

DIAGNOSTIC INFANT AND PRESCHOOL ASSESSMENT
– LIKERT VERSION
(DIPA-L)

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Date _____

D.O.B. _____

ID _____

Name _____

PTSD

- p14 Intrusive recollections
- p15 Play reenactment
- p16 Non-play reenactment
- p17 Nightmares on trauma
- p18 Nightmares non-trauma
- p19 Flashbacks
- p20 Dissociation
- p21 Psychological distress at reminders
- p22 Physiological distress at reminders
- p23 Avoidance of external
- p24 Avoidance of people
- p25 Negative emotional
- p26 Loss of interests
- p27 Detachment
- p28 Restricted affect
- p29 Irritability/anger
- p30 Hypervigilance
- p31 Exaggerated startle
- p32 Concentration
- p33 Initiating sleep
- p34 Night waking

PTSD Algorithm:

- A. 1 out of p1-12.
- B. 1 out of 5 choices: p14-16, p17-18, p19-20, p21, or p22
- C. 1 out of 6 choices: p23, p24, p25, p26, p27, p28
- D. 2 out of 5 choices: p29, p30, p31, p32, p33-34
- E. Duration at least 1 month
- F. 1 from p39-44.

MDD

- m1 Sad/unhappy
- m2 Irritable
- m3 Loss of interests
- m4 Anhedonia
- m5 Boredom
- m6 Reduced appetite
- m7 Weight loss
- m8 Increased appetite
- m9 Night waking
- m10 Sleepiness
- m11 Psychomotor agitation
- m12 Psychomotor retardation
- m13 Fatigue
- m14 Worthlessness
- m15 Guilt
- m16 Concentration
- m17 Indecisiveness
- m18 Talks about death
- m19 Death play themes
- m20 Suicide play themes
- m21 Suicidal thoughts
- m22 Suicidal plans
- m23 Suicide attempts

MDD Algorithm:

- 5 symptoms total
- 1 must be m1-2 or m3-5.
- m6-8, m9-10, m11-12, m13

- m14-15, m16-17, m18-23
- 1 out of m24-m29

DISRUPTIVE MOOD DYSREGULATION DIS.

- Algorithm: all below
- m32 disproportionate temper
- m33 not age level
- m34 3 or more/week
- m35 irritable in between
- m36 12 mos. duration
- m37 2 out of 3 settings

BIPOLAR I

- b1 and either b8 or b9
- 3 out of 7 choices: (4 needed if b2 and not b1)
- b3, b4, b5, b6, b7, b8 or b9, b10
- 1 out of b11-b16

ADHD

- a1 Fails to give close attention
- a2 Difficulty sustaining attention
- a3 Does not listen
- a4 Does not follow through
- a5 Difficulty organizing
- a6 Avoids mental effort
- a7 Loses things
- a8 Easily distracted
- a9 Forgetful
- a12 Fidgets
- a13 Leaves seat
- a14 Runs about or climbs
- a15 Trouble being quiet
- a16 "On the go"/"motor"
- a17 Talks excessively
- a18 Blurts out answers
- a19 Difficulty waiting turn
- a20 Interrupts

Inattention Subtype

- Algorithm: 6 out of a1-a9, a11 (two settings), 1 out of a23-a26

Hyperactivity Subtype

- Algorithm: 6 out of a12-a20, a22 (two settings), 1 out of a23-a26

ODD

- o1 Loses temper
- o2 Argues
- o3 Breaks rules
- o4 Disobedient
- o5 Annoying
- o6 Blames others
- o7 Touchy
- o8 Angry/resentful
- o9 Spiteful or vindictive

Algorithm:

- 4 out of 8 choices: o1, o2, o3 or o4, o5, o6, o7, o8, o9
- 1 out of o11-o16

CONDUCT DISORDER

- c1 Bullies
- c2 Initiates physical fights
- c3 Used weapon
- c4 Cruel to people
- c5 Cruel to animals
- c6 Stole with confrontation
- c7 Forced sexual activity
- c8 Fire setting
- c9 Destroyed property
- c10 Broken entry
- c11 Cons/lies for goods
- c12 Stole without confrontation
- c13 Stays out late
- c14 Run away
- c15 Truant

CD Algorithm:

- 3 out of c1-c15
- 1 out of c19-c23

SAD

- se1 Distress after separation
- se2 Withdrawal after separation
- se3 Distress from anticipated separation
- se4 Fear about harm to parent
- se5 Fear about sudden separation
- se6 Refusal to leave home
- se7 Fearful to be alone
- se8 Reluctance to sleep alone
- se9 Nightmares of separation
- se10 Physical symptoms on separation

SAD Algorithm:

- 3 out of 8 choices: se1, se2, or se3, se4, se5, se6, se7, se8, se9, se10
- 1 out of se12-se17

SPECIFIC PHOBIA

- Specific Phobia Algorithm: 1 out of sp1-sp15
- 1 out of s1-s6 for specific phobia.

SOCIAL PHOBIA

- Social Phobia Algorithm: 1 out of so1 or so2
- 1 out of s1-s6 for social phobia.

GAD

- g1 Excessive worries
- g2 Uncontrollability
- g3 Restlessness
- g4 Fatigue
- g5 Concentrating
- g6 Irritability
- g7 Muscle tension
- g8 Sleep

GAD Algorithm:

- g1 and g2
- 1 out of g3-g8
- 1 out of g10 - g15

OCD

- oc1 Obsessions
- oc2 Unwanted aspect
- oc3 Compulsions
- oc4 Anxiety reduction
- oc5 Prevention aspect

OCD Algorithm:

- oc1 and oc2
- oc3
- oc4 or oc5
- 1 out of oc8-oc13

RAD

- r1 doesn't seek comfort
- r2 little response to comfort
- r3 limited positive affect
- r4 irritable, sadness, or fear
- r5 Reduced reciprocity

RAD algorithm:

- r1 and r2
- 2 out of 3: r3, r4, or r5
- Dev. age ≥ 9 mos. (r10)

DISINHIBITED SOCIAL ENGAGEMENT DIS.

- r6 Absent reticence
- r7 Overly familiar
- r8 Rarely checks back
- r9 Willing to go off with unfamiliar adults

DSED algorithm:

- 2 out of 4: r6-r9
- Dev. age ≥ 9 mos. (r10)

(Note: the insufficient care criterion C for RAD and DSED is not asked).

Sleep Onset Dyssomnia

- SI1
- Night Waking Dyssomnia**
- SI2
- Both: 4 wks duration ≥5 nights/week not if <12 months of age.

Allow respondents to hold this during the interview to help with answering.

Frequency

How many times did that happen in the past month?

0	None of the time		
1	Little of the time	<i>once or twice</i>	(less than 10%)
2	Some of the time	<i>once or twice a week</i>	(approx. 20-30%)
3	Much of the time	<i>several times a week</i>	(approx. 50-60%)
4	Most of the time	<i>daily or almost every day</i>	(more than 80%)

Intensity

In the past month, how intense was the symptom?

0	Not at all	None	
1	A little bit	Mild <i>minimal distress/ got a little upset</i>	Little or no disruption of activities
2	Somewhat	Moderate <i>distress clearly present but still manageable</i>	Some disruption of activities
3	A lot	Severe <i>considerable distress</i>	Marked disruption of activities
4	A whole lot	Extreme <i>/ incapacitating distress</i>	Severe impairment/ Unable to continue activities

Functional Impairment:

Rate the impact on their relationship

0	No adverse impact on relationships
1	Slight/mild impact on relationships, some impairment
2	Moderate impact on relationships
3	Severe impact, marked impairment, few aspects of relationships still intact
4	Extreme impact on relationships

ACCOMMODATION: *“Do you make accommodations so that s/he has fewer conflicts with you?”*

0	None
1	Accommodates some, but not usually (<50% of the time)
2	Accommodates half the time (~50%)
3	Accommodates more than not (>50% of the time)
4	Almost always accommodates

Introductory script:

“This interview can take a half-hour, an hour, or maybe longer, depending on how much there is to talk about. I’m going to ask you a bunch of questions about your child’s emotions and behaviors.”

TRAUMATIC LIFE EVENTS

Parent Version

TO BE ENDORSED, AN EVENT MUST HAVE LED TO SERIOUS INJURY OR THE POTENTIAL FOR SERIOUS INJURY TO THE CHILD, OR TO A LOVED ONE AND THE CHILD WITNESSED IT.

0 = Absent 1 = Present

Write the age when this happened to your child for the first time.

Write the age when this happened to your child the last time.

Write how many times this happened to your child. If it happened lots of times, please make your best guess.

P1. Accident or crash with automobile, plane, or boat.	0 1 _____	_____	_____
P2. Attacked by an animal.	0 1 _____	_____	_____
P3. Man-made disasters (fires, war, etc)	0 1 _____	_____	_____
P4. Natural disasters (hurricane, tornado, flood) (stayed through the storm)	0 1 _____	_____	_____
P5. Witnessed another person beaten, raped, threatened with serious harm, or killed.	0 1 _____	_____	_____
P6. Physical abuse	0 1 _____	_____	_____
P7. Sexual abuse, sexual assault, or rape	0 1 _____	_____	_____
P8. Accidental burning	0 1 _____	_____	_____
P9. Near drowning	0 1 _____	_____	_____
P10. Life-threatening hospital visit or medical procedure	0 1 _____	_____	_____
P11. Learned that one of the events above happened to a caregiver	0 1 _____	_____	_____
P12. Other: _____ (e.g. came back after a storm)	0 1 _____	_____	_____

P13. IF MORE THAN ONE EVENT, ASK FOR WORST EVENT:

“Which of these do you think caused the most emotional or behavior problems for your child?”

WRITE THE EVENT NUMBER 1-12

IF NO TRAUMATIC EVENTS, SKIP TO NEXT DISORDER.

“Next, I’m going to ask you a bunch of questions about your child’s reactions. Some of these questions are not really appropriate for young kids who can’t talk yet. We try to ask all the questions in an age-appropriate fashion. Please bear with me if I phrase a question that doesn’t really fit your child’s age.”

EDUCATIONAL INTRO:

“Now I’m going to ask you a bunch of questions about any symptoms your child might have developed since the trauma(s). For something to be a symptom, it must be abnormal. I’ll be repeating that a behavior needs to be “more than the average child his/her age.” We know that sometimes this is obvious and sometimes it’s hard to figure out.

TOTALITY RULE: IF A CHILD HAS EXPERIENCED MORE THAN ONE TRAUMATIC EVENT, ASK THE REMAINDER OF THE PTSD QUESTIONS FOR THE TOTALITY OF ALL EVENTS, THAT IS, SYMPTOMS CAN BE ENDORSED FOR ANY OF THE EVENTS.

P14. INTRUSIVE RECOLLECTIONS

“Does s/he have intrusive memories of the trauma? Does s/he bring it up on his/her own?”

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”

Date of first occurrence / /

Frequency

How many times did that happen in the past month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

P14a. AFFECT WHEN TALKING ABOUT IT

- 0 Not distressed
- 1 Distressed

P15. PLAY REENACTMENT OF THE TRAUMA

“Does X reenact the trauma in her play with dolls or toys? This would be scenes that look just like the trauma.”

“Does s/he act it out by him/herself or with other kids?”

PROBE WITH EXAMPLES THAT ARE SPECIFIC TO THIS CHILD’S EVENT(S). ASK ABOUT AS MANY SPECIFIC EXAMPLES AS YOU CAN THINK OF UNTIL YOU GET AN ENDORSEMENT OR RUN OUT OF EXAMPLES.

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: “And was this present in the last 4 weeks?”

Date of first occurrence / /

Frequency

In the past month, how many times did s/he act out things or repeat things that happened?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

P16. NON-PLAY REENACTMENT OF LIFE EVENT

“What about other times? Does s/he act it out at the grocery or mealtime?”

PROBE WITH EXAMPLES...SAME STRATEGY AS IN P15.

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: “And was this present in the last 4 weeks?”

Date of first occurrence / /

Frequency

How many times did that happen this month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

P17. NIGHTMARES: ABOUT TRAUMA

"Has s/he had any nightmares or bad dreams about the trauma that wake him/her up?"

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *"And was this present in the last 4 weeks?"*

Date of first occurrence

Frequency

How much of the time did s/he have dreams like that in the past month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

P18. NIGHTMARES: INCREASED/NOT ABOUT TRAUMA

"Is X having more nightmares than s/he used to have but you don't know if they are about the trauma or not?"

If yes, ask: *"And was this present in the last 4 weeks?"*

Date of first occurrence

Intensity

In the past month, how much did the nightmares (P17 & P18) bother him/her?

- 0 Not a problem, none
- 1 A little bit of a problem, mild, minimal distress, may not have awoken
- 2 Some, moderate, awoke in distress but readily returned to sleep
- 3 A lot, severe, considerable distress, difficulty returning to sleep
- 4 A whole lot, extreme, incapacitating distress, did not return to sleep

P19. FLASHBACKS

"Since the "life event," has s/he felt as though the "life event" was happening to him/her again, even when it wasn't? This is where a child is acting like they were back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens."

IF YES, YOU MUST GET AN EXAMPLE.

IT DID NOT HAVE TO HAPPEN IN THE PAST 4 WEEKS ONLY

THIS ITEM IS AN EXCEPTION TO THE 4 WEEK RULE

CODE FREQUENCY AS TOTAL OCCURRENCES SINCE LIFE EVENT

Date of first occurrence

Frequency

How many times did that happen since the event(s)?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

P20. DISSOCIATION

"Since the (event) has s/he had episodes when s/he seems to freeze? We call this dissociation where you try to snap him/her out of it but s/he was unresponsive."

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: "One of the best ways to tell if this was dissociation is if you wave your hand in front of their face and they don't even blink. Did you try that?"

If further clarification needed, ask: "Did you try touching him/her on the shoulder to snap him/her out of it?"

IT DID NOT HAVE TO HAPPEN IN THE PAST 4 WEEKS ONLY

THIS ITEM IS AN EXCEPTION TO THE 4 WEEK RULE

CODE FREQUENCY AS TOTAL OCCURRENCES SINCE LIFE EVENT

Date of first occurrence

Intensity

In the past month, what was it like when s/he became unresponsive (P19 & P20)?

- 0 Not a problem, none
- 1 A little, mild, more realistic than thinking about it only
- 2 Some, moderate, definite but transient dissociate quality, still very aware of surroundings, daydreaming quality
- 3 A lot, severe, strongly dissociative (reports images, sounds, or smells) but retained some awareness of surroundings
- 4 A whole lot, extreme, complete dissociation (flashback), no awareness of surroundings, may be unresponsive, possible amnesia for the episode (blackout)

RECORD AVOIDANCE AND DISTRESS ITEMS (P21 - P24) EVEN IF THERE HAVE NOT BEEN ANY REMINDERS IN THE LAST 4 WEEKS BUT THE MOTHER BELIEVES THE SYMPTOM WOULD HAVE OCCURRED IF THERE HAD BEEN REMINDERS.

P21. PSYCHOLOGICAL DISTRESS AT REMINDERS

"Does s/he get upset when exposed to reminders of the event(s)?"

PROBE WITH EXAMPLES THAT ARE SPECIFIC TO THIS CHILD'S EVENT(S). ASK ABOUT AS MANY SPECIFIC EXAMPLES AS YOU CAN THINK OF UNTIL YOU GET AN ENDORSEMENT OR RUN OUT OF EXAMPLES.

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: "And was this present in the last 4 weeks?"

Date of first occurrence

Intensity

In the past month, how upset did s/he get when s/he thought about/was reminded of the event? How bad has it been this past month?

- 0 Not a problem, none
- 1 A little bit of a problem, mild, minimal distress
- 2 Some, moderate, distress clearly present but still manageable, some disruption of activities
- 3 A lot, severe, considerable distress, marked disruption of activities
- 4 A whole lot, extreme, incapacitating distress, unable to continue activities

P22. PHYSIOLOGICAL DISTRESS AT REMINDERS

“Does s/he get physically distressed when confronted by reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach?”

PROBE WITH EXAMPLES...SAME STRATEGY AS IN P21.

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *“And was this present in the last 4 weeks?”*

Date of first occurrence / /

Intensity

In the past month, how sick or bad did s/he feel when something made him/her think about what happened?

- 0 None
- 1 A little, mild, minimal reactivity
- 2 Some, moderate, physical reactivity clearly present, may be sustained if exposure continues
- 3 A lot, severe, marked physical reactivity, sustained throughout exposure
- 4 A whole lot, extreme, dramatic physical reactivity, sustained arousal even after exposure has ended

P23. AVOIDANCE OF ACTIVITIES, PLACES OR THINGS

“Does s/he try to avoid any things or places that might remind him/her of the trauma? I mean, can you tell that s/he is trying to avoid a reminder before s/he becomes upset?”

PROBE WITH EXAMPLES...SAME STRATEGY AS IN P21.

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *“And was this present in the last 4 weeks?”*

Date of first occurrence / /

Intensity

In the past month, how much did s/he want to stay away or go away from places or things that made her/him think about the event? How bad was it this past month?

- 0 Not at all, none
- 1 A little, mild, minimal difficulty, little or no disruption of activities
- 2 Some, moderate, some effort, avoidance definitely present, some disruption of activities
- 3 A lot, severe, considerable effort, marked disruption of activities or involvement in certain activities as avoidant strategy
- 4 A whole lot, extreme, drastic attempts at avoidance, unable to continue activities, or excessive involvement in certain activities as avoidant strategies

P24. AVOIDANCE OF PEOPLE, CONVERSATIONS, OR INTERPERSONAL SITUATIONS

“Does s/he try to avoid people that might remind him/her of the trauma?”

“Does s/he try to avoid conversations that might remind him/her of the trauma?”

PROBE WITH EXAMPLES...SAME STRATEGY AS IN P21.

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *“And was this present in the last 4 weeks?”*

Date of first occurrence / /

Intensity

In the past month, did s/he try to stay away from people, conversations, or situations that reminded her/him of the event?

- 0 Not at all, none
 - 1 A little, mild, minimal difficulty, little or no disruption of activities
 - 2 Some, moderate, some effort, avoidance definitely present, some disruption of activities
 - 3 A lot, tried really hard to stay away from things that made her/him remember, marked disruption of activities or involvement in certain activities as avoidant strategy
 - 4 A whole lot, tried almost anything to stay away from things that made her/him remember, unable to continue activities, or excessive involvement in certain activities as avoidant strategies
-

P25. INCREASED NEGATIVE EMOTIONAL STATE

“Does s/he show increased states of negative emotions that are not triggered by reminders?”

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *“And was this present in the last 4 weeks?”*

Date of first occurrence

Intensity

In the past month, what were these feelings like for her/him? How bad was it?

- 0 Not a problem, none
 - 1 A little bit of a problem, mild, minimal distress
 - 2 Some, moderate distress clearly present but still manageable, some disruption of activities
 - 3 A lot, severe, considerable distress, marked disruption of activities
 - 4 A whole lot, extreme, incapacitating distress, unable to continue activities
-

P26. LOSS OF INTEREST IN USUAL ACTIVITIES

“Has s/he lost interest in doing things that s/he used to like to do since the trauma?”

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *“And was this present in the last 4 weeks?”*

Date of first occurrence

Intensity

In the past month, when s/he tried to do the thing s/he used to like, was it fun once started?

- 0 No loss of interest, no change
 - 1 A little, mild, slight loss of interest, probably would enjoy after starting activities
 - 2 Some, moderate, definite loss of interest, but still has some enjoyment of activities
 - 3 A lot, severe, marked loss of interest in activities
 - 4 A whole lot, extreme, complete or nearly complete loss of interest, no longer participates in any activities
-

P27. DETACHMENT/ SOCIAL WITHDRAWAL

“Since the trauma has s/he become more distant from family members and friends? I mean, s/he doesn’t want to show affection or maybe even be around people?”

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *“And was this present in the last 4 weeks?”*

Date of first occurrence

Intensity

In the past month, how alone did s/he feel?

- 0 No at all alone, no feelings of detachment or estrangement
 - 1 A little alone, mild, may feel "out of synch" with others or a little like others do not understand
 - 2 Some, moderate, feelings of detachment clearly present, but still feels some interpersonal connection
 - 3 A lot, severe impact, marked detachment or estrangement from most people, may feel close to only one or two people, feels like most people do not understand feelings or experiences
 - 4 A whole lot, extreme, feels completely detached or estranged from others, not close with anyone
-

P28. RESTRICTED RANGE OF AFFECT: LOSS OF POSITIVE AFFECT

“Since the trauma, does s/he show a restricted range of positive feelings? For example, showing less love, or happiness than s/he used to?”

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *“And was this present in the last 4 weeks?”*

Date of first occurrence

Intensity

In the past month, how hard was it for her/him to have feelings?

- 0 None, no reduction of emotional experience
- 1 Little, mild, slight reduction of emotional experience
- 2 Some, moderate, definite suppression
- 3 A lot harder, severe, marked reduction of experience of at least two important emotions (e.g., love, happiness), feel numb all the time
- 4 A whole lot harder, extreme, completely lacking emotional experience

P29. IRRITABILITY/ ANGER/ TANTRUMS/AGGRESSION

"Has s/he been more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma?"

IF NO TO THE FIRST QUESTION, ASK;

"Would you say s/he was unusually irritable before the trauma but it's become substantially worse since then?"

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *"And was this present in the last 4 weeks?"*

Date of first occurrence

Intensity

In the past month, how mad/angry did s/he get?

- 0 No irritability or anger
- 1 A little, mild minimal irritability
- 2 Some, moderate, definite irritability, some disruption of activities
- 3 A lot, severe, considerable irritability, marked disruption of activities
- 4 A whole lot, extreme pervasive anger, unable to continue activities

P30. HYPERVIGILANCE

"Has s/he been more "on the alert" for bad things happening than before the trauma? I mean, does s/he look over her shoulder, looking out for danger?"

IF NO TO THE FIRST QUESTION, ASK:

"Would you say s/he was hypervigilant before the trauma but it's become substantially worse since then?"

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *"And was this present in the last 4 weeks?"*

Date of first occurrence

Intensity

In the past month, how intense was s/he being on the alert for something bad that might happen?

- 0 Not at all, no hypervigilance
- 1 Little, mild, minimal hypervigilance, slight heightening of awareness
- 2 Some, moderate, hypervigilance clearly present, watchful in public (e.g. sits away from windows)
- 3 A lot, severe, marked hypervigilance, very alert, scans environment for danger, exaggerated concern for safety of self/family/home
- 4 A whole lot, extreme, excessive hypervigilance, efforts to ensure safety consume significant time and energy and may involve extensive safety/checking behaviors, marked watchful behavior during interview

P31. EXAGGERATED STARTLE RESPONSE

"Has X startled more easily than before the trauma? I mean, if there's a loud noise or someone sneaks up behind him/her, does s/he jump and seem startled more than the average child that age?"

IF NO TO THE FIRST QUESTION, ASK:

"Would you say s/he was easily startled before the trauma but it's become substantially worse since then?"

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: "And was this present in the last 4 weeks?"

Date of first occurrence

Intensity

In the past month, how jumpy has s/he been? How long does it take for him/her to feel OK again?

- 0 None at all, no change in startle reaction
- 1 A little, jumpy, mild, minimal reaction, a little more than before
- 2 Some, moderate, definite startle reaction, feels "jumpy"
- 3 A lot, severe, marked startle reaction, sustained arousal following initial reaction
- 4 A whole lot, extreme, excessive startle reaction, overt coping behavior (e.g. ducks and hides)

P32. DECREASED CONCENTRATION

"Has X had more trouble concentrating since (the event)?"

IF NO TO THE FIRST QUESTION, ASK:

"Did s/he have trouble concentrating before the trauma but it's become more difficult since then?"

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: "And was this present in the last 4 weeks?"

Date of first occurrence

Intensity

In the past month, how hard was it for s/he to pay attention? Does not paying attention cause problems for her/him?

- 0 No difficulty with concentration
- 1 A little, mild, only slight effort needed to concentrate, little or no disruption of activities
- 2 Somewhat, moderate, definite loss of concentration but could concentrate with effort, some disruption of activities
- 3 A lot, severe, marked loss of concentration even with effort, marked disruption of activities more difficult to pay attention
- 4 A whole lot, extreme, complete inability to concentrate, unable to engage in activities, doesn't try to focus

P33. DIFFICULTY INITIATING SLEEP

"Has s/he had a more difficult time falling asleep since the trauma?"

IF NO TO THE FIRST QUESTION, ASK;

"Did s/he have trouble falling asleep before the trauma but it's become more difficult since then?"

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: "And was this present in the last 4 weeks?"

Date of first occurrence

Frequency

In the past month, how much of the time did s/he have trouble falling asleep?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week

- 4 All or most of the time, daily or almost every day

P34. NIGHT WAKING

“Has your child had trouble staying asleep during the night since the trauma?”

IF CHILD WAKES UP BECAUSE OF NIGHTMARES, CODE NIGHTMARES, NOT NIGHT WAKING. NIGHT TERRORS DO NOT COUNT AS NIGHT WAKING.

IF NO TO THE FIRST QUESTION, ASK:

“Did s/he have trouble staying asleep before the trauma but it’s become more difficult since then?”

IF YES, YOU MUST GET AN EXAMPLE.

If yes, ask: *“And was this present in the last 4 weeks?”*

Date of first occurrence

Intensity

In the past month, how bad were the sleep problems (P33 & P34)?

- 0 No sleep problems
- 1 A little, mild, takes slightly longer to fall asleep, or wake up once for a little while [up to 30 minutes loss of sleep per night]
- 2 Some, moderate, definite sleep disturbance, takes longer to go to sleep or difficulty staying asleep [30 to 90 minutes loss of sleep]
- 3 A lot, severe, much longer to go to sleep or much more difficult staying asleep [90 minutes to 3 hours loss of sleep]
- 4 A whole lot, extreme, very hard to go to sleep or to stay asleep [greater than 3 hours loss of sleep]

ASSOCIATED SYMPTOMS

P35. SEPARATION ANXIETY

“Has s/he developed separation anxiety, that is, become more clingy to you since the trauma?”

IF NO TO THE FIRST QUESTION, ASK:

“Would you say s/he was too clingy before the trauma but it’s become substantially worse since then?”

If yes, ask: *“And this was present in the last 4 weeks?”*

IF YES, YOU MUST GET EXAMPLE.

Date of first occurrence

Intensity

In the past month, how intense was the separation anxiety?

- 0 No separation anxiety
- 1 A little, mild separation anxiety, acting slightly more clings, or puts up some resistance when leaving
- 2 Some, moderate separation anxiety, substantially become more clingy, takes longer and puts up more resistance
- 3 A lot, severe separation anxiety, much longer to leave or much more resistance
- 4 A whole lot, extreme separation anxiety, very hard to get to leave, puts up a lot of resistance

P36. NIGHT TERRORS

“Does s/he ever have what we call night terrors? This is where a person screams out like they’re having a bad dream, but they don’t wake up, and they don’t remember it the next day.”

IF YES, YOU MUST GET EXAMPLES.
 USUALLY OCCUR IN FIRST 60 MINUTES OF SLEEP.
 (NIGHTMARES USUALLY OCCUR AFTER THE FIRST 90 MINUTES OF SLEEP.)
 If yes, ask: "And this was present in the last 4 weeks?"

Date of first occurrence

Frequency

How much of the time did s/he have dreams like that in the past month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 All or most of the time, daily or almost every day

P37. REGRESSION IN DEVELOPMENTAL SKILLS

"Since the life event, has X gone backward in his/her development?"
 "Are there things that s/he could do before the trauma that s/he no longer does?"
 CODE 1 ONLY IF CHILD HAD THE SKILL AND THEN, AFTER THE "LIFE EVENT," THE CHILD NO LONGER HAS THE SAME LEVEL OF SKILL.

- "What about toileting? Wetting the bed?" 1 0
- "Lose any language skills? Talk like a baby again? Can't say ABC's anymore?" 1 0
- "Trouble with motor skills like working snaps, buttons, zippers?" 1 0
- "Anything else that I didn't ask about?"

IF YES, YOU MUST GET EXAMPLES
 If yes, ask: "And this was present in the last 4 weeks?"
 Date of first occurrence

Intensity

How much of a problem did these cause?

- 0 Not a problem, none
- 1 A little bit of a problem, mild, minimal distress or disruption of activities
- 2 Some, moderate distress clearly present, some disruption of activities
- 3 A lot, severe, considerable distress, marked disruption of activities
- 4 A whole lot, extreme distress, unable to conduct activities

P38. NEW FEARS NOT OBVIOUSLY TRAUMA-RELATED

"Since the life event has X developed any new fears that are not related to the trauma?"
 "What about going to the bathroom alone?" 1 0
 "Afraid of the dark now?" 1 0
 "Other?" Describe: _____ 1 0
 If no, ask: "Would you say s/he had any of these fears before the trauma but it's become substantially worse since then?"

IF YES, YOU MUST GET EXAMPLES TO SHOW THAT IT'S NOT TRAUMA-RELATED.

If yes, ask: "And this was present in the last 4 weeks?"
 Date of first occurrence

Intensity

How bad has it been this past month?

- 0 Not a problem, none
- 1 A little bit of a problem, mild, minimal distress
- 2 Some, moderate, distress clearly present but still manageable, some disruption
- 3 A lot, severe, considerable distress, marked disruption of activities
- 4 A whole lot, extreme, incapacitating distress, unable to continue activities

IF NO PTSD ITEMS, SKIP TO DISRUPTIVE MOOD DYSREGULATION DISORDER.

FUNCTIONAL IMPAIRMENT RATING

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR PTSD, AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT.

EDUCATIONAL INTRO:

“Now, we’re going to summarize the symptoms we’ve talked about and determine whether these cause some impairment in (child)’s life. Impairment means that a symptom interferes with a person’s life; it ‘gets in the way’ of doing things that average people are able to do. It impairs a person’s ability to function normally.”

P39. PARENTAL RELATIONSHIPS

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. A change in relationships, temporally associated with other symptomatology, is needed to rate impairment.

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

IF YES, YOU MUST GET EXAMPLE.

Ask parent to rate the impact on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he has fewer conflicts with you?”*

- 0 None
- 1 accommodates some, but not usually (<50% of the time)
- 2 accommodates half the time (~50%)
- 3 accommodates more than not (>50% of the time)
- 4 almost always accommodates

P40. SIBLINGS RELATIONSHIPS

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

IF YES, YOU MUST GET EXAMPLE.

Ask parent to rate the impact on child’s relationship with their siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he has fewer conflicts with his/her siblings?”*

- 0 None

- 1 accommodates some, but not usually (<50% of the time)
- 2 accommodates half the time (~50%)
- 3 accommodates more than not (>50% of the time)
- 4 almost always accommodate

P41. DAYCARE PROVIDER/TEACHER RELATIONSHIPS

A deterioration in a child's relationships with his/her daycare providers/teachers is regarded as an impairment. The need to use increasing levels of disciplinary action, or a withdrawal from contact with caregivers with whom the child has previously had good relationships, is evidence of disturbance here. Include all nonparental caregivers (e.g. nanny).

"Any reports from the teacher or school that his/her behaviors are causing problems more than average?"

IF YES, YOU MUST GET EXAMPLE.

Ask parent to rate the impact on child's relationship with daycare provider/teacher

- 0 No adverse impact on relationship with daycare provider/teacher
- 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
- 2 Moderate impact on relationship with daycare provider/teacher
- 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
- 4 Extreme impact on relationship with daycare provider/teacher

P42. RELATIONSHIPS WITH PEERS

Children should be able to form mutually interested relationships and to undertake activities together (chatter and playing constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates impairment in this area.

"Do (symptoms) "get in the way" of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?"

IF YES, YOU MUST GET EXAMPLE.

Ask parent to rate the impact on child's relationship with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *"Do you make accommodations so that s/he has fewer conflicts with his/her peers?"*

- 0 None
- 1 accommodates some, but not usually (<50% of the time)
- 2 accommodates half the time (~50%)
- 3 accommodates more than not (>50% of the time)
- 4 almost always accommodates

P43. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL

Child can go to places outside home (e.g. grocery store, restaurant, church/synagogue/mosque) and act appropriately for his/her age.

"Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?"

IF YES, YOU MUST GET EXAMPLE.

Ask parent to rate the impact on child's ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on behavior in public, but many aspects of social functioning still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *"Do you make accommodations so that s/he encounters fewer problematic situations outside of the home?"*

- 0 None
- 1 accommodates some, but not usually (<50% of the time)
- 2 accommodates half the time (~50%)
- 3 accommodates more than not (>50% of the time)
- 4 almost always accommodates

P44. MEASURE OF CHILD'S DISTRESS

Child suffers emotional distress because of one or more symptoms. This distress can be part and parcel of the symptom, such as Distress at Reminders or Nightmares, or it may be secondary, such as child being distressed that s/he has trouble concentrating.

"Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?"

If yes, ask: *"Now I need you to rate it. Would you say that this happens often?"*

Over the past month, how much has s/he been bothered by thoughts and feelings caused by the PTSD symptoms?

- 0 None
- 1 A little, minimal distress
- 2 Some, distress clearly present but still manageable
- 3 Moderate, considerable distress
- 4 Severe, incapacitating distress

P45. SYMPTOMS PERCEIVED AS PROBLEM

"Do you consider these (symptoms) a problem, you know, something that needs to be changed?"

- 1 0

P46. PERCEIVED NEED FOR TREATMENT

"Do you believe that these (symptoms) need treatment? That is, probably won't go away by itself, and needs professional treatment in your opinion?"

- 1 0

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MAJOR DEPRESSIVE DISORDER

*“For the rest of the interview, I’m no longer going to ask you about symptoms that may have been caused by a trauma. The following symptoms may be, but don’t have to be, connected to the trauma. However, we’re still focusing on symptoms that are present in the last 4 weeks.
“I’m going to ask you a bunch of questions about depression.”*

M1. SAD/UNHAPPY

*“Most kids feel sad or unhappy sometimes, but we want to know if s/he feels sad more than average.”
GET EXAMPLE.*

If yes, ask: *“And this was present in the last 4 weeks?”*

If yes, ask: *“Has s/he felt sad at least 8 days over 2 consecutive weeks?”* Yes / No

How intense was this in the past month?

- 0 Not at all
- 1 A little. Mild, minimal sadness or disruption of activities
- 2 Some sadness. Moderate sadness clearly present. Some disruption of activities
- 3 A lot, considerable sadness. Marked levels of unhappiness with disruption of activities
- 4 A whole lot of sadness. Extreme unhappiness with severe impairment of activities

M2. IRRITABLE MOOD

*“Has s/he been more irritable than usual? I mean, made angry easily, or had more frequent tantrums?”
GET EXAMPLE.*

If yes, ask: *“And this was present in the last 4 weeks?”*

If yes, ask: *“Has s/he felt irritable at least 8 days over 2 consecutive weeks?”* Yes / No

How intense was this in the past month?

- 0 Not at all
- 1 A little bit. Mild, minimal irritability or disruption of activities
- 2 Some irritability. Moderate irritability clearly present. Some disruption of activities
- 3 A lot, considerable irritability. Marked levels of irritability with disruption of activities
- 4 A whole lot of irritability. Extreme irritability with severe impairment of activities

Earliest date of onset of sad or irritable mood:

____ / ____ / ____
MM DD YYYY

DIPA

M3. LOSS OF INTEREST IN USUAL THINGS

If PTSD module was completed earlier, ask only if clarification needed:

"I asked you about loss of interest in things earlier. Now I need clarification. . "

If PTSD module was not already completed, ask:

"Have you noticed that s/he isn't interested in doing things that s/he used to like to do?"

GET EXAMPLE.

If yes, ask: *"And this was present sometime in the last 4 weeks?"*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M4. ANHEDONIA

"Has s/he lost the ability to have fun or enjoy him/herself? S/he doesn't act happy and fun during things that used to be fun, like watching cartoons or going out for pizza."

(THE DIFFERENCE BETWEEN LOSS OF INTERESTS AND ANHEDONIA MAY BE THAT THE CHILD NEVER STARTS THE ACTIVITIES IN LOSS OF INTERESTS, WHEREAS IN ANHEDONIA, THE CHILD STARTS THE ACTIVITIES BUT DOESN'T HAVE FUN.)

GET EXAMPLE.

If yes, ask: *"And this was present sometime in the last 4 weeks?"*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M5. BOREDOM

"How much of the time is s/he bored, do you think?" "Does s/he get bored more than other kids?"

GET EXAMPLE.

If yes, ask: *"And this was present sometime in the last 4 weeks?"*

"How many hours per day?" Duration _____

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

Earliest date of onset of loss of interests, anhedonia, or boredom (M3-M5):

MM ____ / ____ / ____
DD YYYY

M6. REDUCED APPETITE

“Some people who are depressed have changes in their appetite. Has X had a decrease in appetite?”
GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M7. WEIGHT LOSS OR LACK OF EXPECTED WEIGHT GAIN

“Has s/he lost weight or failed to gain weight when s/he should have been gaining?”
GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How severe was this in the past month?

- 0 Not a problem. None
- 1 A little bit of problem. Mild, minimal distress or disruption of activities
- 2 Some distress. Moderate distress clearly present. Some disruption of activities
- 3 A lot of considerable distress. Marked levels of distress with disruption of activities
- 4 A whole lot of distress. Extreme distress with severe disruption

M8. EXCESSIVE APPETITE

“Has s/he had a bigger appetite than usual in the last 4 weeks?”
GET EXAMPLE

If yes, ask: *“And this was present in the last 4 weeks?”*

How severe was this in the past month?

- 0 Not a problem. None
- 1 A little bit of problem. Mild, minimal distress or disruption of activities
- 2 Some distress. Moderate distress clearly present. Some disruption of activities
- 3 A lot of considerable distress. Marked levels of distress with disruption of activities
- 4 A whole lot of distress. Extreme distress with severe disruption

M9. SLEEP DIFFICULTY

If PTSD module has been completed, you may already know this answer. If not, ask:

"I asked you about sleeping habits already, but in this section I need to clarify if there has been a sleep problem that was not related to the trauma."

ASK WHATEVER FOLLOW-UP QUESTIONS ARE NEEDED TO ESTABLISH A NIGHT WAKING PATTERN THAT IS NOT TRAUMA-RELATED.

If PTSD module was not already completed, ask:

"Does s/he have difficulty getting to sleep or wake up during the night? I mean, is this a different pattern than usual and is it more than the average child his/her age?"

GET EXAMPLE.

If yes, ask: *"And this was present sometime in the last 4 weeks?"*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M10. EXCESSIVE SLEEPINESS

"Does s/he seem sleepy during the day? That is, more than usual?"

GET EXAMPLE

If yes, ask: *"And this was present in the last 4 weeks?"*

How often did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

DIPA

M11. PSYCHOMOTOR AGITATION

“Does s/he get very restless when s/he’s unhappy or sad? I mean, does she look agitated when s/he’s sad, like s/he has difficulty keeping still and may wander around without a purpose?”

Do not include simple restlessness or fidgetiness in the absence of mood change.
GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M12. PSYCHOMOTOR RETARDATION

“When sad or irritable, does s/he move more slowly than s/he used to?” “Or talk more slowly?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

M13. FATIGUE/ LOSS OF ENERGY

“Does s/he ‘run out of gas’ and get tired more easily than s/he used to?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

If yes, ask: *“How many hours per day?”* Duration_____

How often did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

M14. FEELINGS OF WORTHLESSNESS

“Does X feel bad about him/herself – like s/he is not good-looking, or not good at anything?” “Does s/he like him/herself? I mean, does s/he ever say that s/he hates him/herself?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M15. EXCESSIVE GUILT

“Does s/he feel bad or guilty about anything that s/he’s done? I mean, does s/he ever say that s/he is a “bad” person, or blame him/herself for things that aren’t his/her fault?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

DIPA

M16. CONCENTRATION

If PTSD module was completed earlier, ask only if clarification needed:

"I asked you about concentration earlier. Now I need clarification. . "

If PTSD module was not already completed, ask:

"Does s/he have trouble concentrating more than average?"

GET EXAMPLE.

If yes, ask: *"And this was present sometime in the last 4 weeks?"*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M17. INDECISIVENESS

"Does s/he have trouble making choices or making decisions (making up his/her mind) more than the average child his/her age?"

GET EXAMPLE.

If yes, ask: *"And this was present sometime in the last 4 weeks?"*

How often did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

DIPA

M18. TALKING ABOUT DEATH

“This may sound odd, but next I’m going to ask about suicidal ideas. Does s/he seem to think or talk about death or dying?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M19. DEATH THEMES IN PLAY

“Does s/he ever draw pictures about death and dying, or play games in which a character dies?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M20. SUICIDAL THOUGHTS

“Does s/he ever think about ending his/her life?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

DIPA

M21. SUICIDE THEMES IN PLAY

“Has does s/he ever draw pictures about suicide, or play games in which a character kills himself?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

IF SUICIDAL THOUGHTS ARE PRESENT THEN ASK ABOUT SUICIDAL PLANS BELOW.

OTHERWISE SKIP TO SUICIDAL ATTEMPTS.

M22. SUICIDAL PLANS

“Has s/he made a plan to kill him/herself?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

M23. SUICIDE ATTEMPTS

“Has s/he ever actually tried to kill him/herself?”

GET EXAMPLE.

If yes, ask: *“And this was present sometime in the last 4 weeks?”*

FUNCTIONAL IMPAIRMENT RATINGS

IF NEEDED, REFER TO PTSD MODULE FOR SUMMARY OF RULES.

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR DEPRESSION AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES.

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

M24. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of symptoms on parent relationships

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with you?”

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

M25. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with siblings?”

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates.
-

M26. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems?”

“And do these interfere with the teacher or class more than average?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with teacher/ daycare provider

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

M27. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with peets

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with playmates?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

DIPA

M28. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

“Can you go out with X to places like the grocery store?”

“Or to a restaurant?”

GET EXAMPLE

If yes, ask parent to rate impact of these symptoms on child’s ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have to encounter problematic situations outside the home?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

M29. CHILD DISTRESS

“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

GET EXAMPLE

Over past month, how much has s/he been bothered by these depression symptoms?

- 0 None
 - 1 A little, minimal distress
 - 2 Some, distress clearly present but still manageable
 - 3 Moderate, considerable distress
 - 4 Severe, incapacitating distress
-

M30. PERCEIVED PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

0	1
No	Yes

M31. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

DISRUPTIVE MOOD DYSREGULATION DISORDER

M32. "Does s/he have lots of severe temper outbursts that are out of proportion to the situation?" "Are these outbursts more than what children his/her age should show?"

If yes, GET EXAMPLE.
If no, SKIP to next disorder.

How often did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

M33a. "On average, how many of these occur in a week?"

_____ Frequency

M33b. "How long for each one?"

_____ Dur (hrs/day)

M34. How intense was this in the past month?

- 0 Not at all.
- 1 A little. Mild, minimal distress or disruption of activities
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress with disruption of activities
- 4 A whole lot. Extreme distress with severe tantrums

M35. "In between these outbursts, is his/her mood nearly always irritable or angry?"

0 1
No Yes

M36. Note: Symptoms present for 12 months and no break in symptoms of 3 months or longer criterion. M36.a. must be "yes" and M36.b must be "no."

0 1
No Yes

M36.a. "Have these outbursts and moods been present for at least 12 months?"

M36.b. "During that 12 months, did the symptoms disappear for a stretch of 3 months or more?"

M37. "Did the symptoms occur in at least 2 of these 3 settings?"

0 1
No Yes

- Home
- Daycare/preschool
- With peers outside of daycare/preschool

BIPOLAR

“Now I am going to ask you a bunch of questions about mania or bipolar.”

B1. EXCITEMENT/ENERGY

“Most kids feel excited and full of energy, but we want to know if s/he has had moods like this more than average and this was a change from the usual?”

GET EXAMPLE.

If yes, ask:

“During the worst episode, how many days or hours in a row did s/he feel that way?” Days____ Hours _____

“How many episodes of this have occurred?”

Number of lifetime episodes _____

“When was the first episode?”

Age in years _____ and months _____

How intense was this in the past month?

- 0 Not at all.
- 1 A little. Mild, minimal disruption of activities.
- 2 Somewhat. Some disruption of activities
- 3 A lot. Marked levels of disruption of activities
- 4 A whole lot. Severe impairment of activities

THE REQUIREMENT IN DSM-5 FOR MANIC EPISODE IS 1 WEEK; WHICH IS CITED FOR REFERENCE AND NOT MEANT TO INFLUENCE ENDORSEMENT OF THE SYMPTOM.

B2. IRRITABLE MOOD

“Has s/he been more irritable than usual? I mean, made angry easily, or had more frequent tantrums?”

GET EXAMPLE.

If yes, ask:

“During the worst episode, how many days or hours in a row did s/he feel that way?” Days____ Hours _____

“How many episodes of this have occurred?”

Number of lifetime episodes _____

“When was the first episode?”

Age in years _____ and months _____

How intense was this in the past month?

- 0 Not at all.
 - 1 A little. Mild, minimal disruption of activities.
 - 2 Somewhat. Some disruption of activities
 - 3 A lot. Marked levels of disruption of activities
 - 4 A whole lot. Severe impairment of activities
-

B3. INFLATED SELF-ESTEEM/GRANDIOSITY

"Have you noticed a time when s/he felt as though s/he was very special and important without cause?"

GET EXAMPLE.

If yes, ask:

"During the worst episode, how many days or hours in a row did s/he feel that way?" Days____Hours _____

"How many episodes of this have occurred?" Number of lifetime episodes _____

"When was the first episode?" Age in years _____ and months _____

How intense was this in the past month?

- 0 Not at all.
 - 1 A little. Mild, minimal disruption of activities.
 - 2 Somewhat. Some disruption of activities
 - 3 A lot. Marked levels of disruption of activities
 - 4 A whole lot. Severe impairment of activities
-

B4. DECREASED NEED FOR SLEEP

"Have you noticed a change in his/her sleep patterns, so that s/he felt rested after only 3 or 4 hours of sleep?"

GET EXAMPLE.

If yes, ask:

"During the worst episode, how many days or hours in a row did s/he feel that way?" Days____Hours _____

"How many episodes of this have occurred?" Number of lifetime episodes _____

"When was the first episode?" Age in years _____ and months _____

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal change in sleep or disruption of activities
 - 2 Some sleep change. Moderate sleep change clearly present. Some disruption of activities
 - 3 A lot, considerable sleep change. Marked levels of sleep change with disruption of activities
 - 4 A whole lot of sleep change. Extreme sleep change with severe impairment of activities
-

B5. TALKATIVE

“Have you noticed a time when s/he was more talkative than usual or felt a pressure to keep talking?”

GET EXAMPLE.

If yes, ask:

“During the worst episode, how many days or hours in a row did s/he feel that way?” Days ____ Hours ____

“How many episodes of this have occurred?”

Number of lifetime episodes ____

“When was the first episode?”

Age in years ____ and months ____

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

B6. FLIGHT OF IDEAS/THOUGHTS RACING

“Have you noticed a time where you had trouble following what s/he said because s/he jumped between topics?”

GET EXAMPLE.

If yes, ask:

“During the worst episode, how many days or hours in a row did s/he feel that way?” Days ____ Hours ____

“How many episodes of this have occurred?”

Number of lifetime episodes ____

“When was the first episode?”

Age in years ____ and months ____

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

B7. DISTRACTIBILITY

"Have you noticed a time when s/he was easily distracted, where his/her attention drawn to unimportant things?"

GET EXAMPLE.

How intense was this in the past month?

- 0 Not at all.
 - 1 A little. Mild, minimal disruption of activities.
 - 2 Somewhat. Some disruption of activities
 - 3 A lot. Marked levels of disruption of activities
 - 4 A whole lot. Severe impairment of activities
-

B8. INCREASE IN GOAL DIRECTED ACTIVITY

"Have you noticed a time when s/he finished his/her work more easily or was more involved in activities than usual?"

GET EXAMPLE

How intense was this in the past month?

- 0 Not at all.
 - 1 A little. Mild, minimal disruption of activities.
 - 2 Somewhat. Some disruption of activities
 - 3 A lot. Marked levels of disruption of activities
 - 4 A whole lot. Severe impairment of activities
-

B9. PSYCHOMOTOR AGITATION

""Does s/he get very restless when s/he's unhappy or sad? I mean, does s/he look agitated when s/he's sad, like s/he has difficulty keeping still and may wander around without a purpose?"

Do not include simple restlessness or fidgetiness in the absence of mood change.

GET EXAMPLE.

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

B10. PLEASURABLE ACTIVITIES WITH POTENTIAL FOR SELF HARM

DIPA

“Has s/he tried to do things that s/he thought were going to benefit him/her or be fun but could have gotten him/her hurt or in trouble?”

THESE MAY INCLUDE TRYING TO SPEND MONEY, DO SOMETHING ILLEGAL, OR DO ADULT THINGS. PROBE WITH EXAMPLES THAT ARE AGE APPROPRIATE.

GET EXAMPLE.

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

FUNCTIONAL IMPAIRMENT RATINGS

SUMMARY OF RULES FOR RATING IMPAIRMENT ARE IN THE PTSD MODULE.

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR BIPOLAR, AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES

B11. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of symptoms on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with you?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

B12. SIBLING RELATIONSHIPS

DIPA

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with siblings?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

B13. DAYCARE PROVIDER/ TEACHER RELATION-SHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems?”
“And do these interfere with the teacher or class more than average?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with teacher/ daycare provider

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

B14. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationships with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with friends?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

B15. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

*“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”
“Can you go out with X to places like the grocery store?” “Or to a restaurant?”*

GET EXAMPLE

If yes, ask parent to rate impact of these symptoms on child’s ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations to avoid encounters in public that cause conflicts?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

DIPA

B16. PERCEIVED PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

0	1
No	Yes

B17. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won't go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

**ATTENTION-DEFICIT/HYPERACTIVITY DISORDER
INATTENTION SUBSET**

“Now I need to ask you a bunch of questions about inattention.”

POTENTIAL TASKS TO ASK ABOUT WHEN MORE PROBES ARE NEEDED:
COLORING, DRAWING, MANIPULATING TOYS, GAMES, PUZZLES, DRESSING, BRUSHING TEETH,
BUCKLING SEAT BELT, AND KEEPING FOOD AND DRINK FROM SPILLING.

A1. FAILS TO GIVE CLOSE ATTENTION TO DETAILS; MAKES CARELESS MISTAKES

“Does s/he make a lot of mistakes because it’s hard to pay attention, more than the average child his/her age?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent has this happened in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

A2. DIFFICULTY SUSTAINING ATTENTION

“Does s/he have trouble paying attention to one thing for long, more than the average child his/her age?”

If yes, ask:

We’re more interested in the attention span for things that are normal daily activities, not so much for attention span to really fun and stimulating things like TV and video games.”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild or minimal disruption of activities
 - 2 Some problem. Moderate disruption of activities
 - 3 A lot, considerable problem. Marked disruption of activities
 - 4 A whole lot. Extreme or severe impairment of activities
-

A3. DOES NOT SEEM TO LISTEN WHEN SPOKEN TO

“Does s/he not seem to listen to what you say because s/he has trouble dividing his/her attention, not just because s/he doesn’t want to do what you tell him/her?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

A4. DOES NOT FOLLOW THROUGH ON TASKS

“Does s/he not finish things that s/he started, like coloring or games or puzzles, because s/he simply fails to sustain the effort, not because s/he doesn’t want to do it?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

A5. DIFFICULTY ORGANIZING TASKS

“Is organizing a task from start to finish a problem? This might look like difficulty following directions to complete a project that involves multiple directions, or kids who can’t build something with Leggos without a lot of adult structure. Does that sound like your child?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild or minimal disruption of activities
 - 2 Some problem. Moderate disruption of activities
 - 3 A lot, considerable problem. Marked disruption of activities
 - 4 A whole lot. Extreme or severe impairment of activities
-

DIPA

A6. AVOIDS OR DISLIKES TASKS THAT REQUIRE SUSTAINED MENTAL EFFORT

“Does s/he try to avoid doing things that would require sustained attention, more than the average child his/her age?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal distress or disruption of activities
 - 2 Some distress. Moderate distress clearly present. Some disruption of activities
 - 3 A lot, considerable distress. Marked levels of distress with disruption of activities
 - 4 A whole lot of distress. Extreme distress with severe impairment of activities
-

A7. LOSES THINGS NEEDED FOR TASKS OR ACTIVITIES

“How about losing things a lot? This isn’t like forgetting where s/he left a toy yesterday, but more like losing track of things that s/he had earlier in the day and that s/he needs again – like shoes, pencils, or toys?”

GET EXAMPLE.

If yes, ask:

“And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

A8. EASILY DISTRACTED BY EXTRANEOUS STIMULI

“Is his/her attention span distracted easily by looking out windows or by noise coming from another room?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal distress or disruption of activities
 - 2 Some distress. Moderate distress clearly present. Some disruption of activities
 - 3 A lot, considerable distress. Marked levels of distress with disruption of activities
 - 4 A whole lot of distress. Extreme distress with severe impairment of activities
-

ADHD

DIPA

A9. FORGETFUL IN DAILY ACTIVITIES

“Is s/he forgetful in daily activities? That is, more than just being distracted from tasks, but actually seems to forget what s/he was supposed to be doing?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How much of a problem did this cause in the past month?

- 0 Not a problem. None
- 1 A little bit of problem. Mild, minimal distress or disruption of activities
- 2 Some distress. Moderate distress clearly present. Some disruption of activities
- 3 A lot, considerable distress. Marked levels of distress with disruption of activities
- 4 A whole lot of distress. Extreme distress with severe impairment of activities

IF ALL ITEMS A1-A9 ARE CODED 0, THEN SKIP TO A19.

A10. INATTENTION SUBSET ONSET

“What age did you first notice the appearance of these problems with inattention and distractibility?” _____

Age in years

IF NO SYMPTOMS, ENTER 0.

and months _____

A11. TWO SETTING RULE

FROM THE EXAMPLES THAT THE CAREGIVER HAS GIVEN TO YOU, YOU MAY ALREADY BE ABLE TO CODE WHETHER THESE INATTENTION PROBLEMS ARE OBSERVABLE IN ALL OF THESE SETTINGS. IF NOT, ASK WHETHER AT LEAST ONE OF THESE PROBLEMS IS SEEN IN THE SETTING(S) THAT YOU DO NOT KNOW ABOUT YET.

- 0 1
Home
- 0 1
Daycare/School
- 0 1
Elsewhere

HYPERACTIVITY SUBSET

A12. FIDGETS WITH HANDS OR FEET OR SQUIRMS IN SEAT

“Next, is hyperactivity and impulsiveness. Remember, these need to be problems, or more than the average child of this age.”

“Does your child fidget with hands or feet or squirm in a chair too much?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

A13. LEAVES SEAT

“What about getting up and down out of a seat when s/he’s not supposed to? Is that a problem?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

DIPA

A14. RUNS ABOUT OR CLIMBS EXCESSIVELY IN INAPPROPRIATE SITUATIONS

“Does s/he run around or climb on things that s/he’s not supposed to?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

A15. DIFFICULTY PLAYING QUIETLY

“Does s/he make more noise than other children his/her age, and can’t seem to control it?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal noise or disruption of activities
 - 2 Some noise. Some noise is present. Some disruption of activities
 - 3 A lot, considerable noise. Marked levels of noise with disruption of activities
 - 4 A whole lot of noise. Excessive noise with severe impairment of activities
-

A16. “ON THE GO” OR “DRIVEN BY A MOTOR”

“Does s/he seem constantly ‘on the go’ or ‘driven by a motor’?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

DIPA

A17. TALKS EXCESSIVELY

“How about talking a lot more than other children his/her age? That is, s/he almost never stops talking and can't seem to control it?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal talking or disruption of activities
 - 2 Some noise. Some talking is excessive. Some disruption of activities
 - 3 A lot, considerable talking. Marked levels of excessive talking with disruption of activities
 - 4 A whole lot of excessive talking. Excessive talking with severe impairment of activities
-

A18. BLURTS OUT ANSWERS BEFORE QUESTIONS ARE COMPLETED

“When you try to ask him/her questions, does s/he blurt out answers before you've finished the questions? That is, does s/he act without thinking first?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

A19. DIFFICULTY WAITING TURN

“How about trouble with waiting his/her turn during activities, such as in playing board games, or standing in lines?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

DIPA

A20. INTERRUPTS OR INTRUDES ON OTHERS

“Does s/he have trouble waiting his/her turn with other persons, like s/he interrupts people excessively?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

IF ALL ITEMS A1-A20 ARE CODED 0, THEN SKIP TO THE NEXT DISORDER.

A21. HYPERACTIVITY SUBSET ONSET

“What age did you first notice the appearance of these problems with hyperactivity and impulsiveness?” _____
Age in years

IF NO SYMPTOMS, ENTER 0.

and months _____

A22. TWO SETTING RULE

FROM THE EXAMPLES THAT THE CAREGIVER HAS GIVEN TO YOU, YOU MAY ALREADY BE ABLE TO CODE WHETHER THESE HYPERACTIVITY AND IMPULSIVITY PROBLEMS ARE OBSERVABLE IN ALL OF THESE SETTINGS. IF NOT, ASK WHETHER AT LEAST ONE OF THESE PROBLEMS IS SEEN IN THE SETTING(S) THAT YOU DO NOT KNOW ABOUT YET.

- 0 1
Home
- 0 1
Daycare/School
- 0 1
Elsewhere

IMPAIRMENT RATINGS

IF NEEDED, REFER TO PTSD MODULE FOR THE “EDUCATIONAL INTRO.”

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR ADHD, AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF INPAIRMENT ON THE FOLLOWING PAGES.

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

A23. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

GET EXAMPLE

Ask parent to rate the impact on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with you?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

A24. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with their siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with his/her siblings?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

A25. DAYCARE PROVIDER/ TEACHER RELATION-SHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems more than average?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with daycare provider/teacher

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

A26. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with friends?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

DIPA

A27. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

“Can you go out with X to places like the grocery store?” “Or to a restaurant?”

GET EXAMPLE

Ask parent to rate the impact on child’s ability to go out in public in public?

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t encounter conflicts in public?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

A28. CHILD DISTRESS

“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

GET EXAMPLE

Over past month, how much has s/he been bothered by thoughts and feelings caused by ADHD symptoms?

- 0 None
 - 1 A little, minimal distress
 - 2 Some, distress clearly present but still manageable
 - 3 Moderate, considerable distress
 - 4 Severe, incapacitating distress
-

A29. PERCEIVED PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

0	1
No	Yes

A30. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

OPPOSITIONAL DEFIANT DISORDER

"In this section of the interview, I'm going to ask you a bunch of questions about defiant behavior. We're still focusing on symptoms that are present in the last 4 weeks."

O1. LOSES TEMPER

IF PTSD SECTION WAS COMPLETED, START HERE IF CLARIFICATION NEEDED:

"I asked you earlier about temper after a trauma. Now, I need to clarify..."

IF PTSD SECTION WAS NOT ASKED, START HERE:

"...I'm going to ask you if your child argues a lot or loses his/her temper, but first I need to explain the difference between arguments and losing temper. Typically, an argument starts first and then this can be followed by losing one's temper. Arguments are between two people, whereas a temper tantrum can go on and on with the child basically by him/herself."

Does s/he either lose his/her temper or throw temper tantrums more than average, that is, screaming or crying when s/he doesn't get his/her way, throwing or breaking things when mad, or hitting people?"

GET EXAMPLE.

If yes, ask: *"And was this present in the last 4 weeks?"*

How frequent did this happen in the past month?

- 0 None of the time
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

O2. ARGUES WITH ADULTS

IF PTSD SECTION WAS COMPLETED, START HERE IF CLARIFICATION NEEDED:

"I asked you earlier about arguing. Now, I'm going to ask you more generally. ..."

IF PTSD SECTION WAS NOT ASKED, START HERE:

"Does s/he argue with adults more than the average child his/her age? This can include back talking, raised voice, and name calling."

GET EXAMPLE.

If yes, ask: *"And this was present in the last 4 weeks?"*

How frequent did this happen in the past month?

- 0 None of the time
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

DIPA

O3. BREAKS RULES

“Children can be defiant two main ways. One is breaking established rules that they know they shouldn’t break, and another is refusing to do what adults want them to do on the spur of the moment. So, in terms of breaking established rules, do you think s/he does this more than the average child his/her age?”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

O4. DISOBEDIENT

“Is s/he disobedient to you after you tell her to do something on the spur of the moment?”

NOTE: GENERALLY, FAILURE TO CARRY OUT INSTRUCTIONS OCCURS AFTER BEING TOLD INSTRUCTION THREE OR MORE TIMES, OR LESS IF A THREAT IS USED.

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None of the time
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

O5. DELIBERATELY ANNOYS PEOPLE

“Does s/he do things on purpose to annoy other people more than the average child his/her age? This can include teasing and making fun of kids.”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None of the time
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

O6. BLAMES OTHERS

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How frequent did this happen in the past month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

“Does s/he blame others for things s/he did wrong more than the average child his/her age?”

O7. TOUCHY OR EASILY ANNOYED

“I asked you earlier about him/her being irritable.

Now I want to know if s/he is more touchy, or easily annoyed than the average child his/her age.

This can be a change from his/her old self or the way s/he has always been.”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal distress or disruption of activities
 - 2 Some distress. Moderate distress clearly present. Some disruption of activities
 - 3 A lot of considerable distress. Marked levels of distress with disruption of activities
 - 4 A whole lot of distress. Extreme Distress, unable to conduct activities
-

O8. ANGRY AND RESENTFUL

“Does s/he get angry from minor things more than average child?

This can appear as excessive pouting, but it needs to be clear that s/he is mad as much or more than sad.”

GET EXAMPLE.

If yes, ask: *“And this was present in the last 4 weeks?”*

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal anger or disruption of activities
 - 2 Some distress. Moderate anger clearly present. Some disruption of activities
 - 3 A lot of considerable distress. Marked levels of anger with disruption of activities
 - 4 A whole lot of distress. Extreme anger, unable to conduct activities
-

DIPA

O9. SPITEFUL OR VINDICTIVE

“Does s/he often do things to other people just to be mean, or for revenge to get back at them for something?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

O10. ONSET

“How old was s/he when you first noticed the earliest of these problems?”

_____ Age in years
and

_____ months

FUNCTIONAL IMPAIRMENT RATINGS
THE “EDUCATIONAL INTRO” FOR IMPAIRMENT SECTION IS IN PTSD MODULE.

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR ODD, AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

O11. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

GET EXAMPLE

Ask parent to rate the impact on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with you?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)
- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

O12. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with their siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with his/her siblings?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)
- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

O13. DAYCARE PROVIDER/ TEACHER RELATION-SHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems more than average?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with daycare provider/teacher

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

O14. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with his/her peers?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

O15. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

“Can you go out with X to places like the grocery store?” “Or to a restaurant?”

GET EXAMPLE

Ask parent to rate the impact on child’s ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts in public?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)
- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

O16. CHILD DISTRESS

“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

If yes, ask: *“Now I need you to rate it. Would you say that this happens hardly ever, some of the time, or a lot of the time?”*

Over past month, how much has s/he been bothered by thoughts and feelings caused by ODD symptoms?

GET EXAMPLE

- 0 None
- 1 A little, minimal distress
- 2 Some, distress clearly present but still manageable
- 3 Moderate, considerable distress
- 4 Severe, incapacitating distress

O17. PERCEIVED PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

0	1
No	Yes

O18. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

CONDUCT DISORDER

THIS DISORDER HAS ITEMS THAT ARE NOT APPROPRIATE TO ASK FOR INFANTS AND TODDLERS. INTERVIEWERS MUST USE THEIR JUDGEMENT IN EACH CASE DEPENDING ON THE AGE AND CAPABILITIES OF THE CHILD.

MOST OF THESE MAY BE RECORDED EVEN IF THEY HAPPENED ONLY ONCE OR A FEW TIMES. THE ITEMS THAT CAN ONLY BE RECORDED IF THEY OCCUR IN A PATTERN INCLUDE THE WORD OFTEN IN THE HEADING.

C1. OFTEN BULLIES, THREATENS, OR INTIMIDATES

"The next set of questions are about aggression and stealing.

Does s/he often bully other kids by hitting or threatening kids who are younger or smaller and won't fight back?"

GET EXAMPLE.

If yes, then ask: *"In a pattern that is more than the average child this age?"*

If yes, ask: *"And this pattern was present over the last 12 months?"*

How much of a problem was this in the past month?

- 0 Not at all.
 - 1 A little. Mild, minimal disruption of activities.
 - 2 Somewhat. Some disruption of activities
 - 3 A lot. Marked levels of disruption of activities
 - 4 A whole lot. Severe impairment of activities
-

C2A. OFTEN INITIATES HARMFUL PHYSICAL FIGHTS

"Does s/he start fights in which someone was hurt or could have been hurt?"

GET EXAMPLE.

If yes, then ask: *"In a pattern that is more than the average child this age?"*

If yes, ask: *"And this pattern was present in the last 12 months?"*

How much of a problem was this in the past month?

- 0 Not at all.
- 1 A little. Mild, minimal disruption of activities.
- 2 Somewhat. Some disruption of activities
- 3 A lot. Marked levels of disruption of activities
- 4 A whole lot. Severe impairment of activities

C2B. POSSIBLE ALTERNATIVE SYMPTOM:

OFTEN INITIATES NON-HARMFUL PHYSICAL FIGHTS

"Does s/he start fights but his/her aggression is not strong enough that someone was hurt or could have been hurt?"

GET EXAMPLE.

If yes, then ask: *“In a pattern that is more than the average child this age?”*

If yes, ask: *“And this pattern was present in the last 12 months?”*

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C3. USED A WEAPON THAT CAN CAUSE SERIOUS HARM

“Has s/he threatened or hurt someone with a weapon in the past 12 months?”

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C4. PHYSICALLY CRUEL TO PEOPLE

“How about being physically cruel to someone outside of being in a fight in the past 12 months?”

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

DIPA

C5. PHYSICALLY CRUEL TO ANIMALS

“How about being physically cruel to animals in the past 12 months?”

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C6. STOLEN WHILE CONFRONTING A VICTIM

“Has s/he stolen from kids by directly confronting them in the past 12 months?”

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C7. FORCED SOMEONE INTO SEXUAL ACTIVITY

“This may sound strange to ask about a young child, but has s/he forced someone else into sexual activity in the past 12 months?”

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C8. FIRE SETTING WITH THE INTENT TO CAUSE SERIOUS DAMAGE

“Started a fire that was meant to cause serious damage or hurt someone in the past 12 months?”

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C9. DELIBERATELY DESTROYED OTHERS' PROPERTY

“Has broken other people’s things on purpose in the past 12 months?”

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C10. BROKEN INTO SOMEONE ELSE'S HOUSE, BUILDING, OR CAR

“This is another one that will sound odd for a young child, but has s/he broken into someone else’s house or car in the past 12 months?”

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C11. OFTEN "CONS"/LIES TO OBTAIN GOODS OR AVOID OBLIGATIONS

"Here's another odd one. Does s/he try to seriously con people? Young kids will normally lie to get out of trouble, but I'm asking about trying to really outsmart or trick someone to rip them off."

GET EXAMPLE.

If yes, then ask: *"In a pattern that is more than the average child this age?"*

If yes, ask: *"And this pattern was present in the last 12 months?"*

How intense was this in the past month?

- 0 Not at all.
 - 1 A little. Mild, minimal disruption of activities.
 - 2 Somewhat. Some disruption of activities
 - 3 A lot. Marked levels of disruption of activities
 - 4 A whole lot. Severe impairment of activities
-

C12. STOLEN NONTRIVIAL ITEMS WITHOUT CONFRONTATION

"Stolen without confronting people, like stealing money from you, shoplifted, or stolen from someone when they weren't looking in the past 12 months?"

GET EXAMPLE.

How intense was this in the past month?

- 0 Not at all.
 - 1 A little. Mild, minimal disruption of activities.
 - 2 Somewhat. Some disruption of activities
 - 3 A lot. Marked levels of disruption of activities
 - 4 A whole lot. Severe impairment of activities
-

C13. OFTEN STAYS OUT AT NIGHT DESPITE PARENTAL PROHIBITIONS

"Here's another odd one. In the past 12 months, has s/he left the house on purpose against the rules and stayed out at least two hours?"

GET EXAMPLE.

If yes, then ask: *"In a pattern that is more than the average child this age?"*

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C14. RUN AWAY FROM HOME OVERNIGHT

"Another odd one. Run away from home and tried to stay out overnight in the past 12 months?"

GET EXAMPLE.

How much of a problem did this cause?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal disruption of activities.
 - 2 Somewhat. Moderate disruption of activities.
 - 3 A lot, considerable. Marked disruption of activities.
 - 4 A whole lot. Incapacitating, unable to continue many activities.
-

C15. OFTEN TRUANT FROM SCHOOL

SKIP IF CHILD NOT IN SCHOOL.

"In the past 12 months, did s/he skip school?"

GET EXAMPLE.

If yes, then ask: "In a pattern that is more than the average child this age?"

How intense was this in the past month?

- 0 Not at all.
 - 1 A little. Mild, minimal disruption of activities.
 - 2 Somewhat. Some disruption of activities
 - 3 A lot. Marked levels of disruption of activities
 - 4 A whole lot. Severe impairment of activities
-

IF ALL ITEMS C1-C15 ARE CODED 0, THEN SKIP TO THE NEXT DISORDER.

C16. ONSET

"What age did you first notice the appearance of these problems?"

Age in years _____ and months _____

C16.b. PAST 6 MONTHS REQUIREMENT

At least one symptom was present in the last 6 months.

- 0 No
- 1 Yes

FUNCTIONAL IMPAIRMENT RATINGS

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR THE CONDUCT DISORDER. AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES.

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

C17. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of symptoms on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with you?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

C18. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with siblings?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

C19. DAYCARE PROVIDER/ TEACHER RELATION-SHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems?”

“And do these interfere with the teacher or class more than average?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with teacher/ daycare provider

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

C20. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationships with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with friends?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost Always accommodates
-

C21. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

“Can you go out with X to places like the grocery store?” “Or to a restaurant?”

GET EXAMPLE

If yes, ask parent to rate impact of these symptoms on child’s ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t encounter conflicts in public?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

C22. PERCEIVED PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

0	1
No	Yes

C23. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

SEPARATION ANXIETY DISORDER

“Now I need to ask you a bunch of questions about separation anxiety. I asked you a little bit about this earlier; now I need to ask some more detailed questions. These will be questions about how X feels and behaves when s/he is away from you.”

SE1. DISTRESS AFTER SEPARATION

“After you leave does she get abnormally upset, cry, scream, hit, kick, or throw things because s/he wants you to come back?”

GET EXAMPLE.

If yes, ask: *“This is a pattern, not just a one-time thing?”*

_____ Duration (min.)

“And this was present in the last 4 weeks?”

How much of a problem did this cause in the past month?

- 0 Not a problem. None
- 1 A little bit of problem. Mild, minimal distress or disruption of activities
- 2 Some distress. Moderate distress clearly present. Some disruption of activities
- 3 A lot of considerable distress. Marked levels of distress with disruption of activities
- 4 A whole lot of distress. Extreme distress with severe tantrums

SE2. WITHDRAWAL AFTER SEPARATION

“Instead of an outburst, does s/he act abnormally sad or withdrawn?”

GET EXAMPLE.

If yes, ask: *“This is a pattern, not just a one-time thing?”*

_____ Duration (min.)

“And this was present in the last 4 weeks?”

How much of a problem did this cause in the past month?

- 0 Not a problem. None
- 1 A little bit of problem. Mild, minimal withdrawal or disruption of activities
- 2 Some distress. Moderate withdrawal clearly present. Some disruption of activities
- 3 A lot of considerable distress. Marked levels of withdrawal with disruption of activities
- 4 A whole lot of distress. Extreme withdrawal with high levels of sadness

SE3. DISTRESS FROM ANTICIPATED SEPARATION

“Does his/her reaction begin even before the separation because s/he can tell that it’s coming?”

GET EXAMPLE

If yes, ask: *“This is a pattern, not just a one-time thing?”*

_____ Duration (min.)

“And this was present in the last 4 weeks?”

How much of a problem did this cause in the past month?

- 0 Not a problem. None
- 1 A little bit of problem. Mild, minimal distress or disruption of activities
- 2 Some distress. Moderate distress clearly present. Some disruption of activities
- 3 A lot of considerable distress. Marked levels of distress with disruption of activities
- 4 A whole lot of distress. Extreme distress from fear of anticipated separation

SE4. FEAR ABOUT LOSING PARENT OR PARENT BEING HARMED

“Is his/her concern that you might come to some harm?”

“Does s/he worry that you might never come back, that is, more than the average child his/her age?”

GET EXAMPLE.

If yes, ask: *“This is a pattern, not just a one-time thing?”*

_____ Duration (min.)

“And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

SE5. FEAR ABOUT SUDDEN SEPARATION

“Is s/he afraid that s/he that she will get lost from you or kidnapped and taken away from you?”

GET EXAMPLE.

If yes, ask: *“Is this more than the average child his/her age?”*

_____ Duration (min.)

“This is a pattern, not just a one-time thing?”

“And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

SE6. RELUCTANCE OR REFUSAL ABOUT LEAVING HOME

“Does s/he refuse or try to refuse to leave home because s/he’s afraid of separation?”

GET EXAMPLE.

If yes, ask: *“This is a pattern, not just a one-time thing?”*

_____ Duration (min.)

“And this was present in the last 4 weeks?”

How much of a problem did this cause in the past month?

- 0 Not a problem, none
- 1 A little bit of a problem, mild, minimal distress
- 2 Some, moderate, distress clearly present but still manageable, some disruption
- 3 A lot, severe, considerable distress, marked disruption of activities
- 4 A whole lot, extreme, incapacitating distress, unable to continue activities

MISSED DAYS AT DAYCARE/SCHOOL

“How many days of daycare/school has X missed because of fear or anxiety?”

_____ Missed days
in last 4 weeks

SE7. FEARFUL OR RELUCTANT TO BE ALONE

“Is s/he afraid to be alone? I mean, does s/he avoid being alone, follow you around the house, won’t play in a room alone, or even insist that you be in the bathroom with him/her?”

GET EXAMPLE.

If yes, ask: *“Is this more than the average child his/her age?”*

_____ Duration (min.)

“And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None of the time
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 All or most of the time, daily or almost every day
-

SE8. RELUCTANCE OR REFUSAL TO SLEEP ALONE

“Is s/he too afraid to sleep alone?”

GET EXAMPLE.

If yes, ask: *“Is this more than the average child his/her age?”*

“And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None of the time
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 All or most of the time, daily or almost every day
-

SE9. NIGHTMARES WITH THEMES OF SEPARATION

“Does s/he have nightmares that have to do with separation from you, such as being lost, or not being able to find you, or you getting hurt, or s/he being hurt and you not being able to help him/her?”

GET EXAMPLE.

If yes, ask: *“Is this more than the average child his/her age?”*

_____ Duration (min.)

“And this was present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week

- 3 Much of the time, several times a week
 - 4 All or most of the time, daily or almost every day
-

SE10. PHYSICAL SYMPTOMS ON SEPARATION

“Does s/he complain of headaches, stomach aches, sore throat or other aches or pains when s/he realizes you are going to leave him/her?”

GET EXAMPLE

If yes, ask: *“This is a pattern, not just a one-time thing?”*

_____ Duration (min.)

“And this was present in the last 4 weeks?”

How much of a problem did this cause in the past month?

- 0 Not a problem. None
 - 1 A little bit of problem. Mild, minimal distress or disruption of activities
 - 2 Some distress. Moderate distress clearly present. Some disruption of activities
 - 3 A lot of considerable distress. Marked levels of distress with disruption of activities
 - 4 A whole lot of distress. Extreme distress from fear of anticipated separation
-

SE11. ***“How old was s/he when the first of these _____ appeared?”***

_____ Onset – years and

_____ months

FUNCTIONAL IMPAIRMENT RATINGS

IF NEEDED, REFER TO PTSD MODULE FOR THE EDUCATIONAL INTRO.

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR SAD. AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES.

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

SE12. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

GET EXAMPLE

Ask parent to rate the impact on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with you?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SE13. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with their siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with his/her siblings?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SE14. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems more than average?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with daycare provider/teacher

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

SE15. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with his/her peers?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SE16. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?” “Can you go out with X to places like the grocery store?” “Or to a restaurant?”

GET EXAMPLE

Ask parent to rate the impact on child’s ability to go out in public in public?

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment

- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts in public?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SE17. CHILD DISTRESS

“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

If yes, ask: *“Now I need you to rate it. Would you say that this happens hardly ever, some of the time, or a lot of the time?”*

GET EXAMPLE

Over past month, how much has s/he been bothered by thoughts and feelings caused by separation anxiety symptoms?

- 0 None
 - 1 A little, minimal distress
 - 2 Some, distress clearly present but still manageable
 - 3 Moderate, considerable distress
 - 4 Severe, incapacitating distress
-

SE18. PERCEIVED PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

0	1
No	Yes

SE19. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

SPECIFIC PHOBIA

FOR THESE TO BE PROBLEMS, THERE MUST BE A PATTERN OF FEAR, THAT IS, THE FEAR IS PRESENT REPEATEDLY UPON EXPOSURE. IF THERE HAS BEEN ONLY ONE OR TWO EXPOSURES IN A LIFETIME, ONE MUST LEAN ON THE PARENT'S JUDGEMENT THAT THE FEAR WOULD BE PRESENT IN A PATTERN IF THERE WERE MORE EXPOSURES.

PRESENT BUT NOT EXPOSED RULE: RECORD THESE ITEMS EVEN IF THERE HAVE BEEN NO EPISODES IN THE LAST 4 WEEKS BECAUSE THE CHILD WAS NOT EXPOSED TO A SITUATION, BUT THE PARENT FEELS THAT THE CHILD WOULD HAVE BEEN AFRAID IF EXPOSED.

"Next, I'm going to ask you a list of things that some people are afraid of. Please tell me if your child is afraid of one of these things more than the average child his/her age."

SP1. *"Animals, such as dogs, rats, bats, insects, spiders, snakes, birds?"*
IF ANY YES, GET EXAMPLE(S).

If yes, ask: *"And this was present in the last 4 weeks?"*
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of animals for him/her?

- 0 Not at all.
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP2. *"Monsters?"* (make-believe)
IF ANY YES, GET EXAMPLE(S).

If yes, ask: *"And this was present in the last 4 weeks?"*
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of make-believe monsters?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP3. *"The dark?"*
IF ANY YES, GET EXAMPLE(S).

If yes, ask: *"And this was present in the last 4 weeks?"*
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of the dark?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP4. "Thunder or lightning?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of thunder or lightning?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP5. "Injections/needles?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of injections/ needles?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP6. "Doctor or dentist?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of the doctor or dentist?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP7. "Injury?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of injury?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP8. *“Blood?”*

IF ANY YES, GET EXAMPLE(S).

If yes, ask: *“And this was present in the last 4 weeks?”*
REMEMBER THE “PRESENT BUT NOT EXPOSED” RULE.

How intense was the fear of blood?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP9. *“Robbers?”*

IF ANY YES, GET EXAMPLE(S).

If yes, ask: *“And this was present in the last 4 weeks?”*
REMEMBER THE “PRESENT BUT NOT EXPOSED” RULE.

How intense was the fear of robbers?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP10. *“People in costumes like the Easter Bunny, Santa, or clowns?”*

IF ANY YES, GET EXAMPLE(S).

If yes, ask: *“And this was present in the last 4 weeks?”*
REMEMBER THE “PRESENT BUT NOT EXPOSED” RULE.

How intense was the fear of people in costumes?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

DIPA

SP11. "Heights?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of heights?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP12. "Bridges?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of bridges?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP13. "Elevators or small rooms?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of elevators or small rooms?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP14. "Water?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of water

- 0 Not at all

DIPA

- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SP15. "Any other thing that I didn't mention?"

IF ANY YES, GET EXAMPLE(S).

If yes, ask: "And this was present in the last 4 weeks?"
REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

How intense was the fear of _____?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

IF ALL SP1-SP15 NO, SKIP TO SOCIAL PHOBIA.

SP16. "Does s/he either completely avoid (fill in the blank) or endure being around it even though s/he remains very nervous the whole time?" 0 1
No Yes
IF CHILD CAN CALM DOWN IN THE PRESENCE OF THE STIMULUS, CODE 0.

SP17. "How old was s/he when the first of these (list the recorded items) appeared?" _____
APPLIES TO EITHER SPECIFIC PHOBIA OR SOCIAL ANXIETY DISORDER. Age in years,
IF NO SYMPTOMS, ENTER 0. _____
and months.

FUNCTIONAL IMPAIRMENT RATINGS
IF NEEDED, REFER TO PTSD MODULE FOR SUMMARY OF RULES.

LOOK AT THE TALLY SHEET OF PHOBIAS AND ASK ABOUT EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES FOR EACH PHOBIA THAT IS PRESENT.

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

SP18. PARENTAL RELATIONSHIPS

"Do (symptoms) substantially 'get in the way' of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?"

GET EXAMPLE

If yes, ask parent to rate the impact of symptoms on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with you?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SP19. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with siblings?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SP20. DAYCARE PROVIDER/ TEACHER RELATION-SHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems?”
“And do these interfere with the teacher or class more than average?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with teacher/ daycare provider

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

SP21. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationships with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with playmates?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SP22. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

“Can you go out with X to places like the grocery store?” “Or to a restaurant?”

GET EXAMPLE

If yes, ask parent to rate impact of these symptoms on child’s ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have to encounter problematic situations outside the home?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SP23. CHILD DISTRESS

“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

GET EXAMPLE

Over the past month, how much has s/he been bothered by these symptoms?

DIPA

- 0 None
- 1 A little, minimal distress
- 2 Some, distress clearly present but still manageable
- 3 Moderate, considerable distress
- 4 Severe, incapacitating distress

SP24. PERCEIVED PROBLEM 0 1
“Do you consider the symptoms a problem as something that needs to be changed?” No Yes

SP25. PERCEIVED NEED FOR TREATMENT 0 1
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?” No Yes

SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA)

SO1. FEAR OF UNFAMILIAR PEOPLE
“Does s/he become frightened when s/he has to meet or interact with new people or people s/he doesn’t know well?”

IF ANY YES, GET EXAMPLE(S).

If yes, ask: *“And this was present in the last 4 weeks?”*
 REMEMBER THE “PRESENT BUT NOT EXPOSED” RULE.

How intense was the fear of meeting new people?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

SO2. FEAR OF ACTIVITIES IN PUBLIC
“Does s/he get nervous or frightened when s/he has to do things in front of other people? This might include going to the bathroom at school, or being asked to speak in front of the other kids at school.”

IF ANY YES, GET EXAMPLE(S).

If yes, ask: *“And this was present in the last 4 weeks?”*
 REMEMBER THE “PRESENT BUT NOT EXPOSED” RULE.

How intense was the fear of _____ ?

- 0 Not at all
- 1 A little. Mild, minimal distress or disruption of activities.
- 2 Somewhat. Moderate distress clearly present. Some disruption of activities
- 3 A lot. Marked levels of distress or disruption of activities
- 4 A whole lot. Extreme Distress or severe impairment of activities

Earliest date of onset of one of these fears: Age in years _____
and months _____

FUNCTIONAL IMPAIRMENT RATINGS

IF NEEDED, REFER TO PTSD MODULE FOR SUMMARY OF RULES.

LOOK AT THE TALLY SHEET OF PHOBIAS AND ASK ABOUT EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES FOR EACH PHOBIA THAT IS PRESENT.

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

SO3. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of symptoms on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn't have conflicts with you?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)
- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

SO4. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn't have conflicts with siblings?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

SO5. DAYCARE PROVIDER/ TEACHER RELATION-SHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems?”

“And do these interfere with the teacher or class more than average?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with teacher/ daycare provider

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

SO6. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationships with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with playmates?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

S07. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

“Can you go out with X to places like the grocery store?” “Or to a restaurant?”

GET EXAMPLE

If yes, ask parent to rate impact of these symptoms on child’s ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have to encounter problematic situations outside the home?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)
- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

S08. CHILD DISTRESS

“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

GET EXAMPLE

Over the past month, how much has s/he been bothered by these symptoms?

- 0 None
- 1 A little, minimal distress
- 2 Some, distress clearly present but still manageable
- 3 Moderate, considerable distress
- 4 Severe, incapacitating distress

S09. PERCEIVED PROBLEM

“Do you consider the symptoms a problem as something that needs to be changed?”

0	1
No	Yes

S010. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

GENERALIZED ANXIETY DISORDER

G1. EXCESSIVE WORRIES

“Now, I’m going to ask you about general nervousness. Some persons get scared by just one or two things, like going over bridges or elevators, and other persons feel worry about several things nearly all of the time no matter what’s going on. I want to know if your child is the type who worries even when they are not in a scary situation.”

If yes, ask: *“What things exactly does s/he say that s/he worries about?”*

POSSIBLE THINGS THAT ONE MIGHT ASK ABOUT, IF NEEDED INCLUDE:

Injury to self, injury to family, loyalty of friends, tornado, hurricane, current performance at home or school, performance in past, personal appearance, food, money, or pets.

LIST THE WORRIES:

IF THE WORRIES/FEARS ABOUT SPECIFIC THINGS ARE CIRCUMSCRIBED, THAT IS, SEPARATED BY LONG PERIODS OF NO NERVOUSNESS, THEY FIT BETTER UNDER SPECIFIC PHOBIAS.

IF THE WORRIES ARE TRAUMA RELATED THEY FIT BETTER UNDER PTSD.

WORRIES ABOUT SEPARATION ANXIETY, GERMS, SPECIFIC ILLNESS, AND EMBARRASSMENT IN PUBLIC FALL INTO OTHER MODULES NOT ASSESSED HERE.

IF NO EXCESSIVE WORRIES, SKIP THIS SECTION.

How many times did s/he have excessive worries in non-scary situations in the past month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

G2. UNCONTROLLABILITY

“Does it appear to you, or does your child actually say, that s/he can’t really control these worries?”

GET EXAMPLE.

In the past month, how uncontrollable do these worries seem to be?

- 0 Not a problem, none
- 1 A little bit of a problem, mild, minimal distress
- 2 Some, moderate, distress clearly present but still manageable, some disruption of activities
- 3 A lot, severe, considerable distress, marked disruption of activities
- 4 A whole lot, extreme, incapacitating distress, unable to continue activities

DIPA

G3. RESTLESSNESS DURING WORRIES

"During these times that your child is worrying, I want to know if s/he shows any of the following symptoms:

. . . restlessness or on edge?"

How many times did that happen this month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

G4. FATIGUE DURING WORRIES

". . . gets tired very easily?"

How many times did that happen this month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

G5. DIFFICULTY CONCENTRATING DURING WORRIES

". . . difficulty concentrating?"

How many times did that happen this month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

G6. IRRITABLE DURING WORRIES

". . . irritable?"

How many times did that happen this month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

GAD

DIPA

G7. MUSCLE TENSION DURING WORRIES

“ . . . *muscles tense?*”

How many times did that happen this month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

G8. SLEEP PROBLEMS DURING WORRIES

“ . . . *sleep problems?*”

How many times did that happen this month?

- 0 None of the time
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

G9. “How old was he/she when the first of these symptoms appeared?”

_____ Age in years

_____ and months

IF NO SYMPTOMS, ENTER 0.

FUNCTIONAL IMPAIRMENT RATINGS

IF NEEDED, REFER TO PTSD MODULE FOR THE “EDUCATIONAL INTRO.”

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR GAD. AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES.

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

G10. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”

GET EXAMPLE

Ask parent to rate the impact on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with you?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

G11. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with their siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with his/her siblings?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

G12. DAYCARE PROVIDER/ TEACHER RELATION-SHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems more than average?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with daycare provider/teacher

- 0 No adverse impact on relationship with daycare provider/teacher
 - 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
 - 2 Moderate impact on relationship with daycare provider/teacher
 - 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
 - 4 Extreme impact on relationship with daycare provider/teacher
-

G13. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

Ask parent to rate the impact on child’s relationship with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with friends?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

DIPA

G14. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?” “Can you go out with X to places like the grocery store?” “Or to a restaurant?”

GET EXAMPLE

Ask parent to rate the impact on child’s ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations so that s/he encounters fewer problematic situations outside of the home?”*

- 0 None
 - 1 Accommodates some, but not usually (<50% of the time)
 - 2 Accommodates half the time (~50%)
 - 3 Accommodates more than not (>50% of the time)
 - 4 Almost always accommodates
-

G15. CHILD DISTRESS

“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

GET EXAMPLE

Over past month, how much has s/he been bothered by thoughts and feelings caused by anxiety symptoms?

- 0 None
 - 1 A little, minimal distress
 - 2 Some, distress clearly present but still manageable
 - 3 Moderate, considerable distress
 - 4 Severe, incapacitating distress
-

G16. PERCEIVED PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

0	1
No	Yes

G17. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

OBSESSIVE-COMPULSIVE DISORDER

OC1. ***“Does your child seem to have what we call obsessive thoughts, that is, constant thoughts that pop into his/her head that bother him/her? These tend to be about germs, safety of people, keeping things in order, or aggression.”***

THESE CANNOT BE SIMPLY EXCESSIVE WORRIES ABOUT REAL-LIFE PROBLEMS.

If no, skip to OC3.

GET EXAMPLE.

Frequency:

How often has s/he had these obsessive thoughts in the past month?

- 0 None
- 1 Little of the time, once or twice
- 2 Some of the time, once or twice a week
- 3 Much of the time, several times a week
- 4 Most of the time, daily or almost every day

Intensity:

In the past month, how intense were the obsessive thoughts?

- 0 Not at all
- 1 A little bit, mild, minimal distress
- 2 Somewhat, some disruption
- 3 A lot, severe, considerable distress, marked disruption of activities
- 4 A whole lot, extreme, incapacitating distress, unable to continue activities

OC2. ***“Does your child try to ignore these thoughts or try to make them go away somehow?”***

GET EXAMPLE.

0	1
No	Yes

OC3. ***“Does your child have what we call a compulsion, that is, a ritual behavior that s/he has to perform over and over and over again?”***

GET EXAMPLE.

DESCRIBE THE RITUAL:

If yes, ask: *“And this was nearly every day?”*

If no, and OC1 was “yes”, skip to OC6.

If no, and OC1 was “no”, skip to the end.

Intensity:

In the past month, how intense were the rituals?

- 0 Not at all
- 1 A little bit, mild, minimal distress
- 2 Somewhat, some disruption
- 3 A lot, severe, considerable distress, marked disruption of activities
- 4 A whole lot, extreme, incapacitating distress, unable to continue activities

OC4. **“After s/he performs this ritual, does his/her anxiety level drop down, at least for awhile?”**
GET EXAMPLE.

0 1
No Yes

OC5. **“Does s/he seem to perform this ritual because s/he believes it will prevent something bad from happening?”**
GET EXAMPLE.

0 1
No Yes

OC6. **“How old was s/he when the first of these _____ appeared?”**

Age in years, and

months

FUNCTIONAL IMPAIRMENT RATINGS
IF NEEDED, REFER TO PTSD MODULE FOR SUMMARY OF RULES.

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR OCD. AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES.

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON'T NEED TO BE REPEATED.

OC7. PARENTAL RELATIONSHIPS

“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed more than the average parent-child relationship?”
GET EXAMPLE

If yes, ask parent to rate the impact of symptoms on their relationship

- 0 No adverse impact on parental relationships
- 1 Slight/mild impact on parental relationships, some impairment
- 2 Moderate impact on parental relationships
- 3 Severe impact, marked impairment, few aspects of parental relationships still intact
- 4 Extreme impact on parental relationships

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with you?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)
- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

OC8. SIBLING RELATIONSHIPS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed more than in the average sibling relationship?”
GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with siblings

- 0 No adverse impact on relationships with siblings
- 1 Slight/mild impact on relationships with siblings, some impairment
- 2 Moderate impact on relationships with siblings
- 3 Severe impact, marked impairment, few aspects of relationships with siblings still intact
- 4 Extreme impact on relationships with siblings

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with siblings?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)
- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

OC9. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS

“Any reports from the teacher or school that his/her behaviors are causing problems more than the average child this age?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationship with teacher/ daycare provider

- 0 No adverse impact on relationship with daycare provider/teacher
- 1 Slight/mild impact on relationship with daycare provider/teacher, some impairment
- 2 Moderate impact on relationship with daycare provider/teacher
- 3 Severe impact, marked impairment, few aspects of relationship with daycare provider/teacher still intact
- 4 Extreme impact on relationship with daycare provider/teacher

OC10. RELATIONSHIPS WITH PEERS

“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

If yes, ask parent to rate the impact of these symptoms on relationships with peers

- 0 No adverse impact on relationships with peers
- 1 Slight/mild impact on relationships with peers, some impairment
- 2 Moderate impact on relationships with peers
- 3 Severe impact, marked impairment, few aspects of relationships with peers still intact
- 4 Extreme impact on relationships with peers

ACCOMMODATION: *“Do you make accommodations so that s/he doesn’t have conflicts with friends?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)

- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

OC11. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL

“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?” “Can you go out with X to places like the grocery store?” “Or to a restaurant?”

GET EXAMPLE

If yes, ask parent to rate impact of these symptoms on child’s ability to go out in public

- 0 No adverse impact on behavior in public
- 1 Slight/mild impact on behavior in public, some impairment
- 2 Moderate impact, definite impairment on public behavior, but many aspects of social function still intact
- 3 Severe impact, marked impairment on behavior in public, few aspects of social functioning still intact
- 4 Extreme impact on behavior in public, little or no social functioning

ACCOMMODATION: *“Do you make accommodations to avoid encounters in public that cause conflicts?”*

- 0 None
- 1 Accommodates some, but not usually (<50% of the time)
- 2 Accommodates half the time (~50%)
- 3 Accommodates more than not (>50% of the time)
- 4 Almost always accommodates

OC12. CHILD DISTRESS

“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

GET EXAMPLE

Over past month, how much has s/he been bothered by thoughts and feelings caused by OCD symptoms?

- 0 None
- 1 A little, minimal distress
- 2 Some, distress clearly present but still manageable
- 3 Moderate, considerable distress
- 4 Severe, incapacitating distress

OC13. PERCEIVED PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

- 0 No
- 1 Yes

OC14. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

- 0 No
- 1 Yes

REACTIVE ATTACHMENT DISORDER

R1. DOES NOT SEEK COMFORT WHEN DISTRESSED

"Now I need to ask you some questions about bonding.

"Does your child fail to seek comfort from _____ when hurt or distressed? All children refuse to seek comfort sometimes because they want to be a 'big boy' or a 'big girl', and that's normal. I'm interested in whether your child fails to seek comfort more than the average child his/her age."

GET EXAMPLE.

If yes, ask: *"And this was present in the last 4 weeks?"*

How frequent did this happen in the past month?

0 None

1 Little of the time, once or twice

2 Some of the time, once or twice a week

3 Much of the time, several times a week

4 Most of the time, daily or almost every day

R2. DOES NOT RESPOND TO COMFORT OFFERED WHEN DISTRESSED

"How about when you offer comfort to him/her when s/he is hurt or distressed. Does s/he appear to not want it or not be comforted by it?"

If yes, ask: *"Again, this can be normal behavior for kids trying to be 'big'. I'm interested in whether X does not want your comfort more than the average child."*

GET EXAMPLE.

If yes, ask: *"And this was present in the last 4 weeks?"*

How frequent did this happen in the past month?

0 None

1 Little of the time, once or twice

2 Some of the time, once or twice a week

3 Much of the time, several times a week

4 Most of the time, daily or almost every day

R3. LIMITED POSITIVE AFFECT

YOU MAY ALREADY KNOW THE ANSWER TO THIS FROM PTSD OR MDD MODULES.

IF NOT, ASK:

"I've asked you this earlier, but I need to clarify. Do you think s/he shows a pattern of less positive moods on his/her face – that is, smiles and laughter – than the average child his/her age?"

GET EXAMPLE.

If yes, ask: *"And this was present in the last 4 weeks?"*

How frequently did this happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

R4. EXCESSIVE LEVELS OF IRRITABILITY, SADNESS OR FEAR

"I also need to ask again about some other emotions. Does s/he show excessive irritability, sadness, or fear?"

GET EXAMPLE.

If yes, ask: *"And this was present in the last 4 weeks?"*

Which is the primary emotion?

- 0 None
- 1 Irritability
- 2 Sadness
- 3 Fear

How frequently did it happen in the past month?

- 0 None
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

R5. REDUCED SOCIAL AND EMOTIONAL RECIPROCITY

"Does s/he not show as much emotional connection with people as the average child? That is, things like sharing feelings, taking turns, and eye contact?"

GET EXAMPLE.

"And this was present in the last 4 weeks?"

How frequently did this happen in the past month?

- 0 Not at all
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

DISINHIBITED SOCIAL ENGAGEMENT DISORDER

R6. REDUCED RETICENCE AROUND UNFAMILIAR ADULTS

“Usually kids will not be very trusting of adults that they don’t know. They will hang back from strangers unless it’s like teachers or doctors. Does s/he approach unfamiliar adults too easily?”

GET EXAMPLE.

If yes, ask: *“This is a pattern, not just a one-time thing?”*

“Was this present in the last 4 weeks?”

How frequent did this happen in the past month?

- 0 Not at all
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

R7. OVERLY FAMILIAR VERBAL OR PHYSICAL BEHAVIOR

“Does s/he act too familiar with adults with her physical closeness or the way s/he talks to them?”

GET EXAMPLE.

If yes, ask: *“This is a pattern, not just a one-time thing?”*

“And s/he still acts like this?”

How frequently did this happen in the past month?

- 0 Not at all
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

R8. RARELY CHECKS BACK WITH CAREGIVER WHEN VENTURING AWAY, EVEN IN UNFAMILIAR SETTINGS

“When kids walk or run off somewhere in a new place, they usually look back at their parent for protection at least once in a while. But some children don’t seem to check back. Does your child not check back like that?”

GET EXAMPLE.

If yes, ask: *“This is a pattern, not just a one-time thing?”*

“And s/he still acts like this?”

How frequently did this happen in the past month?

- 0 Not at all
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

R9. WILLINGNESS TO GO OFF WITH UNFAMILIAR ADULT

“Has s/he actually gone off with strangers when it was not appropriate, or would have if you didn’t stop him/her?”

GET EXAMPLE.

If yes, ask: *“This is a pattern, not just a one-time thing?”*

“And s/he still acts like this?”

How frequently did this happen in the past month?

- 0 Not at all
 - 1 Little of the time, once or twice
 - 2 Some of the time, once or twice a week
 - 3 Much of the time, several times a week
 - 4 Most of the time, daily or almost every day
-

IF R1 – R9 ARE ALL 0, SKIP TO NEXT DISORDER.

NOTE: Functional impairment not required for attachment disorders.

R10. *“How old was s/he when the first of these problems appeared?”* Age in years _____ and months _____

R11. SYMPTOMS PERCEIVED AS A PROBLEM

“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

0	1
No	Yes

R12. PERCEIVED NEED FOR TREATMENT

“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

0	1
No	Yes

SLEEP ONSET DISORDER

SL1. “Do you believe that your child has more difficulty getting to sleep at night than the average child his/her age?”

GET EXAMPLE.

If yes, ask: “And s/he still acts like this?”

“How many nights per week on average is this a problem?”

_____ Nights per week

“How long on average does it take to fall asleep?”

_____ Minutes to fall asleep

How intense was this in the past month?

- 0 Not at all.
- 1 A little. Mild, minimal disruption of activities.
- 2 Somewhat. Some disruption of activities
- 3 A lot. Marked levels of disruption of activities
- 4 A whole lot. Severe impairment of activities

Results from empirical studies that quantified problem sleepers are shown below for context but are not meant to be followed rigidly to endorse the symptom.

Conditions	Ages
1. The number of minutes needed to fall asleep:	12-24 months of age: >30 minutes to fall asleep >24 months of age: >20 minutes to fall asleep
2. Parent has to remain in the room for sleep onset	All ages
3. Number of reunions, i.e., repeated bids, protests or struggles to go to bed	12-24 months of age: 3 or more reunions >24 months of age: 2 or more reunions

NIGHT WAKING DISORDER

SL2. “Do you believe that your child has more difficulty staying asleep at night than the average child his/her age?”

GET EXAMPLE.

If yes, ask: “And s/he still acts like this?”

“How many nights per week on average is this a problem?”

 Nights per week

“How many times per night on average does s/he wake up?”

 Awakenings per night

“How long on average does it take to fall back asleep?”

 Minutes

How intense was this in the past month?

- 0 Not at all
- 1 A little bit. Mild, minimal difficulty or trouble sleeping.
- 2 Somewhat. Moderate difficulty staying asleep clearly present. Some trouble sleeping.
- 3 A lot. Marked levels of distress with disruption of activities
- 4 A whole lot. Extreme distress with severe impairment of activities

Results from empirical studies that quantified problem sleepers are shown below for context but are not meant to be followed rigidly to endorse the symptom.

Conditions	Ages
1. Number of awakenings and time to fall back asleep/night	12-24 months of age: 3 or more awakenings per night (combined time >30 minutes) 24-36 months of age: 1 or more awakenings per night (combined time >20 minutes) >36 months of age: 1 or more awakenings per night (combined time >10 minutes)
2. Parent removes the child with each awakening	All Ages