THE ELECTRONIC PRESCHOOL AGE PSYCHIATRIC ASSESSMENT (ePAPA)

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OVERVIEW: THE PRESCHOOL AGE PSYCHIATRIC ASSESSMENT

THE HISTORY AND AIMS OF THE PAPA

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

In addition to these assessments of psychopathology, the Developmental Epidemiology Program has also produced companion measures to assess service use in children, adolescents and young adults (the Child and Adolescent Services Assessment - CASA), and the impact of children’s psychiatric problems on parental and family life (the Child and Adolescent Impact Assessment - CAIA).
INTERVIEWING PRINCIPLES UNDERLYING THE PAPA, CAPA AND YAPA IN THE CONTEXT OF PSYCHIATRIC INTERVIEWS IN GENERAL

All diagnostic interviews are designed to perform four tasks:

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

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

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

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

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

A basic distinction has arisen between two different strategies for structuring information coverage and defining ways to collect relevant information. These two methods have been dubbed "interviewer-based" (or sometimes "investigator-based") and "respondent-based" (Angold, Prendergast et al. 1995). This distinction comes down to a difference in what is structured, or the level at which information is structured. In an interviewer-based interview, the mind of the interviewer is structured. In essence, the interview schedule serves as a tool to guide the interviewer in determining whether symptoms are present, but the interviewer makes the decisions, on the basis of information provided by the child or adult. In order to reduce idiosyncrasies in these interviewer judgments, definitions of symptoms are provided, and the interviewer is expected to question until s/he can decide whether the symptoms described meet these definitions. Interviews of this sort were the first to be developed, since they sprang naturally from clinical practice.
Although early interviewer-based interviews were used extensively in moderately-sized epidemiological surveys, it was clear that the use of clinician interviewers created both logistic and budgetary problems. Very large scale epidemiological studies, such as the Epidemiologic Catchment Area (ECA) studies (Regier, Myers et al. 1984) mandated the use of non-clinician (“lay”) interviewers. However, it was felt that such interviewers would be incapable of making the judgments required by interviewer-based interviews, so, respondent-based psychiatric interviews were developed, following methodologies used, by political and marketing surveys. In a respondent-based interview, it is the questions put to the interviewees that are structured, and the interviewer makes no decisions about the presence of symptoms. Prescribed questions are asked verbatim in a preset order, and the interviewee’s responses are recorded with a minimum of interpretation or clarification by the interviewer. Information variance due to variability in interviewing style or content is thus minimized. The obvious difficulty with such an interview is that, although one knows exactly what has been asked in each interview, and exactly what was answered, there is no control over differences in how interviewees interpret questions or respond to them.

It is important to be aware, however, that the goals of these two interviewing strategies are the same - to reduce information variance as much as possible. Strategies for data combination to produce diagnoses and scale scores have also shown considerable convergence, with computer-scoring emerging as a key diagnostic method for both respondent-based and interviewer-based interviews. It is also important to bear in mind that all interviews are moving targets. Interview developers and users are constantly modifying and updating them in response to changes in nosological systems, the requirements of particular studies, and increasing experience with the strengths and weaknesses of their own and others’ measures.
It is perhaps worth noting here that respondent-based interviews have often been referred to as "highly structured", while interviewer-based interviews have been called "semi-structured". These are misnomers, since the issue is not how much structure is present, but what is structured -- the questions or the definition of symptoms.

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

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

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

Consider the DSM-IV diagnosis of oppositional defiant disorder (p 93-94). Eight symptoms are to be considered and four must be present in order for the diagnosis to be given. The second criterion is often argues with adults. It would seem that the clinician (or computer diagnostic algorithm) must make several judgments in order to determine whether this criterion is met: (1) Does the child manifest the behavior arguing with adults? (2) How often does the child manifest that behavior? (3) Is that frequency enough to be called often? The first question involves a categorical decision about whether the child manifests any behavior that might be called and argument. The second of these questions involves a dimension and the third, the imposition of a cutpoint on that dimension. All of the criteria for oppositional disorder involve the same basic format. That is, all of them require the diagnostician to jump back and forth between categorical and dimensional judgments. Once all the criterial symptoms have been assessed, the number of positives must be counted and if their sum is four or more, then the diagnosis is given. Once again, a dimension (number of symptoms) is being constructed and then reduced to a category by means of a cutpoint.
Now consider item 3 of the symptom section of the Child Behavior Checklist (CBCL - a questionnaire that can be used with children aged four and older) - Argues a lot. This time, it is the parent who must make the categorical decision 'does my child argue?' Then one must consider how often the child argues (dimensional) and then decide whether that is a lot (categorical). The final stage involves a three point choice - deciding whether the result of the earlier deliberations should result in a final answer of 'not true', 'somewhat or sometimes true' or 'very true'. This last involves a shift back into dimensional mode, with the minimum number of levels to avoid being a categorical decision. This sort of procedure is repeated for all the items. Then continuous scores are generated on a number of factor analytically-derived dimensions to produce an overall profile. There is even a set of categorical decisions hidden here, because the decisions about which items to include in which factors depended originally on the sizes of the factor loadings in studies used to develop the scales. For each item and each factor a yes/no decision had to be made about whether that item should be included in that factor score.

We have been hard put to come up with any examples of symptoms that do not involve this sort of back and forth. We also note that the same sorts of criticisms have been leveled at the symptom items in both checklists and DSM diagnostic criteria. Cairns and Green (1979) long ago outlined a number of assumptions underlying the use of rating scales, which, it turns out, also underlie the use of diagnostic criteria. First, it must be assumed that the informant shares with the diagnostician or scale developer a common understanding of the behavior or psychological state to be rated. However, it is obvious to any clinician that you often have to work hard to find out what you want to know because non-clinicians do not all use the same psychopathological terms in the same way. It is also obvious to anyone who teaches clinicians that they do not all share the same definition of every symptom. Neither the DSM-IV nor any checklist that we know of provides definitions of symptom items. However, interviewer-based interviews have gone some way towards providing definitions for interviewers and clinicians in an attempt to improve standardization at the symptom level.
Second, it must be assumed that the informant shares with the diagnostician or scale developer an understanding of exactly which behaviors of the child represent the attribute of interest. Consider CBCL item 5 ‘behaves like opposite sex’. One can hardly expect that everyone has the same notion of what ‘behaving like the opposite sex’ entails. Exactly the same problem arises with the criteria for DSM-IV gender identity disorder. We doubt that any two clinicians will agree on exactly what constitutes ‘intense desire to participate in the stereotypical games and pastimes of the other sex’.

Third, the informant must be able to extract the relevant behaviors or states from the stream of everyday life and determine how often they occur. We would also add that this must also be done in relation to the relevant time frame (e.g. the past six months for the CBCL and a variety of frames for DSM-IV diagnoses).

Fourth, the informant or diagnostician must then reduce the information already extracted to the appropriate metric for the final coding (e.g. not true, somewhat or sometimes true, very true or often true on the CBCL or symptom present/absent for DSM-IV). Ross and Ross showed (1982) that different parents judge the frequencies necessary to fall into such categories very differently. It is also worth noting that there is very little information about what constitutes normative behavior as far as most symptoms are concerned. Until recently, for instance, there have been, as far as we know, no data on how often oppositional disorder symptoms occur in the general population. In other words, the decision as to where in the frequency distribution to set the cutpoint for ‘often argues with adults’ has necessarily been left to the vagaries of individual guesswork.
WHEN ARE CATEGORIES REQUIRED?

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

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

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A third indication for the use of categories is when data show that some phenomenon functions in a categorical manner, rather than a dimensional manner. In rare cases, the categorical nature of the phenomenon may be revealed by the appearance of a bimodal distribution in scores on a "dimensional" measure. The appearance of a bump at the lower end of the otherwise normal IQ distribution is an indication of the presence of a group of individuals with a range of disorders affecting IQ that are rarely found in the rest of the IQ range. A number of attempts to detect points of rarity and humps in symptom distributions have been made in the service of defining subtypes of depression and distinguishing depression from anxiety, but these have been quite unsuccessful. Unless efforts are made a priori to produce non-continuous distributions, it is striking that symptom distributions appear to be resolutely continuous in both adults and older children. There is every reason to suppose that the same will be true of preschoolers. It is perhaps worth noting, however, that 'continuous' does not mean 'normally distributed.' The form of any distribution of psychopathology will depend on the way in which psychopathology is measured. If one includes high prevalence, low intensity items in one’s symptom scale, it is easy enough to generate a roughly normally distributed curve. However, most of what clinicians would regard as being symptoms are absent in most people, with the result that general population symptom scores from interviewer-based interviews are heavily skewed to the right (that is most people have zero or very low scores). Even so these Poisson or inverse power curve distributions are still continuous.
Is this evidence that continuous measures are to be preferred? Not necessarily. Just because a distribution is continuous does not mean that the phenomenon underlying it is not categorical. Suppose for a moment that there really were a brain disease called depression and that you either had it or you didn’t. Suppose also that at some point in the future some aspects of the mechanism of this disease will be discovered so that an accurate diagnostic test will be available, but for now, we have to rely on asking a lot of questions about phenomena that are related to the real disease but also have a range of other causes. Let us also assume that the disease is not very common (say it affects 4% of the population), but that some of the other causes of individual ‘depressive’ symptoms (e.g. primary sleep disorders, anxiety disorders, bereavement, physical illnesses) are as common, or more common. Let us also take into account that our available questioning techniques are imperfect measures even at the symptom level. In other words we face measurement error at both the symptom and diagnostic levels. What would we expect the distribution of ‘depressive’ symptoms to look like? We suggest that the result would be a distribution in which many people had a few symptoms and a few had many symptoms, with no sharp cutoff between the two. Our ‘real’ depressives would be concentrated in the upper tail of the distribution, but because of the imperfections of our question-based assessment approach, some would be in the heavy lower end of the distribution. Thus even if we were measuring the right symptoms, we could expect that our purely categorical disease would generate a continuous symptom distribution. As a further illustration, suppose for a moment that gender before age five were measurable only from observations of children’s play, hair length and parental reports of behavior. We suspect that there would be endless debate over whether gender was a categorical or dimensional phenomenon.
**THE ABILITY TO MAKE A DIAGNOSIS DOES NOT CONSTRAIN THE USER TO MAKE A DIAGNOSIS**

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

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

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

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

It is mandatory to get details of symptoms and not just yes/no answers. It is the interviewer’s task to decide what symptoms are present, not the respondent’s. Questions are recommended in the text, but the interviewer should ask whatever further questions are necessary to clarify the information to be recorded.
As far as question content is concerned, the usual procedure is to start with an open question that defines the general area under consideration; to follow this with more focused closed questions on the specific symptom to be rated; and to end with open questions designed to obtain examples of the behavior or thought processes reported. For instance, when trying to elicit a child’s mood one might start by asking: “How has s/he been feeling in the last month?” Such a question might result in a full description of a depressive episode, at one extreme (in which case the appropriate items should be rated), to an entirely non committal answer like “O.K.”. In the latter case a more specific closed question such as “Has s/he felt miserable or unhappy at all?” would be appropriate. If the answer to this question suggested that the child had experienced low mood, clarification should be sought through open questions that seek examples. These might take the form of: “Can you give me an example of when s/he felt like that?” or “How low did s/he feel then?” or “When was the last time you s/he was like that?” If the answers indicated that the child might have experienced significantly depressed mood, further questions should be framed in order to determine whether the symptom criteria are met.

The task is always to determine conformity to the schedule glossary’s criteria for the symptom. A yes/no answer to a closed question almost never decides the rating. Occasionally, it may be necessary to rate a symptom as being present in the face of a categorical denial by the interviewee, or conversely to code its absence despite the respondent’s insistence on its presence, in accordance with the directions of the glossary.
### The Probe Structure

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

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

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

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

*Detailed written notes on the right hand page should be kept during the interview. Marks should be placed next to the questions that were actually asked, with yes answers being distinguished by a checkmark and negative answers being distinguished by a dash.*

*Audio recordings should also be made of all interviews for review later in the office, in order to check and finalize the schedule codings.*

*Detailed notes of actual examples of symptoms or problems should be made. These provide an important resource for data cleaning at a later stage, and also allow anyone reading through the completed schedule to get a much richer picture of the nature of a child's difficulties. This can be of immense value in trying to understand and fill out findings based on statistical analyses of the formal ratings. It is especially important to note examples of psychotic symptoms as it is often difficult to be certain about these in children.*
CONTEXT

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

1) The context of the child’s relationship

2) The context of the child’s setting

RELATIONSHIP CONTEXT

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

SETTING CONTEXT

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

1) Home

2) Daycare/School

3) Elsewhere

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

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

1) The intensity of the symptom itself,
2) Its frequency of occurrence,
3) Its duration when actually present,
4) The length of time since it first appeared, and
5) The amount of secondary incapacity that it causes.

INTENSITY

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

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

1) its intrusiveness into or interference with other mental activities (as, for instance, in the case of worries intruding into other thoughts),
2) its lack of modifiability or the child's inability to modify the phenomenon by action, thought, behavior, or environmental manipulation (as when a miserable child cheers himself up by going out to play football with his friends),
3) its generalization or the degree to which symptomatic thoughts or emotions are present across a range of activities that may be quite unrelated to the content of the symptom (as in the case of the child who feels afraid of parental separation in situations where separation is not threatened).

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

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

The third group of symptoms comprise behavioral disturbances that are abnormal only when they are intense. This applies, for example, to conduct disturbance items such as disobedience and temper tantrums. Sometimes the intensity threshold is implicit in the form of the symptom (for instance tantrums are defined in terms of attempted violence against people or property), but it is sometimes necessary to specify a minimum frequency combined with the requirement of generalization across activities in order to set a threshold.
The fourth group of symptoms is, in a sense, intermediate between the second and third in that they are common but yet are not universally expectable at low intensity in the same way that applies to the first group of intrapsychic phenomena or the third group of conduct disturbances. This group includes such items as stealing and tics. In view of the uncertainty over what intensity of manifestation is clinically relevant, the threshold has been set low so that only clearly trivial manifestations are excluded. The specific requirements are specified individually for each symptom. Throughout the interview, precise rules for coding the intensity of each item are specified in the glossary. For the most part, symptoms and behaviors are scored on a 4 point scale (0, 1, 2, 3) of "intensity".

0 = Symptom absent.

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

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

3 = Symptom present at higher intensity level, as defined in the glossary.
4 = In the Subjective Anxious Affect Section, child has not been in the situation in the past 3 months because of avoidance, but anxious affect would have been present if s/he had been in the situation.

Several codes for various sorts of missing data are also available:

d = Parent does not have sufficient knowledge to rate. Code the intensity with a “d” (for don’t know) if the parent reports that they just do not know about the information in question, and can not answer your question. However, it is important not to code ‘d’ when the parent really means that the symptom is absent to the best of his/her knowledge. For instance, if the parent says “not as far as I know,” or “I do not think so,” code 0”.

S = Structurally missing value; the question is not applicable (for instance, recording frequency of a symptom that has not occurred) or the items are in skip sections and not covered because the responses to the screen questions were negative.

N = Symptom similar to the one being coded, and of sufficient severity to warrant notice, but not conforming to any glossary definition. This coding is particularly useful when developing a new section of an interview, because it provides a means of noting the presence of symptomatology that is poorly addressed by the current format. Whenever an ‘N’ coding is made, careful notes justifying the coding should be made, so that it is clear what action would have to be taken to make such symptoms codable. The existence of the “N” coding is not intended as an excuse for avoiding the determination of whether defined symptoms are present or absent.
### Definitions and questions

\( X = \) Information missing, or section not completed. Missing data are to be avoided at all costs, but sometimes individuals are unwilling to provide certain sorts of information, and there is nothing that the interviewer can do about it. It is sometimes thought that it matters less if "X" codings appear in frequency, duration, or onset items than if they appear in intensity items. This is not true. The diagnostic and scoring algorithms typically use frequency, duration, and onset information, and its absence has a severe effect on the accuracy of the final assessment of the diagnostic status of the child.

Some items depart from this format (for instance being coded simply 0, 1, and 2), but in these cases the glossary again provides definitions. If, in a particular symptom category, there is a mixture of intensity levels, these intensities are not averaged to achieve an overall intensity rating; the symptom is coded at its worst, or highest level, with the following proviso for "emotional"/affective symptom categories (Worries, Anxiety, including Separation Anxiety, Ruminations, Obsessions, Compulsions, Depression, and Mania): When there is a "mix" of 2 and 3 level intensities reported, in order to rate at level 3 in overall intensity the symptom must occur at that level for at least 1 week continuously, or 2 times a week for 3 2 weeks consecutively, or once a week for 7 weeks consecutively. However, if it is a clear 3, the need for 1 week continuously does not apply. For frequency and duration, all episodes that meet criteria (both 2 and 3 level intensities) are included.
**TIMING: FREQUENCY, DURATION, AND ONSET**

**PRIMARY PERIOD**

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

**DURATION**

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

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

**FREQUENCY**

Ratings of frequency are required for all symptoms that are not continuous. The frequency refers to the number of symptom bouts or discrete acts that have occurred during the last 3 months. If the frequency exceeds 999, 999 should be coded. If a symptom has been continuously present, it should be coded 15 hours under duration and 90 under frequency.
When averaging frequencies (or any aspect of a symptom or behavior), the general rule is that it is best to underestimate symptomatology; the following are guidelines to follow in this process:

a) 2 3 times per week = 2
b) 3 5 times per week = 4
c) 5 10 times per week = 7

For symptoms present at intensity level 3, the frequency ratings reflect frequency of symptoms at both 2 and 3 level. The rationale is that the intensity level tells us about the worst that the symptom gets, and the frequency tells how often the symptom has been present at a codable level.

SYMPTOM ONSET

The date from which the child has suffered from any symptom that has been present during the primary period at intensity level 2 or higher should be recorded. If a symptom has been present on and off over a long period, then an additional rule applies: an asymptomatic period lasting 1 year or more is considered to constitute a break in the symptoms’ presence, and the next appearance of the symptom after such a break is regarded as being the date of onset. For example, if a child lacked bladder control from birth until age 2, and then became dry for three years, started wetting again 2 years later, became dry after 6 months and then began to wet again 18 months after that, the last date would be recorded as the onset of enuresis. However, "ever" onsets should be coded as the first time a symptom or behavior occurred; the one year’s absence rule would not apply in this case.

Onset dates are coded as actual dates.

Certain rules also apply to the coding of uncertain dates:

(I) If a date is known only to a particular year, it is coded as occurring on 6/14 of that year (i.e. midway through the year).
Definitions and questions

(ii) Similarly if only the age (in years) at which a symptom started is known, that is coded as a date six months after the date of the previous birthday (e.g. if a child with DOB 1/1/78 says “It started when I was seven”, that date should be coded as 7/1/85). If the response given is “age 3 or 4”, one would code the later age for the onset.

(iii) If the response given is a particular season of the year, the month would be coded as 1 (January) for winter, 4 (April) for spring, 7 (July) for summer, and 10 (October) for Autumn.

(iv) If a grade is given for the onset, use the middle of the year for the month, fourteen for the day, and three for the confidence (refer to Confidence codings below). For example, if someone says a symptom started in the third grade (and s/he was in third grade from September 1984 June 1985) the onset is 1/14/85, with a confidence of 3.

(v) If a month can be given, the day is coded as the 14th.

(vi) The first week is coded 7 as to day, the second week 14, the third 21, and the fourth 28.

Persistence with date questioning, tied into markers such as holidays, birthdays, and the seasons of the year is often surprisingly effective in getting interviewees to remember onset dates that they were, at first, quite sure they could not specify so exactly.

If the response is “S/he has always been like that”, try to help the respondent pin it down (Was she already like that when you moved? What about before then?), but if you can’t stir the memory use date of birth.
FLOW OF INFORMATION

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

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

The preferred flow of questioning is therefore:

Presence/Absence

Date of Onset

Duration

Frequency

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

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

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

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


FAMILY SECTION
FAMILY STRUCTURE, LIFE, AND FUNCTION

This section has five major functions;

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

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

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

(4) FINDING ENTERIES TO OTHER SECTIONS OF THE INTERVIEW. This section is likely to throw up indications of areas of pathology, which may then be followed up.
(5) COLLECTING INFORMATION RELEVANT TO THE INCAPACITY RATINGS. Many of the questions in these sections are directly relevant to the ratings of Incapacity. It is important, right from the start of the interview, that the interviewer should be thinking about disturbance at the level both of symptoms and incapacity.

ORGANIZATION OF THE SECTION

The section is organized into 4 sub-areas:

(1) Family structure

(2) Family life and relationships

(3) Relationships with parents

(4) Relationships with siblings
SIBLINGS

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

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

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

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

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

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

MULTIPLE BIRTH

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

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

OTHERS IN THE HOUSE

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

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

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

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

AGE AT ADOPTION

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

FOSTER CARE
**Definitions and questions**

<table>
<thead>
<tr>
<th>Family Section</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If child has ever been in foster care, code the number of foster homes and the earliest date of placement.</strong></td>
</tr>
<tr>
<td><strong>If child is currently in foster care, code the date of placement in that home.</strong></td>
</tr>
<tr>
<td><strong>BIOLOGICAL PARENTS’ MARITAL STATUS</strong></td>
</tr>
<tr>
<td>This item refers to the biological parents' latest marital status. Thus, if a couple lived together for a year, were then married for 5 years before being divorced, they would be coded 4 (Divorced).</td>
</tr>
<tr>
<td>If biological parents have a common law marriage (i.e. have cohabited for a period that the state determines is common law marriage) then code marital status as cohabited &gt; 6 months.</td>
</tr>
<tr>
<td>Biological parents who prefer to live apart or are legally separated are coded as separated.</td>
</tr>
<tr>
<td><strong>NUMBER OF YEARS BIOLOGICAL PARENTS LIVED TOGETHER</strong></td>
</tr>
<tr>
<td>The number of years that the biological parents lived together, regardless of marital status. Include the years that the child's biological parents lived together unwed, or the time biological parents lived together before getting married.</td>
</tr>
<tr>
<td><strong>PARENTAL FIGURES</strong></td>
</tr>
<tr>
<td>The term Parent refers to any adult who has lived in the child's home for at least 1 month, who assumes some responsibility for attempting to control the behavior and discipline of the child. Thus, a parent's live-in partner is regarded as a parent if s/he is involved in any way in providing discipline or care for the child.</td>
</tr>
</tbody>
</table>
### Definitions and questions

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

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

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

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

### Examples of Codings of Parental Figures:

**CHILD IN HOME WITH BOTH BIOLOGICAL PARENTS**

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

If the biological parents have separated or divorced within the primary period and the parent now living elsewhere was in the family home for at least 1 month, code the biological parents as Parent #1 and Parent #2.
CHILD IN HOME WITH ONE BIOLOGICAL PARENT: If the child lives with one biological parent and a new partner who serves as a parent, and the other biological parent lives elsewhere, code the parent and the new partner as Parent #1 and Parent #2 respectively. Code the other biological parent living elsewhere as Other Parent #1.

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

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

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

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

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

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

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

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

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

#### Definitions and questions

<table>
<thead>
<tr>
<th>Interview #</th>
<th>Introductions</th>
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<tr>
<td>Interviewer</td>
<td>First day of primary period</td>
</tr>
<tr>
<td>Time at beginning of interview</td>
<td>Time at end of interview</td>
</tr>
</tbody>
</table>

#### Codes

- **PAA3X01**
- **PVVIEWER**
- **PAP0X01**
- **PINTLOC**
- **PAQ1D01**
QUALITY OF INTERVIEW

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

0 = Adequate

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

3 = The whole interview is inadequate.

Codes

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

Interviewer Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
## Preschool Age Psychiatric Assessment

### Definitions and questions

<table>
<thead>
<tr>
<th>Subject</th>
<th></th>
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<tbody>
<tr>
<td><strong>Gender</strong>&lt;br&gt;M=Male&lt;br&gt;F=Female</td>
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<tr>
<td><strong>Date of Birth</strong></td>
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<tr>
<td><strong>Ethnic Origin</strong>&lt;br&gt;1=African American&lt;br&gt;2=American Indian or Alaskan Native&lt;br&gt;3=Asian or Pacific Islander&lt;br&gt;4=Hispanic&lt;br&gt;5=Other&lt;br&gt;6=White (European or Middle Eastern)</td>
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<tr>
<td><strong>Birth Weight</strong> (pounds/ounces)</td>
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<tr>
<td><strong>Gestational Age</strong> (Weeks)</td>
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<tr>
<td><strong>Current Weight</strong></td>
<td></td>
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<tr>
<td><strong>Current Height</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Language Spoken at Home</strong>&lt;br&gt;1=English&lt;br&gt;2=Spanish&lt;br&gt;3=Other</td>
<td></td>
</tr>
<tr>
<td><strong>Age at Adoption</strong> (Years and Months)</td>
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</tbody>
</table>

### Codes

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<tr>
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<th>Description</th>
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<td>PAA1O01</td>
<td>DOB (Date of Birth)</td>
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<tr>
<td>PEE4X01</td>
<td>/</td>
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<tr>
<td>PEE4D01</td>
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<td>PAP7I01</td>
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<tr>
<td>PAP9X01</td>
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</tbody>
</table>
Preschool Age Psychiatric Assessment

Definitions and questions

**PARENTAL FIGURES**

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

**YEARS BIOLOGICAL PARENTS LIVED TOGETHER**

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

**Gender**
M=Male
F=Female

**AGE**

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

Parent #1

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

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

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

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

Date Last Employed
Code if not employed at the time of the interview
# Preschool Age Psychiatric Assessment

## Definitions and questions

<table>
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<th><strong>PARENTAL FIGURES</strong></th>
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<tbody>
<tr>
<td><strong>PARENT #2: Name___________________________</strong></td>
</tr>
<tr>
<td>1= Biological parent</td>
</tr>
<tr>
<td>2= Adoptive parent</td>
</tr>
<tr>
<td>3= Step parent</td>
</tr>
<tr>
<td>4= Live-in partner of one parent (&gt;6 months)</td>
</tr>
<tr>
<td>5= Live-in partner of one parent (&lt;6 months)</td>
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<tr>
<td>6= Grandparent</td>
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<tr>
<td>7= Other relative</td>
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<tr>
<td>8= Foster parent</td>
</tr>
<tr>
<td>9= Unrelated adult serving as parent</td>
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<tr>
<td>10= Deceased biological parent</td>
</tr>
<tr>
<td>11= Deceased non-biological parent</td>
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</tbody>
</table>

**Gender**
- M = Male
- F = Female

**AGE**

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

**Parent #2**

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

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

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

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

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

<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
<tr>
<td>PSA3X01</td>
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<td>PSA3X02</td>
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<tr>
<td>PSA3X03</td>
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<tr>
<td>PSA3X04</td>
</tr>
<tr>
<td>PSA4001</td>
</tr>
</tbody>
</table>
### Definitions and questions

#### PARENTAL FIGURES

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

**Gender**  
M= Male  
F= Female

**AGE**

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

Other Parent #1

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

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

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

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

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

Codes

PSA5X01
PSA5X02
PSA5X03
PSA5X04
PSA6001
# Parental Figures

**OTHER PARENT #2: Name___________________________**

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

**Gender**

M = Male  
F = Female

**AGE**

**EDUCATION**

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

**Other Parent #2**

**Current Employment Status**

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

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

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

**Occupation (Current or most recent)**

Enter code from Census Index of Occupations

**Industry (Current or most recent)**

Enter code from Census Index of Occupations

**Date Last Employed**

Code if not employed at the time of the interview
# SIBLINGS

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

**Sex of Sibling**  
M = Male  
F = Female

**Age**

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

| 1.______________________________ | PAA6X01 |
| 2.______________________________ | PAA6X02 |
| 3.______________________________ | PAA6X03 |
| 4.______________________________ | PAA6X04 |
| 5.______________________________ | PAA6X05 |
| 6.______________________________ | PAA6X06 |
| 7.______________________________ | PAA6X07 |
| 8.______________________________ | PAA6X08 |
| 9.______________________________ | PAA6X09 |
| 10.______________________________ | PAA6X10 |
| 11.______________________________ | PAA6X11 |
| 12.______________________________ | PAA6X12 |
### SIBLINGS

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

**Sex of Sibling**
- M = Male
- F = Female

**Age**

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

### Codes

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SIBLINGS

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

Sex of Sibling
M= Male
F= Female

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

Codes
PAA6X25
PAA6X26
PAA6X27
PAA6X28
PAA6X29
PAA6X30
PAA6X31
PAA6X32
PAA6X33
PAA6X34
PAA6X35
PAA6X36
Definitions and questions

**MULTIPLE BIRTH**

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

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

**Codes**

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

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

List respondent first

1. ____________________________

2. ____________________________

3. ____________________________

4. ____________________________

5. ____________________________

6. ____________________________

7. ____________________________

8. ____________________________

9. ____________________________

10. ____________________________

Codes

PAA8X01
PAA8X02
PAA8X03
PAA8X04
PAA8X05
PAA8X06
PAA8X07
PAA8X08
PAA8X09
PAA8X10
**ETHNIC ORIGIN/RACE**

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

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

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

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

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

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

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

**SUBJECT IS FEMALE**

**IF SUBJECT IS FEMALE, CODE PRESENT**

How old is X

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</table>
### Definitions and questions

**SUBJECT IS MALE**
IF SUBJECT IS MALE, CODE PRESENT

How old is X?

**ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER**
RACE ALWAYS PRESENT.

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

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

Is she American Indian or Alaskan Native?

Is she Asian?

African-American or Black African?

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

Native Hawaiian or other Pacific Islander?

Some other race that I have not mentioned?

### Coding rules

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<table>
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<th>ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER</th>
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<td>PUB4I01 Intensity</td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>
Is X's biological father Spanish, Hispanic, or Latino?

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

Is he American Indian or Alaskan Native?

Is he Asian?

African-American or Black African?

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

Native Hawaiian or other Pacific Islander?

Is he some other race that I have not mentioned?

ETHNIC ORIGIN/RACE: CHILD

RACE ALWAYS PRESENT.

Is X Spanish, Hispanic, or Latino?
**Definitions and questions**

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

*Is s/he American Indian or Alaskan Native?*

*Or Asian?*

*African-American or Black American?*

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

*Native Hawaiian or other Pacific Islander?*

*Some other race that I have not mentioned?*

---

**FOSTER CARE**

*Has s/he ever been in foster care?*

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

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

*When did s/he go into a foster home?*

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

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

---

**Coding rules**

**ETHNIC ORIGIN/RACE: CHILD**

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

---

**Codes**

- PUB5X02
- PUB5X03
- PUB5X04
- PUB5X05
- PUB5X06
- PUB5X07

---

**FOSTER CARE**

*Ever*:

- 0 = No
- 2 = Yes

---

**NUMBER OF FOSTER HOMES**

*Ever*:

---

**DATE OF FOSTER PLACEMENT**

*Ever*:

---

**DATE OF CURRENT FOSTER PLACEMENT**

---

**YEARS**

---
### FAMILY LIFE AND RELATIONSHIPS

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

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

Where has s/he been living?

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

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

#### LIVING AT HOME

- **PAC2I01** Intensity
- **PAC2F01** Number of weeks living at home in the last three months

#### SECONDARY PERIOD: BEGINNING DATE OF LAST MONTH LIVING AT HOME

- **PAC3O01**

#### REASON(S) NOT LIVING AT HOME 4 WEEKS

1. Time spent away from home and parental figures while attending special program or camp, traveling, vacationing, visiting relatives or friends.
2. In hospital.
3. In treatment facility(ies)
4. Living with other parent.
5. Foster care
6. Other

Specify

#### PARENTAL SUPERVISION-CHILD LEFT HOME ALONE

Child left home alone without any supervision.

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

How often do you do that?

What was the longest amount of time you were gone?

#### CHILD LEFT HOME ALONE WITHOUT ANY SUPERVISION

- **PUB6I01** Intensity
- **PUB6F01** Frequency
- **PUB6D01** Duration

| HOURS : MINUTES | }

---

**FOR REVIEW ONLY**

---

**FOR REVIEW ONLY**

---

**FOR REVIEW ONLY**

---

**FOR REVIEW ONLY**

---
**Definitions and questions**

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

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

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

*Or other children younger than 12?*

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

IF LEFT AT HOME WITH A CHILD YOUNGER THAN SUBJECT CHILD, CODE IN CHILD LEFT HOME ALONE WITHOUT ANY SUPERVISION.

How often do you do that?

What is the longest amount of time you were gone?

**PARENTAL SUPERVISION - CHILD LEFT IN CAR**

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

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

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

How often do you do that?

What was the longest amount of time you were gone?

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

### Coding rules

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<th><strong>CHILD LEFT IN CAR WITHOUT ADULT SUPERVISION OR CHILD 12 OR OLDER</strong></th>
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</thead>
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</tr>
<tr>
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</tr>
<tr>
<td>2 = Present</td>
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</table>
**PARENTAL SUPERVISION P2 - CHILD LEFT HOME ALONE**

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

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

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

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

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

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

*Or other children younger than 12 years old?*

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

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

---

<table>
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<tbody>
<tr>
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</tr>
<tr>
<td>PUB7F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>PUB7D01</td>
<td>Duration</td>
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</table>

**Coding rules**

- 0 = Absent
- 2 = Present

---

```markdown
<table>
<thead>
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<th>Child left home with older sibling who is younger than 12 or other child younger than 12</th>
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<tbody>
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<td>PUB7I02</td>
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<td>PUB7F02</td>
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<tr>
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```
PARENTAL SUPERVISION (P2)- CHILD LEFT IN CAR

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

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

PARENTAL DISCIPLINE BY PARENT #1- TIME OUT

Information about methods of discipline.

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

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

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

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

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

What do you do to discipline X?

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

Was that fairly typical of what happens?

Do you have to punish him/her often?

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

PARENTAL DISCIPLINE- SPANKING WITH HAND

Do you spank X?
Or give him/her a swat?
Do you use your hand?

PARENTAL DISCIPLINE- SPANKING WITH IMPLEMENT

Do you spank with something like a switch, brush, or belt?

PARENTAL DISCIPLINE- MARKS OR BRUISES

Have you ever hit him/her and left bruises or other marks?

When was the first time you ever hit him/her to leave marks or bruises?

In the last three months, have you hit him/her to leave marks or bruises?

In the last three months, how often have you hit him/her to leave marks or bruises?

Coding rules

SPANKING WITH HAND

PAQ4I01 Intensity
0 = Absent
2 = Present

PAQ4F01 Frequency

PAQ4O01 Onset

SPANKING WITH IMPLEMENT

PAQ5I01 Intensity
0 = Absent
2 = Present

PAQ5F01 Frequency

PAQ5O01 Onset

MARKS OR BRUISES

Ever:PAQ6E01 Intensity
0 = Absent
2 = Present

Ever:PAQ6O01 Onset

MARKS OR BRUISES

PAQ6I01 Intensity
0 = Absent
2 = Present

PAQ6F01 Frequency

Codes
**Definitions and questions**

**PARENTAL DISCIPLINE- SENT TO ROOM**
Parent sends child to room for punishment. There is no attempt by parent to restrict child's activities while in room.

*Do you send X to his/her room?*
How often do you do that?
How long does s/he have to stay in there?

<table>
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**SENT TO ROOM**

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**PARENTAL DISCIPLINE- LOCKED IN ROOM, BASEMENT, OR CLOSET**
Have you locked him/her in a room, basement, or closet

*How often do you do that?*
*How long does s/he have to stay there?*

<table>
<thead>
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**LOCKED IN ROOM, BASEMENT OR CLOSET**

<table>
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<th>HOURS : MINUTES</th>
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</thead>
<tbody>
<tr>
<td>PAQ8D01 Duration</td>
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</table>

**PARENTAL DISCIPLINE- LOSS OF PRIVILEGES**

*Do you take away privileges?*

*Like what?*

*How often do you do that?*
*How long does s/he lose these privileges?*

*IF LESS THAN 1 HR, CODE AS 1 HR. IF ALL DAY, CODE AS 15 HR.*

<table>
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**LOSS OF PRIVILEGES**

<table>
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<th>HOURS : MINUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAQ9D01 Duration</td>
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</table>
PARENTAL DISCIPLINE- OTHER PUNISHMENT

What other sorts of punishment does s/he get?

How often do you do that?

DISCIPLINARY STYLE

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

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

Do you ever feel out of control?

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

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

PARENTAL DISCIPLINE BY PARENT #2- TIME OUT

Information about methods of discipline.

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

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

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

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

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

What about your "partner?"

What does s/he do to discipline X?

Tell me about the last time your "partner" punished X. Was that fairly typical of what happens?

When X does something wrong, does your "partner" use time outs?

Does s/he punish X often?

PARENTAL DISCIPLINE BY PARENT #2- SPANKING WITH HAND

Does s/he spank X?

Or give him/her a swat?

Does your "partner" use his/her hand?

Coding rules

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</tbody>
</table>
Definitions and questions

PARENTAL DISCIPLINE BY PARENT #2 - SPANKING WITH IMPLEMENT

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

0 = Absent
2 = Present

PARENTAL DISCIPLINE BY PARENT #2 - MARKS OR BRUISES

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

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

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

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

0 = Absent
2 = Present
Definitions and questions

PARENTAL DISCIPLINE BY PARENT #2- SENT TO ROOM
Parent sends child to room for punishment. There is no attempt by parent to restrict child’s activities while in room.

Does "Parent # 2" send X to his/her room?
How often does s/he do that?
How long does s/he have to stay in there?

SENT TO ROOM
0 = Absent
2 = Present

HOURS : MINUTES

PARENTAL DISCIPLINE BY PARENT #2- LOCKED IN ROOM, BASEMENT, OR CLOSET
Has "Parent #2" locked him/her in a room, basement, or a closet?
How often does s/he do that?
How long does s/he have to stay in there?

LOCKED IN ROOM, BASEMENT, OR CLOSET
0 = Absent
2 = Present

HOURS : MINUTES

PARENTAL DISCIPLINE BY PARENT #2- LOSS OF PRIVILEGES
Does "Parent #2" take away privileges?
Like what?
How often does s/he do that?
How long does s/he lose these privileges?

LOSS OF PRIVILEGES
0 = Absent
2 = Present

IF LESS THAN 1 HR, CODE AS 1 HR. IF ALL DAY, CODE 15HR

HOURS : MINUTES
PARENTAL DISCIPLINE BY PARENT #2 - OTHER PUNISHMENT

What other sorts of punishment does s/he get?

How often does s/he do that?

DISCIPLINARY STYLE BY PARENT #2

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

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

Does s/he ever feel out of control?

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

Other Punishment

0 = Absent
2 = Present
Specify

Intensity

Frequency

Discipline by Parent #2

0 = Absent
2 = Parent feels out of control when administering discipline, but punishment is accompanied by a generally nurturant atmosphere.
3 = Discipline delivered coldly, or frequently in anger, AND unaccompanied by a generally nurturant atmosphere.

Intensity
VERBAL DISPRAISE BY PARENT #1

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

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

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

What did you say to X the last time s/he did something you didn't like?

In the last three months, have you told X s/he is a bad girl/boy?

Or told X that s/he is no good?

Or stupid?

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

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

How about your "partner?"
**VERBAL DISPRAISE BY PARENT #2**

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

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

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

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

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

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

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

**VERBAL REJECTION BY PARENT #1**

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

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

*Have you said anything like that to him/her in the last three months?*
VERBAL REJECTION BY PARENT #2

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

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

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

IF THERE IS MORE THAN ONE CHILD IN THE HOME COMPLETE "SELECTIVE NEGATIVE VIEW". OTHERWISE, SKIP TO "OTHER PARENTING - OTHER PARENT #1", (PAGE 29).
SELECTIVE NEGATIVE VIEW BY PARENT #1
The target child is regarded more negatively by his/her parents than the other child(ren) in the home. Just because one child has more problems, it doesn’t mean that s/he will be the subject of a selective negative view. To be rated here, the child must actually receive different treatment from the other child(ren) for equivalent misdemeanors.

Does X have siblings in the home?

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

Has it always been like that?

When did you start to find him/her the most difficult?

Do you find yourself treating X differently?

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

Can you give me an example?

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

Do you have any difficulties with the other children?

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

SELECTIVE NEGATIVE VIEW BY PARENT #2
The target child is regarded more negatively by his/her parents than the other child(ren) in the home. Just because one child has more problems, it doesn’t mean that s/he will be the subject of a selective negative view. To be rated here, the child must actually receive different treatment from the other child(ren) for equivalent misdemeanors.

Does your “partner” feel the same way?

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

Does your “partner” have difficulties with the other children?

What sort of problems?
INCLUDE DIFFERENCES IN VERBAL AS WELL AS BEHAVIORAL TREATMENT OF THE CHILD.
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CHILD HAS &quot;OTHER PARENT #1&quot; AND/OR &quot;OTHER PARENT #2&quot;, COMPLETE &quot;OTHER PARENTING&quot;. OTHERWISE, SKIP TO &quot;RELATIONSHIPS WITH SIBLINGS&quot;, (PAGE 31).</td>
<td></td>
</tr>
</tbody>
</table>
OTHER PARENTING - OTHER PARENT #1

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

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

Child has "Other Parent #1."

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

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

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

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

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

Child has "Other Parent #1."

0 = Absent
2 = Present

OTHER PARENT #1: NUMBER OF VISITS

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

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

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

### OTHER PARENTING - OTHER PARENT #2

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

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

**Child has "Other Parent #2."**

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

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

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

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

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

### Coding rules

<table>
<thead>
<tr>
<th>CHILD HAS “OTHER PARENT #2”</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>PAE1I01 Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER PARENT #2: NUMBER OF VISITS</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAE1F01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DURATION OF VISITS: OTHER PARENT #2</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = &gt;1 week</td>
<td>PAE1D01</td>
</tr>
<tr>
<td>1 = 1 day- 1 week</td>
<td></td>
</tr>
<tr>
<td>2 = &lt; 1 day</td>
<td></td>
</tr>
<tr>
<td>3 = &lt; 5 hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER PARENT #2: NUMBER OF PHONE CALLS/LETTERS TO OR FROM IN LAST 3 MONTHS</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAE2F01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER PARENT #2: QUALITY OF RELATIONSHIP</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No evidence of relationship problems with absent parent.</td>
<td>PAE3I01</td>
</tr>
<tr>
<td>1 = No relationship and child grieves or is angry over this.</td>
<td></td>
</tr>
<tr>
<td>2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent's new partner).</td>
<td></td>
</tr>
<tr>
<td>3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).</td>
<td></td>
</tr>
</tbody>
</table>
RELATIONSHIPS WITH SIBLINGS

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

Check that siblings are coded in the same order.

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

Child has siblings.

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

Is s/he especially close to any of them?

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

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

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

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

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

CHILD HAS SIBLINGS

0 = Absent
2 = Present

RELATIONSHIPS WITH SIBLING #1

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

RELATIONSHIPS WITH SIBLING #2

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

RELATIONSHIPS WITH SIBLING #3

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

RELATIONSHIPS WITH SIBLING #4

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

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

1 = "Neutral" relationship

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

RELATIONSHIPS WITH SIBLING #5

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

1 = "Neutral" relationship

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

RELATIONSHIPS WITH SIBLING #6

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

1 = "Neutral" relationship

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

RELATIONSHIPS WITH SIBLING #7

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

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or
**RELATIONSHIPS WITH SIBLING #8**

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

1 = "Neutral" relationship

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

**RELATIONSHIPS WITH SIBLING #9**

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

1 = "Neutral" relationship

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

---

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

MARITAL RELATIONSHIP

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

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

In the absence of a Marital Relationship, complete the ratings for an Exclusive Partnership, if appropriate.
**RELATIONSHIP BETWEEN PARENT 1 AND OTHER(S)**

**EXCLUSIVE PARTNERSHIP**

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

**DATING**

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

**DISSATISFACTION WITH PARTNER'S HELP- PARENT #1**

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

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

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

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

*Are there any things that you would like shared differently?*

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

---

**EXCLUSIVE PARTNERSHIP**

0 = Absent
2 = Present

**DATING**

0 = Absent
2 = Present

**DISSATISFACTION WITH PARTNER'S HELP**

0 = Satisfied with partner's help.
2 = Dissatisfied with some aspects of partner's help to an extent sufficient to cause at least occasional anger, or arguments.
3 = Almost complete dissatisfaction with partner's contribution to home-making. Almost no positive help perceived as being provided by partner.
**DISSATISFACTION WITH PARTNER’S HELP - PARENT #2**

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

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

*Does that cause trouble between you?*

---

**DISSATISFACTION WITH COMMUNICATION AND DECISION-MAKING BY PARENT #1**

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

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

*Like what's in the news? Or what's been happening to you during the day? Or what (the children) have been doing?*

*Do you talk over problems or difficulties with each other?*

*Like worries over the children? Or problems with relatives? Do you talk about any problems?*

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

*Or do you keep what you think to yourself? Why is that?*  

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

*What problems are they? Why can't you talk about them?*

*Who usually decides things in the home?*

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

*Have you tried to do anything about it? What happened? Does it cause disagreements?*
Definitions and questions

DISSATISFACTION WITH COMMUNICATION AND DECISION-MAKING BY PARENT #2

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

What does your "partner" think about it?

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

YEARS P1 AND P2 LIVING TOGETHER IF NOT BOTH BIOLOGICAL PARENTS

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

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

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

PARENTAL ARGUMENTS

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

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

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

Coding rules

DISSATISFACTION BY PARENT #2 WITH COMMUNICATION AND DECISION-MAKING

0 = Dissatisfaction absent.

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

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

P1 AND P2 ARE NOT BOTH BIOLOGICAL PARENTS

0 = Absent

2 = Present

PARENTAL ARGUMENTS

0 = Absent

2 = Present

Family Section
Definitions and questions

**INTER-PARENTAL PHYSICAL VIOLENCE (PARENTAL ARGUMENTS)**

Any form of physical aggression from either partner.

*Do you ever hit each other?*

*Have you in the last three months hit each other?*

---

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

---

Coding rules

**INTER-PARENTAL PHYSICAL VIOLENCE**

0 = Absent
2 = Present

**LAST 3 MONTHS: INTER-PARENTAL PHYSICAL VIOLENCE**

0 = Absent
2 = Present

**ONSET OF INTER-PARENTAL PHYSICAL VIOLENCE**

Ever: PAF1E01

Intensity

PAF1I01

Intensity

PAF1F01

Frequency

Ever: PAF1O01

/ /
Definitions and questions

**INVolVEMENT OF CHILD IN ARGUMENTS OR VIOLENCE (PARENTAL ARGUMENTS)**

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

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

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

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

What do you do?

**APATHY**

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

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

Coding rules

**INVolVEMENT OF CHILD IN ARGUMENTS/VIOLENCE**

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

**APATHY**

0 = Apathy absent.
2 = Marital relationship generally characterized by indifference or dislike, but with some one-sided affection or cooperation over mutual activities.
3 = Marital relationship typified by absence of affection, apathy, indifference, dislike, and avoidance; with negligible cooperation in mutual activities.
**PARENTAL RELATIONSHIP(S) WITH PARENTS OUTSIDE THE HOME**

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

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

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

*How do you/they get on?*

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

**ARGUMENTS BETWEEN PARENT AND OTHER PARENT**

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

*Do you/they argue with each other?*

*What are the arguments like?*

*Can you tell me about the last time?*
INTER-PARENTAL PHYSICAL VIOLENCE
Any form of physical Aggression from either parent.

Have you/they ever hit each other?
What about in the last 3 months?

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

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

In what way?

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

What do you do?

What happens then?

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

What happens then?

IF CHILD HAS OTHER PARENT #2 LIVING OUTSIDE OF THE HOME, COMPLETE SECTION. OTHERWISE, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE", (PAGE 46).
RELATIONSHIP BETWEEN OTHER PARENT #2 AND ONE OF CHILD’S CURRENT PARENTS

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

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

How do you/they get on?

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

ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2

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

Do you/they argue with each other?

What are the arguments like?

Can you tell me about the last time?

CHILD’S CURRENT PARENT

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

PAF9X01

Intensity

PAG0F01

Frequency

QUALITY OF RELATIONSHIP BETWEEN CURRENT PARENT AND OTHER PARENT #2

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

PAG1I01

Intensity

PAG1F01

Frequency

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #2

0 = Absent
2 = Present

PAG2I01

Intensity

PAG2F01

Frequency

ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2

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

Any form of physical aggression from either parent.

*Have you/they ever hit each other?*

What about in the last 3 months?

---

**PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #2**

- **Ever:** PAG3E01
  - Intensity
  - 0 = Absent
  - 2 = Present

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

- **Ever:** PAG3I01
  - Intensity
  - 0 = Absent
  - 2 = Present

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

- **Ever:** PAG3O01

---

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

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

*In what way?*

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

*What do you/they do?*

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

*What happens then?*

**Do they try to keep X out of the arguments?**

*What do they do?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVOLVEMENT OF CHILD IN ARGUMENTS/VIOLENCE</td>
<td>PAG4I01</td>
</tr>
<tr>
<td>0 = Child is not involved in arguments.</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Child is upset by arguments/violence at least sometimes, as manifested by protesting about them to parents, or becoming withdrawn.</td>
<td></td>
</tr>
<tr>
<td>3 = Child is actively involved in argument/violence by one or both parents.</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

PARENTAL PSYCHOPATHOLOGY

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

PARENTAL PSYCHOLOGICAL PROBLEMS - DISRUPTION OF LIFE ROLE

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

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

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

PARENTAL PSYCHOLOGICAL PROBLEMS - SOUGHT TREATMENT

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

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS - RECEIVED MEDICATION

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

What sort of medication?

PARENTAL PSYCHOLOGICAL PROBLEMS - HOSPITALIZED FOR MENTAL HEALTH PROBLEM

Have you ever been hospitalized for mental health problems?
**Definitions and questions**

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

<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>

---

**Family Section**

47
Definitions and questions

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

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

PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- SOUGHT TREATMENT

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

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- RECEIVED MEDICATION

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

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

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

IF CHILD DOES NOT HAVE OTHER PARENT(S) LIVING OUTSIDE OF HOME, SKIP TO "PARENTAL SUBSTANCE USE PROBLEMS-PROBLEMS RELATED TO ALCOHOL", (PAGE 51).

Coding rules

<table>
<thead>
<tr>
<th>DISRUPTION OF LIFE ROLE</th>
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<tbody>
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<table>
<thead>
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<tbody>
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<table>
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<td>Intensity</td>
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<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

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

What about X’s “Other Parent(s)”?

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

Has s/he ever?

Have they affected “parent’s” life much?
How about work?
Or his/her ability to adequately look after X?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- SOUGHT TREATMENT

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

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- RECEIVED MEDICATION

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

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

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

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

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

Coding rules

DISRUPTION OF LIFE ROLE - OTHER PARENT #1

Ever:PAH3E01

Intensity

0 = Absent
2 = Present

SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL-OP1

Ever:PAH4E01

Intensity

0 = Absent
2 = Present

RECEIVED MEDICATION- OP1

Ever:PAH5E01

Intensity

0 = Absent
2 = Present

HOSPITALIZED FOR MENTAL HEALTH PROBLEMS- OP1

Ever:PAH6E01

Intensity

0 = Absent
2 = Present

DISRUPTION OF LIFE ROLE

Ever:PAH7E01

Intensity

0 = Absent
2 = Present
### PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2 - SOUGHT TREATMENT

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

- **Who from?**
- **What sort of treatment?**

#### Coding rules

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### PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2 - RECEIVED MEDICATION

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

#### Coding rules

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#### Codes

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<tr>
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</table>

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

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

#### Coding rules

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#### Codes

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<tr>
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<td>Absent</td>
<td></td>
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<tr>
<td>2</td>
<td>Present</td>
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</tbody>
</table>
**PARENTAL SUBSTANCE USE PROBLEMS-PROBLEMS RELATED TO ALCOHOL**

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

**Tell me about how much you drink?**

**Do you use any drugs?**

**Have you ever had a problem with drinking?**

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

**Have you ever had a problem with drug use?**

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

**Have you ever had a problem with drinking?**

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

**Have you ever had a problem with drug use?**

What do you use?
How much?
Has that caused you any problems?
What sort of problems?
### Definitions and questions

**PARENTAL SUBSTANCE USE PROBLEMS-SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM**  
*Have you ever had any treatment for your drinking?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>2</td>
<td>Treatment for alcohol.</td>
</tr>
<tr>
<td>3</td>
<td>Treatment for drugs.</td>
</tr>
<tr>
<td>4</td>
<td>Treatment for both.</td>
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</tbody>
</table>

**PARENTAL SUBSTANCE USE PROBLEMS-HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM**  
*Have you ever been hospitalized for alcohol or drug use?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Hospitalized for alcohol.</td>
</tr>
<tr>
<td>3</td>
<td>Hospitalized for drugs.</td>
</tr>
<tr>
<td>4</td>
<td>Hospitalized for both.</td>
</tr>
</tbody>
</table>

**PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- PROBLEMS RELATED TO ALCOHOL/DRUGS**  
*Tell me about how much your "partner" drinks.*

**Does s/he use any drugs?**

**Has s/he ever had any problems with drinking?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much does s/he drink?</td>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>How often does s/he drink?</td>
<td>2</td>
<td>Present</td>
</tr>
<tr>
<td>Does that lead to any problems?</td>
<td>3</td>
<td>Problem with alcohol.</td>
</tr>
<tr>
<td>What sort of problems?</td>
<td>4</td>
<td>Problem with drugs.</td>
</tr>
<tr>
<td>Does s/he ever get violent?</td>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>What happens?</td>
<td>2</td>
<td>Present</td>
</tr>
<tr>
<td>Has drinking alcohol caused any problems outside the home?</td>
<td>3</td>
<td>Problem with alcohol.</td>
</tr>
<tr>
<td>What sort of problems?</td>
<td>4</td>
<td>Problem with drugs.</td>
</tr>
<tr>
<td>Has s/he been arrested for DWI?</td>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>Has s/he ever had a problem with drug use?</td>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**CURRENTLY USED DRUGS/ HAS ALCOHOL PROBLEM (P2)**  
*PAI5I01  Intensity*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
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<tr>
<td>2</td>
<td>Present</td>
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</table>

**PROBLEMS RELATED TO ALCOHOL/DRUGS (P2)**  
*PAI6E01  Intensity*

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
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<tr>
<td>2</td>
<td>Problem with alcohol.</td>
</tr>
<tr>
<td>3</td>
<td>Problem with drugs.</td>
</tr>
<tr>
<td>4</td>
<td>Problem with both.</td>
</tr>
</tbody>
</table>
Definitions and questions

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

Has s/he ever had any treatment for his/her drinking?

Or treatment for using drugs?

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

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

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

Tell me about how much X's "Other Parent #1" drinks.

Does X's "other parent" use any drugs?

Has s/he ever had a problem with drinking?

How much does s/he drink?

How often does s/he drink?

Does that lead to any problems?

What sort of problems?

Does it cause arguments?

Does "parent" ever get violent?

What happens?

Has drinking alcohol caused any problems outside the home?

What sort of problems?

Has s/he been arrested for DWI?

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

What does s/he use?

How much?

Has that caused him/her any problems?

What sort of problems?

Coding rules

**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (P2)**

Ever:PAI7E01

Intensity

0 = Absent

2 = Treatment for alcohol.

3 = Treatment for drugs.

4 = Treatment for both.

**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM**

Ever:PAI8E01

Intensity

0 = Absent

2 = Hospitalized for alcohol.

3 = Hospitalized for drugs.

4 = Hospitalized for both.

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

PAI9I01

Intensity

0 = Absent

2 = Present

**PROBLEMS RELATED TO ALCOHOL/DRUGS - OTHER PARENT #1**

Ever:PAI0E01

Intensity

0 = Absent

2 = Problem with alcohol.

3 = Problem with drugs.

4 = Problem with both.
**Definitions and questions**

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

*Has “Other Parent” ever had any treatment for his/her drinking?*

*Or treatment for using drugs?*

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

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

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

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

*Does "Other Parent" use any drugs?*

**Coding rules**

**Sought Treatment for Alcohol/Drug Problem (OP1)**

<table>
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<tr>
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**Hospitalized for Alcohol/Drug Problem**

<table>
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<tbody>
<tr>
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<td>Hospitalized for alcohol.</td>
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**Currently Using Drugs/ Has Alcohol Problem (OP2)**

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<tr>
<td>2</td>
<td>Present</td>
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</tbody>
</table>
Definitions and questions

**Has s/he ever had a problem with drinking?**

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

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

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

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

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

Or treatment for using drugs?

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

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

Coding rules

**PROBLEM RELATED TO ALCOHOL/DRUGS (OP2)**

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**Sought Treatment for Alcohol/Drug Problem (OP2)**

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**Hospitalized for Alcohol/Drug Problem**

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<th>Codes</th>
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<td>3</td>
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<tr>
<td>4</td>
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</tbody>
</table>
PARENTAL ADULT ARRESTS AND PROSECUTIONS

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

Have you ever been arrested?

What happened?

Were charges brought against you?

What was the result of the prosecution?

When was the first time you were arrested?

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

What is the total amount of time spent in prison or jail?
PARENTAL ADULT ARRESTS AND PROSECUTIONS (PARENT #2)

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

**Has parent #2 ever been arrested?**

What happened?

**Were charges brought against him/her?**

What was the result of the prosecution?

When was the first time you were arrested?

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

What is the total amount of time spent in prison or jail?
PARENTAL ADULT ARRESTS AND PROSECUTIONS (OTHER PARENT #1)

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

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

What happened?
Were charges brought against him/her?
What was the result of the prosecution?

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

What is the total amount of time spent in prison or jail?
PARENTAL ADULT ARRESTS AND PROSECUTIONS (OTHER PARENT #2)
Arrest and/or prosecution of parent(s) since age 18.

Has X's "other parent #2" ever been arrested?
What happened?
Were charges brought against him/her?
What was the result of the prosecution?

Has other parent #2 been in prison or jail in the last 3 months?
What is the total amount of time spent in prison or jail?
FAMILY FINANCIAL INFORMATION

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

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

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

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

Family has income. (Interviewer does not ask!)

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

Very well, fairly well, or poorly?

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

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

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

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

FAMILY INCOME
0 = No Income.

Coding rules

FAMILY INCOME
0 = Absent
2 = Present

COVERAGE
0 = Very Well.
1 = Fairly Well.
2 = Poorly

INCOME SOURCES
1 = Full-time work, Parent #1. (1 = A)
2 = Full-time work, Parent #2. (2 = B)
3 = Full-time work, Child. (3 = C)
4 = Full-time work, Other. (4 = D)
5 = Part-time work, Parent #1. (5 = E)
6 = Part-time work, Parent #2. (6 = F)
7 = Part-time work, Child. (7 = G)
8 = Part-time work, Other. (8 = H)
9 = Unemployment, Parent #1. (9 = I)
10 = Unemployment, Parent #2. (10 = J)
11 = Unemployment, Child. (11 = K)
12 = Unemployment, Other. (12 = L)
13 = Alimony. (13 = M)
14 = Child Support. (14 = N)
15 = Social Security. (15 = O)
16 = Disability Payment. (16 = P)
17 = Pension. (17 = Q)
18 = Welfare (AFDC, etc...). (18 = R)
19 = Food Stamps. (19 = T)
20 = Savings. (20 = U)
21 = Other Legal. (21 = V)
22 = Illegal. (22 = W)
23 = SSI for Subject Child. (23 = Y)
24 = SSI for Other Person. (24 = Z)
25 = SSDI. (25 = Z1)
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = 0,001 - 5,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = 5,001 - 10,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = 10,001 - 15,000</td>
<td></td>
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<tr>
<td></td>
<td>4 = 15,001 - 20,000</td>
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<td></td>
<td>5 = 20,001 - 25,000</td>
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<tr>
<td></td>
<td>6 = 25,001 - 30,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 = 30,001 - 35,000</td>
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<td>8 = 35,001 - 40,000</td>
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<td></td>
<td>9 = 40,001 - 45,000</td>
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<td></td>
<td>10 = 45,001 - 50,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11 = 50,001 - 55,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 = 55,001 - 60,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13 = Over 60,000</td>
<td></td>
</tr>
</tbody>
</table>
BRIEF DEVELOPMENTAL ASSESSMENT
I would like to start by asking you about X’s development. Children develop at different rates. I would like to understand what X can do now and when s/he learned to do them.

MOTOR DEVELOPMENT

GROSS MOTOR SKILLS
Movement of arms and legs for movement and coordination.

ABILITY TO SIT UP.
How old was X when s/he learned how to sit up by him/herself?

ABILITY TO WALK.
When did s/he start walking by him/herself?

FINE MOTOR SKILLS-DRAW A CIRCLE
Can s/he draw a circle?

FINE MOTOR SKILLS-COPIES A SQUARE
Can s/he copy a picture of a square so that it looks a lot like the original?

FINE MOTOR SKILLS-WRITES NAME
Can s/he write his/her name?
FINE MOTOR SKILLS- CUTS WITH SCISSORS

*How about cutting with scissors?*

CUTS WITH SCISSORS

0 = Absent
2 = Present
DOMINANCE

HANDEDNESS

Is s/he right or left handed?

Which hand does s/he color or write with?

Which arm(s) does s/he throw with?

Which hand does s/he eat with?

FOOTEDNESS

Which foot does s/he kick with?
**Definitions and questions**

**HEARING**

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

**HEARING PROBLEM**

Child has difficulty perceiving and/or discerning sounds.

*How is X’s hearing?*

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

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

*Does s/he wear a hearing aid?*

**EAR INFECTIONS**

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

*How often has s/he gotten ear infections?*

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

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

**Coding rules**

**HEARING PROBLEM DIAGNOSED BY HEALTH PROFESSIONAL**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>Ever:PAP3E01</td>
</tr>
<tr>
<td>2 = Present</td>
<td>Ever:PAP3O01</td>
</tr>
</tbody>
</table>

**HEARING PROBLEM**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>PAP3I01</td>
</tr>
<tr>
<td>2 = Present but with hearing aid/other intervention child is able to hear.</td>
<td>PAP3I02</td>
</tr>
<tr>
<td>3 = Present and child is essentially unable to perceive and/or discern sounds.</td>
<td></td>
</tr>
</tbody>
</table>

**HEARING AID**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
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<tbody>
<tr>
<td>0 = Absent</td>
<td>PUA6I01</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
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</tbody>
</table>

**EAR INFECTIONS DIAGNOSED BY HEALTH PROFESSIONAL**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>Ever:PUA6E01</td>
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<tr>
<td>2 = Present</td>
<td>Ever:PUA6V01</td>
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</table>

**EAR INFECTIONS**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>PUA6I01</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

**FLUID DRAINED FROM EARS**

*Has s/he ever had fluid drained from his/her ears?*

*How often has s/he had this procedure?*

*When was the first time s/he had fluid drained from his/her ears?*

*What about in the last three months?*

**TUBES IN EARS**

*Has s/he ever had tubes placed in his/her ears?*

*How often?*

*When was the first time?*

*Does s/he currently have tubes in his/her ears?*
Definitions and questions

**STREP INFECTION**

*Has s/he ever been diagnosed with a strep infection?*

*How often has s/he had a strep infection?*

*When was the first time s/he had a strep infection?*

*Has s/he gotten any strep infections in the last 3 months?*  
*Was s/he prescribed antibiotics?*  
*NOTE NAME AND DOSAGE OF ANTIBIOTICS TAKEN IN THE LAST 3 MONTHS.*

**VISION**

Child has difficulty seeing or has a problem with his/her eyes such as an astigmatism. Exclude color blindness.

*How is X's vision?*

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

*Has a health professional such as a doctor or nurse ever told you that X has a problem with his/her eyes?*

*How about in the last 3 months?*

*When was the first time you were told he had vision problems?*

*Does s/he wear glasses?*

**NEONATAL CARE UNIT**

*Was s/he in a neonatal intensive care unit (NICU)?*

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STREP INFECTIONS DIAGNOSED BY HEALTH PROFESSIONAL</strong></td>
<td><strong>STREP INFECTIONS</strong></td>
<td><strong>VISION PROBLEM</strong></td>
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<td>Ever:PUA7I01</td>
<td>Ever:PAP6E01</td>
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<td>Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
<td>0 = Absent</td>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Present</td>
<td>2 = Present</td>
<td>2 = Present</td>
</tr>
</tbody>
</table>

**VISION PROBLEM DIAGNOSED BY HEALTH PROFESSIONAL**

*VISION PROBLEM*  
*0 = Absent*  
*2 = Present*  
*3 = Present and not fully correctable with glasses.*

**GLASSES**

*0 = Absent*  
*2 = Present*
**Definitions and questions**

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

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAYS</td>
<td>Ever: PEE5D01 Duration</td>
</tr>
</tbody>
</table>
Definitions and questions

**PREGNANCY**

**PREGNANCY - DIFFICULTIES**

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

---

**PREGNANCY - EXPECTED DUE DATE**

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

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

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

Late - 5 to 7 days after the due date.

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

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

*Was X born on the expected due date?*

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

How many days early?

How many days late?

---

**PREGNANCY - DELIVERY**

*Would you say the delivery was easy or difficult?*

*How long was the delivery?*

---

**Coded responses**

**PREGNANCY**

1 = Very Easy.

2 = Easy

3 = So-so

4 = Difficult

5 = Very difficult.

**DUE DATE**

1 = Very late.

2 = Late

3 = Pretty much on time.

4 = Early

5 = Very early.

---

**DELIVERY**

1 = Very Easy.

2 = Easy

3 = So-so

4 = Difficult

5 = Very difficult.
SMOKING DURING PREGNANCY

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

Did you start smoking while you were pregnant?

How much did you smoke?

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

SMOKING DURING PREGNANCY - FIRST TRIMESTER

*Did you smoke during the first trimester?*

SMOKING DURING PREGNANCY - SECOND TRIMESTER

*Have you smoked during the second trimester?*

SMOKING DURING PREGNANCY - THIRD TRIMESTER

*Did you smoke during the third trimester?*

ALCOHOL DURING PREGNANCY

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

*Did you start drinking when you were pregnant?*

*How much did you drink?*

**IF ALCOHOL USED DURING PREGNANCY COMPLETE, OTHERWISE, SKIP TO "PREGNANCY - RELAXED OR STRESSED OUT", (PAGE 11).**

Coding rules

<table>
<thead>
<tr>
<th>SMOKING DURING 1ST TRIMESTER</th>
<th>Ever: PEE4X99</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMOKING DURING 2ND TRIMESTER</th>
<th>Ever: PEE4X98</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SMOKING DURING 3RD TRIMESTER</th>
<th>Ever: PEE4X97</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ALCOHOL DURING PREGNANCY</th>
<th>abc1300</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Did not drink</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Less than once a day.</td>
<td></td>
</tr>
<tr>
<td>3 = Daily</td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Coding Rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALCOHOL DURING PREGNANCY - FIRST TRIMESTER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Did you drink in the first three months?</em></td>
<td><strong>FIRST TRIMESTER</strong></td>
<td>abc1400</td>
</tr>
<tr>
<td></td>
<td>0 = Did not drink</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Less than once a day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = Daily</td>
<td></td>
</tr>
<tr>
<td><strong>ALCOHOL DURING PREGNANCY - SECOND TRIMESTER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Did you drink in the second 3 months (second trimester)?</em></td>
<td><strong>SECOND TRIMESTER</strong></td>
<td>abc1405</td>
</tr>
<tr>
<td></td>
<td>0 = Did not drink</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Less than once a day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = Daily</td>
<td></td>
</tr>
<tr>
<td><strong>ALCOHOL DURING PREGNANCY - THIRD TRIMESTER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Did you drink in the last 3 months (third trimester)?</em></td>
<td><strong>THIRD TRIMESTER</strong></td>
<td>abc1500</td>
</tr>
<tr>
<td></td>
<td>0 = Did not drink</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Less than once a day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = Daily</td>
<td></td>
</tr>
<tr>
<td><strong>PREGNANCY - RELAXED OR STRESSED OUT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>During your pregnancy, on average did you feel stressed out?</em></td>
<td><strong>STRESSED OUT</strong></td>
<td>abc1600</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>PREGNANCY - CHEERFUL OR DEPRESSED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Overall, did you feel depressed?</em></td>
<td><strong>DEPRESSED</strong></td>
<td>abc1605</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
PREGNANCY - FEELINGS AFTER THE BIRTH
What were the first few months like after the birth?

FIRST MONTHS AFTER THE BIRTH
1 = Very Easy.  
2 = Easy. 
3 = So-so. 
4 = Difficult. 
5 = Very difficult.

PREGNANCY - FEELINGS ABOUT BEING PREGNANT
Were you trying for a baby?

FEELINGS ABOUT BEING PREGNANT
0 = Trying for a baby. 
2 = Not trying for a baby.

PREGNANCY - WELCOME/UNWELCOME
Do you remember how you felt when you found out that you were pregnant? 
Were you glad? 
Was it a surprise? 
Was it a welcome surprise?

FEELINGS ABOUT PREGNANCY
0 = Expected or welcome. 
2 = Unwelcome surprise.
Preschool Age Psychiatric Assessment 2.0.7

Definitions and questions

PREGNANCY - BIOLOGICAL FATHER’S FEELINGS
Is it alright with you if I ask a few questions about his/her biological father?
Was his/her Dad glad about the pregnancy?
Was he trying for a baby?
Was it a welcome surprise for him?
Was it an unwelcome or upsetting surprise?
Was he actively involved through the pregnancy?
Was he unaware of the pregnancy?
Were the two of you married or living together at the time?

Coding rules

ASK ABOUT BIOLOGICAL FATHER’S FEELINGS abc1900
0 = No
2 = Yes

FEELINGS ABOUT PREGNANCY - BIOLOGICAL FATHER abc1905
0 = Trying for a baby.
2 = Not trying for a baby.

WELCOME/UNWELCOME SURPRISE abc2000
0 = Expected or welcome.
2 = Unwelcome surprise.

INVOLVEMENT THROUGH PREGNANCY abc2005
0 = Involved
2 = Not involved.
3 = Unaware of pregnancy.

MARRIED OR LIVING TOGETHER abc2100
0 = Married
1 = Lived together at least 6 months.
2 = Lived together less than 6 months.
3 = Never lived together.
4 = Father unknown.

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

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

When s/he was an infant, was s/he breast fed?
When did you start breast feeding him/her?

When did you stop breast feeding?

Codes

Ever: PEG1E01
Intensity

Onset

OFFSET

Ever: PEG1O01
COMMUNICATION

RECEPTIVE LANGUAGE - FOLLOWS VERBAL COMMANDS
Child's ability to understand language.

How well does s/he understand what other people say to him/her?

Does X understand when you or another person asks him/her to do something?

For example, does s/he come to you if you ask "come here?"

RECEPTIVE LANGUAGE - POINTS TO AT LEAST TWO BODY PARTS WHEN ASKED
What body parts does s/he point to if you ask him/her?

If you say "where is your nose (or belly button, hair, mouth, etc.)," can s/he show you?

RECEPTIVE LANGUAGE - ABLE TO POINT TO FOUR OR MORE COLORS
Does s/he know his/her colors?

If you asked him/her to point out four different colors, say "red, blue, yellow, green", could s/he do that?

FOLLOWS VERBAL COMMANDS
0 = Absent
2 = Present

POINTS TO AT LEAST TWO BODY PARTS WHEN ASKED
0 = Absent
2 = Present

ABLE TO POINT TO FOUR OR MORE COLORS
0 = Absent
2 = Present
**EXPRESSIVE LANGUAGE**

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

*Tell me about X’s talking.*

*What is his/her language like?*

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

*Tell me about how s/he puts words together.*

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

Two or three?
Or sentences with four words or more?

*How complicated are his/her sentences?*

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

Such as “I like ice cream because it is yummy.”
This links “I like ice cream” and “it is yummy” with a “because.”

*Does s/he put a sentence inside another sentence, like “I think I'll have an ice cream cone?”*

This embeds “I'll have an ice cream cone” in the sentence “I think.”

How often does s/he say more complicated sentences like these?

IF CHILD USES FEWER THAN TEN WORDS ASK,

*Does X babble or make other sounds that are like talking but cannot be understood as words?*

Can s/he communicate his/her needs to you without using words?

**ARTICULATION**

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

*How well can people understand what X is saying?*

*Do family members understand his/her speech?*

*How about people outside of his/her family?*

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

**EXPRESSIVE LANGUAGE COMPLEXITY**

PAP8I01 Intensity

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

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

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

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

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

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

**ARTICULATION**

PAP8I02 Intensity

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

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

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

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

**RECITES THE ALPHABET**

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

*Can s/he recite the alphabet without singing it?*

*How well can s/he do this?*

*What about singing the alphabet song?*

**IDENTIFIES LETTERS**

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

*Can s/he recognize letters?*

*All of the letters?*

*Or just some of the letter?*

*Can s/he identify upper and lower case letters?*

**READS WORDS**

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

*Is s/he able to read?*

*Can s/he read ten words or more out loud or silently?*

*When did s/he start to read?*

**READS SIMPLE STORIES**

Child able to read a simple story.

*Can s/he read a simple story like “The Cat in the Hat” or “Little Bear” to a listener?*
### SELF-CARE SKILLS

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

#### ABILITY TO PUT ON CLOTHES INDEPENDENTLY

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

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

**How is X with dressing?**

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

**What clothes can s/he put on?**

Pants? Shirt? Dress?

**Can s/he put on shoes and socks by him/herself?**

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

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

### BRUSHES OWN TEETH

Child brushes own teeth on own.

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

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

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

**Do you help him/her?**

**How?**

### Coding rules

<table>
<thead>
<tr>
<th>PAP9I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Dresses self completely including shoes.</td>
</tr>
<tr>
<td>2</td>
<td>Can put on some items but still needs help with other items such as socks or shoes.</td>
</tr>
<tr>
<td>3</td>
<td>Unable to dress without assistance but cooperates with process of putting on clothes.</td>
</tr>
<tr>
<td>4</td>
<td>Unable to dress without assistance and does not cooperate with the process of putting on clothes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAP9I02</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Most of the time does not need to be reminded.</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes does not need to be reminded.</td>
</tr>
<tr>
<td>3</td>
<td>Must be reminded most of the time.</td>
</tr>
<tr>
<td>4</td>
<td>Parent helps child brush teeth.</td>
</tr>
<tr>
<td>5</td>
<td>Child's teeth are not brushed.</td>
</tr>
</tbody>
</table>
Daycare/School Settings

**CHILDCARE**
**CHILDCARE ARRANGEMENTS INCLUDING DAYCARE/SCHOOL SETTINGS**

*Here information is gathered about:*

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

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

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

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

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

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

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

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

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

For each childcare arrangement ask:

Who takes care of the child?

What kind of setting is it?

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

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

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

Or children who are not related, such as children in his/her classroom?
CHILDCARE ARRANGEMENTS
A detailed description of the people who care for the child and the settings where the child is cared for during a typical week. Included are details about the number of other children (siblings and non-siblings) cared for with the child, number of caregivers in each setting, the hours in each setting and/or with each caregiver. Here we are gathering information about a typical 7 day period, 24 hours a day.

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

Now I want to understand who cares for X.

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

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

Who takes care of the child?

What kind of setting is it?

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

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

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

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

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

What time does s/he go to “childcare”?

What time does s/he leave?
Definitions and questions

PARENT #1 CARE

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

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

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

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

Are you employed?

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

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

PARENT #2 CARE

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

Does X receive care from "Parent #2"?

Is "Parent #2" employed?

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

Coding rules

PARENT #1 CARE

0 = Absent
2 = Present

PARENT #2 CARE

0 = Absent
2 = Present

0 = PARENT #1 PROVIDES CARE WITH NO NON-SIBLING CHILDREN PRESENT
1 = PARENT #1 PROVIDES CARE WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT
2 = PARENT #1 CARES FOR CHILD AND PROVIDES GROUP CARE (3 OR MORE NON-SIBLING CHILDREN) AT THE SAME TIME

3 = PARENT #2 PROVIDES CARE WITH NO NON-SIBLING CHILDREN REGULARLY PRESENT
4 = PARENT #2 PROVIDES CARE WITH NO MORE THAN TWO NON-SIBLING CHILDREN REGULARLY PRESENT
5 = PARENT #2 CARES FOR CHILD AND PROVIDES GROUP CARE (3 OR MORE NON-SIBLING CHILDREN) AT THE SAME TIME
Definitions and questions

OTHER PARENT #1 CARE

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

Does child receive care from "Other Parent #1"?
What kind of setting is it?
How many other children are cared for at the same time as X is cared for?
How many related children, such as cousins, who are not X’s brother or sister?
Or children who are not related, such as children in his/her classroom?

OTHER PARENT #2 CARE

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

Does X receive care form "Other Parent #2"?
What kind of setting is it?
How many other children are cared for at the same time as X is care for?
How many related children, such as cousins, who are not X’s brother or sister?
Or children who are not related, such as children in his/her classroom?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY5I03</td>
<td>intensity</td>
</tr>
<tr>
<td>PAY5X07</td>
<td></td>
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<tr>
<td>PAY5X08</td>
<td></td>
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<td>PAY5X09</td>
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</tr>
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<td>PAY5I04</td>
<td>intensity</td>
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</tr>
<tr>
<td>PAY5X11</td>
<td></td>
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<tr>
<td>PAY5X12</td>
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</tr>
</tbody>
</table>

PAY5X03
PAY5X07
PAY5X08
PAY5X09
PAY5X10
PAY5X11
PAY5X12
IN-HOME NON-PARENT CARE
NON-GROUP CARE IN CHILD'S HOME

Does X receive in-home non-parent care?

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

Coding rules

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<tr>
<th>Code</th>
<th>Description</th>
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</thead>
</table>
| PAY5I05 | Intensity
| 0 = Absent
| 2 = Present
| PAY5X13 | CARE PROVIDED IN CHILD'S HOME BY ADULT RELATIVE WITH NO NON-SIBLING CHILDREN PRESENT
| PAY5X14 | CARE PROVIDED IN CHILD'S HOME BY NON-RELATIVE ADULT WITH NO NON-SIBLING CHILDREN REGULARLY PRESENT
| PAY5X15 | CARE PROVIDED IN CHILD'S HOME BY CHILD (LESS THAN 18 Y O) WITH NO NON-SIBLING CHILDREN REGULARLY PRESENT

Codes
GROUP CARE IN CHILD’S HOME
ONE OR TWO NON-SIBLING CHILDREN

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

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

Intensity

0 = Absent
2 = Present

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

# OF NON-SIBLING CHILDREN
REGULARLY PRESENT (15)

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

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

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

# OF NON-SIBLING CHILDREN
REGULARLY PRESENT (17)
THREE OR MORE NON-SIBLING CHILDREN

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

What kind of setting is it?

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

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

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

Coding rules

<table>
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<tr>
<th>Codes</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY507</td>
<td>GROUP CARE (3 OR MORE NON-SIBLING CHILDREN PRESENT)</td>
</tr>
<tr>
<td>PAY522</td>
<td># CHILDREN PRESENT AT GROUP CARE PROVIDED IN CHILD'S HOME BY THE CHILD'S RELATIVE</td>
</tr>
<tr>
<td>PAY523</td>
<td># OF TEACHERS/TEACHER'S AIDES/DAYCARE PROVIDERS/CAREGIVERS PRESENT AT GROUP CARE PROVIDED IN CHILD'S HOME BY THE CHILD'S RELATIVE</td>
</tr>
<tr>
<td>PAY524</td>
<td>PAY525</td>
</tr>
<tr>
<td>PAY526</td>
<td># OF CHILDREN PRESENT AT GROUP CARE PROVIDED IN CHILD'S HOME BY NON-RELATIVE</td>
</tr>
<tr>
<td>PAY527</td>
<td># OF TEACHERS/TEACHER'S AIDES/DAYCARE PROVIDERS/CAREGIVERS PRESENT AT GROUP CARE PROVIDED IN CHILD'S HOME BY NON-RELATIVE</td>
</tr>
</tbody>
</table>
**OUT OF HOME NON-PARENTAL CARE**

**NON-GROUP CARE OUTSIDE OF CHILD’S HOME**

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

*What kind of setting is it?*

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

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

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

### Coding rules

**Non-group care outside of child’s home**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**Pay5I08**

**Pay5X28**

**Pay5X29**

---

<table>
<thead>
<tr>
<th>Pay5I08</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CARE PROVIDED OUTSIDE CHILD’S HOME BUT IN A PRIVATE HOME BY ADULT RELATIVE WITH NO NON-SIBS REGULARLY PRESENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay5X28</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CARE PROVIDED OUTSIDE CHILD’S HOME BUT IN A PRIVATE HOME BY ADULT NON-RELATIVE WITH NO NON-SIBLING CHILDREN PRESENT</td>
</tr>
</tbody>
</table>
### Definitions and questions

**GROUP CARE OUTSIDE OF CHILD'S HOME**  
**ONE OR TWO NON-SIBLING CHILDREN PRESENT**  
*Does s/he receive group care (one or two non-sibling children present) outside of his/her home?*

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

---

**THREE OR MORE NON-SIBLING PRESENT**  
*Does X receive group care (three or more non-sibling children present) outside of his/her home?*

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

---

### Coding rules

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>CARE PROVIDED OUT OF CHILD'S HOME BUT IN A PRIVATE HOME BY ADULT RELATIVE WITH 1 OR 2 NON-SIBS REGULARLY PRESENT</td>
</tr>
<tr>
<td>23</td>
<td>CARE OUT OF CHILD'S HOME BUT IN A PRIVATE HOME BY ADULT NON-RELATIVE WITH 1 OR 2 NON-SIBS REGULARLY PRESENT</td>
</tr>
<tr>
<td>24</td>
<td>GROUP CARE (3 OR MORE NON-SIBLING CHILDREN PRESENT) PROVIDED IN PRIVATE HOME THAT IS NOT CHILD'S HOME</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY5I09</td>
<td>ONE OR TWO NON-SIBLING PRESENT</td>
</tr>
<tr>
<td>PAY5X30</td>
<td># OF NON-SIBLING CHILDREN REGULARLY PRESENT (22)</td>
</tr>
<tr>
<td>PAY5X31</td>
<td># OF NON-SIBLING CHILDREN REGULARLY PRESENT (23)</td>
</tr>
<tr>
<td>PAY5X32</td>
<td># OF CHILDREN PRESENT AT GROUP CARE PROVIDED IN PRIVATE HOME THAT IS NOT CHILD'S HOME</td>
</tr>
<tr>
<td>PAY5X33</td>
<td># OF TEACHERS/TEACHER'S AIDES/DAYCARE PROVIDERS/CAREGIVERS PRESENT (24)</td>
</tr>
</tbody>
</table>

---

**Daycare/School Settings**
GROUP CARE IN SETTING OTHER THAN A PRIVATE HOME

ANY NUMBER OF NON-SIBLING CHILDREN PRESENT

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

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

<table>
<thead>
<tr>
<th>Group Care in Setting Other Than a Private Home</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>PAY5:11 Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td>PAY5:37 # of Children Present at Group Care Provided in Setting Other Than a Private Home</td>
</tr>
<tr>
<td>25 = Group Care (3 or more non-sibling children regularly present) provided in setting other than a private home</td>
<td>PAY5:38 # of Teachers/Teacher's Aides/Daycare Providers/Caregivers Present at Group Care Provided in Setting Other Than a Private Home</td>
</tr>
<tr>
<td>27 = Secular preschool/school provided in setting other than a private home</td>
<td>PAY5:43 # of Children Present at Secular Preschool/School Provided in Setting Other Than a Private Home</td>
</tr>
<tr>
<td>28 = Other</td>
<td>PAY5:44 # of Teachers/Teacher's Aide/Daycare Providers/Caregivers Present (27)</td>
</tr>
<tr>
<td>29 = Other</td>
<td>PAY5:45</td>
</tr>
<tr>
<td>30 = Other</td>
<td>PAY5:46</td>
</tr>
<tr>
<td>31 = Other</td>
<td>PAY5:47</td>
</tr>
<tr>
<td>32 = Other</td>
<td>PAY5:48</td>
</tr>
</tbody>
</table>

# of Children Present in the Classroom
DAYCARE/SCHOOL SETTINGS

*It is necessary to define the subset of childcare arrangements that we call "Daycare/School" so as to provide a reference point for the daycare/school setting referred to throughout the PAPA. "Daycare/School" may refer to one setting (e.g. the child goes to preschool only) or to more than one setting (e.g. the child goes to preschool and then in the afternoon goes to an in-home daycare).*
**CHILD ATTENDS DAYCARE/SCHOOL**

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

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

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

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

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

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

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

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

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

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

**CHILD ATTENDS DAYCARE/SCHOOL.**
ENROLLED IN FEDERAL OR STATE ENTITLEMENT PROGRAMS

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

ENROLLED IN HEAD START/SMART START/EARLY HEADSTART PROGRAM

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

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

ENROLLED IN CHIPS TYPE FEDERAL MEDICAID INSURANCE PROGRAM

Child enrolled in federal Medicaid insurance program.

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

FREE OR REDUCED PRICE MEAL PROGRAM

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

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

OTHER PROGRAMS

Is s/he in any other programs like WIC or Food Stamps?
**Play and Peer Relationships**

### Activities

- **Now I want to turn to the things your child likes to do.**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Coding</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does s/he enjoy playing outside?</td>
<td></td>
<td>PAY8I90</td>
</tr>
<tr>
<td>Does s/he play on jungle gym bars?</td>
<td></td>
<td>PAY8X02</td>
</tr>
<tr>
<td>Does s/he like to swing?</td>
<td></td>
<td>PAY8X03</td>
</tr>
<tr>
<td>Or slide?</td>
<td></td>
<td>PAY8X04</td>
</tr>
<tr>
<td>Play ball games?</td>
<td></td>
<td>PAY8X05</td>
</tr>
<tr>
<td>Or hide &amp; seek?</td>
<td></td>
<td>PAY8X06</td>
</tr>
<tr>
<td>Does s/he like playing with dolls?</td>
<td></td>
<td>PAY8X07</td>
</tr>
<tr>
<td>Or action figures?</td>
<td></td>
<td>PAY8X08</td>
</tr>
<tr>
<td>Does s/he play with trucks, cars, or trains?</td>
<td></td>
<td>PAY8X09</td>
</tr>
<tr>
<td>Does s/he like to play house?</td>
<td></td>
<td>PAY8X10</td>
</tr>
</tbody>
</table>
Definitions and questions

How about dress-up?

Does s/he like to draw and/or paint?

Does s/he like playing with play dough or clay?

Does s/he like to build things with legos or other blocks?

Does s/he like to play board games like Candyland, Chutes and Ladders, or “Sorry”?

Does s/he like to look at books by him/herself?

READING TOGETHER
Reading or looking at books or magazines with each other.

If Parent #1 has difficulty reading, s/he may still like to look at picture books with the child.

Do you read to X?

Or show X pictures in books?

How long will you read together at one time?
How often do you read together?

Coding rules

<table>
<thead>
<tr>
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<tr>
<td>DRESS-UP</td>
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<tr>
<td>0 = Absent</td>
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</tr>
<tr>
<td>DRAW AND PAINT</td>
<td>PAY8X12</td>
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<tr>
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<td>2 = Present</td>
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<tr>
<td>CLAY/PLAYDOUGH</td>
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<td>2 = Present</td>
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<tr>
<td>BUILD THINGS</td>
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<td>0 = Absent</td>
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<td>2 = Present</td>
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<td>BOARD GAMES</td>
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<td>LOOKS AT BOOKS ALONE</td>
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<td>READING TOGETHER</td>
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<tr>
<td>Intensity</td>
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<td>2 = Present</td>
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</tr>
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<td>HOURS : MINUTES</td>
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<td>Frequency</td>
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</table>
TELEVISION WATCHING

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

**Does s/he watch television?**

**How much time does X spend each day watching TV?**

**How often does X watch TV?**

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

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>PAZ0I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PAZ0D01</td>
<td>Duration</td>
</tr>
<tr>
<td>PAZ0F01</td>
<td>Frequency</td>
</tr>
</tbody>
</table>

TELEVISION IN CHILD’S ROOM

0 = Absent

2 = Present

<table>
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<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>PAZ0I02</td>
<td></td>
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</tbody>
</table>

WATCHING TV OR VIDEOS TOGETHER

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

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

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

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

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>PAZ1I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PAZ1D01</td>
<td>Duration</td>
</tr>
<tr>
<td>PAZ1F01</td>
<td>Frequency</td>
</tr>
</tbody>
</table>

VIDEO GAME PLAYING

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

**Does s/he play video games?**

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

**How often does X play video games?**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>PAZ2I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PAZ2D01</td>
<td>Duration</td>
</tr>
<tr>
<td>PAZ2F01</td>
<td>Frequency</td>
</tr>
</tbody>
</table>
Definitions and questions

*When did s/he start to play video games?*

**COMPUTER TIME**

*Does s/he play on the computer?*

How much time does X spend each day playing on the computer per day?

How often does X play on the computer?

When did s/he start using the computer?

Coding rules

**COMPUTER TIME**

*Does s/he play on the computer?*

| 0 = Absent |
| 2 = Present |

**HOURS : MINUTES**

**Onset**

| / / |

| Intensity |

| Duration |

| Frequency |

| Onset |

| / / |
WITHDRAWS INTO IMAGINATION WHEN CHALLENGED OR STRESSED

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

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

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

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

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

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

How often does this happen?
How long does this last?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHDRAWS INTO IMAGINATION WHEN CHALLENGED OR STRESSED</td>
<td>PAZ4I01</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Withdraws into private fantasy world when challenged or upset but can clearly distinguish between reality and fantasy.</td>
<td></td>
</tr>
<tr>
<td>3 = Withdraws into private fantasy world when challenged or upset and seems to have difficulty distinguishing between reality and his/her fantasy world.</td>
<td></td>
</tr>
<tr>
<td>PAZ4F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>PAZ4D01</td>
<td>Duration</td>
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<tr>
<td>PAZ4O01</td>
<td>Onset</td>
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</tbody>
</table>
Definitions and questions

**REPETITIVE STATIC PLAY**

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

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

_Does s/he seem to play with a limited number of toys or games_

_Does his/her play seem mechanical or like a robot?_

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

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

Coding rules

**REPETITIVE STATIC PLAY**

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

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

HOME

DAYCARE/SCHOOL

ELSEWHERE

<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
<tr>
<td>PAZ5I01 Intensity</td>
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<tr>
<td>PAZ5F01 Home Frequency</td>
</tr>
<tr>
<td>PAZ5F02 Daycare/ School Frequency</td>
</tr>
<tr>
<td>PAZ5F03 Elsewhere Frequency</td>
</tr>
<tr>
<td>PAZ5O01 Onset</td>
</tr>
</tbody>
</table>

FOR REVIEW ONLY
Definitions and questions

PREOCCUPATION WITH PARTS OF TOYS OR OTHER OBJECTS

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

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

Can you give me an example of this?

*Does his/her play focus on spinning the wheels of a toy car rather than doing different things with the car?*

How long might s/he focus on the one part of a toy?

How often is his/her interest focused this way?

When did it start?

Has s/he always been like this?

Or is this a change that has happened in the last three months?

When did s/he start playing in this way?

How often does s/he play like this?

Does this happen everywhere?

Or certain places?

---

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
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<th>Codes</th>
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<tr>
<td>PAZ6I01</td>
<td>Intensity</td>
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<tr>
<td>PAZ6D01</td>
<td>Duration</td>
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<td>PAZ6O01</td>
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<td>HOME</td>
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<td>PAZ6F01</td>
<td>Home Frequency</td>
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<tr>
<td>DAYCARE/SCHOOL</td>
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<tr>
<td>PAZ6F02</td>
<td>Daycare/ School Frequency</td>
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<td>ELSEWHERE</td>
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<tr>
<td>PAZ6F03</td>
<td>Elsewhere Frequency</td>
<td></td>
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</tbody>
</table>
**UNUSUAL PREOCCUPATION WITH SPECIAL INTERESTS/ACTIVITIES**

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

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

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

*Does X have any very strong interest or passions?*

*Such as a particular type of game?*

*Or a particular topic?*

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

**IF PRESENT, ASK:**

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

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

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

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>UNUSUAL PREOCCUPATION WITH SPECIAL INTERESTS/ACTIVITIES</td>
<td>0 = No preoccupying object, activity or topic of conversation. 2 = Special preoccupying interest but does not interfere in activities. 3 = Special interest that is preoccupying to the degree that it interfere in at least 2 activities. 4 = Special interest that is preoccupying to the degree that it interfere in almost all activities.</td>
</tr>
<tr>
<td>PAZ7I01</td>
<td>Intensity</td>
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<tr>
<td>PAZ7F01</td>
<td>Frequency</td>
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<tr>
<td>PAZ7O01</td>
<td>Onset</td>
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/ /
**IMAGINARY FRIEND**

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

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

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

**Does X have an imaginary friend?**

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

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

---

**EVER: IMAGINARY FRIEND**  
0 = Absent  
2 = One imaginary friend at a time.  
3 = Multiple imaginary friends at same time.

**LARGEST NUMBER OF IMAGINARY FRIENDS PRESENT AT SAME TIME**  
0 = Absent  
2 = Present

**MALE**  
0 = Absent  
2 = Present

**FEMALE**  
0 = Absent  
2 = Present

**ANIMAL**  
0 = Absent  
2 = Present

**IMAGINARY FRIEND**  
0 = Absent  
2 = One imaginary friend at a time.  
3 = Multiple imaginary friends at same time.

**LARGEST NUMBER OF IMAGINARY FRIENDS AT SAME TIME**  
0 = Absent  
2 = Present
definitions and questions

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

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

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

If present ask:

*How often do his/her games have violent or aggressive parts to them? Have his/her games become more violent in the last three months? Or less? Or stayed the same? When did s/he start playing pretend games with aggressive or violent themes? How often does s/he play these kinds of pretend games? When did s/he start playing pretend games like this?*

Note: Code death and suicide themes in the Depression section under the Suicide/Death Themes in Play.

Note: Code death and suicide themes in the Depression section under the Suicide/Death Themes in Play.

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

*Now I want to ask a few questions about X's friendships with other children. How often does X play with other children s/he knows, outside of daycare/school? Does s/he have "play dates" with any friends Or play with children in his/her neighborhood?*

Coding rules

AGGRESSIVE THEMES IN PLAY
0 = Absent
2 = Violent and/or aggressive themes emerge in play and are present more than 10% of the time.

CHANGE
1 = Amount of aggressive play or the intensity of the play has decreased during the last three months.
2 = Amount of aggressive play or the intensity of the play has stayed the same during the last three months.
3 = Amount of aggressive play or the intensity of the play has increased during the last three months.

FREQUENCY OF CONTACT WITH PEERS
0 = Sees at least 1 peer outside of daycare/school more than once per week.
2 = Sees at least 1 peer outside of daycare/school between once per week and once every two weeks.
3 = Sees less than 1 peer outside of daycare/school in 2 weeks.
Definitions and questions

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

Are most of X's friends about X's age?
Are they mostly younger than X?
Or older?

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

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

Coding rules

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

PREFERENCES TO PLAY ALONE
0 = Absent
2 = Chooses to play alone at times but also enjoys playing with others.
3 = Strongly prefers playing alone and rarely enjoys playing with others.
DIFFICULTY MAKING OR KEEPING FRIENDS

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

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

**Does X have any difficulty making friends with other children?**

**Does s/he have any trouble keeping friends?**

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

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

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

Does that affect his/her making/keeping friends?

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

How does she feel about that?

Does it bother him/her?

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

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

---

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

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

THIS ITEM IS GENERALLY CODABLE BASED ON INFORMATION ALREADY GIVEN.

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

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

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

CHILD IS TEASED/BULLIED

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

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

Is that more than other children?

Does s/he feel somewhat singled out?

Are other boys and girls mean to him/her?

How much?

Tell me about the last time.

Who does it?

Why do they do it?

Why do they pick on X?

What does s/he do about it?

What do you do about it?
BEHAVIORAL INHIBITION
Child becomes constricted and constrained and/or withdrawn and/or fearful when confronting or interacting with an unfamiliar adult or child or facing new situations or new objects. Consider also Social Anxiety and Inhibition during Social Interactions.

How does X act when s/he meets new people?
Does s/he become very quiet?
Withdrawn or reserved?
Does s/he hide behind you?
Does s/he freeze or become very still?
Do you have to encourage him/her to speak to the other person?

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

Coding rules

BEHAVIORAL INHIBITION
0 = Absent
2 = Present but the child's inhibition usually decreases within five minutes of meeting an unfamiliar person, situation, or object.
3 = Present and child's inhibition is not reduced within five minutes when interacting with an unfamiliar person or new situation.
4 = Child has not encountered strange adult or child or new situation in last 3 months, but would, most likely, react with inhibitions if had.

PUA1X01 Onset

WITH UNFAMILIAR ADULTS
0 = Absent
2 = Present

WITH UNFAMILIAR CHILDREN
0 = Absent
2 = Present

NEW SITUATIONS
0 = Absent
2 = Present

NEW THINGS/OBJECTS
0 = Absent
2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE
**Definitions and questions**

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

**DEPRESSED MOOD**
Feelings of low mood. Includes feeling unhappy, miserable, blue, low spirited, being down in the dumbs or dejected.

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

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

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

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

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

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

When did it start?

**IF PRESENT, ASK;**

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

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

**IF DEPRESSED MOOD PRESENT, ASK;**

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

### Coding rules

**DEPRESSED MOOD**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Absent</td>
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<tr>
<td>2</td>
<td>The depressed mood is sometimes intrusive but also sometimes alleviated by enjoyable events or activities.</td>
</tr>
<tr>
<td>3</td>
<td>Scarcely anything is able to lift the mood.</td>
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</table>

**HOURS : MINUTES**

**EPISODE OF DEPRESSED MOOD**

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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>At least 1 week with 4 days depressed mood.</td>
</tr>
<tr>
<td>3</td>
<td>Period of 2 consecutive weeks where depressed mood present on at least 8 days.</td>
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</tbody>
</table>

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

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<tbody>
<tr>
<td>0</td>
<td>Present</td>
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<tr>
<td>2</td>
<td>Absent</td>
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</tbody>
</table>
**LOOKS UNHAPPY**

Parent's evaluation that the child characteristically looks unhappy to an extent abnormal for the child's age or developmental stage.

*Does s/he often look unhappy?*

*Does his/her face seem sad?*

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

---

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

**ALLEVIATION OF DEPRESSED MOOD BY SELF-GENERATED MEANS**

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

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

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

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

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

*What?*

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

*How long would it cheer him/her up?*

*Or make him/her feel better?*
**Definitions and questions**

**ALLEVIATION OF DEPRESSED MOOD BY EXTERNAL MEANS**

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

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

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

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

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

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

*Like playing with other children?*

*Or going out for ice cream or a treat?*

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

**DIURNAL VARIATION OF MOOD - AM WORST**

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

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

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

*Does s/he feel more "sad" in the morning?*

*What do you notice when s/he feels worse?*

*How long does the worst time last?*
DIURNAL VARIATION OF MOOD - PM WORST
Depressed mood is consistently worse in the second half of the day, irrespective of external events.

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

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

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

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

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

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

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

Is s/he more "depressed" or "sad" during the winter?
Or spring?
Or summer?
Or fall?
Are there any times of the year when his/her mood actually improves?

NOTE: IF THERE IS A SIGNIFICANT VARIATION OF MOOD DUE TO SEASONAL CHANGES (WORSENING OR IMPROVEMENT), BE PREPARED TO DISCUSS MANIA SECTION IN DETAIL.
**AGITATION**
Markedly changed motor activity associated with depressed mood. In moderate degree it is shown by fidgeting various parts of the body and an inability to stay still. In severe degree, it is expressed by pacing up and down and wandering about and an inability to sit down for very long. In all degrees, it must appear to be accompanied by unpleasant affect.

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

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

*Does s/he have difficulty keeping still when depressed?*

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

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

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

*How long does it last?*

*When did the "agitation" start?*

---

**Coding rules**

**AGITATION**

0 = Absent

2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the child can inhibit his/her agitation with effort.

3 = Agitation almost entirely uncontrollable.

---

**Codes**

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<th>PDA5F01</th>
<th>PDA5D01</th>
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Depression
Definitions and questions

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

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

Does s/he ever feel so "miserable" that s/he wants to cry?
Even when it seems that nothing has happened to warrant crying?
What happens then?

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

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

When did s/he start being tearful?

EASILY FRUSTRATED
The child is generally more prone to feelings of frustration, under minor provocation than most children.

This pattern need not represent a change in behavior.

Does s/he become frustrated very easily?
What sorts of things frustrate him/her?
Does s/he get frustrated more easily than most children his/her age, do you think?

What happens?
How often does that sort of thing happen?
How long has s/he been like that?

Coding rules

REPORTED TEARFULNESS AND CRYING
0 = Absent
2 = When feeling miserable, the eyes fill with tears, or shed tears, at least sometimes uncontrollably, in at least 2 activities.
3 = When feeling miserable, the eyes nearly always uncontrollably fill with, or shed, tears in most activities.

EASILY FRUSTRATED
0 = Absent
2 = Present

Codes

PDA4I01 Intensity
PDA4F01 Frequency
PDA4D01 Duration
PDA4O01 Onset

PDF7I01 Intensity
PDF7F01 Frequency
PDF7D01 Duration
PDF7O01 Onset

Depression
ANGER AND IRRITABILITY

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

TOUCHY OR EASILY ANNOYED

The child is generally more prone to FEELINGS of anger: bad temper, short temper, resentment, sulking or annoyance, UNDER MINOR PROVOCATION than most children. This pattern need not represent a change in behavior.

Do things get on his/her nerves easily?

What sorts of things?

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

What does s/he do?

How often does that sort of thing happen?

How long has s/he been like that?

TOUCHY OR EASILY ANNOYED

PDA6I01 Intensity

0 = Absent

2 = Present

PDA6F01 Frequency

HOURS : MINUTES

PDA6D01 Duration

PDA6O01 Onset
ANGRY OR RESENTFUL

The child is generally more prone to MANIFESTATIONS of anger or resentment (such as snappiness, shouting, quarreling or sulking) under minor provocation, than most children.

This pattern need not represent a change in behavior.

Does s/he get angry very often?

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

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

How long has s/he been like that?

Coding rules

ANGRY OR RESENTFUL
0 = Absent
2 = Present

HOURS : MINUTES

Codes

PDA7I01 Intensity
PDA7F01 Frequency
PDA7D01 Duration
PDA7O01 Onset

Depression
Definitions and questions

**IRRITABILITY**

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

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

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

N.B. INFORMATION OBTAINED HERE MAY ALSO BE RELEVANT TO LOSING TEMPER AND TEMPER TANTRUMS.

*Has s/he been more irritable than usual in the last 3 months?*

*Or made angry more easily?*

*Has s/he had more tantrums than usual in the last 3 months?*

*What has s/he been “touchy” about?*

*Is that more than usual?*

*What does s/he do when s/he feels like that?*

*How long does it last when s/he feels like that?*

*Has s/he been snappy with people in the family?*

*Has s/he gotten into arguments or fights lately?*

*What has happened?*

*What did s/he say?*

*What did s/he do?*

*Has s/he hit or broken anything when s/he was angry?*

*When did s/he start to get “irritable” like that?*

**IF PRESENT, ASK;**

*Was there a week when s/he felt “irritable” most days?*

*Were there two weeks when s/he was “irritable” on at least 8 days?*

**IF IRRITABILITY PRESENT ASK;**

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

**IF PRESENT, ASK;**

*In the last 3 months has there been a week when s/he was irritable like that every day?*
if irritable present for a week (7 consecutive days), remember to complete the mania section.
CONATIVE PROBLEMS

BOREDOM

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

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

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

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

*How much of the time is s/he bored, do you think?*

*Does s/he get bored more than other people?*

IF PRESENT ASK;

*What activities are boring to him/her?*

*Can s/he do anything to stop from being bored?*

*Is there something that s/he would like to be doing?*

*How long has s/he been feeling so bored?*
Definitions and questions

**LOSS OF INTEREST**
Diminution of the child's interest in usual pursuits and activities.

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

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

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

*Like his/her toys or friends?*

*Have you noticed that s/he isn't interested in doing things that s/he used to care a lot about?*

*Has s/he lost interest in anything?*

IF PRESENT ASK;

*What kinds of things has s/he lost interest in?*
*Can you get him/her interested in anything?*
*Can anybody?*

*When did s/he start to lose interest in things?*

---

Coding rules

**LOSS OF INTEREST**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Generalized diminution in interest taken in normally interesting activities.</td>
</tr>
<tr>
<td>3</td>
<td>The child is completely or almost completely uninterested in everything or nearly everything.</td>
</tr>
</tbody>
</table>

PDB1I01
Intensity

PDB1O01
Onset
**LACK OF PROTEST**

Near absence of child's resistance and/or reaction in situations when protest or reaction would be expected.

Change may predate the primary period, but must have continued into the primary period.

*Have you noticed that X protests or resists less than other children his/her age?*

*Or less than s/he used to?*

*Is s/he overly compliant about things?*

Like when you are putting him/her to bed?
Or combing his/her hair?
Or changing his/her diaper?
Or tending a cut?
Is this a change for X?
When did that change occur?

*When did that change occur?*
ANHEDONIA
A partial or complete loss or diminution of the ability to experience pleasure, enjoy things, or have fun. It also refers to basic pleasures like those resulting from eating favorite foods.

Anhedonia concerns the mood state itself. Loss of Interest, Loss of Initiative, Lack of Protest, inability to engage in activities, or loss of the ability to concentrate on looking at books, games, TV or school may accompany Anhedonia, so the interviewer may code different aspects under different items. Do not confuse this item with a lack of opportunity to do things or to excessive parental restriction. Comparison should be made with enjoyment when the child is normal. This may not be accessible in episodes of very long duration.

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

Can s/he have fun or enjoy him/herself?

Are there things s/he used to enjoy but doesn’t anymore?

Like playing with certain toys?
Or doing certain things with you?
Does s/he seem to have lost enthusiasm for things that s/he used to enjoy?

When did s/he start to feel like that?
What things are fun (or enjoyable) now?

ANHEDONIA
0 = Absent
2 = Generalized diminution in pleasure taken in normally pleasurable activities.
3 = Almost nothing gives pleasure.
**ANERGIA**

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

DIFFERENTIATE FROM MOTOR SLOWING (NEXT PAGE), AND FATIGABILITY (SLEEP SECTION), ALTHOUGH YOU MAY DOUBLE CODE IF CRITERIA FOR MORE THAN ONE ARE MET.

**Does s/he have as much energy as s/he used to have?**

**Has s/he been as energetic as usual?**

**Has s/he been complaining of a lack of energy?**

Has your child lost any of his/her usual energy?
Of feeling tired?
Does s/he have enough energy to do things?
Has s/he been taking naps more often than usual or going to sleep earlier than s/he used to?
How has that affected him/her?
Does s/he choose not to do things because s/he hasn't got enough energy?
Like swinging on a swing?
Or starting a drawing?
Or going on an outing?

**When did s/he start feeling less energetic?**

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<td>Intensity</td>
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<tr>
<td>PDB3O01</td>
<td>Onset</td>
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</tbody>
</table>

**ANERGIA**

0 = Absent
2 = A generalized listlessness and lack of energy.
3 = A report of being almost completely without energy.
### MOTOR SLOWING

The child is slowed down in movement AND speech compared with his/her usual condition.

**Has s/he been moving more slowly than s/he used to?**

**Does s/he do things more slowly than s/he used to?**

**Or talk more slowly?**

Can you give me an example?

How long does it last?

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

What?

Can you do anything?

When did s/he start to feel slowed down?

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<td>Intensity</td>
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<tr>
<td>PDB4F01</td>
<td>Frequency</td>
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</table>

#### INDECISIVENESS

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

**Is s/he good at making decisions (making up his/her mind)?**

Why not?

**Has s/he had any trouble making decisions?**

Why?

When was the last time s/he had that sort of trouble?

What happens when s/he has to make up his/her mind?

Can you remember the last time that happened?

Has s/he always been like that?

Does it cause him/her any trouble?

What?

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</table>

**Notes:**
- MOTOR SLOWING
  - 0 = Absent
  - 2 = Slowing present and cannot be overcome in at least 2 activities.
  - 3 = Slowing present and cannot be overcome in almost all activities.
- INDECISIVENESS
  - 0 = Absent
  - 2 = Sometimes uncontrollable in at least 2 activities.
  - 3 = Almost always uncontrollable and occurring in relation to almost all decisions.
DEPRESSIVE THOUGHTS

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

LONELINESS

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

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

NOTE RELEVANT INFORMATION FROM PEER RELATIONSHIPS.

Do you think s/he feels lonely?

How often is that?
When was the last time?
How did s/he feel then?

Sometimes children feel that they have no one who would help them. Does s/he ever feel like that?

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

When did s/he start to feel lonely like that?
FEELS UNLOVED
A generalized feeling of being unloved and uncared for, regardless of the justification for that feeling.

DIFFERENTIATE FROM LONELINESS.

RELEVANT INFORMATION TO CODE THIS ITEM MAY HAVE EMERGED IN THE FAMILY LIFE AND RELATIONSHIPS SECTION.

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

What does s/he say?
Does X feel like s/he is loved less than other people?
Is s/he completely convinced that no one loves him/her?
When did s/he start to feel like that?
Who loves him/her?
Is there anyone else?

FEELS UNLOVED
0 = Absent
2 = The child feels that there are others who love him/her but that s/he is loved or cared for less than other people.
3 = The child feels that almost no one loves him/her, or hardly ever believes that anyone does.
### Definitions and questions

**SELF-DEPRECIATION AND SELF-HATRED**

An unjustified feeling of inferiority to others (including unjustified feelings of ugliness). Self-hatred involves severe hostility directed by the child against him/herself, accompanied by expressed dislike or expressed criticism.

Do not rate delusional phenomena here.

**How do you think s/he feels about him/herself?**

**Does s/he like him/herself?**

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

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

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

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

Does s/he think s/he’s any good at all?  
Does s/he think everyone is better than s/he is?  
When did s/he start to feel like this?

---

#### Coding rules

**SELF-DEPRECIATION**

0 = Absent  
2 = The child rates him/herself lower than seems justified, but does not see him/herself as being completely without value, since in some activities s/he does not feel inferior.  
3 = The child feels almost entirely worthless and without saving graces, in nearly all activities, or inferior to everyone. Self-hatred is also rated here.

#### Codes

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</table>
**FEELING SORRY FOR ONESELF**

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

Code regardless of justification.

**Does s/he feel sorry for him/herself?**

**Does s/he think s/he’s unlucky?**

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

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

When did s/he start to feel like that?

---

**Coding rules**

**FEELING SORRY FOR ONESELF**

0 = Absent

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

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

---

**Codes**

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<table>
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<tr>
<th>PDC2O01</th>
<th>Onset</th>
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</table>
PATHOLOGICAL GUILT
Excessive self-blame for minor or non-existent wrongdoings. Child realizes that guilt is exaggerated (otherwise, code as Delusions of Guilt).

Does s/he feel bad or guilty about anything that s/he's done?

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

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

Why?
Does s/he feel that s/he deserves to have bad things happen to him/her?
Does s/he think s/he deserves to be punished, even when s/he has done nothing wrong?
Does s/he ever feel guilty about things that s/he knows aren't really his/her fault?
Does s/he feel that a lot of things that go wrong are his/her fault?

When did s/he start to feel that s/he was "to blame"?

IF PATHOLOGICAL GUILT IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "HELPLESSNESS", (PAGE 23).
Definitions and questions

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

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

*Does s/he believe that s/he has committed a crime?*

*Or sinned greatly?*

*Does s/he think that s/he deserves to be punished?*
*Does s/he think that s/he might hurt or ruin other people?*
*What does s/he say?*
*Can you persuade him/her that these things aren't his/her fault?*
*What does she do about it?*

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

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

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

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

*Or make him/herself feel better?*

*What?*
*Does s/he think it would work?*

*When did s/he start to feel this way?*

Coding rules

DELUSIONS OF GUILT

<table>
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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>The child has a delusional conviction of having done wrong but there is a fluctuating awareness that his/her feelings are an exaggeration of normal guilt.</td>
</tr>
<tr>
<td>3</td>
<td>The child has an unmodifiable delusional conviction that s/he has sinned greatly, etc.</td>
</tr>
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</table>

HELPLESSNESS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>The child feels helpless and cannot always modify his/her feelings, but can report expectations of being able to help him/herself.</td>
</tr>
<tr>
<td>3</td>
<td>The child expresses almost no hope of being able to help him/herself.</td>
</tr>
</tbody>
</table>

Codes

PDC4I01 Intensity

PDC6I01 Intensity

PDC4O01 Onset

PDC6O01 Onset
HOPELESSNESS
The child has a bleak, negative, pessimistic view of the future, and little hope that his/her situation will improve. This is a generalized feeling.

Does s/he seem hopeless about the future?

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

How often?
Does s/he think anyone can help him/her?
Does s/he believe things will be better?
How often does s/he feel like that?
Can you do anything about it?

When did s/he start to feel this way?

Coding rules

HOPELESSNESS
0 = Absent
2 = The child feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the future.
3 = The child expresses almost no hope for the future at all.

Codes

PDC7001 Onset

PDC7101 Intensity
**SUICIDE**

**Purposes of the Section**

This section has 1 major function:

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

**Organization of the Section**

The section is organized in 2 sub areas:

(1) Suicidal ideation and behavior.

(2) Non suicidal deliberate self harm.

**SUICIDE AND SELF-INJURIOUS BEHAVIOR**

Has s/he ever talked about death or dying?

Has s/he done so in the last three months?

Has s/he ever said s/he wanted to die?

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

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

When?

Why was that?

What happened?

Has s/he tried more than once?

Has s/he ever done anything that made people think s/he wanted to die?

What?

When was that?

What happened?

CONTINUE WITH SECTION REGARDLESS WHETHER SCREEN POSITIVE OR NEGATIVE.

How about in the last three months?
DEATH THEMES IN PLAY
Persistent preoccupation with themes of death in play (e.g., drawing pictures, imaginary play).

Distinguish from “Suicidal Themes in Play”.

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

How about in the last three months?

SUICIDAL THEMES IN PLAY
Persistent preoccupation with themes of suicide (e.g., subject or others attempting to or succeeding in killing self) in play (e.g., drawing pictures, imaginary play).

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

How about in the last three months?
Definitions and questions

**THINKING ABOUT DEATH**

Thoughts about death and dying, whether referred to self or others.

Include thoughts about not being able to go on any longer and life not being worth living. Include discussion about a grandparent who has died ("Do they go to heaven?" "What will happen when I die?") To code, thoughts must be intrusive into at least two activities.

**CODE THOUGHTS ABOUT TAKING ONE’S OWN LIFE UNDER SUICIDAL THOUGHTS (NEXT PAGE).**

**Does s/he seem to think about death or dying?**

What does s/he think about?

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

How long has s/he been thinking like that?

**SUICIDAL THOUGHTS**

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

This may accompany thinking about death in general, or may be present if a child has reported a suicidal plan or past attempt.

Do not include suicidal plans.

**Does s/he ever think about ending it all?**

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

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

Coding rules

**THINKING ABOUT DEATH**

0 = Absent

2 = Present but not including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

**SUICIDAL THOUGHTS**

0 = Absent

2 = At least sometimes uncontrollable suicidal thoughts, recurring in at least 2 activities.

3 = Usually uncontrollable suicidal thoughts intruding into most activities.
**SUICIDAL PLANS**

Suicidal thoughts that contain plans of a suicidal act and some intent to carry them out.

If suicidal attempt has been made, determine whether a plan was present prior to the attempt.

**Has s/he thought about actually killing him/herself?**

**Has s/he had a plan?**

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

**SUICIDAL ATTEMPTS**

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the child’s intention was to die. If parent unsure about intention to die, code if the parent can describe a clear self-harmful event.

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

- What happened?
- Where did s/he do it?
- Were there any people around at the time?
- Do you know how s/he was feeling then?
- Did s/he really want to die?
- What happened?
- Who found him/her?
- Did s/he go to the hospital?
- When did s/he first try to kill him/herself?
- When did s/he last try to kill him/herself?
- How many times has s/he tried?
- How does s/he think about it now?
- Would s/he do it again if s/he had the chance?
- Does s/he still wish s/he were dead?
- Is there anything you can do about that?
IF A SUICIDE ATTEMPT HAS (EVER) BEEN MADE COMPLETE EVER: METHOD, EVER: INTENT, AND EVER: LETHALITY. IF ATTEMPT MADE IN THE PAST 3 MONTHS, ALSO COMPLETE ITEMS ABOUT THE RECENT ATTEMPT(S): METHOD, INTENT, AND LETHALITY. IF NO SUICIDE ATTEMPTS MADE, SKIP TO "NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS", (PAGE 34).
**EVER: METHODS OF SUICIDE ATTEMPT(S)**

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
</table>
| Suicide Attempts Present                     | Ever: PDD3E90 | Intensity                                        | 0 = Absent  
2 = Present   |
| Drug Overdose                                | Ever: PDD3E08 |                                                  | 0 = Absent  
2 = Present   |
| Hanging                                     | Ever: PDD3E03 |                                                  | 0 = Absent  
2 = Present   |
| Stabbing/Cutting                            | Ever: PDD3E04 |                                                  | 0 = Absent  
2 = Present   |
| Shooting                                    | Ever: PDD3E05 |                                                  | 0 = Absent  
2 = Present   |
| Running into Traffic                        | Ever: PDD3E06 |                                                  | 0 = Absent  
2 = Present   |
| Throwing Self Down Stairs                   | Ever: PDD3E09 |                                                  | 0 = Absent  
2 = Present   |
| Jumping From a High Place                   | Ever: PDD3E10 |                                                  | 0 = Absent  
2 = Present   |
| Tried to open door while in moving vehicle  | Ever: PDD3E12 |                                                  | 0 = Absent  
2 = Present   |
| Jump from moving vehicle                    | Ever: PDD3E11 |                                                  | 0 = Absent  
2 = Present   |
| Other                                       | Ever: PDD3E07 |                                                  | 0 = Absent  
2 = Present   |

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

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

<table>
<thead>
<tr>
<th>Suicide Attempt (Suicide Attempt(s) Present in the Last 3 Months)</th>
<th>PDD Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DRUG OVERDOSE</strong></td>
<td>PDD4I08</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>HANGING</strong></td>
<td>PDD4I03</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>STABBING/CUTTING</strong></td>
<td>PDD4I04</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>SHOOTING</strong></td>
<td>PDD4I05</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>RUNNING INTO TRAFFIC</strong></td>
<td>PDD4I06</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>THROWING SELF DOWN STAIRS</strong></td>
<td>PDD4I09</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>JUMPING FROM A HIGH PLACE</strong></td>
<td>PDD4I10</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>TRIED TO OPEN DOOR WHILE IN A MOVING VEHICLE</strong></td>
<td>PDD4I12</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>JUMP FROM MOVING VEHICLE</strong></td>
<td>PDD4I11</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>PDD4I07</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

*Specify*
SUICIDAL INTENT
Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here.

Which time was s/he most serious about killing him/herself?

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

Was s/he serious about killing him/herself when s/he tried in the last 3 months?

LETHALITY OF SUICIDAL ATTEMPT
Code here the degree of threat to life resulting from the most serious suicidal attempt.
Definitions and questions

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

Self-mutilation, etc., not accompanied by any wish or intention to die (e.g., cutting on skin with a knife, burning self, deliberately putting finger in door jam and closing door, wrist-slashing or cigarette burns).

Has s/he ever hurt him/herself on purpose (apart from when s/he wanted to die)?

Or cut him/herself on purpose?

Why did s/he do it?
What did s/he feel like before s/he did it?
Did it make him/her feel better?
Did s/he want to kill him/herself?

How about in the last three months?

Coding rules

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

0 = Absent
3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

Codes

Ever:PDE0E01
Intensity

Ever:PDE0V01
Frequency

Ever:PDE0O01
Onset

PDD9I01
Intensity

PDD9F01
Frequency
HYPOMANIA AND MANIA
MANIC MOOD DISTURBANCE

REMEMBER TO GET EXAMPLES AND BEHAVIORAL DESCRIPTIONS.

EXPANSIVE MOOD
Feelings of euphoria or elation which represents a substantial change from the child's usual mood and which are not a response to specific situations.

Do not include responses to happy events (such as birthdays, holidays, etc.).

IF EXPANSIVE MOOD IS PRESENT BE PREPARED TO RECONSIDER PREVIOUS RATINGS OF IRRITABILITY.

Have you noticed a change in his/her mood?

Has s/he had times when s/he felt really happy ("super happy") for no special reason?

Did s/he seem to feel extraordinarily good about him/herself?

Has s/he had a time when s/he seemed "over the top" in a silly or giddy way that seems inappropriate for the situation?

Like laughing, singing, or making noises at very inappropriate times?

IF PRESENT ASK;

What did s/he do?

When s/he was feeling that way, was s/he acting very silly?

Or super energetic?

Or reckless?

Did you think s/he was "over the top"?

Did you or anyone else comment on his/her behavior?

What did you do?

IF EXPANSIVE MOOD IS PRESENT BE PREPARED TO RECONSIDER PREVIOUS RATINGS OF IRRITABILITY.

How long did that feeling last?

When did s/he first have it?
<table>
<thead>
<tr>
<th>Definitions and questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF EXPANSIVE MOOD PRESENT, COMPLETE. OTHERWISE, SKIP TO &quot;ABRUPT SHIFTS IN AFFECT (MOOD SWINGS)&quot;, (PAGE 4).</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coding rules</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
</table>
### EXPANSIVE MOOD - SPONTANEITY/REACTIVITY

Degree to which expansive mood is related to or independent of external events.

**Does s/he seem super happy only when something very exciting is happening (e.g., birthday party, trip to Disneyland, etc.)?**

**Does s/he ever seem super happy for no reason?**

**How often does s/he seem super happy 'out of the blue' or for no reason?**

**How long does this super happy mood for no reason last?**

**When did you first notice that s/he would get super happy for no reason?**

---

**EXPANSIVE MOOD - CONCERN TO ADULT**

Do you think it is a problem?

**Are you concerned about 'X' super happy moods?**

**Is anyone else concerned about his/her super happy moods? Who?**

Has anyone commented that s/he seems to be too happy at times? Who?

### Coding rules

**EXPANSIVE MOOD - SPONTANEITY/REACTIVITY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Expansive mood at times in the absence of positive events.</td>
</tr>
</tbody>
</table>

### Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDAL151</td>
<td>Intensity</td>
</tr>
<tr>
<td>PDAL152</td>
<td>Frequency</td>
</tr>
<tr>
<td>PDAL153</td>
<td>Duration</td>
</tr>
<tr>
<td>PDAL154</td>
<td>Onset</td>
</tr>
</tbody>
</table>

**HOURS : MINUTES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDAL156</td>
<td>Intensity</td>
</tr>
</tbody>
</table>

**WHO IS CONCERNEC (CODE ALL THAT APPLY)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parent 1.</td>
</tr>
<tr>
<td>2</td>
<td>Parent 2.</td>
</tr>
<tr>
<td>3</td>
<td>Other Parent 1.</td>
</tr>
<tr>
<td>4</td>
<td>Other Parent 2.</td>
</tr>
<tr>
<td>5</td>
<td>Teacher/childcare provider.</td>
</tr>
<tr>
<td>6</td>
<td>Other adult.</td>
</tr>
</tbody>
</table>

**ADULT CONCERN**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDAL157</td>
<td>Present</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDAL158</td>
<td></td>
</tr>
<tr>
<td>PDAL159</td>
<td></td>
</tr>
<tr>
<td>PDAL160</td>
<td></td>
</tr>
<tr>
<td>PDAL161</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

**EXPANSIVE MOOD - ALLEVIATION**

*When s/he feels 'super happy,' can you do anything to settle him/her down?*

*What?*
*How long would it keep him/her settled?*
*How much of the time would things settle him/her down?*
*Can you do anything to settle him/her down?*
*Can s/he do anything to settle him/herself down?*

**ABRUPT SHIFTS IN AFFECT (MOOD SWINGS)**

*At least once a week, child has sudden changes between extreme affect states.***

*Does X often suddenly change from being calm to being very agitated?*
*Or shift suddenly from being very happy to being very angry?*
*Or sad?*
*Or irritable?*

*Does s/he seem to cycle in and out of different moods during the day?*

*Does this happen seem to happen “out of the blue” for no reason?*
*How often does this happen at home?*
*Or at daycare/school?*
*Or elsewhere?*

*When did these shifts start?*

*On average, how many changes of mood (mood swings) do you see in a single day?*

**IF EVIDENCE OF EXPANSIVE MOOD, ABRUPT SHIFTS IN AFFECT, OR IRRITABILITY ARE NOT PRESENT, SKIP TO "TEMPER TANTRUMS" IS ABSENT", (PAGE ERROR! BOOKMARK NOT DEFINED.).**

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDAL157</td>
<td>EXPANSIVE MOOD - ALLEVIATION</td>
<td><strong>PDAL157 Intensity</strong></td>
</tr>
<tr>
<td>0 = Child's mood is always and easily brought to baseline by attempts to &quot;settle&quot; or calm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Child's mood is brought to baseline at least sometimes by attempts to &quot;settle&quot; or calm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Means of alleviation never effective.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 = Means of alleviation never employed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PFF2I01</td>
<td>ABRUPT SHIFTS IN AFFECT</td>
<td><strong>PFF2I01 Intensity</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PFF2O01</td>
<td>Onset</td>
<td><strong>PFF2O01 Onset</strong></td>
</tr>
<tr>
<td>HOME</td>
<td><strong>HOME</strong></td>
<td></td>
</tr>
<tr>
<td>PFF2F01</td>
<td>Home Frequency</td>
<td></td>
</tr>
<tr>
<td>DAYCARE/SCHOOL</td>
<td><strong>DAYCARE/SCHOOL</strong></td>
<td></td>
</tr>
<tr>
<td>PFF2F02</td>
<td>Daycare/School Frequency</td>
<td></td>
</tr>
<tr>
<td>ELSEWHERE</td>
<td><strong>ELSEWHERE</strong></td>
<td></td>
</tr>
<tr>
<td>PFF2F03</td>
<td>Elsewhere Frequency</td>
<td></td>
</tr>
<tr>
<td>AVERAGE NUMBER OF MOOD SHIFTS PER DAY ON DAYS WHERE PRESENT</td>
<td><strong>PFF2F04</strong></td>
<td></td>
</tr>
</tbody>
</table>
IRRITABILITY WITH EXPANSIVE MOOD

If both Irritability and Expansive Mood have been present together, or within the same 24 hour period, then code here.

DEPRESSED MOOD WITH EXPANSIVE MOOD

Both Depressed Mood and Expansive Mood present within same 24 hour period. Either the two moods must both separately meet the criteria for each, or if the two rapidly alternate, the two taken together must last at least one continuous hour at a level that meets the other minimum criteria.

Were there times when s/he was both "really happy" and "depressed" on the same day?

Tell me about that.
Was s/he usually like that?
Or was s/he usually either one or the other?
How long did it last?

When did s/he start to get the "depression" and "feeling really happy" so close together?

Has there been a period of at least 2 months during the last year when s/he didn't have either "depressed mood" or "expansive mood"?

MORE TALKATIVE THAN USUAL

Child is more talkative than usual. Speech may be loud, rapid, nonstop, or difficult to interrupt during periods of Expansive, Expansive/Irritable, or Irritable Mood.

Distinguish from chattiness.

Were there times when s/he was more talkative than usual?

What was that like?
Could you interrupt him/her?
**RACING THOUGHTS**
A description of many images and ideas flashing through the mind or many ideas arising quickly.

*Has s/he had times when s/he’s had racing thoughts?*

*Has s/he ever said s/he has too many thoughts?*

*Did so many ideas come out that you could hardly keep up with them?*

*Has s/he ever expressed that his/her thoughts were like a traffic jam?*

---

**PRESSURE OF SPEECH**
A description of periods of talking fast, with a sensation of pressure to get words and ideas out, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

*Was s/he talking very fast?*

*Could you get a word in edgewise?*

*Did it seem like s/he could not stop talking?*

*Did s/he rattle on, even if you tried to interrupt?*

*How long did that last?*

*When did you first notice it?*

---

**Coding rules**

**RACING THOUGHTS**

0 = Absent

2 = Child describes periods of racing thoughts. These thoughts are intrusive into at least 2 activities.

3 = Racing thoughts occur regularly and frequently.

**PRESSURE OF SPEECH**

0 = Pressure of speech absent.

2 = Pressure of speech intrusive into normal communication in at least 2 activities; but some coherent communication possible, even if with an effort to maintain control.

3 = Pressure of speech so intrusive and uncontrollable as essentially to prevent normal communication.
**FLIGHT OF IDEAS**

A description of images and ideas flashing through the mind, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

_Has s/he had times when lots of thoughts flashed through his/her head one after the other very fast?_

Did _s/he keep jumping from one thing to another?_

_Did his/her words come so fast that you could hardly keep up with them?_  
Could you follow what _s/he was saying?_  
What did you think of his/her ideas at the time?  
_Would s/he shift topics because words rhymed with each other?_  
Or because one word suggested some new subject?  
_Could you follow his/her thoughts or did they seem confusing?_  
_Could you do anything to slow him/her down?_  
_How long did it last?_

_When did it start?_

---

**MOTOR PRESSURE**

Feeling of increased physical energy or capacity expressed in motor behavior, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

_Has s/he had times when s/he felt really energetic?_

What _did s/he do?_  
_When s/he was feeling "super happy" or silly, did s/he do any physical activities that s/he wouldn't normally?_

_Was s/he rushing around all over the place?_

_What did you notice?_  
_Was s/he able to do anything useful?_  
_Or did s/he seem to be out of control?_  
_What did you and other people think of his/her activities?_  
_Was s/he moving faster than usual?_  
_Could you do anything to slow him/her down?_

_When did this first happen to him/her?_

---

**Coding rules**

**FLIGHT OF IDEAS**

0 = Flight of ideas absent.  
2 = Flight of ideas intrusive into normal thinking, involving at least 2 activities, but some coherent thought processes possible, even if with effort to maintain control.  
3 = Flight of ideas so intrusive as to be almost completely disruptive of normal thought.

**MOTOR PRESSURE**

0 = Absent  
2 = Motor pressure leads to increased activity only within the child's usual range of activities involving at least 2 activities.  
3 = Child actually takes up new physical activities as a result of increased motor activity.
### AGITATION

Markedly changed motor activity associated with Expansive or Expansive/Irritable or Irritable Mood. Account of a severe level of inappropriate, unpleasant motor restlessness during the mood state, indicated by pacing, wringing of hands, or similar activities.

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

**Does s/he get very restless when s/he's "miserable" or super up or happy?**

**Does s/he have difficulty keeping still?**

*What is that like?*
*Can s/he keep him/herself still?*
*Does s/he have to move around?*
*Is s/he always like that?*
*Does s/he pace about?*
*Or wring his/her hands?*
*How about when s/he is not feeling "over the top" or irritable like that?*

### UNUSUALLY ENERGETIC

During waking hours, child is more active than usual without expected fatigue. Or child demonstrates little fatigue in spite of maintenance of normal activities.

**Has s/he had more energy than usual to do things without getting tired?**

**Did s/he seem to go 'non-stop' without getting worn out?**

**Did it ever seem that s/he had too much energy?**

*What was s/he like then?*

---

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGITATION</strong></td>
<td>PDF5I01</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the child can inhibit his/her agitation with effort.</td>
<td></td>
</tr>
<tr>
<td>3 = Agitation almost entirely uncontrollable.</td>
<td></td>
</tr>
</tbody>
</table>

| PDF5F01 |
| Frequency |

| HOURS : MINUTES |
| PDAL609 |
| Duration |

| PDAL608 |
| Frequency |

| PDAL700 |
| Onset |

| UNUSUALLY ENERGETIC | PDAL607 |
| Intensity |

| 0 = Absent |
| 2 = Child has persistent daily periods of increased energy. |
**DISTRACTIBILITY**

Inability to screen out irrelevant external stimuli during the period of mood disturbance. May have difficulty keeping thoughts on themes relevant to the topic.

*When s/he is feeling this way, does s/he have difficulty paying attention when s/he can look out of the window or hear other people talking in the next room?*

*Does s/he find him/herself easily distracted by things going on around him/her?*

Like the furnishings in a room?
Or someone’s tie?
Can you give me an example?
Is it like that in all activities or just some?
Can s/he stop him/herself from getting distracted?
Is that all the time or just sometimes?

**DECREASED NEED FOR SLEEP**

During the period of mood disturbance, child feels adequately rested with at least 1 hour less sleep than usual per night, for at least 1 week.

Differentiate from Insomnia, where reduced sleep is associated with a feeling of being inadequately rested.

*When s/he was "super happy" or silly, did s/he need as much sleep as usual?*

*How much sleep was s/he getting?*

Was s/he on the go all the time?
Did she disturb you at night?
What did she do?

*When did that start?*
GRANDIOSE IDEAS AND ACTIONS
An unusually increased level of self-esteem or self-appraisal of worth, such as the feeling of being superbly strong, or exceptionally able, or intelligent, when in Expansive or Expansive/Irritable Mood or Irritable Mood.

Distinguish from fantasy play unrelated to mood changes.

When s/he’s “super happy” or silly, are there any times when s/he feels that s/he is a really great or marvelous person?

Such as a super-hero?
Did s/he think that s/he has special powers?
Like s/he could fly?
Or be invisible?
Did s/he think s/he was as powerful and strong as grown-ups?

What did s/he do when s/he felt like that?

When s/he thinks s/he's in charge, thinks s/he's especially talented, etc., how long does it generally last?

Does she get this way at home/school/elsewhere?

When did s/he start to feel like that about him/herself?

IF GRANDIOSE IDEAS AND ACTIONS PRESENT, COMPLETE. OTHERWISE, SKIP TO "BRAGGING", (PAGE 13).
GRANDIOSE IDEAS AND ACTIONS - IN PLAY
Degree in which grandiosity is related to fantasy play.

Does s/he believe s/he had special powers, abilities only while engaged in fantasy play (pretending to be a queen, movie star, athlete, president)?

Does s/he believe s/he has special powers, abilities, etc. when not playing?

GRANDIOSE IDEAS AND ACTIONS - IDEAS TRANSLATED INTO ACTION
Degree to which ideas result in action.

Does 'X' do anything because of these beliefs (e.g., child believes s/he can fly and jumps from heights. Or child believes s/he is in charge and tells the teacher how to manage the classroom)?

What has s/he done?

GRANDIOSE IDEAS AND ACTIONS - CONCERN TO ADULTS
Are you concerned about “X’s” beliefs that s/he has special powers/abilities or thinks s/he’s in charge?

Do you think it is a problem?

Is anyone else concerned about “X’s” beliefs that s/he has special powers/abilities or thinks s/he’s in charge? Who?

Has anyone commented that about “X’s” beliefs that s/he has special powers/abilities or thinks s/he’s in charge? Who?
### Definitions and Questions

**Grandiose Ideas and Actions - Alleviation**

*When s/he thinks s/he's in charge, thinks s/he is especially talented, etc., can you do anything to bring him/her 'back to reality,' talk him/her out of it, reason with him/her?*

*How much of the time does it work?*

**Bragging**

Boastful talking about his/her real or perceived talents, accomplishments, etc.

*Does 'X' brag about anything?*

*What kinds of things?*

*Is this something s/he really is good at?*

*Have others commented that s/he brags?*

*Does s/he brag at home/school/elsewhere?*

*How often does s/he brag at home/school/elsewhere?*

*When did you first notice that 'X' bragged a lot?*

---

### Coding Rules

#### Grandiosity - Alleviation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Child will give up these ideas easily with adult redirection.</td>
</tr>
<tr>
<td>2</td>
<td>Child's appraisal of self-worth is restored to baseline at least sometimes with adult re-direction.</td>
</tr>
<tr>
<td>3</td>
<td>Means of alleviation never effective.</td>
</tr>
<tr>
<td>4</td>
<td>Means of alleviation never employed.</td>
</tr>
</tbody>
</table>

#### Bragging

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Child brags about abilities in activities in which s/he is not especially talented (e.g., child brags about soccer skills and is of average ability or less.)</td>
</tr>
</tbody>
</table>

#### Frequency

- **Home**: PDAL180
- **Daycare/School**: PDAL181
- **Elsewhere**: PDAL182

#### Onset

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</tbody>
</table>

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*If bragging is present, continue. Otherwise, skip to "Daredevil Acts", (Page 15).*
Definitions and questions

**BRAGGING - IN PLAY**
Degree in which bragging is related to fantasy play.

*Does s/he brag only while engaged in fantasy play?*

*Does s/he brag when not playing?*

**BRAGGING - CONCERN TO ADULT**
*Are you concerned about how much 'X' brags?*

*Do you think it is a problem?*

*Is anyone else concerned about how much 'X' brags?*

*Who?*

**BRAGGING - ALLEVIATION**
*When s/he thinks s/he's in charge, thinks s/he is especially talented, etc., can you do anything to bring him/her 'back to reality,' talk him/her out of it, reason with him/her?*

*How much of the time does it work?*

Coding rules

**BRAGGING - IN PLAY**

0 = Bragging only evident in play.

2 = Bragging evident outside of play.

**CONCERN TO ADULT**

0 = Absent

2 = Present

**WHO IS CONCERNED (CODE ALL THAT APPLY)**

1 = Parent 1.

2 = Parent 2.

3 = Other Parent 1.

4 = Other Parent 2.

5 = Teacher/childcare provider.

6 = Other adult.

**BRAGGING - ALLEVIATION**

0 = Child will give up these ideas easily with adult re-direction.

2 = Child's appraisal of self-worth is restored to baseling at least sometimes with adult re-direction.

3 = Means of alleviation never effective.

4 = Means of alleviation never employed.
**Hypomania and Mania**

**DAREDEVIL ACTS**
Reckless physical acts with potentially harmful consequences.

*When s/he is in this “super happy” place, does s/he ever act like a daredevil?*

*Like trying to jump from a very high place?*

*Or skate or ride his/her bike in a dangerous way?*

*Or climbing dangerously on unstable structures such as bookcases?*

*How often does this happen?*

*When did it start?*

**INCREASED SEXUAL INTEREST**
Increased interest in sexual matters including increased talk about sex and sexual body parts (genitalia, breasts, and bottoms) and an increase in overt acts related to sex, including exposure of genitalia and or masturbation.

*When s/he’s “super happy” or “up” does s/he talk more about sex or private body parts?*

*Does s/he expose her genitalia or bottom in public?*

*Does s/he touch him/herself in public?*

*Or try to touch others?*

*How often does this happen?*

*When did it start?*
### Definitions and questions

#### SEXUAL LANGUAGE
- **Does s/he talk about body parts?**
- **Does s/he use dirty or sexual language?**

#### PREOCCUPATION WITH "POTTY TALK"
- **Does s/he like to talk about 'poop' or bodily functions?**
- **In what kind of situation does s/he talk about 'poop' or bodily functions?**
- **Is s/he currently being toilet trained?**
- **Does s/he talk about 'poop' or bodily functions even after you've asked him/her not to?**

#### SEXUALLY ABUSED
- **Do you have any reason to suspect that s/he has been sexually abused in any way?**

### Coding rules

#### SEXUAL LANGUAGE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Child makes inappropriate sexual comments on more than one occasion.</td>
</tr>
<tr>
<td>3</td>
<td>Child exhibits overt sexual language several times a week or at inappropriate times.</td>
</tr>
</tbody>
</table>

#### POTTY TALK

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Child engages in EXCESSIVE 'potty talk' on an occasional and transient basis.</td>
</tr>
<tr>
<td>3</td>
<td>Child engages in 'potty talk' on a persistent basis.</td>
</tr>
</tbody>
</table>

#### SEXUALLY ABUSED

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>
POOR JUDGMENT
Uncharacteristic behaviors performed with disregard for possible negative consequences during Expansive or Expansive/Irritable Mood state or Irritable Mood.

_Did s/he do anything silly or dangerous when s/he was "high"?_

Or anything that s/he regrets doing?

_What did s/he do?_

_Did s/he get into any trouble when s/he was "high"?_

_What happened?_

_Has that left him/her with any problems?_

_What's happening about that?_

_What do you think about it?_

_When did s/he first do something like that?_

INAPPROPRIATE LAUGHING, JOKING, GRINNING
Child demonstrates laughing, joking, grinning in a manner incongruent to context.

_Does s/he just laugh for no reason when nothing funny happened?_

_Does s/he laugh uncontrollably?_

_Does s/he laugh out when it's inappropriate (e.g., church, preschool during lesson)?_

POOR JUDGMENT
0 = Absent
2 = Behavior that involved definitely poor judgment but which was within the range of socially acceptable irresponsible behavior (e.g. speaking rudely/imperitently to other people, being physically reckless or aggressive).
3 = Behavior that is outside the range of socially acceptable irresponsible behavior (e.g. being overtly insulting to figures of authority, undressing in a public place), or dangerous behavior (e.g., jumping off a roof because child believed s/he could fly) and hence likely to result in some negative consequences.

INAPPROPRIATE LAUGHING, JOKING, GRINNING
0 = Absent
2 = Present in at least two activities and at least sometimes uncontrollable.
3 = Present in most activities and uncontrollable most of the time.
Definitions and questions

**UNINHIBITED/GREGARIOUSNESS**
The child is willing to be friendly toward almost any adult or child, to a degree unusual for his/her developmental age, social group, and familiarity with the person. The child demonstrates reduced or absent reticence around unfamiliar people.

* Does s/he start a conversation with anyone - adult or child?
* Is s/he the type of child who has no hesitation to engage in conversation with a stranger?
* Are you concerned that s/he would talk inappropriately to strangers?
* Are you concerned that s/he would run off with a stranger without any hesitation or reserve?
* Does s/he seem to know everyone in his/her preschool or child care?
* Are you concerned s/he would say inappropriately friendly or bossy things to unfamiliar adults, even those in a position of authority?
* Do you think this is a problem?

**MOOD CYCLING**
Child exhibits significant and abrupt mood changes.

* Does it seem like X's mood can change 'on a dime'? For example, going from being very happy to very irritable or sad in a short time?
* Does X's mood changes often and quickly?

Coding rules

**UNINHIBITED/GREGARIOUSNESS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Inappropriate gregariousness is occasionally present and does not pose a social problem.</td>
</tr>
<tr>
<td>3</td>
<td>Present and poses a significant social problem.</td>
</tr>
</tbody>
</table>

**MOOD CYCLING**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Child displays abrupt changes in mood. These occur spontaneously (for no apparent reason) or in response to minor disappointments or most limit-setting.</td>
</tr>
<tr>
<td>3</td>
<td>Child frequently and continuously displays spontaneous and abrupt changes in mood or child displays abrupt mood changes to nearly all disappointments or limit-setting.</td>
</tr>
</tbody>
</table>
CONDUCT PROBLEMS
Now we are going to ask about rule breaking.
OPPOSITIONAL BEHAVIOR

Organization of the section

The section includes into 6 major sub areas:

(1) Oppositional Behavior

(2) Deception

(3) Conduct Problems Involving Violence Against People

(4) Conduct Problems Involving Violence Against Property

(5) Inappropriate Sexual Behavior

(6) Access to Weapons

Situation

For most items in this section it is necessary to note the frequency of occurrence of the behaviors of interest.

Three possible situations are coded:

Home

Daycare/School

Elsewhere

The overall intensity can be coded as present as long as the behavior is manifested either in two different situations (e.g. home and daycare/school) or in two different ways in the same situation.
If a behavior is present in only one situation, then that behavior (e.g., disobedience) must manifest itself in at least 2 different ways; for example, if a child is disobedient at home only when told to pick up his/her toys but obeys in every other situation at home, then it does not count. However, if at daycare/school s/he refuses (after being so asked) to stop talking in class and will not stop running around the room, then this does count. Further, if a child's only form of disobedience is talking during circle time, this does not count; however, if s/he talks in circle time and story time, it does count.

If the behavior is present in two or more locations then one manifestation of the behavior in each of two environments is sufficient for coding the overall intensity. If you had to go back in time for either the Home or Daycare/School section, those time periods are used in questioning about and rating the items in the Conduct Section.

For purposes of the PAPA interview, behaviors that occur with a nanny, sitter, or daycare provider in the child's home without a parent present will be considered as occurring in the daycare/school situation.

We will also assess with whom the child's behaviors occur. Does the behavior, such as disobedience, occur only with parent #1, or does it occur with parent #1, the caregiver/teacher, and the babysitter? Or does it occur with all adults?

Admonition

For symptoms which mention in the coding rule a stipulation about being admonished when caught; if the child has never been caught (e.g. for cheating, or disobedience) so that s/he cannot be admonished, the symptom is still regarded as being present, provided that it meets the other criteria.

Do not include accidental acts of destruction, such as breaking a window while playing ball.
**FAMILY HAS RULES**

The parent perceives the family as having standing rules for behavior, to which the child is expected to adhere.

If the family does not have rules, or if the child does not understand the concept of rules at home, the interviewer proceeds to consideration of rules at daycare/school or elsewhere.

**Do you have some clearly stated rules in your family?**

Such as "no food in the living room?"
Or "no writing on the walls?"
Or "an hour of TV a day?"
Or "no hitting?"

**Does s/he understand these rules?**

**How well does s/he follow your family’s rules?**

**RULE BREAKING**

Violation of standing rules at home daycare/school or elsewhere.

**What sort of rules does s/he break?**

**Has s/he broken rules in the last 3 months?**

Tell me about the rules s/he breaks.

**How good is s/he at obeying the rules at daycare/school?**

Do the teachers/caregiver describe him/her as a troublemaker?

**What sort of rules does s/he break?**

**How do you hear about it?**

**Does s/he break rules anywhere else?**

Tell me about the last time that happened?
**Definitions and questions**

*When did s/he start to break rules at home, daycare/school and/or elsewhere?*

**Coding rules**

<table>
<thead>
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<th>Home</th>
<th>PGA0F03</th>
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<tbody>
<tr>
<td>Frequency</td>
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<table>
<thead>
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<tbody>
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<table>
<thead>
<tr>
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<th>PGA0F05</th>
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<tbody>
<tr>
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**Codes**

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<th>PGA0001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Definitions and questions

DISOBEEDIENCE
Failure to carry out specific instructions when directly given.

NOTE: Failure to carry out instructions occurs after being told instructions three (3) or more times.

What happens when s/he's told to do things by you and s/he doesn't want to do them?

Is s/he disobedient to you (or parent #2)?

How many times must you tell X to do something before s/he will do it?

Does s/he ignore you when you give him/her instructions?
Does s/he continue doing things you don't want him/her to do even if you ask him/her to stop?
Like continuing to play if you ask him/her to pick up his/her toys?
When was the last time?
What happened?
Can you usually get him/her to do what you want in the end?
How do you do it?
How often was s/he disobedient at home in the last three months?

Is s/he disobedient with daycare/school teachers?

Such as not sitting down when asked or continuing to talk when asked to stop?

What about other places such as the supermarket or the mall?

At other places, does s/he still pick things up when you ask him/her to put them down
What about running in the store when you ask him/her to stop?

We have asked about X's disobedience overall.

Now we want to ask how s/he acts with different members of the family.

Is s/he disobedient to you?

How about with "Parent #2"?
How about with "Other Parent #1"?
And with "Other Parent #2"?

How about with babysitters?

Does s/he cooperate when s/he is with a sitter?
How often does s/he disobey the sitter?
What happens?

How about daycare/school teachers?

Coding rules

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<th>Intensity</th>
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<tr>
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<td>Disobedience occurs in at least 2 activities.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Disobedience occurs in most activities.</td>
<td></td>
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</table>

<table>
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<th>Home Frequency</th>
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<th>Daycare/ School Frequency</th>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Codes</th>
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<th>WITH OTHER PARENT #2</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
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</table>

<table>
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<th>BABYSITTER IN HOME</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Present</td>
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</table>

<table>
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<th>DAYCARE/SCHOOL</th>
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</table>
### Definitions and questions

<table>
<thead>
<tr>
<th>What do the caregivers/teachers do about it?</th>
<th>How about other adults?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are they?</td>
<td></td>
</tr>
<tr>
<td>What happens?</td>
<td></td>
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</table>

### Coding rules

**Conduct Problems**

<table>
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<th>Description</th>
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<tbody>
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</tr>
<tr>
<td>2</td>
<td>Present</td>
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</table>

**WITH OTHER ADULTS**

<table>
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<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>
**DEFIANCE**
Disrupting or challenging instructions or requests.

**Is s/he defiant to you when asked to do something?**

**Is s/he defiant to "Parent #2"?**

**Does s/he challenge your authority when you give him/her instructions?**

**Does s/he say "no" when you ask him/her to do something?**

Or does s/he do the opposite of what you ask?
Such as throwing toys when you ask him/her to clean them up?
When was the last time this happened?
Tell me about what happened.
How often was s/he defiant at home in the last three months?

**Is s/he defiant with daycare/school teachers?**

**What about other places such as the supermarket or the mall?**

**When did s/he start to be defiant?**

We have asked about X's defiance overall.

Now we want to ask how s/he acts with different members of the family.

**Is s/he defiant to you?**

How about with "Parent #2"?
How about with "Other Parent #1"?
And with "Other Parent #2"?

**How about with babysitters?**

Does s/he cooperate when s/he is with a sitter?
How often does s/he disobey the sitter?
What happens?

**How about daycare/school teachers?**

What do the caregivers/teachers do about it?

**How about other adults?**

Who are they?
EVER: ASKED TO LEAVE DAYCARE/SCHOOL DUE TO RULE BREAKING, DISOBEDIENCE, OR DEFIANCE

Distinguish from other reasons such as fighting or assaults that may have caused the child to be asked to leave daycare/school and which are coded separately.

Has your child ever been asked to leave a daycare/school program because of his/her rule breaking, disobedience, or defiance?

What happened?
Was s/he allowed to return?

EVER: ASKED TO LEAVE DAYCARE/PRESCHOOL DUE TO RULE BREAKING, DISOBEDIENCE OR DEFIANCE

0 = Absent
1 = Preschool/daycare has threatened exclusion of the child, but have not taken action on this threat.
2 = Asked to leave temporarily.
3 = Asked to leave permanently.

Coding rules

2 = Present

WITH OTHER ADULTS

0 = Absent
2 = Present

Codes

PDG4X08

Ever:PGM5E01
Intensity

Ever:PGM5V01
Frequency

Ever:PGM5O01
Onset
WANDERING OFF
Deliberately leaving home or leaving the parent/caretaker's line of sight when not inside the home, without asking permission.

Distinguish from running away from home.

N.B. "EVER" CODED IF CHILD HAS WANDERED OFF BUT NOT IN LAST 3 MONTHS.

Has X ever wandered off without your permission?
Has s/he ever gotten lost?
Has this happened in the last three months?
How did that happen?
Has s/he ever left home without you knowing s/he was leaving?
Or wandered away from you in a store and become lost?
How long was s/he gone?
Tell me about a time in the last three months when s/he has wandered off?
Did you feel that s/he was in danger?
How did you find him/her?
How many times in the last three months has this happened?

WANDERING OFF
0 = Absent
2 = The child has wandered away from parent/caregiver without permission or become lost at least once.
3 = The child has wandered away from parent/caregiver without permission or become lost at least once; and child was gone at least 15 minutes; and it took effort to find the child.

HOURS : MINUTES

PGL4I01 Intensity
PGL4F01 Frequency
PGL4D01 Duration
PGL4O01 Onset

PGL4I01 Intensity
PGL4F01 Frequency
PGL4D02 Duration
ARGUMENTS- WITH ADULTS

An argument is a negative verbal dispute in which there is strong disagreement or difference of opinion. An argument involves an interaction, or attempted interaction, between two people. An argument begins with a verbal exchange. The PAPA definition of argument implies anger and some form of verbal aggression (raised voices, name calling, taunting) or physical aggression directed towards the person the child is arguing with.

There are elements in common between temper tantrums and arguments. Temper tantrums may be triggered or preceded by an argument but once a tantrum starts, it almost has a "life of its own" that does not involve interaction or exchange with another person. It is a "display of temper". Physical aggression can be a common element to temper tantrums and arguments. Certainly, arguments and temper tantrums can both be coded.

Note: In order to distinguish from normative assertions of autonomy, persistence and intransigence need to be determined.

**Does X argue with adults?**

**Does s/he disagree with you in a negative way?**

**Does s/he disagree with you in an angry way?**

**Does s/he disagree with you in a defiant way?**

- Does s/he shout?
- Name call?
- Does s/he hit during the argument?
- How often does s/he argue at home?
- Or daycare/school?
- Or elsewhere?
- When did s/he start arguing so much?

IF NO SIBLINGS, SKIP TO "ARGUMENTS- WITH PEERS", (PAGE 12).
**ARGUMENTS- WITH SIBLINGS**

*Does s/he argue with his/her siblings?*

- Does s/he shout or name call?
- Does s/he hit during the argument?
- How often does s/he argue at home?
- Or daycare/school?
- Or elsewhere?
- When did s/he start arguing so much?

**Coding rules**

ARGUMENTS WITH SIBLINGS

<table>
<thead>
<tr>
<th>Codes</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present, but without physical violence by child.</td>
</tr>
<tr>
<td>3</td>
<td>Present, and one or more arguments with physical violence by child.</td>
</tr>
</tbody>
</table>

**HOME**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Frequency</th>
</tr>
</thead>
</table>

**DAYCARE/SCHOOL**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Frequency</th>
</tr>
</thead>
</table>

**ELSEWHERE**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Frequency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>Onset</th>
</tr>
</thead>
</table>

| / | / |
ARGUMENTS - WITH PEERS

**Does s/he argue with other children?**

Does s/he shout or name call?
Does s/he hit during the argument?
How often does s/he argue at home?
Or daycare/school?
Or elsewhere?
When did s/he start arguing so much?

ARGUMENTS WITH PEERS

0 = Absent
2 = Present, but without physical violence by child.
3 = Present, and one or more arguments with physical violence by child.

HOME

DAYCARE/SCHOOL

ELSEWHERE

PGL5I03
Intensity

PGL5F07
Home
Frequency

PGL5F08
Daycare/ School
Frequency

PGL5F09
Elsewhere
Frequency

PGL5O03
Onset

/ /
**LOSING TEMPER**

Discrete episodes of temper manifested by shouting or name calling but without violence and not meeting criteria for a temper tantrum.

*What sort of temper has s/he got?*

*What happens when s/he loses his/her temper?*

*How often does s/he lose his/her temper? When did that start?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOSING TEMPER</td>
<td>PGE0I01</td>
</tr>
<tr>
<td>0 = Absent</td>
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</tr>
<tr>
<td>2 = Present</td>
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<tr>
<td>HOME</td>
<td>PGE0F02</td>
</tr>
<tr>
<td></td>
<td>Home</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>DAYCARE/SCHOOL</td>
<td>PGE0F03</td>
</tr>
<tr>
<td></td>
<td>Daycare/ School</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>ELSEWHERE</td>
<td>PGE0F04</td>
</tr>
<tr>
<td></td>
<td>Elsewhere</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td></td>
<td>PGE0O01</td>
</tr>
<tr>
<td></td>
<td>Onset</td>
</tr>
</tbody>
</table>
### Definitions and questions

**NON-DESTRUCTIVE TEMPER TANTRUMS**
Discrete episodes of excessive temper, frustration or upset, manifested by shouting, crying or stamping or non-destructive violence directed against property.

Violence or damage done here does not constitute Vandalism or Assault.

What sort of temper has s/he had in the past 3 months?

What happens when something upsets him/her or s/he doesn't get what s/he wants?

Does s/he have angry outbursts?

Does s/he have temper tantrums?

- Has s/he had one in the last three months?
- What does s/he do?
- Does s/he cry or shout?
- Or call you names?
- Does s/he stamp his/her feet?
- Does s/he kick objects?
- Does s/he throw things, such as his/her toys?
- Or spit?
- Does s/he hold his/her breath?
- Does s/he hit or kick the wall, or floor, or other objects like a table?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON-DESTRUCTIVE TEMPER TANTRUMS</strong></td>
<td>PGE1I01</td>
</tr>
<tr>
<td>Intensity</td>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Excessive temper, upset, shouting, crying or non-destructive violence directed only against property, (e.g. stamping, kicking, throwing toys, hitting walls, spitting, holding breath, etc.).</td>
<td></td>
</tr>
<tr>
<td><strong>STAMPING FEET</strong></td>
<td>PGE1X01</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>KICKING OBJECTS</strong></td>
<td>PGE1X02</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>THROWING OBJECTS</strong></td>
<td>PGE1X03</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>SPITTING</strong></td>
<td>PGE1X04</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>HOLDING BREATH</strong></td>
<td>PGE1X05</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>HITTING WALL/FLOOR/OBJECTS</strong></td>
<td>PGE1X06</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>NON-DIRECTED KICKING (FLOOR/AIR)</strong></td>
<td>PGE1X11</td>
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<td>0 = Absent</td>
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<tr>
<td>2 = Present</td>
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</tr>
<tr>
<td><strong>HEAD BANGING</strong></td>
<td>PGE1X14</td>
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<tr>
<td><strong>HOME</strong></td>
<td>PGE1F04</td>
</tr>
<tr>
<td>Home Frequency</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

How long does that tantrum last, that is, how long does it take him/her to return to his/her usual self?

What seems to trigger his/her tantrums?
Does s/he seem to have tantrums when s/he is tired?
Or frustrated?
What transitions, such as stopping playing to go on an errand?
Or going to bed?
Do changes in routine trigger tantrums?
Do his/her tantrums ever seem to come "out of the blue" with no clear cause or trigger?
We have asked about X’s temper overall. Now we want to ask how s/he acts with different members of the family.

**Does s/he have a temper tantrum with you?**

What happened the last time?
How about with “Parent #2?”
How about with “Other Parent #1?”
And with “Other Parent #2?”

**How about with babysitters?**

Does s/he lose her temper or have tantrums when s/he is with a sitter?
How often does s/he lose her temper or have tantrums with the sitter?

**How about with daycare/school teachers?**

What happens?
What do the caregivers/teachers do about it?
How about with other adults whom we have not mentioned?
Who are they?
What happens?

**DESTRUCTIVE TEMPER TANTRUMS**

Discrete episodes of excessive temper, frustration or upset manifested by shouting, crying or stamping with destructive violence (e.g. breaking toys) or violence against oneself, other people, or property (e.g. hitting, biting, kicking, head banging).

Has s/he had any destructive temper tantrums in the last three months?

What does s/he do?
Tell me about the last time.

Does s/he break things?

**Coding rules**

<table>
<thead>
<tr>
<th>WITH PARENT #1</th>
<th>PGElI02</th>
</tr>
</thead>
<tbody>
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<td>0 = Absent</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>2 = Present</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WITH OTHER PARENT #1</th>
<th>PGElI04</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WITH OTHER PARENT #2</th>
<th>PGElI05</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2 = Present</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WITH BABYSITTER IN HOME</th>
<th>PGElI06</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
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</tr>
<tr>
<td>2 = Present</td>
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</table>

<table>
<thead>
<tr>
<th>WITH CAREGIVERS/TEACHERS AT DAYCARE/SCHOOL</th>
<th>PGElI07</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
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</tr>
<tr>
<td>2 = Present</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WITH OTHER ADULTS</th>
<th>PGElI08</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
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</table>

<table>
<thead>
<tr>
<th>DESTRUCTIVE TEMPER TANTRUMS</th>
<th>PGElI90</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>3 = Present</td>
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</tbody>
</table>

**BREAKING TOYS/OBJECTS**

<table>
<thead>
<tr>
<th>BREAKING TOYS/OBJECTS</th>
<th>PGEx07</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>3 = Present</td>
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</tbody>
</table>
### Conduct Problems

**Definitions and questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does s/he hit others?</strong></td>
<td>PGE1X08</td>
<td><strong>HITTING OTHERS</strong></td>
</tr>
<tr>
<td>Or hit him/herself?</td>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Present</td>
</tr>
<tr>
<td><strong>Does s/he kick others?</strong></td>
<td>PGE1X10</td>
<td><strong>KICKING OTHERS</strong></td>
</tr>
<tr>
<td>Or kick him/herself?</td>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Present</td>
</tr>
<tr>
<td><strong>Does s/he bite him/herself?</strong></td>
<td>PGE1X12</td>
<td><strong>BITING OTHERS</strong></td>
</tr>
<tr>
<td>Or bite others?</td>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Present</td>
</tr>
<tr>
<td><strong>Does s/he bite him/herself?</strong></td>
<td>PGE1X13</td>
<td><strong>BITING SELF</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Present</td>
</tr>
<tr>
<td><strong>Any other behaviors?</strong></td>
<td>PGE1X15</td>
<td><strong>OTHER</strong></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specify</td>
</tr>
</tbody>
</table>

**For Review Only**

- HOME
  - PGE1F07 Home Frequency
- DAYCARE/SCHOOL
  - PGE1F08 Daycare/ School Frequency
- ELSEWHERE
  - PGE1F09 Elsewhere Frequency
- HOURS : MINUTES
  - PGE1D03 Duration

*How long does the destructive tantrum last, that is, how long does it take him/her to return to his/her usual self?*
**Definitions and questions**

*How old was your child when s/he first began losing his/her temper?*

**Coding rules**

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>PGE1003</td>
<td>Onset</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Definitions and questions

**What seems to trigger his/her tantrums?**
*Does s/he seem to have tantrums when s/he is tired?*
*Or frustrated?*
*What about transitions, such as stopping playing to go on an errand?*
*Or going to bed?*
*Do changes in routine trigger tantrums?*
*Do his/her tantrums ever seem to come "out of the blue" with no clear cause or trigger?*

<table>
<thead>
<tr>
<th>TRIGGERS</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Anger</td>
<td>PGE1X30</td>
</tr>
<tr>
<td>2 = Frustration</td>
<td>PGE1X31</td>
</tr>
<tr>
<td>3 = Fatigue</td>
<td>PGE1X32</td>
</tr>
<tr>
<td>4 = Transitions</td>
<td>PGE1X33</td>
</tr>
<tr>
<td>5 = Changes in routine</td>
<td>PGE1X34</td>
</tr>
<tr>
<td>6 = &quot;Out of the blue&quot;</td>
<td>PGE1X35</td>
</tr>
<tr>
<td>7 = Other</td>
<td>PGE1X36</td>
</tr>
<tr>
<td>8 = Bedtime</td>
<td>PGE1X37</td>
</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
</tbody>
</table>

**WITH PARENT #1**
*0 = Absent*
*2 = Present*

**WITH PARENT #2**
*0 = Absent*
*2 = Present*

**WITH OTHER PARENT #1**
*0 = Absent*
*2 = Present*

**WITH OTHER PARENT #2**
*0 = Absent*
*2 = Present*

**WITH BABYSITTER IN HOME**
*0 = Absent*
*2 = Present*

**WITH CAREGIVERS/TEACHERS AT DAYCARE/SCHOOL**
*0 = Absent*
IF "TEMPER TANTRUMS" IS ABSENT, SKIP TO "ANNOYING BEHAVIOR", (PAGE 22).
DIFFICULTY RECOVERING FROM TANTRUMS

Child has difficulty returning to regular mood once tantrum starts.

Note: Baseline means child's regular mood and behavior state.

Does s/he have regular difficulty returning to his/her "usual self" after a tantrum?

How long does it usually take to "get back to his usual self"?

DIFFICULTY TO RECOVERY

0 = Does not have difficulty recovering from tantrums.
2 = Has regular difficulty returning to baseline from tantrums.

HOURS : MINUTES
**Definitions and questions**

**ANNOYING BEHAVIOR**

Indulgence in active behaviors that annoy or anger peers, siblings, or adults. The child's intention need not be to annoy, but the behaviors would obviously annoy their recipient.

Do not include annoying behaviors that are the result of unintentional acts, for instance, annoyance caused by clumsiness, or failure to understand the rules of games.

Do not include behaviors that conform to the definitions of Rule Breaking and Disobedience. Do not code the specific annoying behavior of Teasing here but in the next item.

**Does s/he find that other people get annoyed by things s/he does?**

**Does s/he bother people a lot?**

What does s/he do to annoy people?

**Does s/he do things deliberately to annoy other people?**

Or does s/he find that people get annoyed because of things s/he does for fun?

What happens?

Can you tell me about the last time?

Does s/he annoy adults, such as yourself, or his/her teachers or babysitters?

How about his/her brothers or sisters?

Or other children?

How often does something like that happen at home?

Or at school?

Or elsewhere?

When did it start?

---

**Coding rules**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
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<tbody>
<tr>
<td><strong>ANNOYING BEHAVIOR</strong></td>
<td>PGA2I01</td>
</tr>
<tr>
<td>Intensity</td>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Annoying behavior occurs in at least 2 activities and child is at least sometimes unresponsive to admonition.</td>
<td></td>
</tr>
<tr>
<td>3 = Annoying behavior occurs in most activities and the child sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.</td>
<td></td>
</tr>
<tr>
<td><strong>ANNOYS PARENTAL FIGURES</strong></td>
<td>PGA2I02</td>
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<tr>
<td>0 = Absent</td>
<td></td>
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<tr>
<td>2 = Present</td>
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</tr>
<tr>
<td><strong>ANNOYS TEACHERS/CAREGIVER AT DAYCARE/SCHOOL</strong></td>
<td>PGA2I03</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>ANNOYS BABYSITTERS</strong></td>
<td>PGA2I04</td>
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<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
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</tr>
<tr>
<td><strong>ANNOYS SIBLINGS</strong></td>
<td>PGA2I05</td>
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<td><strong>ANNOYS PEERS</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>HOME</strong></td>
<td>PGA2F01</td>
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<tr>
<td>Home</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
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<td>Elsewhere</td>
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</tr>
<tr>
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</tbody>
</table>
**Definitions and questions**

**TEASING**
Intentionally annoying or causing distress to peers or siblings specifically by making fun of them or taunting them, either verbally or physically.

If elements of teasing also meet the level of Spiteful/Vindictive, code there as well.

**Does X tease other children?**
What does s/he do?
Does s/he call other children "names"?
Whom does s/he tease?
His/her brother or sisters?
Or other children?
Does s/he tend to tease children his/her age or younger children?
How often does s/he tease?
When does it happen?
When did s/he start teasing?

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>PGA2001 Onset</th>
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<tbody>
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<td></td>
</tr>
<tr>
<td>2 = Teasing occurs in at least 2 activities.</td>
<td></td>
</tr>
<tr>
<td>3 = Teasing occurs in at least 2 activities and the child often teases until the teased child cries.</td>
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</table>

<table>
<thead>
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<th>PGL6I02</th>
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**HOME**

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**DAYCARE/SCHOOL**

<table>
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<th>Codes</th>
<th>PGL6F02 Daycare/ School Frequency</th>
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**ELSEWHERE**

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<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
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<td></td>
<td>/ /</td>
</tr>
</tbody>
</table>
**SPITEFUL OR VINDICTIVE**

Spiteful: The child engages in deliberate actions aimed at causing distress to another child or adult.

Vindictive: The child responds to failure to get his/her own way, disappointment, or interpersonal disagreement with adults or peers with deliberate attempts to hurt the other or gain revenge. For instance, by pinching, biting or attempting to get the other person into trouble.

Do not include behaviors coded under Assault, Cruelty, Bullying, or Lying.

**Does s/he ever do things to upset other people on purpose?**

Like knocking over another child’s tower or ripping up another child’s drawing?

**Or try to hurt them on purpose?**

Such as pinching another child because X feels angry or disappointed?

**Does s/he ever try to get other people into trouble on purpose?**

What does s/he do?

What about during the last 3 months?

Why does s/he do it?

How often has that happened?

Whom has s/he tried to upset or hurt on purpose?

His/her brothers and/or sisters?

Or other children?

Or adults?

Where does that sort of thing happen?

When did s/he start doing that sort of thing?

### Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGA3I01</td>
<td>Intensity of Spiteful or Vindictive</td>
</tr>
<tr>
<td>PGA3X04</td>
<td>Directed against Parental Figures</td>
</tr>
<tr>
<td>PGA3X05</td>
<td>Directed against Daycare Provider/Teachers</td>
</tr>
<tr>
<td>PGA3X06</td>
<td>Directed against Other Caregivers</td>
</tr>
<tr>
<td>PGA3X01</td>
<td>Directed against Siblings</td>
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<tr>
<td>PGA3X02</td>
<td>Directed against Peers</td>
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<td>PGA3F01</td>
<td>Frequency at Home</td>
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<tr>
<td>PGA3F02</td>
<td>Frequency at Daycare/School</td>
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<tr>
<td>PGA3F03</td>
<td>Frequency Elsewhere</td>
</tr>
<tr>
<td>PGA3O01</td>
<td>Onset of Spiteful or Vindictive</td>
</tr>
</tbody>
</table>

**Definitions and questions**

**SPITEFUL OR VINDICTIVE**

- Spiteful: The child engages in deliberate actions aimed at causing distress to another child or adult.

- Vindictive: The child responds to failure to get his/her own way, disappointment, or interpersonal disagreement with adults or peers with deliberate attempts to hurt the other or gain revenge. For instance, by pinching, biting or attempting to get the other person into trouble.

Do not include behaviors coded under Assault, Cruelty, Bullying, or Lying.

**Does s/he ever do things to upset other people on purpose?**

Like knocking over another child’s tower or ripping up another child’s drawing?

**Or try to hurt them on purpose?**

Such as pinching another child because X feels angry or disappointed?

**Does s/he ever try to get other people into trouble on purpose?**

What does s/he do?

What about during the last 3 months?

Why does s/he do it?

How often has that happened?

Whom has s/he tried to upset or hurt on purpose?

His/her brothers and/or sisters?

Or other children?

Or adults?

Where does that sort of thing happen?

When did s/he start doing that sort of thing?
### Definitions and questions

**BULLYING**
Attempts to force another to do something against his/her will by using threats or violence, or intimidation.

Do not include episodes that meet the criteria for stealing involving confrontation.

Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.

**Has X tried to bully someone by threatening them?**

**Has X forced someone to do something they didn't want to do by threatening or hurting them?**

Was there any actual violence involved?  
Whom did s/he bully?  
Why did s/he do it?  
How often?  
Where?  
When was the first time?  
What did you do about it?

### Coding rules

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<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BULLYING</td>
<td>PGF7I01 Intensity</td>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Using threats only.</td>
</tr>
<tr>
<td>3</td>
<td>With actual violence.</td>
</tr>
<tr>
<td>HOME</td>
<td>PGF7F01 Home Frequency</td>
</tr>
<tr>
<td>DAYCARE/SCHOOL</td>
<td>PGF7F02 Daycare/ School Frequency</td>
</tr>
<tr>
<td>ELSEWHERE</td>
<td>PGF7F03 Elsewhere Frequency</td>
</tr>
<tr>
<td>PGF7O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

### Conduct Problems

Page 25
CRUELTY TO ANIMALS

Deliberate activities involving hurting animals. Include reptiles, amphibians, snakes, and toads. Do not include hunting, fishing, or stomping on ants or other insects. May include smothering, choking, hard kicking.

Note: To distinguish from normative teasing and poorly modulated play, need to determine that the act was deliberate with the purpose of causing pain or distress.

N.B. "EVER" CODED IF NO CRUELTY TO ANIMALS IN LAST 3 MONTHS.

Has s/he ever hurt an animal?

When?
What happened? (Determine way of hurting)
Has s/he ever killed an animal?
Were the police brought in?
Where did s/he do it?
Why did s/he do it?
How often has s/he done that?
When was the first time?
What did you do about it?
CODE ONLY OBVIOUS OR PERMANENT INJURY.
Definitions and questions

**CRUELTY TO PEOPLE**

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include cutting or burning a person, holding a person's head underwater, forcing a child to do something with the purpose of causing physical pain or harm, ritualized infliction of pain, and sadistic violence or terrorization.

The most common thing to consider here is harming a child who is younger or more helpless than the child (e.g., an infant).

Note: To distinguish from normative teasing and poorly modulated play, need to determine that the act was deliberate with the purpose of causing pain or distress.

**Has s/he ever tried to hurt or frighten someone very badly?**

**Such as a baby?**

**Like trying to drown someone?**

**Or burn someone?**

**Or smother someone?**

**What happened?**

**Where did it happen?**

**How about in the last three months?**

**Coding rules**

**CRUELTY TO PEOPLE**

0 = Absent

2 = Cruelty did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. black eye or cuts).

**Codes**

Ever:PGF3E01

Intensity

Ever:PGF3E02

Frequency

Ever:PGF3O01

Onset

CRUELTY TO PEOPLE

0 = Absent

2 = Cruelty did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. black eye or cuts).

DIRECTED AGAINST SIBLINGS

0 = Absent

2 = Present

DIRECTED AGAINST PEER(S)

0 = Absent

2 = Present

DIRECTED AGAINST ADULT(S)

0 = Absent

2 = Present

HOME

PGF3F01

Home

DAYCARE/SCHOOL

PGF3F02

Daycare/School

ELSEWHERE

PGF3F03

Elsewhere
**DIFFICULTY SHARING**

Child's inability to tolerate other children playing with his/her toys or to play cooperatively with toys with other children.

Exclude sharing a treasured item such as a blanket or favorite stuffed animal.

*How does s/he do when s/he has to share his/her toys?*

*Does s/he allow other children to play with his/her toys?*

*Does s/he become upset or angry when s/he is asked to share his/her toys?*

*Or something to eat like a cookie?*

*Does s/he grab toys from other children without asking for them?*

*Is s/he able to share with his/her brothers and sisters?*

*How about other children not in your family?*

*How often does s/he have trouble sharing?*

*When did s/he start having trouble sharing?*

---

**Coding rules**

**DIFFICULTY SHARING**

0 = Absent

2 = Child has difficulty sharing in at least 2 activities.

3 = Child has trouble sharing almost all of the time.

**FREQUENCY: SHARING DIFFICULTY WITH SIBLINGS**

**FREQUENCY: SHARING DIFFICULTY WITH PEERS**

**Onset**
SWEARING
The use of swear words or obscene language not approved or countenanced by adults in whose presence they are spoken.

Do not include swearing with adults who are tolerant of swearing (i.e., do not object to their child’s swearing).

CODE NUMBER OF EPISODES OF SWEARING (NOT NUMBER OF INDIVIDUAL OBSCENE WORDS).

Does s/he ever swear when adults are around?
When does this happen?
Where does s/he do it?
How often?
Does s/he stop when you tell him/her not to swear?
What does s/he do then?
When did s/he start swearing in front of adults?

SWEARING
0 = Absent
2 = Swears in presence of adults, but usually (>50% of time) stops when admonished.
3 = Swearing in the presence of adults, that is not controlled by admonition.

HOME
PGA4F01 Home Frequency

DAYCARE/SCHOOL
PGA4F02 Daycare/ School Frequency

ELSEWHERE
PGA4F03 Elsewhere Frequency
PGA4O01 Onset

CONDUCT PROBLEMS
Definitions and questions

**STEALING**

Taking something belonging to another without permission and with the intention of depriving the owner of its use on more than one occasion.

Do not include items intended eventually for general distribution that will include the child (such as general food from the refrigerator or school erasers).

NB: Monetary value of the item not significant.

*Has s/he ever stolen anything?*

*Has s/he ever stolen something from a family member?*

*Did s/he try to hide the thing(s) that s/he stole?*

*Has s/he ever taken something, such as a toy or candy, from a store without paying?*

*Has s/he stolen anything in the last 3 months?*

*What did s/he steal?*

*Whom did s/he steal it from?*

*Did s/he steal on his/her own or with someone else?*

*Did s/he hide what s/he stole?*

*Why did s/he do it?*

*How did you find out?*

*How often has s/he stolen in the last 3 months?*

*When was the first time s/he stole anything?*

---

<table>
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<th>Codes</th>
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<tr>
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<td>3 = Present, with concealment.</td>
</tr>
<tr>
<td>Ever:PGL8E01</td>
<td></td>
</tr>
<tr>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>Ever:PGL8V01</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>Ever:PGL8O01</td>
<td></td>
</tr>
<tr>
<td>Onset</td>
<td></td>
</tr>
</tbody>
</table>

| HOME          | 0 = Absent |
|               | 2 = Present |
|               | 3 = Present, with concealment. |
| PGL8F01       |       |
| Home          |       |
| Frequency     |       |

| DAYCARE/SCHOOL| 0 = Absent |
|              | 2 = Present |
|              | 3 = Present, with concealment. |
| PGL8F02      |       |
| Daycare/School |       |
| Frequency     |       |

| ELSEWHERE     | 0 = Absent |
|              | 2 = Present |
|              | 3 = Present, with concealment. |
| PGL8F03      |       |
| Elsewhere    |       |
| Frequency     |       |
DECEPTION

LYING
Distortion of the truth with intent to deceive others. Barefaced lies are told with little or no effort or ability to conceal the untruth, for example the child has cookie crumbs all over his/her face but denies s/he ate a cookie. Subtle lies involve more elaborate distortion of the truth.

Do not include imaginary friends.

NOTE: IF BLAMING OTHERS, CODE IN BLAMING.

Most people tell lies sometimes. Has s/he told any lies in the last 3 months?

What about?
Whom to?
Where?
Why did s/he do it?
Does s/he ever tell lies to get out of things s/he doesn’t want to do?

When something goes wrong that’s his/her fault, does s/he admit it?

How often does s/he tell lies?
When did s/he start telling lies?
Is it usually obvious to you that s/he is lying or is it hard to tell?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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<td>PGC3I01</td>
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</tr>
<tr>
<td>1 = Made up stories or fictions which are not told for gain or to escape punishment.</td>
<td></td>
</tr>
<tr>
<td>2 = Lies told for gain or to escape punishment, in at least 2 activities that do not result in others getting into trouble.</td>
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<table>
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<td>Daycare/ School Frequency</td>
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<tbody>
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<td>Elsewhere Frequency</td>
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<th>FREQUENCY: BAREFACED LIES</th>
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<thead>
<tr>
<th>FREQUENCY: SUBTLE LIES</th>
<th>PGC3F05</th>
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</thead>
</table>

Conduct Problems
BLAMING
Falsely attributing misdemeanors to another so as to avoid reproach or punishment.

Does s/he lie if s/he thinks s/he can get out of trouble by blaming someone else?

Do his/her lies get others into trouble?
Could they?
What does s/he do?
What is the result?
How often does s/he do this?
When did s/he start doing it?

Coding rules

BLAMING
0 = Absent
2 = Lies in at least 2 activities, that result in others being blamed for child’s misdemeanors or otherwise getting into trouble or lies which, if believed, would have the same result.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGJ3I01
Intensity

PGJ3F01
Home Frequency

PGJ3F02
Daycare/ School Frequency

PGJ3F03
Elsewhere Frequency

PGJ3O01
Onset

/ /
CHEATING
Attempts to gain increased success by unfair means.

Determine that the child understands the concept of the rules. Do not include making a mistake because s/he does not know the rules.

Does s/he cheat?

Like while playing games?

Or dividing something into shares?

Such as treats like candy?

What does s/he do when s/he is asked to stop cheating?
Does s/he cheat at home?
Or at daycare/school?
Anywhere else?
What about during the last 3 months?
How often does s/he cheat?
When did s/he start cheating?

Coding rules

CHEATING
0 = Absent
2 = Cheating in at least 2 activities and at least sometimes not responsive to admonition if caught.
3 = Cheating may occur in many or most activities and is hardly ever responsive to admonition if caught.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGC5I01
Intensity

PGC5F01
Home Frequency

PGC5F02
Daycare/ School Frequency

PGC5F03
Elsewhere Frequency

PGC5O01
Onset
CONDUCT PROBLEMS INVOLVING VIOLENCE

FIGHTS

Physical fights in which both (or all) combatants are actively initiating. Otherwise code as assault.

If child is a victim of an attack and fights back only to protect him/herself, do not rate here or under Assault.

Code worst result of fights in last 3 months.

**Does s/he get into physical fights at all?**

**Has s/he gotten into any fights in the last 3 months?**

Who with?

How often?

Can you remember the last time s/he had a fight?

Was it a friendly fight?

What is the worst that's happened in a fight s/he was in?

Did anyone get hurt?

What happened?

Has s/he been in any fights that someone else broke up?

Who?

Why?

When did s/he start fighting?

---

**FIGHTS**

- PGE5I01: Intensity
  - 0 = Fights absent.
  - 2 = Fights do not result in any physical injury to either party.
  - 3 = Either combatant has sustained some physical injury as a result (e.g. black eye or cuts).

**SIBLINGS**

- PGE5I02: Absent
  - 2 = Present

**PEERS**

- PGE5I03: Absent
  - 2 = Present

**HOME**

- PGE5F01: Home
  - Frequency

**DAYCARE/SCHOOL**

- PGE5F02: Daycare/School
  - Frequency

**ELSEWHERE**

- PGE5F03: Elsewhere
  - Frequency

- PGE5O01: Onset
Definitions and questions

FIGHTS- USE OF WEAPON

Ever use of a knife, scissors, bat, rock, toy or any other item as a weapon in a fight.

Has s/he ever used a weapon in a fight?
Like a knife or stone or anything else? Or used a toy as a weapon?

Has s/he used a weapon in the last three months?

How often?

What type of weapon has s/he used?
What do you do about it?
What does the daycare/school do about it?

Coding rules

<table>
<thead>
<tr>
<th>USE OF A WEAPON</th>
<th>Ever: PGE8E01</th>
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<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = No Injury</td>
<td></td>
</tr>
<tr>
<td>3 = Injury</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF WEAPON</th>
<th>PGE8X01</th>
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</thead>
<tbody>
<tr>
<td>1 = Knife</td>
<td></td>
</tr>
<tr>
<td>2 = Scissors</td>
<td></td>
</tr>
<tr>
<td>3 = Bat</td>
<td></td>
</tr>
<tr>
<td>4 = Rock</td>
<td></td>
</tr>
<tr>
<td>5 = Toy</td>
<td></td>
</tr>
<tr>
<td>6 = Sticks</td>
<td></td>
</tr>
<tr>
<td>7 = Pencil</td>
<td></td>
</tr>
<tr>
<td>8 = Other</td>
<td></td>
</tr>
</tbody>
</table>

Specify
**Definitions and questions**

**FIGHT - EVER ASKED TO LEAVE DAYCARE/SCHOOL DUE TO FIGHTING**

*Has s/he ever been asked to leave a daycare/school because of fighting with other children?*

**Coding rules**

**ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT**

- **Intensity**
  - 0 = Absent
  - 2 = Asked to leave temporarily.
  - 3 = Asked to leave permanently.

- **Frequency**
- **Onset**
  - / /
ASSAULT

Physical aggression, attack upon, or attempt to hurt another without the other’s physical willful involvement in the contact. Code the worst result in the last 3 months.

If child is the victim of an attack and fights back only to protect him/herself, do not rate here or under Fights.

SHOVING

Pushing or shoving of another child or adult without others willful involvement in the contact.

Has s/he shoved anyone who didn't want to fight him/her?

Has s/he shoved someone who really wasn't doing anything?

Did s/he hurt him/her?

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

Where has s/he done that sort of thing?

How often has s/he done anything like that at home?

How about at daycare/school?

Or elsewhere?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>Shoving did not result in any physical injury to either party.</td>
</tr>
<tr>
<td>2</td>
<td>The victim sustained some physical injury as a result (e.g. bruise or wound).</td>
</tr>
</tbody>
</table>
## Definitions and questions

### What seems to trigger his/her aggression?
- Does s/he lash out in this way when s/he is mad?
- What about frustrated?
- Or tired?
- Does s/he act this way when s/he has to change activities?
- Or has to change the normal routine?
- Does his/her physical aggression seem to come "out of the blue?"
- Does anything else trigger this?

### Has s/he shoved you?
- Or your partner?
- Teachers?
- Other caregivers?
- How about his/her sisters or brothers?
- Or other children?

### TRIGGERS

<table>
<thead>
<tr>
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<tr>
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<td>4</td>
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<td>5</td>
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<td>PGM6X05</td>
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<td>6</td>
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### SHOVING OF PARENTAL FIGURES

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### SHOVING OF TEACHERS/DAY CARE

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### SHOVING OF OTHER CAREGIVERS

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### SHOVING OF SIBLINGS

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### SHOVING OF PEERS

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</table>
PINCHING
Pinching of another child or adult without others willful involvement in the contact.

Has s/he pinched somebody?
Did s/he hurt him/her?
How often has s/he done that in the last three months?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

What seems to trigger his/her aggression?
Does s/he lash out in this way when s/he is mad?
What about frustrated?
Or tired?
Does s/he act this way when s/he has to change activities?
Or has to change the normal routine?
Does his/her physical aggression seem to come "out of the blue?"
Does anything else trigger this?
### Definitions and questions

**Conduct Problems**

- Has s/he pinched you?
- Or your partner?
- Teachers?
- Other caregivers?
- How about his/her sisters or brothers?
- Or other children?

### PINCHING OF PARENTAL FIGURES

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### PINCHING OF TEACHERS/DAYCARE

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### PINCHING OF OTHER CAREGIVERS

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<th>Description</th>
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### PINCHING OF SIBLINGS

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### PINCHING OF PEERS

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</table>

### HITTING OR PUNCHING

Hitting or punching of another child or adult without others willful involvement in the contact.

Has s/he hit or punched someone?

Did s/he hurt him/her?

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

Where has s/he done that sort of thing?

How often has s/he done anything like that at home?

How about at daycare/school?

Or elsewhere?

### HITTING

<table>
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</tr>
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<td>2</td>
<td>Hitting did not result in any physical injury to either party.</td>
</tr>
<tr>
<td>3</td>
<td>The victim sustained some physical injury as a result (e.g. black eye).</td>
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### INTENSITY

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### ONSET

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### HOME

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### DAYCARE/SCHOOL

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<tbody>
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<td>DAYCARE/SCHOOL</td>
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### ELSEWHERE

<table>
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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>PGM8F03</td>
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</table>
**Preschool Age Psychiatric Assessment 2.0.7**

**Definitions and questions**

**What seems to trigger his/her aggression?**

- Does s/he lash out in this way when s/he is mad?
- What about frustrated?
- Or tired?
- Does s/he act this way when s/he has to change activities?
- Or has to change the normal routine?
- Does his/her physical aggression seem to come "out of the blue?"
- Does anything else trigger this?

Has s/he hit or punched you?
- Or your partner?
- Teachers?
- Other caregivers?
- How about his/her sisters or brothers?
- Or other children?

**Coding rules**

**TRIGGERS**

<table>
<thead>
<tr>
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<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>4</td>
<td>Transitions</td>
</tr>
<tr>
<td>5</td>
<td>Changes in routine</td>
</tr>
<tr>
<td>6</td>
<td>&quot;Out of the blue&quot;</td>
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<tr>
<td>7</td>
<td>Other</td>
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Specify

**HITTING/PUNCHING OF PARENTAL FIGURES**

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**HITTING/PUNCHING OF TEACHERS/DAYCARE**

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**HITTING/PUNCHING OF OTHER CAREGIVERS**

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**HITTING/PUNCHING OF SIBLINGS**

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**HITTING/PUNCHING OF PEERS**

<table>
<thead>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
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</tbody>
</table>
KICKING
Kicking of another child or adult without others willful involvement in the contact.

Has s/he kicked someone?
Did s/he hurt him/her?
How often has s/he done that in the last three months?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

What seems to trigger his/her aggression?
Does s/he lash out in this way when s/he is mad?
What about frustrated?
Or tired?
Does s/he act this way when s/he has to change activities?
Or has to change the normal routine?
Does his/her physical aggression seem to come "out of the blue"?
Does anything else trigger this?

Coding rules

KICKING
0 = Absent
2 = Kicking did not result in any physical injury to either party.
3 = The victim sustained some physical injury as a result (e.g. bruises or cuts).

HOME
PMG9F01
Home Frequency

DAYCARE/SCHOOL
PMG9F02
Daycare/School Frequency

ELSEWHERE
PMG9F03
Elsewhere Frequency

TRIGGERS
1 = Anger
2 = Frustration
3 = Fatigue
4 = Transitions
5 = Changes in routine
6 = "Out of the blue"
7 = Other
Specify

Codes

PMG9I01
Intensity

PMG9O01
Onset

PMG9X01
Anger

PMG9X02
Frustration

PMG9X03
Fatigue

PMG9X04
Transitions

PMG9X05
Changes in routine

PMG9X06
"Out of the blue"
Definitions and questions

Has s/he kicked you?
Or your partner?
Teachers?
Other caregivers?
How about his/her sisters or brothers?
Or other children?

KICKING OF PARENTAL FIGURES
0 = Absent
2 = Present

PMG9I02

KICKING OF TEACHERS/DAYCARE
0 = Absent
2 = Present

PMG9I03

KICKING OF OTHER CAREGIVERS
0 = Absent
2 = Present

PMG9I04

KICKING OF SIBLINGS
0 = Absent
2 = Present

PMG9I05

KICKING OF PEERS
0 = Absent
2 = Present

PMG9I06

BITING

Biting of another child or adult without others willful involvement in the contact.

Has s/he bitten someone?

Did s/he hurt him/her?
How often has s/he done that in the last three months?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

BITING

0 = Absent
2 = Biting did not result in any physical injury to either party.
3 = The victim sustained some physical injury as a result (e.g. bruise or wound).

PGN0I01

Intensity

PGN0O01

Onset

HOME

PGN0F01

Home Frequency

DAYCARE/SCHOOL

PGN0F02

Daycare/ School Frequency

ELSEWHERE

PGN0F03

Elsewhere Frequency
**What seems to trigger his/her aggression?**

*Does s/he lash out in this way when s/he is mad?*  
*What about frustrated?*  
*Or tired?*  
*Does s/he act this way when s/he has to change activities?*  
*Or has to change the normal routine?*  
*Does his/her physical aggression seem to come “out of the blue” ?*  
*Does anything else trigger this?*

---

**Has s/he bitten you?**  
*Or your partner?*  
*Teachers?*  
*Other caregivers?*  
*How about his/her sisters or brothers?*  
*Or other children?*
CHOKING
Choking of another child or adult without others willful involvement in the contact.

Has s/he choked someone?
Did s/he hurt him/her?
How often has s/he done that in the last three months?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

What seems to trigger his/her aggression?
Does s/he lash out in this way when s/he is mad?
What about frustrated?
Or tired?
Does s/he act this way when s/he has to change activities?
Or has to change the normal routine?
Does his/her physical aggression seem to come "out of the blue?"
Does anything else trigger this?

Coding rules

CHOKING
0 = Absent
2 = Choking did not result in any physical injury to either party.
3 = The victim sustained some physical injury as a result (e.g. bruise or wound).

HOME
PGN1F01 Home Frequency

DAYCARE/SCHOOL
PGN1F02 Daycare/School Frequency

ELSEWHERE
PGN1F03 Elsewhere Frequency

TRIGGERS
1 = Anger
2 = Frustration
3 = Fatigue
4 = Transitions
5 = Changes in routine
6 = "Out of the blue"
7 = Other
Specify
Definitions and questions

Has s/he choked you?
Or your partner?
Teachers?
Other caregivers?
How about his/her sisters or brothers?
Or other children?

IF (AT LEAST AT A LEVEL 2) SHOVING, PINCHING, HITTING, KICKING, BITING, CHOKING PRESENT IN THE LAST THREE MONTHS WITHOUT OTHER'S WILLFUL INVOLVEMENT IN THE CONTACT, GIVE SUMMARY CODING OF ASSAULT. DO NOT CODE LEVEL 1 SHOVING OR PINCHING.

ASSAULT WITH A WEAPON
Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon.

Has s/he ever used an object like a toy or knife in hitting, kicking, punching, someone?
Or anything else?

Coding rules

<table>
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<th>Codes</th>
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Use of weapon in assault

<table>
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<td>2 = No Injury</td>
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</tr>
<tr>
<td>Ever:PGF2V01</td>
<td>Frequency</td>
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<tr>
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<td>Onset</td>
</tr>
<tr>
<td>/</td>
<td>/</td>
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</tbody>
</table>
Definitions and questions

Has s/he used a weapon in the last three months?
How often?
What do you do about it?
What does the daycare/school do about it?

Has s/he assaulted you?
Or your partner?
Teachers?
Other caregivers?
How about his/her sisters or brothers?
Or other children?
Where has s/he done that sort of thing?
How often has s/he done anything like that at home?
Tell me about it.
How often has s/he done anything like that at daycare/school?
Or elsewhere?

<table>
<thead>
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<th>Codes</th>
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<td></td>
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<tr>
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<tr>
<td>1 = Knife</td>
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</tr>
<tr>
<td>2 = Scissors</td>
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<tr>
<td>3 = Bat</td>
<td></td>
</tr>
<tr>
<td>4 = Rock</td>
<td></td>
</tr>
<tr>
<td>5 = Toy</td>
<td></td>
</tr>
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<td>6 = Sticks</td>
<td></td>
</tr>
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<td>7 = Pencil</td>
<td></td>
</tr>
<tr>
<td>8 = Other</td>
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</tr>
<tr>
<td>Specify</td>
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<td><strong>ASSAULT OF TEACHERS/DAYCARE</strong></td>
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<td>0 = Absent</td>
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<tr>
<td><strong>ASSAULT OF OTHER CAREGIVERS</strong></td>
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</tr>
<tr>
<td><strong>ASSAULT OF SIBLINGS</strong></td>
<td>PGF2I05</td>
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<tr>
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</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and questions

**ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT**

*Has X ever been asked to leave a daycare/school because of hurting other children?*

### Coding rules

**EVER: ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Asked to leave temporarily.</td>
</tr>
<tr>
<td>3</td>
<td>Asked to leave permanently.</td>
</tr>
</tbody>
</table>

### Codes

- **Ever:PGN2E01**
  - **Intensity**
  - **Frequency**
  - **Onset**

/ /
**ACCESS TO WEAPONS**

*Access to weapons, such as handguns and shotguns.*

**GUNS**

*Does anyone in your household keep a gun in the house or car?*

*Is the gun locked up?*

*Whom does it belong to?*

*What kind of gun is it?*

*A handgun?*

*A rifle or shotgun?*

*Some other kind?*

**Coding rules**

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>ACCESS TO GUN</td>
<td>PGC9I01</td>
</tr>
<tr>
<td>Intensity</td>
<td></td>
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<tr>
<td>0 = Absent</td>
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</tr>
<tr>
<td>1 = Family member has gun, but child does not have access because gun is locked up.</td>
<td></td>
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<tr>
<td>2 = Child has access to gun belonging to family member or friend.</td>
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<td>HANDGUN</td>
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<tr>
<td>SHOTGUN OR RIFLE</td>
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<tr>
<td>OTHER GUN (SEMI-AUTOMATIC, MACHINE GUN, ETCETERA)</td>
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</table>
CONDUCT PROBLEMS INVOLVING VIOLENCE AGAINST PROPERTY

VANDALISM
Damage to, or destruction of, property without the intention of gain. Includes breaking, cutting or tearing up belongings.

Do not include instances in which parents allow children to write on certain walls in home (i.e., designated playroom walls, next to phone, etc).

Has s/he damaged or broken or smashed up anything on purpose?
What has s/he broken?
Has s/he broken his/her own toys or belongings?
Or other children’s toys or belongings?
How about writing on walls?

What about breaking or smashing up things at daycare/school?
When was that?
Did s/he know the people whose stuff s/he "smashed"?
How often does s/he do that sort of thing?
When did s/he first do something like that?
What did you do about it?

CODING RULES

VANDALISM
0 = Absent
2 = Writing on walls or similar actions that are not actually destructive of the functions of that object.
3 = Other acts involving damage to, or destruction of, property.

PGE2I01 Intensity
PGE2F04 Frequency
PGE2O01 Onset

VANDALISM DIRECTED AT OWN PROPERTY
0 = Absent
2 = Present

PGE2I07

VANDALISM DIRECTED AT SIBLINGS’ PROPERTY
0 = Absent
2 = Present

PGE2I08

VANDALISM DIRECTED AT PEERS’ PROPERTY
0 = Absent
2 = Present

PGE2I09

VANDALISM DIRECTED AT PARENTS’ PROPERTY
0 = Absent
2 = Present

PGE2I10
### Conduct Problems

#### Definitions and questions

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<th>Description</th>
<th>Coding rules</th>
<th>Codes</th>
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<tbody>
<tr>
<td>VANDALISM DIRECTED AT PROPERTY OF OTHER ADULTS IN THE CHILD’S LIFE (TEACHERS; BABYSITTERS, ETCETERA)</td>
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<td>PGE2111</td>
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<td>VANDALISM DIRECTED AT PROPERTY OF PEOPLE THE CHILD DOES NOT KNOW</td>
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</table>
Definitions and questions

**INAPPROPRIATE SEXUAL BEHAVIOR**

**INAPPROPRIATE SEXUAL TOUCHING**

Touching of genital area without the consent of the person being touched.

Must determine that child is initiating behavior against the wishes of the person against whom the behavior is directed in order to distinguish this behavior from mutual curiosity about genitalia.

*Has s/he ever touched someone in his or her private parts who didn't want him/her to touch him/her?*

*Has s/he ever forced another child to remove his/her clothes without the other child's permission?*

Or touched his/her private parts without permission from the other child?

Or rubbed up against another child in a sexual way without permission from the other child?

*How about in the last three months?*

What happened?

Who did this happen with?

Where did it happen?

How did you react?

Coding rules

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<td>Ever:PGN3V01</td>
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<td>PGN3I04</td>
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<td>PGN3F01</td>
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<tr>
<td>Home</td>
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<tr>
<td>Frequency</td>
</tr>
<tr>
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<tr>
<td>Daycare/ School</td>
</tr>
<tr>
<td>Frequency</td>
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<tr>
<td>PGN3F03</td>
</tr>
<tr>
<td>Elsewhere</td>
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<tr>
<td>Frequency</td>
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</tbody>
</table>
INAPPROPRIATE SEXUAL TALK
Sexual comments toward others.
Distinguish from "bathroom humor" or swearing.

Has s/he made sexual comments toward others in the last three months?
Tell me what s/he says?
How often does s/he talk like that?

FIRE PLAY AND FIRE SETTING
Playing with matches or lighters and/or setting of unsanctioned fires with the intent of causing an object to burn. Intent to cause serious harm is not required.

N.B. "EVER" CODED IF FIRE SETTING HAS OCCURRED BUT NOT IN LAST 3 MONTHS.

Does s/he like to play with matches or lighters?
Does s/he like playing with fire?
Does s/he like burning things?
Has s/he ever started any fires in places where s/he’s not supposed to?

Why did s/he do it?
Where did s/he do it?
When was that?

INAPPROPRIATE SEXUAL TALK
0 = Absent
2 = Present

HOME
PGM2I01 Intensity
PGM2F01 Home Frequency

DAYCARE/SCHOOL
PGM2F02 Daycare/ School Frequency

ELSEWHERE
PGM2F03 Elsewhere Frequency
PGM2O01 Onset

FIRE PLAY AND FIRE SETTING
0 = Absent
1 = Plays with matches or lighters without supervision but has not set a fire.
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

Ever:PGE4E01 Intensity
Ever:PGE4V01 Frequency
Ever:PGE4O01 Onset
Definitions and questions

Has s/he played with fire or set a fire in the last three months?
Did anyone find out?
What happened?
How often has s/he done that sort of thing?
How often does s/he start fires?
When was the first time s/he started a fire?
Has s/he ever done any damage with fire?

Coding rules

FIRE PLAY AND FIRE SETTING

0 = Absent
1 = Plays with matches or lighters without supervision but has not set a fire.
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

PGE3I01
Intensity

PGE3F01
Home Frequency

PGE3F02
Daycare/ School Frequency

PGE3F03
Elsewhere Frequency
HYPERACTIVITY

Now I would like to ask you about how active X is and how well s/he concentrates. Because a child (young person) often varies in the ways s/he behaves, I want to focus on different sorts of activities.

OVERACTIVITY

Organization of the Section

The structure differs somewhat from the rest of the interview, on account of the requirements of different diagnostic systems. There are three subareas: overactivity, inattention, and impulsivity. Summary ratings are made for each subarea.

Note, however, that the concept of controllability has an additional feature here, as with many other items relevant to oppositional and conduct disorders, in that control by admonition by others is added to the usual notion of self-control. Thus it is necessary to find out whether being admonished or disciplined for the occurrence of these items brings them under control. Additionally, if a parent must exert a great amount of effort to control the child’s behavior, or has given up trying to control the child’s behavior, this is to be regarded as evidence of uncontrollability and intrusiveness.

We are looking here for patterns that are characteristic of the way that the child acts. Thus, if an example is given that happened only once or twice and was uncharacteristic of the child, it does not count here.

The question is does s/he control the behavior, not can/could s/he control it if s/he wanted to (or if s/he weren’t disobeying or being naughty). Many parents are convinced that their children could exercise such control, if they only would; this belief is not to be regarded as evidence of controllability.

Ten minute rule
Some behaviors are not rated if the child is able to stop them, when told to, for at least 10 minutes (without being reminded within the 10 minutes). The 10 minute rule refers to an average of ten minutes. If the admonition must be repeated within a short space of time (10 minutes), then the child’s behavior is regarded as not being responsive to admonition and therefore the behavior is not regarded as being controllable.

The 10 minute rule applies to Fidgetiness, Difficulty Remaining Seated When Required, and Difficulty Concentrating on Tasks Requiring Sustained Attention boxes. It may be applied to Talks Excessively and Doing Things Quietly if one is having difficulty making a general determination. For the other generalized items and the items in the Impulsivity section, control for 10 minutes is not relevant.

Clearly, there is a great range in children of different ages regarding levels of activity, impulsivity, and the ability to control activity and impulsivity. For example, most two or three year olds have more difficulty sitting at the dinner table than five or six year olds. Nonetheless, code the behavior as described by the parent and defined in the Glossary.

**FIDGETINESS**

Unnecessary movements of parts of the body when stationary overall (e.g. tapping of feet, squirming in seat).

First I’d like to talk about how active s/he is.

How much does s/he squirm or wiggle in his/her seat?

How much does s/he fidget with his/her hands or feet?

Is that more than other children?

What is X doing when s/he is fidgeting?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

All the time?

Were there any times in the last three months when s/he couldn’t stop him/herself?

How often?

How long does s/he keep from fidgeting in an hour?

---

**FIDGETINESS SCREEN POSITIVE**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.
IF FIDGETINESS ABSENT, SKIP TO "DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)", (PAGE 5).
**FIDGETINESS - SITUATIONAL SPECIFICITY**

Rate in the following 3 situations:

a) Fidgetiness while playing or involved in an activity that the child regards as interesting at home.

b) Fidgetiness during the most interesting activity at school/daycare.

c) Fidgetiness during an interesting activity elsewhere (not at home, not at school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR FIDGETINESS.

You've told me that s/he can be fidgety.

**Is s/he like that at home when doing something that is interesting?**

**Is s/he like that at daycare/school during an interesting activity?**

**Is s/he like that elsewhere when doing something interesting?**

What about during circle-time at daycare or school?
Are there other times when that happens?
Is it like that everywhere?
Can s/he stop him/herself from being like that?
What about if you tell him/her to stop?
Or his/her caregiver/teacher?
How long can s/he stop for?

When did s/he start being like that?
**Definitions and questions**

**DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)**

Often leaves seat in situations in which remaining seated is expected.

*Can she usually remain in his/her seat when she’s supposed to?*

Like at dinner?
Or to do a project at daycare/school?
*Does s/he get up much more than other children his/her age?*

What is s/he doing when s/he has difficulty sitting down?
*Is it like that in all activities?*
Or just some activities?
*Where there any times in the last three months when s/he could not stop herself?*
*What about if you ask him/her to stop?*

**TIME ABLE TO REMAIN SEATED**

*CHILD IS ABLE TO STAY IN HIS/HER SEAT.*

*How long can s/he stay in his/her seat?*

**IF RESTLESSNESS ABSENT, SKIP TO "TALKS EXCESSIVELY", (PAGE 8).**

---

**Coding rules**

**DIFFICULTY REMAINING SEATED SCREEN POSITIVE**

PRA2I01

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<th>Codes</th>
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<td>0 = Absent</td>
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</tr>
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**TIME ABLE TO REMAIN SEATED**

CHILD IS ABLE TO STAY IN HIS/HER SEAT.

PRA2I90

<table>
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<tbody>
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<td>0 = Absent</td>
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<tr>
<td>2 = Present</td>
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</table>

**HOURS : MINUTES**

PRA2D01

<table>
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<th>Duration</th>
<th>Codes</th>
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</table>
**RUSHES ABOUT OR CLIMBS ON THINGS EXCESSIVELY (RESTLESSNESS)**
Focus on the absence of a limited ability to have sustained periods of calm, well-controlled activity.

*Does s/he run around the house in situations when it's not appropriate?*

*Or climb on things?*

*Is that more than other children?*

*Does this happen in any of the activities we talked about?*

What is s/he doing when s/he is acting this way?
*Is it like that in all activities?*
*Or just some activities?*
*Can s/he stop him/herself?*
*All the time?*
*Were there any times in the last three months when s/he couldn't stop him/herself?*
*What about if you ask him/her to stop?*

**ALWAYS ON THE GO**

*Would you say s/he was “always on the go”?*

*Or as if s/he were “driven by a motor”?*

What does s/he do?
*Is it like that in all activities?*
*Or just some activities?*
*Can s/he stop him/herself?*
*All the time?*
*Were there any times in the last three months when s/he couldn't stop him/herself?*
*What about if you ask him/her to stop?*

### Coding rules

**RUSHES/CLIMBS EXCESSIVELY**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**ALWAYS ON THE GO**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.
RESTLESSNESS - SITUATIONAL SPECIFICITY

Increased unnecessary whole body movements (e.g. getting up and moving around).

Rate in the following 3 situations:

a) Restlessness while playing or involved in an activity that the child regards as interesting at home.

b) Restlessness during an interesting activity at daycare/school.

c) Restlessness during an interesting activity elsewhere (not at home, not at daycare/school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATING FOR RESTLESSNESS.

You’ve told me that s/he can be restless.

Is s/he like that at home when doing something that is interesting?

How about at daycare/school during an interesting activity?

How about elsewhere when doing something interesting?

Are there other times when that happens?

Is it like that everywhere?

Can s/he stop him/herself from being like that?

What about if you tell him/her to stop?

Or his/her teacher?

How long can s/he stop for?

When did it start being like that?

RESTLESSNESS

0 = Symptom absent during interesting activities.

2 = At least sometimes uncontrollable by the child or by admonition, in at least 2 interesting activities in any situation.

3 = Almost never controllable by the child or by admonition in most interesting activities.

HOME

0 = Absent

2 = Present

DAYCARE/SCHOOL

0 = Absent

2 = Present

ELSEWHERE

0 = Absent

2 = Present

Onset
Definitions and questions

**TALKS EXCESSIVELY**

*Do people complain that s/he talks too much?*

*Do you think s/he talks too much?*

What do you do about it?
Does that work?
What does s/he do?
Is it like that in all activities?
Or just some activities?
Can s/he stop him/herself?
All the time?
Or just sometimes?
What about if you ask him/her to stop?

**DIFFICULTY DOING THINGS QUIETLY**

Often has difficulty playing or engaging in leisure activities quietly.

*What happens if s/he's supposed to be doing things quietly?*

*Can s/he do that?*

*Does s/he have a hard time doing things quietly?*

What does s/he do?
Is it like that in all activities?
Or just some activities?
Can s/he stop him/herself?
All the time or just sometimes?
What about if you ask him/her to stop?

Coding rules

**TALKS EXCESSIVELY**

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**DIFFICULTY DOING THINGS QUIETLY**

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</tbody>
</table>
**INATTENTION**

Now I'd like to focus on how well s/he concentrates. Please think about what s/he’s like in the activities that require concentration, both ones s/he’s required to do and ones s/he chooses.

**DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITIES REQUIRING SUSTAINED ATTENTION - ALONE**

Is s/he able to concentrate on things when s/he has to?

How long can s/he concentrate for?

Does s/he have more problems concentrating or focusing on things than other children his/her age?

Is s/he able to concentrate when doing something alone?

Like playing?

Does this happen in any of the activities we talked about?

What does s/he do?

Is it like that in all activities?

Or just some activities?

**DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITIES REQUIRING SUSTAINED ATTENTION - WITH ADULT**

Is s/he able to concentrate when doing things with an adult?

How long do you think s/he can concentrate?

How long can s/he sit and be read a book?

Can s/he watch a whole TV show?

Or play a game to the end?

Can s/he make him/herself concentrate if s/he really tries?

Is that all the time? Or just some times?

What about if you ask him/her to concentrate?

---

**DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITY INDEPENDENTLY**

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**DIFFICULTY CONCENTRATING ON ADULT-DIRECTED TASKS OR PLAY ACTIVITIES**

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<th>Intensity</th>
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</table>
**DIFFICULTY ORGANIZING TASKS AND ACTIVITIES**

Difficulty organizing tasks and activities when structure is not imposed by others (e.g., at a loss to start or structure a project, to have all the right materials on hand to play a game, build a train track, etc.)

**How is s/he at organizing a task or activity?**

Like doing a project?
*Can s/he get everything needed to play a game?*

Or setting up a game?
*Does s/he know where to start?*

*If s/he gets started, does s/he then get disorganized?*

**DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS AND FAILS TO FINISH TASKS AND ACTIVITIES**

**How good is s/he at following through on instructions from others?**

Does s/he tend not to complete things s/he’s been asked to do?

**What about with things s/he’s been told to do?**

What does s/he do?
*Is it like that in all activities?*

Or just some activities?
*Does s/he complete things if s/he makes an effort?*

Is that all the time?
*Or just sometimes?*

What about if you ask him/her to follow through?
Does that happen at daycare/school as well as at home?

**AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT**

Does ‘X’ try to get out of things where s/he will have to concentrate?

*Like doing a puzzle or trying to write his/her name?*

Can you get him/her to do such things?
*What does s/he do?*

Is it like that in all activities?
*Or just some activities?*
**EASILY DISTRACTED BY EXTRANEOUS STIMULI**

*Is s/he easily distracted by things going on around her?*

*Does s/he have difficulty paying attention when s/he can look out of the window or hear other people talking in the next room?*

*Are these things that would distract anyone? What does s/he do? Is it like that in all activities? Or just some activities? Can s/he stop him/herself? Is that all the time or just sometimes? What about if you ask him/her to pay attention?*

---

**FORGETFUL IN DAILY ACTIVITIES**

Forgetful in daily activities (e.g., forgets to brush teeth or hair; or to do simple chores).

*Is s/he often forgetful in his/her daily activities? Can you give me an example?*

---

**OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS/ACTIVITIES AT DAYCARE/SCHOOL OR AT HOME**

Loses clothing, toys, etc.

*Does s/he lose things more than other kids do? Does s/he lose things s/he needs for daycare/school? Does s/he leave things, like toys or clothing, at daycare/school or friend’s house? Does s/he get into trouble for losing things? What does s/he do?*
**Definitions and questions**

**OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID TO HIM/HER WHEN SPOKEN TO DIRECTLY**

*Do you think s/he’s good at listening to what you say to him/her?*

*Do people complain that s/he doesn’t seem to listen to what they are saying to him/her?*

How can you tell?
Does this happen across activities?
What does s/he do?
Is it like that in all activities?
Or just some activities?

**FAILS TO PAY CLOSE ATTENTION TO DETAILS**

*How good is s/he at paying attention to details when s/he is working on something?*

*Does s/he tend to do things incorrectly or sloppily because s/he hasn’t paid enough attention to the task?*

Do his/her projects show that s/he doesn’t pay attention to details?
What does s/he do?
Is it like that in all activities?
Or just some?
Can s/he make him/herself pay attention to details?
What about if you ask him/her to pay attention?
How often does s/he fail to pay close attention to details?

**IF INATTENTION ABSENT, SKIP TO "DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS", (PAGE 14).**

**Coding rules**

**DOES NOT LISTEN**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Description</th>
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<tbody>
<tr>
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<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>3</td>
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</tr>
</tbody>
</table>

**FAILS TO PAY ATTENTION TO DETAILS**

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<th>Description</th>
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</table>
INATTENTION - SITUATIONAL SPECIFICITY

Failure to maintain sufficient involvement to allow proper completion of an age-appropriate and developmentally-appropriate task.

Rate in the following 3 situations:

a) Inattention while playing or involved in an activity that the child regards as interesting at home.

b) Inattention during an interesting activity at daycare/school.

c) Inattention during an interesting activity elsewhere (not at home, not at daycare/school).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR INATTENTION.

You've told me that s/he has difficulty paying attention.

Is s/he like that at home when doing something that is interesting?

How about at daycare/school during an interesting activity?

How about elsewhere when doing something interesting?

Are there other times when that happens?

Is it like that everywhere?

Can s/he stop him/herself from being like that?

What about if you tell him/her to stop?

Or his/her caregiver/teacher?

How long does s/he stop for?

When did s/he start being like that?
**IMPULSIVITY**

**DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS**

Distinguish from normative eagerness.

*Can s/he wait his/her turn for things?*

*As well as most children his/her age?*

At daycare/school can s/he stand in line with the other children?  
Or participate in circle time?  
At home can s/he wait his/her turn during a game?  
Why does s/he push in?  
Does it get him/her in trouble?  
Can s/he control it?  
What if others say something?

**DIFFICULTY WAITING FOR TURN**

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**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

*Does s/he tend to blurt out the answers before the person's finished asking the question?*

How often does that happen?  
Can you give me an example?  
Did it get him/her into trouble?  
Can s/he stop if s/he wants to?  
What if others say something?

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

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</table>
### Definitions and questions

#### OFTEN INTERRUPTS OR INTRUDES ON OTHERS

Distinguish from normative eagerness and excitement and desire to participate in social interactions.

*Does s/he tend to interrupt other people when they’re talking to someone else?*

*What about butting into games without being invited to join in?*

How often does that happen? Does it happen as much as half of the time? Can you give me an example? Is it like that everywhere? Or only at home? Or daycare/school? Or elsewhere? Can s/he stop him/herself? What if others say something?

#### BEHAVIORAL BLURTING

Child rarely or minimally stops and thinks before acting in response to stimuli.

*Is X the kind of child who acts before thinking?*

*For example, does s/he dart away from you if s/he sees something interesting?*

*Or sees something s/he wants?*

*Will s/he stop to think about things before doing it?*

### Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>PRC1I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PDR5I01</td>
<td>Intensity</td>
</tr>
</tbody>
</table>

#### OFTEN INTERRUPTS OR INTRUDES ON OTHERS

0 = Absent

2 = Present and at least sometimes uncontrollable by the child or by admonition.

3 = Present and almost never controllable by the child or by admonition.

#### BEHAVIORAL BLURTING

0 = Absent

2 = Present and at least sometimes uncontrollable by the child or by admonition.

3 = Present and almost never controllable by the child or by admonition.
ACCIDENT PRONE

Prone to accidents or injury because of IMPULSIVE action rather than CLUMSINESS.

Do you think X is “accident-prone”? 

Is this because s/he rushes things? 
Or does things suddenly? 
Does s/he seem to break things more than others do?

Or knock things over or spill things a lot? 

Is s/he the one that usually gets hurt when things happen? 

Does s/he tend to get injured more often than other kids?

IF IMPULSIVITY ABSENT, SKIP TO "COPROLALIA", (PAGE 3).

Coding rules

ACCIDENT PRONE

0 = Absent

2 = Mildly accident prone in at least 2 activities.

3 = Accident prone in most activities.

Codes

PRC2I01

Intensity
**Definitions and questions**

**IMPULSIVITY - SITUATIONAL SPECIFICITY**
Pattern of acting before thinking adequately about the consequences of actions.

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR IMPULSIVITY.

*You’ve told me that s/he can be impulsive.*

**Is s/he like that at home?**
**Is s/he like that daycare/school?**
**Is s/he like that elsewhere?**

*Are there other times when that happens?*
*Is it like that everywhere?*
*Can s/he stop him/herself from being like that?*
*What about if you tell him/her to stop?*
*Or his/her caregiver/teacher?*

*When did s/he start being like that?*

---

**Coding rules**

**IMPULSIVITY**
0 = Symptom absent
1 = Present in at least 2 activities, and at least sometimes uncontrollable by the child or by admonition.
2 = Present in most activities in a particular situation and almost never controllable by the child or by admonition.

<table>
<thead>
<tr>
<th><strong>Codes</strong></th>
<th><strong>HOME</strong></th>
<th><strong>DAYCARE/SCHOOL</strong></th>
<th><strong>ELSEWHERE</strong></th>
</tr>
</thead>
<tbody>
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<td>0 = Absent</td>
<td>0 = Absent</td>
</tr>
<tr>
<td><strong>Intensity</strong></td>
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<td>1 = Present</td>
<td>1 = Present</td>
</tr>
<tr>
<td><strong>PRC3I04</strong></td>
<td>Home</td>
<td>Daycare/ School</td>
<td>Elsewhere</td>
</tr>
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<td><strong>PRC3I05</strong></td>
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<td>2 = Present</td>
<td>2 = Present</td>
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<tr>
<td><strong>PRC3I06</strong></td>
<td>Elsewhere</td>
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<tr>
<td><strong>PRC3O01</strong></td>
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</tbody>
</table>
**TICS AND TRICHOTILLOMANIA**

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

**REPORTED MOTOR TICS**

Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated.

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

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

What does s/he do?  
Can you show me?  
How often does that happen?  
Can s/he stop him/herself?  
When did that start?
REPORTED PHONIC TICS
Phonic tics are sudden, rapid, stereotyped, repetitive, predictable, purposeless, phonic productions.

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

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

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

IF PHONIC TICS ARE PRESENT IN THE LAST THREE MONTHS, ASK ABOUT COPROLALIA. OTHERWISE, SKIP TO "TRICHOTILLOMANIA", (PAGE 3).
Definitions and questions

COPROLALIA
A complex phonic tic resulting in the uttering of obscenities.

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

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

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

Do not include hair loss because of radiation therapy.

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

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

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

COPROLALIA
0 = Absent
2 = Present

TRICHOTILLOMANIA
0 = Absent
1 = No obvious hair loss.
2 = Noticeable but partial hair loss.
3 = Most or all hair on scalp is missing.
STEREOTYPIES AND UNUSUAL SPEECH

STEREOTYPIES

Voluntary movements carried out in a uniform, repetitive, often rhythmic fashion, often for long periods of time and at the expense of all other activities; e.g., rocking, finger-flicking, hand-flapping, spinning, head banging, self biting. Stereotypies can be self injurious or not.

Distinguish from habits, compulsions, tics, trichotillomania, and behaviors during temper tantrums.

BODY ROCKING

Does X ever repeat a particular movement over and over like rocking his/her body?

FOR EACH STEROTYPIC MOVEMENT PRESENT, ASK:

Does this behavior interfere with his/her normal activities?

BODY ROCKING

0 = Absent
2 = Repeated 3 times or more per episode but not continuous.
3 = Almost continuous.

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.
3 = More than 100 per hour.

INTERFERENCE WITH ACTIVITIES

0 = Absent
2 = Interferes with at least 2 activities.
3 = Interferes with almost all activities.
### HEAD BANGING
*Or banging his/her head?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Intensity**

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<tbody>
<tr>
<td>2</td>
<td>More than 10 per hour.</td>
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</table>

**Onset**

<table>
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<tr>
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<tbody>
<tr>
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</table>

**Frequency: Number of Episodes Per Hour**

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**Interference With Activities**

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**Has Injured Self**

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**Needed Medical Treatment**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
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</tr>
</tbody>
</table>
### HAND FLAPPING

*Or flapping or waving his/her hands?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>
| **HAND FLAPPING** | PWA2I01
| 0 = Absent | Intensity |
| 2 = Repeated 3 times or more per episode but not continuous. | PWA2O01
| 3 = Almost continuous. | Onset |

#### FREQUENCY: NUMBER OF EPISODES PER HOUR

<table>
<thead>
<tr>
<th></th>
<th>PWA2F01</th>
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</thead>
<tbody>
<tr>
<td>2 = More than 10 per hour.</td>
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#### INTERFERENCE WITH ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>PWA2I02</th>
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<tbody>
<tr>
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</tr>
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</table>

### SPINNING

*Or spinning around?*

<table>
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</tr>
</thead>
</table>
| **SPINNING** | PWA3I01
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</tbody>
</table>
### Stereotypies and Unusual Speech

#### FINGER FLICKING

*Or flicking his/her fingers?*

<table>
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<tr>
<th>Codes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>PWA4I01</td>
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- 0 = Absent
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- 3 = Almost continuous.

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<tr>
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</table>

- 0 = Absent
- 2 = Interferes with at least 2 activities.
- 3 = Interferes with almost all activities.

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<tr>
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<tbody>
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- 0 = Absent
- 2 = Present

<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
<tr>
<td>PWA4I04</td>
<td></td>
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</table>

- 0 = Absent
- 2 = Present
**Definitions and questions**

**BITING HIM/HERSELF**

*Or biting him/herself?*

**Coding rules**

**BITING HIM/HERSELF**

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**HAS INJURED SELF**

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**NEEDED MEDICAL TREATMENT**

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HITTING HIM/HERSELF

Or hitting him/herself?

Coding rules

HITTING HIM/HERSELF

0 = Absent
2 = Repeated 3 times or more per episode but not continuous.
3 = Almost continuous.

FREQUENCY: NUMBER OF EPISODES PER HOUR

2 = More than 10 per hour.
3 = More than 100 per hour.

INTERFERENCE WITH ACTIVITIES

0 = Absent
2 = Interferes with at least 2 activities.
3 = Interferes with almost all activities.

HAS INJURED SELF

0 = Absent
2 = Present

NEEDED MEDICAL TREATMENT

0 = Absent
2 = Present
### Stereotypies and Unusual Speech

**OTHER**

*Or any other movement like we have just described?*

<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OTHER</strong></td>
<td><strong>PWA701</strong></td>
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<td>3 = Almost continuous.</td>
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</tbody>
</table>
UNUSUAL SPEECH PATTERNS

Unusual patterns of speech including:

STUTTERING

Disturbance in the normal fluency and time pattering of speech including sound and syllable repetition, sound prolongations, broken words, blocking, monosyllabic whole word repetitions ("I-I-I-I see him").

Does X stutter?

How does his/her stuttering affect his/her conversations with other people?
How often does s/he stutter?
When did s/he start stuttering?

ECHOLALIA

Repeated words or phrases regardless of meaning including continual repetition of jingles or commercials. May include involuntary repetition of the words or phrases of another person as though the child is an "echo."

Does X have any odd ways of speaking?

Does s/he repeat words or phrases over and over again?

Or repeat TV jingles or commercials over and over again?
How about repeated things that other people say as though s/he was an "echo."

How often does s/he do that?
**Definitions and questions**

**CLANGING**

Associating words together inappropriately because of their meaning or rhyme (“splash-hash-dash-mash-mush-crush-kill”) so that the speech loses its aim and coherence and the child wanders far from the original theme.

*Does s/he rhyme words all the time?*

*Or string words together by the way they sound until you have no idea what s/he talking about?*

*Does this cause problems with how s/he communicates with other people?*

*When did s/he start speaking in this way?*

*How often does s/he speak like that?*

**CLANGING**

0 = Absent  
2 = Present but does not markedly interfere with communication.  
3 = Present and causes marked interference with communication.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWB0I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PWB0F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>PWB0O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

**OTHER UNUSUAL SPEECH PATTERNS**

These may include incoherent speech, poverty of content of speech, or other unusual flights of idea like clanging that lead the child's speech far from its original theme.

*Does her speech include any unusual patterns I haven't mentioned?*

*Can you give me an example?*

*What is that like?*

*Do these ways of talking cause problems with how s/he communicates with other people?*

*When did s/he start speaking in this way?*

*How often does s/he speak like that?*

**OTHER UNUSUAL SPEECH PATTERNS**

0 = Absent  
2 = Repeated 3 times or more per episode but not continuous.  
3 = Almost continuous.  
Specify

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Frequency</td>
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<tr>
<td>PWB1O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>
REGULATION

HABITS
A pattern of behavior acquired through frequent repetition.

Code thumb sucking and use of a pacifier in the Sleep section.

DO NOT CODE NOSE PICKING.

Does X have any habits?

Does X bite his/her nails?

Or pick or scratch his/her skin?

Such as picking at the cuticle around his/her nails?

Does s/he have any other habits?

When did this (these) habit(s) start?

DIFFICULTY WITH TRANSITIONS
IN GENERAL, when the child must make a transition from one activity to another s/he becomes behaviorally and emotionally upset. Child may become angry, physically aggressive, physically resistant, "wild", or emotionally upset.

Examples of transitions include having to stop playing to eat dinner, leaving the house, turning off the T.V. or leaving the park to go home.

Does X have a hard time going from one activity to another?

Like when s/he must stop playing and go to bed?

Or leave the park to go home?

If you give X a warning that a change in activities is coming up, can s/he handle the change better?

What happens?

How much of the time does this happen?

How long does s/he remain upset?

When did s/he start having difficulty with transitions?
**DIFFICULTY RESTORING EMOTIONAL EQUILIBRIUM AFTER BECOMING UPSET**

Trouble returning to a baseline equilibrium when emotionally upset.

*Is it hard for X to "pull himself together" after s/he gets upset?*

*Do you find that it is very difficult to soothe and comfort him/her when s/he is upset?*

*Does s/he seem to stay upset longer than other children his/her age?*

**IF PRESENT;**

*Does it happen only when s/he is tired or hungry?*

Does s/he cry until s/he is exhausted when s/he has a temper tantrum?

Can s/he soothe him/herself?

Like with a blanket or pacifier or favorite toy?

How often does this happen?

*Does it happen every time s/he becomes upset? When did s/he start having this difficulty?*

---

**SENSORY REACTIVITY**

A characteristic pattern of responses to sensory stimulation that suggests either hypersensitivity or hyposensitivity to specific types of sensory experiences. Emotionally upset means the child fusses, whines, cries, or screams. Physically aggressive means the child lashes out by hitting or flails about.
**TACTILE HYPERSENSITIVITY**

*Child reacts to being touched by others or by objects (e.g. the feeling of fabric/clothes tags on bare skin or brushing against a piece of furniture) with a negative response that seems out of proportion to the stimulus.*

**TACTILE DEFENSIVENESS IN RESPONSE TO PHYSICAL CONTACT WITH OTHER PEOPLE**

*Does X seem to overreact when people touch him/her?*

*Does s/he lash out when someone touches him/her?*

*Even if the touch is gentle?*

*Is s/he able to tolerate someone washing his/her face without becoming emotionally upset?*

*Or washing his/her hair?*

*Does s/he withdraw into a corner or under a table to avoid being touched?*

*Does s/he take special care not to brush against others?*

**Coding rules**

**TACTILE DEFENSIVENESS IN RESPONSE TO PHYSICAL CONTACT WITH OTHER PEOPLE**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>PFF4I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = When touched, child becomes emotionally upset, physically aggressive, or physically withdraws.</td>
<td></td>
</tr>
</tbody>
</table>

**Frequency**

<table>
<thead>
<tr>
<th>PFF4F01</th>
</tr>
</thead>
</table>

**Onset**

<table>
<thead>
<tr>
<th>PFF4O01</th>
</tr>
</thead>
</table>

FOR REVIEW ONLY
Definitions and questions

TACTILE DEFENSIVENESS IN RESPONSE TO CONTACT WITH FABRICS, CLOTHES TAGS, OTHER OBJECTS

Does the feeling of certain fabrics on his/her skin bother him/her?

Do tags in his/her clothes bother him/her?

Is it all tags or only some tags?
How about the seams on clothes such as socks or a shirt?

Do you buy certain clothes to reduce the affect of seams or tags?

Do you need to remove all tags from clothes?
Has s/he ever ripped off his/her clothes or scratched his/her skin up because of the feeling of a fabric or a tag on his/her skin?
Do you remove the tags in order to avoid him/her getting upset?

Coding rules

TACTILE DEFENSIVENESS IN RESPONSE TO CONTACT WITH FABRICS, CLOTHES TAGS, OTHER OBJECTS

0 = Absent
2 = Child is so bothered by the feel of certain fabrics, tags, and/or other objects that s/he becomes emotionally upset or physically aggressive or efforts must be taken to avoid these stimuli, e.g. removing tags.

Intensity

Frequency

Onset

FABRIC
0 = Absent
2 = Present

TAGS
0 = Absent
2 = Present

SEAMS
0 = Absent
2 = Present

Codes

PFF5I01
PFF5F01
PFF5O01
PFF5X01
PFF5X02
PFF5X03
**Definitions and questions**

**ORAL HYPERSENSITIVITY: TACTILE DEFENSIVENESS IN RESPONSE TO CONTACT WITH CERTAIN FOOD TEXTURES**

*Does s/he refuse to eat certain foods because s/he doesn't like how they feel in his/her mouth?*

*Are his/her food choices limited because s/he doesn't like the texture of certain foods in his/her mouth?*

---

**VISUAL HYPERSENSITIVITY**

Child reacts to bright or harsh lights with a negative response that seems out of proportion to the stimuli.

*Is X bothered by bright lights?*

*Do they make him/her cry or get mad?*

*Does s/he try to get away from bright lights?*

*Does s/he become very upset?*

*Or agitated?*

*Or physically aggressive?*

*How often does s/he respond in this way?*

*When did s/he start having this sensitivity?*

---

**Coding rules**

**ORAL HYPERSENSITIVITY: TACTILE DEFENSIVENESS IN RESPONSE TO CONTACT WITH CERTAIN FOOD TEXTURES**

0 = Absent

2 = Child's refusal to eat certain types of food (e.g., crunchy food; hard food; soft food) because of their texture. It significantly limits his/her food choices.

**Visual Hyposensitivity**

0 = Absent

2 = Child is so bothered by bright or harsh light that s/he becomes emotionally upset or physically aggressive or make strong efforts to get away from stimulus.

---

**Codes**

**PFF6I01**

Intensity

**PFF6F01**

Frequency

**PFF6O01**

Onset

---

**PFF7I01**

Intensity

**PFF7F01**

Frequency

**PFF7O01**

Onset

---
**HYPERSENSITIVITY TO LOUD OR HIGH-PITCHED NOISES**

Child reacts to loud or high-pitched noises with a negative response that seems out of proportion to the stimuli.

*Is X sensitive to loud noises or high pitched sounds?*

*Do they make him/her cry or get mad?*

*Does s/he try to get away from the loud or high-pitched noises?*

Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

**HYPERSENSITIVITY TO SMELLS**

Child reacts to certain smells with a negative response that seems out of proportion to the stimuli.

*What about smells?*

What happens?
Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

### Coding rules

#### HYPERSENSITIVITY TO LOUD OR HIGH-PITCHED NOISES

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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Child is so bothered by loud or high-pitched noises that s/he becomes emotionally upset or physically aggressive or makes strong efforts to get away from stimulus.</td>
</tr>
</tbody>
</table>

#### HYPERSENSITIVITY TO SMELLS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Child is so bothered by certain smells that they seem to make him/her emotionally upset or physically aggressive or makes strong efforts to get away from stimulus.</td>
</tr>
</tbody>
</table>
HYPERSENSITIVITY TO TASTE
Child reacts to certain tastes with a negative response that seems out of proportion to the stimuli.

What about tastes?
What happens?
Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

HYPERSENSITIVITY TO CHANGING SENSATIONS OF MOTION
Overreaction to changing sensations of movement involved in brisk horizontal or vertical movements like swinging on a swing, being tossed in the air, rolling down a hill, or being rocked.

Does fast motion like swinging on swings or spinning around bother him/her?
Does fast motion make him/her upset?
Or physically aggressive?
Does it seem to bother him/her more than it bothers other children?

HYPERSENSITIVITY TO TASTE
0 = Absent
2 = Child is so bothered by certain tastes that s/he becomes emotionally upset or physically aggressive and/or refuses to eat certain foods in a way that significantly limits his/her food choices.

HYPERSENSITIVITY TO CHANGING SENSATIONS OF MOTION
0 = Absent
2 = Child is so bothered by changing sensations of movement that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.
Definitions and questions

OTHER SENSORY HYPERSENSITIVITY

Are there other sensations that s/he is very hypersensitive to?

Does s/he become very upset?
Or agitated?
Or physically aggressive?
How often does s/he respond in this way?
When did s/he start having this sensitivity?

SENSORY HYPO-SENSITIVITY

Child seems to have decreased reactivity to intense sensory input.

On the other hand, some children are not bothered at all by loud noises or bright lights. Does s/he really seem to like loud noises?

Or bright lights?

Does s/he love to swing very high on a swing for a very long time?

Or spin and spin until s/he gets dizzy?

Does s/he really crave or seem to need the loud noises, the bright lights, the spinning or the swinging?

Does s/he seem not to be as bothered as most children by loud noises?
Or lots of loud bustle and commotion?
Does s/he seem to like lots of noise?
Will s/he turn the volume of the stereo up very loud?
Or the T.V.?
Does s/he love to go on roller coasters?
Has s/he always been like this?
When did s/he start being like this?

Coding rules

OTHER

0 = Absent
2 = Child is so bothered that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.

SENSORY HYPO-SENSITIVITY

0 = Absent
2 = Child relishes loud noises, bright lights, or bold movements. Seems to have decreased reactivity to intense sensory input.

LOUD OR HIGH-PITCHED NOISES

0 = Absent
2 = Present

BRIGHT LIGHTS

0 = Absent
2 = Present

SENSATIONS OF MOVEMENT

0 = Absent
2 = Present

OTHER

0 = Absent
2 = Present
MOTOR COORDINATION

CLUMSY

Child has decreased physical grace or skill that results in him/her regularly bumping into people or things, dropping objects, knocking things over, falling, and/or spilling things.

Do you think that s/he is more uncoordinated than other children his/her age?

Does s/he bump into people?
Or pieces of furniture?
Or drop things a lot?
Or spilling things?
Does s/he fall a lot?
Can you give me an example?
When was the last time?
Does s/he seem to do these things more than other children his/her age?
How often does s/he do these things?
When did s/he start being clumsy?
FOOD PREFERENCES AND APPETITE

Now I want to find out about the type of eater X is. Some children enjoy food and eating while others are reluctant eaters or picky about the foods they will eat. Tell me about X.

FOOD FADS

The child will consume only a restricted range of foods. Do not include simple dislike of cabbage etc., which is typical of many children.

NOTE: TO BE RATED, FOOD FADS MUST BE EXTENSIVE AND RESTRICTIVE TO THE POINT OF GENERALLY INTERFERING WITH PREPARATION OF ONE MEAL FOR THE FAMILY, THAT IS, THE PARENT MUST FIX THE CHILD A MEAL IN ADDITION TO THE REGULAR FAMILY MEAL.

Many children are fussy about the foods they will eat.

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

Does s/he only eat certain foods?

What will s/he eat?

IF PRESENT ASK;

Do you have to fix special meals just for him/her?

Do these food preferences interfere with family meals?

What sort of things won’t s/he eat?

Why is that?

What do you do about it?

Will s/he eat these things if s/he’s pushed?

When did s/he start to get choosy about the food s/he will eat?
**INDIFFERENCE/AVERSION TO FOOD**

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

If the child meets criteria for both indifference/aversion to food and reduced appetite, both may be coded.

**Does X enjoy food?**

**Do you have to coax X to eat?**

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

Or does s/he not seem to care about food?

Does it seem that s/he eats with little pleasure?

Does s/he find most foods unappealing?

Or gross?

**IF CHILD HAS AN AVERSION TO FOOD, CODE CAUSE OF AVERSION.**

What bothers him/her?

How often does s/he feel this way

When did this start?

**MANUALLY FED BY PARENT**

Parent feeds child with a utensil or hands. Do not include simply helping the child to prepare food for eating (for instance by cutting up meat or mashing potatoes on the plate).

**Does X feed himself at meals?**

**During the last three months, have you fed him/her yourself?**

How often do you feed him/her?

What do you do?

Why?

**IF THE PARENT FEEDS CHILD ALMOST ALL THE TIME, ASK WHETHER THE CHILD HAD PREVIOUSLY BEEN FEEDING SELF.**

Was there ever a time when s/he fed himself?

When was that?
Definitions and questions

### APPETITE CHANGES

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

*Now I would like to know about his/her appetite.*

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

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

**Has s/he had less appetite than usual?**

*Has his/her appetite been reduced for at least a week? Why not?*

*How much has s/he been eating?*

*Has s/he lost any weight?*

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

### WEIGHT LOSS

Any weight loss in the last three months.

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

*How much?*

*When did s/he start losing weight?*

### GROWTH DEFICIENCY

*In the last 3 months have you worried that X is not growing as big or fast as s/he should be?*

*Are you happy with his/her weight?*

### Coding rules

**EVER: DATE PARENT RESUMED FEEDING CHILD AFTER AT LEAST ONE MONTH OF SELF-FEEDING**

### Codes

- **PFL6O02**
  - 0 = Absent
  - 2 = Food intake has been definitely reduced below normal level because of lack of appetite for at least 1 week.
  - 3 = Child can only be induced to eat by marked parental or other persuasion.

- **PFA0O01**
  - Intensity
  - Onset

- **PFA1O01**
  - Intensity
  - Onset

- **PFG6O01**
  - Intensity
  - Onset
**EXCESSIVE APPETITE**
An increase in appetite outside the normal range of the child, including eating for comfort. Include change in appetite due to side effects of medication.

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

Why?

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

*In the last 3 months, has his/her food consumption increased above the usual level for at least 1 week?*

How much more?

*When did s/he start eating more?*

**FOOD REFUSAL**
Refusal to eat adequate amounts of food occurring for more than 24 hours and not co-occurring with underlying medical illness (e.g. stomach flu or toothache) or orpharyngeal or nasogastric trauma.

NOTE: Child may take liquids but refuse solid foods. Include tube feedings.

*In the last 3 months, has X simply refused to eat at all?*

*Or refused to eat most food offered to him/her?*

Did s/he refuse to open his/her mouth?

Throw food?

Or try to leave his/her highchair or chair?

Did s/he seem hungry?

When did this start?

How long did s/he refuse food?

Was this related to being sick?

Did s/he refuse to eat with everyone?

Or with specific people?

Did this affect his/her growth?

In what way?

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

**IF FOOD REFUSAL ABSENT, SKIP TO "CONFLICTS ABOUT FOOD", (PAGE 9).**
### Definitions and questions

<table>
<thead>
<tr>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes</td>
</tr>
</tbody>
</table>
Definitions and questions

**ORPHARYNGEAL (OP) OR NASOGASTRIC (NG) TRAUMA**

Traumatic event related to the child's mouth or throat or gastrointestinal tract (e.g., choking, insertion of tubes in throat or stomach).

Has X ever had a traumatic experience related to his/her mouth, or throat, or stomach?

Like experiencing a bad choking episode?

Or having a tube down his/her throat?

Or into his/her stomach?

When did this happen?

Has this happened in the last 3 months?

---

**IF OP/NG TRAUMA EVER PRESENT, CONTINUE WITH SECTION. OTHERWISE, SKIP TO "CONFLICTS ABOUT FOOD", (PAGE 9).**

---

**Coding rules**

**OP OR NG TRAUMA**

0 = Absent

2 = Present

**EVENT (CODE WORST EVENT)**

1 = Choking

2 = Insertion of nasogastric or endotracheal tube.

3 = Sucking

4 = Other

Specify

**EVENT (LAST 3 MONTHS)**

1 = Choking

2 = Insertion of nasogastric or endotracheal tube.

3 = Sucking

4 = Other

Specify

---

**Codes**

**Ever:PFG8E01**

Intensity

**Ever:PFG8X01**

**Ever:PFG8O01**

Onset

**PFG8X02**

Intensity

**PFG8O02**

Onset
**FOOD REFUSAL FOLLOWING ORPHARYNGEAL (OP) OR NASOGASTRIC (NG) TRAUMA**

Refusal to eat adequate amounts of food (solids and/or liquids), for more than 24 hours, following a traumatic event related to the child's mouth or throat or gastrointestinal tract (e.g., choking, insertion of tubes in throat or stomach).

**NOTE:** Code EVER and 3 months events separately.

**After that event happened, did s/he refuse food?**

All food?
Or just solids?
Or just liquids?

**How long did s/he refuse food?**

When did this start?

**Did this occur with everyone or specific people?**

Whom?

**Did this refusal affect his/her growth?**

In what way?

**Did s/he show distress when preparations were made to feed him/her?**

Like crying when s/he got in the highchair?
Or placed him/her in his/her seat?

**Did s/he show resistance when approached with spoon or cup or bottle?**

What happened?
Did s/he shut her mouth?
Or cry?
Or scream?

**Did s/he resist swallowing food or liquid once it was in his/her mouth?**

**After that event happened, did s/he refuse food?**

All food?
Or just solids?
Or just liquids?
How long did s/he refuse food?
When did this start?

**Did this occur with everyone or specific people?**

Whom?

<table>
<thead>
<tr>
<th><strong>Coding rules</strong></th>
<th><strong>Codes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRAUMATIC FOOD REFUSAL</strong></td>
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</tr>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
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<tr>
<td>2 = Present for more than 24 hours.</td>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Intensity</strong></td>
<td><strong>Duration</strong></td>
</tr>
<tr>
<td><strong>Onset</strong></td>
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</table>

<table>
<thead>
<tr>
<th><strong>REFUSED</strong></th>
<th><strong>Ever:PFG9X01</strong></th>
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</thead>
<tbody>
<tr>
<td>1 = Solids</td>
<td></td>
</tr>
<tr>
<td>2 = Liquids</td>
<td></td>
</tr>
<tr>
<td>3 = Both</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>RELATIONAL CONTEXT</strong></th>
<th><strong>Ever:PFG9X02</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = With all caregivers.</td>
<td>Specify</td>
</tr>
<tr>
<td>2 = With specific caregiver(s).</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>GROWTH DEFICIENCY</strong></th>
<th><strong>Ever:PFG9E02</strong></th>
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</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Noted by medical provider.</td>
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</table>

<table>
<thead>
<tr>
<th><strong>ANTICIPATORY DISTRESS</strong></th>
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</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
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</table>

<table>
<thead>
<tr>
<th><strong>RESISTANCE TO APPROACH WITH FOOD</strong></th>
<th><strong>Ever:PFG9E04</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
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</tr>
<tr>
<td>2 = Present</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>RESISTANCE TO SWALLOWING</strong></th>
<th><strong>Ever:PFG9E05</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
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</table>

<table>
<thead>
<tr>
<th><strong>TRAUMATIC FOOD REFUSAL (LAST 3 MONTHS)</strong></th>
<th><strong>PFG9I01</strong></th>
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<tbody>
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<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present for more than 24 hours.</td>
<td></td>
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</table>
Definitions and questions

**Did this refusal affect his/her growth?**
In what way?

**Did s/he show distress when preparations were made to feed him/her?**
Like crying when s/he got out of the highchair?
Or placed him/her in his/her seat?

**Did s/he show resistance when approached with spoon or cup or bottle?**
What happened?
Did s/he shut her mouth?
Or cry?
Or scream?

**Did s/he resist swallowing food or liquid once it was in his/her mouth?**

<table>
<thead>
<tr>
<th>DAYS</th>
<th>CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFG9D02</td>
<td>Duration</td>
</tr>
<tr>
<td>PFG9O02</td>
<td>Onset</td>
</tr>
<tr>
<td>PFG9X03</td>
<td>REFUSED (LAST 3 MONTHS)</td>
</tr>
<tr>
<td>1 = Solids</td>
<td></td>
</tr>
<tr>
<td>2 = Liquids</td>
<td></td>
</tr>
<tr>
<td>3 = Both</td>
<td></td>
</tr>
<tr>
<td>PFG9X04</td>
<td>RELATIONAL CONTEXT (LAST 3 MONTHS)</td>
</tr>
<tr>
<td>1 = With all caregivers.</td>
<td></td>
</tr>
<tr>
<td>2 = With specific caregiver(s).</td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td>PFG9I02</td>
<td>GROWTH DEFICIENCY (LAST 3 MONTHS)</td>
</tr>
<tr>
<td>0 = Absent</td>
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</tr>
<tr>
<td>2 = Noted by medical provider.</td>
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<tr>
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<td>ANTICIPATORY DISTRESS (LAST 3 MONTHS)</td>
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<tr>
<td>PFG9I04</td>
<td>RESISTANCE TO APPROACH WITH FOOD (LAST 3 MONTHS)</td>
</tr>
<tr>
<td>0 = Absent</td>
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<tr>
<td>2 = Present</td>
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<tr>
<td>PFG9I05</td>
<td>RESISTANCE TO SWALLOWING (LAST 3 MONTHS)</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
**CONFLICTS ABOUT FOOD**

Struggles between "parent" and child about food. Tension and/or disputes may be about amount of intake or type of food eaten. May occur outside of mealtimes.

*Do you have struggles with your child about food?*

*Do you have arguments about how much your child is eating?*

Or not eating?
- Can you tell me about the last time?
  - How often do you have these fights?
  - How long do they usually last?
  - When did these conflicts start?
  - Who is usually involved in these conflicts?

*Does s/he become upset?*

*Does s/he become angry or aggressive?*

*How about you?*

*Do you get upset?*

*Do you become angry?*

*Do you lose control in these conflicts?*

*Does "parent #2" get upset?*

*Does "parent #2" get angry?*

*Does "parent #2" lose control in these conflicts?*

---

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>PFH0F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>PFH0D01</td>
<td>Duration</td>
</tr>
<tr>
<td>PFH0O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

**CONFLICTS ABOUT FOOD INTAKE**

0 = Absent
2 = Conflicts between parent and child about food present.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFH0X01</td>
<td>CHILD UPSET</td>
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<tr>
<td>PFH0X02</td>
<td>CHILD ANGRY</td>
</tr>
<tr>
<td>PFH0X03</td>
<td>PARENT #1 UPSET</td>
</tr>
<tr>
<td>PFH0X04</td>
<td>PARENT #1 ANGRY</td>
</tr>
<tr>
<td>PFH0X05</td>
<td>PARENT #1 LOSES CONTROL</td>
</tr>
<tr>
<td>PFH0X06</td>
<td>PARENT #2 UPSET</td>
</tr>
<tr>
<td>PFH0X07</td>
<td>PARENT #2 ANGRY</td>
</tr>
</tbody>
</table>
Definitions and questions

NUMBER OF MEALS EATEN TOGETHER AS A FAMILY

Do you eat meals together as a family?
How often do you eat meals together as a family?

CONFLICTS DURING MEAL TIMES

Arguments or conflicts during meal times, about subjects other than food, that cause distress to the child.

What are meal times like for your family?

Do you have arguments or conflicts at meals about things other than food, for example, table manners?

Does s/he get upset?
Are they pleasant?
Or unpleasant?
What happens?
Who is usually involved?
Is X involved in these conflicts?
How does s/he feel about them?
How do the conflicts usually end?
When did these conflicts during mealtimes, that are not about food, begin?
CHILD’S BODY DISSATISFACTION

The child has complained about body shape or appearance or expressed a wish for a different body shape or appearance. If meets criteria for worries about being/becoming fat, code under both.

Does X ever talk about being unhappy about the way s/he looks?

How often?
What does s/he say bothers her?
When did s/he start being unhappy about how s/he looks?

CHILD’S BODY DISSATISFACTION

0 = Absent
2 = The child is dissatisfied with his/her body shape and/or appearance.

CAUSES FOR DISSATISFACTION

1 = Too fat.
2 = Too thin.
3 = Too short.
4 = Too tall.
5 = Hair color.
6 = Eye color.
7 = Other
Specify
Eating and Other Food Related Behaviors Section

Definitions and questions

PARENT #1'S DISSATISFACTION WITH CHILD'S BODY
Parent's has complained about child's body shape or appearance or expressed a wish for a different body shape or appearance for child.

Are you unhappy with the way s/he looks?
What bothers you?
When did you start being unhappy about X's looks?

PARENT #1 DISSATISFACTION
0 = Absent
2 = The parent is dissatisfied with his/her child's body shape and/or appearance.

CAUSES FOR DISSATISFACTION
1 = Too fat.
2 = Too thin.
3 = Too short.
4 = Too tall.
5 = Hair color.
6 = Eye color.
7 = Other
Specify

Coding rules

Codes

PFH4I01
Intensity

PFH4O01
Onset

PFH4X01
1 = Too fat.

PFH4X02
2 = Too thin.

PFH4X03
3 = Too short.

PFH4X04
4 = Too tall.

PFH4X05
5 = Hair color.

PFH4X06
6 = Eye color.

PFH4X07
7 = Other
Specify
### PARENT #2'S DISSATISFACTION WITH CHILD'S BODY

Parent's has complained about child's body shape or appearance or expressed a wish for a different body shape or appearance for child.

**Is (parent #2) unhappy with the way s/he looks?**

What bothers (parent #2)?
When did your partner start being unhappy about X's looks?

#### Coding rules

**PARENT #2 DISSATISFACTION**

- 0 = Absent
- 2 = The parent is dissatisfied with his/her child's body shape and/or appearance.

**CAUSE(S) FOR DISSATISFACTION**

- 1 = Too fat.
- 2 = Too thin.
- 3 = Too short.
- 4 = Too tall.
- 5 = Hair color.
- 6 = Eye color.
- 7 = Other

**Codes**

- PFH5I01: Intensity
- PFH5O01: Onset
- PFH5X01: Cause 1
- PFH5X02: Cause 2
- PFH5X03: Cause 3
- PFH5X04: Cause 4
- PFH5X05: Cause 5
- PFH5X06: Cause 6
### Definitions and questions

**CHILD WORRIES ABOUT BEING/BECOMING FAT**
A round of painful, unpleasant or uncomfortable thoughts about becoming (or being) fat or obese.

**Does s/he worry about getting fat?**
How much does s/he worry about it? When did s/he start worrying about it?

**PARENT WORRIES ABOUT CHILD BEING/BECOMING FAT**
Do you (or parent #2) worry about him/her being/becoming fat?
How often do you worry about this? Does it affect your interactions with X? When did you start worrying about X being or becoming fat?

### Coding rules and Codes

<table>
<thead>
<tr>
<th>CHILD WORRIES ABOUT BEING/BECOMING FAT</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PFB1I01 Intensity</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Child's worries about becoming fat are intrusive into at least 2 activities and at least sometimes uncontrollable.</td>
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</tr>
<tr>
<td>3 = Child's worries about becoming fat are intrusive into most all activities and almost always uncontrollable.</td>
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</table>

<table>
<thead>
<tr>
<th>PARENT WORRIES ABOUT CHILD BEING/BECOMING FAT</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PFH6I01 Intensity</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Parent's worries about child becoming fat are intrusive into interactions with child and at least sometimes uncontrollable.</td>
<td></td>
</tr>
<tr>
<td>3 = Parent's worries about child becoming fat are intrusive into most activities and almost always uncontrollable.</td>
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</tr>
</tbody>
</table>

**HOURS : MINUTES**

- **PFB1D01 Duration**
- **PFH6D01 Duration**
- **PFB1O01 Onset**
- **PFH6O01 Onset**
Definitions and questions

DELIBERATE REDUCTION OF BODY WEIGHT - PARENT INITIATED
Deliberate attempts to reduce body weight by dieting.

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

Do not include diet regimens necessitated to control diabetes, PKU, or other medical diseases. Do not include health regimens (e.g., low fat) not focused on losing weight.

Have you (or parent #2) ever put X on a diet?

Why?
Is s/he on such a diet now?
How about in the last three months?

DELIBERATE REDUCTION OF BODY WEIGHT - CHILD INITIATED
Deliberate attempts to reduce body weight by dieting.

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

Do not include diet regimens necessitated to control diabetes, PKU, or other medical diseases. Do not include health regimens (e.g., low fat) not focused on losing weight.

Has X ever said that s/he is on a diet?

One that s/he initiated him/herself?
How about in the last three months?
What sort of diet?
When did s/he start doing that?
What do you think of his/her diet?
Does it worry you?
FOOD HOARDING
Any UNNECESSARY hiding or storing of food in the absence of any reasonable expectation of it being taken or of the child going hungry.

DO NOT INCLUDE INSTANCES in which the child hides his/her candy (i.e. Halloween candy) to prevent siblings or others from eating it, or when taken without permission.

Does X take food and hide it?

IF PRESENT ASK;

What food does s/he take?

Why do you think s/he hides food?

What happens?
Can you tell me about the last time?
Where does s/he hide it?
How often does this happen?
When did this start?
Do you think that it is a problem?
How do you respond?
SWALLOWING ABNORMALITIES
Difficulties swallowing food including gagging, choking, or food stuck in child’s throat.

Does X have problems swallowing his food?
Does s/he gag on his/her food?
Or seem to choke on his/her food?
When did this start?
How often does it happen?
What seems to trigger it?

Codes

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFI0I01</td>
<td>SWALLOWING ABNORMALITIES</td>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>PFI0F01</td>
<td></td>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>PFI0O01</td>
<td></td>
<td>Onset</td>
<td></td>
</tr>
<tr>
<td>PFI0I02</td>
<td>GAGGING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PFI0I03</td>
<td>CHOKING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PFI0I04</td>
<td>FOOD STUCK IN THROAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PFI0X01</td>
<td>TRIGGERS</td>
<td></td>
<td></td>
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<td></td>
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<td>PFI0X03</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PFI0X04</td>
<td></td>
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</tbody>
</table>
POUCHING
The storage of food in the child’s cheeks.

Does s/he store food in his/her cheeks?

How often does s/he do that?
How long does s/he keep the food in his/her cheeks?
When did this start?

**Coding rules**

POUCHING
0 = Absent
2 = Present

**Codes**

PFL7I01 Intensity
PFL7F01 Frequency
PFL7D01 Duration
PFL7O01 Onset

**HOURS : MINUTES**

//
**Eating and Other Food Related Behaviors Section**

**PICA**
Persistent eating (chewing and/or swallowing) of non-nutritive substances.

Distinguish from mouthing/sucking on toys, blankets, etc.

**Does X eat things that are not food?**

- What does s/he eat?
- Does s/he eat paint?
- Or paper?
- Or dirt?
- Or clay?
- Or pebbles?
- How often does s/he eat these things?
- When did s/he start?
- What do you do?
- Has s/he become sick from eating these things?
- Or needed medical treatment?
- What happened?

**Coding rules**

**PICA**

- 0 = Absent
- 2 = Present

**SUBSTANCES**

- Paint
- Plaster
- Paper
- Clothing
- Hair
- Animal Droppings
- Dirt
- Clay
- Pebbles
- Sand
- Starch
- Other

**Codes**

- PFI1I01 = Intensity
- PFI1F01 = Frequency
- PFI1O01 = Onset
- PFI1X01 - PFI1X11 = SUBSTANCES
LEAD IN BLOOD
Toxic levels of lead in the child’s bloodstream diagnosed by a blood test.

Has X ever been tested for lead in his/her blood?

Did anyone ever tell you that there was a problem with lead in his/her blood?

When was that?
Definitions and questions

TREATED FOR LEAD IN BLOOD

Has s/he ever been treated for lead in his/her blood?

IF MORE THAN TWO EPISODES WHEN LEAD FOUND IN BLOOD, CODE EARLIEST AND MOST RECENT EPISODE.

Coding rules

TREATED FOR LEAD IN BLOOD

<table>
<thead>
<tr>
<th>0</th>
<th>Absent</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Present</td>
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</tbody>
</table>

ONSET: TREATED FOR LEAD IN BLOOD (2ND EPISODE)

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY
SOMATIZATION

HEADACHES

INCLUDE HEADACHES CODED UNDER "PHYSICAL SYMPTOMS ON SEPARATION".

Has s/he had any headaches over the last three months?
How often does X have headaches?
How long do the headaches last?
When did s/he start to get headaches?

Why do you think s/he has a headache?
Is s/he usually sick with a cold or flu when s/he has a headache?
Does s/he have a headache at times when s/he has to leave you?
Or when s/he has to go to daycare/school?
Or when s/he is upset?
Is it influenced by the foods s/he eats?

HEADACHES

0 = Absent
2 = Present

HOURS : MINUTES

0 = No link.
1 = Illness (fever, etc.).
2 = Separation from attachment figure.
3 = Daycare/school days.
4 = Anxiety/worries
5 = Sadness
6 = Anger
7 = Eating
8 = Particular foods.
9 = Other
Specify

Codes

PFJ1001
Intensity

PFJ1F01
Frequency

PFJ1D01
Duration

PFJ1O01
Onset

PFJ1X01
PFJ1X02
PFJ1X03
PFJ1X04
PFJ1X05
PFJ1X06
PFJ1X07
PFJ1X08
PFJ1X09
Definitions and questions

**ABDOMINAL PAINS**
INCLUDE STOMACHACHES CODED UNDER "PHYSICAL SYMPTOMS ON SEPARATION".

**Does s/he complain about stomach aches?**

- How long do the symptoms last?
- How sick is s/he when s/he has a stomach ache?
- What does s/he do when s/he has a stomach ache?
- How often over the last 3 months has s/he had a stomach ache like that?
- When did she start having stomach aches?
- Does s/he have a fever or diarrhea or vomiting with the stomach ache?
- Does s/he have a stomach ache at times when s/he has to leave you?
- Or when s/he has to go to daycare/school?
- Or when s/he is upset?

**Why do you think s/he has a stomachache?**

- Is s/he usually sick with a cold or flu when s/he has a stomachache?
- Does s/he have a stomachache at times when s/he has to leave you?
- Or when s/he has to go to daycare/school?
- Or when s/he is upset?
- Is it influenced by the foods s/he eats?

Coding rules

**ABDOMINAL PAINS**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
<td>Present</td>
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</table>

**HOURS : MINUTES**

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<th>Description</th>
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**ABDOMINAL PAIN LINKED TO:**

<table>
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<th>Description</th>
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<tbody>
<tr>
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<td>No link.</td>
</tr>
<tr>
<td>1</td>
<td>Illness (fever, etc.).</td>
</tr>
<tr>
<td>2</td>
<td>Separation from attachment figure.</td>
</tr>
<tr>
<td>3</td>
<td>Daycare/school days.</td>
</tr>
<tr>
<td>4</td>
<td>Anxiety/worries</td>
</tr>
<tr>
<td>5</td>
<td>Sadness</td>
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<td>6</td>
<td>Anger</td>
</tr>
<tr>
<td>7</td>
<td>Eating</td>
</tr>
<tr>
<td>8</td>
<td>Particular foods.</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
</tr>
</tbody>
</table>

Specify
### Definitions and questions

**ABSENCE OF A REACTION TO PHYSICAL INJURY**

No visible response to physical injury such as a splinter, cut knee, or a more serious injury, even when it is clear that the injury is painful.

*How does X react when s/he gets hurt?*
*Does s/he cry when s/he hurt?*
*Will s/he allow an adult or other child to help him/her?*
*Does s/he go to an adult for comfort or help?*
*Has s/he always been like that?*
*Why do you think that s/he’s like that?*
*When did this first begin?*

**OVERREACTION TO PHYSICAL INJURY**

Hypersensitivity to any physical injury. Much comfort and multiple band-aids are needed after even the smallest cut or scrape.

*Does X become extremely upset with even the smallest cut or scrape?*
*Does s/he get more upset than other children his/her age?*
*Why do you think s/he gets so upset?*
*When did s/he start being so sensitive to being hurt?*
*Does s/he use a lot of band aids?*
*How many for each injury?*

### Coding rules

<table>
<thead>
<tr>
<th>Condition</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABSENCE OF A REACTION TO PHYSICAL INJURY</strong></td>
<td>PFJ3I01 Intensity</td>
</tr>
<tr>
<td>0 = Displays conventional reaction.</td>
<td></td>
</tr>
<tr>
<td>2 = When physically injured, child shows minimal reaction and seems indifferent to the injury.</td>
<td></td>
</tr>
<tr>
<td><strong>OVERREACTION TO PHYSICAL INJURY</strong></td>
<td>PFJ4I01 Intensity</td>
</tr>
<tr>
<td>0 = Displays conventional reaction.</td>
<td></td>
</tr>
<tr>
<td>2 = Becomes extremely upset with even the smallest injury.</td>
<td></td>
</tr>
<tr>
<td><strong>PFJ3O01 Onset</strong></td>
<td>/ /</td>
</tr>
<tr>
<td><strong>PFJ4O01 Onset</strong></td>
<td>/ /</td>
</tr>
</tbody>
</table>

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**Somatization**

3
Elimination Behaviors

**URINARY CONTINENCE**

Achievement of the milestone of voluntary control of urination. Do not include episodes of wetting directly and exclusively associated with marked physical illness, or wetting that is directly and exclusively associated with lack of toilet facilities.

**DIURNAL URINARY CONTINENCE (DAY DRYNESS)**

Child has used the toilet or potty to urinate regularly during the day for 1 month or more. "Dry" here refers to holding urine (pee, #1, etc.).

Has s/he ever been dry for a month or more?

_In the last three months, has s/he used the potty or toilet regularly during the day?_

Is X "toilet trained"?

Has s/he been dry for a month or more in the last three months?

When did s/he start being dry?

What is the longest period that s/he has been dry during the day?

If not dry most days, ask whether X has ever had a 1 month period of dryness.

Has there ever been a one month period when s/he has been "dry" during the day?

When was that?

How many months did that last?

Was s/he ever dry for as long as one year?

**IF CHILD HAS NOT BEEN DRY DURING THE DAY EITHER FOR AT LEAST 1 MONTH IN THE LAST 3 MONTHS, OR EVER FOR AT LEAST 1 MONTH, SKIP TO "NOCTURNAL URINARY CONTINENCE (NIGHTTIME DRYNESS)“, (PAGE 2).**
DIURNAL ENURESIS (DAYTIME WETTING)
Involuntary passage of urine during the day after the child has had at least one month period of daytime dryness.

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

AFTER BEING DRY DURING THE DAY FOR AT LEAST 1 MONTH, THE CHILD STARTS TO WET AGAIN.

During the last three months has s/he wet his/her underpants during the daytime?
What happens?
How often does that happen?
What do you do about it?
When did s/he start wetting his/her pants again?
When s/he was younger, was s/he ever dry for as long as a year?

NOCTURNAL URINARY CONTINENCE (NIGHTTIME DRYNESS)
Child is dry overnight for at least one month.

Has s/he ever been dry at night for at least one month?
Is X dry at night?

In the last three months, has X been dry at night for at least one month?

Has s/he ever been dry at night for at least one month?
When was s/he first dry at night for at least a month?
What has been the longest period of time s/he has been dry at night?

DIURNAL ENURESIS, LAST 3 MONTHS
0 = Absent
2 = Any episode of diurnal enuresis that involves the involuntary passage of a substantial amount of urine (i.e., excluding minor dampness associated with careless hygiene or with severe sneezing/laughing).

NOCTURNAL URINARY CONTINENCE (DRY AT NIGHT FOR AT LEAST 1 MONTH)
0 = Absent
2 = Present

NOCTURNAL CONTINENCE OF URINE (DRY AT NIGHT FOR AT LEAST 1 MONTH)
0 = Absent
2 = Present

MONTHS
**Definitions and questions**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>

IF CHILD HAS NOT BEEN DRY DURING THE NIGHT EITHER FOR AT LEAST 1 MONTH IN THE LAST 3 MONTHS OR EVER FOR AT LEAST 1 MONTH, SKIP TO "CONSULTED PHYSICIAN/Therapist ABOUT WETTING", (PAGE 5).
NOCTURNAL ENURESIS (NIGHTTIME WETTING)
Involuntary passage of urine in bed, during the night.

During the last three months, has X wet his bed?
Or his/her underpants or diaper (or pull-up) while in bed?

Has this happened recently?
When was the last time that it happened?
How many nights in the last three months has s/he wet at night?
When did s/he start wetting again?

IF CHILD HAS NEVER BEEN DRY DURING THE DAY EITHER FOR AT LEAST 1 MONTH IN THE LAST 3 MONTHS, OR EVER FOR AT LEAST 1 MONTH, SKIP TO "FECAL CONTINENCE", (PAGE 6).
**CONSULTED PHYSICIAN/THERAPIST ABOUT WETTING**

*During the last three months, have you been to a doctor or other health professional about his/her wetting?*

<table>
<thead>
<tr>
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<th>Codes</th>
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**CURRENTLY USING TREATMENT TO STOP WETTING**

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**TYPE OF TREATMENT**

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**Elimination Behaviors**

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 eliminations behaviors

Fecal Continence

Voluntary control of bowel movements.

Has s/he ever used the toilet for bowel movements for at least 1 month?

How about over the last three months?

Has s/he ever used the toilet regularly for bowel movements?

When was that?

When did s/he start using the toilet for bowel movements for the first time?

What is the longest period of time s/he has used the toilet for bowel movements?

Fecal Continence (has used the toilet (or potty) to defecate for at least 1 month)

0 = Absent
2 = Present

Ever:PFI7E01
Intensity

Fecal Continence (has used the toilet (or potty) to defecate for at least 1 month)

0 = Absent
2 = Present

Ever:PFI7I01
Intensity

Onset

Ever:PFI7O01

Duration

MONTHS

If child has ever regularly used the toilet to defecate, ask encopresis. Otherwise, skip to "Stool deposited in inappropriate places", (Page 7).
### Definitions and questions

#### ENCOPRESIS
Bowel movement in underwear, diapers, or pull-ups.

Establish that bowel, not urinary, function is being asked about.

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

*What happens?*
*How many times has that happened?*
*Where does it happen?*

IF ENCOPRESIS PRESENT, ASK ABOUT MEDICAL REASON FOR SYMPTOM AND CONSISTENCY OF STOOL.

*Is there a medical reason for his/her soiling?*
*What is the consistency of his/her stools?*
*Are they loose and unformed?*
*Or well-formed?*

#### STOOL DEPOSITED IN INAPPROPRIATE PLACES
Putting stool places other than a toilet or potty such as a shoe, drawer, or piece of furniture.

**In the last three months, has s/he made a mess somewhere that wasn't in a toilet or in pants or diaper?**

*Like on the floor?*
*Where?*
*What happened?*
*Has s/he ever put her movement in an inappropriate place like a drawer or shoe?*

### Coding rules

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<td>ENCOPRESIS</td>
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<tr>
<td>ENCOPRESIS</td>
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## SMEARING

Spreading stools on self, walls or other objects.

*In the last three months has s/he smeared his/her "motions"?*

<table>
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### SMEARING

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<tbody>
<tr>
<td>0</td>
<td>No smearing.</td>
</tr>
<tr>
<td>2</td>
<td>Stools deliberately smeared on self or walls or other objects (include anal masturbation here).</td>
</tr>
</tbody>
</table>

## CONSTIPATION

Frequency of passage of motion reduced by at least one third, compared with child's usual state lasting for at least 5 days.

*Does s/he have any problems with constipation, such as not being able to "pass a motion" (pass a motion, go poo, go number two, doing a big one, take a dump, take a crap, take a poo, etc.)?*

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

*How often does s/he "pass a motion?" Has that changed? Do you know if s/he finds it hard to go when s/he does? Is it painful? When did s/he start to get "constipated?" Why do you think s/he is so constipated?*

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### CONSTIPATION

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<tbody>
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<td>0</td>
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<tr>
<td>2</td>
<td>Reduced frequency but normal consistency.</td>
</tr>
<tr>
<td>3</td>
<td>Reduced frequency of motions and unusually hard in consistency.</td>
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## MEDICAL REASON FOR SYMPTOM (INCLUDING TAKING MEDICATION)

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<td>Absent</td>
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<tr>
<td>2</td>
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</table>
**DIARRHEA**
Unusually loose, liquid, or frequent bowel movements.

*During the last three months, has s/he had any problems with diarrhea?*

How often has s/he had diarrhea?
Does it bother him/her?

Is there a medical reason for the diarrhea?
Like an infection?
Or the side effect of a medicine?
When did that start?

**Coding rules**

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</tr>
<tr>
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</table>
SEPARATION

Now I want to ask you about X's feelings and behaviors when s/he is away from you. Many children feel worried or scared when they are not with their "parent" or other family members. Other children become very afraid or upset when they leave their "parent" or their parent must leave them. Tell me how X reacts when s/he is separated from you or other household members. Does s/he seem afraid of being away from you? Does s/he worry when you are away? Or when s/he has to leave you?

FEAR/ANXIETY ABOUT POSSIBLE HARM

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

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

Or that you might leave him/her and not come back?

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

What does s/he think might happen?

What do you do about that?

Can you reassure him/her?

How do these fears or worries affect him/her at home or at daycare/school?

FEAR ABOUT POSSIBLE HARM

0 = Absent

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

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

Intensity

Frequency

Duration

Onset
**FEAR/ANXIETY ABOUT CALAMITOUS SEPARATION**

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

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

**Is s/he frightened that she may be hurt or taken away from you?**

**Is s/he afraid that s/he might be kidnapped?**

**Can you reassure him/her that s/he is safe?**

**Coding rules**

- **FEAR ABOUT CALAMITOUS SEPARATION**
  - 0 = Absent
  - 2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
  - 3 = Fear is intrusive into most activities and nearly always uncontrollable.

**Codes**

- **PBE9I01** Intensity
- **PBE9F01** Frequency
- **PBE9D01** Duration
- **PBE9O01** Onset

**HOURS : MINUTES**
AVOIDANCE OF BEING ALONE
Persistent avoidance of being alone due to anxiety about being away from attachment figures.

Does s/he seem to be afraid of being alone?
Does s/he try to avoid being alone?
Does s/he like to be near you most of the time?
Does s/he follow you around the house?
Does s/he ask you to be in the bathroom with him/her?
Or to escort him/her to an empty room to retrieve a toy?
Does s/he deliberately choose not to be in a room because s/he would be alone?
Does s/he insist that you remain in a room while s/he plays?
What does she do to avoid being alone?
Can s/he play alone in one room while you are in another room?
Does s/he become upset or protest if you leave the room s/he is in?

How often does this happen?
When did it start?
How do you respond?

Coding rules

AVOIDANCE OF BEING ALONE
0 = Absent
2 = At least sometimes tries to avoid being alone because of at least sometimes uncontrollable fear or anxiety about being away from attachment figures.
3 = Almost always tries to avoid being alone because of nearly always uncontrollable fear or anxiety about being away from attachment figures. Follows "parent" around the house.

Intensity

Frequency

Onset
**Definitions and questions**

**ANTICIPATORY DISTRESS/RESISTANCE TO SEPARATION**

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

What happens when s/he realizes you are going to leave him/her with a babysitter or other care giver?

Does s/he become frightened or upset?

What about with another family member like grandmother?

Does s/he cry uncontrollably?
Does s/he plead or beg you not to leave him/her?
Does s/he have a tantrum, for example screaming, hitting, biting or throwing things?
Does s/he hold on to your clothes or body?

What is it like when s/he has to leave you, for example when she has to separate to go into daycare or school?

Or to a friend’s home?

What happens when you bring him/her into the classroom?
Does s/he hold onto you?
Grip onto your body or clothes?
Can the teacher soothe or distract him/her?
What happens when she goes to a friend’s house?
Can you comfort or reassure him/her?
How long does his/her distress last?
How often does this happen?

**Coding rules**

**ANTICIPATORY DISTRESS/RESISTANCE TO SEPARATION**

0 = Absent

2 = At least sometimes uncontrollable distress related to potential separation from attachment figures. At least sometimes unresponsive to reassurance.

3 = Nearly always uncontrollable distress related to potential separation from attachment figures. Usually unresponsive to reassurance and occurring in most activities.

**ATTACHMENT FIGURES WITH WHOM THIS OCCURS**

1 = Parent #1
2 = Parent #2
3 = Other Parent #1.
4 = Other Parent #2.
5 = Other
Specify

**Codes**

PBF5I01 Intensity
PBF5F01 Frequency
PBF5O01 Onset
PBF5X01
PBF5X02
PBF5X03
PBF5X04
PBF5X05
Definitions and questions

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

When you leave X with a babysitter or care giver, how does s/he act after you’ve gone?
Does s/he act sad or withdrawn?
What if s/he’s left with friends or relatives?
Can s/he play or become engaged in an activity, such as reading or watching TV?
Does anything make him/her feel better?
How often in the last three months has she acted like this when you have gone away?
How long does it take for him/her to cheer up or begin to play?
Does s/he stay withdrawn until you return?

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

Does s/he get very upset or frightened sometimes when you’re not with him/her?
What is that like?
What does s/he do?
Does s/he cry uncontrollably?
Scream?
Hit, kick, or bite?
Does s/he throw things or try to break toys?
Does s/he talk about where you are when you are not with him/her because s/he is afraid of being away from you?
Does s/he go to the window or door and look for you because s/he is afraid of being away from you?
How often does this happen?
How long does that last?
Can s/he be comforted?
What helps to make him/her feel better?

Coding rules

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

DISTRESS
0 = Absent
2 = At least sometimes uncontrollable distress etc., when not with attachment figure.
3 = Nearly always uncontrollable distress etc., in most activities, when not with attachment figure.
PHYSICAL SYMPTOMS OF SEPARATION

Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting, when separation from major attachment figures is anticipated or occurs. Exclude for daycare/school attendance, which is coded on the next page.

EXCLUDE WHEN GOING TO DAYCARE/SCHOOL.

REMEMBER TO COMPLETE ANXIOUS AUTONOMIC SYMPTOMS AND SOMATIC SYMPTOMS SECTION IF, FOR EXAMPLE, STOMACH ACHE OCCUR WITH SEPARATION. BE SURE TO CODE IN THE SOMATIC COMPLAINTS SECTION AS WELL.

Does s/he complain of headaches, stomach aches, sore throat or other aches or pains when s/he anticipates being separated from you or your "partner?"

How about when s/he is apart from you?

How often does this happen?

When did it start?

"PARENT" CHANGED PLANS TO LEAVE CHILD BECAUSE OF CHILD'S DISTRESS AT SEPARATION

"Parent" changed plans at least once in the last three months because of child's distress or fear in anticipation of separation from major attachment figure.

In the last three months have you changed your plans to leave X because s/he was so upset or frightened about being separated from you?

Have you canceled an evening out or taken your child with you because s/he is so upset about you leaving?

Have you changed your work or childcare plans because s/he is so frightened about you leaving him/her?

How often has this happened?

What effect has it had on your family's life?
Separation Anxiety

**Definitions and questions**

**PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE**

Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting when attendance at school/daycare is anticipated or occurs.

REMEMBER TO COMPLETE ANXIOUS AUTONOMIC SYMPTOMS AND SOMATIC SYMPTOMS SECTION IF, FOR EXAMPLE, STOMACH ACHEs OCCUR WITH SEPARATION. BE SURE TO CODE IN THE SOMATIC COMPLAINTS SECTION AS WELL.

*Does s/he complain of headaches, stomach aches, sore throat or other aches or pains when s/he has to go to daycare/school?*

*How often does this happen?*

*When did it start?*

**FEAR/ANXIETY**

**FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-BEEN TO DAYCARE/SCHOOL**

Fear and/or anxiety specifically related to daycare/school attendance.

*Has s/he ever been to daycare/school?*

**FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-SCARED OR ANXIOUS TO GO**

*Has s/he ever been scared or anxious about going to daycare/school?*

*When did she start becoming scared or anxious about going to daycare/school?*

---

**Coding rules**

**PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE**

- **PBI2I01 Intensity**
  - 0 = No
  - 2 = Yes

- **PBI2F01 Frequency**
  - Ever:PBI3E01
  - 0 = No
  - 2 = Yes

- **PBI2O01 Onset**
  - Ever:PBI4E01
  - 0 = No
  - 2 = Yes

- **Ever:PBI4O01 Onset**
  - / /
Definitions and questions

FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-UNABLE TO GO TO DAYCARE/SCHOOL BECAUSE WORRIED OR UPSET

Has s/he ever been unable to go to daycare/school because s/he was worried or upset?

When was the first time she was unable to go to daycare/school because s/he was worried or upset?

FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-SCREEN POSITIVE

Does s/he get worried or upset on mornings when s/he has to go to daycare/school?

Has s/he been scared or anxious about going to daycare or school in the last three months?

Does s/he cry, scream or have a tantrum about going to school/daycare?

Has s/he pretended to be sick so s/he won’t have to go to school/daycare?

Have you had to pick him/her up early from daycare/school because she was too afraid or upset to stay?

IF FEAR/ANXIETY ABOUT DAYCARE/SCHOOL NOT PRESENT IN THE LAST THREE MONTHS, SKIP TO "BEDTIME", (PAGE 4).
**Definitions and questions**

**FEAR/ANXIETY ABOUT LEAVING HOME**

Fear or subjective anxious affect related to leaving home for daycare/school.

REMEMBER TO GET EXAMPLES OF BEHAVIOR.

**Is s/he frightened or worried about leaving home to go to daycare/school?**

**Is s/he very reluctant or resistant when leaving the house for daycare/school?**

What happens?
Does s/he cry uncontrollably, scream or have a tantrum when s/he has to leave for daycare/school?

How long does this last?
Can you reassure him/her or distract him/her?

How often does this happen?
How long does s/he remain upset or worried?

Once you actually leave the house (for example, are in the car), how long does it take for him/her to calm down?
Can s/he say why s/he is afraid or worried?

When did s/he start acting this way?

**Coding rules**

### FEAR/ANXIETY ABOUT LEAVING HOME FOR DAYCARE/SCHOOL

<table>
<thead>
<tr>
<th>Codes</th>
<th>PBD8I01</th>
<th>PBD8F01</th>
<th>PBD8D01</th>
<th>PBD8O01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Anticipatory worry or anticipatory anxiety present and at times is responsive to reassurance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Anticipatory worry or anticipatory anxiety occurring, present and almost entirely uncontrollable.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Intensity

**HOURS : MINUTES**
**ANTICIPATORY FEAR OF DAYCARE/SCHOOL**

Anticipatory fear or subjective anxious affect related to daycare/school situation.

*Is s/he frightened or worried about anything at daycare/school?*

*Such as a particular teacher or care giver, certain activities, or the behavior of other children?*

*Does s/he worry about daycare/school when s/he’s not there?*

Can s/he tell you what makes him/her worried or afraid about daycare/school?
Can anyone reassure him/her?
How?
Can s/he calm him/herself?
What does s/he do?

How often does s/he say she is worried or afraid of going to daycare/preschool?

When did this fear begin?

---

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBD9I01</td>
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<tr>
<td>PBD9F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>PBD9D01</td>
<td>Hours:Minutes</td>
</tr>
<tr>
<td>PBD9O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

**CONTENT OF FEARS**

1 = Teacher/caregiver
2 = Other children
3 = Recess
4 = Show and Tell
5 = Eating lunch.
7 = Other specific activity (e.g., art)
9 = Unknown

Specify
Definitions and questions

STAYS OUT OF DAYCARE/SCHOOL SOME MORNINGS (FEAR/ANXIETY)

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

*Over the last three months, has X been unable to go to daycare/school because s/he was so upset, frightened, or worried about going?*

What happened?
Does s/he cry or scream?
Does s/he kick, hit or bite when s/he is so upset?
How often does this happen?
What do you do when this happens?
Do you try to make him/her go to daycare/school?
How do you do that?
What happens then?

*When was the first time this happened?*

---

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>DAYCARE/SCHOOL NON-ATTENDANCE (FEAR/ANXIETY)</th>
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<tbody>
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<td>PBI601</td>
<td>Intensity</td>
</tr>
<tr>
<td>0</td>
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<tr>
<td>2</td>
<td>Without marked parental attempts to get him/her to daycare/school.</td>
</tr>
<tr>
<td>3</td>
<td>With marked parental attempts to get him/her to daycare/school.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

MISSING TIME AT DAYCARE/SCHOOL (FEAR/ANXIETY)
Time missed because of fear/anxiety related to daycare/school attendance. Do not include time missed for usually acceptable reasons, such as sickness.

Has X missed any days of daycare/school because of fear or anxiety?
How many days of daycare/school has X missed because of fear or anxiety?
NUMBER OF 1/2 DAYS IN DAYCARE/SCHOOL PERIOD WHEN ENROLLED IN DAYCARE/SCHOOL.

HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY)
Does your child ride a bus/car pool to daycare/school?
Do you have to take your child to daycare/school sometimes because s/he is too scared or upset to ride the bus/car pool?
How often has this happened?
What happens?
When was the first time?
Is it because of X’s difficulty in separating from you?

Coding rules

MISSING TIME AT DAYCARE/SCHOOL (FEAR/ANXIETY)
PBI6I02
Intensity
0 = Absent
2 = Present
PBI6F01
Frequency

HAS TO TAKE CHILD TO DAYCARE/SCHOOL
PBI7I01
Intensity
0 = No
2 = Yes, on at least one occasion in last 3 months.
PBI7F01
Frequency
PBI7O01
Onset

DUE TO SEPARATION ANXIETY
PBI7I02
0 = No
2 = Yes
### PICKED UP EARLY FROM DAYCARE/SCHOOL (FEAR/ANXIETY)

Child picked up from daycare/school before the end of the day because s/he is too afraid or upset to remain at daycare/school.

**In the last three months, have you had to pick him/her up from daycare/school before the day was over, because s/he was too afraid or upset to be at daycare/school?**

Has the teacher or care giver called and asked you to pick X up before the daycare/school day was done? Why did the teacher or care giver think that X needed to be picked up?

How many times has this happened over the last three months?

When did this start?

### ATTEMPTS TO LEAVE DAYCARE/SCHOOL (FEAR/ANXIETY)

**QUESTION IN DETAIL TO DIFFERENTIATE ANXIETY OVER DAYCARE/SCHOOL ATTENDANCE FROM POOR SUPERVISION, OR OTHER REASONS FOR LEAVING SUCH AS ILLNESS.**

**Has s/he ever tried to leave daycare/school without permission?**

What happened?

Why do you think s/he tried to leave?

Was s/he afraid or worried?

How often has this happened?

### ACTUALLY LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)

**Has s/he ever actually left daycare/school without permission?**

What happened?

Where did s/he go?

Do you know why s/he left?

**QUESTION IN DETAIL TO DIFFERENTIATE ANXIETY OVER DAYCARE/SCHOOL ATTENDANCE FROM POOR SUPERVISION, OR OTHER REASONS FOR LEAVING SUCH AS ILLNESS.**

### Coding rules

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<th>PBI8F01: Frequency</th>
<th>PBI8O01: Onset</th>
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<th>PBI9F01: Frequency</th>
<th>PBI9O01: Onset</th>
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<tbody>
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<table>
<thead>
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<th>Codes</th>
<th>PB10I01: Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)</td>
<td>0 = Absent</td>
</tr>
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</table>
## Definitions and questions

*How often has this happened?*

## Coding rules

- **Frequency**

## Codes

- **PBJ0F01**
- **Onset**
SLEEP
Now I want to talk with you about X's sleep. I want to understand what usually happens when you put X to bed, what happens during the night, and what it is like waking him/her up in the morning. Tell me about what kind of sleeper X is. Has s/he always been like that?

SLEEP ARRANGEMENTS
The sleeping arrangement that the child is supposed to adhere to. Code actual departures from this arrangement (such as a child's refusal to sleep in his/her own bed) in the appropriate places elsewhere. If the sleep arrangements have changed during the primary period, code the highest coding that occurred during the primary period for at least one week.

First, I would like to ask about the sleeping arrangements in your home.

Where is s/he supposed to sleep?

Does s/he have his/her own bed?

Or does s/he share a bed with another child?

Does X share a room with another child?

Whom?

Some families have a "family bed," where kids and parents sleep together in one bed.

How about your family?

LOCATION OF SLEEP INITIATION
Place where child usually (50% or more) goes to sleep for the night. Place where child falls asleep.

Sometimes children fall asleep in places different than where they sleep during the night.

Where does X fall asleep most nights?

In his/her own bed?

Sibling's bed, even though his/her own bed is available?

Your bed?

Somewhere else?
**RELIANCE TO INITIATE SLEEP ALONE**

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

*You've told me where X falls asleep.*

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

**Does s/he need you or another adult close by while s/he falls asleep?**

**Or with his/her sibling?**

**Do you stay in the room while s/he falls asleep?**

**Do you lie in bed with him/her while s/he falls asleep?**

Does s/he fall asleep in your bed? Could s/he go to sleep on his/her own if s/he had to? How many nights a week do you have to be in the room or lie with him/her so that s/he can fall asleep? When did this begin?

---

**RELIANCE TO GO TO SLEEP ALONE**

0 = Absent

2 = Sometimes reluctant to go to sleep alone.

3 = Almost always reluctant to go to sleep alone. Protest nearly every night unless family member in room with him/her while s/he falls asleep.

**MOST COMMON SCENARIO WHEN CHILD RELUCTANT TO GO TO SLEEP ALONE**

1 = Adult caregiver in child's room but not in bed.

2 = Adult caregiver in child's bed.

3 = Child in adult caregiver's bed with adult caregiver in room.

4 = Child is in adult caregiver's bed with adult caregiver in bed.

5 = Other

6 = Child sleeps with sibling. Child has own bed. (Sibling must be present in bed).

Specify
Definitions and questions

SLEEPS WITH FAMILY MEMBER DUE TO A RELUCTANCE TO SLEEP ALONE

Sleeps part of the night or whole night with a family member because of persistent refusal to sleep (through the night) without being near a major attachment figure.

Exclude sleeping in a “family bed” with parents.

Does s/he sleep with you for part of the night?

Or the whole night?

Does s/he sleep with any other family member(s)?

Whom does s/he sleep with?

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

How long does s/he sleep with a family member?

When did this start?

Coding rules

SLEEPS WITH FAMILY MEMBER

0 = Absent

2 = Present

HOURS : MINUTES

Onset

/ /
**BEDTIME**

Regular evening time that child actually goes to or is put to bed with the intention of going to sleep.

*What time does X go to bed?*

*Is that the same most nights?*
BEDTIME RESISTENCE
Child’s regular opposition to stopping daytime activities in order to go to bed for the night.

CONSIDER TRIGGERS TO TANTRUMS.

IF NO CONFLICT BECAUSE PARENT HAS GIVEN UP, CODE 4.

Tell me about a typical evening putting X to bed.

What happens when you tell X that it is time for bed?

Does s/he put up a big fuss?

Or get angry or upset?

What happens?

How long does his/her fussing last?

How often does this happen?

When did it start?

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>PFJ8I01 Intensity</td>
</tr>
<tr>
<td>PFJ8F01 Frequency</td>
</tr>
<tr>
<td>PFJ8O01 Onset</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEDTIME RESISTENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>1 = Mild resistance easily circumvented by parent.</td>
</tr>
<tr>
<td>2 = Resistance that deteriorates into conflict between parent and child. May include tears/tantrums on part of child.</td>
</tr>
<tr>
<td>3 = Resistance is so great that it takes more than an hour once parent has decided it is really time for bed.</td>
</tr>
<tr>
<td>4 = Parent has given up.</td>
</tr>
</tbody>
</table>
**Definitions and questions**

**BEDTIME RITUALS**
Pattern of parent and child interactions that leads up to the child's going to sleep

Distinguish interactions between parent and child from parent sending child to carry out bedtime tasks on his/her own. The latter does not count as a bedtime ritual.

IF USES NIGHT LIGHT, CONSIDER FEAR OF THE DARK IN THE ANXIETY SECTION

**Do you help X get ready for bed?**

**What do you or "P2" do to get X ready for bed?**

**Are there things you do most nights?**

**Or is it different every night?**

**Tell me about putting X to bed in the last week.**

**How long do you do these things?**

**Do you read a book?**

**Do you talk together before bed?**

**Do you sing?**

**Or listen to music together?**

**Do you watch a video together?**

**Do you watch TV together?**

**Do you pray together?**

**Does X need the light on when s/he goes to sleep?**

**Does X use a night light?**

IF USES NIGHT LIGHT, CONSIDER FEAR OF THE DARK IN THE ANXIETY SECTION.

---

**Coding rules**

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<tr>
<th>Code</th>
<th>Description</th>
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</tr>
<tr>
<td>PFJ9L01</td>
<td>Duration</td>
</tr>
<tr>
<td>PFJ9I02</td>
<td>Reading Ritual</td>
</tr>
<tr>
<td>PFJ9I03</td>
<td>Talking Ritual</td>
</tr>
<tr>
<td>PFJ9I04</td>
<td>Singing Ritual</td>
</tr>
<tr>
<td>PFJ9I05</td>
<td>Listening to Music</td>
</tr>
<tr>
<td>PFJ9I06</td>
<td>Watching A Video Tape</td>
</tr>
<tr>
<td>PFJ9I07</td>
<td>Watching TV</td>
</tr>
<tr>
<td>PFJ9I08</td>
<td>Praying</td>
</tr>
<tr>
<td>PFJ9I09</td>
<td>Light On</td>
</tr>
<tr>
<td>PFJ9I10</td>
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**Codes**

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<th>Description</th>
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<tbody>
<tr>
<td>PFJ9I01</td>
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<tr>
<td>PFJ9I09</td>
<td>Light On</td>
</tr>
<tr>
<td>PFJ9I10</td>
<td>Uses a Night Light</td>
</tr>
</tbody>
</table>
Definitions and questions

**Does s/he want the door left open?**

**Anything else?**

---

**LEAVES BED**

Leaving bed to go to "parent," either due to fear of being alone or desire for comfort from or contact with "parent" or resistance to going to sleep/bed. Occurs prior to going to sleep.

Distinguish from night waking.

**Before X goes to sleep, does X ever leave his/her bed after you put him/her there?**

What happens?
Why does s/he leave the bed?
What do you do?
How often does this happen on a typical week?
How many times a night does this happen?

---

**Coding rules**

**DOOR OPEN**

0 = Absent
2 = Present

**OTHER RITUAL**

0 = Absent
2 = Present
Specify

---

**LEAVES BED PRIOR TO GOING TO SLEEP**

0 = Absent
2 = Sometimes leaves bed but is easily resettled.
3 = Leaves bed every night and difficult to resettled.

**AVERAGE FREQUENCY PER NIGHT ON WHICH BEHAVIOR OCCURRED**

**NUMBER OF NIGHTS IN THE LAST THREE MONTHS BEHAVIOR HAS OCCURRED**

**REASONS**

1 = Fear
2 = Request (i.e. glass of water)
3 = Desire for contact with parent (i.e., for hug)
4 = Defiance
5 = Other
Specify
Sleep Behaviors

Definitions and questions

**TIME TO SLEEP INITIATION**

From the time parent says goodnight, after any rituals are completed, the average time it takes the child to fall asleep.

NOTE: SLEEP INITIATION ALWAYS PRESENT.

*Once X is settled down for the night, is it hard for him/her to fall asleep?*

*How long does it take for him/her to fall asleep?*

*Does this happen every night?*

*How often?*

*Why does s/he have a hard time falling asleep?*

*When did s/he start having trouble falling asleep?*

**MEDICATION FOR INSOMNIA**

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

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

*What?*

*Does it work?*

**THUMB SUCKING**

Thumb sucking refers to a persistent habit that continued for at least one month at some point in the child’s development. Since most children suck their thumbs at some point, it is important to make sure that this minimum duration criterion is met.

NOTE: ALWAYS CHOOSE PRESENT TO ANSWER FOLLOWING QUESTIONS

*Has X sucked his/her thumb in the last three months?*

*In the last three months, has X sucked his/her thumb at nap time or bedtime?*

*Was it during the daytime?*

*The nighttime?*

*Or both?*

*When does s/he suck his/her thumb?*

*Does s/he suck it during the day?*

*What about when s/he sleeps?*
Definitions and questions

USE OF A PACIFIER

Any use of a pacifier during the primary period.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

In the last three months, has X used a pacifier?

When does s/he use it?
During the day?
Does s/he use a pacifier when s/he is sleeping or going to sleep?

USES PACIFIER
0 = Absent
2 = Present

DAYTIME
0 = Absent
2 = Present

SLEEP TIME (INCLUDE NIGHT OR NAP TIME)
0 = Absent
2 = Present

SPECIAL OBJECT

A special object is any inanimate object that the child is particularly attached to, and has been attached to for at least one month of the primary period. The paradigmatic example is the "blanky," but any object may be involved. Such objects act as a source of comfort to the child. Absence of the special object must at least sometimes lead to insistent demands for its return, or its removal from the child must, at least sometimes, lead to protests.

Does X have a special "blanky" or other "lovey"?

Like a stuffed animal?
Or other object?
Does s/he become upset if s/he doesn't have this "special object"?

When did s/he first become attached to his/her "lovey"?
What happens if s/he doesn't have his/her "lovey" with him/her?

SPECIAL OBJECT
0 = Child does not have a special object.
2 = Child has a special object.
### SELF-ROCKING
Child moves self back and forth in rocking motion.

**NOTE:** ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

**Does X rock back and forth when s/he going to sleep?**

**How about during the day?**

*When did s/he start rocking?*
*How often does s/he rock like that?*
*How long does an episode of rocking last?*

<table>
<thead>
<tr>
<th>Codes</th>
<th>SELF-ROCKING</th>
<th>DAYTIME</th>
<th>SLEEP TIME (INCLUDES NIGHT OR NAP TIME)</th>
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<td>PFK3I90</td>
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<td></td>
<td>2 = Present</td>
<td>2 = Present</td>
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</tbody>
</table>

### HEAD-BANGING
Child bangs head against wall, crib, head board of a bed, objects, etc. Usually the banging is a repetitive motion.

Do not include isolated accidental movements.

**NOTE:** ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

**Does X bang his/her head intentionally against the head board of his bed/crib?**

**Or against the wall?**

**Or floor?**

*When did s/he start banging his/her head?*
*How often does s/he bang his/her head?*
*How long does a typical episode of head banging last?*

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<tr>
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<td>2 = Present</td>
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FOR REVIEW ONLY  

FOR REVIEW ONLY  

FOR REVIEW ONLY  

FOR REVIEW ONLY
Definitions and questions

**NIGHT WAKING**
Child wakes up from sleep during the night after child has been asleep for over ten minutes.

IF CHILD GETS INTO PARENT'S BED, THIS INFORMATION MAY BE RELEVANT TO ITEM "SLEEPS WITH FAMILY MEMBER(S)"

**Does s/he wake up during the night?**

**Or does X sleep though the night?**

**What does s/he do when s/he wakes up?**

Does s/he call for you?
Or come to you?
Or get into your bed?
How many times a night does s/he wake up?
How long does it take to get him/her back to sleep?
What do you do?
On average, how long would you say s/he is awake per night?
How many times a week does s/he awake during the night?

**Coding rules**

**NIGHT WAKING**
0 = Child sleeps through the night.
2 = Child wakes up during the night.

**FREQUENCY PER NIGHT**

**FREQUENCY OF NIGHTS**

**HOURS : MINUTES**

**CODE UP TO THREE**
1 = Lies quietly in bed.
2 = Cries out.
3 = Leaves bed to fetch parent.
4 = Leaves bed and gets into parents' bed.
5 = Plays contentedly.
6 = Leaves bed to urinate.
7 = Wanders around home.
8 = Other
Definitions and questions

RISE TO CHECK ON FAMILY MEMBERS
Rising at night to check that attachment figures are still present and/or free from harm.

Sometimes children wake up in the night and check on “family members”.

Does s/he ever get up to check that “family members” are OK?

Does s/he wake you up when s/he checks on you?

Is s/he able to go back to bed and fall asleep on his/her own after getting up to check on you?

How often does s/he do that?

When did s/he start getting up to check on the family?

WAKING TIME
Time child usually wakes up in the morning.

NOTE: WAKING TIME ALWAYS PRESENT
**Definitions and questions**

*Now let’s turn to the morning.*

*What time does X usually wake up in the morning?*

**Average Amount of Sleep Per Night.**

*How much sleep does X get most nights?*

<table>
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<th>HOURS : MINUTES</th>
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<td>1</td>
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</table>

---

Sleep Behaviors 13
**HYPERSONMIA - INCREASED NEED FOR SLEEP**

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

**Does s/he feel sleepy during the day?**

More sleepy than usual?
More than most other kids?
**Does s/he drop off to sleep in the day?**

How often does this happen?
For how long?
How long has s/he been more sleepy than usual?

**RESTLESS SLEEP**

Sleep is described as restless.

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

Does s/he sleep soundly?
Does s/he toss and turn?
Is s/he restless?
When did his/her sleep become restless?

---

**INCREASED NEED FOR SLEEP**

<table>
<thead>
<tr>
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<th>Description</th>
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<tr>
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<td>Frequency</td>
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<tr>
<td>PFB8D01</td>
<td>Duration</td>
</tr>
<tr>
<td>PFB8O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

**PFB8I01**

0 = Absent

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

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

**PFD3I01**

0 = Absent

2 = Present

---

**RESTLESS SLEEP**

**PFD3O01**

/ /
Definitions and questions

**INADEQUATELY RESTED BY SLEEP**

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

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

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

*Or after sleeping during the day?*

*How does s/he feel?*

*When did that start?*

**DIFFICULT TO ROUSE IN MORNING**

Hard to wake child up from sleep in the morning. Child keeps falling back to sleep or is groggy or "half asleep" for a significant period after being awakened.

*Is it difficult to wake X up in the morning?*

*Can you tell me a little about that?*

*Does s/he almost always fall back to sleep after you or the alarm wakes him/her?*

*Does s/he hide under the covers?*

*How often is it hard to get him/her awake?*

*When did it start?*

---

**Coding rules**

**INADEQUATELY RESTED BY SLEEP**

0 = Absent  
2 = Present

**DIFFICULT TO ROUSE IN THE MORNING**

0 = Absent  
2 = Present  
3 = Present and affects family schedule of getting to school, work, commitments.
Definitions and questions

**MORNING DEMEANOR**
State upon waking in morning.

NOTE: MORNING DEMEANOR ALWAYS PRESENT.

What does s/he act like most mornings?

When X wakes up, does s/he have a distinct mood that you notice?

Is s/he cheerful?

Is s/he calm?

Irritable or cranky?

Is s/he sluggish in the morning?

On-the-go from the moment his/her feet touch the floor?

Is s/he sad in the mornings?

Anything I have not mentioned?

Coding rules

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<td>2 = Often</td>
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<table>
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<td>3 = Mostly</td>
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<table>
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<tr>
<th>OTHER</th>
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<tbody>
<tr>
<td>0 = Absent</td>
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</table>
Definitions and questions

NAPS
Periods of sleep during the day.

Does X take naps?
Does s/he nap every day?
How often does s/he take naps during the day?
How long does s/he usually sleep when s/he is napping?
If you add up his/her naps, how long is s/he asleep during the day?

IF NAPS ASK;
In the last three months, has his/her napping changed?
In what way?
Why do you think this change has happened?

Coding rules
1 = Sometimes
2 = Often
3 = Mostly
Specify

Codes

NAPS
PFK9I01 Intensity
0 = Absent
2 = Present

PFK9F01 Frequency

PFK9D01 HOURS : MINUTES

CHANGE IN NAP PATTERNS IN LAST THREE MONTHS
PFK9I02
0 = Absent
2 = Present

DESCRIPTION OF CHANGE
PFK9X01
1 = Stopped napping.
2 = Resumed napping after having stopped.
3 = Increased number or length of nap(s).
4 = Decreased number or length of nap(s).
**DAYTIME SLEEPINESS**
Child falls asleep during the day at times other than scheduled or expected naps.

*Does s/he seem sleepy during the day?*
More sleepy than usual?
*Does s/he fall asleep in the middle of activities?*
More than most other kids?
How often does this happen?
How long is s/he asleep for?
When did s/he begin to feel sleepy in this way?

**FALLS ASLEEP IN CAR**
*Does s/he fall asleep almost every time s/he rides in a car when it is not nap time?*
Does this happen even for short drives?
How long does s/he sleep for?
How long has s/he been sleepy like this?

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

*Has s/he been feeling especially tired or weary?*
How much of the time has s/he felt tired like that?
When did s/he begin to feel tired or weary?

---

**Coding rules**

**DAYTIME SLEEPINESS**
- **Intensity**
- **Frequency**
- **Duration**
- **Onset**

**FALLS ASLEEP IN CAR**
- **Intensity**
- **Duration**
- **Onset**

**TIREDNESS**
- **Intensity**
- **Onset**

---

**Codes**

**DAYTIME SLEEPINESS**
- **PFL4I01 Intensity**
- **PFL4F01 Frequency**
- **PFL4D01 Duration**
- **PFL4O01 Onset**

**FALLS ASLEEP IN CAR**
- **PFL0I01 Intensity**
- **PFL0D01 Duration**
- **PFL0O01 Onset**

**TIREDNESS**
- **PFD5I01 Intensity**
- **PFD5O01 Onset**
FATIGABILITY
Child becomes tired or "worn out" more easily than usual.

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

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

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

How long has s/he felt that way?

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

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

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

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

What are they about?
What are they like?
How often?
When did the nightmares start?
Definitions and questions

**SEPARATION DREAMS**
Unpleasant dreams involving theme of separation.

*Has s/he had any bad dreams about leaving you or you leaving him/her?*

*Or bad dreams about getting separated from you?*

*Or kidnapped?*

*Did they wake him/her from sleep?*

*How often does s/he have these bad dreams?*

*When did s/he start to have bad dreams?*

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

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

*Has this happened in the last 3 months?*

*What happens?*

*Can you describe it to me?*

*What do you do?*

*Does s/he remember what happened in the morning?*

*How often does that happen?*

*When did s/he start doing this?*

### Coding rules

**SEPARATION DREAMS**
- 0 = Absent
- 2 = Separation dreams recalled in a.m.
- 3 = Separation nightmares wake child.

**NIGHT TERRORS**
- 0 = Absent
- 2 = Present

---

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY
Definitions and questions

**SOMNAMBULISM**
Sleep walking.

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

*What happens?*
*What do you do?*

*How often does it happen?*
*When did it start?*

**IRREGULARITY OF SLEEP PATTERNS**
A regular sleep pattern is one characterized by (1) an identifiable bedtime at which the child is put (or goes) to bed and to sleep the majority of the time; (2) a wake-up time that is also identifiable (either because the child is woken, or because s/he tends to wake up around that time); (3) naps, if they occur are taken at reasonably consistent times. Code the existence of a reasonably generalized sleep pattern.

*IF NO REGULAR PATTERN ASK ABOUT PREVIOUS SCHEDULE.*

*Is there a recognizable pattern to X’s sleep and waking schedule?*

*Or does it seem “all over the place”?*

*Does s/he have a regular bedtime?*

*IF NO REGULAR PATTERN ASK ABOUT PREVIOUS SCHEDULE.*

*Did s/he ever have a predictable sleeping and waking schedule?*

*When did his/her schedule start being disorganized and unpredictable?*
### Definitions and questions

#### ANXIOUS AFFECT
#### NERVOUS TENSION

An unpleasant feeling of "nervousness," "nervous tension," "being on edge," "being keyed-up."

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

- How bad is it?
- When does that happen?
- Does anything bring it on?
- Do you know why?
- What does s/he feel "nervous" about?
- Can you get him/her to calm down?
- If s/he concentrates on something, or is doing something s/he likes, does the nervousness go away?

- How long does the feeling last?
- When did it start?

#### SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)

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

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

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

<table>
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<td>2 = Nervous tension is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
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</tr>
<tr>
<td>3 = Nervous tension is intrusive into most activities and nearly always uncontrollable.</td>
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</tr>
<tr>
<td>PCA3F01</td>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>PCA3D01</td>
<td><strong>Duration</strong></td>
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<tr>
<td>PCA3O01</td>
<td><strong>Onset</strong></td>
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</table>
SOCIAL ANXIETY

Subjective Anxious Affect specific to social interactions. There is desire for involvement with familiar people.

Include fear, self-consciousness, embarrassment, and concern about appropriateness of behavior when interacting with unfamiliar figures. Also include fear and anxiety when meeting or anticipating meeting a strange adult.

CONSIDER ALSO SHYNESS AND BEHAVIORAL INHIBITION.

DO NOT ALSO CODE INFORMATION FOR THIS ITEM IN "SITUATIONAL ANXIOUS AFFECT".

Does s/he become frightened when s/he has to meet or interact with people s/he doesn't know well?

Does s/he act frightened when s/he meets new children?

Does s/he get upset when meeting new people?

Or extremely shy?

Does s/her ever become very silly, "showing off" in an anxious fashion?

What happens?
Does s/he try to hide behind you or behind furniture?
Does s/he turn his/her face away?
Or refuse to speak?
Does s/he cry or scream?
Or become agitated?
Does s/he try to leave the room?
How long does s/he remain this way?
Can you help him/her become more comfortable in the situation?
Is s/he able to go to birthday parties and interact with the other children or does s/he stay near you and only watch the activities?
How about on the playground?
What effect has this fear had on X and on your family?
Do you change plans or routine so that s/he can avoid these situations?

SOCIAL ANXIETY

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

DISTRESS

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

AVOIDANCE

0 = Absent
1 = With accompaniment and reassurance, child is able to remain in feared situation.
2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.
3 = Child lives a highly restricted life because of feared situations.
FEAR OF ACTIVITIES IN PUBLIC

Subjective Anxious Affect specific to the public performance of activities that do not elicit fear when performed in private. Include going to the bathroom at daycare/school or other public places, eating in public, speaking up at circle time or participating in "sharing" at daycare/school.

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

What about when s/he's called on during circle time or for show and tell?

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

What happens?
How does it affect him/her?
Can s/he stop from feeling that way?
Does s/he do anything to avoid having to "do it" in front of others?
What effect has it had on what s/he does?

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

How long does that last?

FEAR OF ACTIVITIES IN PUBLIC

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

Intensity

Frequency

Duration

Onset

DISTRESS

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

Avoidance

- 0 = Absent
- 1 = With accompaniment and reassurance, child is able to remain in feared situation.
- 2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.
- 3 = Child lives a highly restricted life because of feared situations.
AGORAPHOBIA
Subjective anxious affect specific to open spaces or crowds. Typical places and situations relevant to agoraphobia include being outside the home alone, being in a crowd, standing in line, traveling on public transport or by automobile.

Distinguish from acrophobia (fear of heights) when fear of being on bridges, etc. is described.

Distinguish from separation-related anxieties and worries, where the central fears or worries concern separation from attachment figures. When there is doubt as to the correct coding in such a case, code both the appropriate separation-related symptoms and agoraphobia and complete the coding indicating possible overlap with separation-related symptoms.

Is s/he afraid in open spaces?
Or going out in crowded places?
Or standing in line?
Or using public transportation?
Or riding in automobiles?
Can s/he stop him/herself from being afraid?
Does s/he do anything to avoid it?
Has it affected what s/he does?
What effect has it had?

How often has that happened in the last three months?
How long does that last?

IF "AGORAPHOBIA" ABSENT, SKIP TO "ANIMAL FEARS", (PAGE 6).
SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS

Anxiety and/or worry may be associated with separation from attachment figures.

*Does it have anything to do with being separated from you?*

*Or from other people s/he is attached to?*
**ANIMAL FEARS**

Subjective Anxious Affect specific to animals.

Distinguish from Fear of Monsters, remembering the "monsters" can include animals that really exist under certain circumstances.

**Do any animals frighten him/her?**

Which ones?
What happens?
Does she cry?
Or have a tantrum?
Or cling to you?
Or "freeze up"?
What does s/he do about it?
Does s/he try to avoid them?
How afraid is s/he?
When did this fear start?

How often has that happened in the last three months?
How long does that last?

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<th>PCB4F01</th>
<th>PCB4D01</th>
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<tr>
<td>1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.</td>
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<tr>
<td>2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
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<tr>
<td>3 = Fear is intrusive into most activities and nearly always uncontrollable.</td>
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<tr>
<td>4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.</td>
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<tr>
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<td>8 = Snakes</td>
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<tr>
<td>9 = Birds</td>
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<td>Specify</td>
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</tr>
</tbody>
</table>
Definitions and questions

Coding rules

Codes

Anxious Affect

AVOIDANCE
0 = Absent
1 = With accompaniment and reassurance, child is able to remain in feared situation.
2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.
3 = Child lives a highly restricted life because of feared situations.
FEAR OF THE DARK
Subjective anxious affect specific to the dark and being in the dark.

Differentiate fear of the dark from fear of separating from "parent" or being alone in the room at bedtime.

Is s/he afraid of being in the dark?

Does s/he become upset when s/he has to go into a dark room or outside at night?

Can s/he go into a dark room by him/herself?
Does s/he cry, scream or become agitated when s/he anticipates being in the dark or has to go into a dark room?
Does his/her fear of the dark affect what s/he does?
Or the routines you and your family have developed?
In what way?
What happens if you try to reassure him/her?
If you go with your child can s/he go into the dark?
Have you changed plans or routine to accommodate your child's fear of the dark?

How often has s/he been afraid of the dark?

How long does s/he stay afraid for?

FEAR OF THE DARK

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

AVOIDANCE FEAR OF THE DARK
0 = Absent
1 = With accompaniment and reassurance, child is able to remain in the feared situation. For example, the child can go into a dark room or fall asleep in a dark room when accompanied by parent.
2 = Child's "parent" has regularly changed plans or routines so as to allow child to avoid feared situation.
3 = Child lives a highly restricted life because of feared situation.
**FEAR OF CLOWNS OR COSTUMED CHARACTERS**
Subjective anxious affect specific to clowns or other costumed characters.

**Is your child afraid of clowns?**

**How about other costumed characters?**

Is s/he afraid of going to Chuck E. Cheese's because of the costumed characters? What is s/he afraid will happen if s/he encounters a clown or other costumed character? How does this fear affect her routines or the routines of your family?

How often has that happened in the last three months?

How long does s/he stay afraid?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEAR OF CLOWNS OR COSTUMED CHARACTERS</strong></td>
<td><strong>PCG1I01</strong> Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>3 = Fear is intrusive into most activities and nearly always uncontrollable.</td>
<td></td>
</tr>
<tr>
<td>4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.</td>
<td></td>
</tr>
</tbody>
</table>

| **PCG1F01** Frequency | |
| **PCG1D01** Duration | |
| **PCG1O01** Onset | / / |

| **AVOIDANCE** | **PCG1I02** |
| 0 = Absent | |
| 1 = With accompaniment and reassurance, child is able to remain in feared situation. | |
| 2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation. | |
| 3 = Child lives a highly restricted life because of feared situations. | |

Anxious Affect
Definitions and questions

FEAR OF STORMS, THUNDER AND/OR LIGHTNING
Subjective anxious affect specific to storms, thunder and/or lightning.

Is s/he very afraid of thunder and lightening?
What happens when there is a storm?
Is s/he afraid only if there is a storm?
Or even when just thinking about a storm?
Can you reassure him/her?
When did this start?

How often has that happened in the last three months?
How long does s/he stay afraid?

Coding rules

FEAR OF STORMS, THUNDER, AND/OR LIGHTNING
0 = Absent
2 = Fear is present and uncontrollable at least some of the time and occurs in the presence of storms, thunder, and/or lightning.
3 = Fear is nearly always uncontrollable and occurs even in the absence of a storm.
4 = No storm occurred during the primary period, but the child would have been afraid if one had occurred.

Codes

PCE9F01
Frequency

HOURS : MINUTES

PCE9D01
Duration

PCE9I01
Intensity

PCE9O01
Onset

/ /
FEAR OF INJURY
Subjective anxious affect specific to the possibility of being hurt.

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

What is that like?
Does it affect what s/he does?
In what way?
Does s/he become very afraid or upset when s/he gets a small cut or bruise?
What happens if you try to reassure him/her?

How often has that happened in the last three months?
How long does s/he stay afraid for?

FEAR OF INJURY
0 = Absent
1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.
2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear is intrusive into most activities and nearly always uncontrollable.
4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.
FEAR OF DOCTOR OR DENTIST
Subjective Anxious Affect related to going to or anticipating going to the doctor or the dentist.

Distinguish from Fear of Blood/Injection.

Include fear that arises on the day of or during a visit to the doctor or dentist, but only code as positive if the fear is uncontrollable at least some of the time.

Does your child become very frightened or upset when s/he goes to the doctor or the dentist?

How about when s/he thinks about going to the doctor or the dentist?

What happens?
What do you think frightens him/her?
When did this start?

How often has s/he been afraid in the last three months?
How long does s/he remain afraid?

FEAR OF DOCTOR OR DENTIST

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

AVOIDANCE

0 = Absent
1 = With accompaniment and reassurance, child is able to go to doctor or dentist and be examined.
2 = Child's "parent" has regularly changed plans or routines so as to allow child to avoid feared situation, including avoiding taking child to doctor or dentist.
FEAR OF BLOOD/INJECTION
Subjective Anxious Affect in relation to sight of blood, receipt or sight of injections, or anticipation of sight of blood or injections.

AIDS-related fears are not coded here.

Distinguish from Fear of Doctor/Dentist

Does s/he feel frightened about the sight of blood?
Is s/he afraid of getting a shot or injection?
Is s/he afraid of seeing anyone getting an injection?

How does it affect him/her?
Can s/he stop himself/herself from being afraid?
Does s/he or you do anything to avoid it?
When did this fear start?

How often, in the last three months, has s/he been afraid of blood/injections?

How long does s/he stay afraid for?

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

AVOIDANCE
0 = Absent
1 = Child can be reassured about the sight of blood or cooperate about receiving a shot if accompanied/reassured.
2 = "Parent" has developed routines that allow child to avoid feared situation including postponing shots or immunizations.
Definitions and questions

ANXIETY OR FEAR PROVOKING SITUATIONS
AIDE-MEMOIR

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

IF YES, OR IF ONE OR MORE FEARS ALREADY ELCITED, CHECK ITEMS ON LIST BELOW. OTHERWISE, PROCEED TO SITUATIONAL ANXIOUS AFFECT.

Loud sounds.
Heights
Elevators or Escalators.
Germs
Dirt
Illness
Swimming
Bathing
Burglars/Robbers/Kidnappers.
Puppets
Ghost
Snakes
Water
Getting a Haircut.
Vacuum Cleaners.
Other

How often has s/he been afraid in the last three months?
How long does s/he stay afraid for?

IF NO ANXIETIES, SKIP TO "FREE FLOATING ANXIOUS AFFECT", (PAGE 17).

Coding rules

OTHER FEARS

PCB8I01
Intensity

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

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

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

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

Specify

PCB8F01
Frequency

PCB8D01
Duration

PCB8O01
Onset

HOURS : MINUTES

/ / 

AVOIDANCE

PCB9I01

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situations.
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxious Affect</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

SITUATIONAL ANXIOUS AFFECT
Anxious Affect that occurs in certain situations/environments.

REVIEW NOTES OF THE ANXIETY CIRCUMSTANCES AND CODE THE PROVOKING OCCURRENCES OF ANY OF THE FORMS OF SPECIFIC ANXIOUS AFFECT.

REMEMBER TO COLLECT FREQUENCIES AND DURATIONS.

INTERVIEWER NOTE: IF ANY ANXIETY SYMPTOMS ARE PRESENT, CHOOSE A RATING AND COMPLETE SECTION.

TOTAL DURATION
EARLIEST ONSET OF FEARS

Coding rules

SITUATIONAL ANXIOUS AFFECT

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = The child feels fear, or experiences anticipatory anxiety, that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences anticipatory anxiety, that is almost completely uncontrollable in most activities.

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

Intensity

PCC0F01 Frequency

PCC0D01 Duration

PCC0O01 Onset

/ /
FREE FLOATING ANXIOUS AFFECT
Anxiety not associated with any particular situation.

Does s/he ever feel frightened without knowing why?
How often does this happen?
How long does each episode of anxiety last?
When did it start?

FREE FLOATING ANXIOUS AFFECT
0 = Absent
1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.
2 = The child feels fear, or experiences free-floating anxiety that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.
3 = The child feels fear, or experiences free-floating anxiety, that is almost completely uncontrollable in most activities.

IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "SELECTIVE MUTISM", (PAGE 20).
STARTLE RESPONSE
Exaggerated startle response to minor stimuli. Do not include startling in response to situations that would make most people jump.

Startle response may also appear in PTSD section. If so, code in both places.

Does s/he startle more easily than most people?
What sort of things makes him/her jump?
Are these the kinds of things that would make most people jump?
How many days a week does s/he jump like that?

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

When s/he feels "anxious" or scared, is it hard for him/her to concentrate?
What happens?
Can s/he focus on a game?
Does s/he seem to jump aimlessly from one activity to another because his/her anxiety makes it difficult for him/her to concentrate?
How many days a week does s/he have this kind of difficulty concentrating?

EASY FATIGABILITY
Child becomes easily fatigued when anxious.

When s/he feels "anxious" does s/he get tired easily?
What happens?
Can s/he continue to play or interact even though s/he is tired out by being anxious?
When s/he’s worried or anxious, does she seem to get tired more easily?
Does s/he need more sleep, either during the day as naps or at night?
### Definition and Questions

**ANXIOUS AUTONOMIC SYMPTOMS**

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

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

- What do you notice?
- What does s/he tell you?

*Do his/her muscles get tensed up?*

- Does s/he get jumpy?
  - Keyed up?
  - Agitated?
  - On edge?

*Does s/he get restless?*

- Does s/he become more "wild" when s/he is scared or anxious?

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

*Does it affect his/her breathing?*

*Does s/he act as if s/he is choking?*

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

*Does s/he get stomach pains?*

*Does s/he get sensations of shortness of breath?*

- Or feel as if s/he is smothering?

*Does it affect his/her heart?*

*Does s/he complain of his/her heart beating hard or fast?*

- Can you feel his/her heart beating fast?

*Does s/he complain of a pain in his/her chest?*

*Does s/he get sweaty?*

---

### Coding Rules and Codes

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Autonomic Symptoms</td>
<td>PCD0I90</td>
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</tr>
<tr>
<td>Intensity</td>
<td></td>
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<tr>
<td>Muscle Tension</td>
<td>PCD0I14</td>
<td></td>
</tr>
<tr>
<td>Jumpiness</td>
<td>PCD0I20</td>
<td></td>
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<tr>
<td>Restlessness</td>
<td>PCD0I21</td>
<td></td>
</tr>
<tr>
<td>Dizziness/Faintness</td>
<td>PCE5I01</td>
<td></td>
</tr>
<tr>
<td>Feelings of Choking</td>
<td>PCE5I23</td>
<td></td>
</tr>
<tr>
<td>Butterflies or Pain in the Stomach</td>
<td>PCE5I11</td>
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<td>Sensations of Shortness of Breath</td>
<td>PCE5I22</td>
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<tr>
<td>Palpitations, Pounding Heart, or Accelerated Heart Rate</td>
<td>PCE5I06</td>
<td></td>
</tr>
<tr>
<td>Chest Pain or Discomfort</td>
<td>PCE5I07</td>
<td></td>
</tr>
<tr>
<td>Sweating</td>
<td>PCE5I08</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

**Does s/he complain of feeling sick to his/her stomach?**

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

**Does s/he get hot flushes?**

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

**Does his/her stomach churn?**

---

**SELECTIVE MUTISM**

Reluctance or inability to speak to certain persons or in certain situations, while able to speak adequately to other people in other situations. A change in speaking ability is selective in certain situations.

**Are there some situations in which s/he finds s/he can’t talk?**

**Or some people s/he can’t talk to?**

**Why is that?**

**What happens then?**

**What happens when s/he’s encouraged to speak up?**

**When did it start?**

---

**Coding rules**

**Codes**

**NAUSEA**

0 = Absent

2 = Present

**PCE5I09**

**TREMBLING OR SHAKING**

0 = Absent

2 = Present

**PCE5I13**

**HOT FLUSHES OR CHILLS**

0 = Absent

2 = Present

**PCE5I14**

**PARAESTHESIAE (NUMBNESS OR TINGLING SENSATIONS)**

0 = Absent

2 = Present

**PCE5I16**

**ABDOMINAL CHURNING**

0 = Absent

2 = Present

**PCE5I18**

**SELECTIVE MUTISM**

0 = Absent

2 = Speech limited in volume or amount to an extent that substantially interferes with communication; marked discrepancy with adequate speech usage in other circumstances.

3 = Almost complete absence of speech in particular settings or to particular people.

**PCD1001**

Intensity

Onset

/ /
**WORRIES**

GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY.

**WORRIES**

A round of painful, unpleasant, or uncomfortable thoughts that cannot be stopped voluntarily and that occurs across more than one activity.

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

*Children often have worries. What does X worry about?*

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

**Does s/he worry at all about becoming physically ill?**

**Does s/he worry that s/he might be sick?**

**Does s/he worry about you or other family members becoming sick?**

**Does s/he worry about the future?**

**Does s/he worry about bad things happening to your home or town such as a fire or hurricane or earthquake?**

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

---

**Coding rules**

**WORRIES**

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Worrying is intrusive into most activities and nearly always uncontrollable.</td>
</tr>
</tbody>
</table>

**PCA0I01**

**Intensity**

**PCA0F01**

**Frequency**

**PCA0D01**

**Duration**

**PCA0O01**

**Onset**

**HYPOCHONDRIASIS (WORRY ABOUT BEING PHYSICALLY ILL)**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td>2</td>
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</table>

**PCA0I09**

**WОРРИШ THAT FAMILY MEMBERS WILL BECOME ILL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
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**PCA0I10**

**WORRY ABOUT THE FUTURE**

<table>
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**PCA0I02**

**WORRIES ABOUT NATURAL CALAMITY**

<table>
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**PCA0I11**

**WORRIES ABOUT PAST BEHAVIOR**

<table>
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<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>
Definitions and questions

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

Like draw a picture or play a game?

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

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

Or money?

**Does s/he have other worries?**

What are they?
What is it like when s/he worries?
Does it make him/her irritable?
Or agitated?
Or quiet and constricted in his/her play or interactions?
Does worrying keep him/her awake at night?
Can you give me an example?
How often does s/he worry?
Can s/he stop worrying if s/he wants to?
Were there any times in the last three months s/he couldn’t stop worrying?
How often has s/he worried in the last three months?
When did s/he start worrying like that?

**IF NO WORRIES, SKIP TO "COMPULSIONS", (PAGE 1).**

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<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>Does s/he worry about how well s/he does things?</strong></td>
<td><strong>WORRIES ABOUT COMPETENCE OR PERFORMANCE</strong></td>
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<tr>
<td>Like draw a picture or play a game?</td>
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<td><strong>Does s/he worry about how s/he looks?</strong></td>
<td><strong>WORRIES ABOUT APPEARANCE</strong></td>
<td>PCA0I06</td>
</tr>
<tr>
<td>0 = Absent</td>
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<tr>
<td><strong>Does s/he worry about whether your family will have enough food?</strong></td>
<td><strong>WORRIES ABOUT MONEY/FOOD</strong></td>
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</tr>
<tr>
<td>Or money?</td>
<td>0 = Absent</td>
<td>PCA0I07</td>
</tr>
<tr>
<td>2 = Present</td>
<td>PCA0I07</td>
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</tr>
<tr>
<td><strong>Does s/he have other worries?</strong></td>
<td><strong>OTHER WORRIES</strong></td>
<td>PCA0I08</td>
</tr>
<tr>
<td>What are they?</td>
<td>0 = Absent</td>
<td>PCA0I08</td>
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<tr>
<td>What is it like when s/he worries?</td>
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<td>PCA0I08</td>
<td></td>
</tr>
<tr>
<td>Or agitated?</td>
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<td>Does worrying keep him/her awake at night?</td>
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<tr>
<td>Can you give me an example?</td>
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<td></td>
</tr>
<tr>
<td>How often does s/he worry?</td>
<td>PCA0I08</td>
<td></td>
</tr>
<tr>
<td>Can s/he stop worrying if s/he wants to?</td>
<td>PCA0I08</td>
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<tr>
<td>Were there any times in the last three months s/he couldn’t stop worrying?</td>
<td>PCA0I08</td>
<td></td>
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<tr>
<td>How often has s/he worried in the last three months?</td>
<td>PCA0I08</td>
<td></td>
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<tr>
<td>When did s/he start worrying like that?</td>
<td>PCA0I08</td>
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</tbody>
</table>
EXCESSIVE NEED FOR REASSURANCE

The child seeks reassurance from others about worries, but the worries continue in spite of such reassurance. Include Daycare/School-Related Worries/Anxiety, Separation Anxiety, and Worries.

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

Does s/he tell people about the fears we talked about earlier?
How often?
Do they ever get fed up with hearing about his/her worries?

What happens then?
Can s/he stop him/herself from talking about his/her worries?

0 = Absent
2 = Seeks reassurance but not to the extent of interfering with ordinary social discourse.
3 = Seeks reassurance to such an extent that ordinary social discourse with at least one person is interfered with, as evidenced by loss of patience, or avoidance of contact with child, by that person.
RITUALS AND REPETITIONS

COMPULSIONS

Repetitive, purposeful, and intentional acts associated with a subjective feeling of compulsion arising within the child and not forced by any external power or agency.

NOTE: Repetitive means three or more times.

IF COMPULSIONS ARE ASSOCIATED WITH TRAUMATIC EVENTS, CODE THERE ALSO.

Are there any things s/he feels s/he has to do?

Like touching things in a certain way?

Or washing over and over again?

Does she spend a lot of time putting things in a special order?

Or arranging things so that they are just right?

Does s/he have any routines or rituals that s/he has to do?

What does s/he do?

What is s/he afraid will happen?

Does s/he feel uncomfortable if s/he doesn’t “do compulsion” just right?

Why does s/he do it?

Is s/he worried about dirt or germs?

What does s/he do about it?

Does s/he spend a lot of time on personal cleanliness even when s/he is clean?

Why does s/he do that?

What about tidiness?

What do you do about it?

How long does s/he do it for?

When did it start?

COMPULSIONS

0 = Absent

2 = Compulsions intrusive into at least 2 activities and are at least sometimes uncontrollable.

3 = Compulsions intrusive into most activities and are almost always uncontrollable.

HOME

PCD7F01 Home Frequency

DAYCARE/SCHOOL

PCD7F02 Daycare/ School Frequency

ELSEWHERE

PCD7F03 Elsewhere Frequency

HOURS : MINUTES

PCD7D01 Duration

PCD7O01 Onset
Rituals and Repetitions

<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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<tbody>
<tr>
<td><strong>Does s/he try not to do it?</strong></td>
<td><strong>RESISTANCE</strong></td>
<td>PCD7I02</td>
</tr>
<tr>
<td><strong>What happens then?</strong></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Child tries to resist performing the compulsive act at least sometimes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = Child usually tries to resist.</td>
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<tr>
<td><strong>CHECKING (AT LEAST 3 TIMES)</strong></td>
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<td>PCD8I01</td>
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<tr>
<td></td>
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</table>
PSYCHOSIS
DISORDERS OF PERCEPTION, THOUGHT, AND THE CONTENT OF THOUGHT

DO NOT INCLUDE SYMPTOMS INDUCED BY USE OF DRUGS OR ALCOHOL.

DELUSIONS AND DELUSIONAL INTERPRETATIONS

A delusion is a firmly-held false belief that is out of keeping with the subject's social and cultural background.

A delusional interpretation also has these characteristics, but is an explanation of some other experience (often of other "psychotic" experiences, such as hallucinations) e.g., a subject might interpret hearing voices talking about him as evidence of a police conspiracy. The conspiracy would be a delusional interpretation.

IF THERE IS EVIDENCE OF DELUSIONS OR DELUSIONAL INTERPRETATION, OBTAIN AS FULL AN ACCOUNT OF THE PHENOMENA AS THE PARENT IS ABLE TO PROVIDE.

WRITE THE DETAILS DOWN VERBATIM.

Does s/he seem to think that people are against him/her?

Or that people are getting at him/her in some way?
Is there any truth in it, do you think?
What happens if you try to reassure him/her?

Does s/he have any unusual ideas or beliefs?

What are they?
Do you think there’s any truth in that?
What happens if you tell him/her that it’s not true?
Can you persuade him/her?
SENSORY CHANGES AND HALLUCINATIONS
Include changed perceptions, changed perception of time, and hallucinations.

Changed Perception
Include here any changes in perception such as heightened and dulled perception. The child may complain that objects change in shape or size or color or that people change their appearance.

Changed Perception of Time
The child's perception of time seems to change, so that events appear to move very slowly or very rapidly or to change their tempo or to be completely timeless. Time may appear to stop altogether.

Hallucinations
Hallucinations are false perceptions occurring in clear consciousness. The child may see images, visions, or hear voices in the absence of any real stimulus to the perception. Distinguish from: Illusions, which are false perceptions stimulated by real perceptions that are then momentarily transformed; Hypnagogic and Hypnopompic Hallucinations, which occur only on falling asleep or awakening; Eidetic Imagery, which is never confused with reality by the child; Elaborated Fantasies and Imaginary Companions; Hallucinations occurring only as part of a seizure or in clouded consciousness.

Does s/he hear imaginary things?
Like what?
Does s/he hear or see anything that other people don't?
Does s/he notice any funny smells or tastes or feelings when there's nothing there to explain it?
Is s/he really seeing something or do you think it imagery?
Has s/he said that things looked or sounded different?
In what way?
"PSYCHOTIC" ABNORMALITIES OF THOUGHT AND SPEECH

The parent reports that the child's thinking or language has become disordered. Sentences may be hard to follow or completely nonsensical. Ideas may be linked together in unusual ways (such as because of rhymes or puns, as in flight of ideas) or may have no ordinarily comprehensible links (as in "knight's move" thinking).

Distinguish from delusional content or speech; it is quite possible for a child's ideas to be entirely delusional but for the process of thinking and expressing thoughts to be quite normal.

Differentiate from developmental disorders of speech and language (such as language delay and dysarthria) where speech may be difficult to follow. These disorders will usually always have been present and will not represent a change in the child's language.

Has X's speech been unusual or odd?

What about his/her thinking?

What's it been like? Has that worried you?

IDIOSYNCRATIC BEHAVIOR

The child's behavior has changed idiosyncratically in a way that indicates a marked disturbance of the perception of reality. For instance, the child may dress or walk in extraordinary ways in response to delusions.

Do not include parental reports of the child's behavior changing in ways they disapprove of if any social group to which the child might belong would expect or approve the new behavior.

Has s/he been acting in any strange or unusual ways?

What has s/he been doing?

Has that worried you?
IF ANY EVIDENCE OF DELUSIONS AND
DELUSIONAL INTERPRETATIONS OR
SENSORY CHANGES AND
HALLUCINATIONS, THEN OBTAIN AS
FULL AN ACCOUNT OF THE
PHENOMENA AS THE PARENT IS
ABLE TO PROVIDE, AND COMPLETE
"TEMPORAL CO-OCCURRENCE" AND
"THEMATIC CONSISTENCY".
IF THERE IS NO EVIDENCE, SKIP TO
"APPROACH/AVOIDANCE RESPONSES
TO CAREGIVERS", (PAGE 3).
Definitions and questions

**TEMPORAL, CO-OCCURRENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER**

Extent, onset, and course of delusions or hallucinations are temporally related to the onset and course of mood disorder.

*When s/he was (in psychotic state), was s/he miserable or depressed?*  
*Was his/her mood affected in any other way?  
Was s/he always like that when s/he was (in psychotic state)?*  

**THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER**

Judgment of the examiner as to whether the content of the delusional or hallucinatory material is meaningfully related to an abnormal mood state. For instance, delusions of being related to royalty would be congruent with a manic mood state, while nihilistic delusions would be congruent with depression. Pure persecutory delusions should not be rated here.
Reactive Attachment Disorder

**CONSTRICTED AND CONSTRAINED BEHAVIOR DURING MOST SOCIAL INTERACTIONS**

Child is constricted and constrained during most, if not all, social interactions and this behavior contributes to a disturbance in the child's social relatedness. To meet criteria, child must fail to initiate social interactions due to this behavior.

**NOTE THAT THIS ITEM REFERS TO ALL INTERACTIONS, NOT ONLY INTERACTIONS WITH UNFAMILIAR PEOPLE.**

*Is X so shy and withdrawn that it makes it hard for him/her to interact with other people?*

*Is s/he like that with all people?*
*Or just with certain people?*
*Who?*
*Does this make it hard for him/her to have relationships with other people?*
*How long has s/he been this way?*
LACK OF INTEREST IN PEOPLE
A lack of awareness of, and sensitivity to, other people's feelings. Lack of ability to detect other's feelings, not lack of willingness to respond to them. This lack is pervasive and not specific to any particular relationship.

Does s/he prefer doing things alone or with other people?

Does s/he enjoy being with people?

Is there anyone s/he feels really close to?

Why is that?
Or does s/he not care about interacting with others?
Does it affect his/her ability to have relationships with other people?
Is s/he like that with you or other members of the family?
How about with adults outside of your family?
Or other children?

LACK OF EMPATHY/EMOTIONAL SENSITIVITY
A lack of awareness of, and sensitivity to, other people's feelings. Lack of ability to detect other's feelings, not lack of willingness to respond to them. This lack is pervasive and not specific to any particular relationship.

Is s/he good at understanding other people's feelings?

Can s/he usually tell when other people are upset?

If another child is crying, does s/he try to comfort the child?
Does his/her response ever seem inappropriate?
Like s/he laughs if a child is crying?
Can s/he tell if s/he is making someone upset?

Codes

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<thead>
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<table>
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<table>
<thead>
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<th>GENERAL LACK OF INTEREST IN OTHER (ALL FOUR ABOVE ARE PRESENT)</th>
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<td>PVA1I05</td>
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<td>0 = 1 to 3 of above are present.</td>
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<tr>
<td>2 = All 4 above are present.</td>
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</table>

| PVA1O01 |
| Onset   |
| / /     |

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<tr>
<th>LACK OF EMPATHY</th>
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<td>2 = Present as outlined in definition.</td>
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</tbody>
</table>

| PVA2O01 |
| Onset   |
| / /     |
**APPRAOCH/AVOIDANCE RESPONSES TO CAREGIVERS**

On a regular basis, child responds to parents or other caregivers (such as grandparents, teachers) in contradictory ways. Child may approach a person for help and then withdraw, avoid, or reject that person as s/he tries to respond to the needs/requests of the child. This behavior contributes to a disturbance in the child's ability to relate to other people.

*Does X often approach you and then suddenly withdraw from or avoid contact with you?*

*How about with other adults who are taking care of him/her?*

*Does s/he ask for help and then reject you (or some one else) when you try to give him/her what s/he wants?*

What happens?
Why?
How often does this happen?
Does this cause problems for X?
Does it affect his/her relationships or closeness with other people?
When did s/he start acting in this way?

**DIFFICULTY BEING AFFECTIONATE**

Lack of warmth or emotional or physical affection in most, if not all, interactions with other people.

Multiple interactions means that the lack of affection is pervasive and recurrent in many interactions. Do not code a child's lack of affection if s/he is angry at a parent or is preoccupied with another task. This item is addressing a pervasive, not an episodic, lack of affection or inability to show affection.

*Is X an affectionate child?*

*Is s/he able to show love, either with hugs or kisses, or warm feelings to you?*
*Or your "partner"?*
*Or other people in his/her life?*
*When did s/he start having difficulty being affectionate?*
INDISCRIMINATE ADULT RELATIONSHIPS

The child is reported to be willing to be friendly towards almost any adult, to a degree unusual for his/her developmental age, social group, and familiarity with the adult. The child demonstrates reduced or absent reticence around unfamiliar adults. Behavior is inappropriate for contact with unfamiliar adults.

Often the child appears "needy" or "clingy," and behaves inappropriately with unfamiliar adults. This item should only be coded as being present when the child's behavior is clearly outside normal limits. If in doubt, code this item as being absent. A child who is simply friendly or polite to adults would not code here.

**Does X seem desperate for affection from adults?**

**Is s/he overly friendly with strangers?**

**Does s/he seem to be really needy or clingy to whatever adult is around?**

**Does s/he seem to need affection from whatever adult is near?**

Is X sensible about being friendly with adults?

Is that more than average for a child his/her age, do you think?

Does it worry you?

Do you think it's a problem?

Has s/he always been like that?

MINIMAL CHECKING WITH CAREGIVER IN UNFAMILIAR SETTING

Child rarely or minimally checks back with adult caregiver after venturing away even in unfamiliar settings.

**If you are in a new place, does X tend to wander away from you?**

**IF PRESENT ASK,**

**Does s/he check in with you?**

Either by making eye contact with you or coming back to where you are?

Does this behavior worry you?

Do you think it's a problem?

Does it ever put him/her in danger?

When did this behavior start?
**INDISCRIMINATE WILLINGNESS TO LEAVE WITH UNFAMILIAR ADULT**

Child willing to go off with an unfamiliar adult with minimal or no hesitation.

*What would s/he do if an adult that s/he did not know asked him/her to go off with him/her?*

*Would s/he hesitate?*

*Is s/he the type of child who would go off with any adult with very little hesitation?*

Can you give one example?  
Do you think this is a problem?  
When did this behavior start?

---

**INDISCRIMINATE PEER RELATIONSHIPS**

The child is reported to be willing to be friendly towards almost any peer, to a degree unusual for his/her developmental age, social group, and familiarity with the peer in question. Behavior is inappropriate for contact with unfamiliar peers.

For example, the child might call another child his/her best friend or ask another child to give him/her the child's toy right after meeting him/her. Or hug, kiss, or touch another child who is unfamiliar to the child.

*Does X seem desperate for affection from other children?*

*Is s/he overly friendly with children s/he doesn’t know well?*

*Does s/he seem to be really needy or clingy?*

*Does s/he seem to need a lot of affection from other children?*

Does it worry you?  
Do you think it’s a problem?  
When did s/he start acting this way?

---

**Coding rules**

**Indiscriminate willingness to leave with unfamiliar adult**

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<thead>
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<th>Intensity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Absent</td>
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<tr>
<td>2</td>
<td>Indiscriminate willingness to leave but parent does not regard as a problem.</td>
</tr>
<tr>
<td>3</td>
<td>Indiscriminate willingness to leave to a degree that parent regards as a problem.</td>
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</table>

**Indiscriminate peer relationships**

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<th>Description</th>
</tr>
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<tbody>
<tr>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Indiscriminate in peer relationships but parent does not regard this as a problem.</td>
</tr>
<tr>
<td>3</td>
<td>Indiscriminate in peer relationships to degree that parent regards as a problem.</td>
</tr>
</tbody>
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**Codes**

- **PVA6I01** Intensity
- **PVA6O01** Onset

- **PAN8I01** Intensity
- **PAN8O01** Onset
**AVOIDS PHYSICAL CONTACT**

Parent's evaluation that the child tries to avoid being physically close with others.

**Does s/he like to be hugged and cuddled?**

**Does s/he move away from you or from others so that s/he won’t be touched?**

**Does s/he stiffen up like a board when you or someone else tries to hug him/her?**

Will s/he let you kiss or cuddle him/her?

Does s/he like to sit on someone’s lap? Whose?

How about with other people? Like her grandparents.

How often does it happen?

When did this start?

### Coding rules

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<th>Codes</th>
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<tbody>
<tr>
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<td>2 = Child often avoids physical contact but can sometimes be physically close to others.</td>
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<tr>
<td></td>
<td>3 = Child always tries to avoid physical contact with others.</td>
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DOES NOT SEEK COMFORT WHEN DISTRESSED

Rarely or minimally seeks comfort when distressed.

Does s/he look for comfort or attention from you or others when s/he is hurt or upset?

When s/he gets a scrape or a bruise, will s/he come to you for a hug, a kiss, or a band-aid?

What about to others?
Or, is s/he the type of child who withdraws into him/herself when hurt or scared?
Such as going into a corner to be by him/herself?
Who does this happen with?
How often does this happen?
When did it start?
**Definitions and questions**

**RESISTANCE TO COMFORT**
Rarely or minimally responds to offers of physical or verbal comfort, when hurt, frightened, ill, or distressed.

*How does X respond when you try to comfort him/her if s/he is hurt, frightened, or sick?*

*Does s/he allow you or others to soothe him/her if s/he is hurt, frightened, or sick?*

*Or does s/he push you away?*

Or tell you to go away?

*How about when other people offer him/her comfort? What does s/he do?*

*Who does this happen with?*

*How often does this happen?*

*When did it start happening?*

---

**Coding rules**

**RESISTANCE TO COMFORT**

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<td>Resists being comforted in at least two activities.</td>
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<tr>
<td>3</td>
<td>Resists being comforted in most activities.</td>
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**PVA9I01**

**Intensity**

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**PVA9F01**

**Frequency**

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**PVA9O01**

**Onset**

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**PVA9X01**

**PARENT #1**

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**PVA9X02**

**PARENT #2**

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**PVA9X03**

**OTHER PARENT #1**

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**PVA9X04**

**OTHER PARENT #2**

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**PVA9X05**

**GRANDPARENT**

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**PVA9X06**

**SIBLING(S)**

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**PVA9X07**

**BABYSITTER/OTHER CAREGIVER**

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**PVA9X08**

**DAYCARE PROVIDER/TEACHER**

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<td>Definitions and questions</td>
<td>Coding rules</td>
</tr>
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<td><strong>PEERS</strong></td>
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<td></td>
<td>2 = Present</td>
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<td><strong>OTHER</strong></td>
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<tr>
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<td>2 = Present</td>
</tr>
<tr>
<td></td>
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</table>
NEGATIVE REUNION RESPONSES

Pervasive pattern of failure to establish a positive interaction after separations. Examples include ignoring/avoiding behaviors, intense anger, or lack of affection.

Tell me what X acts like when s/he is reunited with you after you and s/he are apart.

Like when you leave him/her with a sitter? 
Or go on a trip?
Does s/he greet you?
Or avoid you?
Does s/he get very angry?
Or act withdrawn?
Does s/he show affection?

Can you give me an example?
How often, when you’ve been apart, does s/he act in this way?
How long does s/he act this way?
When did this start?

IMPAIRED REUNION RESPONSES

0 = Absent
2 = Present, but positive interaction can be re-established at time of reunion within one hour.
3 = Present and positive interaction cannot be restored at time of reunion within one hour.

HOURS : MINUTES

PARENT #1
0 = Absent
2 = Present
PARENT #2
0 = Absent
2 = Present
OTHER PARENT #1
0 = Absent
2 = Present
OTHER PARENT #2
0 = Absent
2 = Present
GRANDPARENT
0 = Absent
2 = Present
SIBLING(S)
0 = Absent
2 = Present
BABYSITTER
0 = Absent
2 = Present
CONSTRUCTED RANGE OF FACIAL EXPRESSIONS

Parent's evaluation that the child appear to have little facial expression.

*Does his/her face often look “blank” with few facial expressions?*

*Does her face seem “frozen” in one expression?*

*Does s/he seem very withdrawn and distant?*

*Does s/he react when s/he sees something happy or exciting?*

*Or something sad?*

*Does s/he look this way all the time or only sometimes?*

*When did this start?*
AVOIDS EYE CONTACT

Parent's generalized evaluation that the child characteristically avoids making eye contact with others and that s/he often turns his/her eyes away when others try to initiate eye contact.

Distinguish from avoidance of eye contact which occurs with shyness e.g. when the child meets new people or is in an unfamiliar setting. Distinguish also from culturally dictated strictures.

**Does s/he avoid looking you or others directly in the eyes?**

**Does s/he turn his/her eyes or body away to avoid eye to eye contact?**

**Does this happen with everyone?**

**When did this start?**

**HYPERVIGILANCE**

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

**In the last 3 months, has s/he been more "on the alert" for bad things happening?**

**Does s/he seem to be “frozen” in place as s/he watches everything?**

**What does s/he do?**

**Is s/he like that even when there isn't much chance of anything bad happening?**

**How much has that affected his/her life?**

**How much of the time is s/he like that?**

**Has s/he given up doing any things because s/he doesn't want to take any chances?**

**When did s/he start being so hyper-aware and alert?**

**Coding rules**

**AVOIDS EYE CONTACT**

0 = Absent

2 = Child generally avoids eye contact with others.

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<tr>
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<tr>
<td>PVB3O01</td>
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</table>

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY
LIFE EVENTS

Events occurring in the life and environment of the child including major stressors and life threatening events. Life threatening events are events that have caused, or had the potential to cause, death or severe injury. The events should be those in which people actually died or were seriously injured and/or property was extensively damaged, or those events which had the potential to have these outcomes. A young child may also experience or witness an event that involves a serious threat to the physical or psychological integrity of him/herself or another person. An example would be sexual abuse or loss of a primary caregiver/parent. MOST EVENTS SHOULD HAVE BEEN NOTED IN THE INTERVIEW BY THIS POINT. FOR EACH GROUP A EVENT THAT OCCURRED IN THE LAST THREE MONTHS (WITH AT LEAST ONE ATTRIBUTION VARIABLE CODING) MARK ON THE PTSD CHECKLIST. FOR EACH GROUP B EVENT THAT OCCURRED EVER INCLUDING THE LAST THREE MONTHS (WITH AT LEAST ONE ATTRIBUTION VARIABLE CODING), MARK ON THE PTSD CHECKLIST. WHEN THE CHECKLIST IS COMPLETE, PRECEDE TO THE PTSD SECTION.

GROUP A EVENTS

If any "Group A" event(s) code (with at least one attribution variable coding), remember to complete PTSD-A section.
Definitions and questions

**NEW CHILD(REN) LIVING IN HOME**

New child(ren) (less than 18 years of age) who have come to live in the home permanently during the primary period. May be newborn or adopted child, foster child, or child(ren) of a previous relationship.

CODE ID # OF SIBLING FROM FAMILY SECTION.

*Have any children come to live in X's home in the last 3 months?*

Who is that?
When did s/he come to live with him/her?
Who looks after him/her?

IF "NEW CHILD(REN) LIVING IN HOME" NOT PRESENT, SKIP TO "PARENTAL SEPARATION", (PAGE 4).
**NEW CHILD(REN) LIVING IN HOME - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

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<tr>
<th>Code</th>
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<td>16 = Relationship with parent #2.</td>
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<td>17 = Relationship with other parent #1.</td>
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<tr>
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<td>18 = Relationship with other parent #2.</td>
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<td>19 = Relationships with other adults including daycare provider/teacher.</td>
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<td>20 = Sibling relationships.</td>
</tr>
<tr>
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<td>21 = Peer relationships.</td>
</tr>
<tr>
<td></td>
<td>22 = Sexually suggestive play.</td>
</tr>
<tr>
<td></td>
<td>23 = Other</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
PARENTAL SEPARATION

Parental figures have separated during the primary period. One parental figure has moved out of the house, apparently permanently. Either parent may have begun divorce proceedings.

*Have you and your "partner" split up in the last 3 months?*

What happened?
Are you planning to get back together again?

IF "PARENTAL SEPARATION" NOT PRESENT, SKIP TO "PARENTAL DIVORCE", (PAGE 6).
PARENTAL SEPARATION - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION OF “LIFE EVENT” AS CONTRIBUTING TO PROBLEM WITH:
1 = Separation anxiety (increased clinging).
2 = New or increased fears/anxiety.
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20 = Sibling relationships.
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22 = Sexually suggestive play.
23 = Other
Specify
Definitions and questions

PARENTAL DIVORCE
Parental figures have completed divorce proceedings in the last 3 months.

Have you finalized a divorce in the last 3 months?
When did that happen?
Has s/he ever had a parent get a divorced?
Has s/he ever had a parent get divorced?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
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<td>PKH8O03</td>
<td>ONSET OF THIRD PARENTAL DIVORCE</td>
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<td>ONSET: DIVORCE IN LAST THREE MONTHS</td>
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Codes

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Intensity

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IF "PARENTAL DIVORCE" NOT PRESENT, SKIP TO "NEW PARENTAL FIGURE", (PAGE 8).
**Definitions and questions**

**PARENTAL DIVORCE - ATTRIBUTION**

*In the last 3 months, has this “life event” affected any of the problems we have been talking about?*

*Which ones?*

*In what ways?*

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**ATTRIBUTION OF “LIFE EVENT” AS CONTRIBUTING TO PROBLEM WITH:**

1 = Separation anxiety (increased clinginess).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability.
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
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19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other

Specify
**NEW PARENTAL FIGURE**

New parental figure moved into the child's home during the last 3 months and has been there at least one month, due to remarriage or establishment of apparently permanent relationship.

*Did a new "parent" move into your home in the last 3 months?*

*Is s/he there to stay?*

**IF "NEW PARENTAL FIGURE" NOT PRESENT, SKIP TO "MOVING", (PAGE 10).**
### NEW PARENTAL FIGURE - ATTRIBUTION

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

#### ATTRIBUTION

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#### ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

- 1 = Separation anxiety (increased clinginess).
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- 3 = Increased crying.
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- 20 = Sibling relationships.
- 21 = Peer relationships.
- 22 = Sexually suggestive play.
- 23 = Other

Specify
Definitions and questions

MOVING
Child moved, with or without change of family structure.

Remember to code "Parental Separation," "Change of Daycare/School/Regular Caregiver," "Loss of Significant Adult(s) or Friend(s)" in relevant sections.

Has X moved to a new place in the last 3 months?

Is his/her new home in the same neighborhood?
When did you move?

Has X ever moved?

How many places has s/he lived in since birth?
When was the last time that s/he moved?

IF "MOVING" NOT PRESENT, SKIP TO "CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER", (PAGE 12).

Coding rules

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<th>MOVING HOUSE</th>
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<td>2 = Present, without change of family structure.</td>
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<tr>
<td>3 = Present, with change of family structure.</td>
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</table>

ONSET OF MOVE IN LAST 3 MONTHS

PKA8O01
/
/

MOVING HOUSE

PKA8E01

Intensity

0 = Absent
2 = Present

PLACES LIVED IN (CODE # OF PLACES LIVED SINCE BIRTH)

PKA9F01

EVER

DATE OF LAST MOVE

PKA9O01

EVER
/
/
MOVING - ATTRIBUTION

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

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19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
**CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER**

Child changed daycare/school or childcare provider(s). Reasons for change include: child was promoted from 3-year-old group to 4-year-old group, started daycare/school, return of primary parent to work, family choice, need for special class, expulsion from previous daycare/school, as well as other reasons.

*In the last three months, has s/he had a change in childcare providers?*

**What change occurred?**

**Has X changed daycare/schools in the last 3 months?**

**Or started daycare/school for the first time?**

*Why did this change happen? When did these changes occur? Will any friends from his/her old daycare/school be at the new daycare/school? Does s/he know anyone at the new daycare/school?*

**CODE THE ONE ITEM THAT BEST REFLECTS THE CHANGE THAT OCCURRED.**

**CODE THE ONE ITEM THAT BEST REFLECTS THE REASON FOR THE CHANGE**

**Definitions and questions**

**Coding rules**

**Codes**

**CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER**

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**CHANGE (CODE ONE)**

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**REASON (CODE ONE)**

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*Specify*
**Definitions and questions**

**Coding rules**

**Codes**

<table>
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<th>Life Events</th>
</tr>
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<tbody>
<tr>
<td>IF &quot;CHANGE OF DAYCARE/SCHOOL/CHILDCARE PROVIDER&quot; NOT PRESENT, SKIP TO &quot;LOSS OF SIGNIFICANT PERSON THROUGH MOVING&quot;, (PAGE 15).</td>
</tr>
</tbody>
</table>
**CHANG OF DAYCARE/SCHOOL/CHILDCARE PROVIDER - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

<table>
<thead>
<tr>
<th>ATTRIBUTION</th>
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**10** = Sleep behaviors.

**11** = Hyperactivity.

**12** = Difficulty concentrating.

**13** = Oppositional behavior (including disobedience and tantrums).

**14** = Increased aggression.

**15** = Relationship with parent #1.

**16** = Relationship with parent #2.

**17** = Relationship with other parent #1.

**18** = Relationship with other parent #2.

**19** = Relationships with other adults including daycare provider/teacher.

**20** = Sibling relationships.

**21** = Peer relationships.

**22** = Sexually suggestive play.

**23** = Other

Specify
**Loss of Significant Person Through Moving**

Move by child or significant figure resulted in the end of a close relationship, with significant figure no longer available for friendship and companionship. Do not include friendships or relationships maintained after move through regular phone calls, letters, and/or visits.

*Has X lost contact with someone s/he cared about in the last 3 months because one of them moved?*

**Who moved?**

**Does X still have some contact with him/her?**

---

**If "Loss of Significant Person Through Moving" Not Present, Skip to "Death of a Pet", (Page 17).**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions and questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PKB3I01</td>
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<tr>
<td>PKB3O01</td>
<td>Onset</td>
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<tr>
<td>PKB3I02</td>
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<tr>
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<td>Loss of Significant Person Through Moving</td>
</tr>
<tr>
<td>2 = Present</td>
<td>Loss of Significant Person Through Moving</td>
</tr>
</tbody>
</table>

**Significant Figure**

1 = Parent #1
2 = Parent #2
3 = Other parent #1
4 = Other parent #2
5 = Foster parent
6 = Grandparent (or step grandparent)
7 = Babysitter/Childcare provider
8 = Other adult
9 = Friend
10 = Sibling
11 = Other
Specify
## Definitions and questions

**LOSS OF SIGNIFICANT PERSON THROUGH MOVING - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

Which ones?

*In what way?*

---

<table>
<thead>
<tr>
<th>ATTRIBUTION</th>
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<tbody>
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**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

<table>
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<tr>
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<th>PKB3X02</th>
<th>PKB3X03</th>
<th>PKB3X04</th>
<th>PKB3X05</th>
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<td>18 = Relationship with other parent #2.</td>
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<td>23 = Other</td>
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</table>

Specify
DEATH OF A PET

Death of a pet to which the child was closely attached. Pets may include dogs, cats, rodents such as mice or gerbils, fish, birds, snakes, ferrets, or other animals. Do not include death of an animal living in the wild such as a squirrel or hedgehog.

Has your family ever had a pet?

Or has X ever had a pet?

What kind?

In the last three months has X had a pet die?

Was s/he closely attached to the animal?

What happened?

When was that?

IF "DEATH OF A PET" NOT PRESENT, SKIP TO "LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT", (PAGE 19).
### Definitions and questions

**DEATH OF A PET - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

Which ones?

In what way?

<table>
<thead>
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<td></td>
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</tr>
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<td>Specify</td>
</tr>
</tbody>
</table>
Definitions and questions

LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT

Child lives/attends daycare/school in an area seen as chronically unsafe or threatening.

CODE DISCRETE THREATENING EVENTS WITNESSED BY CHILD SEPARATELY.

Does s/he live or go to daycare/school in an unsafe place?

Does s/he feel safe where s/he lives?

What is it like?
Has s/he been afraid that s/he might be hurt?
Or that s/he would die?

How long has this been going on?

IF "LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT" NOT PRESENT, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 21).
Definitions and questions

**LIVES/ATTENDS DAYCARE/SCHOOL IN CHRONICALLY UNSAFE ENVIRONMENT - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

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**ATTRIBUTION:**

- 1 = Separation anxiety (increased clinginess).
- 2 = New or increased fears/anxiety.
- 3 = Increased crying.
- 4 = Irritability
- 5 = Being depressed and/or withdrawn.
- 6 = Regression of toileting skills.
- 7 = Regression in language (e.g. return of baby talk).
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- 20 = Sibling relationships.
- 21 = Peer relationships.
- 22 = Sexually suggestive play.
- 23 = Other

Specify
**Definitions and questions**

**REDUCTION IN STANDARD OF LIVING**

Noticeable reduction of family standard of living as evidenced by inability to pay bills, need to sell things, need to move (including moving in with relatives), going on welfare or food stamps, inadequate food, clothing, heat. May be result of changes in household status and needs such as parental separation or divorce, death, taking in additional dependents, high medical bills or loss of household income due to cutback in hours, layoff or loss of job, inability to find employment, under-employment, loss of unemployment benefits, depletion of savings, etc.

*Has your family's income been less than usual in the last 3 months?*

*What changes have resulted?*

*Why have things changed?*

*When did the change occur?*

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<table>
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<tr>
<th>Codes</th>
<th>Values</th>
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<tr>
<td>PKC3101</td>
<td>REDUCTION IN STANDARD OF LIVING Intensity</td>
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<td>Present, without change of family structure.</td>
</tr>
<tr>
<td>3</td>
<td>Present, with change of family structure.</td>
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</table>

**Coding rules**

If "REDUCTION IN STANDARD OF LIVING" not present, skip to "LOSS OF HOME WITHOUT SEPARATION FROM FAMILY", (Page 23).
**Definitions and questions**

**REDUCTION IN STANDARD OF LIVING - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

Which ones?

In what way?

**Coding rules**

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<td>PKC3X03</td>
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2 = New or increased fears/anxiety.
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19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other

Specify
LOSS OF HOME WITHOUT SEPARATION FROM FAMILY

Child and family loses home because of eviction, end of lease, damage to home by a fire or natural disaster, or other reason and are not resettled in a home for at least one month. During that time, the child and family could be at a shelter, on the street, in a vehicle, staying temporarily at a friend or relative’s home, at a hotel etc. The place where child is staying must be meant to be temporary. Do not include intentional moves to a new setting.

In the last three months, have you and your child been forced to leave your home?

What happened?
When did that happen?
Why?
Where did you go?
Had you planned to go there?
How long were you/have you been without a home of your own?

IF "LOSS OF HOME WITHOUT SEPARATION FROM FAMILY" NOT PRESENT, SKIP TO "PARENTAL ARREST", (PAGE 25).
**Definitions and questions**

**LOSS OF HOME WITHOUT SEPARATION FROM FAMILY - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

**Coding rules**

<table>
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<tr>
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**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

| 1 = Separation anxiety (increased clinginess). | PKJ1X01 |
| 2 = New or increased fears/anxiety.         | PKJ1X02 |
| 3 = Increased crying.                       | PKJ1X03 |
| 4 = Irritability                            |       |
| 5 = Being depressed and/or withdrawn.       | PKJ1X04 |
| 6 = Regression of toileting skills.         |       |
| 7 = Regression in language (e.g. return of baby talk). | PKJ1X05 |
| 8 = Physical symptoms.                      |       |
| 9 = Eating/food-related behavior.           | PKJ1X06 |
| 10 = Sleep behaviors.                       |       |
| 11 = Hyperactivity                          |       |
| 12 = Difficulty concentrating.              |       |
| 13 = Oppositional behavior (including disobedience and tantrums). |       |
| 14 = Increased aggression.                  |       |
| 15 = Relationship with parent #1.           |       |
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| 21 = Peer relationships.                    |       |
| 22 = Sexually suggestive play.              |       |
| 23 = Other                                 |       |

*Specify*
**Definitions and questions**

**PARENTAL ARREST**

Arrest of one of the parents.

If more than one arrest, code for the most upsetting.

*Have either you (or parent #2) been arrested in the last 3 months?*

*Have either of his/her "other parents" been arrested in the last 3 months?*

*What happened? Was it for something serious?*

---

**Coding rules**

**PARENTAL ARREST**

- 0 = Absent
- 1 = Parent #1
- 2 = Parent #2
- 3 = Other Parent #1
- 4 = Other Parent #2

---

**Codes**

- **PKC1101**
  - Intensity
- **PKC1001**
  - Onset
**PARENTAL ARREST - ATTRIBUTION**

*In the last 3 months, has this "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

**Coding rules**

**ATTRIBUTION**

0 = Absent
2 = Present

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

1 = Separation anxiety (increased clinging).
2 = New or increased fears/anxiety.
3 = Increased crying.
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5 = Being depressed and/or withdrawn.
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20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
Definitions and questions

PARENTAL HOSPITALIZATION

Child's parental figure is hospitalized for more than 24 hours. Hospitalized here means evaluated or treated in an emergency room of a hospital and/or admitted to a hospital.

Do not include visits to out-patient clinics.

If more than one hospitalization, code most upsetting.

Have either you or your "partner" been evaluated at or admitted to a hospital in the last 3 months?

What about X's "other parent(s)?"

What happened?

How long were you (or your "partner") in the hospital?

Why were you (or other parent(s)) hospitalized?

When did this happen?

If more than one hospitalization, code for the most upsetting.

IF "PARENTAL HOSPITALIZATION" NOT PRESENT, SKIP TO "SEPARATION FROM "PARENT" FOR 24 HOURS OR MORE", (PAGE 29).

Coding rules

PARENTAL HOSPITALIZATION

0 = Absent
1 = Parent #1
2 = Parent #2
3 = Other Parent #1
4 = Other Parent #2

REASON(S)

1 = Medical Problem(s)
2 = Psychiatric Problem(s)
3 = Drugs or Alcohol Problem(s)
4 = Other Problem(s)

Specify

Codes

PKJ2101 Intensity

PKJ2102

PKJ2103

PKJ2001 Onset
PARENTAL HOSPITALIZATION - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*  
*In what way?*

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<td>PKJ2X09</td>
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</table>

**Life Events**
**Definitions and questions**

**SEPARATION FROM "PARENT" FOR 24 HOURS OR MORE**

Child is apart from any parent or "other" parent for more than 24 hours over the last three months.

Child may be in the home or away from home. Code only if child apart from parent #1, parent #2, other parent #1, and other parent #2 for at least 24 hours.

Include visits to grandparents, other relatives, friends, if necessitated by adult needs (e.g. mother in hospital, going on vacation or a business trip) not solely child's wishes. Include removal from home for more than a week due to abuse or neglect or inability of parent(s) to care for the child.

Do not include regularly scheduled visitations with non-custodial parent.

*In the last 3 months has s/he been separated from you (or parent #2)?*

*Like you (or parent #2) having to go on an overnight business trip?*

*Or out of town for overnight?*

*Or has s/he had to go and stay away from home?*

*When was that?*

*Why did s/he have to go away?*

*How long was s/he gone?*

*Or how long were you gone?*

*Was a "parent" with him/her?*

*Or his/her "sibling"?*

**IF "SEPARATION FROM 'PARENT' FOR 24 HOURS OR MORE" NOT PRESENT, SKIP TO "VEHICULAR ACCIDENT", (PAGE 33).**
<table>
<thead>
<tr>
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Definitions and questions

SEPARATION FROM "PARENT" FOR 24 HOURS OR MORE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION
PKC5199
Intensity

0 = Absent
2 = Present

ATTRIBUTION:
PKC5X01
1 = Separation anxiety (increased clinginess).
PKC5X02
2 = New or increased fears/anxiety.
PKC5X03
3 = Increased crying.
PKC5X04
4 = Irritability
PKC5X05
5 = Being depressed and/or withdrawn.
PKC5X06
6 = Regression of toileting skills.
PKC5X07
7 = Regression in language (e.g. return of baby talk).
PKC5X08
8 = Physical symptoms.
PKC5X09
9 = Eating/food-related behavior.
PKC5X10
10 = Sleep behaviors.
PKC5X11
11 = Hyperactivity
PKC5X12
12 = Difficulty concentrating.
PKC5X13
13 = Oppositional behavior (including disobedience and tantrums).
PKC5X14
14 = Increased aggression.
PKC5X15
15 = Relationship with parent #1.
PKC5X16
16 = Relationship with parent #2.
PKC5X17
17 = Relationship with other parent #1.
PKC5X18
18 = Relationship with other parent #2.
PKC5X19
19 = Relationships with other adults including daycare provider/teacher.
PKC5X20
20 = Sibling relationships.
PKC5X21
21 = Peer relationships.
PKC5X22
22 = Sexually suggestive play.
PKC5X23
23 = Other
Specify
### GROUP B EVENTS

*If any "Group B" event(s) code (with at least one attribution variable coding), remember to complete PTSD-B section.*
ACCIDENTS AND INJURIES

An accident is an unplanned event leading to serious injury or the potential for serious injury that is caused involuntarily to the child by him/herself or others.

VEHICULAR ACCIDENT

Child within a vehicle when a serious vehicular accident occurred.

Vehicle can include car, truck, van, train, plane, etc. A serious accident is one that had the potential to be life-threatening or carried the risk of an injury requiring medical attention. Life-threatening means that there was a reasonable possibility that the child could have been killed.

Has s/he ever been in a serious car accident?

Or in an accident involving some other vehicle like a train?

Or an airplane?

What happened?
Could s/he have died?
When was that?
Was s/he badly hurt?
Did s/he need medical care?
Or need to go to the hospital?
Tell me what happened.
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?
Was s/he wearing a seatbelt?
Or was s/he strapped in a car seat?

When did the accident happen?
In what type of vehicle was the child riding?
Was s/he wearing a seat belt?
Or strapped in?
Was child injured?
Was medical attention needed?

In what type of vehicle was the child riding?

Coding rules

VEHICULAR ACCIDENT

Ever: PKJ3E01
0 = Absent
2 = Present

Intensity

VEHICULAR ACCIDENT

PKJ3I01

0 = Absent
2 = Present

TOTAL # OF OCCURRENCES

Ever: PKJ3V01

ONSET: MOST SEVERE ACCIDENT

Ever: PKJ3O01

TYPE OF VEHICLE

1 = Car, truck, van
2 = School bus or school van
3 = Train
4 = Airplane
5 = Boat
6 = Other
### Definitions and questions

**Was s/he wearing a seat belt?**
**Or strapped in?**

**Was child injured?**
**Was medical attention needed?**
**To what extent?**

### Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>SEATBELT/CAR SEAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Was wearing a seatbelt or strapped in a car seat.</td>
</tr>
<tr>
<td>2</td>
<td>Was not wearing a seatbelt or not strapped in a car seat.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>LETHALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as a cut requiring a band-aid).</td>
</tr>
<tr>
<td>2</td>
<td>Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).</td>
</tr>
<tr>
<td>3</td>
<td>Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion; operative intervention, admission to the hospital).</td>
</tr>
<tr>
<td>4</td>
<td>Serious medical attention required and child has lasting physical effects from the event such as a scar greater than five inches long, limp, loss of spleen etc.</td>
</tr>
</tbody>
</table>
Definitions and questions

Were others injured in the accident?

Was medical attention needed?

Or killed?

Who?

What happened?

Was medical attention needed?

<table>
<thead>
<tr>
<th>OTHERS INJURED IN THE ACCIDENT</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>Ever:PKJ3E14</td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON #1</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Parent #1</td>
<td>Ever:PKJ3E15</td>
</tr>
<tr>
<td>2 = Parent #2</td>
<td></td>
</tr>
<tr>
<td>3 = Other Parent #1</td>
<td></td>
</tr>
<tr>
<td>4 = Other Parent #2</td>
<td></td>
</tr>
<tr>
<td>5 = Grandparent (including step grandparent).</td>
<td></td>
</tr>
<tr>
<td>6 = Other adult relative.</td>
<td></td>
</tr>
<tr>
<td>7 = Non-relative adult.</td>
<td></td>
</tr>
<tr>
<td>8 = Sibling</td>
<td></td>
</tr>
<tr>
<td>9 = Other related child.</td>
<td></td>
</tr>
<tr>
<td>10 = Non-related child.</td>
<td></td>
</tr>
<tr>
<td>11 = Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LETHALITY FOR PERSON #1</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Mild: No medical attention needed or sought.</td>
<td>Ever:PKJ3E16</td>
</tr>
<tr>
<td>2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).</td>
<td></td>
</tr>
<tr>
<td>3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).</td>
<td></td>
</tr>
<tr>
<td>4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.</td>
<td></td>
</tr>
<tr>
<td>5 = Death</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON #2</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Parent #1</td>
<td>Ever:PKJ3E17</td>
</tr>
<tr>
<td>2 = Parent #2</td>
<td></td>
</tr>
<tr>
<td>3 = Other Parent #1</td>
<td></td>
</tr>
<tr>
<td>4 = Other Parent #2</td>
<td></td>
</tr>
<tr>
<td>5 = Grandparent (including step grandparent).</td>
<td></td>
</tr>
<tr>
<td>6 = Other adult relative.</td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and questions

- **Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Non-relative adult.</td>
</tr>
<tr>
<td>8</td>
<td>Sibling</td>
</tr>
<tr>
<td>9</td>
<td>Other related child.</td>
</tr>
<tr>
<td>10</td>
<td>Non-related child.</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### LETHALITY FOR PERSON #2

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Mild: No medical attention needed or sought.</td>
</tr>
<tr>
<td>2</td>
<td>Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).</td>
</tr>
<tr>
<td>3</td>
<td>Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).</td>
</tr>
<tr>
<td>4</td>
<td>Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.</td>
</tr>
<tr>
<td>5</td>
<td>Death</td>
</tr>
</tbody>
</table>

#### PERSON #3

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parent #1</td>
</tr>
<tr>
<td>2</td>
<td>Parent #2</td>
</tr>
<tr>
<td>3</td>
<td>Other Parent #1</td>
</tr>
<tr>
<td>4</td>
<td>Other Parent #2</td>
</tr>
<tr>
<td>5</td>
<td>Grandparent (including step grandparent).</td>
</tr>
<tr>
<td>6</td>
<td>Other adult relative.</td>
</tr>
<tr>
<td>7</td>
<td>Non-relative adult.</td>
</tr>
<tr>
<td>8</td>
<td>Sibling</td>
</tr>
<tr>
<td>9</td>
<td>Other related child.</td>
</tr>
<tr>
<td>10</td>
<td>Non-related child.</td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### LETHALITY FOR PERSON #3

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Mild: No medical attention needed or sought.</td>
</tr>
<tr>
<td>2</td>
<td>Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).</td>
</tr>
</tbody>
</table>
Definitions and questions

Coding rules

3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).

4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.

5 = Death

PERSON #4

1 = Parent #1
2 = Parent #2
3 = Other Parent #1
4 = Other Parent #2
5 = Grandparent (including step grandparent).
6 = Other adult relative.
7 = Non-relative adult.
8 = Sibling
9 = Other related child.
10 = Non-related child.
11 = Other

LETHALITY FOR PERSON #4

0 = Mild: No medical attention needed or sought.
2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).
3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).
4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.
5 = Death

PERSON #5

1 = Parent #1
2 = Parent #2
Definitions and questions

Codes

LETHALITY FOR PERSON #5

0 = Mild: No medical attention needed or sought.

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).

3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).

4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.

5 = Death

Ever: PKJ3E24
**VEHICULAR ACCIDENT - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*In what way?*

<table>
<thead>
<tr>
<th>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Separation anxiety (increased clinginess).</td>
<td>PKJ3X01</td>
</tr>
<tr>
<td>2 = New or increased fears/anxiety.</td>
<td>PKJ3X02</td>
</tr>
<tr>
<td>3 = Increased crying.</td>
<td>PKJ3X03</td>
</tr>
<tr>
<td>4 = Irritability</td>
<td>PKJ3X04</td>
</tr>
<tr>
<td>5 = Being depressed and/or withdrawn.</td>
<td>PKJ3X05</td>
</tr>
<tr>
<td>6 = Regression of toileting skills.</td>
<td>PKJ3X06</td>
</tr>
<tr>
<td>7 = Regression in language (e.g. return of baby talk).</td>
<td></td>
</tr>
<tr>
<td>8 = Physical symptoms.</td>
<td></td>
</tr>
<tr>
<td>9 = Eating/food-related behavior.</td>
<td></td>
</tr>
<tr>
<td>10 = Sleep behaviors.</td>
<td></td>
</tr>
<tr>
<td>11 = Hyperactivity</td>
<td></td>
</tr>
<tr>
<td>12 = Difficulty concentrating.</td>
<td></td>
</tr>
<tr>
<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
<td></td>
</tr>
<tr>
<td>14 = Increased aggression.</td>
<td></td>
</tr>
<tr>
<td>15 = Relationship with parent #1.</td>
<td></td>
</tr>
<tr>
<td>16 = Relationship with parent #2.</td>
<td></td>
</tr>
<tr>
<td>17 = Relationship with other parent #1.</td>
<td></td>
</tr>
<tr>
<td>18 = Relationship with other parent #2.</td>
<td></td>
</tr>
<tr>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
<td></td>
</tr>
<tr>
<td>20 = Sibling relationships.</td>
<td></td>
</tr>
<tr>
<td>21 = Peer relationships.</td>
<td></td>
</tr>
<tr>
<td>22 = Sexually suggestive play.</td>
<td></td>
</tr>
<tr>
<td>23 = Other</td>
<td></td>
</tr>
</tbody>
</table>

Specify
Definitions and questions

**STRIKED BY VEHICLE**
Child struck by moving vehicle.

Vehicle can include a motor vehicle, a bicycle, or other vehicle. To be coded, the event must be a serious accident that had the potential to be life-threatening or carried the risk of an injury requiring medical attention.

*Has s/he ever been struck by a car?*

*Or bicycle?*

What happened?
When did that happen?
Was s/he injured?
Did s/he need medical attention?
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?

When did this happen?
What type of vehicle hit him/her?
Was medical attention needed?

Coding rules

**STRIKED BY VEHICLE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**Intensity**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:PKJ4E01</td>
<td></td>
</tr>
</tbody>
</table>

**ONSET OF MOST SEVERE ACCIDENT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PKJ4O01</td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF VEHICLE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Motor vehicle.</td>
</tr>
<tr>
<td>2</td>
<td>Bicycle</td>
</tr>
<tr>
<td>3</td>
<td>Other</td>
</tr>
</tbody>
</table>

**LETHALITY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as a cut requiring a band-aid).</td>
</tr>
<tr>
<td>2</td>
<td>Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).</td>
</tr>
<tr>
<td>3</td>
<td>Serious: Medical attention required because of the seriousness of the injuries (conussion, loss of consciousness, broken bone(s)) Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).</td>
</tr>
<tr>
<td>4</td>
<td>Serious medical attention required and child has lasting physical effects from the event such as a scar greater than five inches long, limp, loss of spleen etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:PKJ4E03</td>
<td></td>
</tr>
</tbody>
</table>

Life Events 40
**Definitions and questions**

IF "STRUCK BY VEHICLE" NOT PRESENT, SKIP TO "POISONING", (PAGE 43).
Definitions and questions

**STRUCK BY VEHICLE - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?

In what way?

<table>
<thead>
<tr>
<th>ATMtribution of &quot;Life Event&quot; As Contributing to Problem With:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Present</td>
</tr>
<tr>
<td>1 = Separation anxiety (increased clinginess).</td>
</tr>
<tr>
<td>2 = New or increased fears/anxiety.</td>
</tr>
<tr>
<td>3 = Increased crying.</td>
</tr>
<tr>
<td>4 = Irritability</td>
</tr>
<tr>
<td>5 = Being depressed and/or withdrawn.</td>
</tr>
<tr>
<td>6 = Regression of toileting skills.</td>
</tr>
<tr>
<td>7 = Regression in language (e.g., return of baby talk).</td>
</tr>
<tr>
<td>8 = Physical symptoms.</td>
</tr>
<tr>
<td>9 = Eating/food-related behavior.</td>
</tr>
<tr>
<td>10 = Sleep behaviors.</td>
</tr>
<tr>
<td>11 = Hyperactivity</td>
</tr>
<tr>
<td>12 = Difficulty concentrating.</td>
</tr>
<tr>
<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
</tr>
<tr>
<td>14 = Increased aggression.</td>
</tr>
<tr>
<td>15 = Relationship with parent #1.</td>
</tr>
<tr>
<td>16 = Relationship with parent #2.</td>
</tr>
<tr>
<td>17 = Relationship with other parent #1.</td>
</tr>
<tr>
<td>18 = Relationship with other parent #2.</td>
</tr>
<tr>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
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<tr>
<td>20 = Sibling relationships.</td>
</tr>
<tr>
<td>21 = Peer relationships.</td>
</tr>
<tr>
<td>22 = Sexually suggestive play.</td>
</tr>
<tr>
<td>23 = Other</td>
</tr>
</tbody>
</table>

Specify
POISONING
Ingestion of an agent capable of producing an acute morbid, noxious, or deadly effect upon the child.

Distinguish from Lead in Blood and Pica.

Has s/he ever swallowed pills, like aspirin or an adult's prescription medicine?

Or liquid medicine?

How about eating or drinking other products such as dishwasher soap?

Or anti-freeze?

Or some other kind of poison?

What happened?
When did this happen?
What was the substance?
Was s/he injured?
Was medical attention needed?
Did s/he need to go to the doctor?
Or a hospital?
Did s/he have to have his/her stomach pumped?
Has s/he had any lasting effects from the poisoning?
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?

IF "POISONING" NOT PRESENT, SKIP TO "ACCIDENTAL BURNING", (PAGE 46).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
POISONING - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
7 = Regression in language (e.g. return of baby talk).
8 = Physical symptoms.
9 = Eating/food-related behavior.
10 = Sleep behaviors.
11 = Hyperactivity
12 = Difficulty concentrating.
13 = Oppositional behavior (including disobedience and tantrums).
14 = Increased aggression.
15 = Relationship with parent #1.
16 = Relationship with parent #2.
17 = Relationship with other parent #1.
18 = Relationship with other parent #2.
19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other

Specify
ACCIDENTAL BURNING
Accidentally, child suffers an injury caused by fire or excessive or intense heat.

Exclude “first-degree” burns which are red, somewhat painful, similar to a sunburn, and non-blistering.

Exclude intentional burns. Code intentional burns in Victim of Physical Abuse or Victim of Physical Violence by non-family member or Self-harm.

IF THE BURN RESULTS FROM A FIRE, CODE BOTH ACCIDENTAL BURNING AND FIRE.

Has s/he ever been badly burned?
Like by a flame or fire?
Or by hot liquid?
Or a fire cracker?

What happened?
How bad was the burn?
What did his/her skin look like after s/he was burned?
Did the skin blister?
Or turn white?
Was the burn very painful?
What kind of medical attention did s/he need?
Did s/he need to have a skin graft?
Does s/he have any scars from the accident?
Or any other disfigurement?
Or lasting physical effect?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent or 1st degree burn: red, somewhat painful, non-blistering, like a sunburn.</td>
</tr>
<tr>
<td>2</td>
<td>2nd degree burn: skin red, painful, blistered.</td>
</tr>
<tr>
<td>3</td>
<td>3rd degree burn: skin white, without sensation.</td>
</tr>
<tr>
<td>4</td>
<td>Any burn requiring skin graft(s).</td>
</tr>
</tbody>
</table>

LETHALITY (CODE WORST)

0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as application of an over the counter ointment such as Neosporin).

2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. prescribed ointment).

3 = Serious: Medical attention required because of the seriousness of the injuries (e.g. high level of pain, loss of consciousness, severe skin injury). Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative
Definitions and questions

IF "ACCIDENTAL BURNING" NOT PRESENT, SKIP TO "NEAR DROWNING", (PAGE 49).

Coding rules

4 = Serious medical attention required and child has lasting physical effects from the event such as a scar from burn or from skin graft.

Codes
ACCIDENTAL BURNING - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?

In what way?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PKJ699</td>
<td>Intensity</td>
</tr>
<tr>
<td>PKJ601</td>
<td>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</td>
</tr>
<tr>
<td>PKJ602</td>
<td>1 = Separation anxiety (increased clinginess).</td>
</tr>
<tr>
<td>PKJ603</td>
<td>2 = New or increased fears/anxiety.</td>
</tr>
<tr>
<td>PKJ604</td>
<td>3 = Increased crying.</td>
</tr>
<tr>
<td>PKJ605</td>
<td>4 = Irritability</td>
</tr>
<tr>
<td>PKJ606</td>
<td>5 = Being depressed and/or withdrawn.</td>
</tr>
<tr>
<td>PKJ607</td>
<td>6 = Regression of toileting skills.</td>
</tr>
<tr>
<td>PKJ608</td>
<td>7 = Regression in language (e.g. return of baby talk).</td>
</tr>
<tr>
<td>PKJ609</td>
<td>8 = Physical symptoms.</td>
</tr>
<tr>
<td>PKJ610</td>
<td>9 = Eating/food-related behavior.</td>
</tr>
<tr>
<td>PKJ611</td>
<td>10 = Sleep behaviors.</td>
</tr>
<tr>
<td>PKJ612</td>
<td>11 = Hyperactivity</td>
</tr>
<tr>
<td>PKJ613</td>
<td>12 = Difficulty concentrating.</td>
</tr>
<tr>
<td>PKJ614</td>
<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
</tr>
<tr>
<td>PKJ615</td>
<td>14 = Increased aggression.</td>
</tr>
<tr>
<td>PKJ616</td>
<td>15 = Relationship with parent #1.</td>
</tr>
<tr>
<td>PKJ617</td>
<td>16 = Relationship with parent #2.</td>
</tr>
<tr>
<td>PKJ618</td>
<td>17 = Relationship with other parent #1.</td>
</tr>
<tr>
<td>PKJ619</td>
<td>18 = Relationship with other parent #2.</td>
</tr>
<tr>
<td>PKJ620</td>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
</tr>
<tr>
<td>PKJ621</td>
<td>20 = Sibling relationships.</td>
</tr>
<tr>
<td>PKJ622</td>
<td>21 = Peer relationships.</td>
</tr>
<tr>
<td>PKJ623</td>
<td>22 = Sexually suggestive play.</td>
</tr>
<tr>
<td>PKJ624</td>
<td>23 = Other</td>
</tr>
</tbody>
</table>

Specify
### NEAR DROWNING

To be nearly suffocated in water or other fluid; to come close to perishing in water or other fluid.

To be coded, the event must be a serious accident that had the potential to be life-threatening or carried the risk of an injury requiring medical attention.

**CODE INTENTIONAL ATTEMPTS TO DROWN THE CHILD IN PHYSICAL ABUSE SECTION OR VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER.**

**IF NEAR DROWNING OCCURS AS A RESULT OF A NATURAL DISASTER SUCH AS A FLOOD, CODE HERE AND NATURAL DISASTER.**

**Has X ever been close to drowning?**

For example, has s/he fallen in a pool and been unable to swim?
Or has s/he fallen out of a boat without a life jacket?
Or has s/he been swept by ocean waves away from shore and unable to swim back?
Or when s/he was little, did you or someone leave him/her alone in the bathtub and s/he went under water?

**What happened?**

Was there a chance that s/he would die?
Was s/he hurt?
Or be seriously injured?
Did s/he need medical attention?
Does s/he have any lasting physical effect from the accident?

---

**NEAR DROWNING**

0 = Absent
2 = Present

**LETHALITY (IF MORE THAN ONE, CODE WORST)**

0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as sputtering from water in lungs).
2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. monitoring airways/respiration).
3 = Serious: Medical attention required because of the seriousness of the injuries (loss of consciousness). Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).
4 = Serious medical attention required and child has lasting physical effects from the event such as brain damage from lack of oxygen.

---

**IF "NEAR DROWNING" NOT PRESENT, SKIP TO "ACCIDENTAL SERIOUS FALL", (PAGE 51).**
**NEAR DROWNING - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?

In what way?

**Coding rules**

<table>
<thead>
<tr>
<th>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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<td>2 = New or increased fears/anxiety.</td>
</tr>
<tr>
<td>3 = Increased crying.</td>
</tr>
<tr>
<td>4 = Irritability</td>
</tr>
<tr>
<td>5 = Being depressed and/or withdrawn.</td>
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<tr>
<td>6 = Regression of toileting skills.</td>
</tr>
<tr>
<td>7 = Regression in language (e.g. return of baby talk).</td>
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<td>8 = Physical symptoms.</td>
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<td>9 = Eating/food-related behavior.</td>
</tr>
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<td>10 = Sleep behaviors.</td>
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<td>11 = Hyperactivity</td>
</tr>
<tr>
<td>12 = Difficulty concentrating.</td>
</tr>
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<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
</tr>
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</tr>
<tr>
<td>15 = Relationship with parent #1.</td>
</tr>
<tr>
<td>16 = Relationship with parent #2.</td>
</tr>
<tr>
<td>17 = Relationship with other parent #1.</td>
</tr>
<tr>
<td>18 = Relationship with other parent #2.</td>
</tr>
<tr>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
</tr>
<tr>
<td>20 = Sibling relationships.</td>
</tr>
<tr>
<td>21 = Peer relationships.</td>
</tr>
<tr>
<td>22 = Sexually suggestive play.</td>
</tr>
<tr>
<td>23 = Other</td>
</tr>
</tbody>
</table>

Specify
ACCIDENTAL SERIOUS FALL

Fall from high place, steep place, or object such as a bicycle that resulted in, or could have resulted in death, serious injury, or injury requiring medical attention to the child.

To be coded, the fall must be a serious accident that had the potential to be life-threatening or carried the risk of an injury requiring medical attention.

If child is intentionally pushed, code VICTIM OF PHYSICAL VIOLENCE or PHYSICAL ABUSE.

Has X ever had a serious fall?

Like from a tree house?  
Or down cellar stairs?  
Or out of a window?  
Or off a high playground structure like a slide?  
What happened?  
Was his/her life in danger?  
Was s/he hurt?  
How badly was s/he injured?  
Did s/he need medical attention?  
What kind?  
Does s/he have any scars from the accident?  
Or any other disfigurement?  
Or lasting physical effect?

IF "ACCIDENTAL SERIOUS FALL" NOT PRESENT, SKIP TO "ATTACKED BY AN ANIMAL", (PAGE 53).
ACCIDENTAL SERIOUS FALL - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

<table>
<thead>
<tr>
<th>ATTRIBUTION</th>
<th>Codes</th>
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<tbody>
<tr>
<td>0 = Absent</td>
<td>PKJ8I99</td>
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<tr>
<td>2 = Present</td>
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</table>

<table>
<thead>
<tr>
<th>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Separation anxiety (increased clinginess).</td>
<td>PKJ8X01</td>
</tr>
<tr>
<td>2 = New or increased fears/anxiety.</td>
<td>PKJ8X02</td>
</tr>
<tr>
<td>3 = Increased crying.</td>
<td>PKJ8X03</td>
</tr>
<tr>
<td>4 = Irritability</td>
<td></td>
</tr>
<tr>
<td>5 = Being depressed and/or withdrawn.</td>
<td>PKJ8X04</td>
</tr>
<tr>
<td>6 = Regression of toileting skills.</td>
<td></td>
</tr>
<tr>
<td>7 = Regression in language (e.g., return of baby talk).</td>
<td>PKJ8X05</td>
</tr>
<tr>
<td>8 = Physical symptoms.</td>
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<tr>
<td>9 = Eating/food-related behavior.</td>
<td>PKJ8X06</td>
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<td>11 = Hyperactivity</td>
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<tr>
<td>12 = Difficulty concentrating.</td>
<td></td>
</tr>
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<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
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<tr>
<td>14 = Increased aggression.</td>
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<td>15 = Relationship with parent #1.</td>
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<td>16 = Relationship with parent #2.</td>
<td></td>
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<tr>
<td>17 = Relationship with other parent #1.</td>
<td></td>
</tr>
<tr>
<td>18 = Relationship with other parent #2.</td>
<td></td>
</tr>
<tr>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
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<tr>
<td>20 = Sibling relationships.</td>
<td></td>
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<td>21 = Peer relationships.</td>
<td></td>
</tr>
<tr>
<td>22 = Sexually suggestive play.</td>
<td></td>
</tr>
<tr>
<td>23 = Other</td>
<td></td>
</tr>
</tbody>
</table>

Specify
Definitions and questions

ATTACKED BY AN ANIMAL
Mauled and/or bitten by an animal.

To be coded, the animal attack must have had the potential to be life-threatening or carried the risk of an injury requiring medical attention.

Exclude roughhousing or tussling with a puppy unless the puppy seriously bit or scratched the child.

Has an animal ever attacked X?

What kind of animal?
What happened?
Was s/he bitten?
Or seriously scratched?
Did s/he have any other injuries?
Did s/he need medical attention?
Does s/he have scars from the event?
Does s/he have any permanent physical problems or limitations from the attack?
When did this happen?

IF "ATTACKED BY AN ANIMAL" NOT PRESENT, SKIP TO "BROKEN BONE(S)", (PAGE 56).

Coding rules

<table>
<thead>
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<th>Codes</th>
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<tbody>
<tr>
<td>ATTACKED BY AN ANIMAL</td>
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<td>0 = Absent</td>
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<tr>
<td>2 = Present</td>
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<tr>
<td>ATTACKED BY AN ANIMAL</td>
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<tr>
<td>0 = Absent</td>
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<td>2 = Present</td>
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<td>ATTACKED BY AN ANIMAL</td>
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<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Present</td>
</tr>
<tr>
<td>ATTACKED BY AN ANIMAL</td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Present</td>
</tr>
<tr>
<td>TYPE OF ANIMAL</td>
</tr>
<tr>
<td>1 = Dog</td>
</tr>
<tr>
<td>2 = Other</td>
</tr>
<tr>
<td>Specify</td>
</tr>
<tr>
<td>LETHALITY</td>
</tr>
<tr>
<td>0 = Mild: No medical attention needed or sought (e.g. no injury or mild injury that could be tended without medical attention such as a cut requiring a band-aid).</td>
</tr>
<tr>
<td>2 = Moderate: Medical attention needed and/or sought but intervention/treatment did not require continuing care or hospitalization (e.g. stitches for cuts; ointment for abrasions).</td>
</tr>
<tr>
<td>3 = Serious: Medical attention required because of the seriousness of the injuries (concussion, loss of consciousness, broken bone(s)). Assess the seriousness of the interventions provided (resuscitation, assisted respiration on a ventilator, blood transfusion, operative intervention, admission to the hospital).</td>
</tr>
<tr>
<td>4 = Serious medical attention required and child has lasting physical effects from the event such as a scar, limp, no spleen etc.</td>
</tr>
</tbody>
</table>
Definitions and questions

Coding rules

Codes
ATTACKED BY AN ANIMAL - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ATRIBUTION
0 = Absent
2 = Present

ATRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:
1 = Separation anxiety (increased clinginess).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
7 = Regression in language (e.g. return of baby talk).
8 = Physical symptoms.
9 = Eating/food-related behavior.
10 = Sleep behaviors.
11 = Hyperactivity
12 = Difficulty concentrating.
13 = Oppositional behavior (including disobedience and tantrums).
14 = Increased aggression.
15 = Relationship with parent #1.
16 = Relationship with parent #2.
17 = Relationship with other parent #1.
18 = Relationship with other parent #2.
19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
BROKEN BONE(S)
Fracture of child's bone(s).

Include all broken bones whatever the cause. The cause could be an accident, an intentional injury, or a bone disease that results in bone fractures. Code the causes in other relevant places.

We have been talking about all kinds of accidents and injuries that can happen to a child.

Has X ever broken any bones?
Which bones?
Has s/he ever fractured his/her skull?

Has s/he broken any bones in the last three months?
How many times has this happened?
When did it (they) happen?

Ever: PKK0E01
Intensity

BROKEN BONES
0 = Absent
2 = Present

NUMBER OF BROKEN BONES EVER
0 = Absent
2 = Present

TYPE OF BONE(S) - 1
1 = Leg Bone(s)
2 = Arm Bone(s)
3 = Ankle Bone(s)
4 = Foot Bone(s)
5 = Wrist bone(s)
6 = Hand bone(s)
7 = Collarbone
8 = Skull
9 = Other bone(s)
Specify

ONSET #1

TYPE OF BONE(S) - 2
1 = Leg Bone(s)
2 = Arm Bone(s)
3 = Ankle Bone(s)
4 = Foot Bone(s)
5 = Wrist bone(s)
6 = Hand bone(s)
7 = Collarbone
8 = Skull
9 = Other bone(s)
Specify
Definitions and questions

Coding rules

ONSET #2

TYPE OF BONE(S) - 3
1 = Leg Bone(s)
2 = Arm Bone(s)
3 = Ankle Bone(s)
4 = Foot Bone(s)
5 = Wrist bone(s)
6 = Hand bone(s)
7 = Collarbone
8 = Skull
9 = Other bone(s)
Specify

ONSET #3

TYPE OF BONE(S) - 4
1 = Leg Bone(s)
2 = Arm Bone(s)
3 = Ankle Bone(s)
4 = Foot Bone(s)
5 = Wrist bone(s)
6 = Hand bone(s)
7 = Collarbone
8 = Skull
9 = Other bone(s)
Specify

ONSET #4
Definitions and questions

DIAGNOSIS OF PHYSICAL ILLNESS
Diagnosis of an illness carrying current risk of death or chronic disability (e.g. cancer, AIDS, cystic fibrosis, diabetes).

NB: Asthma requiring more than 24 hour hospitalization.

Has s/he ever gotten very sick?

Has s/he been in the hospital?

When did that happen?
What illness did/does s/he have?
When did s/he get better?
Is s/he going to get better?
Has s/he had it in the last 3 months?
Has it gotten worse?

IF "DIAGNOSIS OF PHYSICAL ILLNESS" NOT PRESENT, SKIP TO "HOSPITALIZATION OF CHILD", (PAGE 60).
DIAGNOSIS OF PHYSICAL ILLNESS - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
7 = Regression in language (e.g. return of baby talk).
8 = Physical symptoms.
9 = Eating/food-related behavior.
10 = Sleep behaviors.
11 = Hyperactivity
12 = Difficulty concentrating.
13 = Oppositional behavior (including disobedience and tantrums).
14 = Increased aggression.
15 = Relationship with parent #1.
16 = Relationship with parent #2.
17 = Relationship with other parent #1.
18 = Relationship with other parent #2.
19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
Definitions and questions

HOSPITALIZATION OF CHILD
Child admitted to a medical or psychiatric hospital for more than 24 hours or spent more than 24 hours in a hospital emergency room.

Has s/he ever been in the hospital?
Why?
How long was s/he there?
How about in the last three months?

Coding rules

Ever: PKK1E01
0 = No
1 = Medical
2 = Psychiatric

Intensity

Frequency

Onset

IF "HOSPITALIZATION OF CHILD" NOT PRESENT, SKIP TO "DEATH OF ADULT LOVED ONE", (PAGE 62).
**HOSPITALIZATION OF CHILD - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*In what way?*

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>PKK1I99</td>
<td>Intensity</td>
</tr>
<tr>
<td>PKK1X01</td>
<td>1 = Separation anxiety (increased clingingness).</td>
</tr>
<tr>
<td>PKK1X02</td>
<td>2 = New or increased fears/anxiety.</td>
</tr>
<tr>
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</tr>
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<td>PKK1X04</td>
<td>4 = Irritability</td>
</tr>
<tr>
<td>PKK1X05</td>
<td>5 = Being depressed and/or withdrawn.</td>
</tr>
<tr>
<td>PKK1X06</td>
<td>6 = Regression of toileting skills.</td>
</tr>
<tr>
<td>PKK1X07</td>
<td>7 = Regression in language (e.g. return of baby talk).</td>
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<tr>
<td>PKK1X08</td>
<td>8 = Physical symptoms.</td>
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<tr>
<td>PKK1X09</td>
<td>9 = Eating/food-related behavior.</td>
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<td>PKK1X10</td>
<td>10 = Sleep behaviors.</td>
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<tr>
<td>PKK1X11</td>
<td>11 = Hyperactivity</td>
</tr>
<tr>
<td>PKK1X12</td>
<td>12 = Difficulty concentrating.</td>
</tr>
<tr>
<td>PKK1X13</td>
<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
</tr>
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<td>PKK1X14</td>
<td>14 = Increased aggression.</td>
</tr>
<tr>
<td>PKK1X15</td>
<td>15 = Relationship with parent #1.</td>
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<tr>
<td>PKK1X16</td>
<td>16 = Relationship with parent #2.</td>
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<tr>
<td>PKK1X17</td>
<td>17 = Relationship with other parent #1.</td>
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<td>18 = Relationship with other parent #2.</td>
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<td>PKK1X20</td>
<td>20 = Sibling relationships.</td>
</tr>
<tr>
<td>PKK1X21</td>
<td>21 = Peer relationships.</td>
</tr>
<tr>
<td>PKK1X22</td>
<td>22 = Sexually suggestive play.</td>
</tr>
<tr>
<td>PKK1X23</td>
<td>23 = Other</td>
</tr>
</tbody>
</table>

Specify
DEATH OF ADULT LOVED ONE

Death of someone close to the child: biological parent, other parental figure, other relative with whom child has close ties, other adult who has played a significant role in the child’s life.

IF MORE THAN 2 DEATHS, CODE DEATH OF PARENTAL FIGURE AND ANOTHER THAT THE PARENT THINKS WAS MOST UPSETTING TO THE CHILD.

Has anyone close to him/her died?

Who was that?
What happened?
When did it happen?
What did s/he die of?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>PKK2E01</td>
<td>DEATH OF LOVED ONE #1: RELATIONSHIP TO CHILD</td>
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</tr>
<tr>
<td>1</td>
<td>Biological parent</td>
</tr>
<tr>
<td>2</td>
<td>Step/adoptive/foster parent</td>
</tr>
<tr>
<td>3</td>
<td>Other parental figure</td>
</tr>
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<td>4</td>
<td>Grandparent</td>
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<tr>
<td>5</td>
<td>Aunt or uncle</td>
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<td>6</td>
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<td>8</td>
<td>Other close related adult</td>
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<td>Ever: DATE OF DEATH LOVED ONE #1</td>
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<tr>
<td>PKK2E02</td>
<td>CAUSE OF DEATH - 1</td>
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<tr>
<td>1</td>
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<td>2</td>
<td>Accident</td>
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<td>3</td>
<td>Suicide</td>
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<td>Natural disaster (flood, earthquake)</td>
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<td>5</td>
<td>Fire</td>
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<td>6</td>
<td>War or terrorism</td>
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<td>Noxious agent</td>
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<td>Physical abuse</td>
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<td>Captivity</td>
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<td>Ever:PKK2O02</td>
<td>Ever: DATE OF DEATH LOVED ONE #2</td>
</tr>
<tr>
<td>/ /</td>
<td></td>
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<tr>
<td>PKK2E03</td>
<td>DEATH OF LOVED ONE #2: RELATIONSHIP TO CHILD</td>
</tr>
<tr>
<td>0</td>
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</tr>
<tr>
<td>1</td>
<td>Biological parent</td>
</tr>
<tr>
<td>2</td>
<td>Step/adoptive/foster parent</td>
</tr>
<tr>
<td>3</td>
<td>Other parental figure</td>
</tr>
<tr>
<td>4</td>
<td>Grandparent</td>
</tr>
<tr>
<td>5</td>
<td>Aunt or uncle</td>
</tr>
<tr>
<td>6</td>
<td>Close unrelated adult</td>
</tr>
<tr>
<td>8</td>
<td>Other close related adult</td>
</tr>
<tr>
<td>Ever:PKK2O03</td>
<td>Ever: DATE OF DEATH LOVED ONE #2</td>
</tr>
<tr>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>
IF "DEATH OF ADULT LOVED ONE" NOT PRESENT, SKIP TO "DEATH OF SIBLING OR PEER", (PAGE 65).

### CAUSE OF DEATH - 2

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical illness.</td>
</tr>
<tr>
<td>2</td>
<td>Accident</td>
</tr>
<tr>
<td>3</td>
<td>Suicide</td>
</tr>
<tr>
<td>4</td>
<td>Natural disaster (flood, earthquake).</td>
</tr>
<tr>
<td>5</td>
<td>Fire</td>
</tr>
<tr>
<td>6</td>
<td>War or terrorism.</td>
</tr>
<tr>
<td>7</td>
<td>Riots or urban violence.</td>
</tr>
<tr>
<td>8</td>
<td>Noxious agent.</td>
</tr>
<tr>
<td>9</td>
<td>Physical violence.</td>
</tr>
<tr>
<td>10</td>
<td>Physical abuse.</td>
</tr>
<tr>
<td>11</td>
<td>Captivity</td>
</tr>
</tbody>
</table>

**Codes**

<table>
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<th>Codes</th>
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</tr>
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<tbody>
<tr>
<td>Ever:PKK2E04</td>
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</table>
DEATH OF ADULT LOVED ONE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
7 = Regression in language (e.g. return of baby talk).
8 = Physical symptoms.
9 = Eating/food-related behavior.
10 = Sleep behaviors.
11 = Hyperactivity
12 = Difficulty concentrating.
13 = Oppositional behavior (including disobedience and tantrums).
14 = Increased aggression.
15 = Relationship with parent #1.
16 = Relationship with parent #2.
17 = Relationship with other parent #1.
18 = Relationship with other parent #2.
19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
**DEATH OF SIBLING OR PEER**

Death of child's sibling, close friend, or other peer.

**Has a friend of his/her ever died?**

**Or one of his/her brothers or sisters or cousins?**

Who was that?  
What happened?  
When did it happen?  
What did s/he die of?  
**Has s/he known anyone around his/her age who has committed suicide?**

What happened?  
When did it happen?  

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:PKE6E01</td>
<td>Intensity</td>
</tr>
<tr>
<td>Ever:PKE6O01</td>
<td>Onset</td>
</tr>
<tr>
<td>Ever:PKE6X01</td>
<td>Cause of death</td>
</tr>
<tr>
<td>Ever:PKE7E01</td>
<td></td>
</tr>
<tr>
<td>Ever:PKE7O01</td>
<td>Onset</td>
</tr>
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</table>

**DEATH OF SIBLING OR PEER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>Biological sibling.</td>
</tr>
<tr>
<td>2</td>
<td>Step/adoptive/foster sibling.</td>
</tr>
<tr>
<td>3</td>
<td>Other related child</td>
</tr>
<tr>
<td>4</td>
<td>Close friend.</td>
</tr>
<tr>
<td>5</td>
<td>Other friend.</td>
</tr>
<tr>
<td>6</td>
<td>Acquaintance at daycare/school.</td>
</tr>
</tbody>
</table>

**ONSET: DEATH OF SIBLING OR PEER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEATH OF SIBLING OR PEER #1: CAUSE OF DEATH**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical illness.</td>
</tr>
<tr>
<td>2</td>
<td>Accident</td>
</tr>
<tr>
<td>3</td>
<td>Suicide</td>
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<td>5</td>
<td>Fire</td>
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</tr>
<tr>
<td>11</td>
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</tr>
</tbody>
</table>

**DEATH OF SIBLING OR PEER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
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<tr>
<td>1</td>
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</tbody>
</table>

**ONSET: DEATH OF SIBLING OR PEER**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Codes**

- Ever:PKE6E01: Intensity
- Ever:PKE6O01: Onset
- Ever:PKE6X01: Cause of death
- Ever:PKE7E01: |
- Ever:PKE7O01: Onset

---

Life Events

65
Definitions and questions

Coding rules

**DEATH OF SIBLING OR PEER #2: CAUSE OF DEATH**

1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity

Codes

Ever:PKE7X01

IF "DEATH OF SIBLING OR PEER" NOT PRESENT, SKIP TO "NATURAL DISASTER", (PAGE 68).
DEATH OF SIBLING OR PEER - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

<table>
<thead>
<tr>
<th>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</th>
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<tbody>
<tr>
<td>1 = Separation anxiety (increased clinginess).</td>
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<td>3 = Increased crying.</td>
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<td>19 = Relationships with other adults including daycare provider/teacher.</td>
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<td>20 = Sibling relationships.</td>
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<tr>
<td>21 = Peer relationships.</td>
</tr>
<tr>
<td>22 = Sexually suggestive play.</td>
</tr>
<tr>
<td>23 = Other</td>
</tr>
</tbody>
</table>

Specify
Definitions and questions

NATURAL DISASTER
Events not caused by intentional human actions (e.g. floods, hurricanes, tornadoes) in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Has s/he ever been in a terrible storm, tornado, or hurricane?
Or an earthquake?
Or a flood?

What happened?
How bad was it?
Were people killed?
Was s/he afraid that people would be killed or badly hurt?
Or that s/he would die or be badly hurt?
When did that happen?

IF "NATURAL DISASTER" NOT PRESENT, SKIP TO "FIRE", (PAGE 70).

Coding rules

NATURAL DISASTER
0 = No
2 = Storm
3 = Tornado
4 = Hurricane
5 = Earthquake
6 = Flood
7 = More than one type.

Ever:PKE9E01
Intensity

Onset

Frequency

PKE9I01
Intensity

Onset

Frequency

Codes

Ever:PKE9001
Intensity

Onset

Frequency

PKE9F01
Frequency
NATURAL DISASTER - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:
1 = Separation anxiety (increased clingingness).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
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21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
FIRE
Fire, either accidentally or deliberately set, in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Has s/he ever been in a terrible fire?
What happened?
How bad was it?
Were people killed?
Was s/he afraid that people would be killed or badly hurt?
Or that s/he would die or be badly hurt?
When did that happen?
How does s/he think that the fire started?

Was it an accident?

IF "FIRE" NOT PRESENT, SKIP TO "WAR OR TERRORISM", (PAGE 72).
**FIRE - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?  
In what way?*
WAR OR TERRORISM
Child has lived for at least a day in an area in which civil law was disrupted (e.g. a country at war or an area in which civil war or terrorism has disrupted normal life).

Has s/he ever been in a war?
Or somewhere where armies or terrorists were fighting?

What happened?
When did that happen?
What did s/he see?
Were people killed?
Was s/he afraid that people would be killed?
Was s/he afraid that s/he might be hurt?
Or that s/he would die?
How long was s/he there?

IF "WAR OR TERRORISM" NOT PRESENT, SKIP TO "WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY", (PAGE 74).
**WAR OR TERRORISM - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

<table>
<thead>
<tr>
<th>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>22 = Sexually suggestive play.</td>
</tr>
<tr>
<td>23 = Other</td>
</tr>
</tbody>
</table>

Specify
Definitions and questions

WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY

Person saw or heard but was not the object of an event with potential for life threat or severe physical injury. Include seeing someone shot or killed, hearing someone raped or beaten in an adjacent room, seeing another person killed or severely injured in an accident.

Do not include events seen in movies or on the news.

Has s/he ever seen or heard something really terrible happen to anyone?
Like someone dying?
Or being badly hurt?
Or being beaten up?
What happened?

Has s/he ever seen or heard someone in your family hurting or beating up someone else in your family?

Coding rules

WITNESS TO EVENT
0 = Absent
2 = Present, to stranger.
3 = Present, to acquaintance.
4 = Present, to friend.
5 = Present, to family member.

PERPETRATOR
0 = No perpetrator.
2 = Unknown perpetrator.
3 = Acquaintance
4 = Friend
5 = Family member.

Codes

Ever:PKF5E01
Intensity

Ever:PKF5001
Onset

Ever:PKF5X01

PKF5I01
Intensity

PKF5002
Onset

PKF5X02
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>IF &quot;WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY&quot; NOT PRESENT, SKIP TO &quot;CAUSING DEATH OR SEVERE HARM&quot;, (PAGE 77).</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?

In what way?

<table>
<thead>
<tr>
<th>INTENSITY</th>
<th>ATTRIBUTION</th>
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</thead>
<tbody>
<tr>
<td>PKF5I99</td>
<td>Attribution</td>
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<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**ATRIBUTION:**

1 = Separation anxiety (increased clinginess).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
7 = Regression in language (e.g. return of baby talk).
8 = Physical symptoms.
9 = Eating/food-related behavior.
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17 = Relationship with other parent #1.
18 = Relationship with other parent #2.
19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other

Specify
CAUSING DEATH OR SEVERE HARM
Child caused an event resulting in death or severe physical injury.

Include causing a car accident, shooting or otherwise injuring another person, starting a fire. Do not include delusional guilt over events not under child's control.

Has s/he or someone s/he was with ever hurt another person badly?

Or caused another person to die?

What happened?
Did s/he mean to hurt him/her?
Was it an accident?

Coding rules

CAUSING DEATH OR SEVERE HARM
0 = Absent
2 = Severe Harm
3 = Death

PERSON HURT
2 = Stranger
3 = Acquaintance
4 = Friend
5 = Family member

INTENTIONALITY
0 = Harm was accidental.
2 = Intended to hurt.
3 = Intended to kill.

PKG1I01
Intensity

PKG1O02
Onset

PKG1X03

PKG1X04
IF "CAUSING DEATH OR SEVERE INJURY" NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER (NOT ABUSE)", (PAGE 80).
**CAUSING DEATH OR SEVERE HARM - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PKG1I99</td>
<td>Intensity</td>
</tr>
<tr>
<td>PKG1X05</td>
<td>1 = Separation anxiety (increased clinging).</td>
</tr>
<tr>
<td>PKG1X06</td>
<td>2 = New or increased fears/anxiety.</td>
</tr>
<tr>
<td>PKG1X07</td>
<td>3 = Increased crying.</td>
</tr>
<tr>
<td>PKG1X08</td>
<td>4 = Irritability</td>
</tr>
<tr>
<td>PKG1X09</td>
<td>5 = Being depressed and/or withdrawn.</td>
</tr>
<tr>
<td>PKG1X10</td>
<td>6 = Regression of toileting skills.</td>
</tr>
<tr>
<td>PKG1X11</td>
<td>7 = Regression in language (e.g. return of baby talk).</td>
</tr>
<tr>
<td>PKG1X12</td>
<td>8 = Physical symptoms.</td>
</tr>
<tr>
<td>PKG1X13</td>
<td>9 = Eating/food-related behavior.</td>
</tr>
<tr>
<td>PKG1X14</td>
<td>10 = Sleep behaviors.</td>
</tr>
<tr>
<td>PKG1X15</td>
<td>11 = Hyperactivity</td>
</tr>
<tr>
<td>PKG1X16</td>
<td>12 = Difficulty concentrating.</td>
</tr>
<tr>
<td>PKG1X17</td>
<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
</tr>
<tr>
<td>PKG1X18</td>
<td>14 = Increased aggression.</td>
</tr>
<tr>
<td>PKG1X19</td>
<td>15 = Relationship with parent #1.</td>
</tr>
<tr>
<td>PKG1X20</td>
<td>16 = Relationship with parent #2.</td>
</tr>
<tr>
<td>PKG1X21</td>
<td>17 = Relationship with other parent #1.</td>
</tr>
<tr>
<td>PKG1X22</td>
<td>18 = Relationship with other parent #2.</td>
</tr>
<tr>
<td>PKG1X23</td>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
</tr>
<tr>
<td>PKG1X24</td>
<td>20 = Sibling relationships.</td>
</tr>
<tr>
<td>PKG1X25</td>
<td>21 = Peer relationships.</td>
</tr>
<tr>
<td>PKG1X26</td>
<td>22 = Sexually suggestive play.</td>
</tr>
<tr>
<td>PKG1X27</td>
<td>23 = Other</td>
</tr>
</tbody>
</table>

Specify
Definitions and questions

**VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER (NOT ABUSE)**

Child has been the victim of physical violence, with one or more people using force against the child with potential to cause death or serious injury. Force may have been used in order to get something (e.g. mugging, robbery), or to intimidate or frighten child, or for its own sake (assault, fight, torture). Victim may have been threatened with a weapon.

Code physical abuse by family member separately.

**Has anyone ever hit or hurt him/her badly?**

**Has anyone ever robbed or mugged him/her?**

Or beaten him/her up really badly?
What happened?
Did they threaten him/her with a weapon?
Why did they do it?
Does s/he know who did it?

Coding rules

**VICTIM OF PHYSICAL VIOLENCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Some physical injury (e.g., black eye, cuts), or force with potential for such.</td>
</tr>
<tr>
<td>3</td>
<td>Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.</td>
</tr>
</tbody>
</table>

**PERSON USING FORCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Known peer.</td>
</tr>
<tr>
<td>3</td>
<td>Known non-familial adult.</td>
</tr>
<tr>
<td>4</td>
<td>Unknown adult.</td>
</tr>
<tr>
<td>5</td>
<td>Unknown peer.</td>
</tr>
<tr>
<td>6</td>
<td>More than one person.</td>
</tr>
</tbody>
</table>

**THREATENED WITH WEAPON**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Weapon used to threaten but not to hurt victim.</td>
</tr>
<tr>
<td>3</td>
<td>Weapon used to threaten and injure victim.</td>
</tr>
</tbody>
</table>

**VICTIM OF PHYSICAL VIOLENCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Some physical injury (e.g., black eye, cuts), or force with potential for such.</td>
</tr>
<tr>
<td>3</td>
<td>Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.</td>
</tr>
</tbody>
</table>
IF "VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER (NOT ABUSE)" NOT PRESENT, SKIP TO "REMOVAL FROM HOME BECAUSE OF NEGLECT", (PAGE 83).
Definitions and questions

**VICTIM OF PHYSICAL VIOLENCE BY NON-FAMILY MEMBER (NOT ABUSE) - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>PKG3I99</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

**ATTRIBUTION:**

1 = Separation anxiety (increased clinginess).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
7 = Regression in language (e.g. return of baby talk).
8 = Physical symptoms.
9 = Eating/food-related behavior.
10 = Sleep behaviors.
11 = Hyperactivity
12 = Difficulty concentrating.
13 = Oppositional behavior (including disobedience and tantrums).
14 = Increased aggression.
15 = Relationship with parent #1.
16 = Relationship with parent #2.
17 = Relationship with other parent #1.
18 = Relationship with other parent #2.
19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
**Definitions and questions**

**REMOVAL FROM HOME BECAUSE OF NEGLECT**
Child has ever been removed from his/her home by social services, family, or friends for more than 24 hours due to neglect of basic needs for food, shelter, and loving care by parents.

*Has X ever been removed from the home because of neglect (you or another caregiver were not taking care of his/her needs)*

**Tell me what happened.**

*When did this happened?*

**How long was the child out of the home?**
*Was s/he removed temporarily?*

**Or permanently?**

**IF "REMOVAL FROM HOME BECAUSE OF NEGLECT" NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 85).**

**Coding rules**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PKK3I01</td>
<td>INTENSITY OF REMOVAL FROM HOME DUE TO NEGLECT</td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>PKK3D01</td>
<td>DAYS OF REMOVAL FROM HOME DUE TO NEGLECT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKK3O01</td>
<td>ONSET IF PERMANENT REMOVAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Raw Text**

- **REMOVAL FROM HOME BECAUSE OF NEGLECT**
- *Tell me what happened.*
- *When did this happen?*
- *How long was the child out of the home?*  
  *Was s/he removed temporarily?*
- *Or permanently?*
- **IF "REMOVAL FROM HOME BECAUSE OF NEGLECT" NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 85).**
**Definitions and questions**

**REMOVAL FROM HOME BECAUSE OF NEGLECT - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

<table>
<thead>
<tr>
<th>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Separation anxiety (increased clinginess).</td>
<td>PKK3X03</td>
</tr>
<tr>
<td>2 = New or increased fears/anxiety.</td>
<td>PKK3X04</td>
</tr>
<tr>
<td>3 = Increased crying.</td>
<td>PKK3X05</td>
</tr>
<tr>
<td>4 = Irritability</td>
<td></td>
</tr>
<tr>
<td>5 = Being depressed and/or withdrawn.</td>
<td></td>
</tr>
<tr>
<td>6 = Regression of toileting skills.</td>
<td>PKK3X06</td>
</tr>
<tr>
<td>7 = Regression in language (e.g. return of baby talk).</td>
<td>PKK3X07</td>
</tr>
<tr>
<td>8 = Physical symptoms.</td>
<td></td>
</tr>
<tr>
<td>9 = Eating/food-related behavior.</td>
<td>PKK3X08</td>
</tr>
<tr>
<td>10 = Sleep behaviors.</td>
<td></td>
</tr>
<tr>
<td>11 = Hyperactivity</td>
<td></td>
</tr>
<tr>
<td>12 = Difficulty concentrating.</td>
<td></td>
</tr>
<tr>
<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
<td></td>
</tr>
<tr>
<td>14 = Increased aggression.</td>
<td></td>
</tr>
<tr>
<td>15 = Relationship with parent #1.</td>
<td></td>
</tr>
<tr>
<td>16 = Relationship with parent #2.</td>
<td></td>
</tr>
<tr>
<td>17 = Relationship with other parent #1.</td>
<td></td>
</tr>
<tr>
<td>18 = Relationship with other parent #2.</td>
<td></td>
</tr>
<tr>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
<td></td>
</tr>
<tr>
<td>20 = Sibling relationships.</td>
<td></td>
</tr>
<tr>
<td>21 = Peer relationships.</td>
<td></td>
</tr>
<tr>
<td>22 = Sexually suggestive play.</td>
<td></td>
</tr>
<tr>
<td>23 = Other</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

**VICTIM OF PHYSICAL ABUSE**
Child has been the victim of intentional physical abuse by a member of the family.

*Has anyone in your family ever hit or hurt him/her badly?*

Or beaten him/her up really badly?

Has s/he been slammed against the wall?

Or pushed down the stairs?

What happened?

Did they threaten him/her with a weapon?

Like a belt?

Or a brush?

Has any one in your family ever put X in very hot water and scalded him/her as punishment?

Has any one burned him/her?

Like with a cigarette lighter?

Or making him/her put his/her hand on a hot burner?

Has any one in your family ever broken one or more of X’s bones?

Why did they do it?

How badly was X hurt?

What were his/her injuries like?

**Coding rules**

**VICTIM OF PHYSICAL ABUSE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Some physical injury (e.g., black eye, cuts), or force with potential for such.</td>
</tr>
<tr>
<td>3</td>
<td>Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.</td>
</tr>
</tbody>
</table>

**PERSON USING FORCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parent #1</td>
</tr>
<tr>
<td>2</td>
<td>Parent #2</td>
</tr>
<tr>
<td>3</td>
<td>Other Parent #1</td>
</tr>
<tr>
<td>4</td>
<td>Other Parent #2</td>
</tr>
<tr>
<td>5</td>
<td>Grandparent (including step grandparent)</td>
</tr>
<tr>
<td>6</td>
<td>Other adult family member.</td>
</tr>
<tr>
<td>7</td>
<td>Sibling in the home.</td>
</tr>
<tr>
<td>8</td>
<td>Sibling not in the home.</td>
</tr>
<tr>
<td>9</td>
<td>Babysitter/Daycare provider.</td>
</tr>
<tr>
<td>10</td>
<td>Unrelated child (</td>
</tr>
<tr>
<td>11</td>
<td>Other Specify</td>
</tr>
</tbody>
</table>

**THREATENED WITH WEAPON**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Weapon used to threaten but not to hurt victim.</td>
</tr>
<tr>
<td>3</td>
<td>Weapon used to threaten and injure victim.</td>
</tr>
</tbody>
</table>

**VICTIM OF PHYSICAL ABUSE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Some physical injury (e.g., black eye, cuts), or force with potential for such.</td>
</tr>
<tr>
<td>3</td>
<td>Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.</td>
</tr>
</tbody>
</table>
Definitions and questions

unconsciousness, hospitalization), or force with potential for such.

Codings rules

PERSON USING FORCE
1 = Parent #1
2 = Parent #2
3 = Other Parent #1
4 = Other Parent #2
5 = Grandparent (including step grandparent).
6 = Other adult family member.
7 = Sibling in the home.
8 = Sibling not in the home.
9 = Babysitter/Daycare provider.
10 = Unrelated child.
11 = Other

THREATENED WITH WEAPON
0 = Absent
2 = Weapon used to threaten but not to hurt victim.
3 = Weapon used to threaten and injure victim.

Codes
Definitions and questions

**REMOVED FROM HOME DUE TO PHYSICAL ABUSE**
If removed temporarily, code duration in months and days.
If removed permanently, code onset.

*Has X ever been removed from his/her by social services or the police because s/he was being physically abused?*

When was that?
Was s/he removed temporarily?
Or permanently?

**IF CHILD NOT A VICTIM OF PHYSICAL ABUSE, SKIP TO "CAPTIVITY", (PAGE 90).**

Coding rules

**REMOVED FROM HOME DUE TO PHYSICAL ABUSE**

<table>
<thead>
<tr>
<th>Ever:PKG6E01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Child removed temporarily from home.</td>
<td></td>
</tr>
<tr>
<td>3 = Child removed permanently from home. Parental rights terminated.</td>
<td></td>
</tr>
</tbody>
</table>

**MONTHS**

<table>
<thead>
<tr>
<th>Ever:PKG6D01</th>
</tr>
</thead>
</table>

**ONSET IF PERMANENT REMOVAL**

<table>
<thead>
<tr>
<th>Ever:PKG6O01</th>
</tr>
</thead>
</table>

/ /
**SEEKING HELP (PHYSICAL ABUSE)**

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the child to such services, or removing the child from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the child if anyone else ever told.

**Did s/he ever tell anyone about these things?**

- Someone his/her age?
- A family member?
- An adult outside your family?
- Has any agency been involved in helping X?

**Did s/he help?**

- What happened?
- What did s/he do?
- Did s/he feel s/he/they could have done more?

**IF "SEEKING HELP (PHYSICAL ABUSE)" NOT PRESENT, SKIP TO "CAPTIVITY", (PAGE 90).**

---

### SEEKING HELP (PHYSICAL ABUSE)

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:PKG6E02</td>
<td>Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

### SUPPORIVE RESPONSE

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:PKG6X01</td>
<td></td>
</tr>
<tr>
<td>2 = Listening</td>
<td></td>
</tr>
<tr>
<td>Ever:PKG6X02</td>
<td></td>
</tr>
<tr>
<td>3 = Personal intervention.</td>
<td></td>
</tr>
<tr>
<td>Ever:PKG6X03</td>
<td></td>
</tr>
<tr>
<td>4 = Intervention involving professional agency.</td>
<td></td>
</tr>
</tbody>
</table>

### UNSUPPORTIVE RESPONSE

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:PKG6X04</td>
<td></td>
</tr>
<tr>
<td>2 = Unwillingness to listen.</td>
<td></td>
</tr>
<tr>
<td>Ever:PKG6X05</td>
<td></td>
</tr>
<tr>
<td>3 = Reluctance to get involved.</td>
<td></td>
</tr>
<tr>
<td>Ever:PKG6X06</td>
<td></td>
</tr>
<tr>
<td>4 = Denial of truth of story.</td>
<td></td>
</tr>
<tr>
<td>Ever:PKG6X07</td>
<td></td>
</tr>
<tr>
<td>5 = Threaten child if Ever tell anyone.</td>
<td></td>
</tr>
</tbody>
</table>
SEEKING HELP (PHYSICAL ABUSE) - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ATTRIBUTION
PKG6I99
Intensity

0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clinginess).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
7 = Regression in language (e.g. return of baby talk).
8 = Physical symptoms.
9 = Eating/food-related behavior.
10 = Sleep behaviors.
11 = Hyperactivity
12 = Difficulty concentrating.
13 = Oppositional behavior (including disobedience and tantrums).
14 = Increased aggression.
15 = Relationship with parent #1.
16 = Relationship with parent #2.
17 = Relationship with other parent #1.
18 = Relationship with other parent #2.
19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
Definitions and questions

**CAPTIVITY**

Being held against one's will (usually by someone older) under circumstances with potential for death, severe physical injury, sexual or physical assault. Include being kidnapped or held hostage. Do not include grounding, time outs, or being required to stay with a non-desired person or in a non-desired setting such as day care, camp, or a hospital.

*Has s/he ever been kidnapped?*

*Or taken as a hostage?*

*Has s/he ever been locked up against his/her will?*

What happened?
Who did it?
For how long?
How did they treat him/her?
What did they want him/her to do?
How did they make him/her do what they wanted?
How did s/he feel at the time?

---

**IF "CAPTIVITY" NOT PRESENT, SKIP TO "SEXUAL ABUSE OR RAPE", (PAGE 92).**
**CAPTIVITY - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones? In what way?*

<table>
<thead>
<tr>
<th>ATTRIBUTION</th>
<th>PKG8I99</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</th>
<th>PKG8X01</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Separation anxiety (increased clinginess).</td>
<td></td>
</tr>
<tr>
<td>2 = New or increased fears/anxiety.</td>
<td></td>
</tr>
<tr>
<td>3 = Increased crying.</td>
<td></td>
</tr>
<tr>
<td>4 = Irritability</td>
<td></td>
</tr>
<tr>
<td>5 = Being depressed and/or withdrawn.</td>
<td></td>
</tr>
<tr>
<td>6 = Regression of toileting skills.</td>
<td></td>
</tr>
<tr>
<td>7 = Regression in language (e.g. return of baby talk).</td>
<td></td>
</tr>
<tr>
<td>8 = Physical symptoms.</td>
<td></td>
</tr>
<tr>
<td>9 = Eating/food-related behavior.</td>
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</tr>
<tr>
<td>15 = Relationship with parent #1.</td>
<td></td>
</tr>
<tr>
<td>16 = Relationship with parent #2.</td>
<td></td>
</tr>
<tr>
<td>17 = Relationship with other parent #1.</td>
<td></td>
</tr>
<tr>
<td>18 = Relationship with other parent #2.</td>
<td></td>
</tr>
<tr>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
<td></td>
</tr>
<tr>
<td>20 = Sibling relationships.</td>
<td></td>
</tr>
<tr>
<td>21 = Peer relationships.</td>
<td></td>
</tr>
<tr>
<td>22 = Sexually suggestive play.</td>
<td></td>
</tr>
<tr>
<td>23 = Other</td>
<td></td>
</tr>
</tbody>
</table>

Specify
**SEXUAL ABUSE OR RAPE**

Sexual abuse episode(s) in which a person, termed a perpetrator, involves the child in activities for the purpose of the perpetrator's own sexual gratification. These activities can include kissing (that makes a child uncomfortable), genital fondling (over or under clothing), oral-genital or oral-anal contact, genital or anal intercourse, or use of instruments. Sexual abuse does not include medical exams or "playing doctor" with a same-age peer.

Rape is a sudden unexpected (usually isolated) event involving sexual intercourse.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has anyone ever touched him/her in places where they shouldn't?</td>
<td></td>
</tr>
<tr>
<td>Has anyone ever touched him/her in ways that made him/her feel funny?</td>
<td></td>
</tr>
<tr>
<td>Or seemed wrong to him/her?</td>
<td></td>
</tr>
<tr>
<td>Has anyone ever made him/her touch them in ways that made him/her feel uncomfortable?</td>
<td></td>
</tr>
<tr>
<td>What happened?</td>
<td></td>
</tr>
<tr>
<td>Who was involved?</td>
<td></td>
</tr>
<tr>
<td>How did s/he feel about it?</td>
<td></td>
</tr>
<tr>
<td>Was s/he upset?</td>
<td></td>
</tr>
<tr>
<td>When did it first happen?</td>
<td></td>
</tr>
<tr>
<td>How many times has it happened?</td>
<td></td>
</tr>
<tr>
<td>Has this happened in the last three months?</td>
<td></td>
</tr>
</tbody>
</table>

**CODING RULES**

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PKH0X99</td>
</tr>
<tr>
<td>PKH0X98</td>
</tr>
<tr>
<td>PKH0E01</td>
</tr>
<tr>
<td>PKH0E02</td>
</tr>
<tr>
<td>PKH0V01</td>
</tr>
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<td>PKH0O01</td>
</tr>
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<td>PKH0V02</td>
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<tr>
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<tr>
<td>PKH0F01</td>
</tr>
<tr>
<td>PKH0O03</td>
</tr>
<tr>
<td>PKH0F02</td>
</tr>
</tbody>
</table>
**Definitions and questions**

**Coding rules**

**LAST 3 MONTHS: ONSET OF RAPE**

**PERPETRATOR**

- **1** = Parent #1
- **2** = Parent #2
- **3** = Other Parent #1
- **4** = Other Parent #2
- **5** = Grandparent (including step grandparent).
- **6** = Other adult family member.
- **7** = Sibling (under 18 yrs. old).
- **8** = Babysitter/childcare provider.
- **9** = Sibling (18 or more yrs. old).
- **10** = Unrelated child (under 18 yrs. old).
- **11** = Other unrelated adult.
- **12** = Other Specify

**Codes**

<table>
<thead>
<tr>
<th>PKH0004</th>
</tr>
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**Ever:**

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**IF NO EVIDENCE OF POSSIBLE SEXUAL ABUSE, SKIP TO “OTHER EVENT”, (PAGE 98).**
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
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</table>
COERCION (SEXUAL ABUSE)
Use of threat to constrain victim.

Did the person ever threaten to hurt X or get him/her in trouble if X didn’t do what s/he/they wanted?

Or if s/he told someone?

Did s/he/they actually hurt X?

Did s/he get any cuts, bruises, or marks?

Coercion
0 = Absent
2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.
3 = Moderate coercion: threats (of death or severe physical injury to victim or another person) but not actual use of force.
4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.

Intensity

Ever: PKH2E01

Intensity

PKH2I01
**SEEKING HELP (SEXUAL ABUSE)**

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the child to such services, or removing the child from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the child if anyone else ever told.

**Did X ever tell anyone about these things?**

Someone his/her age?
A family member?
An adult outside your family?
**Did s/he help?**

What happened?
What did s/he do?
Did you feel s/he/they could have done more?

---

<table>
<thead>
<tr>
<th>Life Events</th>
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<tbody>
<tr>
<td><strong>SEEKING HELP (SEXUAL ABUSE)</strong></td>
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<td>Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the child to such services, or removing the child from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the child if anyone else ever told.</td>
</tr>
<tr>
<td><strong>Did X ever tell anyone about these things?</strong></td>
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<tr>
<td>Someone his/her age?</td>
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<tr>
<td>A family member?</td>
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<tr>
<td>An adult outside your family?</td>
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<tr>
<td>Did s/he help?</td>
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<tr>
<td>What happened?</td>
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<tr>
<td>What did s/he do?</td>
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<td>Did you feel s/he/they could have done more?</td>
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**Coding rules**

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<th>Codes</th>
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<td>0 = Absent</td>
<td></td>
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<tr>
<td>2 = Present</td>
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<tr>
<td>SUPPORTIVE RESPONSE: FAMILY MEMBER</td>
<td>EVER: PKH3X02</td>
</tr>
<tr>
<td>2 = Listening</td>
<td></td>
</tr>
<tr>
<td>3 = Personal intervention.</td>
<td></td>
</tr>
<tr>
<td>4 = Intervention involving professional agency.</td>
<td></td>
</tr>
<tr>
<td>UNSUPPORTIVE RESPONSE: FAMILY MEMBER</td>
<td>EVER: PKH4X02</td>
</tr>
<tr>
<td>2 = Unwillingness to listen.</td>
<td></td>
</tr>
<tr>
<td>3 = Reluctance to get involved.</td>
<td></td>
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<tr>
<td>4 = Denial of truth of story.</td>
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</tr>
<tr>
<td>5 = Threaten child (including threat of removal from home) if ever tell anyone.</td>
<td></td>
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<tr>
<td>6 = Threatens to harm others if child tells.</td>
<td></td>
</tr>
<tr>
<td>SUPPORTIVE RESPONSE: OTHER ADULT</td>
<td>EVER: PKH3X03</td>
</tr>
<tr>
<td>2 = Listening</td>
<td></td>
</tr>
<tr>
<td>3 = Personal intervention.</td>
<td></td>
</tr>
<tr>
<td>4 = Intervention involving professional agency.</td>
<td></td>
</tr>
<tr>
<td>UNSUPPORTIVE RESPONSE: OTHER ADULT</td>
<td>EVER: PKH4X03</td>
</tr>
<tr>
<td>2 = Unwillingness to listen.</td>
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<tr>
<td>3 = Reluctance to get involved.</td>
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<td>5 = Threaten child (including threat of removal from home) if ever tell anyone.</td>
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<tr>
<td>6 = Threatens to harm others if child tells.</td>
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</table>

IF "SEEKING HELP (SEXUAL ABUSE)" NOT PRESENT, SKIP TO "OTHER EVENT", (PAGE 98).
SEEKING HELP (SEXUAL ABUSE) - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

<table>
<thead>
<tr>
<th>Codes</th>
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<thead>
<tr>
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<tr>
<td>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</td>
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<table>
<thead>
<tr>
<th>PKH4X05</th>
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<tbody>
<tr>
<td>1 = Separation anxiety (increased clinginess).</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>2 = New or increased fears/anxiety.</td>
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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>3 = Increased crying.</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>4 = Irritability</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>5 = Being depressed and/or withdrawn.</td>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>6 = Regression of toileting skills.</td>
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<thead>
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<tbody>
<tr>
<td>7 = Regression in language (e.g. return of baby talk).</td>
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<tr>
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<tbody>
<tr>
<td>8 = Physical symptoms.</td>
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<tr>
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<tbody>
<tr>
<td>9 = Eating/food-related behavior.</td>
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<tr>
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<tbody>
<tr>
<td>10 = Sleep behaviors.</td>
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<tr>
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<tbody>
<tr>
<td>11 = Hyperactivity</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>12 = Difficulty concentrating.</td>
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<thead>
<tr>
<th>PKH4X09</th>
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<tbody>
<tr>
<td>13 = Oppositional behavior (including disobedience and tantrums).</td>
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<thead>
<tr>
<th>PKH4X09</th>
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<tbody>
<tr>
<td>14 = Increased aggression.</td>
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<thead>
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<tbody>
<tr>
<td>15 = Relationship with parent #1.</td>
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<thead>
<tr>
<th>PKH4X09</th>
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<tbody>
<tr>
<td>16 = Relationship with parent #2.</td>
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<thead>
<tr>
<th>PKH4X09</th>
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</thead>
<tbody>
<tr>
<td>17 = Relationship with other parent #1.</td>
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<thead>
<tr>
<th>PKH4X09</th>
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</thead>
<tbody>
<tr>
<td>18 = Relationship with other parent #2.</td>
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<thead>
<tr>
<th>PKH4X09</th>
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<tbody>
<tr>
<td>19 = Relationships with other adults including daycare provider/teacher.</td>
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<thead>
<tr>
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<tbody>
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<td>20 = Sibling relationships.</td>
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<thead>
<tr>
<th>PKH4X09</th>
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<tbody>
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<td>21 = Peer relationships.</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>22 = Sexually suggestive play.</td>
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<tr>
<td>23 = Other</td>
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<thead>
<tr>
<th>PKH4X09</th>
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<tr>
<td>Specify</td>
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</table>
OTHER EVENT
Other event that has made child feel really terrible, upset, frightened, or shook up.

Has anything else really bad happened to him/her?
Or made him/her feel really terrible?
Or really upset or frightened him/her?

What happened?
When was that?

IF "OTHER EVENT" NOT PRESENT,
SKIP TO "ACUTE BEHAVIORAL REACTIONS", (PAGE 3).
Definitions and questions

OTHER EVENT - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = Separation anxiety (increased clingingness).
2 = New or increased fears/anxiety.
3 = Increased crying.
4 = Irritability
5 = Being depressed and/or withdrawn.
6 = Regression of toileting skills.
7 = Regression in language (e.g. return of baby talk).
8 = Physical symptoms.
9 = Eating/food-related behavior.
10 = Sleep behaviors.
11 = Hyperactivity
12 = Difficulty concentrating.
13 = Oppositional behavior (including disobedience and tantrums).
14 = Increased aggression.
15 = Relationship with parent #1.
16 = Relationship with parent #2.
17 = Relationship with other parent #1.
18 = Relationship with other parent #2.
19 = Relationships with other adults including daycare provider/teacher.
20 = Sibling relationships.
21 = Peer relationships.
22 = Sexually suggestive play.
23 = Other
Specify
POST TRAUMATIC STRESS - A
ACUTE RESPONSES TO TRAUMATIC EVENT
ACUTE EMOTIONAL RESPONSES

Emotional responses to the event when it occurred. If more than one event occurred, ask about the most traumatic.

Now I would like to ask you about feelings X may have had when the "life event" occurred.

Was s/he surprised?

Was s/he afraid or scared?

Did s/he feel helpless?
Like s/he couldn't do anything to make it better?

Was s/he worried that s/he wasn't safe?
Or that s/he might die?
Definitions and questions

Did s/he feel sad?

Did s/he get angry?

Did s/he seem to feel nothing at all?
Like s/he couldn't feel anything?
Or didn't want to feel anything?

Did s/he have any other feeling?

IF NO "PTSD - A EVENT" PRESENT, SKIP TO "ACUTE BEHAVIORAL REACTIONS", (PAGE 3).

Coding rules

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<td>2 = Present</td>
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</tbody>
</table>
**ACUTE BEHAVIORAL REACTIONS**
Behavioral reactions to the event when it occurred.

*How did s/he act when the “life event” occurred?*

*Did s/he cry?*
*Or scream?*
*Become agitated?*
*Or aggressive?*
*Was s/he aggressive to people?*
*Or to things?*

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<tbody>
<tr>
<td>HOURS : MINUTES</td>
<td></td>
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</table>
Definitions and questions

**Did s/he act confused?**

*Like s/he didn’t understand what was happening?*

Was s/he able to control his/her reaction?  
Or could you or others help him/her control his/her behavior?

**Was s/he quiet?**

*Did s/he seem out of touch with what was happening?*  
*Like s/he was in a dream?*

**Did s/he say that s/he felt sick?**

**Did s/he have other reactions?**

<table>
<thead>
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<th>Coding rules</th>
<th>Codes</th>
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<td>2 = Present</td>
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<tr>
<td>HOURS : MINUTES</td>
<td>PLJ2D06</td>
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<td>QUIET</td>
<td>PLJ2X07</td>
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</tr>
<tr>
<td>HOURS : MINUTES</td>
<td>PLJ2D07</td>
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<tr>
<td>FEELING SICK</td>
<td>PLJ2X08</td>
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<td>2 = Present</td>
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<tr>
<td>HOURS : MINUTES</td>
<td>PLJ2D08</td>
</tr>
<tr>
<td>OTHER</td>
<td>PLJ2X09</td>
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<td>0 = Absent</td>
<td></td>
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<td>2 = Present</td>
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<tr>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td>HOURS : MINUTES</td>
<td>PLJ2D09</td>
</tr>
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</table>
Definitions and questions

**RE-EXPERIENCING**

**EXTERNALLY CUED PAINFUL RECALL**

Unwanted, painful and distressing recollections, memories, thoughts, or images of "life event" occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

*In the last 3 months have upsetting memories or pictures in his/her mind of "life event" come back to him/her?*

**Do any things or places remind him/her of "life event"?**

**What about sounds or things s/he sees?**

When that happens does it bring back unpleasant memories of "life event"?

**Does s/he try to avoid any things or places that might remind him/her of "life event"?**

**Does s/he notice any physical effects when s/he remembers "life event"?**

Like his/her heart racing?
Or being short of breath?
Or feeling shaky or sick to his/her stomach?
What does s/he notice?

**Do other people notice when s/he is remembering event?**

What do they see?

**When s/he remembers event, what does s/he do to feel better?**

Does s/he try to think about other things or do things s/he likes to do to take his/her mind off of it?
Does s/he talk to you or someone else and ask them for help?
Does s/he have a routine of things s/he can think about or do to feel better?

---

**Coding rules**

**EXTERNALLY CUED PAINFUL RECALL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Externally cued painful recall absent.</td>
</tr>
<tr>
<td>2</td>
<td>Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Painful recall is intrusive into most activities and nearly always uncontrollable.</td>
</tr>
</tbody>
</table>

**PLJ3I01**

**Intensity**

**PLJ3F01**

**Frequency**

**PLJ3D01**

**Duration**

**PLJ3O01**

**AVOIDANCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Avoids or tries to avoid situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.</td>
</tr>
<tr>
<td>3</td>
<td>Avoidance or avoidance attempts lead to disruption of normal life and activities and results in a highly restricted lifestyle.</td>
</tr>
</tbody>
</table>

**PLJ3O02**

**Onset**

**PLJ3I02**

**AUTONOMIC EFFECTS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Autonomic changes in response to painful recall.</td>
</tr>
</tbody>
</table>

**PLJ3I03**

**PAINFUL RECALL NOTICEABLE TO OTHERS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Child reports others notice changes (anxiety, daydreaming, etc.).</td>
</tr>
</tbody>
</table>

**PLJ3I04**

**SUPPRESSION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Attempts to reduce painful recall using thoughts, rituals, or other behaviors.</td>
</tr>
</tbody>
</table>

**PLJ3I05**
**PLAY RECAPITULATING "LIFE EVENT"**

Play involving activities that recapitulate all or some aspects of "life event" (e.g. preoccupation with crashing toy cars after being in a car accident).

*In the last 3 months has s/he played games that are like "life event"?*

*Or acted out what happened?*

How often does s/he act out the "life event?"
When s/he is playing a game that is like the “life event,” how long does the game last?
When did s/he start playing these kinds of games?

*What does s/he do?*

*Has the game or the made-up story changed as s/he has played it?*

*Or has it remained the same?*
What kinds of emotions are associated with the play/story that began after the “life event” happened?

AFFECT(S) ASSOCIATED WITH PLAY RECAPITULATING “LIFE EVENT”
1 = Enjoyment/Pleasure
2 = Excitement
3 = Fear
4 = Anxiety
8 = Other
Specify

Codes
PLJ4I02
PLJ4I03
PLJ4I04
PLJ4I05
PLJ4I06
PLJ4I07
PLJ4I08
PLJ4I09
### CHANGES IN OTHER PLAY

Changes in the quality or content of play other than the play imitating the "life event". Changes must be noted since the "life event" and may include repetitive play, play without feelings, and more aggressive play.

Play here is all play other than play recapitating the life event.

**Tell me about the made-up stories or games s/he plays that are not about the “life event”?**

In the last 3 months, have you noticed changes in the way s/he plays these games? Have you noticed that his/her play is less imaginative? That s/he is playing the same thing over and over again?

**In the last 3 months, has his/her play changed in other ways?**

**How about the emotions s/he shows when s/he is playing?**

Does it seem like s/he is “going through the motions”? Does s/he seem to show few feelings when s/he plays? Do you think that this change is linked to the “life event”?

**Has his/her play been more aggressive?**

Has s/he been more physically aggressive in his/her play? Or violent? Like hitting others? Or ripping heads off of Barbies? Do you think that this change is linked to the “life event”?

Has his/her play had more violent themes since the life event? Like more killing? Or mayhem?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPETITIVE PLAY NOT ABOUT &quot;LIFE EVENT&quot;</td>
<td>PLJ5I01</td>
</tr>
<tr>
<td>FREQUENCY: REPETITIVE PLAY NOT ABOUT &quot;LIFE EVENT&quot;</td>
<td>PLJ5F01</td>
</tr>
<tr>
<td>ONSET: REPETITIVE PLAY NOT ABOUT &quot;LIFE EVENT&quot;</td>
<td>PLJ5O01</td>
</tr>
<tr>
<td>AFFECT ASSOCIATED WITH PLAY DECREASED SINCE THE &quot;LIFE EVENT&quot;</td>
<td>PLJ5I02</td>
</tr>
<tr>
<td>FREQUENCY: AFFECT ASSOCIATED WITH PLAY DECREASED SINCE &quot;LIFE EVENT&quot;</td>
<td>PLJ5F02</td>
</tr>
<tr>
<td>ONSET: AFFECT ASSOCIATED WITH PLAY DECREASED SINCE &quot;LIFE EVENT&quot;</td>
<td>PLJ5O02</td>
</tr>
<tr>
<td>MORE PHYSICALLY AGGRESSIVE PLAY</td>
<td>PLJ5I03</td>
</tr>
<tr>
<td>FREQUENCY: MORE PHYSICALLY AGGRESSIVE PLAY</td>
<td>PLJ5F03</td>
</tr>
<tr>
<td>ONSET: MORE PHYSICALLY AGGRESSIVE PLAY</td>
<td>PLJ5O03</td>
</tr>
<tr>
<td>MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE &quot;LIFE EVENT&quot;</td>
<td>PLJ5I04</td>
</tr>
<tr>
<td>FREQUENCY: MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE &quot;LIFE EVENT&quot;</td>
<td>PLJ5F04</td>
</tr>
<tr>
<td>ONSET: MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE &quot;LIFE EVENT&quot;</td>
<td>PLJ5O04</td>
</tr>
</tbody>
</table>
### RE-TELLING OF THE LIFE EVENT

Child tells and re-tells all or some part of the story of the "life events". Child does not need to be distressed while telling the story. Descriptions/narrative may differ over time from the actual event but narrative thread to "life event" must be apparent.

**In the last three months, has X talked about the "life event" with you or other people?**

**Has X told you or other people the “story” of the "life event"?**

Tell me about that.

Does s/he tell the whole story of the "life event" or just parts?

Does the story that s/he tells change?

In what way?

Or does the story stay pretty much the same each time s/he tells it?

**What feelings does s/he show when s/he is telling the story of the "life event"?**

Does s/he seem worried?

Or afraid?

Or sad?

Or angry?

Or does s/he seems excited or keyed up when s/he tells the story?

Or guilty?

Can s/he stop telling the story if s/he is interrupted?

Or does s/he get upset if s/he is interrupted or stopped from telling the story?

---

### RE-TELLING OF THE STORY OF THE "LIFE EVENT"

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLJ6I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PLJ6F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>PLJ6O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

#### PLJ6I01

- 0 = No
- 2 = Yes

---

### CONTENT STABILITY OF THE STORY OF THE "LIFE EVENT"

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLJ6O2</td>
<td>Content stability of the story of the &quot;life event&quot;</td>
</tr>
</tbody>
</table>

- 0 = Story has changed over time.
- 2 = No change in the story. Told the same way with each telling.

---

### AFFECT WHEN TELLING STORY

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLJ6X01</td>
<td>Affect when telling story</td>
</tr>
<tr>
<td>PLJ6X02</td>
<td>Affect when telling story</td>
</tr>
</tbody>
</table>

- 1 = Enjoyment/pleasure
- 2 = Excitement
- 3 = Fear
- 4 = Anxiety
- 5 = Anger
- 6 = Sadness
- 7 = Guilt
- 8 = No affect.
- 9 = Other

---

### UPSET IF INTERRUPTED/STOPPED FROM TELLING THE STORY

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLJ6I03</td>
<td>Upset if interrupted/stopped from telling the story</td>
</tr>
</tbody>
</table>

- 0 = Absent
- 2 = Present
To whom does s/he tell the story about the “life event”?*

Does s/he tell it to people in your family?  
Whom?  
What about to people outside of your family, such as his/her teacher/daycare provider or babysitter?  
What about strangers, such as the person at the supermarket checkout counter?  
How often does s/he tell the story or part of the story of the “life event”?  
When did s/he start telling the story about the “life event”?  

FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Does s/he have difficulty remembering some things about "life event"?*

What things are hard to remember?  
Is that because s/he doesn’t want to remember them, or that s/he just can’t?  
How much can s/he remember?  
Are those memories real clear?

FAMILY MEMBERS

0 = No  
2 = Yes

NON-FAMILY FRIENDS

0 = No  
2 = Yes

STRANGERS

0 = No  
2 = Yes

FAILURES OF RECALL

0 = No failure of recall.  
1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.  
2 = At least some aspects of the event cannot be recalled, even with effort.  
3 = Most or all details of the event cannot be recalled.
**Definitions and questions**

**RELIVING OF LIFE EVENT**

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include such phenomena even if they occurred during sleep cycle.

CODE NIGHTMARES AND NIGHT TERRORS IN ITEMS THAT FOLLOW.

*In the last 3 months, has s/he felt as though the "life event" was happening to him/her again, even when it wasn't?*

What was that like?  
What did s/he do?  
How long did it last?  
How often did it happen?  
How real did it seem?  
Did s/he feel as though s/he was really there, and that it was really happening again?  
When it was happening was s/he aware of what was really going on around him/her and where s/he really was?  
Did the memory of "life event" seem more real than his/her actual surroundings?

**DISSOCIATION**

Since "life event" child has new onset of episodes of being "frozen" or "blank" and unresponsive to multisensory (eg. talking, touching) attempts to get his/her attention.

*In the last three months, has s/he had any episodes when s/he seems to freeze?*

Or blank out?  
Like s/he was in a trance?  
Or his/her attention was focused somewhere else?

Does s/he become very still?  
Lose eye contact?  
Can you "snap" him/her out of it?  
What do you do?  
How long do these "spells" last?  
How often do they happen?  
When did they start?

**Coding rules**

**RELIVING OF "LIFE EVENT"**

0 = Absent  
2 = Able to report sensory phenomena associated with "life event", but still aware of real surroundings to at least some extent.  
3 = No, or almost no, awareness of real surroundings (flashback).

**DISSOCIATION**

0 = Absent  
2 = Present

**Intensity**  
**Frequency**  
**Duration**  
**Onset**  

---

*FOR REVIEW ONLY*
Definitions and questions

NIGHTMARES
Frightening dreams that waken child, with content related to the "life event" (either about "life event" or reminding child of it). Unpleasant affect apparent when wakening, which may be followed rapidly by feelings of relief.

In the last 3 months, has s/he had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind him/her of it?

Tell me about them.
Do they wake him/her up?

How often do they happen?
When s/he wakes up, does s/he notice any physical effects?
When s/he wakes up is s/he panicky?
Is it hard for him/her to get back to sleep afterwards?
What does s/he do?
Does fear of these dreams make it hard for him/her to get to sleep?
Does s/he have trouble sleeping alone?

Coding rules

NIGHTMARES RELATED TO "LIFE EVENT"

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present. Onset of nightmare was prior to the &quot;life event&quot; but now the content of nightmares is related to the &quot;life event&quot;.</td>
</tr>
<tr>
<td>3</td>
<td>Present. Onset of nightmares after the &quot;life event&quot;.</td>
</tr>
</tbody>
</table>

PLK0I01 Intensity

PLK0F01 Frequency

PLK0O01 Onset

NIGHTMARE CONTENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fixed dream(s) about event.</td>
</tr>
<tr>
<td>2</td>
<td>Fixed dream(s) but not about event.</td>
</tr>
<tr>
<td>3</td>
<td>Content not fixed.</td>
</tr>
<tr>
<td>4</td>
<td>Don't know content.</td>
</tr>
</tbody>
</table>

PLK0X01

AUTONOMIC EFFECTS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Notices autonomic changes in response to nightmares.</td>
</tr>
</tbody>
</table>

PLK0I02

REASSURANCE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Upon waking from nightmare, seeks time limited reassurance or contact.</td>
</tr>
<tr>
<td>3</td>
<td>Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).</td>
</tr>
</tbody>
</table>

PLK0I03

ANTICIPATORY REASSURANCE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>At bedtime, seeks time limited reassurance or contact (e.g. more involved bedtime ritual needed than prior to the life event).</td>
</tr>
<tr>
<td>3</td>
<td>Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).</td>
</tr>
</tbody>
</table>

PLK0I04
NIGHT TERRORS
Episodes during sleep when the child is not fully conscious and does not wake up, but seems terrified and will usually cry out. The child has no memory of the event. Night terrors began or increased in frequency since the “life event”.

IF NIGHT TERRORS ASSOCIATED WITH TRAUMATIC EVENTS ARE PRESENT, CODE THEM HERE AND IN THE SLEEP SECTION.

In the last three months, does s/he ever seem to be having a terrible dream, but doesn’t wake up?

What happens?
Can you describe it to me?
What do you do?
Does s/he remember what happened in the morning?
How often does that happen?
When did s/he start doing this?
Did these terrible dreams start after the “life event”?
Or did they happen more often after the “life event”?

Coding rules

<table>
<thead>
<tr>
<th>NIGHT TERRORS</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>PLK1I01 Intensity</td>
</tr>
<tr>
<td>2 = Present. Onset prior to “life event” but worsening of symptom since the “life event”.</td>
<td>PLK1O01 Onset</td>
</tr>
<tr>
<td>3 = Present. Onset after “life event”.</td>
<td>PLK1F01 Frequency</td>
</tr>
</tbody>
</table>

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYPERAROUSAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SLEEP

Earlier in the interview, we talked about X's sleep patterns. Since the "life event" have you noticed a change in X's ability to go to sleep or stay asleep?

BE SURE TO CODE THE SPECIFICS OF THE SLEEP BEHAVIORS IN THE RELEVANT ITEMS IN THE SLEEP SECTION.

DIFFICULTY INITIATING SLEEP

Since the "life event" child has had difficulty going to sleep or settling down to sleep at bed time and/or nap time.

In the last three months, has s/he had a hard time falling asleep?

What happens?
Does it happen at bedtime?
Nap time?
Or both?
How often does this happen?
When did it start?
How long does it take him/her to get to sleep?
Did this difficulty start after the life event?

DIFFICULTY INITIATING SLEEP

0 = Absent
2 = Present

PLK2I01 Intensity

PLK2F01 Frequency

PLK2D01 Duration

PLK2O01 Onset
NIGHT WAKING
Since the “life event” child has had difficulty staying asleep during the night. Child wakes up during the night for reasons other than nightmares or night terrors.

IF CHILD WAKES UP BECAUSE OF NIGHTMARES CODE NIGHTMARE RATHER THAN NIGHT WAKING. IF THE PARENT WAKES THE CHILD UP AFTER S/HE HAS A NIGHT TERROR, CODE NIGHT TERROR RATHER THAN NIGHT WAKING.

In the last three months, has X had trouble staying asleep during the night?

What happens?
Why is s/he waking up in the night?
When did this behavior start?
Did it start after the “life event” occurred?
Or before?
Did the behavior change after the “life event” happened?
How often does s/he wake up during the night?
Is s/he able to go back to sleep?
How long does it take him/her to go back to sleep?
What do you need to do to help him/her go back to sleep?

DECREASED CONCENTRATION
Difficulty maintaining sufficient involvement to allow completion of tasks requiring concentration.

In the last 3 months, has s/he had more trouble concentrating since “life event”?

Is it more difficult for him/her to concentrate?

Does s/he have trouble remembering things?
Does s/he seem to have a shorter attention span than s/he did before the life event?
What have you noticed?
Has this caused him/her any problems?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about “life event”?

DECREASED CONCENTRATION/ATTENTION SPAN
0 = Absent
2 = Decreased concentration occurs in at least 2 activities.
3 = Decreased concentration occurs in most activities.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the “life event”.

HOURS : MINUTES
**IRRITABILITY**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, annoyance, extreme fussiness, or temper tantrums.

*Since “life event” have things “gotten on his/her nerves” more easily?*

What kinds of things?
Is that more than usual?
Or has s/he been more irritable?

Does s/he get more annoyed or upset than s/he did before the “life event”?

Has this affected how s/he gets along with people?
How so?
How does s/he feel this way?
When s/he’s irritable, how long does it last?
Is it worse when s/he has been thinking about “life event”?

**Coding rules**

**IRRITABILITY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Irritability occurs in at least 2 activities.</td>
</tr>
<tr>
<td>3</td>
<td>Irritability occurs in most activities.</td>
</tr>
</tbody>
</table>

**HOURS : MINUTES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHASIC EXACERBATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
</tbody>
</table>
| 2    | Irritability occurs or increases in response to cues prompting recall or reliving of the “life event”.

---

Post Traumatic Stress - Section A 17
INCREASED AGGRESSION

Child is more physically combative and/or assaultive since the "life event".

**Since the "life event" has X been more aggressive?**

**Has s/he got into more physical fights?**

**Or attacked others without being provoked?**

What happens?
How often does this aggression occur at home?
Elsewhere?
How much of the time does s/he act this way?
Is it worse when s/he has been thinking about "life event"?
Has this affected how s/he gets along with people?
How so?
Does s/he act this way towards everyone?
Or with certain people?
Who?
Is s/he more aggressive with animals?
Or objects like toys?
Or furniture?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions and questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLK6I01</td>
<td>INCREASED PHYSICAL AGGRESSION</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Aggression occurs in at least 2 activities.</td>
<td></td>
</tr>
<tr>
<td>3 = Aggression occurs in most activities.</td>
<td></td>
</tr>
<tr>
<td>PLK6O01</td>
<td>Intensity</td>
</tr>
<tr>
<td>PLK6F01</td>
<td>HOME</td>
</tr>
<tr>
<td>PLK6F02</td>
<td>DAYCARE/SCHOOL</td>
</tr>
<tr>
<td>PLK6F03</td>
<td>ELSEWHERE</td>
</tr>
<tr>
<td>PLK6F04</td>
<td>PROVOKED - FREQUENCY</td>
</tr>
<tr>
<td>PLK6F05</td>
<td>UNPROVOKED - FREQUENCY</td>
</tr>
<tr>
<td>PLK6I02</td>
<td>PHASIC EXACERBATION</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Aggression occurs or increases in response to cues prompting recall or reliving of the &quot;life event&quot;.</td>
<td></td>
</tr>
<tr>
<td>PLK6I03</td>
<td>AGGRESSION TARGETED TOWARDS:</td>
</tr>
<tr>
<td>0 = Parent #1</td>
<td></td>
</tr>
<tr>
<td>1 = Parent #2</td>
<td></td>
</tr>
<tr>
<td>2 = Other Parent #1</td>
<td></td>
</tr>
<tr>
<td>3 = Other Parent #2</td>
<td></td>
</tr>
<tr>
<td>4 = Other Adult Family Members</td>
<td></td>
</tr>
<tr>
<td>6 = Unrelated but Familiar Adults</td>
<td></td>
</tr>
<tr>
<td>7 = Siblings</td>
<td></td>
</tr>
<tr>
<td>8 = Peers</td>
<td></td>
</tr>
</tbody>
</table>
HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, has s/he been more "on the alert" for bad things happening than before "life event"?

What does s/he do?
Is s/he like that even when there isn't much chance of anything bad happening?
How much has that affected his/her life?
How much of the time is s/he like that?
Has s/he given up doing any things because s/he doesn't want to take any chances?
Is it worse when s/he has been thinking about "life event"?

HYPERVIGILANCE

0 = Absent or hypervigilance not manifested in any overt behavioral change.
2 = Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.
3 = Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.

PHASIC EXACERBATION

0 = Absent
2 = Hypervigilance occurs or increases in response to cues prompting recall or reliving of the "life event".
**EXAGGERATED STARTLE RESPONSE**

Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

*In the last 3 months has s/he startled more easily than before "life event"?*

*Or has s/he been more jumpy than usual?*

Do unexpected noises make him/her jump more easily than they used to?  
What is it like when that happens?  
How often does it happen?  
How long does s/he stay "jumpy" afterwards?  
How much of the time does s/he feel this way?  
Is it worse when s/he has been thinking about "life event"?

**EXAGGERATED STARTLE RESPONSE**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>/ /</td>
</tr>
<tr>
<td>2 = Present, but not noticeable to others.</td>
<td>/ /</td>
</tr>
<tr>
<td>3 = Present, noticeable to others.</td>
<td>/ /</td>
</tr>
</tbody>
</table>

**PHASIC EXACERBATION**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>/ /</td>
</tr>
<tr>
<td>2 = Startle response occurs or increases in response to cues prompting recall or reliving of the &quot;life event&quot;.</td>
<td>/ /</td>
</tr>
</tbody>
</table>

Post Traumatic Stress - Section A
Definitions and questions

NUMBING

SOCIAL WITHDRAWAL
Retreat from participation in social interactions; include play with other children.

Since the “life event” has X changed his/her interest in being with other people?

Or interacting with other people?

Has s/he withdrawn from playing with other children?

What has happened?
Is it affecting his/her relationships with others?
Or his/her ability to do things, like go to school/daycare or have play dates with other children?
How often does s/he withdraw like that?
If you or someone else reassures him/her, is s/he able to participate with others?
When did this start?

LOSS OF POSITIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her feelings?

Has s/he got any feelings left?
Can s/he feel happy or good feelings?

Coding rules

SOCIAL WITHDRAWAL

0 = Absent
2 = Social withdrawal occurs in at least 2 activities.
3 = Social withdrawal occurs in most activities.

REASSURANCE

0 = With reassurance, child interacts with others.
2 = Despite reassurance, child remains withdrawn and resistant to interacting with others.

PHASIC EXACERBATION

0 = Absent
2 = Social withdrawal occurs or increases in response to cues prompting recall or reliving or the “life event”.

LOSS OF POSITIVE AFFECT

0 = Absent
2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.
3 = Affect is felt to be lost in almost all activities.

ONSET: LOSS OF POSITIVE AFFECT

Codes

PLK9I01
Intensity

PLK9O01
Onset

PLL0I01
Intensity

PLL0001
Onset

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY
LOSS OF NEGATIVE AFFECT
Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her unhappy or negative feelings?
Has s/he got any feelings left?

LOSS OF POSITIVE EMOTIONAL EXPRESSION
Since "life event", unable or unwilling to express emotions to the degree existing before the "life event."

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Is it harder for him/her to show happy or good feelings?

LOSS OF NEGATIVE EMOTIONAL EXPRESSION
Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

Is it harder for him/her to show unhappy or bad feelings?

LOSS OF NEGATIVE AFFECT
0 = Absent
2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.
3 = Affect is felt to be lost in almost all activities.

LOSS OF POSITIVE EMOTIONAL EXPRESSION
0 = Absent
2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.
3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

ONSET: LOSS OF POSITIVE EMOTIONAL EXPRESSION

LOSS OF NEGATIVE EMOTIONAL EXPRESSION
2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.
3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.
LOSS OF PREVIOUSLY ACQUIRED SKILLS
Child moved backward in skills, such as the use of the toilet rather than diapers, speaking in sentences, or walking, that had previously been mastered

Code as present only if child had the skill and then, after the “life event,” the child no longer has the same level of skill. Be sure to get examples.

Since the “life event,” has X gone backward in his/her development?

Are there things that s/he could do before the “life event” that s/he no longer does?

Can you give me an example?

Since the life event, has s/he started wetting the bed?

Or soiling his/her pants?

When did this start?

How about his/her talking since the “life event”?

After the life event, did s/he talk more like s/he did when s/he was a baby?

Or when s/he was a younger child?

Did his/her language become simpler?
In what way?
When did this start?

Have you noticed a change in the physical things that s/he can do since the “life event”?

Are there physical things that s/he used to be able to do that s/he does not do any more?
Like what?
When did this start?

Since the “life event” has there been a loss of any other skills?

Can you give me an example?
When did that start?
Definitions and questions

NEW ONSET OF FEARS OR INTENSIFICATION OF ALREADY PRESENT FEARS

Child has developed new fears such as the fear of going to the bathroom by him/herself, fear of the dark, fear of being apart from his/her significant caretaker, or other fears; or has experienced a distinct intensification of already present fears.

BE SURE TO CODE IN THE ANXIETY SECTION AS WELL.

Since the “life event”, has X developed any new fears?

What new fears has s/he developed?

Since the “life event” have any of fears that s/he already had become worse?

Which ones?
What has happened?

Since the “life event” has s/he had a fear of going to the bathroom by him/herself?

Or a fear of the dark?

Fears of separating from you or being apart from you or other people in your family?

Any other fears?

Have these fears caused problems for him/her? Have they affected his/her relationships with other people? When did these fears start (or get worse)?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>PLL3I90 Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW ONSET OF FEARS OR INTENSIFICATION OF ALREADY PRESENT FEARS</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLL3I01 Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEAR OVERALL SINCE THE “LIFE EVENT”</td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Fears occurs in at least 2 activities.</td>
</tr>
<tr>
<td>3 = Fears occurs in most activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLL3O01 Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLL3I02 Onset</td>
</tr>
<tr>
<td>PLL3I03 Onset</td>
</tr>
<tr>
<td>PLL3O02 Onset</td>
</tr>
</tbody>
</table>

FEAR OF GOING TO THE BATHROOM ALONE

<table>
<thead>
<tr>
<th>PLL3I04 Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPARATION FEARS</td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = New since the “life event”.</td>
</tr>
<tr>
<td>3 = Present prior to the “life event” but intensified since the “life event”.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLL3O03 Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLL3I04 Onset</td>
</tr>
<tr>
<td>PLL3I05 Onset</td>
</tr>
<tr>
<td>PLL3O04 Onset</td>
</tr>
</tbody>
</table>

FEAR OF THE DARK

<table>
<thead>
<tr>
<th>PLL3O04 Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPARATION FEARS</td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = New since the “life event”.</td>
</tr>
<tr>
<td>3 = Present prior to the “life event” but intensified since the “life event”.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLL3O05 Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLL3I05 Onset</td>
</tr>
<tr>
<td>PLL3I06 Onset</td>
</tr>
<tr>
<td>PLL3O06 Onset</td>
</tr>
</tbody>
</table>

ONSET (OF NEW FEAR OR OF INTENSIFICATION OF “FEAR OF GOING TO THE BATHROOM ALONE”)
Definitions and questions

Coding rules

OTHER

0 = Absent

2 = New since the “life event”.

3 = Present prior to the “life event” but intensified since the “life event”.

Specify

ONSET (OF NEW FEAR OR OF INTENSIFICATION OF “OTHER FEARS”)
Definitions and questions

OTHER BEHAVIORS

DANGEROUS ACTIVITIES

Increased activities that physically endanger the child or others since "life event".

*Since "life event", has s/he taken chances and done risky things?*

*Or dangerous things?*

*Is this more than before "life event"?*

What has s/he done in the last 3 months?  
How often does this happen?  
When did it start?

OMEN FORMATION

Following the "life event", child has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined "life events".

*Is s/he superstitious about things?*

*Are there signs that mean bad things will happen?*

*Or signs that make him/her think that s/he'll be OK?*

What are they?  
Does s/he think that these signs are really true?  
Did s/he believe in them before "life event" or are they new?

Coding rules

DANGEROUS ACTIVITIES

PLL4I01  
Intensity

PLL4F01  
Frequency

PLL4O01  
Onset

OMEN FORMATION

PLL5I01  
Intensity

PLL5O01  
Onset

0 = Absent  
2 = Present  
Specify

0 = Not present.  
1 = Superstitious beliefs not resulting in any overt behavior.  
2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).  
3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.
SURVIVOR GUILT
A subjective belief or feeling of responsibility for the "life event" or its prevention, or a feeling that the child should have substituted (or been substituted) for another who was more severely affected.

Does s/he feel guilty about what happened during "life event"?

Does s/he ever feel it was his/her fault, even though it wasn't?

Does s/he sometimes feel that s/he should have prevented "life event" even though s/he couldn't?
Does s/he ever wish that s/he and not "specific other person" should have "specific other person's" fate?
Does s/he ever feel bad about what s/he did during "life event"?

REVENGE FANTASIES AFTER EVENT
In the last 3 months child imagined doing something to punish the "cause" of the trauma.

Does s/he still wish that s/he could get revenge or punish "the cause of the trauma"?
Or that something would happen to get back at "the cause"?
What does s/he wish would happen?
Or what does s/he wish s/he could do?
### Definitions and questions

**POST TRAUMATIC STRESS - B**

**ACUTE RESPONSES TO TRAUMATIC EVENT**

**ACUTE EMOTIONAL RESPONSES**

Emotional responses to the event when it occurred. If more than one event coded, ask about the most traumatic.

*Now I would like to ask you about feelings X may have had when the "life event" occurred.*

### Coding rules

**PTSD B PRESENT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**PTSD B-EVENT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Vehicular Accident (child in vehicle)</td>
</tr>
<tr>
<td>16</td>
<td>Struck by Vehicle</td>
</tr>
<tr>
<td>17</td>
<td>Poisoning</td>
</tr>
<tr>
<td>18</td>
<td>Accidental Burning</td>
</tr>
<tr>
<td>19</td>
<td>Near Drowning</td>
</tr>
<tr>
<td>20</td>
<td>Accidental Serious Fall</td>
</tr>
<tr>
<td>21</td>
<td>Attacked by an Animal</td>
</tr>
<tr>
<td>22</td>
<td>Broken Bone(s)</td>
</tr>
<tr>
<td>23</td>
<td>Diagnosis of Physical Illness</td>
</tr>
<tr>
<td>24</td>
<td>Hospitalization of Child</td>
</tr>
<tr>
<td>25</td>
<td>Death of Adult Loved One</td>
</tr>
<tr>
<td>26</td>
<td>Death of Sibling or Peer</td>
</tr>
<tr>
<td>27</td>
<td>Natural Disaster</td>
</tr>
<tr>
<td>28</td>
<td>Fire</td>
</tr>
<tr>
<td>29</td>
<td>War or Terrorism</td>
</tr>
<tr>
<td>30</td>
<td>Witness to Event that Caused, or had Potential to Cause, Death or Severe Injury</td>
</tr>
<tr>
<td>31</td>
<td>Causing Death or Severe Injury</td>
</tr>
<tr>
<td>32</td>
<td>Victim of Physical Violence by Non-Family Member (Not Abuse)</td>
</tr>
<tr>
<td>33</td>
<td>Removal from Home Due to Neglect</td>
</tr>
<tr>
<td>34</td>
<td>Victim of Physical Abuse</td>
</tr>
<tr>
<td>35</td>
<td>Captivity</td>
</tr>
<tr>
<td>36</td>
<td>Sexual Abuse or Rape</td>
</tr>
<tr>
<td>37</td>
<td>Other</td>
</tr>
</tbody>
</table>

**SURPRISE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**FEAR**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>
Definitions and questions

Did s/he feel helpless?
Like s/he couldn't do anything to make it better?

Was s/he worried that s/he wasn't safe?
Or that s/he might die?

Did s/he feel sad?

Did s/he get angry?

Did s/he seem to feel nothing at all?
Like s/he couldn't feel anything?
Or didn't want to feel anything?

Did s/he have any other feelings?

IF NO "PTSD - B EVENT" PRESENT, SKIP TO "ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL", (PAGE 37).

Codings rules

HELPLESSNESS
0 = Absent
2 = Present

WORRY
0 = Absent
2 = Present

SADNESS
0 = Absent
2 = Present

ANGER
0 = Absent
2 = Present

EMOTIONAL NUMBNESS
0 = Absent
2 = Present

OTHER
0 = Absent
2 = Present

Codes

PLM1X03
PLM1X04
PLM1X05
PLM1X06
PLM1X07
PLM1X08
ACUTE BEHAVIORAL REACTIONS
Behavioral reactions to the event when it occurred.

How did s/he act when the “life event” occurred?

Did s/he cry?
Or scream?
Become agitated?
Or aggressive?

Was s/he aggressive to people?
Or to things?

<table>
<thead>
<tr>
<th>ACUTE BEHAVIORAL REACTIONS</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLM2I90</td>
<td>Intensity</td>
</tr>
</tbody>
</table>
| 0 = Absent 
2 = Present             |        |
| CRYING                     | PLM2X01 |
| 0 = Absent 
2 = Present             |        |
| CRYING                     | PLM2X01 |
| 0 = Absent 
2 = Present             |        |
| SCREAMING                  | PLM2X02 |
| 0 = Absent 
2 = Present             |        |
| PHYSICALLY AGITATED        | PLM2X03 |
| 0 = Absent 
2 = Present             |        |
| AGGRESSIVE TOWARDS PEOPLE  | PLM2X04 |
| 0 = Absent 
2 = Present             |        |
| AGGRESSIVE TOWARDS THINGS  | PLM2X05 |
| 0 = Absent 
2 = Present             |        |

HOURS : MINUTES
**Did s/he act confused?**

**Like s/he didn’t understand what was happening?**

Was s/he able to control his/her reaction?

Or could you or others help him/her control his/her behavior?

**Was s/he quiet?**

Did s/he seem out of touch with what was happening?

Like s/he was in a dream?

**Did s/he say that s/he felt sick?**

**Did s/he have other reactions?**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONFUSED</strong></td>
<td>PLM2X06</td>
</tr>
<tr>
<td><strong>QUIET</strong></td>
<td>PLM2X07</td>
</tr>
<tr>
<td><strong>FEELING SICK</strong></td>
<td>PLM2X08</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>PLM2X09</td>
</tr>
</tbody>
</table>

**HOURS : MINUTES**

**PLM2D06**

**PLM2D07**

**PLM2D08**

**PLM2D09**
**RE-EXPERIENCING**

**EXTERNALLY CUED PAINFUL RECALL**

Unwanted, painful and distressing recollections, memories, thoughts, or images of “life event” occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

*In the last 3 months have upsetting memories or pictures in his/her mind of “life event” come back to him/her?*

**Do any things or places remind him/her of “life event”***?

**What about sounds or things s/he sees?**

When that happens does it bring back unpleasant memories of “life event”***?

**Does s/he try to avoid any things or places that might remind him/her of “life event”***?

**Does s/he notice any physical effects when s/he remembers “life event”***?

Like his/her heart racing?
Or being short of breath?
Or feeling shaky or sick to his/her stomach?
What does s/he notice?

**Do other people notice when s/he is remembering event?**

What do they see?

---

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXTERNALLY CUED PAINFUL RECALL</strong></td>
<td><strong>PLM3I01</strong></td>
</tr>
<tr>
<td>0 = Externally cued painful recall absent.</td>
<td></td>
</tr>
<tr>
<td>2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>3 = Painful recall is intrusive into most activities and nearly always uncontrollable.</td>
<td></td>
</tr>
<tr>
<td><strong>HOURS : MINUTES</strong></td>
<td><strong>PLM3D01</strong></td>
</tr>
<tr>
<td><strong>ONSET: EXTERNALLY CUED PAINFUL RECALL</strong></td>
<td><strong>PLM3O01</strong></td>
</tr>
<tr>
<td>2 = Avoids or tries to avoid situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.</td>
<td><strong>PLM3I02</strong></td>
</tr>
<tr>
<td>3 = Avoidance or avoidance attempts lead to disruption of normal life and activities and results in a highly restricted lifestyle.</td>
<td><strong>PLM3O02</strong></td>
</tr>
<tr>
<td><strong>AUTONOMIC EFFECTS</strong></td>
<td><strong>PLM3I03</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Autonomic changes in response to painful recall.</td>
<td></td>
</tr>
<tr>
<td><strong>PAINFUL RECALL NOTICEABLE TO OTHERS</strong></td>
<td><strong>PLM3I04</strong></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Child reports others notice changes (anxiety, daydreaming, etc.).</td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and questions

**When s/he remembers event, what does s/he do to feel better?**

Does s/he try to think about other things or do things s/he likes to do to take his/her mind off of it?

Does s/he talk to you or someone else and ask them for help?

Does s/he have a routine of things s/he can think about or do to feel better?

**PLAY RECAPITULATING LIFE EVENT**

Play involving activities that recapitulate all or some aspects of "life event" (e.g. preoccupation with crashing toy cars after being in a car accident).

**In the last 3 months has s/he played games that are like "life event"?**

**Or acted out what happened?**

How often does s/he act out the "life event"

When s/he is playing a game that is like the “life event,” how long does the game last?

When did s/he start playing these kinds of games?

**What does s/he do?**

**Has the game or the made-up story changed as s/he has played it?**

Or has it remained the same?

### Coding rules

**SUPPRESSION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Attempts to reduce painful recall using thoughts, rituals, or other behaviors.</td>
</tr>
</tbody>
</table>

**PLAY RECAPITULATING "LIFE EVENT"**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**"LIFE EVENT" PLAY CONTENT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Play continues to evolve.</td>
</tr>
<tr>
<td>2</td>
<td>Core part of the play imitating the &quot;life event&quot; remains the same despite some changes.</td>
</tr>
<tr>
<td>3</td>
<td>The play remains nearly the same each time.</td>
</tr>
</tbody>
</table>
### Definitions and Questions

**What kinds of emotions are associated with the play/story that began after the “life event” happened?**

<table>
<thead>
<tr>
<th>AFFECT(S) ASSOCIATED WITH PLAY RECAPITULATING “LIFE EVENT”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Enjoyment/Pleasure</td>
</tr>
<tr>
<td>2 = Excitement</td>
</tr>
<tr>
<td>3 = Fear</td>
</tr>
<tr>
<td>4 = Anxiety</td>
</tr>
<tr>
<td>8 = Other</td>
</tr>
</tbody>
</table>

**Specify**

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>PLM4I03</td>
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<tr>
<td>PLM4I05</td>
</tr>
<tr>
<td>PLM4I06</td>
</tr>
<tr>
<td>PLM4I07</td>
</tr>
<tr>
<td>PLM4I08</td>
</tr>
<tr>
<td>PLM4I09</td>
</tr>
</tbody>
</table>

### Changes in Other Play

Changes in the quality or content of play other than the play imitating the “life event”. Changes must be noted since the “life event” and may include repetitive play, play without feelings, and more aggressive play.

Play here is all play other than play recapitulating the “life event”.

If positive, be sure to consider increased aggression item.

**Tell me about the games or made-up stories s/he plays that are not about the “life event”?**

**In the last 3 months, have you noticed changes in the way s/he plays these games?**

**Have you noticed that his/her play is less imaginative?**

**That s/he is playing the same thing over and over again?**

### Coding Rules

**REPETITIVE PLAY NOT ABOUT “LIFE EVENT”**

<table>
<thead>
<tr>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>

**FREQUENCY: REPETITIVE PLAY NOT ABOUT “LIFE EVENT”**

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLM5I01</td>
</tr>
</tbody>
</table>

**ONSET: REPETITIVE PLAY NOT ABOUT “LIFE EVENT”**

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLM5O01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>/ /</th>
</tr>
</thead>
</table>
**Definitions and questions**

- **In the last 3 months, has his/her play changed in other ways?**
- **How about the emotions s/he shows when s/he is playing?**
  - Does it seem like s/he is “going through the motions”? Does s/he seem to show few feelings when s/he plays? Do you think that this change is linked to the “life event?”

- **Has his/her play been more aggressive?**
  - Has s/he been more physically aggressive in his/her play? Or violent? Like hitting others? Or ripping heads off of Barbies? Do you think that this change is linked to the “life event?”

- **Has his/her play had more violent themes since the life event?**
  - Like more killing? Or mayhem?

**Coding rules**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLM5I02</td>
<td>AFFECT ASSOCIATED WITH PLAY DECREASED SINCE THE &quot;LIFE EVENT&quot;</td>
<td>0 = No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Yes</td>
</tr>
<tr>
<td>PLM5F02</td>
<td>FREQUENCY: AFFECT ASSOCIATED WITH PLAY DECREASED SINCE &quot;LIFE EVENT&quot;</td>
<td></td>
</tr>
<tr>
<td>PLM5O02</td>
<td>ONSET: AFFECT ASSOCIATED WITH PLAY DECREASED SINCE &quot;LIFE EVENT&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLM5I03</td>
<td>MORE PHYSICALLY AGGRESSIVE PLAY</td>
<td>0 = No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Yes</td>
</tr>
<tr>
<td>PLM5F03</td>
<td>FREQUENCY: MORE PHYSICALLY AGGRESSIVE PLAY</td>
<td></td>
</tr>
<tr>
<td>PLM5O03</td>
<td>ONSET: MORE PHYSICALLY AGGRESSIVE PLAY</td>
<td></td>
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<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>PLM5I04</td>
<td>MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE &quot;LIFE EVENT&quot;</td>
<td>0 = No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Yes</td>
</tr>
<tr>
<td>PLM5F04</td>
<td>FREQUENCY: MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE &quot;LIFE EVENT&quot;</td>
<td></td>
</tr>
<tr>
<td>PLM5O04</td>
<td>ONSET: MORE AGGRESSIVE/VIOLENT THEMES IN PLAY THAN PRIOR TO THE &quot;LIFE EVENT&quot;</td>
<td></td>
</tr>
</tbody>
</table>
Re-telling of the life event

Child tells and re-tells all or some part of the story of the "life events". Child does not need to be distressed while telling the story. Descriptions/narrative may differ over time from the actual event but narrative thread to "life event" must be apparent.

In the last three months, has X talked about the "life event" with you or other people?

Has X told you or other people the "story" of the "life event"?

Tell me about that.
Does s/he tell the whole story of the "life event" or just parts?
Does the story that s/he tells change?
In what way?
Or does the story stay pretty much the same each time s/he tells it?

What feelings does s/he show when s/he is telling the story of the life event?

Does s/he seem worried?
Or afraid?
Or sad?
Or angry?
Or does s/he seems excited or keyed up when s/he tells the story?
Or guilty?
Can s/he stop telling the story if s/he is interrupted?
Or does s/he get upset if s/he is interrupted or stopped from telling the story?

Affect when telling story

1 = Enjoyment/pleasure
2 = Excitement
3 = Fear
4 = Anxiety
5 = Anger
6 = Sadness
7 = Guilt
8 = No affect.
9 = Other

Content stability of the story of the "life event"

0 = Story has changed over time.
2 = No change in the story. Told the same way with each telling.

Upset if interrupted/stopped from telling the story

0 = Absent
2 = Present
To whom does s/he tell the story about the “life event”?  

Does s/he tell it to people in your family?  
Whom?  
What about to people outside of your family, such as his/her teacher/daycare provider or babysitter?  
What about strangers, such as the person at the supermarket checkout counter?  
How often does s/he tell the story or part of the story of the “life event”?  
When did s/he start telling the story about the “life event”?

FAILURES OF RECALL  

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Does s/he have difficulty remembering some things about "life event"?

What things are hard to remember?  
Is that because s/he doesn't want to remember them, or that s/he just can't?  
How much can s/he remember?  
Are those memories real clear?

FAMILY MEMBERS  

0 = No  
2 = Yes  

PLM6I04

NON-FAMILY FRIENDS  

0 = No  
2 = Yes  

PLM6I05

STRANGERS  

0 = No  
2 = Yes  

PLM6I06

FAILURES OF RECALL  

0 = No failure of recall.  
1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.  
2 = At least some aspects of the event cannot be recalled, even with effort.  
3 = Most or all details of the event cannot be recalled.

PLM7I01

Intensity
RELIVING OF LIFE EVENT
Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include such phenomena even if they occurred during sleep cycle.

CODE NIGHTMARES AND NIGHT TERRORS IN ITEMS THAT FOLLOW.

Reliving of "life event"

In the last 3 months, has s/he felt as though the "life event" was happening to him/her again, even when it wasn't?

What was that like?
What did s/he do?
How long did it last?
How often did it happen?
How real did it seem?
Did s/he feel as though s/he was really there, and that it was really happening again?
When it was happening was s/he aware of what was really going on around him/her and where s/he really was?
Did the memory of "life event" seem more real than his/her actual surroundings?

DISSOCIATION
Since "life event" child has new onset of episodes of being "frozen" or "blank" and unresponsive to multisensory (eg. talking, touching) attempts to get his/her attention.

In the last three months, has s/he had any episodes when s/he seems to freeze?

Or blank out?

Like s/he was in a trance?
Or his/her attention was focused somewhere else?

Does s/he become very still?
Lose eye contact?
Can you "snap" him/her out of it?
What do you do?
How long do these "spells" last?
How often do they happen?
When did they start?
NIGHTMARES
Frightening dreams that waken child, with content related to the "life event" (either about "life event" or reminding child of it). Unpleasant affect apparent when wakening, which may be followed rapidly by feelings of relief.

In the last 3 months, has s/he had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind him/her of it?

Tell me about them.
Do they wake him/her up?

How often do they happen?
When s/he wakes up, does s/he notice any physical effects?
When s/he wakes up is s/he panicky?
Is it hard for him/her to get back to sleep afterwards?
What does s/he do?
Does fear of these dreams make it hard for him/her to get to sleep?
Does s/he have trouble sleeping alone?

NIGHTMARES RELATED TO "LIFE EVENT"

0 = Absent
2 = Present. Onset of nightmare was prior to the "life event" but now the content of nightmares is related to the "life event".
3 = Present. Onset of nightmares after the "life event".

NIGHTMARE CONTENT

1 = Fixed dream(s) about event.
2 = Fixed dream(s) but not about event.
3 = Content not fixed.
4 = Don’t know content.

AUTONOMIC EFFECTS

0 = Absent
2 = Notices autonomic changes in response to nightmares.

REASSURANCE

0 = Absent
2 = Upon waking from nightmare, seeks time limited reassurance or contact.
3 = Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).

ANTICIPATORY REASSURANCE

0 = Absent
2 = At bedtime, seeks time limited reassurance or contact (e.g. more involved bedtime ritual needed than prior to the life event).
3 = Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).
NIGHT TERRORS
Episodes during sleep when the child is not fully conscious and does not wake up, but seems terrified and will usually cry out. The child has no memory of the event. Night terrors began or increased in frequency since the “life event”.

IF NIGHT TERRORS ASSOCIATED WITH TRAUMATIC EVENTS ARE PRESENT, CODE THEM HERE AND IN THE SLEEP SECTION.

In the last three months, does s/he ever seem to be having a terrible dream, but doesn’t wake up?

What happens?
Can you describe it to me?
What do you do?
Does s/he remember what happened in the morning?
How often does that happen?
When did s/he start doing this?
Did these terrible dreams start after the “life event”?
Or did they happen more often after the “life event”?

0 = Absent
2 = Present. Onset prior to “life event” but worsening of symptom since the “life event”.
3 = Present. Onset after “life event”.

PLN1I01
Intensity

PLN1F01
Frequency

PLN1O01
Onset
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYPERAROUSAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

**SLEEP**

*Earlier in the interview, we talked about X's sleep patterns. Since the "life event" have you noticed a change in X's ability to go to sleep or stay asleep?*

**BE SURE TO CODE THE SPECIFICS OF THE SLEEP BEHAVIORS IN THE RELEVANT ITEMS IN THE SLEEP SECTION.**

**DIFFICULTY INITIATING SLEEP**

Since the “life event” child has had difficulty going to sleep or settling down to sleep at bedtime and/or nap time.

*In the last three months, has s/he had a hard time falling asleep?*

What happens?
Does it happen at bedtime?
Nap time?
Or both?
How often does this happen?
When did it start?
How long does it take him/her to get to sleep?
Did this difficulty start after the “life event”?

---

**Coding rules**

**DIFFICULTY INITIATING SLEEP**

<table>
<thead>
<tr>
<th>PLN2I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PLN2F01</th>
<th>Frequency</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>PLN2O01</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

---
NIGHT WAKING
Since the "life event" child has had difficulty staying asleep during the night; Child wakes up during the night for reasons other than nightmares or night terrors.

IF CHILD WAKES UP BECAUSE OF NIGHTMARES CODE NIGHTMARE RATHER THAN NIGHT WAKING. IF THE PARENT WAKES THE CHILD UP AFTER S/HE HAS A NIGHT TERROR, CODE NIGHT TERROR RATHER THAN NIGHT WAKING.

In the last three months, has X had trouble staying asleep during the night?

What happens?
Why is s/he waking up in the night?
When did this behavior start?
Did it start after the "life event" occurred?
Or before?
Did the behavior change after the "life event" happened?
How often does s/he wake up during the night?
Is s/he able to go back to sleep?
How long does it take him/her to go back to sleep?
What do you need to do to help him/her go back to sleep?

DECREASED CONCENTRATION
Difficulty maintaining sufficient involvement to allow completion of tasks requiring concentration.

In the last 3 months, has s/he had more trouble concentrating since "life event"?

Is it more difficult for him/her to concentrate?

Does s/he have trouble remembering things?
Does s/he seem to have a shorter attention span than s/he did before the "life event"?
What have you noticed?
Has this caused him/her any problems?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

DECREASED CONCENTRATION/ATTENTION SPAN
0 = Absent
2 = Decreased concentration occurs in at least 2 activities.
3 = Decreased concentration occurs in most activities.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

HOURS : MINUTES

PLN3I01 Intensity
PLN3F01 Frequency
PLN3D01 Duration
PLN3O01 Onset

PLN4I01 Intensity
PLN4F01 Frequency
PLN4O01 Onset
**IRRITABILITY**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, annoyance, extreme fussiness, or temper tantrums.

*Since "life event" have things "gotten on his/her nerves" more easily?*

What kinds of things?
Is that more than usual?
Or has s/he been more irritable?

*Does s/he get more annoyed or upset than s/he did before the "life event"?*

Has this affected how s/he gets along with people?
How so?
How does s/he feel this way?
When s/he’s irritable, how long does it last?
Is it worse when s/he has been thinking about "life event"?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Intensity</th>
<th>Frequency</th>
<th>Duration</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLN5I01</td>
<td>0 = Absent</td>
<td>2 = Irritability occurs in at least 2 activities.</td>
<td>3 = Irritability occurs in most activities.</td>
<td></td>
</tr>
<tr>
<td>PLN5F01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLN5D01</td>
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<td></td>
</tr>
<tr>
<td>PLN5O01</td>
<td></td>
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</tr>
</tbody>
</table>

**PHASIC EXACERBATION**

0 = Absent

2 = Irritability occurs or increases in response to cues prompting recall or reliving of the "life event".
INCREASED AGGRESSION
Child is more physically combative and/or assultive since the “life event”.

Since the “life event” has X been more aggressive?
Has s/he got into more physical fights?
Or attacked others without being provoked?
What happens?
How often does this aggression occur at home?
In daycare/school?
Elsewhere?
How much of the time does s/he act this way?
Is it worse when s/he has been thinking about “life event”?
Has this affected how s/he gets along with people?
How so?
Does s/he act this way towards everyone?
Or with certain people?
Who?
Is s/he more aggressive with animals?
Or objects like toys?
Or furniture?

INCREASED PHYSICAL AGGRESSION
0 = Absent
2 = Aggression occurs in at least 2 activities.
3 = Aggression occurs in most activities.

HOME
2 = Aggression occurs in at least 2 activities.
3 = Aggression occurs in most activities.

DAYCARE/SCHOOL

ELSEWHERE

PROVOKED - FREQUENCY

UNPROVOKED - FREQUENCY

PHASIC EXACERBATION
0 = Absent
2 = Aggression occurs or increases in response to cues prompting recall or reliving of the “life event”.

AGGRESSION TARGETED TOWARDS:
0 = Parent #1
1 = Parent #2
2 = Other Parent #1
3 = Other Parent #2
4 = Other Adult Family Members
6 = Unrelated but Familiar Adults
7 = Siblings
8 = Peers
HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, has s/he been more "on the alert" for bad things happening than before "life event"?

What does s/he do?
Is s/he like that even when there isn't much chance of anything bad happening?
How much has that affected his/her life?
How much of the time is s/he like that?
Has s/he given up doing any things because s/he doesn't want to take any chances?
Is it worse when s/he has been thinking about "life event"?

HYPERVIGILANCE

0 = Absent or hypervigilance not manifested in any overt behavioral change.
2 = Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.
3 = Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.

PHASIC EXACERBATION

0 = Absent
2 = Hypervigilance occurs or increases in response to cues prompting recall or reliving of the "life event".
**EXAGGERATED STARTLE RESPONSE**

Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

**INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.**

*In the last 3 months has s/he startled more easily than before "life event"?*

*Or has s/he been more jumpy than usual?*

Do unexpected noises make him/her jump more easily than they used to?
What is it like when that happens?
How often does it happen?
How long does s/he stay "jumpy" afterwards?
How much of the time does s/he feel this way?
Is it worse when s/he has been thinking about "life event"?

**EXAGGERATED STARTLE RESPONSE**

0 = Absent
2 = Present, but not noticeable to others.
3 = Present, noticeable to others.

**PHASIC EXACERBATION**

0 = Absent
2 = Startle response occurs or increases in response to cues prompting recall or reliving of the "life event".

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>PLN8I01 Intensity</td>
</tr>
<tr>
<td>PLN8O01 Onset</td>
</tr>
<tr>
<td>PLN8I02</td>
</tr>
</tbody>
</table>
NUMBING
SOCIAL WITHDRAWAL
Retreat from participation in social interactions include play with other children.

Since the “life event” has X changed his/her interest in being with other people?

Or interacting with other people?

Has s/he withdrawn from playing with other children?

What has happened?
Is it affecting his/her relationships with others?
Or his/her ability to do things, like go to school/daycare or have play dates with other children?
How often does s/he withdraw like that?
If you or someone else reassures him/her, is s/he able to participate with others?
When did this start?

LOSS OF POSITIVE AFFECT
Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though s/he has lost some of his/her feelings?

Has s/he got any feelings left?
Can s/he feel happy or good feelings?

SOCIAL WITHDRAWAL
0 = Absent
2 = Social withdrawal occurs in at least 2 activities.
3 = Social withdrawal occurs in most activities.

REASSURANCE
0 = With reassurance, child interacts with others.
2 = Despite reassurance, child remains withdrawn and resistant to interacting with others.

PHASIC EXACERBATION
0 = Absent
2 = Social withdrawal occurs or increases in response to cues prompting recall or reliving or the "life event".

LOSS OF POSITIVE AFFECT
0 = Absent
2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.
3 = Affect is felt to be lost in almost all activities.

ONSET: LOSS OF POSITIVE AFFECT
/ /
### LOSS OF NEGATIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

*Since "life event" has it seemed as though s/he has lost some of his/her unhappy of negative feelings?*

Has s/he got any feelings left?

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Onset</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

### LOSS OF POSITIVE EMOTIONAL EXPRESSION

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

*Is it harder for him/her to show happy or good feelings?*

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

### LOSS OF NEGATIVE EMOTIONAL EXPRESSION

Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

*Is it harder for him/her to show unhappy or bad feelings?*
LOSS OF PREVIOUSLY ACQUIRED SKILLS

Child moved backward in skills, such as the use of the toilet rather than diapers, speaking in sentences, or walking, that had previously been mastered.

Code as present only if child had the skill and then, after the "life event," the child no longer has the same level of skill. Be sure to get examples.

Since the "life event," has X gone backward in his/her development?

Are there things that s/he could do before the "life event" that s/he no longer does?

Can you give me an example?

Since the "life event", has s/he started wetting the bed?

Or soiling his/her pants?

When did this start?

How about his/her talking since the "life event"?

After the "life event," did s/he talk more like s/he did when s/he was a baby?

Or when s/he was a younger child?

Did his/her language become simpler?

In what way?

When did this start?

Have you noticed a change in the physical things that s/he can do since the "life event"?

Are there physical things that s/he used to be able to do that s/he does not do any more?

Like what?

When did this start?

Since the "life event" has there been a loss of any other skills?

Can you give me an example?

When did that start?

REGRESSION IN TOILETING

0 = Absent

2 = Present

ONSET: REGRESSION IN TOILETING

REGRESSION IN LANGUAGE

0 = Absent

2 = Present

ONSET: REGRESSION OF LANGUAGE

REGRESSION IN MOTOR SKILLS

0 = Absent

2 = Present

ONSET: REGRESSION IN MOTOR SKILLS

OTHER AREAS OF REGRESSION

0 = Absent

2 = Present

Specify

ONSET: OTHER AREAS OF REGRESSION
### Definitions and questions

**NEW ONSET OF FEARS OR INTENSIFICATION OF ALREADY PRESENT FEARS**

Child has developed new fears such as the fear of going to the bathroom by him/herself, fear of the dark, fear of being apart from his/her significant caretaker, or other fears; or has experienced a distinct intensification of already present fears.

**BE SURE TO CODE IN THE ANXIETY SECTION AS WELL.**

**Since the life event, has X developed any new fears?**

**What new fears has s/he developed?**

**Since the “life event” have any of fears that s/he already had become worse?**

Which ones?
What has happened?
**Since the “life event” has s/he had a fear of going to the bathroom by him/herself?**

**Or a fear of the dark?**

**Fears of separating from you or being apart from you or other people in your family?**

**Any other fears?**

Have these fears caused problems for him/her? Have they affected his/her relationships with other people? When did these fears start (or get worse)?

### Coding rules

**NEW ONSET OF FEARS OR INTENSIFICATION OF ALREADY PRESENT FEARS**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
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<td>2 = Present</td>
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</table>

**FEAR OVERALL SINCE THE “LIFE EVENT”**

<table>
<thead>
<tr>
<th>0 = Absent</th>
<th>2 = Fears occurs in at least 2 activities.</th>
<th>3 = Fears occurs in most activities.</th>
</tr>
</thead>
</table>

**FEAR OF GOING TO THE BATHROOM ALONE**

<table>
<thead>
<tr>
<th>0 = Absent</th>
<th>2 = New since the “life event”.</th>
<th>3 = Present prior to the “life event” but intensified since the “life event”.</th>
</tr>
</thead>
</table>

**FEAR OF THE DARK**

<table>
<thead>
<tr>
<th>0 = Absent</th>
<th>2 = New since the “life event”.</th>
<th>3 = Present prior to the “life event” but intensified since the “life event”.</th>
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</thead>
</table>

**SEPARATION FEARS**

<table>
<thead>
<tr>
<th>0 = Absent</th>
<th>2 = New since the “life event”.</th>
<th>3 = Present prior to the “life event” but intensified since the “life event”.</th>
</tr>
</thead>
</table>
Definitions and questions

**Coding rules**

**OTHER**

0 = Absent

2 = New since the “life event”.

3 = Present prior to the “life event” but intensified since the “life event”.

Specify

**ONSET: OTHER FEARS**

Specify

---

**Codes**

- PLO3I05
- PLC3O05
Definitions and questions

**OTHER BEHAVIORS**

**DANGEROUS ACTIVITIES**

Increased activities that physically endanger the child or others since "life event".

*Since "life event", has s/he taken chances and done risky things?*

*Or dangerous things?*

*Is this more than before "life event"?*

What has s/he done in the last 3 months?
How often does this happen?
When did it start?

**OMEN FORMATION**

Following the "life event", child has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined "life events".

*Is s/he superstitious about things?*

*Are there signs that mean bad things will happen?*

*Or signs that make him/her think that s/he'll be OK?*

What are they?
Does s/he think that these signs are really true?
Did s/he believe in them before "life event" or are they new?

Coding rules

**DANGEROUS ACTIVITIES**

- 0 = Absent
- 2 = Present

Specify

**OMEN FORMATION**

- 0 = Not present.
- 1 = Superstitious beliefs not resulting in any overt behavior.
- 2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).
- 3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.

Codes

- PLO4I01 Intensity
- PLO4F01 Frequency
- PLO4O01 Onset
- PLO5I01 Intensity
- PLO5O01 Onset

FOR REVIEW ONLY
**SURVIVOR GUILT**

A subjective belief or feeling of responsibility for the "life event" or its prevention, or a feeling that the child should have substituted (or been substituted) for another who was more severely affected.

*Does s/he feel guilty about what happened during "life event"?*

*Does s/he ever feel it was his/her fault, even though it wasn't?*

*Does s/he sometimes feel that s/he should have prevented "life event" even though s/he couldn't?*

*Does s/he ever wish that s/he and not "specific other person" should have "specific other person's" fate?*

*Does s/he ever feel bad about what s/he did during "life event"?*

---

**REVENGE FANTASIES AFTER EVENT**

In the last 3 months child imagined doing something to punish the "cause" of the trauma.

*Does s/he still wish that s/he could get revenge or punish "the cause of the trauma"?*

*Or that something would happen to get back at "the cause"?*

*What does s/he wish would happen? Or what does s/he wish s/he could do?*
INCAPACITY SECTION

REVIEW BRIEFLY WITH THE SUBJECT THE AREAS WHERE PROBLEMS OR SYMPTOMS HAVE EMERGED DURING THE INTERVIEW. TAKING ONE AREA AT A TIME, REVIEW THE AREAS OF SYMPTOMATOLOGY TO DETERMINE WHETHER SYMPTOMS IN THAT AREA HAVE CAUSED INCAPACITY. USE THIS, AND INFORMATION COLLECTED THROUGHOUT THE INTERVIEW, TO COMPLETE THE INCAPACITY RATINGS. REMEMBER, YOU NEED ONLY TO ASK THE SPECIFIC QUESTIONS IF YOU HAVE NOT ALREADY COLLECTED THE INFORMATION WHILE COVERING THE APPROPRIATE SYMPTOM SECTION. IF INCAPACITY IS PRESENT FIND OUT WHEN IT BEGAN. REMEMBER TO OBTAIN SEPARATE TIMINGS FOR THE ONSET OF PARTIAL AND SEVERE INCAPACITIES.

SUMMARY OF RULES FOR RATING INCAPACITY

IMPAIRMENT/INCAPACITY

Two levels of disturbance or impaired functioning are distinguished:

Partial Incapacity; refers to a notable reduction of function in a particular area. If a person is still able to do things, but does them less well, or more slowly, then code as a Partial Incapacity.

Severe Incapacity; refers to a complete, or almost complete, inability to function in a particular area.

With the exception of the lifelong symptoms mentioned below, most incapacities require a decrement or change in functioning. The decrement can predate the primary period but must still be present during the primary period.

SYMPTOM DEPENDENCE
For incapacity to be rated it must arise demonstrably from the presence of some particular symptoms or disordered behaviors. For instance, a child who has lost friends because her mother would not allow her to associate with them, would not have that loss of friends rated as an incapacity here. Although, of course, it might have had crippling effects on her social life, it would not count as an incapacity because it was not secondary to any psychopathology of the child. However, it would count if the child was too frightened to leave the house and lost her friends because of it.

The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that a child was incapacitated in certain ways and that the child had certain psychopathological problems. The incapacity must be linked to the problems that seem to have generated it. Often this is difficult when children have multiple problems and incapacities, but the attempt should be made nevertheless. However, this does not mean that a particular incapacity has to be assigned to one single problem. It will sometimes be the case that several symptoms of different types will contribute to a particular incapacity. When this is the case, each contributing problem area should be recorded.

It follows that if an incapacity is to be seen as being secondary to other symptoms, then those other symptoms must have been present before the onset of that incapacity. They must also have resulted in a fall-off from a previous level of attainment or proficiency if they are to be regarded as having resulted in an incapacity. Thus a child who had previously been able to function well enough in class might show a reduced ability to participate in group activities, because he felt too miserable to do so. This would be regarded as an incapacity secondary to the affective symptoms. On the other if a child had always been unable to participate in group activities and later became depressed, an incapacity, secondary to depression, would be recorded only if his capacity to participate in group activities suffered a further decrement from its already low level. If there had been no further decrement, an incapacity in relation to depression would not be recorded.
LIFELONG SYMPTOMS/BEHAVIORS

In the case of symptoms that have been present throughout life, it will be impossible to show a decrement secondary to the symptoms, because both the symptoms and the putative incapacity will have been present simultaneously. In this situation, provided always that the incapacity can be directly related to the symptoms, it is acceptable to rate it as such. An example might be the social incapacities of a hyperactive child who had always shown such behavior from his earliest years and thus always had disturbed peer relationships.

SITUATION NOT ENTERED

If the subject has not entered a particular social situation (e.g. daycare/school) during the preceding three months, but there is clear evidence from past experience that incapacity would have been manifested had s/he been in the situation (e.g. discordant peer relationships would have been present) then that incapacity is rated as being present, and its date of onset should be determined. The intensity rating should not be higher than the previously actually occurring highest intensity. Quite often in such a situation, the incapacity will have been contributory to the failure to enter the social situation under consideration.

The incapacitating effects of the psychopathology do not have to be directly due to the behavior of the child but may be mediated by others. For instance, if a boy were excluded from school for constant fighting and trouble making, that would be counted as an incapacitation of school performance just as much as if the child had failed to attend because of his own anxiety about leaving home.

ONSETS
**Definitions and questions**

The rules for dating the onset of incapacities are essentially the same as those for dating symptom onsets. That is, the decision is first made as to whether or not a particular incapacity was present during the 3 month primary period. If it was, then its onset is coded as the date it appeared at the minimum criterion level required by the glossary definition. Once again, there is a proviso that if the incapacity has been present only intermittently, the onset is dated from when the incapacity began again following the last period of one year (or longer) without incapacity. The dates of exacerbations from partial to complete incapacity are also recorded.

Even if a child did not code for any problems in the particular section of the PAPA, the Incapacity section can not be skipped. If you have enough information, not every question needs to be asked.

**TREATMENT**

Referrals to professional agencies or professional concerned with child’s symptoms or behavior.

Note the name of the site where treatment was received and the professionals seen.

Treatment may be coded even if symptoms did not code in the PAPA.
**PARENTAL RELATIONSHIPS - PARENT #1**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

**Does it affect how s/he gets along with you?**

*How?*

*What do you do about it?*

*What does s/he do about it?*

*Does it cause any arguments?*

*Can you tell me about the last time it did?*

<table>
<thead>
<tr>
<th>Symptom Areas Causing Incapacity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daycare/School Attendance</td>
<td>PMA0X03</td>
</tr>
<tr>
<td>Separation Anxiety</td>
<td>PMA0X04</td>
</tr>
<tr>
<td>Worries/Anxieties</td>
<td>PMA0X05</td>
</tr>
<tr>
<td>Rituals/Obsessions/Compulsions</td>
<td>PMA0X06</td>
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<tr>
<td>Depression</td>
<td>PMA0X07</td>
</tr>
<tr>
<td>Mania</td>
<td>PMA0X08</td>
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<tr>
<td>Physical Symptoms</td>
<td>PMA0X09</td>
</tr>
<tr>
<td>Food-Related Behavior</td>
<td>PMA0X10</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>PMA0X11</td>
</tr>
<tr>
<td>Sleep Difficulties</td>
<td>PMA0X12</td>
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<tr>
<td>Hyper/Hypersensitivity/Dysregulation</td>
<td>PMA0X09</td>
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<tr>
<td>Toilet/Elimination</td>
<td>PMA0X01</td>
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<td>Conduct</td>
<td>PMA0X02</td>
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<tr>
<td>Psychosis</td>
<td>PMA0X03</td>
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<tr>
<td>Relationships with Parent #1 and/or Parent #2</td>
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</tr>
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<td>Relationships with Other Parent #1 and/or Other Parent #2</td>
<td>PMA0X11</td>
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<tr>
<td>Relationships with Other Adults</td>
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<td>Sibling Relationships</td>
<td>PMA0X13</td>
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<td>Peer Relationships</td>
<td>PMA0X14</td>
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<tr>
<td>Life Events/Post-Traumatic Stress</td>
<td>PMA0X15</td>
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### Incapacity Ratings

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
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<tbody>
<tr>
<td>WITHDRAWAL</td>
<td>PMA0I01</td>
</tr>
<tr>
<td>DISCORD</td>
<td>PMA0I02</td>
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</table>

### Coding Rules

**PROBLEMS WITH PARENTAL RELATIONSHIPS - PARENT #1**

<table>
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<tr>
<th>Intensity</th>
<th>Codes</th>
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<tbody>
<tr>
<td>0 = Absent</td>
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</tr>
<tr>
<td>2 = Present</td>
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**WITHDRAWAL**

<table>
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<th>Codes</th>
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<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Partial Incapacity</td>
<td></td>
</tr>
<tr>
<td>3 = Severe Incapacity</td>
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**DISCORD**

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<tr>
<th>Intensity</th>
<th>Codes</th>
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<tbody>
<tr>
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<td>3 = Severe Incapacity</td>
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</table>
### Definitions and questions

### Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
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<tbody>
<tr>
<td>PMA0X13</td>
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<td>PMA0X22</td>
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<tr>
<td>PMA0001</td>
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</tr>
<tr>
<td>PMA0002</td>
<td>Onset of first severe incapacity</td>
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</tbody>
</table>

### Codes

- PMA0X13
- PMA0X14
- PMA0X15
- PMA0X16
- PMA0X17
- PMA0X18
- PMA0X19
- PMA0X20
- PMA0X21
- PMA0X22
- PMA0001
- PMA0002

---

**Preschool Age Psychiatric Assessment 2.0.7**

Incapacity Ratings
PARENTAL RELATIONSHIPS - PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with "other parent"?

How?
What does "other parent" do about it?
What does X do about it?
Does it cause any arguments?
Can you tell me about the last time it did?

WITHDRAWAL
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY
1 = Daycare/School Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Rituals/Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Food-Related Behavior
9 = Hyperactivity
10 = Sleep Difficulties
11 = Hyper/Hypersensitivity/Dysregulation
12 = Toilet/Elimination
13 = Conduct
14 = Psychosis
15 = Relationships with Parent #1 and/or Parent #2
16 = Relationships with Other Parent #1 and/or Other Parent #2
17 = Relationships with Other Adults
18 = Sibling Relationships
19 = Peer Relationships
20 = Life Events/Post-Traumatic Stress
### Definitions and questions

### Coding rules

**ONSET OF FIRST PARTIAL INCAPACITY**

**ONSET OF FIRST SEVERE INCAPACITY**

### Codes

- PMA1X13
- PMA1X14
- PMA1X15
- PMA1X16
- PMA1X17
- PMA1X18
- PMA1X19
- PMA1X20
- PMA1X21
- PMA1X22

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<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>PMA1O01</td>
<td>ONSET OF FIRST PARTIAL INCAPACITY</td>
</tr>
<tr>
<td>PMA1O02</td>
<td>ONSET OF FIRST SEVERE INCAPACITY</td>
</tr>
</tbody>
</table>
### PARENTAL RELATIONSHIPS - OTHER PARENT #1

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior.

*Does it affect how s/he gets along with "Other Parent #1"?*

### Definitions and questions

<table>
<thead>
<tr>
<th>PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #1</th>
<th>PMA2I90</th>
</tr>
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<tbody>
<tr>
<td>Intensity</td>
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<table>
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<tr>
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### SYMPTOM AREAS CAUSING INCAPACITY

<p>| 1 = Daycare/School Attendance | PMA2X03 |
| 2 = Separation Anxiety        | PMA2X04 |
| 3 = Worries/Anxieties         | PMA2X05 |
| 4 = Rituals/Obsessions/Compulsions | |
| 5 = Depression                | PMA2X06 |
| 6 = Mania                     | PMA2X07 |
| 7 = Physical Symptoms         | PMA2X08 |
| 8 = Food-Related Behavior     | PMA2X09 |
| 9 = Hyperactivity             | PMA2X10 |
| 10 = Sleep Difficulties       | PMA2X11 |
| 11 = Hyper/Hypersensitivity/Dysregulation | |
| 12 = Toilet/Elimination       | PMA2X12 |
| 13 = Conduct                  |         |
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| 15 = Relationships with Parent #1 and/or Parent #2 | |
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<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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<tr>
<td></td>
<td></td>
<td>PMA2X13</td>
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</table>

**ONSET OF FIRST PARTIAL INCAPACITY**

PMA2O01

**ONSET OF FIRST SEVERE INCAPACITY**

PMA2O02
PARENTAL RELATIONSHIPS - OTHER PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with "Other Parent #2"?

How?
What does "other parent" do about it?
What does X do about it?
Does it cause any arguments?
Can you tell me about the last time it did?

PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #2

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
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<td>PMA3I90</td>
</tr>
<tr>
<td>2 = Present</td>
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</table>

WITHDRAWAL

| 0 = Absent | PMA3I01 |
| 2 = Partial Incapacity. | |
| 3 = Severe Incapacity. | |

DISCORD

| 0 = Absent | PMA3I02 |
| 2 = Partial Incapacity. | |
| 3 = Severe Incapacity. | |

SYMPTOM AREAS CAUSING INCAPACITY

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>PMA3X03</td>
</tr>
<tr>
<td>1 = Daycare/School Attendance</td>
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<td>PMA3X04</td>
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<tr>
<td>2 = Separation Anxiety</td>
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<tr>
<td>3 = Worries/Anxieties</td>
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<tr>
<td>Definitions and questions</td>
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<tr>
<td>---------------------------</td>
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<tr>
<td>IF NO CHILDREN IN HOUSEHOLD, SKIP TO &quot;SIBLING RELATIONSHIPS: OUT OF HOME&quot;, (PAGE 15).</td>
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Definitions and questions

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

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how s/he gets along with (brothers and sisters)?

How?
What do they do about it?
What does s/he do?
Does it create any arguments?
Can you tell me about the last time it did?

Coding rules

PROBLEMS WITH SIBLING RELATIONSHIPS - IN HOME

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<tr>
<th>Intensity</th>
<th>Codes</th>
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WITHDRAWAL

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DISCORD

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SYMPTOM AREAS CAUSING INCAPACITY

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<tr>
<th>Symptom Area</th>
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<tbody>
<tr>
<td>1 = Daycare/School Attendance</td>
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<td>2 = Separation Anxiety</td>
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<td>9 = Hyperactivity</td>
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<tr>
<td>11 = Hyper/Hyposensitivity/Dysregulation</td>
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<td>12 = Toilet/Elimination</td>
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<tr>
<td>15 = Relationships with Parent #1 and/or Parent #2</td>
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<tr>
<td>16 = Relationships with Other Parent #1 and/or Other Parent #2</td>
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<td>17 = Relationships with Other Adults</td>
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<td>19 = Peer Relationships</td>
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<tr>
<td>20 = Life Events/Post-Traumatic Stress</td>
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</table>
### Definitions and questions

**ONSET OF FIRST PARTIAL INCAPACITY**

PMA4O01

**ONSET OF FIRST SEVERE INCAPACITY**

PMA4O02

---

**IF NO SIBLINGS OUT OF HOME, SKIP TO "COOPERATIVE HELPING", (PAGE 17).**
**SIBLING RELATIONSHIPS: OUT OF HOME**

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

**WITHDRAWAL:** Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD:** Incapacity involving aggression, arguments, fights, or disruptive behavior

*Does it affect how s/he gets along with (brothers and/or sisters) who don’t live at home?*

**How?**

*What do they do about it?*

*What does s/he do about it?*

*Does it create any arguments?*

*Can you tell me about the last time?*

---

**PROBLEMS WITH SIBLING RELATIONSHIP - OUT OF HOME**

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<th>Intensity</th>
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**SYMPTOM AREAS CAUSING INCAPACITY**

1 = Daycare/School Attendance
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Definitions and questions

Coding rules

Codes

Incapacity Ratings

ONSET OF FIRST PARTIAL INCAPACITY

PMA5O01

ONSET OF FIRST SEVERE INCAPACITY

PMA5O02
**COOPERATIVE HELPING**
(e.g. Toy Clean-up)

A child should be able to follow parental directions, to clean up his/her toys, bring plate to sink, put on pajamas. Child may perform task in concert with an adult. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

**What about helping around the house?**

**Like cleaning up his/her toys?**

**Or cleaning up his/her plate from the tables?**

**Are there any things that s/he can't do properly or that s/he's stopped doing because of (the way s/he's been feeling)?**

**Would it make a difference if s/he didn't... (have symptoms)?**

**What difference would it make?**

**How do you know that it's... (symptom) ...that causes the trouble?**

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<tr>
<td>3</td>
<td>Severe incapacity.</td>
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</tbody>
</table>
### Definitions and questions

### Coding rules

<table>
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<th>Codes</th>
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<td>Incapacity Ratings</td>
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<td>PMA7X21</td>
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</tr>
</tbody>
</table>

**ONSET OF FIRST PARTIAL INCAPACITY**

PMA7O01

**ONSET OF FIRST SEVERE INCAPACITY**

PMA7O02
LEAVING HOUSE

A child should be able to leave his/her house without difficulty. Obviously the range of activities that might induce a child to go outside the house varies widely with age, and judgment must be used in deciding what is consonant with the child's developmental stage.

Does...(symptom)...make it hard for him/her to leave the house?

To get ready to go outside?

Or to go to school or daycare?

Incapacity Ratings

LEAVING HOUSE

0 = Absent
2 = Partial incapacity.
3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance
2 = Separation Anxiety
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<td>ONSET OF FIRST SEvere INCAPACITY</td>
<td>PMA9O02</td>
<td>/ /</td>
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</tbody>
</table>
DAYCARE/SCHOOL LIFE - PERFORMANCE

Deterioration in behavior or ability to participate in school/daycare routines (e.g. circle time, rest time, story time) is considered to be evidence of an incapacity. A description of things that the child used to be able to do but can no longer is required for a rating here; do not include children whose low intelligence limits their ability to perform at daycare/school and have, therefore, always had poor results.

However, a child that has never been able to perform due to hyperactivity or chronic conduct problems would code if it is clear that these problems contribute to difficulties with school performance.

What about at daycare/school, does...(symptom)...affect how s/he gets along there?

Does...(symptom)...affect how well s/he does at daycare/school?

How?
Can you tell me about the last time that it did?

DAYCARE/SCHOOL PERFORMANCE

<table>
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<th>Intensity</th>
<th>Codes</th>
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<tbody>
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SYMPTOM AREAS CAUSING INCAPACITY

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### Definitions and questions

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**ONSET OF FIRST PARTIAL INCAPACITY**
PMB0001

**ONSET OF FIRST SEVERE INCAPACITY**
PMB0002
**DAYCARE/SCHOOL LIFE - SUSPENSION**

Exclusion from school for any length of time.

*Has X ever been suspended from daycare/school?*

*Has it happened in the last three months?*

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- Ever:PMB1I16
- Ever:PMB1I17
- Ever:PMB1I18
- Ever:PMB1I19
- Ever:PMB1I20
- Ever:PMB1I21
DAYCARE/SCHOOL LIFE - EXPULSION

Expulsion from daycare/school or asked to withdraw voluntarily.

*Has X ever been expelled from school?*

*Has that happened in the last three months?*
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DAYCARE PROVIDER/TEACHER RELATIONSHIPS

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

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to teachers.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Does it affect how s/he gets along with the caregivers/teachers?

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SYMPTOM AREAS CAUSING INCAPACITY

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### Codes

- **ONSET OF FIRST PARTIAL INCAPACITY**: PMB4O01
- **ONSET OF FIRST SEVERE INCAPACITY**: PMB4O02
**Definitions and questions**

**PEER RELATIONSHIPS AT DAYCARE/SCHOOL**

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

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with or talk to peers.

**DISCORD**: Incapacity involving aggressions, arguments, fights or disruptive behavior.

**What about how s/he gets along with other children at daycare/school; does it affect that?**

**What about friends at daycare/school?**

Has it made him/her see friends less than s/he used to? Or try to avoid them? Or do they seem to want to do things with him/her less than they used to?

**Why is that?**

**Coding rules**

**PROBLEMS WITH PEER RELATIONSHIPS AT DAYCARE/SCHOOL**

0 = Absent
2 = Present

**WITHDRAWAL**

0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

**DISCORD**

0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

**SYMPTOM AREAS CAUSING INCAPACITY**

1 = Daycare/School Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Rituals/Obsessions/Compulsions
5 = Depression
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### Codes

- **ONSET OF FIRST PARTIAL INCAPACITY**
  - PMBSO01

- **ONSET OF FIRST SEVERE INCAPACITY**
  - PMBSO02
PLAY (OUTSIDE OF DAYCARE/SCHOOL)

Reduction of spontaneous play by at least one third and to a degree outside their normal range of variation. Care should be taken to ensure that the subject has not lost interest in an activity for no particular reason. That is to say that the reduction in involvement must clearly be a response to some symptomatology.

Play here includes many activities: imaginary play; playing with dolls, cars, trains; outdoor play; playing on computer/gameboy/nintendo, etc.

Does it affect his/her playing time?

Or his/her ability to play either alone or with other kids?
### Definitions and questions

#### Coding rules

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FOR REVIEW ONLY
RELATIONSHIPS WITH ADULTS OUTSIDE THE HOME OR DAYCARE/SCHOOL

Both withdrawal from such relationships and disturbances of their harmony are evidence to be borne on mind for the purposes of a rating here.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to adults.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Does it affect how s/he gets along with other people outside the home or school - such as neighbors...or people at (the park, etc.)?

Who?
How?
Can you tell me about the last time that it did?
Has it made him/her see less of other adults?
Or try to avoid them?
Or do they treat him/her differently?
Why?

PROBLEMS WITH RELATIONSHIPS WITH ADULTS OUTSIDE THE HOME OR DAYCARE/SCHOOL

WITHDRAWAL

0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD

0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Rituals/Obsessions/Compulsions
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RELATIONSHIPS WITH PEERS

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

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to peers.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Has it affected how s/he gets along with friends at all - I mean outside school?

How?
Can you tell me more about the last time that it did?
Has it made him/her see less of friend(s) than s/he used to?
Why is that?
What about with other children/young people in your neighborhood?

PROBLEMS WITH PEER RELATIONSHIPS

WITHDRAWAL

0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD

0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Attendance
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Definitions and questions

**ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL**

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

*Does s/he make it hard for you to take him/her out in public?*
*Can you go out with X to places like the grocery store? Or to a restaurant? What happens?*

Coding rules

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Definitions and questions

Coding rules

Codes

ONSET OF FIRST PARTIAL INCAPACITY  PMEO001

ONSET OF FIRST SEVERE INCAPACITY  PMEO002
TREATMENT

Referrals to professional agencies concerned with child psychopathology are coded here.

Has s/he ever seen anyone about (symptoms)?

Like a doctor or anyone at daycare/school?

Who did s/he see?
Where did s/he see them?
Did s/he go to a clinic?

Or into a hospital?

What did they do?
Did it help at all?
When did s/he go to see...?
When did s/he...(have treatment)?

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Non-Attendance
2 = Separation Anxiety
3 = Worries/Anxiety
4 = Rituals/Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Food-Related Behavior
9 = Hyperactivity
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17 = Relationships with Other Adults
18 = Sibling Relationships
19 = Peer Relationships
20 = Speech Therapy
21 = Occupational/Physical Therapy
22 = Life Events/Post-Traumatic Stress

Intensity

PMD0I01

PMD0X01

PMD0X02

PMD0X03

PMD0X04

PMD0X05

PMD0X06

PMD0X07

PMD0X08

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### Definitions and questions

### Coding rules

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<td>PMDOOO1</td>
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</table>

**FOR REVIEW ONLY**
**Definitions and questions**

**MEDICATION**

Any medication prescribed by a medical practitioner (either mainstream or alternative) or given by parents or guardian. Do not include analgesics taken less than once per week for sporadic headaches, etc. However, such drugs should be included if they are taken more regularly than this.

Note: Type and daily dose if known for any medication mentioned.

*Is s/he on any medication?*

*Or tablets?*

*Or anything from his/her doctor?*

*What?*

*What is that?*

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### Definitions and questions

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**IF ANY MEDICATION TAKEN CONTINUE. OTHERWISE, SKIP TO "ADMINISTRATION OF THE CAIA", (PAGE ERROR! BOOKMARK NOT DEFINED.).**
**MEDICATION - RX 1**

*Which medication is s/he on?*

*How many milligrams does s/he take?*

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

*Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?*

What did the doctor say? (Record verbatim)

*Did the Doctor mention any side effects that you need to watch out for?*

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

*Has s/he experienced any side effects from this medicine?*

How often do you return to the doctor’s office to have the child’s reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.
### Definitions and questions

<table>
<thead>
<tr>
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<td>35 = Wellbutrin</td>
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<td>38 = Other Medication.</td>
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Incapacity Ratings
**Definitions and questions**

**MEDICATION - RX 2**

**WHICH MEDICATION IS S/HE ON?**

*How many milligrams does s/he take?*

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

*Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?*

*What did the doctor say? (Record verbatim)*

*Did the Doctor mention any side effects that you need to watch out for?*

IF YES ASK:

*What are they?*

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

*Has s/he experienced any side effects from this medicine?*

*How often do you return to the doctor’s office to have the child’s reaction to the medication checked?*

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

---

**Coding rules**

**DETAILED MEDICATION LIST**

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<td>Accutane</td>
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<td>Anafranil (clompramine)</td>
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<td>4</td>
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<td>5</td>
<td>Benadryl</td>
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<td>Cylert</td>
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**Definitions and questions**

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<td><strong>DOSE IN MG</strong></td>
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<td><strong>DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 2</strong></td>
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<td><strong>NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2</strong></td>
</tr>
<tr>
<td>38 = Other Medication.</td>
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<td><strong>DOCTOR EXPLANATION</strong></td>
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<td><strong>MENTION OF SIDE EFFECTS</strong></td>
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</table>
MEDICATION - RX 3

WHICH MEDICATION IS S/HE ON?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.
### Definitions and questions

**Coding rules**

- **DOSE IN MG - RX 3**
  - 35 = Wellbutrin
  - 36 = Zoloft
  - 37 = Zyrtek
  - 38 = Other Medication.

**Frequency**

- **DOSE IN MG (IF Varies within 24 Hours) - RX 3**

**NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF Varies within 24 Hours) - RX 3**

**DOCTOR EXPLANATION**

- **MENTION OF SIDE EFFECTS**
  - 0 = No
  - 2 = Yes

**NUMBER OF SIDE EFFECTS - RX 3**

- **CHECKING REACTION TO MEDICATION**
  - 0 = No
  - 2 = Yes

**VIEWED MEDICATION BOTTLE**

**Codes**

- POACX01
- POACF01
- POACX02
- POACF02
- POACO01
- POACX05
- POACX07
- POACX08
- POACX09
- POACX10
Definitions and questions

**MEDICATION - RX 4**

*How many milligrams does s/he take?*

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

*Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?*

What did the doctor say? (Record verbatim)

*Did the Doctor mention any side effects that you need to watch out for?*

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

*Has s/he experienced any side effects from this medicine?*

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.
Definitions and questions

Coding rules

Codes

Incapacity Ratings

35 = Wellbutrin
36 = Zoloft
37 = Zyrtek
38 = Other Medication.

DOSE IN MG - RX 4

POADX01

POADF01
Frequency

DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 4

POADX02

POADF02

NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 4

POADO01
Onset

/ / 

DOCTOR EXPLANATION

POADX05

0 = No
2 = Yes

MENTION OF SIDE EFFECTS

POADX07

0 = No
2 = Yes

NUMBER OF SIDE EFFECTS - RX 4

POADX08

CHECKING REACTION TO MEDICATION

POADX09

0 = No
2 = Yes

VIEWED MEDICATION BOTTLE

POADX10

0 = No
2 = Yes
**OFFSETS**

Code here if symptoms coded in the symptom section have ceased within the 3 months primary period.

CODE HERE IF SYMPTOMS CODED IN THE SYMPTOM SECTION HAVE CEASED WITHIN THE 3 MONTHS PRIMARY PERIOD.

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<td>Separation Anxiety Offset</td>
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<td>PMC7003</td>
<td>Worry/Anxiety Offset</td>
</tr>
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<td>PMC7004</td>
<td>Obsessions/Compulsions Offset</td>
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<td>PMC7006</td>
<td>Mania Offset</td>
</tr>
<tr>
<td>PMC7007</td>
<td>Physical Symptoms Offset</td>
</tr>
<tr>
<td>PMC7008</td>
<td>Food-Related Behavior Offset</td>
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<td>PMC7019</td>
<td>Hyperactivity Offset</td>
</tr>
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<td>PMC7010</td>
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<td>PMC7011</td>
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<tr>
<td>PMC7012</td>
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### Definitions and questions

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<td>SIBLING RELATIONSHIPS OFFSET</td>
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<tr>
<td>LIFE EVENTS/POST-TRAUMATIC STRESS OFFSET</td>
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**Incapacity Ratings**

FOR REVIEW ONLY
PLACEMENT

If, by reason of psychological or behavioral disturbance, a child's residential placement is changed, then that change is recorded in this section. The same guiding rules apply to these ratings as are outlined above.

With children who have experienced changes ask:

Why did s/he move...("into foster care", etc.)?

Was it because of...(symptoms)...at all?

PLACEMENT

0 = Absent
2 = Present

SYMPTOM AREAS CAUSING PLACEMENT CHANGE

1 = Daycare/School Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Rituals/Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Food-Related Behavior
9 = Hyperactivity
10 = Sleep Difficulties
11 = Hyper/Hyposensitivity/Dysregulation
12 = Toilet/Elimination
13 = Conduct
14 = Psychosis
15 = Relationships with Parent #1 and/or Parent #2
16 = Relationships with Other Parent #1 and/or Other Parent #2
17 = Relationships with Other Adults
18 = Sibling Relationships
19 = Peer Relationships
20 = Life Events/Post-Traumatic Stress
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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- **PMD1X16**
- **PMD1X17**
- **PMD1X18**
- **PMD1X19**
- **PMD1X20**
- **PMD1X21**

**DATE OF FIRST PLACEMENT CHANGE**

//

\[FOR\ REVIEW\ ONLY\]
ENDING THE INTERVIEW

PERCEPTION OF PROBLEMS

We have covered quite a lot of ground, but is there anything that worries him/her, or causes problems, that I haven’t asked about?

What?
Can you tell me more about that?
You have told me about many different things; do you think that any of them are problems for him/her?

PERCEPTION OF PROBLEM(S)

0 = Absent
2 = Present

PROBLEMS WITH:

1 = Daycare/School Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Rituals/Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Food-Related Behavior
9 = Hyperactivity
10 = Sleep Difficulties
11 = Hyper/Hypersensitivity/Dysregulation
12 = Toilet/Elimination
13 = Conduct
14 = Psychosis
15 = Relationships with Parent #1 and/or Parent #2
16 = Relationships with Other Parent #1 and/or Other Parent #2
17 = Relationships with Other Adults
18 = Sibling Relationships
19 = Peer Relationships
20 = Life Events/Post-Traumatic Stress
### HELP NEEDED WITH:

**Are there any things that you think s/he needs help with?**

**What?**

**What sort of help does s/he need?**

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>PMC9I90</td>
<td>Intensity</td>
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<tr>
<td>PMC9X01</td>
<td>Daycare/School Attendance</td>
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<td>Separation Anxiety</td>
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<td>Worries/Anxieties</td>
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<td>Rituals/Obsessions/Compulsions</td>
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<td>Physical Symptoms</td>
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<td>PMC9X08</td>
<td>Food-Related Behavior</td>
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<td>Hyper/Hypersensitivity/Dysregulation</td>
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<td>Toilet/Elimination</td>
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<td>PMC9X13</td>
<td>Conduct</td>
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<td>PMC9X14</td>
<td>Psychosis</td>
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<td>PMC9X15</td>
<td>Relationships with Parent #1 and/or Parent #2</td>
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<td>PMC9X16</td>
<td>Relationships with Other Parent #1 and/or Other Parent #2</td>
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<td>PMC9X17</td>
<td>Relationships with Other Adults</td>
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<td>Sibling Relationships</td>
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<td>PMC9X19</td>
<td>Peer Relationships</td>
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<tr>
<td>PMC9X20</td>
<td>Life Events/Post-Traumatic Stress</td>
</tr>
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</table>
Preschool Age Psychiatric Assessment 2.0.7

CHILD AND ADOLESCENT IMPACT ASSESSMENT
ADMINISTRATION OF THE CAIA

This is the point during the interview for the interviewer to decide whether to administer the CAIA. It is essential to do the CAIA if any impairment or symptom coded.

If any of the below are true or there is any doubt, administer the CAIA. (If you decide when you are coding, after the interview, that there were no codings whatsoever in the PAPA you may “S” the CAIA.)

If a “Life Event” codes, but there is no "Painful Recall", you need not complete the CAIA solely on the basis of that event. If "Painful Recall" is present, do the CAIA.

PERCEPTION OF PROBLEM(S)
NOTE: INTERVIEWER DO NOT ASK QUESTION.

Has the parent endorsed any symptom areas on "Perception of Problems?"

HELP NEEDED
NOTE: INTERVIEWER DO NOT ASK QUESTION.

Has the parent endorsed any symptom areas on "Help Needed"?

ANY ISSUES, DIFFICULTIES, PROBLEMS, OR SYMPTOMS CODED
NOTE: INTERVIEWER DO NOT ASK QUESTION.

During the interview, has the parent mentioned any issues, difficulties, problems, or symptoms related to the child that coded or that you think will code? It is not necessary that the parent view them as problems.

INCAPACITIES
NOTE: INTERVIEWER DO NOT ASK QUESTION.

Were there any incapacities?
OTHER REASON WHY CAIA SHOULD BE ADMINISTERED

NOTE: INTERVIEWER DO NOT ASK QUESTION.

*Is there any other reason interviewer feels that the CAIA should be administered?*

INTERVIEWER’S SUBJECTIVE RATING OF SEVERITY

INTERVIEWER’S SUBJECTIVE RATING OF THE SEVERITY OF THE PROBLEMS:
ECONOMIC BURDEN

If services received in the last three months, ask expenses. Otherwise, skip to “Loss of Income”.

EXPENSES

The monetary expenses associated with getting services for child's emotional or behavioral problems. Include costs of medication.

Do not include income lost because of child’s problems, which is coded under “Loss of Income”.

Have there been any expenses associated with getting help for your child?

Have the costs of getting help for your child's problems had an impact on family budget for other things?

Are they causing any restrictions elsewhere?
Do you have savings to cover them?
Have you had to work extra hours?
Have you or anyone else had to take an additional job?

Have you gone into debt to cover these expenses?
Are you concerned about being able to pay back these expenses?

IF SERVICES NOT RECEIVED IN THE LAST THREE MONTHS, SKIP TO "LOSS OF INCOME", (PAGE 4).

EXPENSES

0 = No expenses.
1 = Expenses but affordable.
2 = Expenses causing effects on other areas of family budget.

IMPACT ON EXPENSES

0 = Absent
1 = Using savings.
2 = Necessitate cutting back on other expenditures.
3 = Necessitate working additional hours/jobs.

DEPTS

0 = Absent
2 = Incurred debts but envision no serious problems with payback.
3 = Incurred debts and envision will have problems with payback.
**LOSS OF INCOME**

Loss of income that results from the need to get professional services for child's emotional or behavioral problems, or from the need to provide an increased level of care at home, or from other things directly associated with the child's problems.

Do not include actual expenditures incurred for the child's problems, which are coded under "Expenses".

*Have your child's problems affected your family's income?*

*Have your child's problems affected your paid work?*

Have you lost any time at work because of it? 
Or have you had to cut down to part-time work? 
Or have you been unable to work at all? 
Or lost you job?

*Has your partner's paid work been affected at all?*

Or you child's? 
Or another family member's?

**Coding rules**

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<td><strong>LOSS OF INCOME</strong></td>
<td>Intensity</td>
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<tr>
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<tr>
<td>2 = Time lost at work, or hours reduced.</td>
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</tr>
<tr>
<td>3 = Unable to work, or lost job.</td>
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<td>2 = Time lost at work, or hours reduced.</td>
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</tr>
<tr>
<td>3 = Unable to work, or lost job.</td>
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<td><strong>CHILD/ADOLESCENT</strong></td>
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<tr>
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<td><strong>OTHER FAMILY MEMBER</strong></td>
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<td>0 = No income lost.</td>
<td></td>
</tr>
<tr>
<td>2 = Time lost at work, or hours reduced.</td>
<td></td>
</tr>
<tr>
<td>3 = Unable to work, or lost job.</td>
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</tbody>
</table>
**IMPACT ON FAMILY RELATIONSHIPS**

**NEGATIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP**

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

**Have your child's problems had any negative impact on your relationship with your "current partner"?**

Has having to deal with these problems strained the relationship at all?  How much of a strain has it been?

- **NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP**
  - **Intensity**: PTA2I01
  - **Core Code**: PTA2I01
  - **Definition**:
    - **0**: No negative effects.
    - **1**: Some negative effects, but relationship essentially satisfactory.
    - **2**: Severe negative effects on quality of relationship attributed to the child's problems.
    - **3**: Child's problems contributed to marital breakdown.

**POSITIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP**

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

**Have your child's problems had any positive impact on your relationship with your "current partner"?**

Has having to deal with these problems strengthened that relationship at all?

- **POSITIVE IMPACT ON CURRENT RELATIONSHIP**
  - **Intensity**: PTA2I02
  - **Core Code**: PTA2I02
  - **Definition**:
    - **0**: No positive effects.
    - **2**: Relationship has been strengthened.

**IF PARENT DOES NOT HAVE "CURRENT PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP", (PAGE 6).**
NEGATIVE IMPACT ON PARENT’S PREVIOUS RELATIONSHIP

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

The impact of the child's emotional or behavioral problems on the parent's relationship with the child's "Other Parent" who no longer lives in the home. "Other Parent" may be either a biological parent who lives elsewhere or another person who lives elsewhere that has played a significant part in raising the child.

Have your child’s problems had any impact on your relationship with "child's other parent"?

Have your child’s problems had any impact on your relationship with "child's other parent"?

Has having to deal with these problems put a strain on that relationship?

How much of a strain has it been?

Did it contribute to the breakdown of that relationship?

IMPACT ON PARENT’S CURRENT RELATIONSHIP WITH OTHER PARENT #1

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

How have your child’s problems affected your current relationship with "child's other parent"?

IF PARENT DOES NOT HAVE A "PREVIOUS PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND", (PAGE 7).
NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

*Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?*

Has having to deal with these problems strained the relationship at all?
How much of a strain has it been?

IF PARENT DOES NOT HAVE A "STEADY BOYFRIEND/GIRLFRIEND", SKIP TO "IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE", (PAGE 9).
**Definitions and questions**

**POSITIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND**

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

*Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?*

*Has having to deal with these problems strengthened that relationship at all?*

**IF THERE ARE NO OTHER CHILDREN IN THE HOUSEHOLD, SKIP TO "IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS", (PAGE 10).**
**Definitions and questions**

**IMPACT ON PARENT’S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE**

The impact of the child's emotional or behavioral problems on the parent's relationship with other child(ren).

*Have your child’s problems had any impact on your relationships with your other child(ren)?*

In what way?

Have they taken time away from your contact with them? Have the problems made it more difficult for you to deal with the other child(ren)?

**IMPACT ON RELATIONSHIPS BETWEEN OTHER CHILD(REN) IN THE HOUSEHOLD**

The impact of child’s emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

*You’ve told me some about X’s relationship with "other children in the home". Have X's problems affected the other children?*

In what way?

Have they led to conflicts between the children?

**IMPACT ON BEHAVIOR OF OTHER CHILD(REN) IN THE HOUSEHOLD**

The impact of child’s emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

*Have the other children gotten into more trouble, following the example set by X?*

Tell me about the last time.

**Coding rules**

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<tr>
<th>Impact on Parent’s Relationship with Other Child(ren)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0 = Neutral or positive effect.</td>
<td></td>
</tr>
<tr>
<td>2 = Subject child's problems leave parent less time for other child(ren), but not otherwise affected.</td>
<td></td>
</tr>
<tr>
<td>3 = Subject child's problems have led to a worsening of the relationship between parent and other child(ren).</td>
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<table>
<thead>
<tr>
<th>Impact on Relationships Between Other Children</th>
<th>PTA501</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Neutral or positive effect on relationship.</td>
<td></td>
</tr>
<tr>
<td>2 = Subject child's problems have led to some conflicts between children.</td>
<td></td>
</tr>
<tr>
<td>3 = Subject child's problems have led to major disruption of previous relationship.</td>
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</table>

<table>
<thead>
<tr>
<th>Impact on Other Children’s Behavior</th>
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<tbody>
<tr>
<td>0 = Neutral or positive effect on other child's behavior.</td>
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</tr>
<tr>
<td>2 = Subject child's problems have led other children to have some behavior problems and to get into trouble at home.</td>
<td></td>
</tr>
<tr>
<td>3 = Subject child's problems have led other children to have some behavior problems and to get into trouble at school or elsewhere.</td>
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</table>
IMPACT ON OTHER RELATIONSHIPS

IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS
Impact on the child's emotional or behavioral problems on the parent's relationships with other family members.

Have your child's problems had any impact on your relationship with other members of your family?

Has having to deal with these problems strained your relationship with your parents?
Your siblings?
Other close relatives?

IMPACT ON RELATIONSHIPS WITH FRIENDS
The impact of the child's emotional or behavioral problems on the parent's relationships with friends.

Have your child's problems had any impact on relationships with your friends?

Has having to deal with these problems put a strain on your friendships?
Definitions and questions

RESTRICTIONS ON ACTIVITIES

RESTRICTIONS ON PARENT'S PERSONAL ACTIVITIES

Restrictions on parent's personal life and activities that have resulted from the child's problems. Do not include changes in employment coded under "Expenses" and "Loss of Income" or changes in family social structure coded under "Restrictions on Family Social Activities".

Have your own activities been affected?

Are there things that you haven't done because of your child's needs?
Like hobbies?
Or other activities?
Have your child's problems changed your social life?

In what way?

RESTRICTIONS ON FAMILYS SOCIAL ACTIVITIES

Restrictions on family's social life that result from the child's problems.

Have these problems kept you from doing things socially with your child?

Are you embarrassed to do things because of his/her problems?
Are there places that are harder to go because of these problems?
Or places that you can't go?
Do you ever not go out because you are concerned about what others will think?

STIGMA

Child's problems have resulted in parent's feeling that others disapprove or blame him/herself and/or his/her partner.

Are you embarrassed about your child's problems?

Have you felt that others disapprove of you or the way you handle things?

Or blame you for what has happened?

Or avoid you because of your child's problems?

Coding rules

RESTRICTED PERSONAL ACTIVITIES

0 = Little effect on personal activities.
2 = Some disruption of personal leisure activities due to child's problems, such as cutting down on activities or hobbies.
3 = Most or all personal leisure activities restricted or disrupted because of child's problems.

RESTRICTED SOCIAL ACTIVITIES FOR FAMILY

0 = No effect of family's social life.
2 = Some disruption, such as family can no longer go some places because of child's problems.
3 = Most or all social activities restricted or disrupted because of child's problems.

STIGMA

0 = No stigma perceived.
1 = Embarrassed but does not feel disapproval or blame directed at him/herself.
2 = Parent feels stigmatized in the eyes of at least some people.
3 = Parent feels stigmatized be almost anyone who knows about child's problems.
### RESPONSIBILITY FOR PROBLEMS
**ATTRIBUTION OF CAUSE OF PROBLEMS**

Parent's view of what has caused the child's problems, including attribution to various causes or individuals. Include self-blame by parent who feels responsible for having caused the child's problems, or for the child's lack of progress in dealing with the problems.

**Do you think there have been causes for your child’s problems?**

**What things do you think have been causes of your child’s problems?**

**How so?**

**Do you think that your child was born with these problems?**

**Is a physical injury or disability to blame?**

**Or does s/he have problems because something really bad happened to him/her?**

**Do you think your child is responsible for what has happened?**

### Codes

<table>
<thead>
<tr>
<th>Code</th>
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<tr>
<td>PTB1I90</td>
<td>Intensity of responsibility for problems.</td>
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<tr>
<td>2</td>
<td>Partially responsible for child's problems.</td>
</tr>
<tr>
<td>3</td>
<td>Completely or almost completely responsible for child's problems.</td>
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<td>2</td>
<td>Partially responsible for child's problems.</td>
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</tr>
<tr>
<td>3</td>
<td>Completely or almost completely responsible for child's problems.</td>
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</tbody>
</table>
Do you blame yourself for any of what has happened?
Do you feel responsible for the problems that your child has?

Do you think that your “current partner” is responsible?

Or child’s “other parent”?

Or other members of your family?

Or you child’s friends and/or peers?

Or the school?

<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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<td><strong>Do you blame yourself for any of what has happened?</strong></td>
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<td></td>
</tr>
<tr>
<td>2 = Partially responsible for child’s problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Completely or almost completely responsible for child’s problems.</td>
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<tr>
<td><strong>Do you feel responsible for the problems that your child has?</strong></td>
<td><strong>PARTNER</strong></td>
<td><strong>PTB1I06</strong></td>
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<tr>
<td>2 = Partially responsible for child’s problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Completely or almost completely responsible for child’s problems.</td>
<td></td>
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</tr>
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<td><strong>Do you think that your “current partner” is responsible?</strong></td>
<td><strong>CHILD’S OTHER PARENT</strong></td>
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<tr>
<td>2 = Partially responsible for child’s problems.</td>
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<td></td>
</tr>
<tr>
<td>3 = Completely or almost completely responsible for child’s problems.</td>
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<td><strong>Or child’s “other parent”?</strong></td>
<td><strong>OTHER FAMILY MEMBER</strong></td>
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<td>3 = Completely or almost completely responsible for child’s problems.</td>
<td></td>
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</tr>
<tr>
<td><strong>Or other members of your family?</strong></td>
<td><strong>CHILD’S FRIENDS/PEERS</strong></td>
<td><strong>PTB1I09</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
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<tr>
<td><strong>Or you child’s friends and/or peers?</strong></td>
<td><strong>SCHOOL</strong></td>
<td><strong>PTB1I10</strong></td>
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</table>
Definitions and questions

**Or neighborhood and community?**

**Do you think these problems are the result of bad luck?**

**Or God’s will?**

**Or the work of Satan?**

**Do you think anything else has been responsible?**

Coding rules

<table>
<thead>
<tr>
<th>NEIGHBORHOOD/COMMUNITY</th>
</tr>
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<tbody>
<tr>
<td>PTB1I11</td>
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<tr>
<th>CHANCE/BAD LUCK</th>
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<tbody>
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<td>PTB1I12</td>
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<tr>
<th>GOD'S WILL</th>
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<td>PTB1I13</td>
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<tr>
<th>SATAN</th>
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<td>PTB1I14</td>
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<th>OTHER</th>
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Specify
IMPACT OF FEELINGS OF PERSONAL WELL-BEING

PSYCHOLOGICAL ADJUSTMENT

Parent's psychological adjustment to child's problems.

Have your child's problems affected how you have been feeling?

Have you been depressed because of his/her problems?

Have you felt discouraged about his/her situation?

Have you been worried about what was happening with your child?

Have you been feeling tired?

Have your child’s problems made you irritable or quick to get angry about things?

Have your child’s problems affected your health at all?

In terms of mental or emotional health?

In what way?

PARENT'S PSYCHOLOGICAL ADJUSTMENT

0 = Absent

2 = Present

DEPRESSION

0 = No increase in depressive feelings attributed to child's problems.

2 = Yes, some depression related to child's condition.

3 = Depression related to child's condition affecting ability to function normally.

WORRIES

0 = No increase in worries attributed to child's problems.

2 = Yes, some worries related to child's condition.

3 = Worries affecting ability to function normally.

TIREDNESS OR ANERGIA

0 = No tiredness attributed to child's problems.

2 = Yes, some tiredness related to child's condition.

3 = Tiredness affecting ability to function normally.

IRRITABILITY

0 = No irritability attributed to child's problems.

2 = Yes, some irritability related to child's condition.

3 = Irritability affecting ability to function normally.

OTHER MENTAL HEALTH PROBLEMS

0 = No other mental health problems attributed to child's problems.

2 = Yes, other mental health problems related to child's condition.

3 = Other mental health problems affecting ability to function normally.

Specify
Definitions and questions

**What about in terms of physical health?**

How?

**Have you taken any medication to make yourself feel better?**

**Have your child’s problems led you to use alcohol or drugs more than before?**

**Have you gotten any help from others to assist you in dealing with the strain?**

Family?

Friends?

**Have you gotten any professional help to assist you in dealing with the strain?**

**Do you feel you have the energy to handle your child’s problems?**

**Do you feel you know what to do about them?**

Coding rules

<table>
<thead>
<tr>
<th>OTHER PHYSICAL HEALTH PROBLEMS</th>
<th>PTB3I07</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No other physical health problems attributed to child's problems.</td>
<td></td>
</tr>
<tr>
<td>2 = Yes, some other physical health problems related to child's condition.</td>
<td></td>
</tr>
<tr>
<td>3 = Other physical health problems affecting ability to function normally.</td>
<td></td>
</tr>
</tbody>
</table>

Specify

<table>
<thead>
<tr>
<th>ASSISTANCE WITH PROBLEMS: MEDICATION</th>
<th>PTB4I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No medication for parent's problems related to child's condition.</td>
<td></td>
</tr>
<tr>
<td>2 = Medication being taken.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSISTANCE WITH PROBLEMS: SUBSTANCE USE</th>
<th>PTB4I02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No increase or change in pattern of usage because of child's problems.</td>
<td></td>
</tr>
<tr>
<td>2 = Child's problems have led to increase in usage of alcohol and/or drugs.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>ASSISTANCE WITH PROBLEMS: SUPPORT NETWORK</th>
<th>PTB4I03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Family and/or friends have been of assistance to parent in dealing with the stress of the problems.</td>
<td></td>
</tr>
<tr>
<td>2 = Limited assistance.</td>
<td></td>
</tr>
<tr>
<td>3 = No assistance.</td>
<td></td>
</tr>
<tr>
<td>4 = Parent has not sought help.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>ASSISTANCE WITH PROBLEMS: PROFESSIONAL HELP</th>
<th>PTB4I04</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No help sought.</td>
<td></td>
</tr>
<tr>
<td>2 = Parent has sought help from a professional for own problems related to child's condition.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEELINGS OF COMPETENCE</th>
<th>PTB4I05</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Feels some doubts about own ability to handle all or most child's problems adequately.</td>
<td></td>
</tr>
<tr>
<td>3 = Feels incompetent to deal with all or most of child's problems.</td>
<td></td>
</tr>
</tbody>
</table>
THANK YOU

THANKS

*******AFTER FINISHING INTERVIEW, REMEMBER TO COMPLETE “ADEQUACY OF INTERVIEW” ON FIRST SCREEN OF THE ASSESSMENT.*******

NOTE HERE ANY FULL SECTIONS ADMINISTERED OVER THE TELEPHONE. OMIT TELEPHONE CLARIFICATION OF SEPARATE ITEM(S).

Well, I think that’s all I want to ask about, thank you for talking to me so helpfully. Were there any other things you’d like to add?

ADDITIONAL CONCERNS
0 = Absent
2 = Present
Specify

PQA0X01
Intensity