

Instrument Title: Diagnostic Infant and Preschool Assessment (DIPA)
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Cite instrument as: Michael S. Scheeringa, MD, MPH. (2012) . Diagnostic
Infant and Preschool Assessment (DIPA) .
Measurement Instrument Database for the Social
Science. Retrieved from www.midss.ie



DIAGNOSTIC INFANT AND PRESCHOOL ASSESSMENT (DIPA)

version 11/17/10
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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."



Date _____

D.O.B. _____

ID _____

Name _____

PTSD

p28 Intrusive recollections
 p29 Play reenactment
 p30 Non-play reenactment
 p31 Nightmares on trauma
 p32 Nightmares non-trauma
 p33 Flashbacks
 p34 Dissociation
 p35 Psychological distress at reminders
 p36 Physiological distress at reminders
 p37 Avoidance of external
 p38 Avoidance of internal
 p39 Inability to recall
 p40 Loss of interests
 p41 or p42 Restricted affect
 p43 Sense of foreshortened future
 p44 Detachment
 p45 Initiating sleep
 p46 Night waking
 p47 Irritability/anger
 p48 Concentration
 p49 Hypervigilance
 p50 Exaggerated startle

RDC-PA Algorithm:

- A. 1 out of p1-p12.
 B. 1 out of 5 choices:
 p28, p29, or p30
 p31-p32
 p33-p34
 p35 p36
 C. 1 out of 7 choices:
 p37 p38
 p39 p40
 p41 or p42
 p43 p44
 D. 2 out of 5 choices:
 p45 or p46
 p47 p48
 p49 p50
 E. Duration at least 1 month
 F. 1 from p56-p61.

DSM-IV Algorithm:

- A. 1 out of p1-p12.
 1 out of p14-p27.
 B. Same as above.
 C. 3 out of 7 choices above.
 D, E, & F. Same as above.

MDD

m1 Sad/unhappy
 m2 Irritable
 m3 Loss of interests
 m4 Anhedonia
 m5 Boredom
 m6 Reduced appetite
 m7 Weight loss
 m8 Increased appetite
 m9 Night waking
 m10 Sleepiness
 m11 Psychomotor agitation
 m12 Psychomotor retardation
 m13 Fatigue
 m14 Worthlessness
 m15 Guilt
 m16 Concentration
 m17 Indecisiveness
 m18 Talks about death

m19 Death play themes
 m20 Suicide play themes
 m21 Suicidal thoughts
 m22 Suicidal plans
 m23 Suicide attempts

MDD Algorithm:

- m1 or m2; or m3, m4, or m5.
 4 out of 7 choices:
 m6, m7, or m8
 m9 or m10
 m11 or m12
 m13
 m14 or m15
 m16 or m17
 m18, m19, m20,
 m21, m22, or m23
 1 out of m24-m29

BIPOLAR I

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

ADHD

- a1 Fails to give close attention
 a2 Difficulty sustaining attention
 a3 Does not listen
 a4 Does not follow through
 a5 Difficulty organizing
 a6 Avoids mental effort
 a7 Loses things
 a8 Easily distracted
 a9 Forgetful
 a19 Fidgets
 a20 Leaves seat
 a21 Runs about or climbs
 a22 Trouble being quiet
 a23 "On the go"/"motor"
 a24 Talks excessively
 a25 Blurts out answers
 a26 Difficulty waiting turn
 a27 Interrupts

Inattention Subtype

- Algorithm:
 6 out of a1-a9
 a11 (two settings)
 1 out of a12-a16

Hyperactivity Subtype

- Algorithm:
 6 out of a19-a27
 a29 (two settings)
 1 out of a30-a34

ODD

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

ODD Algorithm:

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

CONDUCT DISORDER

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

CD Algorithm:

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

SAD

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

SAD Algorithm:

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

SPECIFIC PHOBIA

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

SOCIAL PHOBIA

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

GAD

g1 Excessive worries
 g2 Uncontrollability
 g3 Restlessness
 g4 Fatigue
 g5 Concentrating
 g6 Irritability

g7 Muscle tension
 g8 Sleep

GAD Algorithm:

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

OCD

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

OCD Algorithm:

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

RAD

r1 doesn't seek comfort
 r2 little response to comfort
 r3 limited positive affect
 r4 irritable, sadness, or fear
 r5 Reduced reciprocity
 r6 Overly familiar
 r7 Rarely checks back
 r8 Willing to go off with unfamiliar adults
 r9 ≥9 mos. dev. age

RDC-PA algorithms:

- Inhibited subtype:
 3 out of 4:
 r1, r2, r3 or r4, or r5
 r9 & 1 out of r10-r14

Disinhibited subtype:

- 2 out of 3: r6, r7, or r8
 r9 & 1 out of r10-r14

DSM-IV algorithm: (Note: the pathogenic care criterion is not supported).
 Inhibited type if any one of r1, r2, or r5 predominate.
 Disinhibited type if any one of r6 or r8 predominate.

Sleep Onset Dyssomnia

SI1
Night Waking Dyssomnia
 SI2
 Both: 4 wks, ≥5 x/wk;
 not if <12 months of age.

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.

P1. Accident or crash with automobile, plane, or boat	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P2. Attacked by an animal.	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P3. Man-made disasters (fires, war, etc)	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P4. Natural disasters (hurricane, tornado, flood) (stayed through the storm)	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P5. Witnessed another person being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed.	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P6. Physical abuse	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P7. Sexual abuse, sexual assault, or rape	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P8. Accidental burning	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P9. Near drowning	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P10. Hospitalization, emergency room visit, and/or invasive medical procedures	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P11. Kidnapped	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___
P12. Other: _____ (came back after a storm)	0	1	First Onset ___/___/___	Frequency _____	Latest Event ___/___/___

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

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

WRITE THE EVENT NUMBER 1-12

IF NO TRAUMATIC EVENTS, 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.”

INITIAL REACTIONS AT THE TIME OF THE EVENT

Record duration
in minutes

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.

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.

P28. INTRUSIVE RECOLLECTIONS

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

0 1

IF YES, YOU MUST GET EXAMPLE.

Frequency

Onset

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?”

0 = Not distressed
1 = Distressed

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?”

0 1

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

Frequency

PROBE WITH EXAMPLES . . SAME STRATEGY AS IN P35.

Onset

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?”

0 1

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

Frequency

IF YES, YOU MUST GET EXAMPLE.

Onset

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

0 1

P31. NIGHTMARES: ABOUT TRAUMA

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

Frequency

IF YES, YOU MUST GET EXAMPLE.

____/____/____
Onset

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

0 1

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?"

Frequency

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

____/____/____
Onset

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."*

0 1

Frequency

IF YES, YOU MUST GET EXAMPLE.

Duration (min)

IT DID NOT HAVE TO HAPPEN IN THE PAST 4 WEEKS ONLY
THIS ITEM IS AN EXCEPTION TO THE 4 WEEK RULE

____/____/____
Onset

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."

0 1

Frequency

IF YES, YOU MUST GET EXAMPLE.

Duration (min)

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?"*

____/____/____
Onset

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".

0 1

P35. PSYCHOLOGICAL DISTRESS AT REMINDERS

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

Frequency

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.

Duration (min)

IF YES, YOU MUST GET EXAMPLE.

____/____/____
Onset

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

P36. 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?”

0 1

Frequency

PROBE WITH EXAMPLES . . SAME STRATEGY AS IN P35.

Duration (min)

IF YES, YOU MUST GET EXAMPLE.

____/____/____
Onset

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

P37. AVOIDANCE OF THOUGHTS, FEELINGS, OR CONVERSATIONS

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

0 1

Frequency

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

Duration (min)

PROBE WITH EXAMPLES . . SAME STRATEGY AS IN P35.

____/____/____
Onset

IF YES, YOU MUST GET EXAMPLE.

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

P38. 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?”

0 1

Frequency

PROBE WITH EXAMPLES . . SAME STRATEGY AS IN P35.

Duration (min)

IF YES, YOU MUST GET EXAMPLE.

____/____/____
Onset

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

P39. 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?”*

0 1

IF YES, YOU MUST GET EXAMPLE.

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

P40. 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?”

0 1

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?”

Frequency

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

____/____/____
Onset

IF YES, YOU MUST GET EXAMPLE.

P41. RESTRICTED RANGE OF AFFECT: LOSS OF POSITIVE AFFECT

0 1

“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?”

____/____/____
Onset

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

0 1

“And how about a restricted range of negative feelings? Like sadness or anger?”

____/____/____
Onset

IF YES, YOU MUST GET EXAMPLE.

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

P43. SENSE OF FORESHORTENED FUTURE

0 1

“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.”

____/____/____
Onset

IF YES, YOU MUST GET EXAMPLE.

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

P44. DETACHMENT/ SOCIAL WITHDRAWAL

0 1

“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?”

____/____/____
Onset

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

IF YES, YOU MUST GET EXAMPLE.

P45. DIFFICULTY INITIATING SLEEP

0 1

“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?”

Frequency

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

Duration

IF YES, YOU MUST GET EXAMPLE.

____/____/____
Onset

P46. NIGHT WAKING

0 1

“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?”

Frequency

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

Duration

IF YES, YOU MUST GET EXAMPLE.

____/____/____
Onset

P47. IRRITABILITY/ ANGER/ TANTRUMS

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

0 1

IF NO TO THE FIRST QUESTION, ASK:

Frequency

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

Duration (min)

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

Onset

IF YES, YOU MUST GET EXAMPLE.

P48. DECREASED CONCENTRATION

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

0 1

IF NO TO THE FIRST QUESTION, ASK:

Frequency

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

Onset

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

IF YES, YOU MUST GET EXAMPLE.

P49. HYPERVIGILANCE

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

0 1

IF NO TO THE FIRST QUESTION, ASK:

Onset

"Would you say s/he was hypervigilant 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.

P50. EXAGGERATED STARTLE RESPONSE

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

0 1

INTERVIEWER OUGHT TO DEMONSTRATE STARTLE RESPONSE

Frequency

IF NO TO THE FIRST QUESTION, ASK:

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

Duration (min)

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

Onset

IF YES, YOU MUST GET EXAMPLE.

ASSOCIATED SYMPTOMS

P51. AGGRESSION

"Has your child been more physically aggressive since the trauma? Like hitting, kicking, biting, or breaking things."

0 1

IF NO TO THE FIRST QUESTION, ASK:

Frequency

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

Onset

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

IF YES, YOU MUST GET EXAMPLE.

P52. SEPARATION ANXIETY

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

0 1

IF NO TO THE FIRST QUESTION, ASK:

Frequency

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

Duration (Min.)

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

____/____/____
Onset

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."

0 1

Duration (Min.)

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

Frequency

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

____/____/____
Onset

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?"

TOILETING
0 1

____/____/____
Onset

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

LANGUAGE
0 1

____/____/____
Onset

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

DRESSING
0 1

____/____/____
Onset

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

OTHER
0 1

____/____/____
Onset

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?”

“What about going to the bathroom alone?”

BATHROOM
0 1

___/___/___
Onset

“Afraid of the dark now?”

DARK
0 1

___/___/___
Onset

“Other?” Describe: _____

OTHER
0 1

___/___/___
Onset

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

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

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

IF NO PTSD ITEMS, SKIP TO MAJOR DEPRESSION DISORDER.

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.

0 1

“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

<p>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</p>

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?” 0 1

“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?” 0 1

“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?” 0 1

IF YES, YOU MUST GET EXAMPLE

ACCOMMODATION: *“Do you make accommodations so that s/he has fewer conflicts with playmates?”* 0 1 2 3

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?” 0 1

*“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?”* 0 1 2 3

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?”

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

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?” 0 1

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?” 0 1

(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

0 1

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

GET EXAMPLE.

Frequency
(days/4 wks)

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

Duration
(HOURS/day)

If yes, ask: *“Has s/he felt sad at least 8 days over 2 consecutive weeks?”*

____/____/____
Onset

M2. IRRITABLE MOOD

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

0 1

GET EXAMPLE.

Frequency
(days/4 wks)

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?”*

Dur (hrs/day)

____/____/____
Onset

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?”

0 1

GET EXAMPLE.

Frequency

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

Dur (hrs.day)

“How many days in the last 4 weeks?” (Frequency)

“How many hours per day?” (Duration)

____/____/____
Onset

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.”

0 1

(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.)

Frequency

GET EXAMPLE.

Dur (hrs/day)

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

____/____/____
Onset

“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?”

0 1

 Frequency

GET EXAMPLE.

 Dur (hrs/day)

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)

____/____/____
 Onset

M6. REDUCED APPETITE

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

0 1

 Frequency

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?”

0 1

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?”

0 1

 Frequency

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.”

0 1

 Frequency

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

 Duration (minutes)

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?”

0 1

GET EXAMPLE.

 Frequency

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)

 Duration (minutes)

M10. EXCESSIVE SLEEPINESS

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

0 1

GET EXAMPLE.

Frequency

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

Duration

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?”

0 1

GET EXAMPLE.

Frequency

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

Duration

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?”

0 1

GET EXAMPLE.

Frequency

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)

Duration

M13. FATIGUE/ LOSS OF ENERGY

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

0 1

GET EXAMPLE.

Frequency

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)

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?”

0 1

GET EXAMPLE.

Frequency

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?”

0 1

GET EXAMPLE.

Frequency

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?”

0 1

Frequency

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?”

0 1

Frequency

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?”

0 1

Frequency

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?”

0 1

Frequency

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?”

0 1

GET EXAMPLE.

Frequency

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?”

0 1

GET EXAMPLE.

Frequency

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?”

0 1

GET EXAMPLE.

Frequency

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?”

0 1

GET EXAMPLE.

Frequency

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

FUNCTIONAL IMPAIRMENT RATINGS
 SUMMARY OF RULES FOR RATING IMPAIRMENT ARE IN THE PTSD MODULE.
 LOOK AT THE TALLY SHEET OF SYMPTOMS FOR MDD, AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES

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?” 0 1

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?”* 0 1 2 3

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?” 0 1

GET EXAMPLE

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

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?” 0 1

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?”

0 1

GET EXAMPLE

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

0 1 2 3

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?”

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

M29. CHILD DISTRESS

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

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

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?”*

0 1 2 3

M30. PERCEIVED PROBLEM

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

0 1

M31. PERCEIVED NEED FOR TREATMENT

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

0 1

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BIPOLAR

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?”

0 1

GET EXAMPLE.

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

Duration (hours)

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?”

Frequency (lifetime)

“When was the first episode?”

____/____/____
Onset

B2. IRRITABLE MOOD

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

0 1

GET EXAMPLE.

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

Duration (hours)

“How many episodes of this have occurred?”

Frequency (lifetime)

“When was the first episode?”

____/____/____
Onset

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?”

0 1

GET EXAMPLE.

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

Duration (hours)

“How many episodes of this have occurred?”

Frequency (lifetime)

“When was the first episode?”

____/____/____
Onset

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?”

0 1

GET EXAMPLE.

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

Duration
(hours)

“How many episodes of this have occurred?”

Frequency
(lifetime)

“When was the first episode?”

____/____/____
Onset

B5. TALKATIVE

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

0 1

GET EXAMPLE.

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

Duration
(hours)

“How many episodes of this have occurred?”

Frequency
(lifetime)

“When was the first episode?”

____/____/____
Onset

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?”

0 1

GET EXAMPLE.

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

Duration
(hours)

“How many episodes of this have occurred?”

Frequency
(lifetime)

“When was the first episode?”

____/____/____
Onset

B7. DISTRACTIBILITY

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

0 1

GET EXAMPLE.

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

Duration
(hours)

“How many episodes of this have occurred?”

Frequency
(lifetime)

“When was the first episode?”

____/____/____
Onset

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?”

0 1

GET EXAMPLE

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

Duration
(hours)

“How many episodes of this have occurred?”

Frequency
(lifetime)

“When was the first episode?”

____/____/____
Onset

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?”

0 1

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?”*

Duration
(hours)

“How many episodes of this have occurred?”

Frequency
(lifetime)

“When was the first episode?”

____/____/____
Onset

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?”

0 1

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?”*

Duration
(hours)

“How many episodes of this have occurred?”

Frequency
(lifetime)

“When was the first episode?”

____/____/____
Onset

FUNCTIONAL IMPAIRMENT RATINGS
 SUMMARY OF RULES FOR RATING IMPAIRMENT ARE IN THE PTSD MODULE.
 LOOK AT THE TALLY SHEET OF SYMPTOMS FOR BIPOLAR, AND ASK ABOUT THE SYMPTOMS AS A GROUP FOR EACH TYPE OF IMPAIRMENT ON THE FOLLOWING PAGES

B11. PARENTAL RELATIONSHIPS

“Do 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?”

0 1

“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?”*

0 1 2 3

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?”

0 1

“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?”*

0 1 2 3

B13. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS

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

0 1

“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?”

0 1

GET EXAMPLE

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

0 1 2 3

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?”

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

B16. HOSPITALIZATION

“Did these behaviors require hospitalization for treatment?”

0 1

B17. PERCEIVED PROBLEM

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

0 1

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.”

0 1

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**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?” 0 1

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?” 0 1

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.” 0 1

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) _____
Duration (min)

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?” 0 1

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?” 0 1

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?”

0 1

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?”

0 1

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?”

0 1

GET EXAMPLE.

If yes, ask:

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

A8. EASILY DISTRACTED BY EXTRANEIOUS STIMULI

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

0 1

GET EXAMPLE.

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

A9. FORGETFUL IN DAILY ACTIVITIES

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

0 1

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?”

a10y _____
Years

IF NO SYMPTOMS, ENTER 0.

a10m _____
+ months

A11. TWO SETTING RULE

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

a11a 0 1
Home

a11b 0 1
Daycare/School

a11c 0 1
Elsewhere

IMPAIRMENT RATINGS

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

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

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

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

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?” 0 1

GET EXAMPLE

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

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?”

0 1

“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

A14. 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?”

0 1

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.”

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

0 1

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?”

0 1

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?”

0 1

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?”

0 1

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’?”

0 1

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?”

0 1

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?”

0 1

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?”

0 1

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.

0 1

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?”

Years

IF NO SYMPTOMS, ENTER 0.

+ months

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.

0 1
Home

0 1
Daycare/School

0 1
Elsewhere

IMPAIRMENT RATINGS

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

LOOK AT THE TALLY SHEET OF SYMPTOMS FOR THE HYPERACTIVITY SUBSET. 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

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?”

0 1

“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

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?”

0 1

“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?”*

0 1 2 3

A32. 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

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?”

0 1

GET EXAMPLE

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

0 1 2 3

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?”

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

A35. SYMPTOMS PERCEIVED AS A PROBLEM

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

0 1

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?”

0 1

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

OPPOSITIONAL DEFIANT DISORDER

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

O1. LOSES TEMPER

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

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

IF PTSD SECTION WAS NOT ASKED, START HERE:

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

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

0 1

Frequency

GET EXAMPLE.

Duration (min)

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."

0 1

Frequency

GET EXAMPLE.

Duration (min)

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?"

0 1

Frequency

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.

0 1

Frequency

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.”

0 1

Frequency

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?”

0 1

Frequency

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.”

0 1

Frequency

GET EXAMPLE.

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

Duration
(HOURS/day)

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.”

0 1

Frequency

GET EXAMPLE.

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

Duration (min)

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?”

0 1

Frequency

GET EXAMPLE.

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

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)?”

Years

IF NO SYMPTOMS, ENTER 0.

+ months

**FUNCTIONAL IMPAIRMENT RATINGS
SUMMARY OF RULES FOR RATING IMPAIRMENT IS IN PTSD**

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

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

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

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?”

“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?”

“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?”

“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

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?”

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

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?”*

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

O17. PERCEIVED PROBLEM

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

0 1

O18. PERCEIVED NEED FOR TREATMENT

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

0 1

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

CONDUCT DISORDER

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

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

C1. OFTEN BULLIES, THREATENS, OR INTIMIDATES

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

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

0 1

Frequency in last 6 months

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?”*

0 1

Frequency in last 6 months

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?”

0 1

Frequency in last 6 months

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?”

0 1

Frequency in last 6 months

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?”

0 1

Frequency in last 6 months

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?”

0 1

GET EXAMPLE.

Frequency in last 6 months

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?”

0 1

GET EXAMPLE.

Frequency in last 6 months

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?”

0 1

GET EXAMPLE.

Frequency in last 6 months

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?”

0 1

GET EXAMPLE.

Frequency in last 6 months

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?”

0 1

GET EXAMPLE.

Frequency in last 6 months

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?”

0 1

GET EXAMPLE.

Frequency in last 6 months

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

0 1

Frequency in 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."

0 1

GET EXAMPLE.

Frequency in
last 6 monthsIf 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?"

0 1

GET EXAMPLE.

Frequency in
last 6 monthsIf 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?"

0 1

GET EXAMPLE.

Frequency in
last 6 monthsIf 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?"

0 1

GET EXAMPLE.

Frequency in
last 6 monthsIf 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?"

0 1

GET EXAMPLE.

Frequency in
last 6 monthsIf 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.

Years

C18. ONSET

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

+ months

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?”

0 1

“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

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?”

0 1

“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

C21. 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 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?”

0 1

GET EXAMPLE

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

0 1 2 3

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?”

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

C24. SYMPTOMS PERCEIVED AS A PROBLEM

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

0 1

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?”

0 1

(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.

0 1

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

Duration (min)

SE2. WITHDRAWAL AFTER SEPARATION

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

0 1

GET EXAMPLE.

Duration (min)

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?”

0 1

GET EXAMPLE.

Duration (min)

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?”

0 1

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?”*

0 1

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?"*

0 1

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?"*

0 1

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?"

0 1

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?"*

0 1

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.”

0 1

“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.

Onset – years

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

+ months

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?”

0 1

“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?”

0 1 2 3

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?”

0 1

“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

SE14. DAYCARE PROVIDER/ TEACHER RELATIONSHIPS

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

0 1

“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?”

0 1

GET EXAMPLE

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

0 1 2 3

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?”

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

SE17. CHILD DISTRESS

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

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

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.”

0 1

SE19. PERCEIVED NEED FOR TREATMENT

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

0 1

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?"	0	1
SP2. "Monsters?" (make-believe)	0	1
SP3. "The dark?"	0	1
SP4. "Thunder or lightning?"	0	1
SP5. "Injections/needles?"	0	1
SP6. "Doctor or dentist?"	0	1
SP7. "Injury?"	0	1
SP8. "Blood?"	0	1
SP9. "Robbers?"	0	1
SP10. "People in costumes like the Easter Bunny, Santa, or clowns?"	0	1
SP11. "Heights?"	0	1
SP12. "Bridges?"	0	1
SP13. "Elevators or small rooms?"	0	1
SP14. "Water?"	0	1
SP15. "Any other thing that I didn't mention?"	0	1

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?"

0 1

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?”

0 1

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?”

0 1

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?”*

_____ - years

IF NO SYMPTOMS, ENTER 0.

_____ + months

FUNCTIONAL IMPAIRMENT RATINGS

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

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

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

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?”

SPEC. PHOBIA
0 1

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

SOCIAL PHOBIA
0 1

GET EXAMPLE

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

SPEC. PHOBIA
0 1 2 3

SOCIAL PHOBIA
0 1 2 3

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?”

SPEC. PHOBIA
0 1

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

SOCIAL PHOBIA
0 1

GET EXAMPLE

SPEC. PHOBIA
0 1 2 3

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

SOCIAL PHOBIA
0 1 2 3

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?”

SPEC. PHOBIA
0 1

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

SOCIAL PHOBIA
0 1

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?”

SPEC. PHOBIA
0 1

SOCIAL PHOBIA
0 1

GET EXAMPLE

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

SPEC. PHOBIA
0 1 2 3

SOCIAL PHOBIA
0 1 2 3

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?”

SPEC. PHOBIA
0 1

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

SOCIAL PHOBIA
0 1

GET EXAMPLE

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

SPEC. PHOBIA
0 1 2 3

SOCIAL PHOBIA
0 1 2 3

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.”

0 = Hardly ever/
None

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?”*

1 = Some of the
time

2 = A lot of the
time

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.”

SPEC. PHOBIA
0 1
SOCIAL PHOBIA
0 1

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.”

SPEC. PHOBIA
0 1
SOCIAL PHOBIA
0 1

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:

0 1

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?”

Frequency

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?”

0 1

<hr/>		0 1
G3. RESTLESSNESS DURING WORRIES		
<i>"During these times that your child is worrying, I want to know if s/he shows any of the following 6 symptoms:</i>		<hr/>
<i>Restlessness or on edge?"</i>	Number of days in last 4 weeks	Frequency
		0 1
G4. FATIGUE DURING WORRIES		
<i>"Gets tired very easily?"</i>	Number of days in last 4 weeks	Frequency
		0 1
G5. DIFFICULTY CONCENTRATING DURING WORRIES		
<i>"Difficulty concentrating?"</i>	Number of days in last 4 weeks	Frequency
		0 1
G6. IRRITABLE DURING WORRIES		
<i>"Irritable?"</i>	Number of days in last 4 weeks	Frequency
		0 1
G7. MUSCLE TENSION DURING WORRIES		
<i>"Muscles tense?"</i>	Number of days in last 4 weeks	Frequency
		0 1
G8. SLEEP PROBLEMS DURING WORRIES		
<i>"Sleep problems?"</i>	Number of days in last 4 weeks	Frequency
<hr/>		
G9. "How old was s/he when the first of these <u> (list the recorded items) </u> appeared?"		Onset - years
IF NO SYMPTOMS, ENTER 0.		<hr/>
		+ months

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

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?”* 0 1 2 3

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?”

0 1

“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

G12. 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

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?”

0 1

GET EXAMPLE

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

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?”

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

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?”

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

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?”*

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. 0 1

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?"* 0 1

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?"* 0 1

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?"* 0 1

GET EXAMPLE.

OC5. *"Does s/he seem to perform this ritual because s/he believes it will prevent something bad from happening?"* 0 1

GET EXAMPLE.

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

Onset - years

IF NO SYMPTOMS, ENTER 0.

+ months

FUNCTIONAL IMPAIRMENT RATINGS

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

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

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

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)

Minutes

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?"

0 1

"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?"

0 1

"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?"

0 1

"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?” 0 1

GET EXAMPLE

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

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?” 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

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?”

0 = Hardly ever/
None
1 = Some of the
time
2 = 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?” 0 1

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?” 0 1

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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."

r1 0 1

GET EXAMPLE.

If yes, ask: *"How many times in the past 4 weeks?"*

r1f _____
Frequency in
last 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."*

r2 0 1

GET EXAMPLE.

If yes, ask: *"How many times in the past 4 weeks?"*

r2f _____
Frequency in
last 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?"*

r3 0 1

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?"

r4a 0 1
Irritabilityr4b 0 1
Sadnessr4c 0 1
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?"

r5 0 1

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.

r6 0 1

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.

r7 0 1

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.

r8 0 1

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.

ACCOMMODATION CODES	0 = N/A
1 = accommodates some, but not usually (<50% of the time)	
2 = accommodates more than not (>50% of the time)	
3 = almost always accommodates	

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?” r10 0 1

GET EXAMPLE

If no, ask **ACCOMMODATION:** *“Do you make accommodations so that s/he doesn’t have conflicts with you?”* r10a 0 1 2 3

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?” r11 0 1

GET EXAMPLE

If no, ask **ACCOMMODATION:** *“Do you make accommodations so that s/he doesn’t have conflicts with siblings?”* r11a 0 1 2 3

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?” r12 0 1

GET EXAMPLE

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?”

r13 0 1

GET EXAMPLE

If no, ask **ACCOMMODATION:** *“Do you make accommodations so that s/he doesn’t have conflicts with playmates?”* r13a 0 1 2 3

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?”

r14 0 1

GET EXAMPLE

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

r14a 0 1 2 3

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

r15 0 1 2

R16. SYMPTOMS PERCEIVED AS A PROBLEM

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

r16 0 1

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?”

r17 0 1

