

Definitions and questions

**ANXIOUS AFFECT  
NERVOUS TENSION**

An unpleasant feeling of "nervousness," "nervous tension," "being on edge," "being keyed-up." The feeling is unpleasant, and should have a total daily duration of at least 1 hour.

*Do you feel tense, nervous, or on edge?*

*How bad is it?*

*When does that happen?*

*Does anything bring it on?*

*Do you know why?*

*Do your muscles get sore?*

*What do you feel "tense" about?*

*If you concentrate on something, or are doing something you like, does the nervousness go away?*

**TOTAL DAILY DURATION OF AT LEAST 1 HOUR.**

*How long does the feeling last?*

*When did it start?*

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

CCA3I01  
Intensity

CCA3F01  
Frequency

CCA3D01  
Duration

CCA3O01  
Onset





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 school or other public places, eating in public, speaking up in class, or undressing at school (ex P.E.)

*Does you get "nervous" or "frightened" when you have to do things in front of other people?*

*What about when you are called on in class?*

*Does it embarrass you to eat when other people are around?*

*What happens?*

*How does it affect you?*

*Can you stop yourself from feeling that way?*

*Do you do anything to avoid having to "do it" in front of others?*

*What effect has it had on what you do?*

*How often have you 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.

**FEAR PF ACTIVITIES IN PUBLIC - 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.

**FEAR OF ACTIVITIES IN PUBLIC - AVOIDANCE ONSET**

Codes

CCA9I01  
Intensity

CCA9F01  
Frequency

CCA9D01  
Duration

CCA9O01  
Onset

CCB0I01

CCB0O01

CCB1I01

CCB1O01

FB

ES3

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.

*Are you afraid in open spaces?*

*Or going out in crowded places?*

*Or using public transportation?*

*How does it affect you?*  
*Can you stop yourself from being afraid?*  
*Do you do anything to avoid it?*  
*Has it affected what you do?*  
*What effect has it had?*

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

*How long does that last?*

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
- 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**

Codes

CCB2I01  
Intensity

CCB2F01  
Frequency

CCB2D01  
Duration

CCB2O01  
Onset

CCB3I01

CCB3O01



Definitions and questions

**ANIMAL FEARS**

Subjective Anxious Affect specific to animals.

Do not include fears of spiders, insects, snakes or birds.

**Do any animals frighten you?**

*Which ones?*  
*Why are you frightened of them?*  
*What do you do about it?*  
*Do you try to avoid them?*

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

*How long does that last?*

Coding rules

**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.

**HOURS : MINUTES**

**TYPE OF ANIMAL FEARED**

- 1 = Dogs
- 2 = Cats
- 3 = Mice/rats
- 4 = Other mammals (horses, lions)
- 5 = Bats
- 9 = Birds
- 10 = Other

**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.

**ANIMAL FEARS - AVOIDANCE ONSET**

Codes

CCB4I01  
Intensity

CCB4F01  
Frequency

CCB4D01  
Duration

CCB4O01  
Onset

CCB4X01

CCB5I01

CCB5O01

Definitions and questions

**FEAR OF INJURY**

Subjective anxious affect specific to the possibility of being hurt.

**Do you feel "nervous" about getting hurt or injured?**

*What is that like?*

*Does it affect what you do?*

*In what way?*

*What do you do about it?*

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

*How long do you stay afraid for?*

Coding rules

Codes

**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.

CCB6I01  
Intensity

CCB6F01  
Frequency

**HOURS : MINUTES**

CCB6D01  
Duration

CCB6O01  
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.

CCB7I01

**FEAR OF INJURY - AVOIDANCE ONSET**

CCB7O01



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

*Do you feel "nervous about the sight of blood?"*

*Are you fearful of getting a shot or injection?*

*Are you afraid of seeing anyone getting an injection?*

*How does it affect you?*

*Can you stop yourself from being afraid?*

*Do you do anything to avoid it?*

*How often, in the last three months, have you been afraid of blood/injections?*

*How long do you 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.

**AVOIDANCE - ONSET**

Codes

CCE0I01  
Intensity

CCE0F01  
Frequency

CCE0D01  
Duration

CCE0001  
Onset

CCE1I01

CCE1O01

Definitions and questions

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

*Are there any other things that you're afraid of?*

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

**Heights**

**Elevators**

**Insects and spiders**

**Snakes**

**Birds**

**The dark**

**Illness**

**Frightening things on TV and movies**

**War**

**Other**

*How often have you been afraid in the last three months?*

*How long do you stay afraid for?*

**IF NO ANXIETIES, SKIP TO "FREE FLOATING ANXIOUS AFFECT", (PAGE 11).**

Coding rules

Codes

**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**

CCB8101 Intensity

CCB8F01 Frequency

CCB8D01 Duration

CCB8O01 Onset

CCB9101

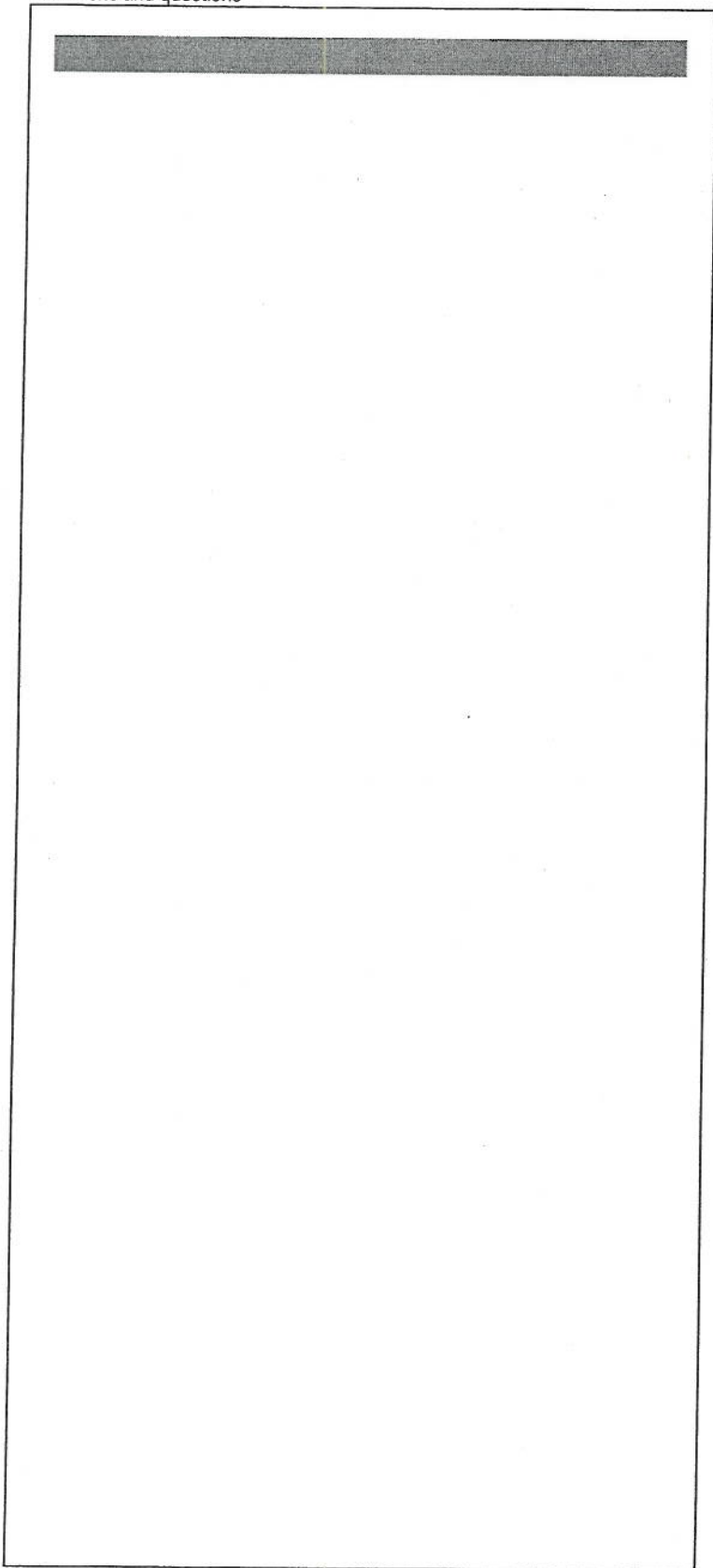
CCB9O01



Definitions and questions

Coding rules

Codes



Anxious Affect



ES9

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

CCC0101  
Intensity

CCC0F01  
Frequency

CCC0D01  
Duration

CCC0O01  
Onset



Definitions and questions

**FREE FLOATING ANXIOUS AFFECT**

Occurs unassociated with any particular situation; total daily duration of at least 1 hour.

***Do you ever feel frightened without knowing why?***

*How often does this happen?  
How long does each episode of anxiety last?  
When did it start?*

TOTAL DAILY DURATION OF AT LEAST 1 HOUR.

**IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "PANIC ATTACKS", (PAGE 13).**



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

CCC1I01  
Intensity

CCC1F01  
Frequency

CCC1D01  
Duration

CCC1O01  
Onset



Definitions and questions

**CONCENTRATION DIFFICULTIES**

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

**When you feel "anxious", is it hard for you to concentrate?**

What happens?  
Does your mind go blank?  
How many days a week do you have this kind of difficulty concentrating?

**EASY FATIGABILITY**

Child becomes easily fatigued when anxious.

**When you feel "anxious" do you get tired easily?**

What happens?

**ANXIOUS AUTONOMIC SYMPTOMS**

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

**When you're "worried", "anxious" or "frightened", does it affect you physically at all?**

What do you notice?

**Do your muscles get tensed up?**

**Do you get restless?**

Coding rules

**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**

**AUTONOMIC SYMPTOMS**

0 = Absent

2 = Present

**MUSCLE TENSION**

0 = Absent

2 = Present

**RESTLESSNESS**

0 = Absent

2 = Present

Codes

CCC3I01  
Intensity

CCC3F01

CCC4I01  
Intensity

CCC4F01

CCD0I90  
Intensity

CCD0I14

CCD0I21



Definitions and questions

**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.

**Do you ever get panicky?**

*Has that happened in the last 3 months?*

*What happens then?*

*Does it affect you physically at all?*

*When does it happen?*

*Does it occur for no good reason?*

*Do you have to get out of the situation?*

*How long does it last?*

*What do you do?*

*Do you try to avoid situations where you might get panicky?*

*When did it start?*

**IF NO PANIC ATTACKS, SKIP TO "SELECTIVE MUTISM", (PAGE 17).**



Coding rules

**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**

Codes

CCC5101  
Intensity

CCC5102

CCC5103

CCC5F01  
Frequency

CCC5D01  
Duration

CCC5O01  
Onset

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 you got panicky, did you feel that things around you 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?*

**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 you got panicky, did you feel as if you weren't real?*

*Did you feel like you were acting your life instead of being natural?*

*Did you feel that you were outside your body looking at yourself from outside your body?*

**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 you got panicky, were you afraid of what you might do?*

*That you might fall down, or create a "scene"?*  
*Did you feel like you were going crazy?*

*Or losing control of your mind?*

**FEAR OF DYING DURING PANIC ATTACK**

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

*When you got panicky, were you afraid that you might die?*

**DEREALIZATION**

0 = Absent

2 = Present

CCC6101  
Intensity

**DEPERSONALIZATION**

0 = Absent

2 = Present

CCC7101  
Intensity

**FEAR OF LOSS OF CONTROL**

0 = Absent

2 = Present

CCC8101  
Intensity

**FEAR OF DYING**

0 = Absent

2 = Present

CCC9101  
Intensity



Definitions and questions

**CONCERN ABOUT ADDITIONAL PANIC ATTACKS**

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

*Are you worried about having another "panic attack"?*

*Does it bother you 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.

*Have you 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.

*Have you been worried about what might happen if you had another "panic attack"?*

*What do you think might happen?  
Have you been afraid that you might die?  
Or go crazy?  
Or lose control?*

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

CCE2101  
Intensity

CCE3101  
Intensity

CCE4101  
Intensity



Definitions and questions

**ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS**

Autonomic symptoms accompanied by subjective anxious affect.

*When you are "worried," "anxious," or frightened, does it affect you physically at all?*

*What do you notice?*

*Does you get dizzy, giddy, or faint?*

*Does it affect your breathing?*

*Does it affect your heart?*

*Do you get a pain in your chest?*

*Do you get sweaty?*

*Or feel sick?*

Coding rules

**ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS**

0 = Absent  
2 = Present

**DIZZINESS/FAINTNESS**

0 = No  
2 = Yes

**CHOKING/SMOTHERING**

0 = No  
2 = Yes

**DIFFICULTY BREATHING**

0 = No  
2 = Yes

**RAPID BREATHING**

0 = No  
2 = Yes

**PALPITATIONS/TACHYCARDIA**

0 = No  
2 = Yes

**TIGHTNESS OR PAIN IN CHEST**

0 = No  
2 = Yes

**SWEATING**

0 = No  
2 = Yes

**NAUSEA**

0 = No  
2 = Yes

Codes

CCE5190  
Intensity

CCE5101

CCE5103

CCE5104

CCE5105

CCE5106

CCE5107

CCE5108

CCE5109



Definitions and questions

*Does it affect your stomach?*

*Do you get shaky or twitchy?*

*Do you get flushed?*

*Do you get chills?*

*Do you have funny feelings in your fingers or toes?*

*Does your stomach churn?*

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

**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 you find you can't talk?*

*Or some people you can't talk to?*

*Why is that?*  
*What happens then?*  
*When did it start?*  
*What happens when you are encouraged to speak up?*

Coding rules

**BUTTERFLIES/PAIN IN THE STOMACH**

0 = No  
2 = Yes

**TREMBLING/SHAKING/TWITCHING**

0 = No  
2 = Yes

**FLUSHING OR CHILLS**

0 = No  
2 = Yes

**PARAESTHESIAE**

0 = No  
2 = Yes

**ABDOMINAL CHURNING**

0 = No  
2 = Yes

**SELECTIVE MUTISM**

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.

Codes

CCE5111

CCE5113

CCE5114

CCE5116

CCE5118

CCD1101  
Intensity

CCD1001  
Onset

 / /

Definitions and questions

**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**

Includes feeling unhappy, miserable, blue, low spirited, being down in the dumps or dejected; daily total duration of at least 1 hour.

Distinguish from other unpleasant affects e.g. Nervous Tension or Anxiety, Apathy and Anhedonia. Do not include Depressed Mood induced solely by drug or alcohol use.

*Have you been feeling "down" at all?*

*Have you been feeling down in the dumps, unhappy, or depressed?*

*Have you cried at all because of this feeling?*  
*What was that like?*  
*Was it serious?*  
*If I had seen you would I have been able to tell?*  
*What made you feel "miserable"?*

*How much of the time do you feel like that?*  
*Is that on your mind all the time?*  
*Or only some of the time?*  
*What happens when your doing something else?*

*When you feel "miserable", how long does it last?*

*When did it start?*

IF DEPRESSED MOOD PRESENT, ASK;

*Was there a week when you felt "miserable" most days?*

*Were there two weeks when you were "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 you didn't feel like that?*

**IF "DEPRESSED MOOD" IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 6).**

Coding rules

**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

Codes

CDA0101  
Intensity

CDA0F01  
Frequency

CDA0D01  
Duration

CDA0001  
Onset

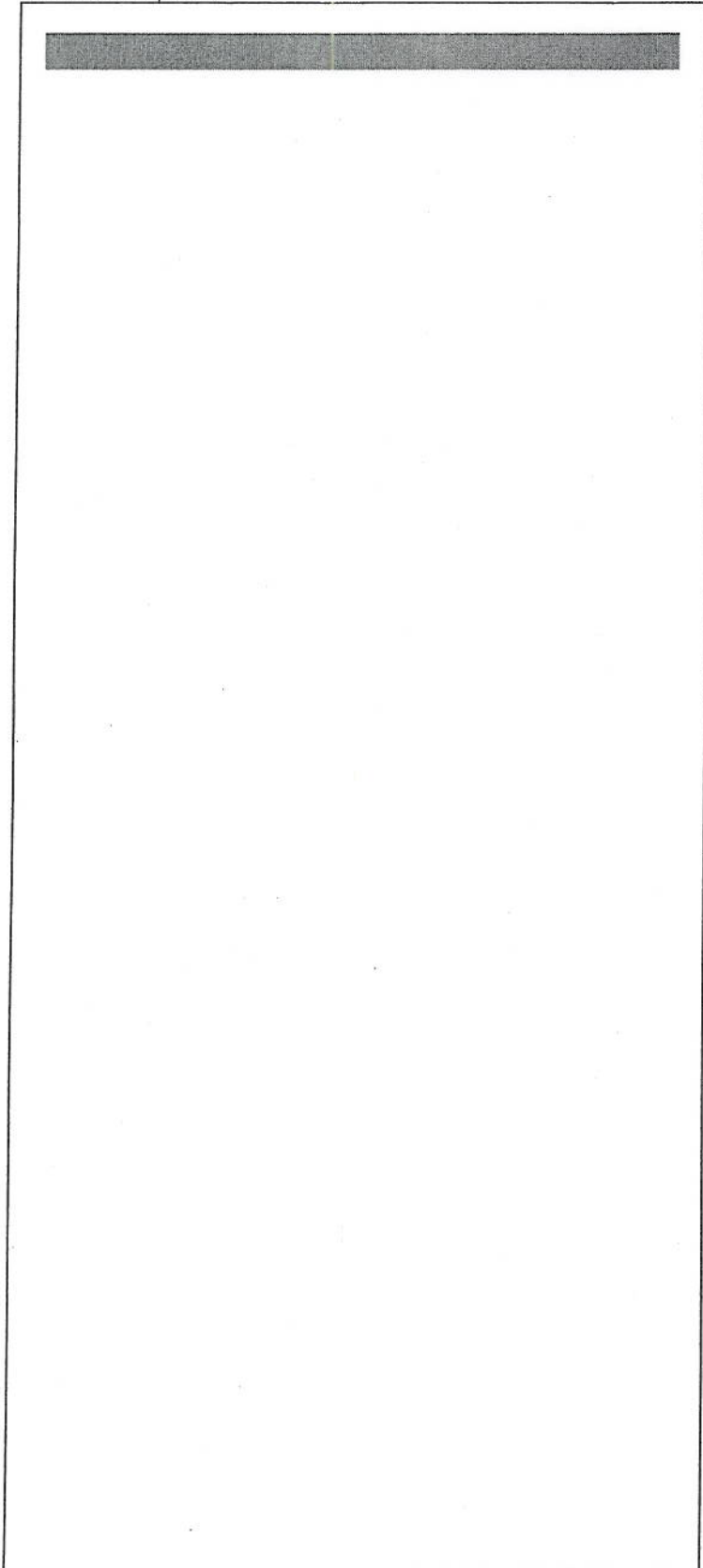
CDA0102

CDA0103

Definitions and questions

Coding rules

Codes



Depression



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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.

*Is it something different from the feeling you get when something sad happens or you see a sad movie or program?*

*Is your feeling "depressed" like that or does it feel different?*

**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 RECEIVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

*Could you do anything to "cheer yourself up"?*

*What?*

*How much of the time does that work?*

**DISTINCT QUALITY OF DPERESSED MOOD**

0 = Absent

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

CDA1101  
Intensity

**ALLEVIATION BY SELF-GENERATED MEANS**

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

CDA2101  
Intensity

Definitions and questions

**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 RECEIVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

*When you feel "miserable," can anything cheer you up?*

*What?*

*How long would it cheer you up for?*

*Or make you feel better?*

*How much of the time would things "cheer" you up?*

**DIURNAL VARIATION OF MOOD - AM WORST**

Persistent (lasting at least 14 days [not necessarily consecutive]) consistent fluctuation within first or second half of the day, irrespective of external events.

The subject 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 you feel more "depressed" than others?*

*Do you feel more "depressed" in the morning/evening?*

*How long does the worst time last?*

*How would anybody know that you felt like that?*

Coding rules

**ALLEVIATION BY EXTERNAL MEANS**

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

**AM WORST**

0 = Absent

2 = Present

Codes

CDA2102  
Intensity

CDA3101  
Intensity

8

E71



Definitions and questions

**DIURNAL VARIATION OF MOOD - PM WORST**

Persistent (lasting at least 14 days [not necessarily consecutive]) consistent fluctuation within first or second half of the day, irrespective of external events.

The subject 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 you feel more "depressed" than others?*

*Do you feel more "depressed" in the afternoon/evening?*  
*How long does the worst time last?*  
*Would anybody know that you felt like that?*

**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.

*Do you get very restless when your "miserable?"*

*Do you have difficulty keeping still?*

*What is that like?*  
*Can you keep your self still?*  
*Do you have to move around?*  
*What do you do?*

*Are you always like that?*  
*How about when your not "miserable?"*

*How long does it last?*

*When did the "agitation" start?*

Coding rules

**P.M. WORST**

- 0 = Absent
- 2 = Present

**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.

**HOURS : MINUTES**

Codes

CDA3102  
Intensity

CDA5101  
Intensity

CDA5F01  
Frequency

CDA5D01  
Duration

CDA5001  
Onset



Definitions and questions

**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).

**Do you ever feel so "miserable" that you want to cry?**

*What happens then?*

**Do you actually cry?**

*Can you stop yourself?*

*What do you do?*

*How long does it last?*

*When was the last time?*

*Tell me about it.*

*Do you cry more easily than you used to?*

*Do you cry more than other people?*

*When did you start being tearful?*

**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 your nerves easily?**

*What sorts of things?*

**Do you get annoyed more easily than most people, do you think?**

*What do you do?*

*How often does that sort of thing happen?*

*How long have you been like that?*

Coding rules

**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

**TOUCHY OR EASILY ANNOYED**

0 = Absent

2 = Present

HOURS : MINUTES

Codes

CDA4I01  
Intensity

CDA4F01  
Frequency

CDA4D01  
Duration

CDA4O01  
Onset

CDA6I01  
Intensity

CDA6F01  
Frequency

CDA6D01  
Duration

CDA6O01  
Onset

Definitions and questions

**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.

**Do you get angry very often?**

*How often?*

*What happens?*

*How often does that happen?*

**Do you get "sulky" or "pout"?**

*How often?*

*What do you do?*

*How often does that happen?*

*How long have you been like that?*

Coding rules

**ANGRY OR RESENTFUL**

0 = Absent

2 = Present

**HOURS : MINUTES**

Codes

CDA7I01  
Intensity

CDA7F01  
Frequency

CDA7D01  
Duration

CDA7O01  
Onset

/ /



Definitions and questions

**IRRITABILITY**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance; total daily duration of at least 1 hour. (Change may predate the primary period and continue into at least part of the primary period.)

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

***Have you been more irritable than usual in the last 3 months?***

***Or made angry more easily?***

*What have you been "touchy" about?  
Is that more than usual?*

*What do you do when you feel like that?  
Do you keep it to yourself?*

*How long does it last when you feel like that?  
Have you been snappy with friends or family members?*

*Have you gotten into arguments lately?  
What has happened?*

*What did you say?*

*What did you do?*

*Have you hit or broken anything when you were angry?*

*When did you start to get "irritable" like that?*

IF PRESENT, ASK;

***Was there a week when you felt "irritable" most days?***

***Were there two weeks when you were "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 you didn't feel like that?*

IF PRESENT AT LEAST 4 HOURS A DAY, ASK;

*In the last 3 months has there been a week when you were irritable like that every day?*

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

Coding rules

**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

Codes

CDA8101  
Intensity

CDA8F01  
Frequency

CDA8D01  
Duration

CDA8O01  
Onset

CDA8102

CDA8103





Definitions and questions

**IRRITABILITY PRESENT FOR AT LEAST 4 HOURS**

INTERVIEWER DO NOT ASK.

ONLY CODE YES IF INFORMATION IS ALREADY COLLECTED AND IRRITABILITY IS PRESENT FOR AT LEAST 4 HOURS A DAY FOR 1 CONTINUOUS WEEK.

IRRITABILITY PRESENT FOR AT LEAST 4 HOURS A DAY FOR 1 CONTINUOUS WEEK.

**LOSS OF AFFECT**

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

*Have you didn't have any feelings (emotions) left?*

*Or that you had lost your feelings?*

*Had your feelings gone completely?*

*Could you feel any emotions?*

*When did you start to lose your feelings?*

Coding rules

**IRRITABILITY PRESENT FOR AT LEAST 4 HOURS FOR 1 CONTINUOUS WEEK**

0 = Absent

2 = Present

**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.

Codes

CDA8I90  
Intensity

CDA9I01  
Intensity

CDA9O01  
Onset

Definitions and questions

**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 are you bored, do you think?***

- Do you get bored more than other people?*
- What can you do to stop yourself from being bored?*
- What do you do?*
- What would you like to be doing?*

*How long have you been feeling so bored?*

Coding rules

**BOREDOM**

- 0 = Absent
- 2 = More than half the time.
- 3 = Almost all the time.

Codes

CDB0101  
Intensity

[ ]

CDB0001  
Onset

/ /





Definitions and questions

**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 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 you as much as they used to?*

*Have you lost interest in anything?*

*When did you start to lose interest in things?*

**ANHEDONIA**

Loss or diminution of the ability to experience pleasure, enjoy things, or have fun.

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

**FIND OUT IF ACTIVITIES DESCRIBED DURING OUT OF SCHOOL ACTIVITIES ARE FUN.**

*Can you have fun or enjoy yourself?*

*Are there things you used to enjoy but don't anymore?*

*Do you feel that you can't enjoy things anymore?  
What things are fun (or enjoyable) now?*

*When did you start to feel like that?*

Coding rules

**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.

**ANHEDONIA**

0 = Absent

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

3 = Almost nothing gives pleasure.

Codes

CDB1101  
Intensity

CDB1001  
Onset

CDB2101  
Intensity

CDB2001  
Onset



Definitions and questions

**SUBJECTIVE ANERGIA**

Subjective report of a lack of energy compared with usual state, a general rating of subject's overall energy level.

DIFFERENTIATE FROM MOTOR SLOWING (NEXT ITEM), FATIGABILITY AND HYPERSOMNIA (SLEEP SECTION).

*Have you been feeling energetic?*

*Do you have as much energy as you used to have?*

*Have you lost any of your usual energy?*

*Have you been feeling a lack of energy?*

*How has that bothered you?*

*Do you have enough energy to do things?*

*Do you put things off because you haven't got enough energy?*

*When did you start feeling less energetic?*

**SUBJECTIVE MOTOR SLOWING**

The child is slowed down in movement AND speech; daily total duration of at least 1 hour.

*Have you been moving more slowly than you used to?*

*Or do things more slowly than you used to?*

*Or talk more slowly?*

*Would other people notice?*

*Can you give me an example?*

*How long does it last?*

*Can you do anything to speed yourself up?*

*What?*

*When did you start to feel slowed down?*

Coding rules

**ANERGIA**

0 = Absent

2 = A generalized listlessness and lack of energy.

3 = A report of being almost completely without energy.

**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**

Codes

CDB3101  
Intensity

CDB3001  
Onset

CDB4101  
Intensity

CDB4F01  
Frequency

CDB4D01  
Duration

CDB4O01  
Onset



Definitions and questions

**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 your thoughts get muddled or confused easily?*

- How long has it been like that?*
- Can you think clearly if you need to?*
- Does it cause you any trouble? What?*
- Is there any interference with your thoughts?*
- When did you start to have trouble with your thinking?*

**INDECISIVENESS**

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

*What about decisions; are you good at making decisions (making up your mind)?*

*Why not?*  
*Have you had any trouble making decisions?*

- Why?*
- When was the last time you had that sort of trouble?*
- What happens when you have to make up your mind?*
- Can you remember the last time that happened?*
- Have you always been like that?*
- Does it cause you any trouble?*
- What?*

Coding rules

**INEFFICIENT THINKING**

- 0 = Absent
- 2 = Sometimes uncontrollable in at least 2 activities
- 3 = Almost always uncontrollable and occurring 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.

Codes

CDB5101  
Intensity

CDB5001  
Onset

CDB6101  
Intensity

CDB6001  
Onset

/ /



Definitions and questions

**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; total daily duration of at least 1 hour.

NOTE RELEVANT INFORMATION FROM PEER RELATIONSHIPS.

**Do you ever feel lonely?**

*How often is that?  
When was the last time?  
What did that feel like?*

**Do you have any friends that would help you if you needed help?**

*Do you get left out by others?  
Do you get left out of other children's activities?  
How do you feel about that?  
Do you think that's likely to change?*

*When did you start to feel lonely like that?*

Coding rules

**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.

Codes

CDB9101  
Intensity

CDB9001  
Onset





Definitions and questions

**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.**

*When did you start to feel like that?  
Is there anyone that loves you?*

*Who?  
How do you know?  
What about your parents?  
Will it always be like that?  
Has it always been like that?  
How do you know?*

*When did you start to feel like that?*

Coding rules

**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.

Codes

CDC0101  
Intensity

[ ]

CDC0001  
Onset

/ /

Definitions and questions

**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 feel about yourself?*

*Do you like yourself?*

*How do you feel about your appearance (looks)?*

*What are you like compared with others?*

*If you had to choose, would you say you were good-looking, average, or ugly?*

*How ugly do you think you are?*

*Are you much worse-looking than most people?*

*How much of the time do you feel like that?*

*Is there anything that you are good at?*

*What are you like compared with others?*

*As a person are you as good as other people?*

*Are you any good at all?*

*Do you think you will ever be any better?*

*Do you think that all the time or only part of the time?*

*When did you start to feel like that?*

*What things do you do that you are proud of?*

**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.

*Do you think that life has been fair to you?*

*Do you think you deserve better?*

*In what way?*

*Do you feel like that all the time or only some of the time?*

*When do you feel like that?*

*Is everything unfair or just some things?*

*Do you deserve a better deal?*

*Will it always be like that?*

*When did you start to feel that life hasn't been fair to you?*

Coding rules

**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.

**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.

Codes

CDC1101  
Intensity

CDC1001  
Onset

CDC2101  
Intensity

CDC2001  
Onset

76  
~~76~~

E83



Definitions and questions

**PATHOLOGICAL GUILT**

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

**Do you feel bad or guilty about anything that you've done?**

**What?**

*How often do you feel like that?*

*When was the last time?*

**Do you blame yourself at all?**

*Do you deserve to have bad things happen to you?*

*Do you think you deserve punishment?*

*Why?*

*Do you ever feel guilty about things that you know aren't really your fault?*

*What?*

*How guilty do you feel?*

**IF PATHOLOGICAL GUILT IS PRESENT, CONSIDER DELUSIONS OF GUILT.**

*When did you start to feel that you were "to blame?"*

**IF NO PATHOLOGICAL GUILT, SKIP TO "IDEAS OF REFERENCE", (PAGE 19).**

Coding rules

**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.

Codes

CDC3101  
Intensity

[ ]

CDC3001  
Onset

/ /



Definitions and questions

**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.

*Have you committed a crime?*

*Or sinned greatly?*

*Do you deserve to be punished?*

*Do you think that you might hurt or ruin other people?*

Coding rules

**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.

Codes

CDC4101  
Intensity

CDC4001  
Onset

Definitions and questions

**IDEAS OF REFERENCE**

Subjective feeling of being noticed or commented about in public settings that are not justified by reality. Comments seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that subject actually was being noticed or commented upon.

IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS.

IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS.

***Sometimes people get the feeling that other people are looking at them even when they know they aren't really. Does that happen to you?***

*When was the last time?*

*Can you tell me about that?*

*What do you think people think or say when you feel that they're noticing you?*

***Do you ever feel that people are talking about you?***

*Do you ever feel they might be laughing at you or saying rude things about you?*

*Do people follow you or watch you?*

*How do you know they are?*

*Are you just being sensitive?*

*Are you imagining it?*

*Are people blaming you for something? What?*

*Are people accusing you of something? What?*

*How do you know they are?*

*What do they do?*

*Do you think they really are or are you just being sensitive?*

*Are you just imagining it?*

*How often does that happen?*

*How long does it last when you feel like that?*

*When did you first notice it?*

Coding rules

**IDEAS OF REFERENCE**

0 = Absent

2 = Simple ideas of reference

3 = Guilty ideas of reference

**HOURS : MINUTES**

Codes

CDC5I01  
Intensity

CDC5F01  
Frequency

CDC5D01  
Duration

CDC5O01  
Onset

/ /



Definitions and questions

**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 you are that you would like to change?*

IF YES ASK;

*Is there anything you could do to make things better?*

*Or make yourself feel better?*

*What?*

*Would it work, do you think?*

*When did you start to feel that you couldn't do anything to improve your situation?*

**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.

*What do you think the future will be like?*

*Will things get better for you?*

*Or worse?*

*Do you think anyone can help you?*

*Will things be better when you're grown up?*

*Do you feel hopeless about the future?*

*In what way?*

*How often do you feel like that?*

*Can you do anything about it?*

*When did you start to feel that the future didn't hold good things for you?*

Coding rules

**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.

**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.

Codes

CDC6101  
Intensity

CDC6001  
Onset

CDC7101  
Intensity

CDC7001  
Onset

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**

**Do you ever think about death or dying?**

**Have you ever thought you couldn't go on any longer?**

**Have you ever thought life was not worth living?**

*Have you ever wished you were dead?*

*Have you thought of hurting yourself?*

*Have you ever thought about ending it all?*

*When was that?*

*Have you felt like that in the last three months?*

*When?*

**Have you ever tried to hurt or kill yourself?**

*Why was that?*

*What happened?*

*Have you tried more than once?*

**Have you ever done anything that made people think you 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: CDC8E01  
Intensity

CDC8I02  
Intensity



Definitions and questions

**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).

*What do you think about?*

*How much do you think about it?*

*Do you sometimes wish you were dead?*

*Do you want to die?*

*Why do you feel like that?*

*How long have you 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.

***Do you ever think about ending it all?***

*When was the last time?*

*What do you think about?*

***Are you actually is going to do this?***

**IF SUICIDAL THOUGHTS NOT PRESENT, SKIP TO "SUICIDAL ATTEMPTS", (PAGE 23).**



Coding rules

**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.

Codes

CDC9I01  
Intensity

CDC9F01  
Frequency

CDC9O01  
Onset

CDD0I01  
Intensity

CDD0F01  
Frequency

CDD0O01  
Onset

Definitions and questions

**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.

**Have you thought about actually killing yourself?**

- Have you thought what you might do?*
- Are you going to do this?*
- Have you done anything to prepare for killing yourself?*
- What?*

**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.

**Have you ever actually tried to kill yourself?**

- What happened?*
- Where did you do it?*
- Were there any people around at the time?*
- How were you feeling?*
- Did you really want to die?*
- Who found you?*
- Did you go to the hospital?*

*When did you first try to kill yourself?*

*When did you last try to kill yourself?*

*How many times have you tried?*

- What do you think about it now?*
- Would you do it again if you had the chance?*
- Do you wish you were dead now?*

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

CDD1101  
Intensity

CDD1F01  
Frequency

CDD1O01  
Onset

Ever:CDD2E01  
Intensity

Ever:CDD2O01

Ever:CDD2O02

Ever:CDD2V01  
Frequency

CDD2I01  
Intensity

CDD2F01  
Frequency




Definitions and questions

Coding rules

Codes

**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 29).**



Definitions and questions

**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.

**IF SUICIDE ATTEMPT(S) MADE IN THE LAS 3 MONTHS, COMPLETE METHODS OF SUICIDE ATTEMPT(S) (NEXT PAGE). OTHERWISE, SKIP TO "SUICIDAL INTENT", (PAGE 27).**

Coding rules

Codes

**SUICIDE ATTEMPTS PRESENT**

0 = Absent

2 = Present

Ever:CDD3E90  
Intensity

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

0 = Absent

2 = Present

Ever:CDD3E01

**EVER: ILLICIT DRUG OVERDOSE**

0 = Absent

2 = Present

Ever:CDD3E02

**HANGING**

0 = Absent

2 = Present

Ever:CDD3E03

**STABBING/CUTTING**

0 = Absent

2 = Present

Ever:CDD3E04

**SHOOTING**

0 = Absent

2 = Present

Ever:CDD3E05

**RUNNING INTO TRAFFIC**

0 = Absent

2 = Present

Ever:CDD3E06

**OTHER**

0 = Absent

2 = Present

Ever:CDD3E07

Specify

\_\_\_\_\_



Definitions and questions

**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.

Coding rules

**SUICIDE ATTEMPT(S) PRESENT IN THE LAST 3 MONTHS**

0 = Absent

2 = Present

**OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION**

0 = Absent

2 = Present

**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

CDD4I90  
Intensity

CDD4I01

CDD4I02

CDD4I03

CDD4I04

CDD4I05

CDD4I06

CDD4I07

~~118~~

E93

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 were you most serious about killing yourself?*

*What did you do?*

*Did you really wanted to die?*

IF ATTEMPT IN THE PAST 3 MONTHS, ASK;

*Were you serious about killing yourself when you tried in the last 3 months?*

**LETHALITY OF SUICIDAL ATTEMPT**

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

**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.

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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.

**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.

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Ever:CDD5E01  
Intensity

CDD5I01  
Intensity

Ever:CDD7E01  
Intensity

CDD7I01  
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 you tried to kill yourself, had you had anything to drink?*

*Had you taken any drugs?*

*Had you been sniffing glue?*

*Were you drunk?*

*Were you 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?*

**"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.

*Have you done anything that made people think you wanted to die?*

*Why did you do it?*

*When was the first time?*

**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.

**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.

**"SUICIDAL" BEHAVIOR WITHOUT INTENT**

0 = Absent

2 = Present

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

0 = Absent

2 = Present

Ever:CDD8E01  
Intensity

CDD8I01  
Intensity

Ever:CDD6I01  
Intensity

Ever:CDD6V01  
Frequency

Ever:CDD6O01  
Onset

 / /

CDD6XYZ 00  
Intensity

CDD6F01  
Frequency

Definitions and questions

**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). Do not include self-inflicted burns or tattooing or carving initials on skin to demonstrate "toughness" or gang or subgroup membership.

*Have you ever hurt yourself on purpose (apart from when you wanted to die)?*

*Or cut yourself on purpose?*

*Why did you do it?*

*What did you feel like before you did it?*

*Did it make you feel better?*

*Did you want to kill yourself?*

*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:CDE0E01  
Intensity

Ever:CDE0V01  
Frequency

Ever:CDE0O01  
Onset

CDD9I01  
Intensity

CDD9F01  
Frequency

CDD9O01  
Onset



Definitions and questions

**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 you first get it?*

Coding rules

**DYSPHORIA OF SELF-MUTILATORY TYPE**

0 = Absent

2 = Present

**HOURS : MINUTES**

Codes

CDE1I01  
Intensity

CDE1F01  
Frequency

CDE1D01  
Duration

CDE1O01  
Onset

Definitions and questions

**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 your appetite been in the last 3 months?**

**Has it been less than usual?**

**Has the amount you eat changed at all?**

Have you been eating as much as usual?  
Why not?  
How much have you been eating?  
Have you lost any weight?  
When did your appetite start to fall off?

**WEIGHT LOSS**

**Have you lost an unusual amount of weight during the last 3 months?**

**Are you happy with your weight?**

How much?  
When did you start losing 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 use or side effects of medication.

**Have you had a bigger appetite than usual?**

Why?  
**What about in the last 3 months?**

**Have you actually eaten more than usual?**

How much more?  
When did you 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

CFA0101  
Intensity

CFA0001  
Onset

CFA1101  
Intensity

CFA1X01

CFA1001  
Onset

CFA2101  
Intensity

CFA2001  
Onset



Definitions and questions

**WEIGHT GAIN**

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

***Have you gained an unusual amount of weight in the last 3 months?***

*How much?*

*How long have you been putting on weight?*

Coding rules

**WEIGHT GAIN**

0 = Absent

2 = Present

**WEIGHT GAIN IN POUNDS**

Codes

CFA3I01  
Intensity

CFA3X01

CFA3O01  
Onset

~~ADD~~

E99

Definitions and questions

**SLEEP PROBLEMS**

*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 PROBLEMS**

**INSOMNIA**

Disturbance of usual sleep pattern involving a reduction in actual sleep time of at least 1 hour during the subject's sleep period that is accompanied by a subjective feeling of a need for more sleep. Do NOT include externally imposed changes in overall sleep pattern (e.g., change in job hours, arrival of new baby), or insomnia during first 2 weeks following such changes. Sleep problems are scored irrespective of taking medication for them, but note whether medication is being taken. Also include changes attributed to side effects of medication or substance use.

NB. DO NOT CODE INITIAL OR TERMINAL INSOMNIA (DIFFICULTY SLEEPING) FOR LESS THAN 1 HOUR.

NB. CODE ANY MIDDLE INSOMNIA LESS THAN AN HOUR AS POSITIVE

*How has your sleep been in the last 3 months?*

*What time do you go to bed?*

*Is it hard for you to fall asleep when you want to?*

*How long does it take?*

*Is that every night? How often?*

*Is there any reason for it (e.g. fear of the dark)?*

*Once you're off to sleep, do you wake up again in the night?*

*Why is that?*

*Can you get back to sleep again easily?*

*Do you wake up early in the morning and can't go back to sleep?*

*Is that earlier than you need to?*

*Do you need more sleep?*

*How long have you been having sleep problems?*

Coding rules

**INSOMNIA**

0 = Absent

1 = Any middle insomnia under 1 hour.

2 = If the insomnia covers a period between 1 and 2 hours.

3 = If its duration is greater than or equal to 2 hours per night.

Codes

CFB7101  
Intensity

PP3