Instrument Title: Diagnostic Infant and Preschool Assessment (DIPA)
Instrument Author: Michael S. Scheeringa, MD, MPH
Introductory script:
“This interview can take a half-hour, an hour, or maybe longer, depending on how much there is to talk about. I'm going to ask you a bunch of questions about your child's emotions and behaviors.”
<table>
<thead>
<tr>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
</tr>
<tr>
<td>p28 Intrusive recollections</td>
</tr>
<tr>
<td>p29 Play reenactment</td>
</tr>
<tr>
<td>p30 Non-play reenactment</td>
</tr>
<tr>
<td>p31 Nightmares on trauma</td>
</tr>
<tr>
<td>p32 Nightmares non-trauma</td>
</tr>
<tr>
<td>p33 Flashbacks</td>
</tr>
<tr>
<td>p34 Dissociation</td>
</tr>
<tr>
<td>p35 Psychological distress at reminders</td>
</tr>
<tr>
<td>p36 Physiological distress at reminders</td>
</tr>
<tr>
<td>p37 Avoidance of external</td>
</tr>
<tr>
<td>p38 Avoidance of internal</td>
</tr>
<tr>
<td>p39 Inability to recall</td>
</tr>
<tr>
<td>p40 Loss of interests</td>
</tr>
<tr>
<td>p41 or p42 Restricted affect</td>
</tr>
<tr>
<td>p43 Sense of foreshortened future</td>
</tr>
<tr>
<td>p44 Detachment</td>
</tr>
<tr>
<td>p45 Initiating sleep</td>
</tr>
<tr>
<td>p46 Night waking</td>
</tr>
<tr>
<td>p47 Irritability/anger</td>
</tr>
<tr>
<td>p48 Concentration</td>
</tr>
<tr>
<td>p49 Hypervigilance</td>
</tr>
<tr>
<td>p50 Exaggerated startle</td>
</tr>
<tr>
<td>RDC-PA Algorithm:</td>
</tr>
<tr>
<td>A. 1 out of p1-p12.</td>
</tr>
<tr>
<td>B. 1 out of 5 choices:</td>
</tr>
<tr>
<td>p28, p29, or p30</td>
</tr>
<tr>
<td>p31-p32</td>
</tr>
<tr>
<td>p33-p34</td>
</tr>
<tr>
<td>p35</td>
</tr>
<tr>
<td>p36</td>
</tr>
<tr>
<td>C. 1 out of 7 choices:</td>
</tr>
<tr>
<td>p37</td>
</tr>
<tr>
<td>p39</td>
</tr>
<tr>
<td>p40</td>
</tr>
<tr>
<td>p41 or p42</td>
</tr>
<tr>
<td>p43</td>
</tr>
<tr>
<td>p44</td>
</tr>
<tr>
<td>D. 2 out of 5 choices:</td>
</tr>
<tr>
<td>p45 or p46</td>
</tr>
<tr>
<td>p47</td>
</tr>
<tr>
<td>p49</td>
</tr>
<tr>
<td>p50</td>
</tr>
<tr>
<td>F. Name _________________</td>
</tr>
<tr>
<td>D.O.B. _________________</td>
</tr>
<tr>
<td>ID _________________</td>
</tr>
<tr>
<td>0 = No 1 = Yes</td>
</tr>
<tr>
<td>PTS1 D.I.D. Algorithm:</td>
</tr>
<tr>
<td>1 out of m24-m29</td>
</tr>
<tr>
<td>PTSD</td>
</tr>
<tr>
<td>m19 Death play themes</td>
</tr>
<tr>
<td>m20 Suicide play themes</td>
</tr>
<tr>
<td>m21 Suicidal thoughts</td>
</tr>
<tr>
<td>m22 Suicidal plans</td>
</tr>
<tr>
<td>m23 Suicide attempts</td>
</tr>
<tr>
<td>MDD Algorithm:</td>
</tr>
<tr>
<td>m10 or m2; or m3, m4, or m5.</td>
</tr>
<tr>
<td>4 out of 7 choices:</td>
</tr>
<tr>
<td>m6, m7, or m8</td>
</tr>
<tr>
<td>m9 or m10</td>
</tr>
<tr>
<td>m11 or m12</td>
</tr>
<tr>
<td>m13</td>
</tr>
<tr>
<td>m14 or m15</td>
</tr>
<tr>
<td>m16 or m17</td>
</tr>
<tr>
<td>m18, m19, m20,</td>
</tr>
<tr>
<td>m21, m22, or m23</td>
</tr>
<tr>
<td>1 out of m24-m29</td>
</tr>
<tr>
<td>Bipolar I</td>
</tr>
<tr>
<td>b1</td>
</tr>
<tr>
<td>3 out of 7 choices:</td>
</tr>
<tr>
<td>(4 needed if b2 but not b1)</td>
</tr>
<tr>
<td>b3</td>
</tr>
<tr>
<td>b4</td>
</tr>
<tr>
<td>b5</td>
</tr>
<tr>
<td>b6</td>
</tr>
<tr>
<td>b7</td>
</tr>
<tr>
<td>b8 or b9</td>
</tr>
<tr>
<td>b10</td>
</tr>
<tr>
<td>1 out of b11-b16</td>
</tr>
<tr>
<td>ADHD</td>
</tr>
<tr>
<td>a1 Fails to give close attention</td>
</tr>
<tr>
<td>a2 Difficulty sustaining attention</td>
</tr>
<tr>
<td>a3 Does not listen</td>
</tr>
<tr>
<td>a4 Does not follow through</td>
</tr>
<tr>
<td>a5 Difficulty organizing</td>
</tr>
<tr>
<td>a6 Avoids mental effort</td>
</tr>
<tr>
<td>a7 Loses things</td>
</tr>
<tr>
<td>a8 Easily distracted</td>
</tr>
<tr>
<td>a9 Forgetful</td>
</tr>
<tr>
<td>a17 Fidgets</td>
</tr>
<tr>
<td>a18 Leaves seat</td>
</tr>
<tr>
<td>a19 Runs about or climbs</td>
</tr>
<tr>
<td>a20 Trouble being quiet</td>
</tr>
<tr>
<td>a22 “On the go”motor”</td>
</tr>
<tr>
<td>a23 Talks excessively</td>
</tr>
<tr>
<td>a24 Blurs out answers</td>
</tr>
<tr>
<td>a26 Difficulty waiting turn</td>
</tr>
<tr>
<td>a27 Interrupts</td>
</tr>
<tr>
<td>Inattention Subtype Algorithm:</td>
</tr>
<tr>
<td>6 out of a1-a9</td>
</tr>
<tr>
<td>a11 (two settings)</td>
</tr>
<tr>
<td>1 out of a12-a16</td>
</tr>
<tr>
<td>Hyperactivity Subtype Algorithm:</td>
</tr>
<tr>
<td>6 out of a9-a17</td>
</tr>
<tr>
<td>a29 (two settings)</td>
</tr>
<tr>
<td>1 out of a30-a34</td>
</tr>
<tr>
<td>ODD</td>
</tr>
<tr>
<td>o1 Loses temper</td>
</tr>
<tr>
<td>o2 Argues</td>
</tr>
<tr>
<td>o3 Breaks rules</td>
</tr>
<tr>
<td>o4 Disobedient</td>
</tr>
<tr>
<td>o5 Annoy</td>
</tr>
<tr>
<td>o6 Blames others</td>
</tr>
<tr>
<td>o7 Touchy</td>
</tr>
<tr>
<td>o8 Angry/resentful</td>
</tr>
<tr>
<td>o9 Spiteful or vindictive</td>
</tr>
<tr>
<td>SAD</td>
</tr>
<tr>
<td>se1 Distress after separation</td>
</tr>
<tr>
<td>se2 Withdrawal after separation</td>
</tr>
<tr>
<td>se3 Distress from anticipated separation</td>
</tr>
<tr>
<td>se4 Fear about harm to parent</td>
</tr>
<tr>
<td>se5 Fear about sudden separation</td>
</tr>
<tr>
<td>se6 Refusal to leave home</td>
</tr>
<tr>
<td>se7 Fearful to be alone</td>
</tr>
<tr>
<td>se8 Reluctance to sleep alone</td>
</tr>
<tr>
<td>se9 Nightmares of separation</td>
</tr>
<tr>
<td>se10 Physical symptoms on separation</td>
</tr>
<tr>
<td>Specific Phobia:</td>
</tr>
<tr>
<td>Specific Phobia Algorithm:</td>
</tr>
<tr>
<td>1 out of sp1-sp5</td>
</tr>
<tr>
<td>1 out of s1-s6 for specific phobia.</td>
</tr>
<tr>
<td>Social Phobia:</td>
</tr>
<tr>
<td>Social Phobia Algorithm:</td>
</tr>
<tr>
<td>1 out of so1 or so2</td>
</tr>
<tr>
<td>1 out of s1-s6 for social phobia.</td>
</tr>
<tr>
<td>DSM-IV Algorithm:</td>
</tr>
<tr>
<td>A. 1 out of p1-p12.</td>
</tr>
<tr>
<td>B. 1 out of p1-p12.</td>
</tr>
<tr>
<td>C. 1 out of p1-p12.</td>
</tr>
<tr>
<td>D. 1 out of p1-p12.</td>
</tr>
<tr>
<td>E. Duration at least 1 month</td>
</tr>
<tr>
<td>F. 1 from p56-p61.</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder:</td>
</tr>
<tr>
<td>oc1 Obsessions</td>
</tr>
<tr>
<td>oc2 Unwanted aspect</td>
</tr>
<tr>
<td>oc3 Compulsions</td>
</tr>
<tr>
<td>oc4 Anxiety reduction</td>
</tr>
<tr>
<td>oc5 Prevention aspect</td>
</tr>
<tr>
<td>OCD Algorithm:</td>
</tr>
<tr>
<td>1 out of oc1 and oc2</td>
</tr>
<tr>
<td>1 out of oc3 or oc5</td>
</tr>
<tr>
<td>1 out of oc6-oc13</td>
</tr>
<tr>
<td>RAD</td>
</tr>
<tr>
<td>r1 doesn’t seek comfort</td>
</tr>
<tr>
<td>r2 little response to comfort</td>
</tr>
<tr>
<td>r3 limited positive affect</td>
</tr>
<tr>
<td>r4 Irritable, sadness, or fear</td>
</tr>
<tr>
<td>r5 Reduced reciprocity</td>
</tr>
<tr>
<td>r6 Overly familiar</td>
</tr>
<tr>
<td>r7 Rarely checks back</td>
</tr>
<tr>
<td>r8 Willing to go off with unfamiliar adults</td>
</tr>
<tr>
<td>r9 ≤9 mos. dev. age</td>
</tr>
<tr>
<td>RDC-PA algorithms:</td>
</tr>
<tr>
<td>Inhibited subtype:</td>
</tr>
<tr>
<td>3 out of 4</td>
</tr>
<tr>
<td>r1, r2, r3 or r4, or r5</td>
</tr>
<tr>
<td>r9 &amp; 1 out of r10-r14</td>
</tr>
<tr>
<td>Disinhibited subtype:</td>
</tr>
<tr>
<td>2 out of 3: r6, r7, or r8</td>
</tr>
<tr>
<td>r9 &amp; 1 out of r10-14</td>
</tr>
<tr>
<td>DSM-IV algorithm:</td>
</tr>
<tr>
<td>Note: (the pathogenic care</td>
</tr>
<tr>
<td>criterion is not supported).</td>
</tr>
<tr>
<td>Inhibited type if any one of</td>
</tr>
<tr>
<td>r1, r2, or r5 predominate.</td>
</tr>
<tr>
<td>Disinhibited type if any one of</td>
</tr>
<tr>
<td>r6 or r8 predominate.</td>
</tr>
<tr>
<td>Sleep Onset Dyssomnia</td>
</tr>
<tr>
<td>SI1</td>
</tr>
<tr>
<td>2 out of 3: r6, r7, or r8</td>
</tr>
<tr>
<td>not if ≤12 months of age.</td>
</tr>
</tbody>
</table>
### Traumatic Life Events

To be endorsed, an event must have led to serious injury or the potential for serious injury to the child, or to a loved one and the child witnessed it.

0 = Absent  
1 = Present

**Frequency is coded as the number of events in a lifetime.**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>First Onset</th>
<th>Frequency</th>
<th>Latest Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1. Accident or crash with automobile, plane, or boat</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P2. Attacked by an animal</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P3. Man-made disasters (fires, war, etc)</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P4. Natural disasters (hurricane, tornado, flood)</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>(stayed through the storm)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P5. Witnessed another person being beaten, raped, threatened with serious harm,</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>shot at seriously wounded, or killed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P6. Physical abuse</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P7. Sexual abuse, sexual assault, or rape</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P8. Accidental burning</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P9. Near drowning</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P10. Hospitalization, emergency room visit, and/or invasive medical procedures</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P11. Kidnapped</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P12. Other: __________________________ (came back after a storm)</td>
<td>0</td>
<td>1</td>
<td><em><strong>/</strong></em><strong>/</strong>_</td>
</tr>
<tr>
<td>P13. IF MORE THAN ONE EVENT, ASK FOR WORST EVENT:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>“Which of these do you think caused the most emotional or behavior problems for your child?”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRITE THE EVENT NUMBER 1-12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF NO TRAUMATIC EVENTS, SKP TO NEXT DISORDER.

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

PTSD 1
INITIAL REACTIONS AT THE TIME OF THE EVENT

IF CHILD EXPERIENCED MORE THAN ONE EVENT, ASK THE QUESTIONS ON THIS PAGE ONLY ABOUT THE WORST EVENT CODED ON PREVIOUS PAGE.

“For (worst event), I’m going to ask you a menu of reactions that s/he might have had in the seconds or minutes right after the event occurred”

P14. “Was s/he afraid or scared?”
“For how long?”
0 1
_____ min.

P15. “Worried?”
“For how long?”
0 1
_____ min.

P16. “Helpless?”
“For how long?”
0 1
_____ min.

P17. “Angry?”
“For how long?”
0 1
_____ min.

P18. “Sad?”
“For how long?”
0 1
_____ min.

P19. “Surprised?”
“For how long?”
0 1
_____ min.

P20. “Numb?”
“For how long?”
0 1
_____ min.

P21. “Did s/he cry?”
“For how long?”
0 1
_____ min.

P22. “Scream?”
“For how long?”
0 1
_____ min.

P23. “Become agitated?”
“For how long?”
0 1
_____ min.

P24. “Act aggressive?”
“For how long?”
0 1
_____ min.

P25. “Look confused?”
“For how long?”
0 1
_____ min.

P26. “Look out of touch like s/he was in a daze?”
“For how long?”
0 1
_____ min.

P27. “Seem physically sick, like sick to her stomach?”
“For how long?”
0 1
_____ min.
EDUCATIONAL INTRO:
"Now I'm going to ask you a bunch of questions about any symptoms your child might have developed since the trauma(s). For something to be a symptom it must be abnormal. I'll be repeating that a behavior needs to be "more than the average child his/her age." We know that sometimes this is obvious and sometimes it's hard to figure out. "Also, most symptoms that people show after traumas start right away. Some of them go away and some of them stick around. I only need to mark it if it is still around in the last 4 weeks."

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

_______________________________________
P28. INTRUSIVE RECOLLECTIONS
"Does s/he have intrusive memories of the trauma? Does s/he bring it up on his/her own?"

IF YES, YOU MUST GET EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”
If no, skip to P29.

P28a. AFFECT WHEN TALKING ABOUT IT
"Does s/he look distressed or not distressed when s/he brings it up?"

P29. PLAY REENACTMENT OF THE TRAUMA
"Does X reenact the trauma in her play with dolls or toys? This would be scenes that look just like the trauma?"

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

PROBE WITH EXAMPLES . . . SAME STRATEGY AS IN P35.

IF YES, YOU MUST GET EXAMPLE.

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

_______________________________________

P30. NON-PLAY REENACTMENT OF LIFE EVENT
"What about other times? Does s/he act it out at the grocery or mealtime?"

PROBE WITH EXAMPLES . . . SAME STRATEGY AS IN P35.

IF YES, YOU MUST GET EXAMPLE.

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

_______________________________________

RECORD AVOIDANCE AND DISTRESS ITEMS EVEN IF THERE HAVE NOT BEEN ANY REMINDERS IN THE LAST 4 WEEKS BUT THE MOTHER BELIEVES THE SYMPTOM WOULD HAVE OCCURRED IF THERE HAD BEEN REMINDERS.
P31. NIGHTMARES: ABOUT TRAUMA
“Has s/he had any nightmares or bad dreams about the trauma that wake him/her up?”

IF YES, YOU MUST GET EXAMPLE.
If yes, ask: “And this was present in the last 4 weeks?”

P32. NIGHTMARES: INCREASED/ NOT ABOUT TRAUMA
“Is X having more nightmares than s/he used to have but you don’t know if they are about the trauma or not?”

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

P33. FLASHBACKS
*Since the “life event”, has s/he felt as though the “life event” was happening to him/her again, even when it wasn’t? This is where a child is acting like they are back in the traumatic event and aren’t in touch with reality. This is a pretty obvious thing when it happens.”

IF YES, YOU MUST GET EXAMPLE.
IT DID NOT HAVE TO HAPPEN IN THE PAST 4 WEEKS ONLY
THIS ITEM IS AN EXCEPTION TO THE 4 WEEK RULE
CODE FREQUENCY AS TOTAL OCCURRENCES SINCE LIFE EVENT.

P34. DISSOCIATION
“Since (the event) has s/he had episodes when s/he seems to freeze? We call this dissociation where you try to snap him/her out of it but s/he was unresponsive.”

IF YES, YOU MUST GET EXAMPLE.
If yes, ask: “One of the best ways to tell if this was dissociation is if you wave your hand in front of their face and they don’t even blink. Did you try that?
If further clarification needed, ask: “Did you try touching him/her on the shoulder to snap him/her out of it?
IT DID NOT HAVE TO HAPPEN IN THE PAST 4 WEEKS ONLY
THIS ITEM IS AN EXCEPTION TO THE 4 WEEK RULE
CODE FREQUENCY AS TOTAL OCCURRENCES SINCE “LIFE EVENT”.

P35. PSYCHOLOGICAL DISTRESS AT REMINDERS
“Does s/he get upset when exposed to reminders of the event(s)?”

PROBE WITH EXAMPLES THAT ARE SPECIFIC TO THIS CHILD’S EVENT(S). ASK ABOUT AS MANY SPECIFIC EXAMPLES AS YOU CAN THINK OF UNTIL YOU GET AN ENDORSEMENT OR RUN OUT OF EXAMPLES.
IF YES, YOU MUST GET EXAMPLE.
If yes, ask: “And this was present in the last 4 weeks?”
PHYSIOLOGICAL DISTRESS AT REMINDERS
“Does s/he get physically distressed when confronted by reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach?”

PROBE WITH EXAMPLES . . SAME STRATEGY AS IN P35.

IF YES, YOU MUST GET EXAMPLE.

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

AVOIDANCE OF THOUGHTS, FEELINGS, OR CONVERSATIONS
“Does s/he try to avoid conversations that might remind him/her of the trauma?”

“Does s/he try to avoid private thoughts or feelings that might remind him/her of the trauma?”

PROBE WITH EXAMPLES . . SAME STRATEGY AS IN P35.

IF YES, YOU MUST GET EXAMPLE.

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

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

PROBE WITH EXAMPLES . . SAME STRATEGY AS IN P35.

IF YES, YOU MUST GET EXAMPLE.

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

INABILITY TO RECALL AN IMPORTANT ASPECT OF THE EVENT
*Does s/he have difficulty remembering the incident?
“Has s/he seemed to have forgotten the entire event?”

IF YES, YOU MUST GET EXAMPLE.

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

LOSS OF INTEREST IN USUAL ACTIVITIES
“Has s/he lost interest in doing things that s/he used to like to do since the trauma?”

IF NO TO THE FIRST QUESTION, ASK:
“Would you say s/he was not interested in much before the trauma but it’s become substantially worse since then?”

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

IF YES, YOU MUST GET EXAMPLE.
P41. RESTRICTED RANGE OF AFFECT: LOSS OF POSITIVE AFFECT
“Since the trauma, does s/he show a restricted range of positive feelings? For example, showing less love, or happiness than s/he used to?”

IF YES, YOU MUST GET EXAMPLE.

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

P42. RESTRICTED RANGE OF AFFECT: LOSS OF NEGATIVE AFFECT
“And how about a restricted range of negative feelings? Like sadness or anger?”

IF YES, YOU MUST GET EXAMPLE.

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

P43. SENSE OF FORESHORTENED FUTURE
“This may seem like an odd question, but has X seemed to lose hope for the future. I mean, s/he’s said that s/he won’t live long enough to be a big kid, or s/he’ll never be able to get married or get a job.”

IF YES, YOU MUST GET EXAMPLE.

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

P44. DETACHMENT/ SOCIAL WITHDRAWAL
“Since the trauma has s/he become more distant from family members and friends? I mean, s/he doesn’t want to show affection or maybe even be around people?”

IF NO TO THE FIRST QUESTION, ASK:
“Would you say s/he was distant before the trauma but it’s become substantially worse since then?”

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

IF YES, YOU MUST GET EXAMPLE.

P45. DIFFICULTY INITIATING SLEEP
“Has s/he had a hard time falling asleep since the trauma?”

IF NO TO THE FIRST QUESTION, ASK:
“Did s/he have trouble falling asleep before the trauma but it’s become more difficult since then?”

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

IF YES, YOU MUST GET EXAMPLE.

P46. NIGHT WAKING
“Has your child had trouble staying asleep during the night since the trauma?”

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

IF NO TO THE FIRST QUESTION, ASK:
“Did s/he have trouble staying asleep before the trauma but it’s become more difficult since then?”

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

IF YES, YOU MUST GET EXAMPLE.
<table>
<thead>
<tr>
<th>P47. IRRITABILITY/ ANGER/ TANTRUMS</th>
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</thead>
<tbody>
<tr>
<td>“Has s/he been more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma?”</td>
</tr>
<tr>
<td><strong>IF NO TO THE FIRST QUESTION, ASK:</strong></td>
</tr>
<tr>
<td>“Would you say s/he was unusually irritable before the trauma but it’s become substantially worse since then?”</td>
</tr>
<tr>
<td>If yes, ask: “And this was present in the last 4 weeks?”</td>
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<tr>
<td><strong>IF YES,</strong> YOU MUST GET EXAMPLE.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>P48. DECREASED CONCENTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Has X had more trouble concentrating since (the event)?”</td>
</tr>
<tr>
<td><strong>IF NO TO THE FIRST QUESTION, ASK:</strong></td>
</tr>
<tr>
<td>“Did s/he have trouble concentrating before the trauma but it’s become more difficult since then?”</td>
</tr>
<tr>
<td>If yes, ask: “And this was present in the last 4 weeks?”</td>
</tr>
<tr>
<td><strong>IF YES,</strong> YOU MUST GET EXAMPLE.</td>
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</table>

<table>
<thead>
<tr>
<th>P49. HYPERVIGILANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Has s/he been more “on the alert” for bad things happening than before the trauma? I mean, does s/he look over her shoulder, looking out for danger?”</td>
</tr>
<tr>
<td><strong>IF NO TO THE FIRST QUESTION, ASK:</strong></td>
</tr>
<tr>
<td>“Would you say s/he was hypervigilant before the trauma but it’s become substantially worse since then?”</td>
</tr>
<tr>
<td>If yes, ask: “And this was present in the last 4 weeks?”</td>
</tr>
<tr>
<td><strong>IF YES,</strong> YOU MUST GET EXAMPLE.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>P50. EXAGGERATED STARTLE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Has X startled more easily than before the trauma? I mean, if there’s a loud noise or someone sneaks up behind him/her, does s/he jump and seem startled more than the average child that age?”</td>
</tr>
<tr>
<td><strong>INTERVIEWER OUGHT TO DEMONSTRATE STARTLE RESPONSE</strong></td>
</tr>
<tr>
<td><strong>IF NO TO THE FIRST QUESTION, ASK:</strong></td>
</tr>
<tr>
<td>“Would you say s/he was easily startled before the trauma but it’s become substantially worse since then?”</td>
</tr>
<tr>
<td>If yes, ask: “And this was present in the last 4 weeks?”</td>
</tr>
<tr>
<td><strong>IF YES,</strong> YOU MUST GET EXAMPLE.</td>
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</table>

**ASSOCIATED SYMPTOMS**

<table>
<thead>
<tr>
<th>P51. AGGRESSION</th>
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<tbody>
<tr>
<td>“Has your child been more physically aggressive since the trauma? Like hitting, kicking, biting, or breaking things.”</td>
</tr>
<tr>
<td><strong>IF NO TO THE FIRST QUESTION, ASK:</strong></td>
</tr>
<tr>
<td>“Would you say s/he was aggressive before the trauma but it’s become substantially worse since then?”</td>
</tr>
<tr>
<td>If yes, ask: “And this was present in the last 4 weeks?”</td>
</tr>
<tr>
<td><strong>IF YES,</strong> YOU MUST GET EXAMPLE.</td>
</tr>
</tbody>
</table>
**P52. SEPARATION ANXIETY**

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

IF NO TO THE FIRST QUESTION, ASK:

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

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

IF YES, YOU MUST GET EXAMPLE.

**P53. NIGHT TERRORS**

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

IF YES, YOU MUST GET EXAMPLE. USUALLY OCCUR IN FIRST 60 MINUTES OF SLEEP. NIGHTMARES USUALLY OCCUR AFTER THE FIRST 90 MINUTES OF SLEEP.

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

**P54. REGRESSION IN DEVELOPMENTAL SKILLS**

"Since the life event, has X gone backward in his/her development?"

"Are there things that s/he could do before the trauma that s/he no longer does?"

CODE 1 ONLY IF CHILD HAD THE SKILL AND THEN, AFTER THE “LIFE EVENT,” THE CHILD NO LONGER HAS THE SAME LEVEL OF SKILL.

"What about toileting? Wetting the bed?"

"Lose any language skills? Talk like a baby again? Can’t say ABC’s anymore?"

Trouble with motor skills like working snaps, buttons, zippers?"

"Anything else that I didn’t ask about?"

IF YES, YOU MUST GET EXAMPLES

If yes, ask: "And this was present in the last 4 weeks?"
**P55. NEW FEARS NOT OBVIOUSLY TRAUMA-RELATED**

“Since the trauma, has X developed any new fears about things that don’t seem related to the trauma?”

<table>
<thead>
<tr>
<th></th>
<th>Onset</th>
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<tbody>
<tr>
<td>BATHROOM</td>
<td>0 1</td>
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</table>

“What about going to the bathroom alone?”

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<tr>
<th></th>
<th>Onset</th>
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<tr>
<td>DARK</td>
<td>0 1</td>
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</table>

“Afraid of the dark now?”

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<tr>
<th></th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER</td>
<td>0 1</td>
</tr>
</tbody>
</table>

“Other?” Describe: _______________________

If no, ask: “Would you say s/he had any of these fears before the trauma but it’s become substantially worse since then?”

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

**FUNCTIONAL IMPAIRMENT RATINGS**

Look at the tally sheet of symptoms for PTSD, and ask about the symptoms as a group for each type of impairment.

**EDUCATIONAL INTRO:**

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

**P56. PARENTAL RELATIONSHIPS**

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

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

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

If yes, you must get example
ACCOMMODATION: “Do you make accommodations so that s/he has fewer conflicts with you?”

0 1 2 3

P57. SIBLING RELATIONSHIPS

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

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

“Do these (symptoms) interfere more than in the average sibling relationship?”

IF YES, YOU MUST GET EXAMPLE

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

0 1 2 3

P58. DAYCARE PROVIDER/TEACHER RELATIONSHIPS

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

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

“Do these (symptoms) interfere with the teacher or the class more than average?”

IF YES, YOU MUST GET EXAMPLE

P59. RELATIONSHIPS WITH PEERS

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

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

IF YES, YOU MUST GET EXAMPLE

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

0 1 2 3

PTSD 10
P60. **ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL**

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

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

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

“Or to a restaurant?”

**IF YES, YOU MUST GET EXAMPLE**

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

P61. **MEASURE OF CHILD’S DISTRESS**

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

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

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

P62. **SYMPTOMS PERCEIVED AS PROBLEM**

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

P63. **PERCEIVED NEED FOR TREATMENT**

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

(Author: Michael Scheeringa, MD, MPH, Tulane University, mscheer@tulane.edu)
MAJOR DEPRESSIVE DISORDER

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

“I’m going to ask you a bunch of questions about depression.”

M1. SAD/UNHAPPY

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

GET EXAMPLE.

If yes, ask: “And this was present sometime in the last 4 weeks?”
If yes, ask: “Has s/he felt sad at least 8 days over 2 consecutive weeks?”

M2. IRRITABLE MOOD

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

GET EXAMPLE.

If yes, ask: “And this was present sometime in the last 4 weeks?”
If yes, ask: “Has s/he felt irritable at least 4 days out of a week, or at least 8 days over 2 consecutive weeks?”

M3. LOSS OF INTEREST IN USUAL THINGS

If PTSD module was completed earlier, ask only if clarification needed:
“I asked you about loss of interest in things earlier. Now I need clarification . . ”

If PTSD module was not already completed, ask:
“Have you noticed that s/he isn’t interested in doing things that s/he used to like to do?”

GET EXAMPLE.

If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)
“How many hours per day?” (Duration)

M4. ANHEDONIA

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

(The difference between loss of interests and anhedonia may be that the child never starts the activities in loss of interests, whereas in anhedonia, the child starts the activities but doesn’t have fun.)

GET EXAMPLE.

If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)
“How many hours per day?” (Duration)
M5. BOREDOM
“How much of the time is s/he bored, do you think?”
“Does s/he get bored more than other kids?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)
“How many hours per day?” (Duration)

M6. REDUCED APPETITE
“Some people who are depressed have changes in their appetite. Has X had a decrease in appetite?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)

M7. WEIGHT LOSS OR LACK OF EXPECTED WEIGHT GAIN
“Has s/he lost weight or failed to gain weight when s/he should have been gaining?”

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

M8. EXCESSIVE APPETITE
“Has s/he had a bigger appetite than usual in the last 4 weeks?”

GET EXAMPLE
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)

M9. SLEEP DIFFICULTY
If PTSD module has been completed, you may already know this answer. If not, ask:
“I asked you about sleeping habits already, but in this section I need to clarify if there has been a sleep problem that was not related to the trauma.”

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

If PTSD module was not already completed, ask:
“Does s/he have difficulty getting to sleep or wake up during the night? I mean, this is a different pattern than usual and it’s more than the average child his/her age?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many nights in the last 4 weeks?” (Frequency)
“How long does it take to fall back asleep on average?” (Duration)
M10. EXCESSIVE SLEEPINESS
“Does s/he seem sleepy during the day? That is, more than usual?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)

M11. PSYCHOMOTOR AGITATION
“Does s/he get very restless when s/he’s unhappy or sad? I mean, does she look agitated when s/he’s sad, like s/he has difficulty keeping still and may wander around without a purpose?”

GET EXAMPLE.
Do not include simple restlessness or fidgetiness in the absence of mood change.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)
“How many hours per day?” (Duration)

M12. PSYCHOMOTOR RETARDATION
“When sad or irritable, does s/he move more slowly than s/he used to?”
“Or talk more slowly?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)
“How many hours per day?” (Duration)

M13. FATIGUE/ LOSS OF ENERGY
“Does s/he ‘run out of gas’ and get tired more easily than s/he used to?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)
“How many hours per day?” (Duration)

M14. FEELINGS OF WORTHLESSNESS
“Does X feel bad about him/herself – like s/he is not good-looking, or not good at anything?”

“Does s/he like him/herself? I mean, does s/he ever say that s/he hates him/herself?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)
M15. EXCESSIVE GUILT
“Does s/he feel bad or guilty about anything that s/he’s done? I mean, does s/he ever say that s/he is a “bad” person, or blame him/herself for things that aren’t his/her fault?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)

M16. CONCENTRATION
If PTSD module was completed earlier, ask only if clarification needed:
“I asked you about concentration earlier. Now I need clarification . . .”

If PTSD module was not already completed, ask:
“Does s/he have trouble concentrating more than average?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)

M17. INDECISIVENESS
“Does s/he have trouble making choices or making decisions (making up his/her mind) more than the average child his/her age?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
“How many days in the last 4 weeks?” (Frequency)

M18. TALKING ABOUT DEATH
“This may sound odd, but next I’m going to ask about suicidal ideas. Does s/he seem to think or talk about death or dying?”

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

M19. DEATH THEMES IN PLAY
“Does s/he ever draw pictures about death and dying, or play games in which a character dies?”

GET EXAMPLE.
If yes, ask: “And this was present sometime in the last 4 weeks?”
M20. SUICIDAL THOUGHTS
"Does s/he ever think about ending it all?"

GET EXAMPLE.

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

M21. SUICIDE THEMES IN PLAY
“Has does s/he ever draw pictures about suicide, or play games in which a character kills himself?”

GET EXAMPLE.

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

IF SUICIDAL THOUGHTS ARE PRESENT THEN ASK ABOUT SUICIDAL PLANS BELOW.
OTHERWISE SKIP TO SUICIDAL ATTEMPTS.

M22. SUICIDAL PLANS
“Has s/he made a plan to kill him/herself?”

GET EXAMPLE.

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

M23. SUICIDE ATTEMPTS
“Has s/he ever actually tried to kill him/herself?”

GET EXAMPLE.

If yes, ask: “And this was present sometime in the last 4 weeks?”
M24. PARENTAL RELATIONSHIPS

“Do the symptoms we just talked about (list them) substantially “get in the way” of how s/he gets along with you, and make you feel upset or annoyed?”

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

GET EXAMPLE

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

ACCOMMODATION CODES
0 = None
1 = accommodates some, but not usually (<50% of the time)
2 = accommodates more than not (>50% of the time)
3 = almost always accommodates

M25. SIBLING RELATIONSHIPS

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

“Do (symptoms) interfere in his/her relationships with brothers or sisters more than the average sibling relationship?”

GET EXAMPLE

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

M26. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS

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

“Do (symptoms) interfere in his/her relationship with the teacher more than the average teacher-child relationship?”

GET EXAMPLE
M27. RELATIONSHIPS WITH PEERS
“Do (symptoms) substantially “get in the way” of how s/he gets along with playmates at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

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

M28. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

GET EXAMPLE

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

M29. CHILD DISTRESS
“Do you think that these behaviors cause your child to feel upset, feel bad about himself, or cry?”

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

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t get upset?”

M30. PERCEIVED PROBLEM
“Do you consider these (symptoms) a problem? You know, something that needs to be changed?”

M31. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion.”
IN CONTRAST TO THE REST OF THE DIPA, THE BIPOLAR SECTION ASKS ABOUT SYMPTOMS FOR LIFETIME AS OPPOSED TO THE LAST 4 WEEKS.

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

**B1. EXCITEMENT/ENERGY**

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

GET EXAMPLE.

If yes, ask: “During the worst episode, how many days or hours in a row did s/he feel that way?”

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

“How many episodes of this have occurred?”

“When was the first episode?”

---

**B2. IRRITABLE MOOD**

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

GET EXAMPLE.

If yes, ask: “During the worst episode, how many days or hours in a row did s/he feel that way?”

“How many episodes of this have occurred?”

“When was the first episode?”

---

**B3. INFLATED SELF-ESTEEM/GRANDIOSITY**

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

GET EXAMPLE.

If yes, ask: “During the worst episode, how long did it last?”

“How many episodes of this have occurred?”

“When was the first episode?”
B4. DECREASED NEED FOR SLEEP
“Have you noticed a change in his/her sleep patterns, so that s/he felt rested after only 3 or 4 hours of sleep?”

GET EXAMPLE.

If yes, ask: “During the worst episode, how long did it last?”

“How many episodes of this have occurred?”

“When was the first episode?”

B5. TALKATIVE
“Have you noticed a time when s/he was more talkative than usual or felt a pressure to keep talking?”

GET EXAMPLE.

If yes, ask: “During the worst episode, how long did it last?”

“How many episodes of this have occurred?”

“When was the first episode?”

B6. FLIGHT OF IDEAS/THOUGHTS RACING
“Have you noticed a time where you had trouble following what s/he was saying because s/he was jumping from one topic to another as though his/her mind was racing?”

GET EXAMPLE.

If yes, ask: “During the worst episode, how long did it last?”

“How many episodes of this have occurred?”

“When was the first episode?”

B7. DISTRACTIBILITY
“Have you noticed a time when s/he was easily distracted, where his/her attention was too easily drawn to unimportant things?”

GET EXAMPLE.

If yes, ask: “During the worst episode, how long did it last?”

“How many episodes of this have occurred?”

“When was the first episode?”
B8. INCREASE IN GOAL DIRECTED ACTIVITY
“Have you noticed a time when s/he got through his/her work more easily or was much more involved in activities than usual?”

GET EXAMPLE
If yes, ask: “During the worst episode, how long did it last?”
“How many episodes of this have occurred?”
“When was the first episode?”

B9. PSYCHOMOTOR AGITATION
“Does s/he get very restless when s/he’s unhappy or sad? I mean, does s/he look agitated when s/he’s sad, like s/he has difficulty keeping still and may wander around without a purpose?”

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

GET EXAMPLE.
If yes, ask: “During the worst episode, how long did it last?”
“How many episodes of this have occurred?”
“When was the first episode?”

B10. PLEASURABLE ACTIVITIES WITH POTENTIAL FOR SELF HARM
“Has s/he tried to do things that s/he thought were going to benefit him/her or be fun but could have gotten him/her hurt or in trouble?”

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

GET EXAMPLE.
If yes, ask: “During the worst episode, how long did it last?”
“How many episodes of this have occurred?”
“When was the first episode?”
B11. PARENTAL RELATIONSHIPS

“Do the symptoms we just talked about (list them) substantially “get in the way” of how s/he gets along with you, and make you feel upset or annoyed?”

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

GET EXAMPLE

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

ACCOMMODATION CODES
0 = None
1 = accommodates some, but not usually (<50% of the time)
2 = accommodates more than not (>50% of the time)
3 = almost always accommodates

B12. SIBLING RELATIONSHIPS

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

“Do (symptoms) interfere in his/her relationships with brothers or sisters more than the average sibling relationship?”

GET EXAMPLE

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

B13. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS

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

“Do (symptoms) interfere in his/her relationship with the teacher more than the average teacher-child relationship?”

GET EXAMPLE
B14. RELATIONSHIPS WITH PEERS
“Do (symptoms) substantially “get in the way” of how s/he gets along with playmates at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

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

B15. ABILITY TO ACT APPROPRIATELY OUTSIDE OF HOME OR DAYCARE/ SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

GET EXAMPLE

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

B16. HOSPITALIZATION
“Did these behaviors require hospitalization for treatment?”

B17. PERCEIVED PROBLEM
“Do you consider these (symptoms) a problem? You know, something that needs to be changed?”

B18. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion.”

(Author: Michael Scheeringa, MD, MPH, Tulane University, mscheer@tulane.edu)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER
INATTENTION SUBSET

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

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

A1. FAILS TO GIVE CLOSE ATTENTION TO DETAILS; MAKES CARELESS MISTAKES
“Does s/he make a lot of mistakes because it’s hard to pay attention, more than the average child his/her age?”

GET EXAMPLE.

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

A2. DIFFICULTY SUSTAINING ATTENTION
“Does s/he have trouble paying attention to one thing for long, more than the average child his/her age?”

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

GET EXAMPLE.

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

“How long is the longest daily attention span to normal daily activities?” (not TV or video games)

A3. DOES NOT SEEM TO LISTEN WHEN SPOKEN TO
“Does s/he not seem to listen to what you say because s/he has trouble dividing his/her attention, not
just because s/he doesn’t want to do what you tell him/her?”

GET EXAMPLE.

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

A4. DOES NOT FOLLOW THROUGH ON TASKS
“Does s/he not finish things that s/he started, like coloring or games or puzzles, because s/he simply fails
to sustain the effort, not because s/he doesn’t want to do it?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”
A5. DIFFICULTY ORGANIZING TASKS
“Is organizing a task from start to finish a problem? This might look like difficulty following directions to complete a project that involves multiple directions, or kids who can’t build something with Leggos without a lot of adult structure. Does that sound like your child?”

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

A6. AVOIDS OR DISLIKES TASKS THAT REQUIRE SUSTAINED MENTAL EFFORT
“Does s/he try to avoid doing things that would require sustained attention, more than the average child his/her age?”

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

A7. LOSES THINGS NEEDED FOR TASKS OR ACTIVITIES
“How about losing things a lot? This isn’t like forgetting where s/he left a toy yesterday, but more like losing track of things that s/he had earlier in the day and that s/he needs again – like shoes, pencils, or toys?”

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

A8. EASILY DISTRACTED BY EXTRANEOUS STIMULI
“Is his/her attention span distracted easily by looking out windows or by noise coming from another room?”

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

A9. FORGETFUL IN DAILY ACTIVITIES
“How is s/he forgetful in daily activities? That is, more than just being distracted from tasks, but actually seems to forget what s/he was supposed to be doing?”

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

IF ALL ITEMS A1-A9 ARE CODED 0, THEN SKIP TO A19.
A10. INATTENTION SUBSET ONSET
“What age did you first notice the appearance of these problems with inattention and distractibility?”

IF NO SYMPTOMS, ENTER 0.

A11. TWO SETTING RULE
FROM THE EXAMPLES THAT THE CAREGIVER HAS GIVEN TO YOU, YOU MAY ALREADY BE ABLE TO CODE WHETHER THESE INATTENTION PROBLEMS ARE OBSERVABLE IN ALL OF THESE SETTINGS. IF NOT, ASK WHETHER AT LEAST ONE OF THESE PROBLEMS IS SEEN IN THE SETTING(S) THAT YOU DO NOT KNOW ABOUT YET.

A12. PARENTAL RELATIONSHIPS
“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed?”

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

GET EXAMPLE

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

A13. SIBLING RELATIONSHIPS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?”

“Do these (symptoms) interfere more than in the average sibling relationship?”

GET EXAMPLE

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with siblings?”
A14. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS
“Any reports from the teacher or school that his/her behaviors are causing problems?” 0 1

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

GET EXAMPLE

A15. RELATIONSHIPS WITH PEERS
“Do (symptoms) ‘get in the way’ of how s/he gets along with playmates – at daycare, school, or in your neighborhood?” 0 1

GET EXAMPLE

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with playmates?” 0 1 2 3

A16. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/ SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?” 0 1

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

GET EXAMPLE

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have to encounter problematic situations outside the home?” 0 1 2 3

A17. SYMPTOMS PERCEIVED AS A PROBLEM
“Do you consider these (symptoms) a problem? You know, something that needs to be changed?” 0 1

A18. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?” 0 1

HYPERACTIVITY SUBSET

A19. FIDGETS WITH HANDS OR FEET OR SQUIRMS IN SEAT
“Next, is hyperactivity and impulsiveness. Remember, these need to be problems, or more than the average age child of this age.” 0 1

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

GET EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”
A20. LEAVES SEAT
“What about getting up and down out of a seat when s/he’s not supposed to? Is that a problem?”

GET EXAMPLE.

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

A21. RUNS ABOUT OR CLIMBS EXCESSIVELY IN INAPPROPRIATE SITUATIONS
“Does s/he run around or climb on things that s/he’s not supposed to?”

GET EXAMPLE.

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

A22. DIFFICULTY PLAYING QUIETLY
“Does s/he make more noise than other children his/her age, and can’t seem to control it?”

GET EXAMPLE.

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

A23. “ON THE GO” OR “DRIVEN BY A MOTOR”
“Does s/he seem constantly ‘on the go’ or ‘driven by a motor’?”

GET EXAMPLE.

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

A24. TALKS EXCESSIVELY
“How about talking a lot more than other children his/her age? That is, s/he almost never stops talking and can’t seem to control it?”

GET EXAMPLE.

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

A25. BLURTS OUT ANSWERS BEFORE QUESTIONS ARE COMPLETED
“When you try to ask him/her questions, does s/he blurt out answers before you’ve finished the questions? That is, does s/he act without thinking first?”

GET EXAMPLE.

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

A26. DIFFICULTY WAITING TURN
“How about trouble with waiting his/her turn, such as in playing board games, or standing in lines?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 4 weeks?”
A27. INTERRUPTS OR INTRUDES ON OTHERS
"Does s/he have trouble waiting his/her turn with other persons, like s/he interrupts people excessively?"
GET EXAMPLE.
If yes, ask: “And this was present in the last 4 weeks?”

IF ALL ITEMS A19-A27 ARE CODED 0, THEN SKIP TO THE NEXT DISORDER.

A28. HYPERACTIVITY SUBSET ONSET
“What age did you first notice the appearance of these problems with hyperactivity and impulsiveness?”

IF NO SYMPTOMS, ENTER 0.

A29. TWO SETTING RULE
FROM THE EXAMPLES THAT THE CAREGIVER HAS GIVEN TO YOU, YOU MAY ALREADY BE ABLE TO CODE WHETHER THESE HYPERACTIVITY AND IMPULSIVITY PROBLEMS ARE OBSERVABLE IN ALL OF THESE SETTINGS. IF NOT, ASK WHETHER AT LEAST ONE OF THESE PROBLEMS IS SEEN IN THE SETTING(S) THAT YOU DO NOT KNOW ABOUT YET.

A30. PARENTAL RELATIONSHIPS
“Do these (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed?”
“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”
GET EXAMPLE

ACCOMMODATION CODES
0 = None
1 = accommodates some, but not usually (<50% of the time)
2 = accommodates more than not (>50% of the time)
3 = almost always accommodates

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

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A31. SIBLING RELATIONSHIPS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?”

“Do (symptoms) interfere in his/her relationships with brothers or sisters more than the average sibling relationship?”

GET EXAMPLE

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

A32. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS
“Any reports from the teacher or school that his/her behaviors are causing problems?”

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

GET EXAMPLE

A33. RELATIONSHIPS WITH PEERS
“Do these (symptoms) ‘get in the way of how s/he gets along with playmates – at daycare, school, or in your neighborhood?’

GET EXAMPLE

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

A34. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/ SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

GET EXAMPLE

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

A35. SYMPTOMS PERCEIVED AS A PROBLEM
“Do you consider these (symptoms) a problem? You know, something that needs to be changed?”

A36. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

(Author: Michael Scheeringa, MD, MPH, Tulane University, mscheer@tulane.edu)
OPPOSITIONAL DEFIANI1NT DISORDER

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

O1. LOSES TEMPER
IF PTSD SECTION WAS COMPLETED, START HERE IF CLARIFICATION NEEDED:
“I asked you earlier about temper after a trauma. Now, I need to clarify…”
IF PTSD SECTION WAS NOT ASKED, START HERE:
“…I’m going to ask you if your child argues a lot or loses his/her temper, but first I need to explain the difference between arguments and losing temper. Typically, an argument starts first and then this can be followed by losing one’s temper. Arguments are between two people, whereas a temper tantrum can go on and on with the child basically by him/herself.”

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

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

O2. ARGUES WITH ADULTS
IF PTSD SECTION WAS COMPLETED, START HERE IF CLARIFICATION NEEDED:
“I asked you earlier about arguing. Now, I’m going to ask you more generally.”
IF PTSD SECTION WAS NOT ASKED, START HERE:
“Does s/he argue with adults more than the average child his/her age? This can include back talking, raised voice, and name calling.”

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

O3. BREAKS RULES
“Children can be defiant two main ways. One is breaking established rules that they know they shouldn’t break, and another is refusing to do what adults want them to do on the spur of the moment. So, in terms of breaking established rules, do you think s/he does this more than the average child his/her age?”

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

O4. DISOBEDIENT
“Is s/he disobedient to you after you tell her to do something on the spur of the moment?”
NOTE: GENERALLY, FAILURE TO CARRY OUT INSTRUCTIONS OCCURS AFTER BEING TOLD INSTRUCTION THREE OR MORE TIMES, OR LESS IF A THREAT IS USED.

GET EXAMPLE.
If yes, ask: “And this was present in the last 4 weeks?”
**O5. DELIBERATELY ANNOYS PEOPLE**

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

GET EXAMPLE.

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

**O6. BLAMES OTHERS**

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

GET EXAMPLE.

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

**O7. TOUCHY OR EASILY ANNOYED**

“I asked you earlier about him/her being irritable. Now I want to know if s/he is more touchy, or easily annoyed than the average child his/her age. This can be a change from his/her old self or the way s/he has always been.”

GET EXAMPLE.

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

**O8. ANGRY AND RESENTFUL**

“Does s/he get angry from minor things more than average child? This can appear as excessive pouting, but it needs to be clear that s/he is mad as much or more than sad.”

GET EXAMPLE.

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

**O9. SPITEFUL OR VINDICTIVE**

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

GET EXAMPLE.

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

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IF NO SYMPTOMS, SKIP TO CONDUCT DISORDER.

**O10. ONSET**

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

IF NO SYMPTOMS, ENTER 0.
O11. PARENTAL RELATIONSHIPS
"Do (symptoms) substantially 'get in the way' of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed?" 0 1

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?" 0 1

GET EXAMPLE

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with you?” 0 1 2 3

O12. SIBLING RELATIONSHIPS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?” 0 1

“Do (symptoms) interfere more than in the average sibling relationship?” 0 1

GET EXAMPLE

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with siblings?” 0 1 2 3

O13. DAYCARE PROVIDER/TEACHER RELATIONSHIPS
“Any reports from the teacher or school that his/her behaviors are causing problems?” 0 1

“And do these interfere with the teacher or class more than average?” 0 1

GET EXAMPLE

O14. RELATIONSHIPS WITH PEERS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?” 0 1

GET EXAMPLE

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with playmates?” 0 1 2 3

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

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

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

“Or to a restaurant?”

GET EXAMPLE

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

O16. CHILD DISTRESS

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

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

O17. PERCEIVED PROBLEM

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

O18. PERCEIVED NEED FOR TREATMENT

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

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

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

C1. OFTEN BULLIES, THREATENS, OR INTIMIDATES

“The next set of questions are about aggression and stealing. Does s/he often bully other kids by hitting or threatening kids who are younger or smaller and won’t fight back?”

GET EXAMPLE.

If yes, ask: “And this pattern was present in the last 6 months?”

C2A. OFTEN INITIATES HARMFUL PHYSICAL FIGHTS

“Does s/he start fights in which someone was hurt or could have been hurt? If yes, then ask: “In a pattern that is more than the average child this age?”

GET EXAMPLE.

If yes, ask: “And this pattern was present in the last 6 months?”

C2B. POSSIBLE ALTERNATIVE SYMPTOM: OFTEN INITIATES NON-HARMFUL PHYSICAL FIGHTS

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

GET EXAMPLE.

If yes, ask: “And this pattern was present in the last 6 months?”

C3. USED A WEAPON THAT CAN CAUSE SERIOUS HARM

“Has s/he threatened or hurt someone with a weapon?”

GET EXAMPLE.

If yes, ask: “And this occurred within the last 6 months?”

C4. PHYSICALLY CRUEL TO PEOPLE

“How about being physically cruel to someone outside of being in a fight?”

GET EXAMPLE.

If yes, ask: “And this occurred in the last 6 months?”
C5. PHYSICALLY CRUEL TO ANIMALS
“How about being physically cruel to animals?”

GET EXAMPLE.

If yes, ask: “And this occurred in the last 6 months?”

C6. STOLEN WHILE CONFRONTING A VICTIM
“Has s/he stolen from kids by directly confronting them?”

GET EXAMPLE.

If yes, ask: “And this occurred in the last 6 months?”

C7. FORCED SOMEONE INTO SEXUAL ACTIVITY
“This may sound strange to ask about a young child, but has s/he ever forced someone else into sexual activity?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”

C8. FIRE SETTING WITH THE INTENT TO CAUSE SERIOUS DAMAGE
“Ever started a fire that was meant to cause serious damage or hurt someone?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”

C9. DELIBERATELY DESTROYED OTHERS’ PROPERTY
“Has broken other people’s things on purpose?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”

C10. BROKEN INTO SOMEONE ELSE’S HOUSE, BUILDING, OR CAR
“This is another one that will sound odd for a young child, but has s/he broken into someone else’s house or car?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”
C11. OFTEN “CONS”/LIES TO OBTAIN GOODS OR AVOID OBLIGATIONS
“Here’s another odd one. Does s/he try to seriously con people? Young kids will normally lie to get out of trouble, but I’m asking about trying to really outsmart or trick someone to rip them off.”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”

C12. STOLEN NONTRIVIAL ITEMS WITHOUT CONFRONTATION
“Ever stolen without confronting people, like stealing money from you, shoplifted, or stolen from someone when they weren’t looking?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”

C13. OFTEN STAYS OUT AT NIGHT DESPITE PARENTAL PROHIBITIONS
“Here’s another odd one. Left the house on purpose against the rules and stayed out at least two hours?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”

C14. RUN AWAY FROM HOME OVERNIGHT
“Another odd one. Ever run away from home and tried to stay out overnight?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”

C15. OFTEN TRUANT FROM SCHOOL
SKIP IF CHILD NOT IN SCHOOL.
“Does s/he skip school?”

GET EXAMPLE.

If yes, ask: “And this was present in the last 6 months?”

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

C18. ONSET
“What age did you first notice the appearance of these problems?”

IF NO SYMPTOMS, ENTER 0.
FUNCTIONAL IMPAIRMENT RATINGS
IF NEEDED, REFER TO PTSD MODULE FOR SUMMARY OF RULES.

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

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

ACCOMMODATION CODES
0 = None
1 = accommodates some, but not usually (<50% of the time)
2 = accommodates more than not (>50% of the time)
3 = almost always accommodates

C19. PARENTAL RELATIONSHIPS
"Do (symptoms) substantially 'get in the way' of how s/he gets along with you, interfere with your
relationship, or make you feel upset or annoyed?"

"Do (symptoms) interfere in your relationship with him/her more than the average parent-child
relationship?"

GET EXAMPLE

ACCOMMODATION: "Do you make accommodations so that s/he doesn't have conflicts with you?"

C20. SIBLING RELATIONSHIPS
"Do these (symptoms) 'get in the way' of how s/he gets along with brothers or sisters, and make them
feel upset or annoyed?"

"Do these (symptoms) interfere more than in the average sibling relationship?"

GET EXAMPLE

ACCOMMODATION: "Do you make accommodations so that s/he doesn't have conflicts with siblings?"

C21. DAYCARE PROVIDER/ TEACHER RELATION-SHIPS
"Any reports from the teacher or school that his/her behaviors are causing problems?"

"And do these (symptoms) interfere with the teacher or class more than average?"

GET EXAMPLE

C22. RELATIONSHIPS WITH PEERS
"Do these (symptoms) 'get in the way' of how s/he gets along with playmates – at daycare, school, or in
your neighborhood?"

GET EXAMPLE

ACCOMMODATION: "Do you make accommodations so that s/he doesn't have conflicts with
playmates?"
C23. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

GET EXAMPLE

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

C24. SYMPTOMS PERCEIVED AS A PROBLEM
“Do you consider these (symptoms) a problem, you know, something that needs to be changed?”

C25. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

(Author: Michael Scheeringa, MD, MPH, Tulane University, mscheer@tulane.edu)
SEPARATION ANXIETY DISORDER

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

SE1. DISTRESS AFTER SEPARATION
“After you leave does she get abnormally upset, cry, scream, hit, kick, or throw things because she wants you to come back?”

GET EXAMPLE.

If yes, ask: “This is a pattern, not just a one-time thing?”
“And this was present in the last 4 weeks?”

SE2. WITHDRAWAL AFTER SEPARATION
“Instead of an outburst, does s/he act abnormally sad or withdrawn?”

GET EXAMPLE.

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

SE3. DISTRESS FROM ANTICIPATED SEPARATION
“Does his/her reaction begin even before the separation because s/he can tell that it’s coming?”

GET EXAMPLE.

If yes, ask: “This is a pattern, not just a one-time thing?”
“And this was present in the last 4 weeks?”

SE4. FEAR ABOUT LOSING PARENT OR PARENT BEING HARMED
“Is his/her concern that you might come to some harm?”

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

GET EXAMPLE.

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

SE5. FEAR ABOUT SUDDEN SEPARATION
“Is s/he afraid that s/he that she will get lost from you or kidnapped and taken away from you?”

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

GET EXAMPLE.

“This is a pattern, not just a one-time thing?”
“And this was present in the last 4 weeks?”
SE6. RELUCTANCE OR REFUSAL ABOUT LEAVING HOME
“Is s/he frightened about leaving home and does she refuse or try to refuse to go?

If no, ask: “What about other places s/he needed to go to regularly?

GET EXAMPLE.

If yes, ask: “This is a pattern, not just a one-time thing?”
“And this was present in the last 4 weeks?

MISSED DAYS AT DAYCARE/SCHOOL
“How many days of daycare/school has X missed because of fear or anxiety?

Missed days in last 4 weeks

SE7. FEARFUL OR RELUCTANT TO BE ALONE
“Is s/he afraid to be alone? I mean, does s/he avoid being alone, follow you around the house, won’t play in a room alone, or even insist that you be in the bathroom with him/her?

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

GET EXAMPLE.

“This is nearly every day?”
“And this was present in the last 4 weeks?

SE8. RELUCTANCE OR REFUSAL TO SLEEP ALONE
“Is she too afraid to sleep alone?”

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

GET EXAMPLE.

“This is nearly every day?”
“And this was present in the last 4 weeks?

SE9. NIGHTMARES WITH THEMES OF SEPARATION
“Does s/he have nightmares that have to do with separation from you, such as being lost, or not being able to find you, or you getting hurt, or s/he being hurt and you not being able to help him/her?

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

GET EXAMPLE.

“This is a pattern, not just a one-time thing?”
“And this was present in the last 4 weeks?
SE10. PHYSICAL SYMPTOMS ON SEPARATION
“Does s/he become frightened or upset when s/he realizes you are going to leave him/her with someone else? Right now I just want to know about when s/he realizes you are about to leave, but you haven’t actually left yet.”

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

GET EXAMPLE.
If yes, ask: “This is a pattern, not just a one-time thing?”
“And this was present in the last 4 weeks?”

_______________________________________

IF SE1 – SE10 ARE ALL 0, SKIP TO SPECIFIC PHOBIA.

SE11. “How old was s/he when the first of these (list the recorded items) appeared?”

IF NO SYMPTOMS, ENTER 0.

_______________________________________

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

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

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

SE12. PARENTAL RELATIONSHIPS
“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed?”

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

GET EXAMPLE

ACCOMMODATION CODES
0 = None
1 = accommodates some, but not usually (>50% of the time)
2 = accommodates more than not (>50% of the time)
3 = almost always accommodates

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with you?”
SE13. SIBLING RELATIONSHIPS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?”

“Do these (symptoms) interfere more than in the average sibling relationship?”

GET EXAMPLE

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

SE14. DAYCARE PROVIDER/TEACHER RELATIONSHIPS
“Any reports from teacher or school that his/her behaviors are causing problems?”

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

GET EXAMPLE

SE15. RELATIONSHIPS WITH PEERS
“Do (symptoms) ‘get in the way’ of how s/he gets along with playmates at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

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

SE16. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

“Or to a restaurant?”

GET EXAMPLE

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

SE17. CHILD DISTRESS
“Do you think that these behaviors cause your child to feel bad about himself, or cry, or just seem real upset?”

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

SE18. SYMPTOMS PERCEIVED AS A PROBLEM
“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

SE19. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

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SPECIFIC PHOBIA

FOR THESE TO BE RATED 1, THERE MUST BE A PATTERN OF FEAR, THAT IS, THE FEAR IS PRESENT UPON NEARLY EVERY EPISODE OF EXPOSURE. IF THERE HAS BEEN ONLY ONE OR TWO EXPOSURES IN A LIFETIME, ONE MUST LEAN ON THE PARENT'S JUDGEMENT THAT THE FEAR WOULD BE PRESENT IN A PATTERN IF THERE WERE MORE EXPOSURES.

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

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

SP1. "Animals, such as dogs, rats, bats, insects, spiders, snakes, birds?"
SP2. "Monsters?" (make-believe)
SP3. "The dark?"
SP4. "Thunder or lightning?"
SP5. "Injections/needles?"
SP6. "Doctor or dentist?"
SP7. "Injury?"
SP8. "Blood?"
SP9. "Robbers?"
SP10. "People in costumes like the Easter Bunny, Santa, or clowns?"
SP11. "Heights?"
SP12. "Bridges?"
SP13. "Elevators or small rooms?"
SP14. "Water?"
SP15. "Any other thing that I didn't mention?"

IF ANY YES, GET EXAMPLE(S).

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

REMEMBER THE "PRESENT BUT NOT EXPOSED" RULE.

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

SP16. "Does s/he either completely avoid _ (fill in the blank)_ or endure being around it even though s/he remains very nervous the whole time?"

IF CHILD CAN CALM DOWN IN THE PRESENCE OF THE STIMULUS, CODE 0.
SOCIAL PHOBIA

SO1. FEAR OF UNFAMILIAR PEOPLE
“Does s/he become frightened when s/he has to meet or interact with new people or people s/he doesn’t know well?”

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

GET EXAMPLE.

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

SO2. FEAR OF ACTIVITIES IN PUBLIC
“Does s/he get nervous or frightened when s/he has to do things in front of other people? This might include going to the bathroom at school, or being asked to speak in front of the other kids at school.”

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

GET EXAMPLE.

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

SP17. “How old was s/he when the first of these (list the recorded items) appeared?”

IF NO SYMPTOMS, ENTER 0.

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

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

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

ACCOMMODATION CODES
0 = None
1 = accommodates some, but not usually (<50% of the time)
2 = accommodates more than not (>50% of the time)
3 = almost always accommodates

S1. PARENTAL RELATIONSHIPS
“Do these fears (fill in the blank) substantially ‘get in the way’ of how s/he gets along with you, and make you feel upset or annoyed?”

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

GET EXAMPLE

ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with you?”
S2. SIBLING RELATIONSHIPS
“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?”

“Do (symptoms) interfere in his/her relationships with brothers or sisters more than the average sibling relationship?”

GET EXAMPLE

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

S3. DAYCARE PROVIDER/TEACHER RELATIONSHIPS
“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with his/her teacher, and make them feel upset or annoyed?”

“Do (symptoms) interfere in his/her relationship with the teacher more than the average teacher-child relationship?”

GET EXAMPLE

S4. RELATIONSHIPS WITH PEERS
“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE

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

S5. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

GET EXAMPLE

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

S6. CHILD DISTRESS
“Do you think that these behaviors (may need to list them again) cause your child to feel upset? Meaning, do they cause your child to feel emotionally bad inside, like feel bad about himself, or cry, or just seem real upset because of these things.”

IF YES, ASK: “Now I need you to rate it. Would you say that this happens hardly ever, some of the time, or a lot of the time?”

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S7. SYMPTOMS PERCEIVED AS A PROBLEM
“Do you consider these (symptoms) a problem? That is, something that is not the way it ought to be and needs to be changed.”

S8. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, something that is a problem, probably won’t go away by itself, and needs professional treatment.”

GENERALIZED ANXIETY DISORDER

G1. EXCESSIVE WORRIES
“Now, I’m going to ask you about general nervousness. Some persons get scared by just one or two things, like going over bridges or elevators, and other persons feel worry about several things nearly all of the time no matter what’s going on. I want to know if your child is the type who worries even when they are not in a scary situation.”

If yes, ask: “What things exactly does s/he say that s/he worries about?

POSSIBLE THINGS THAT ONE MIGHT ASK ABOUT, IF NEEDED INCLUDE:
Injury to self, injury to family, loyalty of friends, tornado, hurricane, current performance at home or school, performance in past, personal appearance, food, money, or pets.

LIST THE WORRIES:

______________________________________________________________________
______________________________________________________________________

IF THE WORRIES/FEARS ABOUT SPECIFIC THINGS ARE CIRCUMSCRIBED, THAT IS, SEPARATED BY LONG PERIODS OF NO NERVOUSNESS, THEY FIT BETTER UNDER SPECIFIC PHOBIAS.
WORRIES ABOUT SEPARATION ANXIETY, GERMS, SPECIFIC ILLNESS, AND EMBARRASSMENT IN PUBLIC ARE CODED IN OTHER MODULES.

“How many days has s/he had at least one of these worries in the last 4 weeks?”

IF NO EXCESSIVE WORRIES, SKIP TO OBSESSIVE-COMPULSIVE DISORDER.

G2. UNCONTROLLABILITY
“Does it appear to you, or does your child come out and say it, that s/he can’t really control these worries?”
G3. RESTLESSNESS DURING WORRIES
“During these times that your child is worrying, I want to know if s/he shows any of the following 6 symptoms:
Restlessness or on edge?”
Number of days in last 4 weeks

G4. FATIGUE DURING WORRIES
“Gets tired very easily?”
Number of days in last 4 weeks

G5. DIFFICULTY CONCENTRATING DURING WORRIES
“Difficulty concentrating?”
Number of days in last 4 weeks

G6. IRRITABLE DURING WORRIES
“Irritable?”
Number of days in last 4 weeks

G7. MUSCLE TENSION DURING WORRIES
“Muscles tense?”
Number of days in last 4 weeks

G8. SLEEP PROBLEMS DURING WORRIES
“Sleep problems?”
Number of days in last 4 weeks

G9. “How old was s/he when the first of these (list the recorded items) appeared?”
IF NO SYMPTOMS, ENTER 0.

FUNCTIONAL IMPAIRMENT RATINGS
IF NEEDED, REFER TO PTSD MODULE FOR SUMMARY OF RULES.
LOOK AT THE TALLY SHEET OF SYMPTOMS FOR GAD. AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES.
THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON’T NEED TO BE REPEATED.

G10. PARENTAL RELATIONSHIPS
“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed?”

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

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

G11. SIBLING RELATIONSHIPS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?”

“Do these (symptoms) interfere more than in the average sibling relationship?”

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

G12. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS
“Any reports from the teacher or school that his/her behaviors are causing problems?”

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

GET EXAMPLE

G13. RELATIONSHIPS WITH PEERS
““Do these (symptoms) ‘get in the way of how s/he gets along with playmates – at daycare, school, or in your neighborhood?”

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

G14. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/ SCHOOL
““Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

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

G15. CHILD DISTRESS
“Do you think that these behaviors cause your child to feel bad about himself, or cry, or just seem real upset because of these things?”

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

ACCOMMODATION CODES
0 = None
1 = accommodates some, but not usually (<50% of the time)
2 = accommodates more than not (>50% of the time)
3 = almost always accommodates

0 = Hardly ever/ None
1 = Some of the time
2 = A lot of the time

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Anxiety disorders

G16. SYMPTOMS PERCEIVED AS A PROBLEM
“Do you consider these (symptoms) a problem, you know, something that needs to be changed?” 0 1

G17. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?” 0 1

OBSESSIVE-COMPULSIVE DISORDER

OC1. “Does your child seem to have what we call obsessive thoughts, that is, constant thoughts that pop into his/her head that bother him/her? These tend to be about germs, safety of people, keeping things in order, or aggression.”

THESE CANNOT BE SIMPLY EXCESSIVE WORRIES ABOUT REAL-LIFE PROBLEMS.

GET EXAMPLE.

DESCRIBE THE OBSESSION: __________________________________________________________

If yes, ask:
“And this was present nearly every day?”

If no, skip to OC3.

OC2. “Does your child try to ignore these thoughts or try to make them go away somehow?”

GET EXAMPLE.

OC3. “Does your child have what we call a compulsion, that is, a ritual behavior that s/he has to perform over and over and over again?”

GET EXAMPLE.

If yes, ask:
“And this was nearly every day?”

DESCRIBE THE RITUAL: _____________________________________________________________

If no, and OC1 was “yes”, skip to OC6.
If no, and OC1 was “no”, skip to the end.

OC4. “After s/he performs this ritual, does his/her anxiety level drop down, at least for awhile?”

GET EXAMPLE.

OC5. “Does s/he seem to perform this ritual because s/he believes it will prevent something bad from happening?”

GET EXAMPLE.
OC6. “How old was s/he when the first of these (list the recorded items) appeared?”

IF NO SYMPTOMS, ENTER 0.

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

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

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

ACCOMMODATION CODES
0 = None
1 = accommodates some, but not usually (<50% of the time)
2 = accommodates more than not (>50% of the time)
3 = almost always accommodates

OC7. TIME
“How long do these thoughts or rituals take every day, on average?”
(ONE HOUR OR MORE REQUIRED BY DSM-IV)

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

OC8. PARENTAL RELATIONSHIPS
“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed?”

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

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

0 1 2 3

OC9. SIBLING RELATIONSHIPS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?”

“Do these (symptoms) interfere more than in the average sibling relationship?”

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

0 1 2 3

OC10. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS
“Any reports from the teacher or school that his/her behaviors are causing problems?”

“Do these (symptoms) interfere with the teacher or class more than average?”

GET EXAMPLE
OC11. RELATIONSHIPS WITH PEERS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with playmates – at daycare, school, or in your neighborhood?”

GET EXAMPLE

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

OC12. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/ SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

GET EXAMPLE

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

OC13. CHILD DISTRESS
“Do you think that these behaviors cause your child to feel bad about himself, or cry, or just seem real upset because of these things?”

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

OC14. SYMPTOMS PERCEIVED AS A PROBLEM
“Do you consider these (symptoms) a problem, you know, something that needs to be changed?”

OC15. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”

(Author: Michael Scheeringa, MD, MPH, Tulane University, mscheer@tulane.edu)
REACTIVE ATTACHMENT DISORDER

R1. DOES NOT SEEK COMFORT WHEN DISTRESSED

"Now I need to ask you some questions about bonding. "Does your child not seek comfort from (the main caregiver) when hurt or distressed? All children refuse to seek comfort sometimes because they want to be a 'big boy' or a 'big girl', and that’s normal. I'm interested in whether your child never or hardly ever seeks comfort.”

GET EXAMPLE.

If yes, ask: “How many times in the past 4 weeks?”

R2. DOES NOT RESPOND TO COMFORT OFFERED WHEN DISTRESSED

“How about when you offer comfort to him/her when s/he is hurt or distressed. Does s/he appear to not want it or not be comforted by it?

If yes, ask: “Again, this can be normal behavior for kids trying to be ‘big’. I'm interested in whether X never or hardly ever likes comfort.”

GET EXAMPLE.

If yes, ask: “How many times in the past 4 weeks?”

R3. LIMITED POSITIVE AFFECT

YOU MAY already know the answer to this from PTSD or MDD modules. IF NOT, ASK:

“I've asked you this earlier, but I need to clarify. Do you think s/he shows a pattern of less positive moods on his/her face – that is, smiles and laughter – than the average child his/her age?”

GET EXAMPLE.

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

R4. EXCESSIVE LEVELS OF IRRITABILITY, SADNESS OR FEAR

“I also need to ask again about some other emotions:

“Do you think s/he shows excessive irritability?”
“How about a pattern of excessive sadness?”
“How about a pattern of excessive fear?”

GET EXAMPLES.

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

R5. REDUCED SOCIAL AND EMOTIONAL RECIPROCITY

“Does s/he not show as much emotional connection with people as the average child? That is, things like sharing feelings, taking turns, and eye contact?”

GET EXAMPLE.

If yes, ask: “This is nearly every day?”
“And this was present in the last 4 weeks?”
R6. OVERLY FAMILIAR BEHAVIOR, REDUCED RETICENCE AROUND UNFAMILIAR ADULTS
“Usually kids will not be very trusting of adults that they don’t know. They will hang back from strangers unless it’s like teachers or doctors. Does s/he act too familiar with stranger adults?”

GET EXAMPLE.
If yes, ask: “This is a pattern, not just a one-time thing?”
“And s/he still acts like this?”

R6f ______
Frequency in last 4 weeks

R7. RARELY CHECKS BACK WITH CAREGIVER WHEN VENTURING AWAY, EVEN IN UNFAMILIAR SETTINGS
“When kids walk or run off somewhere in a new place, they usually look back at their parent for protection at least once in awhile. But some children don’t seem to check back. Does your child not check back like that?”

GET EXAMPLE.
If yes, ask: “This is a pattern, not just a one-time thing?”
“And s/he still acts like this?”

R7f ______
Frequency in last 4 weeks

R8. WILLINGNESS TO GO OFF WITH UNFAMILIAR ADULT
“Has s/he actually gone off with strangers when it was not appropriate, or would have if you didn’t catch him/her?”

GET EXAMPLE.
If yes, ask: “You think this is a constant issue and not just a one-time thing?”
“And s/he still acts like this?”

R8f ______
Frequency in last 4 weeks

IF R1 – R8 ARE ALL 0, SKIP TO NEXT DISORDER.

R9. “How old was s/he when the first of these ___(list the recorded items)___ appeared?”

r9y ______
Years

r9m ______
+ months

**IMPAIRMENT RATINGS**
IF NEEDED, REFER TO PAGE 10 IN PTSD MODULE FOR SUMMARY OF RULES.

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

THE IMPAIRMENT INSTRUCTIONS SHOULD HAVE ALREADY BEEN READ TO THE CAREGIVER IN PRECEDING SECTIONS AND DON’T NEED TO BE REPEATED.
IF NEEDED, REFER TO PAGES 11-13 IN PTSD MODULE FOR DEFINITIONS.

R10. PARENTAL RELATIONSHIPS
“Do (symptoms) substantially ‘get in the way’ of how s/he gets along with you, interfere with your relationship, or make you feel upset or annoyed?”

“Do (symptoms) interfere in your relationship with him/her more than the average parent-child relationship?”

GET EXAMPLE
If no, ask ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with you?”

r10 0 1

R11. SIBLING RELATIONSHIPS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?”

“Do (symptoms) interfere more than in the average sibling relationship?”

GET EXAMPLE
If no, ask ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with siblings?”

r11 0 1

R12. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS
“Any reports from the teacher or school that his/her behaviors are causing problems?”

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

GET EXAMPLE

r12 0 1

R13. RELATIONSHIPS WITH PEERS
“Do these (symptoms) ‘get in the way’ of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?”

GET EXAMPLE
If no, ask ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have conflicts with playmates?”

r13 0 1
R14. ABILITY TO ACT APPROPRIATELY OUTSIDE HOME OR DAYCARE/ SCHOOL
“Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?”

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

GET EXAMPLE
If no, ask ACCOMMODATION: “Do you make accommodations so that s/he doesn’t have to encounter problematic situations outside the home?”

R15. CHILD DISTRESS
“Do you think that these behaviors cause your child to feel upset? You know, feel bad about himself, or cry, or just seem real upset?”

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

0 = Hardly ever or none
1 = Some of the time
2 = A lot of the time

R16. SYMPTOMS PERCEIVED AS A PROBLEM
“Do you consider these (symptoms) a problem, you know, something that needs to be changed.”

R17. PERCEIVED NEED FOR TREATMENT
“Do you believe that these (symptoms) need treatment? That is, probably won’t go away by itself, and needs professional treatment in your opinion?”
SLEEP ONSET DISORDER

YOU MAY ALREADY KNOW THE ANSWERS TO THESE FROM PTSD OR MDD MODULES. IF NOT, ASK:

SL1. “Next, I need to clarify some questions about sleep patterns.”

“Do you believe that your child has more difficulty getting to sleep at night than the average child his/her age?”

GET EXAMPLE.

If yes, ask: “And s/he still acts like this?”

“How many nights per week on average is this a problem?”

“How long on average does it take to fall asleep?”

Results from empirical studies that quantified problem sleepers are shown below for context but are not meant to be followed rigidly to endorse the symptom.

(1) the number of minutes needed to fall asleep:
   12-24 months of age: >30 minutes to fall asleep
   >24 months of age: >20 minutes to fall asleep

(2) parent has to remain in the room for sleep onset

(3) the number of reunions, i.e., repeated bids, protests or struggles to go to bed:
   12-24 months of age: 3 or more reunions
   >24 months of age: 2 or more reunions

NIGHT WAKING DISORDER

SL2. “Do you believe that your child has more difficulty staying asleep at night than the average child his/her age?”

GET EXAMPLE.

If yes, ask: “And s/he still acts like this?”

“How many nights per week on average is this a problem?”

“How many times per night on average does s/he wake up?”

“How long on average does it take to fall back asleep?”

Results from empirical studies that quantified problem sleepers are shown below for context but are not meant to be followed rigidly to endorse the symptom.

(1) the number of awakenings and time to fall back asleep per night:
   12-24 months of age: 3 or more awakenings per night (combined time >30 minutes)
   24-36 months of age: 1 or more awakenings per night (combined time >20 minutes)
   >36 months of age: 1 or more awakenings per night (combined time >10 minutes)

(2) parent removes the child with each awakening

END.

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