

Definitions and questions

Coding rules

Codes

EMPLOYMENT

Many adolescents have jobs, and they may prove unable to perform these jobs adequately as a result of psychopathology, in which case an incapacity should be recorded as being present as a result of that psychopathology. Their performance of the job must actually be substandard to some degree. It is not enough that the subject should simply describe it as being more difficult or tiring.

Does s/he have a job?

Has that been affected at all?

EMPLOYMENT

0 = Absent

2 = Present

WITHDRAWAL

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

DISCORD

0 = Absent

2 = Partial Incapacity.

3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

5 = Depression

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

21 = Alcohol/Drugs

ONSET OF FIRST PARTIAL INCAPACITY - EMPLOYMENT

ONSET OF FIRST SEVERE INCAPACITY - EMPLOYMENT

PMB9190
Intensity

PMB9101

PMB9102

PMB9X03

PMB9001

PMB9002

Definitions and questions

TREATMENT

Referrals to professional agencies concerned with child psychopathology are coded here.

Has s/he ever seen anyone about (symptoms)?

Like a doctor or anyone at daycare/school?

Who did s/he see?

Where did s/he see them?

Did s/he go to a clinic?

Or into a hospital?

What did they do?

Did it help at all?

When did s/he go to see...?

When did s/he...(have treatment)?

Coding rules

TREATMENT

0 = Absent

2 = Present

SYMPTOM AREAS CAUSING INCAPACITY

1 = Daycare/School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxiety

4 = Rituals/Obsessions/Compulsions

5 = Depression

6 = Mania

7 = Physical Symptoms

8 = Food-Related Behavior

9 = Hyperactivity

10 = Sleep Difficulties

11 = Hyper/Hyposensitivity/Dysregulation

12 = Toilet/Elimination

13 = Conduct

14 = Psychosis

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

20 = Speech Therapy

21 = Occupational/Physical Therapy

22 = Life Events/Post-Traumatic Stress

Codes

PMD0101
Intensity

PMD0X02

PMD0X03

PMD0X04

PMD0X05

PMD0X06

PMD0X07

PMD0X08

PMD0X09

PMD0X10

PMD0X11

PMD0X12

PMD0X13

PMD0X14

Definitions and questions

MEDICATION

Any medication prescribed by a medical practitioner (either mainstream or alternative) or given by parents or guardian. Do not include analgesics taken less than once per week for sporadic headaches, etc. However, such drugs should be included if they are taken more regularly than this.

Note: Type and daily dose if known for any medication mentioned.

Is s/he on any medication?

Or tablets?

Or anything from his/her doctor?

What?
What is that?

Coding rules

MEDICATION

0 = Absent

2 = Present

MINOR TRANQUILIZERS/SEDATIVES

0 = Absent

2 = Present

BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT

ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS

0 = Absent

2 = Present

BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT

STIMULANTS

0 = Absent

2 = Present

BEGINNING OF STIMULANTS TREATMENT

STRATTERA (NON-STIMULANT)

0 = Absent

2 = Present

BEGINNING OF STRATTERA (NON-STIMULANT) TREATMENT

ANTIDEPRESSANTS

0 = Absent

2 = Present

BEGINNING OF ANTIDEPRESSANTS TREATMENT

LITHIUM

0 = Absent

2 = Present

Codes

PMC0190
Intensity

PMC0101

PMC0001

 / /

PMC1101

PMC1001

 / /

PMC2101

PMC2001

 / /

PMC2102

PMC2002

 / /

PMC3101

PMC3001

 / /

PMC4101

Definitions and questions

IF ANY MEDICATION TAKEN CONTINUE. OTHERWISE, SKIP TO "PERCEPTION OF PROBLEMS", (PAGE 56).

Coding rules

BEGINNING OF LITHIUM TREATMENT

ANTICONVULSANTS

0 = Absent

2 = Present

BEGINNING OF ANTICONVULSANTS TREATMENT

ANTIBIOTICS

0 = Absent

2 = Present

BEGINNING OF ANTIBIOTICS TREATMENT

ASTHMA MEDICATION

0 = Absent

2 = Present

BEGINNING OF ASTHMA MEDICATION TREATMENT

OTHER

0 = Absent

2 = Present

Specify

BEGINNING OF TREATMENT

Codes

PMC4001

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PMC5101

PMC5001

//

PMF0101

PMF0001

//

PMF1101

PMF1001

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PMC6101

PMC6001

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Definitions and questions

MEDICATION - RX 1

Which medication is s/he on?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POAAX03
Intensity

Definitions and questions

MEDICATION - RX 2

WHICH MEDICATION IS S/HE ON?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POABX03
Intensity

Definitions and questions

MEDICATION - RX 3

WHICH MEDICATION IS S/HE ON?

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POACX03
Intensity



Definitions and questions

MEDICATION - RX 4

How many milligrams does s/he take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Has s/he experienced any side effects from this medicine?

How often do you return to the doctor's office to have the child's reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POADX03
Intensity



Definitions and questions

PLACEMENT

If, by reason of psychological or behavioral disturbance, a child's residential placement is changed, then that change is recorded in this section. The same guiding rules apply to these ratings as are outlined above.

With children who have experienced changes ask:

Why did s/he move...("into foster care", etc.)?

Was it because of...(symptoms)...at all?

Coding rules

PLACEMENT

0 = Absent

2 = Present

SYMPTOM AREAS CAUSING PLACEMENT CHANGE

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

5 = Depression

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

21 = Alcohol/Drugs

Codes

PMD1101
Intensity

PMD1X02

PMD1X03

PMD1X04

PMD1X05

PMD1X06

PMD1X07

PMD1X08

PMD1X09

PMD1X10

PMD1X11

PMD1X12

PMD1X13

PMD1X14

Definitions and questions

PERCEPTION OF PROBLEMS

We have covered quite a lot of ground, but is there anything that worries him/her, or causes problems, that I haven't asked about?

What?

Can you tell me more about that?

You have told me about many different things; do you think that any of them are problems for him/her?

Coding rules

PERCEPTION OF PROBLEM(S)

0 = Absent

2 = Present

PROBLEMS WITH:

1 = School Non-Attendance

2 = Separation Anxiety

3 = Worries/Anxieties

5 = Depression

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

15 = Relationships with Parent #1 and/or Parent #2

16 = Relationships with Other Parent #1 and/or Other Parent #2

17 = Relationships with Other Adults

18 = Sibling Relationships

19 = Peer Relationships

21 = Alcohol/Drugs

Codes

PMC8190
Intensity

PMC8X01

PMC8X02

PMC8X03

PMC8X04

PMC8X05

PMC8X06

Definitions and questions

<p>HELP NEEDED WITH:</p> <p><i>Are there any things that you think s/he needs help with?</i></p> <p><i>What?</i></p> <p><i>What sort of help does s/he need?</i></p>

Coding rules

- HELP NEEDED**
- 0 = Absent
 - 2 = Present
- HELP NEEDED WITH:**
- 1 = School Non-Attendance
 - 2 = Separation Anxiety
 - 3 = Worries/Anxieties
 - 5 = Depression
 - 8 = Food-Related Behavior
 - 9 = Hyperactivity
 - 13 = Conduct
 - 15 = Relationships with Parent #1 and/or Parent #2
 - 16 = Relationships with Other Parent #1 and/or Other Parent #2
 - 17 = Relationships with Other Adults
 - 18 = Sibling Relationships
 - 19 = Peer Relationships
 - 21 = Alcohol/Drugs

Codes

- PMC9I90 Intensity
- PMC9X01
- PMC9X02
- PMC9X03
- PMC9X04
- PMC9X05
- PMC9X06

2150 2217

Definitions and questions

Coding rules

Codes

CHILD AND ADOLESCENT IMPACT ASSESSMENT ADMINISTRATION OF THE CAIA

This is the point during the interview for the interviewer to decide whether to administer the CAIA. It is essential to do the CAIA if any impairment or symptom coded.

If any of the below are true or there is any doubt, administer the CAIA. (If you decide when you are coding, after the interview, that there were no codings whatsoever in the PAPA you may "S" the CAIA.)

If a "Life Event" codes, but there is no "Painful Recall", you need not complete the CAIA solely on the basis of that event. If "Painful Recall" is present, do the CAIA.

PERCEPTION OF PROBLEM(S)

NOTE: INTERVIEWER DO NOT ASK QUESTION.

Has the parent endorsed any symptom areas on "Perception of Problems?"

HELP NEEDED

NOTE: INTERVIEWER DO NOT ASK QUESTION.

Has the parent endorsed any symptom areas on "Help Needed"?

ANY ISSUES, DIFFICULTIES, PROBLEMS, OR SYMPTOMS CODED

NOTE: INTERVIEWER DO NOT ASK QUESTION.

During the interview, has the parent mentioned any issues, difficulties, problems, or symptoms related to the child that coded or that you think will code? It is not necessary that the parent view them as problems.

INCAPACITIES

NOTE: INTERVIEWER DO NOT ASK QUESTION.

Were there any incapacities?

PERCEPTION OF PROBLEMS

0 = No

2 = Yes

HELP NEEDED

0 = No

2 = Yes

ANY ISSUES, DIFFICULTIES, PROBLEMS, OR SYMPTOMS CODED

0 = No

2 = Yes

INCAPACITIES

0 = No

2 = Yes

PTD0101
Intensity

PTD0102
Intensity

PTD0103
Intensity

PTD0104
Intensity

Definitions and questions

ECONOMIC BURDEN

If services received in the last three months, ask expenses. Otherwise, skip to "Loss of Income".

EXPENSES

The monetary expenses associated with getting services for child's emotional or behavioral problems. Include costs of medication.

Do not include income lost because of child's problems, which is coded under "Loss of Income".

Have there been any expenses associated with getting help for your child?

Have the costs of getting help for your child's problems had an impact on family budget for other things?

Are they causing any restrictions elsewhere?

Do you have savings to cover them?

Have you had to work extra hours?

Have you or anyone else had to take an additional job?

Have you gone into debt to cover these expenses?

Are you concerned about being able to pay back these expenses?

IF SERVICES NOT RECEIVED IN THE LAST THREE MONTHS, SKIP TO "LOSS OF INCOME", (PAGE 4).

Coding rules

EXPENSES

0 = No expenses.

1 = Expenses but affordable.

2 = Expenses causing effects on other areas of family budget.

IMPACT ON EXPENSES

0 = Absent

1 = Using savings.

2 = Necessitate cutting back on other expenditures.

3 = Necessitate working additional hours/jobs.

DEBTS

0 = Absent

2 = Incurred debts but envision no serious problems with payback.

3 = Incurred debts and envision will have problems with payback.

Codes

PTA0101
Intensity

PTA0102

PTA0103

Definitions and questions

LOSS OF INCOME

Loss of income that results from the need to get professional services for child's emotional or behavioral problems, or from the need to provide an increased level of care at home, or from other things directly associated with the child's problems.

Do not include actual expenditures incurred for the child's problems, which are coded under "Expenses".

Have your child's problems affected your family's income?

Have your child's problems affected your paid work?

*Have you lost any time at work because of it?
Or have you had to cut down to part-time work?
Or have you been unable to work at all?
Or lost you job?*

Has your partner's paid work been affected at all?

Or you child's?

Or another family member's?

Coding rules

LOSS OF INCOME

0 = Absent

2 = Present

PARENT #1

0 = No income lost.

2 = Time lost at work, or hours reduced.

3 = Unable to work, or lost job.

PARENT #2

0 = No income lost.

2 = Time lost at work, or hours reduced.

3 = Unable to work, or lost job.

CHILD/ADOLESCENT

0 = No income lost.

2 = Time lost at work, or hours reduced.

3 = Unable to work, or lost job.

OTHER FAMILY MEMBER

0 = No income lost.

2 = Time lost at work, or hours reduced.

3 = Unable to work, or lost job.

Codes

PTA1190
Intensity

PTA1101

PTA1102

PTA1103

PTA1104

Definitions and questions

IMPACT ON FAMILY RELATIONSHIPS

NEGATIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

Have your child's problems had any negative impact on your relationship with your "current partner"?

*Has having to deal with these problems strained the relationship at all?
How much of a strain has it been?*

POSITIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

Have your child's problems had any positive impact on your relationship with your "current partner"?

Has having to deal with these problems strengthened that relationship at all?

IF PARENT DOES NOT HAVE "CURRENT PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP", (PAGE 6).



Coding rules

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP

0 = No negative effects.

1 = Some negative effects, but relationship essentially satisfactory.

2 = Severe negative effects on quality of relationship attributed to the child's problems.

3 = Child's problems contributed to marital breakdown.

POSITIVE IMPACT ON CURRENT RELATIONSHIP

0 = No positive effects.

2 = Relationship has been strengthened.

Codes

PTA2101
Intensity

PTA2102
Intensity

Definitions and questions

NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

The impact of the child's emotional or behavioral problems on the parent's relationship with the child's "Other Parent" who no longer lives in the home. "Other Parent" may be either a biological parent who lives elsewhere or another person who lives elsewhere that has played a significant part in raising the child.

Have your child's problems had any impact on your relationship with "child's other parent"?

Has having to deal with these problems put a strain on that relationship?

How much of a strain has it been?

Did it contribute to the breakdown of that relationship?

IMPACT ON PARENT'S CURRENT RELATIONSHIP WITH OTHER PARENT #1

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

How have your child's problems affected your current relationship with "child's other parent"?

IF PARENT DOES NOT HAVE A "PREVIOUS PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND", (PAGE 7).

Coding rules

Codes

NEGATIVE/NEUTRAL IMPACT ON BREAKDOWN OF PREVIOUS PARTNERSHIP

PTA3101
Intensity

0 = No negative effect.

1 = Some negative effects, but breakdown of marital relationship not influenced by child's problems.

2 = Child's problems seen as contributing to breakdown of marital relationship.

3 = Child's problems seen as most important reason for breakdown of marital relationship.

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP WITH PREVIOUS PARTNER

PTA3102
Intensity

0 = No negative effect.

1 = Some negative effects, but the quality of current relationship not influenced by child's problems.

2 = Child's problems seen as contributing to difficulties in current relationship.

3 = Child's problems seen as most important reason for difficulties in current relationship.

Definitions and questions

NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?

Has having to deal with these problems strained the relationship at all?

How much of a strain has it been?

IF PARENT DOES NOT HAVE A "STEADY BOYFRIEND/GIRLFRIEND", SKIP TO "IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE", (PAGE 9).

Coding rules

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP

0 = No negative effects.

1 = Some negative effects, but relationship is essentially satisfactory.

2 = Severe negative effects on quality of relationship attributed to the child's problems.

3 = Child's problems contributed to breakdown of relationship.

Codes

PTC0101
Intensity

Definitions and questions

POSITIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?

Has having to deal with these problems strengthened that relationship at all?

IF THERE ARE NO OTHER CHILDREN IN THE HOUSEHOLD, SKIP TO "IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS", (PAGE 10).

Coding rules

POSITIVE IMPACT ON CURRENT RELATIONSHIP

0 = No positive effects.

2 = Relationship has been strengthened.

Codes

PTC0102
Intensity

Definitions and questions

Coding rules

Codes

IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE

The impact of the child's emotional or behavioral problems on the parent's relationship with other child(ren).

Have your child's problems had any impact on your relationships with your other child(ren)?

In what way?

Have they taken time away from your contact with them?

Have the problems made it more difficult for you to deal with the other child(ren)?

IMPACT ON ON RELATIONSHIPS BETWEEN OTHER CHILD(REN) IN THE HOUSEHOLD

The impact of child's emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

You've told me some about X's relationship with "other children in the home". Have X's problems affected the other children?

In what way?

Have they led to conflicts between the children?

IMPACT ON BEHAVIOR OF OTHER CHILD(REN) IN THE HOUSEHOLD

The impact of child's emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

Have the other children gotten into more trouble, following the example set by X?

Tell me about the last time.

IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN)

0 = Neutral or positive effect.

2 = Subject child's problems leave parent less time for other child(ren), but not otherwise affected.

3 = Subject child's problems have led to a worsening of the relationship between parent and other child(ren).

IMPACT ON RELATIONSHIPS BETWEEN OTHER CHILDREN

0 = Neutral or positive effect on relationship.

2 = Subject child's problems have led to some conflicts between children.

3 = Subject child's problems have led to major disruption of previous relationship.

IMPACT ON OTHER CHILDREN'S BEHAVIOR

0 = Neutral or positive effect on other children's behavior.

2 = Subject child's problems have led other children to have some behavior problems and to get into trouble at home.

3 = Subject child's problems have led other children to have some behavior problems and to get into trouble at school or elsewhere.

PTA4101
Intensity

PTA5101
Intensity

PTA5102
Intensity

Definitions and questions

Coding rules

Codes

IMPACT ON OTHER RELATIONSHIPS

IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS

Impact on the child's emotional or behavioral problems on the parent's relationships with other family members.

Have your child's problems had any impact on your relationship with other members of your family?

*Has having to deal with these problems strained your relationship with your parents?
Your siblings?
Other close relatives?*

IMPACT ON RELATIONSHIPS WITH FRIENDS

The impact of the child's emotional or behavioral problems on the parent's relationships with friends.

Have your child's problems had any impact on relationships with your friends?

Has having to deal with these problems put a strain on your friendships?

RELATIONSHIPS WITH OTHER FAMILY MEMBERS

- 0 = Positive or neutral effect.
- 1 = Some negative effects, but relationships essentially unchanged.
- 2 = Worsening of relationships attributable to the child's problems.
- 3 = Child's problems have resulted in breakdown of relationships.

PTA6101
Intensity

RELATIONSHIPS WITH FRIENDS

- 0 = Positive or neutral effect.
- 1 = Some negative effects, but relationships essentially unchanged.
- 2 = Worsening of relationships attributable to the child's problems.
- 3 = Child's problems have resulted in breakdown of relationships.

PTA7101
Intensity

Definitions and questions

RESTRICTIONS ON ACTIVITIES

RESTRICTIONS ON PARENT'S PERSONAL ACTIVITIES

Restrictions on parent's personal life and activities that have resulted from the child's problems. Do not include changes in employment coded under "Expenses" and "Loss of Income" or changes in family social structure coded under "Restrictions on Family Social Activities".

Have your own activities been affected?

Are there things that you haven't done because of your child's needs?

Like hobbies?

Or other activities?

Have your child's problems changed your social life?

In what way?

RESTRICTIONS ON FAMILYS SOCIAL ACTIVITIES

Restrictions on family's social life that result from the child's problems.

Have these problems kept you from doing things socially with your child?

Are you embarrassed to do things because of his/her problems?

Are there places that are harder to go because of these problems?

Or places that you can't go?

Do you ever not go out because you are concerned about what others will think?

STIGMA

Child's problems have resulted in parent's feeling that others disapprove or blame him/herself and/or his/her partner.

Are you embarrassed about your child's problems?

Have you felt that others disapprove of you or the way you handle things?

Or blame you for what has happened?

Or avoid you because of you child's problems?

Coding rules

RESTRICTED PERSONAL ACTIVITIES

0 = Little effect on personal activities.

2 = Some disruption of personal leisure activities due to child's problems, such as cutting down on activities or hobbies.

3 = Most or all personal leisure activities restricted or disrupted because of child's problems.

RESTRICTED SOCIAL ACTIVITIES FOR FAMILY

0 = No effect of family's social life.

2 = Some disruption, such as family can no longer go some places because of child's problems.

3 = Most or all social activities restricted or disrupted because of child's problems.

STIGMA

0 = No stigma perceived.

1 = Embarrassed but does not feel disapproval or blame directed at him/herself.

2 = Parent feels stigmatized in the eyes of at least some people.

3 = Parent feels stigmatized be almost anyone who knows about child's problems.

Codes

PTA8101
Intensity

PTA9101
Intensity

PTB0101
Intensity

Definitions and questions

RESPONSIBILITY FOR PROBLEMS

ATTRIBUTION OF CAUSE OF PROBLEMS

Parent's view of what has caused the child's problems, including attribution to various causes or individuals. Include self-blame by parent who feels responsible for having caused the child's problems, or for the child's lack of progress in dealing with the problems.

Do you think there have been causes for your child's problems?

What things do you think have been causes of your child's problems?

How so?

Do you think that your child was born with these problems?

Is a physical injury or disability to blame?

Or does s/he have problems because something really bad happened to him/her?

Do you think your child is responsible for what has happened?

Coding rules

RESPONSIBILITY FOR PROBLEMS

- 0 = Absent
- 2 = Present

GENETICS

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PHYSICAL INJURY/DISABILITY

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PREVIOUS TRAUMATIC EXPERIENCE

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

Codes

PTB1190
Intensity

PTB1101

PTB1102

PTB1103

PTB1104

Definitions and questions

Do you blame yourself for any of what has happened?

Do you feel responsible for the problems that your child has?

Do you think that your "current partner" is responsible?

Or child's "other parent"?

Or other members of your family?

Or you child's friends and/or peers?

Or the school?

Coding rules

SELF

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PARTNER

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD'S OTHER PARENT

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

OTHER FAMILY MEMBER

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD'S FRIENDS/PEERS

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

SCHOOL

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

Codes

PTB1105

PTB1106

PTB1107

PTB1108

PTB1109

PTB1110

Definitions and questions

<p>Or neighborhood and community?</p>
<p>Do you think these problems are the result of bad luck?</p>
<p>Or God's will?</p>
<p>Or the work of Satan?</p>
<p>Do you think anything else has been responsible?</p>

Coding rules

- NEIGHBORHOOD/COMMUNITY**
- 0 = Absent
 - 1 = Vague or indefinite attribution.
 - 2 = Partially responsible for child's problems.
 - 3 = Completely or almost completely responsible for child's problems.
- CHANCE/BAD LUCK**
- 0 = Absent
 - 1 = Vague or indefinite attribution.
 - 2 = Partially responsible for child's problems.
 - 3 = Completely or almost completely responsible for child's problems.
- GOD'S WILL**
- 0 = Absent
 - 1 = Vague or indefinite attribution.
 - 2 = Partially responsible for child's problems.
 - 3 = Completely or almost completely responsible for child's problems.
- SATAN**
- 0 = Absent
 - 1 = Vague or indefinite attribution.
 - 2 = Partially responsible for child's problems.
 - 3 = Completely or almost completely responsible for child's problems.
- OTHER**
- 0 = Absent
 - 1 = Vague or indefinite attribution.
 - 2 = Partially responsible for child's problems.
 - 3 = Completely or almost completely responsible for child's problems.
- Specify
-

Codes

- PTB1111
- PTB1112
- PTB1113
- PTB1114
- PTB1115

Definitions and questions

IMPACT OF FEELINGS OF PERSONAL WELL-BEING

PSYCHOLOGICAL ADJUSTMENT

Parent's psychological adjustment to child's problems.

Have your child's problems affected how you have been feeling?

Have you been depressed because of his/her problems?

Have you felt discouraged about his/her situation?

Have you been worried about what was happening with your child?

Have you been feeling tired?

Have your child's problems made you irritable or quick to get angry about things?

Have your child's problems affected your health at all?

In terms of mental or emotional health?

In what way?

Coding rules

PARENT'S PSYCHOLOGICAL ADJUSTMENT

- 0 = Absent
- 2 = Present

DEPRESSION

- 0 = No increase in depressive feelings attributed to child's problems.
- 2 = Yes, some depression related to child's condition.
- 3 = Depression related to child's condition affecting ability to function normally.

WORRIES

- 0 = No increase in worries attributed to child's problems.
- 2 = Yes, some worries related to child's condition.
- 3 = Worries affecting ability to function normally.

TIREDNESS OR ANERGIA

- 0 = No tiredness attributed to child's problems.
- 2 = Yes, some tiredness related to child's condition.
- 3 = Tiredness affecting ability to function normally.

IRRITABILITY

- 0 = No irritability attributed to child's problems.
- 2 = Yes, some irritability related to child's condition.
- 3 = Irritability affecting ability to function normally.

OTHER MENTAL HEALTH PROBLEMS

- 0 = No other mental health problems attributed to child's problems.
- 2 = Yes, other mental health problems related to child's condition.
- 3 = Other mental health problems affecting ability to function normally.

Specify

Codes

PTB3190
Intensity

PTB3101

PTB3102

PTB3103

PTB3105

PTB3106

Definitions and questions

What about in terms of physical health?

How?

Have you taken any medication to make yourself feel better?

Have your child's problems led you to use alcohol or drugs more than before?

Have you gotten any help from others to assist you in dealing with the strain?

Family?

Friends?

Have you gotten any professional help to assist you in dealing with the strain?

Do you feel you have the energy to handle your child's problems?

Do you feel you know what to do about them?

Coding rules

OTHER PHYSICAL HEALTH PROBLEMS

- 0 = No other physical health problems attributed to child's problems.
- 2 = Yes, some other physical health problems related to child's condition.
- 3 = Other physical health problems affecting ability to function normally.

Specify

ASSISTANCE WITH PROBLEMS: MEDICATION

- 0 = No medication for parent's problems related to child's condition.
- 2 = Medication being taken.

ASSISTANCE WITH PROBLEMS: SUBSTANCE USE

- 0 = No increase or change in pattern of usage because of child's problems.
- 2 = Child's problems have led to increase in usage of alcohol and/or drugs.

ASSISTANCE WITH PROBLEMS: SUPPORT NETWORK

- 0 = Family and/or friends have been of assistance to parent in dealing with the stress of the problems.
- 2 = Limited assistance.
- 3 = No assistance.
- 4 = Parent has not sought help.

ASSISTANCE WITH PROBLEMS: PROFESSIONAL HELP

- 0 = No help sought.
- 2 = Parent has sought help from a professional for own problems related to child's condition.

FEELINGS OF COMPETENCE

- 0 = Absent
- 2 = Feels some doubts about own ability to handle all or most child's problems adequately.
- 3 = Feels incompetent to deal with all or most of child's problems.

Codes

PTB3107

PTB4101

PTB4102

PTB4103

PTB4104

PTB4105