Definitions and questions	Coding rules	Codes

PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE

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

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

Does s/he complain of headaches, stomach aches, sore throat or other aches or pains when s/he has to go to daycare/school?

How often does this happen?

When did it start?

PHYSICAL SYMPTOMS OVER DAYCARE/SCHOOL ATTENDANCE

0 = No

2 = Yes

PBI2I01 Intensity

PBI2F01 Frequency

PBI2O01 Onset

/ /

FEAR/ANXIETY

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

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

Has s/he ever been to daycare/school?

BEEN TO DAYCARE OR SCHOOL

0 = No

2 = Yes

Ever:PBI3E01 Intensity

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

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

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

SCARED OR ANXIOUS ABOUT GOING TO DAYCARE OR SCHOOL

0 = No

2 = Yes

Ever:PBI4E01 Intensity

Ever:PBI4O01 Onset

/ /

C-200

Definitions and questions	Coding rules	Codes

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

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

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

UNABLE TO GO TO DAYCARE/SCHOOL BECAUSE WORRIED OR UPSET

0 = No

2 = Yes

Ever:PBD7E01
Intensity

Ever:PBD7O01
Onset

/ /

FEAR/ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE-SCREEN POSITIVE

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

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

Does s/he cry, scream or have a tantrum about going to school/daycare?
Has s/he pretended to be sick so s/he won't have to go to school/daycare?
Have you had to pick him/her up early from daycare/school because she was too afraid or upset to stay?

FEAR ANXIETY ABOUT DAYCARE/SCHOOL ATTENDANCE SCREEN POSITIVE

0 = No

2 = Yes

PBI5I01
Intensity

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

C -201

Definitions and questions	Coding rules	Codes

FEAR/ANXIETY ABOUT LEAVING HOME

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

REMEMBER TO GET EXAMPLES OF BEHAVIOR.

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

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

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

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

When did s/he start acting this way?

FEAR/ANXIETY ABOUT LEAVING HOME FOR DAYCARE/SCHOOL

0 = Absent

2 = Anticipatory worry or anticipatory anxiety present and at times is responsive to reassurance.

3 = Anticipatory worry or anticipatory anxiety occurring, present and almost entirely uncontrollable.

HOURS : MINUTES

PBD8I01 Intensity

PBD8F01 Frequency

PBD8D01 Duration

PBD8O01 Onset

/ /

C- 202

ANTICIPATORY FEAR OF DAYCARE/SCHOOL

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

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

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

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

Can s/he tell you what makes him/her worried or afraid about daycare/school?
Can anyone reassure him/her?
How?
Can s/he calm him/herself?
What does s/he do?

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

When did this fear begin?

ANTICIPATORY FEAR OF DAYCARE/SCHOOL

0 = Absent

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

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

HOURS : MINUTES

CONTENT OF FEARS

1 = Teacher/caregiver

2 = Other children

3 = Recess

4 = Show and Tell

5 = Eating lunch.

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

9 = Unknown

Specify

PBD9I01
Intensity

PBD9F01
Frequency

PBD9D01
Duration

PBD9O01
Onset
/ /

PBD9X01

PBD9X02

PBD9X03

Definitions and questions	Coding rules	Codes

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

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

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

What happened?
Does s/he cry or scream?
Does s/he kick, hit or bite when s/he is so upset?
How often does this happen?
What do you do when this happens?
Do you try to make him/her go to daycare/school?
How do you do that?
What happens then?

When was the first time this happened?

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

DAYCARE/SCHOOL NON-ATTENDANCE (FEAR/ANXIETY)

0 = Absent

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

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

PBI6I01
Intensity

PBI6OO1
Onset

/ /

C-204

Definitions and questions	Coding rules	Codes

MISSING TIME AT DAYCARE/SCHOOL (FEAR /ANXIETY)

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

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

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

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

MISSING TIME AT DAYCARE/SCHOOL (FEAR/ANXIETY)

0 = Absent

2 = Present

PBI6I02 Intensity

PBI6F01 Frequency

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

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

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

How often has this happened?
What happens?

When was the first time?

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

HAS TO TAKE CHILD TO DAYCARE/SCHOOL

0 = No

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

PBI7I01 Intensity

PBI7F01 Frequency

PBI7O01 Onset

/ /

DUE TO SEPARATION ANXIETY

0 = No

2 = Yes

PBI7I02

C-205

Definitions and questions	Coding rules	Codes

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

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

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

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

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

When did this start?

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

0 = No

2 = Yes

PBI8I01 Intensity

PBI8F01 Frequency

PBI8O01 Onset / /

ATTEMPTS TO LEAVE DAYCARE/SCHOOL (FEAR/ANXIETY)

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

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

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

How often has this happened?

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

0 = No

2 = Yes

PBI9I01 Intensity

PBI9F01 Frequency

PBI9O01 Onset / /

ACTUALLY LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)

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

What happened?
Where did s/he go?
Do you know why s/he left?
QUESTION IN DETAIL TO DIFFERENTIATE ANXIETY OVER DAYCARE/SCHOOL ATTENDANCE FROM POOR SUPERVISION, OR OTHER REASONS FOR LEAVING SUCH AS ILLNESS.

CHILD LEAVES DAYCARE/SCHOOL (FEAR/ANXIETY)

0 = Absent

2 = Present

PBJ0I01 Intensity

Definitions and questions

Coding rules

Codes

How often has this happened?

PBJOF01
Frequency

PBJOO01
Onset

/ /

Separation Anxiety

C-207

Definitions and questions	Coding rules	Codes

SLEEP

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

SLEEP ARRANGEMENTS

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

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

Where is s/he supposed to sleep?

Does s/he have his/her own bed?

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

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

How about your family?

SLEEP ARRANGEMENTS

1 = Own room: Child sleeps alone in own bedroom.

2 = Shared room: Child sleeps in a room with one or more siblings, but not parent(s), in own bed.

3 = Parental room: Child sleeps in parent room in own bed.

4 = Sibling bed: Shares bed with sibling or other child.

5 = Parental bed: Shares bed with parent(s). Child has no bed.

Specify

_____

PFJ5X01
Intensity

LOCATION OF SLEEP INITIATION

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

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

Where does X fall asleep most nights?

In his/her own bed?
Sibling's bed, even though his/her own bed is available?
Your bed?
Somewhere else?

LOCATION OF SLEEP INITIATION

1 = Own bed

2 = Sibling's bed (when own bed available).

3 = Parent's bed

4 = Couch/Sofa

5 = Other

Specify

_____

PFJ5X02
Intensity

Definitions and questions	Coding rules	Codes

RELUCTANCE TO INITIATE SLEEP ALONE

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

You've told me where X falls asleep.

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

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

Or with his/her sibling?

Do you stay in the room while s/he falls asleep?
Do you lie in bed with him/her while s/he falls asleep?
Does s/he fall asleep in your bed?
Could s/he go to sleep on his/her own if s/he had to?
How many nights a week do you have to be in the room or lie with him/her so that s/he can fall asleep?
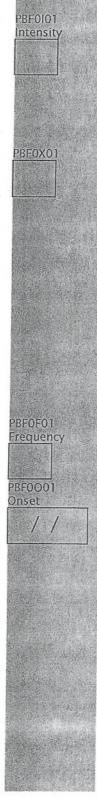*When did this begin?*

RELUCTANCE TO GO TO SLEEP ALONE

0 = Absent

2 = Sometimes reluctant to go to sleep alone.

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

MOST COMMON SCENARIO WHEN CHILD RELUCTANT TO GO TO SLEEP ALONE

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

2 = Adult caregiver in child's bed.

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

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

5 = Other

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

Specify

PBF0I01
Intensity

PBF0X01

PBF0F01
Frequency

PBF0O01
Onset

/   /

C - 209

SLEEPS WITH FAMILY MEMBER DUE TO A RELUCTANCE TO SLEEP ALONE

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

Exclude sleeping in a "family bed" with parents.

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

Or the whole night?

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

Whom does s/he sleep with?

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

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

When did this start?

Coding rules

SLEEPS WITH FAMILY MEMBER

0 = Absent

2 = Present

HOURS : MINUTES

Codes

PFJ6I01
Intensity

PFJ6F01
Frequency

PFJ6D01
Duration

PFJ6O01
Onset

/ /

Definitions and questions

BEDTIME

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

What time does X go to bed?

Is that the same most nights?

Coding rules

PRESENCE OF REGULAR WEEKDAY BEDTIME

0 = Absent

2 = Present

BEDTIME: AM/PM

1 = AM

2 = PM

BEDTIME: HOUR

1 = 1:

2 = 2:

3 = 3:

4 = 4:

5 = 5:

6 = 6:

7 = 7:

8 = 8:

9 = 9:

10 = 10:

11 = 11:

12 = 12:

BEDTIME: MINUTES

1 = :00

2 = :15

3 = :30

4 = :45

Codes

PFJ7I01
Intensity

PFJ7X01

PFJ7X02

PFJ7X03

C - 211

Definitions and questions	Coding rules	Codes

BEDTIME RESISTENCE

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

CONSIDER TRIGGERS TO TANTRUMS.

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

Tell me about a typical evening putting X to bed.

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

Does s/he put up a big fuss?
Or get angry or upset?
What happens?
How long does his/her fussing last?

How often does this happen?

When did it start?

BEDTIME RESISTENCE

0 = Absent

1 = Mild resistance easily circumvented by parent.

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

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

4 = Parent has given up.

PFJ8I01
Intensity

PFJ8F01
Frequency

PFJ8O01
Onset

/ /

Definitions and questions	Coding rules	Codes

BEDTIME RITUALS

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

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

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

Do you help X get ready for bed?

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

Are there things you do most nights?

Or is it different every night?

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

Do you read a book?

Do you talk together before bed?

Do you sing?

Or listen to music together?

Do you watch a video together?

Do you watch TV together?

Do you pray together?

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

Does X use a night light?

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

Coding rules column:

BEDTIME RITUALS

0 = Absent

2 = Present

HOURS : MINUTES

READING RITUAL

0 = Absent

2 = Present

TALKING RITUAL

0 = Absent

2 = Present

SINGING RITUAL

0 = Absent

2 = Present

LISTENING TO MUSIC

0 = Absent

2 = Present

WATCHING A VIDEO TAPE

0 = Absent

2 = Present

WATCHING TV

0 = Absent

2 = Present

PRAYING

0 = Absent

2 = Present

LIGHT ON

0 = Absent

2 = Present

USES A NIGHT LIGHT

0 = Absent

2 = Present

Codes column:

PFJ9I01 Intensity

PFJ9D01 Duration

PFJ9I02

PFJ9I03

PFJ9I04

PFJ9I05

PFJ9I06

PFJ9I07

PFJ9I08

PFJ9I09

PFJ9I10

Definitions and questions	Coding rules	Codes

Does s/he want the door left open?

DOOR OPEN

PFJ9I11

0 = Absent

2 = Present

Anything else?

OTHER RITUAL

PFJ9I12

0 = Absent

2 = Present

Specify

LEAVES BED

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

Distinguish from night waking.

LEAVES BED PRIOR TO GOING TO SLEEP

PFL8I01 Intensity

0 = Absent

2 = Sometimes leaves bed but is easily resettled.

3 = Leaves bed every night and difficult to resettle.

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

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

AVERAGE FREQUENCY PER NIGHT ON WHICH BEHAVIOR OCCURRED

PFL8F01

NUMBER OF NIGHTS IN THE LAST THREE MONTHS BEHAVIOR HAS OCCURRED

PFL8F02

PFL8O01 Onset

/   /

REASONS

PFL8X01

1 = Fear

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

PFL8X02

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

4 = Defiance

PFL8X03

5 = Other

Specify

Definitions and questions	Coding rules	Codes

TIME TO SLEEP INITIATION

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

NOTE: SLEEP INITIATION ALWAYS PRESENT.

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

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

Does this happen every night?
How often?
Why does s/he have a hard time falling asleep?
When did s/he start having trouble falling asleep?

SLEEP INITIATION

0 = Absent

2 = Present

HOURS : MINUTES

PFL9I01
Intensity

PFL9D01

MEDICATION FOR INSOMNIA

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

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

What?
Does it work?

MEDICATION FOR INSOMNIA

0 = Absent

2 = Present

PFB7I05
Intensity

THUMB SUCKING

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

NOTE: ALWAYS CHOOSE PRESENT TO ANSWER FOLLOWING QUESTIONS

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

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

Was it during the daytime?
The nighttime?
Or both?
When does s/he suck his/her thumb?
Does s/he suck it during the day?
What about when s/he sleeps?

THUMB SUCKING

0 = Absent

2 = Present

DAYTIME

0 = Absent

2 = Present

SLEEP TIME (INCLUDES NIGHT OR NAP TIME)

0 = Absent

2 = Present

PFK0I90
Intensity

PFK0I01

PFK0I02

C - 215

Definitions and questions	Coding rules	Codes

USE OF A PACIFIER

Any use of a pacifier during the primary period.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

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

When does s/he use it?
During the day?
Does s/he use a pacifier when s/he is sleeping or going to sleep?

USES PACIFIER

0 = Absent

2 = Present

PFK1190
Intensity

DAYTIME

0 = Absent

2 = Present

PFK1101

SLEEP TIME (INCLUDE NIGHT OR NAP TIME)

0 = Absent

2 = Present

PFK1102

SPECIAL OBJECT

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

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

Like a stuffed animal?
Or other object?
Does s/he become upset if s/he doesn't have this "special object"?

When did s/he first become attached to his/her "lovey"?
What happens if s/he doesn't have his/her "lovey" with him/her?

SPECIAL OBJECT

0 = Child does not have a special object.

2 = Child has a special object.

PFK2101
Intensity

PFK2001
Onset

/ /

Definitions and questions	Coding rules	Codes

SELF-ROCKING

Child moves self back and forth in rocking motion.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

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

How about during the day?

When did s/he start rocking?
How often does s/he rock like that?
How long does an episode of rocking last?

SELF-ROCKING

0 = Absent

2 = Present

DAYTIME

0 = Absent

2 = Present

SLEEP TIME (INCLUDES NIGHT OR NAP TIME)

0 = Absent

2 = Present

HOURS : MINUTES

PFK3I90 Intensity

PFK3I01

PFK3I02

PFK3O01 Onset

/ /

PFK3D01 Duration

HEAD-BANGING

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

Do not include isolated accidental movements.

NOTE: ALWAYS ANSWER PRESENT TO ASK FOLLOWING QUESTIONS.

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

Or against the wall?

Or floor?

When did s/he start banging his/her head?
How often does s/he bang his/her head?
How long does a typical episode of head banging last?

HEAD-BANGING

0 = Absent

2 = Present

DAYTIME

0 = Absent

2 = Present

SLEEP TIME (INCLUDES NIGHT OR NAPTIME)

0 = Absent

2 = Present

HOURS : MINUTES

PFK4I90 Intensity

PFK4I01

PFK4I02

PFK4O01 Onset

/ /

PFK4D01 Duration

C-217

Definitions and questions	Coding rules	Codes

NIGHT WAKING

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

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

Does s/he wake up during the night?

Or does X sleep though the night?

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

Does s/he call for you?
Or come to you?
Or get into your bed?
How many times a night does s/he wake up?
How long does it take to get him/her back to sleep?
What do you do?
On average, how long would you say s/he is awake per night?
How many times a week does s/he awake during the night?

NIGHT WAKING

0 = Child sleeps through the night.

2 = Child wakes up during the night.

FREQUENCY PER NIGHT

FREQUENCY OF NIGHTS

HOURS : MINUTES

CODE UP TO THREE

1 = Lies quietly in bed.

2 = Cries out.

3 = Leaves bed to fetch parent.

4 = Leaves bed and gets into parents' bed.

5 = Plays contentedly.

6 = Leaves bed to urinate.

7 = Wanders around home.

8 = Other

PFK5I01
Intensity

PFK5F01

PFK5F02

PFK5D01
Duration

PFK5O01
Onset

/   /

PFK5X01

PFK5X02

PFK5X03

Definitions and questions	Coding rules	Codes

RISING TO CHECK ON FAMILY MEMBERS

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

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

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

How often does s/he do that?
Does s/he wake you up when s/he checks on you?
Is s/he able to go back to bed and fall asleep on his/her own after getting up to check on you?

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

WAKING TIME

Time child usually wakes up in the morning.

NOTE: WAKING TIME ALWAYS PRESENT

RISES TO CHECK ON FAMILY MEMBERS

0 = Absent

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

3 = Wakes family members up when checks on them.

WAKING TIME

0 = Absent

2 = Present

PBF1I01
Intensity

PBF1F01
Frequency

PBF1O01
Onset

/   /

PFK6I01
Intensity

C-219

Definitions and questions	Coding rules	Codes

Now let's turn to the morning.

What time does X usually wake up in the morning?

WAKING TIME: AM/PM — PFK6X01

1 = AM

2 = PM

WAKING TIME: HOUR — PFK6X02

1 = 1:

2 = 2:

3 = 3:

4 = 4:

5 = 5:

6 = 6:

7 = 7:

8 = 8:

9 = 9:

10 = 10:

11 = 11:

12 = 12:

WAKING TIME: MINUTES — PFK6X03

1 = :00

2 = :15

3 = :30

4 = :45

Average Amount of Sleep Per Night.

How much sleep does X get most nights?

HOURS : MINUTES — PFK6D02

C - 220

Definitions and questions	Coding rules	Codes

HYPERSOMNIA - INCREASED NEED FOR SLEEP

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

Does s/he feel sleepy during the day?

More sleepy than usual?
More than most other kids?
Does s/he drop off to sleep in the day?

For how long?

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

INCREASED NEED FOR SLEEP

0 = Absent

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

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

HOURS : MINUTES

PFB8I01
Intensity

PFB8F01
Frequency

PFB8D01
Duration

PFB8O01
Onset

/ /

RESTLESS SLEEP

Sleep is described as restless.

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

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

RESTLESS SLEEP

0 = Absent

2 = Present

PFD3I01
Intensity

PFD3O01
Onset

/ /

INADEQUATELY RESTED BY SLEEP

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

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

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

Or after sleeping during the day?

How does s/he feel?

When did that start?

INADEQUATELY RESTED BY SLEEP

0 = Absent

2 = Present

PFD4I01
Intensity

PFD4O01
Onset

/ /

C-221

Definitions and questions	Coding rules	Codes

DIFFICULT TO ROUSE IN MORNING

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

Is it difficult to wake X up in the morning?

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

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

When did it start?

DIFFICULT TO ROUSE IN THE MORNING

0 = Absent

2 = Present

3 = Present and affects family schedule of getting to school, work, commitments.

PFK7I01
Intensity

PFK7F01
Frequency

PFK7O01
Onset

/ /

Definitions and questions	Coding rules	Codes

MORNING DEMEANOR

State upon waking in morning.

NOTE: MORNING DEMEANOR ALWAYS PRESENT.

What does s/he act like most mornings?

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

Is s/he cheerful?

Is s/he calm?

Irritable or cranky?

Is s/he sluggish in the morning?

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

Is s/he sad in the mornings?

Anything I have not mentioned?

MORNING DEMEANOR

0 = Absent

2 = Present

CHEERFUL

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

CALM

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

IRRITABLE/CRANKY

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

SLUGGISH

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

OVERACTIVE

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

SAD

0 = Absent

1 = Sometimes

2 = Often

3 = Mostly

OTHER

0 = Absent

PFK8I90
Intensity

PFK8I01

PFK8I02

PFK8I03

PFK8I04

PFK8I05

PFK8I06

PFK8I07

C-223

Definitions and questions	Coding rules	Codes

Coding rules

1 = Sometimes

2 = Often

3 = Mostly

Specify

_____

NAPS

Periods of sleep during the day.

NAPS

0 = Absent

2 = Present

PFK9I01 Intensity

Does X take naps?

Does s/he nap every day?

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

PFK9F01 Frequency

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

HOURS : MINUTES

PFK9D01

IF NAPS ASK;

CHANGE IN NAP PATTERNS IN LAST THREE MONTHS

PFK9I02

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

0 = Absent

2 = Present

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

DESCRIPTION OF CHANGE

1 = Stopped napping.

2 = Resumed napping after having stopped.

3 = Increased number or length of nap(s).

4 = Decreased number or length of nap(s).

PFK9X01

Definitions and questions	Coding rules	Codes

DAYTIME SLEEPINESS

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

Does s/he seem sleepy during the day?

More sleepy than usual?
Does s/he fall asleep in the middle of activities?

More than most other kids?

DAYTIME SLEEPINESS

0 = Absent

2 = Present

HOURS : MINUTES

ONSET OF DAYTIME SLEEPINESS

PFL4I01
Intensity

PFL4F01
Frequency

PFL4D01
Duration

PFL4O01
/ /

FALLS ASLEEP IN CAR

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

Does this happen even for short drives?

How long does s/he sleep for?

How long has s/he been sleepy like this?

FALLS ASLEEP IN CARSEAT FOR UNSCHEDULED NAP

0 = Absent

2 = Present

HOURS : MINUTES

PFL0I01
Intensity

PFL0D01
Duration

PFL0O01
Onset
/ /

TIREDNESS

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

Has s/he been feeling especially tired or weary?

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

TIREDNESS

0 = Absent

2 = Feels tired at least half of the time.

3 = Feels tired almost all of the time.

PFD5I01
Intensity

PFD5O01
Onset
/ /

C -225

Definitions and questions	Coding rules	Codes

FATIGABILITY

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

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

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

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

How long has s/he felt that way?

NIGHTMARES

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

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

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

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

What are they about?
What are they like?

How often?

When did the nightmares start?

FATIGABILITY

0 = Absent

2 = Increased fatigability not meeting criteria for 3.

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

NIGHTMARES

0 = Absent

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

PFD6I01
Intensity

PFD6O01
Onset
/ /

PFB9I01
Intensity

PFB9F01
Frequency

PFB9O01
Onset
/ /

Definitions and questions	Coding rules	Codes

SEPARATION DREAMS

Unpleasant dreams involving theme of separation.

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

Or bad dreams about getting separated from you?

Or kidnapped?

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

SEPARATION DREAMS

0 = Absent

2 = Separation dreams recalled in a.m.

3 = Separation nightmares wake child.

PBF3I01
Intensity

PBF3F01
Frequency

PBF3O01
Onset

/ /

NIGHT TERRORS

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

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

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

What happens?
Can you describe it to me?
What do you do?
Does s/he remember what happened in the morning?

How often does that happen?

When did s/he start doing this?

NIGHT TERRORS

0 = Absent

2 = Present

NIGHT TERRORS

0 = Absent

2 = Present

Ever:PFD0E01
Intensity

PFD0I01
Intensity

PFD0F01
Frequency

Ever:PFD0O01
Onset

/ /

C-227

Definitions and questions	Coding rules	Codes

SOMNAMBULISM

Sleep walking.

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

What happens?
What do you do?

How often does it happen?

When did it start?

SOMNAMBULISM

0 = Absent

2 = Present

PFD1I01
Intensity

PFD1F01
Frequency

PFD1O01
Onset

/ /

REGULARITY OF SLEEP PATTERNS

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

IF NO REGULAR PATTERN ASK ABOUT PREVIOUS SCHEDULE.

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

Or does it seem "all over the place"?

Does s/he have a regular bedtime?

IF NO REGULAR PATTERN ASK ABOUT PREVIOUS SCHEDULE.

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

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

REGULAR, PREDICTABLE PATTERN

0 = Present

2 = Absent

REGULAR, PREDICTABLE PATTERN

0 = Present

2 = Absent

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

PFL5I01
Intensity

Ever:PFL5E01
Intensity

PFL5O01

/ /

Definitions and questions	Coding rules	Codes

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

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

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

Children often have worries. What does X worry about?

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

WORRIES

0 = Absent

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

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

PCAOI01
Intensity

PCAOF01
Frequency

HOURS : MINUTES

PCAOD01
Duration

PCAOO01
Onset
/ /

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

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

HYPOCHONDRIASIS (WORRY ABOUT BEING PHYSICALLY ILL)

0 = Absent

2 = Present

PCAOI09

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

WORRY THAT FAMILY MEMBERS WILL BECOME ILL

0 = Absent

2 = Present

PCAOI10

Does s/he worry about the future?

WORRY ABOUT THE FUTURE

0 = Absent

2 = Present

PCAOI02

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

WORRIES ABOUT NATURAL CALAMITY

0 = Absent

2 = Present

PCAOI11

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

WORRIES ABOUT PAST BEHAVIOR

0 = Absent

2 = Present

Worries

C-229

C-230

Definitions and questions	Coding rules	Codes

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

Like draw a picture or play a game?

WORRIES ABOUT COMPETENCE OR PERFORMANCE

0 = Absent

2 = Present

PCA0l04

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

WORRIES ABOUT APPEARANCE

0 = Absent

2 = Present

PCA0l06

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

Or money?

WORRIES ABOUT MONEY/FOOD

0 = Absent

2 = Present

PCA0l07

Does s/he have other worries?

What are they?
What is it like when s/he worries?
Does it make him/her irritable?
Or agitated?
Or quiet and constricted in his/her play or interactions?
Does worrying keep him/her awake at night?
Can you give me an example?
How often does s/he worry?
Can s/he stop worrying if s/he wants to?
Were there any times in the last three months s/he couldn't stop worrying?
How often has s/he worried in the last three months?
When did s/he start worrying like that?

OTHER WORRIES

0 = Absent

2 = Present

PCA0l08

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

Definitions and questions	Coding rules	Codes

EXCESSIVE NEED FOR REASSURANCE

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

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

Does s/he tell people about the fears we talked about earlier?
How often?
Do they ever get fed up with hearing about his/her worries?

What happens then?
Can s/he stop him/herself from talking about his/her worries?

EXCESSIVE NEED FOR REASSURANCE

0 = Absent

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

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

PCA2I01
Intensity

C-232

	Coding rules	Codes

ANXIOUS AFFECT
NERVOUS TENSION

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

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

How bad is it?
When does that happen?
Does anything bring it on?
Do you know why?
What does s/he feel "nervous" about?
Can you get him/her to calm down?
If s/he concentrates on something, or is doing something s/he likes, does the nervousness go away?

How long does the feeling last?

When did it start?

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

PCA3I01
Intensity

PCA3F01
Frequency

PCA3D01
Duration

PCA3O01
Onset
/ /

SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)

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

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

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

C-233

Definitions and questions	Coding rules	Codes

SOCIAL ANXIETY

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

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

CONSIDER ALSO SHYNESS AND BEHAVIORAL INHIBITION.

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

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

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

Does s/he get upset when meeting new people?

Or extremely shy?

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

What happens?
Does s/he try to hide behind you or behind furniture?
Does s/he turn his/her face away?
Or refuse to speak?
Does s/he cry or scream?
Or become agitated?
Does s/he try to leave the room?
How long does s/he remain this way?
Can you help him/her become more comfortable in the situation?
Is s/he able to go to birthday parties and interact with the other children or does s/he stay near you and only watch the activities?
How about on the playground?
What effect has this fear had on X and on your family?
Do you change plans or routine so that s/he can avoid these situations?

SOCIAL ANXIETY

0 = Absent

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

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

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

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

HOURS : MINUTES

DISTRESS

0 = Absent

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

AVOIDANCE

0 = Absent

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

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

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

PCA6I01
Intensity

PCA6F01
Frequency

PCA6D01
Duration

PCA6O01
Onset

/ /

PCA7I01

PCA8I01

C-234

Definitions and questions | Coding rules | Codes

FEAR OF ACTIVITIES IN PUBLIC

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

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

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

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

What happens?
How does it affect him/her?
Can s/he stop from feeling that way?
Does s/he do anything to avoid having to "do it" in front of others?
What effect has it had on what s/he does?

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

How long does that last?

FEAR OF ACTIVITIES IN PUBLIC

0 = Absent

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

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

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

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

HOURS : MINUTES

DISTRESS

0 = Absent

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

AVOIDANCE

0 = Absent

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

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

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

PCA9I01
Intensity

PCA9F01
Frequency

PCA9D01
Duration

PCA9O01
Onset
/ /

PCB0I01

PCB1I01

C-235

Definitions and questions	Coding rules	Codes

AGORAPHOBIA

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

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

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

Is s/he afraid in open spaces?

Or going out in crowded places?

Or standing in line?

Or using public transportation?

Or riding in automobiles?

Can s/he stop him/herself from being afraid?
Does s/he do anything to avoid it?
Has it affected what s/he does?
What effect has it had?

How often has that happened in the last three months?

How long does that last?

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

AGORAPHOBIA

0 = Absent

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

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

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

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

HOURS : MINUTES

AVOIDANCE

0 = Absent

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

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

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

PCB2I01
Intensity

PCB2F01
Frequency

PCB2D01
Duration

PCB2O01
Onset

/ /

PCB3I01

Definitions and questions

Coding rules

Codes

SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS

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

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

Or from other people s/he is attached to?

SUBTYPE: AGORAPHOBIA MAY OVERLAP WITH SEPARATION-RELATED SYMPTOMS

0 = Absent

2 = Present

PCB3I02
Intensity

Anxious Affect

C-237

| Definitions and questions | Coding rules | Codes |

ANIMAL FEARS

Subjective Anxious Affect specific to animals.

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

Do any animals frighten him/her?

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

How often has that happened in the last three months?

How long does that last?

FEAR OF ANIMALS

0 = Absent

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.

PCB4I01
Intensity

HOURS : MINUTES

PCB4F01
Frequency

PCB4D01
Duration

PCB4O01
Onset

/ /

TYPE OF ANIMAL FEARED

1 = Dogs

2 = Cats

3 = Mice/rats

4 = Other mammals (horses, lions)

5 = Bats

6 = Insects

7 = Spiders

8 = Snakes

9 = Birds

10 = Other

Specify

PCB4X01

PCB4X02

PCB4X03

AVOIDANCE

0 = Absent

1 = With accompaniment and reassurance,

PCB5I01

C-238

Definitions and questions

Coding rules

Codes

child is able to remain in feared situation.

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

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

FEAR OF THE DARK

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

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

Is s/he afraid of being in the dark?

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

Can s/he go into a dark room by him/herself?
Does s/he cry, scream or become agitated when s/he anticipates being in the dark or has to go into a dark room?
Does his/her fear of the dark affect what s/he does?
Or the routines you and your family have developed?
In what way?
What happens if you try to reassure him/her?
If you go with your child can s/he go into the dark?
Have you changed plans or routine to accommodate your child's fear of the dark?

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

How long does s/he stay afraid for?

FEAR OF THE DARK

0 = Absent

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

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

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

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

PCG0I01
Intensity

PCG0F01
Frequency

HOURS : MINUTES

PCG0D01
Duration

PCG0O01
Onset

/ /

AVOIDANCE FEAR OF THE DARK

0 = Absent

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

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

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

PCG0I02

Anxious Affect

C-239

Definitions and questions	Coding rules	Codes

FEAR OF CLOWNS OR COSTUMED CHARACTERS

Subjective anxious affect specific to clowns or other costumed characters.

Is your child afraid of clowns?

How about other costumed characters?

Is s/he afraid of going to Chuck E. Cheese's because of the costumed characters?
What is s/he afraid will happen if s/he encounters a clown or other costumed character?
How does this fear affect her routines or the routines of your family?

How often has that happened in the last three months?

How long does s/he stay afraid?

FEAR OF CLOWNS OR COSTUMED CHARACTERS

0 = Absent

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

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

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

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

PCG1I01 Intensity

PCG1F01 Frequency

HOURS : MINUTES

PCG1D01 Duration

PCG1O01 Onset

/ /

AVOIDANCE

0 = Absent

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

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

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

PCG1I02

C -240

Coding rules

Codes

FEAR OF STORMS, THUNDER AND/OR LIGHTNING

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

Is s/he very afraid of thunder and lightening?

What happens when there is a storm?
Is s/he afraid only if there is a storm?
Or even when just thinking about a storm?
Can you reassure him/her?
When did this start?

How often has that happened in the last three months?

How long does s/he stay afraid?

FEAR OF STORMS, THUNDER, AND/OR LIGHTNING

0 = Absent

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

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

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

HOURS : MINUTES

PCE9I01
Intensity

PCE9F01
Frequency

PCE9D01
Duration

PCE9O01
Onset

/ /

C-241

Definitions and questions	Coding rules	Codes

FEAR OF INJURY

Subjective anxious affect specific to the possibility of being hurt.

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

What is that like?
Does it affect what s/he does?
In what way?
Does s/he become very afraid or upset when s/he gets a small cut or bruise?
What happens if you try to reassure him/her?

How often has that happened in the last three months?

How long does s/he stay afraid for?

FEAR OF INJURY

0 = Absent

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

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

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

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

HOURS : MINUTES

AVOIDANCE

0 = Absent

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

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

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

PCB6I01
Intensity

PCB6F01
Frequency

PCB6D01
Duration

PCB6O01
Onset
/ /

PCB7I01

C-242

Coding rules

Codes

FEAR OF DOCTOR OR DENTIST

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

Distinguish from Fear of Blood/Injection.

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

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

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

What happens?
What do you think frightens him/her?
When did this start?

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

How long does s/he remain afraid?

FEAR OF DOCTOR OR DENTIST

0 = Absent

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

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

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

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

HOURS : MINUTES

AVOIDANCE

0 = Absent

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

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

PCG2I01
Intensity

PCG2F01
Frequency

PCG2D01
Duration

PCG2O01
Onset

/ /

PCG2I02

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FEAR OF BLOOD/INJECTION

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

AIDS-related fears are not coded here.

Distinguish from Fear of Doctor/Dentist

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

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

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

How does it affect him/her?
Can s/he stop himself/herself from being afraid?
Does s/he or you do anything to avoid it?
When did this fear start?

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

How long does s/he stay afraid for?

FEAR OF BLOOD/INJECTION

0 = Absent

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

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

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

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

HOURS : MINUTES

AVOIDANCE

0 = Absent

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

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

PCE0I01
Intensity

PCE0F01
Frequency

PCE0D01
Duration

PCE0O01
Onset

/   /

PCE1I01

C-244

Coding rules

Codes

ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR

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

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

Loud sounds.

Heights

Elevators or Escalators.

Germs

Dirt

Illness

Swimming

Bathing

Burglars/Robbers/Kidnappers.

Puppets

Ghost

Snakes

Water

Getting a Haircut.

Vacuum Cleaners.

Other

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

How long does s/he stay afraid for?

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

OTHER FEARS

0 = Absent

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

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

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

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

Specify

HOURS : MINUTES

AVOIDANCE

0 = Absent

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

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

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

PCB8I01
Intensity

PCB8F01
Frequency

PCB8D01
Duration

PCB8O01
Onset

/ /

PCB9I01

C-245

Definitions and questions

Coding rules

Codes

Definitions and questions	Coding rules	Codes

SITUATIONAL ANXIOUS AFFECT

Anxious Affect that occurs in certain situations/environments.

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

REMEMBER TO COLLECT FREQUENCIES AND DURATIONS.

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

SITUATIONAL ANXIOUS AFFECT

0 = Absent

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

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

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

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

HOURS : MINUTES

PCC0I01
Intensity

PCC0F01
Frequency

PCC0D01
Duration

PCC0O01
Onset

/ /

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FREE FLOATING ANXIOUS AFFECT

Anxiety not associated with any particular situation.

Does s/he ever feel frightened without knowing why?

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

FREE FLOATING ANXIOUS AFFECT

0 = Absent

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

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

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

HOURS : MINUTES

PCC1I01
Intensity

PCC1F01
Frequency

PCC1D01
Duration

PCC1O01
Onset

/ /

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

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Definitions and questions	Coding rules	Codes

STARTLE RESPONSE

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

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

Does s/he startle more easily than most people?

What sort of things makes him/her jump?
Are these the kinds of things that would make most people jump?
How many days a week does s/he jump like that?

STARTLE RESPONSE

0 = Absent

2 = Startles to an exaggerated degree on slight provocation.

NUMBER OF DAYS IN THE LAST 3 MONTHS

PCC2I01 Intensity

PCC2F01

CONCENTRATION DIFFICULTIES

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

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

What happens?
Can s/he focus on a game?
Does s/he seem to jump aimlessly from one activity to another because his/her anxiety makes it difficult for him/her to concentrate?
How many days a week does s/he have this kind of difficulty concentrating?

CONCENTRATION DIFFICULTIES

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

NUMBER OF DAYS IN THE LAST THREE MONTHS

PCC3I01 Intensity

PCC3F01

EASY FATIGABILITY

Child becomes easily fatigued when anxious.

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

What happens?
Can s/he continue to play or interact even though s/he is tired out by being anxious?
When s/he's worried or anxious, does she seem to get tired more easily?
Does s/he need more sleep, either during the day as naps or at night?

EASY FATIGABILITY

0 = Absent

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

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

NUMBER OF DAYS IN THE LAST 3 MONTHS

PCC4I01 Intensity

PCC4F01

C-249

Definitions and questions	Coding rules	Codes

ANXIOUS AUTONOMIC SYMPTOMS

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

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

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

Do his/her muscles get tensed up?

Does s/he get jumpy?

Keyed up?
Agitated?
On edge?

Does s/he get restless?

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

Does s/he get dizzy or giddy or faint?

Does it affect his/her breathing?

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

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

Does s/he get stomach pains?

Does s/he get sensations of shortness of breath?

Or feel as if s/he is smothering?

Does it affect his/her heart?

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

Can you feel his/her heart beating fast?

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

Does s/he get sweaty?

Coding rules column:

AUTONOMIC SYMPTOMS — PCD0190 Intensity
0 = Absent
2 = Present

MUSCLE TENSION — PCD0114
0 = Absent
2 = Present

JUMPINESS — PCD0120
0 = Absent
2 = Present

RESTLESSNESS — PCD0121
0 = Absent
2 = Present

DIZZINESS/FAINTNESS — PCE5101
0 = Absent
2 = Present

FEELINGS OF CHOKING — PCE5123
0 = Absent
2 = Present

BUTTERFLIES OR PAIN IN THE STOMACH — PCE5111
0 = Absent
2 = Present

SENSATIONS OF SHORTNESS OF BREATH OR SMOTHERING — PCE5122
0 = Absent
2 = Present

PALPITATIONS, POUNDING HEART, OR ACCELERATED HEART RATE — PCE5106
0 = Absent
2 = Present

CHEST PAIN OR DISCOMFORT — PCE5107
0 = Absent
2 = Present

SWEATING — PCE5108
0 = Absent
2 = Present