of age-appropriate and developmentally appropriate tasks requiring concentration.

In the last three months, has s/he had more trouble paying attention than before "life event"?

Is it more difficult for him/her to concentrate?

*Does s/he have trouble remembering things?
Has this caused him/her any problems?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?*

Coding rules

INATTENTION

0 = Inattention absent in interesting activities.

2 = At least sometimes uncontrollable by the child or by admonition, present in at least 2 interesting activities in any situation.

3 = Nearly always uncontrollable by the child or by admonition, present in most interesting activities.

AROUSAL

0 = Absent

2 = Symptom present 0-25% of the time.

3 = Symptom present 26-50% of the time.

4 = Symptom present 51-75% of the time.

5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLB6I01
Intensity

PLB6O01
Onset

PLB6I02

PLB6I03

FOR REVIEW ONLY

Definitions and questions

ANGER

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

Since "life event" have things "gotten on his/her nerves" more easily?

*What kinds of things?
Is that more than usual?
Or has s/he been more irritable?*

*Has this affected how you get along with people?
How so?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?*

Coding rules

ANGER

- 0 = Absent
- 2 = Present but does not interfere with functioning or relationships.
- 3 = Present and interfered with functioning or relationships.

AROUSAL

- 0 = Absent
- 2 = Symptom present 0-25% of the time.
- 3 = Symptom present 26-50% of the time.
- 4 = Symptom present 51-75% of the time.
- 5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

- 0 = Absent
- 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLB7I01
Intensity

PLB7O01
Onset

 / /

PLB7I02

PLB7I03

FOR REVIEW ONLY

Definitions and questions

ANGER DYSCONTROL

Increased outbursts of anger have resulting from inability to control expression of anger as well as used to.

In the last three months, has s/he gotten angry very often?

*More than before "life event"?
What has happened?*

When s/he gets angry, can s/he control his/her anger as much as s/he used to?

*What does s/he do now?
Has it affected how s/he gets along with other people?
How so?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?*

Coding rules

ANGER DYSCONTROL

0 = Absent

2 = Present but does not interfere with functioning or relationships.

3 = Present and interfered with functioning or relationships.

AROUSAL

0 = Absent

2 = Symptom present 0-25% of the time.

3 = Symptom present 26-50% of the time.

4 = Symptom present 51-75% of the time.

5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLB8101
Intensity

PLB8001
Onset

PLB8102

PLB8103

FOR REVIEW ONLY

Definitions and questions

HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, has s/he been more "on the alert" for bad things happening than before "life event"?

What does s/he do?

Is s/he like that even when there isn't much chance of anything bad happening?

How much has that affected his/her life?

How much of the time is s/he like that?

Has s/he given up doing any things because s/he doesn't want to take any chances?

Is it worse when s/he has been thinking about "life event"?

When did that start?

Coding rules

HYPERVIGILANCE

0 = Absent

1 = Subjective hypervigilance not manifested in any overt behavioral change.

2 = Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.

3 = Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.

AROUSAL

0 = Absent

2 = Symptom present 0-25% of the time.

3 = Symptom present 26-50% of the time.

4 = Symptom present 51-75% of the time.

5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLB9I01
Intensity

PLB9O01
Onset

PLB9I02

PLB9I03

FOR REVIEW ONLY

Definitions and questions

EXAGGERATED STARTLE RESPONSE

Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

In the last 3 months has s/he startled more easily than before "life event"?

Or has s/he been more jumpy than usual?

Do unexpected noises make him/her jump more easily than they used to?
What is it like when that happens?
How often does it happen?
How long does s/he stay "jumpy" afterwards?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?
When did that start?

Coding rules

EXAGGERATED STARTLE RESPONSE

- 0 = Absent
- 2 = Present, but not noticeable to others.
- 3 = Present, noticeable to others.

AROUSAL

- 0 = Absent
- 2 = Symptom present 0-25% of the time.
- 3 = Symptom present 26-50% of the time.
- 4 = Symptom present 51-75% of the time.
- 5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

- 0 = Absent
- 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLC0I01
Intensity

PLC0001
Onset

 / /

PLC0I02

PLC0I03

FOR REVIEW ONLY

Definitions and questions

NUMBING

DETACHMENT

A generalized subjective sense of being emotionally cut off from other people that has appeared since the occurrence of a "life event".

Since "life event" has s/he felt cut off from other people?

Has s/he been less interested in seeing his/her friends?

*Has s/he actually seen less of his/her friends?
Can you tell me why?
Would s/he like to see more of them?
Or has s/he "gone off" on them?*

LOSS OF POSITIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her feelings?

*Has s/he got any feelings left?
Can s/he feel happy or good feelings?*

LOSS OF NEGATIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed like s/he has lost some of his/her unhappy or negative feelings?

Coding rules

DETACHMENT

- 0 = Absent
- 2 = Feels that it is more difficult to relate emotionally to people than before "life event", but has not reduced social contacts.
- 3 = Has reduced social contacts because of difficulty relating emotionally to people.

LOSS OF POSITIVE AFFECT

- 0 = Absent
- 2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.
- 3 = Affect is felt to be lost in almost all activities.

ONSET: LOSS OF POSITIVE AFFECT

LOSS OF NEGATIVE AFFECT

- 0 = Absent
- 2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.
- 3 = Affect is felt to be lost in almost all activities.

Codes

PLC1101
Intensity

PLC1001
Onset

PLC2101
Intensity

PLC2001

PLC3101
Intensity

PLC3001
Onset

Definitions and questions

LOSS OF POSITIVE EMOTIONAL EXPRESSION

Since "life event", unable or unwilling to express emotions to the degree existing before the "life event."

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Is it harder for him/her to show happy or good feelings?

LOSS OF NEGATIVE EMOTIONAL EXPRESSION

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Is it harder for him/her to show unhappy or bad feelings?

Coding rules

LOSS OF POSITIVE EMOTIONAL EXPRESSION

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

ONSET: LOSS OF POSITIVE EMOTIONAL EXPRESSION

LOSS OF NEGATIVE EMOTIONAL EXPRESSION

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

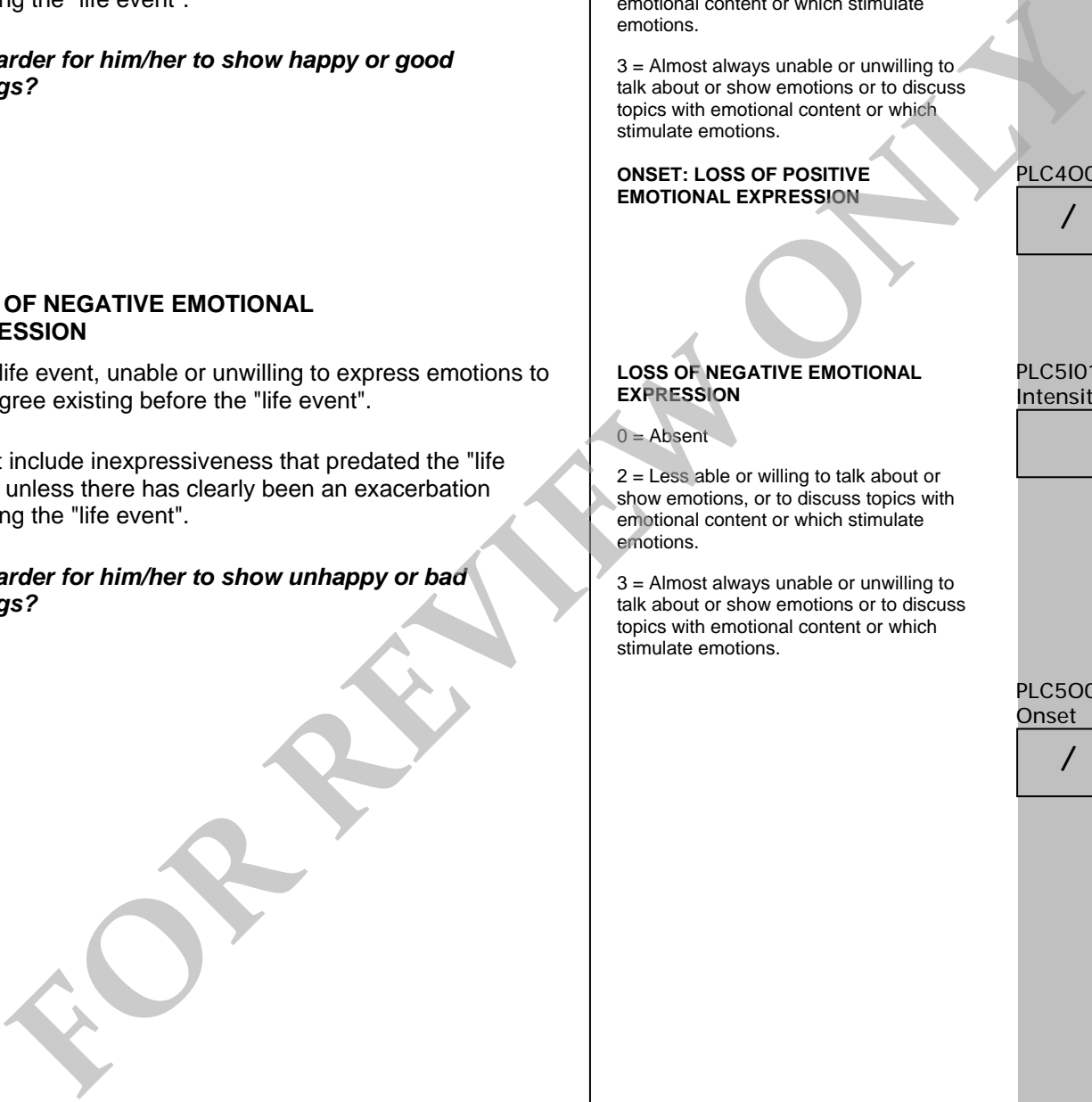
Codes

PLC4I01
Intensity

PLC4O01

PLC5I01
Intensity

PLC5O01
Onset



Definitions and questions

OTHER BEHAVIORS

PLAY RECAPITULATING "LIFE EVENT"

Play involving activities that recapitulate all or some aspects of "life event" (e.g. preoccupation with crashing cars after being in a car accident, or behaviors that mimic "life event").

Has the way s/he plays changed at all since "life event"?

In what way?
In the last 3 months has s/he played games that are like "life event"?

Or acted out what happened?

What does s/he do?

DANGEROUS ACTIVITIES (PTSD - A)

Activities that physically endanger the subject or others.

Since "life event", has s/he taken chances and done risky things?

Or dangerous things?

What has s/he done in the last 3 months?
Is this more than before "life event"?

INCREASED ATTENTION TO RELIGION

Increased interest in or observance of religious ideas and practices since "life event".

Has s/he become more religious since "life event"?

Does s/he think more about God?

Or the Devil?

Does s/he go to "church" more often?
Does s/he read "scripture" more often?
Or pray more?

Coding rules

PLAY RECAPITULATING "LIFE EVENT"

0 = Absent

2 = Present to an extent greater than before the event.

3 = Actions recapitulating life event has become the most frequent or dominant subject of play.

DANGEROUS ACTIVITIES

0 = No

2 = Yes

INCREASED ATTENTION TO RELIGION

0 = Absent

1 = Subjective report of greater interest in, or mental attention to, religious matters. Include increased level of reading religious works here.

2 = Increase in level of religious observances, including normal prayer.

3 = Increase in religious observances including obsessional rituals and compulsive behaviours.

Codes

PLC6I01
Intensity

PLC6O01
Onset

PLC7I01
Intensity

PLC7O01
Onset

PLC8I01
Intensity

PLC8O01
Onset

Definitions and questions

DECREASED ATTENTION TO RELIGION

Decreased interest in or observance of religious ideas and practices since "life event".

*Does s/he have less interest in religion since "life event"?
Does s/he care less about God?
Or the Devil?
Does s/he go to "church" less frequently?
Does s/he read "scripture" less?
Or pray less?*

OMEN FORMATION

Following the "life event", subject has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined "life events".

*Is s/he superstitious about things?
Are there signs that mean bad things will happen?
Or signs that make him/her think that s/he'll be OK?
What are they?
Does s/he think that these signs are really true?
Did s/he believe in them before "life event" or are they new?*

Coding rules

DECREASED ATTENTION TO RELIGION

- 0 = Absent
- 2 = Subjective report of decreased interest in, or mental attention to, religious matters. Include decreased level of reading religious works here.
- 3 = Decrease in level of religious observances, including prayer.

OMEN FORMATION

- 0 = Not present.
- 1 = Superstitious beliefs not resulting in any overt behavior.
- 2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).
- 3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.

Codes

PLC9I01
Intensity

PLC9O01
Onset

PLD0I01
Intensity

PLD0O01
Onset

Definitions and questions

SURVIVOR GUILT

A subjective belief or feeling of responsibility for the "life event" or its prevention, or a feeling that the subject should have substituted (or been substituted) for another who was more severely affected.

Does s/he feel guilty about what happened during "life event"?

Does s/he ever feel it was his/her fault, even though it wasn't?

Does s/he sometimes feel that s/he should have prevented "life event" even though s/he couldn't?
Does s/he ever wish that s/he and not "specific other person" should have "specific other person's" fate?
Does s/he ever feel bad about what you did during "life event"?

IF THE CHILD FEELS GUILTY OR RESPONSIBLE,
 PROVIDE REASSURANCE AND COMFORT

REVENGE FANTASIES AFTER EVENT

In the last 3 months subject imagined doing something to punish the "cause" of the trauma.

Does s/he still wish that s/he could get revenge or punish "the cause of the trauma"?

Or that something would happen to get back at "the cause"?

What does s/he wish would happen?

Coding rules

SURVIVOR GUILT

- 0 = Absent
- 2 = Present

REVENGE FANTASIES

- 0 = Absent
- 2 = Present

Codes

PLD1I01
Intensity

PLD1O01
Onset

PLD2I01
Intensity

PLD2O01
Onset

FOR REVIEW ONLY

Definitions and questions

CHANGED EXPECTATION OF LONG-TERM FUTURE

Marked change in the subject's expectations of the future, involving the expectation that some or all adult roles will NOT be attained. Code regardless of justification, except in the case of subjects with a current life-threatening illness.

Has "life event" changed what s/he thinks the future will be like?

In what way?

Has it changed what s/he thinks about getting married?

Or having children?

In what way?

How long does s/he expect to live?

Has that changed?

Coding rules

CHANGED EXPECTATIONS OF LONG-TERM FUTURE

0 = Absent

2 = Expects to reach adulthood, but predicts poor attainment of adult roles (e.g. does not expect to get married, get a job, or have children); or expects to reach adulthood but is not certain about it.

3 = Does not expect to survive to adulthood.

Codes

PLD3I01
Intensity

PLD3O01
Onset

FOR REVIEW ONLY

Definitions and questions

**POST TRAUMATIC STRESS - B
SCREEN FOR LIFE EVENT: LIFETIME**

Mark "Present" if any Lifetime Life Event had a positive screen.

INTERVIEWER NOTE: Is there a Lifetime Life Event with a positive screen?

**IF LIFETIME LIFE EVENT ABSENT,
SKIP TO ""PSYCHOTIC"
ABNORMALITIES OF THOUGHT AND
SPEECH", (PAGE 3).**



Coding rules

SCREEN FOR LIFE EVENT: LIFETIME

0 = Absent

2 = Present

Codes

Ever:PLA8X38
Intensity

FOR REVIEW ONLY

Definitions and questions

ACUTE RESPONSES TO TRAUMATIC EVENT

ACUTE EMOTIONAL RESPONSES

Emotional responses to the event when it occurred.

Now I would like to ask you about feelings X may have had when the "life event" occurred.

Was s/he surprised by what happened?

Did s/he feel helpless?
Like s/he couldn't do anything to make it better?

Did s/he feel like it wasn't really happening?
Like it was only a story, not the real thing?

Was s/he afraid or scared?

Coding rules

PTSD B PRESENT

0 = Absent

2 = Present

PTSD B-EVENT

16 = Makes Someone Pregnant (Girls)

17 = Makes Someone Pregnant (Boys)

18 = Death of Loved One

19 = Death of Sibling or Peer

20 = Natural Disaster

21 = Fire

22 = War or Terrorism

23 = Witness to Event

24 = Learned About Event

25 = Exposure to Noxious Agent

26 = Causing Death or Severe Harm

27 = Victim of Physical Violence

28 = Victim of Physical Abuse

29 = Captivity

30 = Sexual Abuse or Rape

31 = Other

SURPRISE

0 = Absent

2 = Present

HELPLESSNESS

0 = Absent

2 = Present

DEREALIZATION

0 = Absent

2 = Present

FEAR

0 = Absent

2 = Present

Codes

PLM0E90
Intensity

PLE0E01

PLE1X01

PLE1X02

PLE1X03

PLE1X04

Definitions and questions

Was s/he worried that s/he wasn't safe?
Or that s/he might die?
Did s/he get angry?
Did s/he feel nothing at all?
<i>Like s/he couldn't feel anything?</i>
Was s/he grossed out or disgusted by what happened?
Did s/he feel out of control?
<i>That s/he might not be able to control his/her feelings?</i>
Did s/he feel sad?
Did s/he feel confused?
<i>Like s/he couldn't understand what was happening?</i>
<i>Like it didn't make any sense?</i>
Did s/he feel out of touch with him/herself?
Or cut off from him/herself?
<i>As if s/he were in a dream?</i>
<i>As if it wasn't happening to him/her?</i>
Did s/he feel guilty?
<i>Like it was his/her fault?</i>
Did s/he feel like someone s/he trusted had tricked him/her?
Did s/he feel embarrassed by what was happening?
<i>Or ashamed?</i>

Coding rules

- WORRY**
- 0 = Absent
- 2 = Present
- ANGER**
- 0 = Absent
- 2 = Present
- EMOTIONAL NUMBNESS**
- 0 = Absent
- 2 = Present
- DISGUST/REVULSION**
- 0 = Absent
- 2 = Present
- OUT OF CONTROL**
- 0 = Absent
- 2 = Present
- SAD**
- 0 = Absent
- 2 = Present
- CONFUSED**
- 0 = Absent
- 2 = Present
- DETACHED**
- 0 = Absent
- 2 = Present
- GUILTY**
- 0 = Absent
- 2 = Present
- BETRAYED**
- 0 = Absent
- 2 = Present
- EMBARRASSED**
- 0 = Absent
- 2 = Present

Codes

- PLE1X05
-
- PLE1X06
-
- PLE1X07
-
- PLE1X08
-
- PLE1X09
-
- PLE1X10
-
- PLE1X11
-
- PLE1X12
-
- PLE1X13
-
- PLE1X14
-
- PLE1X15
-

Definitions and questions

<p>ACUTE SOMATIC RESPONSES</p> <p>Physical responses to the life event when it occurred.</p> <p><i>When "life event" occurred, did it affect him/her physically at all?</i></p> <p><i>What did s/he tell you?</i></p> <p><i>Did s/he get dizzy or giddy or faint?</i></p> <p><i>Did s/he get a dry mouth?</i></p> <p><i>Did it affect his/her breathing? How?</i></p> <p><i>Did it affect his/her heart?</i></p> <p><i>Did s/he get a pain in his/her chest?</i></p> <p><i>Did s/he get sweaty?</i></p> <p><i>Or feel sick?</i></p> <p><i>Did s/he have to go to the bathroom?</i></p>

Coding rules

ACUTE SOMATIC RESPONSES

- 0 = Absent
- 2 = Present

DIZZINESS/FAINTNESS

- 0 = Absent
- 2 = Present

DRY MOUTH

- 0 = Absent
- 2 = Present

CHOKING/SMOTHERING

- 0 = Absent
- 2 = Present

DIFFICULTY BREATHING

- 0 = Absent
- 2 = Present

RAPID BREATHING

- 0 = Absent
- 2 = Present

PALPITATIONS

- 0 = Absent
- 2 = Present

TIGHTNESS OR PAIN IN CHEST

- 0 = Absent
- 2 = Present

SWEATING

- 0 = Absent
- 2 = Present

NAUSEA

- 0 = Absent
- 2 = Present

URINATING FREQUENTLY

- 0 = Absent
- 2 = Present

Codes

PLE2I90
Intensity

PLE2X01

PLE2X02

PLE2X03

PLE2X04

PLE2X05

PLE2X06

PLE2X07

PLE2X08

PLE2X09

PLE2X10

Definitions and questions

Did it affect his/her stomach?

Did s/he get diarrhea?

Did s/he get shaky?

Did his/her muscles get sore?

Did s/he get flushed?

Or pale?

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

Did s/he get a lump in his/her throat?

Did his/her abdomen churn?

INTERVENTION FANTASIES
 During the event, subject imagines doing something extraordinary to stop the event.

During "life event", did s/he imagine or wish that s/he could do something superhuman to get him/her or someone else out of danger?

What did s/he imagine?
What happened?

Coding rules

BUTTERFLIES IN THE STOMACH

- 0 = Absent
- 2 = Present

DIARRHEA

- 0 = Absent
- 2 = Present

TREMBLING/SHAKING

- 0 = Absent
- 2 = Present

MUSCLE SORENESS

- 0 = Absent
- 2 = Present

FLUSHING

- 0 = Absent
- 2 = Present

PALLOR

- 0 = Absent
- 2 = Present

PARAESTHESIAE

- 0 = Absent
- 2 = Present

LUMP IN THE THROAT

- 0 = Absent
- 2 = Present

ABDOMINAL CHURNING

- 0 = Absent
- 2 = Present

INTERVENTION FANTASIES

- 0 = Absent
- 2 = Present during event and realized.
- 3 = Present during event but unrealized.

Codes

PLE2X11

PLE2X12

PLE2X13

PLE2X14

PLE2X15

PLE2X16

PLE2X17

PLE2X18

PLE2X19

PLE3X01
Intensity

Definitions and questions

RESCUE FANTASIES DURING EVENT

During the event, subject imagines being rescued.

During "life event" did s/he imagine or wish that "person at risk" would be rescued?

*What did s/he imagine?
What happened?*

REVENGE FANTASIES

During the event, subject imagines something that punishes the "cause" of the trauma.

During "life event", did s/he imagine or wish that s/he could get revenge or punish "the cause of the trauma"?

*Or that someone else or something would get revenge?
What did s/he imagine?
What happened?*

Coding rules

RESCUE FANTASIES

- 0 = Absent
- 2 = Present during event and realized.
- 3 = Present during event but unrealized.

REVENGE FANTASIES

- 0 = Absent
- 2 = Present during event and realized.
- 3 = Present during event but unrealized.

Codes

PLE3X02
Intensity

PLE3X03
Intensity

FOR REVIEW ONLY

Definitions and questions

COGNITIVE INTRUSIONS

PAINFUL RECALL OF LIFE EVENT -B

Unwanted, painful and distressing recollections, memories, thoughts, or images of life event.

In the last 3 months have upsetting memories or pictures in his/her mind of "life event" come back to him/her?

EXTERNALLY CUED PAINFUL RECALL - PTS-B

Painful recall occurring in response to external cues or stimuli, such as particular sights, sounds, smells, or situations.

ASK AVOIDANCE AND SUPPRESSION QUESTIONS IF NO EXTERNALLY CUED PAINFUL RECALL PRESENT.

Do any things or places remind him/her of "life event"?

What about sounds or things s/he see?

When that happens does it bring back unpleasant memories of "life event"?

Coding rules

PAINFUL RECALL OF LIFE EVENT

- 0 = Absent
- 2 = Present

EXTERNALLY CUED PAINFUL RECALL

- 0 = Externally cued painful recall absent.
- 2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.
- 3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

HOURS : MINUTES

Codes

XYZAB02
Intensity

PLE4I01
Intensity

PLE4F01
Frequency

PLE4D01
Duration

PLE4O01
Onset

FOR REVIEW ONLY

Definitions and questions

COGNITIVE INTRUSION - AVOIDANCE

Does s/he try to avoid any things or places that might remind him/her of "life event"?

Does s/he notice any physical effects when s/he remembers "life event"?

*Like his/her heart racing?
Or being short of breath?
Or feeling shaky or sick to his/her stomach?
What does s/he notice?
Does s/he get panicky?*

Do other people notice when s/he is remembering event?

What do they see?

When s/he remembers event, what does s/he do to feel better?

*Does s/he try to think about other things or do things s/he likes to do to take his/her mind off of it?
Does s/he talk to you or someone else and ask them for help?
Does s/he have a routine of things s/he can think about or do to feel better?*

Do other people notice when s/he is remembering "life event"?

What would they see?

When s/he remembers event, what does s/he do to feel better?

*Does s/he try to think of other things or do things s/he likes to take his/her mind off it?
Does s/he talk to someone and ask them to help him/her?
Does s/he have a routine of things s/he can think about or do to feel better?*

Coding rules

AVOIDANCE

0 = Absent

2 = Avoids situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.

3 = Avoidance leads to disruption of normal life and activities and results in a highly restricted lifestyle.

ONSET: AVOIDANCE

NORMAL SUPPRESSION

0 = Absent

2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.

OBSESSIVE SUPPRESSION

0 = Absent

2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

COMPULSIVE SUPPRESSION

0 = Absent

2 = Uses compulsive behaviors in attempt to reduce painful recall.

AUTONOMIC EFFECTS

0 = Absent

2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks.

3 = Panic attacks in response to painful recall.

PAINFUL RECALL NOTICEABLE TO OTHERS

0 = No

2 = Child reports others notice changes (anxiety, daydreaming, etc.).

Codes

PLE5I01
Intensity

PLE5O01

PLE6I01

PLE6I02

PLE6I03

PLE7I01

PLE7I02

Definitions and questions

PAINFUL RECALL NOT EXTERNALLY CUED

Recollections not cued by external cues or stimuli.

May be internally cued responses, occurring in response to emotional states, feelings, particular thoughts, autonomic symptoms, bodily sensations, or any other internal cue or stimulus. If internal cues are a response to external stimulus, code as Externally Cued Recollections.

Recollections also may occur without apparent relationship to either external or internal cues or stimuli.

In the last three months have any feelings or emotions reminded him/her of "life event"?

Have any physical feelings or changes in his/her body reminded him/her of it?

When that happens, does it bring back unpleasant memories of "life event"?
What are they like?
How often does that happen?
How long does it last?

When that happens, does s/he try not to have those "feelings", so s/he won't be reminded of "life event"?

Does s/he do anything so as not to have those "feelings" that remind him/her of "life event"?

Does s/he try not to think about "life event"?
Does s/he do anything to stop him/herself thinking about "life event"?
Can s/he stop thinking about it?
What does s/he do?

Would other people notice when s/he is remembering "life event"?

What would they see?

When s/he "thinks about life event", does s/he notice any physical effects?

What does s/he notice?
Does s/he get panicky?

Coding rules

PAINFUL RECALL NOT EXTERNALLY CUED

- 0 = Absent
- 2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.
- 3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

HOURS : MINUTES

NORMAL SUPPRESSION

- 0 = Absent
- 2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.

OBSESSIONAL SUPPRESSION

- 0 = Absent
- 2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

COMPULSIVE SUPPRESSION

- 0 = Absent
- 2 = Uses compulsive behaviors in attempt to reduce painful recall.

PAINFUL RECALL NOTICABLE TO OTHERS

- 0 = No
- 2 = Child reports others notice changes (anxiety, daydreaming, etc.).

AUTONOMIC EFFECTS

- 0 = Absent
- 2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks.
- 3 = Panic attacks in response to painful

Codes

PLE8I01
Intensity

PLE8F01
Frequency

PLE8D01
Duration

PLE8O01
Onset

PLE9I01

PLE9I02

PLE9I03

PLFOI01

PLFOI02

Definitions and questions

ACTIVE RECALL
 Intentional recall of event.

Does s/he ever think about "life event" on purpose?

*Has s/he in the last three months?
 When s/he does so, how does s/he feel?
 Are the feelings painful for him/her?
 Does s/he get worried?
 Or sad?
 Or angry?
 Or feel guilty?
 Does s/he feel better able to cope with what happened?*

Coding rules

recall.

ACTIVE RECALL

- 0 = Absent
- 2 = Present

HOURS : MINUTES

WORRY

- 0 = Absent
- 2 = Present

SADNESS

- 0 = Absent
- 2 = Present

ANGER

- 0 = Absent
- 2 = Present

GUILT

- 0 = Absent
- 2 = Present

SENSE OF MASTERY

- 0 = Absent
- 2 = Present

Codes

PLF1I01
Intensity

PLF1F01
Frequency

PLF1D01
Duration

PLF1O01
Onset

PLF2I01

PLF2I02

PLF2I03

PLF2I04

PLF2I05

FOR REVIEW ONLY

Definitions and questions

FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Does s/he have difficulty remembering some things about "life event"?

- What things are hard to remember?*
- Is that because s/he doesn't want to remember them, or that s/he just can't?*
- How much can s/he remember?*
- Are those memories real clear?*
- Has it happened in the last three months?*

Coding rules

FAILURES OF RECALL

- 0 = No failure of recall.
- 1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.
- 2 = At least some aspects of the event cannot be recalled, even with effort.
- 3 = Most or all details of the event cannot be recalled.

Codes

PLF2I06
Intensity

PLF2O01
Onset

FOR REVIEW ONLY

Definitions and questions

RELIVING OF LIFE EVENT

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include panic attacks where the mental content of the panic episode is related to the "life event".

Include such phenomena even if they occurred at times of intoxication with alcohol or drugs or during sleep cycle.

CODE NIGHTMARES IN ITEMS THAT FOLLOW.

In the last 3 months, has s/he felt as though the "life event" was happening to him/her again, even when it wasn't?

What was that like?

What did s/he do?

How long did it last?

How often did it happen?

How real did it seem?

Did s/he feel as though s/he were really there, and that it was really happening again?

When it was happening was s/he aware of what was really going on around him/her and where s/he really was?

Did the memory of "life event" seem more real than his/her actual surroundings?

Did this happen when s/he was falling asleep?

Or waking up?

Does s/he ever wake up in the middle of the night feeling this way?

Coding rules

RELIVING OF "LIFE EVENT"

0 = Absent

2 = Able to report sensory phenomena associated with "life event", but still aware of real surroundings to at least some extent.

3 = No, or almost no, awareness of real surroundings (flashback).

HOURS : MINUTES

ASSOCIATED PANIC

0 = No associated panic attacks.

2 = With panic attacks.

HYPNOGOGIC (ON FALLING ASLEEP)

0 = Absent

2 = Present

HYPNOPOMPIC (ON WAKING)

0 = Absent

2 = Present

NOCTURNAL

0 = Absent

2 = Present

DAYLIGHT (WHEN UP AND ABOUT)

0 = Absent

2 = Present

Codes

PLF3I01
Intensity

PLF3F01
Frequency

PLF3D01
Duration

PLF3O01
Onset

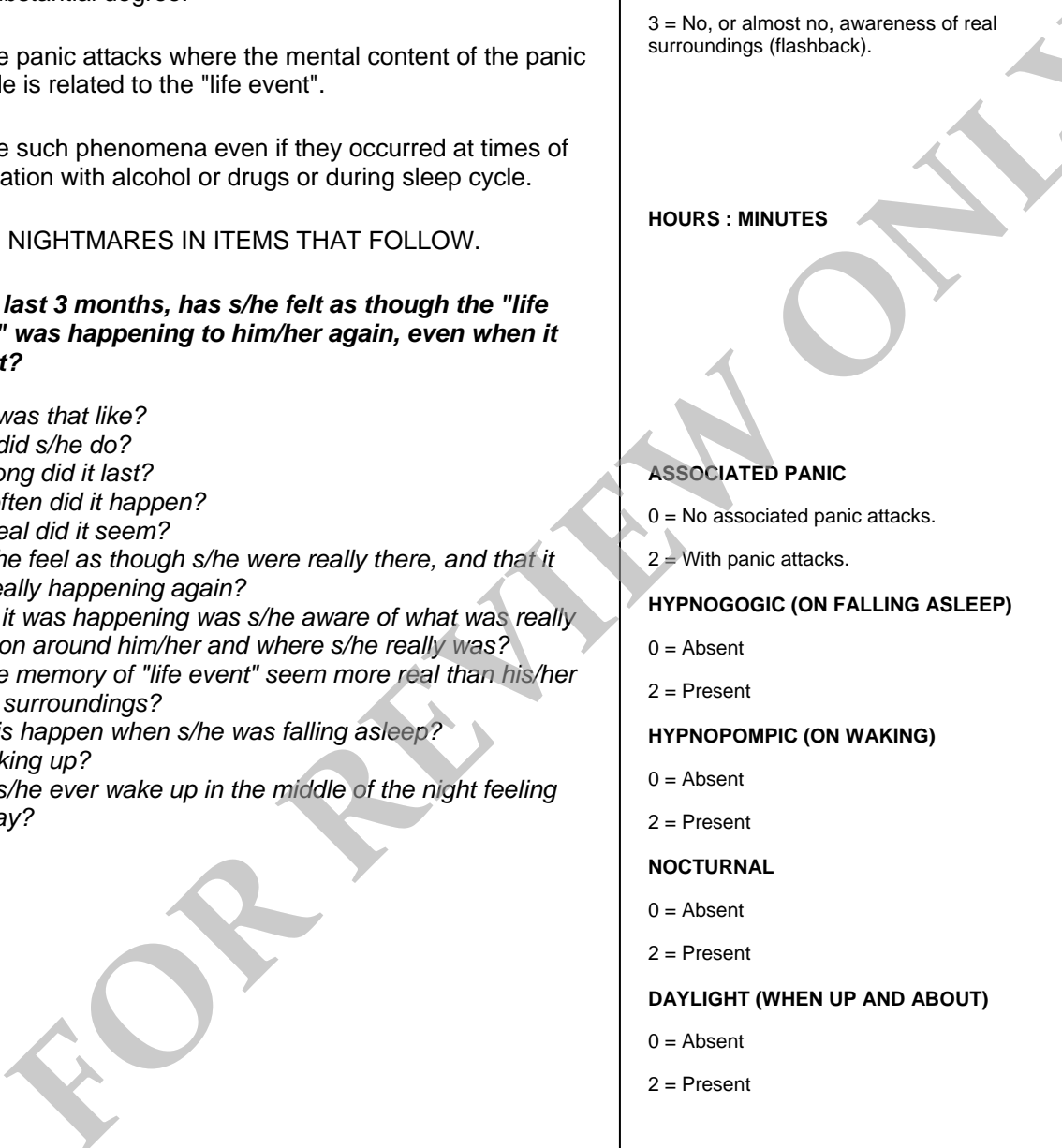
PLF3I02

PLF3I03

PLF3I04

PLF3I05

PLF3I06



Definitions and questions

NIGHTMARES

Frightening dreams that waken subject, with content related to the "life event" (either about "life event" or reminding subject of it). Unpleasant affect apparent when waking, which may be followed rapidly by feelings of relief.

In the last 3 months, has s/he had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind him/her of it?

Tell me about them.

Do they wake him/her up?

How often do they happen?

When s/he wakes up, does s/he notice any physical effects?

When s/he wakes up is s/he panicky?

Is it hard for him/her to get back to sleep afterwards?

What does s/he do?

Does fear of these dreams make it hard for him/her to get to sleep?

Do s/he have trouble sleeping alone?

Coding rules

NIGHTMARES

0 = Absent

2 = Present

AUTONOMIC EFFECTS

0 = Absent

2 = Notices autonomic changes in response to nightmares.

3 = Has panic attack in response to nightmares.

REASSURANCE

0 = Absent

2 = Upon waking from nightmare, seeks time limited reassurance or contact.

3 = Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).

ANTICIPATORY REASSURANCE

0 = Absent

2 = At bedtime, seeks time limited reassurance or contact (e.g. extended bedtime ritual).

3 = Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).

Codes

PLF4I01
Intensity

PLF4O01
Onset

PLF4I02

CLF4I03

PLF4I04

FOR REVIEW ONLY

Definitions and questions

HYPERAROUSAL

NON-RESTORATIVE SLEEP

Disturbance of usual sleep pattern since "life event" so that subject does not feel rested upon waking and feels tired during the day. Do not include insomnia; sleep is normal but subject feels sleepy during the day.

DO NOT INCLUDE INSOMNIA

Has s/he been having problems sleeping well in the last three months?

Does s/he feel rested when s/he wakes up in the morning?

Has that changed since "life event"?
Does s/he feel tired during the day from not sleeping well?
Does this make it harder for him/her to do work?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

Coding rules

NON-RESTORATIVE SLEEP

- 0 = Absent
- 2 = Present but does not interfere with functioning.
- 3 = Present and interfered with functioning.

AROUSAL

- 0 = Absent
- 2 = Symptom present 0-25% of the time.
- 3 = Symptom present 26-50% of the time.
- 4 = Symptom present 51-75% of the time.
- 5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

- 0 = Absent
- 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLF5I01
Intensity

PLF5O01
Onset

PLF5F01
Frequency

PLF5I02

PLF5I03

FOR REVIEW ONLY

Definitions and questions

INATTENTION

Difficulty maintaining sufficient involvement to allow completion of age-appropriate and developmentally appropriate tasks requiring concentration.

In the last three months, has s/he had more trouble paying attention than before "life event"?

Is it more difficult for him/her to concentrate?

*Does s/he have trouble remembering things?
Has this caused him/her any problems?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?*

Coding rules

INATTENTION

0 = Inattention absent in interesting activities.

2 = At least sometimes uncontrollable by the child or by admonition, present in at least 2 interesting activities in any situation.

3 = Nearly always uncontrollable by the child or by admonition, present in most interesting activities.

AROUSAL

0 = Absent

2 = Symptom present 0-25% of the time.

3 = Symptom present 26-50% of the time.

4 = Symptom present 51-75% of the time.

5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLF6I01
Intensity

PLF6O01
Onset

PLF6I02

PLF6I03

FOR REVIEW ONLY

Definitions and questions

ANGER

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

Since "life event" have things "gotten on his/her nerves" more easily?

*What kinds of things?
Is that more than usual?
Or has s/he been more irritable?*

*Has this affected how s/he gets along with people?
How so?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?*

Coding rules

ANGER

- 0 = Absent
- 2 = Present but does not interfere with functioning or relationships.
- 3 = Present and interfered with functioning or relationships.

AROUSAL

- 0 = Absent
- 2 = Symptom present 0-25% of the time.
- 3 = Symptom present 26-50% of the time.
- 4 = Symptom present 51-75% of the time.
- 5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

- 0 = Absent
- 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLF7I01
Intensity

PLF7O01
Onset

 / /

PLF7I02

PLF7I03

FOR REVIEW ONLY

Definitions and questions

ANGER DYSCONTROL

Since "life event", increased outbursts of anger have resulted from inability to control expression of anger as well as you used to.

In the last three months, has s/he gotten angry very often?

More than before "life event"?

What has happened?

When s/he gets angry, can s/he control his/her anger as much as s/he used to?

What does s/he do now?

Has it affected how s/he gets along with other people?

How so?

How much of the time does s/he feel this way?

Is it worse when s/he has been thinking about "life event"?

Coding rules

ANGER DYSCONTROL

0 = Absent

2 = Present but does not interfere with functioning or relationships.

3 = Present and interfered with functioning or relationships.

AROUSAL

0 = Absent

2 = Symptom present 0-25% of the time.

3 = Symptom present 26-50% of the time.

4 = Symptom present 51-75% of the time.

5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLF8101
Intensity

PLF8001
Onset

 / /

PLF8102

PLF8103

FOR REVIEW ONLY

Definitions and questions

HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, has s/he been more "on the alert" for bad things happening than before "life event"?

*What does s/he do?
Is s/he like that even when there isn't much chance of anything bad happening?
How much has that affected his/her life?
How much of the time is s/he like that?
Has s/he given up doing any things because s/he doesn't want to take any chances?
Is it worse when s/he has been thinking about "life event"?*

Coding rules

HYPERVIGILANCE

- 0 = Absent
- 1 = Subjective hypervigilance not manifested in any overt behavioral change.
- 2 = Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.
- 3 = Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.

AROUSAL

- 0 = Absent
- 2 = Symptom present 0-25% of the time.
- 3 = Symptom present 26-50% of the time.
- 4 = Symptom present 51-75% of the time.
- 5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

- 0 = Absent
- 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLF9I01
Intensity

PLF9O01
Onset

PLF9I02

PLF9I03

FOR REVIEW ONLY

Definitions and questions

EXAGGERATED STARTLE RESPONSE

Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

In the last 3 months has s/he startled more easily than before "life event"?

Or has s/he been more jumpy than usual?

Do unexpected noises make him/her jump more easily than they used to?
What is it like when that happens?
How often does it happen?
How long does s/he stay "jumpy" afterwards?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

Coding rules

EXAGGERATED STARTLE RESPONSE

- 0 = Absent
- 2 = Present, but not noticeable to others.
- 3 = Present, noticeable to others.

AROUSAL

- 0 = Absent
- 2 = Symptom present 0-25% of the time.
- 3 = Symptom present 26-50% of the time.
- 4 = Symptom present 51-75% of the time.
- 5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

- 0 = Absent
- 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes

PLG0101
Intensity

PLG0001
Onset

 /

PLG0102

PLG0103

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

NUMBING

DETACHMENT

A generalized subjective sense of being emotionally cut off from other people that has appeared since the occurrence of a "life event".

Since "life event" has s/he felt cut off from other people?

Have s/he been less interested in seeing his/her friends?

*Has s/he actually seen less of his/her friends?
Can you tell me why?
Would s/he like to see more of them?
Or has s/he "gone off" them?*

LOSS OF AFFECT - POSITIVE

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her feelings?

*Does s/he have any feelings left?
Can s/he feel happy or good feelings?*

LOSS OF AFFECT - NEGATIVE

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

What about unhappy or negative feelings?

DETACHMENT

0 = Absent

2 = Feels that it is more difficult to relate emotionally to people than before "life event", but has not reduced social contacts.

3 = Has reduced social contacts because of difficulty relating emotionally to people.

PLG1101
Intensity

PLG1001
Onset

LOSS OF POSITIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

PLG2101
Intensity

PLG2001
Onset

LOSS OF NEGATIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

PLG3101
Intensity

PLG3001
Onset

Definitions and questions

OTHER BEHAVIORS

PLAY RECAPITULATING LIFE EVENT

Activity that recapitulates all or some aspects of "life event" (e.g. preoccupation with crashing toy cars after being in a car accident).

Has the way s/he plays changed at all since "life event"?

In what way?
In the last three months has s/he played games that are like "life event"?

Or acted out what happened?

What does s/he do?

DANGEROUS ACTIVITIES

Activities that physically endanger the subject or others.

Since "life event", has s/he taken chances and done risky things?

Or dangerous things?

What has s/he done in the last 3 months?
Is this more than before "life event"?

INCREASED ATTENTION TO RELIGION

Increased interest in or observance of religious ideas and practices since life event.

Has s/he become more religious since "life event"?

Does s/he think more about God?

Or the Devil?

Does s/he go to "church" more often?
Does s/he read "scripture" more often?
Or pray more often?

Coding rules

PLAY RECAPITULATING "LIFE EVENT"

- 0 = Absent
- 2 = Present to an extent greater than before the event.
- 3 = Actions recapitulating life event has become the most frequent or dominant subject of play.

DANGEROUS ACTIVITIES

- 0 = No
- 2 = Yes

INCREASED ATTENTION TO RELIGION

- 0 = Absent
- 1 = Subjective report of greater interest in, or mental attention to, religious matters. Include increased level of reading religious works here.
- 2 = Increase in level of religious observances, including normal prayer.
- 3 = Increase in religious observances including obsessional rituals and compulsive behaviours.

Codes

PLG6101
Intensity

PLG6001
Onset

PLG7101
Intensity

PLG7001
Onset

PLG8101
Intensity

PLG8001
Onset

Definitions and questions

DECREASED ATTENTION TO RELIGION

Decreased interest in or observance of religious ideas and practices since life event.

Does s/he have less interest in religion since "life event"?

*Does s/he care less about God?
Or the Devil?
Does s/he go to "church" less frequently?
Does s/he read "scripture" less?
Or pray less?*

OMEN FORMATION

Following the life event, child has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined life events.

Is s/he superstitious about things?

Are there signs that mean bad things will happen?

Or signs that make him/her think that s/he'll be OK?

*What are they?
Does s/he think that these signs are really true?
Did s/he believe in them before "life event" or are they new?*

Coding rules

DECREASED ATTENTION TO RELIGION

- 0 = Absent
- 2 = Subjective report of decreased interest in, or mental attention to, religious matters. Include decreased level of reading religious works here.
- 3 = Decrease in level of religious observances, including prayer.

OMEN FORMATION

- 0 = Not present.
- 1 = Superstitious beliefs not resulting in any overt behavior.
- 2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).
- 3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.

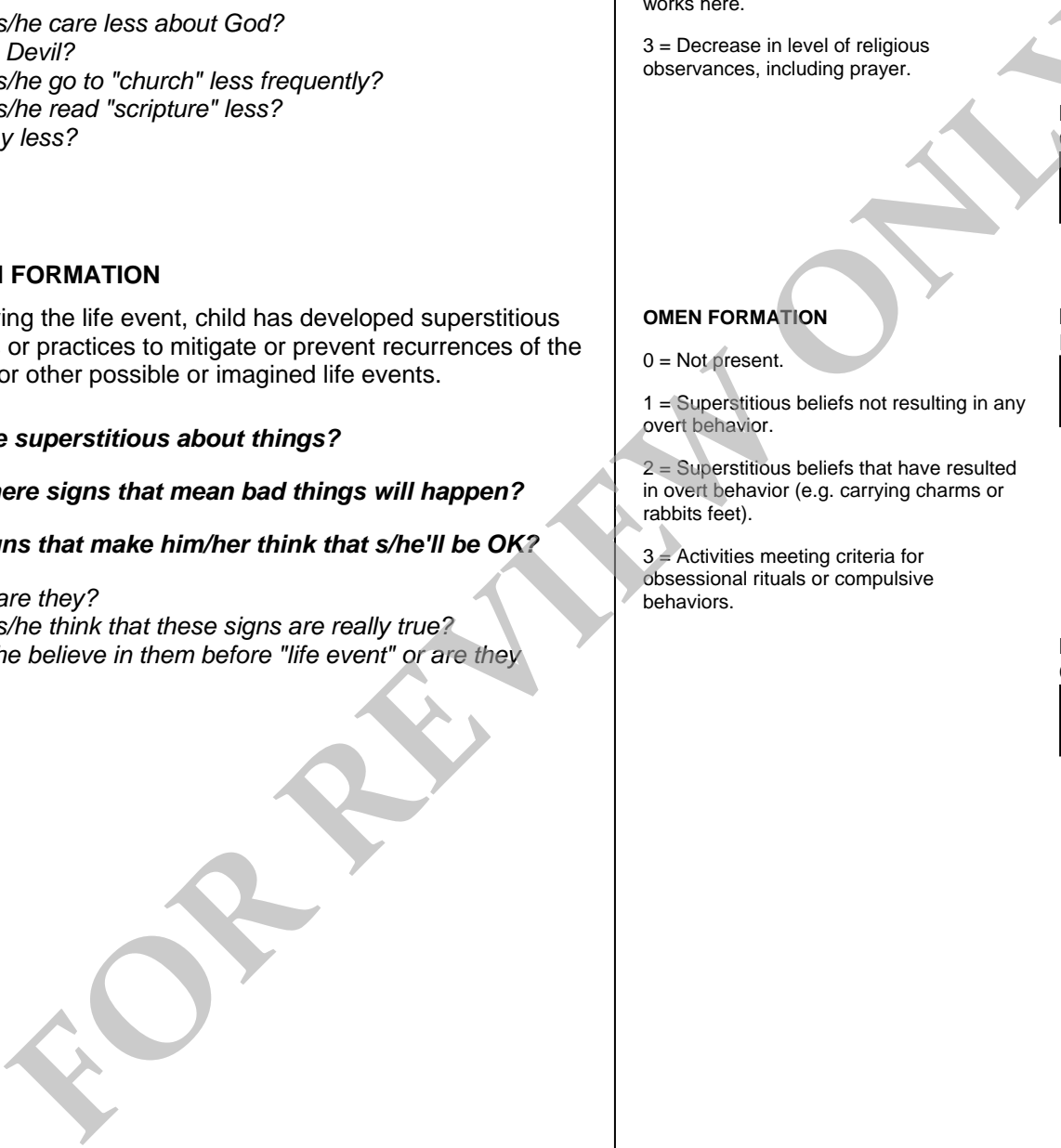
Codes

PLG9I01
Intensity

PLG9O01
Onset

PLHOI01
Intensity

PLHO001
Onset



Definitions and questions

SURVIVOR GUILT

A subjective belief or feeling of responsibility for the life event or its prevention, or a feeling that the subject should have substituted (or been substituted) for another who was more severely affected.

Does s/he feel guilty about what happened during "life event"?

Does s/he ever feel it was his/her fault, even though it wasn't?

Does s/he sometimes feel that s/he should have prevented "life event" even though s/he couldn't?
Does s/he ever wish that s/he and not "specific other person" should have "specific other person's" fate?
Does s/he ever feel bad about what s/he did during "life event"?

IF THE CHILD FEELS GUILTY OR RESPONSIBLE, PROVIDE REASSURANCE AND COMFORT.

REVENGE FANTASIES AFTER EVENT

In the last 3 months subject imagined doing something to punish the "cause" of the trauma.

Does s/he still wish that s/he could get revenge or punish "the cause of the trauma"?

Or that something would happen to get back at "the cause"?

What does s/he wish would happen?

Coding rules

SURVIVOR GUILT

- 0 = Absent
- 2 = Present

REVENGE FANTASIES

- 0 = Absent
- 2 = Present

Codes

PLH1I01
Intensity

PLH1O01
Onset

PLH2I01
Intensity

PLH2O01
Onset

FOR REVIEW ONLY

Definitions and questions

CHANGED EXPECTATION OF LONG-TERM FUTURE

Marked change in the subject's expectations of the future, involving the expectation that some or all adult roles will NOT be attained. Code regardless of justification, except in the case of subjects with a current life-threatening illness.

Has "life event" changed what s/he thinks the future will be like?

In what way?

Has it changed what s/he thinks about getting married?

Or having children?

In what way?

How long does s/he expect to live?

Has that changed?

Coding rules

CHANGED EXPECTATIONS OF LONG-TERM FUTURE

0 = Absent

2 = Expects to reach adulthood, but predicts poor attainment of adult roles (e.g. does not expect to get married, get a job, or have children); or expects to reach adulthood but is not certain about it.

3 = Does not expect to survive to adulthood.

Codes

PLH3I01
Intensity

PLH3O01
Onset

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**PSYCHOSIS
DISORDERS OF PERCEPTION, THOUGHT, AND
THE CONTENT OF THOUGHT**

**DO NOT INCLUDE SYMPTOMS INDUCED BY
USE OF DRUGS OR ALCOHOL.**

**DELUSIONS AND DELUSIONAL
INTERPRETATIONS**

A delusion is a firmly-held false belief that is out of keeping with the subject's social and cultural background.

A delusional interpretation also has these characteristics, but is an explanation of some other experience (often of other "psychotic" experiences, such as hallucinations) e.g., a subject might interpret hearing voices talking about him as evidence of a police conspiracy. The conspiracy would be a delusional interpretation.

IF THERE IS EVIDENCE OF DELUSIONS OR DELUSIONAL INTERPRETATION, OBTAIN AS FULL AN ACCOUNT OF THE PHENOMENA AS THE PARENT IS ABLE TO PROVIDE.

WRITE THE DETAILS DOWN VERBATIM.

Does s/he seem to think that people are against him/her?

*Or that people are getting at him/her in some way?
Is there any truth in it, do you think?
What happens if you try to reassure him/her?*

Does s/he have any unusual ideas or beliefs?

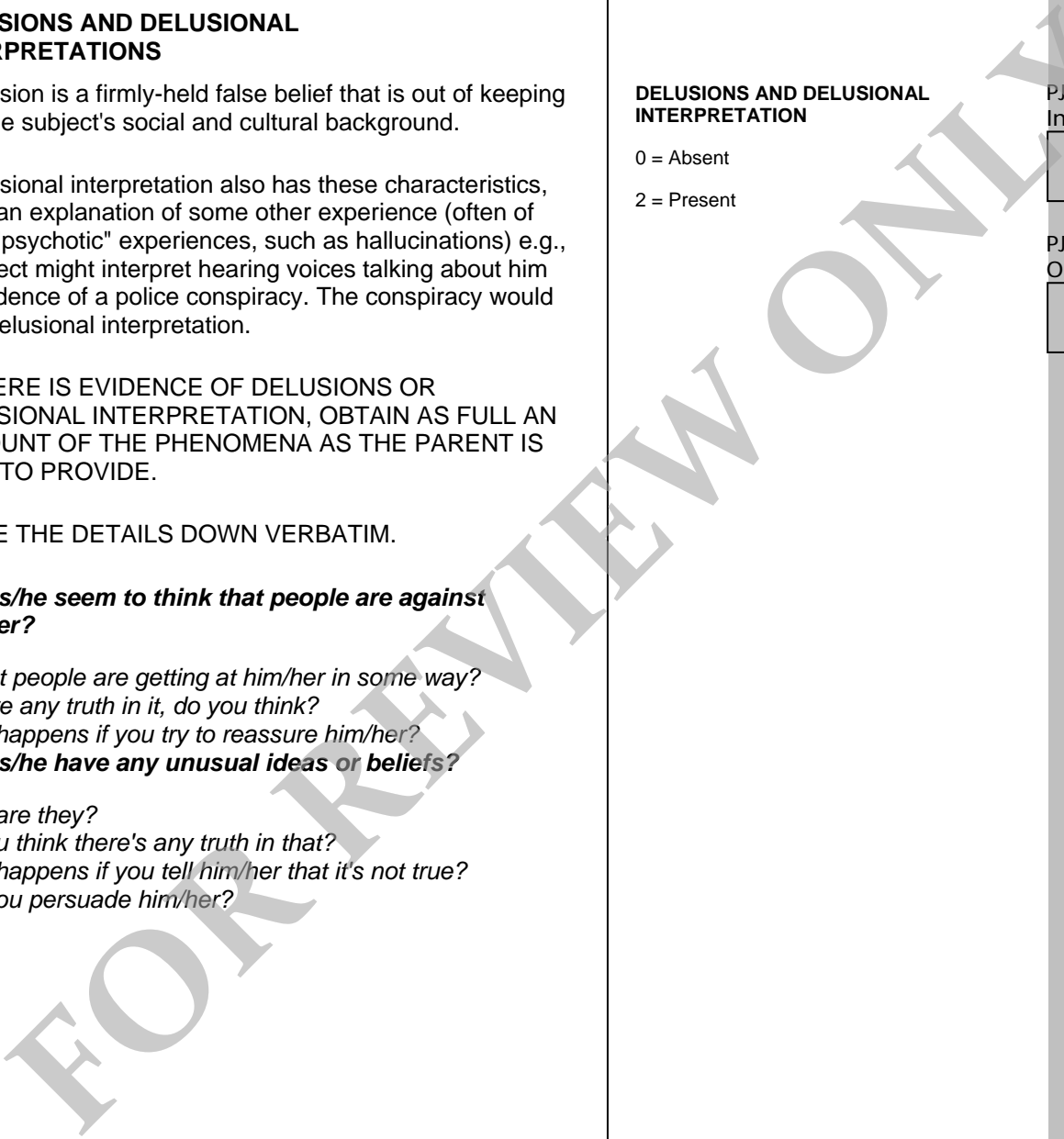
*What are they?
Do you think there's any truth in that?
What happens if you tell him/her that it's not true?
Can you persuade him/her?*

**DELUSIONS AND DELUSIONAL
INTERPRETATION**

0 = Absent
2 = Present

PJA4I01
Intensity

PJA4O01
Onset



Definitions and questions

Coding rules

Codes

SENSORY CHANGES AND HALLUCINATIONS

Include changed perceptions, changed perception of time, and hallucinations.

Changed Perception

Include here any changes in perception such as heightened and dulled perception. The child may complain that objects change in shape or size or color or that people change their appearance.

Changed Perception of Time

The child's perception of time seems to change, so that events appear to move very slowly or very rapidly or to change their tempo or to be completely timeless. Time may appear to stop altogether.

Hallucinations

Hallucinations are false perceptions occurring in clear consciousness. The child may see images, visions, or hear voices in the absence of any real stimulus to the perception. Distinguish from: Illusions, which are false perceptions stimulated by real perceptions that are then momentarily transformed; Hypnogogic and Hypnopompic Hallucinations, which occur only on falling asleep or awakening; Eidetic Imagery, which is never confused with reality by the child; Elaborated Fantasies and Imaginary Companions; Hallucinations occurring only as part of a seizure or in clouded consciousness.

Does s/he hear imaginary things?

Like what?

Does s/he hear or see anything that other people don't?

Does s/he notice any funny smells or tastes or feelings when there's nothing there to explain it?

Is s/he really seeing something or do you think it imaginary?

Has s/he said that things looked or sounded different?

In what way?

SENSORY CHANGES AND HALLUCINATIONS

0 = Absent

2 = Present

PJA2I01
Intensity

PJA2O01
Onset

Definitions and questions

Coding rules

Codes

"PSYCHOTIC" ABNORMALITIES OF THOUGHT AND SPEECH

The parent reports that the child's thinking or language has become disordered. Sentences may be hard to follow or completely nonsensical. Ideas may be linked together in unusual ways (such as because of rhymes or puns, as in flight of ideas) or may have no ordinarily comprehensible links (as in "knight's move" thinking).

Distinguish from delusional content or speech; it is quite possible for a child's ideas to be entirely delusional but for the process of thinking and expressing thoughts to be quite normal.

Differentiate from developmental disorders of speech and language (such as language delay and dysarthria) where speech may be difficult to follow. These disorders will usually always have been present and will not represent a change in the child's language.

Has X's speech been unusual or odd?

What about his/her thinking?

*What's it been like?
Has that worried you?*

IDIOSYNCRATIC BEHAVIOR

The child's behavior has changed idiosyncratically in a way that indicates a marked disturbance of the perception of reality. For instance, the child may dress or walk in extraordinary ways in response to delusions.

Do not include parental reports of the child's behavior changing in ways they disapprove of if any social group to which the child might belong would expect or approve the new behavior.

Has s/he been acting in any strange or unusual ways?

What has s/he been doing?

Has that worried you?

PSYCHOTIC ABNORMALITIES OF THOUGHT AND SPEECH

0 = Absent
2 = Present

PJA3I01
Intensity

PJA3O01
Onset

IDIOSYNCRATIC BEHAVIOR

0 = Absent
2 = Present

PJB0I01
Intensity

PJB0O01
Onset

Definitions and questions

Coding rules

Codes

IF ANY EVIDENCE OF DELUSIONS AND DELUSIONAL INTERPRETATIONS OR SENSORY CHANGES AND HALLUCINATIONS, THEN OBTAIN AS FULL AN ACCOUNT OF THE PHENOMENA AS THE PARENT IS ABLE TO PROVIDE, AND COMPLETE "TEMPORAL CO-OCCURRENCE" AND "THEMATIC CONSISTENCY". IF THERE IS NO EVIDENCE, SKIP TO "ANY MEDICATION TAKEN CONTINUE. OTHERWISE", (PAGE ERROR! BOOKMARK NOT DEFINED.).

FOR REVIEW ONLY

Definitions and questions

TEMPORAL, CO-OCCURRENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

Extent, onset, and course of delusions or hallucinations are temporally related to the onset and course of mood disorder.

When s/he was (in psychotic state), was s/he miserable or depressed?

Was his/her mood affected in any other way?

Was s/he always like that when s/he was (in psychotic state)?

THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

Judgment of the examiner as to whether the content of the delusional or hallucinatory material is meaningfully related to an abnormal mood state. For instance, delusions of being related to royalty would be congruent with a manic mood state, while nihilistic delusions would be congruent with depression. Pure persecutory delusions should not be rated here.

Coding rules

TEMPORAL CO-OCCURENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

2 = Partial temporal co-occurrence.

3 = Delusions/hallucinations only present in association with mood disorder.

ASSOCIATED MOOD: DEPRESSED

0 = Absent

2 = Present

ASSOCIATED MOOD: ELATED

0 = Absent

2 = Present

THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISTURBANCE

2 = Partially mood congruent.

3 = Almost always mood congruent.

ASSOCIATED MOOD: DEPRESSED

0 = Absent

2 = Present

ASSOCIATED MOOD: ELATED

0 = Absent

2 = Present

Codes

PJA9I01
Intensity

PJA9I02

PJA9I03

PJA8I01
Intensity

PJA8I02

PJA8I03

FOR REVIEW ONLY

INCAPACITY SECTION

REVIEW BRIEFLY WITH THE SUBJECT THE AREAS WHERE PROBLEMS OR SYMPTOMS HAVE EMERGED DURING THE INTERVIEW. TAKING ONE AREA AT A TIME, REVIEW THE AREAS OF SYMPTOMATOLOGY TO DETERMINE WHETHER SYMPTOMS IN THAT AREA HAVE CAUSED INCAPACITY. USE THIS, AND INFORMATION COLLECTED THROUGHOUT THE INTERVIEW, TO COMPLETE THE INCAPACITY RATINGS. REMEMBER, YOU NEED ONLY TO ASK THE SPECIFIC QUESTIONS IF YOU HAVE NOT ALREADY COLLECTED THE INFORMATION WHILE COVERING THE APPROPRIATE SYMPTOM SECTION. IF INCAPACITY IS PRESENT FIND OUT WHEN IT BEGAN. REMEMBER TO OBTAIN SEPARATE TIMINGS FOR THE ONSET OF PARTIAL AND SEVERE INCAPACITIES.

**SUMMARY OF RULES FOR RATING
INCAPACITY**

IMPAIRMENT/INCAPACITY

Two levels of disturbance or impaired functioning are distinguished:

Partial Incapacity; refers to a notable reduction of function in a particular area. If a person is still able to do things, but does them less well, or more slowly, then code as a Partial Incapacity.

Severe Incapacity; refers to a complete, or almost complete, inability to function in a particular area.

With the exception of the lifelong symptoms mentioned below, most incapacities require a decrement or change in functioning. The decrement can predate the primary period but must still be present during the primary period.

SYMPTOM DEPENDENCE

For incapacity to be rated it must arise demonstrably from the presence of some particular symptoms or disordered behaviors. For instance, a child who has lost friends because her mother would not allow her to associate with them, would not have that loss of friends rated as an incapacity here. Although, of course, it might have had crippling effects on her social life, it would not count as an incapacity because it was not secondary to any psychopathology of the child. However, it would count if the child was too frightened to leave the house and lost her friends because of it.

The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that a child was incapacitated in certain ways and that the child had certain psychopathological problems. The incapacity must be linked to the problems that seem to have generated it. Often this is difficult when children have multiple problems and incapacities, but the attempt should be made nevertheless. However, this does not mean that a particular incapacity has to be assigned to one single problem. It will sometimes be the case that several symptoms of different types will contribute to a particular incapacity. When this is the case, each contributing problem area should be recorded.

It follows that if an incapacity is to be seen as being secondary to other symptoms, then those other symptoms must have been present before the onset of that incapacity. They must also have resulted in a fall-off from a previous level of attainment or proficiency if they are to be regarded as having resulted in an incapacity. Thus a child who had previously been able to function well enough in class might show a reduced ability to participate in group activities, because he felt too miserable to do so. This would be regarded as an incapacity secondary to the affective symptoms. On the other if a child had always been unable to participate in group activities and later became depressed, an incapacity, secondary to depression, would be recorded only if his capacity to participate in group activities suffered a further decrement from its already low level. If there had been no further decrement, an incapacity in relation to depression would not be recorded.

LIFELONG SYMPTOMS/BEHAVIORS

In the case of symptoms that have been present throughout life, it will be impossible to show a decrement secondary to the symptoms, because both the symptoms and the putative incapacity will have been present simultaneously. In this situation, provided always that the incapacity can be directly related to the symptoms, it is acceptable to rate it as such. An example might be the social incapacities of a hyperactive child who had always shown such behavior from his earliest years and thus always had disturbed peer relationships.

FOR REVIEW ONLY

SUMMARY OF RULES CONT.

SITUATION NOT ENTERED

If the subject has not entered a particular social situation (e.g. daycare/school) during the preceding three months, but there is clear evidence from past experience that incapacity would have been manifested had s/he been in the situation (e.g. discordant peer relationships would have been present) then that incapacity is rated as being present, and its date of onset should be determined. The intensity rating should not be higher than the previously actually occurring highest intensity. Quite often in such a situation, the incapacity will have been contributory to the failure to enter the social situation under consideration.

The incapacitating effects of the psychopathology do not have to be directly due to the behavior of the child but may be mediated by others. For instance, if a boy were excluded from school for constant fighting and trouble making, that would be counted as an incapacitation of school performance just as much as if the child had failed to attend because of his own anxiety about leaving home.

ONSETS

The rules for dating the onset of incapacities are essentially the same as those for dating symptom onsets. That is, the decision is first made as to whether or not a particular incapacity was present during the 3 month primary period. If it was, then its onset is coded as the date it appeared at the minimum criterion level required by the glossary definition. Once again, there is a proviso that if the incapacity has been present only intermittently, the onset is dated from when the incapacity began again following the last period of one year (or longer) without incapacity. The dates of exacerbations from partial to complete incapacity are also recorded.

Even if a child did not code for any problems in the a particular section of the PAPA, the Incapacity section can not be skipped. If you have enough information, not every question needs to be asked.

Definitions and questions

Coding rules

Codes

TREATMENT

Referrals to professional agencies or professional concerned with child's symptoms or behavior.

Note the name of the site where treatment was received and the professionals seen.

Treatment may be coded even if symptoms did not code in the PAPA.

FOR REVIEW ONLY

Definitions and questions

PARENTAL RELATIONSHIPS - PARENT #1

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with you?

How?

What do you do about it?

What does s/he do about it?

Does it cause any arguments?

Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIPS - PARENT #1

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMA0I90
Intensity

PMA0I01

PMA0I02

PMA0X03

PMA0X04

PMA0X05

PMA0X06

PMA0X07

PMA0X08

PMA0X09

PMA0X10

PMA0X11

PMA0X12

Definitions and questions

FOR REVIEW ONLY

Coding rules

Codes

PMAOX13

PMAOX14

PMAOX15

PMAOX16

PMAOX17

PMAOX18

PMAOX19

PMAOX20

PMAOX21

PMAOX22

ONSET OF FIRST PARTIAL INCAPACITY

PMA0001

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMA0002

 / /

Definitions and questions

PARENTAL RELATIONSHIPS - PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with "other parent"?

How?

What does "other parent" do about it?

What does X do about it?

Does it cause any arguments?

Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - PARENT #2

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMA1190
Intensity

PMA1101

PMA1102

PMA1X03

PMA1X04

PMA1X05

PMA1X06

PMA1X07

PMA1X08

PMA1X09

PMA1X10

PMA1X11

PMA1X12

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

PMA1X13

PMA1X14

PMA1X15

PMA1X16

PMA1X17

PMA1X18

PMA1X19

PMA1X20

PMA1X21

PMA1X22

ONSET OF FIRST PARTIAL INCAPACITY

PMA1O01

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMA1O02

 / /

Definitions and questions

PARENTAL RELATIONSHIPS - OTHER PARENT #1

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with "Other Parent #1"?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #1

- 0 = Absent
- 2 = Present

WITHDRAWAL

- 0 = Absent
- 2 = Partial Incapacity.
- 3 = Severe Incapacity.

DISCORD

- 0 = Absent
- 2 = Partial Incapacity.
- 3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMA2I90
Intensity

PMA2I01

PMA2I02

PMA2X03

PMA2X04

PMA2X05

PMA2X06

PMA2X07

PMA2X08

PMA2X09

PMA2X10

PMA2X11

PMA2X12

Definitions and questions

FOR REVIEW ONLY

Coding rules

Codes

PMA2X13

PMA2X14

PMA2X15

PMA2X16

PMA2X17

PMA2X18

PMA2X19

PMA2X20

PMA2X21

PMA2X22

ONSET OF FIRST PARTIAL INCAPACITY

PMA2O01

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMA2O02

 / /

Definitions and questions

PARENTAL RELATIONSHIPS - OTHER PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with "Other Parent #2"?

How?

What does "other parent" do about it?

What does X do about it?

Does it cause any arguments?

Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #2

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMA3I90
Intensity

PMA3IO1

PMA3IO2

PMA3X03

PMA3X04

PMA3X05

PMA3X06

PMA3X07

PMA3X08

PMA3X09

PMA3X10

PMA3X11

PMA3X12

Definitions and questions

IF NO CHILDREN IN HOUSEHOLD, SKIP TO "SIBLING RELATIONSHIPS: OUT OF HOME", (PAGE 16).

Coding rules

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

PMA3X13

PMA3X14

PMA3X15

PMA3X16

PMA3X17

PMA3X18

PMA3X19

PMA3X20

PMA3X21

PMA3X22

PMA3O01

/ /

PMA3O02

/ /

Definitions and questions

SIBLING RELATIONSHIPS: IN HOME

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with (brothers and sisters)?

How?

What do they do about it?

What does s/he do?

Does it create any arguments?

Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH SIBLING RELATIONSHIPS - IN HOME

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMA4I90
Intensity

PMA4I01

PMA4I02

PMA4X03

PMA4X04

PMA4X05

PMA4X06

PMA4X07

PMA4X08

PMA4X09

PMA4X10

PMA4X11

PMA4X12

Definitions and questions

IF NO SIBLINGS OUT OF HOME, SKIP TO "CHORES", (PAGE 20).

Coding rules

Codes

PMA4X13

PMA4X14

PMA4X15

PMA4X16

PMA4X17

PMA4X18

PMA4X19

PMA4X20

PMA4X21

PMA4X22

ONSET OF FIRST PARTIAL INCAPACITY

PMA4O01

ONSET OF FIRST SEVERE INCAPACITY

PMA4O02

Definitions and questions

SIBLING RELATIONSHIPS: OUT OF HOME

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior

Does it affect how s/he gets along with (brothers and/or sisters) who don't live at home?

How?

What do they do about it?

What does s/he do about it?

Does it create any arguments?

Can you tell me about the last time?

Coding rules

PROBLEMS WITH SIBLING RELATIONSHIP - OUT OF HOME

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMA5I90
Intensity

PMA5I01

PMA5I02

PMA5X03

PMA5X04

PMA5X05

PMA5X06

PMA5X07

PMA5X08

PMA5X09

PMA5X10

PMA5X11

PMA5X12

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

PMA5X13

PMA5X14

PMA5X15

PMA5X16

PMA5X17

PMA5X18

PMA5X19

PMA5X20

PMA5X21

PMA5X22

ONSET OF FIRST PARTIAL INCAPACITY

PMA5O01

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMA5O02

 / /

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.

What is it that makes it hard for him/her to keep him/herself clean and tidy?

How long has it been affected?

What is it that makes it hard for him/her to keep him/herself clean and tidy?

What about keeping him/herself clean and tidy? Has that been affected at all?

Coding rules

SELF CARE

0 = Absent

2 = Partial incapacity.

3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMA6I01
Intensity

PMA6X02

PMA6X03

PMA6X04

PMA6X05

PMA6X06

PMA6X07

PMA6X08

PMA6X09

PMA6X10

PMA6X11

PMA6X12

PMA6X13

PMA6X14

FOR REVIEW ONLY

Definitions and questions

FOR REVIEW ONLY

Coding rules

ONSET OF FIRST PARTIAL INCAPACITY
- SELF CARE

ONSET OF FIRST SEVERE INCAPACITY

Codes

PMA6X15

PMA6X16

PMA6X17

PMA6X18

PMA6X19

PMA6X20

PMA6X21

PMA6O01

 / /

PMA6O02

 / /

Definitions and questions

CHORES

A child should be able to perform reasonable work tasks expected of him/her at home, such as keeping the bedroom tidy, helping out around the house and yard. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

What about helping around the house?

Like cleaning up his/her toys?

Or cleaning up his/her plate from the tables?

Are there any things that s/he can't do properly or that s/he's stopped doing because of (the way s/he's been feeling)?

Would it make a difference if s/he didn't...(have symptoms)?

*What difference would it make?
How do you know that it's...(symptom)...that causes the trouble?*

Coding rules

PROBLEMS WITH COOPERATIVE HELPING

- 0 = Absent
- 2 = Partial incapacity.
- 3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMA7I90
Intensity

PMA7X02

PMA7X03

PMA7X04

PMA7X05

PMA7X06

PMA7X07

PMA7X08

PMA7X09

PMA7X10

PMA7X11

PMA7X12

PMA7X13

PMA7X14

Definitions and questions

FOR REVIEW ONLY

Coding rules

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

PMA7X15

PMA7X16

PMA7X17

PMA7X18

PMA7X19

PMA7X20

PMA7X21

PMA7O01

/ /

PMA7O02

/ /

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.

What about doing his/her homework?

Has it affected him/her at all?

In what way?

Are there any things that s/he can't do properly or that s/he's stopped doing because of (the way s/he's been feeling)?

Would it make a difference if s/he didn't...(have symptoms)?

What difference would it make?

How do you know that it's...(symptom)...that causes the trouble?

Coding rules

HOMEWORK

- 0 = Absent
- 2 = Partial incapacity.
- 3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMA8I01
Intensity

PMA8X02

PMA8X03

PMA8X04

PMA8X05

PMA8X06

PMA8X07

PMA8X08

PMA8X09

PMA8X10

PMA8X11

PMA8X12

PMA8X13

PMA8X14

Definitions and questions

FOR REVIEW ONLY

Coding rules

Codes

PMA8X15

PMA8X16

PMA8X17

PMA8X18

PMA8X19

PMA8X20

PMA8X21

ONSET OF FIRST PARTIAL INCAPACITY

PMA8O01

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMA8O02

 / /

Definitions and questions

LEAVING HOUSE

A child should be able to leave his/her house without difficulty. Obviously the range of activities that might induce a child to go outside the house varies widely with age, and judgment must be used in deciding what is consonant with the child's developmental stage.

Does...(symptom)...make it hard for him/her to leave the house?

To get ready to go outside?

Or to go to school or daycare?

Coding rules

LEAVING HOUSE

- 0 = Absent
- 2 = Partial incapacity.
- 3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMA9I01
Intensity

PMA9X02

PMA9X03

PMA9X04

PMA9X05

PMA9X06

PMA9X07

PMA9X08

PMA9X09

PMA9X10

PMA9X11

PMA9X12

PMA9X13

PMA9X14

FOR REVIEW ONLY

Definitions and questions

FOR REVIEW ONLY

Coding rules

Codes

PMA9X15

PMA9X16

PMA9X17

PMA9X18

PMA9X19

PMA9X20

PMA9X21

ONSET OF FIRST PARTIAL INCAPACITY

PMA9O01

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMA9O02

 / /

Definitions and questions

SCHOOL LIFE

SCHOOL PERFORMANCE

Deterioration in classwork is considered to be evidence of an incapacity. A description of things that the child used to be able to do but can do no longer is required for a rating here; do not include children whose low intelligence limits their ability to perform at school work and have, therefore, always had poor results.

However, a child that has never been able to perform due to hyperactivity or chronic conduct problems would code if it is clear that these problems contribute to difficulties with school performance.

What about at school, does...(symptom)... affect how s/he gets along there?

Does...(symptom)...affect how well s/he can do his/her lessons?

How?
Can you tell me about the last time that it did?

Coding rules

DAYCARE/SCHOOL PERFORMANCE

- 0 = Absent
- 2 = Partial incapacity.
- 3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMBO190
Intensity

PMBOX02

PMBOX03

PMBOX04

PMBOX05

PMBOX06

PMBOX07

PMBOX08

PMBOX09

PMBOX10

PMBOX11

PMBOX12

PMBOX13

PMBOX14

Definitions and questions

FOR REVIEW ONLY

Coding rules

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

PMB0X15

PMB0X16

PMB0X17

PMB0X18

PMB0X19

PMB0X20

PMB0X21

PMB0O01

 / /

PMB0O02

 / /

Definitions and questions

SCHOOL SUSPENSION
 Exclusion from school for any length of time.
Has X ever been suspended from school?
Has it happened in the last three months?

Coding rules

SUSPENSION

- 0 = Absent
- 2 = Present

SUSPENSION IN LAST 3 MONTHS

- 0 = Absent
- 2 = Present

DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

Ever:PMB1E90
Intensity

Ever:PMB1V01
Frequency

Ever:PMB1O01
Onset

PMB1I01
Intensity

PMB1D01

PMB1X02

PMB1X03

PMB1X04

PMB1X05

PMB1X06

PMB1X07

PMB1X08

PMB1X09

PMB1X10

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

PMB1X11

PMB1X12

PMB1X13

PMB1X14

PMB1X15

PMB1X16

PMB1X17

PMB1X18

PMB1X19

PMB1X20

PMB1X21

Definitions and questions

IN-SCHOOL SUSPENSION
 Exclusion from school for any length of time.
Has X ever been suspended in school?
Has it happened in the last three months?

Coding rules

IN-SUSPENSION

- 0 = Absent
- 2 = Present

SUSPENSION IN LAST 3 MONTHS

- 0 = Absent
- 2 = Present

DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

Ever:PMB2E90
Intensity

Ever:PMB2V01
Frequency

Ever:PMB2O01
Onset

PMB2I01
Intensity

PMB2D01

PMB2X02

PMB2X03

PMB2X04

PMB2X05

PMB2X06

PMB2X07

PMB2X08

PMB2X09

PMB2X10

Definitions and questions

Coding rules

Codes

PMB2X11

PMB2X12

PMB2X13

PMB2X14

PMB2X15

PMB2X16

PMB2X17

PMB2X18

PMB2X19

PMB2X20

PMB2X21

FOR REVIEW ONLY

Definitions and questions

SCHOOL EXPULSION
 Expulsion from daycare/school or asked to withdraw voluntarily.
Has X ever been expelled from school?
Has that happened in the last three months?

Coding rules

EXPULSION

- 0 = Absent
- 2 = Present

DATE OF FIRST EXPULSION

EXPULSION IN LAST 3 MONTHS

- 0 = Absent
- 2 = Present

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

Ever:PMB3E90
Intensity

Ever:PMB3V01
Frequency

Ever:PMB3O01

PMB3I01
Intensity

Ever:PMB3X02

Ever:PMB3X03

Ever:PMB3X04

Ever:PMB3X05

Ever:PMB3X06

Ever:PMB3X07

Ever:PMB3X08

Ever:PMB3X09

Ever:PMB3X10

Ever:PMB3X11

Definitions and questions

Coding rules

Codes

Ever:PMB3X12

Ever:PMB3X13

Ever:PMB3X14

Ever:PMB3X15

Ever:PMB3X16

Ever:PMB3X17

Ever:PMB3X18

Ever:PMB3X19

Ever:PMB3X20

Ever:PMB3X21

FOR REVIEW ONLY

Definitions and questions

TEACHER RELATIONSHIPS

A deterioration in a child's relationships with his/her teachers is regarded as an incapacity. The need to use increasing levels of disciplinary action, or a withdrawal from contact with teachers with whom the child has previously had good relationships, is evidence of disturbance here.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to teachers.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Does it affect how s/he gets along with the caregivers/teachers?

Coding rules

PROBLEMS WITH DAYCARE PROVIDER/TEACHER RELATIONSHIPS

- 0 = Absent
- 2 = Present

WITHDRAWAL

- 0 = Absent
- 2 = Partial Incapacity.
- 3 = Severe Incapacity.

DISCORD

- 0 = Absent
- 2 = Partial Incapacity.
- 3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMB4190
Intensity

PMB4101

PMB4102

PMB4X03

PMB4X04

PMB4X05

PMB4X06

PMB4X07

PMB4X08

PMB4X09

PMB4X10

PMB4X11

PMB4X12

FOR REVIEW ONLY

Definitions and questions

FOR REVIEW ONLY

Coding rules

Codes

PMB4X13

PMB4X14

PMB4X15

PMB4X16

PMB4X17

PMB4X18

PMB4X19

PMB4X20

PMB4X21

PMB4X22

ONSET OF FIRST PARTIAL INCAPACITY

PMB4O01

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMB4O02

 / /

Definitions and questions

PEER RELATIONSHIPS AT SCHOOL

Children should be able to form mutually interested relationships and to undertake activities together (playing, chatting constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to peers.

DISCORD: Incapacity involving aggressions, arguments, fights or disruptive behavior.

What about how s/he gets along with other children at daycare/school; does it affect that?

What about friends at daycare/school?

*Has it made him/her see friends less than s/he used to?
Or try to avoid them?
Or do they seem to want to do things with him/her less than they used to?
Why is that?*

Coding rules

PROBLEMS WITH PEER RELATIONSHIPS AT DAYCARE/SCHOOL

- 0 = Absent
- 2 = Present

WITHDRAWAL

- 0 = Absent
- 2 = Partial Incapacity.
- 3 = Severe Incapacity.

DISCORD

- 0 = Absent
- 2 = Partial Incapacity.
- 3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMB5I90
Intensity

PMB5I01

PMB5I02

PMB5X03

PMB5X04

PMB5X05

PMB5X06

PMB5X07

PMB5X08

PMB5X09

PMB5X10

PMB5X11

PMB5X12

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

PMB5X13

PMB5X14

PMB5X15

PMB5X16

PMB5X17

PMB5X18

PMB5X19

PMB5X20

PMB5X21

PMB5X22

ONSET OF FIRST PARTIAL INCAPACITY

PMB5O01

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMB5O02

 / /

Definitions and questions

SPARE TIME ACTIVITIES

Normal out of school activities should be reduced 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 it affect his/her playing time?

Or his/her ability to play either alone or with other kids?

Coding rules

SPARE TIME ACTIVITIES

- 0 = Absent
- 2 = Partial incapacity.
- 3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMB6I01
Intensity

PMB6X02

PMB6X03

PMB6X04

PMB6X05

PMB6X06

PMB6X07

PMB6X08

PMB6X09

PMB6X10

PMB6X11

PMB6X12

PMB6X13

PMB6X14

Definitions and questions

FOR REVIEW ONLY

Coding rules

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

PMB6X15

PMB6X16

PMB6X17

PMB6X18

PMB6X19

PMB6X20

PMB6X21

PMB6O01

 / /

PMB6O02

 / /

Definitions and questions

RELATIONSHIPS WITH ADULTS IN SPARE TIME ACTIVITIES

Both withdrawal from such relationships and disturbances of their harmony are evidence to be borne on mind for the purposes of a rating here.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to adults.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Does it affect how s/he gets along with other people outside the home or school - such as neighbors...or people at (the park, etc.)?

Who?

How?

Can you tell me about the last time that it did?

Has it made him/her see less of other adults?

Or try to avoid them?

Or do they treat him/her differently?

Why?

Coding rules

PROBLEMS WITH RELATIONSHIPS WITH ADULTS OUTSIDE THE HOME OR DAYCARE/SCHOOL

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMB7190 Intensity

PMB7101

PMB7102

PMB7X03

PMB7X04

PMB7X05

PMB7X06

PMB7X07

PMB7X08

PMB7X09

PMB7X10

PMB7X11

Definitions and questions

FOR REVIEW ONLY

Coding rules

Codes

PMB7X12

PMB7X13

PMB7X14

PMB7X15

PMB7X16

PMB7X17

PMB7X18

PMB7X19

PMB7X20

PMB7X21

PMB7X22

ONSET OF FIRST PARTIAL INCAPACITY

PMB7O01

 / /

ONSET OF FIRST SEVERE INCAPACITY

PMB7O02

 / /

Definitions and questions

RELATIONSHIPS WITH PEERS

Children should be able to form mutually interested relationships and to undertake activities together (chatter and hanging out constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to peers.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Has it affected how s/he gets along with friends at all - I mean outside school?

How?

Can you tell me more about the last time that it did?

Has it made him/her see less of friend(s) than s/he used to?

Why is that?

What about with other children/young people in your neighborhood?

Coding rules

PROBLEMS WITH PEER RELATIONSHIPS

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMB8190
Intensity

PMB8101

PMB8102

PMB8X03

PMB8X04

PMB8X05

PMB8X06

PMB8X07

PMB8X08

PMB8X09

PMB8X10

PMB8X11

PMB8X12

Definitions and questions

FOR REVIEW ONLY

Coding rules

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

PMB8X13

PMB8X14

PMB8X15

PMB8X16

PMB8X17

PMB8X18

PMB8X19

PMB8X20

PMB8X21

PMB8X22

PMB8O01

 / /

PMB8O02

 / /

Definitions and questions

EMPLOYMENT

Many adolescents have jobs, and they may prove unable to perform these jobs adequately as a result of psychopathology, in which case an incapacity should be recorded as being present as a result of that psychopathology. The 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 s/he have a job?

Has that been affected at all?

Coding rules

EMPLOYMENT

- 0 = Absent
- 2 = Present

WITHDRAWAL

- 0 = Absent
- 2 = Partial Incapacity.
- 3 = Severe Incapacity.

DISCORD

- 0 = Absent
- 2 = Partial Incapacity.
- 3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMB9I90
Intensity

PMB9I01

PMB9I02

PMB9X03

PMB9X04

PMB9X05

PMB9X06

PMB9X07

PMB9X08

PMB9X09

PMB9X10

PMB9X11

PMB9X12

Definitions and questions

FOR REVIEW ONLY

Coding rules

**ONSET OF FIRST PARTIAL INCAPACITY
- EMPLOYMENT**

**ONSET OF FIRST SEVERE INCAPACITY
- EMPLOYMENT**

Codes

PMB9X13

PMB9X14

PMB9X15

PMB9X16

PMB9X17

PMB9X18

PMB9X19

PMB9X20

PMB9X21

PMB9X22

PMB9O01

PMB9O02

Definitions and questions

MEDICATION

Any medication prescribed by a medical practitioner (either mainstream or alternative) or given by parents or guardian. Do not include analgesics taken less than once per week for sporadic headaches, etc. However, such drugs should be included if they are taken more regularly than this.

Note: Type and daily dose if known for any medication mentioned.

Is s/he on any medication?

Or tablets?

Or anything from his/her doctor?

What?
What is that?

Coding rules

MEDICATION

0 = Absent

2 = Present

MINOR TRANQUILIZERS/SEDATIVES

0 = Absent

2 = Present

BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT

ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS

0 = Absent

2 = Present

BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT

STIMULANTS

0 = Absent

2 = Present

BEGINNING OF STIMULANTS TREATMENT

STRATTERA (NON-STIMULANT)

0 = Absent

2 = Present

BEGINNING OF STRATTERA (NON-STIMULANT) TREATMENT

ANTIDEPRESSANTS

0 = Absent

2 = Present

BEGINNING OF ANTIDEPRESSANTS TREATMENT

LITHIUM

0 = Absent

2 = Present

BEGINNING OF LITHIUM TREATMENT

Codes

PMC0I90
Intensity

PMC0I01

PMC0001

 / /

PMC1I01

PMC1001

 / /

PMC2I01

PMC2001

 / /

PMC2I02

PMC2002

 / /

PMC3I01

PMC3001

 / /

PMC4I01

PMC4001

 / /

Definitions and questions

IF ANY MEDICATION TAKEN
CONTINUE. OTHERWISE, SKIP TO
"OFFSETS", (PAGE 56).

Coding rules

ANTICONSULSANTS

- 0 = Absent
- 2 = Present

BEGINNING OF ANTICONSULSANTS TREATMENT

ANTIBIOTICS

- 0 = Absent
- 2 = Present

BEGINNING OF ANTIBIOTICS TREATMENT

ASTHMA MEDICATION

- 0 = Absent
- 2 = Present

BEGINNING OF ASTHMA MEDICATION TREATMENT

OTHER

- 0 = Absent
- 2 = Present
- Specify

BEGINNING OF TREATMENT

Codes

PMC5I01

PMC5O01

PMFOI01

PMFOO01

PMF1I01

PMF1O01

PMC6I01

PMC6O01

Definitions and questions

MEDICATION - RX 1

Which medication is s/he on?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

- 0 = No Medication
- 1 = Abilify
- 2 = Accutane
- 3 = Anafranil (clompramine)
- 4 = Atarax
- 5 = Benadryl
- 6 = Benezedrine
- 7 = Celexa
- 8 = Concerta
- 9 = Cylert
- 10 = Daytrana
- 11 = Dexedrine
- 12 = Effexor
- 13 = Elivil
- 14 = Focalin
- 15 = Gabapentin
- 16 = Geodon
- 17 = Lamictal
- 18 = Lexapro
- 19 = Lithium
- 20 = Marplan
- 21 = Metadate
- 22 = Norpramin
- 23 = Paxil
- 24 = Prednisone
- 25 = Prozac
- 26 = Ritalin
- 27 = Seroquel
- 28 = Tegretol
- 29 = Tenex
- 30 = Tofranil
- 31 = Topamax
- 32 = Trileptal
- 33 = Uniphyl
- 34 = Valproate

Codes

POAAX03
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

- 35 = Wellbutrin
- 36 = Zoloft
- 37 = Zyrtek
- 38 = Other Medication.

DOSE IN MG - RX 1

DOSE IN MG - (IF VARIES WITHIN 24 HOURS) - RX 2

NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2

DOCTOR EXPLANATION

- 0 = No
- 2 = Yes

MENTION OF SIDE EFFECTS

- 0 = No
- 2 = Yes

NUMBER OF SIDE EFFECTS - RX 1

CHECKING REACTION TO MEDICATION

- 0 = No
- 2 = Yes

VIEWED MEDICATION BOTTLE

- 0 = No
- 2 = Yes

Codes

POAAX01

POAAF01

Frequency

POAAX02

POAAF02

POAAO01

Onset

POAAX05

POAAX07

POAAX08

POAAX09

POAAX10

FOR REVIEW ONLY

Definitions and questions

MEDICATION - RX 2

WHICH MEDICATION IS S/HE ON?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

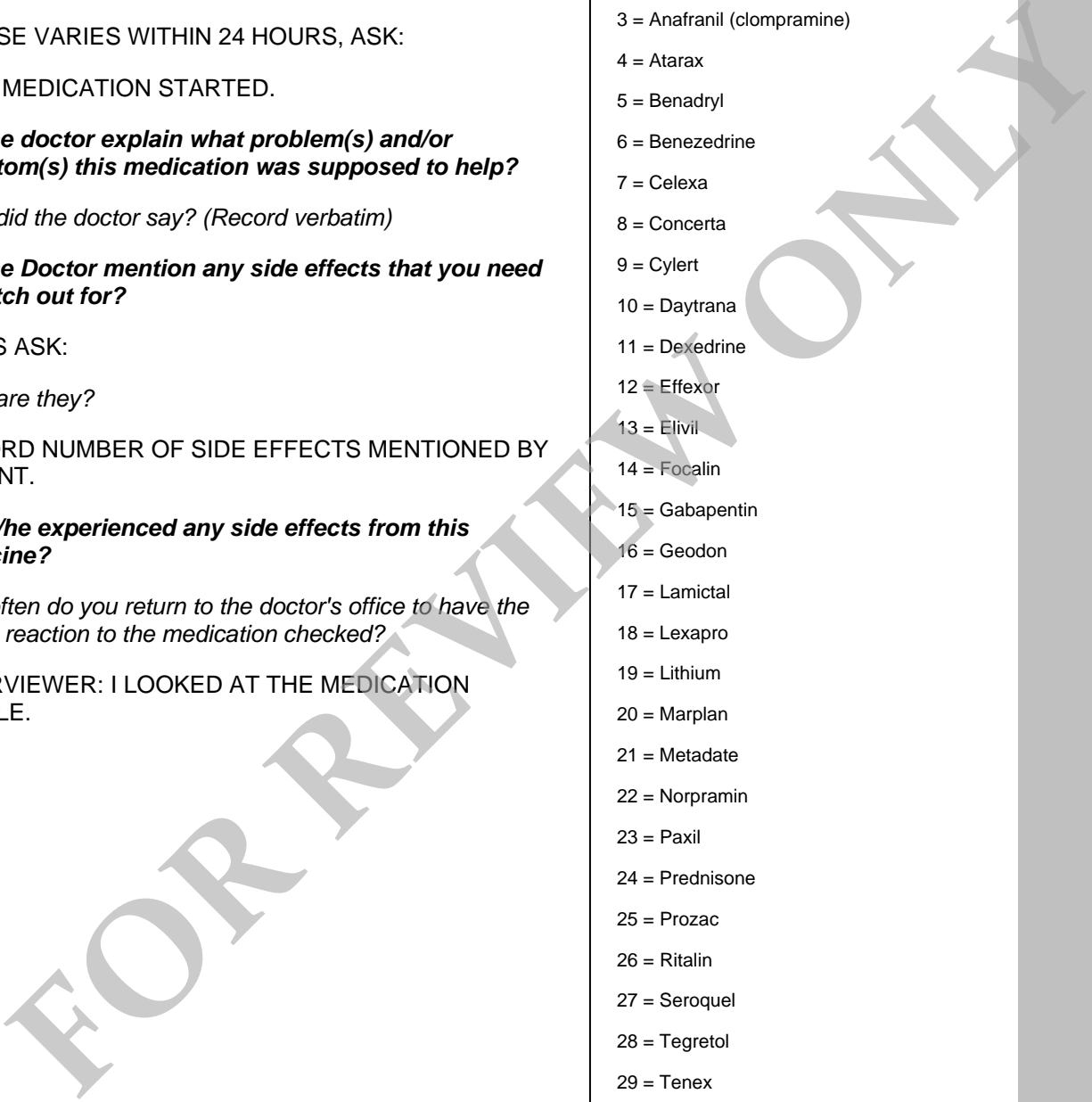
Coding rules

DETAILED MEDICATION LIST

- 0 = No Medication
- 1 = Abilify
- 2 = Accutane
- 3 = Anafranil (clompramine)
- 4 = Atarax
- 5 = Benadryl
- 6 = Benezedrine
- 7 = Celexa
- 8 = Concerta
- 9 = Cylert
- 10 = Daytrana
- 11 = Dexedrine
- 12 = Effexor
- 13 = Elivil
- 14 = Focalin
- 15 = Gabapentin
- 16 = Geodon
- 17 = Lamictal
- 18 = Lexapro
- 19 = Lithium
- 20 = Marplan
- 21 = Metadate
- 22 = Norpramin
- 23 = Paxil
- 24 = Prednisone
- 25 = Prozac
- 26 = Ritalin
- 27 = Seroquel
- 28 = Tegretol
- 29 = Tenex
- 30 = Tofranil
- 31 = Topamax
- 32 = Trileptal
- 33 = Uniphyl
- 34 = Valproate

Codes

POABX03
Intensity



Definitions and questions

Coding rules

- 35 = Wellbutrin
- 36 = Zoloft
- 37 = Zyrtek
- 38 = Other Medication.

DOSE IN MG - RX 2

DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 2

NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2

DOCTOR EXPLANATION

- 0 = No
- 2 = Yes

MENTION OF SIDE EFFECTS

- 0 = No
- 2 = Yes

NUMBER OF SIDE EFFECTS - RX 2

CHECKING REACTION TO MEDICATION

- 0 = No
- 2 = Yes

VIEWED MEDICATION BOTTLE

- 0 = No
- 2 = Yes

Codes

POABX01

POABF01

Frequency

POABX02

POABF02

POABO01

Onset

POABX05

POABX07

POABX08

POABX09

POABX10

FOR REVIEW ONLY

Definitions and questions

MEDICATION - RX 3

WHICH MEDICATION IS S/HE ON?
How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.
 IF DOSE VARIES WITHIN 24 HOURS, ASK:
 DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?
What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?
 IF YES ASK:
What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.
Has s/he experienced any side effects from this medicine?
How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

- 0 = No Medication
- 1 = Abilify
- 2 = Accutane
- 3 = Anafranil (clompramine)
- 4 = Atarax
- 5 = Benadryl
- 6 = Benezedrine
- 7 = Celexa
- 8 = Concerta
- 9 = Cylert
- 10 = Daytrana
- 11 = Dexedrine
- 12 = Effexor
- 13 = Elivil
- 14 = Focalin
- 15 = Gabapentin
- 16 = Geodon
- 17 = Lamictal
- 18 = Lexapro
- 19 = Lithium
- 20 = Marplan
- 21 = Metadate
- 22 = Norpramin
- 23 = Paxil
- 24 = Prednisone
- 25 = Prozac
- 26 = Ritalin
- 27 = Seroquel
- 28 = Tegretol
- 29 = Tenex
- 30 = Tofranil
- 31 = Topamax
- 32 = Trileptal
- 33 = Uniphyl
- 34 = Valproate

Codes

POACX03
Intensity

Definitions and questions

Coding rules

- 35 = Wellbutrin
- 36 = Zoloft
- 37 = Zyrtek
- 38 = Other Medication.

DOSE IN MG - RX 3

DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 3

NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 3

DOCTOR EXPLANATION

- 0 = No
- 2 = Yes

MENTION OF SIDE EFFECTS

- 0 = No
- 2 = Yes

NUMBER OF SIDE EFFECTS - RX 3

CHECKING REACTION TO MEDICATION

- 0 = No
- 2 = Yes

VIEWED MEDICATION BOTTLE

- 0 = No
- 2 = Yes

Codes

POACX01

POACF01

Frequency

POACX02

POACF02

POACO01

Onset

POACX05

POACX07

POACX08

POACX09

POACX10

FOR REVIEW ONLY

Definitions and questions

MEDICATION - RX 4

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

- 0 = No Medication
- 1 = Abilify
- 2 = Accutane
- 3 = Anafranil (clompramine)
- 4 = Atarax
- 5 = Benadryl
- 6 = Benezedrine
- 7 = Celexa
- 8 = Concerta
- 9 = Cylert
- 10 = Daytrana
- 11 = Dexedrine
- 12 = Effexor
- 13 = Elivil
- 14 = Focalin
- 15 = Gabapentin
- 16 = Geodon
- 17 = Lamictal
- 18 = Lexapro
- 19 = Lithium
- 20 = Marplan
- 21 = Metadate
- 22 = Norpramin
- 23 = Paxil
- 24 = Prednisone
- 25 = Prozac
- 26 = Ritalin
- 27 = Seroquel
- 28 = Tegretol
- 29 = Tenex
- 30 = Tofranil
- 31 = Topamax
- 32 = Trileptal
- 33 = Uniphyl
- 34 = Valproate

Codes

POADX03
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

- 35 = Wellbutrin
- 36 = Zoloft
- 37 = Zyrtek
- 38 = Other Medication.

DOSE IN MG - RX 4

Codes

POADX01

POADF01

Frequency

DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 4

POADX02

NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 4

POADF02

POADO01

Onset

DOCTOR EXPLANATION

0 = No

2 = Yes

POADX05

MENTION OF SIDE EFFECTS

0 = No

2 = Yes

POADX07

NUMBER OF SIDE EFFECTS - RX 4

POADX08

CHECKING REACTION TO MEDICATION

0 = No

2 = Yes

POADX09

VIEWED MEDICATION BOTTLE

0 = No

2 = Yes

POADX10

FOR REVIEW ONLY

Definitions and questions

OFFSETS

Code here if symptoms coded in the symptom section have ceased within the 3 months primary period.

CODE HERE IF SYMPTOMS CODED IN THE SYMPTOM SECTION HAVE CEASED WITHIN THE 3 MONTHS PRIMARY PERIOD.

Coding rules

PRESENT 2

0 = Absent

2 = Present

SCHOOL NON-ATTENDANCE OFFSET

SEPARATION ANXIETY OFFSET

WORRIES/ANXIETY OFFSET

OBSESSIONS/COMPULSIONS OFFSET

DEPRESSION OFFSET

MANIA OFFSET

PHYSICAL SYMPTOMS OFFSET

FOOD-RELATED BEHAVIOR OFFSET

HYPERACTIVITY OFFSET

CONDUCT DISORDER OFFSET

ALCOHOL/DRUGS OFFSET

SMOKING CIGARETTES OFFSET

PSYCHOSIS OFFSET

RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2 OFFSET

Codes

PMC7XYZ 00 Intensity

PMC7O01

PMC7O02

PMC7O03

PMC7O04

PMC7O05

PMC7O06

PMC7O07

PMC7O08

PMC7O19

PMC7O09

PMC7O10

PMC7O18

PMC7O11

PMC7O12

FOR REVIEW ONLY

Definitions and questions

FOR REVIEW ONLY

Coding rules

RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2 OFFSET

Codes

PMC7O13

/ /

RELATIONSHIPS WITH OTHER ADULTS OFFSET

PMC7O14

/ /

SIBLING RELATIONSHIPS OFFSET

PMC7O15

/ /

PEER RELATIONSHIPS OFFSET

PMC7O16

/ /

LIFE EVENTS/POST-TRAUMATIC STRESS OFFSET

PMC7O17

/ /

Definitions and questions

ENDING THE INTERVIEW

PERCEPTION OF PROBLEMS

We have covered quite a lot of ground, but is there anything that worries him/her, or causes problems, that I haven't asked about?

What?
Can you tell me more about that?
You have told me about many different things; do you think that any of them are problems for him/her?

FOR REVIEW ONLY

Coding rules

PERCEPTION OF PROBLEM(S)

0 = Absent

2 = Present

PROBLEMS WITH:

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

4 = Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Life Events/Post-Traumatic Stress

21 = Alcohol/Drugs

Codes

PMC8I90
Intensity

PMC8X01

PMC8X02

PMC8X03

PMC8X04

PMC8X05

PMC8X06

Definitions and questions

HELP NEEDED WITH:

Are there any things that you think s/he needs help with?

What?
What sort of help does s/he need?

Coding rules

HELP NEEDED

- 0 = Absent
- 2 = Present

HELP NEEDED WITH:

- 1 = School Non-Attendance
- 2 = Separation Anxiety
- 3 = Worries/Anxieties
- 4 = Obsessions/Compulsions
- 5 = Depression
- 6 = Mania
- 7 = Physical Symptoms
- 8 = Food-Related Behavior
- 9 = Hyperactivity
- 13 = Conduct
- 14 = Psychosis
- 15 = Relationships with Parent #1 and/or Parent #2
- 16 = Relationships with Other Parent #1 and/or Other Parent #2
- 17 = Relationships with Other Adults
- 18 = Sibling Relationships
- 19 = Peer Relationships
- 20 = Life Events/Post-Traumatic Stress
- 21 = Alcohol/Drugs

Codes

PMC9I90
Intensity

PMC9X01

PMC9X02

PMC9X03

PMC9X04

PMC9X05

PMC9X06

FOR REVIEW ONLY

Definitions and questions

**CHILD HEALTH SERVICES SCREEN
SERVICES SCREEN**

Because it's easy to forget, I'm going to go through a list of places where you might have gotten help or treatment (for any concerns or problems you might have experienced).

I want you to tell me whether you have been to any of them in your life, and in the last 3 months.

PSYCHIATRIC HOSPITAL

Has s/he ever been admitted to a Psychiatric Hospital?

How many times?
What Hospital(s) was s/he admitted to?
When was the first time?
How about in the last 3 months?

GENERAL HOSPITAL PSYCHIATRIC UNIT

Has s/he ever been in a psychiatric ward or unit of a general hospital?

Where was that?
Has s/he been there in the last 3 months?
When was the first time?

Coding rules

PSYCHIATRIC HOSPITAL

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

GENERAL HOSPITAL PSYCHIATRIC UNIT

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:PNA0E01
 Intensity

Ever:PNA0001
 Onset

PNA0I01
 Intensity

Ever:PNA1E01
 Intensity

Ever:PNA1001
 Onset

PNA1I01
 Intensity

Definitions and questions

Coding rules

Codes

DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT

Has s/he ever been in an inpatient alcohol or drug treatment unit?

Or an inpatient detoxification unit?

Where was that?

Has s/he been there in the last 3 months?

When was the first time?

DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT

0 = No

2 = Yes

Ever:PNA2E01
Intensity

Ever:PNA2O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNA2I01
Intensity

HOSPITAL MEDICAL INPATIENT UNIT

A medical inpatient unit, for any of the kinds of problems that you told me about?

In the last 3 months?

When was the first time?

HOSPITAL MEDICAL I/P UNIT

0 = No

2 = Yes

Ever:PNA3E01
Intensity

Ever:PNA3O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNA3I01
Intensity

RESIDENTIAL TREATMENT CENTER

Has s/he been in a residential treatment center because of the problems you told me about?

Where was that?

Have you been there in the last 3 months?

When was the first time?

RESIDENTIAL TREATMENT CENTER

0 = No

2 = Yes

Ever:PNA4E01
Intensity

Ever:PNA4O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNA4I01
Intensity

Definitions and questions

DETENTION CENTER/TRAINING SCHOOL/JAIL
Has s/he ever been in a detention center or training school?
In jail or prison?
How many times?
Has s/he been there in the last 3 months?
When was the first time?

GROUP HOME/EMERGENCY SHELTER
Has s/he ever been in a group home?
Or an emergency shelter?
Where was that?
Has s/he been there in the last 3 months?
When was the first time?

THERAPEUTIC FOSTER CARE
Has s/he been in therapeutic foster care?
Where foster parents had been trained to provide care?

Coding rules

DETENTION CENTER/TRAINING SCHOOL/JAIL

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

GROUP HOME/EMERGENCY SHELTER

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

THERAPEUTIC FOSTER CARE

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:PNA5E01
 Intensity

Ever:PNA5O01
 Onset

 / /

PNA5I01
 Intensity

Ever:PNA6E01
 Intensity

Ever:PNA6O01
 Onset

 / /

PNA6I01
 Intensity

Ever:PNA7E01
 Intensity

Ever:PNA7O01
 Onset

 / /

PNA7I01
 Intensity

Definitions and questions

BOARDING SCHOOL
Or gone to a boarding school for the kinds of problems you told me about?
 When did s/he first (go there)?
 Has s/he (been there) in the last 3 months?
 Was it any help?
 In what way?
 Did it make things even worse?
 How?

DAY HOSPITAL/PARTIAL HOSPITALIZATION
Has s/he been to a day hospital?
Or a partial day program at a hospital?
 Has that been in the last 3 months?
 When was the first time?

OUTPATIENT DRUG OR ALCOHOL CLINIC
Has s/he been to an outpatient drug or alcohol clinic?
 Where at?
 Has s/he been in the last 3 months?
 When did s/he first go there?

Coding rules

BOARDING SCHOOL

0 = No
 2 = Yes

LAST THREE MONTHS

0 = No
 2 = Yes

DAY HOSPITAL/PARTIAL HOSPITALIZATION

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

OUTPATIENT DRUG OR ALCOHOL CLINIC

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:PNA8E01
 Intensity

Ever:PNA8O01
 Onset

PNA8I01
 Intensity

Ever:PNA9E01
 Intensity

Ever:PNA9O01
 Onset

PNA9I01
 Intensity

Ever:PNB0E01
 Intensity

Ever:PNB0O01
 Onset

PNB0I01
 Intensity

Definitions and questions

MENTAL HEALTH CENTER
A mental health center?

COMMUNITY HEALTH CENTER
A community health center?
Has s/he been in the last 3 months?
When did s/he first go there?

CRISIS CENTER
Has s/he ever been to a crisis center for any kind of help?
Has s/he been in the last 3 months?
When was the first time?

Coding rules

MENTAL HEALTH CENTER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

COMMUNITY HEALTH CENTER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

CRISIS CENTER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PNB1E01
Intensity

Ever:PNB1O01
Onset

PNB1I01
Intensity

Ever:PNB2E01
Intensity

Ever:PNB2O01
Onset

PNB2I01
Intensity

Ever:PNB3E01
Intensity

Ever:PNB3O01
Onset

PNB3I01
Intensity

Definitions and questions

IN-HOME COUNSELING/CRISIS SERVICES
Has s/he ever had in-home counseling or crisis services?
In the last 3 months?
When did s/he first have in-home services?

PRIVATE PROFESSIONAL TREATMENT
Has s/he been to a private professional for help with any problems?
Or a social worker or a psychiatric nurse?
Has s/he seen them in the last 3 months?
When was the first time?

Coding rules

IN-HOME COUNSELING/CRISIS SERVICES

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

PRIVATE PROFESSIONAL TREATMENT

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:PNB4E01
Intensity

Ever:PNB4O01
Onset

PNB4I01
Intensity

Ever:PNB5E01
Intensity

Ever:PNB5O01
Onset

PNB5I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

Has s/he seen a school guidance counselor for help with the problems we have talked about?

Or a school psychologist?

Or a school social worker?

Or gotten any other sort of help at school?

When was the first time?

Has s/he seen them in the last 3 months?

SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

0 = No

2 = Yes

Ever:PBPOE01
Intensity

Ever:PBPOO01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

Specify

PBPOI01
Intensity

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

Has s/he been in any special classes?

Was it for emotional or behavioral reasons?

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

0 = No

2 = Yes

Ever:PNB7E01
Intensity

Ever:PNB7O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

Specify

PNB7I01
Intensity

FOR REVIEW ONLY

Definitions and questions

SPECIAL CLASS (LEARNING DISABILITIES/MR)
Has s/he been in any special classes for other reasons?
Was it for learning problems?
Has s/he seen them in the last 3 months?
When was the first time?

SCHOOL TEACHER
Has your child talked to a school teacher for special help about feelings or behaviors?
In the last 3 months?
When was the first time?

Coding rules

SPECIAL CLASS (LEARNING DISABILITIES/MR)

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes
Specify

SCHOOL TEACHER

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:PND0E01
Intensity

Ever:PND0O01
Onset

PND0I01
Intensity

Ever:PND7E01
Intensity

Ever:PND7O01
Onset

PND7I01
Intensity

FOR REVIEW ONLY

Definitions and questions

SCHOOL NURSE
Or a school nurse?
In the last 3 months?
When was the first time?

EDUCATIONAL TUTORING
Has s/he had educational tutoring (outside of a special class)?
By whom?
What was it for?

SOCIAL SERVICES
 Include visits to Social Services and visits by Social Services to the home if related to subject's problems. Include child-related visits if subject's symptoms are related to children i.e. anxiety, conduct, etc.
Has s/he seen social services for any of the kinds of problems that you told me about?
Has s/he gone there in the last 3 months?
When was the first time?

Coding rules

SCHOOL NURSE

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

EDUCATIONAL TUTORING

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

SOCIAL SERVICES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:PND8E01
 Intensity

Ever:PND8O01
 Onset

PND8I01
 Intensity

Ever:PND1E01
 Intensity

Ever:PND1O01
 Onset

PND1I01
 Intensity

Ever:PNB8E01
 Intensity

Ever:PNB8O01
 Onset

PNB8I01
 Intensity

Definitions and questions

Coding rules

Codes

PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR

Has s/he ever had a Probation Officer or Juvenile Correction Counselor?

When did s/he first go?

Has s/he seen them in the last 3 months?

PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR

0 = No

2 = Yes

Ever:PNB9E01
Intensity

Ever:PNB9O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNB9I01
Intensity

FAMILY DOCTOR/OTHER MD

Has s/he seen your family doctor for any of the kinds of problems we have talked about?

Or any other medical doctor?

In the last 3 months?

When did s/he first see a doctor for problems like that?

FAMILY DOCTOR/OTHER MD

0 = No

2 = Yes

Ever:PNC0E01
Intensity

Ever:PNC0O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNC0I01
Intensity

HOSPITAL EMERGENCY ROOM

Has s/he been to a hospital emergency room for any of the kinds of problems we have talked about?

Has s/he been there in the last 3 months?

When was the first time?

HOSPITAL EMERGENCY ROOM

0 = No

2 = Yes

Ever:PNC1E01
Intensity

Ever:PNC1O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNC1I01
Intensity

Definitions and questions

RELIGIOUS COUNSELOR

If Religious Counselor is a paid pastoral counselor, code under Private Professional.

Code here religious, spiritual, faith-based counselors i.e. priest, rabbi, minister.

Has s/he seen a minister (priest, rabbi, etc.) for any of the kinds of problems you told me about?

Or any other spiritual or faith-based counselor?

Has s/he seen them in the last 3 months?
When was the first time?

ALTERNATIVE PRACTITIONER/OTHER HEALER

Has s/he seen any alternative practitioners or other healers?

Such as a faith healer or a curandero?
Or a medicine man/woman?
Or a traditional Indian healer?
An herbalist or root doctor?
Or a "New Age" practitioner?
Or a touch or massage therapist?
Has s/he seen any of those in the last 3 months?
When was the first time?

Coding rules

RELIGIOUS COUNSELOR

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

ALTERNATIVE PRACTITIONER/OTHER HEALER

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:PNC2E01
Intensity

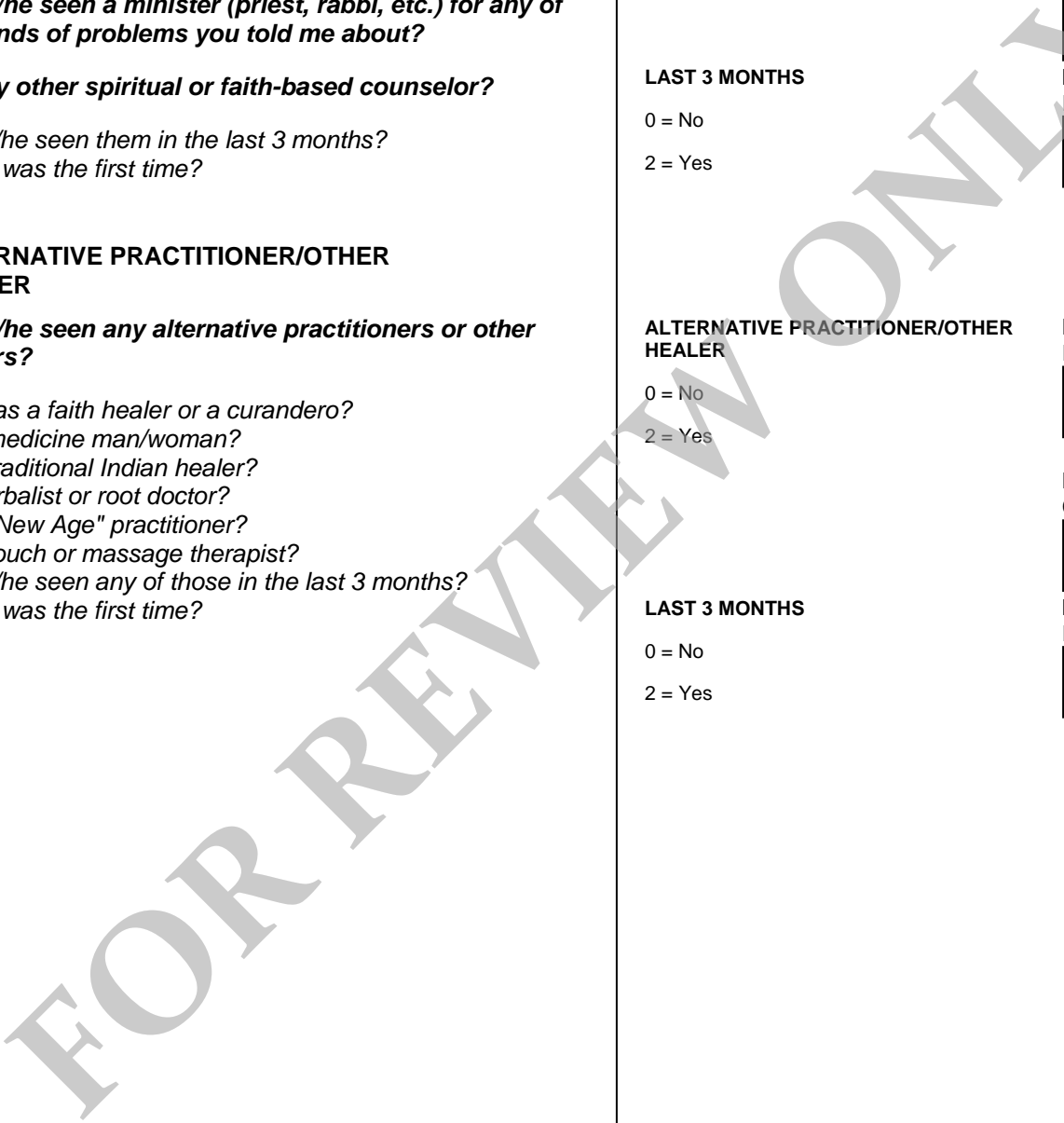
Ever:PNC2O01
Onset

PNC2I01
Intensity

Ever:PNC3E01
Intensity

Ever:PNC3O01
Onset

PNC3I01
Intensity



Definitions and questions

OTHER "NON-PROFESSIONAL" HELP

Assistance from others who are not professionally trained, licensed, and/or certified to provide mental health services for fees.

CRISIS HOTLINE

Has s/he ever called a "crisis hotline" for help with the kinds of problems we have talked about?

*Has s/he called in the last 3 months?
When was the first time?*

SELF-HELP GROUP

Has s/he ever participated in a self-help group?

*Such as AA or NA?
Or a domestic violence support group?
Or a group that talks about depression or anxiety together?
Has s/he been to a group like that in the last 3 months?
When was the first time?*

INTERNET SUPPORT GROUP

Internet web sites or chat rooms specific to discussion of certain problems, emotions, disorders, or disabilities.

Has s/he ever sought help from an internet support group for the kinds of problems we have talked about?

Or participated in chat room conversations about those kinds of issues or concerns?

*Has s/he done that in the last 3 months?
When was the first time s/he sought help online?*

Coding rules

CRISIS HOTLINE

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

SELF-HELP GROUP

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

INTERNET SUPPORT GROUP

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PNC4E01
Intensity

Ever:PNC4O01
Onset

PNC4I01
Intensity

Ever:PNC5E01
Intensity

Ever:PNC5O01
Onset

PNC5I01
Intensity

Ever:ISG0E01
Intensity

Ever:ISG0O01
Onset

ISG0I01
Intensity

Definitions and questions

HELP FROM RELATIVES
Has s/he talked to relatives to get help for problems like we have discussed?
Has s/he talked to them about that in the last 3 months?
When was the first time?

OTHER NON-PROFESSIONAL ADULT HELP
Has s/he talked to any other adults to get help for problems like we have discussed?
Has s/he talked to them about that in the last 3 months?
When was the first time?

HELP FROM FRIENDS
Has s/he gone to friends for help with the kinds of problems we've talked about?
Has s/he talked with them about problems in the last 3 months?
When was the first time?

Coding rules

HELP FROM RELATIVES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

HELP FROM RELATIVES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

HELP FROM FRIENDS

0 = No
 2 = Yes

HELP FROM FRIENDS

0 = No
 2 = Yes

Codes

Ever:PNC6E01
 Intensity

Ever:PNC6O01
 Onset

 / /

PNC6I01
 Intensity

Ever:PNC7E01
 Intensity

Ever:PNC7O01
 Onset

 / /

PNC7I01
 Intensity

Ever:PNC8E01
 Intensity

Ever:PNC8O01
 Onset

 / /

PNC8I01
 Intensity

Definitions and questions

Coding rules

Codes

GENERAL SERVICES USE

This page is to be asked of every subject interviewed. The intent is to gather inclusive general information. Detailed Service Forms are not completed on Non-Mental Health related services.

****We have asked you in detail about all services used for emotional, behavioral, or substance related reasons. Now we would like to briefly ask about four services used in general over the last year and over the last 3 months. This will include any services already mentioned plus services used for reasons other than emotional, behavioral or substance related reasons.***

SPECIAL SERVICES AT SCHOOL IN THE LAST YEAR

Gather information for the last year.

THESE QUESTIONS ARE ABOUT GENERAL SERVICE USE IN THE LAST YEAR.

We have asked you in detail about all services used for emotional, behavioral or substance related reasons. Now we would like to briefly ask about five services used in general over the last year and over the last three months. This will include any services already mentioned plus services used for reasons other than emotional, behavioral or substance related reasons.

In the last year has s/he used any student services at school (e.g., career guidance counselor or special services)?

Has s/he used them in the last 3 months?

DEPARTMENT OF SOCIAL SERVICES IN THE LAST YEAR

Gather information for the last year.

In the last year has s/he received any services from DSS (The Department Of Social Services)?

In the last 3 months?

SPECIAL SERVICES AT SCHOOL

0 = No

2 = Yes

LAST 3 MONTHS

0 = No

2 = Yes

DEPARTMENT OF SOCIAL SERVICES

0 = No

2 = Yes

LAST 3 MONTHS

0 = No

2 = Yes

Ever:PND2101 Intensity

PND2102 Intensity

Ever:PND3101 Intensity

PND3102 Intensity

Definitions and questions

CONTACT WITH COURT OR JUVENILE JUSTICE IN THE LAST YEAR
 Gather information for the last year.
In the last 3 years has s/he had any contact with the court or juvenile justice services?
In the last 3 months?

HEALTH PROVIDER IN THE LAST YEAR
 Gather information for the last year.
In the last year has s/he made a visit to a health provider (e.g. family doctor, health center, clinic, ER)?
Has s/he been in the last 3 months?

MENTAL HEALTH SERVICES FOR OTHER THAN CHILD'S OWN PROBLEMS IN THE LAST YEAR
 Gather information for the last year.
In the last year has s/he been to a mental health center or seen a mental health professional privately for other than his/her own mental health problems (mostly for those of another family member)?
Has s/he been in the last 3 months?

Coding rules

CONTACT WITH COURT OR JUVENILE JUSTICE

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

HEALTH PROVIDER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

MENTAL HEALTH SERVICES FOR OTHER THAN CHILD'S OWN PROBLEMS

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PND4I01 Intensity

PND4I02 Intensity

Ever:PND5I01 Intensity

PND5I02 Intensity

Ever:PND6I01 Intensity

PND6I02 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**ATTITUDES AND BARRIERS TO SERVICES
RECEPTIVITY TO SERVICES**

GENERAL RECEPTIVITY

The degree to which an individual thinks that professional services for emotional or behavioral problems are generally beneficial and an appropriate response to major problems.

When people have a serious emotional or behavioral problem, do you think it is a good idea for them to try to get help or treatment?

Do you think people like counselors or doctors can help with the kinds of emotional and behavioral problems people have?

PERSONAL RECEPTIVITY

Do you think that getting help or treatment for a serious problem would be (has been) a good idea for your child?

*Would you have liked your child to see someone (someone else) for any problems s/he had in the past 3 months?
In the future, if s/he had a major problem, would you want him/her to see someone?*

CHILD'S PERSONAL RECEPTIVITY

Does your child think that getting help or treatment for a serious problem would be (has been) a good idea for him/her?

*Would s/he have liked to see someone (someone else) for any problems s/he had in the past 3 months?
In the future, if s/he had a major problem, would s/he want to see someone?*

GENERAL RECEPTIVITY

0 = Sees professional services as an appropriate response to major emotional or behavioral problems for people

1 = Sees professional services as probably appropriate for major problems for people

2 = Sees professional services as probably not appropriate for major problems for people

3 = Sees professional services as definitely not appropriate for major emotional or behavioral problems for people

PERSONAL RECEPTIVITY

0 = Sees professional services as an appropriate response to major emotional or behavioral problems, for own child.

1 = Sees professional services as probably appropriate for major problems, for own child.

2 = Sees professional services as probably not appropriate for major problems, for own child.

3 = Sees professional services as definitely not appropriate even for major emotional or behavioral problems, for own child.

CHILD'S PERSONAL RECEPTIVITY

0 = Sees professional services as an appropriate response to his/her major emotional or behavioral problems.

1 = Sees professional services as probably appropriate for his/her major problems.

2 = Sees professional services as probably not appropriate for his/her major problems.

3 = Sees professional services as definitely not appropriate even for major emotional or behavioral problems, for him/herself.

PPA0101
Intensity

PPA0102
Intensity

PPA0103
Intensity

Definitions and questions

PERCEPTION OF BARRIERS TO SERVICE

Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services.

PARENT'S FEAR, DISLIKE, OR DISTRUST OF PROFESSIONALS

Concern or discomfort with using services caused by subject's fear, dislike, or distrust of talking with professionals.

How do you feel about talking with doctors, counselors, or other professionals?

*Have you talked with anyone like that about the kinds of problems we have talked about?
Tell me about the last time.
What made you uncomfortable?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of this feeling about "doctors"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this "feeling" make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

PARENT'S FEAR, DISLIKE, DISTRUST OF PROFESSIONALS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

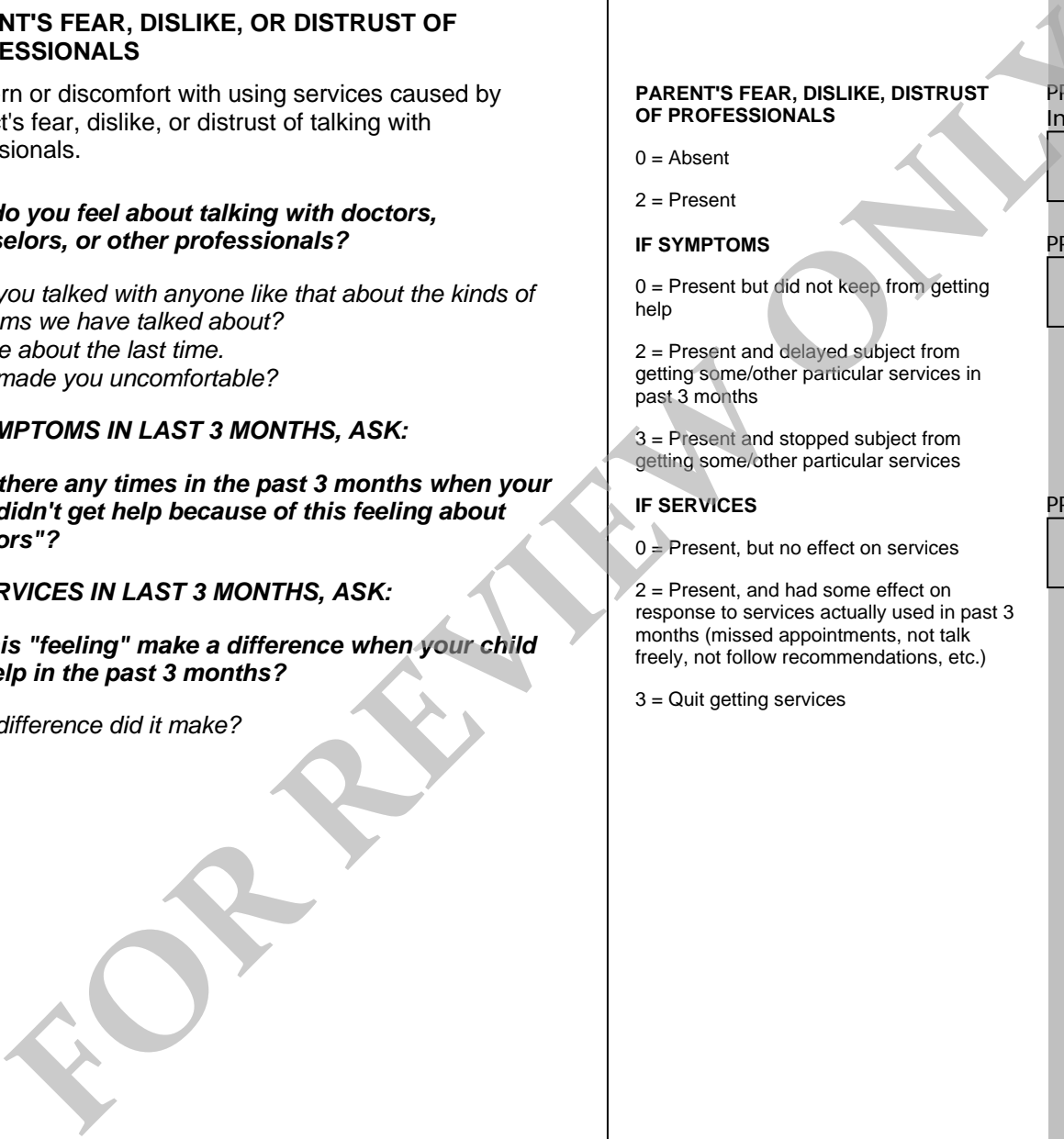
- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPA1101
Intensity

PPA1102

PPA1103



Definitions and questions

PARENT'S PREVIOUS NEGATIVE EXPERIENCE WITH PROFESSIONAL(S)

Concern or discomfort with using services caused by subject's previous negative experience with professional(s).

Have you ever had a "bad experience/trouble" with a "professional/provider" that kept you from getting help again?

Tell me about it.

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of "this experience"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this experience" make a difference when your child got help in the past 3 months?

What difference did it make?

PARENT'S SELF-CONCIOUSNESS

Reluctance to use services caused by self-consciousness about admitting having a problem or about seeking help for it. Also inability to talk with anyone about such sensitive issues.

Is it hard for you to talk to others about your child's problem?

Or to ask others for help?

Do you feel embarrassed or self-conscious?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because it would be "embarrassing"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this "feeling" make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

PREVIOUS NEGATIVE EXPERIENCE

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

PARENT'S SELF-CONCIOUSNESS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

Ever:PPA2E01 Intensity

PPA2I01 Intensity

PPA2I02

PPA3I01 Intensity

PPA3I02

PPA3I03

Definitions and questions

PARENT'S ANTICIPATION OF NEGATIVE REACTION

Reluctance to use services caused by anticipation of a negative reaction from family, friends, or others to seeking treatment for an emotional or mental problem.

Are you concerned about what your family will think about your child's getting help?

Or about what your friends would think?

Or about what others would think?

What do you think they would say?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because you were "concerned what others would think"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

PARENT'S ANTICIPATION OF NEGATIVE REACTION

0 = Absent

2 = Present

IF SYMPTOMS

0 = Present but did not keep from getting help

2 = Present and delayed subject from getting some/other particular services in past 3 months

3 = Present and stopped subject from getting some/other particular services

IF SERVICES

0 = Present, but no effect on services

2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)

3 = Quit getting services

Codes

PPA4101
Intensity

PPA4102

PPA4103

FOR REVIEW ONLY

Definitions and questions

PARENT'S ANTICIPATION OF OUT OF HOME PLACEMENT

Reluctance to use services caused by fear that subject's children might be at greater risk of out-of-home placement.

Were you concerned that your child might be taken from your home?

Or that s/he might have to go live somewhere else?

What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when your child didn't get help because of "this concern"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when your child got help in the past 3 months?

What difference did it make?

PARENT'S ANTICIPATED LOSS OF PARENTAL RIGHTS

Reluctance to use services caused by fear that subject might be seen as an unfit parent and lose parental rights.

Were you concerned that you might not be allowed to look after your children anymore?

What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Was there any time in the last 3 months when your child didn't get help because of "this concern"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

PARENT'S ANTICIPATION OF OUT OF HOME PLACEMENT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

PARENT'S ANTICIPATION OF LOSS OF PARENTAL RIGHTS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPA5101
Intensity

PPA5102

PPA5103

PPA6101
Intensity

PPA6102

PPA6103

Definitions and questions

INCOMPLETE INFORMATION

Difficulty in getting services caused by lack of information about where to get services or how to arrange them.

Did lack of information about who to see make it harder for your child to get services?

Do you think you need more information about who to see about a problem?

*How would (did) you try to find out who to see?
Who would (did) you ask about finding the right person to help with problems?
Have you tried to contact anyone for help?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when your child didn't get help because you didn't know who to see about the problem?

IF SERVICES IN LAST 3 MONTHS, ASK:

When your child got help in the past 3 months, did you have trouble finding out who to see or where to go?

TIME

Reluctance to use services caused by lack of time to get treatment or to make arrangements for treatment.

Are you concerned about having enough time to get help for your child?

*Do you have time to take your child to appointments?
Or time to make arrangements?
How much time would be needed?
What would you not be able to do?
Would you have to miss class or work?
Would you have to give up a job or going to school?
Would you miss out on social activities with friends?
Would you have to give up doing things you enjoy?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of "the time commitment"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did time make a difference when your child got help in the past 3 months?

Coding rules

INCOMPLETE INFORMATION

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

TIME

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPA7101
Intensity

PPA7102

PPA7103

PPA8101
Intensity

PPA8102

PPA8103

Definitions and questions

COST

Inability to use services or underutilization of services caused by perception that services could not be afforded or paid for.

Are you bothered about the cost of getting help for your child?

*What do you think it would cost?
How did you find out what it would cost?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because it would cost too much?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did cost make a difference when your child got help in the past 3 months?

What difference did it make?

IF CONCERN ABOUT COST, ASK:

Was that because your insurance would not cover the cost?

*Would your insurance cover part?
Could you afford the rest?*

Coding rules

CONCERN ABOUT COST

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

INSURANCE

- 0 = Insurance covered cost or could afford co-payment
- 2 = No insurance or insurance coverage insufficient

Codes

PPA9101
Intensity

PPA9102

PPA9103

PPA9104

FOR REVIEW ONLY

Definitions and questions

TRANSPORTATION

Reluctance to use services caused by difficulty getting to treatment site.

Is it difficult for you to get to "treatment" location?

*How far would you need to go?
What transportation would (do) you need to get there?
Is that available?
Why wouldn't you use it?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because you "had no transportation and couldn't get there"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did transportation make a difference when your child got help in the past 3 months?

What difference did it make?

BUREAUCRATIC DELAY

This item includes bureaucratic hurdles such as excessive pre-visit paperwork or authorizations, difficulty getting an appointment in a timely fashion or being put on a waiting list, or offices where the phone is not answered or calls are not returned.

Have there been difficulties getting services because of "the system"?

*Have you had trouble getting through on the phone?
Were you put on a waiting list?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of "bureaucratic delay"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did bureaucratic delay make a difference when your child got help in the past 3 months?

Coding rules

PROBLEM WITH TRANSPORTATION

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

PROBLEM WITH BUREAUCRATIC DELAY

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPBO101
Intensity

PPBO102

PPBO103

PPB6101
Intensity

PPB6102

PPB6103

Definitions and questions

SERVICE NOT AVAILABLE

Non-availability of a particular service desired by a subject (such as counseling or drug rehab) because it does not exist in the area where the subject lives.

Are there particular services you would like to use to get help for your child that are not available where you live?

What kind of service?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because that service is not available around here?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did availability or existence of services make a difference when your child got help in the last 3 months?

What difference did it make?

REFUSAL TO TREAT

Being refused by the service for various reasons: lack of space/beds, problematic history of subject, fear of liability, etc.

Did any service agency refuse to provide treatment for your child?

What was the reason given?
What do you think was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because s/he was refused treatment?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this refusal to treat make a difference when your child got help in the last 3 months?

What difference did it make?

Coding rules

PROBLEM WITH AVAILABILITY

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Problem present but no effect on service
- 2 = Problem present but used a different service
- 3 = Problem present so used no service

REFUSAL TO TREAT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPB7101
Intensity

PPB7102

PPB7103

PPB8101
Intensity

PPB8102

PPB8103

Definitions and questions

CHILD OR PARENT REFUSES TREATMENT

The subject refused to go for treatment for which s/he was referred by a professional; or, the spouse/partner refuses to allow the subject's participation.

Has s/he refused to go to any treatment services?

Have you refused to allow him/her to get treatment?

What was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because s/he or you refused treatment?

IF SERVICES IN PAST 3 MONTHS, ASK:

Did his/her refusal to go to treatment make a difference in getting help in the last 3 months?

Did your refusal make a difference in getting help in the last 3 months?

Coding rules

CHILD OR PARENT REFUSES TREATMENT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPB9101
Intensity

PPB9102

PPB9103

FOR REVIEW ONLY

Definitions and questions

LANGUAGE

Reluctance to use services caused by lack of professionals who speak the native language of this family. Do not include a speech defect in a parent or subject whose native language is English.

IF ENGLISH IS ONLY LANGUAGE, SKIP TO OTHER BARRIERS.

What languages are spoken in your home?

Does your child speak English?

Is it hard for you to talk about your problems in English?
Is it hard for your child?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when your child didn't go see someone about a problem because of having to speak English?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did having to speak English make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

LANGUAGES SPOKEN IN THE HOME

- 0 = English is first language
- 1 = English is second language and other first language(s) is spoken in the home
- 2 = Only other language(s), not English, spoken in the home

LANGUAGE BARRIER

- 0 = Absent
- 2 = Present for parent but not for child.
- 3 = Present for subject

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPB1I01
Intensity

PPB2I01

PPB2I02

PPB2I03

FOR REVIEW ONLY

Definitions and questions

OTHER BARRIERS

Reluctance to use services caused by other factors.

Are there other things that you are concerned about in relation to getting help for your child's problems?

*What are they?
Tell me about that.*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of X?

How did it keep him/her from getting help?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did X make a difference when your child got help in the past 3 months?

What difference did it make?

IF NO CONCERNS OR BARRIERS IDENTIFIED IN ENTIRE SECTION,, SKIP TO "ADMINISTRATION OF THE CAIA", (PAGE ERROR! BOOKMARK NOT DEFINED.).

Coding rules

OTHER BARRIER

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
 - 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
 - 3 = Quit getting services
- Specify
-

Codes

PPB3101
Intensity

PPB3102

PPB3103

Definitions and questions

RELATIVE IMPACT OF BARRIERS

Subject's weighting of the relative importance of the barriers to service.

You've told me that "barriers" made a difference in the help your child got.

Which ones bothered you the most?

Which ones made the most difference in the services your child got?

Coding rules

BARRIERS REPORTED

- 0 = Absent
- 2 = Present

RELATIVE IMPACT OF BARRIERS

- 1 = Fear, dislike, or distrust of professionals
- 2 = Previous negative experience
- 3 = Self-consciousness
- 4 = Anticipated negative reaction
- 5 = Anticipated out of home placement
- 6 = Anticipated loss of parental rights
- 7 = Lack of information
- 8 = Time
- 9 = Cost
- 10 = Problem with transportation
- 11 = Language barrier
- 12 = Other barrier
- 13 = Bureaucratic delay
- 14 = Services not available
- 15 = Refusal to treat
- 16 = Refuses treatment

Codes

PPB4X01
Intensity

PPB4I01

PPB4I02

PPB4I03

FOR REVIEW ONLY

Definitions and questions

SERVICES AFFECTED

Subject's listing of the providers/treatment settings whose services were most affected by the above barriers.

Which "services" were affected the most?

*Who didn't your child go to see?
Is there someone your child would like to have seen?
Or an agency your child would have liked to go to for services?*

Coding rules

TREATMENT SETTING(S) AFFECTED

- 0 = Absent
- 2 = Present

TREATMENT SETTING

- 1 = Psychiatric Hospital
- 2 = Psychiatric unit in general hospital
- 3 = Drug/alcohol/detox unit
- 4 = Medical inpatient unit in hospital
- 5 = Residential treatment center
- 6 = Detention center/training school/jail
- 7 = Group home/emergency shelter
- 8 = Therapeutic foster care
- 9 = Boarding school
- 10 = Partial hospitalization/day program
- 11 = Drug/alcohol clinic
- 12 = Mental health center/clinic
- 13 = Community health center
- 14 = Crisis center
- 15 = In-home counseling/crisis services
- 16 = Private professional treatment
- 17 = School guidance counselor/school psychologist/school social worker
- 18 = Special class/BEH
- 19 = Social services
- 20 = Probation officer/juvenile correction counselor
- 21 = Family doctor/other MD
- 22 = Hospital ER
- 23 = Religious counselor
- 24 = Other healer/alternative practitioner
- 25 = Special Class/LD/MR
- 26 = Educational Tutoring
- 27 = School Teacher
- 28 = School Nurse
- 29 = Crisis hotline
- 30 = Self-help group (AA, NA, etc.)

Codes

PPB5X01
Intensity

PPB5I01

PPB5I02

PPB5I03

FOR REVIEW ONLY

Definitions and questions

BARRIERS - INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY

INTERVIEWER'S SUBJECTIVE RATING OF THE SEVERITY OF THE PROBLEMS:

FOR REVIEW ONLY

Coding rules

- 31 = Adult family member/relative
- 32 = Non professional adult help
- 33 = Peer help

INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY

- 1 = Mild
- 2 = Moderate
- 3 = Severe

Codes

PPCOX02
Intensity

**CHILD AND ADOLESCENT IMPACT
ASSESSMENT
ADMINISTRATION OF THE CAIA**

This is the point during the interview for the interviewer to decide whether to administer the CAIA. It is essential to do the CAIA if any impairment or symptom coded.

If any of the below are true or there is any doubt, administer the CAIA. (If you decide when you are coding, after the interview, that there were no codings whatsoever in the PAPA you may "S" the CAIA.)

If a "Life Event" codes, but there is no "Painful Recall", you need not complete the CAIA solely on the basis of that event. If "Painful Recall" is present, do the CAIA.

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ECONOMIC BURDEN

If services received in the last three months, ask expenses. Otherwise, skip to "Loss of Income".

EXPENSES

The monetary expenses associated with getting services for child's emotional or behavioral problems. Include costs of medication.

Do not include income lost because of child's problems, which is coded under "Loss of Income".

Have there been any expenses associated with getting help for your child?

Have the costs of getting help for your child's problems had an impact on family budget for other things?

*Are they causing any restrictions elsewhere?
Do you have savings to cover them?
Have you had to work extra hours?
Have you or anyone else had to take an additional job?*

Have you gone into debt to cover these expenses?

Are you concerned about being able to pay back these expenses?

IF SERVICES NOT RECEIVED IN THE LAST THREE MONTHS, SKIP TO "LOSS OF INCOME", (PAGE 3).

EXPENSES

0 = No expenses.

1 = Expenses but affordable.

2 = Expenses causing effects on other areas of family budget.

IMPACT ON EXPENSES

0 = Absent

1 = Using savings.

2 = Necessitate cutting back on other expenditures.

3 = Necessitate working additional hours/jobs.

DEBTS

0 = Absent

2 = Incurred debts but envision no serious problems with payback.

3 = Incurred debts and envision will have problems with payback.

PTA0101
Intensity

PTA0102

PTA0103

Definitions and questions

LOSS OF INCOME

Loss of income that results from the need to get professional services for child's emotional or behavioral problems, or from the need to provide an increased level of care at home, or from other things directly associated with the child's problems.

Do not include actual expenditures incurred for the child's problems, which are coded under "Expenses".

Have your child's problems affected your family's income?

Have your child's problems affected your paid work?

*Have you lost any time at work because of it?
Or have you had to cut down to part-time work?
Or have you been unable to work at all?
Or lost you job?*

Has your partner's paid work been affected at all?

Or you child's?

Or another family member's?

Coding rules

LOSS OF INCOME

- 0 = Absent
- 2 = Present

PARENT #1

- 0 = No income lost.
- 2 = Time lost at work, or hours reduced.
- 3 = Unable to work, or lost job.

PARENT #2

- 0 = No income lost.
- 2 = Time lost at work, or hours reduced.
- 3 = Unable to work, or lost job.

CHILD/ADOLESCENT

- 0 = No income lost.
- 2 = Time lost at work, or hours reduced.
- 3 = Unable to work, or lost job.

OTHER FAMILY MEMBER

- 0 = No income lost.
- 2 = Time lost at work, or hours reduced.
- 3 = Unable to work, or lost job.

Codes

PTA1190
Intensity

PTA1101

PTA1102

PTA1103

PTA1104

FOR REVIEW ONLY

Definitions and questions

IMPACT ON FAMILY RELATIONSHIPS

NEGATIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

Have your child's problems had any negative impact on your relationship with your "current partner"?

*Has having to deal with these problems strained the relationship at all?
How much of a strain has it been?*

POSITIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

Have your child's problems had any positive impact on your relationship with your "current partner"?

Has having to deal with these problems strengthened that relationship at all?

IF PARENT DOES NOT HAVE "CURRENT PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP", (PAGE 5).

Coding rules

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP

0 = No negative effects.

1 = Some negative effects, but relationship essentially satisfactory.

2 = Severe negative effects on quality of relationship attributed to the child's problems.

3 = Child's problems contributed to marital breakdown.

POSITIVE IMPACT ON CURRENT RELATIONSHIP

0 = No positive effects.

2 = Relationship has been strengthened.

Codes

PTA2101
Intensity

PTA2102
Intensity

Definitions and questions

NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

The impact of the child's emotional or behavioral problems on the parent's relationship with the child's "Other Parent" who no longer lives in the home. "Other Parent" may be either a biological parent who lives elsewhere or another person who lives elsewhere that has played a significant part in raising the child.

Have your child's problems had any impact on your relationship with "child's other parent"?

Has having to deal with these problems put a strain on that relationship?

How much of a strain has it been?

Did it contribute to the breakdown of that relationship?

IMPACT ON PARENT'S CURRENT RELATIONSHIP WITH OTHER PARENT #1

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

How have your child's problems affected your current relationship with "child's other parent"?

IF PARENT DOES NOT HAVE A "PREVIOUS PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND", (PAGE 6).

Coding rules

NEGATIVE/NEUTRAL IMPACT ON BREAKDOWN OF PREVIOUS PARTNERSHIP

0 = No negative effect.

1 = Some negative effects, but breakdown of marital relationship not influenced by child's problems.

2 = Child's problems seen as contributing to breakdown of marital relationship.

3 = Child's problems seen as most important reason for breakdown of marital relationship.

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP WITH PREVIOUS PARTNER

0 = No negative effect.

1 = Some negative effects, but the quality of current relationship not influenced by child's problems.

2 = Child's problems seen as contributing to difficulties in current relationship.

3 = Child's problems seen as most important reason for difficulties in current relationship.

Codes

PTA3101 Intensity

PTA3102 Intensity

Definitions and questions

NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?

Has having to deal with these problems strained the relationship at all?

How much of a strain has it been?

IF PARENT DOES NOT HAVE A "STEADY BOYFRIEND/GIRLFRIEND", SKIP TO "IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE", (PAGE 8).

Coding rules

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP

0 = No negative effects.

1 = Some negative effects, but relationship is essentially satisfactory.

2 = Severe negative effects on quality of relationship attributed to the child's problems.

3 = Child's problems contributed to breakdown of relationship.

Codes

PTC0101
Intensity

FOR REVIEW ONLY

Definitions and questions

POSITIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?

Has having to deal with these problems strengthened that relationship at all?

IF THERE ARE NO OTHER CHILDREN IN THE HOUSEHOLD, SKIP TO "IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS", (PAGE 9).

Coding rules

POSITIVE IMPACT ON CURRENT RELATIONSHIP

0 = No positive effects.

2 = Relationship has been strengthened.

Codes

PTC0102
Intensity

FOR REVIEW ONLY

Definitions and questions

IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE

The impact of the child's emotional or behavioral problems on the parent's relationship with other child(ren).

Have your child's problems had any impact on your relationships with your other child(ren)?

*In what way?
Have they taken time away from your contact with them?
Have the problems made it more difficult for you to deal with the other child(ren)?*

IMPACT ON ON RELATIONSHIPS BETWEEN OTHER CHILD(REN) IN THE HOUSEHOLD

The impact of child's emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

You've told me some about X's relationship with "other children in the home". Have X's problems affected the other children?

*In what way?
Have they led to conflicts between the children?*

IMPACT ON BEHAVIOR OF OTHER CHILD(REN) IN THE HOUSEHOLD

The impact of child's emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

Have the other children gotten into more trouble, following the example set by X?

Tell me about the last time.

Coding rules

IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN)

0 = Neutral or positive effect.

2 = Subject child's problems leave parent less time for other child(ren), but not otherwise affected.

3 = Subject child's problems have led to a worsening of the relationship between parent and other child(ren).

IMPACT ON RELATIONSHIPS BETWEEN OTHER CHILDREN

0 = Neutral or positive effect on relationship.

2 = Subject child's problems have led to some conflicts between children.

3 = Subject child's problems have led to major disruption of previous relationship.

IMPACT ON OTHER CHILDREN'S BEHAVIOR

0 = Neutral or positive effect on other children's behavior.

2 = Subject child's problems have led other children to have some behavior problems and to get into trouble at home.

3 = Subject child's problems have led other children to have some behavior problems and to get into trouble at school or elsewhere.

Codes

PTA4I01
Intensity

PTA5I01
Intensity

PTA5I02
Intensity

Definitions and questions

IMPACT ON OTHER RELATIONSHIPS

IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS

Impact on the child's emotional or behavioral problems on the parent's relationships with other family members.

Have your child's problems had any impact on your relationship with other members of your family?

*Has having to deal with these problems strained your relationship with your parents?
Your siblings?
Other close relatives?*

IMPACT ON RELATIONSHIPS WITH FRIENDS

The impact of the child's emotional or behavioral problems on the parent's relationships with friends.

Have your child's problems had any impact on relationships with your friends?

Has having to deal with these problems put a strain on your friendships?

Coding rules

RELATIONSHIPS WITH OTHER FAMILY MEMBERS

- 0 = Positive or neutral effect.
- 1 = Some negative effects, but relationships essentially unchanged.
- 2 = Worsening of relationships attributable to the child's problems.
- 3 = Child's problems have resulted in breakdown of relationships.

RELATIONSHIPS WITH FRIENDS

- 0 = Positive or neutral effect.
- 1 = Some negative effects, but relationships essentially unchanged.
- 2 = Worsening of relationships attributable to the child's problems.
- 3 = Child's problems have resulted in breakdown of relationships.

Codes

PTA6101
Intensity

PTA7101
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

RESTRICTIONS ON ACTIVITIES

RESTRICTIONS ON PARENT'S PERSONAL ACTIVITIES

Restrictions on parent's personal life and activities that have resulted from the child's problems. Do not include changes in employment coded under "Expenses" and "Loss of Income" or changes in family social structure coded under "Restrictions on Family Social Activities".

Have your own activities been affected?

Are there things that you haven't done because of your child's needs?

Like hobbies?

Or other activities?

Have your child's problems changed your social life?

In what way?

RESTRICTIONS ON FAMILY'S SOCIAL ACTIVITIES

Restrictions on family's social life that result from the child's problems.

Have these problems kept you from doing things socially with your child?

Are you embarrassed to do things because of his/her problems?

Are there places that are harder to go because of these problems?

Or places that you can't go?

Do you ever not go out because you are concerned about what others will think?

STIGMA

Child's problems have resulted in parent's feeling that others disapprove or blame him/herself and/or his/her partner.

Are you embarrassed about your child's problems?

Have you felt that others disapprove of you or the way you handle things?

Or blame you for what has happened?

Or avoid you because of your child's problems?

RESTRICTED PERSONAL ACTIVITIES

0 = Little effect on personal activities.

2 = Some disruption of personal leisure activities due to child's problems, such as cutting down on activities or hobbies.

3 = Most or all personal leisure activities restricted or disrupted because of child's problems.

PTA8I01
Intensity

RESTRICTED SOCIAL ACTIVITIES FOR FAMILY

0 = No effect of family's social life.

2 = Some disruption, such as family can no longer go some places because of child's problems.

3 = Most or all social activities restricted or disrupted because of child's problems.

PTA9I01
Intensity

STIGMA

0 = No stigma perceived.

1 = Embarrassed but does not feel disapproval or blame directed at him/herself.

2 = Parent feels stigmatized in the eyes of at least some people.

3 = Parent feels stigmatized by almost anyone who knows about child's problems.

PTB0I01
Intensity

Definitions and questions

RESPONSIBILITY FOR PROBLEMS

ATTRIBUTION OF CAUSE OF PROBLEMS

Parent's view of what has caused the child's problems, including attribution to various causes or individuals. Include self-blame by parent who feels responsible for having caused the child's problems, or for the child's lack of progress in dealing with the problems.

Do you think there have been causes for your child's problems?

What things do you think have been causes of your child's problems?

How so?

Do you think that your child was born with these problems?

Is a physical injury or disability to blame?

Or does s/he have problems because something really bad happened to him/her?

Do you think your child is responsible for what has happened?

Coding rules

RESPONSIBILITY FOR PROBLEMS

- 0 = Absent
- 2 = Present

GENETICS

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PHYSICAL INJURY/DISABILITY

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PREVIOUS TRAUMATIC EXPERIENCE

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

Codes

PTB1190
Intensity

PTB1101

PTB1102

PTB1103

PTB1104

Definitions and questions

<i>Do you blame yourself for any of what has happened?</i>
<i>Do you feel responsible for the problems that your child has?</i>
<i>Do you think that your "current partner" is responsible?</i>
<i>Or child's "other parent"?</i>
<i>Or other members of your family?</i>
<i>Or you child's friends and/or peers?</i>
<i>Or the school?</i>

Coding rules

SELF

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PARTNER

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD'S OTHER PARENT

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

OTHER FAMILY MEMBER

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD'S FRIENDS/PEERS

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

SCHOOL

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

Codes

PTB1105

PTB1106

PTB1107

PTB1108

PTB1109

PTB1110

Definitions and questions

IMPACT OF FEELINGS OF PERSONAL WELL-BEING

PSYCHOLOGICAL ADJUSTMENT

Parent's psychological adjustment to child's problems.

Have your child's problems affected how you have been feeling?

Have you been depressed because of his/her problems?

Have you felt discouraged about his/her situation?

Have you been worried about what was happening with your child?

Have you been feeling tired?

Have your child's problems made you irritable or quick to get angry about things?

Have your child's problems affected your health at all? In terms of mental or emotional health? In what way?

Coding rules

PARENT'S PSYCHOLOGICAL ADJUSTMENT

- 0 = Absent
- 2 = Present

DEPRESSION

- 0 = No increase in depressive feelings attributed to child's problems.
- 2 = Yes, some depression related to child's condition.
- 3 = Depression related to child's condition affecting ability to function normally.

WORRIES

- 0 = No increase in worries attributed to child's problems.
- 2 = Yes, some worries related to child's condition.
- 3 = Worries affecting ability to function normally.

TIREDDNESS OR ANERGIA

- 0 = No tiredness attributed to child's problems.
- 2 = Yes, some tiredness related to child's condition.
- 3 = Tiredness affecting ability to function normally.

IRRITABILITY

- 0 = No irritability attributed to child's problems.
- 2 = Yes, some irritability related to child's condition.
- 3 = Irritability affecting ability to function normally.

OTHER MENTAL HEALTH PROBLEMS

- 0 = No other mental health problems attributed to child's problems.
- 2 = Yes, other mental health problems related to child's condition.
- 3 = Other mental health problems affecting ability to function normally.

Specify

Codes

PTB3190
Intensity

PTB3101

PTB3102

PTB3103

PTB3105

PTB3106

Definitions and questions

What about in terms of physical health?

How?

Have you taken any medication to make yourself feel better?

Have your child's problems led you to use alcohol or drugs more than before?

Have you gotten any help from others to assist you in dealing with the strain?

Family?

Friends?

Have you gotten any professional help to assist you in dealing with the strain?

Do you feel you have the energy to handle your child's problems?

Do you feel you know what to do about them?

Coding rules

OTHER PHYSICAL HEALTH PROBLEMS

0 = No other physical health problems attributed to child's problems.

2 = Yes, some other physical health problems related to child's condition.

3 = Other physical health problems affecting ability to function normally.

Specify

ASSISTANCE WITH PROBLEMS: MEDICATION

0 = No medication for parent's problems related to child's condition.

2 = Medication being taken.

ASSISTANCE WITH PROBLEMS: SUBSTANCE USE

0 = No increase or change in pattern of usage because of child's problems.

2 = Child's problems have led to increase in usage of alcohol and/or drugs.

ASSISTANCE WITH PROBLEMS: SUPPORT NETWORK

0 = Family and/or friends have been of assistance to parent in dealing with the stress of the problems.

2 = Limited assistance.

3 = No assistance.

4 = Parent has not sought help.

ASSISTANCE WITH PROBLEMS: PROFESSIONAL HELP

0 = No help sought.

2 = Parent has sought help from a professional for own problems related to child's condition.

FEELINGS OF COMPETENCE

0 = Absent

2 = Feels some doubts about own ability to handle all or most child's problems adequately.

3 = Feels incompetent to deal with all or most of child's problems.

Codes

PTB3107

PTB4101

PTB4102

PTB4103

PTB4104

PTB4105

Definitions and questions

INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY

INTERVIEWER'S SUBJECTIVE RATING OF THE SEVERITY OF THE PROBLEMS:

FOR REVIEW ONLY

Coding rules

INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY

- 1 = Mild
- 2 = Moderate
- 3 = Severe

Codes

PTD0X02
Intensity

Definitions and questions

**SOCIOECONOMIC STATUS SECTION
FAMILY FINANCIAL INFORMATION**

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

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

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

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

Family has income. (Interviewer does not ask!)

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

Very well, fairly well, or poorly?

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

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

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

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

Coding rules

FAMILY INCOME

- 0 = Absent
- 2 = Present

COVERAGE

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

INCOME SOURCES

- 1 = Full-time work, Parent #1. (1 = A)
- 2 = Full-time work, Parent #2. (2 = B)
- 3 = Full-time work, Child. (3 = C)
- 4 = Full-time work, Other. (4 = D)
- 5 = Part-time work, Parent #1. (5 = E)
- 6 = Part-time work, Parent #2. (6 = F)
- 7 = Part-time work, Child. (7 = G)
- 8 = Part-time work, Other. (8 = H)
- 9 = Unemployment, Parent #1. (9 = I)
- 10 = Unemployment, Parent #2. (10 = J)
- 11 = Unemployment, Child. (11 = K)
- 12 = Unemployment, Other. (12 = L)
- 13 = Alimony. (13 = M)
- 14 = Child Support. (14 = N)
- 15 = Social Security. (15 = O)
- 16 = Disability Payment. (16 = P)
- 17 = Pension. (17 = Q)
- 18 = Welfare (AFDC, etc...). (18 = R)
- 19 = Food Stamps. (19 = T)
- 20 = Savings. (20 = U)
- 21 = Other Legal. (21 = V)
- 22 = Illegal. (22 = W)
- 23 = SSI for Subject Child. (23 = Y)
- 24 = SSI for Other Person. (24 = Z)
- 25 = SSDI. (25 = Z1)

Codes

PSA9190
Intensity

PSA9X01

PSBOX01

PSBOX02

PSBOX03

PSBOX04

PSBOX05

PSBOX06

Definitions and questions

RESPONSIBILITY FOR HEALTH CARE PAYMENT

Who is responsible for arranging for payment for your child's healthcare?

Are you responsible?
Is it your child?
Is it someone else?

Coding rules

FAMILY INCOME

- 0 = No Income.
- 1 = 0,001 - 5,000
- 2 = 5,001 - 10,000
- 3 = 10,001 - 15,000
- 4 = 15,001 - 20,000
- 5 = 20,001 - 25,000
- 6 = 25,001 - 30,000
- 7 = 30,001 - 35,000
- 8 = 35,001 - 40,000
- 9 = 40,001 - 45,000
- 10 = 45,001 - 50,000
- 11 = 50,001 - 55,000
- 12 = 55,001 - 60,000
- 13 = Over 60,000

RESPONSIBLE FOR ARRANGING PAYMENTS

- 0 = Parent
- 1 = Other
- 2 = Child

Codes

PSB1X01

PSB2X01
Intensity

Definitions and questions

INSURANCE PLAN

NOTE: ALWAYS CODE PRESENT, WHETHER INSURANCE IS AVAILABLE OR NOT.

Is your child covered by a private health insurance plan?

*Such as Blue Cross/Blue Shield?
Or a private health plan?*

Such as an HMO or PPO?

What is the name of the health insurance plan?

Is s/he covered by Medicare from Social Security?

*Do you have Part A of Medicare that covers hospital bills?
Do you have Part B that covers doctor bills?*

Is s/he covered by Medicaid where you live now?

Or any other public program such as welfare or public assistance that pays for all or part of your medical care?

What is that health care program?

Does his/her "insurance" cover all, part, or none of hospital costs for general medical illnesses?

Does his/her "insurance" cover all, part, or none of hospital costs for mental illnesses/substance abuse?

Does his/her "insurance" cover all, part, or none of the doctor bills during a hospital stay?

Does his/her "insurance" cover all, part, or none of doctor bills for care you get outside of a hospital?

Such as outpatient care in a doctor's office?

Does his/her "insurance" cover all, part, or none of the bills for psychiatric or mental health care you get outside of a hospital?

Such as outpatient care in the office of a psychiatrist or other mental health professional?

Is there a limit for mental health coverage?

Have you reached that limit?

Coding rules

HEALTH INSURANCE

- 0 = Absent
- 2 = Present

PRIVATE HEALTH INSURANCE

- 0 = Private plan (e.g. BC/BS, Aetna).
- 1 = Health plan (HMO, PPO).
- 2 = Private insurance but do not know name.
- 3 = Not covered by private health insurance.

MEDICARE

- 0 = Part A and Part B
- 1 = Part A only.
- 2 = Part B only.
- 3 = Medicare but do not know which part.
- 4 = Not covered by Medicare.

MEDICAID OR OTHER PUBLIC PROGRAM

- 0 = Covered by Medicaid
- 1 = Covered by other public program.
- 2 = Covered by public program but do not know name.
- 4 = Not covered by Medicaid.

COVERAGE FOR HOSPITAL COST FOR GENERAL MEDICAL ILLNESSES

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

COVERAGE FOR HOSPITAL COSTS FOR MENTAL ILLNESSES/SUBSTANCE ABUSE

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

COVERAGE FOR DOCTOR'S CARE WHILE IN HOSPITAL

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

Codes

PSB2X99
Intensity

PSB2X03

PSB2X05

PSB2X06

PSB3X01

PSB3X02

PSB3X03

Definitions and questions

FOR REVIEW ONLY

Coding rules

COVERAGE FOR OUTPATIENT DOCTOR'S CARE

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

COVERAGE FOR OUTPATIENT MENTAL HEALTH CARE

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

LIMIT FOR MENTAL HEALTH CARE COVERAGE

- 0 = No limit.
- 1 = Don't know if limit has been reached.
- 2 = Limit but not reached.
- 3 = Limit has been reached.

Codes

PSB3X04

PSB3X05

PSB3X06