

#### **4.B.**

### **Cross-Sectional Descriptive Study**

**4.B.1.**

**Enrollment and Demographic Information Form (EDIF)**

*NOTE TO OMB REVIEWER:*

No burden is attached to this instrument. It is included here for illustrative purposes only.

# ENROLLMENT AND DEMOGRAPHIC INFORMATION FORM (EDIF)

**EDIFDATE** (Today's date)

		/			/				
Month			Day			Year			

**CHILDDID** (National evaluation 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 (staffperson 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
- 5 = Other

**B. Agency that the child is currently involved with** *[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 = Public child welfare
- 8 = Substance abuse agency/clinic/provider
- 9 = Family court
- 10 = Early care: Early Head Start program
- 11 = Early care: Head Start program
- 12 = Early care: Early intervention (Part C)
- 13 = Early care: Preschool special education program (Part B)
- 14 = Early care: Other early care and education programs/providers (including childcare/providers)
- 15 = Other—please specify

**B1. Child welfare involvement**

- 1 = Receiving child abuse and neglect investigation/assessment
- 2 = Court-ordered out-of-home placement—Foster care
- 3 = Court-ordered out-of-home placement—Kinship care
- 4 = Court-ordered out-of-home placement—Residential treatment
- 5 = Voluntary out-of-home placement—Foster care
- 6 = Voluntary out-of-home placement—Kinship care
- 7 = Voluntary out-of-home placement—Residential treatment
- 8 = Court-ordered in-home services
- 9 = Voluntary in-home services

\_\_\_\_\_

*[If 7 = Public child welfare not selected above, go to Item C.]*

**C. Agency or individual who referred child to the program** *[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 = Public child welfare
- 8 = Tribal child welfare agency
- 9 = Substance abuse agency/clinic/provider
- 10 = Family court
- 11 = Caregiver
- 12 = Self (youth referred himself or herself)
- 13 = Early care: Early Head Start program
- 14 = Early care: Head Start program
- 15 = Early care: Early intervention (Part C)
- 16 = Early care: Preschool special education program (Part B)
- 17 = Early care: Other early care and education programs/providers (including childcare/providers)
- 18 = Other—please specify

- 
- 666 = Not applicable
  - 777 = Refused
  - 888 = Don't know
  - 999 = Missing



6. What were the problems leading to (*child's name*) being referred for services? [*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, attachment disorder, 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 = Gender identity
- 15 = Feeding problems in young children (including failure to thrive)
- 16 = Disruptive behaviors in young children (including aggression, severe defiance, acting out, impulsivity, recklessness, and excessive level of overactivity)
- 17 = Persistent noncompliance (when directed by caregivers/adults)
- 18 = Excessive crying/tantrums
- 19 = Separation problems
- 20 = Non-engagement with people
- 21 = Sleeping problems
- 22 = Excluded from preschool or childcare program, not related to learning disabilities (including behavioral issues, repeated noncompliance)
- 23 = At risk for or has failed family home placement
- 24 = Maltreatment (child abuse and neglect)
- 25 = Other problems that are related to child's health (cancer, illness, or disease related-problems)
- 26 = High-risk environment: Maternal depression
- 27 = High-risk environment: Maternal mental health (other than depression)
- 28 = High-risk environment: Paternal mental health
- 29 = High-risk environment: Caregiver mental health (other than maternal or paternal)
- 30 = High-risk environment: Maternal substance abuse/use
- 31 = High-risk environment: Paternal substance abuse/use
- 32 = High-risk environment: Caregiver substance abuse/use (other than maternal or paternal)
- 33 = High-risk environment: Family health problems (maternal, paternal, caregiver, or other family member)
- 34 = High-risk environment: Other parent/caregiver/family problems
- 35 = High-risk environment: Problems related to housing (including homelessness)
- 36 = Other—please specify \_\_\_\_\_

7. 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 \_\_\_\_\_

**SECTION II. Child Diagnostic Information: DSM-IV-R and ICD-9**

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

8. Does (*child's name*) have a DSM-IV-R or ICD-9 diagnosis?
- 1 = No [GO TO QUESTION #13]
  - 2 = Yes

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

- DSM-IV-R — DSM
- ICD-9 — ICD

Examples: A DSM-IV-R diagnosis of Alcohol-Induced Anxiety Disorder should be entered as DSM291.89. 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 mental health staff (clinical social worker/professional counselor/therapist)
- 6 = Primary care physician
- 7 = Nurse practitioner psychiatric nurse practitioner/physician's assistant)
- 8 = Other licensed physical health staff
- 9 = Unlicensed staff (mental health assessment specialist)
- 10 = Other—please specify \_\_\_\_\_
- 666 = Not applicable
- 777 = Refused to answer
- 888 = Don't know
- 999 = Missing

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

12. AXIS I: Clinical Disorders

	Diagnostic code	DSM-IV-R name
axis_1a	_____.	_____
axis_1b	_____.	_____
axis_1c	_____.	_____

AXIS II: Personality Disorders and Mental Retardation

	Diagnostic code	DSM-IV-R name
axis_2a	_____.	_____
axis_2b	_____.	_____

AXIS III: General Medical Condition (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]*

**SECTION III. Child Enrollment Information**

13. Date of child's assessment for system of care eligibility

\_\_\_\_\_  
*(mm/dd/yyyy)*

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 the child's first service (after assessment for system of care eligibility) received through the system of care

\_\_\_\_\_  
*(mm/dd/yyyy)*

*[Questions #13c–13e are skipped, as they are not applicable at intake.]*

- 13f. If the child is younger than age 6, how was system of care eligibility determined?
- 1 = Child has an emotional, socio-emotional, behavioral, or mental disorder diagnosable under the *DSM-IV* or its ICD-9-CM equivalents, or subsequent revisions, or under the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC:0-3R) [GO TO QUESTION #14]
  - 2 = Child (aged birth through 3 years) has a DC:03R Axis II Relationship Disorder and a PIRGAS score of 40 or below indicating a Relationship Disorder in the “Disturbed” category. [GO TO QUESTION #14]
  - 3 = Child (aged birth through 5 years) was assessed using a standardized instrument such as the BABES, Strengths and Difficulties Questionnaire, or Vineland Screener, and was judged by a licensed professional to be at “imminent risk” for developing a mental health or serious emotional disorder. [GO TO QUESTION #13d]
  - 4 = Not applicable, as the child is aged 6 or older. [GO TO QUESTION #14]

13g. Which standardized instrument(s) were used to assess system of care eligibility? [Select all that apply]

- 1 = Behavioral Assessment of Baby’s Emotional and Social Style (BABES)
- 2 = Strengths and Difficulties Questionnaire
- 3 = Family Resource Scale
- 4 = Vineland Screener
- 5 = Other—please specify \_\_\_\_\_

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/<br>system of care/wrap specialist  | 1 = No | 2 = Yes         |       |
| e. Therapist  | 1 = No | 2 = Yes         |       |
| f. Other mental health staff<br>(e.g., behavioral aide, respite worker) | 1 = No | 2 = Yes—specify | _____ |
| g. Education staff (e.g., teacher, counselor)                           | 1 = No | 2 = Yes—specify | _____ |
| h. Child welfare staff (e.g., case worker)                              | 1 = No | 2 = Yes—specify | _____ |
| i. Juvenile justice (e.g., probation officer)                           | 1 = No | 2 = Yes—specify | _____ |
| j. Health staff (e.g., pediatrician, nurse)                             | 1 = No | 2 = Yes—specify | _____ |
| k. Family advocate  | 1 = No | 2 = Yes—specify | _____ |
| l. Other  | 1 = No | 2 = Yes—specify | _____ |
| m. Other  | 1 = No | 2 = Yes—specify | _____ |

[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]

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 start-up, local IRB delays, staffing issues)
- 11 = Other—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 *[END OF QUESTIONNAIRE]*
- 2 = Yes
- 666 = Not applicable *[END OF QUESTIONNAIRE]*
- 777 = Refused to answer *[END OF QUESTIONNAIRE]*
- 888 = Don’t know *[END OF QUESTIONNAIRE]*
- 999 = Missing *[END OF QUESTIONNAIRE]*

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 mental health staff (clinical social worker/professional counselor/therapist)
- 6 = Primary care physician
- 7 = Nurse practitioner psychiatric nurse practitioner/physician's assistant)
- 8 = Other licensed physical health staff
- 9 = Unlicensed staff (mental health assessment specialist)
- 10 = 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]*

**DC:0–3R Axis I 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 Condition (ICD–9–CM/ICD–10 numeric code)  
*[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 to answer
- 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/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 to answer
- 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 to answer
- 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 to answer
- 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 to answer
- 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 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 to answer
- 888 = Don't know
- 999 = Missing

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 to answer
- 888 = Don't know
- 999 = Missing