Definitions and questions	Coding rules	Codes

ASSAULT

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

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

SHOVING

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

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

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

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

SHOVING

0 = Absent

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

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

HOME

DAYCARE/SCHOOL

ELSEWHERE

PGM6I01
Intensity

PGM6O01
Onset

/ /

PGM6F01
Home

PGM6F02
Daycare/School

PGM6F03
Elsewhere

Definitions and questions	Coding rules	Codes

What seems to trigger his/her aggression?

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

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

PGM6X01

PGM6X02

PGM6X03

PGM6X04

PGM6X05

PGM6X06

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

SHOVING OF PARENTAL FIGURES

0 = Absent

2 = Present

SHOVING OF TEACHERS/DAY CARE

0 = Absent

2 = Present

SHOVING OF OTHER CAREGIVERS

0 = Absent

2 = Present

SHOVING OF SIBLINGS

0 = Absent

2 = Present

SHOVING OF PEERS

0 = Absent

2 = Present

PGM6I02

PGM6I03

PGM6I04

PGM6I05

PGM6I06

C-151

Definitions and questions	Coding rules	Codes

PINCHING

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

Has s/he pinched somebody?

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

PINCHING

0 = Absent

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

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

PGM7I01
Intensity

PGM7O01
Onset

/ /

HOME

PGM7F01
Home

DAYCARE/SCHOOL

PGM7F02
Daycare/School

ELSEWHERE

PGM7F03
Elsewhere

What seems to trigger his/her aggression?

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

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

PGM7X01

PGM7X02

PGM7X03

PGM7X04

PGM7X05

PGM7X06

Definitions and questions	Coding rules	Codes

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

PINCHING OF PARENTAL FIGURES

0 = Absent

2 = Present

PGM7I02

PINCHING OF TEACHERS/DAYCARE

0 = Absent

2 = Present

PGM7I03

PINCHING OF OTHER CAREGIVERS

0 = Absent

2 = Present

PGM7I04

PINCHING OF SIBLINGS

0 = Absent

2 = Present

PGM7I05

PINCHING OF PEERS

0 = Absent

2 = Present

PGM7I06

HITTING OR PUNCHING

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

Has s/he hit or punched someone?

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

HITTING

0 = Absent

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

3 = The victim sustained some physical injury as a result (e.g. black eye).

PGM8I01
Intensity

PGM8O01
Onset

/ /

HOME

PGM8F01
Home
Frequency

DAYCARE/SCHOOL

PGM8F02
Daycare/School
Frequency

ELSEWHERE

PGM8F03
Elsewhere
Frequency

C-153

Definitions and questions	Coding rules	Codes

What seems to trigger his/her aggression?

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

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

_____

PGM8X01

PGM8X02

PGM8X03

PGM8X04

PGM8X05

PGM8X06

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

HITTING/PUNCHING OF PARENTAL FIGURES

0 = Absent

2 = Present

PGM8I02

HITTING/PUNCHING OF TEACHERS/DAYCARE

0 = Absent

2 = Present

PGM8I03

HITTING/PUNCHING OF OTHER CAREGIVERS

0 = Absent

2 = Present

PGM8I04

HITTING/PUNCHING OF SIBLINGS

0 = Absent

2 = Present

PGM8I05

HITTING/PUNCHING OF PEERS

0 = Absent

2 = Present

PGM8I06

C-154

Definitions and questions	Coding rules	Codes

KICKING

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

Has s/he kicked someone?

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

KICKING

0 = Absent

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

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

PMG9I01
Intensity

PMG9O01
Onset

/ /

HOME

PMG9F01
Home
Frequency

DAYCARE/SCHOOL

PMG9F02
Daycare/School
Frequency

ELSEWHERE

PMG9F03
Elsewhere
Frequency

What seems to trigger his/her aggression?

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

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

PMG9X01

PMG9X02

PMG9X03

PMG9X04

PMG9X05

PMG9X06

Definitions and questions	Coding rules	Codes

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

KICKING OF PARENTAL FIGURES PMG9102

0 = Absent

2 = Present

KICKING OF TEACHERS/DAYCARE PMG9103

0 = Absent

2 = Present

KICKING OF OTHER CAREGIVERS PMG9104

0 = Absent

2 = Present

KICKING OF SIBLINGS PMG9105

0 = Absent

2 = Present

KICKING OF PEERS PMG9106

0 = Absent

2 = Present

BITING

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

Has s/he bitten someone?

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

BITING PGN0I01 Intensity

0 = Absent

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

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

PGN0O01 Onset

/ /

HOME PGN0F01 Home Frequency

DAYCARE/SCHOOL PGN0F02 Daycare/School Frequency

ELSEWHERE PGN0F03 Elsewhere Frequency

Definitions and questions	Coding rules	Codes

What seems to trigger his/her aggression?

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

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

PGN0X01

PGN0X02

PGN0X03

PGN0X04

PGN0X05

PGN0X06

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

BITING OF PARENTAL FIGURES

0 = Absent

2 = Present

BITING OF TEACHERS/DAYCARE

0 = Absent

2 = Present

BITING OF OTHER CAREGIVERS

0 = Absent

2 = Present

BITING OF SIBLINGS

0 = Absent

2 = Present

BITING OF PEERS

0 = Absent

2 = Present

PGN0I02

PGN0I03

PGN0I04

PGN0I05

PGN0I06

Definitions and questions	Coding rules	Codes

CHOKING

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

Has s/he choked someone?

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

CHOKING

0 = Absent

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

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

HOME

DAYCARE/SCHOOL

ELSEWHERE

PGN1I01
Intensity

PGN1O01
Onset

/ /

PGN1F01
Home
Frequency

PGN1F02
Daycare/School
Frequency

PGN1F03
Elsewhere
Frequency

What seems to trigger his/her aggression?

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

TRIGGERS

1 = Anger

2 = Frustration

3 = Fatigue

4 = Transitions

5 = Changes in routine

6 = "Out of the blue"

7 = Other

Specify

PGN1X01

PGN1X02

PGN1X03

PGN1X04

PGN1X05

PGN1X06

Definitions and questions	Coding rules	Codes

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

CHOKING OF PARENTAL FIGURES

0 = Absent

2 = Present

PGN1102

CHOKING OF TEACHERS/DAYCARE

0 = Absent

2 = Present

PGN1103

CHOKING OF OTHER CAREGIVERS

0 = Absent

2 = Present

PGN1104

CHOKING OF SIBLINGS

0 = Absent

2 = Present

PGN1105

CHOKING OF PEERS

0 = Absent

2 = Present

PGN1106

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

ASSAULT

0 = Absent

2 = Present

PGE9101

ASSAULT WITH A WEAPON

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

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

Or anything else?

USE OF WEAPON IN ASSAULT

0 = Absent

2 = No Injury

3 = Injury

Ever:PGF2E01
Intensity

Ever:PGF2V01
Frequency

Ever:PGF2O01
Onset

/ /

Definitions and questions	Coding rules	Codes

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

USE OF A WEAPON

0 = Absent

2 = No Injury

3 = Injury

PGF2I01
Intensity

PGF2F01
Frequency

TYPE OF WEAPON

1 = Knife

2 = Scissors

3 = Bat

4 = Rock

5 = Toy

6 = Sticks

7 = Pencil

8 = Other

Specify

PGF2X01

PGF2X02

PGF2X03

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

ASSAULT OF PARENTAL FIGURES   PGF2I02

0 = Absent

2 = Present

ASSAULT OF TEACHERS/DAYCARE   PGF2I03

0 = Absent

2 = Present

ASSAULT OF OTHER CAREGIVERS   PGF2I04

0 = Absent

2 = Present

ASSAULT OF SIBLINGS   PGF2I05

0 = Absent

2 = Present

ASSAULT OF PEERS   PGF2I06

0 = Absent

2 = Present

Definitions and questions

Coding rules

Codes

ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT

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

EVER: ASKED TO LEAVE DAYCARE/SCHOOL DUE TO ASSAULT

0 = Absent

2 = Asked to leave temporarily.

3 = Asked to leave permanently.

Ever:PGN2E01
Intensity

Ever:PGN2V01
Frequency

Ever:PGN2O01
Onset

/ /

Conduct Problems

C-161

Definitions and questions	Coding rules	Codes

ACCESS TO WEAPONS

Access to weapons, such as handguns and shotguns.

GUNS

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

Is the gun locked up?

Whom does it belong to?
What kind of gun is it?
A handgun?
A rifle or shotgun?
Some other kind?

ACCESS TO GUN

0 = Absent

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

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

HANDGUN

0 = Absent

2 = Present

SHOTGUN OR RIFLE

0 = Absent

2 = Present

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

0 = Absent

2 = Present

PGC9101
Intensity

PGC9102

PGC9103

PGC9104

       Coding rules   Codes

CONDUCT PROBLEMS INVOLVING VIOLENCE AGAINST PROPERTY

VANDALISM

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

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

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

What has s/he broken?
Has s/he broken his/her own toys or belongings?
Or other children's toys or belongings?
How about writing on walls?

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

When was that?
Did s/he know the people whose stuff s/he "smashed"?
How often does s/he do that sort of thing?
When did s/he first do something like that?
What did you do about it?

VANDALISM

0 = Absent

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

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

PGE2I01
Intensity

PGE2F04
Frequency

PGE2O01
Onset

/ /

DAMAGE TO PROPERTY IN THE HOME

0 = Absent

2 = Present

PGE2I05

DAMAGE TO PROPERTY OUT OF THE HOME

0 = Absent

2 = Present

PGE2I06

VANDALISM DIRECTED AT OWN PROPERTY

0 = Absent

2 = Present

PGE2I07

VANDALISM DIRECTED AT SIBLINGS' PROPERTY

0 = Absent

2 = Present

PGE2I08

VANDALISM DIRECTED AT PEERS' PROPERTY

0 = Absent

2 = Present

PGE2I09

VANDALISM DIRECTED AT PARENTS' PROPERTY

0 = Absent

2 = Present

PGE2I10

Definitions and questions	Coding rules	Codes
	VANDALISM DIRECTED AT PROPERTY OF OTHER ADULTS IN THE CHILD'S LIFE (TEACHERS; BABYSITTERS, ETCETERA)	PGE2I1 1
	0 = Absent	
	2 = Present	
	VANDALISM DIRECTED AT PROPERTY OF PEOPLE THE CHILD DOES NOT KNOW	PGE2I1 2
	0 = Absent	
	2 = Present	

C-164

Definitions and questions	Coding rules	Codes

INAPPROPRIATE SEXUAL BEHAVIOR

INAPPROPRIATE SEXUAL TOUCHING

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

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

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

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

Or touched his/her private parts without permission from the other child?
Or rubbed up against another child in a sexual way without permission from the other child?
How about in the last three months?

What happened?
Who did this happen with?
Where did it happen?
How did you react?

Coding rules

INAPPROPRIATE SEXUAL TOUCHING

0 = Absent

2 = Present

INAPPROPRIATE SEXUAL TOUCHING

0 = Absent

2 = Present

DIRECTED AGAINST SIBLINGS

0 = Absent

2 = Present

DIRECTED AGAINST PEERS

0 = Absent

2 = Present

DIRECTED AGAINST ADULTS

0 = Absent

2 = Present

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

Ever:PGN3E01
Intensity

Ever:PGN3V01
Frequency

Ever:PGN3O01
Onset

/ /

PGN3I01
Intensity

PGN3I02

PGN3I03

PGN3I04

PGN3F01
Home
Frequency

PGN3F02
Daycare/School
Frequency

PGN3F03
Elsewhere
Frequency

C- 165

Definitions and questions	Coding rules	Codes

INAPPROPRIATE SEXUAL TALK

Sexual comments toward others.

Distinguish from "bathroom humor" or swearing.

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

Tell me what s/he says?
How often does s/he talk like that?

INAPPROPRIATE SEXUAL TALK

0 = Absent

2 = Present

PGM2I01
Intensity

HOME

PGM2F01
Home
Frequency

DAYCARE/SCHOOL

PGM2F02
Daycare/School
Frequency

ELSEWHERE

PGM2F03
Elsewhere
Frequency

PGM2O01
Onset

/ /

FIRE PLAY AND FIRE SETTING

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

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

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

Does s/he like playing with fire?

Does s/he like burning things?

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

Why did s/he do it?
Where did s/he do it?
When was that?

FIRE PLAY AND FIRE SETTING

0 = Absent

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

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

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

Ever:PGE4E01
Intensity

Ever:PGE4V01
Frequency

Ever:PGE4O01
Onset

/ /

C-166

Definitions and questions	Coding rules	Codes

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

FIRE PLAY AND FIRE SETTING

0 = Absent

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

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

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

HOME

DAYCARE/SCHOOL

ELSEWHERE

PGE3I01
Intensity

PGE3F01
Home
Frequency

PGE3F02
Daycare/School
Frequency

PGE3F03
Elsewhere
Frequency

C-167

Definitions and questions	Coding rules	Codes

FOOD PREFERENCES AND APPETITE

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

FOOD PREFERENCES

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

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

Many children are fussy about the foods they will eat.

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

Does s/he only eat certain foods?

What will s/he eat?
IF PRESENT ASK;

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

Do these food preferences interfere with family meals?

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

FOOD FADS

0 = Absent

2 = The child eats only within the range of his/her fads.

3 = Eating with others difficult because of extreme fads.

PFA4101
Intensity

PFA4001
Onset

/ /

C-169

FOOD PREFERENCES AND APPETITE

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

FOOD PREFERENCES

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

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

Many children are fussy about the foods they will eat

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

Does s/he only eat certain foods?

What will s/he eat?
IF PRESENT ASK

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

Do these food preferences interfere with family meals?

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

Coding notes

FOOD FADS

0 = Absent

2 = The child eats only within the range of his/her fads

3 = Eating only certain without because of severe fads

Definitions and questions | Coding rules | Codes

INDIFFERENCE/AVERSION TO FOOD

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

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

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

Does X enjoy food?

Do you have to coax X to eat?

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

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

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

INDIFFERENCE/AVERSION TO FOOD

0 = Absent

2 = Child is indifferent to food.

3 = Child has an aversion to food.

CAUSE OF AVERSION: (ONLY CODE FOR LEVEL 3)

1 = Taste

2 = Smell

3 = Texture

4 = Other

Specify

_____

PFG5I01
Intensity

PFG5F01
Frequency

PFG5O01
Onset

/ /

PFG5X01

PFG5X02

PFG5X03

PFG5X04

Definitions and questions	Coding rules	Codes

MANUALLY FED BY PARENT

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

Does X feed himself at meals?

During the last three months, have you fed him/her yourself?
How often do you feed him/her?
What do you do?
Why?

Was there ever a time when s/he fed himself?
When was that?

FED BY PARENT

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

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

3 = Parent feeds child almost all the time.

PFL6I01
Intensity

PFL6F01
Frequency

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

0 = Absent

2 = Present

Ever: PFL6E01
Intensity

Ever: PFL6O01
Onset

/ /

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

Ever: PFL6O02

/ /

APPETITE CHANGES

REDUCED APPETITE

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

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

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

Has the amount s/he eats changed at all?

Has s/he had less appetite than usual?

Has his/her appetite been reduced for at least a week?
Why not?
How much has s/he been eating?
Has s/he lost any weight?
When did his/her appetite start to fall off?

REDUCED APPETITE

0 = Absent

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

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

PFA0I01
Intensity

PFA0O01
Onset

/ /

Definitions and questions	Coding rules	Codes

WEIGHT LOSS

Any weight loss in the last three months.

Has s/he lost weight during the last 3 months?

How much?

When did s/he start losing weight?

WEIGHT LOSS

0 = Absent

2 = Present

WEIGHT LOSS IN POUNDS

PFA1I01
Intensity

PFA1X01

PFA1O01
Onset

/ /

GROWTH DEFICIENCY

In the last 3 months have you worried that X is not growing as big or fast as s/he should be?

Are you happy with his/her weight?

PARENTAL GROWTH DEFICIENCY CONCERN

0 = Absent

2 = Present

PFG6I01
Intensity

PFG6O01
Onset

/ /

EXCESSIVE APPETITE

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

Has s/he had a bigger appetite than usual in the last 3 months?

Why?
Has s/he actually eaten more than usual?

In the last 3 months, has his/her food consumption increased above the usual level for at least 1 week?

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

EXCESSIVE APPETITE

0 = Absent

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

PFA2I01
Intensity

PFA2O01
Onset

/ /

C-173

Definitions and questions | Coding rules | Codes

FOOD REFUSAL

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

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

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

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

Did s/he refuse to open his/her mouth?
Throw food?
Or try to leave his/her highchair or chair?
Did s/he seem hungry?
When did this start?
How long did s/he refuse food?
Was this related to being sick?
Did s/he refuse to eat with everyone?
Or with specific people?
Did this affect his/her growth?
In what way?
Has a doctor said that s/he is not growing as much as s/he should?

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

FOOD REFUSAL

0 = Absent

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

DAYS

RELATIONAL CONTEXT

1 = With all caregivers.

2 = With specific caregiver(s).

Specify

_____

GROWTH DEFICIENCY

0 = Absent

2 = Noted by medical provider.

PFG7I01
Intensity

PFG7D01
Duration

PFG7O01
Onset

/ /

PFG7X01

PFG7X02

C-174

Definitions and questions	Coding rules	Codes

ORPHARYNGEAL (OP) OR NASOGASTRIC (NG) TRAUMA

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

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

Like experiencing a bad choking episode?

Or having a tube down his/her throat?

Or into his/her stomach?

When did this happen?
Has this happened in the last 3 months?

OP OR NG TRAUMA

0 = Absent

2 = Present

EVENT (CODE WORST EVENT)

1 = Choking

2 = Insertion of nasogastric or endotracheal tube.

3 = Sucking

4 = Other

Specify

_____

EVENT (LAST 3 MONTHS)

1 = Choking

2 = Insertion of nasogastric or endotracheal tube.

3 = Sucking

4 = Other

Specify

_____

Ever:PFG8E01
Intensity

Ever:PFG8X01

Ever:PFG8O01
Onset

/ /

PFG8X02
Intensity

PFG8O02
Onset

/ /

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

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Definitions and questions	Coding rules	Codes

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

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

NOTE: Code EVER and 3 months events separately.

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

All food?
Or just solids?
Or just liquids?

How long did s/he refuse food?

When did this start?

Did this occur with everyone or specific people?

Whom?

Did this refusal affect his/her growth?

In what way?

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

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

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

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

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

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

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

Did this occur with everyone or specific people?

Whom?

TRAUMATIC FOOD REFUSAL

0 = Absent

2 = Present for more than 24 hours.

Ever:PFG9E01 Intensity

DAYS

Ever:PFG9D01 Duration

Ever:PFG9O01 Onset

/ /

REFUSED

1 = Solids

2 = Liquids

3 = Both

Ever:PFG9X01

RELATIONAL CONTEXT

1 = With all caregivers.

2 = With specific caregiver(s).

Specify

Ever:PFG9X02

GROWTH DEFICIENCY

0 = Absent

2 = Noted by medical provider.

Ever:PFG9E02

ANTICIPATORY DISTRESS

0 = Absent

2 = Present

Ever:PFG9E03

RESISTANCE TO APPROACH WITH FOOD

0 = Absent

2 = Present

Ever:PFG9E04

RESISTANCE TO SWALLOWING

0 = Absent

2 = Present

Ever:PFG9E05

TRAUMATIC FOOD REFUSAL (LAST 3 MONTHS)

0 = Absent

2 = Present for more than 24 hours.

PFG9I01 Intensity

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Definitions and questions	Coding rules	Codes

Did this refusal affect his/her growth?

In what way?

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

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

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

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

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

DAYS

PFG9D02
Duration

PFG9O02
Onset

/ /

REFUSED (LAST 3 MONTHS)

1 = Solids

2 = Liquids

3 = Both

PFG9X03

RELATIONAL CONTEXT (LAST 3 MONTHS)

1 = With all caregivers.

2 = With specific caregiver(s).

Specify

PFG9X04

GROWTH DEFICIENCY (LAST 3 MONTHS)

0 = Absent

2 = Noted by medical provider.

PFG9I02

ANTICIPATORY DISTRESS (LAST 3 MONTHS)

0 = Absent

2 = Present

PFG9I03

RESISTANCE TO APPROACH WITH FOOD (LAST 3 MONTHS)

0 = Absent

2 = Present

PFG9I04

RESISTANCE TO SWALLOWING (LAST 3 MONTHS)

0 = Absent

2 = Present

PFG9I05

Definitions and questions	Coding rules	Codes

CONFLICTS ABOUT FOOD

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

Do you have struggles with your child about food?

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

Or not eating?
Can you tell me about the last time?
How often do you have these fights?
How long do they usually last?
When did these conflicts start?
Who is usually involved in these conflicts?

Does s/he become upset?

Does s/he become angry or aggressive?

How about you?

Do you get upset?

Do you become angry?

Do you lose control in these conflicts?

Does "parent #2" get upset?

Does "parent #2" get angry?

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

CONFLICTS ABOUT FOOD INTAKE

0 = Absent

2 = Conflicts between parent and child about food present.

PFH0I01 Intensity

PFH0F01 Frequency

HOURS : MINUTES

PFH0D01 Duration

PFH0O01 Onset

/ /

CHILD UPSET — PFH0X01

0 = Absent

2 = Present

CHILD ANGRY — PFH0X02

0 = Absent

2 = Present

PARENT #1 UPSET — PFH0X03

0 = Absent

2 = Present

PARENT #1 ANGRY — PFH0X04

0 = Absent

2 = Present

PARENT #1 LOSES CONTROL — PFH0X05

0 = Absent

2 = Present

PARENT #2 UPSET — PFH0X06

0 = Absent

2 = Present

PARENT #2 ANGRY — PFH0X07

0 = Absent

2 = Present

Definitions and questions	Coding rules	Codes

PARENT #2 LOSES CONTROL

0 = Absent

2 = Present

PFH0X08

NUMBER OF MEALS EATEN TOGETHER AS A FAMILY

Do you eat meals together as a family?

How often do you eat meals together as a family?

EATING MEALS TOGETHER

0 = Absent

2 = Present

PFH1I90
Intensity

PFH1F01
Frequency

CONFLICTS DURING MEAL TIMES

Arguments or conflicts during meal times, about subjects other than food, that cause distress to the child.

What are meal times like for your family?

Do you have arguments or conflicts at meals about things other than food, for example, table manners?

Does s/he get upset?
Are they pleasant?
Or unpleasant?
What happens?
Who is usually involved?
Is X involved in these conflicts?
How does s/he feel about them?
How do the conflicts usually end?
When did these conflicts during mealtimes, that are not about food, begin?

MEAL CONFLICTS

0 = Meals usually pleasant.

2 = Conflicts occur during some meals.

FREQUENCY: MEAL CONFLICTS

HOURS : MINUTES

PFH2I01
Intensity

PFH2F01

PFH2D01
Duration

PFH2O01
Onset

/ /

Definitions and questions	Coding rules	Codes

CHILD'S BODY DISSATISFACTION

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

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

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

CHILD'S BODY DISSATISFACTION

0 = Absent

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

PFH3I01
Intensity

PFH3F01
Frequency

PFH3O01
Onset

/ /

CAUSES FOR DISSATISFACTION

1 = Too fat.

2 = Too thin.

3 = Too short.

4 = Too tall.

5 = Hair color.

6 = Eye color.

7 = Other

Specify

_____

PFH3X01

PFH3X02

PFH3X03

PARENT #1'S DISSATISFACTION WITH CHILD'S BODY

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

Are you unhappy with the way s/he looks?

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

PARENT #1 DISSATISFACTION

0 = Absent

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

CAUSES FOR DISSATISFACTION

1 = Too fat.

2 = Too thin.

3 = Too short.

4 = Too tall.

5 = Hair color.

6 = Eye color.

7 = Other

Specify

PFH4I01
Intensity

PFH4O01
Onset
/ /

PFH4X01

PFH4X02

PFH4X03

PARENT #2'S DISSATISFACTION WITH CHILD'S BODY

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

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

What bothers (parent #2)?
When did your partner start being unhappy about X's looks?

PARENT #2 DISSATISFACTION

0 = Absent

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

CAUSE(S) FOR DISSATISFACTION

1 = Too fat.

2 = Too thin.

3 = Too short.

4 = Too tall.

5 = Hair color.

6 = Eye color.

7 = Other

PFH5I01
Intensity

PFH5O01
Onset
/ /

PFH5X01

PFH5X02

PFH5X03

Definitions and questions	Coding rules	Codes

CHILD WORRIES ABOUT BEING/BECOMING FAT

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

Does s/he worry about getting fat?

How much does s/he worry about it?
When did s/he start worrying about it?

When did s/he start worrying about it?

CHILD WORRIES ABOUT BEING/BECOMING FAT

0 = Absent

2 = Child's worries about becoming fat are intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Child's worries about becoming fat are intrusive into most all activities and almost always uncontrollable.

PFB1I01
Intensity

PFB1F01
Frequency

HOURS : MINUTES

PFB1D01
Duration

PFB1O01
Onset

/ /

PARENT WORRIES ABOUT CHILD BEING/BECOMING FAT

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

How often do you worry about this?
Does it affect your interactions with X?
When did you start worrying about X being or becoming fat?

PARENT WORRIES ABOUT CHILD BEING/BECOMING FAT

0 = Absent

2 = Parent's worries about child becoming fat are intrusive into interactions with child and at least sometimes uncontrollable.

3 = Parent's worries about child becoming fat are intrusive into most activities and almost always uncontrollable.

PFH6I01
Intensity

PFH6F01
Frequency

HOURS : MINUTES

PFH6D01
Duration

PFH6O01
Onset

/ /

Definitions and questions	Coding rules	Codes

DELIBERATE REDUCTION OF BODY WEIGHT - PARENT INITIATED

Deliberate attempts to reduce body weight by dieting.

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

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

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

Why?
Is s/he on such a diet now?
How about in the last three months?

DELIBERATE REDUCTION OF BODY WEIGHT - CHILD INITIATED

Deliberate attempts to reduce body weight by dieting.

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

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

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

One that s/he initiated him/herself?
How about in the last three months?
What sort of diet?
When did s/he start doing that?
What do you think of his/her diet?
Does it worry you?

PARENT INITIATED

0 = Absent

2 = Present

PARENT INITIATED LAST THREE MONTHS

0 = Absent

2 = Present

CHILD INITIATED

0 = Absent

2 = Present

CHILD INITIATED: LAST THREE MONTHS

0 = Absent

2 = Present

Ever:PFH7E01
Intensity

Ever:PFH7O01
Onset
/ /

PFH7I01
Intensity

Ever:PFH8E01
Intensity

Ever:PFH8O01
Onset
/ /

PFH8I01
Intensity

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Definitions and questions	Coding rules	Codes

FOOD HOARDING

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

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

Does X take food and hide it?

IF PRESENT ASK;

What food does s/he take?

Why do you think s/he hides food?

What happens?
Can you tell me about the last time?
Where does s/he hide it?
How often does this happen?
When did this start?
Do you think that it is a problem?
How do you respond?

FOOD HOARDING

0 = Absent

2 = Present

PFH9I01
Intensity

PFH9F01
Frequency

PFH9O01
Onset

/ /

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Definitions and questions	Coding rules	Codes

SWALLOWING ABNORMALITIES

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

Does X have problems swallowing his food?

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

SWALLOWING ABNORMALITIES

0 = Absent

2 = Present

PFIOIO1
Intensity

PFIOFO1
Frequency

PFIOOO1
Onset

/ /

GAGGING

0 = Absent

2 = Present

PFIOIO2

CHOKING

0 = Absent

2 = Present

PFIOIO3

FOOD STUCK IN THROAT

0 = Absent

2 = Present

PFIOIO4

TRIGGERS

1 = Physical problem

2 = Type of food

3 = Negative affect

4 = Other

Specify

PFIOXO1

PFIOXO2

PFIOXO3

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Definitions and questions

Coding rules

Codes

POUCHING

The storage of food in the child's cheeks.

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

How often does s/he do that?
How long does s/he keep the food in his/her cheeks?
When did this start?

POUCHING

0 = Absent

2 = Present

HOURS : MINUTES

PFL7I01
Intensity

PFL7F01
Frequency

PFL7D01
Duration

PFL7O01
Onset

/ /

C - 186

Definitions and questions	Coding rules	Codes

PICA

Persistent eating (chewing and/or swallowing) of non-nutritive substances.

Distinguish from mouthing/sucking on toys, blankets, etc.

Does X eat things that are not food?

What does s/he eat?
Does s/he eat paint?
Or paper?
Or dirt?
Or clay?
Or pebbles?
How often does s/he eat these things?
When did s/he start?
What do you do?
Has s/he become sick from eating these things?
Or needed medical treatment?
What happened?

PICA

0 = Absent

2 = Present

SUBSTANCES

1 = Paint

2 = Plaster

3 = Paper

4 = Clothing

5 = Hair

6 = Animal Droppings

7 = Dirt

8 = Clay

9 = Pebbles

10 = Sand

11 = Starch

12 = Other

Specify

MEDICAL PROBLEM FROM PICA

0 = Absent

2 = Present

TYPE OF MEDICAL PROBLEM

1 = Intestinal obstruction

2 = Throat obstruction

3 = Poisoning (including lead)

4 = Other illness

5 = Other

Specify

Codes

PFI1101
Intensity

PFI1F01
Frequency

PFI1O01
Onset
/ /

PFI1X01

PFI1X02

PFI1X03

PFI1X04

PFI1102

PFI1X05

PFI1X06

C-187

Definitions and questions	Coding rules	Codes

LEAD IN BLOOD

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

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

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

When was that?

TREATED FOR LEAD IN BLOOD

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

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

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

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

Ever:PFI2OO2

/ /

Ever:PFI2OO1
Onset

/ /

DIAGNOSED WITH LEAD IN BLOOD

0 = Absent

2 = Present

Ever:PFI2E01
Intensity

TREATED FOR LEAD IN BLOOD

0 = Absent

2 = Present

Ever:PFI3E01
Intensity

Ever:PFI3OO1
Onset

/ /

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

Ever:PFI3OO2

/ /

Definitions and questions | Coding rules | Codes

SOMATIZATION

HEADACHES

INCLUDE HEADACHES CODED UNDER "PHYSICAL SYMPTOMS ON SEPARATION".

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

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

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

HEADACHES

0 = Absent

2 = Present

HOURS : MINUTES

HEADACHE LINKED TO:

0 = No link.

1 = Illness (fever, etc.).

2 = Separation from attachment figure.

3 = Daycare/school days.

4 = Anxiety/worries

6 = Anger

7 = Eating

8 = Particular foods.

9 = Other

Specify

_____

Codes

PFJ1I01
Intensity

PFJ1F01
Frequency

PFJ1D01
Duration

PFJ1O01
Onset

/ /

PFJ1X01

PFJ1X02

PFJ1X03

PFJ1X04

Definitions and questions	Coding rules	Codes

ABDOMINAL PAINS

INCLUDE STOMACHACHES CODED UNDER
"PHYSICAL SYMPTOMS ON SEPARATION".

Does s/he complain about stomach aches?

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

Why do you think s/he has a stomachache?

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

ABDOMINAL PAINS

0 = Absent

2 = Present

HOURS : MINUTES

PFJ2I01
Intensity

PFJ2F01
Frequency

PFJ2D01
Duration

PFJ2O01
Onset

/ /

ABDOMINAL PAIN LINKED TO:

0 = No link.

1 = Illness (fever, etc.).

2 = Separation from attachment figure.

3 = Daycare/school days.

4 = Anxiety/worries

6 = Anger

7 = Eating

8 = Particular foods.

9 = Other

Specify

PFJ2X01

PFJ2X02

PFJ2X03

PFJ2X04

Definitions and questions	Coding rules	Codes

ABSENCE OF A REACTION TO PHYSICAL INJURY

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

How does X react when s/he gets hurt?

Does s/he cry when s/he hurt?

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

Does s/he go to an adult for comfort or help?
Has s/he always been like that?
Why do you think that s/he's like that?
When did this first begin?

ABSENCE OF A REACTION TO PHYSICAL INJURY

0 = Displays conventional reaction.

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

PFJ3I01
Intensity

PFJ3O01
Onset

/ /

OVERREACTION TO PHYSICAL INJURY

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

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

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

Why do you think s/he gets so upset?
When did s/he start being so sensitive to being hurt?
Does s/he use a lot of band aids?
How many for each injury?

OVERREACTION TO PHYSICAL INJURY

0 = Displays conventional reaction.

2 = Becomes extremely upset with even the smallest injury.

PFJ4I01
Intensity

PFJ4O01
Onset

/ /

Somatization

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ABSENCE OF A REACTION TO PHYSICAL INJURY

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

How does X react when s/he gets hurt?

Does s/he cry when s/he hurt?

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

Does s/he go to an adult for comfort or help?
Has s/he always been like that?
Why do you think that s/he's like that?
When did this first begin?

OVERREACTION TO PHYSICAL INJURY

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

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

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

Why do you think s/he gets so upset?
When did s/he start being so sensitive to being hurt?
Does s/he use a lot of band aids?
How many for each injury?

ABSENCE OF A REACTION TO PHYSICAL INJURY

0 = Displays conventional reaction

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

OVERREACTION TO PHYSICAL INJURY

0 = Displays conventional reaction.

2 = Becomes extremely upset with even the smallest injury.

Definitions and questions

Coding rules

Codes

SEPARATION

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

FEAR/ANXIETY ABOUT POSSIBLE HARM

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

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

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

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

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

FEAR ABOUT POSSIBLE HARM

0 = Absent

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

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

HOURS : MINUTES

PBE8I01
Intensity

PBE8F01
Frequency

PBE8D01
Duration

PBE8O01
Onset

/ /

C-193

C-194

Definitions and questions	Coding rules	Codes

FEAR/ANXIETY ABOUT CALAMITOUS SEPARATION

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

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

Is s/he frightened that she may be hurt or taken away from you?
Is s/he afraid that s/he might be kidnapped?
Can you reassure him/her that s/he is safe?

FEAR ABOUT CALAMITOUS SEPARATION

0 = Absent

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

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

HOURS : MINUTES

PBE9I01
Intensity

PBE9F01
Frequency

PBE9D01
Duration

PBE9O01
Onset

/ /

Definitions and questions	Coding rules	Codes

AVOIDANCE OF BEING ALONE

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

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

Does s/he try to avoid being alone?

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

Does s/he follow you around the house?

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

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

Does s/he deliberately choose not to be in a room because s/he would be alone?
Does s/he insist that you remain in a room while s/he plays?
What does she do to avoid being alone?
Can s/he play alone in one room while you are in another room?
Does s/he become upset or protest if you leave the room s/he is in?

How often does this happen?

When did it start?
How do you respond?

AVOIDANCE OF BEING ALONE

0 = Absent

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

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

PBF4I01
Intensity

PBF4F01
Frequency

PBF4O01
Onset

/ /

C-195

Definitions and questions	Coding rules	Codes

ANTICIPATORY DISTRESS/RESISTANCE TO SEPARATION

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

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

Does s/he become frightened or upset?

What about with another family member like grandmother?

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

Or to a friend's home?

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

ANTICIPATORY DISTRESS/RESISTANCE TO SEPARATION

0 = Absent

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

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

ATTACHMENT FIGURES WITH WHOM THIS OCCURS

1 = Parent #1

2 = Parent #2

3 = Other Parent #1.

4 = Other Parent #2.

5 = Other

Specify

Codes

PBF5I01
Intensity

PBF5F01
Frequency

PBF5O01
Onset
/ /

PBF5X01

PBF5X02

PBF5X03

PBF5X04

PBF5X05

Definitions and questions	Coding rules	Codes

WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT

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

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

Does s/he act sad or withdrawn?

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

Can s/he play or become engaged in an activity, such as reading or watching TV?
Does anything make him/her feel better?

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

How long does it take for him/her to cheer up or begin to play?
Does s/he stay withdrawn until you return?

WITHDRAWAL

0 = Absent

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

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

HOURS : MINUTES

PBF6I01
Intensity

PBF6F01
Frequency

PBF6D01
Duration

PBF6O01
Onset

/   /

C-197

Definitions and questions	Coding rules	Codes

ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT

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

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

What is that like?
What does s/he do?
Does s/he cry uncontrollably?

Scream?
Hit, kick, or bite?
Does s/he throw things or try to break toys?
Does s/he talk about where you are when you are not with him/her because s/he is afraid of being away from you?

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

How often does this happen?

How long does that last?
Can s/he be comforted?
What helps to make him/her feel better?

DISTRESS

0 = Absent

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

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

HOURS : MINUTES

PBF7I01
Intensity

PBF7F01
Frequency

PBF7D01
Duration

PBF7O01
Onset

/ /

C-198

Definitions and questions	Coding rules	Codes

PHYSICAL SYMPTOMS OF SEPARATION

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

EXCLUDE WHEN GOING TO DAYCARE/SCHOOL.

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

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

How about when s/he is apart from you?

How often does this happen?

When did it start?

PHYSICAL SYMPTOMS ON SEPARATION

0 = No

2 = Yes

PBIOI01
Intensity

PBIOF01
Frequency

PBIOO01
Onset

/ /

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

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

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

Have you canceled an evening out or taken your child with you because s/he is so upset about you leaving?
Have you changed your work or childcare plans because s/he is so frightened about you leaving him/her?

How often has this happened?
What effect has it had on your family's life?

DISRUPTION DUE TO CHILD'S DISTRESS AT SEPARATION

0 = No

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

PBI1I01
Intensity

PBI1F01
Frequency

PBI1O01
Onset

/ /

C-199