

Diagnostic Interview

Kiddie-Sads-Present and Lifetime Version (K-SADS-PL)

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Diagnostic Interview

Kiddie-Sads-Present and Lifetime Version (K-SADS-PL)

- Screen Interview -

Child's Name: _____ MR # _____

Clinician: _____ ID# _____

Clinic: _____ Psychiatrist: _____

Date of Interview: ____ ____ ____
 Month Day Year

The K-SADS-PL was adapted from the K-SADS-P (Present Episode Version), which was developed by William Chambers, M.D. and Joaquim Puig-Antich, M.D., and later revised by Joaquim Puig-Antich, M.D. and Neal Ryan, M.D. The K-SADS-PL was written by Joan Kaufman, Ph.D., Boris Birmaher, M.D., David Brent, M.D., Uma Rao, M.D., and Neal Ryan, M.D. The K-SADS-PL was designed to obtain severity ratings of symptomatology, and assess current and lifetime history of psychiatric disorders, including several disorders not surveyed in the K-SADS-P. The current instrument is greatly indebted to several other existing structured and semi-structured psychiatric instruments including the K-SADS-E (Orvaschel & Puig-Antich), the SADS-L (Spitzer and Endicott), the SCID (Spitzer, Williams, Gibbon, and First), the DIS (Robins and Helzer), the ISC (Kovacs), the DICA (Reich, Shayka, and Taibleson), and the DUSI (Tarter, Laird, Bukstein, and Kaminer). Guidelines for the introductory interview at the beginning of this instrument were provided by Michael Rutter, M.D. and Philip Graham, M.D., and modifications for the anxiety disorders section were provided by Cynthia Last, Ph.D. Other consultants include Oscar Bukstein, M.D., Walter Kaye, M.D., David Kolko, Ph.D., Rolf Loeber, Ph.D., William Pelham, Ph.D., David Rosenberg, M.D. and John Walkup, M.D. Appreciation is extended to all contributors, as well as to Denise Carter-Jackson, for the word processing of this instrument.

Sections Completed: ___ Screen Interview ___ #1 ___ #2 ___ #3 ___ #4 ___ #5

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¹ Shaffer, D., Gould, M., Brasic, J., Ambrosini, P., Fischer, P., Bird, H., and Aluwahlia, S. A Children's Global Assessment Scale (CGAS). Arch Gen Psychiatry, 1983, 40:1228-1231.

Schedule for Affective Disorders and Schizophrenia for School Aged Children (6-18 Years)

Kiddie-SADS - Lifetime Version (K-SADS-PL)

The K-SADS-PL is a semi-structured diagnostic interview designed to assess current and past episodes of psychopathology in children and adolescents according to DSM-III-R and DSM-IV criteria. Probes and objective criteria are provided to rate individual symptoms. The primary diagnoses assessed with the K-SADS-PL include: Major Depression, Dysthymia, Mania, Hypomania, Cyclothymia, Bipolar Disorders, Schizoaffective Disorders, Schizophrenia, Schizophreniform Disorder, Brief Reactive Psychosis, Panic Disorder, Agoraphobia, Separation Anxiety Disorder, Avoidant Disorder of Childhood and Adolescence, Simple Phobia, Social Phobia, Overanxious Disorder, Generalized Anxiety, Obsessive Compulsive Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Enuresis, Encopresis, Anorexia Nervosa, Bulimia, Transient Tic Disorder, Tourette's Disorder, Chronic Motor or Vocal Tic Disorder, Alcohol Abuse, Substance Abuse, Post-Traumatic Stress Disorder, and Adjustment Disorders.

The K-SADS-PL is a semi-structured interview. The probes that are included in the instrument do *not* have to be recited verbatim. Rather, they are provided to illustrate ways to elicit the information necessary to score each item. The interviewer should feel free to adjust the probes to the developmental level of the child, and use language supplied by the parent and child when querying about specific symptoms.

The K-SADS-PL is administered by interviewing the parent(s), the child, and finally achieving summary ratings which include *all* sources of information (parent, child, school, chart, and other). When administering the instrument to pre-adolescents, conduct the parent interview first. In working with adolescents, begin with them. When there are discrepancies between different sources of information, the rater will have to use his/her best clinical judgement. In the case of discrepancies between parents' and child's reports, the most frequent disagreements occur in the items dealing with subjective phenomena where the parent does not know, but the child is very definite about the presence or absence of certain symptoms. This is particularly true for items like guilt, hopelessness, interrupted sleep, hallucinations, and suicidal ideation. If the disagreements relate to observable behavior (e.g. truancy, fire setting, or a compulsive ritual), the examiner should query the parent(s) and child about the discrepant information. If the disagreement is not resolved, it is helpful to see the parent(s) and child together to discuss the reasons for the disagreement. Ultimately the interviewer will have to use his/her best clinical judgment in assigning the summary ratings.

The following guidelines should be used in coding symptoms:

1. *Current Diagnoses:* In coding current episodes (CE) of disorders, symptoms should be rated for the time period when they were the most severe during the episode. *Note in the margins if and when particular symptoms (e.g. insomnia) improved or resolved.*
2. *Disorders Targeted with Medication:* In coding disorders treated with medication (e.g. ADHD), use the ratings to describe the most intense severity of symptoms experienced prior to initiation of medication or during 'drug holidays'. *Note in margins symptoms targeted effectively with medication.*
3. *Past Diagnoses:* In order for an episode to be considered 'resolved' or 'past', the child should have had a minimum of *two months* free from the symptoms associated with the disorder. Episodes rated in the past disorders section should represent the most severe past (MSP) episode experienced of that given disorder.
4. *Time Line:* For children with a history of recurrent or episodic disorders, it is recommended that a time line be generated to chart lifetime course of disorder and facilitate scoring of symptoms associated with each episode of illness.

In the process of completing the full interview, diagnoses initially believed to be 'past' may turn out to be current diagnoses in partial remission. Corrections in the coding of current and past severity ratings can be made after completion of the interview.

Administration of the K-SADS-PL requires the completion of: 1) an unstructured Introductory Interview; 2) a Diagnostic Screening Interview; 3) the Supplement Completion Checklist; 4) the appropriate Diagnostic Supplements; 5) the Summary Lifetime Diagnoses Checklist; and 6) the Children's Global Assessment Scale (C-GAS) ratings. The K-SADS-PL is completed with each informant separately initially, then the Summary Lifetime Diagnoses Checklist and C-GAS ratings are completed after synthesizing all the data and resolving discrepancies in informants' reports. If there is no suggestion of current or past psychopathology, no assessments beyond the Screen Interview will be necessary. Each of the phases of the K-SADS-PL interview is discussed briefly below.

The Unstructured Introductory Interview. This section of the K-SADS-PL takes approximately 10 to 15 minutes to complete. In this section, demographic, health, presenting complaint and prior psychiatric treatment data are obtained, together with information about the child's school functioning, hobbies, and peer and family relations. Discussion of these latter topics are extremely important, as they provide a context for eliciting mood symptoms (depression and irritability), and obtaining information to evaluate functional impairment. This section of the K-SADS-PL should be used to establish rapport with the parent(s) and the child, and should *never* be omitted. Detailed guidelines for conducting the unstructured interview are contained on pages v-vi, and a scoring sheet to record information obtained during this portion of the interview is included thereafter.

The Screen Interview. The Screen Interview surveys the primary symptoms of the different diagnoses assessed in the K-SADS-PL. Specific probes and scoring criteria are provided to assess each symptom. *The rater is not obliged to recite the probes verbatim, or use all the probes provided, just as many as is necessary to score each item.* Probing should be as neutral as possible, and leading questions should be avoided (e.g. "You don't feel sad, do you?")

Symptoms rated in the screen interview are surveyed for *current* (CE) and *most severe past* (MSP) episodes simultaneously. Begin by asking if the child has *ever* experienced the symptom. If the answer is no, rate the symptom negative for current and past episodes and proceed to the next question. If the answer is yes, find out when the symptom was present. If the symptom is endorsed for one time frame (e.g. currently), inquire if it was ever present at another time (e.g. past).

The diagnoses assessed with the screen interview do not have to be surveyed in order. The interviewer may begin inquiring about relevant diagnoses suggested by the presenting complaint information obtained during the unstructured interview. All sections of the Screen Interview must be completed, however, and most people find it easiest to proceed from start to finish.

After the primary symptoms associated with each diagnosis are surveyed, skip out criteria are delineated for current and past episodes of the disorder. A space is provided to indicate if the child met the skip out criteria, or if the child has clinical manifestations of the primary symptoms associated with the specific diagnosis. If the child failed to meet the skip out criteria for some diagnoses, the appropriate supplements should be administered after the Screen Interview is completed.

Supplement Completion Checklist. The Supplement Completion Checklist is on the last page of this Screen Interview. It should be torn off before starting the interview. Supplements requiring completion should be noted in the spaces provided, together with the dates of possible current and past episodes of disorder.

Diagnostic Supplements. There are five Diagnostic Supplements included with the K-SADS-PL:

- Supplement #1: Affective Disorders
- Supplement #2: Psychotic Disorders
- Supplement #3: Anxiety Disorders
- Supplement #4: Behavioral Disorders
- Supplement #5: Substance Abuse and Other Disorders

The diagnoses surveyed in each of these supplements are outlined in the Supplement Completion Checklist, and in the Table of Contents at the beginning of each supplement. The skip out criteria in the Screening Interview specify which supplements, if any, should be completed. Each supplement has a list of symptoms, probes, and criteria to assess current (CE) and most severe past (MSP) episodes of disorder. Criteria required to make DSM-III-R and DSM-IV diagnoses are provided for each diagnosis.

Supplements should be administered in the order that symptoms for the different diagnoses appeared. For example, if the child had evidence of Attention Deficit Hyperactivity Disorder (ADHD) beginning at age 5, and possible Major Depression (MDD) beginning at age 9, the Supplement for ADHD should be completed before the supplement for MDD. If the child had a history of attention difficulties associated with ADHD, when inquiring about concentration difficulties in assessing MDD, it is important to find out if the onset of depressive symptoms was associated with a worsening of the long standing concentration difficulties. If there was no change in attention problems with the onset of the depressive symptoms, the symptom concentration difficulties should not be rated positively in the MDD supplement.

When the time course of disorders overlap, supplements for disorders that may influence the course of other disorders should be completed first. For example, if there is evidence of substance use and possible Mania, the substance abuse supplement should be completed first, and care should be taken to assess the relationship between substance use and manic symptoms.

Summary Lifetime Diagnoses Checklist. The summary lifetime diagnostic information is based on the synthesis of the data from all sources. The Checklist allows for the recording of the following information for each diagnosis: presence or absence of a current or past episode; age of onset of the first episode; age of onset of the current episode; total number of episodes; and total time in episode(s). Information about treatment history is also recorded on the Checklist.

Children's Global Assessment Scales (C-GAS). A C-GAS score is assigned to estimate all children's current level of functioning. For children without any lifetime history of psychiatric illness, only a current C-GAS score is assigned. For children with current or past history of psychiatric illness, two C-GAS scores are assigned. For children who are currently in episode, in addition to the current C-GAS score, a past C-GAS score which estimates the child's previous highest level of functioning should also be assigned. For children with a prior history of psychiatric illness, in addition to the current C-GAS score, a past C-GAS score which estimates the child's level of functioning during his/her most severe prior episode of illness should also be assigned.

Scoring. The majority of the items in the K-SADS-PL are scored using a 0-3 point rating scale. Scores of 0 indicate no information is available; scores of 1 suggest the symptom is not present; scores of 2 indicate subthreshold

levels of symptomatology, and scores of 3 represent threshold criteria. The remaining items are rated on a 0-2 point rating scale on which 0 implies no information; 1 implies the symptom is not present; and 2 implies the symptom is present. *While subthreshold manifestations of symptoms are not sufficient to count toward the diagnosis of a disorder, further inquiry may be warranted in certain cases. Subthreshold scores of psychotic symptoms or clusters of other symptoms associated with a given diagnosis should be brought to the attention of the attending physician or research supervisor.*

* * * * *

Guidelines for the Administration of the Introductory Unstructured Interview: Patients

The unstructured interview should take 10-15 minutes to administer. The aim of the unstructured interview is to establish rapport, obtain information about presenting complaints, prior psychiatric problems, and the child's global functioning. It is helpful to spend a few minutes in general conversation in order to make the child and parent feel at ease.

The interview opens with questions about basic demographics. This is a very easy thing for most people to talk about, and the information helps to orient the interviewer to the child's life circumstances. Health and developmental history data should also be obtained, as this information may be helpful in making differential diagnoses. Examples of probes used to elicit presenting complaints are outlined below.

I would like to talk with you about the kinds of problems which made your parents bring you to see us, so I can think about how to help you best.

Why did your parents bring you here today?

What is your main trouble?

What did they say?

Can you guess why?

What is the last thing that happened which made your parents bring you here?

Have you been having any worries lately? Problems?

When did you first notice you were having this (symptom)?

If the child's statement is too brief - Can you tell me more about that?

If statements are hard to understand - Can you explain what you mean by that?

If the child is vague - Can you give me an example of?

Do you have any other problems?

In discussing onset and course of symptoms, many children will be unable to provide reliable time data. This is developmentally normal. If the child does not provide such data in the first questioning, s/he will probably not provide it at all.

In interviewing the parent, modify the questions to refer to the child.

In the introductory interview and throughout the K-SADS, interviewers are encouraged to use language generated by the child and/or parent when querying about symptoms (e.g., "For how long did you feel bummed?")

After surveying the reason for referral, obtain information about treatment history. Then query about the child's school adaptation and social relations.

In interviewing children, it is not necessary --- and usually not productive to try to complete all of the introductory interview. Review basic demographics (e.g. age, grade, family constitution, siblings' names and ages), presenting complaints (likely in less detail than with the parent), and family, school adaptation, and peer relations information.

The discussion of these latter topics are extremely *important*, as it provides a context for eliciting mood symptoms (depression and irritability) from children, and obtaining preliminary information to evaluate functional impairment.

* * * * *

Unstructured Introductory Interview: Non-Patients

When evaluating children who are not psychiatric patients, the questions on reason for referral should be omitted from the introductory interview. Otherwise, the same approach for the introductory interview is followed. The Introductory Interview Scoring sheet outlines the topics that should be surveyed during this part of the assessment.

**BACKGROUND INFORMATION
INTRODUCTORY INTERVIEW: SCORING SHEET**

DEMOGRAPHIC INFORMATION

1. Date of birth __ __ __ __ __ __
Month Day Year

2. Age of child _____

3. Sex of child _____

4. Race (observed) _____

1 = Caucasian 4 = Oriental
2 = African American 5 = Biracial
3 = Hispanic 6 = Other (Specify): _____

	<u>No</u>	<u>Yes</u>
5. Home environment of child (circle all that apply)		
Biological Mother	1	2
Biological Father	1	2
Stepmother	1	2
Stepfather	1	2
Adoptive/Foster Parents	1	2
Siblings	1	2
Grandparents	1	2
Other Relative(s)	1	2
Other Non-Relative(s)	1	2
Residential Placement: _____	1	2
Other (Specify): _____	1	2

6. If the child is not living with both of his/her biological parent(s), obtain information about whereabouts of non-residing parent, visitation, divorce history, out-of-home placements, etc.

7. List first names & ages of siblings:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD AND ADOLESCENT HEALTH SCREENING

Name of Patient _____ Hospital # _____

Date of Assessment _____ Age of Child _____ D.O.B. _____

Interviewed _____ Relationship to Child _____

Is there anyone who is more familiar with this child's health history than interviewee? ___ YES ___ NO

Name _____ Relationship to child _____ Telephone _____

ADEQUACY OF CURRENT HEALTH CARE:

Where does child receive his/her regular health care?

Approximate Date of Last Visit: ___ mo ___ year ___ don't know

Approximate Date of last physical exam: ___ mo ___ year ___ don't know

Does child have any illnesses or conditions for which (s)he receives or should receive regular care? (Describe below)

[e.g., asthma, allergies, diabetes, anemia, seizures] ___ NO ___ YES _____

Significant Hospitalizations, Surgical or Invasive Procedures: _____

Medication History: _____

Does child take any medications: ___ YES ___ NO ___ DON'T KNOW

Name and Dose of Medication: _____ Daily ___ As Needed

Name and Dose of Past Medications: _____ Date Started ___/___/___ Date Discontinued ___/___/___

Sensitivities or Allergies to ANY Drugs? ___ YES ___ NO

Drug Name _____ Reaction _____

IMMUNIZATIONS: ___ COMPLETE ___ INCOMPLETE ___ INFOR. NOT PROVIDED ___ UNKNOWN to interviewee
___ DOCUMENTATION PROVIDED AND ATTACHED

DPT Dates: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

OPV Dates: #1 _____ #2 _____ #3 _____

Measles/Mumps/Rubella Vaccines Date(s): _____

OTHER _____

DEVELOPMENTAL HISTORY:

Complications during pregnancy, labor, and/or delivery. No Yes

If yes, explain _____

Drug and/or Alcohol use during pregnancy. No Yes

If yes, explain _____

Social Relatedness during infancy and early childhood. No Yes

If no, explain _____

Developmental milestones within normal limits. No Yes

If no, explain _____

PAST HISTORY OF ABUSE?

Yes No

If Yes, what kind(s) of abuse? Physical Neglect Sexual Psychological

If Yes, abuse was identified: Prior to assessment At assessment

The age of the patient at the time of the abuse: _____

CY47 was filed: Yes No Not sure Approximate Date: _____

Report was: Founded Unfounded Not sure

Action taken if founded: _____

Relationship of the perpetrator to the patient: _____

Does the child have any current contact with the perpetrator? No Yes Not sure

Is CYS currently involved with this family? Yes No

COMMENTS: _____

CURRENT RISK FOR ABUSE:

precocious sexual play/talk possible physical abuse possible sexual abuse/risk parental concern/fear of abuse

CLINICIAN

DATE

SUPERVISING PHYSICIAN

PSYCHIATRIC TREATMENT HISTORY

Record Lifetime Treatment History Below

AGE	DATES OF TREATMENT	SYMPTOMS OR CONDITION	TREATMENT/ LOCATION
—	— to —	_____	_____
—	— to —	_____	_____
—	— to —	_____	_____
—	— to —	_____	_____
—	— to —	_____	_____
—	— to —	_____	_____

Age of First Outpatient Treatment _____

Age of First Psychiatric Hospitalization _____

No. of Psychiatric Hospitalizations _____

Psychotropic Medication:

Sedatives or Minor Tranquilizers _____

Major Tranquilizers _____

Antidepressants _____

Stimulants _____

Lithium _____

Other (Specify): _____

FAMILY HISTORY OF MEDICAL AND PSYCHIATRIC ILLNESS

NOTES:

SCHOOL ADAPTATION AND SOCIAL RELATIONS

Obtain information about the following domains. Some of this information may have already been acquired.

1. School

Inquire about: (a) Current Grade (or last grade completed); (b) Repeated Grade(s); (c) Special Services (specify); (d) Grade Point Average; (e) Functioning (daily functioning and standardized tests results); (f) Complaints from teacher about child's behavior; (g) Suspensions and detentions; and (h) Likes and Dislikes.

2. Peer Relations

Inquire about: (a) Best Friend(s); (b) Relations with peers at school; (c) Relations with peers in home neighborhood; (d) Activities with friends; and (e) Problems (e.g. teased, in fights).

3. Family relations

Inquire about: (a) Mother-Child relationship; (b) Father-Child relationship; (c) Marital relationship; (d) Sibling relationships; (e) Extended Family/Social Supports; and (f) Current or Past CYS involvement.

4. Other Activities

Inquire about: (a) Hobbies; (b) spare time activities; (c) sports; (d) organizations; etc.

DEPRESSIVE DISORDERS

Depressed Mood

Refers to subjective feelings of depression based on verbal complaints or feeling depressed, sad, blue, gloomy, very unhappy, down, empty, bad feelings, feels like crying. Do not include ideational items (like discouragement, pessimism, worthlessness), suicide attempts or depressed appearance. Some children will deny feeling "sad" and report feeling only "bad" so it is important to inquire specifically about each dysphoric affect. Do not count feelings of anxiety or tension.

Irritability without any other persistent dysphoric affect should not be rated here. In the interview with parent, mother's "gut feeling" (empathic sensing) that child frequently feels depressed can be taken as positive evidence of child's depressive mood **if parent is not concurrently depressed.**

Have you ever felt sad, blue, down, or empty?

Did you feel like crying? When was that?

Do you feel ___ now?

Was there ever another time you felt ___?

Did you have any other bad feelings?

Did you have a bad feeling all the time that you couldn't get rid of?

Did you cry or were you tearful? Did you feel (_____)

all the time, some of the time? (Percent of awake time: summation of %

of all labels if they do not occur simultaneously. (Assessment of diurnal variation can secondarily clarify daily duration of depressive mood).

Did it come and go?

How often? Every day?

How long did it last?

What do you think brought it on?

(Assess relationship between depressed mood and separation from caregiver.) *Did you feel sad when your mother was away? If separation from mother is given as a cause: Did you feel (_____) when mother was with you? Did you feel a little better or was the feeling totally gone?*

Could other people tell when you were sad?

How could they tell? Did you look different?

NOTE: Sometimes the child will initially give a negative answer at the start of the interview but will become obviously sad as the interview goes on. Then these questions should be repeated eliciting the present mood and using it as an example to determine its frequency. Similarly, if the mother's report is that the child is sad most of the time and the child denies it, the child should be confronted with the mother's opinion and then asked why he thinks his mother believes he feels sad so often.

NOTE: When a child or parent reports frequent short periods of sadness throughout the day, it is likely that this child is always sad and only reports the exacerbations, in which case the rating of depressive mood will be 3. Thus, it is always essential to ask about the rest of the time: *"Besides these times when you felt (_____), during the rest of the time, did you feel happy or were you more sad than your friends?"*

P C S

0 0 0 No information.

1 1 1 Not at all or less than once a week.

2 2 2 Subthreshold: Often experiences dysphoric mood at least 3 times a week for more than 3 hours each time.

3 3 3 Threshold: Feels "depressed" most of the day more days than not.

PAST:
 P C S

Duration of Depressed Mood

Irritability and Anger

Subjective feeling of irritability, anger, crankiness, bad temper, short tempered, resentment or annoyance, whether expressed overtly or not. Rate the **intensity and duration** of such feelings.

Was there ever a time when you got annoyed, irritated, or cranky at little things?

Did you ever have a time when you lost your temper a lot? When was that? Are you like that now? Was there ever another time you felt ___?

What kinds of things made you ___?

Were you feeling mad or angry also (even if you didn't show it)?

How angry?

More than before?

What kinds of things made you feel angry?

Did you sometimes feel angry and/or irritable and/or cranky and didn't know why?

Did this happen often?

Did you lose your temper?

With your family?

Your friends?

Who else?

At school?

What did you do?

Did anybody say anything about it?

How much of the time did you feel angry, irritable, and/or cranky?

All of the time?

Lots of the time?

Just now and then?

None of the time?

When you got mad, what did you think about?

Did you think about killing others or hurting yourself? Or about hurting them or torturing them? Whom? Did you have a plan? How?

If irritability occurs in discrete episodes within a depressive state, especially if unprovoked, rater should keep this in mind when asking about mania/hypomania.

P C S

0 0 0 No information

1 1 1 Not at all or less than once a week.

2 2 2 Subthreshold: Feels definitely more angry or irritable than called for by the situation, at least 3 times a week for more than 3 hours each time. Or often argumentative, quick to express annoyance.

3 3 3 Threshold: Feels irritable/angry daily, or almost daily, at least 50% of awake time. Or often shouts, loses temper.

PAST:
 P C S

Duration of Irritable Mood

Anhedonia, Lack of interest, Apathy, Low Motivation, or Boredom

P C S

Boredom is a term all children understand and which frequently refers to loss of ability to enjoy (anhedonia) or to loss of interest or both. Loss of pleasure and loss of interest are not mutually exclusive and may coexist.

0 0 0 No information.

1 1 1 Not present.

What are the things you do for fun? Enjoy?

(Get examples: nintendo, sports, friends, favorite games, school subjects, outings, family activities, favorite TV programs, computer or video games, music, dancing, playing alone, reading, going out, etc.).

2 2 2 Subthreshold: Several activities definitely less pleasurable or interesting. Or bored or apathetic at least 3 times a week during activities.

Has there ever been a time you felt bored a lot of the time? When? Do you feel bored a lot now? Was there another time you felt bored a lot?

Did you feel bored when you thought about doing the things you usually like to do for fun? (Give examples mentioned above). Did this stop you from doing those things? Did you (also) feel bored while you were doing things you used to enjoy?

3 3 3 Threshold: Most activities much less pleasurable or interesting. Or bored or apathetic daily, or almost daily, at least 50% of the time during activities.

Anhedonia refers to partial or complete (pervasive) loss of ability to get pleasure, enjoy, have fun during participation in activities which have been attractive to the child like the ones listed above. It also refers to basic pleasures like those resulting from eating favorite foods and, in adolescents, sexual activities.

PAST:
P C S

Did you look forward to doing the things you used to enjoy? (Give examples) Did you try to get into them?

Did you have to push yourself to do your favorite activities?

Did they interest you?

Did you get excited or enthusiastic about doing them? Why not?

Did you have as much fun doing them as you used to before you began feeling (sad, etc.)?

If less fun, did you enjoy them a little less? Much less? Not at all?

Did you have as much fun as your friends?

How many things are less fun now than they used to be (use concrete examples provided earlier by child)?

How many were as much fun? More fun?

Did you do _____ less than you used to? How much less?

In adolescents: (if sexually active) *Do you enjoy sex as much as you used to? Are you less sexually active than you used to be?*

This item does not refer to inability to engage in activities (loss of ability to concentrate on reading, games, TV, or school subjects)

Two comparisons should be made in each assessment: *Enjoyment as compared to that of peers and/or enjoyment as compared to that of child when not depressed. The second is not possible in episodes of long duration because normally children's preferences change with age. Severity is determined by the number of activities which are less enjoyable to the child, and by the degree of loss of ability to enjoy.*

Do not confuse with lack of opportunity to do things which may be due to excessive parental restrictions.

Duration of Anhedonia

a. Recurrent Thoughts of Death

Sometimes children who get upset or feel bad, wish they were dead or feel they'd be better off dead. Have you ever had these type of thoughts? When? Do you feel that way now? Was there ever another time you felt that way?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Threshold: Transient thoughts of death
- 3 3 3 Threshold: Recurrent thoughts of death, "I would be better off dead" or "I wish I were dead".

PAST:

P C S

b. Suicidal Ideation

This includes preoccupation with thoughts of death or suicide and auditory command hallucinations where the child hears a voice telling him to kill himself or even suggesting the method. **Do not include mere fears of dying.**

Sometimes children who get upset or feel bad think about dying or even killing themselves. Have you ever had such thoughts? How would you do it? Did you have a plan?

- 0 0 0 No information.
- 1 1 1 Not at all.
- 2 2 2 Subthreshold: Occasional thoughts of suicide but has not thought of a specific method.
- 3 3 3 Threshold: Often thinks of suicide and has thought of a specific method.

PAST:

P C S

c. Suicidal Acts - Seriousness

Judge the seriousness of suicidal intent as expressed in his suicidal act like: Likelihood of being rescued; precautions against discovery; actions to gain help during or after attempt; degree of planning; apparent purpose of the attempt (manipulative or truly suicidal intent).

*Have you actually tried to kill yourself?
When?
What did you do?
Any other things?
Did you really want to die?
How close did you come to doing it?
Was anybody in the room?
In the apartment?
Did you tell them in advance?
How were you found?
Did you really want to die?
Did you ask for any help after you did it?*

- 0 0 0 No information.
- 1 1 1 No attempt or gesture with no intent to die (eg., held pills in hand).
- 2 2 2 Subthreshold: Present, but very ambivalent.
- 3 3 3 Threshold: Definite suicidal intent.

PAST:

P C S

d. Suicidal Acts - Medical Lethality

P C S

Actual medical threat to life or physical condition following the most serious suicidal act. Take into account the method, impaired consciousness at time of being rescued, seriousness of physical injury, toxicity of ingested material, reversibility, amount of time needed for complete recovery and how much medical treatment needed.

0 0 0 No information.
 1 1 1 No attempt or gesture with no intent to die (e.g., held pills in hand).
 2 2 2 Subthreshold: e.g., took 10 aspirins, mild gastritis.
 3 3 3 Threshold: e.g., took 10 seconal, had brief unconsciousness.

How close were you to dying after your (most serious suicidal act)?

What did you do when you tried to kill yourself?

What happened to you after you tried to kill yourself?

PAST:
 P **C** **S**

e. Non-Suicidal Physical Self-Damaging Acts

Refers to self-mutilation, or other acts done **without intent** of killing himself.

0 0 0 No information.
 1 1 1 Not present.
 2 2 2 Subthreshold: Infrequent (1-3 times a year). Has never caused serious injury to self.
 3 3 3 Threshold: Frequent (4 or more times a year) or has caused serious injury to self (e.g. burn with scarring; broken bone).

Did you ever try to hurt yourself?

Have you ever burned yourself with matches/candles?

Or scratched yourself with needles/ a knife? Your nails?

Or put hot pennies on your skin?

Anything else?

Why did you do it?

How often?

Do you have many accidents?

What kind?

How often?

PAST:
 P **C** **S**

Some kids do these types of things because they want to kill themselves, and other kids do them because it makes them feel a little better afterwards? Why do you do these things?

__ IF RECEIVED A SCORE OF 3 ON CURRENT RATING OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE DEPRESSIVE DISORDERS (CURRENT) SECTION OF SUPPLEMENT #1, AFFECTIVE DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON PAST RATING OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE DEPRESSIVE DISORDERS (PAST) SECTION OF SUPPLEMENT #1, AFFECTIVE DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF DEPRESSIVE DISORDER.

NOTES: (Record dates of possible current and past Depressive Disorders).

MANIA

Elation, Expansive Mood

Elevated mood and/or optimistic attitude toward the future. **Differentiate from normal mood in chronically depressed subjects. Do not rate positive if mild elation is reported in situations like Christmas, birthdays, amusement parks, which normally overstimulate and make children very excited.**

Has there ever been a time you felt very good, really cheerful, or high? More than your normal self?

If unclear:

Did you feel as if there is nothing you couldn't do?

Did you feel that everything would work out just the way you wanted?

Did you get really silly? Were you more silly than most of your friends? Have your friends ever said anything to you about being too happy or too silly?

If people saw you, would they think you were just in a good mood or something more than that?

Did you get as if you were drunk?

Did you feel super-happy?

Give me some examples?

How long did this feeling usually last?

Note: Do not score positively if elated mood due to recreational drugs.

Decreased Need for Sleep

Have you ever needed less sleep than usual to feel rested? How much sleep do you ordinarily need? How much had you been sleeping? Did you stay up because you felt especially high or energetic? Were you with friends or by yourself? Had you taken any drugs?

Note: Do not score positively if decreased need for sleep triggered by social event or drug use, or reflective of typical irregular adolescent sleep pattern.

Note if insomnia or hypersomnia reported in response to the probes for this item

P C S

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Definitely elevated mood and optimistic outlook that is somewhat out of proportion to the circumstances. Mood occurs at least 3 times a week and persists for more than 3 hours each time.

3 3 3 Threshold: Mood and outlook are clearly out of proportion to circumstances. Noticeable to others and perceived as odd or exaggerated. Experiences elevated mood daily, or almost daily, at least 50% of awake time for at least four days -- or for briefer periods of time repeatedly (eg., an extended period of one day every month feels elated).

PAST:
P C S

P C S

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: 1-3 hours less than usual two or more consecutive nights. Felt high or especially energetic.

3 3 3 Threshold: 3 or more hours less than usual for two or more consecutive nights. Slept less because felt high or especially energetic--not tired the next day.

PAST:
P C S

Increased Goal Directed Activity

Has there ever been a time when you were more active or involved in more things than usual? Were you working on any projects at home or at school? Going out more than usual? Were you more sexually active than usual? What was your mood like at that time? How were you feeling about yourself? More confident than usual?

Note: Only score positively if increased activity occurs during period of mood change (eg., elation, irritability) or increased self confidence.

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Mild but definite increase in general activity level involving several areas (e.g. work, school, socially, sexually).
- 3 3 3 Threshold: Moderate to severe increase in general activity level involving several areas, or marked increase in one or more area. Activity involvement is excessive, more than what would be expected by a typical child his/her age.

PAST: $\frac{\quad}{P}$ $\frac{\quad}{C}$ $\frac{\quad}{S}$

Racing Thoughts

Have there ever been times when your thoughts were racing so fast it was hard for you to keep up with them? Have you ever felt like there were too many ideas jumping around in your mind? Could you stop the thoughts if you wanted to? What was your mood like at that time?

Rate based on data reported by informant or observational data. Score positively only if racing thoughts occur during mood change (eg., elation, irritability).

Note: If racing thought was the only item initially endorsed, re-inquire about mood (eg., elation, irritability), sleep and activity level during periods when racing thoughts reported.

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Racing thoughts cause minor distress or impairment.
- 3 3 3 Threshold: Racing thoughts cause significant distress or impairment. Thoughts cannot be stopped voluntarily.

PAST: $\frac{\quad}{P}$ $\frac{\quad}{C}$ $\frac{\quad}{S}$

__ IF RECEIVED SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE CURRENT MANIA SECTION OF SUPPLEMENT #1, AFFECTIVE DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON THE PAST RATING OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE PAST MANIA SECTION OF SUPPLEMENT #1, AFFECTIVE DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF MANIA.

NOTES: (Record dates of possible current and past mania).

PSYCHOSIS

I. Hallucinations

Sometimes children, when they are alone, hear voices or see things, or smell things and they don't quite know where they come from.

Has this ever happened to you? Tell me about it.

Has there ever been a time you heard voices when you were alone? What did you hear? Have you ever heard someone call your name when there was no one around? What kind of things did you hear? Did you ever hear music which other people could not?

Has there ever been a time when you saw things that were not there? What about shadows or other objects moving? Did you ever see ghosts?

When? Did this only happen at night while you were trying to sleep, or did it happen in the daytime too?

What did you see?

Has there ever been a time when you had an unusual smell about yourself?

Note: If hallucinations possibly present, prior to scoring this item, assess the subject's conviction of the reality of the hallucinations with the probes below.

What did you think it was?

Did you think it is your imagination or real?

Did you think it was real when you (heard, saw, etc.) it?

What did you do when you (heard, saw, etc.) it?

These voices you heard (or other hallucinations), did they occur when you were awake or asleep? Could it have been a dream?

Did they happen when you are falling asleep? Waking up? Only when it was dark? Did they happen at any other time also?

Were you sick with fever when they occurred?

Have you ever been drinking beer, wine liquor?, or taking any drugs when it happened?

Was it like a thought or more like a voice (noise) or a vision?

P C S

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Suspected or likely.

3 3 3 Threshold: Definitely present.

PAST:

P **C** **S**

II. Delusions

*Do you know what imagination is? Tell me.
Has there ever been a time your imagination played tricks on you?
What kinds of tricks?
Tell me more about them.
Did you have any ideas about things that you didn't tell anyone because you are afraid they might not understand?
What were they?
Did you believe in things that other people didn't believe in?
Like what?*

P C S

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Suspected or likely delusional.
3 3 3 Threshold: Definite delusions.

Ask about each of the delusions surveyed below:

PAST:
P C S

*Has there ever been a time you felt that someone was out to hurt you? Who? Why?
Did you ever think you were an important or great person?
When you were with people you did not know, did you think that they are talking about you?*

*Was there ever a time when you felt something was happening to your body? Like did you believe it was rotting from the inside, or that something was very wrong with it?
Did you ever feel convinced that the world was coming to an end?
How often did you think about _____ ?*

__ IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS ON EITHER OF THE PREVIOUS ITEMS, COMPLETE THE CURRENT SECTION OF SUPPLEMENT #2, PSYCHOTIC DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS ON EITHER OF THE PREVIOUS ITEMS, COMPLETE THE PAST SECTION OF SUPPLEMENT #2, PSYCHOTIC DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF PSYCHOSIS.

NOTES: (Record dates of possible current and past hallucinations and delusions).

PANIC DISORDER

Panic Attacks

Did you ever have very scary feelings that seemed to come all of a sudden for no special reason? Tell me about it.

The first time you had an attack like this, what did you think brought it on? Did the feeling come from out of the blue?

What was it like?

How long did it last?

After the first time this happened, did you worry about it happening again?

P C S

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: At least 1 unanticipated attack, and a minimum of 4 attacks. No persistent worry about future attacks, and no effect on behavior related to the attacks.

3 3 3 Threshold: At least 4 attacks with persistent worry for at least one month about having another attack or significant change in behavior related to the attacks.

If specific symptoms are not elicited spontaneously when describing attacks, ask about each of the following symptoms:

Associated Symptoms: Shortness of breath, palpitations, chest pains, nausea, flushes, chills, choking or smothering sensation, dizziness, numbing of hands or feet, sweating, faintness, trembling or shaking, depersonalization or derealization, fear of dying, fear of losing control.

PAST:
P **C** **S**

Note: Do not count if lasts all day.

__ IF SCORE 3 ON CURRENT RATING OF PANIC ATTACK ITEM, COMPLETE THE PANIC DISORDER (CURRENT) SECTION OF SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ IF SCORE OF 3 ON PAST RATING OF PANIC ATTACK ITEM, COMPLETE THE PANIC DISORDER (PAST) SECTION OF SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF PANIC DISORDER.

NOTES: (Record dates of possible current and past Panic Disorder).

SEPARATION ANXIETY DISORDER

1. Fears Calamitous Event that Will cause Separation

P C S

*Did you ever worry that something bad might happen to you where you would never see your parents again? Like getting lost, kidnapped, killed, or getting into an accident?
How much do you worry about this?*

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Occasionally worries. Worries more severely and more often than a typical child his/her age.
3 3 3 Threshold: Frequently worries in separation situations.

PAST:

P C S

2. Fears Harm Befalling Attachment Figure

*Has there ever been a time when you worried about something bad happening to your parents? Like what? Were you afraid of them being in an accident or getting killed? Were you afraid that they would leave you and not come back?
How much did you worry about this?*

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Occasionally worries. Worries more severely and more often than a typical child his/her age.
3 3 3 Threshold: Frequently worries in separation situations.

PAST:

P C S

P C S

3. School Reluctance/Refusal

Was there ever a time when you had to be forced to go to school? Did you have worries about going to school? Tell me about those feelings.

What were you afraid of? Had you been going to school? How often were you out from school or did you leave school early?

Note: Only count if school avoided in order to stay with attachment figure or at home.

- | | |
|-------|---|
| 0 0 0 | No information. |
| 1 1 1 | Not present. |
| 2 2 2 | Subthreshold: Frequently somewhat resistant about going to school but usually can be persuaded to go, missed no more than 1 day in 2 weeks. |
| 3 3 3 | Threshold: Protests intensely about going to school, <u>or</u> sent home or refuses to go at least 1 day per week. |

PAST:

P C S

4. Fears Sleeping Away From Home/Sleeping Alone

Has there ever been a time after the age of four, when you were afraid of sleeping alone?

Did you get scary feelings if you had to sleep away from home without your parents being with you?

- | | |
|-------|---|
| 0 0 0 | No information. |
| 1 1 1 | Not present. |
| 2 2 2 | Subthreshold: Occasionally fearful. Fears of sleeping away or alone more severe and more frequent than a typical child his/her age. |
| 3 3 3 | Threshold: Frequently fearful, some avoidance of sleeping alone or away from home. |

PAST:

P C S

5. Fears Being Alone at Home

P C S

Was there ever a time, after the age of 4, when you used to follow your mother wherever she went? Did you get upset if she was not in the same room with you? Did you cling to your mother? Did you check up on your mother a lot? Did you always want to know where your mother was?

0 0 0	No information.
1 1 1	Not present.
2 2 2	Subthreshold: Occasionally fearful. Fears of being alone more severe and more frequent than a typical child his/her age.
3 3 3	Threshold: Clings to mother; fearful, some avoidance of being alone.

How much were you afraid?

PAST:
 P C S

__ IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PRECEDING ITEMS, COMPLETE THE SEPARATION ANXIETY DISORDER (CURRENT) SECTION IN SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PRECEDING ITEMS, COMPLETE THE SEPARATION ANXIETY DISORDER (PAST) SECTION IN SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF SEPARATION ANXIETY DISORDER.

NOTES: (Record dates of possible current and past Separation Anxiety Disorder)

AVOIDANT DISORDER/SOCIAL PHOBIA

1. Shrinks from Contact

A lot of children are shy. Some children are beyond that, and never warm up or feel comfortable with people outside the family. Were you ever like that? Did you always feel very uncomfortable or nervous around your teacher or the other kids at school? How about the kids in your neighborhood?

Some kids feel very shy around people they don't know. They feel as if they just can't say anything. Were you ever like that? How long would it usually take you to warm up?

Was it hard for you to talk to a person you didn't know, even if it was another kid? Did you get so scared that you couldn't say a single word? Was this true of you most of the time?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasional discomfort around non-family members and/or strangers. More severe and more often than a typical child his/her age, minimal, if any, impairment.
- 3 3 3 Threshold: Frequently shows significant discomfort around non-family members and/or strangers. Moderate or more severe impairment.

PAST:

P C S

2. Fear of Social Situations

Some kids really hate to answer questions in class, talk in front of the class, talk to adults or kids they don't know well, meet new kids, use the bathroom at school if there are other kids around, or eat in front of other kids....(ask about all situations listed). Have any of these things ever really bothered you? Much more than other kids in your class? What bothered you about ___(e.g. fear of saying something stupid, fear of looking embarrassed, fear of trembling, choking, etc.)? Did ___bother you a lot, or a little? Did ___ make you feel really nervous or scared in your stomach? Make you cry? Make you want to be all by yourself?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasional discomfort in one or more social situations. More than a typical child his/her age. No avoidance.
- 3 3 3 Threshold: Frequently experiences significant discomfort in one or more social situations. Situations endured with moderate distress, or avoided at times.

PAST:

P C S

___ IF RECEIVED A SCORE 3 ON EITHER OF THE PREVIOUS ITEMS, CONTINUE WITH QUESTIONS ON THE FOLLOWING PAGE.

___ IF NO EVIDENCE OF CURRENT OR PAST AVOIDANCE DISORDER/SOCIAL PHOBIA, GO TO AGORAPHOBIA AND SPECIFIC PHOBIA DISORDERS SECTION ON PAGE 24.

	Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
3.	<u>Social Involvement with Familiar People</u> <i>Do you like being with your family and other people you <u>know</u>? How do you and your mom/dad get along? Your brothers? Sisters? Do you have a best friend, or one or two children you like to spend time with? Do you feel scared or nervous around ____? What kind of things do you like to do together?</i> <i>Some kids don't really like to be around other people, people they don't know very well, not even other kids. Are you like that? Are there any people you like to be around, or wish you could feel more comfortable around?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4.	<u>Duration</u> Specify dates: _____	6 months or longer	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
5. <u>Impairment</u>						
a. Socially (with peers):	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

b. With Family:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

c. In School:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

d. Severe Anxiety/Crying/Tantrums:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

e. Avoidance:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

6. <u>Evidence of a Precipitant (Specify):</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Summary CE	Summary MSP
7. <u>Evidence of Avoidant Disorder of Childhood</u> (DSM-III-R Criteria only):		
1. Excessive shrinking from contact with unfamiliar people;	0 1 2	0 1 2
2. sufficiently severe to interfere with social functioning; and		
3. desires involvement with familiar people (family members and peers the child knows well), and generally warm relations reported with these familiar others; and		
4. duration of disturbance 6 months or longer.		
8. <u>Evidence of Social Phobia</u> (DSM-III-R & DSM-IV Criteria)		
1. Marked and persistent fear of one or more social or performance situations.	0 1 2	0 1 2
2. Exposure to feared situations provoked anxiety. May be expressed as crying or tantrums in children.		
3. Feared social or performance situations avoided or endured with anxiety.		
4. In children, must be evidence of the capacity for social relationships with familiar people and the anxiety must occur in peer settings, not just in interaction with adults.		

AGORAPHOBIA AND SPECIFIC PHOBIAS

Only rate most intense phobia.

	<u>P</u>	<u>C</u>	<u>S</u>							
1. <u>Distress</u>	0	0	0	No information.						
<u>Specific Phobias:</u> <i>Has there ever been a time when you were scared to death of crowds, being outside alone, being on a bridge, or traveling in a bus, train or automobile?</i>	1	1	1	Not present.						
<i>Has there ever been a time when you were really scared of dogs, horses, insects, heights, elevators, subways, the dark . . . (ask about all situations listed). Were you afraid of any other things?</i>	2	2	2	Subthreshold: Fear of stimuli or situation more severe than a typical child his/her age. Associated with only mild transient symptoms of distress.						
<u>Agoraphobia:</u> <i>What about being in a crowded place or going outside in public alone? Were you ever afraid to go to the mall or any other places? What about being on a bridge or traveling in a car, bus or train?</i>	3	3	3	Threshold: Fear of stimuli or situation associated with moderate to severe symptoms of distress.						
<i>How scared did ___ make you? Did it make your stomach upset or your heart race? How long did ___ last? Are you more scared of _____ than any of your friends?</i>	PAST:			<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td style="text-align: center;">P</td> <td style="text-align: center;">C</td> <td style="text-align: center;">S</td> </tr> </table>	—	—	—	P	C	S
—	—	—								
P	C	S								
2. <u>Avoidance</u>	0	0	0	No information.						
<i>Has there ever been a time when your fear of ___ kept you from doing anything? Did you try to avoid ___? Were there times you could ___? If someone was with you, could you ___?</i>	1	1	1	Not present.						
	2	2	2	Subthreshold: Minimal or inconsistent avoidance.						
	3	3	3	Threshold: Feared stimuli or situation consistently avoided.						
	PAST:			<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td style="text-align: center;">P</td> <td style="text-align: center;">C</td> <td style="text-align: center;">S</td> </tr> </table>	—	—	—	P	C	S
—	—	—								
P	C	S								

Specify most intense phobia:

Specify other phobias:

IF RECEIVED A SCORE 3 ON THE CURRENT RATINGS OF EITHER OF THE PREVIOUS ITEMS, COMPLETE THE AGORAPHOBIA AND SPECIFIC PHOBIAS (CURRENT) SECTION IN SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

___ IF RECEIVED A SCORE 3 ON THE PAST RATINGS ON EITHER OF THE PREVIOUS ITEMS, COMPLETE THE AGORAPHOBIA AND SPECIFIC PHOBIAS (PAST) SECTION IN SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

___ NO EVIDENCE OF AGORAPHOBIC OR SPECIFIC PHOBIAS.

NOTES: (Record dates of possible current and past Agoraphobia or Specific Phobic Disorders)

OVERANXIOUS/GENERALIZED ANXIETY DISORDER

1. Unrealistic Worry about Future

Has there ever been a time when you worried about things before they happened? Do you think you worried more than other kids your age? Can you give me some examples. Has anyone ever said you were a worrier? Do you know why they said that?

Note: If the only worries the child brings up relate to the attachment figure or a simple phobia, do not score here. Only rate positively if the child worries about multiple things.

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Frequently worries somewhat excessively (at least 3 times per week) about anticipated events or current behavior.
- 3 3 3 Threshold: Most days of the week is excessively worried about at least two different life circumstances or anticipated events or current behavior.

PAST:
P **C** **S**

2. Somatic Complaints

Was there ever a time when you got sick a lot? Did you miss school, gym or other activities a lot because you didn't feel well? Was there ever a time when you got aches and pains a lot? Did you get headaches, stomachaches, aches in your legs, backaches? Any other types of problems? Everyday? Once in a while? When did you get a _____? In the morning, evening, weekends? Only on school days?

Note: Do not count if only related to separation situations or school refusal.

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasional symptoms/complaints. Symptoms/complaints more severe and more often than experienced by a typical child his/her age.
- 3 3 3 Threshold: Frequent symptoms/complaints (more than 1 time per week), somewhat of a problem.

PAST:
P **C** **S**

3. Marked Self-Consciousness

Some kids worry a real lot about what other people think about them. Is this true of you? Has there ever been a time when you thought about what you were going to say before you said it? Did you worry that other people thought you were stupid or that you did things funny?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Frequently (at least 3 times per week) feels self conscious.
- 3 3 3 Threshold: Most days of the week feels self-conscious.

PAST:
P C S

4. Marked Feeling of Tension/Unable to Relax

Was there ever a time when you felt "up-tight" or tense a lot? Like you couldn't relax even if you tried? Did you get so nervous that you couldn't sit still? Did you often feel jumpy or "on edge"?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Frequently nervous/anxious (more than 1 time per week), somewhat of a problem.
- 3 3 3 Threshold: Most days of the week is nervous/anxious.

PAST:
P C S

__ IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE OVERANXIOUS/GENERALIZED ANXIETY DISORDER (CURRENT) SECTION IN SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE OVERANXIOUS/GENERALIZED ANXIETY DISORDER (PAST) SECTION IN SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF OVERANXIOUS/GENERALIZED ANXIETY DISORDER.

NOTES: Record dates of possible current and past Overanxious/Generalized Anxiety Disorder).

OBSESSIVE-COMPULSIVE DISORDER

1. Compulsions

Recurrent intrusive, repetitive, purposeful behaviors performed in response to an obsession, according to certain rules, or in stereotyped fashion that are distressing and debilitating and over which the person has little control.

Has there ever been a time when you found yourself having to do things that seemed silly over and over, or things which you could not resist repeating like touching things, or counting or washing your hands many times, or checking locks or other things?

Were there things you always felt you had to do exactly the same way or in a special way?

Did you ever have trouble finishing your school work because you had to read parts of an assignment over and over or because you were writing and re-writing your homework over and over again? Did you ever have trouble making it to school on time because it takes too long to get ready in the morning?

If you made a mistake on your school work, did you have to start at the beginning?

What about when you went to sleep, did you have to check something several times before you fell asleep? Or did you have to arrange things in your room in a particular way? Have other people ever commented about these habits?

P C S

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Suspected or likely.

3 3 3 Threshold: Definite compulsions, causes some effect on functioning or distress.

PAST:

P C S

2. Obsessions

Recurrent and intrusive thoughts, impulses, or images that, are distressing and debilitating and over which the person has little control.

Has there ever been a time when you were bothered by thoughts, "pictures" or words which kept coming into your head for no reason and that you couldn't stop or get rid of? Did you ever worry a lot about having dirt or germs on your hands, or worry that you might get ill from dirt or germs? Did you ever worry about doing things perfectly or about making things even or arranging things in a certain way? What about thoughts that something bad might happen, or that you did something terrible, even though you knew it wasn't true? Any other types of thoughts that kept running around your mind? What about silly thoughts, words, or numbers which wouldn't go away?

How often did you think about them? Were they like a hiccup that won't go away, just kept coming again and again?

Are these thoughts annoying to you? Did they not seem to make any sense? Do these thoughts get in your way or stop you from doing things?

Note: Do not score obsessions item positively if ideas/thoughts are delusional, or relate to another Axis I disorder (e.g. thoughts of food in the presence of an eating disorder; thoughts that parents will get harmed in the presence of a separation anxiety disorder).

P C S

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Suspected or likely.

3 3 3 Threshold: Definite obsessions, causes some effect on functioning or distress.

PAST:

P C S

__ IF RECEIVED A SCORE OF 3 ON CURRENT RATINGS EITHER OBSESSIONS OR COMPULSIONS ITEM, COMPLETE OBSESSIVE COMPULSIVE DISORDER (CURRENT) SECTION IN SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON PAST RATINGS EITHER OBSESSIONS OR COMPULSIONS ITEM, COMPLETE OBSESSIVE COMPULSIVE DISORDER (PAST) SECTION IN SUPPLEMENT #3, ANXIETY DISORDERS, AFTER FINISHING SCREEN INTERVIEW.

__ NO EVIDENCE OF OBSESSIVE COMPULSIVE DISORDER.

NOTES: (Record dates of possible current and past Obsessive Compulsive Disorder).

ENURESIS

1. Repeated Voiding

A lot of kids sometimes have accidents and wet their beds when they sleep at night. Has there ever been a time when this happened to you? Did you ever have accidents during the day? What about if you laughed or sneezed real hard?

a. Nighttime

P C S

How often did this happen at night?

0 0 0 No information.

Specify: _____

1 1 1 Not present.

2 2 2 One to four times a month for three or more months.

PAST:
P C S

b. Daytime

How often did this happen during the day?

0 0 0 No information.

Specify: _____

1 1 1 Not present.

2 2 2 One to four times a month for three or more months.

PAST:
P C S

c. Total

Estimate frequency of combined nighttime and daytime accidents.

0 0 0 No information.

Specify: _____

1 1 1 Not present.

2 2 2 One to four times a month for three or more months.

PAST:
P C S

__ IF RECEIVED A SCORE OF 2 OR ABOVE ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE QUESTIONS ON THE FOLLOWING PAGE.

__ IF RECEIVED A SCORE OF 2 OR ABOVE ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE QUESTIONS ON THE FOLLOWING PAGE.

__ IF NO EVIDENCE OF ENURESIS, GO TO ENCOPIRESIS SECTION ON PAGE 31.

Distress

What did you usually do when you had an accident? Did you tell your mom? Your teacher? What did they do? Did the kids at school know you sometimes had accidents? How much did it bother you when you had an accident?

Impairment: (home, school, peers)

Duration: (specify)

Criteria for Enuresis (DSM-III-R)

1. Repeated voiding twice a month for children 5-6 years old, and at least once a month for children 7 or older;
2. chronological age at least 5, mental age at least 4;
3. not due to a physical disorder, such as diabetes, urinary tract infection, or a seizure disorder.

Criteria for Enuresis (DSM-IV)

Same as DSM-III-R, except behavior is considered clinically significant by either a frequency of twice a week for at least three consecutive months, or the presence of clinically significant distress or functional impairment.

MEETS DSM-III-R CRITERIA FOR ENURESIS (CURRENT).

MEETS DSM-III-R CRITERIA FOR ENURESIS (PAST).

MEETS DSM-IV CRITERIA FOR ENURESIS (CURRENT).

MEETS DSM-IV CRITERIA FOR ENURESIS (PAST).

NOTES: (Record dates of current and past Enuresis).

ENCOPRESIS

1. Repeated Passage of Feces

Some kids have accidents and soil their beds when they sleep at night. Did this ever happen to you? Has there ever been a time when you had accidents and went to the bathroom in your pants during the day? What about when you were really scared, or for some reason couldn't get to a bathroom when you needed to? What kinds of accidents were you having? Number one or number two? Note: Only rate positively if there are stools in the patient's underwear.

a. Nighttime

P C S

How often did this happen at night?

0 0 0 No information.

Specify: _____

1 1 1 Not present.

2 2 2 Subthreshold: 6-11 times a year.

3 3 3 Threshold: 1 or more times a month.

PAST:
P C S

b. Daytime

0 0 0 No information.

How often did this happen during the day?

1 1 1 Not present.

Specify: _____

2 2 2 Subthreshold: 6-11 times a year.

3 3 3 Threshold: 1 or more times a month.

PAST:
P C S

c. Total

0 0 0 No information.

Estimate total number of nighttime and daytime accidents.

1 1 1 Not present.

Specify: _____

2 2 2 Subthreshold: 6-11 times a year.

3 3 3 Threshold: 1 or more times a month.

PAST:
P C S

IF RECEIVED A SCORE OF 3 OR ABOVE ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE QUESTIONS ON THE FOLLOWING PAGE.

IF RECEIVED A SCORE OF 3 OR ABOVE ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE QUESTIONS ON THE FOLLOWING PAGE.

IF NO EVIDENCE OF ENCOPRESIS, GO TO ANOREXIA NERVOSA SECTION ON PAGE 33.

Distress

What did you usually do when you had an accident? Did you tell your mom? Your teacher? What did they do? Did the kids at school know you sometimes had accidents? How much did it bother you when you had an accident?

Impairment: (home, school, peers)

Duration: (specify)

Criteria for Encopresis (DSM-III-R)

1. Repeated passage of feces once a month or more for six months or longer;
2. Chronological and mental age at least 4;
3. Not due to a physical disorder, such as diabetes, urinary tract infection, or a seizure disorder.

Criteria for Encopresis (DSM-IV)

Same as DSM-III-R, except behavior is considered clinically significant with a duration of three months or more.

MEETS DSM-III-R CRITERIA FOR ENCOPRESIS (CURRENT).

MEETS DSM-III-R CRITERIA FOR ENCOPRESIS (PAST).

MEETS DSM-IV CRITERIA FOR ENCOPRESIS (CURRENT).

MEETS DSM-IV CRITERIA FOR ENCOPRESIS (PAST).

NOTES: (Specify dates of current and past Encopresis).

ANOREXIA NERVOSA

Begin this section with a brief (2-3 minute) semi-structured interview to obtain information about eating habits:

Do you think you are too fat? Has there ever been a time when you wished you were thinner? Were you on any kind of diet? What was your weight? What did you want your weight to be? If you got down to that weight, what difference do you think it would have made in your life?

1. Fear of Becoming Obese

Has there ever been a time when you were afraid of getting fat?

Did you believe you were fat? Have you ever been really overweight? Did you watch what you ate and think about what you ate all the time? Were you afraid of eating certain foods because you were afraid they'd make you fat? What foods? How much time did you spend thinking about food and worrying about getting fat? If you saw that you had gained a pound or two, did you change your eating habits? Fast for a day or do anything else?

P C S

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Intense and persistent fear of becoming fat, which defies prior weight history and/or present weight, reassurance, etc. Fears have only moderate impact on behavior and/or functioning (e.g., weight loss methods utilized at least once a month, but less than once a week).

3 3 3 Threshold: Intense and persistent fear of becoming fat, that has severe impact on behavior and/or functioning (e.g., constantly pre-occupied with weight concerns; or use of weight loss methods 1 time a week or more).

PAST: $\frac{\quad}{P}$ $\frac{\quad}{C}$ $\frac{\quad}{S}$

2. Emaciation

Weight is proportionally lower than ideal weight for height (see table). **If, by observation, there is any suspicion of emaciation, you must weigh the child, and look at the table. If in doubt do not ask, just weigh the child.**

Note: Do not rate positively if weight loss is due to a medical condition.

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Weight below 90% of ideal.

3 3 3 Threshold: Weight below 85% of ideal.

PAST: $\frac{\quad}{P}$ $\frac{\quad}{C}$ $\frac{\quad}{S}$

__ IF RECEIVED A SCORE OF 3 ON CURRENT RATINGS OF EITHER OF THE PRECEDING ITEMS, COMPLETE THE ANOREXIA NERVOSA SECTION (CURRENT) IN SUPPLEMENT #5, SUBSTANCE ABUSE AND OTHER DISORDERS, AFTER FINISHING SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON PAST RATINGS OF EITHER OF THE PRECEDING ITEMS, COMPLETE THE ANOREXIA NERVOSA SECTION (PAST) IN SUPPLEMENT #5, SUBSTANCE ABUSE AND OTHER DISORDERS, AFTER FINISHING SCREEN INTERVIEW.

__ NO EVIDENCE OF ANOREXIA NERVOSA.

NOTES: (Record dates of possible current and past Anorexia Nervosa).

BULIMIA NERVOSA

1. Weight Loss Methods

Have you ever used diet pills to control your weight? How about laxatives, or water pills to lose weight? Did you sometimes make yourself throw up? Did you exercise a lot, more than was usual for you, in order to lose weight? How much? How many hours a day? Did you have periods of at least 1 week during which you had nothing but noncaloric fluids (tea, diet sodas, coffee, H₂O)?

Code

- 0 No information.
- 1 Not present.
- 2 Less than one time a week.
- 3 One or more times a week.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. using diet pills	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. taking laxatives	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. taking water pills	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. throwing up	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. exercising a lot	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. taking only non-caloric fluids for a week or more	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. combined frequency weight loss methods	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

2. Eating Binges or Attacks

Recurrent discrete episodes of uncontrollable excessive rapid eating of high caloric, easily ingested foods, lasting at most a few hours, during which the patient usually hides, and which terminate by abdominal pain, throwing up, or falling asleep, and which may be followed by depressed mood and low self esteem. A typical binge is at least 3000 calories or more.

Has there ever been a time when you had "eating attacks" or binges? What's the most you ever ate at one time? Have there ever been times you ate so much you felt sick? How often did it happen?

(ascertain all details in definition)

What triggered a binge?

What did you usually eat when you binged?

What was the most food you have eaten during a binge?

Did you ever make yourself throw up after a binge?

How did you feel after you binged?

Did you usually binge alone or with other people?

Did other people know you binged?

Note: Only rate eating binges that are pathological (e.g. hidden from family members and peers, followed by depressed mood, and/or throwing up behavior). Do not rate typical adolescent eating orgies (e.g. outings with friends for pizza and ice cream).

P C S

0 0 0	No information
1 1 1	Not present.
2 2 2	Subthreshold: Eating binges that occur less than once a week.
3 3 3	Threshold: Eating binges once a week or more.

PAST:
P **C** **S**

__ IF RECEIVED A SCORE OF 3 ON CURRENT RATINGS OF ANY OF THE WEIGHT LOSS METHODS OR THE BINGES ITEM, COMPLETE THE BULIMIA (CURRENT) SECTION IN SUPPLEMENT #5, OTHER DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON PAST RATINGS OF ANY OF THE WEIGHT LOSS METHODS OR THE BINGES ITEM, COMPLETE THE BULIMIA (PAST) SECTION IN SUPPLEMENT #5, OTHER DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF BULIMIA.

Notes: (Record dates of possible current and past Bulimia Nervosa).

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Determine the age of onset for first positively endorsed ADHD symptom. If symptom has persisted since early childhood, use the current rating to describe the symptom's most intense severity over the past year. Score symptom as 'not present' in the past unless prior episode of symptomatology was followed by a period of six months or more in which the child was free of ADHD problems.

Probe: For how long has _____ been a problem? Has it been a problem since kindergarten? First grade? Did the problem start even earlier?

1. Difficulty Sustaining Attention on Tasks or Play Activities

Has there ever been a time when you had trouble paying attention in school? Did it affect your school work? Did you get into trouble because of this? When you were working on your homework, did your mind wander? What about when you were playing games? Did you forget to go when it was your turn?

Note: Rate based on data reported by informant or observational data.

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasionally has difficulty sustaining attention on tasks or play activities. Problem has only minimal effect on functioning.
- 3 3 3 Threshold: Often has difficulty sustaining attention. Problem has moderate to severe effect on functioning.

PAST:
P C S

2. Easily Distracted

Was there ever a time when little distractions would make it very hard for you to keep your mind on what you were doing? Like if another kid in class asked the teacher a question while the class was working quietly, was it ever hard for you to keep your mind on your work? When there was an interruption, like when the phone rang, was it hard to get back to what you were doing before the interruption? Were there times when you could keep your mind on what you are doing, and little noises and things didn't bother you? How often were they a problem?

Note: Rate based on data reported by informant or observational data.

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasionally forgetful. Problem has only minimal effect on functioning.
- 3 3 3 Threshold: Attention often disrupted by minor distractions other kids would be able to ignore. Problem has moderate to severe effect on functioning.

PAST:
P C S

3. Difficulty Remaining Seated

Was there ever a time when you got out of your seat a lot at school? Did you get into trouble for this? Was it hard to stay in your seat at school? What about dinner time?

Note: Rate based on data reported by informant or observational data.

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasionally has difficulty remaining seated when required to do so. Problem has only minimal effect on functioning.
- 3 3 3 Threshold: Often has difficulty remaining seated when required to do so. Problem has moderate to severe effect on functioning.

PAST:
P C S

4. Impulsivity

Do you act before you think, or think before you act? Has there ever been a time when these kinds of behaviors got you into trouble? Give some examples.

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasionally impulsive. Problem has only minimal effect on functioning.
- 3 3 3 Threshold: Often impulsive. Problem has moderate to severe effect on functioning.

PAST:
P C S

__ IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE ATTENTION DEFICIT HYPERACTIVITY DISORDER (CURRENT) SECTION IN SUPPLEMENT #4, BEHAVIORAL DISORDERS, AFTER COMPLETING THE SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE ATTENTION DEFICIT HYPERACTIVITY DISORDER (PAST) SECTION IN SUPPLEMENT #4, BEHAVIORAL DISORDERS, AFTER COMPLETING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF ATTENTION DEFICIT DISORDER.

NOTES: (Record dates of possible current and past Attention Deficit Hyperactivity Disorder).

OPPOSITIONAL DEFIANT DISORDER

1. Loses Temper

Has there ever been a time when you would get upset easily and lose your temper? Did it take much to get you mad? How often did you get really mad or annoyed and lose your temper? What were you like when you had a temper tantrum? What did you do?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasional temper outburst. Outbursts more severe and more often than a typical child his/her age.
- 3 3 3 Threshold: Severe temper outbursts 2 - 5 times a week.

PAST:
 P **C** **S**

2. Argues A Lot With Adults

Was there ever a time when you would argue a lot with adults? Your parents or teachers? What kinds of things did you argue with them about? Did you argue with them a lot? How bad did the fights get? Did you get into arguments with them?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasionally argues with parents and/or teachers. Arguments more severe and more often than a typical child his/her age.
- 3 3 3 Threshold: Often argues with parents and/or teachers. Daily or nearly daily.

PAST:
 P **C** **S**

3. Disobeys Rules A Lot

P C S

Has there ever been a time when you got into trouble at home or at school for not following the rules? Did you get into trouble with the teachers at school? For what kinds of things? Did your parents get mad at you for not doing your chores or refusing to follow other household rules? How often did this happen? How often did you get away with things without getting into trouble or without getting caught?

0 0 0	No information.
1 1 1	Not present.
2 2 2	Subthreshold: Occasionally actively defies or refuses adult requests or rules (e.g., refuses to do chores at home). Disobedient more often than a typical child his/her age.
3 3 3	Threshold: Often actively defies or refuses adult requests or rules. Daily or nearly daily.

PAST:
 P C S

IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE OPPOSITIONAL DEFIANT DISORDER (CURRENT) SECTION OF SUPPLEMENT #4, BEHAVIORAL DISORDERS, AFTER FINISHING THE SCREENING INTERVIEW.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE OPPOSITIONAL DEFIANT DISORDER (PAST) SECTION OF SUPPLEMENT #4, BEHAVIORAL DISORDERS, AFTER FINISHING THE SCREENING INTERVIEW.

NO EVIDENCE OF OPPOSITIONAL DEFIANT DISORDER.

NOTES: (Record dates of possible current and past Oppositional Defiant Disorder).

CONDUCT DISORDER

1. Lies

Has there ever been a time when you told lies to your friends? Your teacher? Parents? Have people ever called you a liar? Why? Tell me about the types of lies you told. What's the worst lie you ever told? Did you lie to get other people to do things for you? Did you lie to get out of paying people back money or some favor you owe them? Has anyone ever called you a con? Complained that you broke promises a lot? How often did you lie?

Note: Only rate positive evidence of lying to cheat or "con".

2. Truant

Has there ever been a time when you played hooky and missed a whole day of school? Where did you go? Did you ever go to school and leave early when you were not really supposed to? How about going in late? Did you sometimes miss a couple of classes in the morning? How often?

For adolescents: How old were you when you first started to play hooky?

Note: Only rate positive incidents of truancy beginning before the age of 13.

3. Initiates Physical Fights

Has there ever been a time when you got into many fist fights? Who usually started the fights? What's the worst fight you ever got into? What happened? Did anyone get hurt? Who did you usually fight with? Have you ever hit a teacher? One of your parents? Another adult? How often did you fight? Have you ever tried or wanted to kill someone?

Are you or any of your friends in a gang? The Crypts? Bloods? Another gang?

___ Check here if evidence of homicidal intent.

___ Check here if evidence of gang involvement.

P C S

- 0 0 0 No information.
 1 1 1 Not present.
 2 2 2 Subthreshold: Occasionally lies. Lies more often than a typical child his/her age.
 3 3 3 Threshold: Lies often, multiple times per week or more.

PAST:
P **C** **S**

- 0 0 0 No information.
 1 1 1 Not present.
 2 2 2 Subthreshold: Truant on one isolated incident.
 3 3 3 Threshold: Truant on numerous occasions (e.g. 2 or more times.)

PAST:
P **C** **S**

- 0 0 0 No information.
 1 1 1 Not present.
 2 2 2 Subthreshold: Fights with peers only. No fight has resulted in serious injury to peer (e.g. no medical intervention required, stitches, etc.)
 3 3 3 Threshold: Reports engaging in multiple fights, with one or more fights resulting in serious injury to a peer. Or reports at least one physical fight involving an adult (e.g. teacher, parent.)

PAST:
P **C** **S**

4. Bullies, Threatens, or Intimidates Others

Has there ever been a time when any kids really got on your nerves? Did you sometimes do things to get back at them? Like what? Call them names? Threaten to beat them up? Push them? Trip them? Knock their books out of their hands? Come up from behind and slap them in the face? How often did you do these things?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Bullied, threatened, or intimidated another on only one or two occasions.
- 3 3 3 Threshold: Bullied, threatened, or intimidated another on three or more occasions.

PAST:
P C S

5. Nonaggressive Stealing

In the past year, have you stolen anything? What is the most expensive thing you stole? What other things have you stolen? From whom? From which stores? Have you stolen a toy from a store? Money from your mom? Anything else? How often have you stolen things?

Note: Only count thefts of non-trivial value (e.g. \$20.00 or more.)

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Has stolen without confrontation of victim on only one occasion.
- 3 3 3 Threshold: Has stolen without confrontation of victim on 2 or more occasions.

PAST:
P C S

___ IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE CONDUCT DISORDER (CURRENT) SECTION IN SUPPLEMENT #4, BEHAVIORAL DISORDERS, AFTER FINISHING THE SCREENING INTERVIEW.

___ IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE CONDUCT DISORDERS (PAST) SECTION IN SUPPLEMENT #4, BEHAVIORAL DISORDERS, AFTER FINISHING THE SCREENING INTERVIEW.

___ NO EVIDENCE OF CONDUCT DISORDER.

NOTES: (Record dates of possible current and past Conduct Disorder. Make notes about gang involvement).

TIC DISORDERS

1 Motor Tics

P C S

*Has there ever been a time when you noticed your muscles moved in a way that you did not want them to, or that you didn't expect? Like raising your eyebrows (demonstrate), blinking a whole lot (demonstrate), scrunching up your nose (demonstrate), shrugging your shoulders (demonstrate), or moving your head like this (demonstrate)? Ever blink a whole lot or real hard and not be able to stop?
About how often did this happen?*

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Specific tic behaviors occur infrequently, not on a daily basis. If bouts of tics occur, they are brief and uncommon.
3 3 3 Threshold: Specific tic behaviors are present on a daily basis.

Note: Rate based on report and observation

PAST: $\overline{\text{P}}$ $\overline{\text{C}}$ $\overline{\text{S}}$

2. Phonic Tics

Has there ever been a time when you made noises that you didn't want to make, repeated sounds or words that you don't want to say? Like sniffing, coughing, or clearing your throat when you didn't have a cold? Making animal sounds or grunting sounds, or even repeating things that you or other people said?

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Specific tic behaviors occur infrequently, not on a daily basis. If bouts of tics occur, they are brief and uncommon.
3 3 3 Threshold: Specific tic behaviors are present on a daily basis.

Note: Rate based on report and observation

PAST: $\overline{\text{P}}$ $\overline{\text{C}}$ $\overline{\text{S}}$

__ IF RECEIVED SCORE OF 3 ON CURRENT RATINGS OF MOTOR OR PHONIC TIC ITEMS, COMPLETE THE TIC DISORDERS (CURRENT) SECTION IN SUPPLEMENT #5, SUBSTANCE ABUSE AND OTHER DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ IF RECEIVED SCORE OF 3 ON PAST RATINGS OF MOTOR OR PHONIC TIC ITEMS, COMPLETE THE TIC DISORDERS (PAST) SECTION IN SUPPLEMENT #5, SUBSTANCE ABUSE AND OTHER DISORDERS, AFTER FINISHING THE SCREEN INTERVIEW.

__ NO EVIDENCE OF TIC DISORDER.

NOTES: (Record dates of possible current and past Tic Disorders).

CIGARETTE/TOBACCO USE (Code: 0=No Information; 1=No; 2=Yes)

	Parent	Child	Summary
1. <u>Use</u>			
a. Ever smoked	0 1 2	0 1 2	0 1 2
b. Ever chewed tobacco	0 1 2	0 1 2	0 1 2

__ IF EVER SMOKED CIGARETTES, COMPLETE QUESTIONS BELOW.

__ IF NO EVIDENCE OF CIGARETTE USE, GO TO ALCOHOL ABUSE SECTION ON THE FOLLOWING PAGE.

2. <u>Quantity of Cigarette Use</u>			
a. Current Use (cigarettes/day)	— —	— —	— —
b. Greatest amount of Use (cigarettes/day)	— —	— —	— —
Age: _____			
3. Age of first regular use (1 cigarette a day or more)	— —	— —	— —
4. Ever attempt to quit	0 1 2	0 1 2	0 1 2
5. Ever quit	0 1 2	0 1 2	0 1 2
6. If Yes, code longest # of months	— —	— —	— —

ALCOHOL ABUSE (0 = No Information; 1 = No; 2 = Yes)

Begin this section with a brief (2-3 minute) semi-structured interview to obtain information about drinking habits.

Probes: How old were you when you had your first drink? What's your favorite thing to drink? Do you have a group of friends you usually drink with, or do you usually drink alone? Where do you usually drink? At home? Parties? A friend's house? The street? Bars? Are there special times when you are more likely to drink than others? School dances or other parties? How old were you when you started to drink regularly, say two drinks or more per week? In the past six months has there been at least one week in which you had at least two drinks?

	Parent	Child	Summary
1. <u>Use</u>			
a. Age at first regular use	— —	— —	— —
b. Drank two drinks in one week four or more times	0 1 2	0 1 2	0 1 2

__ IF RECEIVED A SCORE OF 2 ON THE PREVIOUS ITEM, CONTINUE WITH QUESTIONS ON THE FOLLOWING PAGE.

__ IF NO EVIDENCE OF CURRENT OR PAST ALCOHOL USE, GO TO SUBSTANCE ABUSE SECTION ON PAGE 46.

ALCOHOL ABUSE

1. Quantity

P C S

*What's the most you ever drank in a single day?
When was that? How about in the last six months,
what's the most you drank in a day?*

0 0 0 No information
1 1 1 1 - 2 drinks
2 2 2 3 or more drinks

PAST:
P **C** **S**

2. Frequency

*What's the most number of days in a given week that you
had something to drink? Do you usually drink Friday
and Saturday night? Midweek too?*

0 0 0 No information
1 1 1 1 - 2 days
2 2 2 3 or more days

PAST:
P **C** **S**

3. Concern from Others about Drinking

*Has anyone ever complained about your drinking?
Friends? Parents? Teachers? Have you ever been
worried about it at all?*

0 0 0 No information
1 1 1 No
2 2 2 Yes

PAST:
P **C** **S**

___ IF RECEIVED A SCORE OF 2 ON THE CURRENT RATINGS OF ANY OF THE ABOVE ITEMS, COMPLETE THE ALCOHOL ABUSE (CURRENT) SECTION IN SUPPLEMENT #5, SUBSTANCE ABUSE AND OTHER DISORDERS, AFTER COMPLETING THE SCREEN INTERVIEW.

___ IF RECEIVED A SCORE OF 2 ON THE PAST RATINGS OF ANY OF THE ABOVE ITEMS, COMPLETE THE ALCOHOL ABUSE (PAST) SECTION IN SUPPLEMENT #5, SUBSTANCE ABUSE AND OTHER DISORDERS, AFTER COMPLETING THE SCREEN INTERVIEW.

___ NO EVIDENCE OF ALCOHOL ABUSE

Notes: (Record date of possible current and past Alcohol Abuse).

SUBSTANCE USE (0 = No information; 1 = No; 2 = Yes)

Prior to beginning this section, give the subject the list of drugs included in the back of this interview packet. Remind child about the confidential nature of the interview prior to beginning probes (if appropriate).

1. Drugs Use

Let me know if you have used any of the drugs on this list before, even if you have only tried them once. Which ones have you used?

	Parent Ever	Child Ever	Summary Ever
a. <u>Cannabis</u> Marijuana, pot, hash, THC	0 1 2	0 1 2	0 1 2
b. <u>Stimulants</u> Speed, uppers, amphetamines, dexedrine, diet pills, crystal meth	0 1 2	0 1 2	0 1 2
c. <u>Sedatives/Hypnotics/Anxiolytics</u> Barbiturates (sedatives, downers), Benzodiazepine, quaalude (ludes), valium, librium, xanax	0 1 2	0 1 2	0 1 2
d. <u>Cocaine</u> Coke, crack	0 1 2	0 1 2	0 1 2
e. <u>Opioids</u> Heroin, morphine, codeine, methadone, demerol, percodan	0 1 2	0 1 2	0 1 2
f. <u>PCP</u> Angel dust	0 1 2	0 1 2	0 1 2
g. <u>Hallucinogens</u> Psychedelics, LSD, mescaline, peyote	0 1 2	0 1 2	0 1 2
h. <u>Solvents/Inhalants</u> Glue, gasoline, chloroform, ether, paint	0 1 2	0 1 2	0 1 2
i. <u>Other</u> Prescription drugs, nitrous oxide, ecstasy, MDA, etc.	0 1 2	0 1 2	0 1 2
Specify: _____			

__ IF USED ANY DRUGS, COMPLETE ITEM ON THE FOLLOWING PAGE.

__ IF NO EVIDENCE OF CURRENT OR PAST SUBSTANCE USE, GO TO POST-TRAUMATIC STRESS DISORDER SECTION ON PAGE 48.

SUBSTANCE ABUSE

1. Frequency

In the past six months, what is the most you have used ____ ? Everyday or almost everyday for at least one week? Less? More? Was there a time when you used _____ more?

Code:

- 0 = No information.
- 1 = Not present.
- 2 = Less than once a month.
- 3 = More than once a month.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/Anxiolytics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

__ IF RECEIVED A SCORE OF 3 ON THE CURRENT FREQUENCY ITEM FOR ANY DRUG, COMPLETE THE SUBSTANCE ABUSE (CURRENT) SECTION IN SUPPLEMENT #5, SUBSTANCE ABUSE AND OTHER DISORDERS, AFTER FINISHING SCREEN INTERVIEW.

__ IF RECEIVED A SCORE OF 3 ON THE PAST FREQUENCY ITEM FOR ANY DRUG, COMPLETE THE SUBSTANCE ABUSE (PAST) SECTION IN SUPPLEMENT #5, SUBSTANCE ABUSE AND OTHER DISORDERS, AFTER FINISHING SCREEN INTERVIEW.

__ NO EVIDENCE OF SUBSTANCE ABUSE.

NOTES: (Record dates of possible current and past substance abuse).

POST-TRAUMATIC STRESS DISORDER (0 = No Information; 1 = No; 2 = Yes)

1. Traumatic Events

Probe: I am going to ask you about a number of bad things that often happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

	Criteria	Parent Ever	Child Ever	Summary Ever
a. <u>Car Accident</u>				
<i>Have you ever been in a bad car accident? What happened? Were you hurt? Was anyone else in the car hurt?</i>	Significant car accident in which child or other individual in car was injured and required medical intervention.	0 1 2	0 1 2	0 1 2
b. <u>Other Accident</u>				
<i>Have you ever been in any other type of bad accidents? What about a biking accident? Other accidents? What happened? Were you hurt?</i>	Significant accident in which child was injured and required medical intervention.	0 1 2	0 1 2	0 1 2
c. <u>Fire</u>				
<i>Were you ever in a serious fire? Did your house or school ever catch on fire? Did you ever start a fire that got out of control? What happened? Did anyone get hurt? Was there a lot of damage?</i>	Child close witness to fire that caused significant property damage or moderate to severe physical injuries.	0 1 2	0 1 2	0 1 2
d. <u>Witness of a Disaster</u>				
<i>Have you ever been in a really bad storm, like a tornado or a hurricane? Have you ever been caught in floods with waters that were deep enough to swim in?</i>	Child witness to natural disaster that caused significant devastation.	0 1 2	0 1 2	0 1 2
e. <u>Witness of a Violent Crime</u>				
<i>Did you ever see someone rob someone or shoot them? Steal from a store or jump someone? Take someone hostage? What happened? Where were you when this happened? Was anyone hurt?</i>	Child close witness to threatening or violent crime.	0 1 2	0 1 2	0 1 2
f. <u>Victim of Violent Crime</u>				
<i>Did anyone ever mug you or attack you in some other way? What happened? Were you hurt?</i>	Child victim of seriously threatening or violent crime.	0 1 2	0 1 2	0 1 2

	Criteria	Parent Ever	Child Ever	Summary Ever
g. <u>Confronted with Traumatic News</u> <i>Have you ever gotten some really bad news unexpectedly? Like found out someone you loved just died or was sick and would never get better?</i>	Learned about sudden, unexpected death of a loved one, or that loved one has life-threatening disease.	0 1 2	0 1 2	0 1 2
h. <u>Witness to Domestic Violence</u> <i>Some kids' parents have a lot of nasty fights. They call each other bad names, throw things, threaten to do bad things to each other, or sometimes really hurt each other. Did your parents (or does your mother and her boyfriend) ever get in really bad fights? Tell me about the worst fight you remember your parents having. What happened?</i>	Child witness to explosive arguments involving threatened or actual harm to parent.	0 1 2	0 1 2	0 1 2
i. <u>Physical Abuse</u> <i>When your parents got mad at you, did they hit you? Have you ever been hit so that you had bruises or marks on your body, or were hurt in some way? What happened?</i>	Bruises sustained on more than one occasion, or more serious injury sustained.	0 1 2	0 1 2	0 1 2
j. <u>Sexual Abuse</u> <i>Did anyone ever touch you in your private parts when they shouldn't have? What happened? Has someone ever touched you in a way that made you feel bad? Has anyone who shouldn't have ever made you undress, touch you between the legs, make you get in bed with him/her, or make you play with his privates?</i>	Isolated or repeated incidents of genital fondling, oral sex, or vaginal or anal intercourse.	0 1 2	0 1 2	0 1 2
k. <u>Other</u> <i>Is there anything else that happened to you that was really bad, or something else you saw that was really scary, that you want to tell me about?</i>	Record incident below.	0 1 2	0 1 2	0 1 2

__ IF EVIDENCE OF PAST TRAUMA, COMPLETE THE POST-TRAUMATIC STRESS DISORDER QUESTIONS ON THE FOLLOWING PAGE.

__ IF NO EVIDENCE OF PAST TRAUMA, END THE SCREENING INTERVIEW. COMPLETE PRELIMINARY LIFETIME DIAGNOSES WORKSHEET AND APPROPRIATE SUPPLEMENTS.

NOTES: (Record dates of past traumatic events).

POST-TRAUMATIC STRESS DISORDER

Screen Items

Note: In discussing traumatic events with children, it is important to use their language in your dialogue. (e.g. *Do you think about when he stuck his pee-pee up your bum often?*)

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
1. <u>Recurrent Thoughts or Images of Event</u>						
<i>Has there ever been a time when you kept seeing _____ again and again? How often did this happen? Did what happen keep coming into your mind? Did you think about it a lot?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2. <u>Efforts to Avoid Thoughts or Feelings Associated with the Trauma</u>						
<i>What kind of things do you do or have you done to keep from thinking about ____? To get rid of bad thoughts, some kids, read, do things to keep busy, or go to sleep. Did you ever do any of these things or other things to get rid of those bad thoughts and/or feelings?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3. <u>Nightmares</u>						
<i>Has there ever been a time when you had a lot of nightmares? Did you ever dream about _____? How often? How did you feel when you woke up from one of your nightmares?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4. <u>Insomnia</u>						
<i>After ____ happened, did you have trouble falling or staying asleep? How long did it take you to fall asleep? Did you wake up in the middle of the night?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
5. <u>Irritability or Outbursts of Anger</u>						
<i>After _____ happened, did you feel cranky or grouchy a lot? Were you having a lot of temper tantrums?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

__ IF RECEIVED A SCORE OF 2 ON CURRENT RATINGS OF ANY OF THE PRECEDING ITEMS, COMPLETE THE REMAINDER OF THE CURRENT AND PAST POST-TRAUMATIC STRESS DISORDER ITEMS ON THE FOLLOWING PAGE.

__ IF RECEIVED A SCORE OF 2 ON PAST RATINGS OF ANY OF THE PRECEDING ITEMS, COMPLETE THE REMAINDER OF THE CURRENT AND PAST POST-TRAUMATIC STRESS DISORDER ITEMS ON THE FOLLOWING PAGE.

NOTES: (Record dates of possible current and past Post-Traumatic Stress Disorder).

POST-TRAUMATIC STRESS DISORDER: SUPPLEMENTAL QUESTIONS

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
<p>1. <u>Repetitive Play Related to Event/ Re-Enactment</u></p> <p><i>When you played, did you sometimes pretend that ____? When you played with your dolls did you sometimes ____? How often did you have your dolls ____?</i></p> <p>In response to sexual abuse markedly seductive behavior, sexual play with dolls or peers, or increased masturbation may be observed.</p> <p>In response to physical abuse or witnessing domestic violence, markedly aggressive play may be observed.</p>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<p>2. <u>Dissociative Episodes, Illusions, or Hallucinations</u></p> <p>a. <u>Dissociative Episodes</u></p> <p><i>Do people say that you daydream a lot? Look spaced-out? Do you lose track of time a lot? Have hours gone by and you've felt unsure of what you did during that time?</i></p> <p>b. <u>Illusions</u></p> <p><i>Has there ever been a time when you felt like ____ was happening again? Where were you when this happened to you? Was the feeling so strong that it was hard to tell whether or not it was happening again? Have you ever seen or heard things that you knew weren't really there that reminded you of what happened? What did you see?</i></p> <p>c. <u>Hallucinations</u></p> <p><i>Since ____ happened, have you had any experiences in which you saw things that other people couldn't see, or heard things that other people couldn't hear? What did you see/hear? Have you seen any ghosts? Heard (perpetrator) talk to you? Felt (perpetrator) touch you?</i></p>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Parent MSP	Summary CE	Summary MSP
3. <u>Distress Elicited by Exposure to Stimuli that Resemble or Symbolize Event</u>						
<i>Has there ever been a time when you felt bad when you were somewhere that reminded you of what happened? Did you sometimes see people on the street that reminded you of ___? When you saw someone that reminded you of ___, did it make you feel like it was happening again? Were there other things that made you feel like it was happening again? Special dates or times of the day that reminded you of ____, and made you feel like it was happening again?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4. <u>Efforts to Avoid Activities or Situations that Arose Recollections of the Trauma</u>						
<i>You said before that _____ sometimes reminds you of what happened. Did you try to avoid _____?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
5. <u>Inability to Recall an Important Aspect of the Trauma</u>						
<i>Do you remember everything that happened to you, or does it seem like parts of it are gone from your mind? Are there parts or details you just can't remember?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
6. <u>Diminished Interest in Activities</u>						
<i>Since _____ happened, have you been feeling bored a lot? Are things not as much fun as before?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
7. <u>Feelings of Detachment or Estrangement</u>						
<i>Is it hard for you to trust other people? Do you feel like being alone more often than before? Like you just don't feel like being around people now that you used to like being around before? Do you feel alone even when you are with other people?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
8. <u>Restricted Affect</u>						
<i>Do you sometimes feel like a robot? Is it hard for you to tell how you feel? When something sad happens, do you feel sad? When something good happens, do you feel happy? As happy as before or less so?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
9. <u>Sense of Foreshortened Future</u> <i>What do you think things will be like for you when you grow up? Do you think you will grow up? Is it hard for you to imagine getting older?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
10. <u>Difficulty Concentrating</u> <i>Do you have trouble keeping your mind on what you are doing? Is it harder for you to do your homework or read since _____ happened?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
11. <u>Hypervigilance</u> <i>Since _____ happened, are you more careful? Do you feel like you always have to watch what's going on around you? Do you double check the doors or windows to make sure they are locked?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
12. <u>Exaggerated Startle Response</u> <i>Since _____ happened, are you more jumpy? Do little noises really scare you?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
13. <u>Physiologic Reactivity Upon Exposure to Events that Symbolize Traumatic Event</u> <i>When you are in a place that reminds you of _____, how do you feel? Does your heart start beating extra hard, or your stomach start to feel like you might throw up?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
14. <u>Impairment</u>						
a. Socially (with peers):	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. With Family:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c. In School:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
15. <u>Duration</u> (in weeks)	---	---	---	---	---	---
16. <u>Evidence of Post-Traumatic Stress Disorder</u>	Summary CE	Summary MSP				
a. <u>DSM-III-R Criteria</u>						
1. At least <u>one</u> Re-Experiencing items (1. Recurrent Thoughts or Images of Event, 2. Nightmares, 3. Repetitive Play, 4. Dissociative Episode, Illusions, or Hallucinations, or 5. Distress with Exposure);	0 1 2	0 1 2				
2. At least <u>three</u> of the Persistent Avoidance items (1. Avoid Thoughts or Feelings Associated with Trauma, 2. Avoid Activities, 3. Inability to Recall, 4. Diminished Interest, 5. Feelings of Detachment, Restricted Affect, or 6. Foreshortened Future);						
3. At least <u>two</u> of the Increased Arousal items (1. Insomnia, 2. Irritability, 3. Difficulty Concentrating, 4. Hypervigilance, 5. Exaggerated Startle Response or 6. Physiologic Reactivity); and						
4. Duration at least one month.						
b. <u>DSM-IV Criteria</u>						
1. At least <u>one</u> of the following Re-Experience items (1. Recurrent Thoughts or Images of Event, 2. Repetitive Play, 3. Nightmares, 4. Dissociative Episodes, Illusions, or Hallucinations, 5. Distress Elicited to Exposure to Stimuli, or 6. Physiologic Reactivity);	0 1 2	0 1 2				
2. At least <u>three</u> of the Persistent Avoidance items (1. Avoid Thoughts or Feelings, 2. Avoid Activities, 3. Inability to Recall, 4. Diminished Interest, 5. Feelings of Detachment, Restricted Affect or, 6. Foreshortened Future);						
3. At least <u>two</u> of the Increased Arousal items (1. Insomnia, 2. Irritability, 3. Difficulty Concentrating, 4. Hypervigilance, or 5. Exaggerated Startle Response);						
4. Duration at least one month; and						
5. Evidence of functional impairment.						

	Summary CE	Summary MSP
<p>17. <u>Evidence of Acute Stress Disorder</u> (DSM-IV Criteria only):</p> <p>Either while experiencing, or immediately after experiencing the traumatic event, three of the following dissociative symptoms positively endorsed: 1) subjective sense of numbing, detachment, or absence of emotional responsiveness; reduction in awareness of one's surroundings (e.g. being in a daze); 3) derealization; 4) depersonalization; or 5) inability to recall important aspects of the trauma. In addition, the traumatic event is re-experienced, there is evidence of marked avoidance of stimuli that arouse recollections of the trauma, marked symptoms of increased arousal, and impairment. Symptoms last a minimum of two days and a maximum of four weeks, and occur within four weeks of the traumatic event.</p>	0 1 2	0 1 2

CHILDREN'S GLOBAL ASSESSMENT SCALE

Use intermediary levels (eg., 35, 58, 62). Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular rating.

- 100 - 91 Superior functioning in all areas (at home, at school, and with peers); involved in a wide range of activities and has many interests (eg., hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc); likeable, confident; "everyday" worries never get out of hand; doing well in school; no symptoms.
- 90 - 81 Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and "everyday" worries that occasionally get out of hand (eg., mild anxiety associated with an important exam, occasional "blowups" with siblings, parents, or peers).
- 80 - 71 No more than slight impairment in functioning at home, at school, or with peers; some disturbance of behavior or emotional distress may be present in response to life stresses (eg., parental separations, deaths, birth of a sib), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
- 70 - 61 Some difficulty in a single area, but generally functioning pretty well (eg., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
- 60 - 51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
- 50 - 41 Moderate degree of interference in functioning in most social areas or severe impairment or functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relations.
- 40 - 31 Major impairment in functioning in several areas and unable to function in one of these areas, is, disturbed at home, at school, with peers, or in society at large, eg., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent; such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category)
- 30 - 21 Unable to function in almost all areas, eg., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (eg., sometimes incoherent or inappropriate)
- 20 - 11 Needs considerable supervision to prevent hurting others and self (eg., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, eg., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10 - 1 Needs constant supervision (24-hr care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect or personal hygiene.

 The Children's Global Assessment Scale was adapted from the Global Assessment Scale for Adults (Shaffer, D., Gould, M., Brasic, J., Ambrosini, P., Fischer, P., Bird, H., Aluwahlia, S. A Children's Global Assessment Scale (CGAS). Arch Gen Psychiatry, 1983, 40:1228-1231.)

CHILDREN'S GLOBAL ASSESSMENT SCALE (Use Rating Scale on Previous Page)

CURRENT

____ Rate the subject's level of general functioning for the **past two weeks** by selecting the level which describes his/her functioning on a hypothetical continuum of health-illness.

MOST SEVERE PAST

____ Rate the subject's level of general functioning during his/her **most severe past episode of psychiatric illness**.

Record time period rated _____.

HIGHEST PAST

____ During the past year, rate the child's **highest** level of functioning.

Summary Lifetime Diagnoses Checklist

Name _____ Med. Rec. # _____ Date _____ Interviewer _____

Criteria for Probable Diagnosis

No information = 0
 Not present = 1
 Probable = 2
 Partial Remission = 3
 Definite = 4

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis, and
3. Evidence of functional impairment

	Diagnosis Previous Episode	Age of Onset First Episode	Diagnosis Current Episode	Age of Onset Current Episode	Duration in Months All Episodes	Total Number of Episodes
Major Depressive Disorder*	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Psychotic Features	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Dysthymia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Depressive Disorder NOS	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Adj. Disorder w Depressed Mood	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Mania	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Hypomania	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Cyclothymia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Bipolar NOS	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Bipolar I	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Bipolar II	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Schizoaffective Disorder - Manic	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Schizoaffective Disorder - Depressed	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Schizophrenia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Schizophreniform Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Brief Reactive Psychosis	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Panic Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Separation Anxiety Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Avoidant Disorder of Childhood	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Simple Phobia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Social Phobia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Agoraphobia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Overanxious Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Generalized Anxiety Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Obsessive-Compulsive Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Post-traumatic Stress Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Acute Stress Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Adj. Disorder w Anxious Mood	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Enuresis	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Encopresis	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____

NOTE: * = Specify Subtype

	Diagnosis Previous Episode	Age of Onset First Episodes	Diagnosis Current Episode	Age of Onset Current Episode	Duration in Months Episodes	Total Number of Episodes
Anorexia Nervosa	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Bulimia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Attention Deficit Disorder*	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Conduct Disorder*	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Oppositional Defiant Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Adj. Disorder w Dist. of Conduct	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Adj. Dis w. Mixed Mood & Conduct	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Tourettes	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Chronic Motor or Vocal Tic Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Transient Tic Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Alcohol Abuse	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Alcohol Dependence	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Substance Abuse	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Substance Dependence	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Mental Retardation	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Other Psychiatric Disorder (specify)	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
No Psychiatric Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____

Treatment History (Score: 0 = No information, 1 = No, 2 = Yes)

Outpatient Treatment	0 1 2	Antipsychotic (specify)	0 1 2
Age of First Outpatient Treatment	___ ___	Antidepressants (specify)	0 1 2
Total Duration of Outpatient Treatment (weeks)	___ ___	Sedatives of Minor Tranquilizers (specify)	0 1 2
Psychiatric Hospitalization	0 1 2	Stimulants (specify)	0 1 2
Age of First Psychiatric Hospitalization	___ ___	Lithium (specify)	0 1 2
Number of Psychiatric Hospitalizations	___ ___	Other (specify)	0 1 2
Total Duration of Inpatient Treatments (weeks)	___ ___	Current Medication (Specify):	

Suicidal Behavior

No

Ideation	_____
Gesture	_____
Attempt	_____

Reliability of Information

Good	_____
Fair	_____
Poor	_____

Notes:

DRUG LIST

a. Cannabis

Marijuana, pot, hash, THC

b. Stimulants

Speed, uppers, amphetamines, dexedrine, diet pills, crystal meth

c. Sedatives/Hypnotics/Anxiolytics

Barbiturates (sedatives, downers), Benzodiazepine, quaalude (ludes), valium, librium, xanax

d. Cocaine

Coke, crack

e. Opioids

Heroin, morphine, codeine, methadone, demerol, percodan

f. PCP

Angel dust

g. Hallucinogens

Psychedelics, LSD, mescaline, peyote

h. Solvents/Inhalants

Glue, gasoline, chloroform, ether, paint

i. Other

Prescription drugs, Nitrous oxide, ecstasy, MDA, etc.

SUPPLEMENT COMPLETION CHECKLIST

DIRECTIONS: Check the sections to be completed in each supplement. Note dates and/or ages of onset for each current and past possible disorder.

Supplement #1: Affective Disorders

_____ Depressive Disorders - Current
_____ Depressive Disorders - Past
_____ Mania - Current
_____ Mania - Past

Supplement #2: Psychotic Disorders

_____ Psychosis - Current
_____ Psychosis - Past

Supplement #3: Anxiety Disorders

_____ Panic Disorders - Current
_____ Panic Disorders - Past
_____ Separation Disorders - Current
_____ Separation Disorders - Past
_____ Phobic Disorders - Current
_____ Phobic Disorders - Past
_____ Overanxious Disorders - Current
_____ Overanxious Disorders - Past
_____ Obsessive Compulsive Disorder - Current
_____ Obsessive Compulsive Disorder - Past

Supplement #4: Behavioral Disorders

_____ ADHD - Current
_____ ADHD - Past
_____ Oppositional Disorder - Current
_____ Oppositional Disorder - Past
_____ Conduct Disorder - Current
_____ Conduct Disorder - Past

Supplement #5: Substance Abuse & Other Disorders

_____ Alcohol Abuse - Current
_____ Alcohol Abuse - Past
_____ Substance Abuse - Current
_____ Substance Abuse - Past
_____ Bulimia - Current
_____ Bulimia - Past
_____ Anorexia Nervosa - Current
_____ Anorexia Nervosa - Past
_____ Tic Disorders - Current
_____ Tic Disorders - Past

AFFECTIVE DISORDERS SUPPLEMENT

Subject's ID# and Initials

Date of Interview

Interviewer

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DEPRESSION SUPPLEMENT

1. Lack of Reactivity of Depressed or Irritable Mood to Positive Stimuli **P C S**

Extent to which temporary improvement in mood is associated with positive environmental events. For patients with separation anxiety disorder, differentiate between improvements in anxiety and depressive symptoms (especially in inpatients during visiting). Only the latter is to be recorded. The ratings take into account both extent and duration of mood improvement.

If someone tried to cheer you up, could they?
Has anything good happened to you since you started feeling (____)?
If yes, what was it?
If no, are you sure?
Anything a little bit good?
Did this good thing make you feel any better?
If yes, how good did you feel?
Did you feel happy?
Did you laugh at anything?
When you were at your worst, did this feeling ever go away?
When you got your mind on other things or when something good happened, did the feeling ever go away?
Did all of it go away?
What made it go away? (e.g., like when you were playing with other children?)
How long did the good feeling last?
Minutes? Hours? All day?
Did you feel bad no matter what was happening?

0 0 0 No information.
 1 1 1 Not Present: Very responsive to environmental events, in both extent and duration of improvement.
 2 2 2 Subthreshold: Somewhat responsive but still feels depressed. Mood improves partially and stays like that for more than a few minutes.
 3 3 3 Threshold: "Brief peaks." Mood clears up for no longer than a few minutes in response to positive stimuli then goes back down again.

PAST:
P **C** **S**

2. Quality of Dysphoric Mood Different Than Grief

Extent to which the subjective feelings of depression are felt by the child to be qualitatively different from the kind of feeling s/he would have or has had following the death of a loved one, pet, or from loneliness or from feelings of missing someone during separation experience (more common in child's life). If possible, get baseline for comparison of missing, grief, or loneliness feelings during a period when child was not depressed. NOTE: Parent can only report this item if the child has actually stated this spontaneously before.

Is this feeling different than the one you get when a friend moved away, or your parent went out of town for awhile? Is this like a "missing someone" or a "lonely" feeling? How is it different? Has anyone close to you died? A pet? Is this feeling you are having now of being (down/sad) different from the feeling you had after ____ died?

0 0 0 No information or unable to understand question.
 1 1 1 Not present: No difference or just more severe.
 2 2 2 Subthreshold: Questionable or minimal difference.
 3 3 3 Threshold: Definitely different.

PAST:
P **C** **S**

3. Diurnal Mood Variation

Extent to which, for at least one week there is a persistent fluctuation of mood (depressed or irritable) with the first or second half of the day. Rate regardless of regular environmental changes. **Do not rate positive if it gets worse only at bedtime, schooltime or other separation times.** The worst period should last at least 2 hours. **Ask about weekends. Make sure the worsening refers to dysphoric mood and not to anxiety or environmental effects.**

Do you feel more (_____) in the morning when you wake up, or in the afternoon, or in the evening? A lot worse or a little worse?

How long does it last?

Does this happen even after you get home from school, after dinner?

When do you start feeling better?

How much worse?

When you feel worse, is it a different feeling or just more of the same?

(Use regular events as time milestones: lunch, second AM class, TV program, after dinner, etc.).

P C S

Worse in Morning

- 0 0 0 No information.
- 1 1 1 Not Present: Not worse in the morning or variable or no depressed mood.
- 2 2 2 Subthreshold: Minimally or questionably worse or for less than 2 hours.
- 3 3 3 Threshold: Notably worse for at least 2 hours.

PAST:
P **C** **S**

Worse in Afternoon and/or Evening

- 0 0 0 No information.
- 1 1 1 Not Present: Not worse in the evening or variable or no depressed mood.
- 2 2 2 Subthreshold: Minimally or questionably worse or for less than 2 hours.
- 3 3 3 Threshold: Notably worse for at least 2 hours.

PAST:
P **C** **S**

4. Sleep Disturbances

Sleep disorder, including initial, middle and terminal difficulty in getting to sleep or staying asleep. **Do not rate if he feels no need for sleep.** Take into account the estimated number of hours slept and the subjective sense of lost sleep. Normally a 6 - 8 year old child should sleep about 10 hours \pm one hour. 9 - 12 years - 9 hours \pm 1 hour. 12 - 16 years - 8 \pm one hour.

a. Initial Insomnia

Do you have trouble sleeping? How long does it take you to fall asleep?

P C S

- 0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Less than 2 hours most nights.
3 3 3 Threshold: Two hours or more - most nights.

PAST:
P **C** **S**

b. Middle Insomnia

Do you wake up in the middle of the night? How many times? How long does it take you to fall back asleep?

- 0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Less than 30 minutes - most nights.
3 3 3 Threshold: More than 30 minutes - most nights.

PAST:
P **C** **S**

c. Terminal Insomnia

When you are feeling down, what time do you wake up in the mornings? Are you waking up earlier than you had to?

P C S

- 0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Less than 30 minutes - most nights.
3 3 3 Threshold: More than 30 minutes - most nights.

PAST:
P **C** **S**

d. Circadian Reversal

When you are feeling down, do you sleep at different times than usual? Like do you sometimes stay up real late, 'till 4:00 in the morning, and then sleep the next day 'till sometime after noon?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Less than 1 day per week.
- 3 3 3 Threshold: More than 1 day per week.

PAST:
P **C** **S**

e. Non-restorative Sleep

Do you feel rested upon awakening?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Subjective feeling of sleepiness and difficulty getting out of bed reported. Little to no effect on functioning once out of bed.
- 3 3 3 Threshold: Subjective feeling of sleepiness reported together with difficulty getting out of bed and ongoing feeling of fogginess which persists for only part of the day.

PAST:
P **C** **S**

f. Hypersomnia

Do not rate positive if daytime sleep time plus nighttime true sleep equals normal sleep time (compensatory naps).

Increased need to sleep, sleeping more than usual. Inquire about hypersomnia even if insomnia was rated 3 - 6. Sleeping more than norms in 24 hour period.

Are you sleeping longer than usual?
Do you go back to sleep after you wake up in the morning?
When did you start sleeping longer than usual?
Did you used to take naps before?
When did you start to take naps?
How many hours did you use to sleep before you started to feel so (sad)?

P C S

- 0 0 0 No information.
- 1 1 1 Not Present. Or needs less sleep than usual.
- 2 2 2 Subthreshold: Several times a week sleeps at least 1 hour more than usual.
- 3 3 3 Threshold: Several times a week sleeps at least 2 hours more than usual.

PAST:
P **C** **S**

Parents may say that if child was not awakened he/she would regularly sleep >11 - 12 hours and he/she actually does so, every time he is left on his own. This should be rated 3.

5. Fatigue, Lack of Energy and Tiredness

This is a subjective feeling. **(Do not confuse with lack of interest)** (Rate presence even if subject feels it is secondary to insomnia).

Have you been feeling tired? How often?

Do you feel tired -

All of the time?

Most of the time?

Some of the time?

Now and then?

When did you start feeling so tired?

Was it after you started feeling ()?

Do you take naps because you feel tired?

How much?

Do you have to rest?

Do your limbs feel heavy?

Is it very hard to get going? to move your legs?

Do you feel like this all the time?

0 0 0 No information.

1 1 1 Not at all or more energy than usual.

2 2 2 Subthreshold: At times definitely more tired or less energy than usual.

3 3 3 Threshold: Often feels tired without energy. Has to rest (not sleep) during the day.

PAST:
P **C** **S**

6. Cognitive Disturbances

P C S

a. Concentration, Inattention, or Slowed Thinking

0 0 0 No Information.

(School information may be crucial to proper assessment of this item).

1 1 1 Not at all.

Complaints (or evidence from teacher) of diminished ability to think or concentrate which was not present to the same degree before onset of present episode. **Distinguish from lack of interest or motivation. (Do not include if associated with formal thought disorder).**

2 2 2 Subthreshold: Definitely aware of limited attention span but causes no difficulties other than substantially increased effort in schoolwork.

3 3 3 Threshold: Interferes with school work. Forgetful.

Do you know what it means to concentrate?

Sometimes children have a lot of trouble concentrating. For instance, they have to read a page from a book, and can't keep their mind on it so it takes much longer to do it or they just can't do it, can't pay attention.

PAST:
P **C** **S**

Have you been having this kind of trouble? When did it begin? Is your thinking slowed down? If you push yourself very hard can you concentrate? Does it take longer to do your homework? When you try to concentrate on something, does your mind drift off to other thoughts? Can you pay attention in school? Can you pay attention when you want to do something you like? Do you forget about things a lot more? What things can you pay attention to?

Is it that you can't concentrate? or is it that you are not interested, or don't care?

Did you have this kind of trouble before?

When did it start?

NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE POSITIVELY, UNLESS THERE WAS A WORSENING OF THE CONCENTRATION PROBLEMS ASSOCIATED WITH THE ONSET OF DEPRESSED MOOD.

b. Indecision

0 0 0 No information.

When you were feeling sad, was it hard for you to make decisions? Like did you find recess was over before you could decide what you wanted to do?

1 1 1 Not present.

2 2 2 Subthreshold: Difficulty making decisions has moderate effect on functioning.

3 3 3 Threshold: Difficultly making decisions has moderate to severe effect on functioning.

PAST:
P **C** **S**

7. Appetite/Weight

P C S

a. Decreased Appetite

Appetite compared to usual or to peers if episode is of long duration. Make sure to differentiate between decrease of food intake because of dieting and because of loss of appetite. **Rate here loss of appetite only.**

*How is your appetite? Do you feel hungry often?
Are you eating more or less than before?
Do you leave food on your plate?
When did you begin to lose your appetite?
Do you sometimes have to force yourself to eat?
When was the last time you felt hungry?
Are you on a diet?
What kind of diet?*

- 0 0 0 No information.
- 1 1 1 Not at all - normal or increased.
- 2 2 2 Subthreshold: Decrease in appetite every or nearly every day (e.g. regular snacks not consumed).
- 3 3 3 Threshold: Moderate decrease in appetite every or nearly every day (e.g. eats smaller meals than usual, some meals missed.)

PAST:
P C S

b. Weight Loss

Total weight loss from usual weight since onset of the present episode (or maximum of 12 months). Make sure he has not been dieting. In the assessment of weight loss it is preferable to obtain recorded weights from old hospital charts or the child's pediatrician. Failure to gain 1.5 kg. over a 6 month period for children between 5 and 11 years old qualifies as weight loss, as does loss of percentile grouping over a 6 month period (Iowa tables). Groupings are: Under 3rd %tile: between 3-10; 10-25; 25-50; 50-75; 75-90; 90-97; and over 97th %tile. Rate this item even if later he regained weight or became overweight. If possible, rater should have verified weights available at time of interview.

*Have you lost any weight since you started feeling sad?
How do you know?
Do you find your clothes are looser now?
When was the last time you were weighed?
How much did you weigh then?*

What about now? (measure it).

- 0 0 0 No information.
- 1 1 1 No weight loss (stays in same percentile grouping).
- 2 2 2 Subthreshold: Weight loss of 3-4% or less.
- 3 3 3 Threshold: Weight loss of 5% or more.

PAST:
P C S

NOTE: DO NOT RATE POSITIVELY IF CHILD HAS ANOREXIA.

c. Increased Appetite

As compared to usual. Inquire about this item even if anorexia and/or weight loss were rated 2 - 3.

Have you been eating more than before?

Since when?

Is it like you feel hungry all the time?

Do you feel this way every day?

Do you eat less than you would like to eat?

Why?

Do you have cravings for sweets?

What do you eat too much of?

P C S

0 0 0 No information.

1 1 1 Not at all - normal or decreased.

2 2 2 Subthreshold: Occasionally snacks somewhat more than usual, or eats somewhat bigger meals.

3 3 3 Threshold: Most days snacks notable more or eats bigger meals than usual.

PAST:
P **C** **S**

d. Weight Gain

Total weight gain from usual weight during present episode (or a maximum of the last 12 months) not including gaining back weight previously lost or not gained according to the child's usual percentile for weight.

Have you gained any weight since you started feeling sad?

How do you know?

Have you had to buy new clothes because the old ones did not fit any longer?

What was your last weight?

When were you last weighed?

0 0 0 No information.

1 1 1 No weight gain (stays in same percentile).

2 2 2 Subthreshold: Weight gain of 3-4% or less.

3 3 3 Threshold: Weight gain of 5% or more.

PAST:
P **C** **S**

8. Psychomotor Disturbances

P C S

a. Agitation

Includes inability to sit still, pacing, fidgeting, repetitive lip or finger movement, wringing of hands, pulling at clothes, and non-stop talking. To be rated positive, such activities should occur **while the subject feels depressed, not associated with the manic syndrome**, and not limited to isolated periods when discussing something upsetting. **Do not include subjective feelings of tension or restlessness** which are often incorrectly called agitation. To arrive at your rating, take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.

- 0 0 0 No information.
- 1 1 1 Not at all, retarded, or associated with manic syndrome.
- 2 2 2 Subthreshold: Occasionally unable to sit quietly in a chair fidgeting or pulling and/or rubbing.
- 3 3 3 Threshold: Often unable to sit in class, fidgeting, etc., almost always disruptive to some degree.

*Since you've felt sad, are there times when you can't sit still, or you have to keep moving and can't stop?
Do you walk up and down?
Do you wring your hands? (demonstrate)
Do you pull or rub on your clothes, hair, skin or other things?
Do people tell you not to talk so much?
Did you do this before you began to feel (sad)?
When you do these things, is it that you are feeling (sad) or do you feel high or great?*

PAST:
P C S

*If someone was taking movies of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference?
What would it be?
What would I see?
Probe: Would it take longer before or while you were (depressed)?
A little longer?
Much longer?*

If I saw a videotape or heard an audiotape of your child at home while he/she was depressed and another when he/she wasn't depressed, could I tell the difference? If yes, what would I see (hear) different?

Make sure it does not refer to content of speech or acts or to facial expression. Refer only to speed and tempo.

NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE THE PSYCHOMOTOR AGITATION ITEM POSITIVELY UNLESS THERE WAS A WORSENING OF AGITATION THAT CORRESPONDED WITH THE ONSET OF THE DEPRESSED MOOD.

b. Psychomotor Retardation

P C S

Visible, generalized slowing down of physical movement, reactions and speech. It includes long speech latencies. Make certain that slowing down actually occurred and is not merely a subjective feeling. To arrive at your rating take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.

0 0 0 No information.

1 1 1 Not at all.

2 2 2 Subthreshold: Conversation is noticeably retarded but not strained, and/or slowed body movement.

Since you started feeling (sad) have you noticed that you can't move as fast as before?

3 3 3 Threshold: Conversation is somewhat difficult to maintain, and/or moves very slowly.

Have you found it hard to start talking?

Has your speech slowed down?

Do you talk a lot less than before?

Since you started feeling sad, have you felt like you are moving in slow motion?

PAST:
P **C** **S**

Have other people noticed it?

If someone was taking movies of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference?

What would it be?

What would I see?

What would I hear?

Probe: *Would it take longer before or while you were (depressed)?*

A little longer?

Much longer?

If I saw a videotape or heard an audiotape of your child at home while he/she was depressed and another when he/she wasn't depressed, could I tell the difference? If yes, what would I see (hear) different?

9. Self-Perceptions

a. Worthlessness/Negative Self-Image

Includes feelings of inadequacy, inferiority, failure and worthlessness, self depreciation, self belittling. **Rate with disregard of how "realistic" the negative self evaluation is.**

How do you feel about yourself?

Do you like yourself? Why? or Why not?

Do you ever think of yourself as pretty or ugly?

Do you think you are bright or stupid?

Do you like your personality, or do you wish it were different?

How often do you feel this way about yourself?

P C S

0 0 0 No information.

1 1 1 Not at all.

2 2 2 Subthreshold: Occasionally feels somewhat inadequate, or would like to change one aspect of self (e.g. looks, brains, or personality). Able to identify some positive self attributes.

3 3 3 Threshold: Often feels like a failure, or would like to change 2 aspects of self (e.g., his/her looks, brains, or personality).

PAST:
P **C** **S**

b. Excessive or Inappropriate Guilt

...and self reproach, for things done or not done, including delusions of guilt. Rate according to proportion between intensity of guilt feelings or severity of punishment child thinks he deserves and the actual misdeeds.

When people say or do things that are good, they usually feel good, and when they say or do something bad they feel bad about it. Do you feel bad about anything you have done? What is it? How often do you think about it? When did you do that? What does it mean if I said I feel guilty about something? How much of the time do you feel like this?

- Most of the time?*
- A lot of the time?*
- A little of the time?*
- Not at all?*

What kind of things do you feel guilty about? Do you feel guilty about things you have not done? or are actually not your fault? Do you feel guilty about things your parents or others do? Do you feel you cause bad things to happen? Do you think you should be punished for this? What kind of punishment do you feel you deserve? Do you want to be punished? How do your parents usually punish you? Do you think it's enough?

For many young children it is preferable to give a concrete example such as: *"I am going to tell you about three children and you tell me which one is most like you. The first is a child who does something wrong, then feels bad about it, goes and apologizes to the person, the apologies are accepted, and he just forgets about it from then on. The second child is like the first but after his apologies are accepted, he just cannot forget about what he had done and continues to feel bad about it for one to two weeks. The third is a child who has not done much wrong, but who feels guilty for all kinds of things which are really not his fault like...Which one of these three children is like you?" It is also useful to double check the child's understanding of the questions by asking him to give an example, like the last time he felt guilty "like the child in the story."*

P C S

- 0 0 0 No information.
- 1 1 1 Not at all.
- 2 2 2 Subthreshold: Occasionally feels very guilty about past actions, the significance of which he exaggerates, and which most children would have forgotten about.
- 3 3 3 Threshold: Often feels guilt which he cannot explain or about things which objectively are not his fault. (Except feeling guilty about parental separation and/or divorce which is normative and should not lead by and of itself to a positive guilt rating in this score, except if it persists after repeated appropriate discussions with the parents).

PAST:
P **C** **S**

P C S

10. Hopelessness, Helplessness, Discouragement, and Pessimism

Negative outlook toward the future, regarding his life and his current problems. This item refers to ideational content and not to feelings.

*What do you think is going to happen to you? Do you think you are going to get better? Any better?
Do you think we can help you? How?
Do you think anyone can help you? Who? How?
What do you want to do (to be) when you grow up? Do you think you'll make it? Why not?
Have you given up on life?
Do you ever feel that your death is near?
Do you ever feel that the world is coming to an end?
Do you feel that you are going to continue suffering forever?
How often do you feel this way?
Are you sure that there is no hope for you?
How do you know? Could it be that there might be little hope for you?*

0 0 0 No information.
1 1 1 Not at all discouraged about the future.
2 2 2 Subthreshold: Transient feelings of moderate to severe discouragement about future.
3 3 3 Threshold: Often feels quite pessimistic about the future. Prospects for the future appear dim.

PAST:
P **C** **S**

11. Rejection Sensitivity

*Do you get upset when a friend says s/he will call but doesn't? How long do you feel down for?
If you and your mom have a fight and you think she's mad at you, does it bring you really down in the dumps? How long does the feeling last? How bad is it?
Are there times when your friends or someone in your family ignored you and left you out? What happened? Did it get you upset?*

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Child experiences brief transient periods of rejection precipitated dysphoria. Down mood does not persist for longer than a day, and is not associated with severe depressive symptomatology (e.g. suicidality).
3 3 3 Threshold: Rejection precipitated dysphoria persists for several days, or is associated with severe depressive symptomatology (e.g., suicidality)

PAST:
P **C** **S**

Other Criteria

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
1. Evidence of a Precipitant (Specify): _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2. Symptoms Occur or Worsen with Monthly Menstruation (For Adolescent Females): <i>Do you notice any connection between your menstrual cycle and your moods? Do you get really depressed each month right before or after you start your period?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3. Impairment						
a. Socially (with peers): _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. With Family: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c. In School: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4. Evidence of MDD (DSM-III-R/DSM-IV)	Summary CE	Summary MSP				
1. Meets criteria (score 3) for at least <u>five</u> depressive symptoms which were present during the same two week period, including one symptom from the screen items (e.g. depressed mood, irritable mood, or anhedonia), plus worthlessness/guilt, sleep disturbances, fatigue, concentration/indecisiveness, appetite/weight changes, psychomotor disturbances, or recurrent thoughts of death/suicidality; and	0 1 2	0 1 2				
2. an organic (pharmacological) etiology has been ruled out;						
3. depression not a normal reaction to the loss of a loved one (SEE DSM-III-R);						
4. at no time have there been delusions or hallucinations for at least two weeks in the absence of prominent affective symptoms; and						
5. did not meet criteria for Schizophrenia or Schizophreniform Disorder.						

5. <u>Meets Criteria for Melancholic Depression</u>	Summary CE	Summary MSP
<p>a. <u>DSM-III-R Criteria</u></p> <p>Meets criteria for MDD, and at least five of the following features are present: anhedonia, lack of reactivity of mood, depression worse in the a.m., terminal insomnia (2 hrs or more), anorexia or weight loss, history of prior episode followed by complete recovery, previous good response to antidepressant therapy, and no significant personality disturbance prior to first MDD episode.</p>	0 1 2	0 1 2
<p>b. <u>DSM-IV Criteria</u></p> <p>Meets criteria for MDD, has loss of pleasure in all or almost all activities <u>or</u> lack of reactivity. Also, three of the following are true: distinct quality of depressed mood (mood different than feeling experienced after death or loss of a loved one); depression worse in a.m., terminal insomnia (2 hrs or more); psychomotor disturbance; anorexia or weight loss; or guilt.</p>	0 1 2	0 1 2
<p>6. <u>Evidence of Seasonal Pattern</u></p> <p>There is a regular temporal relationship between the onset of an episode of Recurrent Major Depression (or Depressive Disorder NOS), and a particular 60-day period of the year (e.g. regular appearance of depression between the beginning of October and the end of November). Do not include cases in which there is an obvious effect of a seasonally related psychosocial stressor.</p>	0 1 2	0 1 2
<p>7. <u>Evidence of Atypical Depression</u></p> <p>Meets criteria for MDD, Dysthymia, or Depressive Disorder NOS, with depressed mood responsive to positive events, and 2 of the following features are present: hypersomnia, extreme body inertia/sensation of weighted limbs, increased appetite or weight gain, and rejection sensitivity.</p>	0 1 2	0 1 2

	Summary CE	Summary MSP
8. <u>Evidence of MDD with Psychotic Features</u>		
1. Subject met criteria for MDD; and	0 1 2	0 1 2
2. at some time during the episode of MDD, subject concurrently had either delusions, hallucinations, incoherence, marked loosening of associations, catatonic behavior or flat or inappropriate affect; and		
3. psychotic symptoms <u>only present</u> during episode of MDD.		
9. <u>Evidence of Schizoaffective Disorder-Depressed Type (SA-D)</u>		
1. Subject met criteria for MDD; and	0 1 2	0 1 2
2. at some time during an episode of MDD, subject concurrently had either delusions, hallucinations, incoherence, marked loosening of associations, catatonic behavior or flat or inappropriate affect; and		
3. at some time during the episode in question, there have been delusions or hallucinations for <u>at least two weeks</u> in the absence of prominent affective symptoms.		
10. <u>Evidence of Dysthymia</u>		
Depressed (or irritable) mood, more days than not, for at least one year, plus two of the following additional symptoms throughout that period: appetite disturbance; sleep disturbance; fatigue; low self-esteem; poor concentration or difficulty making decisions; or feelings of hopelessness. No evidence of MDD during the first year of disturbance, no prior history of manic episodes or unequivocal hypomanic episodes, not superimposed on a chronic psychotic disorder, and no evidence of an organic etiology.	0 1 2	0 1 2

	Summary CE	Summary MSP
11. <u>Dysthymia - Primary Type</u>		
Mood disturbance is not related to a preexisting, chronic, nonmood Axis I Disorder (e.g. Anorexia, Overanxious Disorder) or Axis III disorder.	0 1 2	0 1 2
12. <u>Dysthymia - Secondary Type</u>		
Mood disturbance is apparently related to a preexisting chronic, nonmood Axis I or Axis III disorder.	0 1 2	0 1 2
13. <u>Evidence of Depressive Disorder NOS</u>		
Disorders with depressive features that do not meet criteria for any specific mood disorder or Adjustment Disorder with Depressed mood (e.g. recurrent mild depressive disturbance that does not meet criteria for Dysthymia, non-stress-related depressive episodes that do not meet the criteria for MDD)	0 1 2	0 1 2
14. <u>Evidence of Adjustment Disorder with Depressed Mood</u>		
1. A reaction to an identifiable psychosocial stressor (or multiple stressors) that occurs within three months of onset of the stressor(s).	0 1 2	0 1 2
2. Evidence of impairment or symptoms in excess of a normal and expectable reaction to the stressor(s).		
3. Presence of depressive symptoms but does not meet the criteria for any specific mental disorder and does not represent uncomplicated bereavement.		
4. Duration less than six months.		

MANIA SUPPLEMENT

1. Grandiosity/Inflated Self-Esteem

Since you have been feeling (cranky, high, really good), have you been feeling more self-confident than usual? Do you believe you have any special talents? Have you felt as if you are much better than others?smarter?stronger? Why? Have you won any awards or honors for ____? Have you felt that you are a particularly important person?

Note: Be sure to determine whether the child really has the "special talents" or not before rating this item.

P C S

- 0 0 0 No information.
- 1 1 1 Not present: Not at all, or decreased self esteem.
- 2 2 2 Subthreshold: Overestimates or exaggerates at least two of his talents, abilities, prospects or plans.
- 3 3 3 Threshold: Disproportionately inflated self-esteem involving several areas of functioning.

PAST:
P C S

2. Pressured Speech

Since you have been feeling (___) are there times that you speak very rapidly or talk on and on and can't be stopped? Have people said you were talking too fast or talking too much? Have people had trouble understanding you?

Rate based on data reported by informant or observational data.

Note: If child meets criteria for ADHD, only rate positively if there was an increase in talkativeness associated with the onset of mood symptoms.

- 0 0 0 No information.
- 1 1 1 Not present: Not at all or retarded speech.
- 2 2 2 Subthreshold: Noticeably more verbose than normal but conversation is not strained.
- 3 3 3 Threshold: So verbose or pressured that conversation is strained.

PAST:
P C S

3. Poor Judgment

Has there ever been a time you did something that got you, your family, or friends into trouble? Did you do things you normally wouldn't have done . . . like staying out all night, spending a lot of money, taking trips unexpectedly, or doing something really risky for fun?

(For Adolescents) *What about getting involved in relationships quickly, having a lot of one night stands, or doing other dangerous things like driving recklessly?*

(For Pre-adolescents) *What about jumping from really high heights, going on long trips on your bicycle, or playing serious pranks in school?*

- 0 0 0 No information
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasionally involved in activities that show bad judgment. (e.g., driving recklessly; having casual affairs; risky/thrill seeking activities).
- 3 3 3 Threshold: Sometimes involved in activities which show bad judgment which have dangerous consequences.

PAST:
P C S

4. Distractibility

Since you have been feeling ____, have you had trouble sticking to what you are supposed to do? Do you start things that you just don't finish? Do you get distracted easily? Have you been having trouble paying attention in class?

Rate based on data reported by informant or observational data

Note: If child meets criteria for ADHD, only rate positively if there was an increase in distractibility associated with the onset of mood symptoms.

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Present but responds to structuring and repetition. Distractibility has none to minimal effect on daily functioning.
- 3 3 3 Threshold: Distractibility has moderate effect on daily functioning. Does not respond to structure.

PAST:
P C S

5. Physical Restlessness

When you are feeling high, is there a time when you can't sit still, or you have to keep moving and can't stop? Do you feel like you need to keep walking back and forth? Do you ever wring your hands? (demonstrate)

Note: If child meets criteria for ADHD, only rate positively if there was an increase in restlessness associated with the onset of mood symptoms.

- 0 0 0 No information.
- 1 1 1 Not present: Not at all, or retarded.
- 2 2 2 Subthreshold: Occasionally unable to sit quietly in a chair, fidgeting, pulling and/or rubbing.
- 3 3 3 Threshold: Often unable to sit in class, fidgeting, etc., almost always disruptive to some degree.

PAST:
P C S

6. Influence of Drugs or Alcohol

Did you feel this way or do these things only when you have been drinking or taking drugs or medicine? What kinds? How much? At other times only? Which came first, the drug or the high? Do you drink a lot of coffee or other caffeinated drinks? About how much do you drink? Have you ever felt high like you described earlier when you weren't drinking tons of caffeine?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Occasionally under the influence of alcohol or drugs.
- 3 3 3 Often but not always under the influence of alcohol or drugs. At least once was manic or hypomanic without prior drug or alcohol use.

PAST:
P C S

7. Duration of Expansive or Irritable Mood and Associated Symptoms

Specify _____

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Three days or less.
- 3 3 3 Four or more days.

PAST:
P C S

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
8. <u>Impairment</u>						
a. Socially (with peers): _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. With family: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c. In school: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
d. Hospitalization (for mania): _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
e. Other: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Summary CE	Summary MSP
9. <u>Evidence of Mania</u>		
a. <u>DSM-III-R Criteria</u>		
1. Distinct period of abnormally elevated, expansive or irritable mood;	0 1 2	0 1 2
2. during the mood disturbance, at least three of the following symptoms (four if mood is only irritable): inflated self-esteem/grandiosity, decreased need for sleep, more talkative/pressured speech, flight of ideas/racing thoughts, distractibility, increase in activity/physical restlessness, excessive involvement in high risk activities;		
3. during the mood disturbance, marked impairment or hospitalization;		
4. organic (pharmacological) etiology has been ruled out;		
5. at no time have there been delusions or hallucinations or at least two weeks without prominent affective symptoms; and		
6. did not meet criteria for Schizophrenia or Schizophreniform.		
b. <u>DSM-IV Criteria</u>		
Same as above plus duration at least one week (or any duration if hospitalization is necessary).	0 1 2	0 1 2
10. <u>Subtype</u>		
a. <u>Bipolar Disorder, Manic</u>	0 1 2	0 1 2
b. <u>Bipolar Disorder, Depressed</u>	0 1 2	0 1 2
c. <u>Bipolar Disorder, Mixed</u>	0 1 2	0 1 2
d. <u>Rapid Cycling</u>	0 1 2	0 1 2

	Summary CE	Summary MSP
11. <u>Evidence of Hypomania</u>		
a. <u>DSM-III-R Criteria</u>		
Same criteria as mania, but <u>no</u> evidence of functional impairment.	0 1 2	0 1 2
b. <u>DSM-IV Criteria</u>		
DSM-III-R criteria <u>plus</u> duration of 4 days or more.	0 1 2	0 1 2
12. <u>Evidence of Cyclothymia</u>		
For at least one year, presence of numerous hypomanic episodes and numerous periods of depressed mood or loss of pleasure that do not meet criteria for MDD.	0 1 2	0 1 2
13. <u>Evidence of Bipolar Disorder Not Otherwise Specified (BP-NOS)</u>		
Disorders with manic or hypomanic features that do not meet criteria for any specific bipolar disorder (e.g. at least one hypomanic episode and one MDD episode, but never either manic or cyclothymic).	0 1 2	0 1 2
14. <u>Evidence of Schizoaffective Disorder - Manic Type</u>		
1. Subject met criteria for manic episode;	0 1 2	0 1 2
2. at some time during an episode of mania, subject concurrently had either delusions, hallucinations, incoherence, marked loosening of associations, catatonic behavior or flat or inappropriate affect; and		
3. at some time during the episode in question, there have been delusions or hallucinations for <u>at least two weeks</u> in the absence of prominent affective symptoms.		

PSYCHOTIC DISORDERS SUPPLEMENT

Subject's ID# and Initials

Date of Interview

Interviewer

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PSYCHOSIS SUPPLEMENT

I. HALLUCINATIONS

Probes: In addition to the probes provided below for assessing the specific categories of hallucinations, use some of the following probes to further evaluate the validity of the reported hallucinations. *These voices you hear (or other hallucinations), do they occur when you are awake or asleep? Could it be a dream? Do they happen when you are falling asleep? Waking up? Only when it is dark? Do they happen at any other time also? Were you sick with fever when they occurred? Had you been drinking beer, wine, liquor?, or taking any drugs when it happened? Was it like a thought or more like a voice (noise) or a vision? Was it like you were imagining things? Did you have any control over it? Could you stop it if you wanted to? Were you having a seizure?*

Follow-up on data obtained during the screen interview. Use the language the child used earlier in discussing possible hallucinations to elicit the information below. Complete both the hallucinations and delusion sections for all subjects who scored positively on either the hallucinations or delusions screen items.

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 = No Information						
1 = Not present						
2 = Suspected or Likely						
3 = Definite						
1. <u>Auditory Hallucinations</u>						
a. <u>Non-Verbal Sounds (e.g., Music)</u>						
<i>Do you hear music or other noises that other people cannot hear?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Command Hallucinations</u>						
<i>Do the voices tell you to do anything? (What?) (Good or bad?) Have they ever told you to hurt or kill yourself? How? Have they ever told you to hurt or kill someone else? Who? How?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
(Specify if content always related to depression or mania)						
DESCRIBE: _____						

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
<p>c. <u>Running Commentary (Commenting Voice)</u></p> <p><i>Do you hear voices that talk about what you're doing? or feeling? or thinking? (Specify if content is always related to depression or mania)</i></p>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
<p>d. <u>Conversing Voice</u></p> <p><i>How many voices do you hear? What do they say? Do they talk with each other? (Specify if content always related to depression or mania)</i></p> <p>DESCRIBE: _____</p>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
<p>e. <u>Thoughts Aloud</u></p> <p><i>Do you ever hear your thoughts spoken aloud? If somebody stood next to you, could they hear your thinking? Is it a real voice outside your head?</i></p>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
<p>f. <u>Other Verbal Hallucinations</u></p> <p><i>Have there been other noises or voices you have heard that you have not told me about? Do the voices ever criticize you? Make fun of you? Say they are going to do bad things to you? Has God (Jesus), angels, demons, Virgin Mary, or saints ever talked to you? Are there any other people you know who had (_____) talk to them? (Specify if content always related to depression or mania)</i></p> <p>DESCRIBE: _____</p>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
2. <u>Location of Voices/Noises</u>						
a. <u>Inside head only</u>						
<i>Where did the voices come from? From inside your head? Was it your thoughts you heard? Could other people hear the voices?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Outside head only</u>						
<i>From outside your head, through your ears? Did it sound as clear as my voice does talking to you right now?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Combination</u>						
<i>Have the voices sometimes seemed to be inside your head, and other times outside your head? Sometimes like thoughts and other times like my voice now?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3. <u>Visual Hallucinations</u>						
<i>Do you see things other children don't? What do you see? Did you see something real, or was it just like a shadow moving? How clear was it? Did you see it several times for several days in a row? (Specify if content always related to depression or mania)</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
DESCRIBE: _____						
4. <u>Tactile Hallucinations</u>						
<i>Do you ever feel like someone or something is touching you, but when you look there is nothing there? Tell me about it? (Specify if content always related to depression or mania)</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
DESCRIBE: _____						

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
5. <u>Olfactory Hallucinations</u>						
<i>Do you ever smell things other people don't smell? What is it?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
DESCRIBE: _____						
6. <u>Illusions</u>						
False perceptions stimulated by a real perception which is momentarily transformed. They occur frequently due to poor perceptual resolution (darkness, noisy locale) or inattention and they are immediately corrected when attention is focused on the external sensory stimulus or perceptual resolution improves.						
<i>Have you ever seen things around your room at night that you thought were something else? Like did you ever look at one of your stuffed animals or a shirt and think it was something that could get you? Have you ever looked at a rope and thought it was a snake? Other things?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
<u>Code for Remaining Items:</u>						
0 = No information						
1 = No						
2 = Yes						
7. <u>Cultural Acceptance of Hallucinations</u>						
<i>Does anyone else in your family or any members of your church experience the same (specify hallucination)?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
8. <u>Duration of Hallucinations</u>						
One or a combination of hallucinations lasted throughout the day for several days or several times a week for several weeks.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
9. <u>Association with Affective Illness</u>						
Hallucinations always occurred during or within 2 weeks of an affective illness (MDD or Mania)	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
10. <u>Association with Trauma</u>						
Hallucination themes reflect past traumatic experiences. (Specify): _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
11. <u>Association with Substance Use or Organic Factor</u>						
Hallucinations always occurred after substance use or in the course of a medical condition. Specify: _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
12. <u>Evidence of a Precipitant (Specify):</u> _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
13. <u>Duration of Symptoms one week or greater</u>						
Specify Duration: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

NOTES:

II. DELUSIONS

Probes: In addition to the probes provided below for assessing the specific types of delusions, use some of the following probes to further evaluate the validity of the reported delusions. *Are you sure that this (. . . ?) is this way? Could there be any other reason for it? How do you know that it happens as you say? Any other possible explanation? Is what you told me make believe or real? (You might suggest other possible explanations and see how the subject reacts to them.)*

Follow-up on data obtained during the screen interview. Use the language the child used earlier in discussing possible delusions to elicit the information below.

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 = No Information 1 = Absent 2 = Suspected or Likely 3 = Definite						
1. <u>Grandiosity</u>						
<i>Do you feel that you are a very important person or that you have special powers or abilities? What are they? Are you related to important people, like kings or the president or a sports figure? Do you have special powers like reading people's minds? Tell me more about it? Has God chosen you to perform any special tasks for him?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
2. <u>Guilt/Sin</u>						
<i>Do you ever feel like you did something terrible? What is the worst thing that you ever did? Do you deserve punishment?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3. <u>Delusions of Control</u>						
<i>Do you have the feeling that you are being controlled by some force of power outside yourself? Whose power? Do you feel sometimes that you are a puppet or a robot and can't control what you do? Or that you are forced to move or say things that you don't want to?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
4. <u>Somatic Delusions</u>						
<i>Do you think you have any serious diseases? How do you know? Are you sure? Has something happened to your body or insides? Tell me about it. Maybe you just feel these things but nothing is wrong with you. Could that be?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
a. Only During Affective Episode	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
5. <u>Nihilism</u>						
<i>Do you feel that something terrible will happen or has happened? What will happen? Have you felt that the world is coming to an end? When?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
6. <u>Thought Broadcasting</u>						
<i>Do you ever feel that your thoughts are broadcast out loud so that other people know what you are thinking? Like on a radio, so that anyone listening could hear them? Have you actually heard your thoughts spoken out loud? Have others heard them?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
7. <u>Thought Insertion</u>						
<i>Do you feel that thoughts are put into your mind that are not your own? Who put them there? How? Why?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
8. <u>Thought Withdrawal</u>						
<i>Have you had thoughts taken out of your mind by someone or some special force? Tell me what happened.</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
9. <u>Message from TV/Radio</u>						
<i>Does the T.V. or radio ever talk about you or send you messages? What about songs?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
10. <u>Delusions of Persecution</u>						
<i>Has anyone been making things hard, or purposely causing you trouble, or trying to hurt you, or plotting against you? How come?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
11. <u>Delusions That Others Can Read His/Her Mind</u>						
<i>Can people know what you are thinking in some strange way? Is that because the way you look or is it just because they know what you are thinking because they can read your mind?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
12. <u>Delusions of Reference</u>						
<i>Do people seem to drop hints about you? Do people say things with a double meaning? Do they do things in a special way to tell you something? Have things seemed especially arranged so only you understand the meaning?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
13. <u>Other Bizarre Delusions</u>						
<i>Any other special thoughts that you want to tell me about?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
DESCRIBE: _____						
<u>Code for Remaining Items:</u>						
0 = No Information						
1 = No						
2 = Yes						
14. <u>Subcultural or Family Delusions</u>						
<i>Do other people in your family also believe in what you say (ask the mother and if necessary other members of the family)? Do other members of your religion believe in that too? Do other children like your friends believe in what you believe?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
15. Multiple Delusions	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
16. Delusions always occurred during or within 2 weeks of an affective illness (MDD or Mania)	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
17. Delusions always occurred in the context of substance use or during the course of a medical illness. Specify: _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
18. Content of Delusions always related to depressed or elated mood.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
19. Evidence of a Precipitant (Specify): _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
20. Duration of Symptoms one week or more. Specify duration: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

NOTES:

III. OTHER PSYCHOTIC SYMPTOMS

Rate based on observation during interview.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
1. a. <u>Flat Affect</u>						
Deficit in emotional contact not explainable by severe mood disturbance or preoccupation, i.e., even with adequate efforts on the part of the interviewer to establish appropriate emotional contact, the subject does not give back signs of emotional response such as occasional smiling, tearfulness, laughing, or looking directly at the interviewer. At the "moderate" level or above, there is flatness of affect as indicated by monotonous voice, and facial expression lacking signs of emotion.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. <u>Inappropriate Affect</u>						
Affect is incongruous with content of speech, for example, giggles while discussing reason for hospitalization. Do not include mere embarrassment or excessively strong affect, as when subject cries when discussing a minor disappointment. Incongruity does not mean excessive intensity but qualitative inconsistency with thought content and/or environmental circumstances.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2. a. <u>Incoherence</u>						
Speech that is generally not understandable, running together of thoughts or words with no logical or grammatical connection, resulting in disorganization. DESCRIBE: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. <u>Loosening of Associations</u>						
Flow of thought in which ideas shift from one subject to another in a completely unrelated way. DESCRIBE: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
3. <u>Catatonic Behavior</u>						
Motor anomalies including immobility, stupor, rigidity, bizarre posturing, waxy flexibility, and excited movements (purposeless and stereotyped excited motor activity not influenced by external stimuli).	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
IV. <u>IMPAIRED FUNCTIONING DURING ACTIVE ILLNESS</u>						
1. Impaired School Performance	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2. Impaired Peer Relations	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3. Impaired Family Relations	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4. Impaired Self Care	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

COMPLETE DIAGNOSTIC TREES BEGINNING ON PAGE 12 OF THIS SUPPLEMENT.

DIAGNOSTIC TREE: PSYCHOSIS

Ever had psychotic symptoms not associated with depression or mania

Parent	Child	Summary
0 1 2	0 1 2	0 1 2

DSM-III-R Criteria

FOR A DIAGNOSIS OF SCHIZOPHRENIA, the following criteria are required:

- A. Characteristic psychotic symptoms of the active phase. Either (1), (2), or (3) for **at least one week** (or less if symptoms successfully treated):
- Two of the following
 - delusions
 - prominent hallucinations (throughout the day for several days or several times a week for several weeks and each hallucinatory experience is not limited to a few brief moments).
 - incoherence or marked loosening of associations
 - catatonic behavior
 - flat or grossly inappropriate affect
 - bizarre delusions (i.e., involving a phenomenon that the individual's subculture would regard as totally implausible e.g., thought broadcasting, being controlled by a dead person)
 - prominent hallucinations (as defined in 1 [b] above) of a voice with content having no apparent relation to depression or elation, or a voice keeping up a running commentary on the individual's behavior or thoughts, or two or more voices conversing with each other.
- B. During the course of the disturbance, functioning in such areas as work, social relations, and self-care is markedly below the highest level achieved prior to the disturbance (or with onset in childhood or adolescence, failure to achieve expected level of social development).
- C. Major depressive or manic syndrome, if present during the active phase of the disturbance (symptoms in A), was brief relative to the duration of the disturbance. Schizoaffective disorder and mood disorder with psychotic features ruled out.
- D. Continuous signs of disturbance for at least **six months**. The six-month period must include an active phase (of at least one week, unless symptoms have been successfully treated) during which there are psychotic symptoms characteristic of schizophrenia (symptoms in A), and either a prodromal or residual phase if the active phase was of less than six-months duration.

Prodromal phase: A clear deterioration in functioning before the active phase of the disturbance, not due to a disturbance in mood or to a Psychoactive Substance Use Disorder, and involving at least two of the symptoms listed below.

Residual phase: Following the active phase of the disturbance, persistence of at least two of the symptoms noted below, not due to a disturbance in mood or to a Psychoactive Substance Use Disorder.

Prodromal and Residual Symptoms

- marked social isolation or withdrawal
- marked impairment in role (functioning as wage-earner, student, or homemaker)
- markedly peculiar behavior (e.g., collecting garbage, talking to self in public, hoarding food)
- marked impairment in personal hygiene and grooming, blunted, flat or inappropriate affect
- digressive, vague, overelaborate, or circumstantial speech, or poverty of speech, or poverty of content of speech
- odd beliefs or magical thinking influencing behavior and inconsistent with subcultural norms, e.g., superstitiousness, belief in clairvoyance, telepathy, sixth sense, "others can feel my feelings.", overvalued ideas, ideas of reference
- unusual perceptual experience, e.g., recurrent illusions, sensing the presence of a force or person not actually present
- marked lack of initiative, interests or energy.

Examples: Six months of prodromal symptoms with one week of symptoms from A; no prodromal symptoms with six months of symptoms from A; no prodromal symptoms with one week of symptoms from A and six months of residual symptoms.

- E. It cannot be established that an organic factor initiated and maintained the disturbance.
- F. If there is a history of Autistic Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present.

FOR DIAGNOSES OF SCHIZOPRENIFORM DISORDER, the following criteria are required:

- A. Meets criteria A and C of Schizophrenia.
- B. An episode of the disturbance (including prodromal, active, and residual phase) lasts less than six months.
- C. Does not meet the criteria for Brief Reactive Psychosis and not due to an Organic Mental Disorder.

FOR DIAGNOSES OF BRIEF REACTIVE PSYCHOSIS, the following criteria are required:

- A. Presence of incoherence or marked loosening of associations, delusions, hallucinations, or catatonic or disorganized behavior;
- B. Emotional turmoil (e.g. rapid shifts from one intense affect to another).
- C. Appearance of the symptoms in A and B shortly after, and apparently in response to, one or more events that singly or together, would be markedly stressful to almost anyone in a similar situation.
- D. Absence of prodromal symptoms of Schizophrenia.
- E. Duration of episode **not more than one month**, with eventual return to premorbid level of functioning.
- F. Not due to a psychotic Mood Disorder.

DSM-IV Criteria

FOR A DIAGNOSIS OF SCHIZOPHRENIA, the following criteria are required:

- A. Characteristic psychotic symptoms: At least two of the following, each present for a significant portion of time during a **one month period** (or less if symptoms successfully treated):
1. delusions
 2. hallucinations
 3. disorganized speech (e.g. frequent derailment, incoherence or marked loosening of associations)
 4. grossly disorganized or catatonic behavior
 5. negative symptoms (e.g. affective blunting, alogia, or avolition)
- Note: Only one A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping a running commentary on the person's behavior or thoughts, or two or more voices conversing.
- B. During the course of the disturbance, functioning in such areas as work, social relations, and self-care is markedly below the highest level achieved prior to the disturbance (or with onset in childhood or adolescence, failure to achieve expected level of social development).
- C. Continuous signs of disturbance for at least **six months**. The six-month period must include an active phase (of at least one week, unless symptoms have been successfully treated) during which there are psychotic symptoms characteristic of schizophrenia (symptoms in A), and either a prodromal or residual phase if the active phase was of less than six-months duration.
- D. Major depressive or manic syndrome, if present during the active phase of the disturbance (symptoms in A), was brief relative to the duration of the disturbance. Schizoaffective disorder and mood disorder with psychotic features ruled out.
- E. Organic and pharmacological etiology ruled out.

FOR DIAGNOSES OF SCHIZOPRENIFORM DISORDER, the following criteria are required:

- A. Meets criteria A, D, and E of Schizophrenia.
- B. An episode of the disturbance (including prodromal, active, and residual phase) lasts at least one month but less than six months.

FOR DIAGNOSES OF BRIEF REACTIVE PSYCHOSIS, the following criteria are required:

- A. Presence of disorganized speech, delusions, hallucinations, or catatonic or disorganized behavior;
- B. Duration of episode **at least one day** and **not more than one month**, with eventual return to premorbid level of functioning.
- C. Not due to a psychotic Mood Disorder, schizophrenia, organic cause, or psychopharmacological etiology.

Specify if: With Marked Stressor(s); Without Marked Stressor(s); or Post-partum onset.

IF MEETS CRITERIA FOR SCHIZOPHRENIA OR SCHIZOPRENIFORM DISORDER, OR CURRENTLY IN PRODROMAL OR RESIDUAL PHASE, DESCRIBE CLINICAL FEATURES IN THE CHARTS ON THE FOLLOWING PAGES.

If meets criteria for schizophrenia complete items below:

RATING

1. Course

- | | |
|--|-------|
| a. <u>Subchronic</u> : The time from the beginning of the disturbance, when the individual first begins to show signs of the disturbance (including prodromal, active, and residual phases), more or less continuously, is less than two years but at least six months. | 0 1 2 |
| b. <u>Chronic</u> : Same as above, but greater than two years. | 0 1 2 |
| c. <u>Subchronic with Acute Exacerbation</u> : Re-emergence of prominent psychotic symptoms in an individual with a chronic course who has been in the residual phase of the disturbance. | 0 1 2 |
| d. <u>Chronic with Acute Exacerbation</u> : Re-emergence of prominent psychotic symptoms in an individual with a chronic course who has been in the residual phase of the disturbance. | 0 1 2 |
| e. <u>In Remission</u> : This should be used when an individual with a history of Schizophrenia is now free of all signs of the disturbance (whether or not on medication). The differentiation of Schizophrenia In Remission from No Mental Disorder requires consideration of overall level of functioning, the length of time since the last period of disturbance, the total duration of the disturbance, and whether prophylactic treatment is being given. | 0 1 2 |

For Prodromal or residual phases of illness, rate associated features:

2. Associated Features

- | | |
|--|-------|
| a. Social isolation or withdrawal | 0 1 2 |
| b. Impaired school performance | 0 1 2 |
| c. Markedly peculiar behavior | 0 1 2 |
| d. Impaired personal hygiene/grooming | 0 1 2 |
| e. Blunted, flat, inappropriate affect | 0 1 2 |
| f. Digressive, vague, overelaborate or circumstantial speech or poverty of speech or content of speech | 0 1 2 |
| g. Odd beliefs or magical thinking which influence behavior | 0 1 2 |
| h. Unusual perceptual experiences | 0 1 2 |
| i. Marked lack of initiative, interests or energy | 0 1 2 |
| j. Duration of Prodromal/Residual Phase (in weeks) | 0 1 2 |

If meets criteria for schizophreniform disorder, complete items below:

Specify if good prognostic features are present, i.e., at least two of the following for good, one for fair, none for poor.

RATING

1. Prognostic Features:

- | | | | |
|---|---|---|---|
| a. Onset of prominent psychotic symptoms within four weeks of first noticeable change in usual behavior or functioning. | 0 | 1 | 2 |
| b. confusion, disorientation, or perplexity at the height of the psychotic episode. | 0 | 1 | 2 |
| c. Good premorbid social and occupational functioning. | 0 | 1 | 2 |

2. Prognosis

- | | | | |
|---|---|---|---|
| a. Good: Two or more positive prognostic features present | 0 | 1 | 2 |
| b. Fair: Only one positive prognostic feature present | 0 | 1 | 2 |
| c. Poor: No positive prognostic features present | 0 | 1 | 2 |

ANXIETY DISORDERS SUPPLEMENT

Subject's ID# and Initials

Date of Interview

Interviewer

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PANIC DISORDER SUPPLEMENT

Now I am going to ask you more about when you have those nervous or scary feelings. When you have them do you.....

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 = No information. 1 = Not present. 2 = Occasionally occurs during an attack. 3 = Always or almost always occurs during an attack.						
1. <u>Shortness of Breath (Dyspnea).</u>						
<i>Feel like you can't breathe? Or is it hard to get enough air?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
2. <u>Dizziness (Vertigo)/Faintness</u>						
<i>Feel dizzy, like things are spinning around you? Feel like you might fall or lose your balance? Feel weak? Like you might faint/pass out? Fall over?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3. <u>Palpitations</u>						
<i>Was your heart beating extra hard? Fast? Could you feel it?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
4. <u>Trembling or Shaking</u>						
<i>Do you shake or tremble all over? Like you wouldn't be able to hold a glass of water?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
5. <u>Sweating</u>						
<i>Perspire, sweat? Do your palms/face/neck feel wet?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
6. <u>Choking</u>						
<i>Do you feel like you are choking? Or that something is around your neck that stops the air from getting in?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
7. <u>Nausea</u>						
<i>Does your stomach hurt? Feel like you might throw up?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
8. <u>Depersonalization/Derealization</u>						
<i>Feel like things around you aren't real or like you are in the movies? Feel like you are in a dream? Or like you are outside your body?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
9. <u>Numbness/Tingling</u>						
<i>Feel numb or tingling in your hands or feet? Like there are pins and needles or that you can't feel them?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
10. <u>Flushes or Chills</u>						
<i>Do you feel hot all of a sudden or real cold?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
11. <u>Chest Pains</u>						
<i>Does your chest hurt? Or does it feel like something heavy is on it?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
12. <u>Fear of Dying</u>						
<i>When you have these attacks, are you afraid you might die?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
13. <u>Fear of Losing Control</u>						
<i>Were you afraid that you were going crazy or that you might do something crazy or something you didn't want to do?</i>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

<u>Codes for Remaining Items:</u>	<u>Criteria</u>	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 = No Information							
1 = No							
2 = Yes							
14. <u>Circumscribed Stimuli</u>							
<i>Do the attacks <u>only</u> happen to a specific or certain situation(s)? Which ones?</i>	Attacks do not only occur prior to or during exposure to a specific situation or object	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
15. <u>Attack Unanticipated</u>							
<i>When you have an attack, did something happen that triggers it, or does it feel like it comes for no reason at all? What were you doing the first time you had one of these attacks?</i>	At least one unexpected attack; did not occur immediately before or after a situation that almost always causes anxiety.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
16. <u>Minimum Symptom Criteria</u>							
<i>Have you had one attack where you had all those different feelings you described to me (list symptoms child endorsed)? What about with your first attack?</i>	At least one attack with four symptoms.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
17. <u>Frequency of Attacks</u>							
<i>What is the most number of attacks you ever had in a month? How often do you have these scary feelings?</i>	Four attacks within a 4-week period.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
Record maximum number of attacks in a month		___	___	___	___	___	___
Record number of attacks in past week		___	___	___	___	___	___

	<u>Criteria</u>	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
18. <u>Fear of Having Another Attack</u>							
<i>After this happened, have you been worried or afraid that it might happen again? How much do you think about it? For how long (days, weeks, months)?</i>	One or more attacks followed by at least one-month of persistent fear of another attack	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
19. <u>Onset of Attacks</u>							
<i>How long does it take from when you start to have the scary feeling to when its at its worst (list positive symptoms)? How many minutes, usually?</i>	During at least one attack four symptoms developed suddenly and intensified within 10 minutes.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
20. <u>Agoraphobia</u>							
<i>Since you started having these attacks, have you been staying home more? Have you been avoiding crowds, being outside alone, or traveling? Have you started to dread these things because you are afraid you might have one of these attacks? When you do go out, do you feel really scared thinking about what might happen if you do have one of these attacks?</i>	Travel restricted, or companion needed when away from home due to fear of having an intense anxiety experienced when out.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
21. <u>Impairment</u>							
a. Socially (with peers):		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

b. With family:		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

c. In school:		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Summary CE	Summary MSP
<p>22. <u>Evidence of Panic Disorder Without Agoraphobia</u></p> <p>a. <u>DSM-III-R Criteria</u></p> <p>1. At least one attack that was unanticipated;</p> <p>2. Either 4 attacks within a 4 week period or one attack followed by at least a month of persistent fear of having another attack;</p> <p>3. At least 4 of the symptoms surveyed in supplement items 1-13 occurred together during at least one of the attacks (e.g., shortness of breath; dizziness; palpitations; trembling or shaking; sweating; choking; nausea; depersonalization or derealization; numbing or tingling; flushes or chills; chest pains; fear of dying; fear of losing control);</p> <p>4. At least some attacks developed suddenly and increased in intensity within ten minutes; and</p> <p>5. No organic etiology identified.</p> <p>b. <u>DSM-IV Criteria</u></p> <p>1. Recurrent unexpected attacks with at least one attack consisting of 4 of the associated symptoms;</p> <p>2. At least one attack has been followed by one month (or more) of: persistent worry about having another attack; worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack); <u>or</u> a significant change in behavior related to the attacks;</p> <p>3. At least some attacks developed suddenly and increased in intensity within ten minutes;</p> <p>4. Panic attacks not due to organic or pharmacological etiology; <u>and</u></p> <p>5. Panic attacks are not better accounted for by another mental disorder (e.g., PTSD, social phobia, separation anxiety disorder).</p>	<p>0 1 2</p> <p>0 1 2</p>	<p>0 1 2</p> <p>0 1 2</p>
<p>23. <u>Evidence of Limited Symptom Attacks</u></p> <p>Same criteria as for DSM-III-R Panic Disorder <u>except</u> all attacks have involved fewer than 4 symptoms.</p>	<p>0 1 2</p>	<p>0 1 2</p>

Note: Check page 12 for diagnostic criteria for Panic Disorder with Agoraphobia.

SEPARATION ANXIETY DISORDER SUPPLEMENT

1. Nightmares

P C S

Do you have a lot of nightmares? Dreams about being away from your parents? Getting kidnapped? Your parents going away or getting hurt? A lot? Sometimes?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasional nightmares, more severe and more frequent than a typical child his/her age.
- 3 3 3 Threshold: Frequent nightmares (3 or more times per month).

PAST:
P **C** **S**

2. Physical Symptoms on School/Separation Days

Do you get sick in your stomach or throw up a lot? Have headaches? When -in the morning, at night, at school? What about during weekends?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasional physical symptoms, more severe and more frequent than a typical child his/her age.
- 3 3 3 Threshold: Frequent symptoms (at least 1 time per week) on school days or when anticipating separation.

PAST:
P **C** **S**

3. Excessive Distress in Anticipation of Separations

Do you get very upset or angry when your mother/father is going out without you? Or when you are getting ready to go to school? A lot? Sometimes? What do you do?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasional distress in anticipation of separations, more severe and more frequent than a typical child his/her age.
- 3 3 3 Threshold: Frequently quite distressed in anticipation of separation situations, (e.g., temper tantrums, crying, pleading).

PAST:
P **C** **S**

4. Excessive Distress Upon Separation

P C S

Do you get very upset or angry when your mother/father are out? Does it get you upset to be left with a babysitter? A lot? What do you do? How long does it take you to calm down? Are you okay after a few minutes?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasional distress upon separation, more severe and more frequent than a typical child his/her age.
- 3 3 3 Threshold: Frequently quite distressed in separation situations, (e.g., temper tantrums, crying, pleading).

PAST:

P C S

5. Duration of Disturbance

For how long have you felt bad when you weren't around your parents? At least 2 weeks.

Record approximate duration of symptoms in weeks:

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	-----	-----	-----	-----	-----	-----
6. <u>Impairment</u>						
a. Socially (with peers):	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

b. With family:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

c. In school:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
7. <u>Evidence of a Precipitant</u> (Specify): _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	Summary CE	Summary MSP				
8. <u>Evidence of Separation Anxiety Disorder</u> <u>DSM-III-R Criteria:</u> 1. Meets criteria for at least <u>three</u> of the nine symptoms surveyed assessing anxiety associated with separations from attachment figures (e.g. Fears calamitous events that will cause separation; fears harms befalling attachment figure, school refusal; fears sleeping away from home or sleeping alone; fears being alone at home; nightmares; physical symptoms on school/separation days; excessive distress in anticipation of separation; and, excessive distress upon separation); 2. duration of disturbance at least 2 weeks; and 3. occurrence not exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or any other psychotic disorder. <u>DSM-IV Criteria:</u> The items assessing distress in anticipation of separation, and upon separation, are counted as a single symptom in the DSM-IV. With the exception of requiring three out of eight symptoms, as opposed to three out of nine, the DSM-IV symptom criteria are identical to the DSM-III-R symptom criteria. Duration criteria have changed, however, with <u>four weeks</u> of symptoms currently required for the diagnoses in DSM-IV.	0 1 2	0 1 2				

PHOBIC DISORDERS SUPPLEMENT

CURRENT EPISODE

Before when you were talking, you said you were really afraid of _____ . . . Are you afraid of any of these other things too?

NOTE: Get information about what child fears will happen. For instance, "crowds" can be a social or specific phobia, depending on if the child is afraid of others scrutinizing him/her (social phobia) or afraid of not being able to get enough air (usually specific/simple phobia). Likewise an elevator can be fear of getting trapped (usually specific/simple phobia - claustrophobia) or fear of having a panic attack (agoraphobia).

Criteria

- 0 = No information.
- 1 = Not present.
- 2 = Subthreshold: Fear of stimuli or situation more severe than a typical child his/her age. No overt symptoms of anxiety.
- 3 = Threshold: Fear of stimuli or situation associated with moderate to severe anxiety (e.g. stomach aches, racing heart, mild shaking, light tears).

1. Phobic Stimuli/Situations

Stimuli or situations that are feared, are avoided or endured with intense anxiety, and associated with functional impairment.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. Heights	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. Dark	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. Blood	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. Dogs	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. Other Animals	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. Insects	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g*. Being outside the home alone.	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h*. Crowds	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i*. Open spaces (going out alone after 10 years old)	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j*. Traveling (buses, subways)	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
k*. Elevators	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
l*. Stores or other closed places except elevators	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
m*. Going over bridges or through tunnels	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
n. Other (Specify): _____	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

NOTE: Starred * items represent typical agoraphobia fears.

_____ Mark here if agoraphobic fears associated with concern of having an unexpected or situationally predisposed panic attack or panic-like symptoms.

	Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
2.	<u>Recognizes Fear as Excessive</u> <i>You know how scared you are of ____? Do you think all kids feel as scared or nervous as you of ____? Do you sometimes wish you didn't feel so scared? Do you think you sometimes feel more scared than you should for a child your age?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3.	<u>Duration</u> (Specify): Specify _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	Six months or more						
4.	<u>Impairment</u>						
	a. Socially (with peers): _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	b. With family: _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	c. In school: _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
5.	<u>Evidence of a Precipitant</u> (Specify): _____ _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Summary CE	Summary MSP
6. <u>Evidence of Phobia</u>		
a. <u>Simple Phobia: DSM-III-R Criteria</u>		
1. Persistent fear of one or more circumscribed stimuli;	0 1 2	0 1 2
2. If another Axis I diagnosis is present, fear is unrelated;		
3. During some phase of disturbance, exposure to social situation elicits extreme anxiety;		
4. Phobic situation is avoided or endured with intense anxiety;		
5. Avoidant behavior interferes with functioning or there is marked distress;		
6. The person recognizes the fear is excessive or unreasonable.		
b. <u>Specific Phobia: DSM-IV Criteria</u>		
DSM-III-R Criteria 1-5 are unchanged. Three qualifications were added for making the diagnosis in children: 1) instead of anxiety, children may exhibit crying behavior, tantrums, freezing, or clinging behavior; 2) children need not be aware that their fear is excessive, and 3) duration must be at least six months.	0 1 2	0 1 2
7. <u>Subtypes</u>		
a. Animal Type (e.g. bugs, spiders, snakes)	0 1 2	0 1 2
b. Natural Environment Type (e.g. heights, storms, water)	0 1 2	0 1 2
c. Blood, Injection, Injury Type	0 1 2	0 1 2
d. Situational Type (e.g. planes, elevators, enclosed places)	0 1 2	0 1 2
e. Other Type (e.g. contracting illnesses, loud noises)	0 1 2	0 1 2

	Summary CE	Summary MSP
8. <u>Agoraphobia</u> (DSM-III-R & DSM-IV)		
a. Anxiety about being places from which escape might be difficult (or embarrassing) or in which help may not be available in case of panic attack (e.g., elevator, crowd).	0 1 2	0 1 2
b. Situations avoided (eg., travel restricted or endured with marked distress).		
c. Avoidance not better accounted for by another disorder (eg., social phobia, OCD, PTSD, specific phobia).		
9. Panic Disorder with Agoraphobia		
Meets criteria for panic disorder and agoraphobia.	0 1 2	0 1 2

OVERANXIOUS/GENERALIZED ANXIETY DISORDER SUPPLEMENT

1. Preoccupation with Appropriateness of Past Behavior

Do you think a lot about things that already happened? For example, do you worry about whether you gave the right answer in school? After you talk to friends, do you keep wondering if you said the right things?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Frequently worries somewhat excessively (at least 1 time per week) about past events/behavior.
- 3 3 3 Threshold: Most days of the week is excessively worried about past events/behaviors.

PAST:
P **C** **S**

2. Overconcern about Competence

Is it really important to you to be good at everything? Do you get upset if you miss a few questions on a test even though you get a good grade? Do you worry a lot about how well you play sports or do other things? Do you think a lot about every mistake you make?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Frequently somewhat concerned (at least 3 times per week) about competence in at least two areas.
- 3 3 3 Threshold: Most days of the week is excessively concerned about competence in several areas.

PAST:
P **C** **S**

3. Excessive Need for Reassurance

Do you often ask your parents/teachers if what you're doing is okay?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Frequently (at least 1 time per week) needs reassurance.
- 3 3 3 Threshold: Most days of the week needs reassurance.

PAST:
P **C** **S**

	Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
4.	<u>Ability to Control Worries</u> <i>You know the things you told me that you worry about (e.g., list positively endorsed items), can you put these fears and worries out of your mind if you try to? For how long can you get yourself to forget about these worries?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	Child finds it difficult to control the worries.						

5. Other Symptoms of Generalized Anxiety Disorder

Are you bothered more days than not by: (Do not rate positive if completely relieved by presence of major attachment figure, or if only occurred during a panic attack or in a circumscribed situation.)

		Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a.	Muscle tension, aches or soreness	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b.	Restlessness	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c.	Easily fatigued	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
d.	Restlessness or feeling keyed up or on edge	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
e.	Difficulty concentrating or mind going blank because of anxiety.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
f.	Trouble falling or staying asleep	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
g.	Irritability	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
6.	<u>Duration</u> (Specify): _____ 6 months or longer	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
7.	<u>Evidence of a Impairment or Distress</u>						
a.	Socially (with peers): _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b.	With family: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c.	In school: _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
8. <u>Evidence of a Precipitant</u> (Specify): _____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	Summary CE	Summary MSP				
9. <u>Evidence of Overanxious Disorder</u> (DSM-III-R Criteria only):						
1. Meets criteria for at least <u>four</u> of the seven anxiety symptoms surveyed (e.g., unrealistic worry about future; somatic complaints; marked self-consciousness; marked tension; preoccupation with appropriateness of past behavior, over concern about competence; excessive need for reassurance);	0 1 2	0 1 2				
2. duration of symptoms at least 6 months						
3. occurrence not exclusively during the course of a Mood Disorder, Pervasive Developmental Disorder, Schizophrenia, or any other psychotic disorder; and						
4. if other Axis I diagnosis present (e.g., Separation Anxiety Disorder, Obsessive Compulsive Disorder), the focus of symptoms are not limited to it.						
10. <u>Evidence of DSM-IV Generalized Anxiety Disorder</u>						
<u>DSM-IV Criteria:</u>						
DSM-III-R Criteria 1-4 are primarily unchanged. Individuals must now also report that they find it difficult to control their worries, and that they experience distress or impairment. Instead of needing to endorse six of the 18 symptoms, DSM-IV criteria are currently met if only <u>one</u> of the following six symptoms are present: 1) muscle tension (#2); 2) restlessness or feeling keyed up on the edge (#3 or 14); 3) easily fatigued (#4); 4) difficulty concentrating or mind going blank (#16); 5) trouble falling or staying asleep (#17); or 6) irritability (#18).	0 1 2	0 1 2				

OBSESSIVE COMPULSIVE DISORDER SUPPLEMENT

COMPULSIONS:

Before when we were talking you said that you can't stop yourself from doing ____, do you also do

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 = No Information						
1 = Not Present						
2 = Compulsion of questionable clinical significance						
3 = Definite compulsions						
1. <u>Types of Compulsions</u>						
a. Touching	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. Counting	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. Cleaning/Washing	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. Checking (eg., Did not harm others; nothing bad will happen; did not make mistakes)	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. Collecting/Hoarding	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. Ordering/Arranging Objects	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. Scheduling Activities	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. Repeating/Re-Doing (eg., assignment, activity like going through door or up/down from chair)	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. Other (Specify): _____ _____	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

<u>Code for Remaining Items:</u>	<u>Criteria</u>	<u>Parent CE</u>	<u>Parent MSP</u>	<u>Child CE</u>	<u>Child MSP</u>	<u>Summary CE</u>	<u>Summary MSP</u>
0 = No Information 1 = No 2 = Yes							
2. <u>Purpose of Compulsions</u>	Behavior designed to prevent discomfort or some dreaded event; however, activity either not connected in a realistic way to what it is designed to neutralize or prevent, or it is clearly excessive.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<i>Why do you do ____? What are you afraid would happen if you couldn't do ____?</i>							
3. <u>Perception of Compulsion</u>	Person recognizes that behavior is excessive or unreasonable.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<i>Do you think that you do ____ more than you should? Do you wish you could stop doing ____?</i>							
4. <u>Time Consuming</u>	Compulsions performed more than one hour per day	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<i>About how much time do you spend ____? Do you ____ a couple times a day, or only once a day? Before you go to school in the morning? At school? At home? In the middle of the night?</i>							
5. <u>Impairment:</u>							
a. Socially (with peers): _____		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. With family: _____		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c. In school/work: _____		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
d. Severe distress: _____		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

OBSESSIONS:

Before when we were talking you said that you can't stop yourself from thinking about ____, do you also have thoughts about

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 = No Information						
1 = Not Present						
2 = Obsessions of questionable clinical significance						
3 = Definite obsessions						
1. <u>Content of Obsessions</u>						
a. Contamination, Somatic (eg., cleanliness/germs, safety, etc.)	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. Aggressive thoughts (concerning self or others)	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. Nihilistic or morbid thoughts	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. Need for Symmetry or Exactness (certainty/precision/order)	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. Meaningless phrases/sounds/images	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. Sexual Obsessions	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. Hoarding/Saving	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. Religious	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. Other (Specify): _____ _____	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

<u>Code for Remaining Items:</u>	<u>Criteria</u>	<u>Parent CE</u>	<u>Parent MSP</u>	<u>Child CE</u>	<u>Child MSP</u>	<u>Summary CE</u>	<u>Summary MSP</u>
0 = No Information 1 = No 2 = Yes							
2. <u>Thoughts</u> <u>Intrusive/Senseless</u>							
<i>Does it bother you that these thoughts keep coming in your mind? Do these thoughts make any sense to you or do they seem sort of silly? What about when they first started?</i>	Thoughts are perceived as intrusive or senseless, at least initially.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3. <u>Suppression</u>							
<i>When you have these thoughts, do you try to stop them...to get them out of your head? What do you do? Do you ever try thinking about other things or going and doing things to get them out of your mind? Do you have control over the thoughts or do the thoughts have control over you?</i>	Attempts to ignore, suppress, or neutralize thoughts with some other thought or action.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4. <u>Origin of Thoughts</u>							
<i>Where do you think these thoughts come from? Do they come from your head or do other people put them in your mind?</i>	Obsessions seen as product of his/her mind, not imposed from without (not thought insertion)	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
<p>5. <u>Time Consuming</u></p> <p><i>About how much time do you spend thinking about ____? Do you think about ____ at school? During recess? When you are home? At dinner? What kinds of things can't you do because of ____?</i></p>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<p>6. <u>Impairment:</u></p> <p>a. Socially (with peers):</p> <p>_____</p> <p>_____</p>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<p>b. With family:</p> <p>_____</p> <p>_____</p>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<p>c. In school/work:</p> <p>_____</p> <p>_____</p>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<p>d. Severe distress:</p> <p>_____</p> <p>_____</p>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Summary CE	Summary MSP
<p>7. <u>Evidence of Obsessive-Compulsive Disorder (DSM-III-R)</u></p> <p><u>Presence of Obsessions:</u></p> <p>0 1 2 0 1 2</p> <ol style="list-style-type: none"> 1. Recurrent and persistent ideas, thoughts that at least initially are perceived as intrusive and senseless; 2. child attempts to ignore, suppress, or neutralize thoughts with other thought or action; 3. child recognizes the obsessions are a product of his/her own mind; 4. if other Axis I diagnosis is present, the content of obsession or compulsion is unrelated to it (eg., thoughts of food in the presence of an Eating Disorder). <p><u>OR</u></p> <p><u>Presence of Compulsions:</u></p> <p>0 1 2 0 1 2</p> <ol style="list-style-type: none"> 1. Repetitive, purposeful behavior (eg., handwashing, orderly, checking) performed in response to an obsession or according to certain rules. 2. Behavior designed to neutralize or to prevent discomfort or some dreaded event or situation, however, the activity is not connected in a realistic way with what it is designed to neutralize or prevent, or it is clearly excessive. <p style="padding-left: 40px;">Obsessions or compulsions cause marked distress, are time consuming (eg., one hour/day), or significantly impair functioning. Children need not be aware that obsessions or compulsions are excessive.</p>		
<p>8. <u>Evidence of Obsessive Compulsive Disorder (DSM-IV)</u></p> <p>Same as above, with the following two qualifications: 1) obsessions are not simply excessive worries about realistic problems; and 2) children need not be aware that the obsessions or compulsions are excessive.</p>	0 1 2	0 1 2

BEHAVIORAL DISORDERS SUPPLEMENT

Subject's ID# and Initials

Date of Interview

Interviewer

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ATTENTION DEFICIT HYPERACTIVITY DISORDER SUPPLEMENT

(If child is on medication for ADHD, rate behavior when not on medication)

	<u>P</u>	<u>C</u>	<u>S</u>	
1. <u>Makes a lot of Careless Mistakes</u>	0	0	0	No information.
<i>Do you make a lot of careless mistakes at school?</i>				
<i>Do you often get problems wrong on tests because you didn't read the instructions right? Do you often leave some questions blank by accident? Forget to do the problems on both sides of a handout? How often do these types of things happen? Has your teacher ever said you should pay more attention to detail?</i>	1	1	1	Not present.
	2	2	2	Subthreshold: Occasionally makes careless mistakes. Problem has only minimal effect on functioning.
	3	3	3	Threshold: Often makes careless mistakes. Problem has moderate to severe effect on functioning.
	PAST:			
	— P	— C	— S	
2. <u>Doesn't Listen</u>	0	0	0	No information.
<i>Is it hard for you to remember what your parents and teachers say? Do your parents or teachers complain that you don't listen to them when they talk to you? Do you "tune people out"? Do you get into trouble for not listening?</i>	1	1	1	Not present.
	2	2	2	Subthreshold: Occasionally doesn't listen. Problem has only minimal affect on functioning.
	3	3	3	Threshold: Often does not listen. Problem has moderate effect on functioning.
Rate based on data reported by informant or observational data.				
	PAST:			
	— P	— C	— S	
3. <u>Difficulty Following Instructions</u>	0	0	0	No information.
<i>Do your teachers complain that you don't follow instructions? When your parents or your teacher tell you to do something, is it sometimes hard to remember what they said to do? Does it get you into trouble? Do you lose points on your assignments for not following directions or not completing the work? Do you forget to do your homework or forget to turn it in? Do you get into trouble at home for not finishing your chores or other things your parents ask you to do? How often?</i>	1	1	1	Not present.
	2	2	2	Subthreshold: Occasionally has difficulty following instructions. Problem has only minimal effect on functioning.
	3	3	3	Threshold: Often has difficulty following instructions. Problem has moderate to severe effect on functioning.
	PAST:			
	— P	— C	— S	

4. Difficulty Organizing Tasks

Is your desk or locker at school a mess? Does it make it hard for you to find the things you need? Does your teacher complain that your assignments are messy or disorganized? When you do your worksheets, do you usually start at the beginning and do all the problems in order, or do you like to skip around? Do you often miss problems? Do you have a hard time getting ready for school in the morning?

P C S

0 0 0

No information.

1 1 1

Not present.

2 2 2

Subthreshold: Occasionally disorganized. Problem has only minimal effect on functioning.

3 3 3

Threshold: Often disorganized. Problem has moderate to severe effect on functioning.

PAST:

P **C** **S**

5. Dislikes/Avoids Tasks Requiring Attention

Are there some kinds of school work you hate doing more than others? Which ones? Why? Do you try to get out of doing your ____ assignments? Do you pretend to forget about your _____ homework to get out of doing it? About how many times a week do you not do your _____ homework?

0 0 0

No information.

1 1 1

Not present.

2 2 2

Subthreshold: Occasionally avoids tasks that require sustained attention, and/or expresses mild dislike for these tasks. Problem has only minimal effect on functioning.

3 3 3

Threshold: Often avoids tasks that require sustained attention, and/or expresses moderate dislike for these tasks. Problem has moderate to severe effect on functioning.

PAST:

P **C** **S**

6. Loses Things

Do you lose things a lot? Your pencils at school? Homework assignments? Things around home? About how often does this happen?

0 0 0

No information.

1 1 1

Not present.

2 2 2

Subthreshold: Occasionally loses things. Problem has only minimal effect on functioning.

3 3 3

Threshold: Often loses things (e.g. once a week or more). Problem has moderate to severe effect on functioning.

PAST:

P **C** **S**

P C S

7. Forgetful in Daily Activities

Do you often leave your homework at home, or your books or coats on the bus? Do you leave your things outside by accident? How often do these things happen? Has anyone ever complained that you are too forgetful?

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Occasionally forgetful. Problem has only minimal effect on functioning.
3 3 3 Threshold: Often forgetful. Problem has moderate to severe effect on functioning.

PAST:

P C S

8. Fidget

Do people often tell you to sit still, to stop moving, or stop squirming in your seat? Your teachers? Parents? Do you sometimes get into trouble for squirming in your seat or playing with little things at your desk? Do you have a hard time keeping your arms and legs still? How often?

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Occasionally fidgets with hands or feet or squirms in seat. Problem causes only minimal effect on functioning.
3 3 3 Threshold: Often fidgets with hands or feet or squirms in seat (e.g. At least 50% of the time). Problem causes moderate to severe effect on functioning.

PAST:

P C S

Rate based on data reported by informant or observational data.

9. Runs or Climbs Excessively

Do you get into trouble for running down the hall in school? Does your mom often have to remind you to walk instead of run when you are out together? Do your parents or your teacher complain about you climbing things you shouldn't? What kinds of things? How often does this happen?

Adolescents: *Do you feel restless a lot? Feel like you have to move around, or that it is very hard to stay in one place?*

0 0 0 No information.
1 1 1 Not present.
2 2 2 Subthreshold: Occasionally runs about or climbs excessively. Problem has only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness.)
3 3 3 Threshold: Often runs about or climbs excessively. Problem has moderate to severe effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness.)

PAST:

P C S

Rate based on data reported by informant or observational data.

	<u>P</u> <u>C</u> <u>S</u>							
10. <u>On the Go/Acts Like Driven by Motor</u>	0 0 0	No information.						
<i>Is it hard for you to slow down? Can you stay in one place for long, or are you always on the go?</i>	1 1 1	Not present.						
<i>How long can you sit and watch TV or play a game? Do people tell you to slow down a lot?</i>	2 2 2	Subthreshold: Occasionally, minimal effect on functioning.						
	3 3 3	Threshold: Often acts as if "driven by a motor". Moderate to severe effect on functioning.						
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—	—	—						
P	C	S						
11. <u>Difficulty Playing Quietly</u>	0 0 0	No information.						
<i>Do your parents or teachers often tell you to quiet down when you are playing? Do you have a hard time playing quietly?</i>	1 1 1	Not present.						
	2 2 2	Subthreshold: Occasionally has difficulty playing quietly. Problem has only minimal effect on functioning.						
	3 3 3	Threshold: Often has difficulty playing quietly. Problem has moderate to severe effect on functioning.						
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—	—	—						
P	C	S						
12. <u>Blurts Out Answers</u>	0 0 0	No information.						
<i>At school, do you sometimes call out the answers before you are called on? Do you talk out of turn at home? Answer questions your parents ask your siblings? How often?</i>	1 1 1	Not present.						
	2 2 2	Subthreshold: Occasionally talks out of turn. Problem has only minimal effect on functioning.						
	3 3 3	Threshold: Often talks out of turn (e.g. daily or nearly daily). Problem has moderate to severe effect on functioning.						
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—	—	—						
P	C	S						
13. <u>Difficulty Waiting Turn</u>	0 0 0	No information.						
<i>Is it hard for you to wait your turn in games? What about in line in the cafeteria or at the water fountain?</i>	1 1 1	Not present.						
	2 2 2	Subthreshold: Occasionally has difficulty waiting his/her turn. Problem has only minimal effect on functioning.						
	3 3 3	Threshold: Often has difficulty waiting his/her turn. Problem has moderate to severe effect on functioning.						
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—	—	—						
P	C	S						

	<u>P</u> <u>C</u> <u>S</u>	
14. <u>Interrupts or Intrudes</u>	0 0 0	No information.
<i>Do you get into trouble for talking out of turn in school? Do your parents, teachers, or any of the kids you know complain that you cut them off when they are talking? Do kids complain that you break in on games? Does this happen a lot?</i>	1 1 1	Not present.
	2 2 2	Subthreshold: Occasionally interrupts others.
	3 3 3	Threshold: Often interrupts others.
Rate based on data reported by informant or observational data.	PAST:	$\overline{\text{P}}$ $\overline{\text{C}}$ $\overline{\text{S}}$
15. <u>Shifts Activities</u>	0 0 0	No information.
<i>When you are playing or doing one thing, do you often stop what you are doing because you think of something else you'd rather do? Do you have trouble sticking with one activity? (Survey multiple items; e.g., setting the table, other chores, schoolwork, video games) Have other people said you do? Your teacher? Your mom?</i>	1 1 1	Not present.
	2 2 2	Subthreshold: Occasionally shifts tasks and does not finish activities.
	3 3 3	Threshold: Often shifts tasks and does not finish activities.
	PAST:	$\overline{\text{P}}$ $\overline{\text{C}}$ $\overline{\text{S}}$
16. <u>Talks Excessively</u>	0 0 0	No information.
<i>Do people say you talk too much? Do you get into trouble at school for talking when you are not supposed to? Do people in your family complain that you talk too much?</i>	1 1 1	Not present.
	2 2 2	Subthreshold: Occasionally talks excessively.
	3 3 3	Threshold: Often talks excessively.
Rate based on data reported by informant or observational data.	PAST:	$\overline{\text{P}}$ $\overline{\text{C}}$ $\overline{\text{S}}$
17. <u>Engages in Physically Dangerous Activities</u>	0 0 0	No information.
<i>Do you sometimes run out in the street without looking? Forget to check for traffic when you ride your bike? Do other things that your parents think are dangerous, like jump from tall heights? Often? Has anyone ever said you were a dare devil? How come?</i>	1 1 1	Not present.
	2 2 2	Subthreshold: Occasionally engages in activities that are physically dangerous.
	3 3 3	Threshold: Often engages in activities that are physically dangerous.
	PAST:	$\overline{\text{P}}$ $\overline{\text{C}}$ $\overline{\text{S}}$

	Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
18. <u>Duration</u>							
	<i>For how long have you had trouble (list symptoms that were positively endorsed)?</i>	6 months or more	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
19. <u>Age of Onset</u>							
	<i>How old were you when you first started having trouble (list symptoms)? Did you have these problems in kindergarten? First Grade?</i>	Onset before age 7	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	Specify: _____						
20. <u>Impairment</u>							
	a. Socially (with peers): _____		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	b. With family: _____		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	c. In school: _____		0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
21. <u>Evidence of ADHD</u> (DSM-III-R)							
A. Meets criteria for at least <u>eight</u> of the following symptoms:			Summary CE	Summary MSP			
1) Difficulty sustaining Attention on Tasks or Play Activities		0 1 2	0 1 2	0 1 2			
2) Doesn't Listen							
3) Difficulty Following Instructions							
4) Loses Things							
5) Easily Distracted							
6) Fidget							
7) Difficulty Remaining Seated							
8) Difficulty Playing Quietly							
9) Blurts Out Answers							
10) Difficulty Waiting Turn							
11) Interrupts or Intrudes							
12) Shifts Activities							
13) Talks Excessively							
14) Engages in Physically Dangerous Activities							
B. duration of symptoms 6 months or longer;							
C. onset before the age of 7; and							
D. does not meet criteria for Pervasive Developmental Disorder.							

22. <u>Evidence of ADHD (DSM-IV)</u>	Summary CE	Summary MSP
A. Either i <u>or</u> ii:		
<u>Inattention:</u>	0 1 2	0 1 2
i. Meets criteria for at least <u>six</u> of the following nine symptoms:		
1) Makes a lot of Careless Mistakes 2) Difficulty Sustaining Attention on Tasks or Play Activities 3) Doesn't Listen 4) Difficulty Following Instructions 5) Difficulty Organizing Tasks 6) Dislikes/Avoids Tasks Requiring Attention 7) Loses Things 8) Easily Distracted 9) Forgetful in Daily Activities <u>or</u>		
OR <u>Hyperactivity/Impulsivity</u>		
ii. Meets Criteria for at least <u>six</u> or more of the following nine symptoms:		
1) Fidget 2) Difficulty Remaining Seated 3) Runs or Climbs Excessively 4) Difficulty Playing Quietly 5) On the go/Acts as if Driven by a Motor 6) Talks Excessively 7) Blurts Out Answers 8) Difficulty Waiting Turn 9) Often interrupts or intrudes		
B. duration of symptoms 6 months or longer; C. some symptoms that caused impairment present before the age of 7; D. some impairment from symptoms must be present in two or more situations (e.g. school and home) E. clinically significant impairment; and F. does not meet criteria for Pervasive Developmental Disorder.		
23. <u>Predominantly Inattentive Type</u>		
Meets criterion Ai, but not criterion Aii for past six months.	0 1 2	0 1 2
24. <u>Predominantly Hyperactive-Impulsive Type</u>		
Meets criterion Aii, but not criterion Ai for past six months.	0 1 2	0 1 2

	Summary CE	Summary MSP
25. <u>Combined Type</u> Both criterion Ai and Aii are met for past six months.	0 1 2	0 1 2
26. <u>Attention-Deficit Hyperactivity Disorder Not Otherwise Specified</u> Prominent symptoms of inattention or hyperactivity - impulsivity that do not meet criteria for Attention Deficit/Hyperactivity Disorder.	0 1 2	0 1 2

OPPOSITIONAL DEFIANT DISORDER SUPPLEMENT

P C S

1. Easily Annoyed or Angered

0 0 0

No information.

Do people bug you and get on your nerves a lot? What kinds of things set you off? Do you get really annoyed when your parents tell you that you can't do something you want to? Like what? What other things really get on your nerves? What do you do when you are feeling annoyed or bugged? How often would you say this happens?

1 1 1

Not present.

2 2 2

Subthreshold: Easily annoyed or angered on occasion. Annoyed more often than a typical child his/her age (1 - 3 times a week).

3 3 3

Threshold: Easily annoyed or angered daily or almost daily.

PAST:

P **C** **S**

2. Angry or Resentful

0 0 0

No information.

Do you get angry or cranky with your parents a lot? How about with your teachers? brothers? sisters? friends? Do other people tell you that you get cranky a lot? Who? How often does it happen?

1 1 1

Not present.

2 2 2

Subthreshold: Occasionally angry or resentful. Angry more often than a typical child his/her age (1 - 3 times a week).

3 3 3

Threshold: Angry or resentful daily or almost daily.

PAST:

P **C** **S**

3. Spiteful and Vindictive

0 0 0

No information.

When someone does something unfair to you, do you try to get back at them? Give me some examples? What if your brother or a friend did something to get you into trouble or make you mad. Would you do something back to them? Has this happened before? How often? Are there times when people do something to you and you let it slide? Does this happen a lot?

1 1 1

Not present.

2 2 2

Subthreshold: Spiteful and/or vindictive on occasion. Spiteful more often than a typical child his/her age (1-3 times a week).

3 3 3

Threshold: Spiteful and/or vindictive daily or almost daily.

PAST:

P **C** **S**

P C S

4. Uses Bad Language

Do you curse or swear a lot? Do your parents or teachers ever complain about your mouth? How often do you curse?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasionally. Curses more often than a typical child his/her age.
- 3 3 3 Threshold: Curses excessively daily or almost daily.

PAST:
P **C** **S**

5. Annoys People on Purpose

When your mom asks you to do something, do you usually do it? Like if she asks you to put away a game, do you or do you keep playing and pretending you didn't hear her? Do people say you do things on purpose to annoy or bug them? Your parents? Teachers? Brothers? What kinds of things do they complain about? Do you think that it's true?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: On one or two occasions has deliberately done things to annoy other people.
- 3 3 3 Threshold: On multiple occasions has deliberately done things to annoy other people.

PAST:
P **C** **S**

Do not score teasing of a sibling.

6. Blames Others for Own Mistakes

When you get into trouble, how easy is it for you to take responsibility for what you've done? Is it usually your fault or someone else? How often do you own up to what you've done? Do you think most of your troubles are caused by other people or are they your own fault?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: On occasion blames others for own mistakes. Denial of responsibility more often than a typical child his/her age.
- 3 3 3 Threshold: Often blames others for own mistakes over 50% of the time.

PAST:
P **C** **S**

	Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
7.	<u>Duration</u>						
	<i>How long have you had problems with your temper (or other symptoms)?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
	6 months or more						
8.	<u>Impairment</u>						
	a. Socially (with peers):	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	b. With family:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	c. In school:	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

9.	<u>Evidence of a Precipitant</u> (Specify):	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

10.	<u>Evidence of Oppositional Defiant Disorder</u>	Summary CE	Summary MSP				
	a. <u>DSM-III-R Criteria</u>						
	1. Meets criteria for <u>five</u> of the 9 oppositional symptoms surveyed (e.g., loses temper; argues a lot with adults; disobeys rules; easily annoyed or angered; angry or resentful; spiteful or vindictive; uses obscene language; annoys people on purpose; blames others for own mistakes);	0 1 2	0 1 2				
	2. duration of symptoms 6 months or longer; and						
	3. Does not meet criteria for Conduct Disorder, and oppositional symptoms do not occur exclusively during the course of a psychotic disorder, Dysthymia, MDD, Hypomanic, or Manic episode.						
	b. <u>DSM-IV Criteria</u>						
	The item assessing the use of obscene language was deleted from the DSM-IV criteria. To obtain a diagnosis of Oppositional Defiant Disorder (ODD), children must meet criteria for <u>four</u> of the remaining 8 symptoms surveyed. In addition, there must be evidence of functional impairment.	0 1 2	0 1 2				

CONDUCT DISORDER SUPPLEMENT

1. Vandalism

Do you ever break other people's things on purpose? Like breaking windows? Smashing cars? Anything else? What's the most expensive thing you ever broke, messed up, or destroyed on purpose? How about when you are feeling really angry? About how often do you break or destroy other people's things on purpose?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Minor acts of vandalism on 1 or 2 occasions (e.g., breaks another's toy on purpose).
- 3 3 3 Threshold: Three or more instances of moderate to severe vandalism.

PAST:

P C S

2. Breaking and Entering

In the past six months, have you or any of your friends broken into any cars? Houses? Any stores? Warehouses? Other buildings? About how many times have you broken into a house, car, store, or other building?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Has been with friends who broke into a house, car, store, or building, but did not actively participate.
- 3 3 3 Threshold: Has broken into a house, car, store, or building 1 or more times.

PAST:

P C S

3. Aggressive Stealing

In the past six months, have you or any of your friends robbed anyone? Snatched their purse? Held them up? Threatened them? How often?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Has been with friends who aggressively stole, but did not actively participate.
- 3 3 3 Threshold: Mugging, purse-snatching, extortion, armed robbery, etc. on 1 or more occasions.

PAST:

P C S

4. Firesetting

Have you set any fires in the past six months? Why did you set the fire? Were you playing with matches and did you start the fire by accident, or did you start it on purpose? Were you angry? Were you trying to cause a lot of damage or to get back at someone? What's the most damage you ever caused by starting a fire? About how many fires have you set?

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Match play. No intent to cause damage, and fire(s) not started out of anger.
- 3 3 3 Threshold: Set 1 or more fires with the intent to cause damage, or out of anger.

PAST:

P **C** **S**

5. Often Stays out at Night

What time are you supposed to come home at night? Do you often stay out past your curfew? What is the latest you ever stayed out? Have you ever stayed out all night? How many times have you done that?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Stayed out all night, or almost all night, on one isolated occasion.
- 3 3 3 Threshold: Stayed out all night, or almost all night, on several occasions (2 or more times).

PAST:

P **C** **S**

6. Ran Away Overnight

Over the past six months, have you run away? Why? Was there something going on at home that you were trying to get away from? How long did you stay away? How many times did you do this?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Ran away overnight only one time, or ran away for shorter periods of time on several occasions.
- 3 3 3 Threshold: Ran away for at least two nights or more on one or more occasions, or ran away overnight 2 or more times.

Note: Do not score positively if child ran away to avoid physical or sexual abuse.

PAST:

P **C** **S**

P C S

7. Use of a Weapon

*Do you carry a knife or a gun? A numb chuck?
Have you ever used a weapon against someone
else, including using bricks, broken bottles, or
other things? What about in self defense?
Have you ever threatened to use one to get
someone to back off?*

0 0 0

No information.

1 1 1

Not present.

2 2 2

Subthreshold: Has threatened use of a weapon, but has never used one.

3 3 3

Threshold: Used a weapon that can cause serious harm on 1 or more occasions (e.g. knife, brick, broken bottle, gun).

PAST:

P C S

8. Physical Cruelty to Persons

*What is the worst you ever laid into someone?
Have you ever beat someone up real bad for no
real reason, or just because they are a nerd?
What happened? Did they get hurt?*

0 0 0

No information.

1 1 1

Not present.

2 2 2

Subthreshold: Bullies others (e.g. pushes, intimidates others), but has never bruised another, or caused a more serious injury.

3 3 3

Threshold: Bullying or physical cruelty to others has led to moderate to severe injury (e.g. bruises, laceration).

PAST:

P C S

9. Forced Sexual Activity

*Have you ever forced anyone to have sex with
you, or go further than they wanted? Has
someone ever said you did? What did they say
happened? How many times has this
happened?*

0 0 0

No information.

1 1 1

Not present.

2 2 2

Subthreshold: Forced someone to participate in non-genital fondling on one or more occasions.

3 3 3

Threshold: Forced someone to participate in genital fondling, oral sex, vaginal intercourse and/or anal intercourse on one or more occasions.

PAST:

P C S

P C S

10. Cruelty to Animals

Some kids like to hurt or torture animals. In the past six months have you hurt or tried to hurt an animal on purpose? Shot at one with a bee-bee gun? Fed an animal poison? Other things? What did you do? About how many times have you hurt an animal on purpose in the last six months?

0 0 0

No information.

1 1 1

Not present.

2 2 2

Subthreshold: Has killed or tortured an animal on only one occasion.

3 3 3

Threshold: Has killed or tortured an animal on 2 or more occasions.

PAST:

P C S

Note: Do not score traditional hunting outings.

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
11. <u>Impairment</u>						
a. Socially (with peers)						
_____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

b. With family:						
_____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

c. In school:						
_____	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

12. <u>Duration</u>						
<i>For how long did you (list positively endorsed conduct symptoms)?</i>	6 months or more					
	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
13. <u>Group Type</u>						
<i>Did you usually do (list positively endorsed conduct symptoms) with your friends? Other kids?</i>	Predominance of conduct problems occur a group activity with peers					
	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
14. <u>Solitary Aggressive Type</u>							
	<i>Did you usually do (list positively endorsed conduct symptoms) alone -- by yourself?</i>						
	Most conduct disorder activities initiated by the person (not as group activity)	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
15. <u>Undifferentiated Type</u>							
	<i>Did you do some of the things we talked about with your friends, and others on your own?</i>						
	Conduct symptoms cannot be classified as either group or solitary aggressive type	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
16. <u>Childhood Onset Type</u>							
	<i>How old were you when you first started to (list positively endorsed items)?</i>						
	Onset of at least one conduct problem prior to the age of 10.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
17. <u>Adolescent Onset Type</u>							
	<i>You didn't do any of these things before you were 10?</i>						
	No conduct problems prior to age 10.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

18. <u>Evidence of Conduct Disorder</u>	Summary CE	Summary MSP
<u>DSM-III-R Criteria</u>		
A. Meets criteria for at least <u>three</u> of the following 13 symptoms surveyed within a given 6 month time period:	0 1 2	0 1 2
Lies, truant, physical fights, nonaggressive stealing, vandalism, breaking and entering, aggressive stealing, firesetting, ran away overnight, use of a weapon, physical cruelty to persons, forced sexual activity, cruelty to animals.		
B. Duration of symptoms 6 months or more;		
and:		
C. if 18 or older, does not meet criteria for antisocial personality disorder.		
<u>DSM-IV Criteria</u>	Summary CE	Summary MSP
A. Meets criteria for at least <u>three</u> of the following 15 conduct symptoms in the past 12 months, with at least one criterion present in the past 6 months:	0 1 2	0 1 2
Lies, truant, physical fights, bullies, often stays out at night, nonaggressive stealing, vandalism, breaking and entering, aggressive stealing, firesetting, ran away overnight, use of a weapon, physical cruelty to persons, forced sexual activity, cruelty to animals.		
B. Behavior causes clinically significant impairment; and,		
C. If 18 or older, does not meet criteria for antisocial personality disorder.		
<u>Childhood-Onset Type</u>		
Onset of at least one criterion prior to the age of 10 years.	0 1 2	0 1 2
<u>Adolescent-Onset Type</u>		
Absence of any criteria prior to age 10 years.	0 1 2	0 1 2
<u>Mild</u>		
Few if any conduct problems in excess of those required to make the diagnosis <u>and</u> conduct problems only cause minor harm to others (eg., lying, truancy, staying out late).	0 1 2	0 1 2

Moderate

Number and effect of problems intermediate between "mild" and "severe" (eg., stealing without confronting victim, vandalism).

0 1 2

0 1 2

Severe

Many conduct problems in excess of those required to make diagnosis or conduct problems cause considerable harm to others (eg., forced sex, use of a weapon, stealing while confronting victim, breaking and entering).

0 1 2

0 1 2

SUBSTANCE ABUSE AND OTHER DISORDERS SUPPLEMENT

Subject's ID# and Initials

Date of Interview

Interviewer

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ALCOHOL ABUSE SUPPLEMENT

1. Frequency

How often do you usually drink currently? Most weekends? Friday and Saturday? Mid-week too?

Note: Record most common pattern of use (e.g., if usually only drinks 1-2 times per week but occasionally drinks more, score 2). If pattern of use is very inconsistent, estimate average use.

P C S

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: One to two times per week.
- 3 3 3 Threshold: Three or more times per week.

PAST:

P C S

2. Quantity

How much ____ do you usually drink?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: One or two drinks.
- 3 3 3 Threshold: Three or more drinks.

PAST:

P C S

3. Drinks More than Planned

Do you ever tell yourself you'll only have one or two drinks on a given night and find yourself getting drunk anyway? How often does this happen?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Occasionally drinks more than planned.
- 3 3 3 Threshold: Often drinks more than planned.

PAST:

P C S

P C S

4. Negative Consequences - Physical

In the past six months, have there been times you got sick from drinking too much? How many times? Have you accidentally hurt yourself when you were drinking? Fallen and twisted an ankle, or hurt yourself in some other way? Had any blackouts? Woken up the next day not remembering what you did the night before?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Negative consequences on only one isolated occasion.
- 3 3 3 Threshold: Negative consequences on 2 or more occasions.

PAST:

P C S

5. Negative Consequences - Dangerous Behavior

In the past six months, have you done anything dangerous while drinking? Driven a car while intoxicated? Speeded on the highway? Have you done other things you wouldn't normally do when you were drunk, like run across the train tracks when a train was approaching? Have you taken any other risks?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Negative consequences on only one isolated occasion.
- 3 3 3 Threshold: Negative consequences on 2 or more occasions.

PAST:

P C S

6. Negative Consequences: Psychological

Do your moods change dramatically when you drink? Do you find yourself getting angered easily? Do you switch from happy to sad?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Negative consequences on only one isolated occasion.
- 3 3 3 Threshold: Negative consequences on 2 or more occasions.

PAST:

P C S

P C S

7. Negative Consequences - Occupational

In the past six months, have you had any problems at school because of your drinking? Exams you messed up because you were too drunk or hung over to study for? Homework assignments that you missed? Do you think your drinking is affecting your school work? Has anyone else suggested that it is?

For students that work: *Has your drinking affected your work any? Have you missed any days of work because you were hung over? Gotten in trouble at work for being drunk?*

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Negative consequences on only one isolated occasion.

3 3 3 Threshold: Negative consequences on 2 or more occasions.

PAST:
P **C** **S**

8. Negative Consequences - Social

Have you had a serious argument or fight with a friend, or family member when you were drunk or because of your drinking? Have you lost any friends because of your drinking, or developed any problems in your relationship with family members because of it? Have you had trouble getting along with others?

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Negative consequences on only one isolated occasion.

3 3 3 Threshold: Negative consequences on 2 or more occasions.

PAST:
P **C** **S**

9. Negative Consequences - Legal

In the past six months, have you done anything against the law when you were high on alcohol? Steal a car? Go joy riding? Been picked up for driving under the influence? Other things?

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Negative consequences on only one isolated occasion.

3 3 3 Threshold: Negative consequences on 2 or more occasions.

PAST:
P **C** **S**

P C S

10. **Intoxicated When Expected to Fulfill Major Role Obligations**

In the past six months, have there been times when you got drunk at school or went to school drunk? Got drunk when you were babysitting? Gone to work drunk, or drank at work? How often?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Once or twice.
- 3 3 3 Threshold: Three or more times.

PAST:
P **C** **S**

11. **Important Occupational, Social, or Recreational Activities Given Up or Reduced Due to Abuse**

Over the past six months, how many times have you skipped school or missed work to go drinking? Missed them because you were hung over? Lately, would you say you have been drinking instead of spending time doing other hobbies you used to enjoy ... like playing sports or doing other things? Has your drinking time taken the place of the time you used to spend with your family or friends?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Important activity missed on only one isolated occasion.
- 3 3 3 Threshold: Important activities missed on several occasions.

PAST:
P **C** **S**

12. **Time Consuming**

How much of your time do you spend drinking, being high, or hung over? Do you spend a lot of time thinking about getting drunk or where you're going to get something to drink?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Time spent in drinking related activities limited (e.g., recreational use only).
- 3 3 3 Threshold: Time extends beyond recreational use and impedes other activities to some extent.

PAST:
P **C** **S**

P C S

13. Tolerance

Do you find that you have to drink much more now to get the same high that you got when you first started to drink? How much do you have to drink to get high?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Needs to drink 1 to 2 drinks more than initially to achieve intoxication or desired effect.
- 3 3 3 Threshold: Needs to drink 3 or more drinks to achieve intoxication or desired effect.

PAST:

P **C** **S**

14. Tried to Quit

Have you ever tried to stop drinking or cut back? How many times have you tried to cut back?

- 0 0 0 No information.
- 1 1 1 Not present.
- 2 2 2 Subthreshold: Transient thoughts about desire to cut down or control use.
- 3 3 3 Threshold: One or more unsuccessful attempts to cut down or control use.

PAST:

P **C** **S**

	Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
15.	<u>Withdrawal Symptoms</u> Have you ever had the shakes when you cut down or stopped drinking? Had real bad headaches? Felt very anxious, depressed, or irritable? Had more trouble sleeping? Nausea? Transient hallucinations or illusions? Do not include simple "hang over."	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
16.	<u>Alcohol Consumed to Relieve Withdrawal</u> Do you sometimes drink to keep yourself from becoming sick or getting the shakes?	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
17.	<u>Duration</u> For how long a time were you (symptoms of alcohol abuse/dependence)?	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
18.	<u>Evidence of Alcohol Abuse</u> a. <u>DSM-III-R Criteria</u> One or more of the following: evidence of recurrent negative physical, psychological, occupational (school), or social consequences caused or exacerbated by use, or recurrent use in physically dangerous situations (eg., driving while intoxicated). Some symptoms of disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time. Never met criteria for alcohol dependence.	Summary CE	Summary MSP				
		0 1 2	0 1 2				

	Summary CE	Summary MSP
<p>b. <u>DSM-IV Criteria</u></p> <p>One or more of the following: continued use despite recurrent occupational (school) or social consequences caused or exacerbated by use; recurrent use in physically dangerous situations; recurrent legal related problems; recurrent use when expected to fulfill major role obligations.</p>	0 1 2	0 1 2
<p>19. <u>Evidence Alcohol Dependence</u></p> <p>a. <u>DSM-III-R Criteria</u></p> <p>Three or more of the following symptoms endorsed: 1) Drinks more than planned; 2) Continued use despite recurrent physical, psychological, or social problems, or dangerous behavior; 3) Frequent intoxication (drunk) or withdrawal symptoms when expected to fulfill major role obligations; 4) Important social, occupational, or recreational activities given up or reduced due to abuse; 5) Time consuming; 6) Tolerance (50% increase in substance required to achieve intoxication or desired effect); 7) Unsuccessful effort(s) to cut down or control alcohol consumption; 8) Withdrawal symptoms experienced; or 9) Drinks to relieve withdrawal symptoms. Some symptoms of disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time.</p> <p>b. <u>DSM-IV Criteria</u></p> <p>Three or more of the following symptoms occurring at any time during the same 12 month period: 1) Drinks more than planned; 2) Continued use despite recurrent physical or psychological problems caused or exacerbated by use; 3) Important social, occupational, or recreational activities given up or reduced due to abuse; 4) Time consuming; 5) Tolerance (50% increase in substance required to achieve intoxication or desired effect); 6) Unsuccessful effort(s) to cut down or control alcohol consumption; 7) Withdrawal symptoms experienced or drinks to relieve withdrawal symptoms.</p>	0 1 2	0 1 2

Note: Alcohol Abuse or Dependence may be associated with any of the following patterns of drinking: 1) regular daily intake of large amounts of alcohol; 2) regular heavy drinking limited to weekends; or 3) long periods of sobriety interspersed with binges of daily heavy drinking lasting several weeks or longer.

SUBSTANCE ABUSE SUPPLEMENT

1. Frequency

How often do you usually use _____? Most weekends? Midweek?

Use slang terms provided by subject to describe drug.

Criteria:

0 = No information.

1 = Not present.

2 = Subthreshold: One or two times per week.

3 = Threshold: Three or more times per week.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

2. Uses More than Planned

Do you ever tell yourself you'll only (e.g. have one joint, one line, etc) on a given night and find yourself using much more than you planned? How often does this happen?

0 = No information.

1 = Not present.

2 = Subthreshold: Occasionally uses more than planned.

3 = Threshold: Often uses more than planned.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

3. Negative Consequences - Physical

In the past six months, have there been times you got sick from using too much ____? How many times? Have you accidentally hurt yourself when you were high? Fallen and twisted an ankle, or hurt yourself in some other way? Passed out? Woken up the next day not remembering what you did the night before?

0 = No Information.

1 = Not present.

2 = Subthreshold: Negative consequences on only one isolated occasion.

3 = Threshold: Negative consequences on two or more occasions.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

4. Negative Consequences - Dangerous Behavior

In the past six months, have you done anything dangerous while high? Driven a car? Speeded on the highway? Have you done other things you wouldn't normally do, like run across the train tracks when a train was approaching? Have you taken any other risks?

0 = No Information.

1 = Not present.

2 = Subthreshold: Negative consequences on only one isolated occasion.

3 = Threshold: Negative consequences on to or more occasions.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

5. Negative Consequences - Psychological

Do your moods change dramatically when you use ____? Do you find yourself getting angered easily? Do you switch from really happy to really sad? Find yourself crying over little things?

0 = No Information.

1 = Not present.

2 = Subthreshold: Negative consequences on only one isolated occasion.

3 = Threshold: Negative consequences on two or more occasions.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

6. Negative Consequences - Occupational

In the past six months, have you had any problems at school because of ____? Exams you messed up because you were too high or hung over to study for? Homework assignments that you missed? Do you think your use of ____ is affecting your school work? Has anyone else suggested that it is?

For students that work: *Has your use of ____ affected your work any? Have you missed any days of work because you were hung over? Got into trouble at work for being high?*

0 = No Information.

1 = Not present.

2 = Subthreshold: Negative consequences on only one isolated occasion.

3 = Threshold: Negative consequences on two or more occasions.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

7. Negative Consequences - Social

Have you had a serious argument or fight with a friend, or family member when you were high or because of your drug use? Have you lost any friends because of your using, or developed any problems in your relationship with family members because of it? Have you had trouble getting along with others?

0 = No Information.

1 = Not present.

2 = Subthreshold: Negative consequences on only one isolated occasion.

3 = Threshold: Negative consequences on two or more occasions.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

8. Negative Consequences - Legal

In the past six months, have you done anything against the law when you were high? Steal a car? Go joy riding? Been picked up for driving under the influence? Other things?

0 = No Information.

1 = Not present.

2 = Subthreshold: Negative consequences on only one isolated occasion.

3 = Threshold: Negative consequences on two or more occasions.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

9. Intoxicated When Expected to Fulfill Major Role Obligations

In the past six months, have there been times when you got high at school or went to school high? Got high when you were babysitting? Gone to work high, or used ___ at work? How often?

0 = No Information.

1 = Not present.

2 = Subthreshold: Once or twice.

3 = Threshold: Three or more times.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

10. Important Occupational, Social, or Recreational Activities Given Up or Reduced Due to Abuse

Over the past six months, how many times have you skipped school or missed work to get high? Missed them because you were hung over? Lately, would you say you have been using ___ instead of spending time doing other hobbies you used to enjoy ... like playing sports or doing other things? Has your using time taken the place of the time you used to spend with your family or friends?

0 = No information.

1 = Not present.

2 = Subthreshold: Important activity missed on only one isolated occasion.

3 = Threshold: Important activities missed on two or more occasions.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

11. Time Consuming

How much of your time do you spend _____, being high, or hung over? Do you spend a lot of time planning on how you're going to get _____?

Criteria:

- 0 = No information.
- 1 = Not present.
- 2 = Subthreshold: Time spent using drug or thinking about drug has minimal impact on functional activities. Use primarily restricted to weekends.
- 3 = Threshold: Time spent using drug or thinking about drug has moderate to severe impact on functional activities. Some mid-week use.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

12. Tolerance

Do you find that you have to use much more now to get the same high that you did when you first started to use?

Criteria:

- 0 = No information.
- 1 = Not present.
- 2 = Subthreshold: Needs to use somewhat more of the drug to achieve intoxication or desired effect.
- 3 = Threshold: Needs to use at least 1.5 times more of the drug to achieve intoxication or desired effect.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

13. Tried to Quit

Have you ever tried to quit or cut back before? What happened?

Criteria:

- 0 = No information.
- 1 = Not present.
- 2 = Subthreshold: Transient thoughts about desire to cut down or control use.
- 3 = Threshold: One or more unsuccessful attempts to cut down or control use.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
b. <u>Stimulants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
d. <u>Cocaine</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
e. <u>Opioids</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
f. <u>PCP</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
g. <u>Hallucinogens</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
h. <u>Solvents/Inhalants</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
i. <u>Other</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
j. <u>Polysubstance</u>	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

14. Withdrawal Symptoms

Have you ever had any bad reactions when you tried to quit or cut down before?

Criteria: Shakes, paranoia, hallucinations, insomnia, depression, anxiety, etc. One or more symptoms.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. <u>Stimulants</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
d. <u>Cocaine</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
e. <u>Opioids</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
f. <u>PCP</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
g. <u>Hallucinogens</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
h. <u>Solvents/Inhalants</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
i. <u>Other</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
j. <u>Polysubstance</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

15. Drug Taken to Relieve Withdrawal

(If reported experiencing withdrawal symptoms) What did you do to make _____ go away? Did you _____?

Criteria: On more than one occasion.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. <u>Stimulants</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
d. <u>Cocaine</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
e. <u>Opioids</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
f. <u>PCP</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
g. <u>Hallucinogens</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
h. <u>Solvents/Inhalants</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
i. <u>Other</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
j. <u>Polysubstance</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

16. Duration

Criteria: Some symptoms for at least one month.

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. <u>Stimulants</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
d. <u>Cocaine</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
e. <u>Opioids</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
f. <u>PCP</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
g. <u>Hallucinogens</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
h. <u>Solvents/Inhalants</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
i. <u>Other</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
j. <u>Polysubstance</u>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

17. Evidence of Substance Abuse

a. DSM-III-R Criteria

One or more of the following: evidence of recurrent negative physical, psychological, occupational (school), or social consequences caused or exacerbated by use, or recurrent use in physically dangerous situations (eg., driving while intoxicated). Some symptoms of disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time. Never met criteria for drug dependence.

	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2	0 1 2
b. <u>Stimulants</u>	0 1 2	0 1 2
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2	0 1 2
d. <u>Cocaine</u>	0 1 2	0 1 2
e. <u>Opioids</u>	0 1 2	0 1 2
f. <u>PCP</u>	0 1 2	0 1 2
g. <u>Hallucinogens</u>	0 1 2	0 1 2
h. <u>Solvents/Inhalants</u>	0 1 2	0 1 2
i. <u>Other</u>	0 1 2	0 1 2
j. <u>Polysubstance</u>	0 1 2	0 1 2

b. DSM-IV Criteria

One or more of the following: continued use despite recurrent occupational (school) or social consequences caused or exacerbated by use; recurrent use in physically dangerous situations; recurrent legal related problems; recurrent use when expected to fulfill major role obligations.

	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2	0 1 2
b. <u>Stimulants</u>	0 1 2	0 1 2
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2	0 1 2
d. <u>Cocaine</u>	0 1 2	0 1 2
e. <u>Opioids</u>	0 1 2	0 1 2
f. <u>PCP</u>	0 1 2	0 1 2
g. <u>Hallucinogens</u>	0 1 2	0 1 2
h. <u>Solvents/Inhalants</u>	0 1 2	0 1 2
i. <u>Other</u>	0 1 2	0 1 2
j. <u>Polysubstance</u>	0 1 2	0 1 2

18. Evidence Substance Dependence

a. DSM-III-R Criteria

Three or more of the following symptoms endorsed: 1) Use more than planned; 2) Continued use despite recurrent physical, psychological, or social problems, or dangerous behavior; 3) Frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations; 4) Important social, occupational, or recreational activities given up or reduced due to abuse; 5) Time consuming; 6) Tolerance (50% increase in substance required to achieve intoxication or desired effect); 7) Unsuccessful effort(s) to cut down or control drug consumption; 8) withdrawal symptoms experienced; or 9) Drugs used to relieve withdrawal symptoms. Some symptoms of disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time.

	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2	0 1 2
b. <u>Stimulants</u>	0 1 2	0 1 2
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2	0 1 2
d. <u>Cocaine</u>	0 1 2	0 1 2
e. <u>Opioids</u>	0 1 2	0 1 2
f. <u>PCP</u>	0 1 2	0 1 2
g. <u>Hallucinogens</u>	0 1 2	0 1 2
h. <u>Solvents/Inhalants</u>	0 1 2	0 1 2
i. <u>Other</u>	0 1 2	0 1 2
j. <u>Polysubstance</u>	0 1 2	0 1 2

b. DSM-IV Criteria

Three or more of the following symptoms occurring at any time during the same 12 month period: 1) Uses more than planned; 2) Continued use despite recurrent physical or psychological problems caused or exacerbated by use; 3) Important social, occupational, or recreational activities given up or reduced due to abuse; 4) Time consuming; 5) Tolerance (50% increase in substance required to achieve intoxication or desired effect); 6) Unsuccessful effort(s) to cut down or control drug consumption; 7) Withdrawal symptoms experienced or drugs used to relieve withdrawal symptoms.

	Summary CE	Summary MSP
a. <u>Cannabis</u>	0 1 2	0 1 2
b. <u>Stimulants</u>	0 1 2	0 1 2
c. <u>Sedatives/ Hypnotics/Anxiolitics</u>	0 1 2	0 1 2
d. <u>Cocaine</u>	0 1 2	0 1 2
e. <u>Opioids</u>	0 1 2	0 1 2
f. <u>PCP</u>	0 1 2	0 1 2
g. <u>Hallucinogens</u>	0 1 2	0 1 2
h. <u>Solvents/Inhalants</u>	0 1 2	0 1 2
i. <u>Other</u>	0 1 2	0 1 2
j. <u>Polysubstance</u>	0 1 2	0 1 2

Note: Substance Abuse or Dependence may be associated with any of the following patterns of use: 1) regular daily intake of large amounts of alcohol; 2) regular heavy drinking limited to weekends; or 3) long periods of sobriety interspersed with binges of daily heavy drinking lasting several weeks or longer.

ANOREXIA NERVOSA SUPPLEMENT

When we were talking before you talked about how you were afraid of becoming fat, even though you are currently quite thin ...

P C S

1. Disturbance of Body Image

Do you feel fat even when everyone else tells you you don't look it? Do you wish you were thinner?

Are there any parts of your body that feel especially fat?

Does it bother you that you have lost so much weight and you still feel fat?

Do you think you have actually lost weight or just that other people think so but they are wrong? How are they wrong?

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Reports that s/he feels fat, and is often bothered by these thoughts, although s/he is aware that s/he is not fat by objective standards.

3 3 3 Threshold: Perceptions of self as fat are unaltered by objective evidence to the contrary.

PAST:
P **C** **S**

2. Amenorrhea

How old were you when you started your menstrual period?

How often do you get your period? How many weeks has it been since your last period?

0 0 0 No information.

1 1 1 Not present.

2 2 2 Subthreshold: Mild menses abnormalities (e.g., occasional missed periods or shortened menstrual cycle).

3 3 3 Threshold: Three or more consecutive menstrual cycles missed.

PAST:
P **C** **S**

	Summary CE	Summary MSP
3. <u>Evidence of Anorexia</u> (DSM-III-R and DSM-IV)		
Meets the following criteria:		
1. Emaciated, weight loss leading to maintenance of body weight 15% below the expected weight;	0 1 2	0 1 2
2. intense fear of becoming fat;		
3. disturbed body image; and		
4. in females absence of three consecutive menstrual cycles.		
 <u>Restricting Type</u>		
The person has not regularly engaged in binge-eating or purging behaviors during the episode.	0 1 2	0 1 2
 <u>Binge-Eating/Purging Type</u>		
During episode person has regularly engaged in binge-eating or purging behaviors (eg., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).	0 1 2	0 1 2

BULIMIA NERVOSA SUPPLEMENT

Before when we were talking, you said you have eating attacks, when you have these attacks ...

	<u>P</u>	<u>C</u>	<u>S</u>	
1. <u>Lack of Control</u>	0	0	0	No information.
<i>Do you feel like you don't have any control over your binges? Can you stop eating once you've started?</i>	1	1	1	Not present.
	2	2	2	Subthreshold: Often can control urges to binge (e.g., at least 50% of the time).
	3	3	3	Threshold: Sometimes can control urges to binge, usually cannot.

PAST:

P

C

S

2. <u>Overconcern with Weight</u>	0	0	0	No information.
<i>How often do you think about your weight or becoming fat? Do thoughts about your weight come into your mind when you are at school, out with friends, or busy doing other things?</i>	1	1	1	Not present.
	2	2	2	Subthreshold: Excessive preoccupation with weight, value ascribed thinness exceeds cultural norms, but does not interfere with functioning.
	3	3	3	Threshold: Continual thoughts about weight. Thoughts have moderate impact on daily activities (e.g., concentration impaired by intrusive thoughts about weight).

PAST:

P

C

S

			Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
3.	<u>Duration</u>							
	<i>For how long have you been binging?</i>	3 months or more	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4.	<u>Evidence of Bulimia Nervosa</u>		Summary CE	Summary MSP				
	a. <u>DSM-III-R Criteria</u>							
	1. Binges at least twice a week for 3 months or more;		0 1 2	0 1 2				
	2. feels lack of control over eating behavior;							
	3. regularly engages in purging or fasting methods to control weight <u>and</u> ;							
	4. overconcern with body image							
	b. <u>DSM-IV Criteria</u>							
	Same as DSM-III-R criteria, except Bulimia Nervosa is not to be diagnosed if it occurs exclusively during episodes of Anorexia Nervosa.		0 1 2	0 1 2				

TIC DISORDER SUPPLEMENT

Note: For symptoms to be rated positively in this section they must occur many times a day nearly every day, or have occurred intermittently for one year or longer.

Criteria	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 = No information. 1 = No 2 = Yes						
<u>SIMPLE MOTOR</u> - (Rate based on report and observation)						
1. <u>Eye Blinking:</u>						
<i>Do your eyes blink a lot like this for no special reason (demonstrate)?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2. <u>Other Facial Tics:</u>						
<i>Do other parts of your face sometimes move unexpectedly like this (demonstrate) facial grimaces, nose scrunching, and opening mouth as if to yawn).</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3. <u>Head Jerks:</u>						
<i>Do you sometimes nod your head, shake your head, or turn your head to the side for no special reason (demonstrate)?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4. <u>Shoulder Jerks:</u>						
<i>What about your shoulders, do your shoulders sometimes move unexpectedly like this (shrug shoulder or roll shoulder)?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
5. <u>Arm Movements:</u>						
<i>Do you sometimes flap your arms or throw your arms out as if to hit something that isn't there (demonstrate)?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
6. <u>Stomach Twitches:</u>						
<i>Does your stomach sometimes move for no special reason?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
7. <u>Leg Movements:</u> <i>Do you ever stomp your feet or kick your legs out and you're not sure why you do it? Do you sometimes bang your legs up under your desk when you weren't planning on moving them?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
8. <u>Other:</u> <i>Are there any other types of movements that you notice that I haven't asked you about? Specify.</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<u>COMPLEX MOTOR:</u>						
1. <u>Touching/Tapping Things:</u> <i>Do you ever touch your own body, your nose, your ear, or feel like you have to touch other people, or other things . . . like having to touch the phone every time you walk by it, touch walls, or all the furniture in your room? Do you often tap your pencil or your fingers against your desk?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2. <u>Hopping/Spinning:</u> <i>When you are walking down the hall at school, do you sometimes find that you have to hop or spin rather than keep walking straight?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3. <u>Echokinesis:</u> <i>Do you ever find that you have to imitate other peoples actions like pushing your hair back or rubbing your nose? Anything else?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
4. <u>Hurts Self:</u> <i>Do you ever feel like you have to hit yourself in the face, pull your hair or bite your hand?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
5. <u>Other:</u> <i>Are there any other types of movements that you notice that I haven't asked you about? Specify.</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
<u>SIMPLE VOCAL PHONIC:</u>						
1. <u>Sniffing/Coughing/Throat Clearing:</u>						
<i>Do you ever sniff, cough, or clear your throat when you don't have a cold? Does this happen over and over again?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2. <u>Snorting/Grunting:</u>						
<i>Do you ever make noises through your nose or in your throat like this (demonstrate)?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3. <u>Other:</u>						
<i>Are there any other types of sounds that you make that I haven't asked you about? What about tongue clicking, lip smacking, or making popping sounds?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
<u>COMPLEX VOCAL PHONIC:</u>						
1. <u>Repeat Own Words/Sentences:</u>						
<i>Do you ever notice that you have to repeat yourself, not because someone didn't hear you, but because it didn't sound right, or maybe for no special reason at all?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
2. <u>Repeat Others Speech:</u>						
<i>Do you find yourself sometimes repeating things other people have said for no special reason at all?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
3. <u>Coprolalia (Obscene Words):</u>						
<i>Do bad words ever pop out of your mouth in the middle of a sentence for no reason, or do you find yourself saying bad things under your breathe and find you can't stop yourself?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
4. <u>Insults/Racial Slurs:</u> <i>Do you sometimes find yourself saying bad things to people about how they look or something else about them when you didn't really mean it?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
5. <u>Other:</u> <i>Are there any other things you sometimes find yourself saying? are you afraid you might have one of these attacks?</i>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
6. Impairment:						
a. Socially (with peers): <hr/>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
b. With family: <hr/>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
c. In school: <hr/>	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
7. <u>Criteria for Tourette's Disorder</u>	Summary CE	Summary MSP				
a. <u>DSM-III-R Criteria</u>						
1. Both multiple motor and one or more vocal tics have been present at some time during illness, although not necessarily concurrently;	0 1 2	0 1 2				
2. The tics occur many times a day, (usually in bouts)nearly every day, or intermittently for one year or longer;						
3. Onset before age 21; and						
4. Not due to psychopharmacological or organic (e.g. Huntington's chorea) causes.						
b. <u>DSM-IV Criteria</u> Same as DSM-III-R criteria, except onset before age 18, and never without tics for more than three months at a time, and disturbance causes marked distress or impairment.	0 1 2	0 1 2				

	Summary CE	Summary MSP
8. <u>Criteria for Chronic Motor or Vocal Tic Disorders</u>		
a. <u>DSM-III-R Criteria</u>		
1. Either motor or vocal tics, but not both have been present at some time during the illness;	0 1 2	0 1 2
2. The tics occur many times a day, nearly everyday, or intermittently for one year or longer;		
3. Onset before age 21; and		
4. Not due to psychopharmacological or organic (e.g. Huntington's chorea) causes.		
b. <u>DSM-IV Criteria</u>		
Same as DSM-III-R criteria, except onset before age 18, never without tics for more than three months at a time, never met criteria for Tourette's Disorder, and symptoms cause marked distress or impairment.	0 1 2	0 1 2
9. <u>Transient Tic Disorder</u>		
a. <u>DSM-III-R Criteria</u>		
1. Simple or multiple motor and/or vocal tics;	0 1 2	0 1 2
2. The tics occur many times a day, nearly everyday for at least two weeks, but no longer than 12 consecutive months;		
3. Onset before age 21; and		
4. Never met criteria for Tourette's or Chronic Motor of Vocal Tic Disorder.		
<u>DSM-IV Criteria</u>		
Same as DSM-III-R criteria, except onset before age 18, and minimum duration increased to four weeks, and symptoms cause marked distress or impairment.	0 1 2	0 1 2