Definitions and questions	Coding rules	Codes

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?

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.

SOCIAL ANXIETY - DISTRESS ONSET

AVOIDANCE

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

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

SOCIAL ANXIETY - AVOIDANCE ONSET

PCA6I01
Intensity

PCA6F01
Frequency

PCA6D01
Duration

PCA6O01
Onset
/ /

PCA7I01

PCA7O01
/ /

PCA8I01

PCA8O01
/ /

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?

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.

PCA9I01
Intensity

PCA9F01
Frequency

HOURS : MINUTES

PCA9D01
Duration

PCA9O01
Onset

/ /

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.

PCB0I01

FEAR PF ACTIVITIES IN PUBLIC - DISTRESS ONSET

PCB0O01

/ /

AVOIDANCE

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

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

PCB1I01

FEAR OF ACTIVITIES IN PUBLIC - AVOIDANCE ONSET

PCB1O01

/ /

Definitions and questions	Coding rules	Codes

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?

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

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

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

AGORAPHOBIA - AVOIDANCE ONSET

PCB2I01
Intensity

PCB2F01
Frequency

PCB2D01
Duration

PCB2O01
Onset

/ /

PCB3I01

PCB3O01

/ /

Definitions and questions	Coding rules	Codes

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?

FEAR OF ANIMALS

0 = Absent

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

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

4 = Subject has not been in situation in past 3 months because of avoidance, but reports that anxious affect would be present if had been in situation.

PCB4I01 Intensity

HOURS : MINUTES

PCB4F01 Frequency

PCB4D01 Duration

PCB4O01 Onset

/ /

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

PCB4X01

PCB4X02

PCB4X03

AVOIDANCE

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life

PCB5I01

Definitions and questions	Coding rules	Codes

because of feared situations.

ANIMAL FEARS - AVOIDANCE ONSET — PCB5O01 `/ /`

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?

FEAR OF INJURY — PCB6I01 Intensity

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.

PCB6F01 Frequency

HOURS : MINUTES — PCB6D01 Duration

PCB6O01 Onset `/ /`

AVOIDANCE — PCB7I01

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

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

FEAR OF INJURY - AVOIDANCE ONSET — PCB7O01 `/ /`

DSG

Definitions and questions	Coding rules	Codes

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?

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.

AVOIDANCE - ONSET

PCE0I01
Intensity

PCE0F01
Frequency

PCE0D01
Duration

PCE0O01
Onset

/ /

PCE1I01

PCE1O01

/ /

Definitions and questions | Coding rules | Codes

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 11).

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

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

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

ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR - AVOIDANCE ONSET

PCB8I01
Intensity

PCB8F01
Frequency

PCB8D01
Duration

PCB8O01
Onset
/ /

PCB9I01

PCB9O01
/ /

D58

Definitions and questions		Coding rules	Codes

Definitions and questions	Coding rules	Codes

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.

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

PCC0I01
Intensity

PCC0F01
Frequency

PCC0D01
Duration

PCC0O01
Onset

/ /

D60

Definitions and questions	Coding rules	Codes

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?

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

PCC1I01
Intensity

PCC1F01
Frequency

PCC1D01
Duration

PCC1O01
Onset

/ /

IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "SELECTIVE MUTISM", (PAGE 17).

D61

Definitions and questions	Coding rules	Codes

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?

CONCENTRATION DIFFICULTIES

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

NUMBER OF DAYS IN THE LAST THREE MONTHS

PCC3I01
Intensity

PCC3F01

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?

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

PCC4I01
Intensity

PCC4F01

MUSCLE TENSION

Generalized tightness, stiffness, or soreness in muscles not resulting from physical exercise.

Do his/her muscles get tensed up when s/he is "worried", "anxious", or "frightened?

MUSCLE TENSION

0 = Absent

2 = Present

PCD0I14
Intensity

RESTLESSNESS

Increased unnecessary whole body movements (e.g. getting up and moving around).

Does s/he get restless when s/he is "worried", "anxious", or "frightened"?

Keyed up?
On edge?

RESTLESSNESS

0 = Absent

2 = Present

PCD0I21
Intensity

Definitions and questions	Coding rules	Codes

PANIC ATTACKS

Panic attacks are discrete episodes of overwhelming subjective anxious affect and autonomic symptoms that reach a peak within 10 minutes of onset, and that the subject usually tries to terminate by taking some definite action, unless they are too "frozen" by panic to do so.

Does s/he ever get panicky?

Has that happened in the last 3 months?
What happens then?
Does it affect him/her physically at all?
When does it happen?
Does it occur for no good reason?
Does it sometimes happen "out of the blue"?
What triggers it?
Does s/he have to get out of the situation?
How long does it last?
What does s/he do?
Do you try to avoid situations where you might get panicky?
How many times has that happened in the last 3 months?
When did it start?

PANIC ATTACKS

0 = Absent

2 = Panic attack that is of such severity that subject stops activity engaged in at the time.

FREE FLOATING

0 = Absent

2 = Panic attack unassociated with any particular situation.

SITUATIONAL

0 = Absent

2 = Panic attack that occurs in certain situations/environments.

HOURS : MINUTES

PCC5I01
Intensity

PCC5I02

PCC5I03

PCC5F01
Frequency

PCC5D01
Duration

PCC5O01
Onset

/ /

**IF NO PANIC ATTACKS, SKIP TO
""DEPRESSED MOOD" IS PRESENT,
CONTINUE. OTHERWISE", (PAGE
ERROR! BOOKMARK NOT DEFINED.).**

D63

Definitions and questions	Coding rules	Codes

DEREALIZATION DURING PANIC ATTACK

The subject experiences his/her surroundings as unreal; everything may seem colorless, artificial, or dead.

When s/he got panicky, did s/he feel that things around him/her didn't seem real?

Or that it was like a stage set with people acting like robots instead of being themselves?

What was it like?

DEREALIZATION

0 = Absent

2 = Present

PCC6101
Intensity

DEPERSONALIZATION DURING PANIC ATTACK

The subject feels as if s/he is unreal, that s/he is acting a part, that s/he is detached from his/her own experiences.

When s/he got panicky, did s/he feel as if you weren't real?

Did s/he feel like s/he was acting his/her life instead of being natural?
Did you feel that you were outside your body looking at yourself from outside your body?

DEPERSONALIZATION

0 = Absent

2 = Present

PCC7101
Intensity

FEAR OF LOSS OF CONTROL DURING PANIC ATTACK

Subject feels as though "going crazy" or is afraid of losing control over body or mind (e.g. urinating in public, falling down, creating a "scene").

When s/he got panicky, was s/he afraid of what s/he might do?

That you might fall down, or create a "scene"?
Did s/he feel like s/he was going crazy?

Or losing control of your mind?

FEAR OF LOSS OF CONTROL

0 = Absent

2 = Present

PCC8101
Intensity

FEAR OF DYING DURING PANIC ATTACK

Subject feels as though s/he might die, or is afraid that s/he might die.

When s/he got panicky, was s/he afraid that s/he might die?

FEAR OF DYING

0 = Absent

2 = Present

PCC9101
Intensity

064

Definitions and questions	Coding rules	Codes

CONCERN ABOUT ADDITIONAL PANIC ATTACKS

Concern, worry, or anxious affect related to the possibility that another panic attack may occur.

Is s/he worried about having another "panic attack"?

Does it bother her much?

CHANGE IN BEHAVIOR

Any change in usual behavior or routines, intended to avoid the possibility of a panic attack recurrence. Or changes in behavior or routine to avoid potential embarrassment or humiliation that the subject fears might result from a panic attack.

Has s/he done anything to avoid having anymore "panic attacks"?

Does that affect your life much?

WORRY ABOUT IMPLICATIONS

Worry or anxious affect related to possible secondary consequences of having another panic attack.

Do not include such worries or fears during a panic attack which are coded under Fear of Loss of Control During Panic Attack.

Has s/he been worried about what might happen if s/he had another "panic attack"?

What does s/he think might happen?
Has s/he been afraid that you might die?
Or go crazy?
Or lose control?

IF PANIC NOT PRESENT, SKIP TO ""DEPRESSED MOOD" IS PRESENT, CONTINUE. OTHERWISE", (PAGE ERROR! BOOKMARK NOT DEFINED.).

Coding rules

CONCERN ABOUT ADDITIONAL PANIC ATTACKS

0 = Absent

2 = Present

CHANGE IN BEHAVIOR

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

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

WORRY ABOUT IMPLICATIONS

0 = Absent

2 = Present

Codes

PCE2I01
Intensity

PCE3I01
Intensity

PCE4I01
Intensity

Definitions and questions	Coding rules	Codes

ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS

Autonomic symptoms accompanied by subjective anxious affect.

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

What do you notice?

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

Does s/he feel like s/he is choking or smothering?

How?

Does it affect his/her breathing?

Does s/he breath faster?

Does it affect your heart?

Do you get a pain in your chest?

Do you get sweaty?

Or feel sick?

ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS

0 = Absent

2 = Present

PCE5190 Intensity

DIZZINESS/FAINTNESS

0 = No

2 = Yes

PCE5101

CHOKING/SMOTHERING

0 = No

2 = Yes

PCE5103

DIFFICULTY BREATHING

0 = No

2 = Yes

PCE5104

RAPID BREATHING

0 = No

2 = Yes

PCE5105

PALPITATIONS/TACHYCARDIA

0 = No

2 = Yes

PCE5106

TIGHTNESS OR PAIN IN CHEST

0 = No

2 = Yes

PCE5107

SWEATING

0 = No

2 = Yes

PCE5108

NAUSEA

0 = No

2 = Yes

PCE5109

D66

Definitions and questions	Coding rules	Codes

Does it affect your stomach?

Does s/he get shaky or twitch?

Does s/he get flushed?

Does s/he get chills?

Does s/he have funny feelings in your fingers or toes?

Does his/her stomach churn?

Does it only happen in certain situations?
Or can it happen any time?

BUTTERFLIES/PAIN IN THE STOMACH — PCE5I11

0 = No

2 = Yes

TREMBLING/SHAKING/TWITCHING — PCE5I13

0 = No

2 = Yes

FLUSHING OR CHILLS — PCE5I14

0 = No

2 = Yes

PARAESTHESIAE — PCE5I16

0 = No

2 = Yes

ABDOMINAL CHURNING — PCE5I18

0 = No

2 = Yes

SELECTIVE MUTISM

Reluctance or inability to speak to certain persons or in certain situations, while able to speak adequately to other people in other situations. A change in speaking ability is selective in certain situations.

Are there some situations in which s/he finds s/he can't talk?

Or some people s/he can't talk to?

Why is that?
What happens then?
What happens when s/he's encouraged to speak up?
When did it start?

SELECTIVE MUTISM — PCD1I01 Intensity

0 = Absent

2 = Speech limited in volume or amount to an extent that substantially interferes with communication; marked discrepancy with adequate speech usage in other circumstances.

3 = Almost complete absence of speech in particular settings or to particular people.

PCD1O01 Onset

/ /

| Definitions and questions | Coding rules | Codes |

DEPRESSED AFFECT
Now we are going to talk about some of X's feelings. N.B. GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY
DEPRESSED MOOD

Feelings of low mood. Includes feeling unhappy, miserable, blue, low spirited, being down in the dumps or dejected.

Distinguish from other unpleasant affects e.g. Nervous Tension or Anxiety, Apathy and Anhedonia. It is also important to make sure that it is the mood itself that is being rated and not its "expected" concomitants (such as apathy, self depreciation or crying). Items such as these are rated separately. If they are used as evidence of depression as well, spurious relationships will be generated by the interviewer.

Has s/he been feeling "down" at all?

Has s/he been acting very unhappy, or depressed?

Does s/he cry because of this feeling?
What was that like?
Was it serious?
What did you notice?
If I had seen him/her then would I have been able to tell?
What made him/her feel "miserable"?

How much of the time does s/he feel like that?
Does s/he act sad or depressed all the time?
Or only some of the time?
What happens when s/he's doing something else?

When s/he feels "miserable", how long does it last?
Can you do anything to cheer him/her up?

When did it start?

IF PRESENT, ASK;

Was there a week when s/he felt "miserable" most days?

Were there two weeks when s/he was "miserable" on at least 8 days?

IF DEPRESSED MOOD PRESENT, ASK;

Has there been a period of at least 2 months in the last year when s/he didn't feel like that?

DEPRESSED MOOD

0 = Absent

2 = The depressed mood is sometimes intrusive but also sometimes alleviated by enjoyable events or activities.

3 = Scarcely anything is able to lift the mood.

HOURS : MINUTES

EPISODE OF DEPRESSED MOOD

0 = Absent

2 = At least 1 week with 4 days depressed mood.

3 = Period of 2 consecutive weeks where depressed mood present on at least 8 days.

PERIOD OF 2 CONTINUOUS MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR?

0 = Present

2 = Absent

PDA0I01
Intensity

PDA0F01
Frequency

PDA0D01
Duration

PDA0O01
Onset

/ /

PDA0I02

PDA0I03

D68

Definitions and questions   Coding rules   Codes

IF "DEPRESSED MOOD" IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 7).

D69

Definitions and questions	Coding rules	Codes

DISTINCT QUALITY OF DEPRESSED MOOD

Depressed mood has a subjectively different quality from sadness. Thus the rating should be contrasted with an experience that caused sadness, such as loss of a pet or watching a very weepy film.

Check that the provoking situation is one that is appropriate for sadness. Prompt on such situations if necessary.

When s/he's "miserable" does s/he seem to feel the same as when something sad happens or s/he sees a sad movie or program?

Is this feeling of "being miserable" different than the feeling of "being sad"?

Can you tell me how it is different?

LOOKS UNHAPPY

Parent's evaluation that the child characteristically looks unhappy to an extent abnormal for the child's age or developmental stage.

Does s/he often look unhappy?

Does his/her face seem sad?

DISTINCT QUALITY OF DPERESSED MOOD

0 = Absent

2 = Subject understands quality of sadness and reports that periods of depressed mood have a different quality.

LOOKS UNHAPPY

0 = Absent

2 = Subject looks unhappy in at least 2 activities but looks more cheerful at times.

3 = Subject hardly ever looks normally cheerful.

PDA1I01
Intensity

PDG0I01
Intensity

Definitions and questions	Coding rules	Codes

ALLEVIATION OF DEPRESSED MOOD BY SELF-GENERATED MEANS

Alleviation of depressed mood refers to means that the child may find effective in alleviating his/her depressed mood.

Alleviation by self generated means: The child alleviates mood by actively involving him/herself in other thoughts or activities.

N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.

N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD". IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELEIVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

When s/he feels "miserable", can anything cheer him/her up?

What?

Can s/he do things to cheer him/herself up?

How long would it cheer him/her up?
Or make him/her feel better?

ALLEVIATION BY SELF-GENERATED MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

PDA2I01
Intensity

Definitions and questions	Coding rules	Codes

ALLEVIATION OF DEPRESSED MOOD BY EXTERNAL MEANS

Alleviation of depressed mood refers to means that the child may find effective in alleviating his/her depressed mood.

Alleviation by external means: The mood is alleviated by a more passive process in which other activities or events occurring without the child's willful use of them for this purpose alleviated depressed mood.

N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.

N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD". IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELEIVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

When s/he feels "miserable," can you or others do anything to cheer him/her up?

Does s/he cheer up when s/he takes part in an activity?

Like playing with other children?

Or going out for ice cream or a treat?

How much of the time would things "cheer" him/her up?

ALLEVIATION BY EXTERNAL MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

PDA2102
Intensity

DIURNAL VARIATION OF MOOD - AM WORST

Depressed mood is consistently worse in the first half of the day, irrespective of external events.

The parent must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

Is there any time of the day when s/he feels more "depressed" or "sad" than others?

Does s/he feel more "sad" in the morning?
What do you notice when s/he feels worse?
How long does the worst time last?

AM WORST

0 = Absent

2 = Present

PDA3101
Intensity

D72

Definitions and questions	Coding rules	Codes

DIURNAL VARIATION OF MOOD - PM WORST

Depressed mood is consistently worse in the second half of the day, irrespective of external events.

The parent must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

Is there any time of the day when s/he feels more "depressed" or "sad" than others?

Does s/he feel more "sad" in the afternoon or evening?
What do you notice when s/he feels worse?
How long does the worst time last?

P.M. WORST

0 = Absent

2 = Present

PDA3102
Intensity

SUBJECTIVE AGITATION

Markedly changed motor activity associated with depressed mood. Account of a severe level of inappropriate, unpleasant motor restlessness during a period of dysphoric mood, indicated by pacing, wringing of hands, or similar activities; with a total daily duration of at least 1 hour.

DO NOT INCLUDE SIMPLE RESTLESSNESS OR FIDGETINESS IN THE ABSENCE OF MOOD CHANGE.

Does s/he get very restless when s/he's "miserable?"

Does s/he have difficulty keeping still when depressed?

Does s/he wander about without seeming to have a purpose when s/he is depressed?

What is that like?
Can you calm him/her down?
How?

Is s/he always like that?
How about when s/he's not "miserable?"

How long does it last?

When did the "agitation" start?

AGITATION

0 = Absent

2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the subject can inhibit his/her agitation with effort.

3 = Agitation almost entirely uncontrollable.

PDA5I01
Intensity

PDA5F01
Frequency

HOURS : MINUTES

PDA5D01
Duration

PDA5O01
Onset

/ /

D73

Definitions and questions	Coding rules	Codes

REPORTED TEARFULNESS AND CRYING

Eyes filling with tears or actual shedding of tears as a response to an internal state of unhappiness or misery.

Do not rate crying precipitated by usual precipitants (such as sad situations or anger or being spanked or disciplined).

Does s/he ever feel so "miserable" that s/he wants to cry?

Even when it seems that nothing has happened to warrant crying?
What happens then?
Does s/he actually cry?

Can s/he stop him/herself?
What does s/he do?
How?

How long does it last?
When was the last time?
Tell me about it.
Does s/he cry more easily than s/he used to?
Does s/he cry more than other children?

When did s/he start being tearful?

REPORTED TEARFULNESS AND CRYING

0 = Absent

2 = When feeling miserable, the eyes fill with tears, or shed tears, at least sometimes uncontrollably, in at least 2 activities.

3 = When feeling miserable, the eyes nearly always uncontrollably fill with, or shed, tears in most activities.

HOURS : MINUTES

PDA4I01
Intensity

PDA4F01
Frequency

PDA4D01
Duration

PDA4O01
Onset

/ /

TOUCHY OR EASILY ANNOYED

The child is generally more prone to FEELINGS of anger bad temper, short temper, resentment, sulking or annoyance, UNDER MINOR PROVOCATION than most children. This pattern need not represent a change in behavior.

Do things get on his/her nerves easily?

What sorts of things?
Does s/he get annoyed more easily than most children, do you think?

What does s/he do?

How often does that sort of thing happen?

How long has s/he been like that?

TOUCHY OR EASILY ANNOYED

0 = Absent

2 = Present

HOURS : MINUTES

PDA6I01
Intensity

PDA6F01
Frequency

PDA6D01
Duration

PDA6O01
Onset

/ /

D74

Definitions and questions	Coding rules	Codes

ANGRY OR RESENTFUL

The child is generally more prone to MANIFESTATIONS of anger or resentment (such as snappiness, shouting, quarreling or sulking) under minor provocation, than most children.

This pattern need not represent a change in behavior.

Does s/he get angry very often?

How often?
What happens?
How often does that happen?
Does s/he get "sulky" or "pout"?

How often?
What does s/he do?
How often does that happen?

How long has s/he been like that?

ANGRY OR RESENTFUL

0 = Absent

2 = Present

HOURS : MINUTES

PDA7I01
Intensity

PDA7F01
Frequency

PDA7D01
Duration

PDA7O01
Onset

/ /

Definitions and questions	Coding rules	Codes

IRRITABILITY

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance. (Change may predate the primary period and continue into at least part of the primary period.)

Note that this rating is of a change in the child's usual liability to be precipitated into anger, it does not refer to the form of the anger once it has been precipitated.

N.B.: The irritable mood itself is being rated, not just its manifestations; thus, frequency and duration ratings refer to the number and length of episodes of the mood, not of the episodes of snappiness, shouting or quarrelsomeness.

N.B. INFORMATION OBTAINED HERE MAY ALSO BE RELEVANT TO LOSING TEMPER AND TEMPER TANTRUMS.

Has s/he been more irritable than usual in the last 3 months?

Or made angry more easily?

Has s/he had more tantrums than usual in the last 3 months?

What has s/he been "touchy" about?
Is that more than usual?
What does s/he do when s/he feels like that?

How long does it last when s/he feels like that?
Has s/he been snappy with people in the family?
Has s/he gotten into arguments or fights lately?
What has happened?
What did s/he say?
What did s/he do?
Has s/he hit or broken anything when s/he was angry?

When did s/he start to get "irritable" like that?

IF PRESENT, ASK;

Was there a week when s/he felt "irritable" most days?
Were there two weeks when s/he was "irritable" on at least 8 days?

IF IRRITABILITY PRESENT ASK;

Has there been a period of at least 2 months in the last year when s/he didn't feel like that?
IF PRESENT, ASK;

In the last 3 months has there been a week when s/he was irritable like that every day?

IRRITABILITY

0 = Absent

2 = Irritable mood present in at least 2 activities manifested by at least one instance of snappiness, shouting, quarrelsomeness and at least sometimes uncontrollable.

3 = Irritable mood present in most activities, accompanied by snappiness, shouting, quarrelsomeness, and nearly always uncontrollable.

HOURS : MINUTES

EPISODE OF IRRITABLE MOOD

0 = Absent

2 = At least 1 week with 4 days irritable mood.

3 = Period of 2 consecutive weeks where irritable mood present on at least 8 days.

PERIOD OF 2 CONTINUOUS MONTHS WITHOUT IRRITABLE MOOD IN LAST YEAR

0 = Present

2 = Absent

PDA8I01
Intensity

PDA8F01
Frequency

PDA8D01
Duration

PDA8O01
Onset
/ /

PDA8I02

PDA8I03

Definitions and questions

if irritable present for a week (7 consecutive days), remember to complete the mania section.

LOSS OF AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion.

Has s/he complained of not having any feelings (emotions) left?

Or that s/he has lost his/her feelings?

What did s/he say?
Could s/he feel any emotions?
What happened about it?
When did s/he start to lose his/her feelings?

CONATIVE PROBLEMS

BOREDOM

Activities the child is actually engaged in are felt to be dull and lacking in interest while interest in other possible potential activities is expressed.

Everyone gets bored sometimes, so code a child positively here only if s/he is more often bored than not. But code positive even if the activities are truly dull. It must seem to the child that other potential activities would be of interest even if s/he is uncertain what those other activities might be.

Differentiate from anhedonia and loss of interest, where nothing seems to be of potential interest or likely to give pleasure.

Code even if the activities described are truly boring in your opinion.

How much of the time is s/he bored, do you think?

Does s/he get bored more than other people?

IF PRESENT ASK;

What activities are boring to him/her?

Can s/he do anything to stop from being bored?
Is there something that s/he would like to be doing?

How long has s/he been feeling so bored?

Coding rules

LOSS OF AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

BOREDOM

0 = Absent

2 = More than half the time.

3 = Almost all the time.

Codes

PDA9I01
Intensity

PDA9O01
Onset

/ /

PDB0I01
Intensity

PDB0O01
Onset

/ /

D77

| Definitions and questions | Coding rules | Codes |

LOSS OF INTEREST

Diminution of the child's interest in usual pursuits and activities.

Either some interests have been dropped or the intensity of interest has decreased. Everyone has interests of some sort, but the extent of the diminution must be measured in the context of the range and depth of the child's usual activities. Take into account everyday daycare/school and home activities as well as watching TV, playing games, taking an interest in clothes, food, appearance, toys, etc. Inevitably, those with more intense and varied interests initially will have more room to lose interest than those who have never taken a great interest in things.

Distinguish from "growing out" of activities or giving up certain activities to take up new ones or because of increased pressure of work.

NOTE INFORMATION FROM THE OUT OF SCHOOL ACTIVITIES SECTION

Have things been interesting him/her as much as usual?

Like his/her toys or friends?

Have you noticed that s/he isn't interested in doing things that s/he used to care a lot about?

Has s/he lost interest in anything?

IF PRESENT ASK;

What kinds of things has s/he lost interest in?
Can you get him/her interested in anything?
Can anybody?

When did s/he start to lose interest in things?

LOSS OF INTEREST

0 = Absent

2 = Generalized diminution in interest taken in normally interesting activities.

3 = The subject is completely or almost completely uninterested in everything or nearly everything.

PDB1I01
Intensity

PDB1O01
Onset

/ /

D78

Definitions and questions	Coding rules	Codes

ANHEDONIA

A partial or complete loss or diminution of the ability to experience pleasure, enjoy things, or have fun. It also refers to basic pleasures like those resulting from eating favorite foods.

Anhedonia concerns the mood state itself. Loss of Interest, Loss of Initiative, Lack of Protest, inability to engage in activities, or loss of the ability to concentrate on looking at books, games, TV or school may accompany Anhedonia, so the interviewer may code different aspects under different items. Do not confuse this item with a lack of opportunity to do things or to excessive parental restriction. Comparison should be made with enjoyment when the child is normal. This may not be accessible in episodes of very long duration.

DISTINGUISH FROM BOREDOM AND LOSS OF INTEREST OR LACK OF OPPORTUNITIES FOR PARTICIPATION.

Can s/he have fun or enjoy him/herself?

Are there things s/he used to enjoy but doesn't anymore?

Like playing with certain toys?
Or doing certain things with you?
Does s/he seem to have lost enthusiasm for things that s/he used to enjoy?

When did s/he start to feel like that?
What things are fun (or enjoyable) now?

ANHEDONIA

0 = Absent

2 = Generalized diminution in pleasure taken in normally pleasurable activities.

3 = Almost nothing gives pleasure.

PDB2I01
Intensity

PDB2O01
Onset

/ /

Definitions and questions

Coding rules

SUBJECTIVE ANERGIA

The child is markedly lacking in energy compared with usual state. The child is described as being easily fatigued and/or excessively tired. This is a general rating of child's overall energy level.

DIFFERENTIATE FROM MOTOR SLOWING (NEXT PAGE), AND FATIGABILITY (SLEEP SECTION), ALTHOUGH YOU MAY DOUBLE CODE IF CRITERIA FOR MORE THAN ONE ARE MET.

Does s/he have as much energy as s/he used to have?

Has s/he been as energetic as usual?

Has s/he been complaining of a lack of energy?

Has your child lost any of his/her usual energy?
Of feeling tired?
Does s/he have enough energy to do things?
Has s/he been taking naps more often than usual or going to sleep earlier than s/he used to?
How has that affected him/her?
Does s/he choose not to do things because s/he hasn't got enough energy?
Like swinging on a swing?
Or starting a drawing?
Or going on an outing?

When did s/he start feeling less energetic?

ANERGIA

0 = Absent

2 = A generalized listlessness and lack of energy.

3 = A report of being almost completely without energy.

PDB3101
Intensity

PDB3O01
Onset

/ /

Depression

D 80

Definitions and questions	Coding rules	Codes

SUBJECTIVE MOTOR SLOWING

The child is slowed down in movement AND speech compared with his/her usual condition.

Has s/he been moving more slowly than s/he used to?

Does s/he do things more slowly than s/he used to?

Or talk more slowly?

Can you give me an example?

How long does it last?
Can s/he do anything to speed him/herself up?
What?
Can you do anything?

When did s/he start to feel slowed down?

MOTOR SLOWING

0 = Absent

2 = Slowing present and cannot be overcome in at least 2 activities.

3 = Slowing present and cannot be overcome in almost all activities.

HOURS : MINUTES

PDB4I01
Intensity

PDB4F01
Frequency

PDB4D01
Duration

PDB4O01
Onset

/ /

Definitions and questions | Coding rules | Codes

SUBJECTIVE COMPLAINTS ABOUT THINKING

INEFFICIENT THINKING

Unpleasant difficulty with thinking clearly or efficiently, or concentrating, even about simple matters; daily total duration of at least 1 hour.

Do his/her thoughts get muddled or confused easily?

How long has it been like that?
Can s/he think clearly if s/he needs to?
Does it cause him/her any trouble? What?
Does s/he complain of any interference with his/her thoughts?
What does s/he say is happening?
What do you notice?
When did s/he start to have trouble with his/her thinking?

INDECISIVENESS

Unpleasant difficulty in reaching decisions, even about simple matters. This is a general rating of child's ability to make decisions.

Is s/he good at making decisions (making up his/her mind)?

Why not?
Has s/he had any trouble making decisions?

Why?
When was the last time s/he had that sort of trouble?
What happens when s/he has to make up his/her mind?
Can you remember the last time that happened?
Has s/he always been like that?
Does it cause him/her any trouble?
What?

INEFFICIENT THINKING

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities

3 = Almost always uncontrollable and occuring in relation to almost all situations where clear thinking required

INDECISIVENESS

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities.

3 = Almost always uncontrollable and occurring in relation to almost all decisions.

PDB5I01
Intensity

PDB5O01
Onset

/ /

PDB6I01
Intensity

PDB6O01
Onset

/ /

Depression   D82

Definitions and questions

Coding rules

Codes

DEPRESSIVE THOUGHTS

In the definitions in this section the term "feeling" is frequently used, despite the fact that cognitions are being referred to. For most people, the term "feeling" carries both cognitive and affective components. However, these items refer not to mood states per se, but to certain cognitions, thoughts, opinions or attitudes. In other words, it is the content of the thought that is to be coded, not its affective tone.

LONELINESS

A feeling of being alone and/or friendless, regardless of the justification for the feeling.

Adult contacts and peer friendships should be considered. Differentiate from feeling unloved. A child may be lonely but still acknowledge being loved and vice versa.

NOTE RELEVANT INFORMATION FROM PEER RELATIONSHIPS.

Do you think s/he feels lonely?

How often is that?
When was the last time?
How did s/he feel then?
Sometimes children feel that they have no one who would help them. Does s/he ever feel like that?

Does s/he feel cared for by friends?
Does s/he feel lonely even though s/he has some friends?
Does s/he feel left out by others?
Does s/he get left out of other children's activities?
How does s/he feel about that?
Does s/he think that's likely to change?
Can you stop him/her feeling lonely?
What happens if you try?

When did s/he start to feel lonely like that?

LONELINESS

0 = Absent

2 = The subject definitely feels intrusively and uncontrollably lonely, in at least 2 activities.

3 = S/he feels lonely almost all the time.

PDB9I01
Intensity

PDB9O01
Onset

/ /

D83

Definitions and questions

Coding rules

FEELS UNLOVED

A generalized feeling of being unloved and uncared for, regardless of the justification for that feeling.

DIFFERENTIATE FROM LONELINESS.

RELEVANT INFORMATION TO CODE THIS ITEM MAY HAVE EMERGED IN THE FAMILY LIFE AND RELATIONSHIPS SECTION.

Sometimes children feel that no one loves them, even when they do. Does X feel like that at all?

What does s/he say?
Does X feel like s/he is loved less than other people?

Is s/he completely convinced that no one loves him/her?

When did s/he start to feel like that?
Who loves him/her?
Is there anyone else?

FEELS UNLOVED

0 = Absent

2 = The subject feels that there are others who love him/her but that s/he is loved or cared for less than other people.

3 = The subject feels that almost no one loves him/her, or hardly ever believes that anyone does.

PDC0101
Intensity

PDC0O01
Onset

/   /

Depression

D84

Definitions and questions	Coding rules	Codes

SELF-DEPRECIATION AND SELF-HATRED

An unjustified feeling of inferiority to others (including unjustified feelings of ugliness). Self-hatred involves severe hostility directed by the child against him/herself, accompanied by expressed dislike or expressed criticism.

Do not rate delusional phenomena here.

How do you think s/he feels about him/herself?

Does s/he like him/herself?

How does s/he feel about his/her appearance (looks)?
What is s/he like compared with others?
If s/he had to choose, would s/he say s/he was good-looking, average, or ugly?

Does s/he ever say that s/he is "stupid"?
Or a "jerk"?
Or a "bad" person?
How ugly does s/he think s/he is?
Does s/he feel much worse-looking than most people?
How much of the time does s/he feel like that?
Does s/he feel that she is good at certain things?

What things does s/he do that s/he is proud of?

Is there anything that s/he thinks s/he's good at?
As a person does s/he feel as good as other people?

Does s/he think s/he's any good at all?
Does s/he think everyone is better than s/he is?

When did s/he start to feel like this?

SELF-DEPRECIATION

0 = Absent

2 = The subject rates him/herself lower than seems justified, but does not see him/herself as being completely without value, since in some activities s/he does not feel inferior.

3 = The subject feels almost entirely worthless and without saving graces, in nearly all activities, or inferior to everyone. Self-hatred is also rated here.

PDC1101
Intensity

PDC1O01
Onset

/ /

D 85

Definitions and questions	Coding rules	Codes

FEELING SORRY FOR ONESELF

A feeling that life or people have been unfairly unpleasant or troubling and that the child deserves better. Child feels unlucky, victim of "bad luck".

Code regardless of justification.

Does s/he feel sorry for him/herself?

Does s/he think s/he's unlucky?

Does X feel that s/he deserves a better life?

In what way?
Does s/he feel like that all the time or only some of the time?
When does s/he feel like that?
Does s/he think everything is unfair or just some things?
Does s/he complain about it?
How much?
Does s/he feel it will always be like that?

When did s/he start to feel like that?

FEELING SORRY FOR ONESELF

0 = Absent

2 = The subject feels sorry for him/herself but thinks that some aspects of life have not been unfairly troubling or unpleasant.

3 = The subject thinks that nothing has occurred according to his/her just desserts, and feels sorry for him/herself in nearly all situations.

PDC2101
Intensity

PDC2O01
Onset

/ /

D86

Definitions and questions	Coding rules	Codes

PATHOLOGICAL GUILT

Excessive self-blame for minor or non-existent wrongdoings. Child realizes that guilt is exaggerated (otherwise, code as Delusions of Guilt).

Does s/he feel bad or guilty about anything that s/he's done?

What?

How often does s/he feel like that?
When was the last time?
Does s/he ever say that s/he is a "bad" person?

Does s/he blame him/herself for things that aren't his/her fault?

Why?
Does s/he feel that s/he deserves to have bad things happen to him/her?
Does s/he think s/he deserves to be punished, even when s/he has done nothing wrong?
Does s/he ever feel guilty about things that s/he knows aren't really his/her fault?
Does s/he feel that a lot of things that go wrong are his/her fault?
IF PATHOLOGICAL GUILT IS PRESENT, CONSIDER DELUSIONS OF GUILT.

When did s/he start to feel that s/he was "to blame?"

PATHOLOGICAL GUILT

0 = Absent

2 = At least partially unmodifiable excessive self-blame not generalized to all negative events.

3 = The child generalizes the feeling of self-blame to almost anything that goes wrong in his/her environment.

PDC3I01
Intensity

PDC3O01
Onset

/ /

Definitions and questions	Coding rules	Codes

DELUSIONS OF GUILT

Delusional self-blame for minor or non-existent wrongdoings. Child DOES NOT realize that guilt is exaggerated.

The child may believe that s/he has brought ruin to his/her family by being in his/her present condition or that his/her symptoms are a punishment for not doing better. Distinguish from pathological guilt without delusional elaboration, in which the child is in general aware that the guilt originates within him/herself and is exaggerated.

Does s/he believe that s/he has committed a crime?

Or sinned greatly?

Does s/he think that s/he deserves to be punished?
Does s/he think that s/he might hurt or ruin other people?
What does s/he say?
Can you persuade him/her that these things aren't his/her fault?
What does she do about it?

HELPLESSNESS

The child feels that there is little or nothing s/he can do to improve his/her situation or psychological state, though such a change would be welcome. This is a generalized feeling.

Is there anything about the way things are or the way s/he is that s/he would like to change?

Does s/he feel helpless about his/her situation?
IF PRESENT ASK;

Is there anything s/he thinks s/he could do to make things better?

Or make him/herself feel better?

What?
Does s/he think it would work?

When did s/he start to feel this way?

DELUSIONS OF GUILT

0 = Absent

2 = The subject has a delusional conviction of having done wrong but there is a fluctuating awareness that his/her feelings are an exaggeration of normal guilt.

3 = The subject has an unmodifiable delusional conviction that s/he has sinned greatly, etc.

HELPLESSNESS

0 = Absent

2 = The subject feels helpless and cannot always modify his/her feelings, but can report expectations of being able to help him/herself.

3 = The subject expresses almost no hope of being able to help him/herself.

PDC4I01
Intensity

PDC4O01
Onset
/ /

PDC6I01
Intensity

PDC6O01
Onset
/ /

Definitions and questions	Coding rules	Codes

HOPELESSNESS

The child has a bleak, negative, pessimistic view of the future, and little hope that his/her situation will improve. This is a generalized feeling.

Does s/he seem hopeless about the future?

Does X think things will get better or worse for him/her when s/he's grown up?

How often?
Does s/he think anyone can help him/her?
Does s/he believe things will be better?
How often does s/he feel like that?
Can you do anything about it?

When did s/he start to feel this way?

HOPELESSNESS

0 = Absent

2 = The subject feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the future.

3 = The subject expresses almost no hope for the future at all.

PDC7I01
Intensity

PDC7O01
Onset

/   /

D89

Definitions and questions

Coding rules

Codes

THINKING ABOUT DEATH

Thoughts about death and dying, whether referred to self or others.

Include thoughts about not being able to go on any longer and life not being worth living. Include discussion about a grandparent who has died ("Do they go to heaven?" "What will happen when I die?") To code, thoughts must be intrusive into at least two activities.

CODE THOUGHTS ABOUT TAKING ONE'S OWN LIFE UNDER SUICIDAL THOUGHTS (NEXT PAGE).

Does s/he seem to think about death or dying?

What does s/he think about?

How much does s/he think about it?
Does s/he sometimes wish s/he were dead?
Does s/he want to die?
Why does s/he feel like that?

How long has s/he been thinking like that?

SUICIDAL THOUGHTS

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

This may accompany thinking about death in general, or may be present if a child has reported a suicidal plan or past attempt.

Do not include suicidal plans.

Does s/he ever think about ending it all?

What does s/he say about it?
When was the last time?
What does s/he think about?
Have there been other times?
Do you think s/he actually is going to do this?

IF SUICIDAL THOUGHTS NOT PRESENT, SKIP TO "SUICIDAL ATTEMPTS", (PAGE 25).

THINKING ABOUT DEATH

0 = Absent

2 = Present but not including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

SUICIDAL THOUGHTS

0 = Absent

2 = At least sometimes uncontrollable suicidal thoughts, recurring in at least 2 activities.

3 = Usually uncontrollable suicidal thoughts intruding into most activities.

PDC9I01
Intensity

PDC9F01
Frequency

PDC9O01
Onset

/ /

PDD0I01
Intensity

PDD0F01
Frequency

PDD0O01
Onset

/ /

Depression

28 D90

Definitions and questions	Coding rules	Codes

SUICIDE

Purposes of the Section

This section has 1 major function:

(1) To assess the suicidal and self injurious intentions and actions of the child.

Organization of the Section

The section is organized in 2 sub areas:

(1) Suicidal ideation and behavior.

(2) Non suicidal deliberate self harm.

SUICIDE AND SELF-INJURIOUS BEHAVIOR

Has s/he ever talked about death or dying?

Has s/he done so in the last three months?
Has s/he ever said s/he wanted to die?

Has s/he ever said life was not worth living?

Has s/he ever tried to hurt or kill him/herself?

When?
Why was that?
What happened?
Has s/he tried more than once?
Has s/he ever done anything that made people think s/he wanted to die?

What?
When was that?
What happened?
CONTINUE WITH SECTION REGARDLESS WHETHER
SCREEN POSITIVE OR NEGATIVE.

How about in the last three months?

SUICIDE SCREEN POSITIVE

0 = Absent

2 = Present

SUICIDE SCREEN POSITIVE

0 = Absent

2 = Present

Ever:PDC8E01
Intensity

PDC8I02
Intensity

Definitions and questions	Coding rules	Codes

SUICIDAL PLANS

Suicidal thoughts that contain plans of a suicidal act and some intent to carry them out.

If suicidal attempt has been made, determine whether a plan was present prior to the attempt.

Has s/he thought about actually killing him/herself?

Has s/he had a plan?

Has s/he thought what s/he might do?
Do you think s/he might do this?
Has s/he done anything to prepare for killing him/herself?
What?
How did you find out?

SUICIDAL ATTEMPTS

Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the child's intention was to die. If parent unsure about intention to die, code if the parent can describe a clear self-harmful event.

Has s/he ever actually tried to kill him/herself?

What happened?
Where did s/he do it?
Were there any people around at the time?
Do you know how s/he was feeling then?
Did s/he really want to die?
What happened?
Who found him/her?
Did s/he go to the hospital?

When did s/he first try to kill him/herself?

When did s/he last try to kill him/herself?

How many times has s/he tried?

How does s/he think about it now?
Would s/he do it again if s/he had the chance?
Does s/he still wish s/he were dead?
Is there anything you can do about that?

Coding rules

SUICIDAL PLANS

0 = Absent

2 = A specific plan, considered on more than 1 occasion, over which no action was taken.

3 = A specific plan, considered on more than 1 occasion, with preparatory action taken, for example storing up pills.

SUICIDAL BEHAVIOR

0 = Absent

2 = Present

DATE OF FIRST ATTEMPT

DATE OF LAST ATTEMPT

SUICIDAL BEHAVIOR IN LAST 3 MONTHS

0 = Absent

2 = Present

Codes

PDD1I01
Intensity

PDD1F01
Frequency

PDD1O01
Onset
/ /

Ever:PDD2E01
Intensity

Ever:PDD2O01
/ /

Ever:PDD2O02
/ /

Ever:PDD2V01
Frequency

PDD2I01
Intensity

PDD2F01
Frequency

IF A SUICIDE ATTEMPT HAS (EVER)
BEEN MADE COMPLETE EVER:
METHOD, EVER: INTENT, AND EVER:
LETHALITY. IF ATTEMPT MADE IN THE
PAST 3 MONTHS, ALSO COMPLETE
ITEMS ABOUT THE RECENT
ATTEMPT(S): METHOD, INTENT, AND
LETHALITY.
IF NO SUICIDE ATTEMPTS MADE, SKIP
TO "NON-SUICIDAL PHYSICAL SELF-
DAMAGING ACTS", (PAGE 31).

D93

EVER: METHODS OF SUICIDE ATTEMPT(S)

Methods of self harm used with the intention of ending life. Rate here, no matter how unlikely to cause death the attempt was, so long as the child's intention was to die.

Coding rules

SUICIDE ATTEMPTS PRESENT

0 = Absent

2 = Present

EVER: OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION

0 = Absent

2 = Present

EVER: ILLICIT DRUG OVERDOSE

0 = Absent

2 = Present

HANGING

0 = Absent

2 = Present

STABBING/CUTTING

0 = Absent

2 = Present

SHOOTING

0 = Absent

2 = Present

RUNNING INTO TRAFFIC

0 = Absent

2 = Present

OTHER

0 = Absent

2 = Present

Specify

Codes

Ever:PDD3E90 Intensity

Ever:PDD3E01

Ever:PDD3E02

Ever:PDD3E03

Ever:PDD3E04

Ever:PDD3E05

Ever:PDD3E06

Ever:PDD3E07

IF SUICIDE ATTEMPT(S) MADE IN THE LAS 3 MONTHS, COMPLETE METHODS OF SUICIDE ATTEMPT(S) (NEXT PAGE). OTHERWISE, SKIP TO "SUICIDAL INTENT", (PAGE 29).

Definitions and questions	Coding rules	Codes

METHODS OF SUICIDE ATTEMPT(S)

Methods of self harm used in the last 3 months with the intention of ending life. Rate here, no matter how unlikely to cause death the attempt was, so long as the child's intention was to die.

SUICIDE ATTEMPT(S) PRESENT IN THE LAST 3 MONTHS

0 = Absent

2 = Present

PDD4190
Intensity

OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION

0 = Absent

2 = Present

PDD4101

ILLICIT DRUG OVERDOSE

0 = Absent

2 = Present

PDD4102

HANGING

0 = Absent

2 = Present

PDD4103

STABBING/CUTTING

0 = Absent

2 = Present

PDD4104

SHOOTING

0 = Absent

2 = Present

PDD4105

RUNNING INTO TRAFFIC

0 = Absent

2 = Present

PDD4106

OTHER

0 = Absent

2 = Present

Specify

PDD4107

| Definitions and questions | Coding rules | Codes |

SUICIDAL INTENT

Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here.

Which time was s/he most serious about killing him/herself?

What did s/he do?
Do you think s/he really wanted to die?
IF ATTEMPT IN THE PAST 3 MONTHS, ASK;

Was s/he serious about killing him/herself when s/he tried in the last 3 months?

SUICIDAL INTENT

1 = Subject reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.

2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

Ever:PDD5E01
Intensity

SUICIDAL INTENT

1 = Subject reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.

2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

PDD5I01
Intensity

LETHALITY OF SUICIDAL ATTEMPT

Code here the degree of threat to life resulting from the most serious suicidal attempt.

LETHALITY OF SUICIDAL ATTEMPT

1 = Mild: No Medical attention needed or sought.

2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).

3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

Ever:PDD7E01
Intensity

LETHALITY OF SUICIDAL ATTEMPT

1 = Mild: No Medical attention needed or sought.

2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).

3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

PDD7I01
Intensity

Definitions and questions	Coding rules	Codes

ALCOHOL OR DRUG INTOXICATION AT TIME OF SUICIDE ATTEMPT

Alcohol or drug consumption prior to attempt sufficient for subject to be experiencing effects at time of attempt.

When s/he tried to kill him/herself, had s/he had anything to drink?

Had s/he used any drugs?

How long was that before s/he tried to kill him/herself?
Was s/he drunk?
Was s/he high?
Was the alcohol (drug) having any effect on you at the time you tried to kill yourself?

Were you drunk or high when you tried in the last 3 months?

INTOXICATION AT TIME OF ATTEMPT

0 = Absent

2 = The subject had drunk alcohol or used drugs but was not showing marked effect at the time of the attempt.

3 = Definitely intoxicated, drunk or high at time of attempt.

Ever:PDD8E01
Intensity

INTOXICATION AT TIME OF ATTEMPT

0 = Absent

2 = The subject had drunk alcohol or used drugs but was not showing marked effect at the time of the attempt.

3 = Definitely intoxicated, drunk or high at time of attempt.

PDD8I01
Intensity

"SUICIDAL" BEHAVIOR WITHOUT INTENT

Actions threatening suicide, without intention of ending life, e.g., taking a gun and threatening to shoot oneself, in order to control others' behavior.

Has s/he done anything that made people think s/he wanted to die?

Why did s/he do it?

When was the first time?

"SUICIDAL" BEHAVIOR WITHOUT INTENT

0 = Absent

2 = Present

Ever:PDD6I01
Intensity

Ever:PDD6V01
Frequency

Ever:PDD6O01
Onset

/ /

"SUICIDAL" BEHAVIOR WITHOUT INTENT (IN LAST 3 MONTHS)

0 = Absent

2 = Present

PDD6XYZ 00
Intensity

PDD6F01
Frequency

D97

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

Self-mutilation, etc., not accompanied by any wish or intention to die (e.g., cutting on skin with a knife, buring self, deliberately putting finger in door jam and closing door, wrist-slashing or cigarette burns).

Has s/he ever hurt him/herself on purpose (apart from when s/he wanted to die)?

Or cut him/herself on purpose?

Why did s/he do it?
What did s/he feel like before s/he did it?
Did it make him/her feel better?
Did s/he want to kill him/herself?

How about in the last three months?

IF NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS ARE PRESENT, COMPLETE DYSPHORIA OF SELF-MUTILATORY TYPE. OTHERWISE , SKIP TO "EXCESSIVE APPETITE", (PAGE 1).

Coding rules

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

0 = Absent

2 = Acts not receiving medical treatment.

3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

0 = Absent

2 = Acts not receiving medical treatment.

3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

Codes

Ever:PDE0E01
Intensity

Ever:PDE0V01
Frequency

Ever:PDE0O01
Onset
/ /

PDD9I01
Intensity

PDD9F01
Frequency

PDD9O01
Onset
/ /

Definitions and questions	Coding rules	Codes

DYSPHORIA OF SELF-MUTILATORY TYPE

Highly unpleasant mounting feeling of inner tension, released by a self-mutilatory act.

Questions as under non-suicidal physical self-damaging acts.

How long does that feeling last?
When did s/he first get it?

DYSPHORIA OF SELF-MUTILATORY TYPE

0 = Absent

2 = Present

HOURS : MINUTES

PDE1I01
Intensity

PDE1F01
Frequency

PDE1D01
Duration

PDE1O01
Onset

/ /

Definitions and questions	Coding rules	Codes

FOOD RELATED BEHAVIOR
REDUCED APPETITE

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

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

Has it been less than usual?

Has the amount s/he eats changed at all?
Has s/he been eating as much as usual?
Why not?
How much has s/he been eating?
Has s/he lost any weight?
When did his/her appetite start to fall off?

WEIGHT LOSS

Has s/he lost an unusual amount of weight during the last 3 months?

How much?
When did s/he start losing weight?
Are you happy with his/her weight?

EXCESSIVE APPETITE

An increase in appetite outside the normal range of the subject, including eating for comfort. Include change in appetite due to substance due or side effects of medication.

FOLLOW ON FROM SCREENING QUESTIONS TO GET DETAILS.

Has s/he had a bigger appetite than usual?

Why?
What about in the last 3 months?

Has s/he actually eaten more than usual?

How much more?
When did s/he start eating more?

Coding rules:

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

WEIGHT LOSS

0 = Absent

2 = Present

WEIGHT LOSS IN POUNDS

EXCESSIVE APPETITE

0 = Absent

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

Codes:

PFA0I01
Intensity
☐

PFA0O01
Onset
/ /

PFA1I01
Intensity
☐

PFA1X01
☐

PFA1O01
Onset
/ /

PFA2I01
Intensity
☐

PFA2O01
Onset
/ /

Definitions and questions	Coding rules	Codes

WEIGHT GAIN

Do not include normal developmental weight gain, premenstrual weight gain, or weight gain because of pregnancy.

Has s/he put on an unusual amount of weight in the last 3 months?

How much?
How long has s/he been putting on weight?

WEIGHT GAIN

0 = Absent

2 = Present

WEIGHT GAIN IN POUNDS

PFA3I01
Intensity

PFA3X01

PFA3O01
Onset

/ /

D101