
ENROLLMENT AND DEMOGRAPHIC INFORMATION FORM (EDIF)

EDIFDATE (Date EDIF Initiated)

		/			/				
Month				Day		Year			

CHILDDID (Macro-assigned ID)

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TIMEFRAM (Assessment Period)

1 = Intake

A. Sources of information used to complete this form

[Select all that apply]

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth
- 4 = Case record review

B. Agency that the child is involved with

[Note: For children up to age 8 years, 11 months, the list of agencies is continued in Section V, Question #28 at the end of this questionnaire. You must select at least one agency. If you are only selecting an agency in Question #28, please select 10 in Item B and write 666 in the space provided.]

[Select all that apply]

- 1 = Corrections
- 2 = Juvenile Court
- 3 = Probation
- 4 = School
- 5 = Mental Health Agency/Clinic/Provider
- 6 = Physical Health Care Agency/Clinic/Provider
- 7 = Child Welfare (e.g., Child Protective Services)
- 8 = Substance Abuse Agency/Clinic/Provider
- 9 = Family Court
- 10 = Other (Please specify: _____)

C. Agency or individual who referred child to the program

[Note: For children up to age 8 years, 11 months, additional "Early Care" agencies are listed in Section V, Question #29 at the end of this questionnaire. You can only select one referral agency, either here in Item C or in Question #29. If child was referred by an "Early Care" agency, enter 666 in Item C and select the appropriate referral source in Question #29.]

[Select primary referral agency]

- 1 = Corrections
- 2 = Juvenile Court
- 3 = Probation
- 4 = School
- 5 = Mental Health Agency/Clinic/Provider
- 6 = Physical Health Care Agency/Clinic/Provider
- 7 = Child Welfare (e.g., Child Protective Services)
- 8 = Substance Abuse Agency/Clinic/Provider
- 9 = Family Court
- 10 = Caregiver
- 11 = Self (youth referred himself or herself)
- 12 = Other (Please specify: _____)

666 = Not Applicable

777 = Refused

888 = Don't Know

999 = Missing

CHILD ID:

Enrollment and Demographic Information Form (EDIF)

Section I. Child Demographic Information

1. What is (*child's name*)'s date of birth? / /
Month Day Year
2. Is (*child's name*) a boy or girl? 1 = Boy
2 = Girl
3. Is (*child's name*) of Hispanic or Latino cultural/ethnic background? 1 = No [GO TO QUESTION #4]
2 = Yes
- 3a. [IF YES] Which group describes his/her Hispanic or Latino cultural/ethnic background? Is he/she [Select all that apply]
- 1 = Mexican, Mexican-American, or Chicano
2 = Puerto Rican
3 = Cuban
4 = Dominican
5 = Central American
6 = South American
7 = Other Hispanic origin (Please specify: _____)
4. Which group(s) describes (*child's name*)? Is he/she [Select all that apply]
- 1 = American Indian or Alaska Native
2 = Asian
3 = Black or African American
4 = Native Hawaiian or Other Pacific Islander
5 = White
6 = Other (Please specify: _____)
5. What is the ZIP Code of the address where (*child's name*) currently lives? _____

6. What were the problems leading to (child's name) being referred for services?

[Note: For children up to age 8 years, 11 months, the list of presenting problems is continued in Section V, Question #30 at the end of this questionnaire. You may select items here and in Question #30. If you are only selecting items in Question #30, select 666 in Question #6.]

[Select all that apply]

- 1 = Suicide-related problems (including suicide ideation, suicide attempt, self-injury)
- 2 = Depression-related problems (including major depression, dysthymia, sleep disorders, somatic complaints)
- 3 = Anxiety-related problems (including fears and phobias, generalized anxiety, social avoidance, obsessive-compulsive behavior, posttraumatic stress disorder)
- 4 = Hyperactive and attention-related problems (including hyperactive, impulsive, attentional difficulties)
- 5 = Conduct/delinquency-related problems (including physical aggression, extreme verbal abuse, noncompliance, sexual acting out, property damage, theft, running away, sexual assault, fire setting, cruelty to animals, truancy, police contact)
- 6 = Substance use, abuse, and dependence-related problems
- 7 = Adjustment-related problems (including changes in behaviors or emotions in reaction to a significant life stress)
- 8 = Psychotic behaviors (including hallucinations, delusions, strange or odd behaviors)
- 9 = Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, stereotypes, perseverative behavior)
- 10 = Specific developmental disabilities (including enuresis, encopresis, expressive or receptive speech and language delay)
- 11 = Learning disabilities
- 12 = School performance problems not related to learning disabilities
- 13 = Eating disorders (including anorexia, bulimia)
- 14 = Other problems (*Please specify:* _____)

[Note: Question #7 is used to identify youth who, for their protection, are in foster care or another type of out-of-home placement due to intervention by youth protective services/youth welfare, NOT because the youth was incarcerated for breaking the law. If the youth is NOT in foster care or another type of out-of-home placement, enter 666 ("does not apply"). If the youth is in foster care or another type of out-of-home placement due to juvenile justice charges, select 1 ("No").]

- 7. Is (child's name) in foster care or another type of out-of-home placement due to a family court decision? (Do not include placement as a result of juvenile justice charges.)**
- 1 = No
2 = Yes

8. During the past 6 months, was (child's name) the recipient of...?

[Select all that apply]

- 1 = Medicaid
- 2 = CHIP
- 3 = SSI
- 4 = TANF
- 5 = Private Insurance
- 6 = Other (*Please specify:* _____)

CHILD ID:

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Enrollment and Demographic Information Form (EDIF)

Section II. Child Diagnostic Information: *DSM-IV*, ICD-9, DC:0-3

Children may have diagnostic codes for more than one classification system (e.g., *DSM-IV* and DC:0-3R).

Diagnostic information and codes for the *Revised* DC:0-3 (DC:0-3R) may be entered in Section IV, Additional Child Diagnostic Information. If you are only entering DC:0-3R diagnostic information in Section IV, please enter 666 in Questions 9 through 12.

In this section, please record the *DSM-IV*, ICD-9, and/or DC:0-3 diagnostic codes in the indicated fields. When entering diagnostic codes, please use the following prefixes in front of the codes without spaces:

- *DSM-IV* — DSM
- DC:0-3 — DC
- ICD-9 — ICD

Examples: A *DSM-IV* diagnosis of Alcohol-Induced Anxiety Disorder should be entered as DSM291.89. A DC:0-3 diagnosis of Traumatic Stress Disorder should be entered as DC100. An ICD-9 diagnosis of Drug-Induced Delirium should be entered as ICD292.81.

The entire list of diagnostic codes is available in PDF format for your reference.

9. Has diagnostic evaluation been done as part of the intake into the system of care program?

- 1 = No
- 2 = Yes
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

10. Date of the most recent multi-axial diagnostic evaluation _____
(mm/dd/yyyy)

11. Who provided the diagnosis?

- 1 = Child psychiatrist
- 2 = General psychiatrist
- 3 = Child psychologist
- 4 = General psychologist
- 5 = Licensed clinical social worker
- 6 = Primary care physician
- 7 = Other (Please specify: _____)
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

CHILD ID:

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Enrollment and Demographic Information Form (EDIF)

[Primary diagnosis should be listed as the first diagnosis on each axis (1a, 2a).]

12. AXIS I: Clinical Disorders

	Diagnostic code	DSM-IV/DC:0-3 name
axis_1a	_____.____	_____
axis_1b	_____.____	_____
axis_1c	_____.____	_____

AXIS II: Personality Disorders and Mental Retardation

	Diagnostic code	DSM-IV/DC:0-3 name
axis_2a	_____.____	_____
axis_2b	_____.____	_____

AXIS III: General Medical Conditions (ICD-9-CM numeric code)

[Separate multiple codes with commas]

ICD-9-CM numeric code

axis 3 _____

AXIS IV: Psychosocial and Environmental Problems *[Select all that apply]*

- 1 = Problems with primary support group
- 2 = Problems related to the social environment
- 3 = Educational problems
- 4 = Occupational problems
- 5 = Housing problems
- 6 = Economic problems
- 7 = Problems with access to health care services
- 8 = Problems related to interaction with the legal system/crime
- 9 = Other psychosocial and environmental problems
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

AXIS V: Global Assessment of Functioning Scale (GAF)

[Enter current GAF score]

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Section III. Child Enrollment Information

13. Date of child's assessment for the system of care _____

13a. System of care enrollment status of the child

- 1 = Child is receiving, or has received, a service that is provided through the system of care (e.g., assessment, crisis intervention, etc.), but is NOT eligible for additional system of care services *[GO TO QUESTION #17]*
- 2 = Child has received a system of care service and is eligible for additional services but will NOT be receiving any additional services *[GO TO QUESTION #17]*
- 3 = Child is eligible for system of care services and is receiving, or about to receive, system of care services *[GO TO QUESTION #13b]*

13b. Date of child's first service (after assessment) received through the system of care _____

14. Who participated in the development of the service plan? (Evidence of participation includes signatures of attendees on the plan, or attendees mentioned as being present for the meeting).

- | | | |
|---|--------|----------------------------------|
| a. Child's caregiver or guardian | 1 = No | 2 = Yes |
| b. Child | 1 = No | 2 = Yes |
| c. Other family member | 1 = No | 2 = Yes |
| d. Case manager/service coordinator | 1 = No | 2 = Yes |
| e. Therapist | 1 = No | 2 = Yes |
| f. Other mental health staff
(e.g., behavioral aide, respite worker) | 1 = No | 2 = Yes (<i>Specify:</i> _____) |
| g. Education staff (e.g., teacher, counselor) | 1 = No | 2 = Yes (<i>Specify:</i> _____) |
| h. Child welfare staff (e.g., case worker) | 1 = No | 2 = Yes (<i>Specify:</i> _____) |
| i. Juvenile justice (e.g., probation officer) | 1 = No | 2 = Yes (<i>Specify:</i> _____) |
| j. Health staff (e.g., pediatrician, nurse) | 1 = No | 2 = Yes (<i>Specify:</i> _____) |
| k. Family advocate | 1 = No | 2 = Yes (<i>Specify:</i> _____) |
| l. Other | 1 = No | 2 = Yes (<i>Specify:</i> _____) |
| m. Other | 1 = No | 2 = Yes (<i>Specify:</i> _____) |

[Questions #15 and 16 are to be completed by site evaluation staff.]

15. Is (child's name) enrolled in the longitudinal outcome study?

1 = No *[GO TO QUESTION #16]*
2 = Yes *[GO TO QUESTION #17]*

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16. Reason the child is not enrolled in the longitudinal outcome study:

- 1 = Ineligible — sibling participating in the study
- 2 = Ineligible — child not selected through the site's sampling scheme
- 3 = Ineligible — missed 30-day baseline data collection window
- 4 = Ineligible — enrolled in the longitudinal outcome study at another site
- 5 = Caregiver or independent youth refused to consent
- 6 = Caregiver or independent youth not able to provide consent (e.g., mental health conditions, substance abuser)
- 7 = Language (interviews cannot be conducted in the preferred language of caregiver or youth)
- 8 = Never received services (e.g., inappropriate referral, no further involvement with service system, moved prior to enrollment)
- 9 = Family in crisis
- 10 = Delay in local evaluation procedures (e.g., due to delays in national startup, local IRB delays, staffing issues)
- 11 = Other reason (*Please specify:* _____)

Section IV. Additional Child Diagnostic Information: Revised DC:0–3 (DC:0–3R)**17. Does (child's name) have diagnostic information for the Revised DC:0–3 (DC:0–3R)?**

[Note: The DC:0–3R codes are intended for use with children up to age 4.]

[Enter 666 if the child is aged 4 or older.]

- 1 = No [GO TO QUESTION #27]
- 2 = Yes [GO TO QUESTION #18]
- 666 = Not applicable [GO TO QUESTION #27]
- 777 = Refused to answer [GO TO QUESTION #27]
- 888 = Don't know [GO TO QUESTION #27]
- 999 = Missing [GO TO QUESTION #27]

18. Has diagnostic evaluation been done as part of the intake into the system of care program?

- 1 = No
- 2 = Yes
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

19. Date of the most recent DC:0–3R diagnostic evaluation _____
(mm/dd/yyyy)

20. Who provided the diagnosis?

- 1 = Child psychiatrist
- 2 = General psychiatrist
- 3 = Child psychologist
- 4 = General psychologist
- 5 = Licensed clinical social worker
- 6 = Primary care physician
- 7 = Other (*Please specify:* _____)
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

21. AXIS I: Clinical Disorders [*Select from the attached list of DC:0–3R Axis I codes*]**21a. First/primary diagnosis** _____

[If “800 = other disorders” selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

21b. Second diagnosis _____

[If “800 = other disorders” selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

21c. Third diagnosis _____

[If “800 = other disorders” selected, please specify the code with the appropriate prefix, e.g., DSM, ICD9, ICD10]

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DC:0–3R Axis 1 codes:

100 = Posttraumatic Stress Disorder
 150 = Deprivation/Maltreatment Disorder
 200 = Disorders of Affect
 210 = Prolonged Bereavement/Grief Reaction
 220 = Anxiety Disorders of Infancy and Early Childhood
 221 = Separation Anxiety Disorder
 222 = Specific Phobia
 223 = Social Anxiety Disorder (Social Phobia)
 224 = Generalized Anxiety Disorder
 225 = Anxiety Disorder NOS (Not Otherwise Specified)
 230 = Depression of Infancy and Early Childhood
 231 = Type 1 (type I) Major Depression
 232 = Type 2 (type II) Major Depression
 240 = Mixed Disorders of Emotional Expressiveness
 300 = Adjustment Disorder
 400 = Regulation Disorders of Sensory Processing
 410 = Hypersensitive
 411 = Hypersensitive --Type A: Fearful/Cautious
 412 = Hypersensitive – Type B: Negative/Defiant
 420 = Hyposensitive/Underresponsive
 430 = Sensory Stimulation-Seeking/Impulsive
 500 = Sleep Behavior Disorder
 510 = Sleep-Onset Disorder (Sleep-Onset Protodyssomnia)
 520 = Night-Waking Disorder (Night-Waking Protodyssomnia)
 600 = Feeding Behavior Disorder
 601 = Feeding Disorder of State Regulation
 602 = Feeding Disorder of Caregiver–Infant Reciprocity
 603 = Infantile Anorexia
 604 = Sensory Food Aversions
 605 = Feeding Disorder Associated With Concurrent Medical Condition
 606 = Feeding Disorder Associated With Insults to the Gastrointestinal Tract
 700 = Disorders of Relating and Communicating
 710 = Multi-System Developmental Disorder (MSDD)
 800 = Other Disorders (*DSM–IV–TR* or ICD10)
 666 = Not applicable
 777 = Refused to answer
 888 = Don't know
 999 = Missing

22. AXIS II: Relationship Classification: Parent–Infant Relationship Global Assessment Scale (PIR–GAS)

22a. Parent–Infant Relationship Global Assessment Scale (PIR–GAS) Score

[Enter PIR–GAS score—valid scores range from 1 to 100]

_____ *[IF 1–100, GO TO QUESTION #23]*

666 = Not applicable *[GO TO QUESTION #22b]*

777 = Refused to answer *[GO TO QUESTION #22b]*

888 = Don't know *[GO TO QUESTION #22b]*

999 = Missing *[GO TO QUESTION #22b]*

22b. Parent–Infant Relationship Global Assessment Scale (PIR–GAS) Categories

[Choose one, only if numeric PIR–GAS score is not entered above]

91–100 Well adapted

81–90 Adapted

71–80 Perturbed

61–70 Significantly perturbed

51–60 Distressed

41–50 Disturbed

31–40 Disordered

21–30 Severely disordered

11–20 Grossly impaired

1–10 Documented maltreatment

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

23. AXIS II: Relationship Classification: Relationship Problems Checklist (RPCL)

[Choose one for each relationship feature]

23a. Overinvolved

1 = No evidence

2 = Some evidence, needs further investigation

3 = Substantive evidence

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

23b. Underinvolved

1 = No evidence

2 = Some evidence, needs further investigation

3 = Substantive evidence

666 = Not applicable

777 = Refused to answer

888 = Don't know

999 = Missing

23c. Anxious/Tense

1 = No evidence
2 = Some evidence, needs further investigation
3 = Substantive evidence
666 = Not applicable
777 = Refused to answer
888 = Don't know
999 = Missing

23d. Angry/Hostile

1 = No evidence
2 = Some evidence, needs further investigation
3 = Substantive evidence
666 = Not applicable
777 = Refused to answer
888 = Don't know
999 = Missing

23e. Verbally Abusive

1 = No evidence
2 = Some evidence, needs further investigation
3 = Substantive evidence
666 = Not applicable
777 = Refused to answer
888 = Don't know
999 = Missing

23f. Physically Abusive

1 = No evidence
2 = Some evidence, needs further investigation
3 = Substantive evidence
666 = Not applicable
777 = Refused to answer
888 = Don't know
999 = Missing

23g. Sexually Abusive

1 = No evidence
2 = Some evidence, needs further investigation
3 = Substantive evidence
666 = Not applicable
777 = Refused to answer
888 = Don't know
999 = Missing

24. AXIS III: General Medical Conditions (ICD-9-CM/ICD-10 numeric codes)

[Separate multiple codes with commas]

ICD-9-CM/ICD-10 numeric code

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25. AXIS IV: Psychosocial and Environmental Problems *[Select all that apply]*

- 1 = Problems with primary support group
- 2 = Problems related to the social environment
- 3 = Educational/childcare problems
- 4 = Occupational problems
- 5 = Housing problems
- 6 = Economic problems
- 7 = Problems with access to health care services
- 8 = Problems related to interaction with the legal system/crime
- 9 = Other psychosocial and environmental problems
- 10 = Problems related to health of the child
- 666 = Not applicable
- 777 = Refused
- 888 = Don't know
- 999 = Missing

26. AXIS V: Emotional and Social Functioning: Capacities for Emotional and Social Functioning Rating Scale*[Choose one functional rating for each emotional/social functioning capacity]***26a. Attention and regulation**

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused
- 888 = Don't know
- 999 = Missing

26b. Forming relationships/mutual engagement

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused
- 888 = Don't know
- 999 = Missing

26c. Intentional two-way communication

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused
- 888 = Don't know
- 999 = Missing

26d. Complex gestures and problem-solving

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused
- 888 = Don't know
- 999 = Missing

26e. Use of symbols to express thoughts/feeling

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturity (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused
- 888 = Don't know
- 999 = Missing

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26f. Connecting symbols logically/abstract thinking

- 1 = Age-appropriate functioning, all conditions and full affect
- 2 = Age-appropriate functioning, vulnerable to stress or limited range of affect
- 3 = Functions immaturely (has the capacity but not at age-appropriate level)
- 4 = Functions inconsistently without special sensorimotor support
- 5 = Barely evidences the capacity, even with support
- 6 = Has not achieved this capacity
- 7 = N/A, child below age level
- 666 = Not applicable
- 777 = Refused
- 888 = Don't know
- 999 = Missing

27. Is (child's name) age eight or younger? (age eight = 8 years, 11 months)

- 1 = No [END OF QUESTIONNAIRE]
- 2 = Yes [GO TO QUESTION #28]
- 666 = Not applicable [GO TO QUESTION #28]
- 777 = Refused to answer [GO TO QUESTION #28]
- 888 = Don't know [GO TO QUESTION #28]
- 999 = Missing [GO TO QUESTION #28]

Section V. Additional Early Childhood/Early Care Intake Information (for children up to 8 years, 11 months of age)**28. Early Care agencies that the child is involved with [Select all that apply]**

[Note: This list of agencies is a continuation of agencies listed in Item B on page 1 of this questionnaire.]

- 1 = Early Care: Early Head Start Program
- 2 = Early Care: Head Start Program
- 3 = Early Care: Early Intervention (Part C)
- 4 = Early Care: Preschool Special Education Program (Part B)
- 5 = Early Care: Other Early Care and Education Programs/Providers (including private childcare/providers)
- 6 = Early Care: Other (Please specify: _____)
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

[IF RESPONSE FOR ITEM C ON PAGE 1 IS 1–12, GO TO QUESTION #30.]

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29. Agency or individual who referred child to the program

[Note: This list of agencies is a continuation of agencies listed in Item C on page 1 of this questionnaire.]

- 1 = Early Care: Early Head Start Program
- 2 = Early Care: Head Start Program
- 3 = Early Care: Early Intervention (Part C)
- 4 = Early Care: Preschool Special Education Program (Part B)
- 5 = Early Care: Other Early Care and Education Programs/Providers (including private childcare/providers)
- 6 = Early Care: Other *(Please specify: _____)*
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

30. What were some of the other problems leading to (child's name) being referred for services?

[Select all that apply]

[Note: This list of presenting problems is a continuation of problems listed in Question #6.]

- 1 = Feeding problems in young children (including failure to thrive)
- 2 = Disruptive behaviors in young children (including aggression, severe defiance, acting out, impulsivity, recklessness, and excessive level of overactivity)
- 3 = Persistent noncompliance (when directed by caregivers/adults)
- 4 = Excessive crying/tantrums
- 5 = Separation problems
- 6 = Non-engagement with people
- 7 = Sleeping problems
- 8 = Excluded from preschool or childcare program, not related to learning disabilities (including behavioral issues, repeated noncompliance)
- 9 = At risk for or has failed family home placement
- 10 = Maltreatment (child abuse and neglect)
- 11 = Other problems that are related to child's health (cancer, illness, or disease related-problems)
- 12 = High-Risk Environment: Maternal depression
- 13 = High-Risk Environment: Maternal mental health (other than depression)
- 14 = High-Risk Environment: Paternal mental health
- 15 = High-Risk Environment: Caregiver mental health (other than maternal or paternal)
- 16 = High-Risk Environment: Maternal substance abuse/use
- 17 = High-Risk Environment: Paternal substance abuse/use
- 18 = High-Risk Environment: Caregiver substance abuse/use (other than maternal or paternal)
- 19 = High-Risk Environment: Family health problems (maternal, paternal, caregiver, or other family member)
- 20 = High-Risk Environment: Other parent/caregiver/family problems
- 21 = High-Risk Environment: Problems related to housing (including homelessness)
- 22 = Early child: Other *(Please specify: _____)*
- 666 = Not applicable
- 777 = Refused
- 888 = Don't know
- 999 = Missing