PRESCHOOL AGE PSYCHIATRIC ASSESSMENT (PAPA)
Core Diagnostic Modules DSM 5 Version
(Depression, Anxiety, ODD/CD, ADHD, and Impairment Modules)

Version 10.0.0

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Derived from the Child and Adolescent Psychiatric Assessment (CAPA)
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Table of Contents

A. Demographics with Ethnicity Page A 1-16
B. Home Page B 1-4
C. Daycare/School Page C 1-2
D. Food Preferences and Appetite (Short) Page D 1-3
D. Food Preferences and Appetite (ARFID) Page D 1-11

Please review Food Section to decide if you want to use ARFID.

E. Sleep Behaviors Page E 1-9
F. Separation Anxiety Page F 1-15
G. Worries Page G 1-3
H. Anxious Affect Page H 1-21
I. Depressed Affect Page I 1-27
J. Conduct Problems Page J 1-30
K. Hyperactivity Page K 1-22
L. Incapacity Section Page L 1-42
M. Ending the Interview Page M 1-1
Preschool Age Psychiatric Assessment DSM 5 10.0.0

Definitions and questions

INTERVIEW #

INTERVIEWER

DATE OF INTERVIEW

FIRST DAY OF PRIMARY PERIOD

START TIME OF INTERVIEW

END TIME OF INTERVIEW
**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.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQA9X01</td>
<td>Quality of interview</td>
</tr>
<tr>
<td>PQA9X02</td>
<td>Adequacy of Interview</td>
</tr>
<tr>
<td>PQA9X03</td>
<td>Misleading Answers or Lies</td>
</tr>
<tr>
<td>PQA9X04</td>
<td>Did Not Answer Many Questions Verbally</td>
</tr>
<tr>
<td>PQA9X05</td>
<td>Guarded Informant</td>
</tr>
<tr>
<td>PQA9X06</td>
<td>Refused to Continue</td>
</tr>
<tr>
<td>PQA9X07</td>
<td>Impaired Consciousness</td>
</tr>
<tr>
<td>PQA9X08</td>
<td>Intoxicated with Alcohol or Drugs</td>
</tr>
</tbody>
</table>

Interviewer Comments

________________________________
________________________________
________________________________
Preschool Age Psychiatric Assessment

Definitions and questions

SUBJECT

GENDER
1 = Male
2 = Female

DATE OF BIRTH
What is “your child’s” birth date?

HISPANIC
0 = Absent
2 = Present

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

BIRTH WEIGHT (pounds/ounces)
What was “your child’s” birth weight?

GESTATIONAL AGE (Weeks)
How many weeks pregnant were you (or biological mother) when X was born?

CURRENT WEIGHT

CURRENT HEIGHT

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

AGE AT ADOPTION (Years and Months)
### Definitions and Questions

#### PARENTAL FIGURES

**What is the current marital status of the child’s biological parents?**

- Are they married?
- Divorced?
- Separated?
- Do they “live together” without being married?
- Have they lived together for more than 6 months or less than 6 months?
- Have they ever lived together?

#### YEARS BIOLOGICAL PARENTS LIVED TOGETHER

*How long have the biological parents lived together?*

**PARENT #1: Name ____________________________

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

**Gender**

- M= Male
- F= Female

**AGE**

*How old are you?*

**EDUCATION**

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

### Codes

- **PAB2X01**
- **PAB3F01**
- **PAB5X01**
- **PAB5X02**
- **PAB5X03**
- **PSA0X01**
## Parental Employment and Occupation

### Parent #1

**Are you currently employed?**
- Full-time?
- Part-time?

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

### Occupation (Current or most recent)

Enter code from Census Index of Occupations

### Industry (Current or most recent)

Enter code from Census Index of Occupations

### Date Last Employed

Code if not employed at the time of the interview

**When was the last time you were employed?**

### Current Employment Status

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

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

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

### Occupation (Current or most recent)

### Industry (Current or most recent)

### Date last employed

\[ / / \]
PARENTAL FIGURES

PARENT #2: Name___________________________

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

Gender
M= Male
F= Female

AGE
How old is “Parent #2”?

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

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

EDUCATION
1= 0-8 years completed
2= Some high school
3= GED or high school 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
Is “Parent #2” currently employed?
Full-time?
Part-time?

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

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

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

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

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

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

Occupation (Current or most recent)

Industry (Current or most recent)
PARENTAL FIGURES

OTHER PARENT #1: Name___________________________

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

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

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

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

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

Gender
1= Male
2= Female

AGE IN YEARS

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

Codes
PAB7X01
PAB7X02
PAB7X03
PSA0X03
Parental Employment and Occupation

Current Employment Status: Other Parent #1
Is s/he currently employed?
Full-time?
Part-time?

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

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

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

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

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

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

Occupation (Current or most recent)

Industry (Current or most recent)

Date Last Employed

**PARENTAL FIGURES**

**OTHER PARENT #2: Name___________________________**

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

**Gender**
M= Male  
F= Female

**AGE**
*How old is “Other Parent #2”?*

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

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

**EDUCATION**
1= 0-8 years completed  
2= Some High School  
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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
Preschool Age Psychiatric Assessment

Definitions and questions

Parental Employment and Occupation

**Current Employment Status: Other Parent #2**
*Is s/he currently employed?*

*Full-time?*  
*Part-time?*

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

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

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

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

---

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<th>Description</th>
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<td>Current Employment Status</td>
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<td>PSA7X02</td>
<td>Type of Employment (Current or most recent)</td>
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<td>PSA7X03</td>
<td>Occupation (Current or most recent)</td>
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<td>Industry (Current or most recent)</td>
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<td>PSA8001</td>
<td>Date Last Employed</td>
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</table>
### 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

<table>
<thead>
<tr>
<th>Codes</th>
<th>PAA6X01</th>
<th>PAA6X02</th>
<th>PAA6X03</th>
<th>PAA6X04</th>
<th>PAA6X05</th>
<th>PAA6X06</th>
<th>PAA6X07</th>
<th>PAA6X08</th>
<th>PAA6X09</th>
<th>PAA6X10</th>
<th>PAA6X11</th>
<th>PAA6X12</th>
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</thead>
</table>
### 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

<table>
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<th>Codes</th>
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<th>PAA6X15</th>
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<th>PAA6X19</th>
<th>PAA6X20</th>
<th>PAA6X21</th>
<th>PAA6X22</th>
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<td>6.</td>
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</tr>
</tbody>
</table>
## 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  

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
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<td>PAA6X25</td>
<td>7.______________________________</td>
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<td>PAA6X26</td>
<td>8.______________________________</td>
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<td>PAA6X27</td>
<td>9.______________________________</td>
</tr>
<tr>
<td>PAA6X28</td>
<td></td>
</tr>
</tbody>
</table>
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
PAA7X03 Birth Order
PAA7X04 Other Multiple
Preschool Age Psychiatric Assessment

Definitions and questions

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
<th>Code</th>
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<tr>
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<td>2</td>
<td>Adoptive parent</td>
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</tr>
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<td>3</td>
<td>Step parent</td>
<td>PAA8X03</td>
</tr>
<tr>
<td>4</td>
<td>Live-in partner of one parent (&gt; 6 months)</td>
<td>PAA8X04</td>
</tr>
<tr>
<td>5</td>
<td>Live-in partner of one parent (&lt; 6 months)</td>
<td>PAA8X05</td>
</tr>
<tr>
<td>6</td>
<td>Grandparent</td>
<td>PAA8X06</td>
</tr>
<tr>
<td>7</td>
<td>Other relative</td>
<td>PAA8X07</td>
</tr>
<tr>
<td>8</td>
<td>Paying boarder</td>
<td>PAA8X08</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td>PAA8X09</td>
</tr>
<tr>
<td>10</td>
<td>Foster Parent</td>
<td>PAA8X10</td>
</tr>
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</table>

List respondent first

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________
7. __________________________
8. __________________________
9. __________________________
10. __________________________
LIVING AT HOME
Child lives at home for at least 4 weeks of the last 3 months.

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

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

*There are 12 weeks in a 3 month period.*

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

IF NOT AT HOME ALL 12 WEEKS IN LAST 3 MONTHS, ASK:

*Where else has s/he lived in the past 3 months?*

IF NOT LIVING AT HOME FOR AT LEAST 4 WEEKS, CONTINUE. OTHERWISE, SKIP TO "OTHER PARENT #1", (PAGE 3).
Definitions and questions

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

*When did s/he last live at home for at least 4 weeks?*
If child not living at home for at least 4 weeks, code date when last lived at home for 4 weeks.

*Where has s/he been living?*

IF OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO END.

Codings rules

**CHILD LIVING ELSEWHERE**

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

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Time spent away from home and parental figures while attending special program or camp, traveling, vacationing, visiting relatives or friends.</td>
</tr>
<tr>
<td>2</td>
<td>In hospital.</td>
</tr>
<tr>
<td>3</td>
<td>In treatment facility(ies)</td>
</tr>
<tr>
<td>4</td>
<td>Living with other parent.</td>
</tr>
<tr>
<td>5</td>
<td>Foster care</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
</tr>
</tbody>
</table>

For Review Only

---

For Review Only

---

For Review Only
**OTHER PARENTING - OTHER PARENT #1**

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

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

**CODE AS PRESENT AND CONTINUE.**

*Does X see or have any contact with his/her "Other Parent #1"?*

Does s/he want to?

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

---

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

How many calls or letters?

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

**How would you describe X's relationship with "Other Parent #1"?**

Are there any problems?

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

*Would s/he rather not see him/her?*

---

**IF OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO END.**
### 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.**

**IF CHILD HAS "OTHER PARENT #2," CONTINUE.**

**Does X see or have any contact with "Other Parent #2?"**

Does s/he want to?
How long are the visits to "Other Parent #2?"

**In the last 3 months, has s/he received any phone calls, texts, emails, or letters from "Other Parent #2"?**

How many calls or letters?
**CODE QUALITY OF RELATIONSHIP WITH OTHER PARENT #2 EVEN IF NO CONTACT IN THE LAST 3 MONTHS.**

**How would you describe X's relationship with "Other Parent #2?"**

Are there any problems?
Does s/he like visiting "Other Parent #2?"
Would s/he rather not see him/her?

<table>
<thead>
<tr>
<th>CHILD HAS &quot;OTHER PARENT #2&quot;</th>
<th>PAE1I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
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</table>

<table>
<thead>
<tr>
<th>OTHER PARENT #2: NUMBER OF VISITS</th>
<th>PAE1F01</th>
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<tbody>
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<table>
<thead>
<tr>
<th>DURATION OF VISITS: OTHER PARENT #2</th>
<th>PAE1D01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = &gt;1 week</td>
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</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>
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</table>

<table>
<thead>
<tr>
<th>NUMBER OF PHONE CALLS/LETTERS TO OR FROM OTHER PARENT #2 IN LAST 3 MONTHS</th>
<th>PAE2F01</th>
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<table>
<thead>
<tr>
<th>OTHER PARENT #2: QUALITY OF RELATIONSHIP</th>
<th>PAE3I01</th>
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</thead>
<tbody>
<tr>
<td>0 = No evidence of relationship problems with absent parent.</td>
<td></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>
CHILD CARE

DAYCARE/SCHOOL SETTINGS

Child Attends Daycare/School

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).

Homeschooling is not considered a school setting. Conduct problems occurring while home-schooled are coded as occurring at home or elsewhere if homeschooling is held at a home other than the child's home. Daycare is a school equivalent if 3 or more NON-SIBLINGS are present and daycare provider is not child's parent (Parent #1, Parent #2, Other Parent #1, or Other Parent #2).

Determine the number of weeks the child is enrolled in a daycare/school setting in the last 3 months, the number of days the child is actually present in the last 3 months, and the number of weeks where the child is present at least 1 day per week in the last 3 months. Exclude weeks of vacation or extended illness. Include weeks when enrolled but missed daycare/school because of worry/anxiety.
CHILD ATTENDS DAYCARE/SCHOOL

Child regularly spends 1 hour or more a week in daycare/school setting. If the childcare arrangement occurs in 3 out of 4 of the weeks of a month, code as regularly occurring. If they occur every other week or less, do not code as daycare/school.

Determine the number of weeks the child is enrolled in an overall daycare/school setting in the last 3 months, the number of days the child is actually present in the last 3 months, and the number of weeks where the child is present at least 1 day per week in the last 3 months. Exclude weeks of vacation or extended illness. Include weeks when enrolled but missed daycare/school because of worry/anxiety.

Has s/he been to daycare/school in the last 3 months?

How many other children are in his/her class/daycare?

There are 12 weeks in a 3 month period.

During the last 3 months, how many weeks was s/he in daycare/school?

Was s/he out sick for a whole week?
Any vacations lasting a week or more in the last 3 months?
Or daycare/school holidays lasting a week?
Did s/he stay home any days because s/he was worried about going to daycare/school?
EXCLUDE WEEKS OF VACATION OR EXTENDED ILLNESS.

INCLUDE WEEKS ENROLLED BUT MISSED SCHOOL BECAUSE OF WORRY/ANXIETY.

THE MAXIMUM NUMBER IS 12 WEEKS.

Did s/he attend daycare/school each day?

Was s/he out sick any days?
Any vacations?
Did s/he miss school because s/he was worried about going to daycare/school?
TOTAL NUMBER OF DAYS PRESENT (MAXIMUM OF 60 DAYS).

NUMBER OF WEEKS PRESENT AT LEAST 1 DAY PER WEEK (MAXIMUM OF 12 WEEKS).

CHILD ATTENDS DAYCARE/SCHOOL

0 = Absent
2 = Present

NUMBER OF WEEKS ENROLLED IN DAYCARE/SCHOOL: 3 MONTHS

TOTAL NUMBER OF DAYS PRESENT: 3 MONTHS

NUMBER OF WEEKS WHERE PRESENT AT LEAST 1 DAY PER WEEK: 3 MONTHS
### FOOD PREFERENCES AND APPETITE

#### 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.

**How has his/her appetite been in the last 3 months?**
**Has his/her appetite been less than usual?**

Has the amount s/he eats changed at all?
IF PRESENT, ASK:

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

When did his/her appetite start to fall off?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Food intake has been definitely reduced below normal level because of lack of appetite for at least 1 week. Child can only be induced to eat by marked parental or other persuasion.</td>
</tr>
<tr>
<td>3</td>
<td>Child can only be induced to eat by marked parental or other persuasion.</td>
</tr>
</tbody>
</table>

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

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

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

When did s/he start losing weight?

**GROWTH DEFICIENCY: PARENT CONCERNED**
In the last 3 months, have you worried that s/he is not growing as big or fast as s/he should be?

Are you happy with his/her weight?

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

### Definitions and questions
### Definitions and questions

- **When did you become concerned over his/her growth deficiency?**

### Coding rules

#### GROWTH DEFICIENCY: DOCTOR CONCERNED

Growth deficiency as noted by a medical doctor.

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

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

### Codes

- **PFG6O01**
  - Onset
  - \( / / \)

- **PFG7X02**
  - Intensity
  - \( \)\( \)\( \)\( \)

- **PFA2I01**
  - Intensity
  - \( \)\( \)\( \)\( \)

- **PFA2001**
  - Onset
  - \( / / \)
Eating and Other Food Related Behaviors Section

**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 oropharyngeal or nasogastric trauma.

**NOTE:** Child may take liquids but refuse solid foods. Include tube feedings.

*In the last 3 months, has s/he simply refused to eat at all?*

**Has s/he refused to eat most food offered to him/her?**

- Has s/he refused to eat for MORE than 24 hours?
- Was this related to being sick?
- Did s/he refuse to open his/her mouth?
- Throw food?
- Did this affect his/her growth?

IF FOOD REFUSAL FOR MORE THAN 24 HOURS, CONTINUE.

**How many days has s/he refused food?**

**When did s/he start to refuse to eat?**

**Did s/he refuse to eat with all caregivers? Or just specific caregivers, like “Parent #2”?**

---

**Coding rules**

**FOOD REFUSAL**

- 0 = Absent
- 2 = Refused to eat adequate amounts of food for more than 24 hours.

**DAYS**

- PFG7D01 Duration

**RELATIONAL CONTEXT**

- 1 = With all caregivers.
- 2 = With specific caregiver(s).

Specify
FOOD PREFERENCES AND APPETITE

FOOD SELECTIVITY

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

Do not include simple dislike of cabbage etc., which is typical of many children.

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

*Many children are fussy about the foods they will eat.*

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

Do you consider him/her a picky eater?

Does s/he only eat certain foods?

Do you have to fix special meals just for him/her?

Do these food preferences interfere with family meals?

What will s/he eat?
When you go out to eat as a family, do you have to bring food for him/her to eat?
Do you find it difficult to travel with him/her because of his/her picky eating?
What sort of things won’t s/he eat?
Why is that?
Will s/he eat these things if s/he is pushed?

When did s/he start to get choosy like that?

IF FOOD SELECTIVITY, CONTINUE. OTHERWISE, SKIP TO "GAGGING WHEN EATING OR ANTICIPATION OF EATING", (PAGE 5).
### Definitions and questions

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

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

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

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

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

Is that with most food or just some foods?

What does s/he say?

**FOOD SELECTIVITY DUE TO TEXTURE**
Child avoids 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.

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

Does s/he refuse to eat certain foods because it is too hard?

Or it is too crunchy?

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

Are his/her food choices limited because s/he doesn't like the texture of certain foods in his/her mouth?

What does s/he say?

### Coding rules

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<thead>
<tr>
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<th>Description</th>
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</thead>
<tbody>
<tr>
<td>PFA4I02</td>
<td>Food Selectivity Due to Appearance</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>PFA6I15</td>
<td>Food Selectivity Due to Texture</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>Definitions and questions</td>
<td>Coding rules</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>FOOD SELECTIVITY DUE TO TASTE</strong></td>
<td></td>
</tr>
<tr>
<td>Child avoids certain foods based on taste. The child may avoid sweet, sour, bitter or salty foods. Do not include simple dislike of vegetables, etc.</td>
<td></td>
</tr>
<tr>
<td>Is s/he picky about eating because of the way food tastes?</td>
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<tr>
<td>Does s/he say food tastes “disgusting” or “revolting” to him/her?</td>
<td></td>
</tr>
<tr>
<td>Does s/he avoid eating certain foods because they taste too sweet or sour?</td>
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</tr>
<tr>
<td>Or bitter or salty? Does s/he prefer “bland” or tasteless food?</td>
<td></td>
</tr>
<tr>
<td>What happens?</td>
<td></td>
</tr>
<tr>
<td><strong>FOOD SELECTIVITY DUE TO SMELL</strong></td>
<td></td>
</tr>
<tr>
<td>Child avoids certain foods based on the smell. Child may not be able to tolerate being in the same room because of the smell of certain foods.</td>
<td></td>
</tr>
<tr>
<td>Is s/he picky about eating because of the way food smells?</td>
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</tr>
<tr>
<td>Is s/he able to tolerate being in the same room with food s/he finds unappealing?</td>
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<tr>
<td>What happens?</td>
<td></td>
</tr>
<tr>
<td><strong>SOCIAL IMPAIRMENT DUE TO FOOD SELECTIVITY</strong></td>
<td></td>
</tr>
<tr>
<td>Child experiences marked interference with psychosocial functioning. Child may experience social impairment with relationships with family members or friends. Selective eating may limit the number of place the child can go.</td>
<td></td>
</tr>
<tr>
<td>Does his/her picky eating upset you (or &quot;Parent #2&quot;)?</td>
<td></td>
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<tr>
<td>Does his/her picky eating affect his/her relationship with family or friends?</td>
<td></td>
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<tr>
<td>Does it limit the places you can take him/her?</td>
<td></td>
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<tr>
<td>Does it limit what you can do with others?</td>
<td></td>
</tr>
</tbody>
</table>
Eating and Other Food Related Behaviors Section

**HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY**

Child may be dependent on enteral feeding or oral nutritional supplements. Child may experience significant weight loss or failure to meet expected weight gain or developmental norms.

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

Have others commented on his/her health?

Does s/he have to take nutritional supplements?

Like “PediaSure” or “Boost”?

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

Has s/he been on a feeding tube?

**Coding rules**

**HEALTH IMPAIRMENT DUE TO FOOD SELECTIVITY**

0 = No  
2 = Yes

**Codes**

PFA4I06

Intensity
Definitions and questions

**GAGGING WHEN EATING OR ANTICIPATION OF EATING**
Child gags related to food or eating, either in anticipation of or consequence of eating.

Do not rate episodes of gagging when associated with underlying medical illness.

**Does s/he gag when s/he eats?**

**Does s/he gag when you START making food?**

**Does s/he gag when s/he ANTICIPATES having to eat?**
Are there certain types of food that make him/her gag?
What happens?
Are there certain types of food that make him/her gag in anticipation of seeing, smelling, or tasting them?
What are they?

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

When did this start?

**VOMITING WHEN EATING OR ANTICIPATION OF EATING**
Child experiences episodes of vomiting related to food or eating, either in anticipation of or consequence of eating.

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

**Does s/he vomit when s/he eats?**

**Does s/he vomit when you START making food?**

**Does s/he vomit when s/he ANTICIPATES having to eat?**
Are there certain types of food that make him/her vomit?
What happens?
What are they?
Are there certain types of food that makes your child vomit in anticipation of seeing, smelling, or tasting them?

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

When did this start?
Definitions and questions

INDIFFERENCE TO FOOD

Child is indifferent to food. Child has a "take it or leave it" attitude about food or eating. Distinguish from decreased appetite, which is coded separately. Differentiate from Selective Eating and/or simple dislike of certain foods.

**Does s/he enjoy food?**
**Does s/he have a "take it or leave it" attitude about food or eating?**
**Do you have to "coax" him/her to eat?**
**Does s/he forget to eat?**
**Does s/he not seem to care about food?**
**Does it seem that s/he eats with little pleasure?**

How often does s/he feel this way?

When did this first start?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>PFGS001</td>
<td>Onset</td>
<td>/ /</td>
</tr>
<tr>
<td>PFGS01</td>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>PFGS101</td>
<td>Intensity</td>
<td></td>
</tr>
</tbody>
</table>
**AVERTION TO FOOD**

Child has an aversion to food (e.g., finds it's taste, smell or texture repulsive; child 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.

**Does s/he find most foods unappealing?**

**Does s/he find food repulsive or disgusting?**

**Or gross?**

**Why?**

**How often does s/he feel this way?**

**When did this start?**

**What bothers him/her about food?**

**Is it the taste of food?**

**Or the smell?**

**Or texture?**

**Anything else that I haven't mentioned?**

---

**CAUSE OF AVERSION**

1 = Taste
2 = Smell
3 = Texture
4 = Other

**SOCIAL IMPAIRMENT DUE TO AVERSION TO FOOD**

0 = No
2 = Yes

**HEALTH IMPAIRMENT DUE TO AVERSION TO FOOD**

0 = No
2 = Yes
Eating and Other Food Related Behaviors Section

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.

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

Has his/her appetite been less than usual?

Has the amount s/he eats changed at all?

IF PRESENT, ASK:

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

How much less has s/he been eating?

Why is s/he eating less?

When did his/her appetite start to fall off?

WEIGHT LOSS
Any weight loss in the last 3 months.

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

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

When did s/he start losing weight?

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

In the last 3 months have you worried that s/he is not growing as big or fast as s/he should be?

Are you happy with his/her weight?

When did you become concerned over his/her growth deficiency?

Coding rules

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

WEIGHT LOSS
0 = Absent
2 = Present

WEIGHT LOSS IN KILOGRAMS

PARENTAL GROWTH DEFICIENCY CONCERN
0 = Absent
2 = Present
GROWTH DEFICIENCY: DOCTOR CONCERNED
Growth deficiency as noted by a medical doctor.

Has a doctor said that s/he is not growing as much as s/he should?
When did the doctor become concerned over his/her growth deficiency?

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?
Has s/he actually eaten more than usual?

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

GROWTH DEFICIENCY
0 = Absent
2 = Noted by medical provider.

EXCESSIVE APPETITE
0 = Absent
2 = Food consumption has been definitely increased above the child’s usual level for at least 1 week.
Definitions and questions

**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 s/he simply refused to eat at all?_

_Has s/he refused to eat most food offered to him/her?_
_Has s/he refused to eat for MORE than 24 hours?_  
_Was this related to being sick?_  
_Did s/he refuse to open his/her mouth?_  
_Throw food?_  
_Did this affect his/her growth?_  
_IF FOOD REFUSAL FOR MORE THAN 24 HOURS, CONTINUE._

_How many days has s/he refused food?_  
_When did s/he start to refuse to eat?_

**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 s/he EVER had a traumatic experience related to his/her mouth, throat, or stomach?_
_Like experiencing a bad choking episode?_  
_Or having a tube down his/her throat or stomach?_  
_CODE WORST EVENT._
_When was the first time this happened?_

**IF OP/NG TRAUMA EVER PRESENT, CONTINUE. OTHERWISE, SKIP TO END.**

Coding rules

**FOOD REFUSAL**  
0 = Absent  
2 = Refused to eat adequate amounts of food for more than 24 hours.

**DAYS**

**ORPHARYNGEAL (OP) OR NASOGASTRIC (NG) TRAUMA: EVER**  
0 = Absent  
2 = Choking  
3 = Insertion of nasogastric or endotracheal tube.
FOOD REFUSAL FOLLOWING OP OR 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).

Because of the traumatic event (choking or tube down throat), has s/he refused food in the last 3 months?

Did s/he refuse to eat for MORE than 24 hours?
Was it with all food?
Did s/he refuse to open his/her mouth?

In the last 3 months, how many days has s/he refused to eat food?

When did this start in the last 3 months?
SLEEP BEHAVIORS

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.

Now I want to talk with you about his/her sleep.

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 s/he share a room with another child?

Whom?

Some families have a “family bed” where kids and parents usually 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 s/he fall asleep most nights?

In his/her own bed?

Sibling's bed, even though his/her own bed is available?

Your bed?

Somewhere else?
Definitions and questions

**RELUCTANCE TO INITIATE SLEEP ALONE**
Persistent reluctance or refusal to initiate sleep without being near a major attachment figure.

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

*Does s/he need you or another adult close by in order to fall asleep?*

*Does s/he need his/her sibling in the room in order to fall asleep?*

*Does s/he get really upset if you don't stay with him/her while s/he falls asleep?*

*Does s/he get upset most nights?*

*Could s/he go to sleep on his/her own if s/he had to?*

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

*When did this start?*

**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?*

**Codings rules**

**RELUCTANCE TO GO TO SLEEP ALONE**

0 = Absent

2 = Sometimes reluctant to go to sleep alone.

3 = Almost always reluctant to go to sleep alone. Protest nearly every night unless family member in room with him/her while s/he falls asleep.

**SLEEPS WITH FAMILY MEMBER**

0 = Absent

2 = Present

**HOURS : MINUTES**
Definitions and questions

**BEDTIME RESISTANCE**
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 AS SUCH.

_Tell me about a typical evening putting him/her to bed._

_What happens when you tell him/her 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?
Does it take as long as 1 hour to get him/her to bed because of the fussing?
Have you given up trying to put him/her to bed on time?

_How often does this happen?_

When did it start?

**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.

_How long does it take him/her to fall asleep?_
Definitions and questions

**MEDICATION FOR INSOMNIA**

Note here any medication (prescription or over the counter) specifically used in an attempt to improve sleep pattern.

Note name of drug. Remember to code medication in Incapacities section.

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

*What does s/he take?*

*Does it work?*

**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?*

*Why does s/he wake up?*

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

*On average, how long would you say s/he is awake per night?*

*When did this start?*
**Definitions and questions**

**RISING TO CHECK ON FAMILY MEMBERS**
Rising at night to check that attachment figures are still present and/or free from harm.

_Sometimes children wake up in the night and check on “family members”._

**Does s/he 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?

**HYPERSOMNIA - INCREASED NEED FOR SLEEP**
Total hours sleep exceed usual amount by at least one hour, unless subject prevented from sleeping.

**Does s/he feel sleepy during the day?**

More sleepy than usual?

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

More than most other kids?
What was s/he doing at the time that s/he fell asleep?
Could s/he stop him/herself from feeling this way?
Always or just sometimes?

How often does s/he feel sleepy like that?

How long is s/he sleepy like that?

When did s/he start feeling more sleepy than usual?

**Coding rules**

**RISES TO CHECK ON FAMILY MEMBERS**

0 = Absent
2 = Sometimes rises to check on family members but without waking them.
3 = Wakes family members up when checks on them.

**HOURS : MINUTES**

**INCREASED NEED FOR SLEEP**

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

RESTLESS SLEEP
Sleep is described as restless.

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

Does s/he sleep soundly?
Or does s/he toss and turn?
Is his/her sleep restless?
How often does this happen?

When did his/her sleep become restless?

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

Does s/he usually get a good night’s sleep?
Does s/he seem inadequately rested when s/he gets up?
Or after sleeping during the day?
How does s/he feel?
How often does this happen?

When did that start?

Coding rules

RESTLESS SLEEP
0 = Absent
2 = Present

INADEQUATELY RESTED BY SLEEP
0 = Absent
2 = Present
Definitions and questions

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

*How long is s/he asleep for?*

*When did s/he begin to feel sleepy in this way?*

---

**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?
*Is it as much as half the time?*

*How often does this happen?*

*When did s/he begin to feel tired or weary?*
Definitions and questions

**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 often does this happen?_

_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 in the PTSD section.

_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 has s/he had nightmares in the last 3 months?_

When was the first time s/he had a nightmare?
SEPARATION DREAMS
Unpleasant dreams involving theme of separation.

Has s/he had any bad dreams about you leaving him/her?

Has s/he had any bad dreams about getting separated from you?

Or being 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?

Coding rules

SEPARATION DREAMS
0 = Absent
2 = Separation dreams recalled in a.m.
3 = Separation nightmares wake child.

Codes

PBF3101
Intensity

PBF3F01
Frequency

PBF3O01
Onset

/ /
SEPARATION ANXIETY

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.

**How does s/he react when s/he is separated from you or other household members?**

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

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

**Is s/he afraid or worry that something bad might happen at home when s/he is away at daycare/school?**

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

**How often does this happen?**

**How long does this feeling last?**

**When was the first time this happened?**

### Coding rules

#### FEAR ABOUT POSSIBLE HARM

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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>Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Fear is intrusive into most activities and nearly always uncontrollable.</td>
</tr>
</tbody>
</table>

### Codes

<table>
<thead>
<tr>
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</tr>
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<td>PBE8F01</td>
<td>Frequency</td>
</tr>
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<td>Duration</td>
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<tr>
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</tbody>
</table>

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Separation Anxiety  
F-1
**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 is away from the family?*

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

*Is s/he frightened that s/he may be hurt or taken away from you?*

*What is s/he doing when s/he feels this way?*

*Can you reassure him/her that s/he is safe?*

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

*How long does this feeling last?*

*When was the first time this happened?*
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 become upset or protest if you leave the room s/he is in?**

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?
Can you reassure him/her?
Always or just sometimes?

**How often does this happen?**

**When did it start?**
### 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.

*Does s/he become frightened or upset when s/he realizes you are going to leave him/her at daycare/school?*

*What is it like when s/he finds out you are going to leave him/her with a babysitter or other care giver?*

*Does s/he plead or beg you not to leave him/her?*

*Does s/he cry uncontrollably?*
*Does s/he hold on to your clothes or body?*
*Does s/he have a tantrum, like screaming, hitting, biting or throwing things?*

*Can the teacher soothe or distract him/her?*

*What about with another family member like grandmother?*

*What happens when s/he goes to a friend’s house?*
*Can you comfort or reassure him/her?*

*How often does this happen?*

*When was the first time this happened?*

### 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.

### Codes

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</table>
WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT

Social withdrawal, apathy, sadness, or difficulty concentrating on work or play when not with a major attachment figure.

How does s/he act AFTER you leave him/her at daycare, with a babysitter, or other caregiver?

Does s/he act sad or withdrawn AFTER you are gone?

Can s/he play or become engaged in an activity, such as reading or watching TV?

What if s/he is left with friends or relatives?

Does anything make him/her feel better?

Can s/he stop him/herself from being sad or withdrawn?

Always or just sometimes?

How often in the last 3 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?

When was the first time this happened?

Codiing 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.
**ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT**

Signs or complaints of excessive distress, fear or agitation, when separated from major attachment figure.

**AFTER** you have left him/her, does s/he get very upset or frightened because you are not with him/her?

**Does s/he cry uncontrollably when you are gone?**

Does s/he 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?**

Does s/he want to call you on the phone?
Can s/he be comforted or reassured?
Always or just sometimes?

*How often does this happen?*

*How long does that last?*

*When was the first time this happened?*

**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.

**PBF7I01**
Intensity

**PBF7F01**
Frequency

**PBF7D01**
Duration

**PBF7O01**
Onset

**HOURS : MINUTES**
 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 separately.

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 ANTICIPATES being separated from you or "Parent #2"?

How about when s/he is ACTUALLY separated from you?

EXCLUDE TIMES WHEN GOING TO DAYCARE/SCHOOL.

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 3 months because of child’s distress or fear in anticipation of separation from major attachment figure.

In the last 3 months, have you changed your plans to leave him/her because s/he was so upset or frightened about being separated from you?

Have you cancelled 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?

When was the first time this happened?
FEAR/ANXIETY
FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE SCREEN: 3 MONTHS

In the last 3 months, 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 3 months?

In the last 3 months, does s/he cry, scream, or have a tantrum about going 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 YES TO ANY QUESTION, CODE YES AND CONTINUE WITH SECTION.
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 ANTICIPATES going to daycare/school?

Does this happen when s/he is on the way or ACTUALLY at daycare/school?

How often does this happen?

When did it start?

IF FEAR/ANXIETY ABOUT DAYCARE/SCHOOL, CONTINUE. OTHERWISE, SKIP TO END.

Coding rules

PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE

0 = No
2 = Yes

Intensity

Frequency

Onset

Separation Anxiety

F-9
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?

Does s/he cry uncontrollably, scream or have a tantrum when s/he has to leave for daycare/school?

Is s/he afraid or worry that something might happen to you (Parent #2)?
What happens?
Can you reassure him/her or distract him/her?
Always or just sometimes?

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

How long does s/he remain upset or worried?

When did s/he start acting this way?

Coding rules

FEAR/ANXIETY ABOUT LEAVING HOME FOR DAYCARE/SCHOOL

0 = Absent
2 = Anticipatory worry or anticipatory anxiety present and at times is responsive to reassurance.
3 = Anticipatory worry or anticipatory anxiety occurring, present and almost entirely uncontrollable.

Intensity

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

Frequency

HOURS : MINUTES

Duration

Onset
Definitions and questions

**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?
Can s/he stop him/herself from feeling this way?
Can s/he calm him/herself?
Always or just sometimes?

*How often does s/he say she is worried or afraid of going to daycare/preschool?*

*How long do these feeling last?*

*When did this fear begin?*

---

Coding rules

**ANTICIPATORY FEAR OF DAYCARE/SCHOOL**

0 = Absent
2 = With anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.
3 = With anticipatory anxiety occurring, almost entirely uncontrollably, in most activities.

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<tr>
<td>With worry</td>
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<td>Almost entirely</td>
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<table>
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</tbody>
</table>
STAYS OUT OF DAYCARE/SCHOOL SOME MORNINGS (FEAR/ANXIETY)

Child stays out of daycare/school because of fear/anxiety/emotional disturbance related to daycare/school attendance. Do not include time missed for usually acceptable reasons, such as sickness.

In the last 3 months, has s/he ACTUALLY stayed home from daycare/school because s/he was so upset, frightened, or worried about going?

Does s/he cry or scream?
Does s/he kick, hit or bite when s/he is so upset?
Do you try to make him/her go to daycare/school?
How do you do that?
What happens then?
How often does this happen?

How many days of daycare/school has s/he missed because of fear or anxiety?
NUMBER OF 1/2 DAYS MISSED WHEN ENROLLED IN DAYCARE/SCHOOL.

3 CLASSES = 1/2 DAY

When was the first time this happened?

HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY)

Does s/he ride a bus/car pool to daycare/school?

Do you HAVE to take him/her to daycare/school sometimes because s/he is too scared or upset to ride the bus/car pool?

What happens?

How often has this happened?

When was the first time?

DAYCARE/SCHOOL NON-ATTENDANCE (FEAR/ANXIETY)

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

HAS TO TAKE CHILD TO DAYCARE/SCHOOL

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

| IF HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY), CONTINUE. OTHERWISE, SKIP TO "PICKED UP EARLY FROM DAYCARE/SCHOOL (FEAR/ANXIETY)", (PAGE 14). |
|---|---|---|
|  |

### Coding rules

<p>| |</p>
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### Codes

<p>| |</p>
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</table>
### Definitions and questions

**HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY) DUE TO SEPARATION ANXIETY**

Child has to be taken to Daycare/School (Fear/Anxiety) due to separation anxiety.

*Do you take him/her to school because of his/her difficulty in separating from you?*

**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 3 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/caregiver called and asked you to pick him/her up before the daycare/school day was done?*

*Why did the teacher/caregiver think that s/he needed to be picked up?*

*How many times has this happened over the last 3 months?*

*When did this start?*

---

### Coding rules

**HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY) DUE TO SEPARATION ANXIETY**

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**PICKED UP EARLY FROM DAYCARE/SCHOOL (FEAR/ANXIETY)**

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

**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.

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

When was the first time this happened?

**ACTUALLY LEAVES 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 actually left daycare/school without permission?*

- What happened?
- Where did s/he go?
- Do you know why s/he left?
- Was s/he afraid or worried?

How often has this happened?

When was the first time this happened?

Coding rules

**CHILD TRIES UNSUCCESSFULLY TO LEAVE DAYCARE/SCHOOL (FEAR/ANXIETY)**

0 = No
2 = Yes

**CHILD LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)**

0 = Absent
2 = Present
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.

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

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

Does s/he worry that s/he might be sick?

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

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 like a fire, hurricane, or earthquake?

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

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

Like drawing a picture or playing 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 is it like when s/he worries?

What is s/he worrying about?

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

Does worrying keep him/her awake at night?

Does worrying affect his/her concentration?

Can s/he stop his/herself from worrying?

Always or just sometimes?

How often does s/he worry about these things?

How long do these feelings last?

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

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<td><strong>WORRY ABOUT THE FUTURE</strong></td>
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<tr>
<td>2 = Present</td>
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</tbody>
</table>

**IF WORRIES, CONTINUE. OTHERWISE, SKIP TO END.**
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 talk to people about his/her worries or fears?

*How often?

*Do they ever get fed up with hearing about his/her worries?

*What happens then?

*Can s/he stop him/herself from talking about his/her worries?

**EXCESSIVE NEED FOR REASSURANCE**

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.
ANXIOUS AFFECT

NERVOUS TENSION
An unpleasant feeling of “nervousness,” “nervous tension,” “being on edge,” “being keyed-up.”

Do not include in this rating material coded under Separation Anxiety and School Non-Attendance (Worry/Anxiety) even if it conforms to the definition of Nervous Tension.

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

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

Does s/he get nervous or tense about things that s/he really should not worry about?

What does s/he feel “nervous” about?
When does that happen?
How bad is it?
What is s/he doing when s/he feels this way?
Do you know why?
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?
Always or just sometimes?

How often does s/he feel this way?

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.
### SOCIAL ANXIETY

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

Note: There is desire for involvement with familiar people.

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

**Does s/he become nervous or frightened when s/he has to talk to people?**

**Does s/he get upset when meeting new people?**

**Does s/he act frightened when s/he meets new children?**

**Does s/he become extremely shy in social situations?**

**Is s/he able to go to birthday parties and interact with the other people?**

**How about other places like the park or playground?**

**Does s/he think s/he might do something stupid or embarrassing?**

**Does s/he try to hide behind you or behind furniture?**

**Does s/he refuse to speak?**

**Does s/he cry or scream?**

**Does s/he try to leave the room?**

**What is s/he doing at the time when s/he feels like this?**

**Can you help him/her become more comfortable in the situation?**

**Can you reassure him/her?**

**Always or just sometimes?**

**How often does s/he feel this way?**

**How long do these feelings last?**

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

**Does s/he get upset when s/he has to meet new people? Or start to cry? Or refuse to speak?**

**Does s/he avoid going to parties or places like the park where s/he might have to talk to people? Have you changed your plans or routines so that s/he can avoid these situations?**

### 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.
Anxious Affect

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

Include 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 is called on during circle time or for show and tell?

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

What happens?
Is s/he frightened because s/he thinks that others may think s/he is stupid?
Is s/he afraid that people might laugh at him/her?
Or make fun of him/her?
Is s/he frightened that s/he might offend others?
Is s/he scared that s/he will make a mistake?
How does it affect him/her?
What was s/he doing at the time?
Can s/he stop from feeling that way?
Can you reassure him/her?
Always or just sometimes?

How often has s/he done that in the last 3 months?
How long does that last?
When was the first time this happened?

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

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

Coding rules

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

HOURS : MINUTES

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

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.

Codes

PCA9I01
Intensity

PCA9F01
Frequency

PCA9D01
Duration

PCA9O01
Onset

PCB0I01

PCB1I01
**Definitions and questions**

**AGORAPHOBIA**

Subjective anxious affect specific to open spaces or crowds. Typical places and situations relevant to agoraphobia include being outside the home alone, being in a crowd, standing in line, traveling on public transport or by automobile.

Distinguish from acrophobia (fear of heights) when fear of being on bridges, etc. is described.

Distinguish from separation-related anxieties and worries, where the central fears or worries concern separation from attachment figures. When there is doubt as to the correct coding in such a case, code both the appropriate separation-related symptoms and agoraphobia and complete the coding indicating possible overlap with separation-related symptoms.

Is s/he afraid in open spaces?

How about going out in crowded places?

Or standing in line?

Is s/he afraid of using public transportation?

Or riding in automobiles?

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

Has it affected what s/he does?

What effect has it had?

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

Always or just sometimes?

How often has that happened in the last 3 months?

How long does that last?

When was the first time this happened?

If you comfort him/her, can s/he stay in the situation?

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

**IF AGORAPHOBIA PRESENT, CONTINUE. OTHERWISE, SKIP TO "ANIMAL FEARS", (PAGE 7).**

**Coding rules**

**AGORAPHOBIA**

0 = Absent

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

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

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

**AVOIDANCE**

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.

**Codes**

PCB2I01 Intensity

PCB2F01 Frequency

PCB2D01 Duration

PCB2O01 Onset

PCB3I01
Anxious Affect

SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS

Anxiety and/or worry may be associated with separation from attachment figures.

*Does this fear 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. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared animal or situation.

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?**
**What does s/he do about it?**
**How afraid is s/he?**
**Can s/he stop him/herself from being afraid?**
**Always or just sometimes?**

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

**How long does that last?**

**When was the first time this happened?**

*If you comfort him/her, can s/he stay in the situation?*

**Do you change plans or routines so that s/he can avoid these situations?**
**Like going to someone's house because they have an animal?**

### Coding rules

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<th>Codes</th>
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#### FEAR OF ANIMALS

- **0** = Absent
- **2** = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
- **3** = Fear is intrusive into most activities and nearly always uncontrollable.
- **4** = 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 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. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared situation.

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? What is she doing that requires him/her to go into the dark? Can s/he stop him/herself from being afraid? Can you 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?

When was the first time this happened?

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

FEAR OF THE DARK

0 = Absent
2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear is intrusive into most activities and nearly always uncontrollable.
4 = 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. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared object or situation.

Is s/he 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?

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

Can you reassure him/her?

Always or just sometimes?

How often has that happened in the last 3 months?

How long does s/he stay afraid?

When was the first time this happened?

If you comfort him/her, can s/he stay in the situation?

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

FEAR OF CLOWNS OR COSTUMED CHARACTERS

0 = Absent

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

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

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

HOURS : MINUTES

AVOIDANCE

0 = Absent

1 = 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.
### Definitions and questions

**FEAR OF STORMS, THUNDER AND/OR LIGHTNING**

Subjective anxious affect specific to storms, thunder and/or lightning. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the storm or situation.

*Is s/he very afraid of thunder and lightning?*

- What happens when there is a storm?
- Is s/he afraid only if there is a storm?
- Is s/he afraid when just thinking about a storm?
- Can s/he stop him/herself from being afraid?
- Can you reassure him/her?
- Always or just sometimes?

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

*How long does s/he stay afraid?*

*When did this start?*

### 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.

#### Intensity

**PCE9I01**

#### Frequency

**PCE9F01**

#### Duration

**PCE9D01**

#### Onset

**PCE9O01**
**FEAR OF INJURY**

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

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

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

**Is s/he afraid to do things because s/he might get hurt?**

**Does it affect what he does?**

**In what way?**

**What is s/he doing that s/he is afraid of getting hurt?**

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

**Always or just sometimes?**

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

**How long does s/he stay afraid for?**

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

---

**If you comfort him/her, can s/he stay in the situation?**

**Do you change plans or routines so that s/he can avoid these situations?**

---

**Coding rules**

**FEAR OF INJURY**

0 = Absent

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

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

4 = 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 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 DOCTOR OR DENTIST

Subjective Anxious Affect related to going to or anticipating going to the doctor or the dentist. The fear or anxiety experienced is out of proportion to the actual threat or danger posed by the feared object or situation.

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 s/he become very frightened or upset when s/he goes to the doctor or the dentist?**

**How about when s/he just THINKS about going to the doctor or the dentist?**

What happens?  
What do you think frightens him/her?  
Can s/he stop himself/herself from being afraid?  
Always or just sometimes?

How often has s/he been afraid in the last 3 months?

How long does s/he remain afraid?

When did this start?

If you comfort him/her, can s/he stay in the situation?  
Do you change plans or routines so that s/he can avoid these situations?  
For example, cancel or skip doctor appointments because s/he is afraid to go?

**FEAR OF DOCTOR OR DENTIST**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<tr>
<td>2</td>
<td>Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Fear is intrusive into most activities and nearly always uncontrollable.</td>
</tr>
<tr>
<td>4</td>
<td>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>
</tr>
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PCG2I01 Intensity

PCG2F01 Frequency

PCG2D01 Duration

PCG2O01 Onset

PCG2I02

AVOIDANCE

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>With accompaniment and reassurance, child is able to go to doctor or dentist and be examined.</td>
</tr>
<tr>
<td>2</td>
<td>Child's &quot;parent&quot; has regularly changed plans or routines so as to allow child to avoid feared situation, including avoiding taking child to doctor or dentist.</td>
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Anxious Affect

H-12
Anxious Affect

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

AIDS-related fears are not coded here.

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?
- Do doctors or nurses have to hold him/her down?
- Does s/he scream or cry when s/he finds out s/he is going to get a shot?
- Does the thought of getting a shot frighten him/her?
- Can s/he stop himself/herself from being afraid?
  - Always or just sometimes?

- How often, in the last 3 months, has s/he been afraid of blood/injections?

- How long does s/he stay afraid for?

- When was the first time you noticed this?

- Do you change plans or routines so that s/he can avoid these situations?
  - For example, do you cancel or skip doctor appointments because s/he is afraid of getting a shot?
  - If you comfort him/her, can s/he stay in the situation?

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<tr>
<th>Codes</th>
<th>FEAR OF BLOOD/INJECTION</th>
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<td>Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
</tr>
<tr>
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<td>Fear is intrusive into most activities and nearly always uncontrollable.</td>
</tr>
<tr>
<td>4</td>
<td>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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<th>AVOIDANCE</th>
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<tr>
<td></td>
<td>Absent</td>
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- 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

OTHER ANXIETY OR FEAR PROVOKING SITUATIONS

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

Are there any other things that s/he's afraid of?
Loud sounds?
Heights?
Elevators or Escalators?
Germs?
Dirt?
Illness?
Swimming?
Bathing?
Burglars/Robbers/Kidnappers?
Puppets?
Ghost?
Water?
Getting a Haircut?
Vacuum Cleaners?

Anything else I haven't mentioned?
What is s/he doing when s/he is afraid?
Can s/he stop him/herself from being afraid?
Always or just sometimes?

How often has s/he been afraid in the last 3 months?
How long does s/he stay afraid for?

When did this fear start?

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

Coding rules

OTHER FEARS
0 = Absent
2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear is intrusive into most activities and nearly always uncontrollable.
4 = 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 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.
**FREE FLOATING ANXIOUS AFFECT**
Anxiety not associated with any particular situation.

**Does s/he feel frightened without knowing why?**

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

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

How long does each episode of anxiety last?

When was the first time this happened?

**IF SCHOOL/Separation Anxiety, SITUATIONAL ANXIOUS AFFECT, FREE-FLOATING, NERVOUS TENSION, CONTINUE. OTHERWISE, SKIP TO END.**
**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 often has s/he been jumpy like that in the last 3 months?

When did this start?

**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?*

*Does his/her mind seem to go blank?*

What happens?
Can s/he focus on a game?
Does s/he seem to jump aimlessly from one activity to another because his/her anxiety makes it difficult for him/her to concentrate?

How often has s/he had this kind of difficulty concentrating in the last 3 months?

When did this start?

---

**Coding rules**

**STARTLE RESPONSE**

0 = Absent
2 = Startles to an exaggerated degree on slight provocation.

---

**CONCENTRATION DIFFICULTIES**

0 = Absent
2 = Concentration impairment sufficient to interfere with ongoing activities.
Definitions and questions

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

*When s/he is worried or 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? Does s/he need more sleep, either during the day as naps or at night?*

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

*When did this start?*

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

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

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

*When did this start?*

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<td>0 = Absent</td>
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<td>2 = Feels fatigued after slight exertion but continues with tasks at hand.</td>
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<td>3 = Fatigue leads to reduced performance of tasks at hand.</td>
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<td>PCC4F01</td>
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<td>PCC4O01</td>
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<tr>
<td>MUSCLE TENSION</td>
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</tbody>
</table>
Definitions and questions

**RESTLESSNESS WHEN WORRIED, ANXIOUS, OR FRIGHTENED**

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

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

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

*Does s/he become more "wild" when s/he is scared or anxious? Keyed up or on edge?*

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

*When did that start?*

**SLEEP DISTURBANCE WHEN WORRIED/ANXIOUS**

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

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

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

*Would you describe his/her sleep as restless?*

*Does s/he feel s/he needs more sleep when s/he is worried or anxious?*

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

*When did this start?*
Definitions and questions

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

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

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

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

When did this start?

Coding rules

IRRITABLE WHEN WORRIED/ANXIOUS
0 = No
2 = Yes

Codes

PCD0I27
Intensity

PCD0F27
Frequency

PCD0O27
Onset
Definitions and questions

ANXIOUS AUTONOMIC SYMPTOMS

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

CODE AS PRESENT AND CONTINUE.

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

Does s/he get jumpy?

Keyed up?
Agitated?
On edge?

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?

Does s/he complain of feeling sick to his/her stomach?
Preschool Age Psychiatric Assessment 10.0.0

Definitions and questions

**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?**

Coding rules

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For Review Only
Definitions and questions

DEPRESSED AFFECT

DEPRESSED MOOD
Feelings of low mood. Includes feeling unhappy, miserable, blue, low spirited, being down in the dumps 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.

Now I am going to talk about some of your child’s feelings.

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

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

Does s/he cry because of this feeling?
What made him/her feel "miserable"?
If I had seen him/her then would I have been able to tell?
Can you do anything to cheer him/her up?
Can s/he do anything to cheer him/herself up?
How often is s/he "down" like that at home?
How often is s/he "down" like that at day care/school?
How often is s/he "down" like that elsewhere?
Note: If child is depressed all day every day, code frequency as 90 times for each setting of home, school, and elsewhere.

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

When did s/he start to feel down like that?

Was there a week when s/he felt "miserable" most days?
Were there 2 consecutive weeks when s/he was "miserable" on at least 8 days?

Has there been a period of at least 2 consecutive months in the last year when s/he did not feel "down" like that?

Coding rules

DEPRESSED MOOD
0 = Absent
2 = The depressed mood is sometimes intrusive but also sometimes alleviated by enjoyable events or activities.
3 = Scarcely anything is able to lift the mood.

HOME

SCHOOL

ELSEWHERE

HOURS : MINUTES

EPISODE OF DEPRESSED MOOD
0 = Absent
2 = At least 1 week with 4 days depressed mood.
3 = Period of 2 consecutive weeks where depressed mood present on at least 8 days.

PERIOD OF 2 CONTINUOUS MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR
0 = Yes
2 = No
LOOKS UNHAPPY

Parent’s evaluation that the child characteristically looks unhappy to an extent abnormal for the child’s age or developmental stage.

Does s/he often look unhappy?

Does his/her face seem sad?

What about when nice things happen?
Does she look more cheerful then?
What is she doing at the time when she looks unhappy?

How often does s/he look unhappy at home?
How often does s/he look unhappy at daycare/school?
How often does s/he look unhappy elsewhere?

When s/he looks unhappy, how long does it last?

When did s/he first start to look unhappy?

IF "DEPRESSED MOOD" OR "LOOKS UNHAPPY" PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 4).
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?

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

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

How long does it last?

When did the "agitation" start?
Definitions and questions

REPORTED TEARFULNESS AND CRYING

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

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

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

**Does s/he cry even when it seems that nothing has happened to warrant crying?**

Does s/he actually cry?
What was s/he doing at the time?
Can s/he stop him/herself?
Always?
Or just sometimes?
How often does this happen at home?
How often does this happen at daycare/school?
How often does this happen elsewhere?

How long does it last?

When did s/he start being tearful?

Coding rules

REPORTED TEARFULNESS AND CRYING

0 = Absent

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

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

Codes

[ ] PDA4I01 Intensity

[ ] PDA4F01 Home Frequency

[ ] PDA4F02 School Frequency

[ ] PDA4F03 Elsewhere Frequency

[ ] PDA4D01 Duration

[ ] PDA4O01 Onset

[ ]
**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 does s/he stay frustrated?**

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

---

**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 this happen at home?

How often does this happen at daycare/school?

How often does this happen elsewhere?

How long do these feelings last?

When was the first time you noticed this?

Does this happen with sibling(s)?

Does this happen with peers?

Does this happen with adults?
**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?**

What happens?

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

What does s/he do?

How often does this happen at home?

How often does this happen at daycare/school?

How often does this happen elsewhere?

How long do these feelings last?

When was the first time you noticed this?

Does this happen with sibling(s)?

Does this happen with peers?

Does this happen with adults?

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Depression
**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?*

*Can you tell me about it?*

*What has s/he been "touchy" about?*

*Is that more than usual?*

*Has s/he been snappy with people in the family?*

*Has s/he gotten into arguments or fights lately?*

*Has s/he hit or broken anything when s/he was angry?*

*What was s/he doing at the time of this irritable mood?*

*Could s/he stop him/herself from feeling this way?*

*Always or just sometimes?*

*How often does that happen at home?*

*How often does that happen at daycare/school?*

*How often does that happen elsewhere?*

*How long does it last when s/he feels like that?*

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

*Was there a week when s/he felt "irritable" most days?*

*Were there 2 consecutive weeks when s/he was "irritable" on at least 8 days?*

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

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?*
**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?*

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?*
**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 s/he 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?
Is this a change for him/her?

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

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 s/he lost any of his/her usual energy?
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?
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?

When did s/he start feeling less energetic?

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?

Are there long pauses in his/her speech?
Or is s/he speaking so softly that you can't hear him/her?
What is s/he doing at the time that s/he is moving slowly?
Can s/he do anything to speed him/herself up?
Does it help him/her speed up?
Does it always help?
Or just sometimes?

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

How long does it last?

When did s/he start to feel slowed down?

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?

Does s/he have trouble making up his/her mind?

Has s/he had any trouble making decisions?

What happens when s/he has to make up his/her mind?
What things does s/he have difficulty deciding?
Does s/he have trouble deciding on things at home?
How about daycare/school?
Is it really difficult for her to make up his/her mind at the store?

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

Sometimes children feel that they have no one who would help them. Does s/he feel like that?

Does s/he feel lonely even though s/he has some friends?

Does s/he feel left out by adults?

Does s/he get left out of other children's activities?

How does s/he feel about that?

What is s/he doing when s/he feels lonely?

Can s/he stop him/herself from feeling lonely?

Always or just sometimes?

When did s/he start to feel lonely like that?
Definitions and questions

**FEELS UNLOVED**

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

**DIFFERENTIATE FROM LONELINESS.**

**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 s/he feel like that at all?_

*What does s/he say?*

*Does s/he feel like s/he is loved less than other people?*

*Is s/he completely convinced that no one loves him/her?*

*When did s/he start to feel like that?*

**SELF-DEPRECIATION AND SELF-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?*

*If s/he had to choose, would s/he say s/he was good-looking, average, or ugly?*

*Does s/he say that s/he is ugly?*

*As a person does s/he feel as good as other people?*

*Does s/he say that s/he is "stupid"?*

*Or a "bad" person?*

*Does s/he think everyone is better than s/he is?*

*What things does s/he do that s/he is proud of?*

*How much of the time does s/he feel like that?*

*When did s/he start to feel like this?*

---

**Coding rules**

**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.

**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.
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?
Does s/he say that s/he is a "bad" person?

Does s/he blame him/herself for things that aren't his/her fault?

Does s/he 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 "HOPELESSNESS", (PAGE 18).

Coding rules

PATHOLOGICAL GUILT
0 = Absent
2 = At least partially unmodifiable excessive self-blame not generalized to all negative events.
3 = The child generalizes the feeling of self-blame to almost anything that goes wrong in his/her environment.

Codes

PDC3I01
Intensity

PDC3O01
Onset

/ /
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?**

**Does s/he believe that s/he has sinned greatly?**

Does s/he think that s/he deserves to be punished? Does s/he think that s/he might hurt or ruin other people? Can you persuade him/her that these things aren’t his/her fault?

When was the first time this happened?

---

**HOPELESSNESS**

The child has a bleak, negative, pessimistic view of the future, and little hope that his/her situation will improve. This is a generalized feeling.

**Does s/he seem hopeless about the future?**

**Does s/he think things will get better or worse for him/her when s/he’s grown up?**

Does s/he think anyone can help him/her? Does s/he believe things will be better? How often does s/he feel like that? Can you do anything about it?

When did s/he start to feel this way?

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Coding rules

**DELUSIONS OF GUILT**

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<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>
</tbody>
</table>

**HOPELESSNESS**

<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>The child feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the future.</td>
</tr>
<tr>
<td>3</td>
<td>The child expresses almost no hope for the future at all.</td>
</tr>
</tbody>
</table>
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.

DEATH THEMES IN PLAY: 3 MONTHS

Persistent preoccupation with themes of death in play (e.g., drawing pictures, imaginary play).

Distinguish from “Suicidal Themes in Play”.

In the last 3 months, has s/he drawn pictures about death or dying?

Has s/he played games or told stories about death or dying?

Or about people who have died?

Has s/he played games about killing him/herself?

Or about people who have killed themselves?

In the last 3 months, how often has s/he done this?

When was the first time this ever happened?
SUICIDE THEMES IN PLAY: 3 MONTHS
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).

In the last 3 months, has s/he played games in which s/he or another character in the game kills him/herself?

How often has this happened in the last 3 months?

When was the first time s/he has done this?

SUICIDE AND SELF-INJURIOUS BEHAVIOR: EVER
Has s/he EVER talked about death or dying?
Has s/he EVER said s/he wanted to die?
Has s/he EVER said life was not worth living?
Has s/he EVER done anything that made people think s/he wanted to die?

SUICIDE ATTEMPT: EVER
Has s/he EVER tried to hurt or kill him/herself?

IF EVER SUICIDE SCREEN PRESENT, CONTINUE. OTHERWISE, SKIP TO "THinking ABOUT DEATH", (PAGE 22).
Definitions and questions

SUICIDE AND SELF-INJURIOUS BEHAVIOR: 3 MONTHS

Has s/he talked about death or dying in the last 3 months?

In the last 3 months, has s/he said s/he wanted to die?

In the last 3 months, has s/he said life was not worth living?

In the last 3 months, has s/he tried to hurt or kill him/herself?

In the last 3 months, has s/he done anything that made people think s/he wanted to die?

IF 3 MONTH DEATH THEMES IN PLAY, SUICIDE THEMES IN PLAY, SUICIDE PRESENT, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL ATTEMPT(S): EVER", (PAGE 25).

Coding rules

SUICIDE AND SELF-INJURIOUS BEHAVIOR: 3 MONTHS

0 = Absent
2 = Present

Codes
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?

Does s/he think a lot about other people who have died?

Like grandparents or other relatives?
Does s/he sometimes wish that s/he were dead?
Does s/he want to die?
What does s/he think about?
What is she doing when s/he is thinking about death or dying?
Can s/he stop him/herself from thinking about death or dying?
Can you stop him/her from thinking about it?
Always or just sometimes?

How often does s/he think about death or dying?

When did s/he first start thinking about death or dying?

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
Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

This may accompany thinking about death in general, or may be present if a child has reported a suicidal plan or past attempt.

Do not include suicidal plans.

In the last 3 months, has s/he thought about killing him/herself?

Does s/he think about ending it all?
What does s/he say about it?
Do you think s/he actually is going to do this?
What is s/he doing when s/he is thinking about it?
Can s/he stop him/herself from thinking about ending it all?
Can you stop him/her from thinking about it?
Always or just sometimes?

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

When was the first time this happened?

IF SUICIDAL THOUGHTS PRESENT, CONTINUE. OTHERWISE, SKIP TO "SUICIDAL ATTEMPT(S): EVER", (PAGE 25).
**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 done anything to prepare for killing him/herself?**
  - Like storing up pills to take?
  - Has s/he said s/he was going to run into traffic?
  - Do you think s/he might do any of these things?
  - How did you find out?

**How many times has this happened?**

When was the first time s/he came up with a plan?

---

**IF EVER SUICIDE ATTEMPT PRESENT, CONTINUE. OTHERWISE, SKIP TO END.**
SUICIDAL ATTEMPT(S): EVER

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the child's intention was to die. If parent unsure about intention to die, code if the parent can describe a clear self-harmful event.

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

Did s/he really want to die?
What happened?
Where did s/he do it?
Were there any people around at the time?
Who found him/her?
Did s/he go to the hospital?

When did s/he first try to kill him/herself?

When did s/he last try to kill him/herself?

How many times has s/he EVER tried?

IF SUICIDAL ATTEMPTS: EVER, CONTINUE. OTHERWISE, SKIP TO END.
Definitions and questions

SUICIDAL INTENT: EVER

Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here.

Which time was s/he most serious about killing him/herself?

Do you think s/he really wanted to die?

What did s/he do?

SUICIDAL ATTEMPT(S): 3 MONTHS

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the 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 tried to kill him/herself in the last 3 months?

What happened?

Did s/he go to the hospital?

Does s/he still wish s/he were dead?

Would s/he do it again if s/he had the chance?

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

IF SUICIDE ATTEMPT(S) IN LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO END.

Coding rules

SUICIDAL INTENT: EVER

1 = Child reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.

2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

SUICIDAL BEHAVIOR: 3 MONTHS

0 = Absent

2 = Present

For Review Only
SUICIDAL INTENT: 3 MONTHS

Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here.

*Was s/he serious about killing him/herself when s/he tried in the last 3 months?*

*Do you think s/he really wanted to die?*

*What did s/he do?*

Coding rules

SUICIDAL INTENT: 3 MONTHS

1 = Child reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.

2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.
### Conduct Problems

#### Oppositional Behavior

**Organization of the Section**
The section includes into 4 major sub areas:

1. Oppositional Behavior
2. Deception
3. Conduct Problems Involving Violence Against People or Animals
4. Conduct Problems Involving Violence Against Property

**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.
Definitions and questions

**RULE BREAKING**
Violation of standing rules at home daycare/school or elsewhere.

*How well does s/he follow your family’s rules?*

*Has s/he broken rules at home in the last 3 months?*

*What sort of rules does s/he break?*

*Has s/he broken the rules at daycare/school?*

*Do teachers/caregivers describe him/her as a troublemaker?*

*How do you hear about it?*

*Does s/he break rules anywhere else like grandma’s house or the grocery store?*

*How often has s/he broken rules at home?*

*How often has s/he broken rules at daycare/school?*

*How often has s/he broken rules elsewhere?*

*Does s/he stop when you ask him/her to stop? Always or just sometimes?*

When did s/he start to break rules at home, daycare/school and/or elsewhere?

Codings rules

**RULE BREAKING**

0 = Absent

2 = The child breaks rules relating to at least 2 activities, and at least sometimes responds to admonition by public failure to comply.

3 = Rule breaking occurs in most activities and the child sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her

PGA0101

Intensity

PGA0F03

Home Frequency

PGA0F04

School Frequency

PGA0F05

Elsewhere Frequency

PGA0001

Onset

/ /
**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 is told to do things by you and s/he doesn't want to do them?**

**Is s/he disobedient to you (or parent #2)?**

**Is s/he disobedient with daycare/school teachers?**

**Is s/he disobedient in other places such as grandma's house or the store?**

Can you give me some examples?
How many times must you tell him/her to do something before s/he will do it?
Does s/he ignore you when you give him/her instructions? Like continuing to play if you ask him/her to pick up his/her toys?
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?
How often was s/he disobedient at home?
How often was s/he disobedient at daycare/school?
How often was s/he disobedient at other places like grandma's house or the store?

---

**HOME**

PGA1F01
Home Frequency

---

**SCHOOL**

PGA1F02
School Frequency

---

**ELSEWHERE**

PGA1F03
Elsewhere Frequency

PGA1O01
Onset

---

When was the first time s/he was disobedient?
Definitions and questions

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?
Does s/he do the opposite of what you ask?
Such as throwing toys when you ask him/her to clean them up?
Is s/he defiant with daycare/school teachers?

What about at other places such as the supermarket or the mall?

How often was s/he defiant at home in the last 3 months?
How often was s/he defiant at daycare/school in the last 3 months?
How often was s/he defiant at other places, like his/her grandparent's house or the grocery store?

When was the first time s/he was defiant?

Coding rules

DEFIANCE
0 = Absent
2 = Defiance occurs in at least 2 activities.
3 = Defiance occurs in most activities.

Codes

Intensity

HOME
PGM4F01
Home Frequency

SCHOOL
PGM4F02
School Frequency

ELSEWHERE
PGM4F03
Elsewhere Frequency

Onset

PGM4O01

/ /
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 s/he 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 this start?

ARGUMENTS WITH ADULTS

0 = Absent
2 = Present but without physical violence by child.
3 = Present and one or more arguments with physical violence by child.

HOME

SCHOOL

ELSEWHERE

//

Oppositional Defiant Disorder/Conduct Problems
**LOSING TEMPER**
Discrete episodes of temper manifested by shouting or name calling but without violence and not meeting criteria for a temper tantrum.

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

**What sort of temper has s/he got?**
Would you say his temper is hot, medium, or mild?

**What happens when s/he loses his/her temper?**
Does s/he yell or shout?
Does s/he call people name?

How often does s/he lose his/her temper at home?

How often does s/he lose his/her temper at daycare/school?

How often does s/he lose his/her temper at other places like grandma's house or the store?

When did s/he first start to lose his/her temper?

Does s/he lose his/her temper with sibling(s)?

Does s/he lose his/her temper with other kids? Like kids at school? Or kids in the neighborhood?

Does s/he lose his/her temper with you (Parent #2)? Or his/her teachers? Or other adults?
**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.

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

**Has s/he had any temper tantrums in the last 3 months?**

**What has his/her temper been like 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 cry or shout or call you names?
- Does s/he stamp his/her feet?
- Does s/he kick things?
- Does s/he throw things, such as his/her toys?
- Does s/he spit when having a tantrum?
- Does s/he drop to the floor, and then kick his/her feet up in the air?

How often has this happened at home in the last 3 months?
How often has this happened at daycare/school in the last 3 months?
How often has this happened elsewhere, grandma’s house or the store?

**IF PRESENT, ASK:**

- Does s/he actually break toys or other property or is s/he violent against self or others?

**CODE EPISODES OF BREAKING TOYS OR PROPERTY DAMAGE AS DESTRUCTIVE TEMPER TANTRUMS.**

How long does that tantrum last?
That is, how long does it take him/her to return to his/her usual self?

When was the first time s/he had a temper tantrum?

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>PGE1101 Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Excessive temper</td>
</tr>
<tr>
<td></td>
<td>upset, shouting,</td>
</tr>
<tr>
<td></td>
<td>crying or non-</td>
</tr>
<tr>
<td></td>
<td>destructive</td>
</tr>
<tr>
<td></td>
<td>violence directed</td>
</tr>
<tr>
<td></td>
<td>only against</td>
</tr>
<tr>
<td></td>
<td>property, (e.g.</td>
</tr>
<tr>
<td></td>
<td>stamping,</td>
</tr>
<tr>
<td></td>
<td>kicking,</td>
</tr>
<tr>
<td></td>
<td>throwing toys,</td>
</tr>
<tr>
<td></td>
<td>hitting walls,</td>
</tr>
<tr>
<td></td>
<td>spitting,</td>
</tr>
<tr>
<td></td>
<td>holding breath,</td>
</tr>
<tr>
<td></td>
<td>etc.).</td>
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**HOME**

<table>
<thead>
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<th>Codes</th>
<th>PGE1F04 Home Frequency</th>
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**SCHOOL**

<table>
<thead>
<tr>
<th>Codes</th>
<th>PGE1F05 School Frequency</th>
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**ELSEWHERE**

<table>
<thead>
<tr>
<th>Codes</th>
<th>PGE1F06 Elsewhere Frequency</th>
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**HOURS : MINUTES**

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<th>Codes</th>
<th>PGE1D02 Duration</th>
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**Onset**

<table>
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<table>
<thead>
<tr>
<th>Codes</th>
<th>PGE1X01 Occurs with Sibling(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
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<table>
<thead>
<tr>
<th>Codes</th>
<th>PGE1X02 Occurs with Peers</th>
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<tbody>
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<table>
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<tr>
<th>Codes</th>
<th>PGE1X03 Occurs with Adults</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Definitions and questions

**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).

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

**Has s/he had any destructive temper tantrums in the last 3 months?**

**Has s/he had any temper tantrums in which s/he “broke things” or hit others in the last 3 months?**

- What does s/he do?
- Does s/he break things?
- Does s/he hit others?
- Or hit him/herself?
- Does s/he kick others?
- Does s/he bite?
- Or bang his/her head?

In the past 3 months, how often does s/he have a destructive temper at home?

How often does s/he have a destructive temper at daycare/school?

How often does this happen elsewhere, like grandma’s house or the store?

How long does the destructive tantrum last, that is, how long does it take him/her to return to his/her usual self?

How old was your child when s/he first began losing his/her temper?

Does this happen with sibling(s)?

Does this happen with other kids?
  - Like kids at school?
  - Or kids in the neighborhood?

Does this happen with you (Parent #2)?
  - Or other adults?

### Coding rules

#### DESTRUCTIVE TEMPER TANTRUMS

- **Intensity**
  - 0 = Absent
  - 3 = With destructive violence (e.g. breaking toys) or violence against self or others (e.g. hitting, biting, kicking, head banging).

#### HOME

- **Frequency**

#### SCHOOL

- **Frequency**

#### ELSEWHERE

- **Frequency**

#### HOURS : MINUTES

- **Duration**

#### OCCURS WITH SIBLING(S)

- **Parent**
  - 0 = No
  - 2 = Yes

#### OCCURS WITH PEERS

- **Parent**
  - 0 = No
  - 2 = Yes

#### OCCURS WITH ADULTS

- **Parent**
  - 0 = No
  - 2 = Yes
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.

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?

Does s/he find that people get annoyed because of things s/he does for fun?

What happens?

Will s/he stop when asked to stop?

Always or just sometimes?

How often does something like that happen at home?

How often does that happen at daycare/school?

How often does that happen elsewhere, like grandma's house or the store?

When did it start?

Does s/he annoy his/her sibling(s)?

Does s/he annoy other kids?

Like kids at school?

Or other kids in the neighborhood?

Does s/he annoy you (Parent #2)?

Or other adults?

Coding rules

ANNOYING BEHAVIOR

0 = Absent

2 = Annoying behavior occurs in at least 2 activities and child is at least sometimes unresponsive to admonition.

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.

HOME

PGA2F01

Intensity

SCHOOL

PGA2F02

School Frequency

ELSEWHERE

PGA2F03

Elsewhere Frequency

PGA2O01

Onset

OCCURS WITH SIBLING(S)

0 = No

2 = Yes

OCCURS WITH PEERS

0 = No

2 = Yes

OCCURS WITH ADULTS

0 = No

2 = Yes
**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 do things to upset other people on purpose?**

*Like knocking over another child’s tower or ripping up another child’s drawing?*

**Does s/he try to hurt others on purpose?**

*Such as pinching another child because s/he feels angry or disappointed?*

**Does s/he try to get other people into trouble on purpose?**

What does s/he do?
Whom has s/he tried to upset or hurt on purpose?
Why does s/he do it?
In the last 3 months, how often does this happen at home?
How often does this happen at daycare/school?
How often does this happen elsewhere, like grandma’s house or the store?

When was the first time you noticed this?

Is s/he spiteful or vindictive to his/her sibling(s)?

Is s/he spiteful or vindictive to other kids?
*Like other kids at school? Or kids in the neighborhood?*

Is s/he spiteful or vindictive to you (Parent #2)?
How about to his/her teachers?
How about to other adults?
Definitions and questions

**STEALING: EVER**

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?
Has s/he EVER taken something like a toy or candy from a store without paying?
Has s/he EVER stolen anything from daycare/school?
Did s/he try to hide the thing(s) that s/he stole?
What did s/he steal?

**How many times has s/he EVER stolen anything?**

**When was the first time s/he stole anything?**

**IF STEALING: EVER, CONTINUE. OTHERWISE, SKIP TO "LYING", (PAGE 13).**
**STEALING: 3 MONTHS**

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 stolen anything in the last 3 months?*

*Did s/he try to hide the thing(s) that s/he stole?*

*How often has s/he stolen from home in the last 3 months?*

*How often has s/he stolen from daycare/school in the last 3 months?*

*In the last 3 months, how often has s/he stolen from anywhere else?*

---

**Coding rules**

**STEALING: 3 MONTHS**

0 = Absent

2 = Present

3 = Present, with concealment.

---

**Codes**

**PGL8I04**

Intensity

**HOME**

**PGL8F01**

Home Frequency

**SCHOOL**

**PGL8F02**

School Frequency

**ELSEWHERE**

**PGL8F03**

Elsewhere Frequency
**Definitions and questions**

**DECEPTION**

**LYING**
Distortion of the truth with intent to deceive others.

Do not include imaginary friends.

NOTE: IF BLAMING OTHERS, CODE IN BLAMING.

**Has s/he told any lies in the last 3 months?**

**Does s/he lie to get out of trouble?**
**Does s/he lie to get something that s/he wants?**

**What about?**
**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 lie it?**

Is it usually obvious to you that s/he is lying or is it hard to tell?
How often does s/he tell lies at home?
How often does s/he tell lies at daycare/school?
How often does s/he tell lies anywhere else, like at grandma's house or the store?

**When did s/he start telling lies?**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LYING</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Absent</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>
<td></td>
</tr>
</tbody>
</table>

**Intensity**

**PGC3I01**

**Home**

**PGC3F01** Home Frequency

**School**

**PGC3F02** School Frequency

**Elsewhere**

**PGC3F03** Elsewhere Frequency

**Onset**

**PGC3O01**

/ /
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?**

**Does s/he blame others for things s/he has done wrong?**

Do his/her lies get others into trouble?
What does s/he do?
What is the result?
How often does s/he do this at home?
How often does s/he do this at daycare/school?
How about anywhere else?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLAMING</strong></td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td>PGJ3I01</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**HOME**
PGJ3F01 Home Frequency

**SCHOOL**
PGJ3F02 School Frequency

**ELSEWHERE**
PGJ3F03 Elsewhere Frequency
PGJ3O01 Onset

**OCCURS WITH SIBLING(S)**
PGJ3X02
0 = No
2 = Yes

**OCCURS WITH PEERS**
PGJ3X03
0 = No
2 = Yes

**OCCURS WITH ADULTS**
PGJ3X04
0 = No
2 = Yes

When did s/he start blaming others?

Does s/he blame his/her sibling(s)?

Does s/he blame other kids?
Like kids at school?
Or other kids in the neighborhood?

Does s/he blame you (Parent #2)?
Or his/her teachers?
Or other adults?
CONDUCT PROBLEMS INVOLVING VIOLENCE

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 s/he tried to bully someone by threatening them?

Has s/he 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 does this happen at home?

How often does this happen at daycare/school?

How often does this happen elsewhere?

When was the first time this happened?
Definitions and questions

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?
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?
How often does this happen at home?
How often does this happen at daycare/school?
How often does this happen elsewhere?

When was the first time s/he got in a physical fight?

FIGHTS WITH A WEAPON: EVER

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?
Was anyone injured?

How many times has s/he EVER used a weapon in a fight?

When was the first time this EVER happened?

IF EVER USE OF WEAPON IN FIGHT, CONTINUE. OTHERWISE, SKIP TO "SHOVING", (PAGE 18).
Definitions and questions

**FIGHTS WITH A WEAPON: 3 MONTHS**

Use of a knife, scissors, bat, rock, toy or any other item as a weapon in a fight.

*Has s/he used a weapon in a fight in the last 3 months?*

*How often has s/he used a weapon in the last 3 months?*

*What type of weapon has s/he used?*

---

**Coding rules**

**USE OF A WEAPON: 3 MONTHS**

<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>No Injury</td>
</tr>
<tr>
<td>3</td>
<td>Injury</td>
</tr>
</tbody>
</table>

**TYPE OF WEAPON**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Knife</td>
</tr>
<tr>
<td>2</td>
<td>Scissors</td>
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<tr>
<td>3</td>
<td>Bat</td>
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<td>4</td>
<td>Rock</td>
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<td>5</td>
<td>Toy</td>
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<tr>
<td>6</td>
<td>Sticks</td>
</tr>
<tr>
<td>7</td>
<td>Pencil</td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
</tr>
</tbody>
</table>

Specify
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?

In the last 3 months, how often has s/he done anything like that at home?
How about at daycare/school?
Or elsewhere?

When was the first time this happened?

SHOVING

0 = Absent
1 = Shoving did not result in any physical injury to either party.
2 = The victim sustained some physical injury as a result (e.g. bruise or wound).

HOME

PGM6I01 Intensity

PGM6F01 Home Frequency

SCHOOL

PGM6F02 School Frequency

ELSEWHERE

PGM6F03 Elsewhere Frequency

PGM6O01 Onset

/ /
**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 anything like that at home?*

*How about at daycare/school?*

*Or elsewhere?*

*When was the first time this happened?*

---

### Coding rules

**PINCHING**

0 = Absent  
1 = Isolated pinching with sufficient force to cause pain to other.  
2 = The victim sustained some physical injury as a result (e.g. bruise or wound).

---

#### Codes

<table>
<thead>
<tr>
<th>Coding</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGM7O01</td>
<td>Onset</td>
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</tr>
<tr>
<td>PGM7F01</td>
<td>Home Frequency</td>
<td></td>
</tr>
<tr>
<td>PGM7F02</td>
<td>School Frequency</td>
<td></td>
</tr>
<tr>
<td>PGM7F03</td>
<td>Elsewhere Frequency</td>
<td></td>
</tr>
<tr>
<td>PGM7I01</td>
<td>Intensity</td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and questions

**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 anything like that at home?*  
*How about at daycare/school?*  
*Or elsewhere?*

*When was the first time this happened?*

### Coding rules

#### HITTING

0 = Absent  
2 = Hitting did not result in any physical injury to either party.  
3 = The victim sustained some physical injury as a result (e.g. black eye).

#### HOME

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGM8O01</td>
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</tr>
<tr>
<td>PGM8F01</td>
<td>Home Frequency</td>
</tr>
</tbody>
</table>

#### SCHOOL

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGM8F02</td>
<td>School Frequency</td>
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</tbody>
</table>

#### ELSEWHERE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGM8F03</td>
<td>Elsewhere Frequency</td>
</tr>
<tr>
<td>PGM8O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>
**Definitions and questions**

**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 anything like that at home? How about at daycare/school? Or elsewhere?*

*When was the first time this happened?*

### Coding rules

**KICKING**

- **Intensity**
  - 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**

- **Frequency**

**SCHOOL**

- **Frequency**

**ELSEWHERE**

- **Frequency**

- **Onset**
**Definitions and questions**

**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 anything like that at home?**
**How about at daycare/school?**
**Or elsewhere?**

**When was the first time this happened?**

**Coding rules**

**BITING**

<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>Biting 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. bruise or wound).</td>
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</tbody>
</table>

**HOME**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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**SCHOOL**

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<th>Description</th>
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</table>

**ELSEWHERE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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</table>

**Codes**

- PGN00O01 Onset
- PGN0F01 Home Frequency
- PGN0F02 School Frequency
- PGN0F03 Elsewhere Frequency
Definitions and questions

**CHOKING**
Choking 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 anything like that at home?
How about at daycare/school?
Or elsewhere?
When was the first time this happened?

**ASSAULT WITH A WEAPON: EVER**
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?
Was there any injury?
How many times has that EVER happened?
When was the first time this EVER happened?

IF EVER ASSAULT USING WEAPON, CONTINUE. OTHERWISE, SKIP TO "CRUELTY TO ANIMALS", (PAGE 25).
### Definitions and questions

**ASSAULT WITH A WEAPON: 3 MONTHS**

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon.

**Has s/he used a weapon in the last three months?**

*How often?*
*Was anyone injured?*

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

**What did s/he use as a weapon?**

### Coding rules

**USE OF A WEAPON: 3 MONTHS**

<table>
<thead>
<tr>
<th>Intensity</th>
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<tbody>
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<td>Injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
</table>

**TYPE OF WEAPON**

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
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<td>7</td>
<td>Pencil</td>
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<tr>
<td>8</td>
<td>Other</td>
</tr>
</tbody>
</table>

Specify
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.

In the last 3 months, has s/he hurt an animal?

What happened? (Determine way of hurting)
Has s/he killed an animal in the last 3 months?
Were the police brought in?
Why did s/he do it?
What did you do about it?
How often has s/he done that at home?
How about daycare/school?
How about elsewhere?

When did this start?
Cruelty to Animals: Ever

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 seriously injured an animal on purpose?

Has s/he EVER killed an animal on purpose?

What happened?
Were the police brought in?

How many times has s/he EVER done that?

When was the first time this EVER happened?

Cruelty to Animals: Level 3

0 = Absent
3 = Acts resulting in obvious or permanent injury.

Coding rules

Codes
CRUELTY TO PEOPLE: EVER
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?

Or trying to drown someone?

Or burn someone?

Or smother someone?

What happened?
Were the police involved?

How many times has this EVER happened?

When was the first time this EVER happened?

IF CRUELTY TO PEOPLE, CONTINUE. OTHERWISE, SKIP TO "VANDALISM", (PAGE 29).
CRUELTY TO PEOPLE: 3 MONTHS

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include 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 tried to hurt anyone in the last 3 months?

How often has this happened at home?
How often has this happened at daycare/school?
How often has this happened anywhere else?

### Codes

**CRUELTY TO PEOPLE**

- **PGF3I01**
  - Intensity

  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).
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.). Exclude writing on walls or similar actions which are not actually destructive to the function of the object.

Has s/he damaged or broken or smashed up anything on purpose?

What about breaking or smashing up things at daycare/school?

Has s/he broken his/her own toys or belongings?

Or other children’s toys or belongings?

What has s/he broken?

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

When was the first time this happened?

FIRE SETTING: EVER

Setting of unsanctioned fires with the intent of causing an object to burn. Intent to cause serious harm is not required.

Has s/he EVER started any fires in places where s/he is not supposed to?

Has s/he EVER caused any damage with fire?

What happened?

Were the police involved?

How many times has that EVER happened?

When was the first time this EVER happened?

IF FIRE SETTING: EVER, CONTINUE. OTHERWISE, SKIP TO END.

VANDALISM

0 = Absent

3 = Destructive acts involving damage to, or destruction of, property.

PGE2I01 Intensity

PGE2F04 Frequency

PGE2O01 Onset

FIRE SETTING: EVER

0 = Absent

2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.

3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

Ever:PGE4E01 Intensity

Ever:PGE4V01 Frequency

Ever:PGE4O01 Onset

For Review Only
**FIRE SETTING: 3 MONTHS**

Setting of unsanctioned fires with the intent of causing an object to burn. Intent to cause serious harm is not required.

**Has s/he started a fire in the last 3 months?**

Did s/he cause any damage with fire?  
What happened?  
Were the police involved?

- **0** = Absent
- **2** = Deliberate setting of unsanctioned fires, but without intent to cause damage.  
- **3** = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.
Definitions and questions

<table>
<thead>
<tr>
<th>HYPERACTIVITY</th>
<th>OVERACTIVITY</th>
</tr>
</thead>
</table>

Organization of the Section

The structure differs somewhat from the rest of the interview, on account of the requirements of different diagnostic systems. There are three subareas: overactivity, inattention, and impulsivity. Summary ratings are made for each subarea.

Note, however, that the concept of controllability has an additional feature here, as with many other items relevant to oppositional and conduct disorders, in that control by admonition by others is added to the usual notion of self-control. Thus it is necessary to find out whether being admonished or disciplined for the occurrence of these items brings them under control. Additionally, if a parent must exert a great amount of effort to control the child's behavior, or has given up trying to control the child's behavior, this is to be regarded as evidence of uncontrollability and intrusiveness.

We are looking here for patterns that are characteristic of the way that the child acts. Thus, if an example is given that happened only once or twice and was uncharacteristic of the child, it does not count here.

The question is does s/he control the behavior, not can could s/he control it if s/he wanted to (or if s/he weren't disobeying or being naughty). Many parents are convinced that their children could exercise such control, if they only would; this belief is not to be regarded as evidence of controllability.

Ten minute rule

Some behaviors are not rated if the child is able to stop them, when told to, for at least 10 minutes (without being reminded within the 10 minutes). The 10 minute rule refers to an average of ten minutes. If the admonition must be repeated within a short space of time (10 minutes), then the child's behavior is regarded as not being responsive to admonition and therefore the behavior is not regarded as being controllable.

The 10 minute rule applies to Fidgetiness, Difficulty Remaining Seated When Required, and Difficulty Concentrating on Tasks Requiring Sustained Attention. It may be applied to Talks Excessively and Doing Things Quietly if one is having difficulty making a general determination. For the other generalized items and the items in the Impulsivity section, control for 10 minutes is not relevant.

Clearly, there is a great range in children of different ages regarding levels of activity, impulsivity, and the ability to control activity and impulsivity. For example, most two or three year olds have more difficulty sitting at the dinner table than five or six year olds. Nonetheless, code the behavior as described by the parent and defined in the Glossary.
**FIDGETINESS**

Child often fidgets with or taps hands or feet or squirms in seat. Unnecessary movements of parts of the body when stationary overall.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

*First, I’d like to talk about how active s/he is.*

*I want you to think about times OTHER than when s/he is watching TV, a movie, or playing video games.*

**How MUCH does s/he squirm or wiggle in his/her seat?**

**How MUCH does s/he fidget with his/her hands or feet?**

**Does s/he fidget more than other children?**

**Do teachers say that s/he is fidgety?**

*Can you give me some examples?*  
*How often does s/he fidget?*  
*Can s/he stop him/herself from fidgeting at times OTHER than when watching TV/ movie or playing a video game?*  
*What is s/he doing when s/he is fidgeting?*  
*Is it like that in all activities?*  
*Or just some activities?*  
*All the time?*  
*Were there any times in the last 3 months when s/he couldn’t stop him/herself?*  

*Not including watching TV/movie or playing a video game, how long can s/he keep from fidgeting?*

*Is s/he like this at home?*  
*Is s/he like this at daycare/school?*  
*Is s/he like this elsewhere?*  
*Like at the store or grandma's house?*  
*When did this start?*

### Coding rules

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**FIDGETINESS**

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.
**DIFFICULTY REMAINING SEATED WHEN REQUIRED (RESTLESSNESS)**

Child often leaves seat in situations in which remaining seated is expected (e.g., leaves his or her seat in the classroom, restaurants, church, or other places that require remaining in place).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Can s/he usually remain in his/her seat when s/he's supposed to?**

**Like at dinner?**

**Does s/he have difficulty remaining seated at times OTHER than when watching TV/movie or playing video games?**

**Do teachers say s/he has a difficult time sitting down?**

Or to do a project at daycare/school?

**Does s/he get up much more than other children his/her age?**

How often does this happen in the last 3 months?

What is s/he doing when s/he has difficulty sitting down?

Is it like that in all activities?

Or just some activities?

Can s/he stop him/herself?

Always or just sometimes?

Where there any times in the last 3 months when s/he could not stop?

What about if you ask him/her to stop?

Not including watching TV, a movie, or playing a video game, how long can s/he remain in his/her seat?

**Is s/he like this at home?**

**Is s/he like this at daycare/school?**

**Is s/he like this elsewhere?**

Like at the store or grandma's house?

When did this start?
### Definitions and questions

**RUSHES ABOUT OR CLIMBS ON THINGS EXCESSIVELY (RESTLESSNESS)**

Child runs about or climbs in situations there it is inappropriate. Focus on the absence of a limited ability to have sustained periods of calm, well-controlled activity.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

#### Does s/he run around the house in situations when it's not appropriate?

**Or climb on things?**

- Is that more than other children?
- Is s/he still like this at times OTHER than when watching TV/movie or playing video games?
- How often does this happen?
- What is s/he doing when s/he is acting this way?
- Is it like that in all activities?
- Or just some activities?
- Can s/he stop him/herself?
- Always or just sometimes?
- What about if you ask him/her to stop?
- Were there any times in the last 3 months when s/he couldn't stop him/herself?

- Is s/he like this at home?
- Is s/he like this at daycare/school?
- Is s/he like this elsewhere?
- Like at the store or grandma's house?

When did this start?

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### Coding rules

#### RUSHES/CLIMBS EXCESSIVELY

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**ALWAYS ON THE GO**

Child is often "on the go." Child acts as if "driven by a motor." Child is unable or uncomfortable being still for extended periods of time (e.g., restaurants, church). May be experienced by others as the child being restless or difficulty in keeping up with the child.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Would you say s/he was "always on the go"?**

**Or as if s/he were "driven by a motor"?**

*What does s/he do?*
*Is s/he still like this at times OTHER than when watching TV/movie or playing video games?*
*How often does this happen in the last 3 months?*
*Is it like that in all activities?*
*Or just some activities?*
*Can s/he stop him/herself?*
*Always or just some of the time?*
*What about if you ask him/her to stop?*
*Were there any times in the last 3 months when s/he couldn't stop him/herself?*

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Does this happen elsewhere?*
*Like at the store or grandma's house?*

*When did this start?*

### Definitions and questions

**ALWAYS ON THE GO**

0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.
3 = Present in most activities and almost never controllable by the child or by admonition.

**PRC4I01**

**Intensity**

**PRC4I02**

**OCCURS AT HOME**

0 = Absent
2 = Present

**PRC4I03**

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent
2 = Present

**PRC4I04**

**OCCURS ELSEWHERE**

0 = Absent
2 = Present

**PRC4O01**

**Onset**

/ /
Definitions and questions

**TALKS EXCESSIVELY**
Child talks excessively.

**Do people complain that s/he talks too much?**

**Do you think s/he talks too much?**

Is it like that in all activities?
Or just some activities?
Can s/he stop him/herself?
All the time?
Or just sometimes?
What about if you ask him/her to stop?

Is s/he like this at home?

Is s/he like this at daycare/school?

Is s/he like this elsewhere?
Like at the store or grandma's house?

When did that start?

---

**Coding rules**

**TALKS EXCESSIVELY**

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

**Onset**

/ /
**DIFFICULTY DOING THINGS QUIETLY**

Child often has difficulty playing or engaging in leisure activities quietly.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**What happens if s/he is supposed to be doing things quietly?**

**Does s/he have a hard time doing things quietly?**

Does s/he have a hard time doing things quietly EVEN WHEN watching TV, a movie, or playing a video game? How often does s/he have difficulty doing things quietly? Is it like that in all activities? Or just some activities? Can s/he stop him/herself? All the time or just sometimes? What about if you ask him/her to stop?

Is s/he like this at home?

Is s/he like this at daycare/school?

Is s/he like this elsewhere? Like at the store or grandma's house?

When did that start?

**Coding rules**

**DIFFICULTY DOING THINGS QUIETLY**

PRA6I01

Intensity

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

**OCCURS AT HOME**

PRA6I02

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

PRA6I03

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

PRA6I04

0 = Absent

2 = Present

PRA6O01

Onset

/ /
INATTENTION
DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITIES REQUIRING SUSTAINED ATTENTION - ALONE

Child often has difficulty sustaining attention in tasks or play activities (e.g., difficulty remaining focused while playing, or while reading or looking at books, etc.).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Now I'd like to focus on how well s/he concentrates. Please think about what s/he is like in the activities that require concentration, both ones s/he is required to do and ones s/he chooses.

Is s/he able to concentrate on things when s/he has to?

Is s/he able to concentrate when doing something alone?

Like playing?

Does s/he have a hard time concentrating or focusing on things like coloring or looking at books?

Or writing his/her alphabet?

Do daycare providers/teachers tell you that s/he has a hard time concentrating?

Does s/he have more problems concentrating or focusing on things than other children his/her age?

How long can s/he concentrate for?

Is it hard for him/her to concentrate at times OTHER than when watching TV/movie or playing a video game?

How often does s/he have difficulty concentrating?

What is s/he doing at the time that s/he has difficulty concentrating?

Is it like that in all activities?

Or just some activities?

Can s/he make him/herself concentrate if s/he really tries?

Always or just sometimes?

Not considering watching TV or playing a video game, how long can s/he concentrate when doing things alone?
Preschool Age Psychiatric Assessment DSM 5 10.0.0

Definitions and questions

Does this happen at home?

Does this happen at daycare/school?

Does this happen elsewhere?  
Like at the store or grandma's house?

When did that start?

Coding rules

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### Definitions and questions

**DIFFICULTY CONCENTRATING ON TASKS OR PLAY ACTIVITIES REQUIRING SUSTAINED ATTENTION - WITH ADULT**

Child often has difficulty sustaining attention in tasks or play activities with adults (e.g., difficulty remaining focused during circle time, during conversations, reading or looking at books, or other tasks).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Is s/he able to concentrate when doing things with an adult?**

**Can s/he play a game to the end with you?**

**How is s/he at practicing or writing his/her alphabet?**

**Can s/he sit and be read a book?**

**Do daycare providers/teachers tell you that s/he has a hard time concentrating?**

Is it hard for him/her to concentrate at times OTHER than when watching TV/movie or playing a video game?

**How long do you think s/he can concentrate?**

What is s/he doing at the time that s/he has difficulty concentrating?

Is it like that in all activities?

Or just some activities?

Can s/he make him/herself concentrate if s/he really tries?

Always or just sometimes?

**How often does s/he have difficulty concentrating?**

Not considering watching TV, a movie, or playing a video game, how long can s/he concentrate with adults?

**Does this happen at home?**

**Does this happen at daycare/school?**

**Does this happen elsewhere?**

Like at the store or grandma’s house?

**When did that start?**

### Coding rules

#### DIFFICULTY CONCENTRATING ON ADULT-DIRECTED TASKS OR PLAY ACTIVITIES

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

#### HOURS : MINUTES

**OCCURS AT HOME**

0 = Absent

2 = Present

**OCCURS AT DAYCARE/SCHOOL**

0 = Absent

2 = Present

**OCCURS ELSEWHERE**

0 = Absent

2 = Present

**Onset**

/ /
DIFFICULTY ORGANIZING TASKS AND ACTIVITIES

Often has difficulty organizing tasks and activities when structure is not imposed by others (e.g., at a loss to start or structure a project; to have all the right materials on hand to play a game, build a train track; has difficulty managing sequential tasks; has difficulty keeping necessary materials and belongings in order; messy; disorganized work).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician’s office, etc.).

Does s/he have difficulty organizing a task or activity?

Like doing a project?

Are his/her belongings messy and disorganized?

Can s/he gather all materials needed to play a game?

Or setting up a game? Does s/he know where to start?

If s/he gets started, does s/he then get disorganized?

Is s/he able to organize a task if s/she really tries? Always or just sometimes? How often does this happen?

Is s/he like this at home?

Is s/he like this at daycare/school?

Is s/he like this elsewhere? Like at the store or grandma’s house?

When did this start?

DIFFICULTY ORGANIZING TASKS

0 = Absent

2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.

3 = Present in most activities and almost never controllable by the child or by admonition.

OCCURS AT HOME

0 = Absent

2 = Present

OCCURS AT DAYCARE/SCHOOL

0 = Absent

2 = Present

OCCURS ELSEWHERE

0 = Absent

2 = Present

Onset

/ /
Definitions and questions

**DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS AND FAILS TO FINISH TASKS AND ACTIVITIES**

Often does not follow through on instructions and fails to finish chores, or other duties (e.g., starts tasks but quickly loses focus and is easily sidetracked).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

*How good 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 has been told to do?*

*Is s/he easily sidetracked?*

What was s/he doing at the time?
Is it like that in all activities?
Or just some activities?
Does s/he complete things if s/he makes an effort?
Is that all the time?
Or just sometimes?
What about if you ask him/her to follow through?
Does that happen at school as well as at home?

*Is s/he like this at home?*

*Is s/he like this at daycare/school?*

*Is s/he like this elsewhere?*
Like at the store or grandma's house?

*When did that start?*

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AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

Child often avoids, dislikes, or is reluctant to engage in tasks or activities that require sustained mental effort (e.g., schoolwork, homework, writing reports).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Does s/he try to get out of things where s/he will have to concentrate?

Does s/he try to get out of practicing the ABC’s or reading?

Or doing a puzzle or trying to write his/her name?

How often does that happen?
Can you get him/her to do such things?
Is it like that in all activities?
Or just some activities?
What if you ask him/her to stop?

Is s/he like this at home?

Is s/he like this at daycare/school?

Is s/he like this elsewhere?
Like at the store or grandma’s house?

When did that start?

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

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OCCURS ELSEWHERE

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**EASILY DISTRACTED BY EXTRANEOUS STIMULI**

Child is often easily distracted extraneous stimuli.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Is s/he easily distracted by things going on around her?**

**Does s/he have difficulty paying attention when s/he can look out of the window or hear other people talking in the next room?**

Are these things that would distract anyone?  
How often does this happen?  
What was s/he doing at the time?  
Is it like that in all activities?  
Or just some activities?  
Can s/he stop him/herself?  
Is that all the time or just sometimes?  
What about if you ask him/her to pay attention?

**Is s/he like this at home?**

**Is s/he like this at daycare/school?**

**Does this happen elsewhere?**  
Like at the store or grandma's house?

**When did that start?**

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</table>
FORGETFUL IN DAILY ACTIVITIES
Child is often forgetful in daily activities (e.g., forgets to brush teeth or hair, to do simple chores, forgetting homework assignments or other things needed for school).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Is s/he often forgetful in his/her daily activities?
Does s/he often forget to do his/her chores?
How about forget to brush his/her teeth?
Does s/he often forget to bring lunch or lunch money to school?
Can you give me some examples of things s/he forgets?
Does s/he still forget if you remind him/her?
How often does s/he forget things?
Is s/he like this at home?
Does this happen at daycare/school?
Does this happen elsewhere?
Like at the store or grandma’s house?
When did that start?

FORGETFUL IN DAILY ACTIVITIES
0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.
3 = Present in most activities and almost never controllable by the child or by admonition.

OCCURS AT HOME
0 = Absent
2 = Present

OCCURS AT DAYCARE/SCHOOL
0 = Absent
2 = Present

OCCURS ELSEWHERE
0 = Absent
2 = Present

Onset
/ /
**Attention Deficit Hyperactivity Disorder**

**Preschool Age Psychiatric Assessment DSM 5 10.0.0**

**Definitions and questions**

**OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS/ACTIVITIES AT DAYCARE/SCHOOL OR AT HOME**

Child often loses things necessary for task and activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile phone, handheld devices, or clothing).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

**Does s/he lose things more than other kids do?**

**Does s/he lose things s/he needs for daycare/school like homework or books?**

**Does s/he lose things like pencils, keys, phone, or money?**

**Does s/he leave things, like clothing, at school or friend's house?**

**Does s/he get into trouble for losing things? Can s/he stop him/herself from losing things? Always or just sometimes?**

**What if you remind him/her not to lose them? How often does s/he lose things?**

**Is s/he like this at home?**

**Does this happen at daycare/school?**

**Does this happen elsewhere? Like at the store or grandma’s house?**

**When did that start?**

**Coding rules**

**OFTEN LOSES THINGS**

- 0 = Absent
- 2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.
- 3 = Present in most activities and almost never controllable by the child or by admonition.

**PRB21O1**

Intensity

**OCCURS AT HOME**

- 0 = Absent
- 2 = Present

**PRB21O2**

**OCCURS AT DAYCARE/SCHOOL**

- 0 = Absent
- 2 = Present

**PRB21O3**

**OCCURS ELSEWHERE**

- 0 = Absent
- 2 = Present

**PRB21O4**

**Onset**

/ /
OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID TO HIM/HER WHEN SPEAKED TO DIRECTLY

Child often does not seem to listen when spoken to directly (e.g., mind seems elsewhere even in the absence of any obvious distractions).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Do you think s/he's good at listening to what you say to him/her?

Do teachers complain that s/he doesn't seem to listen to what they are saying to him/her?

Do other people complain that s/he doesn't seem to listen to what they are saying to him/her?

Is it like that in all activities?
Or just some activities?
Can you get him/her to listen?
How often does this happen?

Does this happen at home?

Does this happen at daycare/school?

Does this happen elsewhere?
Like at the store or grandma's house?

When did that start?

CODES

DOES NOT LISTEN

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OCCURS AT HOME

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| / / | PRB3O01 |

Attention Deficit Hyperactivity Disorder
K-17
**FAILS TO PAY CLOSE ATTENTION TO DETAILS**

Child often fails to give close attention to details or makes careless mistakes in schoolwork or other activities (e.g., overlooks or misses details, work is inaccurate).

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician’s office, etc.).

*How good is s/he at paying attention to details when s/he is working on something?*

*Does s/he tend to do things incorrectly or sloppily because s/he hasn’t paid enough attention to the task?*

*Do his/her teachers say s/he doesn’t pay attention?*

*Do his/her projects/homework show that s/he doesn’t pay attention to details?*

*Can s/he make him/herself pay attention to details? What about if you ask him/her to pay attention? Is it like that in all activities? Or just some? How often does s/he fail to pay close attention to details?*

*Does this happen at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere? Like at the store or grandma’s house?*

*When did that start?*

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**Coding rules**

**FAILS TO PAY ATTENTION TO DETAILS**

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**OCCURS AT HOME**

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**OCCURS AT DAYCARE/SCHOOL**

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</table>
IMPULSIVITY
DIFFICULTY WAITING FOR TURN IN GAMES OR IN GROUP SITUATIONS

Child often has difficulty waiting his/her turn (e.g., while standing in line). Distinguish from normative eagerness.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Can s/he wait his/her turn for things?

Or wait for his/her turn to participate in circle time?

Can s/he stand in line and wait his/her turn?

As well as most children his/her age?

At daycare/school can s/he stand in line with the other children?

At home can s/he wait his/her turn during a game?

Why does s/he push in?
Does it get him/her in trouble?
Can s/he control it?
What if others say something?
How often does this happen?

Does this happen at home?

Does this happen at daycare/school?

Does this happen elsewhere?
Like at the store or grandma's house?

When did that start?

DIFFICULTY WAITING FOR TURN

0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable by the child or by admonition.
3 = Present in most activities and almost never controllable by the child or by admonition.

OCCURS AT HOME
0 = Absent
2 = Present

OCCURS AT DAYCARE/SCHOOL
0 = Absent
2 = Present

OCCURS ELSEWHERE
0 = Absent
2 = Present

Onset

PRB7I01
Intensity

PRB7I02

PRB7I03

PRB7I04

PRB7001
Onset
**Definitions and questions**

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

Child blurts out answer before question has been completed (e.g., completes other people's sentences or cannot wait for turn in a conversation). Distinguish from normative eagerness.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

*Does s/he tend to blurt out the answers before the person's finished asking the question?*

*In what situations does s/he blurt out answers?*

*Do teachers tell you this happens?*

*Did it get him/her into trouble?*

*Can s/he stop if s/he wants to?*

*What if others say something?*

*How often does that happen?*

*Does this happen at home?*

*Does this happen at daycare/school?*

*Does this happen elsewhere? Like at the store or grandma's house?*

*When did that start?*

**Coding rules**

**OFTEN BLURTS OUT ANSWERS TO QUESTIONS**

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**OCCURS AT DAYCARE/SCHOOL**

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Definitions and questions

**OFTEN INTERRUPTS OR INTRUDES ON OTHERS**

Child often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people’s things, without asking or receiving permission; may intrude into or take over what others are doing). Distinguish from normative eagerness/excitement and desire to participate in social interactions.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician’s office, etc.).

Does s/he tend to interrupt other people when they’re talking to someone else?

What about butting into games without being invited to join in?

Does s/he use other people’s things without asking permission?

Can you give me an example?
Does it happen as much as half of the time?
Can s/he stop him/herself?
What if others say something?
How often does that happen?

Does this happen at home?

Does this happen at daycare/school?

Does this happen elsewhere?
Like at the store or grandma’s house?

When did that start?

Coding rules

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Attention Deficit Hyperactivity Disorder
Definitions and questions

BEHAVIORAL BLURTING
Child rarely or minimally stops and thinks before acting in response to stimuli.

Note: Symptoms may vary depending on context in a setting. Symptoms may be minimal or even absent if subject is receiving frequent rewards for appropriate behavior, is under close supervision, in a novel setting, engaged in interesting activities, has constant external stimulation (e.g., via electronic screens, that is, TV, movies, video games), or is interacting in one-on-one situations (e.g., tutoring session, the clinician's office, etc.).

Is s/he 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?
How often does this happen?

Does this happen at home?

Does this happen at daycare/school?

Is s/he like this elsewhere?
Like at the store or grandma's house?

When did this start?

Coding rules

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.

OCCURS AT HOME
0 = Absent
2 = Present

OCCURS AT DAYCARE/SCHOOL
0 = Absent
2 = Present

OCCURS ELSEWHERE
0 = Absent
2 = Present

Onset
/ /
INCAPACITY SECTION

SUMMARY OF RULES FOR RATING INCAPACITY

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.

IMPAIRMENT/INCAPACITY

Two levels of disturbance or impaired functioning are distinguished:

2 = 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.

3 = 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 his/her mother would not allow him/her to associate with them would not have that loss of friends rated as an incapacity here. Although, of course, it might have had crippling effects on her social life, it would not count as an incapacity because it was not secondary to any psychopathology of the child. However, it would count if the child was too frightened to leave the house and lost her friends because of it.

The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that a child was incapacitated in certain ways and that the child had certain psychopathological problems. The incapacity must be linked to the problems that seem to have generated it. Often this is difficult when children have multiple problems and incapacities, but the attempt should be made nevertheless. However, this does not mean that a particular incapacity has to be assigned to one single problem. It will sometimes be the case that several symptoms of different types will contribute to a particular incapacity. When this is the case, each contributing problem area should be recorded. It follows that if an incapacity is to be seen as being secondary to other symptoms, then those other symptoms must have been present before the onset of that incapacity. They must also have resulted in a fall-off from a previous level of attainment or proficiency if they are to be regarded as having resulted in an incapacity. Thus a child who had previously been able to function well enough in class might show a reduced ability to participate in group activities, because he felt too miserable to do so. This would be regarded as an incapacity secondary to the affective symptoms. On the other hand, if a child had always been unable to participate in group activities and later became depressed, an incapacity, secondary to depression, would be recorded only if his capacity to participate in group activities suffered a further decrement from its already low level. If there had been no further decrement, an incapacity in relation to depression would not be recorded.
### Definitions and questions

**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**

The rules for dating the onset of incapacities are essentially the same as those for dating symptom onsets. That is, the decision is first made as to whether or not a particular incapacity was present during the 3 month primary period. If it was, then its onset is coded as the date it appeared at the minimum criterion level required by the glossary definition. Once again, there is a proviso that if the incapacity has been present only intermittently, the onset is dated from when the incapacity began again following the last period of one year (or longer) without incapacity. The dates of exacerbations from partial to complete incapacity are also recorded.

Even if a child did not code for any problems in a particular section of the PAPA, the Incapacity section cannot be skipped. If you have enough information, not every question needs to be asked.

**TREATMENT**

Referrals to professional agencies or professional concerned with child's symptoms or behavior.

Note the name of the site where treatment was received and the professionals seen.

Treatment may be coded even if symptoms did not code in the 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.

Now I’m going to ask about how any of his/her behaviors or behavior problems that we’ve talked about impact different aspects of his/her life.

Does anything we have been talking about affect how s/he gets along with you?

Do you avoid each other because of any issue(s)?
Do you refuse to talk to each other?

Do these difficulties cause any arguments?

Have any of the arguments gotten physical?
Did anyone get injured?
What happened?

Do you need to discipline him/her more because of this issue(s)?

IF PRESENT, CONTINUE:

What issue(s) is causing the problem between him/her and you?

When did this first become a problem?
When did this first become a big problem?
### Definitions and questions

#### Coding rules

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**IF PARENT #2, CONTINUE. OTHERWISE, SKIP TO "OTHER PARENT #1", (PAGE 7)**

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<tr>
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**For Review Only**
Definitions and questions

PARENTAL RELATIONSHIPS - PARENT #2
A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does anything we have been talking about affect how s/he gets along with “Parent #2”?

Do they avoid each other because of any issue(s)?

Do they refuse to talk to each other?

Do these difficulties cause any arguments?

Have any of the arguments gotten physical?

Did anyone get injured?

What happened?

Does “Parent #2” need to discipline him/her more because of this issue(s)?

IF PRESENT, CONTINUE:

What behavior(s) is causing the problem between him/her and “Parent #2”?

When did this first become a problem?

When did this first become a big problem?

Coding rules

WITHDRAWAL
0 = Absent
2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.
3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD
0 = Absent
2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.
3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY
0 = Absent
2 = Present

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity

Codes

PMA1I01

PMA1I02

PMA1X03

PMA1X04

PMA1X05

PMA1X06

PMA1X07

PMA1X08
### Definitions and questions

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**Incapacity Ratings**

IF OTHER PARENT #1, CONTINUE. OTHERWISE, SKIP TO "SIBLING RELATIONSHIPS: IN THE HOME", (PAGE 11)
**PARENTAL RELATIONSHIPS - OTHER PARENT #1**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD**: Incapacity involving aggression, arguments, fights, or disruptive behavior.

**Does anything we have been talking about affect how s/he gets along with "Other Parent #1"?**

**Do they avoid each other because of any issue(s)?**

**Do they refuse to talk to each other?**

**Do these difficulties cause any arguments with "Other Parent #1"?**

**Does "Other Parent #1" need to discipline him/her more because of this issue(s)?**

**What issue(s) is causing the problem between him/her and "Other Parent #1"?**

**When did this first become a problem?**

**When did this first become a big problem?**

---

**Symptom Areas Causing Incapacity**

**Daycare/School Attendance**

**Separation Anxiety**

**Worries/Anxieties**

**Depression**

**Food-Related Behavior**

**Hyperactivity**
Definitions and questions

IF OTHER PARENT #2, CONTINUE. OTHERWISE, SKIP TO "SIBLING RELATIONSHIPS: IN THE HOME", (PAGE 11)

Coding rules

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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 anything we have been talking about affect how s/he gets along with "Other Parent #2"?

Do they avoid each other because of any issue(s)?
Do they refuse to talk to each other?

Do these difficulties cause any arguments?

Have any of the arguments gotten physical?
Did anyone get injured?
What happened?

Does "Other Parent #2" need to discipline him/her more because of this issue?

IF PRESENT, CONTINUE:

What issue(s) is causing the problem between him/her and "Other Parent #2"?

When did this first become a problem?

When did this first become a big problem?

---

WITHDRAWAL

0 = Absent
2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.
3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent
2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.
3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent
2 = Present

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity
### Definitions and questions

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<tr>
<td><strong>ONSET OF FIRST SEVERE INCAPACITY</strong></td>
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---

**IF CHILDREN IN HOUSEHOLD, CONTINUE. OTHERWISE, SKIP TO "SIBLING RELATIONSHIPS: OUT OF HOME", (PAGE 13).**
SIBLING RELATIONSHIPS: IN HOME

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

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, sibling(s).

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does anything we have been talking about affect how s/he gets along with his/her sibling(s)?

Do they avoid each other because of any issue(s)?

Do they refuse to talk to each other?

Do these difficulties cause any arguments?

Have any of the arguments gotten physical?

Did anyone get injured?

What happened?

If present, continue:

What issue(s) is causing the problem between him/her and the sibling(s)?

When did this first become a problem?

When did this first become a big problem?

WITHDRAWAL

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

DISCORD

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent

2 = Present

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity
Incapacity Ratings

Definitions and questions

Coding rules

Sleep Difficulties

Conduct

Relationships with Parent #1 and/or Parent #2

Relationships with Other Parent #1 and/or Other Parent #2

Relationships with Other Adults

Sibling Relationships

Peer Relationships

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

IF CHILDREN OUT OF HOUSEHOLD, CONTINUE. OTHERWISE, SKIP TO "COOPERATIVE HELPING", (PAGE 15).
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, sibling(s).

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior

Does anything we have been talking about affect how s/he gets along with his/her sibling(s) who don’t live at home?

Do they avoid each other because of any issue(s)?

Do they refuse to talk to each other?

Do these difficulties cause any arguments?

Have any of the arguments gotten physical?

Did anyone get injured?

What happened?

IF PRESENT, CONTINUE:

What issue(s) is causing the problem between him/her and the sibling(s)?

When did this first become a problem?

When did this first become a big problem?
Definitions and questions

Coding rules

Sleep Difficulties

Conduct

Relationships with Parent #1 and/or Parent #2

Relationships with Other Parent #1 and/or Other Parent #2

Relationships with Other Adults

Sibling Relationships

Peer Relationships

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

PMA5X09

PMA5X10

PMA5X11

PMA5X12

PMA5X13

PMA5X14

PMA5X15

PMA5O01

PMA5O02
**COOPERATIVE HELPING**

A child should be able to follow parental directions, to clean up his/her toys, bring plate to sink, or 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.

**Will s/he help with chores 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 has stopped doing because of the way s/he's been feeling?**

Would it make a difference if s/he didn't have "symptom"?

**IF PRESENT, CONTINUE:**

What issue(s) is causing the problem of not helping with chores?
When did this first become a problem?

When did this first become a big problem?
### Definitions and questions

<table>
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<th>Codes</th>
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</table>

**Incapacity Ratings**
LEAVING HOUSE

A child should be able to leave his/her house without difficulty. Obviously the range of activities that might induce a child to go outside the house varies widely with age, and judgment must be used in deciding what is consonant with the child's developmental stage.

Does anything we have been talking about make it hard for him/her to leave the house?

Like to get ready to go outside?
Or to go to school or daycare?

Tell me about it.

IF PRESENT, CONTINUE:

What issue(s) is causing the problem of not wanting to leave the house?
When did this first become a problem?

When did this first become a big problem?
<table>
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</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 anything we have been talking about affect how s/he gets along there?

Does anything affect how well s/he does at daycare/school?

How?

IF PRESENT, CONTINUE:

What issue(s) is causing the problem at daycare/school? When did this first become a problem?

When did this first become a big problem?

Coding rules

DAYCARE/SCHOOL PERFORMANCE

0 = Absent
2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.
3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY

0 = Absent
2 = Present

Daycare/School Attendance
Separation Anxiety
Worries/Anxieties
Depression
Food-Related Behavior
Hyperactivity
Sleep Difficulties
Conduct
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</table>
Definitions and questions

**SUSPENDED FROM DAYCARE/SCHOOL: EVER**
Exclusion from daycare/school for any length of time.

*Has s/he EVER been suspended from daycare/school?*

*How many times has s/he EVER been suspended from daycare/school?*
*When was the first time s/he was EVER suspended?*

---

**IF EVER SUSPENDED, CONTINUE. OTHERWISE, SKIP TO "EXPELLED FROM DAYCARE/SCHOOL: EVER", (PAGE 24).**

---

**Coding rules**

**SUSPENSION FROM DAYCARE/SCHOOL: EVER**

0 = Absent  
2 = Present

---

**Codes**

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<th>Frequency</th>
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**DAYCARE/SCHOOL SUSPENSION: 3 MONTHS**
Exclusion from daycare/school for any length of time.

*Has s/he been suspended in the last 3 months?*

*How long was s/he suspended for in the last 3 months?*

*What issue(s) is causing him/her to get suspended?*

---

### Coding rules

#### SUSPENSION IN LAST 3 MONTHS

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<tbody>
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#### DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)

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#### SYMPTOM AREAS CAUSING INCAPACITY

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<td>Coding rules</td>
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<td>Sibling Relationships</td>
</tr>
<tr>
<td></td>
<td>Peer Relationships</td>
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</tbody>
</table>
Definitions and questions

**EXPELLED FROM DAYCARE/SCHOOL: EVER**

Expulsion from daycare/school or asked to withdraw voluntarily.

*Has s/he EVER been expelled from daycare/school?*

*How many times has s/he EVER been expelled?*

*When was the first time s/he was EVER expelled?*

---

**IF EVER EXPELLED, CONTINUE. OTHERWISE, SKIP TO "DAYCARE PROVIDER/TEACHER RELATIONSHIPS", (PAGE 27).**

---

**Coding rules**

**BEEN EXPELLED FROM DAYCARE/SCHOOL: EVER**

- **Intensity**
  - 0 = Absent
  - 2 = Present

**Codes**

- Ever:PMB3E90
- Ever:PMB3V01
- Ever:PMB3O01

---

**Incapacity Ratings**
**DAYCARE/SCHOOL EXPULSION: 3 MONTHS**

Expulsion from daycare/school or asked to withdraw voluntarily.

*Has s/he been expelled in the last 3 months?*

*What issue(s) caused him/her to get expelled?*

**Coding rules**

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### Definitions and questions

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships with Other Adults</td>
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</tr>
<tr>
<td>Sibling Relationships</td>
<td>PMB3113</td>
</tr>
<tr>
<td>Peer Relationships</td>
<td>PMB3114</td>
</tr>
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</table>
**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 non-parental 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 anything we have been talking about affect how he/she gets along with teachers/daycare providers?

Do they avoid each other because of any issue(s)?
Do they refuse to talk to each other?

Do these difficulties cause any arguments?

Do the teachers/daycare providers need to discipline him/her more because of this issue?

**IF PRESENT, CONTINUE:**

What behavior(s) is causing the problem between him/her and his/her teachers/daycare providers?
When did this first become a problem?

When did this first become a big problem?

### WITHDRAWAL

<table>
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### DISCORD

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### SYMPTOM AREAS CAUSING INCAPACITY

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- Daycare/School Attendance
- Separation Anxiety
- Worries/Anxieties
- Depression
- Food-Related Behavior
- Hyperactivity
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Difficulties</td>
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<td>PMB4X09</td>
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<td>Conduct</td>
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<td>PMB4X10</td>
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<td>Relationships with Parent #1 and/or Parent #2</td>
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Incapacity Ratings

L-28
**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.

*Does anything we have been talking about affect how s/he gets along with other children at daycare/school?*

*Do they avoid each other?*

*Do they refuse to talk to each other?*

*Do these difficulties cause any arguments?*

**IF PRESENT, CONTINUE:**

*What issue(s) is causing the problem between him/her and the other children at daycare/school?*

*When did this first become a problem?*

When did this first become a big problem?

---

**INCAPACITY RATINGS**

**WITHDRAWAL**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

0 = Absent

2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.

3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**SYMPTOM AREAS CAUSING INCAPACITY**

0 = Absent

2 = Present

Daycare/School Attendance

Separation Anxiety

Worries/Anxieties

Depression

Food-Related Behavior

Hyperactivity
# Definitions and questions

## Coding rules

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<tr>
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## Codes

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<tr>
<td>PMBSO01</td>
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<tr>
<td>PMBSO02</td>
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</table>
Definitions and questions

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?
Tell me about it.

IF PRESENT, CONTINUE:

What issue(s) is affecting his/her play outside of daycare/school?
When did this first become a problem?

When did this first become a big problem?

Coding rules

SPARE TIME ACTIVITIES
0 = Absent
2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.
3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

SYMPTOM AREAS CAUSING INCAPACITY
0 = Absent
2 = Present

Daycare/School Attendance
Separation Anxiety
Worries/Anxieties
Depression
Food-Related Behavior
Hyperactivity
Sleep Difficulties
Conduct
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<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
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</tr>
</thead>
<tbody>
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<td>PMB6O02</td>
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</tbody>
</table>
### 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 anything we have been talking about affect how s/he gets along with other people outside the home or school, such as neighbors or people at the park (etc.)?**

How about with grandparents? Has it made him/her see less of other adults or avoid them?

**Do these difficulties cause any arguments?**

Have any of the arguments gotten physical?

Did anyone get injured? What happened?

**IF PRESENT, CONTINUE:**

What behavior(s) is causing the problem between him/her and other adults?

When did this first become a problem?

When did this first become a big problem?

### Coding rules

<table>
<thead>
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### SYMPTOM AREAS CAUSING INCAPACITY

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<td>PMB7X04</td>
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<td>Worries/Anxieties</td>
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<td>Depression</td>
<td>PMB7X06</td>
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<tr>
<td>Food-Related Behavior</td>
<td>PMB7X07</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>PMB7X08</td>
</tr>
<tr>
<td>Definitions and questions</td>
<td>Coding rules</td>
</tr>
<tr>
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**Incapacity Ratings**

- **ONSET OF FIRST PARTIAL INCAPACITY**: PMB7O01
- **ONSET OF FIRST SEVERE INCAPACITY**: PMB7O02
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.

**Does anything we have been talking about affect how s/he gets along with other children outside of daycare/school?**

**Has it affected how s/he gets along with friends outside daycare/school?**

**Do they avoid each other because of any issue(s)?**

**Do they refuse to talk to each other?**

**Do these difficulties cause any arguments?**

**Have any of the arguments gotten physical?**

**Did anyone get injured?**

**What happened?**

**If present, continue:**

**What issue(s) is causing the problem between him/her and the other children outside of daycare/school?**

**When did this first become a problem?**

**When did this first become a big problem?**

**Coding rules**

**WITHDRAWAL**

- 0 = Absent
- 2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.
- 3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**DISCORD**

- 0 = Absent
- 2 = Partial Incapacity: A notable reduction of function in a particular area. Child is still able to do things but does them less well or more slowly.
- 3 = Severe Incapacity: A complete or almost complete inability to function in a particular area.

**Symptom Areas Causing Incapacity**

- Daycare/School Attendance
- Separation Anxiety
- Worries/Anxieties
- Depression
- Food-Related Behavior
- Hyperactivity
### Definitions and questions

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</table>
**ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL**

Child has difficulty going places outside of the home (grocery store, restaurant, church, synagogue, and mosque) and acting appropriately and acting his/her age.

**Do any of his/her behaviors make it hard for you to take him/her out in public?**

**Can you go out with him/her to places like the grocery store or to a restaurant?**

**Do you avoid taking him/her out in public places?**

**Do these difficulties cause any arguments?**

**Have any of the arguments gotten physical?**

**Did anyone get injured?**

**What happened?**

**IF PRESENT, CONTINUE:**

**What issue(s) is affecting his/her ability to act appropriately out in public?**

**When did this first become a problem?**

**When did this first become a big problem?**
### Definitions and questions

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</table>

### Incapacity Ratings

- **ONSET OF FIRST PARTIAL INCAPACITY**: PMEO001
- **ONSET OF FIRST SEVERE INCAPACITY**: PMEO002
Definitions and questions

**TREATMENT**

Referrals to professional agencies concerned with child psychopathology are coded here.

*Has s/he received any treatment for any of the issues we have been talking about in the last 3 months?*

*Like a doctor or anyone at daycare/school? Did s/he go to a clinic? Or into a hospital? Who did s/he see? What did they do?*

**IF PRESENT, CONTINUE:**

*What issue(s) led you to seek treatment for him/her?*

*When was the first time you sought help for him/her?*

**Coding rules**

**TREATMENT**

- 0 = Absent
- 2 = Present

**SYMPTOM AREAS CAUSING INCAPACITY**

- 0 = Absent
- 2 = Present

**Daycare/School Attendance**

**Separation Anxiety**

**Worries/Anxieties**

**Depression**

**Food-Related Behavior**

**Hyperactivity**

**Sleep Difficulties**

**Conduct**

**Relationships with Parent #1 and/or Parent #2**

**Relationships with Other Parent #1 and/or Other Parent #2**

**Codes**

- PMD0101
- PMD0X02
- PMD0X03
- PMD0X04
- PMD0X05
- PMD0X06
- PMD0X07
- PMD0X08
- PMD0X09
- PMD0X10
- PMD0X11
## Definitions and questions

### Incapacity Ratings

### Codes

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<td>20 = Speech Therapy</td>
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<tr>
<td>21 = Occupational/Physical Therapy</td>
<td>PMD0X16</td>
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<td>BEGINNING OR FIRST TREATMENT</td>
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</tbody>
</table>

For Review Only
**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 pills?
Or anything from his/her doctor?
What?

Why is s/he taking it?

**IF PRESENT, COLLECT NAME OF MEDICATION AND ONSET. CODE AS PRESENT EVEN IF PRESCRIPTION WAS NEVER FILLED.**

What is the name of the medication s/he is taking?

When did s/he start taking this medication?

What is the name of the medication s/he is taking?

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What is the name of the medication s/he is taking?

When did s/he start taking this medication?

**Coding rules**

**MEDICATION**

0 = Absent
2 = Present

**MINOR TRANQUILIZERS/SEDATIVES**

0 = Absent
2 = Present

**BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT**

**ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS**

0 = Absent
2 = Present

**BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT**

**STIMULANTS**

0 = Absent
2 = Present

**BEGINNING OF STIMULANTS TREATMENT**

**STRATTERA (ATOMOXETINE)/INTUNIV (GUANFACINE)/KAPVAY (CLONIDINE): NON-STIMULANT**

0 = Absent
2 = Present

**BEGINNING OF NON-STIMULANT TREATMENT**

**Codes**

PMCO90
PMCO101
PMCO001
PMC1001
PMC2101
PMC2001
PMC2102
PMC2002
**Definitions and questions**

**What is the name of the medication s/he is taking?**
- **ANTIDEPRESSANTS**
  - 0 = Absent
  - 2 = Present
  - BEGINNING OF ANTIDEPRESSANTS TREATMENT

**When did s/he start taking this medication?**

**What is the name of the medication s/he is taking?**
- **LITHIUM**
  - 0 = Absent
  - 2 = Present
  - BEGINNING OF LITHIUM TREATMENT

**When did s/he start taking this medication?**

**What is the name of the medication s/he is taking?**
- **ANTICONVULSANTS**
  - 0 = Absent
  - 2 = Present
  - BEGINNING OF ANTICONVULSANTS TREATMENT

**When did s/he start taking this medication?**

**What is the name of the medication s/he is taking?**
- **ANTIBIOTICS**
  - 0 = Absent
  - 2 = Present
  - BEGINNING OF ANTIBIOTICS TREATMENT

**When did s/he start taking this medication?**

**What is the name of the medication s/he is taking?**
- **ASTHMA MEDICATION**
  - 0 = Absent
  - 2 = Present
  - BEGINNING OF ASTHMA MEDICATION TREATMENT

**When did s/he start taking this medication?**

**What is the name of the medication s/he is taking?**
- **OTHER MEDICATION**
  - 0 = Absent
  - 2 = Present
  - BEGINNING OF TREATMENT

**Incapacity Ratings**
**ENDING THE INTERVIEW**

*Well, I think that’s all I want to ask about, Thank you for being so helpful.*

*Is there anything else you’d like to add?*

INTERVIEWER: WRITE DOWN THE TIME THE INTERVIEW ENDS!!!

AFTER FINISHING THE INTERVIEW, REMEMBER TO COMPLETE "ADEQUACY OF INTERVIEW."

**ADDITIONAL CONCERNS**

0 = Absent

2 = Present