

National Mental Health Study Field Test,
Supporting Statement
Attachment A-4 – CRS Parent Questionnaire
Specifications

Parent Clinical Interview Modules
for the National Mental Health Study (NMHS)
Clinical Reappraisal Study (CRS) Field Test

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**K-SADS INTRODUCTORY QUESTIONS:
PARENT INTERVIEW**

Module Start Time: _____ : _____ **AM/PM**

Thank you for chatting today. I'd like to start by learning a little bit more about your child. I really want to hear from you what your child's life is like and how things are going for him/her.

How old is your child?

_____ years

PDM1

When is his/her birthday?

DOB: _____ [RANGE: 01–12] _____ [RANGE: 01–31] _____ [RANGE: 1900–2015] PDM2

ENTER: MM- _____ DD- _____ YYYY

INTERVIEWER NOTE: The following questions are not coded; they are used to build rapport and provide key information for K-SADS modules. E.g., if a father figure is not in the child's life, follow-up queries in K-SADS screening and supplements should be focused on the mother figure (or primary caregiver). Answers to these questions will also provide some starting information about the adolescent's functioning to help assess functional impairment later in the interview. **These questions should take no longer than 10 minutes.** If the parent is slow to warm up (e.g., provides yes/no responses only), additional follow-ups should be asked. If the parent is very talkative, follow-up questions may not be necessary.

Family

Who lives with your child?

- Obtain information on who lives in the home and the relationship to the child (e.g., biological parent, guardians, siblings, and extended family members), ages of siblings, whereabouts of non-residing parent(s), and visitation.

Who is your child closest to in his/her family? How well does your child get along with family members?

- Notes:

School

What grade is your child in?

What kind of grades does your child usually get?

What does your child seem to like about school? What about dislikes?

- Notes:

Peer Relations

What is your child's group of friends like?

Does he/she have a best friend? If yes, how long have they been friends?

- Notes:

Transition: For the rest of the interview, I will be asking you about a lot of different feelings and problems kids sometimes have. Let's get started with some of those questions.

K-SADS-PL 2013:
ATTENTION DEFICIT HYPERACTIVITY DISORDER
(ADHD)

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: ATTENTION DEFICIT HYPERACTIVITY DISORDER

If CIDI screen = positive (+) or subthreshold: Say, “In your earlier interview, you said that you have had trouble with concentration or restlessness in the past. The next questions are about that.” Then proceed with ADHD screen.

If CIDI screen = negative (-): Proceed with ADHD screen.

Compared to other children/adolescents this age, how would parent/adult rate this child/adolescent? Ask if teachers or others have complained about particular symptoms or behaviors.

If the child is being treated with stimulants, rate for most severe period prior to medication or during drug holidays and note in margin which symptoms are improved with medication.

Determine the age of onset for first positively endorsed ADHD symptom. If the symptoms are episodic, consider the presence of a mood disorder or other causes (e.g., alcohol, drugs or medical problems).

Probe: For how long has _____ been a problem? Has it been a problem since kindergarten? First grade? Did the problem start even earlier? Note: According to the DSM-5, onset of ADHD symptoms can appear up to age 12.

<u>Difficulty Sustaining Attention on Tasks or Play Activities</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Has there ever been a time when you had trouble paying attention in school? Did it affect your school work? Did you get into trouble because of this?</i>	0	0	0	0 – No information.	ADH1
<i>When you were working on your homework, did your mind wander? What about when you were playing games? Did you forget to go when it was your turn? Did teachers complain?</i>	1	1	1	1 – Not present.	
<u>Note:</u> Rate based on data reported by informant.	2	2	2	2 – Subthreshold: Occasionally has difficulty sustaining attention on tasks or play activities. Problem has only minimal effect on functioning.	
NOTE: DO NOT RATE POSITIVELY IF OCCURS ONLY DURING MOOD EPISODE, PSYCHOSIS, EPISODES OF DRUG USE, OR SECONDARY TO A MEDICAL CONDITION.	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty sustaining attention. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Easily Distracted</u>					
<i>Was there ever a time when little distractions would make it very hard for you to keep your mind on what you were doing?</i>	0	0	0	0 – No information.	ADH2
<i>Like if another kid in class asked the teacher a question while the class was working quietly, was it hard for you to keep your mind on your work?</i>	1	1	1	1 – Not present.	
<i>When there was an interruption, like when the phone rang, was it hard to get back to what you were doing before the interruption?</i>	2	2	2	2 – Subthreshold: Occasionally distractible. Problem has only minimal effect on functioning.	
<i>Were there times when you could keep your mind on what you were doing, and little noises and things didn't bother you? How often were they a problem? Did teachers complain?</i>	3	3	3	3 – Threshold: Attention often (4-7 days/week) disrupted by minor distractions other kids would be able to ignore. Problem has significant effect on functioning.	

Note: Rate based on data reported by informant.

NOTE: DO NOT RATE POSITIVELY IF OCCURS ONLY DURING MOOD EPISODE, PSYCHOSIS, EPISODES OF DRUG USE, OR SECONDARY TO A MEDICAL CONDITION.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Difficulty Remaining Seated</u>					
<i>Was there ever a time when you got out of your seat a lot at school? Did you get into trouble for this? Was it hard to stay in your seat at school? What about dinner time?</i>	0	0	0	0 – No information.	ADH3
Parents: <i>When your child was young, were you able to take him/her out in public, like restaurants? Were these difficulties beyond what you would expect for a child his/her age?</i>	1	1	1	1 – Not present.	
Note: Rate based on data reported by informant.					
Take into account that these symptoms tend to improve with age. Carefully check if this symptom was present when the child was younger.					
	2	2	2	2 – Subthreshold: Occasionally has difficulty remaining seated when required to do so. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty remaining seated when required to do so. Problem has significant effect on functioning.	

Impulsivity

<i>Do you act before you think, or think before you act? Has there ever been a time when these kinds of behaviors got you into trouble? Give some examples.</i>	0	0	0	0 – No information.	ADH4
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally impulsive. Problem has only minimal effect on functioning	
	3	3	3	3 – Threshold: Often (4-7 days/week) impulsive. Problem has significant effect on functioning.	

- **IF RECEIVED A SCORE OF 3 ON ANY OF THE PREVIOUS ITEMS, COMPLETE THE ATTENTION DEFICIT HYPERACTIVITY DISORDER SUPPLEMENT AFTER FINISHING THE SCREENING INTERVIEW.**

- **IF A SCORE OF 1 or 2, STOP INTERVIEW, RECORD TIME.**

NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST ATTENTION DEFICIT HYPERACTIVITY DISORDER).

K-SADS Supplement: ATTENTION DEFICIT HYPERACTIVITY DISORDER

If child is on medication for ADHD, rate behavior when not on medication. NOTE: DO NOT RATE SYMPTOMS POSITIVELY IF THEY ARE EXCLUSIVELY ACCOUNTED FOR BY MAJOR DEPRESSIVE EPOSIDE, BIPOLAR DISORDER, DYSTHYMIA, AN ANXIETY DISORDER, SUBSTANCE ABUSE, PSYCHOSIS, OR AUTISM SPECTRUM DISORDER.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Makes a Lot of Careless Mistakes</u>					
<i>Do you make a lot of careless mistakes at school?</i>	0	0	0	0 – No information.	ADH5
<i>Do you often get problems wrong on tests because you didn't read the instructions right?</i>	1	1	1	1 – Not present.	
<i>Do you often leave some questions blank by accident?</i>					
<i>Forget to do the problems on both sides of a handout?</i>	2	2	2	2 – Subthreshold: Occasionally makes careless mistakes. Problem has only minimal effect on functioning.	
<i>How often do these types of things happen?</i>					
<i>Has your teacher ever said you should pay more attention to detail?</i>					
	3	3	3	3 – Threshold: Often (4-7 days/week) makes careless mistakes. Problem has significant effect on functioning.	
<hr/>					
	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Doesn't Listen</u>					
<i>Is it hard for you to remember what your parents and teachers say?</i>	0	0	0	0 – No information	ADH6
<i>Do your parents or teachers complain that you don't listen to them when they talk to you?</i>	1	1	1	1 – Not present.	
<i>Do you "tune people out"? Do you get into trouble for not listening?</i>					
<u>Note: Rate based on data reported by informant.</u>	2	2	2	2 – Subthreshold: Occasionally doesn't listen. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) doesn't listen. Problem has significant effect on functioning.	

<u>Difficulty Following Instructions</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Do your teachers complain that you don't follow instructions?</i>	0	0	0	0 – No information.	ADH7
<i>When your parents or your teacher tell you to do something, is it sometimes hard to remember what they said to do?</i>	1	1	1	1 – Not present.	
<i>Does it get you into trouble? Do you lose points on your assignments for not following directions or not completing the work? Do you forget to do your homework or forget to turn it in? Do you get in to trouble at home for not finishing your chores or other things your parents ask you to do? How often?</i>	2	2	2	2 – Subthreshold: Occasionally has difficulty following instructions. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty following instructions. Problem has significant effect on functioning.	

<u>Difficulty Organizing Tasks</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Is your desk or locker at school a mess?</i>	0	0	0	0 – No information.	ADH8
<i>Does it make it hard for you to find the things you need?</i>					
<i>Does your teacher complain that your assignments are messy or disorganized?</i>	1	1	1	1 – Not present.	
<i>When you do your worksheets, do you usually start at the beginning and do all the problems in order, or do you like to skip around? Do you often miss problems? Do you have a hard time getting ready for school in the morning?</i>	2	2	2	2 – Subthreshold: Occasionally disorganized. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) disorganized. Problem has significant effect on functioning.	

<u>Dislikes/Avoids Tasks Requiring Attention</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Do you hate or dislike doing things that require a lot of concentration/effort?</i>	0	0	0	0 – No information.	ADH9
<i>Like certain assignments, homework or reading a book?</i>	1	1	1	1 – Not present.	
<i>Are there some kinds of school work you hate doing more than others? Which ones? Why?</i>	2	2	2	2 – Subthreshold: Occasionally avoids tasks that require sustained attention, and/or expresses mild dislike for these tasks.	
<i>Do you try to get out of doing your ___ assignments?</i>				Occasionally avoids tasks that require sustained attention, and/or expresses mild dislike for these tasks.	
<i>About how many times a week do you not do your ___ homework?</i>				Problem has only minimal effect on functioning.	
NOTE: IN CHILDREN/TEENS WITH ADHD, ABILITY TO SUSTAIN ATTENTION TO VERY REWARDING ACTIVITIES LIKE COMPUTER OR VIDEO GAMES MAY NOT BE IMPAIRED.	3	3	3	3 – Threshold: Often (4-7 days/week) avoids tasks that require sustained attention, and/or expresses moderate dislike for these tasks. Problem has significant effect on functioning.	

<u>Loses Things</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Do you lose things a lot? Your pencils at school? Homework assignments?</i>	0	0	0	0 – No information.	ADH10
<i>Things around home?</i>	1	1	1	1 – Not present.	
<i>About how often does this happen?</i>	2	2	2	2 – Subthreshold: Occasionally loses things. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often loses things (e.g. once a week or more). Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Forgetful in Daily Activities</u>					
<i>Do you often leave your homework at home, or your books or coats on the bus? Do you leave your things outside by accident?</i>	0	0	0	0 – No information.	ADH11
<i>How often do these things happen? Has anyone ever complained that you are too forgetful?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally forgetful. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) forgetful. Problem has significant effect on functioning.	

<u>Fidgets</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Consider restlessness, tapping fingers, chewing things, squirming, "ants in pants", etc.	0	0	0	0 – No information.	ADH12
<i>Do people often tell you to sit still, to stop moving, or stop squirming in your seat? Your teachers? Parents?</i>	1	1	1	1 – Not present.	
<i>Do you sometimes get into trouble for squirming in your seat or playing with little things at your desk? Do you have a hard time keeping your arms and legs still? How often?</i>	2	2	2	2 – Subthreshold: Occasionally fidgets with hands or feet or squirms in seat. Problem has only minimal effect on functioning.	
For parents about children: <i>When you take your child to places like church or a restaurant, do you have to bring a lot of games or toys?</i>	3	3	3	3 – Threshold: Often (4-7 days/week) fidgets with hands or feet or squirms in seat. Problem has significant effect on functioning.	
About adolescents: <i>When your child was younger, were you able to take him/her to places like church or a restaurant? Were these difficulties beyond what you would expect for a child his/her age?</i>					
Take into account that these symptoms tend to improve with age. Carefully check if this symptom was present when the child was younger.					
<u>Note:</u> Rate based on data reported by informant.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Runs or Climbs Excessively</u>					
<i>Do you get into trouble for running down the hall in school?</i>	0	0	0	0 – No information.	ADH13
<i>Does your parent often have to remind you to walk instead of run when you are out together?</i>	1	1	1	1 – Not present.	
<i>Do your parents or your teacher complain about you climbing things you shouldn't? What kinds of things? How often does this happen?</i>	2	2	2	2 – Subthreshold: Occasionally runs about or climbs excessively. Problem has only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness)	
Adolescents: <i>Do you feel restless a lot? Feel like you have to move around, or that it is very hard to stay in one place?</i>					
Note: Rate based on data reported by informant.	3	3	3	3 – Threshold: Often (4-7 days/week) runs about or climbs excessively. Problem has significant effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness)	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>On the Go/Acts like Driven by Motor</u>					
<i>Do people tell you that your motor is always running?</i>	0	0	0	0 – No information.	ADH14
<i>Is it hard for you to slow down?</i>					
<i>Can you stay in one place for long, or are you always on the go?</i>	1	1	1	1 – Not present.	
<i>How long can you sit and watch TV or play a game?</i>	2	2	2	2 – Subthreshold: Occasionally, minimal effect on functioning.	
<i>Do people tell you to slow down a lot?</i>	3	3	3	3 – Threshold: Often (4-7 days/week) acts as if "driven by a motor." Significant effect on functioning.	
<hr/>					
	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Difficulty Playing Quietly</u>					
<i>Do your parents or teachers often tell you to quiet down when you are playing?</i>	0	0	0	0 – No information.	ADH15
<i>Do you have a hard time playing quietly?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally has difficulty playing quietly. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty playing quietly. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Blurts Out Answers</u>					
<i>At school, do you sometimes call out the answers before you are called on?</i>	0	0	0	0 – No information.	ADH16
<i>Do you talk out of turn at home? Answer questions your parents ask your siblings? How often?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally talks out of turn. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) talks out of turn. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Difficulty Waiting Turn</u>					
<i>Is it hard for you to wait your turn in games? What about in line in the cafeteria or at the water fountain?</i>	0	0	0	0 – No information.	ADH17
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally has difficulty waiting his/her turn. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty waiting his/her turn. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Interrupts or Intrudes</u>					
<i>Do you get into trouble for talking out of turn at school?</i>	0	0	0	0 – No information.	ADH18
<i>Do your parents, teachers, or any of the kids you know complain that you cut them off when they are talking?</i>	1	1	1	1 – Not present.	
<i>Do kids complain that you break in on games? Does this happen a lot?</i>	2	2	2	2 – Subthreshold: Occasionally interrupts others.	
<u>Note: Rate based on data reported by informant.</u>	3	3	3	3 – Threshold: Often (4-7 days/week) interrupts others.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Talks Excessively</u>					
<i>Do people say you talk too much?</i>					
<i>Do you get into trouble at school for talking when you are not supposed to?</i>	0	0	0	0 – No information.	ADH19
<i>Do people in your family complain that you talk too much?</i>	1	1	1	1 – Not present.	
<i>What about humming or always making noises?</i>	2	2	2	2 – Subthreshold: Occasionally talks excessively.	
<u>Do not rate vocal tics positively.</u>					
<u>Note: Rate based on data reported by informant.</u>	3	3	3	3 – Threshold: Often (4-talks excessively).	

Codes: 0 = No information. 1 = No. 2 = Yes.

	<u>P</u>			<u>C</u>			<u>S</u>			
<u>Duration</u>										
<i>For how long have you had trouble (list symptoms that were positively endorsed)?</i>	0	1	2	0	1	2	0	1	2	ADH20
<u>Criteria to rate “yes”: 6 months or more.</u>										

Codes: 0 = No information. 1 = No. 2 = Yes.

<u>Age of Onset</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<p><i>How old were you when you started to have these problems?</i></p> <p><i>Did you have these problems in kindergarten? First Grade? Middle school?</i></p> <p><i>Specify:</i></p> <p><u>Criteria to rate "yes":</u> <u>Some symptoms present before age 12.</u></p>	0	1	2	0	1	2	0	1	2	ADH21

<u>Impairment</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<p>Must be present in <u>two</u> settings.</p> <p>A. <u>Socially (with peers)</u></p> <p>B. <u>With family</u></p> <p>C. <u>In school</u></p>	0	1	2	0	1	2	0	1	2	ADH22
	0	1	2	0	1	2	0	1	2	ADH23
	0	1	2	0	1	2	0	1	2	ADH24

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime

Evidence of ADHD

0

1

2

ADH25

DSM-5-Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

(1) Inattention: **Six** or more of the following symptoms have persisted for at least **6 months** to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.

- a. Makes a lot of careless mistakes
- b. Difficulty sustaining attention on tasks or play activities
- c. Doesn't listen
- d. Difficulty following instructions
- e. Difficulty organizing tasks
- f. Dislikes/avoids tasks requiring attention
- g. Loses things
- h. Easily distracted
- i. Forgetful in daily activities

(2) Hyperactivity/Impulsivity: **Six** or more of the following nine symptoms have persisted for at least **6 months**: **NOTE:** For older adolescents and adults (age 17 and older), only **five** symptoms are required)

- a. Fidgets
- b. Difficulty remaining seated
- c. Runs or climbs excessively
- d. Difficulty playing quietly
- e. On the go/acts as if driven by a motor
- f. Talks excessively
- g. Blurts out answers
- h. Difficulty waiting turn
- i. Often interrupts or intrudes

B. Some symptoms that caused impairment present before the age of 12.

C. Several symptoms must be present in two or more situations (e.g., school and home)

D. Clinically significant impairment

E. Symptoms do not occur exclusively during the course of psychotic disorder and not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociation, personality disorder).

NOTE: Autism Spectrum Disorder is no longer a rule out for the diagnosis of ADHD.

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime/Ever

Predominately Inattentive Presentation

Meets criterion A (1), but not criterion A (2)	0	1	2	ADH26
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Predominately Hyperactive-Impulsive Type

Meets criterion A (2), but not criterion A (1)	0	1	2	ADH27
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Combined Type

Both criteria A (1) and A (2) are met	0	1	2	ADH28
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Other Specified ADHD

Prominent symptoms of inattention or hyperactivity- impulsivity that do not meet criteria for Attention Deficit Hyperactivity Disorder	0	1	2	ADH29
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Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

ADHD Predominately Inattentive Presentation - Lifetime Diagnosis:

_____ ADH30

ADHD Predominately Inattentive Presentation - Age of Onset:

_____ ADH31

ADHD Predominately Hyperactive-Impulsive Type - Lifetime Diagnosis:

_____ ADH32

ADHD Predominately Hyperactive-Impulsive Type - Age of Onset:

_____ ADH33

Combined Type - Lifetime Diagnosis:

_____ ADH34

Combined Type - Age of Onset:

_____ ADH35

Other Specified - Lifetime Diagnosis:

_____ ADH36

Other Specified ADHD - Age of Onset:

_____ ADH37

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**K-SADS-PL 2013:
CONDUCT DISORDER**

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: CONDUCT DISORDER

The essential feature of Conduct Disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age appropriate societal rules are violated. Three behaviors must have been present during the past 12 months with at least one present in the past 6 months.

Keep in mind differential diagnoses of mood disorders, ADHD, psychosis, substance abuse. If symptoms occur only during manic episode, consider NOT giving both diagnoses.

If CIDI screen = positive (+) or subthreshold: Say, “In your earlier interview you mentioned that you have had times when you felt either irritable or in a bad mood, or you felt full of energy with a better mood than usual for more than few days. The next questions are about that.” Then proceed with Conduct Disorder screen.

If CIDI screen = negative (-): Proceed with Conduct Disorder screen.

<u>Lies</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Everybody lies. Some kids tell lies to exaggerate, some kids tell lies to get out of trouble, while others tell lies to con/cheat others.	0	0	0	0 – No information.	CDO1
<i>Do you ever tell lies?</i>	1	1	1	1 – Not present.	
<i>What type of lies do you tell?</i>					
<i>Who do you lie to?</i>	2	2	2	2 – Subthreshold: Occasionally lies. Likes more often than a typical child his/her age.	
<i>Have people ever called you a liar?</i>					
<i>What's the worst lie you ever told?</i>					
<i>Did you lie to get other people to do things for you?</i>	3	3	3	3 – Threshold: Lies often, multiple times per week or more (to con or cheat) .	
<i>Did you lie to get out of paying people back money or some favor you owe them?</i>					
<i>Has anyone ever called you a con?</i>					
<i>Complained that you broke promises a lot?</i>					
<i>How often did you lie?</i>					

NOTE: Only rate positive evidence of lying to cheat or “con.”

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Truant</u>					
<i>Has there ever been a time when you skipped a whole day of school when your parents didn't know about it?</i>	0	0	0	0 – No information.	CDO2
<i>Did you ever go to school and leave early when you were not really supposed to? How about going in late?</i>	1	1	1	1 – Not present.	
<i>Did you sometimes miss or skip classes in the morning? Did you get into trouble? How often?</i>	2	2	2	2 – Subthreshold: Truant on one isolated incident.	
For adolescents: <i>How old were you when you first started to play hooky?</i>	3	3	3	3 – Threshold: Truant on numerous occasions (e.g. 2 or more days or numerous partial days).	

NOTE: Only rate positive incidents of truancy beginning before the age of 13. In addition, truancy is actively missing part of all of a school day regardless of parent ability to enforce attendance.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Initiates Physical Fights</u>					
<i>Has there ever been a time when you got into many fist fights? Who usually started the fights? What's the worst fight you ever got into? What happened? Did anyone get hurt?</i>	0	0	0	0 – No information.	CDO3
<i>Who did you usually fight with? Have you ever hit a teacher? One of your parents? Another adult? How often did you fight? Have you ever tried or wanted to kill someone?</i>	1	1	1	1 – Not present.	
<u>NOTE: Take into account culture, background, and neighborhood.</u>	2	2	2	2 – Subthreshold: Fights with peers only. No fight has resulted in serious injury to peer (e.g. no medical intervention required, stitches, etc.).	
	3	3	3	3 – Threshold: Reports at least one physical fight involving an adult (e.g. teacher, parent) OR reports starting frequent fights, with one or more fights resulting in serious injury to a peer, or frequent fights not resulting in injury (at least 1-2 times per month).	
<u>INQUIRE ABOUT:</u>					
A. <i>Gang involvement.</i> Are you or your friends in a gang? The Crips? Bloods? Another gang? _____ Check here if evidence of gang involvement.					
B. <i>Homicidal intent.</i> Have you ever thought about wanting to kill someone or a group of people? Do you have a gun or any other weapons? _____ Check here if evidence of homicidal intent.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Bullies, Threatens, or Intimidates</u>					
<u>Others</u>					
	0	0	0	0 – No information.	CDO4
<i>Do you ever try to bully kids or threaten kids to get them to do something you want them to do?</i>	1	1	1	1 – Not present.	
<i>How often do you do these things?</i>					
<i>Call names or make fun of other kids</i>	2	2	2	2 – Subthreshold: Occasionally bullies, threatens or intimidates.	
<i>Threaten to hurt other kids</i>					
<i>Push</i>					
<i>Trip</i>					
<i>Come up from behind and slap or knock kids down</i>	3	3	3	3 – Threshold: Bullies, threatens, or intimidates others on multiple occasions, daily, almost daily, or at least several times per week.	
<i>Knock items out of kids' hands</i>					
<i>Make other kids do things for you</i>					
<u>NOTE: Do not count trivial sibling rivalry.</u>					

- IF RECEIVED A SCORE OF 3 ON ANY OF THE PREVIOUS ITEMS, COMPLETE THE CONDUCT DISORDER SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.
- IF A SCORE OF 1 or 2, STOP INTERVIEW, RECORD TIME.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST CONDUCT DISORDER. MAKE NOTES ABOUT GANG INVOLVEMENT).

K-SADS Supplement: CONDUCT DISORDER

The essential feature of Conduct Disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social rules are violated. Three behaviors must have been present during the past 12 months with at least one present in the past 6 months. **Keep in mind differential diagnoses of bipolar disorder, MDE, ADHD, psychosis, substance abuse.**

If symptoms occur only during mood disorders, consider NOT giving both diagnoses. However, in persistent depression/dysthymia, it may be impossible to disentangle and you might consider giving both diagnoses.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Vandalism, Destroyed Others' Property</u>					
<i>Do you ever break other people's things on purpose? Like breaking windows? Kicking in doors, smashing windows, destroying school property?</i>	0	0	0	0 – No information.	CDO5
<i>Have you ever destroyed furniture, walls, floors, doors, etc. at home or school?</i>	1	1	1	1 – Not present.	
<i>How about when you were very angry?</i>	2	2	2	2 – Subthreshold: Minor acts of deliberate destruction of other people's property on rare occasions (e.g., breaks another's toy on purpose) OR one or two occasions of significant destruction of property.	
<i>How often do you destroy others' property?</i>	3	3	3	3 – Threshold: Three or more instances of moderate to severe vandalism/destruction of property.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Breaking and Entering</u>					
<i>Have you or any of your friends ever broken into any cars? Houses? Any stores? Warehouses? Other buildings? About how many times have you broken into a house, car, store, or other building?</i>	0	0	0	0 – No information.	CDO6
<i>Have you or any of your friends done any of the following: Broken into houses; cars; other vehicles; abandoned houses or buildings; a store(s); a building(s)?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Has been with friends who broke into a house, car, store, or building, but did not actively participate.	
	3	3	3	3 – Threshold: Has broken into a house, car, store, or building 1 or more times.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Aggressive Stealing</u>					
<i>Have you or any of your friends robbed anyone? Snatched their purse? Held them up? How often?</i>	0	0	0	0 – No information.	CDO7
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Has been with friends who aggressively stole, but did not actively participate.	
	3	3	3	3 – Threshold: Mugging, purse-snatching, extortion, armed robbery, etc. on 1 or more occasions.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Firesetting</u>					
<i>Have you set any fires? Why did you set the fire? Were you playing with matches and did you start the fire by accident, or did you start it on purpose?</i>	0	0	0	0 – No information.	CDO8
<i>Were you angry? Were you trying to cause a lot of damage or to get back at someone?</i>	1	1	1	1 – Not present.	
<i>What's the most damage you ever caused by starting a fire? About how many fires have you set?</i>	2	2	2	2 – Subthreshold: Match/lighter play. No intent to cause damage, and fire(s) not started out of anger.	
	3	3	3	3 – Threshold: Set 1 or more fires with the intent to cause damage, or out of anger.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Often Stays out at Night</u>					
<i>What time are you supposed to come home at night? Do you often stay out past your curfew? What is the latest you ever stayed out? Have you ever stayed out all night? How many times have you done that?</i>	0	0	0	0 – No information.	CDO9
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Stayed out all night, or several hours past curfew, on 1-2 isolated occasions (despite parent's prohibitions).	
<u>Note: Only rate positive incidents of staying out if it begins before the age of 13.</u>	3	3	3	3 – Threshold: Stayed out all night, or several hours past curfew, on several occasions (3 or more times).	

<u>Ran Away Overnight</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Have you ever run away? Why? Was there something going on at home that you were trying to get away from?</i>	0	0	0	0 – No information.	CDO10
<i>How long did you stay away? How many times did you do this?</i>	1	1	1	1 – Not present.	
<u>NOTE: Do not score positively if child ran away to avoid physical or sexual abuse.</u>	2	2	2	2 – Subthreshold: Ran away overnight only one time, or ran away for shorter periods of time on several occasions.	
	3	3	3	3 – Threshold: Ran away overnight 2 or more times or once for at least 2 or more nights (lengthy period of time).	

<u>Use of a Weapon</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Have you ever used an object or item to hit/hurt someone?</i>	0	0	0	0 – No information.	CDO11
<i>Have you ever carried a weapon? Have you ever used or threatened to use to hurt someone (check all that apply):</i>	1	1	1	1 – Not present.	
___ <i>kitchen knife or pocket knife</i>					
___ <i>gun</i>					
___ <i>brick, rocks</i>					
___ <i>broken bottles</i>	2	2	2	2 – Subthreshold: Has threatened use of a weapon, but has never used one.	
___ <i>bat</i>					
___ <i>brick</i>					
<i>What about in self-defense?</i>	3	3	3	3 – Threshold: Used a weapon that can cause serious harm on 1 or more occasions (e.g., knife, brick, broken bottle, gun).	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Physical Cruelty to Persons</u>					
<i>Have you ever beaten someone up for no reason? How bad?</i>	0	0	0	0 – No information.	CDO12
<i>Was it just because the other person was different than you or because of the way they looked? Did they get hurt?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Has been physical cruelty on one or two occasions. No significant injuries.	
<u>NOTE:</u> Do not count trivial sibling rivalry.	3	3	3	3 – Threshold: Has been physically cruel to an individual on 3 or more occasions, or on one occasion intentionally causing significant injury.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Forced Sexual Activity</u>					
<i>Have you ever forced anyone to kiss you or touch you in your private parts?</i>	0	0	0	0 – No information.	CDO13
<i>Have you every forced another kid to touch you outside your clothes?</i>	1	1	1	1 – Not present.	
<i>Has anyone ever said you forced another kid/person to go farther than they wanted? What did they say?</i>	2	2	2	2 – Subthreshold: Forced or attempted to force someone to participate in mild sexual activity (e.g., non-genital fondling) on one or more occasions.	
	3	3	3	3 – Threshold: Forced someone to participate in severe sexual activity (e.g. genital fondling, oral sex, vaginal intercourse and/or anal intercourse) on one or more occasions.	

<u>Cruelty to Animals</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Some kids like to hurt or torture animals. Have you hurt or tried to hurt an animal on purpose? What did you do?</i>	0	0	0	0 – No information.	CDO14
<i>About how many times have you hurt an animal on purpose in the last six months?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Has repeatedly been mildly cruel to an animal (e.g., kick dog).	
<u>NOTE: Do not score traditional hunting outings. Pay careful attention to the community setting (rural, farm, etc.).</u>	3	3	3	3 – Threshold: Has killed or tortured an animal on one or more occasions, or repeatedly caused moderate to severe injuries to an animal.	

Codes: 0 = No information. 1 = No. 2 = Yes.

<u>Impairment</u>	<u>P</u>			<u>C</u>			<u>S</u>			
A. <u>Socially (with peers)</u>	0	1	2	0	1	2	0	1	2	CDO14
B. <u>With family</u>	0	1	2	0	1	2	0	1	2	CDO15
C. <u>In school</u>	0	1	2	0	1	2	0	1	2	CDO16

Codes: 0 = No information. 1 = No. 2 = Yes.

<u>Duration</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<i>For how long did you (list positively endorsed conduct symptoms)?</i>	0	1	2	0	1	2	0	1	2	CDO17

Criteria to rate “yes”: 6 months or more.

NOTE: Per DSM-5, "the Conduct Disorder diagnosis should be applied only when the behavior in question is symptomatic of an underlying dysfunction within the individual and not simply a reaction to the immediate social context."

<u>Childhood Onset Type</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<i>How old were you when you first started to (list positively endorsed items)?</i>	0	1	2	0	1	2	0	1	2	CDO18

**Criteria to rate “yes”:
Onset of at least one conduct problem prior to age 10.**

<u>Adolescent Onset Type</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<i>Do you didn't do any of these things before you were 10?</i>	0	1	2	0	1	2	0	1	2	CDO19

**Criteria to rate “yes”:
No conduct problems prior to age 10.**

LifetimeEvidence of Conduct Disorder

0

1

2

CDO20

DSM-5-Criteria

- A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months:

Aggression to People and Animals

1. Often bullies, threatens, or intimidates others
2. Often initiates physical fights
3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
4. Has been physically cruel to people
5. Has been physically cruel to animals
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
7. Has forced someone into sexual activity

Destruction of Property

8. Has deliberately engaged in fire setting with the intention of causing serious damage
9. Has deliberately destroyed others' property (other than by firesetting)

Deceitfulness or Theft

10. Has broken into someone else's house, building or car
11. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering, forgery)

Serious Violation of Rules

13. Often stays out at night despite parental prohibitions, beginning before age 13 years
14. Has run away overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
15. Is often truant from school, beginning before age 13 years

- B. The disturbance in behavior causes clinically significant impairment in social, academic or occupational functioning.

- C. If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

LifetimeSpecify: with Limited Prosocial Emotion:

0 1 2 CDO21

Criteria: Displays at least two of the following characteristics persistently over at least 12 months and in multiple relationships and settings:

1. **Lack of remorse or guilt** – does not feel bad or guilty when he or she does something wrong; the individual shows a general lack of concern about the negative consequences of his or her actions;
2. **Callous, lack of empathy** – disregards and is unconcerned about the feelings of others; the individual is described as cool and uncaring;
3. **Unconcerned about performance** at school, work, or in other important activities – the individual does not put forth the effort necessary to perform well, even when expectations are clear, and typically blames other for his or her poor performance;
4. **Shallow or deficient affect** – does not express feelings or show emotions to others except in ways that seem shallow, insincere or superficial or when emotional expressions are used for gain.

LifetimeSeverity:

Mild Moderate Severe CDO22

Criteria:

- **Mild:** Few problems in excess of those required for the diagnosis; problems cause relatively minor problems to others (e.g., lying, truancy, staying out after dark without permission);
- **Moderate:** Intermediate severity (e.g., stealing without confronting a victim, vandalism);
- **Severe:** Many problems in excess of those required for the diagnosis, or problems cause considerable harm to others (e.g., forced sex, physical cruelty, use of weapon, stealing while confronting victim, breaking and entering).

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

Conduct Disorder Lifetime Diagnosis: _____

CDO23

Conduct Disorder Age of Onset: _____

CDO24

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**K-SADS-PL 2013:
DEPRESSION & MANIA/HYPOMANIA**

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: DEPRESSION

If CIDI screen = positive (+) or subthreshold: Say, "In your earlier interview you mentioned that you have had times when you felt either irritable or in a bad mood, or you felt full of energy with a better mood than usual for more than few days. The next questions are about that." Then proceed with Depression and Mania screens. **If CIDI screen = negative (-):** Proceed with Depression and Mania screens.

<u>Depressed Mood</u>	<u>P</u>	<u>C</u>	<u>S</u>		
[DSM-5 DR# 6: Felt down, depressed]	0	0	0	0 – No information.	DMA1
<i>Have you ever felt sad, blue, down, or empty? Did you feel like crying? When was that? Do you feel ___ now? Was there ever another time you felt ___?</i>	1	1	1	1 – Not present. Not at all or less than once a week.	
<i>Did you have any other bad feelings? Did you have a bad feeling all the time that you couldn't get rid of? Did you cry or were you tearful? Did you feel ___ all the time? Some of the time? (Percent of awake time: summation of % of all labels if they do not occur simultaneously).</i>	2	2	2	2 – Subthreshold: Depressed mood at least 2-3 days/ week, for much of the day.	
(Assessment of diurnal variation can secondarily clarify daily duration of depressive mood) <i>Did it come and go? How often? Every day? How long did it last? What do you think brought it on? Could other people tell that you were sad?</i>	3	3	3	3 – Threshold: Depressed mood at least 2-3 days/ week, for much of the day.	
<u>Duration of Depressed Mood – # of weeks (most severe episode):</u>				_____ weeks	DMA2

NOTE: Sometimes the child will initially give a negative answer at the start of the interview but will become obviously sad as the interview goes on. Then these questions should be repeated eliciting the present mood and using it as an example to determine its frequency.

NOTE: When a child or parent reports frequent short periods of sadness throughout the day, it is likely that the child is always sad and only reports the exacerbations, in which case the rating of depressive mood will be 3. Thus, it is always essential to ask about the rest of the time: "Besides these times when you felt ____, during the rest of the time, did you feel happy or were you more sad than your friends?"

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Irritability and Anger</u>					
<i>Was there ever a time when you got annoyed, irritated, or cranky at little things?</i>	0	0	0	0 – No information.	DMA3
<i>Did you ever have a time when you lost your temper a lot? When was that?</i>	1	1	1	1 – Not present. Not at all or less than once a week.	
<i>Are you like that now? Was there ever another time you felt ___?</i>					
<i>What kinds of things made you ___? Were you feeling mad or angry also (even if you didn't show it)? How angry? More than before? What kinds of things made you feel angry? Did you sometimes feel angry, irritable, and/or cranky and didn't know why?</i>	2	2	2	2 – Subthreshold: Feels definitely more angry or irritable than called for by the situation at least (2-3 days/week), for much of the day.	
<i>Did this happen often? Did you lose your temper? With your family? Your friends? Who else? At school? What did you do? Did anybody say anything about it? How much of the time did you feel angry, irritable, and/or cranky? All of the time? Lots of the time? Just now and then? None of the time?</i>	3	3	3	3 – Threshold: Feels irritable/angry more days than not (4-7 days/week), most of the day (at least 50% of awake time.).	
<i>When you got mad, what did you think about? Did you think about killing others or hurting yourself? Or about hurting them or torturing them? Whom? Did you have a plan? How?</i>					

Duration of Irritable Mood (most severe episode):

_____ DMA4

NOTE: IRRITABILITY MAY BE DUE TO OTHER DISORDERS, e.g., BIPOLAR DISORDER, ADHD, ODD, CD, SUBSTANCE ABUSE, ASD.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Anhedonia, Lack of Interest, Apathy, Low Motivation, or Boredom</u>					
[DSM-5 DR# 5: Has less fun doing things]	0	0	0	0 – No information.	DMA5
Boredom is a term all children understand and which frequently refers to loss of ability to enjoy (anhedonia) or to loss of interest or both. Loss of pleasure and loss of interest are not mutually exclusive and may coexist.	1	1	1	1 – Not present.	
<i>What are the things you do for fun? Enjoy? (Get examples: Nintendo, sports, friends, favorite games, school subjects, outings, family activities, favorite TV programs, computer or video games, music, dancing, playing alone, reading, going out, etc.). Has there ever been a time you felt bored a lot of the time? When? Do you feel bored a lot now?</i>				2 – Subthreshold: Several activities definitely less pleasurable or interesting. Or bored or apathetic at least 3 times a week during activities.	
<i>Was there another time you felt bored a lot? Did you feel bored when you thought about doing the things you usually like to do for fun? (Give examples mentioned above). Did this stop you from doing those things? Did you (also) feel bored while you were doing things you used to enjoy?</i>	2	2	2		
	3	3	3	3 – Threshold: Most activities much less pleasurable or interesting. Or bored or apathetic daily, or almost daily, at least 50% of the time.	
Anhedonia refers to partial or complete (pervasive) loss of ability to get pleasure, enjoy, have fun during participation in activities which have been attractive to the child like the ones listed above. It also refers to basic pleasures like those resulting from eating favorite foods and, in adolescents, sexual activities.					
<i>Did you look forward to doing the things you used to enjoy? (Give examples) Did you try to get into them? Did you have to push yourself to do your favorite activities? Did they interest you?</i>					

**Anhedonia, Lack of Interest,
Apathy, Low Motivation, or
Boredom, CONTINUED.**

Did you get excited or enthusiastic about doing them? Why not? Did you have as much fun doing them as you used to before you began feeling (sad, etc.)? If less fun, did you enjoy them a little less? Much less? Not at all? Did you have as much fun as your friends? How many things are less fun now than they used to be (use concrete examples provided earlier by child)?

How many were as much fun? More fun? Did you do _____ less than you used to? How much less?

In adolescents: (if sexually active)
Do you enjoy sex as much as you used to? Are you less sexually active than you used to be?

This item does not refer to inability to engage in activities
(loss of ability to concentrate on reading, games, TV, or school subjects)

Two comparisons should be made in each assessment: Enjoyment as compared to that of peers and/or enjoyment as compared to that of child when not depressed. The second is not possible in episodes of long duration because normally children's preferences change with age. Severity is determined by the number of activities which are less enjoyable to the child, and by the degree of loss of ability to enjoy.

Do not confuse with lack of opportunity to do things which may be due to excessive parental restrictions.

Duration of Anhedonia in weeks
(most severe episode):

_____ weeks

DMA6

<u>Recurrent Thoughts of Death</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Sometimes children who get upset or feel bad, wish they were dead or feel they'd be better off dead.</i>	0	0	0	0 – No information.	DMA7
<i>Have you ever had these type of thoughts? When?</i>	1	1	1	1 – Not present. Not at all or less than once a week.	
<i>Do you feel that way now?</i>					
<i>Was there ever another time you felt that way?</i>	2	2	2	2 – Subthreshold: Infrequent thoughts of death (e.g. less than once per month, vague, non-specific).	
	3	3	3	3 – Threshold: Recurrent thoughts of death, "I would be better off dead" or "I wish I were dead."	

<u>Suicidal Ideation</u>	<u>P</u>	<u>C</u>	<u>S</u>		
[DSM-5 DR# 24: Thoughts of committing suicide]	0	0	0	0 – No information.	DMA8
<i>Sometimes children who get upset or feel bad think about dying or even killing themselves.</i>	1	1	1	1 – Not at all.	
<i>Have you ever had such thoughts?</i>					
<i>How would you do it?</i>	2	2	2	2 – Subthreshold: Infrequent or vague thoughts of suicide (e.g., less than once per month).	
<i>Did you have a plan?</i>	3	3	3	3 – Threshold: Recurrent thoughts of suicide.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Suicidal Acts - Intent</u>					
DSM-5 DR# 25: Ever tried to kill self:	0	0	0	0 – No information.	DMA9
<i>Have you actually tried to kill yourself? When? What did you do? Did you do anything else? Did you truly want to die?</i>	1	1	1	1 – No attempt.	
<i>How close did you come to doing it? Was anybody in the room? In the apartment? Did you tell them in advance? How were you found? Did you ask for any help after you did it?</i>	2	2	2	2 – Subthreshold: Preparations with no actual intent to die (e.g., held pills in hand) or planned attempt but did not follow through or engage in self harming behavior.	
NOTE: CODE SELF-HARMING BEHAVIOR WITH NO INTENT TO DIE AS NON-SUICIDAL, SELF-INJURIOUS BEHAVIOR (see DMA13) - NOT AS SUICIDAL BEHAVIOR.	3	3	3	3 – Threshold: Self injurious behavior with ANY suicidal intent. (If subject endorses even a 1% intent to die, code as threshold here).	
<hr/>					
<u>Ever Attempted Suicide</u>				1 – No	DMA10
				2 – Yes	
<hr/>					
<u>Number of Lifetime Attempts Meeting Threshold of (3):</u>					DMA11

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Suicidal Acts – Medical Lethality</u>					
Actual medical threat to life or physical condition following the most serious suicidal act. Take into account the method, impaired consciousness at time of being rescued, seriousness of physical injury, toxicity of ingested material, reversibility, amount of time needed for complete recovery and how much medical treatment needed.	0	0	0	0 – No information.	DMA12
<i>How close were you to dying after your (most serious suicidal act)?</i>	1	1	1	1 – No attempt or engaged in behavior with no intent to die (e.g., held pills in hand). No medical damage.	
<i>What did you do when you tried to kill yourself?</i>	2	2	2	2 – Subthreshold: Superficial cuts, scratch to wrist, took a couple of extra pills.	
<i>What happened to you after you tried to kill yourself?</i>	3	3	3	3 – Threshold: Medical intervention occurred or was indicated; or significant cut with bleeding, or took more than a couple of pills.	
<u>NOTE: CODE SELF-HARMING BEHAVIOR WITH NO INTENT TO DIE AS NON-SUICIDAL, SELF-INJURIOUS BEHAVIOR (see DMA13) - NOT AS SUICIDAL BEHAVIOR.</u>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Non-suicidal, Self-injurious Behavior</u>					
Refers to intentional self-inflicted damage to the surface of the body, of a sort likely to induce bleeding or pain for purposes that are not socially sanctioned AND done without intent of killing himself, with the expectation that the injury will lead to only minor or moderate physical harm.	0	0	0	0 – No information.	DMA13
<i>Have you ever tried to hurt yourself? Have you ever burned yourself with matches or candles? Or scratched yourself with needles, a knife or your nails? Or put hot pennies on your skin? Anything else? Why did you do it? How often?</i>	1	1	1	1 – Not present.	
<i>Do you have many accidents? What kind? How often?</i>	2	2	2	2 – Subthreshold: Once. Has engaged in the behavior on 1-4 occasions. Has never caused serious injury to self.	
<i>Some kids do these types of things because they want to kill themselves, and other kids do them because it makes them feel a little better afterwards. Why do you do these things?</i>	3	3	3	3 – Threshold: Repetitive. Has engaged in the behavior more than 5 times and/or has engaged in the behavior with significant injury to self (e.g., burn left scar, cut required stitches).	

- **ALL WILL RECEIVE THE NEXT SCREENING MODULE, MANIA/HYPOMANIA, REGARDLESS OF ABOVE RESPONSES.**
- **IF RECEIVED A SCORE OF 3 ON ANY OF THE PREVIOUS ITEMS,**

CHECK HERE: _____

AND ADMINISTER THE DEPRESSION SUPPLEMENT AFTER COMPLETING THE MANIA SCREENING MODULE.

NOTE: (RECORD DATES OF POSSIBLE DEPRESSIVE DISORDERS).

K-SADS Screen Interview: MANIA/HYPOMANIA

<u>Elevated, Elated or Expansive Mood</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Elevated mood and/or excessively optimistic attitude which is out of proportion to circumstances and above and beyond what is expected in children of the same age or same developmental level. Differentiate from normal mood in chronically depressed subjects. Do not rate positive if mild elation is reported in situations like Christmas, birthdays, going to amusement parks, which normally overstimulate and make children very excited.	0	0	0	0 – No information.	DMA14
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Definitely elevated and optimistic outlook that is somewhat out of proportion to the circumstances (above and beyond what is expected in a child of the subject's age). Occurs less than 4 hours in a day and/or for fewer than 3 separate days.	
<u>NOTE: DO NOT SCORE POSITIVELY IF ELATED MOOD IS EXCLUSIVELY DUE TO DRUGS, MEDICATIONS, OR ANY OTHER PSYCHIATRIC OR MEDICAL CONDITION.</u>					
<i>Has there ever been a time when you felt super happy or on top-of-the world? Way more than your normal happy feeling? Did the super-happy feeling seem to come out of the blue? Have there been times when you were super silly, much sillier than everyone else around you? Were you laughing about things that normally you would not find funny? Did it feel like you couldn't stop laughing? Did it seem like you were drunk or high, even though you weren't taking drugs or alcohol? Did other people notice?</i>	3	3	3	3 – Threshold: Mood and outlook are clearly out of proportion to circumstances. Noticeable to others and perceived as odd or exaggerated. Occurs for at least 4 hours out of a day for at least 2 consecutive days or on at least 3 separate days within one week.	
<i>Have your friends ever said anything to you about being way too happy, too silly or too high? Did you feel super-positive, like nothing could go wrong? Did you have the feeling that everything was terrific and would turn out just the way you wanted? Did you feel really excited or full of enthusiasm but there really was not a reason to feel this way? Can you give examples? How long did this feeling usually last? Would it come and go throughout the day? Did you ever have problems or get in trouble for being too happy or high?</i>					
Ask Parent/Caregiver: <i>Was this above and beyond what you would see in his/her friends or other kids of the same age or developmental level in the same circumstances?</i>					
	P = Parent Rating C = Child Rating S = Summary Rating				

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Explosive Irritability/Anger</u>					
[DSM-5 DR# 8: Felt angry or lost your temper]	0	0	0	0 – No information.	DMA15
<i>Was there ever a time you were so irritable and angry that you exploded?</i>	1	1	1	1 – Not present.	
<i>When you are feeling really mad, do you throw things or break things? Tear your room apart?</i>					
<i>Have you ever punched a hole in the wall when you were angry? When you got really angry, did you ever threaten or actually hurt a parent or a teacher? What about other kids or pets?</i>	2	2	2	2 – Subthreshold: Definite periods of excessively irritable/angry mood. Anger/irritability is out of proportion for the situation and occurs for much of the day or intensely for a brief period (< 1 hour).	
<i>What was going on at the time when this happened? What set you off? Have there been times when you got super angry without knowing why or over little things that you normally would not get upset about?</i>	3	3	3	3 – Threshold: Episodes of explosive irritability / anger that are far out of proportion to any stressor or stimuli - has associated aggressive behavior (e.g. threats, property destruction or physical aggression). Occurs on at least 2 consecutive days or on at least 3 separate days within one week.	
<u>NOTE: Only rate irritability and explosiveness in this item that occurs during distinct episode(s) and represents a change from baseline. Do not rate chronic irritability of one year duration or longer unless there was a marked change in intensity during a distinct period of time.</u>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Increased Energy or Activity</u>					
<i>[DSM-5 DR #9: Starting lots more projects]</i>	0	0	0	0 – No information.	DMA16
<i>Has there ever been a time where you had much more energy than usual, so much energy that it felt like too much?</i>	1	1	1	1 – Not present.	
<i>What kinds of things were you doing when that happened? Was there a change in how much you were doing? Did it seem like you were doing too many things or were super hyper? How long did that feeling last? Did other people notice it? Did you feel differently than other people around you?</i>	2	2	2	2 – Subthreshold: Brief period(s) of increased energy, or mild intensification from baseline (or) likely caused by environmental stimulus; of questionable clinical significance.	
<i>Did anything seem to cause that feeling? Was there anything else different about you during the time of high energy - your speed of talking, thinking, anything else?</i>	3	3	3	3 – Threshold: Definite episodes of clear increased energy or activity, well beyond baseline or far in excess of same age peers in the same situation.	
NOTE: IF THE CHILD HAS ADHD OR IS VERY ACTIVE AND ENERGETIC AT BASELINE, ONLY RATE POSITIVE IF THIS IS A DISTINCT PERIOD OF SUBSTANTIAL INCREASE IN ENERGY.					

NOTE: The (hypo)manic symptom of increased energy should only be rated as positive if it is associated with an abnormal mood (e.g., elation or irritability). If the symptom is only questionably associated with an abnormal mood, then it should be rated as subthreshold.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Decreased Need for Sleep</u>					
<i>[DSM-5 DR 3: Problems falling asleep, staying asleep, or waking early</i>	0	0	0	0 – No information.	DMA17
<i>DSM-5 DR 10: Sleeping less than usual, still have energy]</i>	1	1	1	1 – Not present.	
<i>Less sleep than usual yet still feels rested (average for several days when needs less sleep).</i>	2	2	2	2 – Subthreshold: At least 1 1/2 hours less than usual without feeling tired, for at least 2 consecutive days, or at least 3 separate days.	
Have you ever needed less sleep than usual to feel rested? How much sleep do you ordinarily need? How much had you been sleeping? Did you stay up because you felt especially high or energetic? Were you with friends or by yourself? Had you taken any drugs? Were you up busy doing things? What time did you wake up? Were you tired the next day, or did you have plenty of energy and did not seem to need the sleep?	3	3	3	3 – Threshold: At least 3 hours less than usual because he/she felt energetic or high and did not feel tired. Occurs for at least 2 consecutive days, or on at least 3 separate days within one week.	
NOTE: DO NOT SCORE POSITIVELY IF DECREASED NEED FOR SLEEP TRIGGERED BY SOCIAL EVENT OR ACADEMIC COMMITMENTS OR DRUG USE, OR REFLECTIVE OF TYPICAL IRREGULAR ADOLESCENT SLEEP PATTERN.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Hypersexuality</u>					
[Excessive Involvement in High Risk Pleasurable Activities]	0	0	0	0 – No information.	DMA18
<u>NOTE: HYPERSEXUALITY IN THE ABSENCE OF SEXUAL ABUSE OR INAPPROPRIATE EXPOSURE TO SEXUAL BEHAVIOR OR MEDIA IS A SYMPTOM FAIRLY SPECIFIC TO MANIA/ HYPOMANIA. IT IS NOT A SEPARATE DSM-5 DIAGNOSTIC CRITERION, BUT WHEN PRESENT, IT CAN POTENTIALLY FULFILL EITHER BOTH THE INCREASED GOAL-DIRECTED ACTIVITY AND THE RISKY, PLEASURE-SEEKING BEHAVIOR B CRITERION.</u>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Isolated, brief incidents of mildly inappropriate sexual behavior, of questionable clinical significance.	
	3	3	3	3 – Threshold: Definite episodes of clearly inappropriate sexual behavior.	

For younger children ask parent/caregiver:

Have there been times when your child was excessively focused on sex, nudity, his/her private parts or touching others' private parts? Did your child show an unusual increase in touching their privates in public or dressing in an inappropriate or sexual manner? Would your child kiss or touch you in a sexual way or be way too affectionate instead of their usual way of showing affection? What was his/her mood like during these times? Did anything happen to cause these changes?

For adolescents:

Have there been times when you suddenly got much more interested in sex than usual or that your sex drive seemed to go way up? Did you do anything differently when this happened (dress in a revealing way, talk about sex a lot or ask other people to be intimate / have sex with you)? Were there times when you were driven to have sex much more than usual or with many different partners?

NOTE: IF ENDORSED POSITIVE, NEED TO RULE OUT SEXUAL ABUSE OR INAPPROPRIATE EXPOSURE TO SEXUAL MATERIAL OR BEHAVIOR.

- **ENSURE THAT ALL RECEIVED THE DEPRESSION SCREENER.**
- **IF RECEIVED A SCORE OF 3 ON ANY OF THE PREVIOUS MANIA SCREENING ITEMS,
CHECK HERE: _____
AND ADMINISTER THE MANIA SUPPLEMENT AFTER COMPLETING THE SCREENER.**
- **IF SCORES OF ONLY 0, 1 OR 2, ON BOTH THE DEPRESSION AND MANIA/
HYPOMANIA SCREENING STOP INTERVIEW, RECORD TIME.**

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST HYPOMANIA OR MANIA).

K-SADS Supplement: DEPRESSION

<u>Reassessment of Depressed and Irritable Mood</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<p>The interviewer should reassess depressed and irritable mood. For children and adolescents the mood criteria can be fulfilled by adding together the duration of the reported depressed and irritable moods, for the past month. For example, the child could be irritable 3 days per week and depressed on the other days. Therefore, the child has had depressed and/or irritable mood nearly every day for the past month.</p> <p><i>In the past, you said that you started feeling depressed and that the sad mood lasted _____. Around that time, were you feeling irritable or angry as well? How often?</i></p> <p><i>Currently, you said that you started feeling depressed and that the sad mood lasted _____. Around this time, were you feeling irritable or angry as well? How often?</i></p>	0	0	0	0 – No information.	DMA19
1	1	1	1	1 – Not at all or less than once a week.	
2	2	2	2	2 – Subthreshold: Depressed and/or irritable mood, at least 2-3 days per week for much of the day.	
3	3	3	3	3 – Threshold: Depressed and/or irritable mood, nearly every day (5-7 days/week), most of the day (or > 1/2 of awake time).	

Duration of Depressed/Irritable Mood (Most Severe Episode) (in weeks): _____ weeks DMA20

<u>Insomnia</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Sleep disorder, including initial, middle and terminal difficulty in getting to sleep or staying asleep. Do not rate if he/she feels no need for sleep. Take into account the estimated number of hours slept and the subjective sense of lost sleep. Normally a 6 - 8 year old child should sleep about 10 hours +/- one hour. 9 -12 years, 9 hours +/- 1 hour. 12 - 16 years, 8 hours +/- one hour.	0	0	0	0 – No information.	DMA21
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Insomnia at least 2-3 days per week.	
	3	3	3	3 – Threshold: Insomnia nearly every night (5-7 nights per week). See below for type of insomnia (initial, middle and/or terminal).	
NOTE: DO NOT RATE IF INSOMNIA IS EXCLUSIVELY DUE TO ADHD, OPPOSITIONALITY, MEDICAL PROBLEMS, SLEEP DISORDER, OR OTHER PSYCHIATRIC DISORDERS.					

	<u>P</u>	<u>C</u>	<u>S</u>		
A. <u>Initial Insomnia</u>					
<i>When you are feeling down/ depressed, do you have trouble falling asleep? How long does it take you to fall asleep?</i>	0	0	0	0 – No information.	DMA22
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: More than 30 minutes but less than 1 1/2 hours at least 2-3 nights per week.	
	3	3	3	Threshold: At least 1 1/2 hours nearly every night (5-7 nights per week).	

B. <u>Middle Insomnia</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>When you are feeling down/depressed, do you wake up in the middle of the night? How many times? How long does it take you to fall back asleep?</i>	0	0	0	0 – No information.	DMA23
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Less than 30 minutes awake during the middle of the night or trying to fall back asleep, at least 2-3 nights per week.	
	3	3	3	3 – Threshold: More than 30 minutes, nearly every night (5-7 nights/week).	

C. <u>Terminal Insomnia</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>When you are feeling down or depressed, what time do you wake up in the mornings? Do you wake up earlier than you need to?</i>	0	0	0	0 – No information.	DMA24
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Waking up less than 30 minutes earlier, at least 2-3 days per week. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Waking up less than 30 minutes earlier, at least 2-3 days per week.	

<u>Hypersomnia</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Increased need to sleep, sleeping more than usual. Inquire about hypersomnia even if insomnia was rated 2-3. Sleeping more than norms in 24 hour period.	0	0	0	0 – No information.	DMA25
	1	1	1	1 – Not present.	
Do not rate positive if daytime sleep time plus nighttime true sleep equals normal sleep time (compensatory naps). Do not include "catch-up" sleep on weekends and/or holidays if child is not getting sufficient sleep on school nights.	2	2	2	2 – Subthreshold: Often sleeps at least 1 hour more than usual (at least 2-3 times per week).	
	3	3	3	3 – Threshold: Most nights (5-7 nights/week) sleeps at least 2 hours more than usual.	
<i>Are you sleeping longer than usual? Do you go back to sleep after you wake up in the morning? When did you start sleeping longer than usual? Did you used to take naps before? When did you start to take naps? How many hours did you use to sleep before you started to feel so (sad)?</i>					
Parents may say that if child was not awakened he/she would regularly sleep > 11-12 hours and he/she actually does so, every time he/she is left on his/her own. This should be rated 3.					
NOTE: DO NOT RATE IF HYPERSOMNIA IS EXCLUSIVELY DUE TO NARCOLEPSY, MEDICAL PROBLEMS (e.g., infection), OR OTHER PSYCHIATRIC DISORDERS.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Fatigue, Lack of Energy, and Tiredness</u>					
This is a subjective feeling. (Do not confuse with lack of interest) (Rate presence even if subject feels it is secondary to insomnia).	0	0	0	0 – No information.	DMA26
	1	1	1	1 – Not present.	
<i>Have you been feeling tired? How often?</i>	2	2	2	2 – Subthreshold: Often tired or without energy (2-3 days/week).	
<i>Do you feel tired all of the time, most of the time, some of the time, or now and then?</i>					
<i>When did you start feeling so tired? Was it after you started feeling _____?</i>	3	3	3	3 – Threshold: Tired or without energy most of the day, nearly every day (5-7 days/week).	
<i>Do you take naps because you feel tired? How much?</i>					
<i>Do you have to rest?</i>					
<i>Do your limbs feel heavy?</i>					
<i>Is it very hard to get going? to move your legs?</i>					
<i>Do you feel like this all the time?</i>					

NOTE: DO NOT RATE POSITIVELY IF EXCLUSIVELY DUE TO MEDICAL PROBLEMS, OTHER PSYCHIATRIC PROBLEMS (e.g., GAD), MEDICATIONS OR USE OF DRUGS OR ALCOHOL.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Cognitive Disturbances</u>					
A. <u>Decreased Concentration or Slow Thinking</u>	0	0	0	0 – No information.	DMA27
Complaints (or evidence from teacher) of diminished ability to think or concentrate which was not present to the same degree before onset of present episode.	1	1	1	1 – Not present.	
Distinguish from lack of interest or motivation. Do not include if associated with formal thought disorder.	2	2	2	2 – Subthreshold: Definitely aware of limited attention span or slowed thinking, at least 2-3 days/week.	
<i>Sometimes children have a lot of trouble concentrating. For instance, they have to read a page from a book, and can't keep their mind on it so it takes much longer to do it or they just can't do it, can't pay attention.</i>	3	3	3	3 – Threshold: Interferes with school work. Forgetful. Takes substantially increased effort in schoolwork nearly every day (5-7 days/week) or causes significant drop in grades.	
<i>Have you been having this kind of trouble? When did it begin? Is your thinking slowed down? If you push yourself very hard can you concentrate? Does it take longer to do your homework? When you try to concentrate on something, does your mind drift off to other thoughts? Can you pay attention in school? Can you pay attention when you want to do something you like? Do you forget about things a lot more? What things can you pay attention to? Is it that you can't concentrate? Or is it that you are not interested, or don't care? Did you have this kind of trouble before? When did it start?</i>					

NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE POSITIVELY, UNLESS THERE WAS A WORSENING OF THE CONCENTRATION PROBLEMS ASSOCIATED WITH THE ONSET OF DEPRESSED MOOD.

	<u>P</u>	<u>C</u>	<u>S</u>		
B. <u>Indecision</u>					
<i>When you were feeling sad, was it hard for you to make decisions?</i>	0	0	0	0 – No information.	DMA28
<i>Like did you find recess was over before you could decide what you wanted to do?</i>	1	1	1	1 – Not present.	
Rate based on data reported by informant (e.g., parent).	2	2	2	2 – Subthreshold: Often has difficulty making decisions (at least 2-3 days/week).	
	3	3	3	3 – Threshold: Nearly every day (5-7 days/week) has difficulty making decisions; has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Appetite/Weight</u>					
A. <u>Decreased Appetite</u>					
Appetite compared to usual or to peers if episode is of long duration. Make sure to differentiate between decrease of food intake because of dieting and because of loss of appetite.	0	0	0	0 – No information.	DMA29
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Often has decrease in appetite (at least 2-3 days/week). (Regular snacks not consumed)	
Rate here loss of appetite only.					
<i>How is your appetite? Do you feel hungry often? Are you eating more or less than before? Do you leave food on your plate? When did you begin to lose your appetite? Do you sometimes have to force yourself to eat? When was the last time you felt hungry? Are you on a diet? What kind of diet?</i>	3	3	3	3 – Threshold: Clear decrease in appetite every or nearly every day (5-7 days/week) (e.g., regular snacks not consumed, eats smaller meals than usual, some meals missed).	

	<u>P</u>	<u>C</u>	<u>S</u>		
B. <u>Weight Loss</u>					
Total weight loss from usual weight since onset of the present episode (or maximum of 12 months). Make sure he/she has not been dieting. In the assessment of weight loss it is preferable to obtain recorded weights from old hospital charts or the child's pediatrician. Rate this item even if later he/she regained weight or became overweight. If possible, rater should have verified weights available at time of interview. Consider looking at BMI.	0	0	0	0 – No information.	DMA30
	1	1	1	1 – No weight loss (stays in same percentile grouping).	
	2	2	2	2 – Subthreshold: Questionable weight loss.	
	3	3	3	3 – Threshold: Clear loss of weight during mood disturbance.	

Have you lost any weight since you started feeling sad? How do you know? Do you find your clothes are looser now? When was the last time you were weighed? How much did you weigh then? What about now? (Measure it).

NOTE: DO NOT RATE POSITIVELY IF WEIGHT LOSS IS MAINLY ACCOUNTED FOR BY ANOREXIA NERVOSA. WEIGHT LOSS MUST BE DUE TO MOOD AND NOT OTHER FACTORS (MEDICAL PROBLEMS, MEDICATIONS, SUBSTANCE USE, ETC.)

	<u>P</u>	<u>C</u>	<u>S</u>		
C. <u>Increased Appetite</u>					
As compared to usual. Inquire about this item even if anorexia and/or weight loss were rated 2 - 3.	0	0	0	0 – No information.	DMA31
<i>Have you been eating more than before? Since when? Is it like you feel hungry all the time? Do you feel this way every day? Do you eat less than you would like to eat? Why? Do you have cravings for sweets? What do you eat too much of?</i>	1	1	1	1 – Not at all - normal or decreased.	
	2	2	2	2 – Subthreshold: Often snacks somewhat more than usual, or eats somewhat bigger meals (at least 2-3 days/week).	
	3	3	3	3 – Threshold: Nearly every day (5-7 days/week) snacks notably more or eats bigger meals than usual.	

	<u>P</u>	<u>C</u>	<u>S</u>		
D. <u>Weight Gain</u>					
Total weight gain from usual weight during present episode (or a maximum of the last 12 months) not including gaining back weight previously lost or not gained according to the child's usual percentile for weight.	0	0	0	0 – No information.	DMA32
	1	1	1	1 – No weight gain (stays in same percentile).	
<i>Have you gained any weight since you started feeling sad? How do you know? Have you had to buy new clothes because the old ones did not fit any longer? How much did you used to weigh? When were you last weighed?</i>	2	2	2	2 – Subthreshold: Questionable inappropriate weight gain.	
	3	3	3	3 – Threshold: Clear weight gain during mood disturbance beyond expected growth.	

NOTE: DO NOT RATE POSITIVELY IF WEIGHT GAIN IS RELATED TO OTHER FACTORS (MEDICAL PROBLEMS, MEDICATIONS, SUBSTANCE USE, ETC.) WEIGHT GAIN MUST BE DUE TO MOOD DISTURBANCE.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Psychomotor Disturbances</u>					
A. <u>Agitation</u>					
	0	0	0	0 – No information.	DMA33
Includes inability to sit still, pacing, fidgeting, repetitive lip or finger movement, wringing of hands, pulling at clothes, and non-stop talking. To be rated positive, such activities should occur while the subject feels depressed, not associated with the manic syndrome, and not limited to isolated periods when discussing something upsetting. Do not include subjective feelings of tension or restlessness which are often incorrectly called agitation.	1	1	1	1 – Not at all, retarded, or associated with manic syndrome.	
	2	2	2	2 – Subthreshold: Often unable to sit quietly in a chair; often fidgeting, pulling and/or rubbing or pacing (at least 2-3 days/week).	
To arrive at your rating, take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.	3	3	3	3 – Threshold: Nearly every day (5-7 days per week) is unable to sit still in class; frequently fidgeting, pulling and/or rubbing or pacing, etc.	

*Since you've felt sad, are there times when you can't sit still, or you have to keep moving and can't stop? Do you walk up and down? Do you wring your hands? Do you pull or rub on your clothes, hair, skin or other things? Do people tell you not to talk so much?
Did you do this before you began to feel (sad)? When you do these things, is it that you are feeling (sad) or do you feel high or great?*

*If someone was taking videos of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference? What would it be? What would I see?
Probe: Would it take longer before or while you were (depressed)? A little longer? Much longer?*

If I saw a videotape or heard an audiotape of your child at home while he/she was depressed and another when he/she wasn't depressed, could I tell the difference? If yes, what would I see (hear) different?

Make sure it does not refer to content of speech or acts or to facial expression. Refer only to speed and tempo.

NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE THE PSYCHOMOTOR AGITATION ITEM POSITIVELY UNLESS THERE WAS A WORSENING OF AGITATION THAT CORRESPONDED WITH THE ONSET OF THE DEPRESSED MOOD.

	<u>P</u>	<u>C</u>	<u>S</u>		
B. <u>Psychomotor Retardation</u>					
Visible, generalized slowing down of physical movement, reactions and speech. It includes long speech latencies. Make certain that slowing down actually occurred and is not merely a subjective feeling. To arrive at your rating take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.	0	0	0	0 – No information.	DMA34
	1	1	1	1 – Not at all.	
	2	2	2	2 – Subthreshold: Often (2-3 days/week) conversation is noticeably retarded and /or body movement is slowed.	
<i>Since you started feeling (sad) have you noticed that you can't move as fast as before? Have you found it hard to start talking? Has your speech slowed down? Do you talk a lot less than before? Since you started feeling sad, have you felt like you are moving in slow motion? Have other people noticed it? If someone was taking movies of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference? What would it be? What would I see? What would I hear?</i>	3	3	3	3 – Threshold: Nearly every day, noticeably retarded speech or movement.	
Probe: <i>Would it take longer before or while you were (depressed)? A little longer? Much longer?</i>					
<i>If I saw a videotape or heard an audiotape of your child at home while he/ she was depressed and another when he/she wasn't depressed, could I tell the difference? If yes, what would I see (hear) different?</i>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Self-Perceptions</u>					
A. <u>Worthlessness/Negative Self-Image</u>					
	0	0	0	0 – No information.	DMA35
Includes feelings of inadequacy, inferiority, failure and worthlessness, self-depreciation, self-belittling.	1	1	1	1 – Not at all.	
Rate with disregard of how "realistic" the negative self-evaluation is.	2	2	2	2 – Subthreshold: Often feels inadequate or does not like him/herself (2-3 days/week).	
<i>How do you feel about yourself? Do you like yourself? Why? Or why not? Do you ever think of yourself as pretty or ugly? Do you think you are bright or stupid? Do you like your personality, or do you wish it were different? How often do you feel this way about yourself?</i>	3	3	3	3 – Threshold: Feels like a failure or worthless, or unable to identify any positive attribute nearly every day (5-7 days/week).	

	<u>P</u>	<u>C</u>	<u>S</u>		
B. Excessive or Inappropriate Guilt ...and self-reproach, for things done or not done, including delusions of guilt.	0	0	0	0 – No information.	DMA36
Rate according to proportion between intensity of guilt feelings or severity of punishment child think she deserves and the actual misdeeds.	1	1	1	1 – Not at all.	
<i>When people say or do things that are good, they usually feel good, and when they say or do something bad they feel bad about it. Do you feel bad about anything you have done? What is it? How often do you think about it? When did you do that?</i>	2	2	2	2 – Subthreshold: Sometimes (2-3 days/ week) feels very guilty about past actions, the significance of which he exaggerates, and which most children would have forgotten about.	
<i>What does it mean if I said I feel guilty about something? How much of the time do you feel like this: Most of the time, a lot of the time, a little of the time, or not at all? What kind of things do you feel guilty about? Do you feel guilty about things you have not done? Do you feel guilty about things that are actually not your fault? Do you feel guilty about things your parents or others do? Do you feel you cause bad things to happen? Do you think you should be punished for this? What kind of punishment do you feel you deserve? Do you want to be punished? How do your parents usually punish you? Do you think it's enough?</i>	3	3	3	3 – Threshold: Nearly every day feels guilt which he cannot explain or about things which objectively are not his fault. (Except feeling guilty about parental separation and/or divorce which is normative and should not lead by and of itself to a positive guilt rating in this score, except if it persists after repeated appropriate discussions with the parents)	

For many young children it is preferable to give a concrete example such as: "I am going to tell you about three children and you tell me which one is most like you. The first is a child who does something wrong, then feels bad about it, goes and apologizes to the person, the apologies are accepted, and he just forgets about it from then on. The second child is like the first but after his apologies are accepted, he just cannot forget about what he had done and continues to feel bad about it for one to two weeks. The third is a child who has not done much wrong, but who feels guilty for all kinds of things which are really not his fault like... Which one of these three children is like you?"

It is also useful to double check the child's understanding of the questions by asking him to give an example, like the last time he felt guilty "like the child in the story."

Codes: 0 = No information. 1 = No. 2 = Yes.

<u>Other Criteria</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<u>Evidence of a Precipitant (specify):</u>	0	1	2	0	1	2	0	1	2	DMA37
<u>Symptoms Occur or Worsen with Monthly Menstruation</u>	0	1	2	0	1	2	0	1	2	DMA38

(For Adolescent Females):
Do you notice any connection between your menstrual cycle and your moods? Do you get really depressed each month right before or after you start your period?

<u>Impairment</u>	<u>P</u>			<u>C</u>			<u>S</u>			
Must be present in <u>two</u> settings.										
A. <u>Socially (with peers)</u>	0	1	2	0	1	2	0	1	2	DMA39
B. <u>With family</u>	0	1	2	0	1	2	0	1	2	DMA40
C. <u>In school</u>	0	1	2	0	1	2	0	1	2	DMA41

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime

Evidence of Major Depressive Disorder

0 1 2

DMA42

DSM-5-Criteria

- A. Meets criteria (score 3) for five or more of the depressive symptoms listed in the table below; the symptoms have been present during the same two week period and represent a change from previous functioning; and at least one of the symptoms is either: 1) Depressed Mood; 2) Irritable Mood; or 3) Anhedonia/Loss of Interest or Pleasure (subjective or observed).
- B. The symptoms do not meet criteria for a Mixed Episode.
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. An organic (pharmacological) etiology has been ruled out.
- E. At no time have there been delusions or hallucinations for at least two weeks in the absence of prominent affective symptoms; and
- F. Did not meet criteria for Schizophrenia or Schizophreniform Disorder.

Symptom	K-SADS Score	Yes	No
Depressed Mood	3		
Anhedonia/Diminished Interest or Pleasure	3		
Decreased Appetite OR Weight Loss OR Increased Appetite OR Weight Gain	3		
Insomnia OR Hypersomnia	3		
Psychomotor Agitation OR Retardation	3		
Fatigue OR Loss of Energy	3		
Feelings of Worthlessness OR Excessive OR Inappropriate Guilt	3		
Decreased Concentration, Slowed Thinking, OR Indecisiveness	3		
Recurrent Thoughts of Death, Recurrent Suicidal Ideation (with or without plan) OR Suicide Attempt	3		

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

- 1. Meets criteria for core symptoms of the disorder.*
- 2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis*
- 3. Evidence of functional impairment*

Major Depressive Disorder Lifetime Diagnosis: _____

DMA43

Major Depressive Disorder Age of Onset: _____

DMA 44

K-SADS Supplement: MANIA/HYPOMANIA**Reassessment of Duration of Distinct Period of Elated/Elevated and/or Irritable Mood (with Associated Potential Manic Symptomatology)**

The interviewer should assess the duration (in number of days at threshold) of elated/elevated and irritable mood that occurs in the context of potential (hypo)manic symptoms. Irritability can frequently co-occur with elevated/elated mood during (hypo)mania, especially when the individual's desires or goal-directed behaviors are thwarted. In addition, it is very common for depressive symptoms to be intermixed at varying degrees of intensity with elated/elevated mood and extreme irritability during a period of (hypo)mania, so it not uncommon for elevated and manic irritable mood to be present for different periods throughout the day and dysphoria and depression for much of the other time.

IT IS EXTREMELY IMPORTANT TO ONLY RATE THE DURATION OF DISTINCT PERIODS OF ABNORMALLY ELEVATED/ELATED AND/OR IRRITABLE MOOD AND NOT CHRONIC IRRITABILITY.

Episodes can occur against a background of chronic mood disturbance but only the distinct episodes that are associated with (hypo)manic symptoms should be rated. In some cases, the episode can be long, but it is a distinct change from baseline.

The interviewer should reassess elated and irritable moods that occur in the context of other manic symptoms. For children and adolescents the mood duration criteria can be fulfilled by adding together the duration of the reported elated and irritable moods, as long as they occur in the context of manic symptomatology (i.e., if a child has 1 hr of elated mood and 3 hrs of very irritable mood, this would equal 4 hrs of mood disturbance and 1 day at threshold).

NOTE: IF HISTORY OF CURRENT OR PAST SUBSTANCE USE DISORDER, CAREFULLY ASSESS THE RELATIONSHIP BETWEEN SUBSTANCE USE AND MANIC-LIKE SYMPTOMS.

<u>Determine Duration of Longest Episode of Abnormally Elevated/Elated/Extreme Irritable Mood</u>	<u>P</u>	<u>C</u>	<u>S</u>	<u>Lifetime/Most Severe Episode</u>	
Maximum episode duration of abnormal elevated/elated and/or irritable mood with associated (hypo)manic symptoms (number consecutive days with 4 hours or more hours of elevated and/or irritable mood throughout the day).	0	0	0	0 – 1 day. (present for at least 4 hours total within the day)	DMA45
	1	1	1	1 – Distinct mood episodes last 2-3 days.	
	2	2	2	2 – Distinct mood episodes last 4-6 days.	
<i>You said that you were feeling revved/hyper/sped up (use the child's or parent's terminology) and were feeling super high/super happy/super angry. How much of the time were you in either a super happy or super angry mood? Would you have these moods more than once a day? What else was different about you when you had these super high/super happy/super angry moods? Were there any changes in your energy, speed of thinking or talking, speed of moving, or how much sleep you would get? Any difference in how you would act with other people or the kinds of things you would do? How long would these moods (elated and/or angry) last for altogether in a given day? How many days in a row would you be in a super high/super happy/super angry mood for much of the day or night?</i>	3	3	3	3 – Distinct mood episodes last greater than or equal to 7 days.	
	<u>P</u>	<u>C</u>	<u>S</u>	<u>Indicate whether mood is:</u>	
	0	0	0	0 – Irritable only.	DMA46
	1	1	1	1 - Elevated/elated only.	
	2	2	2	2 – Elevated/elated and irritable.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Grandiosity/Inflated Self-Esteem</u>					
Increased self-esteem and appraisal of his/her worth, power, or knowledge (<i>up to grandiose delusions*</i>) as compared with usual level.	0	0	0	0 – No information.	DMA47
	1	1	1	1 – Not present. Not at all, or decreased self-esteem.	
<i>When you were feeling (super high / super happy/ super angry) were you feeling more self-confident than usual? When that happens, do you believe you have any special talents or think you have special power? Have you felt as if you are much better than others?smarter? ...stronger? Why?</i>	2	2	2	2 – Subthreshold: Is much more confident about him/herself than most people in his/her circumstances but only of possible clinical significance.	
<i>Have you won any awards or honors for ____? Have you felt that you are a particularly important person?</i>	3	3	3	3 – Threshold: During mood disturbance, persistently and disproportionately inflated self-esteem that is exaggerated and out of context.	

NOTE: BE SURE TO DETERMINE WHETHER THE CHILD REALLY HAS THE "SPECIAL TALENTS" OR NOT BEFORE RATING THIS ITEM. ALSO, KEEP IN MIND NORMAL DEVELOPMENTAL LEVELS. RATE IF GRANDIOSITY IS ABOVE AND BEYOND WHAT WOULD BE EXPECTED FOR SUBJECT'S AGE, NOT JUST BRAGGING. MUST BE EXAGGERATED AND OUT OF CONTEXT. MUST NOT BE DUE TO SUBSTANCE USE.

<u>Does grandiosity appear to be of delusional intensity? Please note and describe:</u>	0 – No	DMA48
<hr/> <hr/> <hr/>	1 - Yes	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>More Talkative or Pressured Speech</u>					
	0	0	0	0 – No information.	DMA49
<i>When you were feeling super high / super happy / super angry, were there times that you spoke very rapidly or talked on and on and could not be stopped?</i>	1	1	1	1 – Not present. Not at all, or retarded speech.	
<i>Have people said you were talking too fast or talking too much? Have people had trouble understanding you?</i>	2	2	2	2 – Subthreshold: Brief or mild rapid speech that is of questionable clinical significance.	
Rate based on data reported by informant or observational data.	3	3	3	3 – Threshold: During the mood disturbance is persistently and noticeably more verbose than normal or speech is noticeably pressured.	
<u>NOTE: IF CHILD MEETS CRITERIA FOR ADHD ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN TALKATIVENESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.</u>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Racing Thoughts</u>					
	0	0	0	0 – No information.	DMA50
<i>When you were feeling super high / super happy / super angry, were there times that you spoke very rapidly or talked on and on and could not be stopped?</i>	1	1	1	1 – Not present.	
<i>Have people said you were talking too fast or talking too much? Have people had trouble understanding you?</i>	2	2	2	2 – Subthreshold: Possible increase in rate of thinking; or thinking about many more things than usual. Brief and not of clear clinical significance.	
Rate based on data reported by informant or observational data.	3	3	3	3 – Threshold: Racing thoughts are persistently present during the mood disturbance or cause significant distress or impairment.	
<u>NOTE: IF CHILD MEETS CRITERIA FOR ADHD ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN TALKATIVENESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.</u>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Flight of Ideas</u>					
Accelerated speech with abrupt changes from topic to topic usually based on understandable associations, distracting stimuli or play on words. In rating severity, consider speed of associations, inability to complete ideas and sustain attention in a goal-directed manner. When severe, complete or partial sentences may be galloping on each other so fast that apparent sentence-to-sentence derailment and/or sentence incoherence may also be present.	0	0	0	0 – No information.	DMA51
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Possible increase in rate of thinking; or thinking about many more things than usual. Brief and not of clear clinical significance.	
<i>When you were super high/ super happy/ super angry, were there times when people could not understand you because you jumped from subject to subject or talked about so many different things? Were there times when they said you did not make sense or had trouble following your train of thought? Can you give me an example?</i>	3	3	3	3 – Threshold: Racing thoughts are persistently present during the mood disturbance or cause significant distress or impairment.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Increased Goal-Directed Activity/Sociability</u>					
As compared with usual level.	0	0	0	0 – No information.	DMA52
Consider changes in scholastic, social, sexual or leisure involvement or activity level associated with work, family, friends, new projects, interests, or activities (e.g., telephone calls, letter writing).	1	1	1	1 – Not present or slight increase.	
<i>During the times when you were feeling super high / super happy / super angry were you more active or involved in more things than usual? Were you working on many more projects at home or at school? Busy cleaning many things, rearranging furniture or reorganizing your room? Feeling much more social and really outgoing, talking to many people, suddenly feeling super friendly?</i>	2	2	2	2 – Subthreshold: During mood disturbance, increase in general activity level involving at least one area (e.g. school, work, socially, sexually or activities during free time) but is not persistent and only of possible clinical significance.	
For adolescents: <i>Were you much more sexually active than usual?</i>	3	3	3	3 – Threshold: During mood disturbance, persistent and significant increase in general activity level involving 2 or more areas, or marked increased in one area. Activity involvement and/or sociability is excessive and much more than what would be expected by a typical child his /her age.	
NOTE: ONLY SCORE POSITIVELY IF INCREASED ACTIVITY SOCIABILITY OCCURS DURING A PERIOD OF MOOD CHANGE (e.g., elation, irritability) AND ACTIVITY / SOCIABILITY IS A CHANGE FROM BASELINE.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Psychomotor Agitation</u>					
Visible manifestations of generalized motor hyperactivity, which occurred during a period of abnormally elevated, expansive, or irritable mood. Make certain that the hyperactivity actually occurred and was not merely a subjective feeling of restlessness. Make sure it is not chronic but episodic hyperactivity.	0	0	0	0 – No information.	DMA53
	1	1	1	1 – Not present, not at all or retarded.	
	2	2	2	2 – Subthreshold: Brief or mild increase in physical restlessness or hyperactivity of questionable clinical significance.	
<i>When you are feeling super high / super happy / super angry, do you notice a change in how active you are or how much you move? Are there times when you can't sit still, or you have to keep moving and can't stop? Do you feel like you need to keep walking back and forth? Do you move very fast or are you really hyperactive? Tell me what you are doing at these times.</i>	3	3	3	3 – Threshold: During the mood disturbance is persistently unable to stay in seat, pacing, fidgeting, excessive movement, etc., almost always disruptive to some degree.	
NOTE: IF CHILD MEETS CRITERIA FOR ADHD, ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN RESTLESSNESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Excessive Involvement in High-Risk Pleasurable Activities</u>					
0	0	0	0	0 – No information.	DMA54
Excessive involvement in pleasurable/ thrill-seeking/ exciting activities that have a high potential for painful consequences.	1	1	1	1 – Not present.	
<i>When you were feeling high/ super happy/ super angry did you do things that caused trouble for you or your family or friends? Did you do things you normally would not have done... like staying out all night, spending a lot of money, taking trips unexpectedly, or doing something really risky for fun?</i>	2	2	2	2 – Subthreshold: Transient or mild increase in risk-taking/ pleasure-seeking behavior of only questionable clinical significance.	
<i>Did you do anything that you now think you should not have done? Were you drinking or using drugs at the time? Has this ever happened when you weren't drinking or using drugs?</i>	3	3	3	3 – Threshold: During the mood disturbance, persistently involved in risk taking/pleasure - seeking activities with potentially negative consequences that show poor judgment (e.g., driving recklessly, having casual affairs, disinhibited interpersonal relations, spending sprees, giving away money or personal belongings).	
(For Adolescents) <i>What about getting involved in relationships quickly, having a lot of one night stands, or doing other dangerous things like driving recklessly?</i>					
(For Pre-adolescents) <i>What about jumping from really high places, going on long trips on your bicycle, or playing serious pranks in school?</i>					
Also consider inappropriate sexual behavior.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Distractibility</u>					
Child presents evidence of difficulty focusing his/her attention on the questions of the interviewer, jumps from one thing to another, cannot keep track of his/her answers, and is drawn to irrelevant stimuli he/she cannot shut out. Not to be confused with avoidance of uncomfortable themes.	0	0	0	0 – No information.	DMA55
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Transient or mild increase in risk-taking/pleasure-seeking behavior of only questionable clinical significance.	
<i>Since you have been feeling super high/ super happy/ super angry have you noticed any change in your concentration? Have you had trouble sticking to what you are supposed to do? Do you start things that you just don't finish? Do you get distracted easily? Have you been having trouble paying attention in class?</i>	3	3	3	3 – Threshold: During the mood disturbance, persistently involved in risk taking/pleasure - seeking activities with potentially negative consequences that show poor judgment (e.g., driving recklessly, having casual affairs, disinhibited interpersonal relations, spending sprees, giving away money or personal belongings).	
Rate based on data reported by informant (e.g., parent).					
NOTE: IF CHILD MEETS CRITERIA FOR ADHD, ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN DISTRACTIBILITY ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Influence of Drugs or Alcohol</u>					
<i>Did you feel super high/ super happy/ super angry or do these things only when you have been drinking or taking drugs or medicine? What kinds? How much?</i>	0	0	0	0 – No information.	DMA56
<i>Do you ever have the super high/ super happy/ super angry moods at times when you are not drinking or using drugs? Which came first, the drug or the high?</i>	1	1	1	1 – Manic symptoms never occur under the influence of drugs.	
<i>Do you drink a lot of coffee or other caffeinated drinks? About how much do you drink? Have you ever felt high like you described earlier when you weren't drinking tons of caffeine?</i>	2	2	2	2 – Manic symptoms occur sometimes but not always under the influence of alcohol or drugs. At least once was manic or hypomanic without prior drug or alcohol use.	
	3	3	3	3 – Manic symptoms present only under the influence of alcohol or drugs.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Patterning of Manic Symptoms</u>					
Inquire about episodes in which subject had persistently abnormally elevated, expansive or irritable mood plus 3 associated (hypo)manic symptoms (4 if irritable only), that were not caused by drugs, medications or alcohol, or other psychiatric disorders.	0	0	0	0 – No information.	DMA57
	1	1	1	1 – One day (> 4 hours during the day)	
	2	2	2	2 – Two-three days.	
A. <u>Longest Duration of Hypomanic Episodes</u>	3	3	3	3 – Four-six days	
<i>What is the longest period of time in hours, or days in a row that you felt super high / super happy / super angry (other endorsed symptoms)?</i>	4	4	4	4 – Seven to fourteen days	
	5	5	5	5 – Multiple weeks.	
NOTE: Mood change and symptoms should be present for a significant part of the day (> 4 hours total) in order to reach threshold unless very severe in a given day.	6	6	6	6 – Two-Six months	
	7	7	7	7 – Greater than six months	

B. <u>Typical Duration of Hypomanic Episodes</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>How long do these episodes usually last when they do occur?</i>	0	0	0	0 – No information.	DMA58
	1	1	1	1 – One day (> 4 hours during the day)	
	2	2	2	2 – Two-three days.	
	3	3	3	3 – Four-six days	
	4	4	4	4 – Seven to fourteen days	
	5	5	5	5 – Multiple weeks.	
	6	6	6	6 – Two or more months.	

C. <u>Number of Episodes Per Year</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>In this past year, how many discrete episodes of these symptoms have you had? (Specify below)</i>	0	0	0	0 – No information.	DMA59
_____ #/year	1	1	1	1 – Not present in the past year.	
_____ #/month	2	2	2	2 – One-three discrete episodes per year.	
	3	3	3	3 – Four or more episodes per year.	

	<u>P</u>	<u>C</u>	<u>S</u>		
D. <u>Longest Duration of Euthymic Mood</u>	0	0	0	0 – No information.	DMA60
<i>Since you first started having these changes in mood, what is the longest period of time that you have felt like your old self and have not been bothered by any of these problems?</i>	1	1	1	1 – No significant periods of euthymic mood.	
	2	2	2	2 – Euthymic mood lasted 3-6 days.	
	3	3	3	3 – Euthymic mood lasted 1-2 weeks.	
	4	4	4	4 – Euthymic mood lasted 2-8 weeks.	
	5	5	5	5 – Euthymic mood lasted greater than 2 months.	

	<u>P</u>	<u>C</u>	<u>S</u>		
E. <u>Total Lifetime Duration of Mania/Hypomania</u>	0	0	0	0 – No information.	DMA61
<i>In the subject's lifetime, what are the estimated total Number of Days (not necessarily consecutive) in which subject had persistently abnormally elevated, expansive or irritable mood plus 3 associated (hypo)manic symptoms (4 if irritable only), that was not caused by drugs, medications or alcohol.</i>	1	1	1	1 – One-three days	
	2	2	2	2 – Four-ten days	
	3	3	3	3 – Ten-twenty days	
	4	4	4	4 – More than twenty days	

Age of Onset: _____ years old DMA62

<u>Impairment</u>	<u>P</u>			<u>C</u>			<u>S</u>			
A. <u>Socially (with peers)</u>	0	1	2	0	1	2	0	1	2	DMA63
B. <u>With family</u>	0	1	2	0	1	2	0	1	2	DMA64
C. <u>In school</u>	0	1	2	0	1	2	0	1	2	DMA65
D. <u>Hospitalization (for mania)</u>	0	1	2	0	1	2	0	1	2	DMA66
E. <u>Other (e.g., police, other adults, etc.)</u>	0	1	2	0	1	2	0	1	2	DMA67

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime

Evidence of Manic Episode

0 1 2

DMA68

DSM-5-Criteria

- A. Distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy (e.g., increased goal-directed activity socially, at work, school, or sexually or psychomotor agitation).
- B. During the mood disturbance and increased energy or activity, at least three of the symptoms below (four if mood is only irritable) have persisted.
- C. During the mood disturbance, marked impairment or hospitalization.
- D. Duration at least one week (or any duration if hospitalization is necessary)
- E. Not attributable to the physiological effects of a substance. NOTE: A full manic episode that emerges during anti-depressant treatment but persists is sufficient evidence for a manic episode, and therefore, bipolar I disorder.

Symptom	K-SADS Score	Yes	No
Distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting at least one week (or any duration if hospitalized), AND	3		
Abnormally increased activity lasting at least one week (or any duration if hospitalized)	3		
During the mood disturbance and increased energy or activity, at least three of the symptoms below (four if mood is only irritable) have persisted:			
1. Inflated self-esteem or grandiosity	3		
2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)	3		
3. More talkative than usual or pressure to keep talking	3		
4. Flight of ideas or subjective experience that thoughts are racing.	3		
5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli).	3		
6. Increase in goal directed activity OR psychomotor agitation	3		
7. Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).	3		

Note: At least one lifetime manic episode is required for the diagnosis of bipolar I disorder. **Note:** Increased goal directed activity is required as a Criterion A symptom, but can also be counted as one of the Criterion B symptoms according to the DSM-5.

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

- 1. Meets criteria for core symptoms of the disorder.*
- 2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis*
- 3. Evidence of functional impairment*

Mania Lifetime Diagnosis: _____

DMA69

Mania Age of Onset: _____

DMA70

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime

Evidence of Bipolar I Disorder

0 1 2 DMA71

For a diagnosis of bipolar I disorder, it is necessary to meet the criteria for a manic episode. The manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes.

DSM-5-Criteria

- A. Criteria have been met for at least one manic episode (Criteria A-D under “Manic Episode” above).
- B. The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum or other psychotic disorder.

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

Bipolar I Disorder Lifetime Diagnosis: _____

DMA72

Bipolar I Disorder Age of Onset: _____

DMA73

**K-SADS END MODULE:
PARENT INTERVIEW**

That was my last question. Thank you for your time and willingness to talk to me about how things have been going for your child.

Sometimes when parents talk about these issues for their child it makes them upset or feel like they may need to speak with someone about their child's needs. If are feeling upset by any of the issues we have discussed in this interview and would like to talk with someone, I suggest you call your doctor, your child's doctor, your child's school counselor, or any other professional treatment provider with whom you feel comfortable discussing these issues. There is also a phone number you can call to talk with someone who can help you any hour of the day or night. This number is on the receipt for the \$30 you received from the interviewer who met with you earlier. Do you still have that receipt?

IF NO: I would like to give you the hotline number for the Boys Town National Hotline where counselors are available to talk at any time of the day or night. They help both boys and girls and parents. They can also give you information about where to get help and find someone to talk to in your city/town. Do you have something to write with? Their toll-free number is 1-800-448-3000. We have also given this information to your child who completed the interview.

IF YES: OK. Please know that counselors available through this phone number can talk to you at any time of the day or night. They can also give you information about where to get help and find someone to talk to in your city/town.

Do you have any more questions you'd like to ask me before we end our call?

Thank you again, and have a good (day/afternoon/evening).

Module End Time: ____ ____ : ____ ____ **AM/PM**

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