

YOUNG ADULT PSYCHIATRIC ASSESSMENT (YAPA)

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

Version 10.0.0

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

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Definitions and questions

Coding rules

Codes

FAMILY SECTION**DATE OF INTERVIEW**

Interview date and First Day of Primary Period.

INTERVIEW DATE

CAA4O01

/ /

INTERVIEW DATE**FIRST DAY OF PRIMARY PERIOD***3 Months ago from Interview Date***FIRST DAY OF PRIMARY PERIOD**

CAA5O01

/ /

INTERVIEW START TIME**INTERVIEW START TIME**CAQ0X01
Intensity**GENDER OF SUBJECT****SEX OF SUBJECT**

0 = Male

2 = Female

CAA0X01
Intensity**BIRTH DATE OF SUBJECT***What is your birth date?**How old are you now?***SUBJECT'S DATE OF BIRTH**

CAA1O01

/ /

AGE AT LAST BIRTHDAY

CAA2X01

PARENTAL FIGURE(S)*Are your parents still living?*

YOU DO NOT HAVE TO COLLECT PARENT INFORMATION.

PARENTAL FIGURE(S) STILL LIVING

0 = No

2 = Yes

CAB5I90
Intensity**SUBJECT HAS SIBLING(S)***Do you have any brothers or sisters?*

YOU DO NOT HAVE TO COLLECT SIBLING INFORMATION.

SUBJECT HAS SIBLING(S)

0 = No

2 = Yes

CAK9I90
Intensity

Definitions and questions

LIVING SITUATION

Choose the subject's current primary living situation as "Home" for the YAPA if the subject has lived there at least one month of the primary period.

If subject is in college/military/treatment facility/jail, etc. and is being interviewed during a weekend visit to "home", use the setting resided in currently unless subject has been in "home" setting for one month of the last 3 months.

If subject has been incarcerated or in treatment setting for the last 3 months, obtain a secondary period "home" location to use for questioning about "home" items throughout the YAPA.

Where do you currently live?

In the last 3 months, how many weeks have you lived there?

How many people live at home with you?

Coding rules

LIVING SITUATION: 3 MONTHS

- 1 = "Parental" home
- 2 = College-dormitory
- 3 = College-apartment
- 4 = College-fraternity or sorority house
- 5 = Boarding school
- 6 = Time spent away from home and parental figures while attending special program or camp, traveling, vacationing, visiting relatives or friends
- 7 = Living independently (e.g. by self, with spouse, friends, other housemates)
- 8 = Staying with friends or non-parental relatives
- 9 = No permanent residence (e.g. moving around from place to place, living in streets, staying at shelters)
- 10 = In treatment facility(ies)
- 11 = In custodial institution (e.g. detention center, jail, prison)
- 12 = Living with parents of spouse/significant other, who do not take parental role
- 14 = Military-barracks
- 15 = Military-apt. or house
- 16 = Military-other
- 17 = Other

NUMBER OF PEOPLE LIVING IN THE HOME

Codes

CAA8X40

CAA8X41
Frequency

CAA8X58

Definitions and questions

Who lives with you?**What is their relation to you? (note for each other person in home)***Is there anybody else?*

Coding rules

OTHERS IN HOUSE

- 1 = Biological Parent(s)
- 2 = Adoptive Parent(s)
- 3 = Step Parent
- 4 = Live-in partner of one parent (>=6 months)
- 5 = Live-in partner of one parent (<6 months)
- 6 = Grandparent(s)
- 7 = Other relative(s)
- 8 = Paying boarder(s)
- 9 = Other(s)
- 10 = Foster Parent(s)
- 11 = Live-in Partner or Spouse of Subject
- 12 = Subject's biological child(ren)
- 13 = Subject's legally adopted child(ren)
- 14 = Child(ren) of spouse/significant other, not subject's own
- 15 = Male roommate(s)
- 16 = Female roommate(s)
- 17 = Full sibling(s)-male
- 18 = Half sibling(s)-male
- 19 = Step sibling(s)-male
- 20 = Full sibling(s)-female
- 21 = Half sibling(s)-female
- 22 = Step sibling(s)-female
- 23 = Relatives of spouse/significant other/roommate

Codes

CAA8X01

☐

CAA8X02

☐

CAA8X03

☐

CAA8X04

☐

CAA8X05

☐

CAA8X06

☐

Definitions and questions

OTHER LIVING SITUATION: 3 MONTHS

Have you lived anywhere else in the last 3 months?

Where else have you lived in the last 3 months?

In the last 3 months, how many weeks have you lived there?

Coding rules

OTHER LIVING SITUATION: 3 MONTHS

0 = No

2 = Yes

OTHER LIVING SITUATION: 3 MONTHS

1 = "Parental" home

2 = College-dormitory

3 = College-apartment

4 = College-fraternity or sorority house

5 = Boarding school

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

7 = Living independently (e.g. by self, with spouse, friends, other housemates)

8 = Staying with friends or non-parental relatives

9 = No permanent residence (e.g. moving around from place to place, living in streets, staying at shelters)

10 = In treatment facility(ies)

11 = In custodial institution (e.g. detention center, jail, prison)

12 = Living with parents of spouse/significant other, who do not take parental role

14 = Military-barracks

15 = Military-apt. or house

16 = Military-other

17 = Other

NUMBER OF WEEKS IN OTHER LIVING SITUATION: 3 MONTHS

Codes

CAA8X90
Intensity

CAA8X42

CAA8X43

CAA8X44

CAA8X59

Definitions and questions

SUBJECT HAS CHILDREN LIVING AT HOME

Ask about all children, biological or not, who are living at home with the Subject. "Living at home with" means spending at least 2 nights a week in Subject's home.

Do you have any children living with you?

SUBJECT HAS CHILDREN LIVING AWAY FROM HOME

Ask about all children, biological or not, who are NOT living at home with the Subject.

Do you have any children who don't currently live with you?

MARITAL STATUS OF SUBJECT

Have you EVER been married?

What is your current marital status?

How many times have you EVER been married?

What was the date of your first marriage?

When did you get married (to current partner)?

Coding rules

SUBJECT HAS CHILD(REN) LIVING AT HOME

0 = No

2 = Yes

SUBJECT HAS CHILDREN LIVING AWAY FROM HOME

0 = No

2 = Yes

MARITAL STATUS OF SUBJECT

0 = Never Married

1 = Annulled

2 = Married

3 = Separated

4 = Divorced

5 = Remarried

6 = Widowed

NUMBER TIMES MARRIED**DATE OF FIRST MARRIAGE****DATE OF MARRIAGE TO CURRENT PARTNER**

Codes

kid0100
Intensity

kid0190
Intensity

Ever:CAR3I01
Intensity

Ever:CAR3F01

Ever:CAR3O02

Ever:CAR3O01

Definitions and questions

SPOUSE/LIVE-IN PARTNER IN LAST 3 MONTHS
In the last 3 months, have you had a spouse or live-in partner?

Is your spouse/live-in partner male or female?

How old is s/he?

Coding rules

SUBJECT HAS SPOUSE/LIVE-IN PARTNER

- 0 = No
- 2 = Yes

GENDER OF SPOUSE/LIVE-IN PARTNER

- 0 = Male
- 2 = Female

AGE OF SPOUSE/LIVE-IN PARTNER

Codes

CAR4X04
Intensity

CAR4X02

CAR4X03

Definitions and questions

EMPLOYMENT HISTORY**WORK HISTORY: EVER**

Include any paid employment (apart from work required in order to qualify for an allowance from parents). Include any type of work: "regular" job, weekend work, after school, or vacation job.

Have you EVER had a job?

IF EVER EMPLOYED, CONTINUE.

How many jobs have you had?

If you aren't sure, think about it and give me your best guess.

When did you get your first job?

How old were you when you got your first job?

Have you ever been dismissed or fired from a job?

Why was that?

How many times have you EVER been fired/dismissed from a job?

Have you EVER quit or walked off a job without giving notice?

How many times have you EVER done that?

Have you EVER quit a job without any other means of support?

How many times?

Have you EVER quit your main job without having enough savings to live on?

How many times?

Not counting the time you may have been a student, what is the longest period of time that you have been unemployed?

IF EVER JOB, CONTINUE. OTHERWISE, SKIP TO END.

Coding rules

EVER EMPLOYED

0 = No

2 = Yes

EVER: DISMISSED FROM JOB

0 = No

2 = Yes

NUMBER OF TIMES LEFT JOB WITHOUT GIVING NOTICE**EVER: QUIT JOB WITHOUT SUPPORT****EVER: LONGEST PERIOD OF UNEMPLOYMENT**

Codes

Ever:CBG5X01
Intensity

Ever:CBG5V01

Ever:CBC3O01
Onset

Ever:CBG8E01

Ever:CBG8V01
Frequency

Ever:CBG9V01

Ever:CBH0V01

Ever:CBF9V01

Definitions and questions

WORK HISTORY: 3 MONTHS

Include any paid employment in past 3 months at any type of "work": regular job, part-time job, weekend work, after-school, work-study job, or summer vacation job.

During the last 3 months, have you been working/employed?

IF CURRENTLY EMPLOYED, CONTINUE.

Have you been late for work in the last 3 months?

In the last 3 months, how many times have you been late for work?

In the last 3 months, have you missed any workdays?

Were you sick?

Or was there some other emergency?

How many days did you miss when you did NOT have a valid excuse?

UNEMPLOYED: 3 MONTHS

Any period of unemployment during the last 3 months. Subject may have been unemployed prior to last 3 months OR subject may have lost job during the last 3 months.

Has there been any time in the last 3 months that you have been unemployed?

Have you lost/quit your job in the last 3 months?

During the last 3 months, how long have you been unemployed?

Coding rules

CURRENTLY EMPLOYED: 3 MONTHS

0 = No

2 = Yes

LATE FOR WORK IN LAST 3 MONTHS

0 = No

2 = Yes

NUMBER TIMES LATE FOR WORK: 3 MONTHS**NUMBER UNEXCUSED ABSENCES: 3 MONTHS****UNEMPLOYED: 3 MONTHS**

0 = No

2 = Yes

OF WEEKS UNEMPLOYED DURING THE LAST 3 MONTHS

Codes

CBG5I01
Intensity

CBG6I01

CBG6F01

CBG7F01

CBF9I01
Intensity

CBF9F01

Definitions and questions	Coding rules	Codes
<div><div>SOCIAL ACTIVITIES AND RELATIONSHIPS</div><div>SCHOOL HISTORY</div><div>GRADUATED HIGH SCHOOL</div><div>Did you graduate from high school?</div><div>When did you graduate?</div><div>IF DID NOT GRADUATE HIGH SCHOOL, CONTINUE. OTHERWISE , SKIP TO "EDUCATION", (PAGE 2).</div><div></div></div>	<div>GRADUATED HIGH SCHOOL</div> <div>0 = No</div> <div>2 = Yes</div>	<div>CBA4I01</div> <div>Intensity</div> <div></div> <div>CBA4O01</div> <div>Onset</div> <div>/ /</div>

Definitions and questions

DID NOT GRADUATE FROM HIGH SCHOOL

Continue if subject did not graduate from High School.

Did you "officially" quit high school?

*Did you fill out official withdrawal papers?
Or did you just stop going to school?*

When did you leave school?

Have you gotten your GED?

Did you complete an alternative school program?

Or attend night school?

EDUCATION

Highest level of education completed by subject.
Information may already be known to the interviewer from previous sections.

How many years of school have you completed?

*How many years of college?
Have you had any other kind of school or job training?
Do you have a degree?
Have you done any graduate training or study?
Do you have a job license (e.g., beautician, plumber)?
Are you still using your training?
Or are you doing something else now?
Are you currently employed in a field for which you were trained?*

Coding rules

**LEFT SECONDARY SCHOOL
OFFICIALLY, BEFORE GRADUATING**

0 = No

2 = Yes

EARNED GED

0 = No

2 = Yes

**COMPLETED ALTERNATIVE SCHOOL
PROGRAM**

0 = No

2 = Yes

EDUCATION LEVEL

1 = 0-8 years completed

2 = Some High School

3 = GED or High School equivalency

4 = High School Diploma

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

Codes

CBA9I01

CBA9O01
Onset
 /

CBB5I01

CBB6I01

CSA0I01
Intensity

Definitions and questions

EDUCATIONAL SETTING***Are you currently going to college?******In the last 3 months, have you been in an educational setting of any kind?***

*Are you working for an undergraduate degree?
 Or a graduate degree?
 Or a professional qualification, like a law degree?
 Or are you receiving technical training?
 Or training in the military?
 What is the degree that you are getting?*

ARGUMENTS WITH EMPLOYERS, BOSSES, WORK SUPERVISORS, INSTRUCTORS, PROFESSORS, OR MILITARY SUPERIORS

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

Do you have arguments with your employer, boss, work supervisor, instructors/professors/commanding officer?*Who do you argue with?*

*Tell me about the last time.
 How long do these arguments last?
 Any raised voices by either one of you?
 How many arguments have you had with them in the last 3 months?
 When did these arguments start?*

IF ARGUMENTS WITH EMPLOYERS, BOSSES, CONTINUE. OTHERWISE, SKIP TO "OTHER PHYSICAL VIOLENCE BY SUBJECT IN EDUCATIONAL/WORK SETTING (WITHOUT ARGUMENTS)", (PAGE 4).

Coding rules

EDUCATIONAL SETTING

0 = Not receiving any education or training
 5 = Vocational, technical, job training
 7 = 2 year associate degree program
 9 = 4 year college degree program
 11 = Graduate or Professional school
 12 = Training in the Military

ARGUMENTS WITH EMPLOYERS, BOSSES, WORK SUPERVISORS, INSTRUCTORS, PROFESSORS, OR MILITARY SUPERIORS

0 = No
 2 = Yes

Codes

CSA0I02
IntensityCBB7I01
IntensityCBB7F01
FrequencyCBB7O01
Onset

Definitions and questions

ARGUMENTS WITH PHYSICAL VIOLENCE AGAINST EMPLOYERS, BOSSES, SUPERVISORS, INSTRUCTORS, PROFESSORS, OR MILITARY SUPERIORS

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

Did the arguments get physical?

Have you "hit" a "boss/professor/instructor/superior" in the last three months?

What happened?
How many times have you had an argument like that in the last 3 months?
When was the first time you had an argument with a boss, instructor, professor, or superior that turned physical?

OTHER PHYSICAL VIOLENCE BY SUBJECT IN EDUCATIONAL/WORK SETTING (WITHOUT ARGUMENTS)

Have you "hit" a "boss, instructor, professor or superior" in the last 3 months?

How many times has that happened?

When was the first time?

Coding rules

ARGUMENTS WITH PHYSICAL VIOLENCE BY SUBJECT

0 = No
2 = Yes

OTHER PHYSICAL VIOLENCE BY SUBJECT (WITHOUT ARGUMENTS)

0 = No
2 = Yes

Codes

CBB8I01
Intensity

CBB8F01
Frequency

CBB8O01
Onset

/ /

CBB9I01
Intensity

CBB9F01
Frequency

CBB9O01
Onset

/ /

Definitions and questions

ARGUMENTS WITH FRIENDS OUTSIDE OF THE SCHOOL OR WORK ENVIRONMENT

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

Do you have arguments with people whom you see outside of "class" or "work?"

Do you get into arguments with friends when you are hanging out together?

Or visiting one another?

Or doing things together?

Who do you argue with?

Tell me about the last time.

How long do these arguments last?

Any raised voices by either one of you?

How many arguments have you had with people (outside of the school or work environment) over the last 3 months?

When did that start?

IF ARGUMENTS WITH FRIENDS OUTSIDE OF THE SCHOOL OR WORK ENVIRONMENT, CONTINUE.

OTHERWISE, SKIP TO "OTHER PHYSICAL VIOLENCE BY SUBJECT OUTSIDE OF CLASS/WORK (WITHOUT ARGUMENTS)", (PAGE 6).

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

What happened?

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

In the last 3 months, how often have you had an argument that has gotten physical?

When was the first time you had an argument that got physical?

Coding rules

ARGUMENTS WITH PEOPLE OUTSIDE OF COLLEGE/UNIVERSITY OR WORK

0 = Absent

2 = Present

Codes

CAU7E01
Intensity

CAU7F01
Frequency

CAU7O01
Onset

ARGUMENTS WITH PHYSICAL VIOLENCE BY SUBJECT

0 = Absent

2 = Present

CAU8I01
Intensity

CAU8F01
Frequency

CAU8O01
Onset

Definitions and questions

**OTHER PHYSICAL VIOLENCE BY SUBJECT
OUTSIDE OF CLASS/WORK (WITHOUT
ARGUMENTS)**

***Have you "hit" anyone (outside of class or work)
without having an argument over the last 3 months?***

*How many times has that happened in the last 3 months?
When was the first time?*

**ARGUMENTS WITH PEOPLE AT
WORK/COLLEGE**

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

***Do you have arguments with other people you see at
work/college?***

Who do you argue with?

Tell me about the last time.

How long do these arguments last?

Did either one of you raise your voice?

How often do you have these arguments?

*When did you start having arguments with people at
work/college/university?*

Coding rules

**OTHER PHYSICAL VIOLENCE BY
SUBJECT**

0 = Absent

2 = Present

**NUMBER OF ARGUMENTS WITH
PEOPLE AT
WORK/COLLEGE/UNIVERSITY**

0 = No

2 = Yes

Codes

CAU9I01
Intensity

CAU9F01
Frequency

CAU9O01
Onset

CBC0I01
Intensity

CBC0F01
Frequency

CBC0O01
Onset

Definitions and questions

OTHER PHYSICAL VIOLENCE BY SUBJECT WHO ARE NOT FRIENDS (WITHOUT ARGUMENTS)

Have you "hit" someone who wasn't your friend WITHOUT having an argument?

What happened?

How often has this happened in the last 3 months?

When was the first time this happened?

FREQUENCY OF CONTACT WITH FRIEND (PEERS AND OTHER ADULTS)

How often do you see your friends during a typical week?

Include times you get together just to hang out, play sports, exercise, or go to dinner or shopping.

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?

Does s/he ever come to your house?

Or do you go to his/hers?

How long has s/he been your best friend?

What about your other friends?

In what way is s/he your best friend?

Is that different from your other friendships?

Do you tell "X" things you wouldn't tell other people?

IF NO "BEST FRIEND" CURRENTLY, ASK:

Have you had a best friend in the past?

Coding rules

OTHER PHYSICAL VIOLENCE BY SUBJECT WHO ARE NOT FRIENDS (WITHOUT ARGUMENTS)

0 = No

2 = Yes

FREQUENCY OF CONTACT WITH PEERS

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

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

3 = Sees less than 1 peer outside of college/work 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.

Codes

CA01I93
Intensity

CA01F03
Frequency

CA01O03
Onset

CAL5I01
Intensity

CAL6I01
Intensity

Definitions and questions

CONFIDANT(E) AMONG PEERS OR OTHER ADULTS

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.

Do you talk with anyone about your feelings? I mean about your worries or hopes...or about whom you want to make friends with?

Do you share "secrets" with anyone?

Who is that?

CONFIDANT(E) IN FAMILY

Is there anyone in your family you have talked to about your feelings?

Who is that?

Coding rules

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).

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)

Codes

CAV0101
Intensity

CAL8101
Intensity

Definitions and questions

DIFFICULTY MAKING FRIENDS

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

Do you have any difficulty making friends?

Do you find other people don't want to "spend time"/"hang out" with you ?

Do you find you don't get invited to join in with group activities?

What happens?

Do you think you are more shy than other people your age?

Does that affect your making friends?

Can you stop yourself from being shy?

Always or just sometimes?

Do you get into arguments or fights with friends or others who might become friends?

How do you feel about that?

Does it bother you?

Can you stop yourself from getting into these arguments?

Always or just sometimes?

When did this start?

Coding rules

DIFFICULTY MAKING FRIENDS

0 = Absent

2 = Definite difficulty in making friends, but has managed to make at least one friendship in the past year.

3 = As above, but has had no new friendship in the past year.

WITHDRAWAL

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

DISCORD

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

Codes

CA02I90
Intensity

CA02I01

CA02I02

CA02O01
Onset

Definitions and questions

DIFFICULTY KEEPING FRIENDS

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

Do you have any difficulty keeping friends that you have made?

Do you make friends and then lose them again?

Do you find that cannot trust people you thought were friends?

Do you lose friends because they lie?

Or talk behind your back?

Do you lose the friends because you pull away or withdraw from them?

Can you stop yourself from pulling away or withdrawing from your friends?

Always or just sometimes?

Do you lose friends because you get into arguments with them?

What causes the arguments with your friends?

Can you keep yourself from arguing with them?

Always or just sometimes?

When did this start?

CONFLICTUAL RELATIONSHIP WITH FRIENDS

The subject has relationships with a friend or friends that include substantial amounts of physical or verbal aggression or arguments. Conflict does not cause problem in making or keeping friends.

Do you have a lot of conflicts with your friends?

Do you have any friends that you are constantly arguing with but still remain friends?

Do you have any friends that you spend a good deal of time arguing with, fussing, or fighting?

Coding rules

DIFFICULTY KEEPING FRIENDS

0 = Absent

2 = Definite difficulty in keeping friends, but has managed to keep at least one friendship in the past year.

3 = As above, but has not managed to keep any new friendship in the past year.

WITHDRAWAL

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

DISCORD

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

CONFLICTUAL RELATIONSHIP WITH FRIENDS

0 = Absent

2 = Present with at least one friend.

3 = Most or all friendships characterized by conflictual relationships.

Codes

CAO2I91
Intensity

CAO2I03

CAO2I04

CAO2O03
Onset

CAM2I01
Intensity

Definitions and questions

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 you're more shy than other people?

In what way?

How shy?

Does that stop you from doing anything?

Can you tell me about the last time it did?

SUBJECT IS TEASED/INTIMIDATED

Subject is a particular object of mockery of physical attacks or threats by peers. Include bullying by siblings.

Do you get teased, bullied or picked on at all?

Do you get made fun of, mocked, or intimidated?

Are other people mean to you?

Tell me about the last time.

Who does it?

Why do they do it?

What do you about it?

In the last 3 months, how often does this happen at home?

How many times in class or at work?

How many times in other places outside home, school, or work?

When did this start?

Coding rules

SHYNESS WITH PEERS

0 = Absent

2 = Shyness involving definite discomfort on meeting new people with whom subject has no special reason to feel such discomfort.

SUBJECT TEASED, BULLIED, OR INTIMIDATED

0 = Absent

2 = The subject reports being a particular and preferred object for bullying/intimidation or teasing. That is, s/he is at least somewhat singled out for this sort of attention.

HOME**WORK/COLLEGE****ELSEWHERE**

Codes

CAM3I01
Intensity

CAM4I01
Intensity

CAM4F01
Home
Frequency

CAM4F02
Work/College
Frequency

CAM4F03
Elsewhere
Frequency

CAM4O01
Onset

Definitions and questions

SUBJECT IS TEASED/INTIMIDATED THROUGH SOCIAL MEDIA

Subject is teased or intimidated through the use of "Social Media": instant messaging (IM), texting, Facebook, or other forms of social media.

Have you been teased or bullied online?

Has anyone sent you harassing or threatening emails, texts, or instant messages?

Have people been spreading rumors or lies about you on Facebook?

Or through text messages?

Has anyone posted embarrassing pictures of you online?

What were they saying?

How many mocking or intimidating emails or text messages received?

How often have people said bad things about you on Facebook or other public forums?

When was the first time that happened?

**IF TEASED/INTIMIDATED, CONTINUE.
OTHERWISE, SKIP TO "LACK OF
INTEREST IN PEOPLE", (PAGE 14).**

Do you feel like you are sometimes teased or bullied because of your race?

Do people ever call you insulting names that have to do with race or skin-color?

What is that like?

Is the teasing or bullying always racially motivated?

Or just sometimes?

Coding rules

SUBJECT IS TEASED/INTIMIDATED THROUGH SOCIAL MEDIA

0 = Absent

2 = Subject reports receiving harassing or threatening emails or text messages.

3 = Subject reports being the object of mockery by means of demeaning, obscene, cruel, or otherwise unpleasant messages or images circulated through social media or other public forum.

Codes

CAM4I04
Intensity

CAM4F04
Frequency

CAM4O04
Onset

 /
TEASING/HARASSMENT RACIALLY MOTIVATED

0 = No teasing/harassment associated with race.

2 = Subject feels teasing/harassment is at least sometimes racially motivated.

3 = Subject feels teasing/harassment is almost always racially motivated.

CAM4I02
Intensity

Definitions and questions

LACK OF INTEREST IN PEOPLE

Subject 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.

Are you somewhat of a loner?

Why is that?

Do you enjoy being with people?

How well do you think you fit in with other people?

Are you usually one of the group?

Is there anyone you feel really close to?

Do you have a special friend?

Do you wish you had more friends?

Why don't you have more friends?

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.

Do people ever say that you are insensitive or just don't understand how they feel?

Do you think you are sensitive to other people's feelings?

Can you usually tell when other people are happy?

Or upset?

What about your family?

Do your friends talk with you about their worries or troubles?

IF NO:

Why not?

Coding rules

"SCHIZOID" LACK OF INTEREST IN PEOPLE

0 = Absent

2 = Present

LACK OF EMPATHY

0 = Absent

2 = Present

Codes

CAM5I01
Intensity

CAM6I01
Intensity

Definitions and questions

Coding rules

Codes

FOOD RELATED BEHAVIOR**REDUCED APPETITE**

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

How has your appetite been in the last 3 months?

Has it been less than usual?

Has the amount you eat changed at all?

How much less have you been eating?

IF REDUCED APPETITE, ASK:

Has your appetite been reduced for at least 1 week?

Why are you eating less than usual?

When did your appetite start to fall off?

WEIGHT LOSS

Any weight loss in the last 3 months.

Have you lost weight during the last 3 months?

Are you happy with your weight?

How much weight have you lost?

When did you start losing weight?

REDUCED APPETITE

0 = Absent

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

3 = Subject can only be induced to eat by marked persuasion from others.

WEIGHT LOSS

0 = Absent

2 = Present

WEIGHT LOSS: 3 MONTHS

CFA0I01
Intensity

CFA0O01
Onset

 /

CFA1I01
Intensity

CFA1X01

CFA1O01
Onset

 /

Definitions and questions

EXCESSIVE APPETITE

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

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

Have you actually eaten more than usual?

How much more are you eating?
IF INCREASE APPETITE, ASK:

In the last 3 months, have you been eating more than usual for at least 1 week?
Why are you eating more?
When did you start eating more?

WEIGHT GAIN

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

Have you gained weight in the last 3 months?

Are you trying to gain weight?
How much weight have you gained?
How long have you been putting on weight?

Coding rules

EXCESSIVE APPETITE

0 = Absent

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

WEIGHT GAIN

0 = Absent

2 = Present

WEIGHT GAIN: 3 MONTHS

Codes

CFA2I01
Intensity

CFA2O01
Onset

 /

CFA3I01
Intensity

CFA3X01

CFA3O01
Onset

 /

Definitions and questions

Coding rules

Codes

FOOD RELATED BEHAVIOR**REDUCED APPETITE**

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

How has your appetite been in the last 3 months?

Has it been less than usual?

Has the amount you eat changed at all?

How much less have you been eating?

IF REDUCED APPETITE, ASK:

Has your appetite been reduced for at least 1 week?

Why are you eating less than usual?

When did your appetite start to fall off?

WEIGHT LOSS

Any weight loss in the last 3 months.

Have you lost weight during the last 3 months?

Are you happy with your weight?

How much weight have you lost?

When did you start losing weight?

REDUCED APPETITE

0 = Absent

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

3 = Subject can only be induced to eat by marked persuasion from others.

CFA0I01
Intensity

CFA0O01
Onset

 /
WEIGHT LOSS

0 = Absent

2 = Present

WEIGHT LOSS: 3 MONTHS

CFA1I01
Intensity

CFA1X01

CFA1O01
Onset

 /

Definitions and questions

EXCESSIVE APPETITE

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

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

Have you actually eaten more than usual?

How much more are you eating?

IF INCREASE APPETITE, ASK:

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

Why are you eating more?

When did you start eating more?

WEIGHT GAIN

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

Have you gained weight in the last 3 months?

Are you trying to gain weight?

How much weight have you gained?

How long have you been putting on weight?

Coding rules

EXCESSIVE APPETITE

0 = Absent

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

WEIGHT GAIN

0 = Absent

2 = Present

WEIGHT GAIN: 3 MONTHS

Codes

CFA2I01
Intensity

CFA2O01
Onset

 /

CFA3I01
Intensity

CFA3X01

CFA3O01
Onset

 /

Definitions and questions

FOOD SELECTIVITY/NEOPHOBIA

FOOD SELECTIVITY

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

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

Do you consider yourself a picky eater?

Would others describe you as a picky eater?

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

Is it hard for you to try new foods?

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

What sort of things WILL you eat?

What do your parents do about it?

IF PRESENT, ASK:

Does someone have to fix special meals JUST for you?

Do your picky eating interfere with family meals?

Is it difficult to go out to eat because you are so picky about what you will eat?

Is it difficult to travel because of your picky eating?

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

IF FOOD SELECTIVITY, CONTINUE.

OTHERWISE, SKIP TO "INDIFFERENCE TO FOOD", (PAGE 6).

Coding rules

FOOD SELECTIVITY

0 = Absent

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

3 = Eating with others difficult because of extreme fads.

Codes

CFA6I09

Intensity

CFA6O09

Onset

/ /

Definitions and questions

Coding rules

Codes

FOOD SELECTIVITY DUE TO APPEARANCE

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

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

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

Is that with most food or just some foods?

Do you avoid certain foods because of the color?

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

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

FOOD SELECTIVITY DUE TO TEXTURE

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

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

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

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

Or the texture is too hard?

Do you avoid food because it is crunchy?

FOOD SELECTIVITY DUE TO TASTE

Subject avoids certain foods based on taste.

Do not include simple dislike of vegetables, etc.

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

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

Does the taste of new food sometimes make you gag?

What happens?

FOOD SELECTIVITY DUE TO APPEARANCE

0 = No

2 = Yes

CFA6I12
Intensity

FOOD SELECTIVITY DUE TO TEXTURE

0 = No

2 = Yes

CFA6I20
Intensity

FOOD SELECTIVITY DUE TO TASTE

0 = No

2 = Yes

CFA6I13
Intensity

Definitions and questions

FOOD SELECTIVITY DUE TO SMELL

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

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

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

Does the smell of a new food sometimes make you gag? Do you have to leave the room because you does not like the smell of some foods?

What happens?

SOCIAL IMPAIRMENT DUE TO FOOD SELECTIVITY

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

Does you picky eating get in the way of your relationships with others?

How about with family members or friends?

Does it limit the places you can go?

Does it limit what you can do with others?

HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY

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

Has your picky eating affected your health?

Have others commented on your health? Do you have to take nutritional supplements like Ensure or Boost?

Have you experienced weight loss or trouble maintaining your weight?

Have you been on a feeding tube?

Coding rules

FOOD SELECTIVITY DUE TO SMELL

0 = No

2 = Yes

SOCIAL IMPAIRMENT DUE TO FOOD SELECTIVITY

0 = No

2 = Yes

HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY

0 = No

2 = Yes

Codes

CFA6I14
Intensity

CFA6I10
Intensity

CFA6I11
Intensity

Definitions and questions

INDIFFERENCE TO FOOD

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

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

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

Do you sometimes forget to eat?

Do you find that most food is unappealing to you?

Is eating a chore?

IF YES TO ANY QUESTION, CONTINUE.

Does your indifference about food affect your relationships with others?

How about with family members?

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

Does your lack of interest in food affect your health?

Have others commented on your health?

Do you have to take nutritional supplements?

Have you experienced weight loss or trouble maintaining your weight?

Have you been on a feeding tube?

When did this start?

Coding rules

INDIFFERENCE TO FOOD

0 = No

2 = Yes

SOCIAL IMPAIRMENT DUE TO FOOD INDIFFERENCE

0 = No

2 = Yes

HEALTH IMPAIRMENT DUE TO FOOD INDIFFERENCE

0 = No

2 = Yes

Codes

CFA6I04
Intensity

CFA6I05

CFA6I06

CFA6O04
Onset

Definitions and questions

AVERSION TO FOOD

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

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

Do you find most foods unappealing?

Do you find food repulsive or disgusting or gross?

Is it hard to be in the same room when food is being prepared?

Why?

How often do you feel this way?

When did this start?

What bothers you about the food?

Is it the taste of food?

Or the smell?

Or texture?

Anything else that I haven't mentioned?

Does your "disgust" for food get in the way of your relationships with others?

How about with family members or friends?

Does it limit the places you can go?

Does it limit what you can do with others?

Or the people you can "hang out" with?

Has your "disgust" for food affected your health?

Have you experienced any weight loss?

Have others commented on your health?

Coding rules

AVERSION TO FOOD

0 = Absent

2 = Subject has an aversion to food.

CAUSE OF AVERSION

1 = Taste

2 = Smell

3 = Texture

4 = Other

SOCIAL IMPAIRMENT DUE TO AVERSION TO FOOD

0 = No

2 = Yes

HEALTH IMPAIRMENT DUE TO AVERSION TO FOOD

0 = No

2 = Yes

Codes

CFG5I02
Intensity

CFG5F02
Frequency

CFG5O02
Onset

 /

CFG5X01

CFG5X02

CFG5X03

CFG5X04

CFG5I03

CFG5I04

Definitions and questions

INSUFFICIENT FOOD QUANTITY/DISCOMFORT WITH EATING

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

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

Do you have trouble telling when you are hungry?

How do you usually tell?

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

Do you like the way food makes your body feel?

Does feeling full bother you?

What do you do?

Does your discomfort with eating affect your health?

Have others commented on your health?

Do you have to take nutritional supplements?

Have you experienced weight loss or trouble maintaining your weight?

Have you been on a feeding tube?

When did this start?

APPEARANCE MOTIVATION

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

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

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

Or to change your appearance?

When did this start?

Coding rules

INSUFFICIENT FOOD QUANTITY/DISCOMFORT WITH EATING

0 = No

2 = Yes

HEALTH IMPAIRMENT DUE TO INSUFFICIENT FOOD QUANTITY/DISCOMFORT WITH EATING

0 = No

2 = Yes

APPEARANCE MOTIVATION

0 = No

2 = Yes

Codes

CFC8I01
Intensity

CFC8I02

CFC8O01
Onset

CFA6I02
Intensity

CFA6O02
Onset

Definitions and questions

SOMATIC MOTIVATION

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

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

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

Are you ever too uncomfortable to eat?

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

IF YES TO ANY QUESTION, CONTINUE.

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

How about with family members?

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

Has your discomfort with eating affected your health?

Have others commented on your health?

Do you have to take nutritional supplements?

Have you experienced weight loss or trouble maintaining your weight?

Have you been on a feeding tube?

When did this start?

Coding rules

SOMATIC MOTIVATION

0 = No

2 = Yes

Codes

CFA6I03
Intensity

SOCIAL IMPAIRMENT DUE TO SOMATIC MOTIVATION

0 = No

2 = Yes

CFA6I15

HEALTH IMPAIRMENT DUE TO SOMATIC MOTIVATION

0 = No

2 = Yes

CFA6I16

CFA6O03
Onset

Definitions and questions

REWARDING VALUE OF FOOD

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

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

Have you stopped eating certain foods because you fear you will over eat them?

Do you limit certain foods because you are afraid you can't stop eating them?

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

IF YES, ASK:

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

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

When did this start?

Coding rules

REWARDING VALUE OF FOOD

- 0 = No
- 2 = Yes

LOSS OF CONTROL

- 0 = No
- 2 = Yes

Codes

CFA6I07
Intensity

CFA6I08

CFA6O07
Onset

/ /

Definitions and questions

DELIBERATE FOOD RESTRICTION FOR REDUCTION OF BODY WEIGHT OR MAINTENANCE OF A LOW BODY WEIGHT

DIETING: 3 MONTHS

A "diet" refers to any attempt to reduce body weight, reduce body fat, change body shape, or prevent weight gain when at a low body weight by the deliberate restriction of caloric intake (no matter how feebly adhered to), changing the types of foods consumed (e.g. eliminating carbohydrates), or changing one's meal patterning (e.g. not eating past 6pm) lasting at least 1 week.

Have you been on a diet in the last 3 months?

Do you try to keep your weight down?

Do you restrict what you eat to reduce your body fat or change your body shape?

Do you skip meals to try to reduce your weight?

What sort of diet are you on?
Did a doctor recommend this diet?
 IF DIETING, ASK:

Have you been dieting or cutting back on food for at least 1 week?
When did you start dieting?

Coding rules

DIETING: 3 MONTHS

0 = No

2 = Yes

Codes

CFA6I01
Intensity

CFA6O01
Onset

 /

Definitions and questions

COMPULSIVE EXERCISE

Compulsive exercise typically describes a rigid and highly driven urge to exercise, with an inability to stop, and is often performed despite possible negative consequences. Such exercise can be detrimental to both physical and psychological health. While such exercise may be motivated by weight concerns, it does not have to be and is often motivated by negative reinforcement (e.g. reducing feelings of guilt or anxiety). This is in contrast to individuals who enjoy exercise and are flexible with their exercise routine.

Do you enjoy exercise?

Do you exercise to burn calories?

Do you have a rigid exercise routine?

Do you feel you HAVE to exercise off everything you eat?

Have you continued to exercise even though a doctor or coach advised you not to?

How does it make you feel if you cannot exercise?

When did this start?

Coding rules

COMPULSIVE EXERCISE

0 = No

2 = Yes

Codes

CFA8I02
Intensity

CFA8O02
Onset

/ /

Definitions and questions

PURGATIVE BEHAVIOR

SELF-INDUCED VOMITING

Subject engages in self-induced vomiting in order to reduce body weight, for the maintenance of a low body weight, or to regulate emotions (e.g., to feel calmer).

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

Do you make yourself vomit?

Why do you make yourself vomit?

EXCLUDE EPISODES OF VOMITING WHEN ASSOCIATED WITH UNDERLYING MEDICAL ILLNESS.

How often do you make yourself throw-up?

When did this start?

Coding rules

SELF-INDUCED VOMITING

0 = No

2 = Yes

Codes

CFA7I01

Intensity

CFA7F01

Frequency

CFA7O01

Onset

/ /

Definitions and questions

DRUGS USED TO REDUCE BODY WEIGHT OR BODY FAT

Recurrent misuse of laxatives, diuretics, or other medications in order to prevent weight gain, lose weight, or reduce body fat.

Do you take any medicines or pills to lose weight or body fat?

IF YES, CONTINUE.

Do you take laxatives to lose weight, body fat, or change the way your body feels (e.g., to feel lighter)?

How about appetite suppressants?

Do you take anything to make yourself urinate more to lose weight or body fat?

Do you take anything else to lose weight or body fat?

Like things to increase metabolism or fat-burning?

In the last 3 months, how often have you used medication(s) to lose weight or body fat?

When was the first time you took anything to lose weight or body fat?

Coding rules

DRUGS USED TO REDUCE BODY WEIGHT OR BODY FAT

0 = No

2 = Yes

PURGATIVES

0 = No

2 = Yes

APPETITE SUPPRESSANTS

0 = No

2 = Yes

DIURETICS

0 = No

2 = Yes

OTHER

0 = No

2 = Yes

Codes

CFA9I90
Intensity

CFA9I01

CFA9I02

CFA9I03

CFA9I04

CFA9F01
Frequency

CFA9O01
Onset

Definitions and questions

PREOCCUPATION WITH FOOD AND EATING

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

Concentration is considered impaired if thoughts or worries about food and eating actively interfere or intrude upon ongoing activities (as opposed to the mind drifting towards thoughts about food and eating).

Distinguish from Worrying About Becoming Fat. If impossible to separate, code under Worrying About Becoming Fat. If neither symptom meets the 1 hour daily criterion, 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.

Do you think a lot about food and eating?

Do thoughts about food and eating pop into your mind?

Do you worry about food or eating?

How much time do you spend thinking about food or eating?

Do you take a lot of interest in how fattening foods are?

What are you doing when worrying about food?

Do these thoughts affect your concentration when you are trying to do other things (like having a conversation or working)?

Can you stop yourself from worrying about food?

Always or just sometimes?

How long can you go WITHOUT thoughts about food and eating popping into your head?

In the last 3 months, how often do you think about food and eating?

How much time do you spend thinking about food or eating?

Do you think/worry about food or eating as much as 1 hour per day?

When did you first start worrying about food?

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

CFB0101
Intensity

CFB0F01
Frequency

CFB0D01
Duration

CFB0O01
Onset

An episode of painful, unpleasant or uncomfortable thoughts about becoming (or being) fat or obese or about gaining weight with a total daily duration of at least 1 hour.

Do you worry about gaining weight?

Do you worry about getting fat?

How much do you think you should weigh?

How much do you worry about it?

Does worrying interfere with whatever else you are doing?

What are you doing when you are worrying about this?

Can you stop yourself from worrying about it?

Always or just sometimes?

How long a period of time can you go *WITHOUT* worrying about gaining weight?

How often do you worry about getting fat?

How long do you spend worrying about getting fat?

Do you worry about it for as long as 1 hour a day?

When did you start worrying about it?

WORRY ABOUT GAINING WEIGHT OR BECOMING 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

CFB1101
Intensity

11

CFB1F01
Frequency

CFB1 D01
Duration

11

CFB1 O01
Onset

11

Definitions and questions

BODY IMAGE DISTURBANCE

Unrealistic conviction that the subject is fatter or feels bigger or heavier than is the case or persistent lack of recognition of the seriousness of low body weight.

For individuals who are overweight, code if their perception is distorted from their actual size.

How do you see your body size?

Do you think you are thin or fat?

Do you think you are you heavier than average?

Do you feel that you are constantly aware of how your body feels?

Do sensations from your body (such as feelings of fullness) interfere with your ability to concentrate?

Can others convince you that you are not overweight?

What would you think if I tell you that I think you're actually thinner than average (really just right)?

How long a period of time can you go without being aware of your body?

When did you start to feel like that?

IF SUBJECT IS OBVIOUSLY THIN, ASK:

Do you think it is dangerous to be so thin?

Coding rules

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

CFB2I01
Intensity

CFB2O01
Onset

 /

CFB2I02

Definitions and questions

BINGE EATING EPISODES

Discrete episodes of eating that is excessive given the situation and is accompanied by the feeling that one has lost control over one's eating. For instance, overeating during a holiday may be considered normative. A feeling of loss of control is described as feeling driven or compelled to eat and feeling unable to stop eating even though a part of the individual would like to stop. For individuals who have been binge eating over a long period of time, the feeling of loss of control may be replaced by a sense of hopelessness that overeating is inevitable.

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.

In the last 3 months, have you had any episodes of overeating?

Do you have eating "binges" or attacks?

Do you eat until you can't eat anymore?

What are they like?

Does this pattern of overeating bother you?

Does anything trigger the episodes?

Do you try to resist them?

IF PRESENT, CONTINUE.

When you have these episodes, do you eat at a faster pace than usual?

Or quicker than you would normally eat?

Do you eat until you can't eat anymore?

Do you feel uncomfortably full after a binge?

Do you eat a lot of food even when you are not hungry?

Do you go off on your own to eat?

Do you eat alone because you are embarrassed about the amount of food you are eating?

During the eating binge, do you lose control over your eating?

Do you feel that you HAVE to continue eating even though you may want to stop?

Coding rules

EATING BINGES

0 = Absent

2 = Binges at least sometimes uncontrollable.

3 = Binges almost always uncontrollable.

EATING AT FASTER PACE THAN USUAL

0 = No

2 = Yes

EATING UNTIL FEELING UNCOMFORTABLY FULL

0 = No

2 = Yes

CONSUMING LARGE AMOUNTS OF FOOD WHEN NOT PHYSICALLY HUNGRY

0 = No

2 = Yes

EATING ALONE DUE TO EMBARRASSMENT

0 = No

2 = Yes

LOSS OF CONTROL DURING BINGE EATING EPISODE

0 = No

2 = Yes

Codes

CFB3I01
Intensity

CFB3I02

CFB3I03

CFB3I04

CFB3I05

CFB5I03

Definitions and questions

Do you feel hopeless about being able to stop yourself from overeating?

How often has this happened in the last 3 months?

How long do these "binges" last?

When did you start having "binges"?

What ends the eating episode/binge?

Do you stop when your stomach starts to hurt?

Do you make yourself vomit/throw up?

Do you stop because you have to go to sleep?

Does someone interrupt you or stop you from eating?

Anything else that I haven't mentioned?

How do you feel afterwards?

Do you feel "miserable" or "depressed"?

Do you feel bad about yourself?

Do you feel guilty?

Or ashamed?

**IF SUBJECT IS FEMALE, CONTINUE.
OTHERWISE, SKIP TO "SELF-
EVALUATION DEPENDS ON SHAPE
AND WEIGHT", (PAGE 22).**

Coding rules

HOURS : MINUTES

EPISODE TERMINATED BY

1 = Abdominal Pain.

2 = Self-Induced Vomiting.

3 = Sleep

4 = Social Interruption.

5 = Other

DEPRESSED FOLLOWING BINGE

0 = No

2 = Yes

**GUILT, SHAME AND/OR LOW SELF
ESTEEM**

0 = No

2 = Yes

Codes

CFB3F01
Frequency

CFB3D01
Duration

CFB3O01
Onset

 / /

CFB4I01

CFB4I02

CFB4I03

CFB4I04

CFB4I05

CFB5I01

CFB5I02

Definitions and questions

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 you ever had regular periods, at least 3 months in a row?

Have your periods stopped again?

IF PERIODS HAVE STOPPED, CODE AS PRESENT AND CONTINUE.

Do you know why your periods have stopped?

Do you get Depo-Provera injections?

Have your periods stopped because you're pregnant?

Did they stop because you recently had a baby or because you're nursing?

*Any other reasons why they have stopped?
What are they?*

When did you stop having regular periods?

Coding rules

AMENORRHEA

0 = Absent

2 = Present

DEPO-PROVERA INJECTION

0 = No

2 = Yes

PREGNANT

0 = No

1 = Possible

2 = Yes

RECENT DELIVERY/NURSING

0 = No

2 = Yes

OTHER ARTIFICIAL, PURPOSEFUL MEANS

0 = No

2 = Yes

Codes

CFB6I01
Intensity

CFB6I02

CFB6I03

CFB6I04

CFB6I05

CFB6O01
Onset

Definitions and questions

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 your weight make a difference to how you feel about yourself?

Do you think your weight affects how other people see you and what they think of you?

How important is your weight or shape in affecting how you feel about yourself?
Is it the most important factor in the way you think about yourself?
Would you feel better about yourself if you were thinner?

Would it make a really big difference?
When did you start to feel like that about your weight or shape?

Coding rules

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.

Codes

CFD0101
Intensity

CFD0001
Onset

/ /

Definitions and questions

Coding rules

Codes

SLEEP PROBLEMS**INSOMNIA**

Disturbance of usual sleep pattern involving a reduction in actual sleep time during the subject's sleep period that is accompanied by a subjective feeling of a need for more sleep. Do NOT include externally imposed changes in overall sleep pattern (e.g., change in job hours, arrival of new baby), or insomnia during first 2 weeks following such changes.

Sleep problems are scored irrespective of taking medication for them, but note whether medication is being taken. Also include changes attributed to side effects of medication or substance use.

Is it hard for you to fall asleep when you want to?

Once you're off to sleep, do you wake up again during the night?

Do you wake up early in the morning and can't go back to sleep?

IF YES TO ANY QUESTION, CONTINUE:

What time do you usually go to bed?

How long does it take you to fall asleep?

In the last 3 months, has it taken you an hour or more to get to sleep?

If you wake up at night, how long does it take you to get back to sleep?

Why do you wake up?

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

EXCLUDE WAKING UP TO USE BATHROOM.

Do you wake up early in the morning and can't go back to sleep?

About what time do you wake up?

How long are you awake?

What time are you supposed to wake up?

How often do you have trouble sleeping?

When did you first start having sleep problems?

INSOMNIA

0 = Absent

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

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

INITIAL INSOMNIA

0 = Absent

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

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

MIDDLE INSOMNIA

0 = Absent

1 = Any middle insomnia under 1 hour.

2 = 1-2 hours of middle insomnia.

3 = More than 2 hours of middle insomnia.

EARLY MORNING WAKENING (TERMINAL INSOMNIA)

0 = Absent

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

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

CFB7I01
Intensity

CFB7I02

CFB7I03

CFB7I04

CFB7F01
Frequency

CFB7O01
Onset

Definitions and questions

MEDICATION FOR INSOMNIA

Note here any medication (prescription or over the counter) specifically used in an attempt to improve sleep pattern. Note name of drug. Code prescriptions in Incapacities section.

Do you take anything to help you sleep?

What do you take?

Does it work?

Is it an over-the-counter sleep aid?

Was it prescribed by a doctor?

HYPERSOMNIA - INCREASED NEED FOR SLEEP

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

Do not include "catch-up" sleep.

Do you feel sleepy during the day?***Do you actually drop off to sleep in the day?***

Have you been more sleepy than usual?

More sleepy than most other people?

What were you doing at the time you were sleepy?

Could you keep yourself awake if you had to?

Always or just sometimes?

How often do you feel sleepy like that?

How long are you sleepy like that?

When did you start feeling more sleepy than usual?

Coding rules

MEDICATION FOR INSOMNIA

0 = No

2 = Yes

INCREASED NEED FOR SLEEP

0 = Absent

2 = Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.

3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.

HOURS : MINUTES

Codes

CFB7I05
Intensity

CFB8I01
Intensity

CFB8F01
Frequency

CFB8D01
Duration

CFB8O01
Onset

Definitions and questions

RESTLESS SLEEP
Subject describes sleep as restless. Restless sleep may occur with insomnia, with hypersomnia, or with neither of these.

How would you describe your average night's sleep?

Do you sleep soundly?

Do you toss and turn?

Are you restless?

When did your sleep become restless?

Coding rules

RESTLESS SLEEP
0 = Absent
2 = Present

Codes

CFD1101
Intensity

CFD1001
Onset

/ /

Definitions and questions

INADEQUATELY RESTED BY SLEEP

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

Do you usually get a good night's sleep?

Do you feel like you are NOT well rested when you get up?

Do you feel INADEQUATELY rested when you get up?

Or after sleeping during the day?

How do you feel?

When did that start?

NIGHTMARES

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

If Nightmares are associated with Separation Anxiety, code them more specifically as Separation Dreams in Separation Section.

If Nightmares are associated with Traumatic Events and meet criteria for codings, code them here and the PTSD section also.

Have you had any bad dreams or nightmares?

Did they wake you up?

What were they about?

What are they like?

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

When did the nightmares start?

TIREDFNESS

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

Have you been feeling especially tired or weary?

How much of the time have you felt tired like that?

Do you feel tired like that for at least half the time?

Do you feel tired like that almost all the time?

When did you begin to feel tired or weary?

Coding rules

INADEQUATELY RESTED BY SLEEP

0 = Absent

2 = Present

NIGHTMARES

0 = Absent

2 = Bad dreams have woken the subject in the last 3 months.

TIREDFNESS

0 = Absent

2 = Feels tired at least half of the time.

3 = Feels tired almost all of the time.

Codes

CFD2I01
Intensity

CFD2O01
Onset

 /

CFB9I01
Intensity

CFB9F01
Frequency

CFB9O01
Onset

 /

CFD3I01
Intensity

CFD3O01
Onset

 /

Definitions and questions

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

Have you become tired or "worn out" more easily than usual?

Do you feel exhausted even by things that would have been no problem before?

When you get tired like that, does it take a long time to get over it?
Is that more than usual for you?
How long have you felt that way?

Coding rules

FATIGABILITY

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

Codes

CFD4I01
Intensity

CFD4O01
Onset

/ /

Definitions and questions

Coding rules

Codes

ADULT SEPARATION ANXIETY**WORRIES/ANXIETY ABOUT POSSIBLE HARM**

Unrealistic and persistent worry or fear about possible harm befalling loved one(s), or fear that they will leave and will not return. Includes fear or subjective anxious affect related to the possibility of bad things happening at home while the subject is at work/school.

When you are separated from your "loved one(s)", do you worry that THEY might come to some harm or that something could happen to THEM?

Do you worry that something terrible could happen to your loved one(s) when you're away?

Like being seriously injured in an accident?

Or get very sick?

Or being kidnapped or killed?

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

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

Can you stop yourself from being afraid?

Can others reassure you?

Always or just sometimes?

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

How long are you afraid or worried about this?

When was the first time this happened?

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.

HOURS : MINUTES

CBE8I01
Intensity

CBE8F01
Frequency

CBE8D01
Duration

CBE8O01
Onset

Definitions and questions

WORRIES/ANXIETY ABOUT CALAMITOUS SEPARATION

Unrealistic and persistent worry or fear that an unexpected calamitous event will separate the subject from loved one(s), e.g., the loved one will be lost, kidnapped, killed, or be the victim of an accident.

Do you worry that something terrible could happen to YOU while you are away from your loved one(s)?

Do you worry that something could separate YOU from your loved one(s) or prevent you from ever seeing them again?

*Or that you could somehow lose each other?
What are you doing at the time when you're worried about this?
Can you stop yourself from being afraid?
Can others reassure you?
Always or just sometimes?
In the last 3 months, how often has this happened?
How long are you afraid or worried about this?
When was the first time this happened?*

RELUCTANCE TO SLEEP ALONE

Persistent reluctance or refusal to go to sleep without being near loved one(s).

Do you have any difficulty going to sleep on your own?

Do you sleep much better when your loved one(s) is near you?

Do you get worried or upset if your loved one(s) isn't at home when you go to sleep?

*Could you go to sleep on your own if you had to?
If it's clear that your loved one(s) will be away overnight, do you make arrangements so that you can sleep near another trusted person that night?
In the last 3 months, how often has this happened?
How long does the reluctance to go to sleep last?
When was the first time this happened?*

Coding rules

WORRIES/ANXIETY ABOUT 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.

HOURS : MINUTES

RELUCTANCE TO GO TO SLEEP ALONE

0 = Absent

2 = Sometimes reluctant to go to sleep alone.

3 = Almost always reluctant to go to sleep alone. Almost always tries to make sure sleeps with loved one(s)

HOURS : MINUTES

Codes

CBE9I01
Intensity

CBE9F01
Frequency

CBE9D01
Duration

CBE9O01
Onset

CBF0I01
Intensity

CBF0F01
Frequency

CBF0D01
Duration

CBF0O01
Onset

Definitions and questions

SLEEPS WITH LOVED ONE(S)

Actually sleeps with loved one(s) because of persistent refusal to sleep (through the night) without being near loved one(s).

Distinguish between "normal" co-sleeping with spouses (or children) and co-sleeping because of fears about separation.

Can you sleep through the night on your own?

Do you HAVE to sleep with your loved one(s) in order to get to sleep?

Do you get upset if you are not near your loved one(s) when sleeping?

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

RIISING TO CHECK ON LOVED ONE(S)

Rising at night to check that loved one(s) are still present and/or free from harm.

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

Do you get up to check that "loved one(s)" are safe?

*Do you wake them up when you check on them?
Are you able to go back to sleep after getting up to check on them?
How often do you do that?
When did that start?*

Coding rules

SLEEPS WITH LOVED ONE(S)

0 = Absent

2 = Sometimes insists on sleeping with loved one(s).

3 = Almost always insists on sleeping with loved one(s).

Codes

CBF8I01
Intensity

CBF8F01
Frequency

CBF8O01
Onset

 / /
RISES TO CHECK ON LOVED ONE(S)

0 = Absent

2 = Sometimes rises to check on loved one(s) but without waking them.

3 = Wakes loved one(s) up when checks on them.

CBF1I01
Intensity

CBF1F01
Frequency

CBF1O01
Onset

 / /

Definitions and questions

AVOIDANCE OF SLEEPING AWAY FROM LOVED ONE(S)

Avoidance, or attempted avoidance, of sleeping away from loved one(s), as a result of worrying or anxiety about separation from loved one(s).

Have you EVER been away on overnight trips away from your loved one(s)?

For example, if you have to go on an overnight trip for work?

Or staying overnight with relatives or friends?

How about in the last 3 months?

Do you try to avoid sleeping away from home or loved one(s)?

In the last 3 months, have you refused to sleep away from home or loved one(s)?

IF NEVER SLEPT AWAY FROM HOME OR LOVED ONE(S), ASK:

Do you get worried about sleeping away from home or loved one(s)?

Have you ever been asked to stay overnight away from your loved one(s)?

Were you afraid to go?

When was the first time this happened?

SEPARATION DREAMS

Repeated nightmares or unpleasant dreams involving the theme of separation.

In the last 3 months, have you had any nightmares about being away or being separated from your loved one(s)?

Have you had nightmares about things happening to you or your loved one(s) that would separate you from one another?

Did the dream wake you up?

How often do you have these bad dreams?

When was the first time you had these dreams?

Coding rules

AVOIDANCE OF SLEEPING AWAY FROM LOVED ONE(S)

0 = Absent

2 = Avoidance or attempted avoidance in last 3 months but has slept away from loved one(s) at some time.

3 = Avoidance in last 3 months and has never slept away from loved one(s).

Codes

CBF2I01
Intensity

CBF2O01
Onset

 /
SEPARATION DREAMS

0 = Absent

2 = Separation dreams recalled.

3 = Separation nightmares wake subject.

CBF3I01
Intensity

CBF3F01
Frequency

CBF3O01
Onset

 /

Definitions and questions

AVOIDANCE OF BEING ALONE
Persistent avoidance of being alone due to anxiety about being away from loved one(s).

Are you afraid of being alone without your loved one(s)?

Do you try to avoid being on your own?

Do you get upset when you are alone without your loved one(s)?

Do you sometimes take along your loved one(s) to places just because you worry about being without them?

Do your loved one(s) sometimes take you along to places so you don't have to be alone and worry about them?

Do you sometimes keep talking to your loved one(s) just so they won't go away and leave you alone?
Can you stop yourself from being afraid?
Always or just sometimes?
When did this start?

Coding rules

AVOIDANCE OF BEING ALONE

- 0 = Absent
- 2 = At least sometimes tries to avoid being alone because of at least sometimes uncontrollable worry or anxiety about being away from loved one(s).
- 3 = Almost always tries to avoid being alone because of nearly always uncontrollable worry or anxiety about being away from loved one(s).

Codes

CBF4I01
Intensity

CBF4O01
Onset

/ /

Definitions and questions

ANTICIPATORY DISTRESS

Signs or complaints of excessive distress in anticipation of separation from loved one(s); pleading, begging, fighting, or crying to keep loved one(s) from leaving.

Now think about how you feel BEFORE your loved one(s) even have to leave.

What do you feel like when you THINK about being away from your loved one(s)?

Do you get worried, frightened, or upset when you find out that you and your loved one(s) will have to be away from another?

For example, because of work or other obligations?

Do you become upset even thinking about the possibility of being away from your loved one(s)?

Do you plead or beg them not to go?

Do you try to make arrangements to avoid a separation?

Do you get into fights with them or cry to prevent them from going someplace without you?

What were you doing at the time you got upset about loved one leaving without you?

Can you stop yourself from being afraid?

Always or just sometimes?

When did this start?

WITHDRAWAL WHEN LOVED ONE(S) ABSENT

Social withdrawal, apathy, sadness, or difficulty concentrating when not with loved one(s).

Now think about how you feel AFTER your loved one(s) has actually left.

What happens when you're left alone without your loved one(s)?

Do you become sad or withdrawn AFTER they leave?

Do you have difficulty concentrating on things after they leave?

How do you feel?

Can you stop yourself from being sad?

What were you doing at the time?

Does anything make you feel better?

When was the first time this happened?

Coding rules

ANTICIPATORY DISTRESS

0 = Absent

2 = At least sometimes uncontrollable distress related to potential separation from loved one(s). At least sometimes unresponsive to reassurance and occurring in at least 2 activities.

3 = Nearly always uncontrollable distress related to potential separation from loved one(s). Usually unresponsive to reassurance and occurring in most activities.

Codes

CBF5I01
Intensity

CBF5O01
Onset

 /
WITHDRAWAL WHEN LOVED ONE(S) ABSENT

0 = Absent

2 = At least sometimes uncontrollable withdrawal etc., in at least 2 activities, when not with loved one(s).

3 = Nearly always uncontrollable withdrawal etc., in most activities, when not with loved one(s).

CBF6I01
Intensity

CBF6O01
Onset

 /

Definitions and questions

SEPARATION DISTRESS

Recurrent, excessive distress when separation from loved one(s) occurs.

Sometimes adults go through periods of time when they find it difficult to be away from loved ones, including a significant other/spouse, child(ren), other family member(s), or close friend(s).

How do you react AFTER you have separated from your loved one(s)?

In the last 3 months, have you been worried at all about being away from your loved one(s)?

Are you afraid of being away from your loved one(s)?

Do you get upset when you're separated from your loved one(s)?

Do you get worried, very sad, or upset when you have to go someplace without your loved one(s)?

Or when your loved one(s) had to go someplace without you?

Do you worry about your loved one(s) when they are away from you?

Or when you are away from them?

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

Can you stop yourself from being afraid?

Always or just sometimes?

When did this start?

PHYSICAL SYMPTOMS OF SEPARATION

Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting, on work days, or on other occasions when separation from loved one(s) occurs or is anticipated.

In the last 3 months, do you get sick to your stomach, get headaches or get sick in any other ways on days when you have to leave your loved one(s) for work or to go to other places?

Do you get any aches or pains on days when you have to leave your loved one(s)?

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

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

Coding rules

SEPARATION DISTRESS

0 = Absent

2 = At least sometimes uncontrollable distress etc., when not with loved one(s).

3 = Nearly always uncontrollable distress etc., in most activities, when not with loved one(s).

Codes

CBF7I01
Intensity

CBF7O01
Onset

 /

CBE1I01
Intensity

CBE1F01
Frequency

CBE1O01
Onset

 /
PHYSICAL SYMPTOMS OF SEPARATION

0 = No

2 = Yes

Definitions and questions

WORK NON-ATTENDANCE (WORRY/ANXIETY)

Persistent reluctance or refusal to go to work or other activities away from loved one(s) because of fear of separation.

In the last 3 months, have you been worried about going to work or other places away from your loved one(s)?

Have you pretended to be sick so you won't have to be away from your loved one(s) in the last 3 months?

In the past 3 months, did you sometimes not go to work or other places because you were worried or upset about being away from your loved one(s)?

On average, how many hours a day do you work?

In the last 3 months, how many work days have you MISSED due to worry about being away from your loved one(s)?

How many times have you had to leave work EARLY due to anxiety about being away from your loved one(s)?

How many hours early was that?

In the last 3 months, how many places or events did you NOT go to due to worry/anxiety about being away from your loved one(s)?

In the last 3 months, how many times have you had to leave activities EARLY due to worry/anxiety about being away from your loved one(s)?

When did that start?

**IF SEPARATION WORRY, CONTINUE.
OTHERWISE, SKIP TO END.**

Coding rules

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

0 = No

2 = Yes

**FREQUENCY: # OF 1/2 WORK DAYS
MISSED**

**FREQUENCY: # OF ACTIVITIES MISSED
OR LEFT EARLY DUE TO
WORRY/ANXIETY ABOUT LOVED
ONE(S)**

Codes

CBJ1I01
Intensity

CBJ1F01

CBJ1F02

CBJ1O01
Onset

 / /

Definitions and questions

SUBJECT OF SEPARATION ANXIETY
Can you tell me which people you were most worried to be away from in the past 3 months?

Your girlfriend/boyfriend/spouse?
Your child(ren)?
Your parent(s)?
Any other family member?
A close friend?
Some other friend?

Coding rules

SUBJECT OF SEPARATION ANXIETY: 3 MONTHS

- 0 = Absent
2 = Present

Significant Other / Spouse

Child(ren)

Parent(s)

Other Family Member

Close Friend

Other Friend

Codes

CBJ1I02

☐

CBJ1I03

☐

CBJ1I04

☐

CBJ1I05

☐

CBJ1I06

☐

CBJ1I07

☐

Definitions and questions

REASON FOR SEPARATION WORRY

Specific reason subject is worried about being separated from loved one(s) such as a physical/mental illness, age of loved one(s), or a major life event. Conversely, subject could be worried about separation due to subject's own physical/mental illness or because of a major life event occurred to subject.

Sometimes, people have specific reasons for worrying about being away from a loved one.

Was there any particular reason for why you were worried about leaving your loved one(s)?

Are you worried about your "LOVED ONE(s)" for no particular reason?

Is it because THEY have a physical illness?

Or THEY have mental illness?

Because of their age (very young or old)?

Because THEY are having difficulty at school/work?

Because something bad happened to THEM before, like being in a car accident or fire?

Any other reason I haven't mentioned?

Are you worried about "loved one(s)" for no particular reason?

Is it because YOU have a physical illness?

Or YOU have mental illness?

Are you worried because YOU are having a difficult time at work/school?

Are you worried because something bad happened to YOU before, like being in a car accident or fire?

Any other reason I haven't mentioned?

Coding rules

REASON(S) FOR SEPARATION WORRY: LOVED ONE(S)

0 = Absent

2 = Present

No particular reason

Physical illness

Mental illness, including substance use problem

Age (e.g., very young or old)

Difficulty at school or work (e.g., harassment, poor performance)

Life event (e.g., motor vehicle accident, fire)

Other

REASON(S) FOR SEPARATION WORRY: SUBJECT

0 = Absent

2 = Present

No particular reason

Physical illness

Mental illness, including substance use problem

Age (e.g., very young or old)

Difficulty at school or work (e.g., harassment, poor performance)

Life event (e.g., motor vehicle accident, fire)

Other

Codes

CBJ3I01

CBJ3I02

CBJ3I03

CBJ3I04

CBJ3I05

CBJ3I06

CBJ3I07

CBJ4I01

CBJ4I02

CBJ4I03

CBJ4I04

CBJ4I05

CBJ4I06

CBJ4I07

Definitions and questions

WORRIES

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

Do not include worries coded under Hypochondriasis, Panic, Agoraphobia or other more specific categories.

Many people have some worries. What do you worry about?

Do you worry about what will happen in the future?

Do you worry about bad things happening in the future?

Do you worry about things you have done?

Do you worry about how well you do things?

Like your job?

Or taking care of your family/children?

Or your work at college / post-secondary education?

Do you worry about what people think of you?

Do you get worried when other people are around?

Do you worry about how you are with other people?

Do you get self-conscious?

Do you worry about how you get along with people?

Do you worry about how you look?

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

Do you worry about how you get along with other people?

IF WORRY ABOUT RELATIONSHIPS, ASK:

Who do you worry about?

Your spouse or significant other/partner?

Your children?

Your parents or grandparents?

Your friends?

Your boss or employer?

Your co-workers?

Other people?

Do you have other worries?

What are they?

What is it like when you worry?

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.

Codes

CCA0101
Intensity

Definitions and questions

Can you give me an example?
 What are you doing when you are worrying like that?
 Does worrying ever keep you awake at night?
 Does worrying affect your concentration?
 Does worrying change how you are with others, like make you irritable or sullen?
 Can you stop worrying if you want to?
 Always or just sometimes?
 Any times in the last 3 months when you couldn't stop worrying?

In the last 3 months, how often do you worry about these things?

How long do these feelings last?
 Any times in the last 3 months that you have been worried for 1 hour or more in a day?

When was the first time you worried like this?

USE INFORMATION ABOVE TO CODE

USE INFORMATION ABOVE TO CODE

USE INFORMATION ABOVE TO CODE

USE INFORMATION ABOVE TO CODE

USE INFORMATION ABOVE TO CODE

Coding rules

HOURS : MINUTES

Codes

CCA0F01
Frequency

CCA0D01
Duration

CCA0O01
Onset

WORRIES ABOUT FUTURE EVENTS

0 = Absent

2 = Present

CCA0I02

WORRIES ABOUT PAST BEHAVIOR

0 = Absent

2 = Present

CCA0I03

WORRIES ABOUT COMPETENCE OR PERFORMANCE

0 = Absent

2 = Present

CCA0I04

SELF-CONSCIOUSNESS

0 = Absent

2 = Present

CCA0I05

WORRIES ABOUT APPEARANCE

0 = Absent

2 = Present

CCA0I06

Definitions and questions

USE INFORMATION ABOVE TO CODE

USE INFORMATION ABOVE TO CODE

8 USE INFORMATION ABOVE TO CODE

INFORMATION ABOVE TO CODE

Coding rules

WORRIES ABOUT MONEY

0 = Absent

2 = Present

OTHER WORRIES

0 = Absent

2 = Present

WORRIES ABOUT RELATIONSHIPS

0 = Absent

2 = Present

FOCUS OF WORRY

1 = Spouse or Significant Other/Partner

2 = Subject's Children

3 = Subject's Parents or Grandparents

4 = Friends

5 = Subject's Boss or Employer

6 = Co-workers

7 = Other

Codes

CCA0107

CCA0108

CCA0109

CCA0X01

CCA0X02

CCA0X03

CCA0X04

CCA0X05

CCA0X06

CCA0X07

When did those worries start?

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

CCA1001
Onset

/

Definitions and questions

Coding rules

Codes

ANXIOUS AFFECT**NERVOUS TENSION**

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

Do you feel tense, nervous, or on edge?

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

What do you feel "nervous" about?

How bad is it?

Does anything bring it on?

What are you doing when you feel this way?

Can you calm yourself down?

If you concentrates on something, or is doing something you like, does the nervousness go away?

How often do you feel this way?

How long does the feeling last?

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

When did it start?

SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)

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

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

NERVOUS TENSION

0 = Absent

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

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

HOURS : MINUTES

CCA3I01
Intensity

CCA3F01
Frequency

CCA3D01
Duration

CCA3O01
Onset

Definitions and questions

SOCIAL ANXIETY

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

Note: There is desire for involvement with familiar people.

Include fear, self-consciousness, fear of rejection, embarrassment, and concern about appropriateness of behavior when interacting with unfamiliar figures.

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

Do you feel very self-conscious or embarrassed around people you don't know well?

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

Do you become extremely shy in social situations?

Do you feel very nervous or shy about asking someone out for a date or going on a date?

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

Do you get worried that you will do something embarrassing when you're around people don't know well?

Do you think that people might make fun of you?

Do you get worried about offending people?

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

Does it stop you from going out with others or going out on dates?

Do you avoid meeting people because of it?

Has it affected your work/schooling?

Has it affected your ability to be involved in your children's activities/school?

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

Does that help?

What are you doing when you feel this way?

Can you stop yourself from feeling this way?

Always or just sometimes?

How often do you feel this way?

How long do these feelings last?

When was the first time this happened?

Coding rules

SOCIAL ANXIETY

0 = Absent

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

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

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

HOURS : MINUTES

Codes

CCA6I01
Intensity

CCA6F01
Frequency

CCA6D01
Duration

CCA6O01
Onset

Definitions and questions

*Do you get upset when you have to meet new people?
Or start to cry?
Or refuse to speak?*

When did you first get upset like that?

*Do you avoid going to parties or places where you might
have to talk to people?
Does it stop you from going out with family and friends or
dating?
Have you changed your plans or routines so that you can
avoid these situations?*

When did you first start to avoid these situations?

ANXIOUS FOREBODING

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

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

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

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

In the last 3 months, how often does this happen?

*How long do these feelings last?
Have there been any times in the last 3 months that it has lasted as long as 1 hour in a day?*

When was the first time this happened?

Coding rules

DISTRESS

0 = Absent

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

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**ANXIOUS FOREBODING**

0 = Absent

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

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

HOURS : MINUTES

Codes

CCA7I01

CCA7O01

CCA8I01

CCA8O01

CCA4I01
Intensity
CCA4F01
Frequency
CCA4D01
Duration
CCA4O01
Onset

Definitions and questions

FEAR OF ACTIVITIES IN PUBLIC

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

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

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

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

What about if you have to speak in front of people?

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

Can you give me an example of when that happened?

Has is affected you at work/school?

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

Are you afraid that people might laugh at you?

Or make fun of you?

Are you frightened that you might offend others?

Are you scared that you will make a mistake?

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

Does it stop you from doing activities with your spouse/significant other and/or children?

Can you stop yourself from being afraid?

Can others reassure you?

Always or just sometimes?

How often has this happened in the last 3 months?

How long does that last?

When was the first time this happened?

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

When did you first get upset like that?

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

When did you first start to avoid these situations?

Coding rules

FEAR OF ACTIVITIES IN PUBLIC

0 = Absent

1 = Fear is intrusive into at least 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 = 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**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

CCA9I01
Intensity

CCA9F01
Frequency

CCA9D01
Duration

CCA9O01
Onset

CCB0I01

CCB0O01

CCB1I01

CCB1O01

Definitions and questions

AGORAPHOBIA**FEAR OF USING PUBLIC TRANSPORTATION**

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

Are you afraid of riding in a car, bus, train, boat, or airplane?

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

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

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

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

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

*What are you doing at the time when you are afraid?
Can you stop yourself from being afraid?
Can anyone reassure you?
Always or just sometimes?*

How often has that happened in the last 3 months?

How long does this feeling last?

When was the first time this happened?

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

When did you start avoiding these situations?

Coding rules

FEAR OF USING PUBLIC TRANSPORTATION

0 = Absent

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

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

4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

HOURS : MINUTES

AVOIDANCE: FEAR OF USING PUBLIC TRANSPORTATION

0 = Absent

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

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

AVOIDANCE ONSET: FEAR OF USING PUBLIC TRANSPORTATION

Codes

CCG3I01
Intensity

CCG3F01
Frequency

CCG3D01
Duration

CCG3O01
Onset

CCG3I02

CCG3O02

Definitions and questions

FEAR OF BEING IN OPEN SPACES

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

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

Are you afraid of being on a bridge?

Does the thought of these things frighten you?

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

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

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

*What are you doing at the time when you are afraid?
Can you stop yourself from being afraid?
Can anyone reassure you?
Always or just sometimes?*

How often has that happened in the last 3 months?

How long does this feeling last?

When was the first time this happened?

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

When did you start avoiding these situations?

Coding rules

FEAR OF BEING IN OPEN SPACES

0 = Absent

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

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

4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

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

0 = Absent

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

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

AVOIDANCE ONSET: FEAR OF BEING IN OPEN SPACES

Codes

CCG4I01
Intensity

CCG4F01
Frequency

CCG4D01
Duration

CCG4O01
Onset

CCG4I02

CCG4O02

Definitions and questions

FEAR OF BEING IN ENCLOSED PLACES

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

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

Do you get worried or frightened when you're at work/school?

How about other places like a restaurant or cafeteria?

Does the thought of these places frighten you?

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

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

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

*What are you doing at the time when you are afraid?
Can you stop yourself from being afraid?
Can anyone reassure you?
Always or just sometimes?*

How often has that happened in the last 3 months?

How long does this feeling last?

When was the first time this happened?

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

When did you start avoiding these situations?

Coding rules

FEAR OF BEING IN ENCLOSED PLACES

0 = Absent

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

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

4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

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

0 = Absent

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

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

AVOIDANCE ONSET: FEAR OF BEING IN ENCLOSED PLACES

Codes

CCG5I01
Intensity

CCG5F01
Frequency

CCG5D01
Duration

CCG5O01
Onset

 /

CCG5I02

CCG5O02

 /

Definitions and questions

FEAR OF STANDING IN LINE OR BEING IN A CROWD

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

Are you afraid of standing in lines?

Are you afraid of going out into crowded places?

Or being around a lot of people?

Does the thought of these things frighten you?

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

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

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

*What are you doing at the time when you are afraid?
Can you stop yourself from being afraid?
Can anyone reassure you?
Always or just sometimes?*

How often has that happened in the last 3 months?

How long does this feeling last?

When was the first time this happened?

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

When did you start avoiding these situations?

Coding rules

FEAR OF STANDING IN LINE OR BEING IN A CROWD

0 = Absent

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

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

4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

HOURS : MINUTES

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

0 = Absent

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

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

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

Codes

CCG6I01
Intensity

CCG6F01
Frequency

CCG6D01
Duration

CCG6O01
Onset

CCG6I02

CCG6O02

Definitions and questions

FEAR OF BEING OUTSIDE OF THE HOME ALONE

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

Do you get worried or upset when you have to leave your home?

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

Are you afraid of going outside alone?

Does the thought of these things frighten you?

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

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

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

*What are you doing at the time when you are afraid?
Can you stop yourself from being afraid?
Can anyone reassure you?
Always or just sometimes?*

*How often has that happened in the last 3 months?
How long does this feeling last?
When was the first time this happened?*

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

When did you start avoiding these situations?

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

Coding rules

FEAR OF BEING OUTSIDE OF THE HOME ALONE

0 = Absent

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

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

4 = The subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

HOURS : MINUTES

AVOIDANCE: FEAR OF BEING OUTSIDE OF THE HOME ALONE

0 = Absent

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

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

AVOIDANCE ONSET: FEAR OF BEING OUTSIDE OF THE HOME ALONE

Codes

CCG7I01
Intensity

CCG7F01
Frequency

CCG7D01
Duration

CCG7O01
Onset

CCG7I02

CCG7O02

Anxious Affect

G-9

Definitions and questions

FEAR OF PANIC OR PANIC-LIKE SYMPTOMS

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

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

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

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

Are you afraid that you might be difficult for you to escape if you had to?

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

Does this happen in different situations or places?
Do you avoid going places or doing certain thing?

Does it affect what you do or where you go?
Can you stop yourself from being afraid?

Coding rules

FEAR OF PANIC ATTACK OR PANIC-LIKE SYMPTOMS

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

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

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

Codes

CCE6I01
Intensity

Definitions and questions

ANIMAL FEARS

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

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

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

Do any animals frighten you?

Which ones?

What happens?

Do you scream or get upset?

Or "freeze up"?

Are you afraid of them even just seeing a picture or TV show?

What are you doing when you are frightened like this?

Can you stop yourself from being afraid?

Always or just sometimes?

How often has that happened in the last 3 months?

How long does that last?

When was the first time this happened?

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

When did you first start to avoid these situations?

Coding rules

FEAR OF ANIMALS

0 = Absent

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

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

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

HOURS : MINUTES**AVOIDANCE**

0 = Absent

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

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

ANIMAL FEARS - AVOIDANCE ONSET

Codes

CCB4I01
Intensity

CCB4F01
Frequency

CCB4D01
Duration

CCB4O01
Onset

CCB5I01

CCB5O01

Definitions and questions

FEAR OF INJURY

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

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

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

Does it affect what you do?

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

Can you stop yourself from being afraid?

Always or just sometimes?

What happens if someone tries to reassure you?

How often has that happened in the last 3 months?

How long do you stay afraid?

When was the first time this happened?

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

When did you first start to avoid these situations?

Coding rules

FEAR OF INJURY

0 = Absent

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

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

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

HOURS : MINUTES**AVOIDANCE**

0 = Absent

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

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

FEAR OF INJURY - AVOIDANCE ONSET

Codes

CCB6I01
Intensity

CCB6F01
Frequency

CCB6D01
Duration

CCB6O01
Onset

CCB7I01

CCB7O01

Definitions and questions

FEAR OF BLOOD/INJECTION

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

AIDS-related fears are not coded here.

Do you feel frightened about the sight of blood?

Are you afraid of getting a shot or injection?

Are you afraid of seeing anyone getting an injection?

Does the THOUGHT of getting a shot frighten you?

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

Do doctors or nurses have to hold you down when you have to get a shot?

Can you stop yourself from being afraid?

Always or just sometimes?

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

How long does this fear last?

When was the first time this happened?

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

Do you avoid going to the doctor or dentist because you THINK you may have to get a shot?

When did you first start to avoid these situations?

Coding rules

FEAR OF BLOOD/INJECTION

0 = Absent

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

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

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

HOURS : MINUTES

AVOIDANCE

0 = Absent

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

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

AVOIDANCE - ONSET

Codes

CCE0I01
Intensity

CCE0F01
Frequency

CCE0D01
Duration

CCE0O01
Onset

CCE1I01

CCE1O01

Definitions and questions

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

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

Are there any other things that you're afraid of?

Loud sounds?

Thunder, lightning, or storms?

Heights?

Elevators or Escalators?

Costumed Characters like Clowns or mascots?

Water?

Burglars or Robbers?

Insects and spiders?

Snakes?

Birds?

The dark?

Frightening things on TV or Movies?

War?

Storms?

Closed spaces, like tunnels?

Flying?

Anything else I haven't mentioned?

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

How long do you stay afraid?

When was the first time this happened?

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

When did you first start to avoid these situations?

Coding rules

OTHER FEARS

0 = Absent

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 = 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

AVOIDANCE

0 = Absent

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

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

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

Codes

CCB8I01
Intensity

CCB8F01
Frequency

CCB8D01
Duration

CCB8O01
Onset

CCB9I01

CCB9O01

Definitions and questions

FREE FLOATING ANXIOUS AFFECT

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

Do you ever feel frightened without knowing why?

What are you doing at the time when you're afraid?
Can you stop yourself from being afraid?
Always or just sometimes?
Can anyone reassure you?

How often are you afraid like this?

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

When was the first time this happened?

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 subject feels fear, or experiences free-floating anxiety that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The subject feels fear, or experiences free-floating anxiety, that is almost completely uncontrollable in most activities.

HOURS : MINUTES

Codes

CCC1I01
Intensity

CCC1F01
Frequency

CCC1D01
Duration

CCC1O01
Onset

/ /

Definitions and questions

PANIC**PANIC ATTACKS**

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

Do you get panicky?

Have you had a panic attack in the last 3 months?

Is the panic attack so severe that it makes you stop what you are doing?

Do you have to get out of the situation?

Does it affect you physically at all?

Do you try to avoid situations where you might get panicky? What do you do?

Does the panic attack occur for no good reason? Does it sometimes happen "out of the blue"?

Does it occur in any SPECIFIC situations? What triggers it?

How often has this happened in the last 3 months?

How long do these feelings of panic last?

When was the first time this happened?

**IF PANIC ATTACKS, CONTINUE.
OTHERWISE, SKIP TO
"WORRY/ANXIETY ABOUT MOVING
OUT OF THE PARENTAL HOME",
(PAGE ERROR! BOOKMARK NOT
DEFINED.).**

Coding rules

PANIC ATTACKS

0 = Absent

2 = Panic attack that is of such severity that subject stops activity engaged in at the time.

FREE FLOATING

0 = Absent

2 = Panic attack unassociated with any particular situation.

SITUATIONAL

0 = Absent

2 = Panic attack that occurs in certain situations/environments.

HOURS : MINUTES

Codes

CCC5I01
Intensity

CCC5I02

CCC5I03

CCC5F01
Frequency

CCC5D01
Duration

CCC5O01
Onset

Definitions and questions

DEREALIZATION DURING PANIC ATTACK

The subject experiences his/her surroundings as unreal; everything may seem colorless, artificial, or dead.

When you got panicky, did you feel that things around you didn't seem real?

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

What was it like?

When did this start?

DEPERSONALIZATION DURING PANIC ATTACK

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

When you got panicky, did you feel as if you weren't real?

Did you feel that you were outside your body looking at yourself from outside your body?

Did you feel like you were acting your life instead of being natural?

When did this start?

FEAR OF LOSS OF CONTROL DURING PANIC ATTACK

Subject feels as though "going crazy" or is afraid of losing control over body or mind (e.g. urinating in public, falling down, creating a "scene").

When you got panicky, did you feel like you were going crazy?

Did you feel as though you were losing control of your body or your mind?

Were you afraid of what you might do?

Did you feel as though you might fall down or create a "scene"?

When did this start?

Coding rules

DEREALIZATION

0 = Absent

2 = Present as described in definition.

DEPERSONALIZATION

0 = Absent

2 = Present as described in definition.

FEAR OF LOSS OF CONTROL

0 = Absent

2 = Present as described in definition.

Codes

CCC6I01
Intensity

CCC6O01
Onset

 /

CCC7I01
Intensity

CCC7O01
Onset

 /

CCC8I01
Intensity

CCC8O01
Onset

 /

Definitions and questions

FEAR OF DYING DURING PANIC ATTACK

Subject feels as though s/he might die, or is afraid that s/he might die.

When you got panicky, were you afraid that you might die?

*Why did you feel like that?
When did this start?*

CONCERN ABOUT ADDITIONAL PANIC ATTACKS

Concern, worry, or anxious affect related to the possibility that another panic attack may occur.

Are you worried about having another "panic attack"?

*Does it bother you much?
When did this start?*

CHANGE IN BEHAVIOR

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

N.B. Distinguish from "Specific Phobia."

Have you done anything to avoid having any more "panic attacks"?

Are there things you can't do because you are scared it will bring on an attack?

Do you have to avoid certain places or activities?

*Are there places you can't go because, for example you have to cross a bridge or use an elevator, and you are scared it will bring on an attack?
Does that affect your life much?
When did this start?*

Coding rules

FEAR OF DYING

0 = Absent

2 = Present as described in definition.

CONCERN ABOUT ADDITIONAL PANIC ATTACKS

0 = Absent

2 = Present

CHANGE IN BEHAVIOR

0 = Absent

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

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

Codes

CCC9I01
Intensity

CCC9O01
Onset

CCE2I01
Intensity

CCE2O01
Onset

CCE3I01
Intensity

CCE3O01
Onset

Definitions and questions

WORRY ABOUT IMPLICATIONS
Worry or anxious affect related to possible secondary consequences of having another panic attack.

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

Have you been worried about what might happen if you had another "panic attack"?

What do you think might happen?
Have you been afraid that you might die?
Or go crazy?
Or lose control?
When did this start?

Coding rules

WORRY ABOUT IMPLICATIONS
0 = Absent
2 = Present

Codes

CCE4I01
Intensity

CCE4O01
Onset

/ /

Definitions and questions

ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS

Autonomic symptoms accompanied by subjective anxious affect.

IF PANIC ATTACKS ARE PRESENT, CONTINUE.

When you're "worried," "anxious," or "frightened", does it affect you physically at all?

Do you get dizzy, giddy, or faint?

When did this start?

Does it feel like you are choking?

When did this start?

Do you have difficulty breathing?

In what way?

When did this start?

Does your breathing get faster?

When did this start?

Does it affect your heart?

Does your heart beat very fast?

When did this start?

Do you get tightness or pain in your chest?

Coding rules

DIZZINESS/FAINTNESS

0 = No

2 = Yes

DIZZINESS/FAINTNESS: ONSET**CHOKING**

0 = No

2 = Yes

CHOKING: ONSET**DIFFICULTY BREATHING**

0 = No

2 = Yes

DIFFICULTY BREATHING/SMOTHERING: ONSET**RAPID BREATHING**

0 = No

2 = Yes

RAPID BREATHING: ONSET**PALPITATIONS/TACHYCARDIA**

0 = No

2 = Yes

PALPITATIONS/TACHYCARDIA: ONSET

Codes

CCE5I01

CCE5O01

CCE5I03

CCE5O03

CCE5I04

CCE5O04

CCE5I05

CCE5O05

CCE5I06

CCE5O06

Definitions and questions

Do you feel as though you are having a heart attack?*When did this start?***Do you get sweaty?***When did this start?***Do you feel sick or nauseous?***When did this start?***Do you get butterflies in your stomach?****Do you get pain in your stomach?***When did this start?***Do you get shaky or twitchy?****Do you start to tremble?***When did this start?***Do you get flushed?****Do you get chills?***When did this start?*

Coding rules

TIGHTNESS OR PAIN IN CHEST

0 = No

2 = Yes

TIGHTNESS OR PAIN IN CHEST: ONSET**SWEATING**

0 = No

2 = Yes

SWEATING: ONSET**NAUSEA**

0 = No

2 = Yes

NAUSEA: ONSET**BUTTERFLIES/PAIN IN THE STOMACH**

0 = No

2 = Yes

BUTTERFLIES/PAIN IN THE STOMACH: ONSET**TREMBLING/SHAKING/TWITCHING**

0 = No

2 = Yes

TREMBLING/SHAKING/TWITCHING: ONSET**FLUSHING OR CHILLS**

0 = No

2 = Yes

FLUSHING OR CHILLS: ONSET

Codes

CCE5I07

CCE5O07

CCE5I08

CCE5O08

CCE5I09

CCE5O09

CCE5I11

CCE5O11

CCE5I13

CCE5O13

CCE5I14

CCE5O14

Definitions and questions

Do you have funny feelings in your fingers or toes?

When did this start?

Do you get stomach cramps?

Does your stomach churn?

When did this start?

IF WORRIES, HYPOCHONDRIASIS, AGORAPHOBIA, WORRIES ABOUT MOVING OUT, CONTINUE. OTHERWISE, SKIP TO "STARTLE RESPONSE ", (PAGE 24).

Coding rules

PARESTHESIA

0 = No

2 = Yes

PARESTHESIA: ONSET

ABDOMINAL CHURNING

0 = No

2 = Yes

ABDOMINAL CHURNING: ONSET

Codes

CCE5I16

CCE5O16

/ /

CCE5I18

CCE5O18

/ /

Definitions and questions

EXCESSIVE NEED FOR REASSURANCE
The subject seeks reassurance from others about at least 2 topics of worry, but the worries continue in spite of such reassurance. Include Worries, Hypochondriasis, Agoraphobia, and Worries About Moving Out.

Do you tell people about your worries?

How often?
Do they ever get fed up with hearing about your worries?

What happens then?
Can you stop yourself from talking about your worries?

IF SITUATIONAL, FREE FLOATING, WORRIES, NERVOUS TENSION, LEAVING HOME, CONTINUE. OTHERWISE, SKIP TO END.

Coding rules

EXCESSIVE NEED FOR REASSURANCE

0 = Absent

2 = Seeks reassurance at least weekly (for 4 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

CCA2I01
Intensity

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.

Do you startle easily?

*What sort of things make you jump?
How often does this happen?
When did this start?*

CONCENTRATION DIFFICULTIES

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

When you are worried, "anxious" or scared, is it hard for you to concentrate?

Does your mind go blank when you are worried??

*What happens?
Does it interfere with what you are doing?
Can you focus on your job/school?
How often does this happen?*

When did this start?

Coding rules

STARTLE RESPONSE

0 = Absent

2 = Startles to an exaggerated degree on slight provocation.

CONCENTRATION DIFFICULTIES

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

Codes

CCC2I01
Intensity

CCC2F01
Frequency

CCC2O01
Onset

 /

CCC3I01
Intensity

CCC3F01
Frequency

CCC3O01
Onset

 /

Subject becomes easily fatigued when anxious.

*What happens?
Can you continue to play or interact even though you're
tired out from being anxious?
Do you need more sleep, either during the day or at night?
How often have you felt like that in the last 3 months?*

When did this start?

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

How often has this happened in the last 3 months?

When did this start?

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.

0 = Absent

2 = Present

CCC4I01
Intensity

11

CCC4F01
Frequency

5

CCC4001
Onset

11

CCD0114
Intensity

11

CCD0F14
Frequency

10

CCD0014
Onset

// //

Definitions and questions

RESTLESSNESS

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

Do you get restless when you're "worried," "anxious," or "frightened?"

Do you have to keep getting up or moving around when you are "worried," "anxious," or "frightened?"

Keyed up or on edge?

How often were you restless like this in the last 3 months?

When did this start?

SLEEP DISTURBANCE WHEN WORRIED/ANXIOUS

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

When you are worried or anxious, do you have trouble falling asleep?

Do you have trouble staying asleep because you are anxious or worried?

How often have you had difficulty sleeping in the last 3 months?

When did this start?

IRRITABILITY WHEN WORRIED/ANXIOUS

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

When you are worried or anxious, do you become more irritable?

Are you easily angered when you are worried or anxious?

How often have you been irritable like that in the last 3 months?

When did this start?

Coding rules

RESTLESSNESS

0 = Absent

2 = Present

SLEEP DISTURBANCE WHEN WORRIED/ANXIOUS

0 = No

2 = Yes

IRRITABLE WHEN WORRIED/ANXIOUS

0 = Absent

2 = Present

Codes

CCD0I21
Intensity

CCD0F21
Frequency

CCD0O21
Onset

 /

CCD0I26
Intensity

CCD0F26
Frequency

CCD0O26
Onset

 /

CCD0I27
Intensity

CCD0F27
Frequency

CCD0O27
Onset

 /

Definitions and questions

ANXIOUS AUTONOMIC SYMPTOMS

Autonomic symptoms accompanied by subjective anxious affect (occurs when subject is frightened, worried or nervous).

When you're worried, "anxious" or frightened, does it affect you physically at all?

Do you get jumpy?

Keyed up?

On edge?

Do you tremble, twitch, or shake?

Do you have muscle aches or soreness?

Do your hands feel cold or clammy?

Does your mouth feel dry?

Do you feel sweaty?

Or feel nauseous?

Do you have diarrhea?

Do you have to urinate more frequently?

Coding rules

JUMPINESS

0 = No

2 = Yes

TREMBLING/TWITCHING/SHAKING

0 = No

2 = Yes

MUSCLE ACHES OR SORENESS

0 = No

2 = Yes

COLD OR CLAMMY HANDS

0 = No

2 = Yes

DRY MOUTH

0 = No

2 = Yes

SWEATING

0 = No

2 = Yes

NAUSEA

0 = No

2 = Yes

DIARRHEA

0 = No

2 = Yes

URINARY FREQUENCY

0 = No

2 = Yes

Codes

CCD0I20

CCD0I13

CCD0I25

CCD0I22

CCD0I02

CCD0I08

CCD0I09

CCD0I12

CCD0I10

Definitions and questions

Do you have trouble swallowing?

Do you feel a lump in your throat?

Coding rules

- TROUBLE SWALLOWING**

0 = No

2 = Yes
- LUMP IN THE THROAT**

0 = No

2 = Yes

Codes

- CCD0I23**
- CCD0I24**

Definitions and questions

Coding rules

Codes

DEPRESSED AFFECT**DEPRESSED MOOD**

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

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

Have you been feeling "down" at all?

Have you been feeling down in the dumps, unhappy, or depressed?

Have you been acting very unhappy or sad?

Have you been crying because of the way you have been feeling?

What made you feel "miserable"?

If I had seen you then would I have been able to tell?

Can you do anything to cheer yourself up?

Can anyone do anything to cheer you up?

How often are you "down" like that at home?

How often are you "down" like that at work/college?

How often are you "down" like that at elsewhere?

Note: If Subject is depressed all day every day, code frequency as 90 times for each setting of home, work/college, and elsewhere.

When you feel "miserable," how long does it last?

When did you start to feel down like that?

IF DEPRESSED MOOD PRESENT, ASK;

Was there a week when you felt "miserable" most days?

Were there two weeks when you were "miserable" on at least 8 days?

IF DEPRESSED MOOD PRESENT, ASK;

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

DEPRESSED MOOD

0 = Absent

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

3 = Scarcely anything is able to lift the mood.

HOME**WORK/COLLEGE****ELSEWHERE****HOURS : MINUTES****EPISODE OF DEPRESSED MOOD**

0 = Absent

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

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

PERIOD OF 2 CONSECUTIVE MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR

0 = Present

2 = Absent

CDA0I01
Intensity

CDA0F01
Home
Frequency

CDA0F02
Work/College
Frequency

CDA0F03
Elsewhere
Frequency

CDA0D01
Duration

CDA0O01
Onset

CDA0I02

CDA0I03

IF DEPRESSED MOOD IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 6).

HOURS : MINUTES

/ /

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 you're "miserable" do you seem to feel the same as when something sad happens or you see a sad movie or program?

Is this feeling of "being miserable" different than the feeling of "being sad" about a sad event?

Can you tell me how it is different?

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. If Depressed Mood coded at level 3, code as this "structurally missing."

When you feel "miserable," can anything cheer you up?

Can you do things to cheer yourself up?

Or make yourself feel better?

What?

How long would it cheer you up?

Coding rules

DISTINCT QUALITY OF DEPRESSED MOOD

0 = Absent

2 = Subject understands quality of sadness and reports that periods of depressed mood have a different quality.

Codes

CDA1I01
Intensity

ALLEVIATION BY SELF-GENERATED MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

S = Alleviation not applicable, i.e. subject is rated 0 or 3 on depressed mood.

CDA2I01
Intensity

Definitions and questions

ALLEVIATION OF DEPRESSED MOOD BY EXTERNAL MEANS

Alleviation of depressed mood refers to means that the subject 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 subject'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 relieved. If the Depressed Mood is present at an intensity level 3 then it is, by definition, essentially unalleviable. If Depressed Mood coded at level 3, code as this "structurally missing."

When you feel "miserable," can you or others do anything to cheer yourself up?

Do you cheer up when you takes part in an activity?

Like playing with other children?

How much of the time would things "cheer" you up?

DIURNAL VARIATION OF MOOD - AM WORST

Depressed mood is consistently worse in the first half of the day for at least 14 days (which need not be consecutive), 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 you feel more "depressed" or "sad" than others?

Do you feel more "sad" in the morning?

What do you notice when you feel worse?

How long does the worst time last?

In the last 3 months, how often have you felt like that?

Have you felt like that for at least 2 weeks in the past 3 months?

Coding rules

ALLEVIATION BY EXTERNAL MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

S = Alleviation not applicable, i.e. subject is rated 0 or 3 on depressed mood.

Codes

CDA2I02
Intensity

AM WORST

0 = Absent

2 = Present

CDA3I01
Intensity

Definitions and questions

DIURNAL VARIATION OF MOOD - PM WORST

Depressed mood is consistently worse in the second half of the day for at least 14 days (which need not be consecutive), irrespective of external events.

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 you feel more "depressed" or "sad" than others?

Do you feel more "sad" in the afternoon or evening?

What do you notice when you feel worse?

How long does the worst time last?

In the last 3 months, how often have you felt like that?

Have you felt like that for at least 2 weeks in the past 3 months?

SUBJECTIVE AGITATION

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

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

Do you get very restless when you're "miserable?"

Do you have difficulty keeping still when depressed?

Do you wander about without seeming to have a purpose when you're depressed?

Can you calm down?

What were you doing at the time?

Could you stop yourself from feeling this way?

Can you always stop feeling this way?

Or just sometimes?

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

How long does it last?

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

When did the "agitation" start?

Coding rules

P.M. WORST

0 = Absent

2 = Present

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

CDA3I02
Intensity

CDA5I01
Intensity

CDA5F01
Frequency

CDA5D01
Duration

CDA5O01
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).

Do you feel so "miserable" that you want to cry?

Do you actually cry?

Even when it seems that nothing has happened to warrant crying?

What were you doing at the time?

Can you stop yourself?

Always or just sometimes?

How often do you cry like this?

How long does it last?

When did you start being tearful?

ANGER AND IRRITABILITY

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

Coding rules

REPORTED TEARFULNESS AND CRYING

0 = Absent

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

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

HOURS : MINUTES

Codes

CDA4I01
Intensity

CDA4F01
Frequency

CDA4D01
Duration

CDA4O01
Onset

Definitions and questions

TOUCHY OR EASILY ANNOYED

Subject is generally more prone to FEELINGS of anger bad temper, short temper, resentment, sulking or annoyance, under minor provocation than most people. This pattern need not represent a change in behavior.

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

Do things get on your nerves easily?

What sorts of things?

Do you get annoyed more easily than most people?

What do you do?

How often does this happen at home?

How often does this happen at work/school?

How often does this happen elsewhere?

How long do these feelings last?

When was the first time this happened?

Does this happen with sibling(s)?

Does this happen with friends?

How about with coworkers?

Does this happen with your parents?

How about with your supervisors/professors?

How about other adults like your neighbors?

Coding rules

TOUCHY OR EASILY ANNOYED

0 = Absent

2 = Present

HOME**WORK/COLLEGE****ELSEWHERE****HOURS : MINUTES****OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes

Codes

CDA6I01
Intensity

CDA6F01
Home
Frequency

CDA6F02
Work/College
Frequency

CDA6F03
Elsewhere
Frequency

CDA6D01
Duration

CDA6O01
Onset

CDA6X01

CDA6X02

CDA6X03

Definitions and questions

ANGRY OR RESENTFUL

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

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

Do you get angry very often?

What happens?

Do you get "sulky" or "pout"?

What do you do?

How often does this happen at home?

How often does this happen at school?

How often does this happen elsewhere?

How long do these feelings last?

When was the first time this happened?

Does this happen with sibling(s)?

Does this happen with friends?

How about with coworkers?

Does this happen with your parents?

How about with your supervisors/professors?

How about other adults like your neighbors?

Coding rules

ANGRY OR RESENTFUL

0 = Absent

2 = Present

HOME**WORK/COLLEGE****ELSEWHERE****HOURS : MINUTES****OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes

Codes

CDA7I01
Intensity

CDA7F01
Home
Frequency

CDA7F02
Work/College
Frequency

CDA7F03
Elsewhere
Frequency

CDA7D01
Duration

CDA7O01
Onset

CDA7X01

CDA7X02

CDA7X03

Definitions and questions

IRRITABILITY

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

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

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

N.B. Information obtained here may also be relevant to losing temper and temper tantrums.

Have you been more irritable than usual in the last 3 months?

Or made angry more easily?

Have you had more tantrums than usual in the last 3 months?

What have you been "touchy" about?

Is that more than usual?

Have you been snappy with people in the family?

Have you gotten into arguments or fights lately?

Have you hit or broken anything when you're angry?

What were you doing at the time of this irritable mood?

Could you stop yourself from feeling this way?

How often does that happen at home?

How often does that happen at school?

How often does that happen elsewhere?

How long does it last when you feel like that?

Have there been any times in the last 3 months that it's lasted as long as 1 hour in a day?

When did you start to get "irritable" like that?

IF IRRITABILITY PRESENT, ASK;

Was there a week when you felt "irritable" most days?

Were there two weeks when you were "irritable" on at least 8 days?

IF IRRITABILITY PRESENT, ASK;

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

Coding rules

IRRITABILITY

0 = Absent

2 = Irritable mood present in at least 2 activities manifested by at least one instance of snappiness, shouting, quarrelsomeness and at least sometimes uncontrollable.

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

HOME**WORK/COLLEGE****ELSEWHERE****HOURS : MINUTES****EPISODE OF IRRITABLE MOOD**

0 = Absent

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

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

PERIOD OF 2 CONTINUOUS MONTHS WITHOUT IRRITABLE MOOD IN LAST YEAR

0 = Yes

2 = No

Codes

CDA8I01
Intensity

CDA8F01
Home
Frequency

CDA8F02
Work/College
Frequency

CDA8F03
Elsewhere
Frequency

CDA8D01
Duration

CDA8O01
Onset

CDA8I02

CDA8I03

Definitions and questions

IF IRRITABILITY: 4 HOURS PER DAY FOR 1 WEEK, CONTINUE. OTHERWISE, SKIP TO "LOSS OF AFFECT", (PAGE 11).

IRRITABILITY: 4 HOURS PER DAY FOR 1 WEEK

If Irritable Mood present 4 hours a day for 1 week (7 consecutive days), complete the mania section.

If Irritable Mood present for at least 4 hours per day for 1 week (7 consecutive days), code as present.

LOSS OF AFFECT

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

Have you felt that you didn't have any feelings (emotions) left?

Or that you have lost your feelings?

Can you feel any emotions?
What were you doing at the time?
Can you stop yourself from feeling this way?
Always or just sometimes?
When was the first time this happened?

Coding rules

IRRITABLE MOOD 4 HOURS PER DAY FOR 1 WEEK (7 CONSECUTIVE DAYS)

0 = Absent

2 = Present: Irritable at least 4 hours per day for 1 week (7 consecutive days)

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

CDA8I90
Intensity

CDA9I01
Intensity

CDA9O01
Onset

/ /

Definitions and questions

CONATIVE PROBLEMS

BOREDOM

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

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

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

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

How much of the time are you bored?

Do you get bored more than other people?

IF PRESENT ASK;

What activities are boring to you?

Can you do anything to stop from being bored?

Is there something that you would like to be doing?

How long have you been feeling so bored?

Coding rules

BOREDOM

0 = Absent

2 = More than half the time.

3 = Almost all the time.

Codes

CDB0I01

Intensity

CDB0O01

Onset

/ /

Definitions and questions

LOSS OF INTEREST

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

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

Have things been interesting you as much as usual?

Have you noticed that you not interested in doing things that you used to care a lot about?

Have you lost interest in anything?

IF PRESENT ASK;

What kinds of things have you lost interest in?

Can you get yourself interested in anything?

Can anybody?

When did you start to lose interest in things?

Coding rules

LOSS OF INTEREST

0 = Absent

2 = Generalized diminution in interest taken in normally interesting activities.

3 = The subject is completely or almost completely uninterested in everything or nearly everything.

Codes

CDB1101
Intensity

CDB1001
Onset

/ /

Definitions and questions

ANHEDONIA

A partial or complete loss or diminution of the ability to experience pleasure, enjoy things, or have fun. It also refers to basic pleasures like those resulting from eating favorite foods.

Anhedonia concerns the mood state itself. Loss of Interest or loss of the ability to concentrate on looking at books, games, TV or school may accompany Anhedonia, so the interviewer may code different aspects under different items. Do not confuse this item with a lack of opportunity to do things or to excessive parental restriction.

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

Can you have fun or enjoy yourself?

Are there things you used to enjoy but don't anymore?

Like playing with certain toys?

Or doing certain things with others?

Do you seem to have lost enthusiasm for things that you used to enjoy?

When did you start to feel like that?

SUBJECTIVE ANERGIA

The child is markedly lacking in energy compared with usual state. The child is described as being easily fatigued and/or excessively tired. This is a general rating of child's overall energy level.

DIFFERENTIATE FROM MOTOR SLOWING, INSOMNIA, HYPERSOMNIA, AND FATIGABILITY ALTHOUGH YOU MAY DOUBLE CODE IF CRITERIA FOR MORE THAN ONE ARE MET.

Do you have as much energy as you used to have?

Have you been as energetic as usual?

Have you been complaining of a lack of energy?

Have you lost any of your usual energy?

Have you been taking naps more often than usual or going to sleep earlier than you used to?

Do you have enough energy to do things?

Do you choose not to do things because you haven't got enough energy?

When did you start feeling less energetic?

Coding rules

ANHEDONIA

0 = Absent

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

3 = Almost nothing gives pleasure.

Codes

CDB2I01
Intensity

CDB2O01
Onset

 /
ANERGIA

0 = Absent

2 = A generalized listlessness and lack of energy.

3 = A report of being almost completely without energy.

CDB3I01
Intensity

CDB3O01
Onset

 /

Definitions and questions

SUBJECTIVE MOTOR SLOWING

The subject is slowed down in movement and speech compared with his/her usual condition; daily total duration of at least 1 hour.

Have you been moving more slowly than you used to?

Do you do things more slowly than you used to?

Or talk more slowly?

Can you give me an example?
What are you doing at the time that you're moving slowly?
Can you do anything to speed yourself up?
Does it help you speed up?
Always or just sometimes?
In the last 3 months, how often has this happened?
How long does it last?
When did you start to feel slowed down?

Coding rules

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

CDB4I01
Intensity

CDB4F01
Frequency

CDB4D01
Duration

CDB4O01
Onset

/ /

Definitions and questions

Coding rules

Codes

SUBJECTIVE COMPLAINTS ABOUT THINKING

INEFFICIENT THINKING

Unpleasant difficulty with thinking clearly or efficiently, or concentrating, even about simple matters; daily total duration of at least 1 hour.

Do your thoughts get muddled or confused easily?

Do you have difficulty concentrating?

Can you think clearly if you need to?

Does it cause you any trouble?

Is there any interference with your thoughts?

When did you start to have trouble with your thinking?

INDECISIVENESS

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

Are you good at making decisions or making up your mind?

Have you had any trouble making decisions?

What happens when you have to make up his/her mind?

What things do you have difficulty deciding?

Do you have trouble deciding on things at home?

How about school?

Is it really difficult for you to make up your mind at the store?

When was the first time this happened?

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.

CDB5I01
Intensity

CDB5O01
Onset

 /

INDECISIVENESS

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities.

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

CDB6I01
Intensity

CDB6O01
Onset

 /

Definitions and questions

DEPRESSIVE THOUGHTS

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

LONELINESS

A feeling of being alone and/or friendless, regardless of the justification for the feeling; daily total duration of at least 1 hour.

Adult contacts and peer friendships should be considered. Differentiate from feeling unloved. A child may be lonely but still acknowledge being loved and vice versa.

Do you feel lonely?

Sometimes children feel that they have no one who would help them. Do you ever feel like that?

*Do you feel lonely even though you have some friends?
Do you feel left out by others?
Do you get left out of other children's activities?
What are you doing when you feel lonely?
Can you stop yourself from feeling lonely?
Always or just sometimes?
When did you start to feel lonely like that?*

FEELS UNLOVED

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

DIFFERENTIATE FROM LONELINESS.

Sometimes children feel that no one loves them, even when they do. Do you feel like that at all?

*What about your parents; do you think they love you?
Do you feel loved less than other people?*

*Have you always felt like that?
When did you start to feel like that?*

Coding rules

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.

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

CDB9I01
Intensity

CDB9O01
Onset

 /

CDC0I01
Intensity

CDC0O01
Onset

 /

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 feel about yourself?

Do you like yourself?

If you had to choose, would you say you were good-looking, average, or ugly?

As a person do you feel as good as other people?

Do you ever say that you're "stupid"?

Or a "bad" person?

Do you feel that you're good at certain things?

What things do you do that you're proud of?

Is there anything that you think you're good at?

Do you think you're any good at all?

Do you think everyone is better than you?

When did you start to feel like this?

FEELING SORRY FOR ONESELF

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

Code regardless of justification.

Do you feel sorry for yourself?

Do you think you're unlucky?

Do you feel that you deserve a better life?

In what way?

Do you feel like that all the time or only some of the time?

Do you think everything is unfair or just some things?

Do you feel it will always be like that?

When did you start to feel like that?

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

CDC1101
Intensity

CDC1001
Onset

 /
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.

CDC2101
Intensity

CDC2001
Onset

 /

Definitions and questions

PATHOLOGICAL GUILT

Excessive self-blame for minor or non-existent wrongdoings. Child realizes that guilt is exaggerated; if not, code as Delusions of Guilt.

Do you feel bad or guilty about anything that you've done?

What?

Do you ever say that you're a "bad" person?

Do you blame yourself for things that aren't your fault?

Do you feel that you deserve to have bad things happen to you?

Do you think you deserve to be punished, even when you've done nothing wrong?

Do you ever feel guilty about things that you know aren't really your fault?

Do you feel that a lot of things that go wrong are your fault?

When did you start to feel that you were "to blame?"

IF PATHOLOGICAL GUILT IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "IDEAS OF REFERENCE", (PAGE 21).

Coding rules

PATHOLOGICAL GUILT

0 = Absent

2 = At least partially unmodifiable excessive self-blame not generalized to all negative events.

3 = The subject generalizes the feeling of self-blame to almost anything that goes wrong in his/her environment.

Codes

CDC3I01
Intensity

CDC3O01
Onset

/ /

Definitions and questions

DELUSIONS OF GUILT
Delusional self-blame for minor or non-existent wrongdoings. Child DOES NOT realize that guilt is exaggerated.

The child may believe that s/he has brought ruin to his/her family by being in his/her present condition or that his/her symptoms are a punishment for not doing better. Distinguish from pathological guilt without delusional elaboration, in which the child is in general aware that the guilt originates within him/herself and is exaggerated.

Do you believe that you have committed a crime?

Do you believe that you have sinned greatly?

Do you think that you deserve to be punished?
Do you think that you might hurt or ruin other people?
Are you convinced that these things are your fault?
When was the first time this happened?

Coding rules

DELUSIONS OF GUILT

0 = Absent

2 = The subject has a delusional conviction of having done wrong but there is a fluctuating awareness that his/her feelings are an exaggeration of normal guilt.

3 = The subject has an unmodifiable delusional conviction that s/he has sinned greatly, etc.

Codes

CDC4I01
Intensity

CDC4O01
Onset

/ /

Definitions and questions

IDEAS OF REFERENCE

Subjective feeling of being noticed or commented about in public settings that are not justified by reality. Comments seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that subject actually was being noticed or commented upon.

IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS.

Sometimes people get the feeling that other people are looking at them even when they know they aren't really. Does that happen to you?

Do you ever feel that people are talking about you?

Do you ever feel they might be laughing at you or saying rude things about you?

Do people follow you or watch you?

Are people blaming you for something?

Are people accusing you of something?

What do you think people think or say when you feel that they're noticing you?

What do you think they are saying?

Do you think they really are or are you just being sensitive?

How do you know they are?

Are you imagining it?

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

How long do you feel this way?

When did this start?

Coding rules

IDEAS OF REFERENCE

0 = Absent

2 = Simple ideas of reference

3 = Guilty ideas of reference

HOURS : MINUTES

Codes

CDC5I01
Intensity

CDC5F01
Frequency

CDC5D01
Duration

CDC5O01
Onset

/ /

Definitions and questions

HELPLESSNESS

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

Is there anything about the way things are or the way you are that you would like to change?

Do you feel helpless about your situation?

IF PRESENT ASK;

Is there anything you could do to make things better?

Or make yourself feel better?

What?

Do you think it would work?

When did you start to feel this way?

HOPELESSNESS

The child has a bleak, negative, pessimistic view of the future, and little hope that his/her situation will improve. This is a generalized feeling.

Do you feel hopeless about the future?

Do you think things will get better or worse for you when you're grown up?

Do you think anyone can help you?

Do you believe things will get better?

Can you do anything about it?

How often do you feel like this?

When did you start to feel this way?

Coding rules

HELPLESSNESS

0 = Absent

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

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

HOPELESSNESS

0 = Absent

2 = The subject feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the future.

3 = The subject expresses almost no hope for the future at all.

Codes

CDC6I01
Intensity

CDC6O01
Onset

 /

CDC7I01
Intensity

CDC7O01
Onset

 /

SUICIDE

Purposes of the Section

This section has 1 major function:

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

Organization of the Section

The section is organized in 2 sub areas:

(1) Suicidal ideation and behavior.

(2) Non suicidal deliberate self-harm.

**SUICIDE AND SELF-INJURIOUS BEHAVIOR:
EVER**

Have you EVER thought about death or dying?

Have you EVER said you wanted to die?

Have you EVER said life was not worth living?

Have you EVER wished you were dead?

Have you EVER done anything that made people think you wanted to die?

Have you EVER tried to hurt or kill yourself?

IF YES TO ANY QUESTION, CODE AS PRESENT.

**IF EVER SUICIDE SCREEN PRESENT,
CONTINUE. OTHERWISE, SKIP TO "
SUICIDAL ATTEMPTS: EVER ", (PAGE
27).**

SUICIDE SCREEN: EVER

0 = Absent

2 = Present

Ever: CDC8I01
Intensity

Definitions and questions

SUICIDE AND SELF-INJURIOUS BEHAVIOR: 3 MONTHS

Have you thought about death or dying in the last 3 months?

In the last 3 months, have you said you wanted to die?

In the last 3 months, have you tried to hurt or kill yourself?

In the last 3 months, have you thought life was not worth living?

Have you wished you were dead in the last 3 months?

In the last 3 months, have you done anything that made people think you wanted to die?

IF YES TO ANY QUESTION, CODE AS PRESENT.

IF 3 MONTH SUICIDE SCREEN PRESENT, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL ATTEMPTS: EVER", (PAGE 27).

Coding rules

SUICIDE AND SELF-INJURIOUS BEHAVIOR: 3 MONTHS

0 = Absent

2 = Present

Codes

CDC8I02
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.

Code thoughts about taking one's own life under suicidal thoughts (next item).

Do you think a lot about death or dying?

Do you think a lot about other people who have died?

Do you sometimes wish that you were dead?

Do you want to die?

What do you think about?

What are you doing when you're thinking about death or dying?

Can you stop yourself from thinking about death or dying?

Always or just sometimes?

How often do you think about death or dying?

How long have you been thinking like that?

SUICIDAL THOUGHTS

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

This may accompany thinking about death in general, or may be present if a child has reported a suicidal plan or past attempt.

Do not include suicidal plans.

In the last 3 months, have you thought about killing yourself?

Do you think about ending it all?

What do you think about?

Do you think you're actually going to do this?

What are you doing when you're thinking about it?

Can you stop yourself from thinking about ending it all?

Always or just sometimes?

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

When was the first time this happened?

Coding rules

THINKING ABOUT DEATH

0 = Absent

2 = Present but not including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

Codes

CDC9I01
Intensity

CDC9F01
Frequency

CDC9O01
Onset

 /
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.

CDD0I01
Intensity

CDD0F01
Frequency

CDD0O01
Onset

 /

Definitions and questions

IF SUICIDAL THOUGHTS PRESENT, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL ATTEMPTS: EVER", (PAGE 27).

SUICIDAL PLANS

Suicidal thoughts that contain plans of a suicidal act and some intent to carry them out.

If suicidal attempt has been made, determine whether a plan was present prior to the attempt.

In the last 3 months, have you thought about actually killing yourself?

Have you thought about a plan?

Like what?

Have you recently done anything to prepare for killing yourself?

Like storing up pills to take?

Have you thought about running into traffic?

Do you think you might do any of these things?

Can you tell me about the plan/preparations?

How many times has this happened?

When was the first time you came up with a plan?

Coding rules

SUICIDAL PLANS

0 = Absent

2 = A specific plan, considered on more than 1 occasion, over which no action was taken.

3 = A specific plan, considered on more than 1 occasion, with preparatory action taken, for example storing up pills.

Codes

CDD1I01
Intensity

CDD1F01
Frequency

CDD1O01
Onset

/ /

Definitions and questions

SUICIDAL ATTEMPTS: EVER

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the subject's intention was to die. If unsure about intention to die, code if the subject can describe a clear self-harmful event.

Have you EVER actually tried to kill yourself?

Have you tried to kill yourself in the last 3 months?
Did you really want to die?
What happened?
Where did you do it?
Were there any people around at the time?
Who found you?
Did you go to the hospital?
When did you first try to kill yourself?
When did you last try to kill yourself?
How many times have you EVER tried?

IF SUICIDE ATTEMPT(S) EVER MADE, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL BEHAVIOR WITHOUT INTENT: EVER", (PAGE 32).

Coding rules

SUICIDAL BEHAVIOR

- 0 = Absent
2 = Present

DATE OF FIRST ATTEMPT

DATE OF LAST ATTEMPT

Codes

Ever:CDD2E01
Intensity

Ever:CDD2O01

/ /

Ever:CDD2O02

/ /

Ever:CDD2V01
Frequency

Definitions and questions

METHODS OF SUICIDE ATTEMPT(S): EVER

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.

How did you try to kill yourself?

Was it a drug overdose?

Was it prescription or over-the-counter medication?

Was it illegal drugs?

Did you try to hang yourself?

Did you stab or cut yourself?

Did you shoot yourself?

How about running into traffic?

How about anything else that I haven't mentioned?

Coding rules

OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION: EVER

0 = Absent

2 = Present

ILLICIT DRUG OVERDOSE: EVER

0 = Absent

2 = Present

HANGING: EVER

0 = Absent

2 = Present

STABBING/CUTTING: EVER

0 = Absent

2 = Present

SHOOTING: EVER

0 = Absent

2 = Present

RUNNING INTO TRAFFIC: EVER

0 = Absent

2 = Present

OTHER: EVER

0 = Absent

2 = Present

Specify

Codes

Ever:CDD3E01

☐

Ever:CDD3E02

☐

Ever:CDD3E03

☐

Ever:CDD3E04

☐

Ever:CDD3E05

☐

Ever:CDD3E06

☐

Ever:CDD3E07

☐

Definitions and questions

SUICIDAL INTENT: EVER

Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here; that is, coded under "Suicidal Behavior without Intent".

Which time were you most serious about killing yourself?

Did you really want to die?

LETHALITY OF SUICIDAL ATTEMPT: EVER

Code here the degree of threat to life resulting from the most serious suicidal attempt.

Did you need medical attention?

Were you taken to a hospital?

What did they do?

ALCOHOL OR DRUG INTOXICATION AT TIME OF SUICIDE ATTEMPT: EVER

Alcohol or drug consumption prior to attempt sufficient for subject to be experiencing effects at time of attempt.

When you tried to kill yourself, had you had anything to drink?

Had you used any drugs?

How long was that before you tried to kill yourself?
Was the alcohol (drug) having any effect on you at the time you tried to kill yourself?
Were you drunk?
Were you high?

Coding rules

SUICIDAL INTENT: EVER

1 = Subject reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.

2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

LETHALITY OF SUICIDAL ATTEMPT: EVER

1 = Mild: No Medical attention needed or sought.

2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).

3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

INTOXICATION AT TIME OF ATTEMPT: EVER

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.

Codes

Ever:CDD5E01
Intensity

Ever:CDD7E01
Intensity

Ever:CDD8E01
Intensity

Definitions and questions

SUICIDE ATTEMPT(S): 3 MONTHS
Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the subject's intention was to die. If unsure about intention to die, code if the subject can describe a clear self-harmful event.

Have you tried to kill yourself in the last 3 months?

Do you still wish you were dead?
Would you do it again if you had the chance?
Is there anything you can do to change the way you feel?
In the last 3 months, how often has this happened?

IF SUICIDE ATTEMPT(S) IN THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL BEHAVIOR WITHOUT INTENT: EVER", (PAGE 32).

Coding rules

SUICIDAL BEHAVIOR: 3 MONTHS

- 0 = Absent
- 2 = Present

Codes

CDD2I01
Intensity

CDD2F01
Frequency

Definitions and questions

METHODS OF SUICIDE ATTEMPT(S): 3 MONTHS

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.

How did you try to kill yourself?

*Was it a drug overdose?
Was it illegal drugs?*

Did you try to hang yourself?

Did you stab or cut yourself?

Did you shoot yourself?

How about running into traffic?

How about anything else that I haven't mentioned?

Coding rules

Codes

OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION: 3 MONTHS

CDD4I01

0 = Absent

2 = Present

ILLICIT DRUG OVERDOSE: 3 MONTHS

CDD4I02

0 = Absent

2 = Present

HANGING: 3 MONTHS

CDD4I03

0 = Absent

2 = Present

STABBING/CUTTING: 3 MONTHS

CDD4I04

0 = Absent

2 = Present

SHOOTING: 3 MONTHS

CDD4I05

0 = Absent

2 = Present

RUNNING INTO TRAFFIC: 3 MONTHS

CDD4I06

0 = Absent

2 = Present

OTHER: 3 MONTHS

CDD4I07

0 = Absent

2 = Present

Specify

Definitions and questions

SUICIDAL INTENT: 3 MONTHS

Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here; that is, coded under "Suicidal Behavior without Intent".

Were you serious about killing yourself when you tried in the last 3 months?

Did you really want to die?

LETHALITY OF SUICIDAL ATTEMPT: 3 MONTHS

Code here the degree of threat to life resulting from the most serious suicidal attempt.

Did you need medical attention?

Were you taken to a hospital?

What did they do?

ALCOHOL OR DRUG INTOXICATION AT TIME OF SUICIDE ATTEMPT: 3 MONTHS

Alcohol or drug consumption prior to attempt sufficient for subject to be experiencing effects at time of attempt.

When you tried to kill yourself in the last 3 months, had you had anything to drink?

Had you used any drugs?

*How long was that before you tried to kill yourself?
Was the alcohol (drug) having any effect on you at the time you tried to kill yourself?
Were you drunk?
Were you high?*

Coding rules

SUICIDAL INTENT: 3 MONTHS

1 = Subject reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.

2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

LETHALITY OF SUICIDAL ATTEMPT: 3 MONTHS

1 = Mild: No Medical attention needed or sought.

2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).

3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

INTOXICATION AT TIME OF ATTEMPT: 3 MONTH

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.

Codes

CDD5I01
Intensity

CDD7I01
Intensity

CDD8I01
Intensity

Definitions and questions

SUICIDAL BEHAVIOR WITHOUT INTENT: EVER

Actions threatening suicide, without intention of ending life, e.g., taking a gun and threatening to shoot oneself, in order to control others' behavior.

*Have you **EVER** done anything that made people think you wanted to die?*

*Have you **EVER** threatened to hurt yourself, but it was just to get attention?*

Or to force others to do something for you?
Why did you do it?
*How many times has that **EVER** happened?*
*When was the first time this **EVER** happened?*

IF EVER SUICIDAL BEHAVIOR WITHOUT INTENT, CONTINUE. OTHERWISE, SKIP TO "NON-SUICIDAL SELF-INJURY: EVER", (PAGE 35).

Coding rules

SUICIDAL BEHAVIOR WITHOUT INTENT: EVER

0 = Absent
2 = Present

Codes

Ever:CDD6I01
Intensity

Ever:CDD6V01
Frequency

Ever:CDD6O01
Onset

/ /

Definitions and questions

SUICIDAL BEHAVIOR WITHOUT INTENT: 3 MONTHS

Actions threatening suicide, without intention of ending life, e.g., taking a gun and threatening to shoot oneself, in order to control others' behavior.

In the last 3 months, have you done anything that made people think you wanted to die?

Have you threatened to hurt yourself, but it was just to get attention in the last 3 months?

Or to force someone to do something for you?
In the last 3 months, how often has this happened?

NON-SUICIDAL SELF-INJURY: EVER

Intentional self-inflicted damage to body intended to cause bleeding, bruising, or pain with the expectation that the injury will cause only minor to moderate physical harm: For example, wrist-slashing, cutting/stabbing skin with sharp implement, excessive rubbing or scratching skin, burning self (i.e. cigarette burns), punching objects, hitting self, deliberately smashing fingers in door, etc. The behavior is not socially sanctioned (e.g., body piercing, tattooing, part of religious or cultural ritual).

Do not include self-inflicted burns, tattooing, or carving initials on skin to demonstrate "toughness" or gang or subgroup affiliation.

The self-inflicted damage is not accompanied by any wish or intention to die.

Have you EVER cut yourself on purpose?

Have you EVER hurt yourself on purpose?

Have you EVER intentionally burned yourself?

Did you want to kill yourself?
Why did you do it?
Did you need medical treatment?
What happened?
When was the first time this EVER happened?

Coding rules

SUICIDAL BEHAVIOR WITHOUT INTENT: 3 MONTHS

0 = Absent

2 = Present

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS: EVER

0 = Absent

2 = Acts not receiving medical treatment.

3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

Codes

CDD6I90
Intensity

CDD6F01
Frequency

Ever:CDE0E01
Intensity

Ever:CDE0001
Onset

/ /

Definitions and questions

IF NON-SUICIDAL SELF-INJURY: EVER
CONTINUE, OTHERWISE, SKIP TO
END.

Coding rules

Codes

Definitions and questions

NON-SUICIDAL SELF-INJURY: 12 MONTHS

Intentional self-inflicted damage to body intended to cause bleeding, bruising, or pain with the expectation that the injury will cause only minor to moderate physical harm: For example, wrist-slashing, cutting/stabbing skin with sharp implement, excessive rubbing or scratching skin, burning self (i.e. cigarette burns), punching objects, hitting self, deliberately smashing fingers in door, etc.

Do not include self-inflicted burns, tattooing, or carving initials on skin to demonstrate "toughness" or gang or subgroup affiliation.

The self-inflicted damage is not accompanied by any wish or intention to die.

In the last YEAR (12 months), have cut yourself on purpose?

In the last YEAR (12 months), have you hurt yourself on purpose?

Or burned yourself on purpose?

Did you want to kill yourself?

Why did you do it?

Did you need medical treatment?

IF PRESENT, CONTINUE.

How did you hurt yourself?

Did you cut yourself?

Did you carve into your skin?

Did you burn yourself?

Bite, hit, or punch yourself?

Did you punch the wall or other object to hurt yourself?

Did you rub or scratch your skin so hard that it bled?

Did you stab yourself with needles or other sharp objects?

Have you taken any poisons to hurt yourself?

Or swallowed things like needles or glass?

Do you pick or scratch at wounds so much that they don't heal?

Did you do that because you wanted to experience pain?

Anything else I haven't mentioned?

In the last YEAR (12 months), how many times have you "hurt" yourself?

I am going to list some common reasons why people "hurt" themselves. Just tell me if any of these apply.

Were you feeling down or depressed?

Were you feeling worried or anxious?

Were you angry with yourself?

Coding rules

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS: LAST 12 MONTHS

0 = Absent

2 = Acts not receiving medical treatment.

3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

METHODS OF SELF-INJURY

1 = Cutting or Carving Skin

2 = Burning Skin (i.e. cigarette burns)

3 = Biting, Hitting, or Pinching Self

4 = Hitting/Punching Objects to Induce Pain (ex. walls)

5 = Excessive Rubbing or Scratching Skin

6 = Stabbing or Puncturing Skin (i.e. needles)

7 = Ingesting Toxins (Drano/Cleaning Supplies)

8 = Preventing Wounds from Healing (Picking Scabs)

9 = Other

TRIGGERS:

1 = Depression

2 = Anxieties/Worries

3 = Angry at Self

4 = Relieves Tension/Feels Good/Improves Mood

5 = To Feel Something, Even Pain

Codes

CDE0102
Intensity

CDE0110

CDE0111

CDE0112

CDE0113

CDE0114

CDE0115

CDE0116

CDE0117

CDE0118

CDE0F02
Frequency

CDE0125

CDE0126

Definitions and questions

Were you trying to relieve tension?

Or because it "feels good"?

Or improves your mood?

Did you "hurt" yourself just to feel something, even if it was pain?

Were you distracting yourself from your own thoughts?

Or you could not bear your own thoughts?

Were you angry at someone?

Or just had an argument/fight with someone?

Were you trying to get back at someone?

Or make someone feel guilty?

Were you trying to punish yourself?

Has something really terrible happened to you?

Were you trying to make people notice that something is wrong?

Or to seek attention?

Were you questioning your sexuality?

Was it because of drug/alcohol use?

Anything else I haven't mentioned?

IF NON-SUICIDAL SELF-INJURY: 12 MONTHS, CONTINUE. OTHERWISE, SKIP TO END.

Coding rules

- 6 = Distraction from Own Thoughts
- 7 = Could Not Bear Own Thoughts
- 8 = Interpersonal Conflict
- 9 = Make Someone Feel Guilty/Getting Back at Someone
- 10 = Punishment for Perceived Faults
- 11 = Traumatic Event/Abuse
- 12 = Attention Seeking (Adults/Peers)
- 13 = Cry for Help
- 14 = To Know Someone Loves Me/Cares about Me
- 15 = Questioning Sexuality
- 16 = Drug or Alcohol Use
- 17 = Other

Codes

- CDE0127
- ☐
- CDE0128
- ☐
- CDE0129
- ☐
- CDE0130
- ☐
- CDE0131
- ☐
- CDE0132
- ☐
- CDE0133
- ☐
- CDE0134
- ☐
- CDE0135
- ☐
- CDE0136
- ☐
- CDE0137
- ☐
- CDE0138
- ☐
- CDE0139
- ☐
- CDE0140
- ☐
- CDE0141
- ☐

Definitions and questions

SELF-INJURIOUS ACT TO OBTAIN RELIEF FROM NEGATIVE FEELINGS

Subject engages in self-injurious act with expectation of obtaining relief from a negative feeling or cognitive state (i.e., depression, anxiety, tension, anger, thoughts of self-derogation or blame, abandonment, hopelessness, etc.).

Did you expect to “feel” better after “hurting” yourself?

Did you think that “hurting” yourself would help you cope with uncomfortable feelings?

Or to just feel something?

Do you “hurt” yourself to relieve tension or stress?

Does “hurting” yourself make you feel better if you are “depressed”?

Or anxious or worried?
Or when you are angry or frustrated?

Do you do this to escape from negative thoughts about yourself or others?

SELF-INJURIOUS ACT TO INDUCE A POSITIVE FEELING

Subject engages in self-injurious act with expectation of inducing a positive feeling state.

Did you expect “hurting” yourself to feel good?

Do you like the feeling you get when you hurt yourself?

Does “hurting” yourself give you a “rush” or surge of energy?

Does “hurting” yourself calm you down?

Or help you concentrate?
Does “hurting” yourself make you “feel in control”?

Coding rules

RELIEF FROM A NEGATIVE FEELING OR COGNITIVE STATE

- 0 = Absent
- 2 = Subject engages in self-injurious act with expectation of obtaining relief from a negative feeling or cognitive state.

Codes

CDE0103
Intensity

SELF-INJURIOUS ACT TO INDUCE A POSITIVE FEELING

- 0 = Absent
- 2 = Subject engages in self-injurious act with expectation of inducing a positive feeling state.

CDE0104
Intensity

Definitions and questions

**SELF-INJURIOUS ACT TO RESOLVE
INTERPERSONAL DIFFICULTY**

Subject engages in self-injurious act with expectation of resolving interpersonal difficulties.

What did you hope would happen after you did/do this?

Did you expect that "hurting" yourself would help with your relationship to someone?

Did you think or hope that "hurting" yourself would change how people act towards you?

Were you trying to shock or hurt someone?

Were you trying to make someone feel guilty?

Were you trying to get back at someone?

***Or get someone to like/love you?
Or show affection or care for you?***

**SELF-INJURY ASSOCIATED WITH
INTERPERSONAL PROBLEMS OR NEGATIVE
FEELINGS OR THOUGHTS**

Subject engages in self-injurious act associated interpersonal difficulties or negative feelings thoughts.

Were you feeling upset right BEFORE you "hurt" yourself?"

Were you feeling "down" or depressed?

Were you worried or anxious?

Were you trying to make people notice that something is wrong?

***Were you feeling overwhelmed?
Were you feeling that you were a "bad" person?
Were you upset about a personal relationship?
Were you feeling angry at someone?
Had someone really "let you down"?***

Coding rules

**SELF-INJURIOUS ACT TO RESOLVE
INTERPERSONAL DIFFICULTY**

0 = Absent

2 = Subject engages in self-injurious act with expectation of resolving interpersonal difficulties.

Codes

CDE0105
Intensity

**SELF-INJURY ASSOCIATED WITH
INTERPERSONAL PROBLEMS OR
NEGATIVE FEELINGS OR THOUGHTS**

0 = Absent

2 = Subject engages in self-injurious act associated interpersonal difficulties or negative feelings thoughts.

CDE0106
Intensity

Definitions and questions

UNCONTROLLABLE PREOCCUPATION WITH SELF-HARM

Subject's thoughts PRIOR to self-harm were nearly uncontrollable.

When you think about "hurting" yourself, is it difficult to think about anything else?

When you get the urge to "hurt" yourself, is it difficult to stop or distract yourself from this urge?

Do you feel you HAVE to do it or that it is beyond your control?

*Does it keep you from thinking about other things?
Could you stop yourself from thinking about "hurting" yourself?*

RECURRENT THOUGHTS ABOUT SELF-HARM

Subject frequently has thoughts about self-injury and finds them difficult to resist even when those thoughts are not acted upon.

Do you find yourself thinking about "hurting" yourself even when you end up not doing it?

Do you crave the feeling you get from "method of self-injury"?

Do you find the urge to "hurt" yourself difficult to resist?

*How often is that?
When was the last time?*

Coding rules

UNCONTROLLABLE PREOCCUPATION WITH SELF-HARM

0 = Absent

2 = PRIOR to self-harm, subject's thoughts about intended self-harm were nearly uncontrollable.

RECURRENT THOUGHTS ABOUT SELF-HARM

0 = Absent

2 = Subject frequently has thoughts about self-injury, even when not acted upon.

Codes

CDE0107
Intensity

CDE0108
Intensity

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.

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 subject must exert a great amount of effort to control their behavior, or others have given up trying to control the subject'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 subject acts. Thus, if an example is given that happened only once or twice and was uncharacteristic of the subject, 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 subjects are convinced that they could exercise such control, if they try; this belief is not to be regarded as evidence of controllability.

Ten minute rule

Some behaviors are not rated if the subject 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 subject's behavior is regarded as not being responsive to admonition and therefore the behavior is not regarded as being controllable.

The 10 minute rule applies to Fidgetiness, Difficulty Remaining Seated When Required, and Difficulty Concentrating on Tasks Requiring Sustained Attention. It may be applied to Talks Excessively and Doing Things Quietly if one is having difficulty making a general determination. For the other generalized items and the items in the Impulsivity section, control for 10 minutes is not relevant.

Definitions and questions

FIDGETINESS

Subject often fidgets with or taps hands or feet or squirms in seat. Unnecessary movements of parts of the body when stationary overall.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Now I would like to ask you about how active you are and how well you concentrate while involved in different sorts of activities.

I want you to think about times OTHER than when you are watching TV, a movie, or playing video games.

How MUCH do you squirm or wiggle in your seat?

How MUCH do you fidget with your hands or feet?

Do you do this more than other people?

Do your coworkers/professors say that you fidget a lot?

Can you give me some examples?

How often do you fidget?

What are you doing at the time when you are fidgety?

Is it like that in all activities?

Or just some activities?

Can you stop yourself?

Always or just sometimes?

Were there any times in the last three months when you could not stop yourself?

Not including watching TV/movie or playing a video game, how long can you keep from fidgeting?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did this start?

Coding rules

FIDGETINESS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

HOURS : MINUTES**OCCURS AT HOME**

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRA0I01
Intensity

CRA0D01
Duration

CRA0I02

CRA0I03

CRA0I04

CRA0O01
Onset

Definitions and questions

DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)

Subject often leaves seat in situations in which remaining seated is expected (e.g., leaves his/her seat during work meetings, the classroom, restaurants, church, or other places that require remaining in place).

Do not code if subject has a bad back or other physical problem that makes sitting difficult.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you get up from your seat much more than other people?

Do you leave your seat in work meetings, at church, or in other situations in which you are expected to remain seated?

How about at dinner or at the movies?

Do coworkers/professors comment that you have a difficult time sitting down?

*How often does this happen in the last 3 months?
In what situations do you have difficulty remaining seated?
Is it like that in all activities?
Or just some activities?
Can you stop yourself from getting out of your seat?
Were there times in the last 3 months when you could not help yourself?
Do you have any medical issues that prevent you from remaining seated?
Not including watching TV, a movie, or playing a video game, how long can you remain in your seat?
Are you like this at home?
Are you like this at work/college?
Are you like this at other places?
Like at the store or a friend's house?
Or at a restaurant or church?
When did this start?*

Coding rules

DIFFICULTY REMAINING SEATED

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

HOURS : MINUTES**OCCURS AT HOME**

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRA2I01
Intensity

CRA2D01
Duration

CRA2I02

CRA2I03

CRA2I04

CRA2O01
Onset

Definitions and questions

FEELINGS OF INNER RESTLESSNESS

Subject has a feeling of restlessness or 'jitteriness' that may not be expressed physically. Subject feels an inner need or 'itch' to be active or on the go.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you sometimes feel an "inner" restlessness?

Do you have the feeling that you just "need to keep moving"?

Or feel that you must be active or "on the go"?

Do you manage to keep still even though you FEEL as if you are "going to explode"?

What are you doing when you feel like this?

Can you stop yourself from feeling this way?

Always or just sometimes?

Do you feel like this at home?

Do you feel like this at work/college?

Do you feel like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start to feel like that?

Coding rules

FEELING OF INNER RESTLESSNESS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRC9I01
Intensity

CRC9I02

CRC9I03

CRC9I04

CRC9O01
Onset

Definitions and questions

NEED FOR SPONTANEOUS MOVEMENT

Subject feels the need for spontaneous movement. Subject may make choices about participation in leisure activities, or even college/career decisions, based on the need for spontaneous movement.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you prefer activities that let you move around as you want?

Have you decided NOT to do something because you would have to sit still for a long time?

Like going to a movie or going to church?

Have you made career choices, like going to college or choosing a job, based on whether it would require you to sit still for long periods of time?

What activities have you NOT done because of this feeling?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start being like that?

Coding rules

NEED FOR SPONTANEOUS MOVEMENT

0 = Absent

1 = Expresses preference for activities allowing spontaneous movement, but need for spontaneous movement does not influence participation or choice of activity.

2 = Subject has avoided at least two activities because they don't allow for spontaneous movement.

3 = Need for spontaneous movement has influenced important decisions such as attendance at college or job choice.

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRD0101
Intensity

CRD0102

CRD0103

CRD0104

CRD0001
Onset

Definitions and questions

DIFFICULTY WINDING DOWN

Subject has difficulty unwinding or relaxing when there is time to do so.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you have a hard time unwinding and relaxing even when you have time to do so?

Like on vacation?

Are you always like that?

Or just sometimes?

Were there any times in the last 3 months when you could not relax when you had the time?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start to be like that?

Coding rules

DIFFICULTY WINDING DOWN

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRD9I01
Intensity

CRD9I02

CRD9I03

CRD9I04

CRD9O01
Onset

Definitions and questions

ALWAYS ON THE GO

Subject is often "on the go" or acts as if "driven by a motor." Subject is unable or uncomfortable being still for extended periods of time (e.g., restaurants, church, meetings). May be experienced by others as the subject being restless or difficulty in keeping up with the subject.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Would you say that you are "always on the go"?

Do you feel as though you are "driven by a motor"?

What do you do?

Are you still like this at times OTHER than when watching TV/movie or playing video games?

How often does this happen in the last 3 months?

Is it like that in all activities?

Or just some activities?

Can you stop yourself?

Always or just some of the time?

Were there any times in the last 3 months when you couldn't stop?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did this start?

Coding rules

ALWAYS ON THE GO

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/SCHOOL

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRC4I01
Intensity

CRC4I02

CRC4I03

CRC4I04

CRC4O01
Onset

Definitions and questions

TALKS EXCESSIVELY

Subject talks excessively.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do people complain that you talk too much?

Do you think you talk too much?

What are you doing when you are talking too much?

Is it like that in all activities?

Or just some activities?

Can you stop yourself?

All the time or just sometimes?

What about if you are asked to stop?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

TALKS EXCESSIVELY

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRA5101
Intensity

CRA5102

CRA5103

CRA5104

CRA5001
Onset

Definitions and questions

FINISHING PEOPLE'S SENTENCES

Subject often completes or finishes other people's sentences.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

When you are talking to people, do you find yourself finishing their sentences for them?

Even when they were going to finish the sentence themselves?

Have you done this in the last 3 months?

What are you doing when this happens?

Are you like that all the time?

Is it just with one particular person?

Can you stop yourself from doing it?

Always or just sometimes?

Does this happen at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start doing that?

Coding rules

FINISHING PEOPLE'S SENTENCES

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = No

2 = Yes

OCCURS AT WORK/COLLEGE

0 = No

2 = Yes

OCCURS ELSEWHERE

0 = No

2 = Yes

Codes

CRD8I01
Intensity

CRD8I02

CRD8I03

CRD8I04

CRD8O01
Onset

Definitions and questions

DIFFICULTY DOING THINGS QUIETLY

Subject often has difficulty playing or engaging in leisure activities quietly.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

What happens if you are supposed to be doing things quietly?

Do you have a hard time doing things quietly?

Do you have a hard time doing things quietly EVEN WHEN watching TV, a movie, or playing a video game?

How often do you have difficulty doing things quietly?

Is it like that in all activities?

Or just some activities?

Can you stop yourself from doing that?

All the time or just sometimes?

What about if you are asked to stop?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

DIFFICULTY DOING THINGS QUIETLY

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRA6I01
Intensity

CRA6I02

CRA6I03

CRA6I04

CRA6O01
Onset

Definitions and questions

INATTENTION**DIFFICULTY CONCENTRATING ON TASKS
REQUIRING SUSTAINED ATTENTION**

Subject often has difficulty sustaining attention in tasks or play activities (e.g., difficulty remaining focused during lectures, during conversations, or lengthy reading).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Are you able to concentrate on things when you have to?

Do you have a hard time concentrating or focusing on work projects/schoolwork?

Or reading?

Do coworkers/bosses/teachers tell you that you have a hard time concentrating?

Do you have more problems concentrating or focusing on things than other people?

Is it hard for you to concentrate at times OTHER than when watching TV/movie or playing a video game?

How often do you have difficulty concentrating?

What are you doing at the time that you have difficulty concentrating?

Is it like that in all activities?

Or just some activities?

Can you make yourself concentrate if you really try?

Always or just sometimes?

Not considering watching TV, a movie, or playing a video game, how long can you concentrate?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

**DIFFICULTY CONCENTRATING ON
TASKS REQUIRING SUSTAINED
ATTENTION**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

HOURS : MINUTES**OCCURS AT HOME**

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRA7I01
Intensity

CRA7D01
Duration

CRA7I02

CRA7I03

CRA7I04

CRA7O01
Onset

Definitions and questions

DIFFICULTY ORGANIZING TASKS AND ACTIVITIES

Subject often has difficulty organizing tasks and activities when structure is not imposed by others (e.g., at a loss to start or structure homework or a work/school project; has difficulty managing sequential tasks; has difficulty keeping necessary materials and belongings in order; messy; disorganized work; poor time management; fails to meet deadlines).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you have difficulty organizing a task or activity?

Do you have difficulty organizing a work/school project?

Is your work/homework messy and disorganized?

Do you have poor time management skills?

Do you turn projects in late because you are so disorganized?

Can you gather all the materials needed to play a game or start a project?

Do you know where to start?

If you get started, do you then get disorganized?

Are you able to organize a task if you really try?

Always or just sometimes?

How often does this happen?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did this start?

Coding rules

DIFFICULTY ORGANIZING TASKS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRC7I01
Intensity

CRC7I02

CRC7I03

CRC7I04

CRC7O01
Onset

Definitions and questions

DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS

Subject often does not follow through on instructions and fails to finish schoolwork, chores, or other duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

How good are you at following through on instructions from others?

Do you tend not to complete things you've been asked to do?

What about with things you have been told to do?

Are you easily sidetracked?

What are you doing at the time?

Is it like that in all activities?

Or just some activities?

Do you complete things if you make an effort?

Is that all the time or just sometimes?

What about if you are asked to follow through?

How often does this happen?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

DIFFICULTY FOLLOWING INSTRUCTIONS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRA8I01
Intensity

CRA8I02

CRA8I03

CRA8I04

CRA8O01
Onset

Definitions and questions

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

Subject often avoids, dislikes, or is reluctant to engage in tasks or activities that require sustained mental effort (e.g., schoolwork, homework, preparing reports, completing forms, reviewing lengthy papers).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you try to get out of things where you will have to concentrate?

Like doing a crossword puzzle or reading a book?

Do you try to get out of doing homework or reading because you will have to concentrate?**Do you avoid reading/preparing documents for work because you will have to concentrate?**

How often does that happen?

Can you get yourself to do such things if you really try?

Is it like that in all activities?

Or just some activities?

What if you are asked to stop?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRC5101
Intensity

CRC5102

CRC5103

CRC5104

CRC5001
Onset

Definitions and questions

EASILY DISTRACTED BY EXTRANEOUS STIMULI

Subject is often easily distracted extraneous stimuli or unrelated thoughts.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Are you easily distracted by things going on around you?

Do have difficulty paying attention when you can look out of the window or hear other people talking in the next room?

Does your mind start to wander when you are doing something?

Do you get distracted by random thoughts?

Are these things that would distract anyone?

How often does this happen?

What were you doing at the time?

Is it like that in all activities?

Or just some activities?

Can you stop yourself from getting distracted?

Is that all the time or just sometimes?

What about if you are asked to pay attention?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

EASILY DISTRACTED

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRA9I01
Intensity

CRA9I02

CRA9I03

CRA9I04

CRA9O01
Onset

Definitions and questions

FORGETFUL IN DAILY ACTIVITIES

Subject is often forgetful in daily activities (e.g., forgets to brush teeth, to do chores, forgetting work/college assignments, forgets to return phone calls or pay bills, forgets appointments).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Are you often forgetful in your daily activities?

Do you often forget to do chores at home?

Do you forget to pay your electric/phone bill?

Do you often forget appointments?

Do you often forget to do things for work/college?

Can you give me any other examples?

Do you still forget things even if you're reminded?

How often do you forget things?

Are you like this at home?

Does this happen at work/college?

Does this happen elsewhere?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

FORGETFUL IN DAILY ACTIVITIES

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRC8I01
Intensity

CRC8I02

CRC8I03

CRC8I04

CRC8O01
Onset

Definitions and questions

OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS OR ACTIVITIES

Subject often loses things necessary for task and activities (e.g., work/school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile phone, handheld devices, or clothing).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you lose things more than other people do?

Do you lose things you need for work/school?

Do you lose things like pencils, keys, phone, or money?

Do you leave things, like clothing, at work/school or at a friend's house?

Do you leave things in restaurants or at the gym?

Do you get into trouble for losing things?

Does this happen in most activities or just some?

Can you stop yourself from losing things?

Always or just sometimes?

What if you are reminded not to lose them?

How often do you lose things?

Do you lose things at home?

Are you like this at work/college?

Do you lose things at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

OFTEN LOSES THINGS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRB2101
Intensity

CRB2102

CRB2103

CRB2104

CRB2001
Onset

Definitions and questions

OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID

Subject often does not seem to listen when spoken to directly (e.g., mind seems elsewhere even in the absence of any obvious distractions).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you think you are good at listening to what is said to you?

Do coworkers/bosses/teachers complain that you don't seem to listen to what they are saying?

Do people complain that you don't seem to listen to what they are saying to you?

Is it like that in all activities?

Or just some activities?

Can you make yourself listen?

How often does this happen?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

DOES NOT LISTEN

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRB3I01
Intensity

CRB3I02

CRB3I03

CRB3I04

CRB3O01
Onset

Definitions and questions

FAILS TO PAY CLOSE ATTENTION TO DETAILS

Subject often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or other activities (e.g., overlooks or misses details, work is inaccurate).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

How good are you at paying attention to details when working on something?

Do you tend to do things incorrectly or sloppily because you haven't paid enough attention to the task?

Do coworkers/bosses/teachers say you do not pay attention?

Do your work projects/schoolwork show that you don't pay attention to details?

Can you make yourself pay attention to details?

What about if you are asked to pay attention?

Is it like that in all activities?

Or just some?

How often do you fail to pay close attention to details?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

FAILS TO PAY ATTENTION TO DETAILS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRB4I01
Intensity

CRB4I02

CRB4I03

CRB4I04

CRB4O01
Onset

Definitions and questions

MAKES CARELESS MISTAKES

Subject often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or other activities (e.g., overlooks or misses details, work is inaccurate).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you make a lot of careless mistakes?

Does that affect your work at college or on the job?

What do you do?

How often does that happen?

Is it like that in all activities or just some?

Can you stop yourself?

All the time or just sometimes?

What about if you are asked to stop?

Are you like this at home?

Does this happen at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

MAKES CARELESS MISTAKES

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRC6I01
Intensity

CRC6I02

CRC6I03

CRC6I04

CRC6O01
Onset

Definitions and questions

DIFFICULTY REMEMBERING APPOINTMENTS OR OBLIGATIONS

Subject has difficulty remembering appointments or obligations (forgets doctor/dentist appointments, forgets to pick up kids from daycare/school, birthdays, etc.).

Do not code if subject has effective strategies for reminding self of appointments, etc.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you have a hard time remembering appointments or things you have to do?

Have you forgotten doctor's or dentist's appointments?

Have you forgotten other people's birthday?

Have you forgotten appointments or something else you had to do in the last 3 months?

Have you forgotten to pick up a child from daycare/school?

Or forgotten to pick up a friend?

What do you do to help yourself remember?

Does that work?

Always or only sometimes?

Does this happen at home?

Does this happen at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start to be this way?

Coding rules

DIFFICULTY REMEMBERING APPOINTMENTS OR OBLIGATIONS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRD7I01
Intensity

CRD7I02

CRD7I03

CRD7I04

CRD7O01
Onset

Definitions and questions

DIFFICULTY COMPLETING TASKS

Difficulty completing the final details of a project once the challenging parts have been done.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you have a hard time finishing off the final details of a project once you have done the fun or challenging parts?

Were there times in the last 3 months when you couldn't make yourself complete a project you had started?

*Can you make yourself complete a project?
Tell me about the last time that happened.
Is it like that in all activities or just some?
Are you like this at home?
Are you like this at work/college?
Are you like this at other places?
Like at the store or a friend's house?
Or at a restaurant or church?
When did you start being like this?*

Coding rules

DIFFICULTY COMPLETING TASKS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRD6I01
Intensity

CRD6I02

CRD6I03

CRD6I04

CRD6O01
Onset

Definitions and questions

DIFFICULTY GETTING STARTED

Subject avoids or delays getting started on a task that requires a lot of thought or effort.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you have a difficult time getting started on tasks or projects that require a lot of thought or effort?

Do you avoid starting on work/school projects that require your attention?

Or delay the start of it?

Were there times in the last 3 months when you delayed or avoided starting a task like that?

Can you make yourself get going?

Is it like that in all activities?

Or just some?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start doing that?

Coding rules

DIFFICULTY GETTING STARTED

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRE0101
Intensity

CRE0102

CRE0103

CRE0104

CRE0001
Onset

Definitions and questions

IMPULSIVITY**DIFFICULTY WAITING FOR TURN WHERE NECESSARY**

Subject often has difficulty waiting his/her turn (e.g., while standing in line). Distinguish from normative eagerness.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Can you wait your turn for things?

As well as most people?

In a store, can you stand in line?

How about during a traffic jam?

Why do you push in?

Does not being able to wait get you in trouble?

Can you control it and make yourself wait your turn?

What if others say something?

How often does this happen?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

DIFFICULTY WAITING FOR TURN

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRB7101
Intensity

CRB7102

CRB7103

CRB7104

CRB7001
Onset

Definitions and questions

IMPATIENCE

Subject is unable to wait patiently or tolerate delay causes negative outcomes. Implies lack of self-control rather than intolerance of intelligence of others or irritability, which is coded elsewhere. Do not code successful proactive behavior.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Has anyone ever told you that you were impatient?

Do you agree with that?

Are you more impatient than other people?

Are you impatient while in traffic?

Can you give me an example?

When else have you acted like that?

Can you stop yourself from being impatient?

Always or just sometimes?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start being like this?

Coding rules

IMPATIENCE

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRD1101
Intensity

CRD1102

CRD1103

CRD1104

CRD1O01
Onset

Definitions and questions

OFTEN BLURTS OUT ANSWERS TO QUESTIONS

Subject blurts out answer before question has been completed (e.g., completes other people's sentences or cannot wait for turn in a conversation). Distinguish from normative eagerness.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you tend to blurt out the answers before the person's finished asking the question?

In what situations do you blurt out answers?

Do coworkers/bosses/professors tell you this happens?

Does it get you into trouble?

Can you control it?

What if others say something?

How often does that happen?

Are you like this at home?

Does this happen at work/college?

Does this happen other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

OFTEN BLURTS OUT ANSWERS TO QUESTIONS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT SCHOOL

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRB8I01
Intensity

CRB8I02

CRB8I03

CRB8I04

CRB8O01
Onset

Definitions and questions

BEHAVIORAL BLURTING

Subject rarely or minimally stops and thinks before acting in response to stimuli.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Are you the kind of person who acts before thinking?

Do you dart away if you see something interesting?

Do you stop what you are doing and go off and do something else if it looks interesting?

Do you stop and think about things before doing them?

In the last 3 months, have you done things without thinking first?

What were you doing when this happened?

Can you stop yourself from doing this?

Always or just sometimes?

Are you like this at home?

Are you like this at work/college?

Does this happen at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start being like that?

Coding rules

BEHAVIORAL BLURTING

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRD5I01
Intensity

CRD5I02

CRD5I03

CRD5I04

CRD5O01
Onset

Definitions and questions

ACCIDENT PRONE

Subject is prone to accidents or injury because of IMPULSIVE action rather than clumsiness.

Do you think you are "accident-prone"?

Is this because you rush things?

Or do things suddenly?

Do you seem to break things more than others do?

Or knock things over or spill things a lot?

Are you the one that usually gets hurt when things happen?

Do you tend to get injured more often than others?

Does this happen in most activities?

Or just some?

Are you like this at home?

Are you like this at work/college?

Are you like this at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did you start being like this?

Coding rules

ACCIDENT PRONE

0 = Absent

2 = Mildly accident prone in at least 2 activities.

3 = Accident prone in most activities.

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRC2101
Intensity

CRC2102

CRC2103

CRC2104

CRC2001
Onset

Definitions and questions

**ACTING BEFORE CONSIDERING
POTENTIALLY DANGEROUS CONSEQUENCES**

Impulsive actions lead to doing something dangerous.
Code only if didn't think through possible consequences. If
subject realized danger and decided to risk it, code under
Taking Risk Despite Knowing Consequences.

***Have you done something that seemed really stupid
afterward because you hadn't thought of the negative
consequences?***

***Have you done something on impulse without thinking
you might get hurt?***

*Was it dangerous?
Can you give me an example?
Can you stop yourself from doing this?
Does this happen in most activities?
Or just some?
Are you like this at home?
Are you like this at work/college?
Are you like this at other places?
Like at the store or a friend's house?
Or at a restaurant or church?*

When did you start doing things like this?

Coding rules

ACTING THOUGHTLESSLY

0 = Absent

2 = Present in at least 2 activities and at
least sometimes uncontrollable

3 = Present in most activities and almost
never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT WORK/COLLEGE

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRD3I01
Intensity

CRD3I02

CRD3I03

CRD3I04

CRD3O01
Onset

Definitions and questions

OFTEN INTERRUPTS OR INTRUDES ON OTHERS

Subject often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things, without asking or receiving permission; may intrude into or take over what others are doing). Distinguish from normative eagerness/excitement and desire to participate in social interactions.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you tend to interrupt other people when they're talking to someone else?

What about butting into other people's conversations without being invited?

Do you use other people's things without asking permission?

Do you butt into what others are doing and take over what they are doing?

Can you give me an example?

Does it happen as much as half of the time?

Can you stop yourself?

What if others say something?

How often does that happen?

Are you like this at home?

Does this happen at work/college?

Does this happen at other places?

Like at the store or a friend's house?

Or at a restaurant or church?

When did that start?

Coding rules

OFTEN INTERRUPTS OR INTRUDES ON OTHERS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable

3 = Present in most activities and almost never controllable

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT SCHOOL

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Codes

CRC1101
Intensity

CRC1102

CRC1103

CRC1104

CRC1001
Onset

Definitions and questions

Coding rules

Codes

OPPOSITIONAL/CONDUCT DISORDER**OPPOSITIONAL BEHAVIOR****REMEMBER TO GET EXAMPLES AND
BEHAVIORAL DESCRIPTIONS****RULE BREAKING**

Violation of standing rules.

Do not include breaking laws or violating parole.

How good are you at obeying the rules?

What sort of rules do you break?

Do you break the rules at home?

Like no food in the living room or bedroom?

Do you break rules at work/college?

Like no talking in class?

***Do supervisors/instructors/professors describe you as
a troublemaker?******Do you break rules anywhere else, like stores,
restaurants, movie theaters, or concerts?***

Such as no cell phones use during the movie?

Do you get in any trouble for rule breaking?

*What happens if someone asks you to comply with the
rules?*

Do you just ignore them?

Do dispute, challenge, or "mouth off" to them?

How often do you break rules at home?

How often do you break rules at work/college/university?

How often do you break rules elsewhere?

When did you start to break rules?

RULE BREAKING

0 = Absent

2 = Breaks rules relating to at least 2
activities and at least sometimes responds
to admonition by public failure to comply.

3 = Rule breaking occurs in most activities
and the subject sometimes responds to
admonition by disputing or challenging the
authority of the person admonishing
him/her.

HOME**WORK/COLLEGE****ELSEWHERE**

CGA0I01
Intensity

CGA0F01
Home
Frequency

CGA0F02
Work/College
Frequency

CGA0F03
Elsewhere
Frequency

CGA0O01
Onset

 / /

Definitions and questions

DISOBEDIENCE

Failure to carry out specific instructions when directly given.

NOTE: Failure to carry out instructions occurs after being told instructions once.

What happens when you are told to do things and you don't want to do them?

Are you defiant at home?

Do you refuse to help with chores at home?

Are you disobedient to supervisors/instructors/professors?

Are you disobedient in other places like stores, restaurants, or movie theaters?

Like refusing to turn off your phone?

Do you ignore it when you are given instructions?

Do you continue doing things people don't want you to do even if they ask you to stop?

How many times must you be told to do something before you will do it?

Can they usually get you to do what they want in the end?

How often are you disobedient at home in the last 3 months?

How often are you disobedient at work/college?

How often are you disobedient elsewhere?

When did this start?

Coding rules

DISOBEDIENCE

0 = Absent

2 = Disobedience occurs in at least 2 activities.

3 = Disobedience occurs in most activities.

HOME**WORK/COLLEGE****ELSEWHERE**

Codes

CGA1I01
Intensity

CGA1F01
Home
Frequency

CGA1F02
Work/College
Frequency

CGA1F03
Elsewhere
Frequency

CGA1O01
Onset

Definitions and questions

ANNOYING BEHAVIOR

Indulgence in active behaviors that annoy or anger others. The intention need not be to annoy, but the behaviors would obviously annoy their recipient.

Do not include annoying behaviors that are the result of unintentional acts, for instance, annoyance caused by clumsiness, or failure to understand the rules of games.

Do not include behaviors that conform to the definitions of Rule Breaking and Disobedience.

Do you find that other people get annoyed by things you do?

Do you do things deliberately to annoy other people?

What do you do to annoy people?

Do you find that other people get annoyed because of the things you do for fun?

Can you tell me about the last time?

Do you annoy other adults, teachers or employers?

How about your brothers or sisters?

Or your boy/girlfriend/spouse/romantic partner?

Will you stop when asked to stop?

Always or just sometimes?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere?

When was the first time you started to annoy people?

Do you annoy your sibling(s)?

Do you annoy your friends?

Do you annoy your coworkers?

Do you annoy your parents?

How about your supervisors/professors?

Do you annoy other adults like your neighbors?

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**WORK/COLLEGE****ELSEWHERE****OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes

Codes

CGA2I01
Intensity

CGA2F01
Home
Frequency

CGA2F02
Work/College
Frequency

CGA2F03
Elsewhere
Frequency

CGA2O01
Onset

CGA2X02

CGA2X03

CGA2X04

Definitions and questions

TEASING/CYBER HARASSMENT

Intentionally annoying or causing distress to peers, co-workers, fellow students, or siblings specifically by making fun of them or taunting them, either verbally or physically. Include using instant messaging, e-mail, text messaging, Facebook, or other Social Media in order to ridicule, threaten and intimidate others.

If elements of teasing also meet the level of Spiteful/Vindictive, code there as well.

Do you tease or pick on others at all?

Do you make fun of, mock, or intimidate others?

Like people at work/school?

Or other people you know?

Do you tease others by using social media like Facebook/Twitter?

Have you posted mean comments, rumors, or gossip about others online?

Have you posted embarrassing or altered photos of someone online?

Have you sent harassing or threatening emails or text messages to anyone?

How often has this happened at home?

How often has this happened at work/school?

How often has this happened elsewhere?

How often have you teased or harassed someone using "Social Media" like Facebook/Twitter?

How often have you teased or harassed someone anyone by text or instant messaging?

When was the first time you did that?

Coding rules

TEASING/CYBER HARASSMENT

0 = Absent

2 = Teasing/Harassment occurs in at least 2 activities.

HOME**WORK/COLLEGE****ELSEWHERE**

**# OF TIMES TEASED/HARASSED
SOMEONE USING SOCIAL MEDIA**

Codes

CGL6I01
Intensity

CGL6F01
Home
Frequency

CGL6F02
Work/College
Frequency

CGL6F03
Elsewhere
Frequency

CGL6F04

CGL6O01
Onset

Definitions and questions

SPITEFUL OR VINDICTIVE

Spiteful: The subject engages in deliberate actions aimed at causing distress to another person.

Vindictive: The subject responds to failure to get his/her own way, disappointment, or interpersonal disagreement with deliberate attempts to hurt the other or gain revenge. For instance, by attempting to get the other person into trouble or "getting back" or "even" with someone.

Do not include behaviors coded under Assault, Cruelty, Bullying, Lying, or Malicious Rumors.

Do you do things to upset other people on purpose?

Such as pushing someone's buttons because you feel angry or disappointed?

Or try to hurt them on purpose?***Do you try to get other people into trouble on purpose?******Do you try to "get back at" or "get even" with others?***

What do you do?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere?

When did you start doing that sort of thing?

Does this happen with sibling(s)?

Does this happen with friends?

How about with coworkers?

Does this happen with your parents?

How about with your supervisors/professors?

How about other adults like your neighbors?

Coding rules

SPITEFUL OR VINDICTIVE

0 = Absent

2 = Present

HOME**WORK/COLLEGE****ELSEWHERE****OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes

Codes

CGA3I01
Intensity

CGA3F01
Home
Frequency

CGA3F02
Work/College
Frequency

CGA3F03
Elsewhere
Frequency

CGA3O01
Onset

CGA3X01

CGA3X02

CGA3X03

Definitions and questions

STEALING

STEALING: EVER

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject (such as general food from the refrigerator.)

Have you EVER stolen anything?

What is the most you have EVER stolen at one time?
How much is that worth?
How many times have you EVER stolen something?

IF STEALING: EVER, CONTINUE.
OTHERWISE, SKIP TO "BREAKING PROMISES", (PAGE 15).

Coding rules

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

Ever:CGA5E01
Intensity

Ever:CGA5V01
Frequency

Definitions and questions

STEALING AT HOME OR FROM FAMILY
Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject such as general food from the refrigerator.

In the last 3 months, have you stolen anything at home or from family?

What did you steal?
DO NOT INCLUDE GENERAL USE ITEMS SUCH AS FOOD FROM THE REFRIGERATOR.

Who did you steal it from?
In the last 3 months, how often have you stolen anything from home or family?
When was the first time you stole anything form home or from family?

Coding rules

STEALING AT HOME OR FROM FAMILY
0 = No
2 = Yes

STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON
0 = No
2 = Yes

STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS
0 = No
2 = Yes

Codes

CGA6I90
Intensity

CGA6I01

CGA6I02

CGA6F01
Frequency

CGA6O01
Onset

/ /

When was the first time you stole anything from work/college?

2 = Yes

//

Taking something belonging to another with the intention of depriving the owner of its use.

Like from the store, a friend's house, or work?
What did you steal?

DO NOT INCLUDE GENERAL USE ITEMS SUCH AS
FOOD FROM THE REFRIGDERATOR.

Who did you steal it from?
Did you "single out" that person to steal from?
In the last 3 months, how often have you stolen anything
from someplace other than home or work/college?
When was the first time you stole anything from someplace
other than home or work/college?

IF STEALING IN LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO "BREAKING AND ENTERING: EVER", (PAGE 10).

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.

CHECK PRESENT AND CONTINUE.

Were you by yourself when you stole?

Were you with someone else when you stole?

How many others were with you when you stole?

Were you with a group of people when you stole?

Have you shoplifted from a store in the last 3 months?

BREAKING AND ENTERING: EVER

Breaking and entering: Includes breaking into a house, building, or store to steal. Code breaking into a car separately.

Have you EVER broken into anywhere?

*How many times have you EVER broken into anywhere?
When was the first time you EVER broke into anywhere?*

In the last 3 months, have you broken into anywhere?

Coding rules

STEALING IN PRIMARY PERIOD

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: EVER

0 = Absent

2 = Present

BREAKING AND ENTERING: 3 MONTHS

0 = Absent

2 = Present

Codes

CGA9I90
Intensity

CGA9I01

CGA9I02

CGA9I03

CGA9I04

Ever: CGB1E90
Intensity

Ever: CGB1V01
Frequency

Ever: CGB1O01
Onset

CGB0I01
Intensity

Definitions and questions

BREAKING INTO A CAR: EVER

Breaking into a car to steal.

Have you EVER broken into a car to steal something?

How many times have you EVER broken into a car to steal something?

When was the first time you EVER broke into a car to steal?

In the last 3 months, have you broken into a car to steal?

STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: EVER

Includes attempts to steal a motor vehicle; also occasions when subject takes and drives away a car/motorcycle, even if s/he does not intend to steal it but rather to use it for his/her own purposes in an unauthorized way (e.g. joy rides).

Have you EVER stolen a car or motor-bike?

Have you EVER taken a car or motorcycle to use without permission?

How many times have you EVER stolen a motor vehicle or took one and drove away?

When was the first time you stole a car or took and drove it away without permission?

In the last 3 months, have you taken a car or motor-bike?

Have you taken a car or motorcycle to use without permission?

Coding rules

BREAKING INTO A CAR: EVER

0 = Absent

2 = Present

BREAKING INTO A CAR: 3 MONTHS

0 = Absent

2 = Present

STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: EVER

0 = Absent

2 = Present

STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY: 3 MONTHS

0 = Absent

2 = Present

Codes

Ever:CGB3E01
Intensity

Ever:CGB3V01
Frequency

Ever:CGB3O01
Onset

 /

CGB2I01
Intensity

Ever:CGB5E01
Intensity

Ever:CGB5V01
Frequency

Ever:CGB5O01
Onset

 /

CGB4I01
Intensity

Definitions and questions

STEALING INVOLVING CONFRONTATION OF THE VICTIM BUT WITHOUT ACTUAL VIOLENCE: EVER

The victim is directly confronted and money or goods are demanded, threats may be made directly or implicitly (e.g. by the presence of a weapon), but no actual violence is done.

Have you EVER threatened anyone to make them give him/her something?

How many times have you EVER threatened anyone to make them give him/her something?

In the last 3 months, have you threatened anyone to make them give you something?

STEALING INVOLVING ACTUAL VIOLENCE: EVER

The victim is directly confronted or set upon in some way and some violent action actually takes place. For instance, the victim might be kicked or punched.

Have you EVER mugged anyone?

Did you hurt them?

How many times have you EVER mugged someone?

When was the first time?

In the last 3 months, have you mugged anyone?

Did you hurt them?

Coding rules

STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE: EVER

0 = Absent

2 = Present

STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE: 3 MONTHS

0 = Absent

2 = Present

STEALING INVOLVING ACTUAL VIOLENCE: EVER

0 = Absent

2 = No physical injury to the victim.

3 = Some physical injury (e.g. black eye, cuts)

STEALING INVOLVING ACTUAL VIOLENCE: 3 MONTHS

0 = Absent

2 = No physical injury to the victim.

3 = Some physical injury (e.g. black eye, cuts)

Codes

Ever:CGJ0E01
Intensity

Ever:CGJ0V01
Frequency

CGB6I01
Intensity

Ever:CGB7E01
Intensity

Ever:CGB7V01
Frequency

Ever:CGB7O01
Onset

CGB6I02
Intensity

Definitions and questions

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: EVER

As a result of violence committed during stealing, the victim sustained broken limbs, or required hospitalization, or was unconscious for any period.

Have you EVER mugged anyone and caused serious injury?

*How often have you EVER mugged someone and caused serious injury?
When was the first time you seriously injured someone in a mugging situation?*

In the last 3 months, have you mugged anyone and caused serious injury?

USE OF WEAPON: EVER

Use of any item that could be used to threaten or intimidate a victim. Include carrying a weapon even if it is concealed and not used.

Have you EVER carried a weapon when you stole anything?

*What?
Did you use it?
How many times have you EVER carried a weapon when you stole something?
When was the first time you carried a weapon to steal?*

In the last 3 months, have you carried a weapon when you stole anything?

*What?
Did you use it?*

Coding rules

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: EVER

0 = Absent

2 = Present

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY: 3 MONTHS

0 = Absent

2 = Present

USE OF WEAPON: EVER

0 = Absent

2 = Carried weapon while stealing.

3 = Used weapon to threaten victim.

USE OF WEAPON: 3 MONTHS

0 = Absent

2 = Carried weapon while stealing.

3 = Used weapon to threaten victim.

Codes

Ever:CGB9E01
Intensity

Ever:CGB9V01
Frequency

Ever:CGB9O01
Onset

CGB8I01
Intensity

Ever:CGC1E01
Intensity

Ever:CGC1V01
Frequency

Ever:CGC1O01
Onset

CGC0I01
Intensity

Definitions and questions

OUTCOME OF STEALING

Code any police involvement under police contact.

Did you get caught stealing in the last 3 months?

What happened?

Did you get punished?

Were the police involved?

What happened?

IF CAUGHT STEALING IN LAST 3 MONTHS, CONTINUE:

Have your activities with friends been restricted?

Have you activities with other adults been restricted?

Have you been punished by your family or others?

Have you been banned from store premises?

Have you been suspended or expelled from college?

Have you been fired from work?

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 COLLEGE/FIRED FROM WORK

0 = Absent

2 = Present

Codes

CGC2I90
Intensity

CGC2I01

CGC2I02

CGC2I03

CGC2I04

Definitions and questions

DECEPTION

BREAKING PROMISES

Failure to carry out actions for which a direct commitment has been given to another person. Do not include behavior that meets criteria for lying.

How good are you at keeping your promises?

Have you broken any promises in the last 3 months?

What happened?

What did you do?

How many times have you broken promises at home with family?

How many times have you broken promises at work/college?

How many times have you broken promises anywhere else other than home or work/college?

When was the first time you recall breaking a promise?

Coding rules

BREAKING PROMISES

0 = No

2 = Yes

HOME

WORK/COLLEGE

ELSEWHERE

Codes

CGJ2I01

Intensity

CGJ2F01

Home

Frequency

CGJ2F02

Work/College

Frequency

CGJ2F03

Elsewhere

Frequency

CGJ2O01

Onset

/ /

Definitions and questions

LYING

Distortion of the truth with intent to deceive others. Barefaced lies are told with little or no effort or ability to conceal the untruth, for example the subject obviously has possession of an object but denies taking or having it. Subtle lies involve more elaborate distortion of the truth.

NOTE: IF BLAMING OTHERS, CODE IN BLAMING.

Have you told any lies in the last 3 months?

Do you tell lies to get out of things you don't want to do?

Do you lie when you're caught doing something wrong?

Do you lie to get out of trouble?

When something goes wrong that's your fault, do you admit it?

How often do you lie at home?

How often do you lie at work/college?

How often do you lie anywhere else other than home or work/college?

When was the first time you remember telling lies?

Do you lie on your own or with other people?

How much of the time are you with someone else when you lie?

Do you tell lies with someone more than 50% of the time?

Coding rules

LYING

0 = Absent

1 = Made up stories or fictions which are not told for gain or to escape punishment.

2 = Lies told for gain or to escape punishment, in at least 2 activities that do not result in others getting into trouble.

HOME**WORK/COLLEGE****ELSEWHERE****SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGC3I01
Intensity

CGC3F01
Home
Frequency

CGC3F02
Work/College
Frequency

CGC3F03
Elsewhere
Frequency

CGC3O01
Onset

CGC3X01

Definitions and questions

BLAMING

Falsely attributing misdemeanors to another so as to avoid reproach or punishment.

Do you lie if you think you can get out of trouble by blaming someone else?

Do your lies get others into trouble?

Do you blame others for things you have done wrong?

What do you do?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere other than home or work/college?

When was the first time this happened?

Do you blame you sibling(s) for things you have done?

Do you blame your friends for things you have done?
How about coworkers?

Do you blame your parents for things you have done?
How about your supervisors/professors?
How about other adults like your neighbors?

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**WORK/COLLEGE****ELSEWHERE****OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes

Codes

CGJ3I01
Intensity

CGJ3F01
Home
Frequency

CGJ3F02
Work/College
Frequency

CGJ3F03
Elsewhere
Frequency

CGJ3O01
Onset

CGJ3X02

CGJ3X03

CGJ3X04

Definitions and questions

CON-ARTISTRY

Lying in order to obtain goods or favors with a monetary value of at least \$10.

Have you tried to con anyone to get them to give you something?

Do you lie to get money from someone?

Have you tried to trick someone to get money or something else from them?

Do you lie to get others to do you a favor?

What happened?

In the last 3 months, how often have you done this?

When was the first time you tried to con someone like that?

Do you do it on your own or with other people?

How much of the time are you with someone else?

Are you with someone else more than 50% of the time?

Coding rules

CON-ARTISTRY

0 = Absent

2 = Simple lies.

3 = "Scam" involving at least some planning to develop and implement scheme.

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGC4I01
Intensity

CGC4F01
Frequency

CGC4O01
Onset

CGC4X01

Definitions and questions

CHEATING

Attempts to gain increased success by unfair means.
Include higher grades at college/university and increased recognition or reward at work or elsewhere.

Do you cheat at anything in the last 3 months?

Do you cheat on tests or assignments at work/college?

Do you cheat in sports or in games?

Do you copy other people's work and call it your own?

Have you been caught cheating in the last 3 months?

What happened when you got caught?

How many times have you cheated on something at home?

How many times have you cheated on something at work/college?

How many times have you cheated on something anyplace else other than home or work/college?

When did you start cheating?

MINOR FORGERY: EVER

Deliberate non-illegal imitation of documents, letters or signatures for the subject's own ends.

Includes getting others to forge documents for the subject's purposes, but do not include illegal acts.

Have you EVER faked documents for work/school/college?

Have EVER faked someone else's signature on something?

Have you EVER faked a sick note for work/school/college?

How many times have you EVER done that?

When was the first time you EVER did this?

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**WORK/COLLEGE****ELSEWHERE****MINOR FORGERY: EVER**

0 = Absent

2 = Present

Codes

CGC5I01
Intensity

CGC5F01
Home
Frequency

CGC5F02
Work/College
Frequency

CGC5F03
Elsewhere
Frequency

CGC5O01
Onset

Ever:CGC6I90
Intensity

Ever:CGC6V01
Frequency

Ever:CGC6O01
Onset

Definitions and questions

In the last 3 months, have you faked documents for work/school/college?

In the last 3 months, have you faked someone else's signature on something?

In the last 3 months, have you faked a sick note for work/school/college?

How often have you done this at home?

How often have you done this at work/college?

How often have you done this elsewhere?

Do you do it on your own or with other people?

How much of the time are you with someone else?

Are you with someone else more than 50% of the time?

Coding rules

MINOR FORGERY: 3 MONTH

0 = Absent

2 = Present

HOME

WORK/COLLEGE

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGC6I01
Intensity

CGC6F01
Home
Frequency

CGC6F02
Work/College
Frequency

CGC6F03
Elsewhere
Frequency

CGC6X01

Definitions and questions

MAJOR FORGERY: EVER

Deliberate illegal imitation of documents, letters or signatures for the subject's own ends.

Include getting others to forge documents for the subject's purposes.

Include only illegal acts.

Have you EVER forged a fake ID?

Or anything else?

Have you EVER gotten anyone else to forge anything for you?

*How many times have you EVER done that?
When was the first time you EVER did that?*

In the last 3 months, have you forged a fake ID?

Or anything else?

In the last 3 months, have you gotten anyone else to forge anything for you?

How often have you done this at home?

How often have you done this at work/college?

How often have you done this elsewhere other than home or work/college?

*Do you do it on your own or with other people?
How much of the time are you with someone else?
Are you with someone else more than 50% of the time?*

Coding rules

MAJOR FORGERY: EVER

0 = Absent

2 = Present

MAJOR FORGERY: 3 MONTHS

0 = Absent

2 = Present

HOME**WORK/COLLEGE****ELSEWHERE****SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

Ever:CGJ5I90
Intensity

Ever:CGJ5V01
Frequency

Ever:CGJ5O01
Onset

 /

CGJ5I01
Intensity

CGJ5F01
Home
Frequency

CGJ5F02
Work/College
Frequency

CGJ5F03
Elsewhere
Frequency

CGJ5X01

Definitions and questions

ACCESS TO WEAPONS

Access to weapons, such as handguns, shotguns, semi-automatics, machine guns.

Do not include individuals authorized to carry/use weapons (e.g. military personnel, police, or security officers).

GUNS

Access to weapons, such as handguns, shotguns, semi-automatics, machine guns.

Do not include individuals authorized to carry/use weapons (e.g. military personnel, police, or security officers).

Does anyone in your household keep a gun in the house or car?

Do you have your own gun?

Do you have any other access to a gun?

Whom does it belong to?
IF PRESENT, CONTINUE.

*Is it a handgun?
A shotgun or rifle?
Some other kind?
How many guns are in your home or car?
Are the guns locked up or secured?
Do you have trigger locks on the guns?
Do any children have access to the guns?
For example, other kids from the neighborhood?
Or your children?
Or younger nieces or nephews?*

Coding rules

Codes

ACCESS TO/POSSESSION OF GUN

0 = Absent

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.

CGC9I01
Intensity

HANDGUN

0 = Absent

2 = Present

CGC9I02

SHOTGUN OR RIFLE

0 = Absent

2 = Present

CGC9I03

OTHER GUN (SEMI-AUTOMATIC, MACHINE GUN, ETCETERA)

0 = Absent

2 = Present

CGC9I04

TOTAL NUMBER OF GUNS IN HOME/CAR

CAM0X07

GUN(S) LOCKED UP OR SECURED

0 = No

2 = Yes

CGC9X01

CHILDREN HAVE ACCESS TO SUBJECT'S GUN(S)

0 = No

2 = Yes

CGC9X02

Definitions and questions

GUNS - SHOT AT ANOTHER PERSON: EVER

Have you EVER shot at anybody?

Have you actually shot another person?

GUNS - INJURED ANOTHER WITH A GUN: EVER

Did you "hit" them when you shot them?

Did you injure the person you shot at?

What happened to you?

KNIVES

In the last 3 months, have you carried a knife as a weapon or for protection?

Do you SOMETIMES or USUALLY carry a knife for protection?

Where do you take it?

INJURED ANOTHER WITH A KNIFE: EVER

Have you EVER injured another person with a knife?

What happened?

Coding rules

SHOT AT ANOTHER PERSON

0 = No

2 = Yes

INJURED ANOTHER WITH A GUN

0 = No

2 = Yes

CURRENTLY CARRIES KNIFE

0 = Has not carried a knife in last 3 months

2 = Sometimes has carried a knife

3 = Usually carries a knife

INJURED ANOTHER WITH A KNIFE

0 = No

2 = Yes

Codes

Ever:CGD1E01
Intensity

Ever:CGD1E02
Intensity

CGD2I01
Intensity

Ever:CGD5E01
Intensity

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 have you got?

Would you say your temper is hot, medium, or mild?

Have you lost your temper in the last 3 months?

What happens when you lose your temper?

How often do you lose your temper at home?

How often do you lose your temper at work/college?

How often do you lose your temper at other places other than home or work/college?

When was the first time you lost your temper?

Do you lose your temper with your sibling(s)?

*Do you lose your temper with your friends?
How about with coworkers?*

*Do you lose your temper with your parents?
How about with your supervisors/professors?
How about other adults like your neighbors?*

Coding rules

LOSING TEMPER

0 = Absent

2 = Present

HOME**WORK/COLLEGE****ELSEWHERE****OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes

Codes

CGE0I01
Intensity

CGE0F02
Home
Frequency

CGE0F03
Work/College
Frequency

CGE0F04
Elsewhere
Frequency

CGE0O01
Onset

CGE0X01

CGE0X02

CGE0X03

Definitions and questions

NON-DESTRUCTIVE TEMPER TANTRUMS

Discrete episodes of excessive temper, frustration or upset, manifested by shouting, crying, stomping feet, or non-destructive violence directed against property.

What happens when you don't get what you want or something upsets you?

What do you do?

Do you have a temper tantrum?

Do you cry or yell or call people names?

Do you stomp your feet?

Or slam doors?

Do you kick or throw things?

Do you hit or kick things like a table or wall?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere?

How long does it last?

When did this start?

Do you get really upset like this with your sibling(s)?

*Do you get really upset like this with your friends?
How about with coworkers?*

*Do you have a tantrum with your parents?
How about with your supervisors/professors?
How about other adults like your neighbors?*

Coding rules

NON-DESTRUCTIVE TEMPER TANTRUMS

0 = Absent

2 = Excessive temper, upset, shouting, crying or Non-Destructive violence directed only against property, (e.g. stamping feet, slamming doors, kicking objects, hitting walls/tables, etc.).

HOME**WORK/COLLEGE****ELSEWHERE****HOURS : MINUTES****OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes

Codes

CGG0I01
Intensity

CGG0F01
Home
Frequency

CGG0F02
Work/College
Frequency

CGG0F03
Elsewhere
Frequency

CGG0D01
Duration

CGG0O01
Onset

CGG0X01

CGG0X02

CGG0X03

Definitions and questions

DESTRUCTIVE TEMPER TANTRUMS

Discrete episodes of excessive temper, frustration, or behavioral outbursts manifested by shouting, crying, or stomping feet with destructive violence towards property (e.g. breaking things, smashing windows, punching/kicking holes in wall/door) or violence against animals, oneself, or other people (e.g. hitting, biting, kicking, head banging).

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Vandalism, Cruelty to Animals, or Assault.

In the past YEAR (12 months), have you had any destructive temper outbursts?

Do you "break things" when you get angry?

Do you hit or kick other people when you are angry?

Have you broken anything or smashed any windows?

Do you punch or kick holes in the wall/door?

Do you kick or hit animals when you are angry?

Or bite others?

Do you hit or bite yourself?

Do you bang your head?

How often has this happened at home?

How often has this happened at work/college?

How often has this happened elsewhere?

In the last YEAR (12 months), how many times have you damaged or broken things when you were angry?

How many times did you hit someone when you were angry in the past year?

How long does it last?

When did this first happen?

Do you have these destructive tantrums with your sibling(s)?

Does this happen with friends?

How about with coworkers?

Does this happen with your parents?

How about with your supervisors/professors?

How about other adults like your neighbors?

Coding rules

DESTRUCTIVE TEMPER TANTRUMS

0 = Absent

2 = Excessive temper with destructive violence towards property (e.g. breaking things, smashing windows, punching/kicking holes in wall/door, etc.)

3 = Excessive temper with violence against animals, self, or others (e.g. hitting/punching, kicking, biting, head banging).

HOME**WORK/COLLEGE****ELSEWHERE****HOURS : MINUTES****OCCURS WITH SIBLING(S)**

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes

Codes

CGG1I01
Intensity

CGG1F01
Home
Frequency

CGG1F02
Work/College
Frequency

CGG1F03
Elsewhere
Frequency

CGG1D01
Duration

CGG1O01
Onset

CGG1X01

CGG1X02

CGG1X03

Definitions and questions

VANDALISM

Damage to, or destruction of, property without the intention of gain. Includes breaking, cutting or tearing up belongings.

In the last 3 months, have you deliberately or willfully damaged, broken, or smashed up anything?

What about public telephones, street lights, or street signs?

Have you written or spray painted on walls, streets, or buildings?

What about breaking or smashing up things at work/college?

*Do you know the people whose stuff you "smashed"?
Were the police involved?*

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere other than home or work/college?

When was the first time this happened?

Did you vandalize public property, like telephones, walls, or street lights?

Was it directed at someone you did NOT know?

Was it directed at someone you DID know?

Do you do that on your own or with other people?

How much of the time are you with someone else?

Are you with others 50% or more of the time when this happens?

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**WORK/COLLEGE****ELSEWHERE****DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC TELEPHONES, BUILDINGS, STREET LIGHTS)**

0 = Absent

2 = Present

DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY

0 = Absent

2 = Present

DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY

0 = Absent

2 = Present

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGE2I01
Intensity

CGE2F01
Home
Frequency

CGE2F02
Work/College
Frequency

CGE2F03
Elsewhere
Frequency

CGE2O01
Onset

CGE2I02

CGE2I03

CGE2I04

CGE2X01

Definitions and questions

FIRE SETTING: EVER
Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

Do you like playing with fire?

Or burning things?

Have you EVER started a fire in a place you weren't supposed to?

What happened?
Was there any damage from the fire?
Were the police or fire department called?
How many fires have you EVER started?
When was the first time you EVER started a fire?

Coding rules

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:CGE4E01
Intensity

Ever:CGE4V01
Frequency

Ever:CGE4O01
Onset

/ /

Definitions and questions

FIRE SETTING: 3 MONTHS

Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

In the last 3 months, have you started any fires where you weren't supposed to?

Was there any damage from the fire?

Why did you do it?

Was the fire(s) directed towards anyone or anything?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere?

In the last 3 months, when did you start the fire(s)?

Was the fire(s) directed towards public property, like the woods or public buildings?

Was the fire(s) directed towards someone you did NOT know?

Was the fire(s) directed towards someone you DID know?

Do you start fires with other people or on your own?

How much of the time are you with someone else?

Are you with others 50% or more of the time when this happens?

Coding rules

FIRE SETTING

0 = Absent

2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.

3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

HOME**WORK/COLLEGE****ELSEWHERE****DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC BUILDINGS/PUBLIC PARKS)**

0 = No

2 = Yes

DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY

0 = No

2 = Yes

DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY

0 = No

2 = Yes

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGE3I01
Intensity

CGE3F01
Home
Frequency

CGE3F02
Work/College
Frequency

CGE3F03
Elsewhere
Frequency

CGE3O01
Onset

CGE3I02

CGE3I03

CGE3I04

CGE3X01

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.

Code worst result of fights in last 3 months.

Have you gotten into any physical fights in the last 3 months?

Who with?

Was it a friendly fight?

Did anyone get hurt?

What is the worst that's happened in a fight you were in?

Were the police involved?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere other than home or work/college?

When was the first time you got in a fight?

Do you fight on your own or with other people?

How much of the time are you with someone else?

Are you with others 50% or more of the time when this happens?

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**WORK/COLLEGE****ELSEWHERE****SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGE5I01
Intensity

CGE5F01
Home
Frequency

CGE5F02
Work/College
Frequency

CGE5F03
Elsewhere
Frequency

CGE5O01
Onset

CGE5X01

Definitions and questions

**FIGHTS RESULTING IN SERIOUS INJURY:
EVER**

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

NOTE WHETHER ANY FURTHER ACTION WAS TAKEN BY THE AUTHORITIES

Have you EVER been in a fight where someone was badly hurt?

*What is the worst thing that's happened in a fight?
Were the police involved?
How many fights have you EVER been in that someone was SERIOUSLY hurt?
When was the first time you were EVER in fight that someone was SERIOUSLY hurt?*

In the last 3 months, have you been in a fight where someone was badly hurt?

FIGHTS: EVER USE OF WEAPON

Physical fights in which both (or all) combatants are using a weapon (bat, bottle, rock, knife, gun, etc.).

Have you EVER used a weapon during a fight?

*Like a bat, bottle, knife, rock, or anything else?
Did anyone get hurt?
Were the police involved?
How many times have you EVER used a weapon in a fight?
When was the first time you EVER used a weapon in a fight?*

Coding rules

**FIGHTS - RESULTING IN SERIOUS
INJURY**

0 = None

2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

**FIGHTS RESULTING IN SERIOUS
INJURY: 3 MONTHS**

0 = None

2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

**EVER USE OF WEAPON DURING A
FIGHT**

0 = No

2 = Yes

Codes

Ever:CGE7E01
Intensity

Ever:CGE7V01
Frequency

Ever:CGE7O01
Onset

CGE6I01
Intensity

Ever:CGE8E01
Intensity

Ever:CGE8V01
Frequency

Ever:CGE8O01
Onset

Definitions and questions

ASSAULT: 3 MONTHS

Attack upon or attempt to hurt another without the other's willful involvement in the contact.

If subject is the victim of an attack and fights back only to protect him/herself, do not rate here or under Fight.

N.B. "EVER" CODED IF ASSULTED HAS NOT OCCURED IN LAST 3 MONTHS.

In the last 3 months, have you hurt or attacked anyone who didn't want to fight you?

Did you hurt them?

Why did you attack them?

Were the police involved?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere?

When was the first time this happened?

Do you do this on your own or with other people?

How much of the time are you with someone else?

Are you with others 50% or more of the time when this happens?

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**WORK/COLLEGE****ELSEWHERE****SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGE9I01
Intensity

CGE9F01
Home
Frequency

CGE9F02
Work/College
Frequency

CGE9F03
Elsewhere
Frequency

CGE9O01
Onset

CGE9X01

Definitions and questions

**ASSAULT RESULTING IN SERIOUS INJURY:
EVER**

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

NOTE WHETHER ANY FURTHER ACTION WAS TAKEN BY THE AUTHORITIES

Have you EVER seriously injured anyone who didn't want to fight you?

What was the injury serious?

Were the police involved?

How many times have you EVER been involved in an assault where someone was seriously injured?

When was the first time this happened?

In the last 3 months, have you been involved in an assault where someone was seriously injured?

What was the injury serious?

ASSAULT: EVER USE OF A WEAPON

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon (bat, bottle, rock, knife, gun, etc.).

Have you EVER used a weapon in an assault?

Like a gun, knife, bottle, or stone?

Were the police involved?

How many times have you EVER used a weapon to attack someone?

When was the first time you EVER used a weapon in an attack?

Coding rules

ASSAULT RESULTING IN SERIOUS INJURY

0 = None

2 = As a result, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period

ASSAULTS RESULTING IN SERIOUS INJURY: 3 MONTHS

0 = None

2 = As a result, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period

USE OF WEAPON

0 = No

2 = Yes

Codes

Ever:CGF0E01
Intensity

Ever:CGF1V01
Frequency

Ever:CGF1O01
Onset

 /

CGF0I01
Intensity

Ever:CGF2E01
Intensity

Ever:CGF2V01
Frequency

Ever:CGF2O01
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 ASSAULTS, IF NOT CERTAIN WHICH TO CODE, CODE UNDER ASSAULT.

Have you tried to hurt or frighten someone very badly?

Such as a baby?

Have you tried to drown someone?

Or cut or burn someone?

Have you deliberately inflicted pain or fear on someone after they were already hurt?

Have you beat, cut, or burned a restrained person?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere other than home or work/college?

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

When was the first time this happened?

Do you do this on your own or with other people?

How much of the time are you with someone else?

Are you with others 50% or more of the time when this happens?

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**WORK/COLLEGE****ELSEWHERE****SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGF3I01
Intensity

CGF3F01
Home
Frequency

CGF3F02
Work/College
Frequency

CGF3F03
Elsewhere
Frequency

CGF3O01
Onset

CGF3X01

Definitions and questions

**CRUELTY RESULTING IN SERIOUS INJURY:
EVER**

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

CODE ASSAULTS INVOLVING CRUELTY HERE, NOT UNDER ASSAULTS, IF NOT CERTAIN WHICH TO CODE, CODE UNDER ASSAULT.

Have you EVER seriously injured anyone like that?

*How many times has you EVER done that?
When was the first time you EVER did that?*

Have you seriously injured anyone like that in the last 3 months?

What happened?

CRUELTY: EVER USE OF WEAPON

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 while using a weapon.

CODE ASSAULTS INVOLVING CRUELTY HERE, NOT UNDER ASSAULTS, IF NOT CERTAIN WHICH TO CODE, CODE UNDER ASSAULT.

Have you EVER used a weapon when intentionally hurting someone?

*How many times has that EVER happened?
When was the first time this EVER happened?*

Coding rules

**CRUELTY RESULTING IN SERIOUS
INJURY**

0 = None

2 = As a result of cruelty either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

**CRUELTY RESULTING IN SERIOUS
INJURY**

0 = None

2 = As a result of cruelty either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

USE OF WEAPON: EVER

0 = No

2 = Yes

Codes

Ever:CGF5E01
Intensity

Ever:CGF5V01
Frequency

Ever:CGF5O01
Onset

CGF4I01
Intensity

Ever:CGF6E01
Intensity

Ever:CGF6V01
Frequency

Ever:CGF6O01
Onset

Definitions and questions

BULLYING/EXTORTION

Attempts to force another to do something against his/her will by using threats or violence, or intimidation.

Do not include episodes that meet the criteria for stealing involving confrontation.

Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.

In the last 3 months, have you tried to bully someone by threatening them?

Have you forced someone to do something they didn't want to do by threatening or hurting them?

Do you pick on anyone?

Was there any actual violence involved?

Whom did you bully?

Where the police involved?

How often does this happen at home?

How often does this happen at work/college?

How often does this happen elsewhere?

When was the first time this happened?

Do you do this on your own or with other people?

How much of the time are you with someone else?

Are you with others 50% or more of the time when this happens?

BULLYING/EXTORTION: EVER USE OF WEAPON

Attempts to force another to do something against his/her will by using threats or violence, or intimidation while using a weapon.

Have you EVER used a weapon to bully someone?

How often have you EVER used a weapon to bully someone?

When was the first time this EVER happened?

Coding rules

BULLYING/ EXTORTION

0 = Absent

2 = Using threats only.

3 = With actual violence.

HOME**WORK/COLLEGE****ELSEWHERE****SOLIRATY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

EVER: USE OF WEAPON

0 = No

2 = Yes

Codes

CGF7I01
Intensity

CGF7F01
Home
Frequency

CGF7F02
Work/College
Frequency

CGF7F03
Elsewhere
Frequency

CGF7O01
Onset

CGF7X01

Ever:CGF8E01
Intensity

Ever:CGF8V01
Frequency

Ever:CGF8O01
Onset

Definitions and questions

FORCED SEXUAL ACTIVITY: EVER

Engagement in sexual activity without willing consent of the person.

Have you EVER made someone have sex with you when they didn't want to?

Have you EVER kissed or fondled anyone who didn't want you to?

Did you threaten him/her?

Was there any actual violence involved?

How many times has that EVER happened?

When was the first time that EVER happened?

FORCED SEXUAL ACTIVITY: EVER USE OF WEAPON

Engagement in sexual activity without willing consent of the person while using a weapon.

Did you EVER use a weapon of any sort to force someone into sexual activity?

How many times have you EVER done that?

When was the first time this EVER happened?

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.

Have you EVER had sex with someone to get something that you wanted?

Have you EVER exchanged sexual favors for something you wanted?

How many times has that EVER happened?

When was the first time this EVER happened?

Coding rules

FORCED SEXUAL ACTIVITY

0 = Absent

2 = Using threats only.

3 = With actual violence.

USE OF WEAPON FOR FORCED SEXUAL ACTIVITY

0 = No

2 = Yes

SEXUAL ACTIVITY FOR GAIN

0 = Absent

2 = Present

Codes

Ever:CGF9E01
Intensity

Ever:CGF9V01
Frequency

Ever:CGF9O01
Onset

Ever:CGH0E01
Intensity

Ever:CGH0V01
Frequency

Ever:CGH0O01
Onset

Ever:CGH1E01
Intensity

Ever:CGH1V01
Frequency

Ever:CGH1O01
Onset

Definitions and questions

CRUELTY TO ANIMALS: 3 MONTHS

Deliberate activities involving hurting animals. Include reptiles, amphibians, snakes, and toads. Do not include hunting, fishing, or stomping on ants or other insects. May include smothering, choking, hard kicking.

Note: To distinguish from normative teasing and poorly modulated play, need to determine that the act was deliberate with the purpose of causing pain or distress.

Damage or Violence occurring during Destructive Tantrums done here does NOT constitute Cruelty to Animals.

In the last 3 months, have you hurt an animal on purpose?

*What happened? (Determine way of hurting)
Have you ever killed an animal, other than hunting?
Why did you do it?
Were the police brought in?
How often does this happen at home?
How often does this happen at school?
How often does this happen elsewhere?
When was the first time this happened?
Do you do this on your own or with other people?
How much of the time are you with someone else?
Are you with others 50% or more of the time when this happens?*

CRUELTY TO ANIMALS: EVER

Deliberate activities involving hurting animals resulting in serious injury or death. Code only if at Level 3.

Do not include hunting.

Has s/he EVER seriously injured an animal?

Has s/he EVER killed an animal, other than hunting?

*How many times have you EVER done that?
When was the first time this EVER happened?*

Coding rules

CRUELTY TO ANIMALS

0 = Absent

2 = Definite cruelty not resulting in obvious or permanent injury to the animal.

3 = Acts resulting in obvious or permanent injury.

HOME**WORK/COLLEGE****ELSEWHERE****SOLITARY/ACCOMPANIED**

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

CRUELTY TO ANIMALS: EVER (ENTER ONLY IF AT INTENSITY LEVEL 3)

0 = Absent

3 = Acts resulting in obvious or permanent injury.

Codes

CGH2I01
Intensity

CGH2F01
Home
Frequency

CGH2F02
Work/College
Frequency

CGH2F03
Elsewhere
Frequency

CGH2O01
Onset

CGH2X01

Ever:CGH3E90
Intensity

Ever:CGH3V01
Frequency

Ever:CGH3O01
Onset

Definitions and questions

POLICE CONTACT: EVER

Any involvement with police resulting from items recorded in Conduct Disorder section or any other behavior or suspected behavior for which a complaint could have been filed.

Do not include simple questioning such as being questioned about something the subject saw.

Do not include speeding tickets, unless they are associated with driving under the influence or reckless driving.

Have you EVER been involved with the police?

Have you EVER been in trouble with the police?

Have you EVER been arrested?

How many times have you EVER been arrested?
When was the first time this EVER happened?

In the last 3 months, have you had any contact with the police?

Have you been arrested in the last 3 months?

How many times have you been arrested in the past 3 months?

Coding rules

POLICE CONTACT: EVER

0 = Absent

2 = Police Contact Present

Codes

Ever:CGH6E01
Intensity

Ever:CGH6V01
Frequency

Ever:CGH6O01
Onset

/ /

POLICE CONTACT: 3 MONTHS

0 = Absent

2 = Present in last 3 months

CGH6I01
Intensity

CGH6F01
Frequency

Definitions and questions

DELINQUENCY**ACTION TAKEN BY POLICE**

IF SUBJECT EVER HAS BEEN CHARGED, CODE
EVER:RESULT OF PRESECUTION

CODE EVER: TOTAL NUMBER OF DWI'S SEPARTELY
FROM EVER: TOTAL NUMBER OF CHARGES.

CODE HIGHEST RESULT OF PRESECUTION FROM
EITHER TYPE OF CHARGE.

What was the result of the police contact?

Were you charged with a crime?

When was the first time this EVER happened?

***What was the total number of charges that have EVER
been brought against you?***

How many DWI's have you EVER been charged with?

***What types of offenses have you EVER been charged
with?***

Any crimes against property?

Any crimes against people?

Any crimes involving violence?

Any crimes of a sexual nature?

Any crimes against nature?

Any crimes where death or serious injury resulted?

Any drug related offenses?

Any alcohol related offenses?

Any other type of offense?

What was the result of your prosecution(s)?

Were the charges dropped or did you go to Court?

Coding rules

ACTION TAKEN BY POLICE

0 = Not charged.

2 = Charged

TOTAL NUMBER OF CHARGES**TYPE OF OFFENSE**

1 = Property

2 = Personal

3 = Property With Violence

4 = Personal With Violence

5 = Drug Related

6 = Sex Crime

7 = Crime Against Nature

8 = Crime Resulting In Death/Serious Injury

9 = Alcohol Related

10 = Other

Codes

Ever:CGH7E01
Intensity

Ever:CGH8O01
Onset

 /

Ever:CGH8V01

Ever:CGH8V02
Frequency

Ever:CGH8X01

Ever:CGH8X02

Ever:CGH8X03

Ever:CGH8X04

Ever:CGH8X05

Ever:CGH8X06

Ever:CGH8X07

Ever:CGH8X08

Ever:CGH8X09

Ever:CGH8X10

Definitions and questions

Were you placed on probation or given community service?

Did you have to pay a fine?

Did you have to serve time?

Any other results?

Have you EVER been a registered sex offender?

TOTAL NUMBER OF DAYS IN JAIL

What is the total amount of time you have EVER spent in jail, either awaiting trial OR as a result of sentencing?

Coding rules

RESULT OF PROSECUTION

- 0 = Charges dropped
- 1 = Not guilty
- 2 = Unsupervised probation/restitution
- 3 = Community service
- 4 = Supervised probation
- 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
- 14 = Prayer for Judgement

REGISTERED SEX OFFENDER

- 0 = No
- 2 = Yes

DAYS

Codes

Ever:CGH9E01

Ever:CGI3I01

Ever:CGH9D01
Duration

Definitions and questions

PROBATION/PAROLE: EVER

Have you EVER been placed on probation?

Juvenile or adult probation?

Have you EVER been paroled?

IF PRESENT, ASK:

Have you EVER violated the terms of your probation/parole?

How many times has that EVER happened?

Are you currently on probation or parole?

Juvenile or adult probation?

Coding rules

PROBATION

- 0 = No
- 2 = Juvenile probation.
- 3 = Adult probation.
- 4 = Parole

PROBATION/PAROLE: 3 MONTHS

- 0 = No
- 2 = Juvenile probation.
- 3 = Adult probation.
- 4 = Parole

Codes

Ever:CGI0E01
Intensity

Ever:CGI0V01
Frequency

CGI0I01
Intensity

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

In general, for an incapacity to be rated it must demonstrably have arisen from the presence of particular symptoms or behaviors and be manifested as a change in functioning.

The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that a subject was incapacitated in certain ways and that the subject had certain psychopathological problems. The incapacity must be linked to the problems that seem to have generated it. Often this is difficult when the subject has 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 subject who had previously been able to function well enough in a setting might show a reduced ability to participate in group activities because s/ he felt too miserable to do so. This would be regarded as an incapacity secondary to the affective symptoms. On the other hand, if a subject had always been unable to participate in group activities and later became depressed, an incapacity secondary to depression, would be recorded only if his/her 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 subject who had always shown such behavior from his/her earliest years and thus always had disturbed peer relationships.

SITUATION NOT ENTERED

If the subject has not entered a particular social situation (such as work/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.

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.

Definitions and questions

RELATIONSHIP WITH SPOUSE/LIVE-IN PARTNER

Complete for spouse or live-in partner of more than 6 months.

A subject should be able to maintain relationships with his/her spouse/partner that are relatively harmonious and capable of containing positive and supportive communication.

A change in the relationship, temporarily 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 spouse or partner.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does anything we have been talking about affect how you get along with your "spouse/live-in partner"?

Does anything we have been talking about cause you to avoid each other?

Does it cause any arguments?

What does s/he do about it?

What do you do about it?

IF PRESENT, CONTINUE:

Do you avoid each other because of any issue(s)?

Do you refuse to talk to each other?

Do these difficulties cause any arguments?

Have any of the arguments gotten physical?

Did anyone get injured?

What issue(s) is causing the problem between you and your spouse/live-in partner?

When did this first become a problem?

When did this first become a big problem?

Coding rules

WITHDRAWAL

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Codes

CMD2I01

CMD2I02

CMD2I05

CMD2I06

CMD2I07

CMD2I08

CMD2I09

CMD2I10

Definitions and questions

Coding rules

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMD2I1 1

CMD2I1 2

CMD2I1 3

CMD2I1 4

CMD2I1 5

CMD2I1 6

CMD2I1 7

CMD2I1 8

CMD2I1 9

CMD2I20

CMD2O01

CMD2O02

Definitions and questions

RELATIONSHIPS WITH CHILD(REN)

A subject should be able to live in reasonable harmony with his/her child(ren). Some arguments and battles are to be expected, but harmonious and loving relations should predominate. The subject should be able to provide the nurturance and parental care that the child(ren) need(s), depending upon their age(s).

WITHDRAWAL: Incapacity involving refusal or inability to provide adequate care or nurturance to child(ren).

DISCORD: Incapacity involving aggression, physical, or psychological violence, arguments, or fights.

Does anything we have been talking about affect how you get along with your child(ren) living in your home or child(ren) living away from home?

Does anything we have been talking about cause you to avoid each other?

Does it lead to fights or arguments?

What do you do?

What do they do?

Can you tell me about the last time it did?

IF PRESENT, CONTINUE:

Do you avoid each other because of any issue(s)?

Do you refuse to talk to each other?

Do you need to discipline him/her more because of this issue(s)?

Do these difficulties cause any arguments?

Have the arguments gotten physical?

Did anyone get injured?

What issue(s) is causing the problem between you and your child(ren)?

When did this first become a problem?

When did this first become a big problem?

Coding rules

WITHDRAWAL

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area..

SYMPTOM AREA CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Codes

CME1101

☐

CME1102

☐

CME1105

☐

CME1106

☐

CME1107

☐

CME1108

☐

CME1109

☐

CME1110

☐

Definitions and questions

Coding rules

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CME1I11

CME1I12

CME1I13

CME1I14

CME1I15

CME1I16

CME1I17

CME1I18

CME1I19

CME1I20

CME1O01

/ /

CME1O02

/ /

Definitions and questions

RELATIONSHIP WITH PARENTAL FIGURES

The subject should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does anything we have been talking about affect how you get along with your "parent(s)/parental figure(s)"?

Does anything we have been talking about cause you to avoid each other?

Does it cause any arguments?

What does s/he do about it?

What do you do about it?

IF PRESENT, CONTINUE:

Do you avoid each other because of any issue(s)?

Do you refuse to talk to each other?

Do these difficulties cause any arguments?

Have the arguments gotten physical?

Did anyone get injured?

What issue(s) is causing the problem between you and your parent(s)/parental figure(s)?

When did this first become a problem?

When did this first become a big problem?

Coding rules

WITHDRAWAL

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOMS AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Codes

CMD9I01

CMD9I02

CMD9I05

CMD9I06

CMD9I07

CMD9I08

CMD9I09

CMD9I10

Definitions and questions

Coding rules

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMD9I11

CMD9I12

CMD9I13

CMD9I14

CMD9I15

CMD9I16

CMD9I17

CMD9I18

CMD9I19

CMD9I20

CMD9O01

CMD9O02

Definitions and questions

SIBLING(S) RELATIONSHIPS

A subject should be able to live in reasonable harmony with sibling(s). 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, temporarily associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, sibling(s).

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does anything we have been talking about affect how you get along with your sibling(s)(brothers and sisters)?

Does it cause you to avoid each other?

Does it cause any arguments or fights?

What do they do about it?

What do you do?

Can you tell me about the last time it did?

if present, continue:

Do you avoid each other because of any issue(s)?

Do you refuse to talk to each other?

Do these difficulties cause any arguments?

Have the arguments gotten physical?

Did anyone get injured?

What issue(s) is causing the problem between you and your sibling(s)?

When did this first become a problem?

When did this first become a big problem?

Coding rules

WITHDRAWAL

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Codes

CME2101

☐

CME2102

☐

CME2105

☐

CME2106

☐

CME2107

☐

CME2108

☐

CME2109

☐

CME2110

☐

Definitions and questions

Coding rules

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CME2I11

CME2I12

CME2I13

CME2I14

CME2I15

CME2I16

CME2I17

CME2I18

CME2I19

CME2I20

CME2O01

CME2O02

Definitions and questions

SELF-CARE

A subject should be able to keep him/herself clean and well-groomed 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 efforts by others to induce subject to maintain appearance.

Has anything we have been talking about made it harder for you to keep yourself clean and well-groomed?

Have you let up on how well you take care of your appearance?

Do you care what others think about how you look or smell?

IF PRESENT, CONTINUE:

What is it that makes it hard for you to keep yourself clean and neat?

When did this first become a problem?

When did this first become a big problem?

Coding rules

PROBLEMS WITH SELF-CARE

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Codes

CMA6I01
Intensity

CMA6I04

CMA6I05

CMA6I06

CMA6I07

CMA6I08

CMA6I09

CMA6I10

CMA6I11

Definitions and questions

Coding rules

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMA6I12

CMA6I13

CMA6I14

CMA6I15

CMA6I16

CMA6I17

CMA6I18

CMA6I19

CMA6O01

CMA6O02

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Definitions and questions

CHORES AND HOUSEWORK

A subject should be able to perform reasonable household tasks. "Reasonable" will vary depending upon whether the subject is a full-time homemaker, working outside the home, or living in a parental home. Remember that in most cases a decrement in ability or unwillingness to perform the tasks is required for an incapacity to be noted.

Has anything we have been talking about affected your ability to do chores or housework?

Are there any things that you can't do properly or that you've stopped doing because of the way you've been feeling?

Do you try to keep your place clean?

Do you care if it gets dirty or nasty?

Would it make a difference if you didn't have these issues? In what way?

Is it a big problem or a little problem?

IF PRESENT, CONTINUE:

WHAT ISSUE(S) IS CAUSING THE PROBLEM OF NOT HELPING WITH CHORES OR HOUSEWORK?

When did this first become a problem?

When did this first become a big problem?

Coding rules

PROBLEMS WITH CHORES/HOUSEWORK

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Codes

CMA7I01
Intensity

CMA7I04

CMA7I05

CMA7I06

CMA7I07

CMA7I08

CMA7I09

CMA7I10

CMA7I11

Definitions and questions

Coding rules

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMA7I1 2

CMA7I1 3

CMA7I1 4

CMA7I1 5

CMA7I1 6

CMA7I1 7

CMA7I1 8

CMA7I1 9

CMA7O01

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CMA7O02

/ /

Definitions and questions

LEAVING HOUSE

A subject should be able to leave his/her house without difficulty.

Do not code if subject is physically disabled or confined to the house because of caring for a child or invalid.

Does anything make it hard for you to leave the house?

Does it make you unwilling or unable to go places to do the things you need or want to do?

Is this a big problem or a little problem?

IF PRESENT, CONTINUE:

What issue(s) is causing the problem of not wanting or not being able to leave the house?

When did this first become a little problem?

When did this first become a big problem?

Coding rules

PROBLEMS WITH LEAVING HOUSE

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Codes

CMA9I01
Intensity

CMA9I04

CMA9I05

CMA9I06

CMA9I07

CMA9I08

CMA9I09

CMA9I10

CMA9I11

Definitions and questions

Coding rules

- Relationships with Others Outside of Work/College
- Sibling Relationships
- Relationships with People at Work/College
- Relationships with Own Children/Other Children in Household
- Relationship with Employer/Supervisor
- Relationship with Colleagues/Co-Workers
- Attention Deficit Hyperactivity Disorder (ADHD)
- ONSET OF FIRST PARTIAL INCAPACITY
- ONSET OF FIRST SEVERE INCAPACITY

Codes

CMA9I12

CMA9I13

CMA9I14

CMA9I15

CMA9I16

CMA9I17

CMA9I18

CMA9I19

CMA9O01

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CMA9O02

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Definitions and questions

WORK PERFORMANCE

Deterioration in work performance, or a decrease in relative performance, or a demotion in work position are considered to be evidence of incapacity. A description of things that the subject used to be able to do but can do no longer is required for a rating here; do not include subjects whose low intelligence limits their ability to perform work and have, therefore, always had poor results.

Include the situation in which the subject has received poor performance review, had to be reprimanded by boss or coworker, lost a job, given up working, or has not had a job because of symptomatology, including drug use.

ASK ABOUT SCHOOL PERFORMANCE IF SUBJECT IDENTIFIES SELF PRIMARILY AS A STUDENT.

What about at school/work, does anything affect how well you can get things done there?

Does it affect how well you can do your schoolwork/job?

Has your schoolwork/job performance suffered?

Has your boss or coworker talked to you recently about your job performance?

How has it affected you at work?

Can you tell me about the last time that it did?

Have you recently lost a job or been fired?

Is this a big problem or a little problem?

IF PRESENT, CONTINUE:

What issue(s) is causing the problem(s) at work (college)?

When did this first become a problem?

When did this first become a big problem?

Coding rules

SCHOOL/WORK PERFORMANCE

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Codes

CMB0101
Intensity

CMB0104

CMB0105

CMB0106

CMB0107

CMB0108

CMB0109

CMB0110

CMB0111

CMB0112

Definitions and questions

Coding rules

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMB0I13

CMB0I14

CMB0I15

CMB0I16

CMB0I17

CMB0I18

CMB0I19

CMB0001

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CMB0002

/ /

Definitions and questions

**WORK RELATIONSHIPS:
EMPLOYER/SUPERVISOR**

Subject should be able to get along in reasonable harmony with his/her immediate supervisor or employer. A change in relationships, temporarily associated with other symptoms, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to follow instructions or carry out expected tasks ordered by employer/supervisor, or to interact harmoniously with him/her.

DISCORD: Incapacity involving arguments, violence, or disruptive behavior.

PLEASE RATE FOR PROFESSOR/INSTRUCTOR RELATIONSHIP IF SUBJECT IDENTIFIES PRIMARILY AS A STUDENT.

Does anything we have been talking about affect how you get along with your employer/supervisor?

*Does it cause you to avoid each other?
Does it cause any arguments or fights?
Can you tell me about the last time it did?
What do you do?
What does s/he do?
IF PRESENT, CONTINUE:*

*Do you avoid each other because of any issue(s)?
Do you refuse to talk to each other?
Do these difficulties cause any arguments?
Have any of the arguments gotten physical?
Did anyone get injured?
What issue(s) is causing the problem between you and your employer/supervisor?
When did this first become a problem?
When did this first become a big problem?*

Coding rules

WITHDRAWAL

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING
INCAPACITY**

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Codes

CMD7I01

CMD7I02

CMD7I05

CMD7I06

CMD7I07

CMD7I08

CMD7I09

CMD7I10

Definitions and questions

Coding rules

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMD7I1 1

CMD7I1 2

CMD7I1 3

CMD7I1 4

CMD7I1 5

CMD7I1 6

CMD7I1 7

CMD7I1 8

CMD7I1 9

CMD7I20

CMD7O05

CMD7O06

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Definitions and questions

WORK RELATIONSHIPS: COLLEAGUES/CO-WORKERS

Subject should be able to work in reasonable harmony with colleagues or co-workers. A change in relationships temporarily associated with other symptoms should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving inability or failure to take his/her part in maintaining harmonious relations with colleagues/co-workers.

DISCORD: Incapacity involving aggression, frequent arguments, violence, or threats of violence toward colleagues/co-workers.

PLEASE RATE FOR RELATIONS WITH OTHER STUDENTS IF SUBJECT IDENTIFIES PRIMARILY AS A STUDENT.

Does anything we have been talking about affect how you get along with your work with?

*Does it lead you to avoid each other?
Does it lead to arguments or fights?
Can you tell me about the last time it did?
What do you do?
What do they do?
IF PRESENT, CONTINUE:*

*Do you avoid each other because of any issue(s)?
Do you refuse to talk to each other?
Do these difficulties cause any arguments?
Have any of the arguments gotten physical?
Did anyone get injured?
What issue(s) is causing the problem between you and your colleagues/co-workers?
When did this first become a problem?
When did this first become a big problem?*

Coding rules

WITHDRAWAL

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Codes

CMD8I01

CMD8I02

CMD8I05

CMD8I06

CMD8I07

CMD8I08

CMD8I09

CMD8I10

Definitions and questions

Coding rules

- Psychosis
- Relationships with Parent(s)
- Relationship with Spouse/Live-In Partner
- Relationships with Others Outside of Work/College
- Sibling Relationships
- Relationships with People at Work/College
- Relationships with Own Children/Other Children in Household
- Relationship with Employer/Supervisor
- Relationship with Colleagues/Co-Workers
- Attention Deficit Hyperactivity Disorder (ADHD)
- ONSET OF FIRST PARTIAL INCAPACITY
- ONSET OF FIRST SEVERE INCAPACITY

Codes

CMD8I11

CMD8I12

CMD8I13

CMD8I14

CMD8I15

CMD8I16

CMD8I17

CMD8I18

CMD8I19

CMD8I20

CMD8O01

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CMD8O02

/ /

Definitions and questions

SPARE TIME ACTIVITIES

Normal out of school/work 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.

Do you have any spare time activities that you really enjoy doing?

Does anything we have been talking about affect what you do in your spare time?

Does it make it more difficult to do the things you like to do, either alone or with other people?

In the last 3 months, do you find that you are doing less of the things you used to enjoy?

IF PRESENT, CONTINUE:

What issue(s) is affecting your spare time activities?

When did this first become a problem?

When did this first become a big problem?

Coding rules

SPARE TIME ACTIVITIES

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Codes

CMB6I01
Intensity

CMB6I04

CMB6I05

CMB6I06

CMB6I07

CMB6I08

CMB6I09

CMB6I10

CMB6I11

Definitions and questions

Coding rules

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMB6I12

CMB6I13

CMB6I14

CMB6I15

CMB6I16

CMB6I17

CMB6I18

CMB6I19

CMB6O01

CMB6O02

Definitions and questions

RELATIONSHIPS WITH PEOPLE IN SPARE TIME ACTIVITIES

Both withdrawal from such relationships and disturbances of their harmony are evidence to be kept in mind for the purposes of a rating here.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to peers and other adults.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Does anything we have been talking about affect how you get along with other people outside the home, college, or work?

Like at clubs, the gym, church, or community activities? Who?

Does it cause you to avoid each other?

Does it cause any arguments?

Can you tell me about the last time that happened?

IF PRESENT, CONTINUE:

Do you avoid each other because of any issue(s)?

Do you refuse to talk to each other?

Do these difficulties cause any arguments?

Have the arguments gotten physical?

Did anyone get injured?

What issue(s) is causing the problem between you and other people outside the home, college, or work?

When did this first become a problem?

When did this first become a big problem?

Coding rules

WITHDRAWAL

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Codes

CMD4I01

CMD4I02

CMD4I05

CMD4I06

CMD4I07

CMD4I08

CMD4I09

CMD4I10

Definitions and questions

Coding rules

- Psychosis
- Relationships with Parent(s)
- Relationship with Spouse/Live-In Partner
- Relationships with Others Outside of Work/College
- Sibling Relationships
- Relationships with People at Work/College
- Relationships with Own Children/Other Children in Household
- Relationship with Employer/Supervisor
- Relationship with Colleagues/Co-Workers
- Attention Deficit Hyperactivity Disorder (ADHD)
- ONSET OF FIRST PARTIAL INCAPACITY
- ONSET OF FIRST SEVERE INCAPACITY

Codes

CMD4I11

CMD4I12

CMD4I13

CMD4I14

CMD4I15

CMD4I16

CMD4I17

CMD4I18

CMD4I19

CMD4I20

CMD4O01

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CMD4O02

/ /

Definitions and questions

POLICE CONTACT

Any involvement with the police or other law enforcement individuals. May include traffic stop, questioning, or arrest. Only include incidents in which the contact is related to subject's behavior and not as a witness to the behavior of others.

In the last 3 months, have you had any contact with the police because of any of the problems we have been talking about?

Have you been arrested, been to court, in jail, or on probation during the last 3 months?

What happened?

Is the matter resolved?

IF PRESENT, CONTINUE:

What issue(s) led to the contact with authorities?

When did this first become a problem?

When did this first become a big problem?

Coding rules

POLICE CONTACT

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Codes

CME3I01
Intensity

CME3I04

CME3I05

CME3I06

CME3I07

CME3I08

CME3I09

CME3I10

CME3I11

Definitions and questions

Coding rules

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CME3I12

CME3I13

CME3I14

CME3I15

CME3I16

CME3I17

CME3I18

CME3I19

CME3O01

/ /

CME3O02

/ /

Definitions and questions

FINANCIAL MISMANAGEMENT

Financial mismanagement of available resources is the result of, or exasperated by any symptomatology. Managing finances must actually be substandard to some degree including substantial debt, numerous obligations, liens placed on accounts, foreclosure or bankruptcy. Do not include subjects whose financial problems have preceded any reported problems.

Have you had financial problems or difficulty managing your money?

Do you have a lot of debt?

Have you been unable to keep up with your bills?

What happened?

Is it a big problem or a little problem?

IF PRESENT, CONTINUE.

What issue(s) is causing the problem of you not being able to manage your finances?

When did this first become a problem?

When did this first become a big problem?

Coding rules

FINANCIAL MISMANAGEMENT

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Subject is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Codes

CME4I01
Intensity

CME4I04

CME4I05

CME4I06

CME4I07

CME4I08

CME4I09

CME4I10

CME4I11

CME4I12

Definitions and questions

Coding rules

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CME4I13

CME4I14

CME4I15

CME4I16

CME4I17

CME4I18

CME4I19

CME4O01

/ /

CME4O02

/ /

Definitions and questions

MEDICATIONS

Any medication prescribed by a medical practitioner (either mainstream or alternative). 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.

Are you on any medication?

Do you take any prescriptions, like for depression, anxiety, or mood?

Or anything suggested by your doctor, either over-the-counter or alternative?

What?

What is that?

Coding rules

MEDICATIONS

0 = Absent

2 = Present

MINOR TRANQUILIZERS/SEDATIVES

0 = No

2 = Yes

BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT**ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS**

0 = No

2 = Yes

BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT**STIMULANTS**

0 = No

2 = Yes

BEGINNING OF STIMULANTS TREATMENT**ANTIDEPRESSANTS**

0 = No

2 = Yes

BEGINNING OF ANTIDEPRESSANTS TREATMENT

Codes

CMC0I90
Intensity

CMC0I01

CMC0001

CMC1I01

CMC1001

CMC2I01

CMC2001

CMC3I01

CMC3001

Definitions and questions

Coding rules

LITHIUM

0 = No

2 = Yes

BEGINNING OF LITHIUM TREATMENT

ANTICONVULSANTS

0 = No

2 = Yes

BEGINNING OF ANTICONVULSANTS TREATMENT

OTHER

0 = No

2 = Yes

Specify _____

BEGINNING OF TREATMENT

Codes

CMC4I01

CMC4O01

/ /

CMC5I01

CMC5O01

/ /

CMC6I01

CMC6O01

/ /

Definitions and questions

OFFSETS

Code here if symptoms coded in the symptom section have ceased within the last 3 months primary period.

Has anything that we have been talking about that has been a problem in the past, actually STOPPED being a problem in the last 3 months?

IF SYMPTOM HAS CEASED IN PAST 3 MONTHS, CODE DATE SYMPTOM CEASED.

Coding rules

OFFSETS

0 = Absent

2 = Present

OFFSET: WORRIES/ANXIETY/PANIC**OFFSET: OBSESSIONS/COMPULSIONS****OFFSET: DEPRESSION****OFFSET: MANIA****OFFSET: FOOD-RELATED BEHAVIOR****OFFSET: CONDUCT DISORDER****OFFSET: ALCOHOL/DRUGS****OFFSET: SMOKING CIGARETTES****OFFSET: PSYCHOSIS****OFFSET: RELATIONSHIPS WITH PARENT(S)/PARENTAL FIGURES****OFFSET: RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2****OFFSET: RELATIONSHIP WITH SPOUSE/LIVE-IN PARTNER****OFFSET: RELATIONSHIPS WITH OTHERS OUTSIDE OF WORK/COLLEGE**

Codes

CMC7I90
Intensity

OFFSET: WORRIES/ANXIETY/PANIC

CMC7O03

 / /
OFFSET: OBSESSIONS/COMPULSIONS

CMC7O04

 / /
OFFSET: DEPRESSION

CMC7O05

 / /
OFFSET: MANIA

CMC7O06

 / /
OFFSET: FOOD-RELATED BEHAVIOR

CMC7O08

 / /
OFFSET: CONDUCT DISORDER

CMC7O09

 / /
OFFSET: ALCOHOL/DRUGS

CMC7O10

 / /
OFFSET: SMOKING CIGARETTES

CMC7O18

 / /
OFFSET: PSYCHOSIS

CMC7O11

 / /
OFFSET: RELATIONSHIPS WITH PARENT(S)/PARENTAL FIGURES

CMC7O28

 / /
OFFSET: RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2

CMC7O13

 / /
OFFSET: RELATIONSHIP WITH SPOUSE/LIVE-IN PARTNER

CMC7O25

 / /
OFFSET: RELATIONSHIPS WITH OTHERS OUTSIDE OF WORK/COLLEGE

CMC7O26

 / /

Definitions and questions

Coding rules

- OFFSET: SIBLING RELATIONSHIPS
- OFFSET: RELATIONSHIPS WITH PEOPLE AT WORK/COLLEGE
- OFFSET: LIFE-EVENTS/POST-TRAUMATIC STRESS

Codes

CMC7015
/ /
CMC7027
/ /
CMC7017
/ /

Definitions and questions

PERCEPTION OF PROBLEMS

Subject's perception that s/he has problems or difficulties in any of the areas of symptomatology discussed during interview. It is not necessary for symptoms to have been coded for them to be coded here.

You have told me about many different things; do you think that any of them are problems for you?

IF YES, ASK:

What issue(s) do you think is problematic for you?

Coding rules

PERCEPTION OF PROBLEMS

0 = No

2 = Yes

PROBLEMS WITH:

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Relationship with Spouse/Live-In Partner

Codes

CMC8I90
Intensity

CMC8I03

CMC8I04

CMC8I05

CMC8I06

CMC8I07

CMC8I08

CMC8I09

CMC8I10

CMC8I11

Definitions and questions

Coding rules

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

Codes

CMC8I1 2

CMC8I1 3

CMC8I1 4

CMC8I1 5

CMC8I1 6

CMC8I1 7

CMC8I1 8

Definitions and questions

HELP NEEDED

Subject's perception that s/he needs help in any of the areas of symptomatology discussed during interview. It is not necessary for symptoms to have been coded for them to be coded here.

Are there things that you think you need help with?

What sort of help do you need?

IF YES, ASK:

What issue(s) do you think you need help with?

Coding rules

HELP NEEDED

0 = No

2 = Yes

PROBLEMS WITH:

0 = Absent

2 = Present

Worries/Anxiety/Panic

Obsessions/Compulsions

Depression

Mania

Food-Related Behavior

Oppositional/Conduct Disorder

Psychosis

Relationships with Parent(s)

Codes

CMC9I90
Intensity

CMC9I03

CMC9I04

CMC9I05

CMC9I06

CMC9I07

CMC9I08

CMC9I09

CMC9I10

Definitions and questions

Coding rules

Relationship with Spouse/Live-In Partner

Relationships with Others Outside of Work/College

Sibling Relationships

Relationships with People at Work/College

Relationships with Own Children/Other Children in Household

Relationship with Employer/Supervisor

Relationship with Colleagues/Co-Workers

Attention Deficit Hyperactivity Disorder (ADHD)

Codes

CMC9I11

CMC9I12

CMC9I13

CMC9I14

CMC9I15

CMC9I16

CMC9I17

CMC9I18

Definitions and questions

ENDING THE INTERVIEW
We have covered quite a lot of ground, but is there anything that worries you or causes you problems that I haven't asked about?

What?
Tell me a bit about that.
Thank you for being so helpful.

Interviewer: Write down the time interview ends!

Coding rules

ADDITIONAL CONCERNS

- 0 = Absent
- 2 = Present

TOTAL AMOUNT OF TIME THE INTERVIEW TOOK TO COMPLETE: HOURS AND MINUTES

NUMBER OF SESSIONS

INTERVIEW COMPLETED

- 0 = Absent
- 2 = Present

Codes

CQA0X01
Intensity

CQA0X02
Intensity

:

CQA0X03
Intensity

CQA0X04
Intensity