

Definitions and questions

**PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE**

Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting when attendance at school/daycare is anticipated or occurs.

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 has to go to daycare/school?*

*How often does this happen?*

*When did it start?*

**FEAR/ANXIETY**

**FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-BEEN TO DAYCARE/SCHOOL**

Fear and/or anxiety specifically related to daycare/school attendance.

*Has s/he ever been to daycare/school?*

**FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-SCARED OR ANXIOUS TO GO**

*Has s/he ever been scared or anxious about going to daycare/school?*

*When did she start becoming scared or anxious about going to daycare/school?*

Coding rules

**PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE**

0 = No

2 = Yes

**BEEN TO DAYCARE OR SCHOOL**

0 = No

2 = Yes

**SCARED OR ANXIOUS ABOUT GOING TO DAYCARE OR SCHOOL**

0 = No

2 = Yes

Codes

PBI2I01  
Intensity

PBI2F01  
Frequency

PBI2O01  
Onset

Ever:PBI3E01  
Intensity

Ever:PBI4E01  
Intensity

Ever:PBI4O01  
Onset

Definitions and questions

**FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-UNABLE TO GO TO DAYCARE/SCHOOL BECAUSE WORRIED OR UPSET**

*Has s/he ever been unable to go to daycare/school because s/he was worried or upset?*

*When was the first time she was unable to go to daycare/school because s/he was worried or upset?*

**FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-SCREEN POSITIVE**

*Has s/he been scared or anxious about going to daycare or school in the last three months?*

*Does s/he get worried or upset on mornings when s/he has to go to daycare/school?*

*Does s/he cry, scream or have a tantrum about going to school/daycare?*

*Has s/he pretended to be sick so s/he won't have to go to school/daycare?*

*Have you had to pick him/her up early from daycare/school because she was too afraid or upset to stay?*

**IF FEAR/ANXIETY ABOUT DAYCARE/SCHOOL NOT PRESENT IN THE LAST THREE MONTHS, SKIP TO "BEDTIME", (PAGE 4).**



Coding rules

**UNABLE TO GO TO DAYCARE/SCHOOL BECAUSE WORRIED OR UPSET**

0 = No

2 = Yes

**FEAR ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE SCREEN POSITIVE**

0 = No

2 = Yes

Codes

Ever:PBD7E01 Intensity

Ever:PBD7O01 Onset

PBI5I01 Intensity

Definitions and questions

**FEAR/ANXIETY ABOUT LEAVING HOME**

Fear or subjective anxious affect related to leaving home for daycare/school.

**REMEMBER TO GET EXAMPLES OF BEHAVIOR.**

*Is s/he frightened or worried about leaving home to go to daycare/school?*

*Is s/he very reluctant or resistant when leaving the house for daycare/school?*

*What happens?*  
*Does s/he cry uncontrollably, scream or have a tantrum when s/he has to leave for daycare/school?*

*How long does this last?*  
*Can you reassure him/her or distract him/her?*  
*How often does this happen?*  
*How long does s/he remain upset or worried?*  
*Once you actually leave the house (for example, are in the car), how long does it take for him/her to calm down?*  
*Can s/he say why s/he is afraid or worried?*

*When did s/he start acting this way?*

Coding rules

**FEAR/ANXIETY ABOUT LEAVING HOME FOR DAYCARE/SCHOOL**

- 0 = Absent
- 2 = Anticipatory worry or anticipatory anxiety present and at times is responsive to reassurance.
- 3 = Anticipatory worry or anticipatory anxiety occurring, present and almost entirely uncontrollable.

**HOURS : MINUTES**

Codes

PBD8I01  
Intensity

PBD8F01  
Frequency

PBD8D01  
Duration

PBD8O01  
Onset

 / /

Definitions and questions

**ANTICIPATORY FEAR OF DAYCARE/SCHOOL**

Anticipatory fear or subjective anxious affect related to daycare/school situation.

*Is s/he frightened or worried about anything at daycare/school?*

*Such as a particular teacher or care giver, certain activities, or the behavior of other children?*

*Does s/he worry about daycare/school when s/he's not there?*

*Can s/he tell you what makes him/her worried or afraid about daycare/school?*

*Can anyone reassure him/her?*

*How?*

*Can s/he calm him/herself?*

*What does s/he do?*

*How often does s/he say she is worried or afraid of going to daycare/preschool?*

*When did this fear begin?*

Coding rules

**ANTICIPATORY FEAR OF DAYCARE/SCHOOL**

0 = Absent

2 = With anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.

3 = With anticipatory anxiety occurring, almost entirely uncontrollably, in most activities.

**HOURS : MINUTES**

**CONTENT OF FEARS**

1 = Teacher/caregiver

2 = Other children

3 = Recess

4 = Show and Tell

5 = Eating lunch.

7 = Other specific activity (e.g., art)

9 = Unknown

Specify

Codes

PBD9I01  
Intensity

PBD9F01  
Frequency

PBD9D01  
Duration

PBD9O01  
Onset

PBD9X01

PBD9X02

PBD9X03

Definitions and questions

**STAYS OUT OF DAYCARE/SCHOOL SOME MORNINGS (FEAR/ANXIETY)**

Child stays out of daycare/school because of fear/anxiety/emotional disturbance.

*Over the last three months, has X been unable to go to daycare/school because s/he was so upset, frightened, or worried about going?*

*What happened?*

*Does s/he cry or scream?*

*Does s/he kick, hit or bite when s/he is so upset?*

*How often does this happen?*

*What do you do when this happens?*

*Do you try to make him/her go to daycare/school?*

*How do you do that?*

*What happens then?*

*When was the first time this happened?*

**IF MISSED ANY DAYS DUE TO FEAR/ANXIETY, CONTINUE. OTHERWISE, SKIP TO "HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY)", (PAGE 13).**

Coding rules

**DAYCARE/SCHOOL NON-ATTENDANCE (FEAR/ANXIETY)**

0 = Absent

2 = Without marked parental attempts to get him/her to daycare/school.

3 = With marked parental attempts to get him/her to daycare/school.

Codes

PB1G101  
Intensity

PB1G001  
Onset

/ /

Definitions and questions

**MISSING TIME AT DAYCARE/SCHOOL (FEAR/ANXIETY)**

Time missed because of fear/anxiety related to daycare/school attendance. Do not include time missed for usually acceptable reasons, such as sickness.

*Has X missed any days of daycare/school because of fear or anxiety?*

*How many days of daycare/school has X missed because of fear or anxiety?*

**NUMBER OF 1/2 DAYS IN DAYCARE/SCHOOL PERIOD WHEN ENROLLED IN DAYCARE/SCHOOL.**

**HAS TO BE TAKEN TO DAYCARE/SCHOOL (FEAR/ANXIETY)**

*Does your child ride a bus/car pool to daycare/school?*

*Do you have to take your child to daycare/school sometimes because s/he is too scared or upset to ride the bus/car pool?*

*How often has this happened?  
What happens?*

*When was the first time?*

*Is it because of X's difficulty in separating from you?*

Coding rules

**MISSING TIME AT DAYCARE/SCHOOL (FEAR/ANXIETY)**

0 = Absent

2 = Present

**HAS TO TAKE CHILD TO DAYCARE/SCHOOL**

0 = No

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

**DUE TO SEPARATION ANXIETY**

0 = No

2 = Yes

Codes

PBI6I02  
Intensity

PBI6F01  
Frequency

PBI7I01  
Intensity

PBI7F01  
Frequency

PBI7O01  
Onset

PBI7I02

Definitions and questions

**PICKED UP EARLY FROM DAYCARE/SCHOOL (FEAR/ANXIETY)**

Child picked up from daycare/school before the end of the day because s/he is too afraid or upset to remain at daycare/school.

*In the last three months, have you had to pick him/her up from daycare/school before the day was over, because s/he was too afraid or upset to be at daycare/school?*

*Has the teacher or care giver called and asked you to pick X up before the daycare/school day was done? Why did the teacher or care giver think that X needed to be picked up?*

*How many times has this happened over the last three months?*

*When did this start?*

**ATTEMPTS TO LEAVE DAYCARE/SCHOOL (FEAR/ANXIETY)**

QUESTION IN DETAIL TO DIFFERENTIATE ANXIETY OVER DAYCARE/SCHOOL ATTENDANCE FROM POOR SUPERVISION, OR OTHER REASONS FOR LEAVING SUCH AS ILLNESS.

*Has s/he ever tried to leave daycare/school without permission?*

*What happened?  
Why do you think s/he tried to leave?  
Was s/he afraid or worried?*

*How often has this happened?*

**ACTUALLY LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)**

*Has s/he ever actually left daycare/school without permission?*

*What happened?  
Where did s/he go?  
Do you know why s/he left?*

QUESTION IN DETAIL TO DIFFERENTIATE ANXIETY OVER DAYCARE/SCHOOL ATTENDANCE FROM POOR SUPERVISION, OR OTHER REASONS FOR LEAVING SUCH AS ILLNESS.

Coding rules

**PICKED UP EARLY FROM DAYCARE/SCHOOL (FEAR/ANXIETY)**

0 = No

2 = Yes

**CHILD TRIES UNSUCCESSFULLY TO LEAVE DAYCARE/SCHOOL (FEAR/ANXIETY)**

0 = No

2 = Yes

**CHILD LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)**

0 = Absent

2 = Present

Codes

PBI8101  
Intensity

PBI8F01  
Frequency

PBI8O01  
Onset

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PBI9101  
Intensity

PBI9F01  
Frequency

PBI9O01  
Onset

//

PBJ0101  
Intensity

Definitions and questions

*How often has this happened?*

Coding rules

Codes

PBJ0F01  
Frequency

PBJ0O01  
Onset



Definitions and questions

**SLEEP**

*Now I want to talk with you about X's sleep. I want to understand what usually happens when you put X to bed, what happens during the night, and what it is like waking him/her up in the morning. Tell me about what kind of sleeper X is. Has s/he always been like that?*

**SLEEP ARRANGEMENTS**

The sleeping arrangement that the child is supposed to adhere to. Code actual departures from this arrangement (such as a child's refusal to sleep in his/her own bed) in the appropriate places elsewhere. If the sleep arrangements have changed during the primary period, code the highest coding that occurred during the primary period for at least one week.

*First, I would like to ask about the sleeping arrangements in your home.*

*Where is s/he supposed to sleep?*

*Does s/he have his/her own bed?*

*Or does s/he share a bed with another child?  
Does X share a room with another child?*

*Whom?*

*Some families have a "family bed," where kids and parents sleep together in one bed.*

*How about your family?*

**LOCATION OF SLEEP INITIATION**

Place where child usually (50% or more) goes to sleep for the night. Place where child falls asleep.

*Sometimes children fall asleep in places different than where they sleep during the night.*

*Where does X fall asleep most nights?*

*In his/her own bed?*

*Sibling's bed, even though his/her own bed is available?*

*Your bed?*

*Somewhere else?*

Coding rules

**SLEEP ARRANGEMENTS**

- 1 = Own room: Child sleeps alone in own bedroom.
- 2 = Shared room: Child sleeps in a room with one or more siblings, but not parent(s), in own bed.
- 3 = Parental room: Child sleeps in parent room in own bed.
- 4 = Sibling bed: Shares bed with sibling or other child.
- 5 = Parental bed: Shares bed with parent(s). Child has no bed.

Specify

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**LOCATION OF SLEEP INITIATION**

- 1 = Own bed
- 2 = Sibling's bed (when own bed available).
- 3 = Parent's bed
- 4 = Couch/Sofa
- 5 = Other

Specify

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Codes

PFJ5X01  
Intensity

PFJ5X02  
Intensity

Definitions and questions

**RELUCTANCE TO INITIATE SLEEP ALONE**

Persistent reluctance or refusal to initiate sleep without being near a major attachment figure.

*You've told me where X falls asleep.*

*Does s/he go to sleep on his/her own?*

*Does s/he need you or another adult close by while s/he falls asleep?*

*Or with his/her sibling?*

*Do you stay in the room while s/he falls asleep?*

*Do you lie in bed with him/her while s/he falls asleep?*

*Does s/he fall asleep in your bed?*

*Could s/he go to sleep on his/her own if s/he had to?*

*How many nights a week do you have to be in the room or lie with him/her so that s/he can fall asleep?*

*When did this begin?*

Coding rules

**RELUCTANCE TO GO TO SLEEP ALONE**

0 = Absent

2 = Sometimes reluctant to go to sleep alone.

3 = Almost always reluctant to go to sleep alone. Protest nearly every night unless family member in room with him/her while s/he falls asleep.

**MOST COMMON SCENARIO WHEN CHILD RELUCTANT TO GO TO SLEEP ALONE**

1 = Adult caregiver in child's room but not in bed.

2 = Adult caregiver in child's bed.

3 = Child in adult caregiver's bed with adult caregiver in room.

4 = Child is in adult caregiver's bed with adult caregiver in bed.

5 = Other

6 = Child sleeps with sibling. Child has own bed. (Sibling must be present in bed).

Specify

Codes

PBF0101  
Intensity

PBF0X01

PBF0F01  
Frequency

PBF0O01  
Onset

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Definitions and questions

**SLEEPS WITH FAMILY MEMBER DUE TO A RELUCTANCE TO SLEEP ALONE**

Sleeps part of the night or whole night with a family member because of persistent refusal to sleep (through the night) without being near a major attachment figure.

Exclude sleeping in a "family bed" with parents.

*Does s/he sleep with you for part of the night?*

*Or the whole night?*

*Does s/he sleep with any other family member(s)?*

*Whom does s/he sleep with?*

*How often does s/he sleep with family member(s)?*

*How long does s/he sleep with a family member?*

*When did this start?*

Coding rules

**SLEEPS WITH FAMILY MEMBER**

- 0 = Absent
- 2 = Present

**HOURS : MINUTES**

Codes

PFJ6I01  
Intensity

PFJ6F01  
Frequency

PFJ6D01  
Duration

PFJ6O01  
Onset

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Definitions and questions

**BEDTIME**

Regular evening time that child actually goes to or is put to bed with the intention of going to sleep.

*What time does X go to bed?*

*Is that the same most nights?*

Coding rules

**PRESENCE OF REGULAR WEEKDAY BEDTIME**

0 = Absent

2 = Present

**BEDTIME: AM/PM**

1 = AM

2 = PM

**BEDTIME: HOUR**

1 = 1:

2 = 2:

3 = 3:

4 = 4:

5 = 5:

6 = 6:

7 = 7:

8 = 8:

9 = 9:

10 = 10:

11 = 11:

12 = 12:

**BEDTIME: MINUTES**

1 = :00

2 = :15

3 = :30

4 = :45

Codes

PFJ7I01  
Intensity

PFJ7X01

PFJ7X02

PFJ7X03

Definitions and questions

**BEDTIME RESISTENCE**

Child's regular opposition to stopping daytime activities in order to go to bed for the night.

**CONSIDER TRIGGERS TO TANTRUMS.**

IF NO CONFLICT BECAUSE PARENT HAS GIVEN UP, CODE 4.

*Tell me about a typical evening putting X to bed.*

*What happens when you tell X that it is time for bed?*

*Does s/he put up a big fuss?*

*Or get angry or upset?*

*What happens?*

*How long does his/her fussing last?*

*How often does this happen?*

*When did it start?*

Coding rules

**BEDTIME RESISTENCE**

0 = Absent

1 = Mild resistance easily circumvented by parent.

2 = Resistance that deteriorates into conflict between parent and child. May include tears/tantrums on part of child.

3 = Resistance is so great that it takes more than an hour once parent has decided it is really time for bed.

4 = Parent has given up.

Codes

PFJ8I01  
Intensity

PFJ8F01  
Frequency

PFJ8O01  
Onset

Definitions and questions

**BEDTIME RITUALS**

Pattern of parent and child interactions that leads up to the child's going to sleep

Distinguish interactions between parent and child from parent sending child to carry out bedtime tasks on his/her own. The latter does not count as a bedtime ritual.

IF USES NIGHT LIGHT, CONSIDER FEAR OF THE DARK IN THE ANXIETY SECTION

*Do you help X get ready for bed?*

*What do you and "your partner" do to get X ready for bed?*

*Are there things you do most nights?*

*Or is it different every night?*

*Tell me about putting X to bed in the last week.*

*Do you read a book?*

*Do you talk together before bed?*

*Do you sing?*

*Or listen to music together?*

*Do you watch a video together?*

*Do you watch TV together?*

*Do you pray together?*

*Does X need the light on when s/he goes to sleep?*

*Does X use a night light?*

IF USES NIGHT LIGHT, CONSIDER FEAR OF THE DARK IN THE ANXIETY SECTION.

Coding rules

**BEDTIME RITUALS**

0 = Absent

2 = Present

**HOURS : MINUTES**

**READING RITUAL**

0 = Absent

2 = Present

**TALKING RITUAL**

0 = Absent

2 = Present

**SINGING RITUAL**

0 = Absent

2 = Present

**LISTENING TO MUSIC**

0 = Absent

2 = Present

**WATCHING A VIDEO TAPE**

0 = Absent

2 = Present

**WATCHING TV**

0 = Absent

2 = Present

**PRAYING**

0 = Absent

2 = Present

**LIGHT ON**

0 = Absent

2 = Present

**USES A NIGHT LIGHT**

0 = Absent

2 = Present

Codes

PFJ9101  
Intensity

PFJ9D01  
Duration

PFJ9102

PFJ9103

PFJ9104

PFJ9105

PFJ9106

PFJ9107

PFJ9108

PFJ9109

PFJ9110

Definitions and questions

**Does s/he want the door left open?**

**Anything else?**

**LEAVES BED**  
 Leaving bed to go to "parent," either due to fear of being alone or desire for comfort from or contact with "parent" or resistance to going to sleep/bed. Occurs prior to going to sleep.

Distinguish from night waking.

**Does X ever leave his/her bed after you put him/her there?**

*What happens?  
 Why does s/he leave the bed?  
 What do you do?  
 How often does this happen on a typical week?  
 How many times a night does this happen?*

Coding rules

**DOOR OPEN**

0 = Absent

2 = Present

**OTHER RITUAL**

0 = Absent

2 = Present

Specify

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**LEAVES BED PRIOR TO GOING TO SLEEP**

0 = Absent

2 = Sometimes leaves bed but is easily resettled.

3 = Leaves bed every night and difficult to resettle.

**AVERAGE FREQUENCY PER NIGHT ON WHICH BEHAVIOR OCCURRED**

**NUMBER OF NIGHTS IN THE LAST THREE MONTHS BEHAVIOR HAS OCCURRED**

**REASONS**

1 = Fear

2 = Request (i.e. glass of water)

3 = Desire for contact with parent (i.e., for hug)

4 = Defiance

5 = Other

Specify

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Codes

PFJ9111

PFJ9112

PFL8101  
Intensity

PFL8F01

PFL8F02

PFL8001  
Onset

PFL8X01

PFL8X02

PFL8X03

Definitions and questions

**TIME TO SLEEP INITIATION**

From the time parent says goodnight, after any rituals are completed, the average time it takes the child to fall asleep.

NOTE: SLEEP INITIATION ALWAYS PRESENT.

*Once X is settled down for the night, is it hard for him/her to fall asleep?*

*How long does it take for him/her to fall asleep?*

*Does this happen every night?*

*How often?*

*Why does s/he have a hard time falling asleep?*

*When did s/he start having trouble falling asleep?*

**MEDICATION FOR INSOMNIA**

NOTE HERE ANY MEDICATION (PRESCRIPTION OR OVER THE COUNTER) SPECIFICALLY USED IN AN ATTEMPT TO IMPROVE SLEEP PATTERN. NOTE NAME OF DRUG. CODE PRESCRIPTIONS IN INCAPACITIES.

*Does s/he take anything to help him/her sleep?*

*What?*

*Does it work?*

**THUMB SUCKING**

Thumb sucking refers to a persistent habit that continued for at least one month at some point in the child's development. Since most children suck their thumbs at some point, it is important to make sure that this minimum duration criterion is met.

NOTE: ALWAYS CHOOSE PRESENT TO ANSWER FOLLOWING QUESTIONS

*Has X sucked his/her thumb in the last three months?*

*In the last three months, has X sucked his/her thumb at nap time or bedtime?*

*Was it during the daytime?*

*The nighttime?*

*Or both?*

*When does s/he suck his/her thumb?*

*Does s/he suck it during the day?*

*What about when s/he sleeps?*

Coding rules

**SLEEP INITIATION**

0 = Absent

2 = Present

**HOURS : MINUTES**

**MEDICATION FOR INSOMNIA**

0 = Absent

2 = Present

**THUMB SUCKING**

0 = Absent

2 = Present

**DAYTIME**

0 = Absent

2 = Present

**SLEEP TIME (INCLUDES NIGHT OR NAP TIME)**

0 = Absent

2 = Present

Codes

PFL9I01  
Intensity

PFL9D01

PFB7I05  
Intensity

PEK0I90  
Intensity

PEK0I01

PEK0I02



Definitions and questions

**USE OF A PACIFIER**

Any use of a pacifier during the primary period.

**NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.**

*In the last three months, has X used a pacifier?*

*When does s/he use it?*

*During the day?*

*Does s/he use a pacifier when s/he is sleeping or going to sleep?*

**SPECIAL OBJECT**

A special object is any inanimate object that the child is particularly attached to, and has been attached to for at least one month of the primary period. The paradigmatic example is the "blanky," but any object may be involved. Such objects act as a source of comfort to the child. Absence of the special object must at least sometimes lead to insistent demands for its return, or its removal from the child must, at least sometimes, lead to protests.

*Does X have a special "blanky" or other "lovey"?*

*Like a stuffed animal?*

*Or other object?*

*Does s/he become upset if s/he doesn't have this "special object"?*

*When did s/he first become attached to his/her "lovey"?*

*What happens if s/he doesn't have his/her "lovey" with him/her?*

Coding rules

**USES PACIFIER**

0 = Absent

2 = Present

**DAYTIME**

0 = Absent

2 = Present

**SLEEP TIME (INCLUDE NIGHT OR NAP TIME)**

0 = Absent

2 = Present

**SPECIAL OBJECT**

0 = Child does not have a special object.

2 = Child has a special object.

Codes

PFK1190  
Intensity

PFK1101

PFK1102

PFK2101  
Intensity

PFK2001  
Onset

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Definitions and questions

**SELF-ROCKING**

Child moves self back and forth in rocking motion.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

*Does X rock back and forth when s/he going to sleep?*

*How about during the day?*

*When did s/he start rocking?*

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

*How long does an episode of rocking last?*

**HEAD-BANGING**

Child bangs head against wall, crib, head board of a bed, objects; etc. Usually the banging is a repetitive motion.

Do not include isolated accidental movements.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

*Does X bang his/her head intentionally against the head board of his bed/crib?*

*Or against the wall?*

*Or floor?*

*When did s/he start banging his/her head?*

*How often does s/he bang his/her head?*

*How long does a typical episode of head banging last?*

Coding rules

**SELF-ROCKING**

0 = Absent

2 = Present

**DAYTIME**

0 = Absent

2 = Present

**SLEEP TIME (INCLUDES NIGHT OR NAP TIME)**

0 = Absent

2 = Present

**HOURS : MINUTES**

**HEAD-BANGING**

0 = Absent

2 = Present

**DAYTIME**

0 = Absent

2 = Present

**SLEEP TIME (INCLUDES NIGHT OR NAP TIME)**

0 = Absent

2 = Present

**HOURS : MINUTES**

Codes

PFK3190  
Intensity

PFK3101

PFK3102

PFK3001  
Onset

PFK3D01  
Duration

PFK4190  
Intensity

PFK4101

PFK4102

PFK4001  
Onset

PFK4D01  
Duration

Definitions and questions

**NIGHT WAKING**

Child wakes up from sleep during the night after child has been asleep for over ten minutes.

IF CHILD GETS INTO PARENT'S BED, THIS INFORMATION MAY BE RELEVANT TO ITEM "SLEEPS WITH FAMILY MEMBER(S)"

*Does s/he wake up during the night?*

*Or does X sleep though the night?*

*What does s/he do when s/he wakes up?*

*Does s/he call for you?*

*Or come to you?*

*Or get into your bed?*

*How many times a night does s/he wake up?*

*How long does it take to get him/her back to sleep?*

*What do you do?*

*On average, how long would you say s/he is awake per night?*

*How many times a week does s/he awake during the night?*

Coding rules

**NIGHT WAKING**

0 = Child sleeps through the night.

2 = Child wakes up during the night.

**FREQUENCY PER NIGHT**

**FREQUENCY OF NIGHTS**

**HOURS : MINUTES**

**CODE UP TO THREE**

1 = Lies quietly in bed.

2 = Cries out.

3 = Leaves bed to fetch parent.

4 = Leaves bed and gets into parents' bed.

5 = Plays contentedly.

6 = Leaves bed to urinate.

7 = Wanders around home.

8 = Other

Codes

PFK5101  
Intensity

PFK5F01

PFK5F02

PFK5D01  
Duration

PFK5O01  
Onset

PFK5X01

PFK5X02

PFK5X03

Definitions and questions

**RISING TO CHECK ON FAMILY MEMBERS**

Rising at night to check that attachment figures are still present and/or free from harm.

*Sometimes children wake up in the night and check on "family members".*

*Does s/he ever get up to check that "family members" are OK?*

*How often does s/he do that?*

*Does s/he wake you up when s/he checks on you?*

*Is s/he able to go back to bed and fall asleep on his/her own after getting up to check on you?*

*When did s/he start getting up to check on the family?*

**WAKING TIME**

Time child usually wakes up in the morning.

NOTE: WAKING TIME ALWAYS PRESENT

Coding rules

**RISES TO CHECK ON FAMILY MEMBERS**

0 = Absent

2 = Sometimes rises to check on family members but without waking them.

3 = Wakes family members up when checks on them.

**WAKING TIME**

0 = Absent

2 = Present

Codes

PBF1I01  
Intensity

PBF1F01  
Frequency

PBF1O01  
Onset

PFK6I01  
Intensity



Definitions and questions

**HYPERMOMNIA - INCREASED NEED FOR SLEEP**

Total hours sleep exceed usual amount by at least one hour, unless subject prevented from sleeping.

*Does s/he feel sleepy during the day?*

*More sleepy than usual?  
More than most other kids?*

*Does s/he drop off to sleep in the day?*

*For how long?*

*How long has s/he been more sleepy than usual?*

**RESTLESS SLEEP**

Sleep is described as restless.

*How would you describe an average night's sleep for him/her?*

*Does s/he sleep soundly?  
Does s/he toss and turn?  
Is s/he restless?*

**INADEQUATELY RESTED BY SLEEP**

Sleep disturbance does not meet criteria for insomnia, but subject describes being inadequately rested by sleep upon waking.

*Does s/he usually get a good night's sleep?*

*Is s/he fairly well rested when s/he gets up?*

*Or after sleeping during the day?*

*How does s/he feel?*

*When did that start?*

Coding rules

**INCREASED NEED FOR SLEEP**

0 = Absent

2 = Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.

3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.

**HOURS : MINUTES**

**RESTLESS SLEEP**

0 = Absent

2 = Present

**INADEQUATELY RESTED BY SLEEP**

0 = Absent

2 = Present

Codes

PFB8I01  
Intensity

PFB8F01  
Frequency

PFB8D01  
Duration

PFB8O01  
Onset

PFD3I01  
Intensity

PFD3O01  
Onset

PFD4I01  
Intensity

PFD4O01  
Onset

Definitions and questions

**DIFFICULT TO ROUSE IN MORNING**

Hard to wake child up from sleep in the morning. Child keeps falling back to sleep or is groggy or "half asleep" for a significant period after being awakened.

*Is it difficult to wake X up in the morning?*

*Can you tell me a little about that?*  
*Does s/he almost always fall back to sleep after you or the alarm wakes him/her?*  
*Does s/he hide under the covers?*

*How often is it hard to get him/her awake?*

*When did it start?*

Coding rules

**DIFFICULT TO ROUSE IN THE MORNING**

- 0 = Absent
- 2 = Present
- 3 = Present and affects family schedule of getting to school, work, commitments.

Codes

PFK7I01  
Intensity

PFK7F01  
Frequency

PFK7O01  
Onset

Definitions and questions

**MORNING Demeanor**

State upon waking in morning.

NOTE: MORNING Demeanor ALWAYS PRESENT.

*What does s/he act like most mornings?*

*When X wakes up, does s/he have a distinct mood that you notice?*

*Is s/he cheerful?*

*Is s/he calm?*

*Irritable or cranky?*

*Is s/he sluggish in the morning?*

*On-the-go from the moment his/her feet touch the floor?*

*Is s/he sad in the mornings?*

*Anything I have not mentioned?*

Coding rules

**MORNING Demeanor**

0 = Absent

2 = Present

**CHEERFUL**

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

**CALM**

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

**IRRITABLE/CRANKY**

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

**SLUGGISH**

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

**OVERACTIVE**

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

**SAD**

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

**OTHER**

0 = Absent

Codes

PFK8190  
Intensity

PFK8101

PFK8102

PFK8103

PFK8104

PFK8105

PFK8106

PFK8107



Definitions and questions

**NAPS**  
 Periods of sleep during the day.

**Does X take naps?**

*Does s/he nap every day?*

*How many naps does s/he take during the day?*

*How long does s/he usually sleep when s/he is napping?*  
*If you add up his/her naps, how long is s/he asleep during the day?*

**IF NAPS ASK;**

***In the last three months, has his/her napping changed?***

*In what way?*  
*Why do you think this change has happened?*

Coding rules

- 1 = Sometimes
  - 2 = Often
  - 3 = Mostly
- Specify
- 

Codes

**NAPS**

- 0 = Absent
- 2 = Present

PFK9I01  
Intensity

PFK9F01  
Frequency

**HOURS : MINUTES**

PFK9D01

**CHANGE IN NAP PATTERNS IN LAST THREE MONTHS**

- 0 = Absent
- 2 = Present

PFK9I02

**DESCRIPTION OF CHANGE**

- 1 = Stopped napping.
- 2 = Resumed napping after having stopped.
- 3 = Increased number or length of nap(s).
- 4 = Decreased number or length of nap(s).

PFK9X01

Definitions and questions

**DAYTIME SLEEPINESS**

Child falls asleep during the day at times other than scheduled or expected naps.

*Does s/he seem sleepy during the day?*

*More sleepy than usual?*

*Does s/he fall asleep in the middle of activities?*

*More than most other kids?*

**FALLS ASLEEP IN CAR**

*Does s/he fall asleep almost every time s/he rides in a car when it is not nap time?*

*Does this happen even for short drives?*

*How long does s/he sleep for?*

*How long has s/he been sleepy like this?*

**TIREDNESS**

A feeling of being tired or weary at least half the time.

*Has s/he been feeling especially tired or weary?*

*How much of the time has s/he felt tired like that?*

Coding rules

**DAYTIME SLEEPINESS**

0 = Absent

2 = Present

**HOURS : MINUTES**

**ONSET OF DAYTIME SLEEPINESS**

**FALLS ASLEEP IN CARSEAT FOR UNSCHEDULED NAP**

0 = Absent

2 = Present

**HOURS : MINUTES**

**TIREDNESS**

0 = Absent

2 = Feels tired at least half of the time.

3 = Feels tired almost all of the time.

Codes

PFL4I01  
Intensity

PFL4F01  
Frequency

PFL4D01  
Duration

PFL4O01

PFL0I01  
Intensity

PFL0D01  
Duration

PFL0O01  
Onset

PFD5I01  
Intensity

PFD5O01  
Onset

Definitions and questions

**FATIGABILITY**

Child becomes tired or "worn out" more easily than usual.

*Has s/he become tired or "worn out" more easily than usual?*

*Does s/he feel exhausted even by things that would have been no problem before?*

*When s/he gets tired like that, does it take a long time to get over it?  
Is that more than usual for him/her?*

*How long has s/he felt that way?*

**NIGHTMARES**

Frightening dreams that waken the child with a markedly unpleasant affect on waking (which may be followed rapidly by feelings of relief).

IF NIGHTMARES ARE ASSOCIATED WITH SEPARATION ANXIETY, CODE THEM MORE SPECIFICALLY AS SEPARATION DREAMS.

IF NIGHTMARES ARE ASSOCIATED WITH TRAUMATIC EVENTS, AND MEET CRITERIA FOR CODINGS, CODE THEM HERE AND THERE ALSO.

*In the last 3 months has s/he had any bad dreams or nightmares that have woken him/her up?*

*What are they about?  
What are they like?*

*How often?*

*When did the nightmares start?*

Coding rules

**FATIGABILITY**

0 = Absent

2 = Increased fatigability not meeting criteria for 3.

3 = Even minimal physical activity or play rapidly result in child feeling exhausted, and recovery from that exhaustion is slow.

**NIGHTMARES**

0 = Absent

2 = Bad dreams have woken the child in the last 3 months.

Codes

PFD6I01  
Intensity

PFD6O01  
Onset

PFB9I01  
Intensity

PFB9F01  
Frequency

PFB9O01  
Onset

Definitions and questions

**SEPARATION DREAMS**

Unpleasant dreams involving theme of separation.

*Has s/he had any bad dreams about leaving you or you leaving him/her?*

*Or bad dreams about getting separated from you?*

*Or kidnapped?*

*How often does s/he have these bad dreams?  
Did they wake him/her from sleep?*

**NIGHT TERRORS**

Episodes during sleep when the child is not fully conscious and does not wake up, but seems terrified and will usually cry out. The child has no memory of the event.

**IF NIGHT TERRORS ARE ASSOCIATED WITH TRAUMATIC EVENTS, AND MEET CRITERIA FOR CODINGS, CODE THEM HERE AND THERE ALSO.**

*Does s/he ever seem to be having a terrible dream, but doesn't wake up?*

*What happens?*

*Can you describe it to me?*

*What do you do?*

*Does s/he remember what happened in the morning?*

*How often does that happen?*

*When did s/he start doing this?*

Coding rules

**SEPARATION DREAMS**

0 = Absent

2 = Separation dreams recalled in a.m.

3 = Separation nightmares wake child.

**NIGHT TERRORS**

0 = Absent

2 = Present

**NIGHT TERRORS**

0 = Absent

2 = Present

Codes

PBF3101  
Intensity

PBF3F01  
Frequency

PBF3001  
Onset

Ever: PFD0E01  
Intensity

PFD0I01  
Intensity

PFD0F01  
Frequency

Ever: PFD0O01  
Onset

Definitions and questions

**SOMNAMBULISM**

Sleep walking.

*Has s/he walked in his/her sleep in the last 3 months?*

*What happens?  
What do you do?*

*How often does it happen?*

*When did it start?*

**REGULARITY OF SLEEP PATTERNS**

A regular sleep pattern is one characterized by (1) an identifiable bedtime at which the child is put (or goes) to bed and to sleep the majority of the time; (2) a wake-up time that is also identifiable (either because the child is woken, or because s/he tends to wake up around that time); (3) naps, if they occur are taken at reasonably consistent times. Code the existence of a reasonably generalized sleep pattern.

IF NO REGULAR PATTERN ASK ABOUT PREVIOUS SCHEDULE.

*Is there a recognizable pattern to X's sleep and waking schedule?*

*Or does it seem "all over the place"?*

*Does s/he have a regular bedtime?*

IF NO REGULAR PATTERN ASK ABOUT PREVIOUS SCHEDULE.

*Did s/he ever have a predictable sleeping and waking schedule?*

*When did his/her schedule start being disorganized and unpredictable?*

Coding rules

**SOMNAMBULISM**

0 = Absent  
2 = Present

**REGULAR, PREDICTABLE PATTERN**

0 = Present  
2 = Absent

**REGULAR, PREDICTABLE PATTERN**

0 = Present  
2 = Absent

**WHEN SLEEP PATTERN BECAME IRREGULAR (IF NEVER REGULAR PATTERN, CODE DATE OF BIRTH)**

Codes

PFD1101  
Intensity

PFD1F01  
Frequency

PFD1O01  
Onset

//

PFL5101  
Intensity

Ever: PFL5E01  
Intensity

PFL5O01

//

Definitions and questions

**WORRIES**

**GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY. WORRIES**

A round of painful, unpleasant, or uncomfortable thoughts that cannot be stopped voluntarily and that occurs across more than one activity.

Do not include worries coded under School Non-Attendance, or Separation Anxiety.

*Children often have worries. What does X worry about?*

*Does s/he ever have things on his/her mind that bother him/her?*

*Does s/he worry at all about becoming physically ill?*

*Does s/he worry that s/he might be sick?*

*Does s/he worry about you or other family members becoming sick?*

*Does s/he worry about the future?*

*Does s/he worry about bad things happening to your home or town such as a fire or hurricane or earthquake?*

*Does s/he worry about things s/he has done?*

Coding rules

**WORRIES**

0 = Absent

2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.

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

**HOURS : MINUTES**

**HYPOCHONDRIASIS (WORRY ABOUT BEING PHYSICALLY ILL)**

0 = Absent

2 = Present

**WORRY THAT FAMILY MEMBERS WILL BECOME ILL**

0 = Absent

2 = Present

**WORRY ABOUT THE FUTURE**

0 = Absent

2 = Present

**WORRIES ABOUT NATURAL CALAMITY**

0 = Absent

2 = Present

**WORRIES ABOUT PAST BEHAVIOR**

0 = Absent

2 = Present

Codes

PCA0101  
Intensity

PCA0F01  
Frequency

PCA0D01  
Duration

PCA0O01  
Onset

PCA0109

PCA0110

PCA0102

PCA0111

PCA0103

**GET EXAMPLES OF BEHAVIOR AND  
CONSIDER DOING FOR WORKERS  
WORKERS**

1. List of people, incidents, or accidents that  
have occurred - 1 - stopped voluntarily and that occur  
before the activity.

Do not include what is listed in the School  
Attendance or Suspension Agency.

Children often have worries. What does X worry about?

Does she ever have things on her mind that bother  
her?

**HOURS - MINUTES**

Does she worry at all about becoming physically ill?

Does she worry that she might be sick?

Does she worry about you or other family members  
becoming sick?

Does she worry about the future?

Does she worry about bad things happening to you  
home or town such as a fire or hurricane or  
earthquake?

Does she worry about things she has done?

HYPOCHONDRIASIS (WORRY ABOUT  
BECOMING PHYSICALLY ILL)

0 - None

1 - Mild

WORRY THAT FAMILY MEMBERS WILL  
BECOME ILL

0 - None

1 - 2 - Mild

WORRY ABOUT THE FUTURE

0 - None

1 - Mild

WORRY ABOUT BAD THINGS HAPPENING TO YOU  
OR TOWN SUCH AS A FIRE OR HURRICANE OR  
EARTHQUAKE

0 - None

1 - Mild

WORRY ABOUT THINGS SHE HAS DONE

0 - None

1 - Mild

Definitions and questions

**Does s/he worry about how well s/he does things?**

*Like draw a picture or play a game?*

**Does s/he worry about how s/he looks?**

**Does s/he worry about whether your family will have enough food?**

**Or money?**

**Does s/he have other worries?**

*What are they?*

*What is it like when s/he worries?*

*Does it make him/her irritable?*

*Or agitated?*

*Or quiet and constricted in his/her play or interactions?*

*Does worrying keep him/her awake at night?*

*Can you give me an example?*

*How often does s/he worry?*

*Can s/he stop worrying if s/he wants to?*

*Were there any times in the last three months s/he couldn't stop worrying?*

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

*When did s/he start worrying like that?*

**IF NO WORRIES, SKIP TO  
"COMPULSIONS", (PAGE 1).**

Coding rules

**WORRIES ABOUT COMPETENCE OR PERFORMANCE**

0 = Absent

2 = Present

**WORRIES ABOUT APPEARANCE**

0 = Absent

2 = Present

**WORRIES ABOUT MONEY/FOOD**

0 = Absent

2 = Present

**OTHER WORRIES**

0 = Absent

2 = Present

Codes

PCA0104

PCA0106

PCA0107

PCA0108



Definitions and questions

**EXCESSIVE NEED FOR REASSURANCE**

The child seeks reassurance from others about worries, but the worries continue in spite of such reassurance. Include Daycare/School-Related Worries/Anxiety, Separation Anxiety, and Worries.

*Does s/he tell people about his/her worries?*

*Does s/he tell people about the fears we talked about earlier?*

*How often?*

*Do they ever get fed up with hearing about his/her worries?*

*What happens then?*

*Can s/he stop him/herself from talking about his/her worries?*

Coding rules

**EXCESSIVE NEED FOR REASSURANCE**

0 = Absent

2 = Seeks reassurance but not to the extent of interfering with ordinary social discourse.

3 = Seeks reassurance to such an extent that ordinary social discourse with at least one person is interfered with, as evidenced by loss of patience, or avoidance of contact with child, by that person.

Codes

PCA2101  
Intensity

Definitions and questions

**ANXIOUS AFFECT  
NERVOUS TENSION**

An unpleasant feeling of "nervousness," "nervous tension," "being on edge," "being keyed-up."

*Is s/he sometimes tense, nervous, or on edge?*

*How bad is it?*

*When does that happen?*

*Does anything bring it on?*

*Do you know why?*

*What does s/he feel "nervous" about?*

*Can you get him/her to calm down?*

*If s/he concentrates on something, or is doing something s/he likes, does the nervousness go away?*

*How long does the feeling last?*

*When did it start?*

**SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED  
AFFECT)**

*Feelings of fear and apprehension. Consider only the mood state itself here, and not its behavioral concomitants.*

*This overall item is not coded here but it is sub-classified into Free Floating and Situation Specific Anxious Affects at the end of the section.*

*All anxious affect situations refer to anxiety-provoking stressors that affect the child either in the presence of the stressor or just by thinking about it. Whether cued by the presence or by the anticipation of the stressor, the key concept is controllability of the anxiety.*

Coding rules

**NERVOUS TENSION**

0 = Absent

2 = Nervous tension is intrusive into at least 2 activities and uncontrollable at least some of the time.

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

**HOURS : MINUTES**

Codes

PCA3I01  
Intensity

PCA3E01  
Frequency

PCA3D01  
Duration

PCA3O01  
Onset

/ /

Definitions and questions

**SOCIAL ANXIETY**

Subjective Anxious Affect specific to social interactions. There is desire for involvement with familiar people.

Include fear, self-consciousness, embarrassment, and concern about appropriateness of behavior when interacting with unfamiliar figures. Also include fear and anxiety when meeting or anticipating meeting a strange adult.

CONSIDER ALSO SHYNESS AND BEHAVIORAL INHIBITION.

DO NOT ALSO CODE INFORMATION FOR THIS ITEM IN "SITUATIONAL ANXIOUS AFFECT".

*Does s/he become frightened when s/he has to meet or interact with people s/he doesn't know well?*

*Does s/he act frightened when s/he meets new children?*

*Does s/he get upset when meeting new people?*

*Or extremely shy?*

*Does s/her ever become very silly, "showing off" in an anxious fashion?*

*What happens?*

*Does s/he try to hide behind you or behind furniture?*

*Does s/he turn his/her face away?*

*Or refuse to speak?*

*Does s/he cry or scream?*

*Or become agitated?*

*Does s/he try to leave the room?*

*How long does s/he remain this way?*

*Can you help him/her become more comfortable in the situation?*

*Is s/he able to go to birthday parties and interact with the other children or does s/he stay near you and only watch the activities?*

*How about on the playground?*

*What effect has this fear had on X and on your family?*

*Do you change plans or routine so that s/he can avoid these situations?*

Coding rules

**SOCIAL ANXIETY**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = Social anxiety is intrusive into at least 2 activities and uncontrollable at least some of the time.

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

4 = The child has not been in such a situation during the last 3 months because parent helped him/her to avoid it, but parent reports that anxious affect would have occurred if the child had been in situation.

**HOURS : MINUTES**

**DISTRESS**

0 = Absent

2 = New or forced social situation leads to (or would lead to) crying, lack of spontaneous speech, withdrawal from social situation, or anxious silliness.

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situations.

Codes

PCA6101  
Intensity

PCA6F01  
Frequency

PCA6D01  
Duration

PCA6001  
Onset

PCA7101

PCA8101

Definitions and questions

**FEAR OF ACTIVITIES IN PUBLIC**

Subjective Anxious Affect specific to the public performance of activities that do not elicit fear when performed in private. Include going to the bathroom at daycare/school or other public places, eating in public, speaking up at circle time or participating in "sharing" at daycare/school.

*Does s/he get nervous or frightened when s/he has to do things in front of other people?*

*What about when s/he's called on during circle time or for show and tell?*

*Does it embarrass him/her to eat when other people are around?*

*What happens?*

*How does it affect him/her?*

*Can s/he stop from feeling that way?*

*Does s/he do anything to avoid having to "do it" in front of others?*

*What effect has it had on what s/he does?*

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

*How long does that last?*

Coding rules

**FEAR OF ACTIVITIES IN PUBLIC**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

**HOURS : MINUTES**

**DISTRESS**

0 = Absent

2 = New or forced social situation leads to (or would lead to) crying, lack of spontaneous speech, or withdrawal from social situation.

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situations.

Codes

PCA9I01  
Intensity

PCA9F01  
Frequency

PCA9D01  
Duration

PCA9O01  
Onset

PCB0I01

PCB1I01

Definitions and questions

**AGORAPHOBIA**

Subjective anxious affect specific to open spaces or crowds. Typical places and situations relevant to agoraphobia include being outside the home alone, being in a crowd, standing in line, traveling on public transport or by automobile.

Distinguish from acrophobia (fear of heights) when fear of being on bridges, etc. is described.

Distinguish from separation-related anxieties and worries, where the central fears or worries concern separation from attachment figures. When there is doubt as to the correct coding in such a case, code both the appropriate separation-related symptoms and agoraphobia and complete the coding indicating possible overlap with separation-related symptoms.

*Is s/he afraid in open spaces?*

*Or going out in crowded places?*

*Or standing in line?*

*Or using public transportation?*

*Or riding in automobiles?*

*Can s/he stop him/herself from being afraid?*

*Does s/he do anything to avoid it?*

*Has it affected what s/he does?*

*What effect has it had?*

*How often has that happened in the last three months?*

*How long does that last?*

**IF "AGORAPHOBIA" ABSENT, SKIP TO "ANIMAL FEARS", (PAGE 6).**

Coding rules

**AGORAPHOBIA**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.

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

4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the parent reports that the anxious affect would have occurred if the child had been in such a situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situations.

Codes

PCB2I01  
Intensity

PCB2F01  
Frequency

PCB2D01  
Duration

PCB2O01  
Onset

PCB3I01

Definitions and questions

**SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS**

Anxiety and/or worry may be associated with separation from attachment figures.

*Does it have anything to do with being separated from you?*

*Or from other people s/he is attached to?*

Coding rules

**SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS**

0 = Absent

2 = Present

Codes

PCB3102  
Intensity

Definitions and questions

**ANIMAL FEARS**

Subjective Anxious Affect specific to animals.

Distinguish from Fear of Monsters, remembering the "monsters" can include animals that really exist under certain circumstances.

*Do any animals frighten him/her?*

- Which ones?*
- What happens?*
- Does she cry?*
- Or have a tantrum?*
- Or cling to you?*
- Or "freeze up"?*
- What does s/he do about it?*
- Does s/he try to avoid them?*
- How afraid is s/he?*
- When did this fear start?*

*How often has that happened in the last three months?*

*How long does that last?*

Coding rules

**FEAR OF ANIMALS**

- 0 = Absent
- 1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.
- 2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
- 3 = Fear is intrusive into most activities and nearly always uncontrollable.
- 4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

**HOURS : MINUTES**

**TYPE OF ANIMAL FEARED**

- 1 = Dogs
  - 2 = Cats
  - 3 = Mice/rats
  - 4 = Other mammals (horses, lions)
  - 5 = Bats
  - 6 = Insects
  - 7 = Spiders
  - 8 = Snakes
  - 9 = Birds
  - 10 = Other
- Specify

**AVOIDANCE**

- 0 = Absent
- 1 = With accompaniment and reassurance,

Codes

PCB4I01  
Intensity

PCB4F01  
Frequency

PCB4D01  
Duration

PCB4O01  
Onset

PCB4X01

PCB4X02

PCB4X03

PCB5I01

Definitions and questions

**FEAR OF THE DARK**

Subjective anxious affect specific to the dark and being in the dark.

Differentiate fear of the dark from fear of separating from "parent" or being alone in the room at bedtime.

*Is s/he afraid of being in the dark?*

*Does s/he become upset when s/he has to go into a dark room or outside at night?*

*Can s/he go into a dark room by him/herself?  
Does s/he cry, scream or become agitated when s/he anticipates being in the dark or has to go into a dark room?  
Does his/her fear of the dark affect what s/he does?  
Or the routines you and your family have developed?  
In what way?*

*What happens if you try to reassure him/her?  
If you go with your child can s/he go into the dark?  
Have you changed plans or routine to accommodate your child's fear of the dark?*

*How often has s/he been afraid of the dark?*

*How long does s/he stay afraid for?*

Coding rules

child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situations.

**FEAR OF THE DARK**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

**HOURS : MINUTES**

**AVOIDANCE FEAR OF THE DARK**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in the feared situation. For example, the child can go into a dark room or fall asleep in a dark room when accompanied by parent.

2 = Child's "parent" has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situation.

Codes

PCG0101  
Intensity

PCG0F01  
Frequency

PCG0D01  
Duration

PCG0001  
Onset

PCG0102



Definitions and questions

**FEAR OF CLOWNS OR COSTUMED CHARACTERS**

Subjective anxious affect specific to clowns or other costumed characters.

*Is your child afraid of clowns?*

*How about other costumed characters?*

*Is s/he afraid of going to Chuck E. Cheese's because of the costumed characters?*

*What is s/he afraid will happen if s/he encounters a clown or other costumed character?*

*How does this fear affect her routines or the routines of your family?*

*How often has that happened in the last three months?*

*How long does s/he stay afraid?*

Coding rules

**FEAR OF CLOWNS OR COSTUMED CHARACTERS**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situations.

Codes

PCG1101  
Intensity

PCG1F01  
Frequency

PCG1D01  
Duration

PCG1O01  
Onset

PCG1102

Definitions and questions

**FEAR OF STORMS, THUNDER AND/OR LIGHTNING**

Subjective anxious affect specific to storms, thunder and/or lightning.

*Is s/he very afraid of thunder and lightening?*

*What happens when there is a storm?*

*Is s/he afraid only if there is a storm?*

*Or even when just thinking about a storm?*

*Can you reassure him/her?*

*When did this start?*

*How often has that happened in the last three months?*

*How long does s/he stay afraid?*

Coding rules

**FEAR OF STORMS, THUNDER, AND/OR LIGHTNING**

0 = Absent

2 = Fear is present and uncontrollable at least some of the time and occurs in the presence of storms, thunder, and/or lightning.

3 = Fear is nearly always uncontrollable and occurs even in the absence of a storm.

4 = No storm occurred during the primary period, but the child would have been afraid if one had occurred.

**HOURS : MINUTES**

Codes

PCE9I01  
Intensity

PCE9F01  
Frequency

PCE9D01  
Duration

PCE9O01  
Onset

Definitions and questions

**FEAR OF INJURY**

Subjective anxious affect specific to the possibility of being hurt.

*Does s/he feel "nervous" or "frightened" about getting hurt or injured?*

*What is that like?*

*Does it affect what s/he does?*

*In what way?*

*Does s/he become very afraid or upset when s/he gets a small cut or bruise?*

*What happens if you try to reassure him/her?*

*How often has that happened in the last three months?*

*How long does s/he stay afraid for?*

Coding rules

**FEAR OF INJURY**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situations.

Codes

PCB6I01  
Intensity

PCB6F01  
Frequency

PCB6D01  
Duration

PCB6O01  
Onset

PCB7I01

Definitions and questions

**FEAR OF DOCTOR OR DENTIST**

Subjective Anxious Affect related to going to or anticipating going to the doctor or the dentist.

Distinguish from Fear of Blood/Injection.

Include fear that arises on the day of or during a visit to the doctor or dentist, but only code as positive if the fear is uncontrollable at least some of the time.

*Does your child become very frightened or upset when s/he goes to the doctor or the dentist?*

*How about when s/he thinks about going to the doctor or the dentist?*

*What happens?*

*What do you think frightens him/her?*

*When did this start?*

*How often has s/he been afraid in the last three months?*

*How long does s/he remain afraid?*

Coding rules

**FEAR OF DOCTOR OR DENTIST**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to go to doctor or dentist and be examined.

2 = Child's "parent" has regularly changed plans or routines so as to allow child to avoid feared situation, including avoiding taking child to doctor or dentist.

Codes

PCG2101  
Intensity

PCG2F01  
Frequency

PCG2D01  
Duration

PCG2001  
Onset

PCG2102

Definitions and questions

**FEAR OF BLOOD/INJECTION**

Subjective Anxious Affect in relation to sight of blood, receipt or sight of injections, or anticipation of sight of blood or injections.

AIDS-related fears are not coded here.

Distinguish from Fear of Doctor/Dentist

*Does s/he feel frightened about the sight of blood?*

*Is s/he afraid of getting a shot or injection?*

*Is s/he afraid of seeing anyone getting an injection?*

*How does it affect him/her?*

*Can s/he stop himself/herself from being afraid?*

*Does s/he or you do anything to avoid it?*

*When did this fear start?*

*How often, in the last three months, has s/he been afraid of blood/injections?*

*How long does s/he stay afraid for?*

Coding rules

**FEAR OF BLOOD/INJECTION**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = Child can be reassured about the sight of blood or cooperate about receiving a shot if accompanied/reassured.

2 = "Parent" has developed routines that allow child to avoid feared situation including postponing shots or immunizations.

Codes

PCE0101  
Intensity

PCE0F01  
Frequency

PCE0D01  
Duration

PCE0001  
Onset

PCE1I01

Definitions and questions

**ANXIETY OR FEAR PROVOKING SITUATIONS  
AIDE-MEMOIR**

*Are there any other things that s/he's afraid of?*

IF YES, OR IF ONE OR MORE FEARS ALREADY ELICITED, CHECK ITEMS ON LIST BELOW. OTHERWISE, PROCEED TO SITUATIONAL ANXIOUS AFFECT.

*Loud sounds.*

*Heights*

*Elevators or Escalators.*

*Germs*

*Dirt*

*Illness*

*Swimming*

*Bathing*

*Burglars/Robbers/Kidnappers.*

*Puppets*

*Ghost*

*Snakes*

*Water*

*Getting a Haircut.*

*Vacuum Cleaners.*

*Other*

*How often has s/he been afraid in the last three months?*

*How long does s/he stay afraid for?*

**IF NO ANXIETIES, SKIP TO "FREE FLOATING ANXIOUS AFFECT", (PAGE 16).**

Coding rules

**OTHER FEARS**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

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

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

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

Specify

**HOURS : MINUTES**

**AVOIDANCE**

0 = Absent

1 = With accompaniment and reassurance, child is able to remain in feared situation.

2 = Parent has regularly changed plans or routines so as to allow child to avoid feared situation.

3 = Child lives a highly restricted life because of feared situations.

Codes

PCB8101  
Intensity

PCB8F01  
Frequency

PCB8D01  
Duration

PCB8O01  
Onset

PCB9101

Definitions and questions

Coding rules

Codes

Definitions and questions	
	<p><b>DEFINITION</b></p> <p>0 = Absent</p> <p>1 = Low or moderate anxiety. The child is fearful and nervous, but does not avoid the situation or has only minor avoidance behaviors.</p> <p>2 = Moderate to severe anxiety. The child is fearful and nervous, and shows moderate to severe avoidance behaviors.</p> <p>3 = High anxiety. The child is extremely fearful and nervous, and shows severe avoidance behaviors.</p> <p><b>QUESTIONS</b></p> <p><b>AVOIDANCE</b></p> <p>0 = Absent</p> <p>1 = High avoidance. The child avoids the situation or shows severe avoidance behaviors.</p> <p>2 = Moderate to severe avoidance. The child shows moderate to severe avoidance behaviors.</p> <p>3 = Low or moderate avoidance. The child shows low or moderate avoidance behaviors.</p>

Coding rules		Codes	

Definitions and questions

**SITUATIONAL ANXIOUS AFFECT**

Anxious Affect that occurs in certain situations/environments.

**REVIEW NOTES OF THE ANXIETY CIRCUMSTANCES AND CODE THE PROVOKING OCCURRENCES OF ANY OF THE FORMS OF SPECIFIC ANXIOUS AFFECT.**

**REMEMBER TO COLLECT FREQUENCIES AND DURATIONS.**

**INTERVIEWER NOTE: IF ANY ANXIETY SYMPTOMS ARE PRESENT, CHOOSE A RATING AND COMPLETE SECTION.**

Coding rules

**SITUATIONAL ANXIOUS AFFECT**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = The child feels fear, or experiences anticipatory anxiety, that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences anticipatory anxiety, that is almost completely uncontrollable in most activities.

4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the parent reports that the anxious affect would have occurred if the child had been in such a situation.

**HOURS : MINUTES**

Codes

PCC0101  
Intensity

PCC0F01  
Frequency

PCC0D01  
Duration

PCC0001  
Onset



Definitions and questions

**FREE FLOATING ANXIOUS AFFECT**

Anxiety not associated with any particular situation.

*Does s/he ever feel frightened without knowing why?*

*How often does this happen?*

*How long does each episode of anxiety last?*

*When did it start?*

**IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "SELECTIVE MUTISM", (PAGE 19).**

Coding rules

**FREE FLOATING ANXIOUS AFFECT**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = The child feels fear, or experiences free-floating anxiety that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences free-floating anxiety, that is almost completely uncontrollable in most activities.

**HOURS : MINUTES**

Codes

PCC1I01  
Intensity

PCC1F01  
Frequency

PCC1D01  
Duration

PCC1O01  
Onset

Definitions and questions

**STARTLE RESPONSE**

Exaggerated startle response to minor stimuli. Do not include startling in response to situations that would make most people jump.

Startle response may also appear in PTSD section. If so, code in both places.

*Does s/he startle more easily than most people?*

*What sort of things makes him/her jump?*

*Are these the kinds of things that would make most people jump?*

*How many days a week does s/he jump like that?*

**CONCENTRATION DIFFICULTIES**

Difficulty in concentrating, or mind "going blank" when feeling anxious.

*When s/he feels "anxious" or scared, is it hard for him/her to concentrate?*

*What happens?*

*Can s/he focus on a game?*

*Does s/he seem to jump aimlessly from one activity to another because his/her anxiety makes it difficult for him/her to concentrate?*

*How many days a week does s/he have this kind of difficulty concentrating?*

**EASY FATIGABILITY**

Child becomes easily fatigued when anxious.

*When s/he feels "anxious" does s/he get tired easily?*

*What happens?*

*Can s/he continue to play or interact even though s/he is tired out by being anxious?*

*When s/he's worried or anxious, does she seem to get tired more easily?*

*Does s/he need more sleep, either during the day as naps or at night?*

Coding rules

**STARTLE RESPONSE**

0 = Absent

2 = Startles to an exaggerated degree on slight provocation.

**NUMBER OF DAYS IN THE LAST 3 MONTHS**

**CONCENTRATION DIFFICULTIES**

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

**NUMBER OF DAYS IN THE LAST THREE MONTHS**

**EASY FATIGABILITY**

0 = Absent

2 = Feels fatigued after slight exertion but continues with tasks at hand.

3 = Fatigue leads to reduced performance of tasks at hand.

**NUMBER OF DAYS IN THE LAST 3 MONTHS**

Codes

PCC2I01  
Intensity

PCC2F01

PCC3I01  
Intensity

PCC3F01

PCC4I01  
Intensity

PCC4F01

Definitions and questions

**ANXIOUS AUTONOMIC SYMPTOMS**

Autonomic symptoms accompanied by subjective anxious affect (occurs when child is frightened, worried or nervous).

*When s/he is "anxious" or frightened, does it affect him/her physically at all?*

*What do you notice?  
What does s/he tell you?*

*Do his/her muscles get tensed up?*

*Does s/he get jumpy?*

*Keyed up?  
Agitated?  
On edge?*

*Does s/he get restless?*

*Does s/he become more "wild" when s/he is scared or anxious?*

*Does s/he get dizzy or giddy or faint?*

*Does it affect his/her breathing?*

*Does s/he act as if s/he is choking?*

*Does s/he get butterflies in his/her stomach?*

*Does s/he get stomach pains?*

*Does s/he get sensations of shortness of breath?*

*Or feel as if s/he is smothering?*

*Does it affect his/her heart?*

*Does s/he complain of his/her heart beating hard or fast?*

*Can you feel his/her heart beating fast?*

*Does s/he complain of a pain in his/her chest?*

*Does s/he get sweaty?*

Coding rules

Codes

**AUTONOMIC SYMPTOMS**

0 = Absent

2 = Present

PCD0190  
Intensity

**MUSCLE TENSION**

0 = Absent

2 = Present

PCD0114

**JUMPINESS**

0 = Absent

2 = Present

PCD0120

**RESTLESSNESS**

0 = Absent

2 = Present

PCD0121

**DIZZINESS/FAINTNESS**

0 = Absent

2 = Present

PCE5101

**FEELINGS OF CHOKING**

0 = Absent

2 = Present

PCE5123

**BUTTERFLIES OR PAIN IN THE STOMACH**

0 = Absent

2 = Present

PCE5111

**SENSATIONS OF SHORTNESS OF BREATH OR SMOTHERING**

0 = Absent

2 = Present

PCE5122

**PALPITATIONS, POUNDING HEART, OR ACCELERATED HEART RATE**

0 = Absent

2 = Present

PCE5106

**CHEST PAIN OR DISCOMFORT**

0 = Absent

2 = Present

PCE5107

**SWEATING**

0 = Absent

2 = Present

PCE5108