

Definitions and questions

**ASSAULT**

*Physical aggression, attack upon, or attempt to hurt another without the other's physical willful involvement in the contact. Code the worst result in the last 3 months.*

*If child is the victim of an attack and fights back only to protect him/herself, do not rate here or under Fights.*

**SHOVING**

Pushing or shoving of another child or adult without others willful involvement in the contact.

*Has s/he shoved anyone who didn't want to fight him/her?*

*Has s/he shoved someone who really wasn't doing anything?*

*Did s/he hurt him/her?*  
*How often has s/he done that in the last three months?*  
*Where has s/he done that sort of thing?*  
*How often has s/he done anything like that at home?*  
*How about at daycare/school?*  
*Or elsewhere?*

Coding rules

**SHOVING**

0 = Absent

1 = Shoving did not result in any physical injury to either party.

2 = The victim sustained some physical injury as a result (e.g. bruise or wound).

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

Codes

PGM6101  
Intensity

PGM6001  
Onset

PGM6F01  
Home

PGM6F02  
Daycare/School

PGM6F03  
Elsewhere

Definitions and questions

Coding rules

Codes

**What seems to trigger his/her aggression?**

Does s/he lash out in this way when s/he is mad?  
 What about frustrated?  
 Or tired?  
 Does s/he act this way when s/he has to change activities?  
 Or has to change the normal routine?  
 Does his/her physical aggression seem to come "out of the blue?"  
 Does anything else trigger this?

Has s/he shoved you?  
 Or your partner?  
 Teachers?  
 Other caregivers?  
 How about his/her sisters or brothers?  
 Or other children?

**TRIGGERS**

- 1 = Anger
  - 2 = Frustration
  - 3 = Fatigue
  - 4 = Transitions
  - 5 = Changes in routine
  - 6 = "Out of the blue"
  - 7 = Other
- Specify
- 

**SHOVING OF PARENTAL FIGURES**

- 0 = Absent
- 2 = Present

**SHOVING OF TEACHERS/DAY CARE**

- 0 = Absent
- 2 = Present

**SHOVING OF OTHER CAREGIVERS**

- 0 = Absent
- 2 = Present

**SHOVING OF SIBLINGS**

- 0 = Absent
- 2 = Present

**SHOVING OF PEERS**

- 0 = Absent
- 2 = Present

PGM6X01

PGM6X02

PGM6X03

PGM6X04

PGM6X05

PGM6X06

PGM6I02

PGM6I03

PGM6I04

PGM6I05

PGM6I06

Definitions and questions

**PINCHING**

Pinching of another child or adult without others willful involvement in the contact.

*Has s/he pinched somebody?*

*Did s/he hurt him/her?*

*How often has s/he done that in the last three months?*

*Where has s/he done that sort of thing?*

*How often has s/he done anything like that at home?*

*How about at daycare/school?*

*Or elsewhere?*

*What seems to trigger his/her aggression?*

*Does s/he lash out in this way when s/he is mad?*

*What about frustrated?*

*Or tired?*

*Does s/he act this way when s/he has to change activities?*

*Or has to change the normal routine?*

*Does his/her physical aggression seem to come "out of the blue?"*

*Does anything else trigger this?*

Coding rules

**PINCHING**

0 = Absent

1 = Isolated pinching with sufficient force to cause pain to other.

2 = The victim sustained some physical injury as a result (e.g. bruise or wound).

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

**TRIGGERS**

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

Codes

PGM7I01  
Intensity

PGM7O01  
Onset

PGM7F01  
Home

PGM7F02  
Daycare/School

PGM7F03  
Elsewhere

PGM7X01

PGM7X02

PGM7X03

PGM7X04

PGM7X05

PGM7X06

Definitions and questions

*Has s/he pinched you?  
Or your partner?  
Teachers?  
Other caregivers?  
How about his/her sisters or brothers?  
Or other children?*

**HITTING OR PUNCHING**

Hitting or punching of another child or adult without others willful involvement in the contact.

*Has s/he hit or punched someone?*

*Did s/he hurt him/her?  
How often has s/he done that in the last three months?  
Where has s/he done that sort of thing?  
How often has s/he done anything like that at home?  
How about at daycare/school?  
Or elsewhere?*

Coding rules

**PINCHING OF PARENTAL FIGURES**

0 = Absent  
2 = Present

**PINCHING OF TEACHERS/DAYCARE**

0 = Absent  
2 = Present

**PINCHING OF OTHER CAREGIVERS**

0 = Absent  
2 = Present

**PINCHING OF SIBLINGS**

0 = Absent  
2 = Present

**PINCHING OF PEERS**

0 = Absent  
2 = Present

**HITTING**

0 = Absent  
2 = Hitting did not result in any physical injury to either party.  
3 = The victim sustained some physical injury as a result (e.g. black eye).

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

Codes

PGM7102

PGM7103

PGM7104

PGM7105

PGM7106

PGM8101  
Intensity

PGM8001  
Onset

PGM8F01  
Home  
Frequency

PGM8F02  
Daycare/School  
Frequency

PGM8F03  
Elsewhere  
Frequency

Definitions and questions

**What seems to trigger his/her aggression?**

*Does s/he lash out in this way when s/he is mad?  
What about frustrated?  
Or tired?  
Does s/he act this way when s/he has to change activities?  
Or has to change the normal routine?  
Does his/her physical aggression seem to come "out of the blue?"  
Does anything else trigger this?*

*Has s/he hit or punched you?  
Or your partner?  
Teachers?  
Other caregivers?  
How about his/her sisters or brothers?  
Or other children?*

Coding rules

**TRIGGERS**

- 1 = Anger
  - 2 = Frustration
  - 3 = Fatigue
  - 4 = Transitions
  - 5 = Changes in routine
  - 6 = "Out of the blue"
  - 7 = Other
- Specify
- 

**HITTING/PUNCHING OF PARENTAL FIGURES**

- 0 = Absent
- 2 = Present

**HITTING/PUNCHING OF TEACHERS/DAYCARE**

- 0 = Absent
- 2 = Present

**HITTING/PUNCHING OF OTHER CAREGIVERS**

- 0 = Absent
- 2 = Present

**HITTING/PUNCHING OF SIBLINGS**

- 0 = Absent
- 2 = Present

**HITTING/PUNCHING OF PEERS**

- 0 = Absent
- 2 = Present

Codes

PGM8X01

PGM8X02

PGM8X03

PGM8X04

PGM8X05

PGM8X06

PGM8I02

PGM8I03

PGM8I04

PGM8I05

PGM8I06

Definitions and questions

**KICKING**

Kicking of another child or adult without others willful involvement in the contact.

*Has s/he kicked someone?*

*Did s/he hurt him/her?*

*How often has s/he done that in the last three months?*

*Where has s/he done that sort of thing?*

*How often has s/he done anything like that at home?*

*How about at daycare/school?*

*Or elsewhere?*

*What seems to trigger his/her aggression?*

*Does s/he lash out in this way when s/he is mad?*

*What about frustrated?*

*Or tired?*

*Does s/he act this way when s/he has to change activities?*

*Or has to change the normal routine?*

*Does his/her physical aggression seem to come "out of the blue?"*

*Does anything else trigger this?*

Coding rules

**KICKING**

0 = Absent

2 = Kicking did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. bruises or cuts).

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

**TRIGGERS**

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

Codes

PMG9I01  
Intensity

PMG9O01  
Onset

PMG9F01  
Home  
Frequency

PMG9F02  
Daycare/School  
Frequency

PMG9F03  
Elsewhere  
Frequency

PMG9X01

PMG9X02

PMG9X03

PMG9X04

PMG9X05

PMG9X06

Definitions and questions

*Has s/he kicked you?  
Or your partner?  
Teachers?  
Other caregivers?  
How about his/her sisters or brothers?  
Or other children?*

**BITING**

Biting of another child or adult without others willful involvement in the contact.

*Has s/he bitten someone?*

*Did s/he hurt him/her?  
How often has s/he done that in the last three months?  
Where has s/he done that sort of thing?  
How often has s/he done anything like that at home?  
How about at daycare/school?  
Or elsewhere?*

Coding rules

**KICKING OF PARENTAL FIGURES**

0 = Absent  
2 = Present

**KICKING OF TEACHERS/DAYCARE**

0 = Absent  
2 = Present

**KICKING OF OTHER CAREGIVERS**

0 = Absent  
2 = Present

**KICKING OF SIBLINGS**

0 = Absent  
2 = Present

**KICKING OF PEERS**

0 = Absent  
2 = Present

**BITING**

0 = Absent  
2 = Biting did not result in any physical injury to either party.  
3 = The victim sustained some physical injury as a result (e.g. bruise or wound).

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

Codes

PMG9102

PMG9103

PMG9104

PMG9105

PMG9106

PGN0101  
Intensity

PGN0001  
Onset

PGN0F01  
Home  
Frequency

PGN0F02  
Daycare/School  
Frequency

PGN0F03  
Elsewhere  
Frequency

Definitions and questions

**What seems to trigger his/her aggression?**

Does s/he lash out in this way when s/he is mad?  
 What about frustrated?  
 Or tired?  
 Does s/he act this way when s/he has to change activities?  
 Or has to change the normal routine?  
 Does his/her physical aggression seem to come "out of the blue?"  
 Does anything else trigger this?

Has s/he bitten you?  
 Or your partner?  
 Teachers?  
 Other caregivers?  
 How about his/her sisters or brothers?  
 Or other children?

Coding rules

**TRIGGERS**

- 1 = Anger
- 2 = Frustration
- 3 = Fatigue
- 4 = Transitions
- 5 = Changes in routine
- 6 = "Out of the blue"
- 7 = Other

Specify

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**BITING OF PARENTAL FIGURES**

- 0 = Absent
- 2 = Present

**BITING OF TEACHERS/DAYCARE**

- 0 = Absent
- 2 = Present

**BITING OF OTHER CAREGIVERS**

- 0 = Absent
- 2 = Present

**BITING OF SIBLINGS**

- 0 = Absent
- 2 = Present

**BITING OF PEERS**

- 0 = Absent
- 2 = Present

Codes

PGN0X01

PGN0X02

PGN0X03

PGN0X04

PGN0X05

PGN0X06

PGN0I02

PGN0I03

PGN0I04

PGN0I05

PGN0I06



Definitions and questions

**CHOKING**

Choking of another child or adult without others willful involvement in the contact.

*Has s/he choked someone?*

*Did s/he hurt him/her?*  
*How often has s/he done that in the last three months?*  
*Where has s/he done that sort of thing?*  
*How often has s/he done anything like that at home?*  
*How about at daycare/school?*  
*Or elsewhere?*

*What seems to trigger his/her aggression?*

*Does s/he lash out in this way when s/he is mad?*  
*What about frustrated?*  
*Or tired?*  
*Does s/he act this way when s/he has to change activities?*  
*Or has to change the normal routine?*  
*Does his/her physical aggression seem to come "out of the blue?"*  
*Does anything else trigger this?*

Coding rules

**CHOKING**

0 = Absent

2 = Choking did not result in any physical injury to either party.

3 = The victim sustained some physical injury as a result (e.g. bruise or wound).

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

**TRIGGERS**

- 1 = Anger
  - 2 = Frustration
  - 3 = Fatigue
  - 4 = Transitions
  - 5 = Changes in routine
  - 6 = "Out of the blue"
  - 7 = Other
- Specify
- 

Codes

PGN1I01  
Intensity

PGN1O01  
Onset

 / 

PGN1F01  
Home  
Frequency

PGN1F02  
Daycare/School  
Frequency

PGN1F03  
Elsewhere  
Frequency

PGN1X01

PGN1X02

PGN1X03

PGN1X04

PGN1X05

PGN1X06

Definitions and questions

*Has s/he choked you?  
Or your partner?  
Teachers?  
Other caregivers?  
How about his/her sisters or brothers?  
Or other children?*

**IF (AT LEAST AT A LEVEL 2) SHOVING, PINCHING, HITTING, KICKING, BITING, CHOKING PRESENT IN THE LAST THREE MONTHS WITHOUT OTHER'S WILLFUL INVOLVEMENT IN THE CONTACT, GIVE SUMMARY CODING OF ASSAULT. DO NOT CODE LEVEL 1 SHOVING OR PINCHING.**

**ASSAULT WITH A WEAPON**

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon.

*Has s/he ever used an object like a toy or knife in hitting, kicking, punching, someone?*

*Or anything else?*

Coding rules

**CHOKING OF PARENTAL FIGURES**

- 0 = Absent
- 2 = Present

**CHOKING OF TEACHERS/DAYCARE**

- 0 = Absent
- 2 = Present

**CHOKING OF OTHER CAREGIVERS**

- 0 = Absent
- 2 = Present

**CHOKING OF SIBLINGS**

- 0 = Absent
- 2 = Present

**CHOKING OF PEERS**

- 0 = Absent
- 2 = Present

**ASSAULT**

- 0 = Absent
- 2 = Present

**USE OF WEAPON IN ASSAULT**

- 0 = Absent
- 2 = No Injury
- 3 = Injury

Codes

PGN1102

PGN1103

PGN1104

PGN1105

PGN1106

PGE9101

Ever:PGF2E01 Intensity

Ever:PGF2V01 Frequency

Ever:PGF2O01 Onset

//

Definitions and questions

*Has s/he used a weapon in the last three months?  
 How often?  
 What do you do about it?  
 What does the daycare/school do about it?*

*Has s/he assaulted you?  
 Or your partner?  
 Teachers?  
 Other caregivers?  
 How about his/her sisters or brothers?  
 Or other children?  
 Where has s/he done that sort of thing?  
 How often has s/he done anything like that at home?  
 Tell me about it.  
 How often has s/he done anything like that at  
 daycare/school?  
 Or elsewhere?*

Coding rules

**USE OF A WEAPON**

- 0 = Absent
- 2 = No Injury
- 3 = Injury

**TYPE OF WEAPON**

- 1 = Knife
  - 2 = Scissors
  - 3 = Bat
  - 4 = Rock
  - 5 = Toy
  - 6 = Sticks
  - 7 = Pencil
  - 8 = Other
- Specify

**ASSAULT OF PARENTAL FIGURES**

- 0 = Absent
- 2 = Present

**ASSAULT OF TEACHERS/DAYCARE**

- 0 = Absent
- 2 = Present

**ASSAULT OF OTHER CAREGIVERS**

- 0 = Absent
- 2 = Present

**ASSAULT OF SIBLINGS**

- 0 = Absent
- 2 = Present

**ASSAULT OF PEERS**

- 0 = Absent
- 2 = Present

Codes

PGF2I01  
Intensity

PGF2F01  
Frequency

PGF2X01

PGF2X02

PGF2X03

PGF2I02

PGF2I03

PGF2I04

PGF2I05

PGF2I06

Definitions and questions

**ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT**

*Has X ever been asked to leave a daycare/school because of hurting other children?*

Coding rules

**EVER: ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT**

0 = Absent

2 = Asked to leave temporarily.

3 = Asked to leave permanently.

Codes

Ever:PGN2E01  
Intensity

Ever:PGN2V01  
Frequency

Ever:PGN2O01  
Onset

/ /

Definitions and questions

**ACCESS TO WEAPONS**

**Access to weapons, such as handguns and shotguns.**

**GUNS**

**Does anyone in your household keep a gun in the house or car?**

**Is the gun locked up?**

**Whom does it belong to?**

**What kind of gun is it?**

**A handgun?**

**A rifle or shotgun?**

**Some other kind?**

Coding rules

**ACCESS TO GUN**

0 = Absent

1 = Family member has gun, but child does not have access because gun is locked up.

2 = Child has access to gun belonging to family member or friend.

**HANDGUN**

0 = Absent

2 = Present

**SHOTGUN OR RIFLE**

0 = Absent

2 = Present

**OTHER GUN (SEMI-AUTOMATIC, MACHINE GUN, ETCETERA)**

0 = Absent

2 = Present

Codes

PGC9I01  
Intensity

PGC9I02

PGC9I03

PGC9I04

Definitions and questions

**CONDUCT PROBLEMS INVOLVING VIOLENCE AGAINST PROPERTY**

**VANDALISM**

Damage to, or destruction of, property without the intention of gain. Includes breaking, cutting or tearing up belongings.

Do not include instances in which parents allow children to write on certain walls in home (i.e., designated playroom walls, next to phone, etc).

**Has s/he damaged or broken or smashed up anything on purpose?**

*What has s/he broken?*

*Has s/he broken his/her own toys or belongings?*

*Or other children's toys or belongings?*

*How about writing on walls?*

**What about breaking or smashing up things at daycare/school?**

*When was that?*

*Did s/he know the people whose stuff s/he "smashed"?*

*How often does s/he do that sort of thing?*

*When did s/he first do something like that?*

*What did you do about it?*

Coding rules

**VANDALISM**

0 = Absent

2 = Writing on walls or similar actions that are not actually destructive of the functions of that object.

3 = Other acts involving damage to, or destruction of, property.

**DAMAGE TO PROPERTY IN THE HOME**

0 = Absent

2 = Present

**DAMAGE TO PROPERTY OUT OF THE HOME**

0 = Absent

2 = Present

**VANDALISM DIRECTED AT OWN PROPERTY**

0 = Absent

2 = Present

**VANDALISM DIRECTED AT SIBLINGS' PROPERTY**

0 = Absent

2 = Present

**VANDALISM DIRECTED AT PEERS' PROPERTY**

0 = Absent

2 = Present

**VANDALISM DIRECTED AT PARENTS' PROPERTY**

0 = Absent

2 = Present

Codes

PGE2101  
Intensity

PGE2F04  
Frequency

PGE2001  
Onset

PGE2105

PGE2106

PGE2107

PGE2108

PGE2109

PGE2110

Definitions and questions

Coding rules

Codes

**VANDALISM DIRECTED AT PROPERTY OF OTHER ADULTS IN THE CHILD'S LIFE (TEACHERS; BABYSITTERS, ETCETERA)**

PGE2111

0 = Absent

2 = Present

**VANDALISM DIRECTED AT PROPERTY OF PEOPLE THE CHILD DOES NOT KNOW**

PGE2112

0 = Absent

2 = Present

Definitions and questions

**INAPPROPRIATE SEXUAL BEHAVIOR**

**INAPPROPRIATE SEXUAL TOUCHING**

Touching of genital area without the consent of the person being touched.

Must determine that child is initiating behavior against the wishes of the person against whom the behavior is directed in order to distinguish this behavior from mutual curiosity about genitalia.

*Has s/he ever touched someone in his or her private parts who didn't want him/her to touch him/her?*

*Has s/he ever forced another child to remove his/her clothes without the other child's permission?*

*Or touched his/her private parts without permission from the other child?*

*Or rubbed up against another child in a sexual way without permission from the other child?*

*How about in the last three months?*

*What happened?*

*Who did this happen with?*

*Where did it happen?*

*How did you react?*

Coding rules

**INAPPROPRIATE SEXUAL TOUCHING**

0 = Absent

2 = Present

**INAPPROPRIATE SEXUAL TOUCHING**

0 = Absent

2 = Present

**DIRECTED AGAINST SIBLINGS**

0 = Absent

2 = Present

**DIRECTED AGAINST PEERS**

0 = Absent

2 = Present

**DIRECTED AGAINST ADULTS**

0 = Absent

2 = Present

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

Codes

Ever:PGN3E01  
Intensity

Ever:PGN3V01  
Frequency

Ever:PGN3O01  
Onset

PGN3I01  
Intensity

PGN3I02

PGN3I03

PGN3I04

PGN3F01  
Home  
Frequency

PGN3F02  
Daycare/School  
Frequency

PGN3F03  
Elsewhere  
Frequency



Definitions and questions

**INAPPROPRIATE SEXUAL TALK**

Sexual comments toward others.

Distinguish from "bathroom humor" or swearing.

**Has s/he made sexual comments toward others in the last three months?**

*Tell me what s/he says?*

*How often does s/he talk like that?*

**FIRE PLAY AND FIRE SETTING**

Playing with matches or lighters and/or setting of unsanctioned fires with the intent of causing an object to burn. Intent to cause serious harm is not required.

**N.B. "EVER" CODED IF FIRE SETTING HAS OCCURRED BUT NOT IN LAST 3 MONTHS.**

*Does s/he like to play with matches or lighters?*

*Does s/he like playing with fire?*

*Does s/he like burning things?*

**Has s/he ever started any fires in places where s/he's not supposed to?**

*Why did s/he do it?*

*Where did s/he do it?*

*When was that?*

Coding rules

**INAPPROPRIATE SEXUAL TALK**

0 = Absent

2 = Present

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

**FIRE PLAY AND FIRE SETTING**

0 = Absent

1 = Plays with matches or lighters without supervision but has not set a fire.

2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.

3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

Codes

PGM2I01  
Intensity

PGM2F01  
Home  
Frequency

PGM2F02  
Daycare/School  
Frequency

PGM2F03  
Elsewhere  
Frequency

PGM2O01  
Onset

 //

Ever:PGE4E01  
Intensity

Ever:PGE4V01  
Frequency

Ever:PGE4O01  
Onset

 //

Definitions and questions

*Has s/he played with fire or set a fire in the last three months?*  
*Did anyone find out?*  
*What happened?*  
*How often has s/he done that sort of thing?*  
*How often does s/he start fires?*  
*When was the first time s/he started a fire?*  
*Has s/he ever done any damage with fire?*

Coding rules

**FIRE PLAY AND FIRE SETTING**

0 = Absent

1 = Plays with matches or lighters without supervision but has not set a fire.

2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.

3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

Codes

PGE3I01  
Intensity

PGE3F01  
Home  
Frequency

PGE3F02  
Daycare/School  
Frequency

PGE3F03  
Elsewhere  
Frequency

Get this and questions

Check this

Has it's placed with you or sent a link to the last time?  
 anytime?  
 Did anyone find out?  
 What happened?  
 How often has she done that sort of thing?  
 How often does she visit times?  
 When was the last time she started a link?  
 Has she ever done any damage with this?

1 - Effect with minimal or slight effort  
 2 - Effective with a moderate effort  
 3 - Effective with a significant effort  
 4 - Effective with a great effort  
 5 - Effective with a very great effort

Notes

DATE/TIME

BY WHOM



C-168

C-168

Check this

Definitions and questions

**FOOD PREFERENCES AND APPETITE**  
*Now I want to find out about the type of eater X is. Some children enjoy food and eating while others are reluctant eaters or picky about the foods they will eat. Tell me about X.*

**FOOD PREFERENCES**

The child will consume only a restricted range of foods. Do not include simple dislike of cabbage etc., which is typical of many children.

NOTE: TO BE RATED, FOOD FADS MUST BE EXTENSIVE AND RESTRICTIVE TO THE POINT OF GENERALLY INTERFERING WITH PREPARATION OF ONE MEAL FOR THE FAMILY, THAT IS, THE PARENT MUST FIX THE CHILD A MEAL IN ADDITION TO THE REGULAR FAMILY MEAL.

*Many children are fussy about the foods they will eat.*

*Is s/he choosy about the foods s/he will eat?*

*Does s/he only eat certain foods?*

*What will s/he eat?*  
 IF PRESENT ASK;

*Do you have to fix special meals just for him/her?*

*Do these food preferences interfere with family meals?*

*What sort of things won't s/he eat?*  
*Why is that?*  
*What do you do about it?*  
*Will s/he eat these things if s/he's pushed?*  
*When did s/he start to get choosy about the food s/he will eat?*

Coding rules

**FOOD FADS**

- 0 = Absent
- 2 = The child eats only within the range of his/her fads.
- 3 = Eating with others difficult because of extreme fads.

Codes

PFA4101  
Intensity

PFA4001  
Onset



0 = Always  
 1 = The child eats only when the caregiver offers food  
 2 = Eating only when offered because of caregiver's insistence

**FOOD PREFERENCES AND APPETITE**

Now I want to find out about the type of eater X is. Do my children enjoy food and eating while others are reluctant eaters or picky about the food they will eat. Tell me about X.

**FOOD PREFERENCES**

The child will consume only a restricted range of foods. Do not include single dishes of cabbage etc., which is typical of many children.

**NOTE TO BE READ: FOOD PADS MUST BE EXTENSIVE AND RESTRICTIVE TO THE POINT OF GENERALLY INTERFERING WITH PREPARATION OF ONE MEAL FOR THE FAMILY, THAT IS, THE PARENT MUST FEED THE CHILD A MEAL IN ADDITION TO THE REGULAR FAMILY MEAL.**

Many children are fussy about the foods they will eat. Is your child one of these children who will eat only a few foods?

Does your child eat certain foods?

What will she eat?

**IF PARENT ASK:**

Do you have to fix special meals just for him/her?

Do these food preferences interfere with family meals?

What sort of things would she eat?

Why is that?

What do you do about it?

Will she eat these things if other people?

When did she start to get choosy about the food she will eat?

PC-170

Definitions and questions

**INDIFFERENCE/AVERSION TO FOOD**

Child is indifferent to food (can "take it or leave it") and/or the child has an aversion to food (e.g., finds it's taste, smell or texture repulsive; can barely be in the same room with it). Distinguish from decreased appetite, which is coded separately. Differentiate from food fads and simple dislike of certain foods.

If the child meets criteria for both indifference/aversion to food and reduced appetite, both may be coded.

**IF CODING IS AT LEVEL 3, CODE CAUSE OF AVERSION.**

*Does X enjoy food?*

*Do you have to coax X to eat?*

*Does s/he have a "take it or leave it" attitude about food or eating?*

*Or does s/he not seem to care about food?  
Does it seem that s/he eats with little pleasure?  
Does s/he find most foods unappealing?  
Or gross?*

*What bothers him/her?  
How often does s/he feel this way  
When did this start?*

Coding rules

**INDIFFERENCE/AVERSION TO FOOD**

0 = Absent

2 = Child is indifferent to food.

3 = Child has an aversion to food.

**CAUSE OF AVERSION: (ONLY CODE FOR LEVEL 3)**

1 = Taste

2 = Smell

3 = Texture

4 = Other

Specify

Codes

PFG5I01  
Intensity

PFG5F01  
Frequency

PFG5O01  
Onset

PFG5X01

PFG5X02

PFG5X03

PFG5X04

Definitions and questions

**MANUALLY FED BY PARENT**

Parent feeds child with a utensil or hands. Do not include simply helping the child to prepare food for eating (for instance by cutting up meat or mashing potatoes on the plate).

*Does X feed himself at meals?*

*During the last three months, have you fed him/her yourself?*

*How often do you feed him/her?*

*What do you do?*

*Why?*

*Was there ever a time when s/he fed himself?*

*When was that?*

**APPETITE CHANGES**

**REDUCED APPETITE**

Reduction of normal appetite, or reduced interest in, or enthusiasm for, food. Include change in appetite due to side effects of medication.

*Now I would like to know about his/her appetite.*

*How has his/her appetite been in the last 3 months?*

*Has the amount s/he eats changed at all?*

*Has s/he had less appetite than usual?*

*Has his/her appetite been reduced for at least a week?*

*Why not?*

*How much has s/he been eating?*

*Has s/he lost any weight?*

*When did his/her appetite start to fall off?*

Coding rules

**FED BY PARENT**

0 = Child feeds him/herself unaided all or almost all of the time.

2 = Parent feeds child at least part of a meal at least once per week.

3 = Parent feeds child almost all the time.

**PREVIOUS PERIOD OF SELF FEEDING (CHILD HAD BEEN FEEDING SELF FOR AT LEAST ONE MONTH)**

0 = Absent

2 = Present

**DATE PARENT RESUMED FEEDING CHILD AFTER AT LEAST ONE MONTH OF SELF-FEEDING**

**REDUCED APPETITE**

0 = Absent

2 = Food intake has been definitely reduced below normal level because of lack of appetite for at least 1 week.

3 = Child can only be induced to eat by marked parental or other persuasion.

Codes

PFL6I01  
Intensity

PFL6F01  
Frequency

Ever:PFL6E01  
Intensity

Ever:PFL6O01  
Onset

Ever:PFL6O02

PFA0I01  
Intensity

PFA0O01  
Onset

Definitions and questions

**WEIGHT LOSS**  
 Any weight loss in the last three months.  
*Has s/he lost weight during the last 3 months?*  
*How much?*  
*When did s/he start losing weight?*

**GROWTH DEFICIENCY**  
*In the last 3 months have you worried that X is not growing as big or fast as s/he should be?*  
*Are you happy with his/her weight?*

**EXCESSIVE APPETITE**  
 An increase in appetite outside the normal range of the child, including eating for comfort. Include change in appetite due to side effects of medication.  
*Has s/he had a bigger appetite than usual in the last 3 months?*  
*Why?*  
*Has s/he actually eaten more than usual?*  
*In the last 3 months, has his/her food consumption increased above the usual level for at least 1 week?*  
*How much more?*  
*When did s/he start eating more?*

Coding rules

**WEIGHT LOSS**

0 = Absent  
 2 = Present

**WEIGHT LOSS IN POUNDS**

**PARENTAL GROWTH DEFICIENCY CONCERN**

0 = Absent  
 2 = Present

**EXCESSIVE APPETITE**

0 = Absent  
 2 = Food consumption has been definitely increased above the child's usual level for at least 1 week.

Codes

PFA1101  
 Intensity

PFA1X01

PFA1001  
 Onset

PFG6101  
 Intensity

PFG6001  
 Onset

PFA2101  
 Intensity

PFA2001  
 Onset



Definitions and questions

**FOOD REFUSAL**

Refusal to eat adequate amounts of food occurring for more than 24 hours and not co-occurring with underlying medical illness (e.g. stomach flu or toothache) or oropharyngeal or nasogastric trauma.

NOTE: Child may take liquids but refuse solid foods. Include tube feedings.

*In the last 3 months, has X simply refused to eat at all?*

*Or refused to eat most food offered to him/her?*

*Did s/he refuse to open his/her mouth?*

*Throw food?*

*Or try to leave his/her highchair or chair?*

*Did s/he seem hungry?*

*When did this start?*

*How long did s/he refuse food?*

*Was this related to being sick?*

*Did s/he refuse to eat with everyone?*

*Or with specific people?*

*Did this affect his/her growth?*

*In what way?*

*Has a doctor said that s/he is not growing as much as s/he should?*

**IF FOOD REFUSAL ABSENT, SKIP TO "CONFLICTS ABOUT FOOD", (PAGE 9).**

Coding rules

**FOOD REFUSAL**

0 = Absent

2 = Refused to eat adequate amounts of food for more than 24 hours.

**DAYS**

**RELATIONAL CONTEXT**

1 = With all caregivers.

2 = With specific caregiver(s).

Specify

**GROWTH DEFICIENCY**

0 = Absent

2 = Noted by medical provider.

Codes

PFG7I01  
Intensity

PFG7D01  
Duration

PFG7O01  
Onset

PFG7X01

PFG7X02

Definitions and questions

**ORPHARYNGEAL (OP) OR NASOGASTRIC (NG) TRAUMA**

Traumatic event related to the child's mouth or throat or gastrointestinal tract (e.g., choking, insertion of tubes in throat or stomach).

*Has X ever had a traumatic experience related to his/her mouth, or throat, or stomach?*

*Like experiencing a bad choking episode?*

*Or having a tube down his/her throat?*

*Or into his/her stomach?*

*When did this happen?*

*Has this happened in the last 3 months?*

**IF OP/NG TRAUMA EVER PRESENT, CONTINUE WITH SECTION. OTHERWISE, SKIP TO "CONFLICTS ABOUT FOOD", (PAGE 9).**

Coding rules

**OP OR NG TRAUMA**

0 = Absent

2 = Present

**EVENT (CODE WORST EVENT)**

1 = Choking

2 = Insertion of nasogastric or endotracheal tube.

3 = Sucking

4 = Other

Specify

**EVENT (LAST 3 MONTHS)**

1 = Choking

2 = Insertion of nasogastric or endotracheal tube.

3 = Sucking

4 = Other

Specify

Codes

Ever:PFG8E01  
Intensity

Ever:PFG8X01

Ever:PFG8O01  
Onset

PFG8X02  
Intensity

PFG8O02  
Onset

Definitions and questions

**FOOD REFUSAL FOLLOWING ORPHARYNGEAL (OP) OR NASOGASTRIC (NG) TRAUMA**

Refusal to eat adequate amounts of food (solids and/or liquids), for more than 24 hours, following a traumatic event related to the child's mouth or throat or gastrointestinal tract (e.g., choking, insertion of tubes in throat or stomach).

NOTE: Code EVER and 3 months events separately.

*After that event happened, did s/he refuse food?*

*All food?  
Or just solids?  
Or just liquids?*

*How long did s/he refuse food?*

*When did this start?*

*Did this occur with everyone or specific people?*

*Whom?*

*Did this refusal affect his/her growth?*

*In what way?*

*Did s/he show distress when preparations were made to feed him/her?*

*Like crying when s/he got in the highchair?  
Or placed him/her in his/her seat?*

*Did s/he show resistance when approached with spoon or cup or bottle?*

*What happened?  
Did s/he shut her mouth?  
Or cry?  
Or scream?*

*Did s/he resist swallowing food or liquid once it was in his/her mouth?*

*After that event happened, did s/he refuse food?*

*All food?  
Or just solids?  
Or just liquids?  
How long did s/he refuse food?  
When did this start?*

*Did this occur with everyone or specific people?*

*Whom?*

Coding rules

**TRAUMATIC FOOD REFUSAL**

- 0 = Absent
- 2 = Present for more than 24 hours.

**DAYS**

**REFUSED**

- 1 = Solids
- 2 = Liquids
- 3 = Both

**RELATIONAL CONTEXT**

- 1 = With all caregivers.
  - 2 = With specific caregiver(s).
- Specify

**GROWTH DEFICIENCY**

- 0 = Absent
- 2 = Noted by medical provider.

**ANTICIPATORY DISTRESS**

- 0 = Absent
- 2 = Present

**RESISTANCE TO APPROACH WITH FOOD**

- 0 = Absent
- 2 = Present

**RESISTANCE TO SWALLOWING**

- 0 = Absent
- 2 = Present

**TRAUMATIC FOOD REFUSAL (LAST 3 MONTHS)**

- 0 = Absent
- 2 = Present for more than 24 hours.

Codes

Ever:PFG9E01  
Intensity

Ever:PFG9D01  
Duration

Ever:PFG9O01  
Onset

Ever:PFG9X01

Ever:PFG9X02

Ever:PFG9E02

Ever:PFG9E03

Ever:PFG9E04

Ever:PFG9E05

PFG9I01  
Intensity

Definitions and questions

**Did this refusal affect his/her growth?**

*In what way?*

**Did s/he show distress when preparations were made to feed him/her?**

*Like crying when s/he got out of the highchair?  
Or placed him/her in his/her seat?*

**Did s/he show resistance when approached with spoon or cup or bottle?**

*What happened?  
Did s/he shut her mouth?  
Or cry?  
Or scream?*

**Did s/he resist swallowing food or liquid once it was in his/her mouth?**

Coding rules

**DAYS**

**REFUSED (LAST 3 MONTHS)**

- 1 = Solids
- 2 = Liquids
- 3 = Both

**RELATIONAL CONTEXT (LAST 3 MONTHS)**

- 1 = With all caregivers.
- 2 = With specific caregiver(s).

Specify

**GROWTH DEFICIENCY (LAST 3 MONTHS)**

- 0 = Absent
- 2 = Noted by medical provider.

**ANTICIPATORY DISTRESS (LAST 3 MONTHS)**

- 0 = Absent
- 2 = Present

**RESISTANCE TO APPROACH WITH FOOD (LAST 3 MONTHS)**

- 0 = Absent
- 2 = Present

**RESISTANCE TO SWALLOWING (LAST 3 MONTHS)**

- 0 = Absent
- 2 = Present

Codes

PFG9D02  
Duration

PFG9O02  
Onset

PFG9X03

PFG9X04

PFG9I02

PFG9I03

PFG9I04

PFG9I05

Definitions and questions

**CONFLICTS ABOUT FOOD**

Struggles between "parent" and child about food. Tension and/or disputes may be about amount of intake or type of food eaten. May occur outside of mealtimes.

***Do you have struggles with your child about food?***

***Do you have arguments about how much your child is eating?***

*Or not eating?*

*Can you tell me about the last time?*

*How often do you have these fights?*

*How long do they usually last?*

*When did these conflicts start?*

*Who is usually involved in these conflicts?*

***Does s/he become upset?***

***Does s/he become angry or aggressive?***

***How about you?***

***Do you get upset?***

***Do you become angry?***

***Do you lose control in these conflicts?***

***Does "parent #2" get upset?***

***Does "parent #2" get angry?***

***Does "parent #2" lose control in these conflicts?***

Coding rules

**CONFLICTS ABOUT FOOD INTAKE**

0 = Absent

2 = Conflicts between parent and child about food present.

**HOURS : MINUTES**

**CHILD UPSET**

0 = Absent

2 = Present

**CHILD ANGRY**

0 = Absent

2 = Present

**PARENT #1 UPSET**

0 = Absent

2 = Present

**PARENT #1 ANGRY**

0 = Absent

2 = Present

**PARENT #1 LOSES CONTROL**

0 = Absent

2 = Present

**PARENT #2 UPSET**

0 = Absent

2 = Present

**PARENT #2 ANGRY**

0 = Absent

2 = Present

Codes

PFH0I01  
Intensity

PFH0F01  
Frequency

PFH0D01  
Duration

PFH0O01  
Onset

PFH0X01

PFH0X02

PFH0X03

PFH0X04

PFH0X05

PFH0X06

PFH0X07

Definitions and questions

**NUMBER OF MEALS EATEN TOGETHER AS A FAMILY**  
*Do you eat meals together as a family?*  
*How often do you eat meals together as a family?*

**CONFLICTS DURING MEAL TIMES**  
 Arguments or conflicts during meal times, about subjects other than food, that cause distress to the child.  
*What are meal times like for your family?*  
*Do you have arguments or conflicts at meals about things other than food, for example, table manners?*  
*Does s/he get upset?*  
*Are they pleasant?*  
*Or unpleasant?*  
*What happens?*  
*Who is usually involved?*  
*Is X involved in these conflicts?*  
*How does s/he feel about them?*  
*How do the conflicts usually end?*  
*When did these conflicts during mealtimes, that are not about food, begin?*

Coding rules

**PARENT #2 LOSES CONTROL**

- 0 = Absent
- 2 = Present

**EATING MEALS TOGETHER**

- 0 = Absent
- 2 = Present

**MEAL CONFLICTS**

- 0 = Meals usually pleasant.
- 2 = Conflicts occur during some meals.

**FREQUENCY: MEAL CONFLICTS**

**HOURS : MINUTES**

Codes

PFH0X08

PFH1I90  
Intensity

PFH1F01  
Frequency

PFH2I01  
Intensity

PFH2F01

PFH2D01  
Duration

PFH2O01  
Onset

Definitions and questions

**CHILD'S BODY DISSATISFACTION**

The child has complained about body shape or appearance or expressed a wish for a different body shape or appearance. If meets criteria for worries about being/becoming fat, code under both.

*Does X ever talk about being unhappy about the way s/he looks?*

*How often?*  
*What does s/he say bothers her?*  
*When did s/he start being unhappy about how s/he looks?*

Coding rules

**CHILD'S BODY DISSATISFACTION**

- 0 = Absent
- 2 = The child is dissatisfied with his/her body shape and/or appearance.

**CAUSES FOR DISSATISFACTION**

- 1 = Too fat.
- 2 = Too thin.
- 3 = Too short.
- 4 = Too tall.
- 5 = Hair color.
- 6 = Eye color.
- 7 = Other

Specify

---

Codes

PFH3I01  
Intensity

PFH3F01  
Frequency

PFH3O01  
Onset

PFH3X01

PFH3X02

PFH3X03

Definitions and questions

**PARENT #1'S DISSATISFACTION WITH CHILD'S BODY**

Parent's has complained about child's body shape or appearance or expressed a wish for a different body shape or appearance for child.

*Are you unhappy with the way s/he looks?*

*What bothers you?*

*When did you start being unhappy about X's looks?*

**PARENT #2'S DISSATISFACTION WITH CHILD'S BODY**

Parent's has complained about child's body shape or appearance or expressed a wish for a different body shape or appearance for child.

*Is (parent #2) unhappy with the way s/he looks?*

*What bothers (parent #2)?*

*When did your partner start being unhappy about X's looks?*

Coding rules

**PARENT #1 DISSATISFACTION**

0 = Absent

2 = The parent is dissatisfied with his/her child's body shape and/or appearance.

**CAUSES FOR DISSATISFACTION**

1 = Too fat.

2 = Too thin.

3 = Too short.

4 = Too tall.

5 = Hair color.

6 = Eye color.

7 = Other

Specify

**PARENT #2 DISSATISFACTION**

0 = Absent

2 = The parent is dissatisfied with his/her child's body shape and/or appearance.

**CAUSE(S) FOR DISSATISFACTION**

1 = Too fat.

2 = Too thin.

3 = Too short.

4 = Too tall.

5 = Hair color.

6 = Eye color.

7 = Other

Codes

PFH4101  
Intensity

PFH4001  
Onset

PFH4X01

PFH4X02

PFH4X03

PFH5101  
Intensity

PFH5001  
Onset

PFH5X01

PFH5X02

PFH5X03



Definitions and questions

**CHILD WORRIES ABOUT BEING/BECOMING FAT**

A round of painful, unpleasant or uncomfortable thoughts about becoming (or being) fat or obese.

*Does s/he worry about getting fat?*

*How much does s/he worry about it?*

*When did s/he start worrying about it?*

*When did s/he start worrying about it?*

  

**PARENT WORRIES ABOUT CHILD BEING/BECOMING FAT**

*Do you (or parent #2) worry about him/her being/becoming fat?*

*How often do you worry about this?*

*Does it affect your interactions with X?*

*When did you start worrying about X being or becoming fat?*

Coding rules

**CHILD WORRIES ABOUT BEING/BECOMING FAT**

- 0 = Absent
- 2 = Child's worries about becoming fat are intrusive into at least 2 activities and at least sometimes uncontrollable.
- 3 = Child's worries about becoming fat are intrusive into most all activities and almost always uncontrollable.

**HOURS : MINUTES**

**PARENT WORRIES ABOUT CHILD BEING/BECOMING FAT**

- 0 = Absent
- 2 = Parent's worries about child becoming fat are intrusive into interactions with child and at least sometimes uncontrollable.
- 3 = Parent's worries about child becoming fat are intrusive into most activities and almost always uncontrollable.

**HOURS : MINUTES**

Codes

PFB1I01 Intensity

PFB1F01 Frequency

PFB1D01 Duration

PFB1O01 Onset

PFH6I01 Intensity

PFH6F01 Frequency

PFH6D01 Duration

PFH6O01 Onset

Definitions and questions

**DELIBERATE REDUCTION OF BODY WEIGHT - PARENT INITIATED**

Deliberate attempts to reduce body weight by dieting.

A "diet" refers to any attempt to reduce body weight by the deliberate restriction of caloric intake (no matter how feebly adhered to), lasting at least 1 week.

Do not include diet regimens necessitated to control diabetes, PKU, or other medical diseases. Do not include health regimens (e.g., low fat) not focused on losing weight.

*Have you (or parent #2) ever put X on a diet?*

*Why?*

*Is s/he on such a diet now?*

*How about in the last three months?*

**DELIBERATE REDUCTION OF BODY WEIGHT - CHILD INITIATED**

Deliberate attempts to reduce body weight by dieting.

A "diet" refers to any attempt to reduce body weight by the deliberate restriction of caloric intake (no matter how feebly adhered to), lasting at least 1 week.

Do not include diet regimens necessitated to control diabetes, PKU, or other medical diseases. Do not include health regimens (e.g., low fat) not focused on losing weight.

*Has X ever said that s/he is on a diet?*

*One that s/he initiated him/herself?*

*How about in the last three months?*

*What sort of diet?*

*When did s/he start doing that?*

*What do you think of his/her diet?*

*Does it worry you?*

Coding rules

**PARENT INITIATED**

0 = Absent

2 = Present

**PARENT INITIATED LAST THREE MONTHS**

0 = Absent

2 = Present

**CHILD INITIATED**

0 = Absent

2 = Present

**CHILD INITIATED: LAST THREE MONTHS**

0 = Absent

2 = Present

Codes

Ever:PFH7E01  
Intensity

Ever:PFH7O01  
Onset

PFH7I01  
Intensity

Ever:PFH8E01  
Intensity

Ever:PFH8O01  
Onset

PFH8I01  
Intensity

Definitions and questions

**FOOD HOARDING**

Any UNNECESSARY hiding or storing of food in the absence of any reasonable expectation of it being taken or of the child going hungry.

DO NOT INCLUDE INSTANCES in which the child hides his/her candy (i.e. Halloween candy) to prevent siblings or others from eating it, or when taken without permission.

*Does X take food and hide it?*

IF PRESENT ASK;

*What food does s/he take?*

*Why do you think s/he hides food?*

*What happens?*

*Can you tell me about the last time?*

*Where does s/he hide it?*

*How often does this happen?*

*When did this start?*

*Do you think that it is a problem?*

*How do you respond?*

Coding rules

**FOOD HOARDING**

0 = Absent

2 = Present

Codes

PFH9I01  
Intensity

PFH9F01  
Frequency

PFH9O01  
Onset

//

Definitions and questions

**SWALLOWING ABNORMALITIES**

Difficulties swallowing food including gagging, choking, or food stuck in child's throat.

**Does X have problems swallowing his food?**

- Does he gag on his food?*
- Or seem to choke on his food?*
- When did this start?*
- How often does it happen?*
- What seems to trigger it?*

Coding rules

**SWALLOWING ABNORMALITIES**

- 0 = Absent
- 2 = Present

**GAGGING**

- 0 = Absent
- 2 = Present

**CHOKING**

- 0 = Absent
- 2 = Present

**FOOD STUCK IN THROAT**

- 0 = Absent
- 2 = Present

**TRIGGERS**

- 1 = Physical problem
- 2 = Type of food
- 3 = Negative affect
- 4 = Other

Specify

Codes

PF10I01  
Intensity

PF10F01  
Frequency

PF10O01  
Onset

PF10I02

PF10I03

PF10I04

PF10X01

PF10X02

PF10X03

Definitions and questions

**POUCHING**

The storage of food in the child's cheeks.

**Does s/he store food in his/her cheeks?**

*How often does s/he do that?*

*How long does s/he keep the food in his/her cheeks?*

*When did this start?*

Coding rules

**POUCHING**

0 = Absent

2 = Present

**HOURS : MINUTES**

Codes

PFL7I01  
Intensity

PFL7F01  
Frequency

PFL7D01  
Duration

PFL7O01  
Onset

/ /

Definitions and questions

**PICA**  
 Persistent eating (chewing and/or swallowing) of non-nutritive substances.  
 Distinguish from mouthing/sucking on toys, blankets, etc.  
**Does X eat things that are not food?**  
 What does s/he eat?  
 Does s/he eat paint?  
 Or paper?  
 Or dirt?  
 Or clay?  
 Or pebbles?  
 How often does s/he eat these things?  
 When did s/he start?  
 What do you do?  
 Has s/he become sick from eating these things?  
 Or needed medical treatment?  
 What happened?

Coding rules

**PICA**

- 0 = Absent
- 2 = Present

**SUBSTANCES**

- 1 = Paint
- 2 = Plaster
- 3 = Paper
- 4 = Clothing
- 5 = Hair
- 6 = Animal Droppings
- 7 = Dirt
- 8 = Clay

- 9 = Pebbles
- 10 = Sand
- 11 = Starch
- 12 = Other
- Specify

**MEDICAL PROBLEM FROM PICA**

- 0 = Absent
- 2 = Present

**TYPE OF MEDICAL PROBLEM**

- 1 = Intestinal obstruction
- 2 = Throat obstruction
- 3 = Poisoning (including lead)
- 4 = Other illness
- 5 = Other
- Specify

Codes

PFI1101  
Intensity

PFI1F01  
Frequency

PFI1O01  
Onset

PFI1X01

PFI1X02

PFI1X03

PFI1X04

PFI1102

PFI1X05

PFI1X06

Definitions and questions

**LEAD IN BLOOD**  
 Toxic levels of lead in the child's bloodstream diagnosed by a blood test.

*Has X ever been tested for lead in his/her blood?*

*Did anyone ever tell you that there was a problem with lead in his/her blood?*

*When was that?*

**TREATED FOR LEAD IN BLOOD**

*Has s/he ever been treated for lead in his/her blood?*

IF MORE THAN TWO EPISODES WHEN LEAD FOUND IN BLOOD, CODE EARLIEST EPISODE AND MOST RECENT EPISODE.

IF MORE THAN TWO EPISODES WHEN LEAD FOUND IN BLOOD, CODE EARLIEST AND MOST RECENT EPISODE.

Coding rules

**ONSET: DIAGNOSED WITH LEAD IN BLOOD (2ND EPISODE)**

**DIAGNOSED WITH LEAD IN BLOOD**

0 = Absent  
 2 = Present

**TREATED FOR LEAD IN BLOOD**

0 = Absent  
 2 = Present

**ONSET: TREATED FOR LEAD IN BLOOD (2ND EPISODE)**

Codes

Ever:PF12O02

Ever:PF12O01  
 Onset

Ever:PF12E01  
 Intensity

Ever:PF13E01  
 Intensity

Ever:PF13O01  
 Onset

Ever:PF13O02

Definitions and questions

**SOMATIZATION**

**HEADACHES**

INCLUDE HEADACHES CODED UNDER "PHYSICAL SYMPTOMS ON SEPARATION".

*Has s/he had any headaches over the last three months?*

*How often does X have headaches?  
How long do the headaches last?  
When did s/he start to get headaches?*

*Why do you think s/he has a headache?  
Is s/he usually sick with a cold or flu when s/he has a headache?  
Does s/he have a headache at times when s/he has to leave you?  
Or when s/he has to go to daycare/school?  
Or when s/he is upset?  
Is it influenced by the foods s/he eats?*

Coding rules

**HEADACHES**

0 = Absent  
2 = Present

**HOURS : MINUTES**

**HEADACHE LINKED TO:**

0 = No link.  
1 = Illness (fever, etc.).  
2 = Separation from attachment figure.  
3 = Daycare/school days.  
4 = Anxiety/worries  
6 = Anger  
7 = Eating  
8 = Particular foods.  
9 = Other  
Specify

Codes

PFJ1I01  
Intensity

PFJ1F01  
Frequency

PFJ1D01  
Duration

PFJ1O01  
Onset

/ /

PFJ1X01

PFJ1X02

PFJ1X03

PFJ1X04



Definitions and questions

**ABDOMINAL PAINS**

INCLUDE STOMACHACHES CODED UNDER "PHYSICAL SYMPTOMS ON SEPARATION".

*Does s/he complain about stomach aches?*

*How long do the symptoms last?*  
*How sick is s/he when s/he has a stomach ache?*  
*What does s/he do when s/he has a stomach ache?*  
*How often over the last 3 months has s/he had a stomach ache like that?*  
*When did she start having stomach aches?*  
*Why do you think s/he has a stomach ache?*  
*Does s/he have a fever or diarrhea or vomiting with the stomach ache?*  
*Does s/he have a stomach ache at times when s/he has to leave you?*  
*Or when s/he has to go to daycare/school?*  
*Or when s/he is upset?*

*Why do you think s/he has a stomachache?*

*Is s/he usually sick with a cold or flu when s/he has a stomachache?*  
*Does s/he have a stomachache at times when s/he has to leave you?*  
*Or when s/he has to go to daycare/school?*  
*Or when s/he is upset?*  
*Is it influenced by the foods s/he eats?*

Coding rules

**ABDOMINAL PAINS**

- 0 = Absent
- 2 = Present

**HOURS : MINUTES**

**ABDOMINAL PAIN LINKED TO:**

- 0 = No link.
  - 1 = Illness (fever, etc.).
  - 2 = Separation from attachment figure.
  - 3 = Daycare/school days.
  - 4 = Anxiety/worries
  - 6 = Anger
  - 7 = Eating
  - 8 = Particular foods.
  - 9 = Other
- Specify
- 

Codes

PFJ2I01  
Intensity

PFJ2F01  
Frequency

PFJ2D01  
Duration

PFJ2O01  
Onset

PFJ2X01

PFJ2X02

PFJ2X03

PFJ2X04

Definitions and questions

**ABSENCE OF A REACTION TO PHYSICAL INJURY**

No visible response to physical injury such as a splinter, cut knee, or a more serious injury, even when it is clear that the injury is painful.

*How does X react when s/he gets hurt?*

*Does s/he cry when s/he hurt?*

*Will s/he allow an adult or other child to help him/her?*

*Does s/he go to an adult for comfort or help?*

*Has s/he always been like that?*

*Why do you think that s/he's like that?*

*When did this first begin?*

**OVERREACTION TO PHYSICAL INJURY**

Hypersensitivity to any physical injury. Much comfort and multiple band-aids are needed after even the smallest cut or scrape.

*Does X become extremely upset with even the smallest cut or scrape?*

*Does s/he get more upset than other children his/her age?*

*Why do you think s/he gets so upset?*

*When did s/he start being so sensitive to being hurt?*

*Does s/he use a lot of band aids?*

*How many for each injury?*

Coding rules

**ABSENCE OF A REACTION TO PHYSICAL INJURY**

0 = Displays conventional reaction.

2 = When physically injured, child shows minimal reaction and seems indifferent to the injury.

**OVERREACTION TO PHYSICAL INJURY**

0 = Displays conventional reaction.

2 = Becomes extremely upset with even the smallest injury.

Codes

PFJ3101  
Intensity

PFJ3001  
Onset

PFJ4101  
Intensity

PFJ4001  
Onset

**ABSENCE OF A REACTION TO PHYSICAL INJURY**

No visible response to physical injury such as a splinter, cut, bruise, or a more serious injury, even when it is clear that the injury is painful.

How does X react when s/he gets hurt?

Does s/he cry when s/he hurts?

Will s/he show an adult or other child to help s/he/herself?

Does s/he go to an adult for comfort or help?

Has s/he always been like that?

Why do you think that s/he's like that?

When did this last begin?

**OVERREACTION TO PHYSICAL INJURY**

Hypersensitivity to any physical injury. Much comfort and multiple band-aids are needed after even the smallest cut or scrape.

Does X become extremely upset with even the smallest cut or scrape?

Does s/he get more upset than other children his/her age?

Why do you think s/he gets so upset?

When did s/he start being so sensitive to being hurt?

Does s/he use a lot of band-aids?

How many for each injury?

**ABSENCE OF A REACTION TO PHYSICAL INJURY**

0 = Displays conventional reaction

1 = When physically injured, child shows minimal reaction and seems reluctant to be hurt.

**OVERREACTION TO PHYSICAL INJURY**

0 = Displays conventional reaction

1 = Becomes extremely upset with even the smallest injury.



Definitions and questions

**SEPARATION**

*Now I want to ask you about X's feelings and behaviors when s/he is away from you. Many children feel worried or scared when they are not with their "parent" or other family members. Other children become very afraid or upset when they leave their "parent" or their parent must leave them. Tell me how X reacts when s/he is separated from you or other household members. Does s/he seem afraid of being away from you? Does s/he worry when you are away? Or when s/he has to leave you?*

**FEAR/ANXIETY ABOUT POSSIBLE HARM**

Unrealistic and persistent worry or fear about possible harm befalling major attachment figures, or fear that they will leave and will not return. Includes fear or subjective anxious affect related to the possibility of bad things happening at home while the child is at daycare/school.

*When s/he's away from you, is s/he afraid that you might come to some harm?*

*Or that you might leave him/her and not come back?*

*Does s/he seem afraid or worry about what might happen at home when s/he's away at daycare/school?*

*What does s/he think might happen?  
What do you do about that?  
Can you reassure him/her?  
How do these fears or worries affect him/her at home or at daycare/school?*

Coding rules

**FEAR ABOUT POSSIBLE HARM**

- 0 = Absent
- 2 = Fear is intrusive and uncontrollable at least some of the time.
- 3 = Fear is intrusive into most activities and nearly always uncontrollable.

**HOURS : MINUTES**

Codes

PBE8I01  
Intensity

PBE8F01  
Frequency

PBE8D01  
Duration

PBE8O01  
Onset

Definitions and questions

**FEAR/ANXIETY ABOUT CALAMITOUS SEPARATION**

Unrealistic and persistent worry or fear that an unexpected calamitous event will separate the child from a major attachment figure, e.g., the child will be lost, kidnapped, killed, or be the victim of an accident.

*Is s/he afraid that s/he might come to some harm while s/he's away from the family?*

*Is s/he frightened that she may be hurt or taken away from you?*

*Is s/he afraid that s/he might be kidnapped?  
Can you reassure him/her that s/he is safe?*

Coding rules

**FEAR ABOUT CALAMITOUS SEPARATION**

0 = Absent

2 = Fear is intrusive and uncontrollable at least some of the time.

3 = Fear is intrusive into most activities and nearly always uncontrollable.

**HOURS : MINUTES**

Codes

PBE9I01  
Intensity

PBE9F01  
Frequency

PBE9D01  
Duration

PBE9O01  
Onset

Definitions and questions

**AVOIDANCE OF BEING ALONE**

Persistent avoidance of being alone due to anxiety about being away from attachment figures.

*Does s/he seem to be afraid of being alone?*

*Does s/he try to avoid being alone?*

*Does s/he like to be near you most of the time?*

*Does s/he follow you around the house?*

*Does s/he ask you to be in the bathroom with him/her?*

*Or to escort him/her to an empty room to retrieve a toy?*

*Does s/he deliberately choose not to be in a room because s/he would be alone?*

*Does s/he insist that you remain in a room while s/he plays?*

*What does she do to avoid being alone?*

*Can s/he play alone in one room while you are in another room?*

*Does s/he become upset or protest if you leave the room s/he is in?*

*How often does this happen?*

*When did it start?*

*How do you respond?*

Coding rules

**AVOIDANCE OF BEING ALONE**

0 = Absent

2 = At least sometimes tries to avoid being alone because of at least sometimes uncontrollable fear or anxiety about being away from attachment figures.

3 = Almost always tries to avoid being alone because of nearly always uncontrollable fear or anxiety about being away from attachment figures. Follows "parent" around the house.

Codes

PBF4I01  
Intensity

PBF4F01  
Frequency

PBF4O01  
Onset

/ /

Definitions and questions

**ANTICIPATORY DISTRESS/RESISTANCE TO SEPARATION**

Signs or complaints of excessive distress in anticipation of separation from major attachment figures; or significant reluctance or resistance to separation such as crying, pleading with parents not to leave.

*What happens when s/he realizes you are going to leave him/her with a babysitter or other care giver?*

*Does s/he become frightened or upset?*

*What about with another family member like grandmother?*

*Does s/he cry uncontrollably?*  
*Does s/he plead or beg you not to leave him/her?*  
*Does s/he have a tantrum, for example screaming, hitting, biting or throwing things?*  
*Does s/he hold on to your clothes or body?*  
*What is it like when s/he has to leave you, for example when she has to separate to go into daycare or school?*

*Or to a friend's home?*

*What happens when you bring him/her into the classroom?*  
*Does s/he hold onto you?*  
*Grip onto your body or clothes?*  
*Can the teacher soothe or distract him/her?*  
*What happens when she goes to a friend's house?*  
*Can you comfort or reassure him/her?*  
*How long does his/her distress last?*  
*How often does this happen?*

Coding rules

**ANTICIPATORY DISTRESS/RESISTANCE TO SEPARATION**

0 = Absent

2 = At least sometimes uncontrollable distress related to potential separation from attachment figures. At least sometimes unresponsive to reassurance.

3 = Nearly always uncontrollable distress related to potential separation from attachment figures. Usually unresponsive to reassurance and occurring in most activities.

**ATTACHMENT FIGURES WITH WHOM THIS OCCURS**

1 = Parent #1  
 2 = Parent #2  
 3 = Other Parent #1.  
 4 = Other Parent #2.  
 5 = Other

Specify \_\_\_\_\_

Codes

PBF5I01 Intensity

PBF5F01 Frequency

PBF5O01 Onset

PBF5X01

PBF5X02

PBF5X03

PBF5X04

PBF5X05

Definitions and questions

**WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT**

Social withdrawal, apathy, sadness, or difficulty concentrating on work or play when not with a major attachment figure.

*When you leave X with a babysitter or care giver, how does s/he act after you've gone?*

*Does s/he act sad or withdrawn?*

*What if s/he's left with friends or relatives?*

*Can s/he play or become engaged in an activity, such as reading or watching TV?*

*Does anything make him/her feel better?*

*How often in the last three months has she acted like this when you have gone away?*

*How long does it take for him/her to cheer up or begin to play?*

*Does s/he stay withdrawn until you return?*

Coding rules

**WITHDRAWAL**

0 = Absent

2 = At least sometimes uncontrollable withdrawal etc., when not with attachment figures.

3 = Nearly always uncontrollable withdrawal etc., in most activities, when not with attachment figures.

**HOURS : MINUTES**

Codes

PBF6I01  
Intensity

PBF6F01  
Frequency

PBF6D01  
Duration

PBF6O01  
Onset

/ /



Definitions and questions

**ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT**

Signs or complaints of excessive distress, fear or agitation, when separated from major attachment figure.

*Does s/he get very upset or frightened sometimes when you're not with him/her?*

*What is that like?*

*What does s/he do?*

*Does s/he cry uncontrollably?*

*Scream?*

*Hit, kick, or bite?*

*Does s/he throw things or try to break toys?*

*Does s/he talk about where you are when you are not with him/her because s/he is afraid of being away from you?*

*Does s/he go to the window or door and look for you because s/he is afraid of being away from you?*

*How often does this happen?*

*How long does that last?*

*Can s/he be comforted?*

*What helps to make him/her feel better?*

Coding rules

**DISTRESS**

0 = Absent

2 = At least sometimes uncontrollable distress etc., when not with attachment figure.

3 = Nearly always uncontrollable distress etc., in most activities, when not with attachment figure.

**HOURS : MINUTES**

Codes

PBF7I01  
Intensity

PBF7F01  
Frequency

PBF7D01  
Duration

PBF7O01  
Onset

Definitions and questions

**PHYSICAL SYMPTOMS OF SEPARATION**

Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting, when separation from major attachment figures is anticipated or occurs. Exclude for daycare/school attendance, which is coded on the next page.

**EXCLUDE WHEN GOING TO DAYCARE/SCHOOL.**

**REMEMBER TO COMPLETE ANXIOUS AUTONOMIC SYMPTOMS AND SOMATIC SYMPTOMS SECTION IF, FOR EXAMPLE, STOMACH ACHES OCCUR WITH SEPARATION. BE SURE TO CODE IN THE SOMATIC COMPLAINTS SECTION AS WELL.**

*Does s/he complain of headaches, stomach aches, sore throat or other aches or pains when s/he anticipates being separated from you or your "partner?"*

*How about when s/he is apart from you?*

*How often does this happen?*

*When did it start?*

**"PARENT" CHANGED PLANS TO LEAVE CHILD BECAUSE OF CHILD'S DISTRESS AT SEPARATION**

"Parent" changed plans at least once in the last three months because of child's distress or fear in anticipation of separation from major attachment figure.

*In the last three months have you changed your plans to leave X because s/he was so upset or frightened about being separated from you?*

*Have you canceled an evening out or taken your child with you because s/he is so upset about you leaving?*

*Have you changed your work or childcare plans because s/he is so frightened about you leaving him/her?*

*How often has this happened?*

*What effect has it had on your family's life?*

Coding rules

**PHYSICAL SYMPTOMS ON SEPARATION**

0 = No

2 = Yes

**DISRUPTION DUE TO CHILD'S DISTRESS AT SEPARATION**

0 = No

2 = Yes, on at least one occasion in last 3 months.

Codes

PBIO101  
Intensity

PBIOF01  
Frequency

PBIOO01  
Onset

PB1101  
Intensity

PB11F01  
Frequency

PB11O01  
Onset