K-SADS-PL 2009
Working Draft

Includes:
A. Screen Interview
B. Supplements
   I. Affective Disorders Supplement
   II. Psychotic Disorders Supplement
   III. Anxiety Disorders Supplement
   IV. Behavioral Disorders Supplement
   V. Substance Use Disorders Supplement
   VI. Eating Disorders Supplement
   VII. Tic Disorders Supplement
   VIII. Autism Spectrum Disorders

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

Subject

Date / / 20
Interviewer
ACKNOWLEDGEMENTS

The KSADS-PL 2009 Working Draft was adapted from the KSADS-PL. Revisions include the removal of all references to DSM-III-R, the refinement of questions and threshold anchors for most disorders, the addition of screen questions and supplement for Pervasive Development Disorders, and major revisions of the sections pertaining to bipolar disorders. This instrument was developed by David Axelson MD, Boris Birmaher MD, Jamie Zelazny RN, MPH, Joan Kaufman PhD, and Mary Kay Gill MSN with support provided by the Advanced Center for Intervention and Services Research (ACISR, MH66371) PI: David Brent MD. The authors extend appreciation to the many consultants who contributed to this instrument including Oscar Bukstein MD, John Campo MD, Carrie Christopher Fascetti, MSW, Andrew Gilbert MD, Benjamin Goldstein MD, Tina Goldstein PhD, Diane Goudreau, PhD, Megan Muir Grivas, MA, Ben Handen MD, Ami Klin, PhD, David Kolko PhD, Catherine Lord, PhD, Martin Lubetsky MD, Rita Scholle BA, and Eunice Torres, MS. Special thanks are given to Jason Lyons, MA for the extensive reformatting of the instrument.

The K-SADS-PL was adapted from the K-SADS-P (Present Episode Version), which was developed by William Chambers, M.D. and Joaquin Puig-Antich, M.D., and later revised by Joaquin Puig-Antich, M.D. and Neal Ryan, M.D. The K-SADS-PL was written by Joan Kaufman, Ph.D., Boris Birmaher, M.D., David Brent, M.D., Uma Rao, M.D., and Neal Ryan, M.D. The K-SADS-PL was designed to obtain severity ratings of symptomatology, and assess current and lifetime history of psychiatric disorders, including several disorders not surveyed in the K-SADS-P. The current instrument is greatly indebted to several other existing structured and semi-structured psychiatric instruments including the K-SADS-E (Orvaschel & Puig-Antich), the SADS-L (Spitzer and Endicott), the SCID (Spitzer, Williams, Gibbon, and First), the DIS (Robins and Helzer), the ISC (Kovacs), the DICA (Reich, Shayka, and Taibleson), and the DUSI (Tarter, Laird, Bukstein, and Kaminer). Guidelines for the introductory interview at the beginning of this instrument were provided by Michael Rutter, M.D. and Philip Graham, M.D., and modifications for the anxiety disorders section were provided by Cynthia Last, Ph.D. Other consultants include Oscar Bukstein, M.D., Walter Kaye, M.D., David Kolko, Ph.D., Rolf Loeber, Ph.D., William Pelham, Ph.D., David Rosenberg, M.D and John Walkup, M.D. Appreciation is extended to all contributors, as well as to Denise Carter-Jackson, for the word processing of this instrument.
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*Screen Interview*

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The K-SADS-PL 2009 Working Draft is a semi-structured diagnostic interview designed to assess current and past episodes of psychopathology in children and adolescents according to DSM-IV criteria. Probes and objective criteria are provided to rate individual symptoms. The primary diagnoses assessed with the K-SADS-PL 2009 Working Draft include: Major Depression, Dysthymia, Mania, Hypomania, Cyclothymia, Bipolar Disorders, Schizoaffective Disorders, Schizophrenia, Schizophreniform Disorder, Brief Psychotic Disorder, Panic Disorder, Agoraphobia, Separation Anxiety Disorder, Simple Phobia, Social Phobia, Generalized Anxiety, Obsessive Compulsive Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Enuresis, Encopresis, Anorexia Nervosa, Bulimia, Transient Tic Disorder, Tourette's Disorder, Chronic Motor or Vocal Tic Disorder, Alcohol Abuse, Substance Abuse, Post-Traumatic Stress Disorder, Adjustment Disorders, and Pervasive Developmental Disorders.

The K-SADS-PL 2009 Working Draft is a semi-structured interview. The probes that are included in the instrument do not have to be recited verbatim. Rather, they are provided to illustrate ways to elicit the information necessary to score each item. The interviewer should feel free to adjust the probes to the developmental level of the child, and use language supplied by the parent and child when querying about specific symptoms.

The K-SADS-PL 2009 Working Draft is administered by interviewing the parent(s), the child, and finally achieving summary ratings which include all sources of information (parent, child, school, chart, and other). When administering the instrument to pre-adolescents, conduct the parent interview first. In working with adolescents, begin with them. When there are discrepancies between different sources of information, the rater will have to use his/her best clinical judgment. In the case of discrepancies between parents' and child's reports, the most frequent disagreements occur in the items dealing with subjective phenomena where the parent does not know, but the child is very definite about the presence or absence of certain symptoms. This is particularly true for items like guilt, hopelessness, interrupted sleep, hallucinations, and suicidal ideation. If the disagreements relate to observable behavior (e.g. truancy, fire setting, or a compulsive ritual), the examiner should query the parent(s) and child about the discrepant information. If the disagreement is not resolved, it is helpful to see the parent(s) and child together to discuss the reasons for the disagreement. Ultimately the interviewer will have to use his/her best clinical judgment in assigning the summary ratings.
The following guidelines should be used in coding symptoms:

1) **Current Diagnoses**: In coding current episodes (CE) of disorders, symptoms should be rated for the time period when they were the most severe during the episode. Note in the margins if and when particular symptoms (e.g., insomnia) improved or resolved.

2) **Disorders Targeted with Medication**: In coding disorders treated with medication (e.g., ADHD), use the ratings to describe the most intense severity of symptoms experienced prior to initiation of medication or during ‘drug holidays’. Note in margins symptoms targeted effectively with medication.

3) **Past Diagnoses**: In order for an episode to be considered ‘resolved’ or ‘past’, the child should have had a minimum of two months free from the symptoms associated with the disorder. Episodes rated in the past disorders section should represent the most severe past (MSP) episode experienced of that given disorder.

4) **Time Line**: For children with a history of recurrent or episodic disorders, it is recommended that a time line be generated to chart lifetime course of disorder and facilitate scoring of symptoms associated with each episode of illness.

In the process of completing the full interview, diagnoses initially believed to be ‘past’ may turn out to be current diagnoses in partial remission. Corrections in the coding of current and past severity ratings can be made after completion of the interview.

Administration of the K-SADS-PL 2009 Working Draft requires the completion of: 1) an unstructured Introductory Interview; 2) a Diagnostic Screening Interview; 3) the Supplement Completion Checklist; 4) the appropriate Diagnostic Supplements; 5) the Summary Lifetime Diagnostic Checklist; and 6) the Children’s Global Assessment Scale (C-GAS) ratings. The K-SADS-PL is initially completed with each informant separately. If there is no suggestion of current or past psychopathology, no assessments beyond the Screen Interview will be necessary. The Summary Lifetime Diagnostic Checklist and C-GAS ratings are completed after synthesizing all the data and resolving discrepancies in informants’ reports. Each of the phases of the K-SADS-PL interview is discussed briefly below.

**The Unstructured Introductory Interview.** This section of the K-SADS-PL 2009 Working Draft takes approximately 10 to 15 minutes to complete. In this section, demographic, health, presenting complaint and prior psychiatric treatment data are obtained, together with information about the child’s school functioning, hobbies, and peer and family relations. Discussion of these latter topics is extremely important, as it provides a context for eliciting mood symptoms (depression and irritability), and obtaining information to evaluate functional impairment. This section of the K-SADS-PL should be used to establish rapport with the parent(s) and the child, and should never be omitted. Detailed guidelines for conducting the unstructured interview are contained on pages v-vi, and a scoring sheet to record information obtained during this portion of the interview is included thereafter.

**The Screen Interview.** The Screen Interview surveys the primary symptoms of the different diagnoses assessed in the K-SADS-PL 2009 Working Draft. Specific probes and scoring criteria are provided to assess each symptom. The rater is not obliged to recite the probes verbatim, or use all the probes provided, just as many as is necessary to score each item. Probing should be as neutral as possible, and leading questions should be avoided (e.g., “You don’t feel sad, do you?”)

Symptoms rated in the screen interview are surveyed for current (CE) and most severe past (MSP) episodes simultaneously. Begin by asking if the child has ever experienced the symptom. If the answer is no, rate the symptom negative for current and past episodes and proceed to the next question. If the answer is yes, find out when the symptom was present. If the symptom is endorsed for one time frame (e.g., currently), inquire if it was ever present at another time (e.g., past).
The diagnoses assessed with the screen interview do not have to be surveyed in order. The interviewer may begin inquiring about relevant diagnoses suggested by the presenting complaint information obtained during the unstructured interview. All sections of the Screen Interview must be completed, however, and most people find it easiest to proceed from start to finish.

**Scoring.** The majority of the items in the K-SADS-PL 2009 Working Draft are scored using a 0-3 point rating scale. Scores of 0 indicate no information is available; scores of 1 suggest the symptom is not present; scores of 2 indicate subthreshold levels of symptomatology, and scores of 3 represent threshold criteria. The remaining items are rated on a 0-2 point rating scale on which 0 implies no information; 1 implies the symptom is not present; and 2 implies the symptom is present. When determining whether a symptom meets threshold vs. subthreshold level, it is important to **assess the severity, frequency, and duration of the symptom, as well as impairment from the symptom.** It is often helpful to ask for **examples** of specific behaviors or symptoms. While subthreshold manifestations of symptoms are not sufficient to count toward the diagnosis of a disorder, further inquiry may be warranted in certain cases. Subthreshold scores of psychotic symptoms or clusters of other symptoms associated with a given diagnosis should be brought to the attention of the attending physician or research supervisor.

The Summary Lifetime Diagnostic Checklist was designed to record basic lifetime and current diagnostic information. Clinicians / Investigators may wish to record additional, more specific information (e.g., dates of onset/offset or duration of additional episodes).

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**Guidelines for the Administration of the Introductory Unstructured Interview**

The unstructured interview should take at least 15 minutes to administer. The aim of the unstructured interview is to establish rapport, obtain information about presenting complaints, prior psychiatric problems, and the child's global functioning. It is helpful to spend a few minutes in general conversation in order to make the child and parent feel at ease.

The interview opens with questions about basic demographics. This is a very easy thing for most people to talk about, and the information helps to orient the interviewer to the child's life circumstances. Health and developmental history data should also be obtained, as this information may be helpful in making differential diagnoses. Examples of probes used to elicit presenting complaints are outlined below.

I would like to talk with you about the kinds of problems which made your parents bring you to see us, so I can think about how to help you best.

*Why did your parents bring you here today?*
*What is your main trouble?*
*What did they say?*
*Can you guess why?*

*What is the last thing that happened which made your parents bring you here?*
*Have you been having any worries lately? Problems?*
*When did you first notice you were having this (symptom)?*

*If the child's statement is too brief - Can you tell me more about that?*
*If statements are hard to understand - Can you explain what you mean by that?*
*If the child is vague - Can you give me an example of ......?*
*Do you have any other problems?*
In discussing onset and course of symptoms, many children will be unable to provide reliable time data. This is developmentally normal. If the child does not provide such data in the first questioning, s/he will probably not provide it at all.

In interviewing the parent, modify the questions to refer to the child.

In the introductory interview and throughout the K-SADS, interviewers are encouraged to use language generated by the child and/or parent when asking about symptoms (e.g., "For how long did you feel bummed?")

After surveying the reason for referral, obtain information about treatment history. Then ask about the child's school adaptation and social relations.

In interviewing children, it is not necessary --- and usually not productive to try to complete all of the introductory interview. Review basic demographics (e.g. age, grade, family constitution, siblings' names and ages), presenting complaints (likely in less detail than with the parent), and family, school adaptation, and peer relations information. The discussion of these latter topics are extremely important, as it provides a context for eliciting mood symptoms (depression and irritability) from children, and obtaining preliminary information to evaluate functional impairment.

---

SUBJECT INFORMATION

First Name: __________________________ Last Name: __________________________

Date of Birth: ______/_____/______

Gender:  ○ Male  ○ Female

Ethnicity:  ○ Hispanic or Latino  ○ Not Hispanic or Latino

Race (Mark all that apply):

○ Black or African American
○ Asian
○ White or Caucasian
○ Other  Specify: __________________________

With whom is subject currently living (choose one)?

○ Both biological parents
○ Both biological parents, but joint custody
○ Biological mother and stepfather
○ Biological father and stepmother
○ Biological mother and boyfriend/girlfriend
○ Biological father and boyfriend/girlfriend
○ Biological mother only
○ Biological father only
○ Group home
○ Stepmother only
○ Stepfather only
○ Grandparent
○ Adoptive parent
○ Other relative/friend
○ Foster home
○ Residential institution
○ Runaway
○ College student
○ Lives independently
○ Other

Subject: __________________________

Date: ______/_____/______  Interviewer: __________________________

Draft
PARENTAL PARTICIPATION:
Who is the informant/reporter for this interview?
- Both biological parents
- Biological mother
- Biological father
- Both adoptive parents
- Adoptive mother
- Adoptive father
- Step-mother
- Step-father
- Grandparent
- Other relative
- Other

If Other, please specify: ____________________________

SUBJECT'S MOTHER
First Name: ____________________________ Last Name: ____________________________
This is Subject's: Biological Mother / Step-Mother / Foster Mother / Adoptive Mother
Quality of Relationship between Mother and Subject: Excellent / Good / Fair / Poor

SUBJECT'S FATHER
First Name: ____________________________ Last Name: ____________________________
This is Subject's: Biological Father / Step-Father / Foster Father / Adoptive Father
Quality of Relationship between Father and Subject: Excellent / Good / Fair / Poor

FIRST OTHER SIGNIFICANT CARETAKER (lives with subject, if applicable)
First Name: ____________________________ Last Name: ____________________________
Relation: Mother / Stepfather / Grandmother / Uncle
          Father / Foster Mother / Grandfather / Other
          Stepmother / Foster Father / Aunt
Quality of Relationship between Caregiver and Subject: Excellent / Good / Fair / Poor

Draft
SECOND OTHER SIGNIFICANT CARETAKER (lives with subject, if applicable)

First Name: ______________________  Last Name: ______________________

Relation:  
- O Mother  
- O Stepfather  
- O Father  
- O Foster Mother  
- O Stepmother  
- O Foster Father  
- O Grandmother  
- O Grandfather  
- O Aunt  
- O Other Specify: ______________________

Quality of Relationship between Caregiver and Subject:  
- O Excellent  
- O Good  
- O Fair  
- O Poor

SUBJECT’S SIBLINGS

First Name: ______________________  Last Name: ______________________

Age:  
- O Half sibling  
- O Full sibling

Quality of Relationship between Sibling and Subject:  
- O Excellent  
- O Good  
- O Fair  
- O Poor

First Name: ______________________  Last Name: ______________________

Age:  
- O Half sibling  
- O Full sibling

Quality of Relationship between Sibling and Subject:  
- O Excellent  
- O Good  
- O Fair  
- O Poor

First Name: ______________________  Last Name: ______________________

Age:  
- O Half sibling  
- O Full sibling

Quality of Relationship between Sibling and Subject:  
- O Excellent  
- O Good  
- O Fair  
- O Poor

If subject not living with Biological Mother, relationship with Biological Mother:

- O Mother deceased  
- O Mother alive but no contact  
- O Excellent  
- O Good  
- O Fair  
- O Poor

If subject not living with Biological Father, relationship with Biological Father:

- O Father deceased  
- O Father alive but no contact  
- O Excellent  
- O Good  
- O Fair  
- O Poor

Child Protective Services (CYF/CYS/CPS) involvement or contact:  
- O Current  
- O Past

(mark all if applicable)
CHILD AND ADOLESCENT HEALTH SCREEN

PREGNANCY AND BIRTH:

1. Mother's age at birth of child

2. Did mother have any illness or injury during pregnancy?
   - Yes
   - No

3. Did she take any medications other than vitamins and iron?
   - Yes
   - No

4. Did mother drink during pregnancy?
   - Yes
   - No

5. Did mother smoke during pregnancy?
   - Yes
   - No

6. Was the baby premature?
   - Yes
   - No

7. What was the birth weight?
   - lbs.

8. Did the baby have any trouble at birth?
   - Yes
   - No

9. Did the baby have any other trouble?
   (Jaundice, infections, other?)
   - Yes
   - No

10. How many days did the baby stay in the hospital after birth?
    - days

MEDICAL AND SURGICAL HISTORY:

11. Current height:
    - feet
    - inches
    Weight:

12. Where does your child go for medical care?

13. Date of last medical exam:
    - / / 

14. Has your child had allergic reactions to any medications? If YES, please specify:
   - Allergic reactions to foods?
   - Allergic reactions to insect bites?
   - Yes
   - No

15. Has your child had all immunizations?
    - Yes
    - No

16. Any bad reactions to immunizations?
    - Yes
    - No
### MEDICAL AND SURGICAL HISTORY cont:

17. Any hospitalizations? If **YES**, for what?

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18. Any serious injuries? If **YES**, what kind?

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19. Any head injuries? (Indicate if your child lost consciousness):

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20. Any other current or past significant medical health problems? If **YES**, please specify:

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### DEVELOPMENTAL HISTORY:

1. Problems with social relatedness during infancy and early childhood:

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   If no, explain:

   [Blank space for text]

2. Developmental milestones within normal limits:

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   If no, explain:

   [Blank space for text]
Presenting Complaint:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date

Clinician

Supervising Physician
LIFETIME TREATMENT HISTORY

Outpatient Treatment

Psychiatric Hospitalization

Partial Hospitalization

Residential Treatment Facility

In-Home Services Tx (e.g., Wrap Around/Family Based)

Number of Psychiatric Hospitalizations

OVERALL RELIABILITY OF INFORMATION:

□ Good  □ Fair  □ Poor

Age of first tx (in YEARS) (in MONTHS)

Medication listing

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<th>Psychotic Sx (if not Schizophrenic)</th>
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<th>Suicide</th>
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**Psychiatric Treatment:** ○ none ○ inpatient ○ outpatient ○ wrap-around

**Notes:**

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### Relative #2:

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**Psychiatric Treatment:** ○ none ○ inpatient ○ outpatient ○ wrap-around

**Notes:**

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### Relative #3:

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<td>○</td>
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</tbody>
</table>

**Psychiatric Treatment:** ○ none ○ inpatient ○ outpatient ○ wrap-around

**Notes:**

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**Medical Illness:**

- ○ Coronary Artery Disease
- ○ Sudden Death
- ○ Stroke
- ○ Diabetes
- ○ Cancer
- ○ Migraines
- ○ Others, specify below:

**Subject:**

**Date:** 12/20

**Interviewer:**

---
### Relative #4:

<table>
<thead>
<tr>
<th>Condition</th>
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<td>Depression</td>
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<td>O</td>
</tr>
<tr>
<td>Mania/hypo</td>
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<td>O</td>
</tr>
<tr>
<td>ADHD</td>
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<td>O</td>
</tr>
<tr>
<td>Conduct D/O or Antisocial</td>
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<td>O</td>
</tr>
<tr>
<td>Schizophrenia</td>
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<td>O</td>
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<tr>
<td>Psychotic Sx (if not Schizophrenic)</td>
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<td>O</td>
</tr>
<tr>
<td>Substance Use</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Suicide</td>
<td>O attempt</td>
<td>O completion</td>
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</table>

**Psychiatric Treatment:**
- none
- inpatient
- outpatient
- wrap-around

**Notes:**

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### Relative #5:

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<td>O</td>
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<tr>
<td>Mania/hypo</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>ADHD</td>
<td>O</td>
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<td>Schizophrenia</td>
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<td>Psychotic Sx (if not Schizophrenic)</td>
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<td>O</td>
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<tr>
<td>Substance Use</td>
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<td>O</td>
</tr>
<tr>
<td>Suicide</td>
<td>O attempt</td>
<td>O completion</td>
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**Psychiatric Treatment:**
- none
- inpatient
- outpatient
- wrap-around

**Notes:**

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### Relative #6:

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<tr>
<td>Suicide</td>
<td>O attempt</td>
<td>O completion</td>
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</tbody>
</table>

**Psychiatric Treatment:**
- none
- inpatient
- outpatient
- wrap-around

**Notes:**

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**Subject:**
KSADS-PL SCREEN INTERVIEW:
School Information

Current Grade (or highest grade completed): [ ] Any Repeated Grades? List: [ ] [ ] [ ]

Current School Setting:
- Regular Public School
- Regular Private School
- Vocational-Technical School
- Not in School
- Specialized School for Youth with Emotional/Behavioral Problems
- Cyber School
- Home School
- Other, specify:

Specialized Services:
- Full-time Emotional Support Classroom
- Full-time Learning Support Classroom
- Full-time Aide
- Tutoring Support
- Resource Room
- Special Education for specific subjects (partially mainstreamed)
- Part-time Aide
- Gifted Program
- Other, specify:

Recent Grades - Academic Classes:
Best: [ ] A [ ] B [ ] C [ ] D [ ] F
Average: [ ] A [ ] B [ ] C [ ] D [ ] F
Worst: [ ] A [ ] B [ ] C [ ] D [ ] F

Subject Strengths:

Subject Weaknesses:

Concerns from teachers about behavior:
Detentions (past year):

Suspensions (past year):
Expulsions (ever): [ ] yes [ ] no
If yes, how many?

Date: [ ] / [ ] / 20[ ]
Interviewer: [ ]

Draft
# KSADS-PL SCREEN INTERVIEW:

## Peer / Activities Information

### Peer Relations

<table>
<thead>
<tr>
<th>Best friend(s)?</th>
<th>☐ yes ☐ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relations with peers at school:</td>
<td>☐ Excellent ☐ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>Relations with peers in the neighborhood:</td>
<td>☐ Excellent ☐ Good ☐ Fair ☐ Poor</td>
</tr>
<tr>
<td>Bullied by others?</td>
<td>☐ Never/Rarely - not a problem ☐ Sometimes - can be a problem ☐ Often - definite problem ☐ Very Often - major problem</td>
</tr>
</tbody>
</table>

### Other Activities / Interests

(Mark those that apply and specify)

<table>
<thead>
<tr>
<th>Hobbies</th>
<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Preferred Activities during free-time</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sports</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Organizations</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
1. Depressed Mood

Refers to subjective feelings of depression based on verbal complaints or feeling depressed, sad, blue, gloomy, very unhappy, down, empty, bad feelings, feels like crying. Do not include ideational items (like discouragement, pessimism, worthlessness), suicide attempts or depressed appearance. Some children will deny feeling "sad" and report feeling only "bad" so it is important to inquire specifically about each dysphoric affect. Do not count feelings of anxiety or tension.

Irritability without any other persistent dysphoric affect should not be rated here.

In the interview with parent, mother's "gut feeling" (empathic sensing) that child frequently feels depressed can be taken as positive evidence of child's depressive mood if parent is not concurrently depressed.

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 _____?
Did you feel 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).

(Assessment of diurnal variation can secondarily clarify daily duration of depressive mood)
Did it come and go?
How often? Every day?
How long did it last?
What do you think brought it on?
(Assess relationship between depressed mood and separation from caregiver.)
Did you feel sad when your mother was away?
If separation from mother is given as a cause: Did you feel (_____) when mother was with you?
Did you feel a little better or was the feeling totally gone?
Could other people tell when you were sad?
How could they tell? Did you look different?


NOTE: WHEN A CHILD OR PARENT REPORTS FREQUENT SHORT PERIODS OF SADNESS THROUGHOUT THE DAY, IT IS LIKELY THAT THIS CHILD IS ALWAYS SAD AND ONLY REPORTS THE EXACERBATIONS. IN WHICH CASE THE RATING OF DEPRESSIVE MOOD WILL BE 4. 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?"
2. Irritability and Anger

Subjective feeling of irritability, anger, crankiness, bad temper, short tempered, resentment or annoyance, whether expressed overtly or not. Rate the intensity and duration of such feelings.

Was there ever a time when you got annoyed, irritated, or cranky at little things?
Did you ever have a time when you lost your temper a lot? When was that?
Are you like that now? Was there ever another time you felt _____?
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 and/or irritable and/or cranky and didn’t know why?
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?

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?

NOTE: IRRITABILITY MAY BE DUE TO OTHER DISORDERS, e.g., BIPOLAR DISORDER, ADHD, ODD, CD, SUBSTANCE ABUSE, PDD.
3. Anhedonia, Lack of interest, Apathy, Low Motivation, or Boredom

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.

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? 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?

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.

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? 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.
4a. Recurrent Thoughts of Death

Sometimes children who get upset or feel bad, wish they were dead or feel they'd be better off dead.

Have you ever had these type of thoughts? When?
Do you feel that way now?
Was there ever another time you felt that way?

4b. Suicidal Ideation

This includes preoccupation with thoughts of death or suicide and auditory command hallucinations where the child hears a voice telling him to kill himself or even suggesting the method.

Do not include mere fears of dying.

Sometimes children who get upset or feel bad think about dying or even killing themselves.

Have you ever had such thoughts?
How would you do it?
Did you have a plan?

4c. Suicidal Acts - Intent

Judge the seriousness of suicidal intent as expressed in his suicidal act like:
Likelihood of being rescued; precautions against discovery; actions to gain help during or after attempt; degree of planning; apparent purpose of the attempt (manipulative or truly suicidal intent).

Have you actually tried to kill yourself? When?
What did you do?
Any other things?
Did you really want to die?
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 really want to die?
Did you ask for any help after you did it?

NOTE: CODE SELF-HARMING BEHAVIOR WITH NO INTENT TO DIE AS NON-SUICIDAL, SELF-INJURIOUS BEHAVIOR - NOT AS SUICIDAL BEHAVIOR.

Ever attempted suicide:  ○ Yes  ○ No

Number of lifetime attempts meeting threshold of (3):
4d. Suicidal Acts - Medical Lethality

Actual medical threat to life or physical condition following the most serious suicide attempt. 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.

How close were you to dying after your (most serious suicidal act)?
What did you do when you tried to kill yourself?
What happened to you after you tried to kill yourself?

NOTE: CODE SELF-HARMING BEHAVIOR WITH NO INTENT TO DIE AS NON-SUICIDAL, SELF-INJURIOUS BEHAVIOR - NOT AS SUICIDAL BEHAVIOR.

4e. Non-suicidal, Self-Injurious Behavior

Refers to self-mutilation, or other acts done without intent of killing himself.

Did you ever try to hurt yourself?
Have you ever burned yourself with matches/candles?
Or scratched yourself with needles/ a knife? Your nails?
Or put hot pennies on your skin?
Anything else?
Why did you do it?
How often?
Do you have many accidents?
What kind?
How often?

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?

---

IF RECEIVED A SCORE OF 3 ON CURRENT RATING OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE DEPRESSIVE/DYSTHmic DISORDERS (CURRENT) SECTION OF THE AFFECTIVE DISORDERS SUPPLEMENT, AFTER FINISHING THE SCREEN INTERVIEW.

IF RECEIVED A SCORE OF 3 ON PAST RATING OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE DEPRESSIVE/DYSTHmic DISORDERS (PAST) SECTION OF AFFECTIVE DISORDERS SUPPLEMENT, AFTER FINISHING THE SCREEN INTERVIEW.

NO EVIDENCE OF DEPRESSIVE/DYSTHmic DISORDER.

NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST DEPRESSIVE DISORDERS).
Introduction to the Mania/Hypomania Section

The identification of manic symptomatology and diagnosis of bipolar disorder in children and adolescents is difficult. There is considerable controversy about whether aspects of the DSM-IV criteria for a Manic, Mixed or Hypomanic episode are appropriate to use in youth. Issues that have been particularly difficult include whether: (1) distinct episodes of abnormally elevated/irritable mood are required or if chronic irritability is sufficient; (2) (hypo)manic symptoms must be clearly associated with the onset and offset of abnormal elevated/irritable mood; (3) the duration criteria for a manic/hypomanic/mixed episode are appropriate; and (4) complex cycling patterns between mania and depression exist and are clinically significant. The Mania/Hypomania section of KSADS-PL 2009 Working Draft applies the DSM-IV criteria strictly for issues 1, 2, and 3 but allows for identification of episodes of shorter duration. It does not directly address issue 4, but instead helps to determine whether the (hypo)manic symptomatology meets the threshold for a Manic or Hypomanic episode irrespective of the intensity of depressive symptoms that occur concurrently with manic or hypomanic symptoms. If full criteria are met for a Manic Episode, then the interviewer is prompted to assess concomitant depressive symptomatology to determine whether DSM-IV criteria are met for a Mixed Episode.

Potential (hypo)manic symptoms should be rated as positive only if they are associated with the abnormal mood (either the onset is temporally associated with the abnormal mood, or if the symptom is present chronically, then it intensifies or is exacerbated with the onset of the abnormally elevated/elated/irritable mood). If the symptom is only questionably associated with the abnormal mood, then it should be rated as subthreshold. The DSM-IV frequency/duration criteria for (hypo)manic symptoms are that the symptom has been persistent and present to a significant degree during the period of abnormal mood. This is much less specific than the most of the day, nearly everyday criteria for symptoms of a major depressive episode. Interviewers must use clinical judgment to determine whether the symptom meets the frequency/duration criteria, but reasonable guidelines would be that the symptom must be present intermittently during most the mood episode or the symptom is very prominent during a shorter proportion of the abnormal mood episode. If the symptom exists but does not meet the persistent/present to significant degree criteria, then it is rated as subthreshold.
1. Elevated, Elated, or Expansive Mood

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.

**NOTE:** DO NOT SCORE POSITIVELY IF ELATED MOOD IS EXCLUSIVELY DUE TO MEDICATIONS OR ANY OTHER PSYCHIATRIC OR MEDICAL CONDITION.

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 more silly 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?
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 me some examples?
How long did this feeling usually last?
Did you ever have problems or get in trouble for being too happy or high?

Ask Parent/Caregiver: 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?

2. Explosive Irritability / Anger

Was there ever a time you were so irritable and angry that you exploded?
When you are feeling really mad, do you throw things or break things?
Tear your room apart?
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?
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?
3. Episodes of Unusual Energy/Activity

Has there ever been a time where you had much more energy than usual, so much energy that it felt like too much? What kinds of things were you doing when that happened?
Was there a change in how much you were doing or how fast you were moving?
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?
Was it different than other people around you?
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, any thing else?

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.

4. Decreased Need for Sleep

Less sleep than usual yet still feels rested (average for several days when needs less sleep).
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?

NOTE: DO NOT SCORE POSITIVELY IF DECREASED NEED FOR SLEEP TRIGGERED BY SOCIAL EVENT OR DRUG USE, OR REFLECTIVE OF TYPICAL IRREGULAR ADOLESCENT SLEEP PATTERN.
5. Hypersexuality

NOTE: HYPERSEXUALITY IN THE ABSENCE OF SEXUAL ABUSE OR INAPPROPRIATE EXPOSURE TO SEXUAL BEHAVIOR OR MEDIA IS A SYMPTOM FAIRLY SPECIFIC TO MANIC/HYPOMANIA. IT IS NOT A SEPARATE DSM-IV DIAGNOSTIC CRITERION, BUT WHEN PRESENT, IT CAN POTENTIALLY FULFILL EITHER BOTH THE INCREASED GOAL-DIRECTED ACTIVITY AND THE RISKY, PLEASURE-SEEKING BEHAVIOR B CRITERION.

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.

IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS FOR ELEVATED / ELATED MOOD OR EXPLOSIVE IRRITABILITY AND ANGER, OR A SCORE OF 2 ON BOTH ELEVATED / ELATED MOOD AND EXPLOSIVE IRRITABILITY / ANGER COMPLETE THE CURRENT MANIA/HYPOMANIA SECTION OF THE AFFECTIVE DISORDERS SUPPLEMENT.

IF THE CURRENT RATINGS FOR UNUSUAL ENERGY, DECREASED NEED FOR SLEEP, HYPERSEXUALITY ARE RATED A 3, BUT NOT ELEVATED / ELATED MOOD OR EXPLOSIVE IRRITABILITY AND ANGER, RE-INQUIRE CAREFULLY ABOUT ABNORMALLY ELEVATED / ELATED MOOD OR EXPLOSIVE IRRITABILITY AND ANGER THAT MAY HAVE OCCURRED WITH THE SYMPTOM.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS FOR ELEVATED / ELATED MOOD OR EXPLOSIVE IRRITABILITY AND ANGER, OR A SCORE OF 2 ON BOTH ELEVATED / ELATED MOOD AND EXPLOSIVE IRRITABILITY / ANGER COMPLETE THE PAST MANIA/HYPOMANIA SECTION OF THE AFFECTIVE DISORDERS SUPPLEMENT.

IF THE PAST RATINGS FOR UNUSUAL ENERGY, DECREASED NEED FOR SLEEP, OR HYPERSEXUALITY ARE RATED A 3, BUT NOT ELEVATED / ELATED MOOD OR EXPLOSIVE IRRITABILITY AND ANGER, RE-INQUIRE CAREFULLY ABOUT ABNORMALLY ELEVATED / ELATED MOOD AND EXPLOSIVE IRRITABILITY AND ANGER THAT MAY HAVE OCCURRED WITH THE SYMPTOM.

NO EVIDENCE OF (HYPO) MANIA

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

Has there ever been a time when your mind played tricks on you?
Sometimes children might hear voices or see things, or smell things that other people cannot hear, see or smell.
Has this ever happened to you? Tell me about it.

Has there ever been a time when you heard voices that other people could not hear?
What did you hear? What kind of things did you hear?
Did you ever hear music which other people could not?

Has there ever been a time when you saw things like people or figures that other people could not see?
What did you see? How often did it happen? When did it happen?
Did this only happen at night while you were trying to sleep, or did it happen in the daytime too?

Has there ever been a time when you smelled things that other people can’t smell or felt things that weren’t there?

NOTE: IF HALLUCINATIONS POSSIBLY PRESENT, PRIOR TO SCORING THIS ITEM, ASSESS THE SUBJECT’S CONVICTION OF THE REALITY IF THE HALLUCINATIONS WITH THE PROBES BELOW.

What did you think it was?
Did you think it was your imagination or real?
Did you think it was real when you (heard, saw, etc.) it?

What did you do when you (heard, saw, etc.) it?
These voices you heard (or other hallucinations), did they occur when you were awake or asleep? Could it have been a dream?
Did they happen when you were falling asleep? Waking up? Only when it was dark? Did they happen at any other time also?
Were you sick with fever when they occurred?
Have you ever been drinking beer, wine, liquor? Or taking any drugs when it happened?
Was it like a thought or more like a voice (noise) or a vision?

NOTE: IF HALLUCINATIONS ARE PRESENT, CAREFULLY ASSESS TIMELINE TO DETERMINE IF IN RELATION TO MOOD SYMPTOMS OR INDEPENDENT OF MOOD SYMPTOMS. THIS WILL FACILITATE DIFFERENTIAL DIAGNOSIS.

NOTE: DO NOT RATE AS POSITIVE IF ONLY ENDORES HAVING HEARD SOMEONE CALLING THEIR NAME OCCURRING ONLY ONCE OR TWICE.

DON’T RATE ILLUSIONS POSITIVELY. Illusions are defined as false perceptions based on a real sensory stimuli which is momentarily transformed. They frequently occur due to poor perceptual resolution (darkness, noisy locale) or inattention and they are immediately corrected when attention is focused on the external sensory stimulus or perceptual resolution improves.

NOTE: TAKE INTO ACCOUNT CULTURAL BACKGROUND OF THE SUBJECT.

NOTE: IT IS IMPORTANT TO NOTE IF THE CHILD IS ACTING ON HALLUCINATIONS.
2. Delusions

Have you ever had any ideas about things that you didn't tell anyone because you were afraid they might not understand? What were they? Do you have any secret thoughts? Tell me about them. Have you ever believed in things that other people didn't believe in? Like what?

Ask about each of the delusions surveyed below:

Has there ever been a time you felt that someone was out to hurt you or that someone was following you or spying on you? Who? Why? Does anyone control your mind or body (like a robot)? Did you ever think you were an important or great person? Do you have any special powers? When you are with people you do not know, do you think that they are talking about you? Was there ever a time when you felt something was happening to your body? Like believing it was rotting from the inside, or that something was very wrong with it? Did you ever feel convinced that the world was coming to an end? How often did you think about _____?

NOTE: IF DELUSIONS ARE PRESENT, CAREFULLY ASSESS THE TIMELINE TO DETERMINE IF IN RELATION TO MOOD SYMPTOMS OR INDEPENDENT OF MOOD SYMPTOMS. THIS WILL FACILITATE THE DIAGNOSIS.

IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS ON EITHER OF THE PREVIOUS ITEMS, COMPLETE THE CURRENT SECTION OF THE PSYCHOTIC DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS ON EITHER OF THE PREVIOUS ITEMS, COMPLETE THE PAST SECTION OF THE PSYCHOTIC DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

NO EVIDENCE OF PSYCHOSIS.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST HALLUCINATIONS AND DELUSIONS).
1. Panic Attacks

Have you ever had a time when, all of a sudden, out of the blue, for no reason at all, you suddenly felt anxious, nervous, or frightened? Tell me about it.

The first time you had an attack like this, what did you think brought it on?

Did the feeling come from out of the blue?

What was it like?

How long did it last?

After the first time this happened, did you worry about it happening again?

If specific symptoms are not elicited spontaneously when describing attacks, ask about each of the following symptoms:

Associated Symptoms: Shortness of breath, palpitations, chest pains, nausea, flushes, chills, choking or smothering sensation, dizziness, numbing of hands or feet, sweating, faintness, trembling or shaking, depersonalization or derealization, fear of dying, fear of losing control.

NOTE: DO NOT COUNT IF LASTS ALL DAY OR DIRECTLY CAUSED BY DRUGS OR MEDICATIONS.

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<td>Subthreshold: At least 1 unanticipated attack. No persistent worry about future attacks, and no effect on behavior related to the attacks.</td>
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<td>Threshold: Recurrent unexpected attacks with persistent worry for at least one month about having another attack or significant change in behavior related to the attacks.</td>
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IF A SCORE OF 3 ON CURRENT RATING OF PANIC ATTACK ITEM, COMPLETE THE PANIC DISORDER (CURRENT) SECTION OF THE ANXIETY DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

IF SCORE OF 3 ON PAST RATING OF PANIC ATTACK ITEM, COMPLETE THE PANIC DISORDER (PAST) SECTION OF THE ANXIETY DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

NO EVIDENCE OF PANIC DISORDER.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST PANIC DISORDER).
1. Agoraphobia

Have you ever been really afraid of being in a crowded place or going outside in public alone?
Were you ever afraid to go to the mall or any other places?
What about being on a bridge or traveling in a car, bus or train?
What were you afraid would happen?
Were you afraid of having a panic attack? Of being unable to escape?

NOTE: RATE POSITIVELY ONLY IF BEHAVIOR IS ABOVE AND BEYOND WHAT WOULD BE EXPECTED IN CHILDREN OF SAME AGE AND DEVELOPMENTAL LEVEL.

Do not rate positively if exclusively accounted for by other psychiatric disorders (i.e. psychosis, depression) separation anxiety, social phobia or medical problems.

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0 - No information.
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1 - Not present.
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2 - Subthreshold: Fear of stimuli or situation more severe than a typical child his/her age.
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3 - Threshold: Persistent anxiety about being in a place or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic like symptoms. Fear of stimuli or situation clearly out of proportion to circumstances.

PAST: 

2. Distress / Avoidance

How scared did ___ make you?
Did it make your stomach upset or your heart race? How long did ___ last?
Are you more scared of ___ than any of your friends?
Has there ever been a time when your fear of ___ kept you from doing anything?
Did you try to avoid ___?
Were there times you could ___?
If someone was with you, could you ___?

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0 - No information.
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1 - Not present.
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()
2 - Subthreshold: Associated with only mild transient symptoms of distress. Minimal or inconsistent avoidance.
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()
3 - Threshold: Feared stimuli or situations associated with moderate to severe symptoms of distress. Stimuli or situations consistently avoided.

PAST: 

IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS ON EITHER OF THE PREVIOUS ITEMS, COMPLETE THE AGORAPHOBIA (CURRENT) SECTION OF THE ANXIETY DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS ON EITHER OF THE PREVIOUS ITEMS, COMPLETE THE AGORAPHOBIA (PAST) SECTION OF THE ANXIETY DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

NO EVIDENCE OF AGORAPHOBIA.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST AGORAPHOBIA)
NOTE: KEEP IN MIND THE DEVELOPMENTAL LEVEL OF THE CHILD. RATE POSITIVELY ONLY IF SYMPTOM IS ABOVE AND BEYOND WHAT WOULD BE EXPECTED IN A CHILD OF THE SAME AGE AND DEVELOPMENTAL LEVEL.

1. Fears Calamitous Event that will Cause Separation

Did you ever worry that something bad might happen to you where you would never see your parents again? Like getting lost, kidnapped, killed, or getting into an accident?
How much do you worry about this?

0 - No information.
1 - Not present.
2 - Subthreshold: Occasionally worries. Worries more severely and more often than a typical child his/her age.
3 - Threshold: Frequently worries in separation situations. Persistent and excessive worry about losing, or about possible harm befalling major attachment figure.

2. Fears Harm Befalling Attachment Figure

Has there ever been a time when you worried about something bad happening to your parents? Like what?
Were you afraid of them being in an accident or getting killed?
Were you afraid that they would leave you and not come back?
How much did you worry about this?

0 - No information.
1 - Not present.
2 - Subthreshold: Occasionally worries. Worries more severely and more often than a typical child his/her age.
3 - Threshold: Frequently worries in separation situations. Persistent and excessive worry about losing, or about possible harm befalling major attachment figure.

3. School Reluctance/Refusal

Was there ever a time when you had to be forced to go to school?
Did you have worries about going to school? Tell me about those feelings. What were you afraid of?
Had you been going to school?
How often did you miss school or did you leave school early?

NOTE: ONLY COUNT IF SCHOOL AVOIDED IN ORDER TO STAY WITH ATTACHMENT FIGURE OR AT HOME.

0 - No information.
1 - Not present.
2 - Subthreshold: Frequently somewhat resistant about going to school but usually can be persuaded to go, missed no more than 1 day in 2 weeks.
3 - Threshold: Protests intensely about going to school, or sent home or refuses to go at least 1 day per week. Persistent reluctance or refusal to go to school.

Subject
4. Fears Sleeping Away From Home/Sleeping Alone

Has there ever been a time after the age of four, when you were afraid of sleeping alone?
Did you get scary feelings if you had to sleep away from home without your parents being with you?
Do you move to your parent’s bed in the middle of the night?
Or do you need your parent to sleep in your bedroom?
Do you avoid sleepovers?

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() 2 - Subthreshold: Occasionally fearful. Fears of sleeping away or alone more severe and more frequent than a typical child his/her age.
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() 3 - Threshold: Frequently fearful, some avoidance of sleeping alone or away from home. Persistent refusal to go to sleep without being near a major attachment figure or to sleep away from home.

PAST:

5. Fears Being Alone at Home

Was there ever a time, after the age of 4, when you used to follow your mother wherever she went?
Did you get upset if she was not in the same room with you?
Did you cling to your mother?
Did you check up on your mother a lot?
Did you always want to know where your mother was?
How afraid were you?
How often did this happen?

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() 1 - Not present.
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() 2 - Subthreshold: Occasionally fearful. Fears of being alone more severe and more frequent than a typical child his/her age.
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() 3 - Threshold: Clings to mother; fearful, some avoidance of being alone. Persistent and excessively fearful or reluctant to be alone or without major attachment figures at home.

PAST:

IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PRECEDING ITEMS, COMPLETE THE SEPARATION ANXIETY DISORDER (CURRENT) SECTION IN THE ANXIETY DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PRECEDING ITEMS, COMPLETE THE SEPARATION ANXIETY DISORDER (PAST) SECTION IN THE ANXIETY DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

NO EVIDENCE OF SEPARATION ANXIETY DISORDER.

NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST SEPARATION ANXIETY DISORDER)
1. Fear of Social Situations

Are you a very shy person?
Have you ever felt nervous, self-conscious or shy around people that you
didn’t know very well?

Have you ever felt so shy that you just couldn’t say anything? Even to
another kid?

Is it difficult for you to be with other kids - even kids you know?

What kind of situations make you feel uncomfortable?

- Speaking in front of others (e.g. answering questions in class, giving oral
  reports, show & tell)?
- Eating in front of others (e.g. school cafeteria, fast food
  restaurant)?
- Writing in front of others (e.g. at chalkboard, taking tests)?
- Using public bathrooms when others are around?
- Performance situations (e.g., gym class, recess, sports activities)?
- Changing clothes when others are present (e.g., in gym/pool locker
  room)?
- Going to parties or social events?

How old were you when you first started to feel this way?

For how long have you been feeling this way?

NOTE: SHYNESS AND FEAR OF SOCIAL SITUATIONS MUST BE
SIGNIFICANTLY AFFECTING THE CHILD. DO NOT RATE POSITIVELY
IF EXCLUSIVELY ACCOUNTED FOR BY ANOTHER PSYCHIATRIC
DISORDER (i.e., PDD/ASPERGER’S DISORDER)

P C S
( ) ( ) ( ) 0 - No information.
( ) ( ) ( ) 1 - Not present.
( ) ( ) ( ) 2 - Subthreshold: Clearly self-conscious and
uncomfortable in social performance
situations; avoids only 1 or 2 activities that are
not critical to the child’s well being (e.g.,
avoiding large parties where child knows no
one).

( ) ( ) ( ) 3 - Threshold: Considerable self-consciousness
that makes the child uncomfortable in several
social settings; at least 1 activity is avoided
(e.g., repeatedly and persistently refusing to
give presentation at school, avoiding
gatherings where child does not know
everyone). A marked and persistent fear of
social performance situations - fears acting in
a way (or showing anxiety symptoms) that will
be humiliating or embarrassing. DO NOT
CODE AS THRESHOLD IF THE CHILD’S
ONLY FEAR IS GIVING ORAL
PRESENTATIONS AT SCHOOL.

IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF EITHER OF THE PREVIOUS ITEMS, COMPLETE THE
SOCIAL PHOBIA (CURRENT) SECTION IN THE ANXIETY DISORDERS SUPPLEMENT AFTER COMPLETING THE
SCREEN INTERVIEW.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF EITHER OF THE PREVIOUS ITEMS, COMPLETE THE SOCIAL
PHOBIA (PAST) SECTION IN THE ANXIETY DISORDERS SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.

NO EVIDENCE OF SOCIAL PHOBIA

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST SOCIAL PHOBIA)
### Specific Phobias

1. **Specific Phobias**
   
   Are you very afraid of anything? Are you really, really scared to death of crowds, being outside alone, being on a bridge or traveling in a bus, train or automobile? Has there ever been a time when you were really scared to death of dogs, horses, insects, heights, elevators, subway, the dark... (ask about all situations listed). Were you afraid of any other things?

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<td>2 - Subthreshold: Fear of stimuli or situation more severe than a typical child his/her age.</td>
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<td>3 - Threshold: Marked and persistent fear that is excessive and unreasonable, cued by the presence or anticipation of a specific object or situation.</td>
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2. **Distress/Avoidance**

   How scared did ___ make you? Did it make your stomach upset or your heart race? How long did ___ last? Are you more scared of ___ than any of your friends? Has there ever been a time when your fear of ___ kept you from doing anything? Did you try to avoid ___? Were there times you could ___? If someone was with you, could you ___?

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<td>2 - Subthreshold: Associated with only mild transient symptoms of distress. Minimal or inconsistent avoidance.</td>
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<td>3 - Threshold: Fear of stimuli or situation associated with moderate to severe symptoms of distress. Feared stimuli or situation consistently avoided.</td>
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Specify most intense phobia:

Specify other phobias:

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**IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF EITHER OF THE PREVIOUS ITEMS, COMPLETE THE SPECIFIC PHOBIA (CURRENT) SECTION IN THE ANXIETY DISORDERS SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.**

**IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF EITHER OF THE PREVIOUS ITEMS, COMPLETE THE SPECIFIC PHOBIA (PAST) SECTION IN THE ANXIETY DISORDERS SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.**

**NO EVIDENCE OF SPECIFIC PHOBIAS**

**NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST SPECIFIC PHOBIC DISORDERS)**
1. Excessive worries

Are you a worrier?
Do you worry too much?
Do you worry more than other kids your age?
Have people said you worry too much?
Are you nervous a lot?
Can you give me some examples?

NOTE: IF THE ONLY WORRIES THE CHILD BRINGS UP RELATE TO
THE ATTACHMENT FIGURE OR A SIMPLE PHOBIA, DO NOT SCORE
HERE. ONLY RATE POSITIVELY IF THE CHILD WORRIES ABOUT
MULTIPLE THINGS.

In order to rate positively, child must worry above and beyond other children
of the same age. Worries must be exaggerated and out of context.

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<td>2 - Subthreshold: Frequently worries somewhat excessively (at least 3 times per week) about anticipated events or current behavior.</td>
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<td>3 - Threshold: Most days of the week is excessively worried about at least two different life circumstances or anticipated events or current behavior.</td>
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2. Somatic Complaints

Was there ever a time when you got sick a lot?
Did you miss school, gym or other activities a lot because you didn’t feel well?
Was there ever a time when you got aches and pains a lot?
Did you get headaches, stomachaches, aches in your legs, backaches?
Any other types of problems? Everyday? Once in a while?
When did you get a _____? In the morning, evening, weekends? Only on school days?

NOTE: DO NOT COUNT IF ONLY RELATED TO SEPARATION
SITUATION OR SCHOOL REFUSAL.

NOTE: DO NOT COUNT IF SYMPTOMS ARE KNOWN TO BE CAUSED
BY A REAL MEDICAL ILLNESS.

Look especially for repetitive vague symptoms (i.e., stomach ache/headache).

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<td>2 - Subthreshold: occasional symptoms /complaints. Symptoms/complaints more severe and more often than experienced by a typical child his/her age.</td>
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<td>3 - Threshold: Frequent symptoms /complaints (more than 1 time per week), somewhat of a problem.</td>
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3. Marked Feeling of Tension/Unable to Relax

Was there ever a time when you felt "up-tight" or tense a lot?
Like you couldn't relax even if you tried?
Did you get so nervous that you couldn't sit still?
Did you often feel jumpy or "on edge"?

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0 - No information.
1 - Not present.
2 - Subthreshold: Frequently nervous /anxious (more than 1 time per week), somewhat of a problem.
3 - Threshold: Most days of the week is nervous /anxious.

PAST:

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IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE GENERALIZED ANXIETY DISORDER (CURRENT) SECTION IN THE ANXIETY DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE GENERALIZED ANXIETY DISORDER (PAST) SECTION IN THE ANXIETY DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

NO EVIDENCE OF GENERALIZED ANXIETY DISORDER.

NOTES: RECORD DATES OF POSSIBLE CURRENT AND PAST GENERALIZED ANXIETY DISORDER).
1. Obsessions

Recurrent and intrusive thoughts, impulses, or images that are distressing and debilitating and over which the person has little control.

Has there ever been a time when thoughts popped into your mind over and over and you couldn't get rid of them?
Has there ever been a time when you were bothered by thoughts, "pictures" or words which kept coming into your head for no reason and that you couldn't stop or get rid of?
Did you ever worry a lot about having dirt or germs on your hands, or worry that you might get ill from dirt or germs?
Did you ever worry about doing things perfectly or about making things even or arranging things in a certain way?
What about thoughts that something bad might happen, or that you did something terrible, even though you know it wasn't true?
Any other types of thoughts that kept running around your mind?
What about silly thoughts, words, or numbers which wouldn't go away?
How often did you think about them?
Are these thoughts annoying to you?
Did they not seem to make any sense?
Do these thoughts get in your way or stop you from doing things?

NOTE: DO NOT SCORE OBSESSIONS ITEMS POSITIVELY IF IDEAS / THOUGHTS ARE DELUSIONAL, OR ARE EXCLUSIVELY DUE TO ANOTHER AXIS I DISORDER (e.g. thoughts of food in the presence of an eating disorder; thoughts that parents will get harmed in the presence of a separation anxiety disorder; increased worries from GAD). DO NOT RATE POSITIVELY IF SAYS, "I cannot stop thinking about boy/girlfriend or music."
2. Compulsions

Recurrent intrusive, repetitive, purposeful behaviors performed in response to an obsession, according to certain rules, or in stereotyped fashion that are distressing and debilitating and over which the person has little control.

Has there ever been a time when you found yourself having to do things that seemed silly over and over, or things which you could not resist repeating like touching things, or counting or washing your hands many times, or checking locks or other things?

Have you ever found yourself having to repeat certain actions over and over?

Did you feel you had any control over them? Did these things bother you?

Were there things you always felt you had to do exactly the same way or in a special way?

Did you ever have trouble finishing your school work because you had to read parts of an assignment over and over or because you were writing and re-writing your homework over and over again?

Did you ever have trouble making it to school on time because it takes too long to get ready in the morning?

If you made a mistake on your school work, did you have to start at the beginning?

What about when you went to sleep, did you have to check something several times before you fell asleep?

Or did you have to arrange things in your room in a particular way?

Have other people ever commented about these habits?

NOTE: DO NOT RATE POSITIVELY IF BEHAVIOR IS EXCLUSIVELY ACCOUNTED FOR BY ANOTHER DISORDER (e.g., PDD, Asperger’s, tics, psychosis, eating disorder).

0 - No information.

1 - Not present.

2 - Subthreshold: Suspected or likely.

3 - Threshold: Definite compulsions, causes some effect on functioning or distress.
1. Repeated Voiding

A lot of kids sometimes have accidents and wet their beds when they sleep at night. Has there ever been a time when this happened to you?
Did you ever have accidents during the day?
What about if you laughed or sneezed real hard?

a. Night time

How often did this happen at night?

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<td>2 - At least one to four times a month for three or more months.</td>
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b. Daytime

How often did this happen during the day?

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c. Total

Estimate frequency of combined nighttime and daytime accidents.

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IF RECEIVED A SCORE OF 2 OR ABOVE ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE QUESTIONS ON THE FOLLOWING PAGE.

IF RECEIVED A SCORE OF 2 OR ABOVE ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE QUESTIONS ON THE FOLLOWING PAGE.

IF NO EVIDENCE OF ENURESIS, GO TO ENOPRESIS SECTION ON PAGE 24.

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Subject [ ] [ ] [ ] [ ]

Date [ ] [ ] / 20 [ ]

Interviewer [ ] [ ]
Distress

What did you usually do when you had an accident? Did you tell your mom? Your teacher? What did they do? Did the kids at school know you sometimes had accidents? How much did it bother you when you had an accident?

Impairment: (home, school, peers)

Duration: (specify)

2. Evidence of Enuresis

DSM-IV Criteria

A. Repeated voiding of urine into bed or clothes (whether involuntary or intentional);
B. The behavior is clinically significant as manifested by either a frequency of twice a week for at least three consecutive months, the presence of clinically significant distress or functional impairment in social, academic (occupational), or other important areas of functioning;
C. Chronological age is at least 5 years (or equivalent developmental level);
D. The behavior is not due exclusively to the direct physiological effect of a substance (e.g., a diuretic) or a general medical condition (e.g., diabetes, spina bifida, a seizure disorder).

MEETS DSM-IV CRITERIA FOR ENURESIS (CURRENT). (Scored 3 OR 2 plus impairment).

MEETS DSM-IV CRITERIA FOR ENURESIS (PAST). (Scored 3 OR 2 plus impairment)

NOTES: (RECORD DATES OF CURRENT AND PAST ENURESIS).
1. Repeated Passage of Feces

Some kids have accidents and soil their beds when they sleep at night. Did this ever happen to you?
Has there ever been a time when you had accidents and went to the bathroom in your pants during the day?
What about when you were really scared, or for some reason couldn’t get to a bathroom when you needed to?
What kinds of accidents were you having?
Number one or number two?

NOTE: ONLY RATE POSITIVELY IF THERE ARE STOOLS IN THE PATIENT’s UNDERWEAR.

a. Night time

How often did this happen at night?

How often did this happen during the day?

b. Daytime

How often did this happen during the day?

c. Total

Estimate total number of nighttime and daytime accidents.

IF RECEIVED A SCORE OF 2 OR ABOVE ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE QUESTIONS ON THE FOLLOWING PAGE.

IF RECEIVED A SCORE OF 2 OR ABOVE ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE QUESTIONS ON THE FOLLOWING PAGE.

IF NO EVIDENCE OF ENCOPRESIS, GO TO ANOREXIA NERVOSA SECTION ON PAGE 26.
Distress

What did you usually do when you had an accident? Did you tell your mom? Your teacher? What did they do? Did the kids at school know you sometimes had accidents? How much did it bother you when you had an accident?

Impairment: (home, school, peers)

Duration: (specify)

2. Evidence for Encopresis

*DSM-IV Criteria*

A. Repeated passage of feces into inappropriate places (e.g., clothing or floor) whether involuntary or intentional;
B. At least one such event a month for at least 3 months;
C. Chronological age is at least 4 years (or equivalent developmental level);
D. The behavior is not due exclusively to the direct physiological effect of a substance (e.g., laxatives) or a general medical condition except through a mechanism involving constipation.

— MEETS DSM-IV CRITERIA FOR ENCOPRESIS (CURRENT).

— MEETS DSM-IV CRITERIA FOR ENCOPRESIS (PAST).

**NOTES: (RECORD DATES OF CURRENT AND PAST ENCOPRESIS).**
Begin this section with a brief (2-3 minute) semi-structured interview to obtain information about eating habits:

Do you think you are too fat?
Has there ever been a time when you wished you were thinner?
Were you on any kind of diet?
What was your weight? What did you want your weight to be?
If you got down to that weight, what difference do you think it would have made in your life?

1. Fear of Becoming Obese

Has there ever been a time when you were afraid of getting fat?
Did you believe you were fat?
Have you ever been really overweight?
Did you watch what you ate and think about what you ate all the time?
Were you afraid of eating certain foods because you were afraid they’d make you fat?
What foods?
How much time did you spend thinking about food and worrying about getting fat?
If you saw that you had gained a pound or two, did you change your eating habits?
Fast for a day or do anything else?

NOTE: KEEP IN MIND DIFFERENTIAL DIAGNOSES OF ANXIETY DISORDER, OCD, AND PSYCHOSIS.

2. Emaciation

Weight is proportionally lower than ideal weight for height (see table).
If, by observation, there is any suspicion of emaciation, you must weigh the child, and look at the table (see attached). If in doubt do not ask, just weigh the child.

NOTE: DO NOT RATE POSITIVELY IF WEIGHT LOSS IS DUE TO A MEDICAL CONDITION OR MOOD DISORDER.

IF RECEIVED A SCORE OF 3 ON CURRENT RATINGS OF EITHER OF THE PRECEDING ITEMS, COMPLETE THE ANOREXIA NERVOSA SECTION (CURRENT) IN THE EATING DISORDERS SUPPLEMENT AFTER FINISHING SCREEN INTERVIEW.

IFI RECEIVED A SCORE OF 3 ON PAST RATINGS OF EITHER OF THE PRECEDING ITEMS, COMPLETE THE ANOREXIA NERVOSA SECTION (PAST) IN THE EATING DISORDERS SUPPLEMENT AFTER FINISHING SCREEN INTERVIEW.

NO EVIDENCE OF ANOREXIA NERVOSA.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST ANOREXIA NERVOSA).
**1. Weight Loss Methods**

Have you ever used diet pills to control your weight?
How about laxatives, or water pills to lose weight?
Did you sometimes make yourself throw up?
Did you exercise a lot, more than was usual for you, in order to lose weight? How much? How many hours a day?
Did you have periods of at least 1 week during which you had nothing but liquids with no calories (teas, diet sodas, coffee, water)?

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<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
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<th>Summary CE</th>
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<td>c. taking water pills</td>
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<td>d. throwing up</td>
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<td>e. exercising a lot</td>
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<td>f. taking only non-caloric fluids for a week or more</td>
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<td>g. combined frequency weight loss methods</td>
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2. Eating Binges or Attacks

Recurrent discrete episodes of uncontrollable excessive rapid eating of high caloric, easily ingested foods, lasting at most a few hours, during which the patient usually hides, and which terminate by abdominal pain, throwing up, or falling asleep, and which may be followed by depressed mood and low self esteem. For example, a typical binge is at least 2000-3000 calories or more.

Has there ever been a time when you had "eating attacks" or binges?

What's the most you ever ate at one time?

Have there ever been times you ate so much you felt sick? How often did it happen?

(ascertain all details in definition)

What triggered a binge?

What did you usually eat when you binged?

What was the most food you have eaten during a binge?

Did you ever make yourself throw up after a binge?

How did you feel after you binged?

Did you usually binge alone or with other people?

Did other people know you binged?

NOTE: ONLY RATE EATING BINGES THAT ARE PATHOLOGICAL (e.g. hidden from family members and peers, followed by depressed mood, and/or throwing up behavior). DO NOT RATE TYPICAL ADOLESCENT EATING ORGIES (e.g. outings with friends for pizza and ice cream).

P C S
() () () 0 - No information
() () () 1 - Not present.
() () () 2 - Subthreshold: Eating binges that occur less than once a week.
() () () 3 - Threshold: Eating binges once a week or more.

PAST:

P C S

IF RECEIVED A SCORE OF 3 ON CURRENT RATINGS OF ANY OF THE WEIGHT LOSS METHODS OR THE BINGES ITEM, COMPLETE THE BULIMIA (CURRENT) SECTION IN THE EATING DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

IF RECEIVED A SCORE OF 3 ON PAST RATINGS OF ANY OF THE WEIGHT LOSS METHODS OR THE BINGES ITEM, COMPLETE THE BULIMIA (PAST) SECTION IN THE EATING DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

NO EVIDENCE OF BULIMIA.

NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST BULIMIA NERVOSA).
Determine the age of onset for first positively endorsed ADHD symptom. If symptom has persisted since early childhood, use the current rating to describe the symptom's most intense severity over the past year. Score symptom as 'not present' in the past unless prior episode of symptomatology was followed by a period of six months or more in which the child was free of ADHD problems.

If onset of symptoms is after age 8, be careful to assess other disorders, e.g., mood disorders/anxiety disorders.

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

If the symptoms are episodic, consider the presence of a mood disorder or other causes (e.g., alcohol, drugs or medical problems).

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.

Probe: For how long has _____ been a problem? Has it been a problem since kindergarten? First grade? Did the problem start even earlier?

### 1. Difficulty Sustaining Attention on Tasks or Play Activities

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<td>2 - Subthreshold: Occasionally has difficulty sustaining attention on tasks or play activities. Problem has only minimal effect on functioning.</td>
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<td>3 - Threshold: Often (4-7 days/week) has difficulty sustaining attention. Problem has significant effect on functioning.</td>
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**PAST:**

### 2. Easily Distracted

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<td>2 - Subthreshold: Occasionally distractible. Problem has only minimal effect on functioning.</td>
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<td>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.</td>
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**PAST:**
3. Difficulty Remaining Seated

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?

Parents: When your child was young, were you able to take him/her to church? Restaurants?

Were these difficulties beyond what you would expect for a child his/her age?

**NOTE: RATE BASED ON DATA REPORTED BY INFORMANT OR OBSERVATIONAL DATA.**

Take into account that these symptoms tend to improve with age. Carefully check if this symptom was present when the child was younger.

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4. Impulsivity

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.

**(THIS ITEM IS NOT A DSM-IV CRITERION - DO NOT INCLUDE IN SYMPTOM COUNT)**

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- IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE ATTENTION DEFICIT HYPERACTIVITY DISORDER (CURRENT) SECTION IN THE BEHAVIORAL DISORDERS SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.

- IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE ATTENTION DEFICIT HYPERACTIVITY DISORDER (PAST) SECTION IN THE BEHAVIORAL DISORDERS SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.

- NO EVIDENCE OF ATTENTION DEFICIT DISORDER.

**NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST ATTENTION DEFICIT HYPERACTIVITY DISORDER).**
The essential feature of this disorder is a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months and occurs more frequently than is typically observed in individuals of comparable age and developmental level.

Keep in mind differential diagnoses of depressive disorder, bipolar disorder, anxiety disorders, ADHD, psychosis, substance use disorders or medical illness. Also consider environmental issues.

While the DSM-IV is not clear regarding this issue, consider making this diagnosis if symptoms are present in more than one setting (i.e., home and school) consider diagnosis of Parent-Child Relational Problem if symptoms occur ONLY at home.

1. **Loses Temper**

   Has there ever been a time when you would get upset easily and lose your temper?
   Did it take much to get you mad?
   How often did you get really mad or annoyed and lose your temper?

   In order to be sure this is a temper outburst, ask:
   Where do you lose your temper?
   What do you do when you have a temper tantrum?

   **P**  | **C**  | **S**
   ------|------|------
   ( )  | ( )  | ( )  0 - No information.
   ( )  | ( )  | ( )  1 - Not present.
   ( )  | ( )  | ( )  2 - Subthreshold: Occasional temper outburst. Outbursts more severe and more often than a typical child his/her age (at least 1 time weekly).
   ( )  | ( )  | ( )  3 - Threshold: Less severe outbursts daily or severe temper outbursts 2 - 5 times a week.

   **PAST:** [ ] [ ] [ ]

2. **Argues A Lot With Adults**

   Was there ever a time when you would argue, talk back, "smart mouth" a lot with adults? Your parents or teachers?
   What kinds of things did you argue with them about?
   Did you argue with them a lot?
   How bad did the fights get?

   **NOTE:** ARGUING INCLUDES AN UNWILLINGNESS TO COMPROMISE, GIVE IN, OR NEGOTIATE WITH ADULTS OR PEERS.

   **P**  | **C**  | **S**
   ------|------|------
   ( )  | ( )  | ( )  0 - No information.
   ( )  | ( )  | ( )  1 - Not present.
   ( )  | ( )  | ( )  2 - Subthreshold: Occasionally argues with parents and/or teachers. Arguments more severe and more often than a typical child his/her age.
   ( )  | ( )  | ( )  3 - Threshold: Often argues with parents and/or teachers. Daily or nearly daily (4-7 days per week).

   **PAST:** [ ] [ ] [ ]
3. Disobeys Rules A Lot/Defies or refuses to comply with adult requests

Do you ever deliberately defy or disobey the rules at home? School? How often?
Do you think that your parents/teachers ask you to do things that you shouldn't have to do? Like what?

In addition ask the following for adolescents:
How often to you get away with things without getting into trouble or without getting caught? Does this get you into trouble?

\[ \begin{array}{c|c|c|c}
P & C & S \\
0 & 0 & 0 & 0 - No information. \\
1 & 0 & 0 & 1 - Not present. \\
2 & 0 & 0 & 2 - Subthreshold: Occasionally actively defies or refuses adult requests or rules (e.g., refuses to do chores at home). Disobedient more often than a typical child his/her age. \\
3 & 0 & 0 & 3 - Threshold: Often actively defies or refuses adult requests or rules, daily or nearly daily (4-7 days a week).
\end{array} \]

PAST:

\[ \begin{array}{c|c|c|c}
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IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE OPPOSITIONAL DEFIANT DISORDER (CURRENT) SECTION OF THE BEHAVIORAL DISORDERS SUPPLEMENT AFTER FINISHING THE SCREENING INTERVIEW.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE OPPOSITIONAL DEFIANT DISORDER (PAST) SECTION OF THE BEHAVIORAL DISORDERS SUPPLEMENT AFTER FINISHING THE SCREENING INTERVIEW.

NO EVIDENCE OF OPPOSITIONAL DEFIANT DISORDER.

NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST OPPOSITIONAL DEFIANT DISORDER).
1. Lies

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.

Do you ever tell lies?
What type of lies do you tell?
Who do you lie to?
Have people ever called you a liar?
What’s the worst lie you ever told?
Did you lie to get other people to do things for you?
Did you lie to get out of paying people back money or some favor you owe them?

Has anyone ever called you a con?
Complained that you broke promises a lot?
How often did you lie?

NOTE: ONLY RATE POSITIVE EVIDENCE OF LYING TO CHEAT OR "CON."

2. Truant

Has there ever been a time when you skipped a whole day of school when your parents didn’t know about it?
Did you ever go to school and leave early when you were not really supposed to? How about going in late?
Did you sometimes miss or skip classes in the morning?
Did you get into trouble? How often?

For adolescents: How old were you when you first started to play hooky?

NOTE: ONLY RATE POSITIVE INCIDENTS OF TRUANCY BEGINNING BEFORE THE AGE OF 13. IN ADDITION, TRUANCY IS ACTIVELY MISSING PART OR ALL OF A SCHOOL DAY REGARDLESS OF PARENT ABILITY TO ENFORCE ATTENDANCE.
3. Initiates Physical Fights

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?
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?

Are you or any of your friends in a gang? The Crypts? Bloods? Another gang?

NOTE: TAKE INTO ACCOUNT CULTURE, BACKGROUND, AND NEIGHBORHOOD.

☐ Check here if evidence of homicidal intent.

☐ Check here if evidence of gang involvement.

4. Bullies, Threatens, or Intimidates Others

Do you ever try to bully kids or threaten kids to get them to do something you want them to do?

How often did you do these things:
___ call names or make fun of other kids
___ threaten to hurt other kids
___ push
___ trip
___ come up from behind and slap or knock kids down
___ knock items out of kids hands
___ make other kids do things for you

NOTE: DO NOT COUNT TRIVIAL SIBLING RIVALRY.
5. Nonaggressive Stealing

In the past year, have you stolen anything?
What is the most expensive thing you stole?
What other things have you stolen? From whom? From which stores?
Have you stolen a toy from a store? Money from your mom? Anything else?
How often have you stolen things?

NOTE: ONLY COUNT THEFTS OF NON-TRIVIAL VALUE (e.g. $20.00 or more). EXCEPTION: MULTIPLE THEFTS OUTSIDE THE HOME OF TRIVIAL VALUE.

IF RECEIVED A SCORE OF 3 ON THE CURRENT RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE CONDUCT DISORDER (CURRENT) SECTION IN THE BEHAVIORAL DISORDERS SUPPLEMENT AFTER FINISHING THE SCREENING INTERVIEW.

IF RECEIVED A SCORE OF 3 ON THE PAST RATINGS OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE CONDUCT DISORDERS (PAST) SECTION IN THE BEHAVIORAL DISORDERS SUPPLEMENT AFTER FINISHING THE SCREENING INTERVIEW.

NO EVIDENCE OF CONDUCT DISORDER.

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

Has there ever been a time when you noticed your muscles moved in a way that you did not want them to, or that you didn't expect? Like raising your eyebrows (demonstrate), blinking a whole lot (demonstrate), scrunching up your nose (demonstrate), shrugging your shoulders (demonstrate), or moving your head like this (demonstrate)? Ever blink a whole lot or real hard and not be able to stop? About how often did this happen?

**NOTE: RATE BASED ON REPORT AND OBSERVATION.**

Do not rate positively if due to compulsions of OCD or stereotypic movements of PDD.

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2. Phonic Tics

Has there ever been a time when you made noises that you didn't want to make, repeated sounds or words that you don't want to say? Like sniffing, coughing, or clearing your throat when you didn't have a cold? Making animal sounds or grunting sounds, or even repeating things that you or other people said?

**NOTE: RATE BASED ON REPORT AND OBSERVATION.**

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- IF RECEIVED SCORE OF 3 ON CURRENT RATINGS OF MOTOR OR PHONIC TIC ITEMS, COMPLETE THE TIC DISORDERS (CURRENT) SECTION IN THE TIC DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

- IF RECEIVED SCORE OF 3 ON PAST RATINGS OF MOTOR OR PHONIC TIC ITEMS, COMPLETE THE TIC DISORDERS (PAST) SECTION IN THE TIC DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

- NO EVIDENCE OF TIC DISORDER.

**NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST TIC DISORDERS).**
Pervasive Developmental Disorders are characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, and the presence of stereotyped behavior, interests, and activities. The qualitative impairments that define these conditions are distinctly deviant relative to the individual's developmental level or mental age.

1) These disorders are usually evident early in life. For each item below, remember to assess the duration of the symptom and whether it has been present by preschool or before. Also, for each item, please remember to synthesize your clinical observation of behavior observed during the interview into the Summary rating.

2) If the child denies it, but parents report and/or you also observe symptom while interviewing the child, give more weight to parents and/or your observation than the child's report because s/he may not be aware of his/her problem.

3) For all symptoms below, take into account whether they are better accounted by other psychiatric disorder (mainly OCD, ADHD, psychosis, mental retardation, severe social anxiety), or medical or neurological conditions. Also, take into account the developmental stage of the child, normal behaviors and emotions, history of abuse or neglect, and the cultural background of the family and the child.

4) Remember to rate the symptoms as positive if you observe them during the interview. For example, parents and/or child may deny that the child has odd movements and the child keeps flapping his/her hands or shows persistent toe walking in your office. Parents or child report that he/she is very personable, friendly and has good non-verbal communication; however, you do not observe this during the interview. In this case, you can bring this to the parents attention in a polite way. For example, you can tell parents, "During the interview, I noticed that your child does not or avoids looking at me (or I saw such and such movements), is this something new or have you and others observed the same?"

NOTE: MOST SECTIONS OF THE K-SADS-PL HAVE SAMPLE PROBES TO ELICIT SYMPTOMS FROM CHILDREN. THIS SECTION HAS SAMPLE PROBES TO USE WITH PARENTS, AS IT IS ASSUMED PARENTS WILL BE THE BEST INFORMANTS OF THESE BEHAVIORS, AND MANY CHILDREN WITH AUTISM SPECTRUM DISORDERS WILL NOT HAVE INSIGHT REGARDING THE PRESENCE AND SIGNIFICANCE OF THESE SYMPTOMS. THESE ITEMS SHOULD BE SURVEYED WITH THE CHILDREN, BUT GREATER WEIGHT GIVEN TO PARENT REPORT AND INTERVIEWER OBSERVATIONS WHEN SCORING INDIVIDUAL ITEMS.

### 1. Delay in Development of Communication Skills

<table>
<thead>
<tr>
<th>P</th>
<th>C</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Age of First Single Words:** How old was your child when s/he first used a single word, other than "mama" or "dada"?

**Age of First Phrases:** How old was your child when s/he first used 2 or 3 word sentences like "want milk" or "cookie please"?

**NOTE:** DO NOT CODE "mama" OR "dada" WHEN ASSESSING SINGLE WORDS. INCLUDE ANY OTHER SPONTANEOUS SOUNDS THAT APPEARED BEFORE 24 MONTHS, PHRASES APPEAR BY 33 MONTHS.

<table>
<thead>
<tr>
<th>Age - Single Words:</th>
<th>Age - Phrases:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>months</td>
</tr>
<tr>
<td></td>
<td>months</td>
</tr>
</tbody>
</table>

### 2. Stereotyped and Repetitive Motor Mannerisms

**Does your child have any unusual motor mannerisms like hand flapping, head weaving, body rocking, or body spinning?**

**What about a preoccupation with wiggling his/her fingers?**

**Child:** Do you like to watch your hands while you wiggle your fingers?

**Does rocking back and forth calm you when you are upset?**

**Do people ever tell you to stay still and stop spinning?**

**NOTE:** RATE BASED ON PARENT AND CHILD REPORT AND BEHAVIORAL OBSERVATION.

<table>
<thead>
<tr>
<th>P</th>
<th>C</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Past:**

<table>
<thead>
<tr>
<th>P</th>
<th>C</th>
<th>S</th>
</tr>
</thead>
</table>

Subject

Date / 0

Interviewer

Draft
3. Inflexible adherence to specific routines or rituals

Is your child rigid and unable to tolerate small changes in plans or routines that you would not expect to cause a problem (like driving to school a different way, going down the grocery store aisles in a different order, or having a picnic on the family room floor instead of eating at the table)?

Do you work real hard to avoid changes in schedule as to not upset your child? Has he or she been that way since before kindergarten?

For example, when your child outgrows his/her clothes, does he resist wearing new clothes?

Does your child hate changes in routine, like if he/she usually takes a bath or get dressed at a certain time and is unable to do so for some particular reason, does your child get very upset?

Child: Do you get really upset when there is an unexpected change in your plans or the way you usually do things, like if there is a delay in the start of school, if dinner is a little earlier than usual, or if you have to drive home a different way than usual?

4. Persistent preoccupation with one or more stereotyped and restricted patterns of interest

Often these are primarily manifest in the development of encompassing preoccupations about a circumscribed topic or interest, about which the individual can amass a great deal of facts and information. These interests and activities are pursued with great intensity often to the exclusion of other activities. Rate focus and/or intensity.

Parent: Does your child have interests that are not typical for other children his/her age, like an interest in ceiling fans or radiators?

Has he or she memorized unusual facts like bus schedules, history facts, or other sorts of facts that preoccupy him or her daily?

Does your child have one specific activity that he/she is focused on?

Do you think that he/she is "too obsessed" with certain activities or interests beyond what you would expect for a child of his/her age?

Child: Is there something special you are interested in that you really like to talk about, read about, or do? Tell me about it.

NOTE: RATE THIS AS POSITIVE IF IT IS INAPPROPRIATE FOR THE AGE AND CULTURE OF THE CHILD, AND IT IS EXAGGERATED. DO NOT SCORE PREOCCUPATION WITH VIDEOGAMES OR COMPUTER GAMES HERE.

Do not rate positively if behavior related to other diagnosis such as OCD or a psychosis.
5. Marked impairment in Non-Verbal Behaviors

Eye to Eye Gaze: Do you frequently have to remind your child to look at you or the person s/he is talking to?

Facial Expressions: Does your child show the typical range of facial expressions?
Can you see joy on his/her face when s/he is happy?
Does s/he pout when s/he is sad?
Does s/he show less common facial expressions like surprise, interest, and guilt?

Gestures: As a toddler or preschooler, did your child use common gestures like pointing to show interest, clapping when happy, and nodding to indicate 'yes'?

For school age children and adolescents: Does he /she use gestures to help show how something works or while they are explaining something?

Indicate problematic areas of non-verbal behavior:
○ Gaze ○ Expressions ○ Gestures

P  C  S
( ) ( ) ( ) 0 - No information.
( ) ( ) ( ) 1 - Not present. No problems in any of these areas.
( ) ( ) ( ) 2 - Subthreshold: Subtle problems in one or more area, which is evident to family members and professionals but not to teachers or classmates.
( ) ( ) ( ) 3 - Threshold: Problems with one or more aspects of non-verbal behaviors cause functional impairment.

PAST: [ ] [ ] [ ]

---

IF RECEIVED A SCORE OF 3 ON CURRENT RATING OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE AUTISM SPECTRUM DISORDERS (CURRENT) SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

IF RECEIVED A SCORE OF 3 ON PAST RATING OF ANY OF THE PREVIOUS ITEMS, COMPLETE THE AUTISM SPECTRUM DISORDERS (PAST) SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

NO EVIDENCE OF ASPERGER'S/PDD NOS.

NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST AUTISM SPECTRUM DISORDERS).
### KSADS-PL SCREEN INTERVIEW: Tobacco Use

**Notes:**

---

**Codes for the Following Items:** 0 = No Information  1 = No  2 = Yes

<table>
<thead>
<tr>
<th>1. Use</th>
<th>Parent</th>
<th>Child</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Ever smoked</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>B. Ever chewed tobacco</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>C. Ever smoked (or chewed) tobacco daily for 1 month or more</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Quantity of Tobacco Use</th>
<th>Parent</th>
<th>Child</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Current Use (cigarettes/day or &quot;dips&quot; of chew/day)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>B. Greatest amount of Use (cigarettes/day or &quot;dips&quot; of chew/day)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Age (years):</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Have you ever smoked or &quot;dipped&quot; chew at least once a day for a month or more?</th>
<th>Parent</th>
<th>Child</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1 cigarette or 1 &quot;dip&quot; of chew a day or more for at least 30 days)</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Age of first regular use (in months):</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Ever attempt to quit</th>
<th>Parent</th>
<th>Child</th>
<th>Summary</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Ever quit</th>
<th>Parent</th>
<th>Child</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, report longest number of months:</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

---

**Subject:** [ ] [ ] [ ] [ ] [ ] [ ]

**Date:** [ ] [ ] / [ ] [ ] / 20[ ]

**Interviewer:** [ ] [ ] [ ]

**Draft**
Begin this section with a brief (2-3 minute) semi-structured interview to obtain information about drinking habits.

**Probes:**
- How old were you when you had your first drink?
- What's your favorite thing to drink?
- Do you have a group of friends you usually drink with, or do you usually drink alone?
- Are there special times when you are more likely to drink than others? School dances or other parties?
- How old were you when you started to drink regularly, say two drinks or more per week?
- In the past six months has there been at least one week in which you had at least two drinks?

<table>
<thead>
<tr>
<th>Probes</th>
<th>Parent</th>
<th>Child</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Drank two drinks in one week four or more times&lt;br&gt;(one drink is equivalent to a 12oz bottle of beer, 5oz glass of wine, or 1.5oz shot of spirits/hard liquor)</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>B. Age above (at first regular use - years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Current frequency of use (days per month)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Have you ever had 3 or more drinks in a single day?</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
</tbody>
</table>

| 2. Problems related to alcohol |        |       |         |
| Has drinking ever caused you any problems at home? With your parents? With your schoolwork? With your teachers? With your friends? With a job?
| Have you ever gotten in trouble while drinking? | 0 1 2 | 0 1 2 | 0 1 2 |

| 3. Received treatment for alcohol problems. |        |       |         |

**Notes:**
- IF RECEIVED A SCORE OF 2 ON ANY OF THE PREVIOUS ITEMS, CONTINUE WITH QUESTIONS ON THE FOLLOWING PAGE.
- IF NO EVIDENCE OF CURRENT OR PAST ALCOHOL USE, GO TO SUBSTANCE USE SECTION ON PAGE 43.
1. Quantity

A. How many drinks do you usually have when you sit down to drink?

P C S

( ) ( ) ( ) 0 - No information.

( ) ( ) ( ) 1 - 1 - 2 drinks.

( ) ( ) ( ) 2 - 3 or more drinks.

PAST:

P C S

B. What's the most you ever drank in a single day? When was that? How about in the last six months? What's the most you drank in a day?

P C S

( ) ( ) ( ) 0 - No information.

( ) ( ) ( ) 1 - 1 - 2 drinks.

( ) ( ) ( ) 2 - 3 or more drinks.

PAST:

2. Frequency

What's the most number of days in a given week that you had something to drink? Do you usually drink Friday and Saturday night? Midweek too?

P C S

( ) ( ) ( ) 0 - No information.

( ) ( ) ( ) 1 - 1 - 2 days.

( ) ( ) ( ) 2 - 3 or more days.

PAST:

3. Concern from Others about Drinking

Has anyone ever complained about your drinking? Friends? Parents? Teachers? Have you ever been worried about it at all?

P C S

( ) ( ) ( ) 0 - No information.

( ) ( ) ( ) 1 - No.

( ) ( ) ( ) 2 - Yes.

PAST:

---

IF RECEIVED A SCORE OF 2 ON THE CURRENT RATINGS OF ANY OF THE ABOVE ITEMS, COMPLETE THE ALCOHOL ABUSE (CURRENT) SECTION IN THE SUBSTANCE ABUSE SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.

---

IF RECEIVED A SCORE OF 2 ON THE PAST RATINGS OF ANY OF THE ABOVE ITEMS, COMPLETE THE ALCOHOL ABUSE (PAST) SECTION IN THE SUBSTANCE ABUSE SUPPLEMENT AFTER COMPLETING THE SCREEN INTERVIEW.

---

NO EVIDENCE OF ALCOHOL ABUSE.

NOTE: (RECORD DATE OF POSSIBLE CURRENT AND PAST ALCOHOL ABUSE).
Prior to beginning this section, give the subject the list of drugs included in the back of this interview packet. Remind child about the confidential nature of the interview prior to beginning probes (if appropriate).

1. Drug Use

Let me know if you have used any of the drugs on this list before, even if you have only tried them once. Which ones have you used?

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Parent Ever</th>
<th>Child Ever</th>
<th>Summary Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cannabis</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Marijuana, pot, hash, THC</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>b. Stimulants</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Speed, uppers, amphetamines, dexedrine, diet pills, crystal meth</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>c. Sedatives/Hypnotics/Anxiolytics</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Barbiturates (sedatives, downers), Benzo diazepine, quaalude (ludes), valium, librium, xanax</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>d. Cocaine</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Coke, crack</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>e. Opioids</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Heroin, morphine, codeine, methadone, demerol, percodan, oxycontin</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>f. PCP</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Angel dust</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>g. Hallucinogens</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Psychedelics, LSD, mescaline, peyote</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>h. Solvents/Inhalants</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Glue, gasoline, chloroform, ether, paint</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>i. Other</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Prescription drugs, nitrous oxide, ecstasy, MDA, etc.</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Polysubstance</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>(Assess for combined use of all listed substances)</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
</tbody>
</table>

Notes:

- IF USED ANY DRUGS, COMPLETE ITEM ON THE FOLLOWING PAGE.
- IF NO EVIDENCE OF CURRENT OR PAST SUBSTANCE USE, GO TO POST-TRAUMATIC STRESS DISORDER SECTION ON PAGE 46.
1. Frequency

In the past six months, what is the most you have used _____?

Every day or almost every day for at least one week? Less? More?

Was there a time when you used _____ more?

<table>
<thead>
<tr>
<th>Criteria:</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No information.</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>1 = Not present.</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
</tr>
<tr>
<td>2 = Less than once a month.</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
</tr>
<tr>
<td>3 = More than once a month.</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
<td>() () ()</td>
</tr>
</tbody>
</table>

a. Cannabis
Marijuana, pot, hash, THC

b. Stimulants
Speed, uppers, amphetamines, dextedrine, diet pills, crystal meth

c. Sedatives/Hypnotics/Anxiolytics
Barbiturates (sedatives, downers), Benzodiazepine, quaalude (ludes), valium, librium, xanax

d. Cocaine
Coke, crack

e. Opioids
Heroin, morphine, codeine, oxycontin methadone, demerol, percocan

f. PCP
Angel dust

g. Hallucinogens
Psychedelics, LSD, mescaline, peyote

h. Solvents/Inhalants
Glue, gasoline, chloroform, ether, paint

i. Other
Prescription drugs, nitrous oxide, ecstasy, MDA, etc.
Specify:

j. Polysubstance
(Assess for combined use of all listed substances)

Notes:
### 2. Problems related to substance use/abuse

Has your use of ___ ever caused you any problems at home? With your parents? With your schoolwork? With teachers? With friends? With the police?

<table>
<thead>
<tr>
<th>Parent</th>
<th>Child</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

#### Notes:

- **IF RECEIVED A SCORE OF 3 ON THE CURRENT FREQUENCY ITEM FOR ANY DRUG, COMPLETE THE SUBSTANCE ABUSE (CURRENT) SECTION IN THE SUBSTANCE ABUSE DISORDERS SUPPLEMENT AFTER FINISHING SCREEN INTERVIEW.**

- **IF RECEIVED A SCORE OF 3 ON THE PAST FREQUENCY ITEM FOR ANY DRUG, COMPLETE THE SUBSTANCE ABUSE (PAST) SECTION IN THE SUBSTANCE ABUSE DISORDERS SUPPLEMENT AFTER FINISHING SCREEN INTERVIEW.**

- **NO EVIDENCE OF SUBSTANCE ABUSE.**

**NOTE: (RECORD DATE OF POSSIBLE CURRENT AND PAST SUBSTANCE ABUSE).**
### 1. Traumatic Events

**Probe:**
I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent Ever</th>
<th>Child Ever</th>
<th>Summary Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Car Accident</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
</tr>
<tr>
<td>Have you ever been in a bad car accident?</td>
<td>Significant car accident in which child or other individual in car was injured and required medical intervention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What happened?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you hurt?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was anyone else in the car hurt?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Other Accident</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
</tr>
<tr>
<td>Have you ever been in any other type of bad accidents?</td>
<td>Significant accident in which child was injured and required medical intervention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What about a biking accident?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other accidents?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What happened?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you hurt?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Fire</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
</tr>
<tr>
<td>Were you ever in a serious fire?</td>
<td>Child close witness to fire that caused significant property damage or moderate to severe physical injuries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your house or school ever catch on fire?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you ever start a fire that got out of control? What happened?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did anyone get hurt?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was there a lot of damage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Witness of a Disaster</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
</tr>
<tr>
<td>Have you ever been in a really bad storm, like a tornado or a hurricane?</td>
<td>Child witness to natural disaster that caused significant devastation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been caught in floods with waters that were deep enough to swim in?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 1. Traumatic Events (cont')

**Probe:**
I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent Ever</th>
<th>Child Ever</th>
<th>Summary Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E. Witness of a Violent Crime</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did you ever see someone rob someone or steal from a store or jump someone?</td>
<td>( )</td>
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</tr>
<tr>
<td>Take someone hostage? What happened?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Where were you when this happened?</td>
<td>( )</td>
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</tr>
<tr>
<td>Was anyone hurt?</td>
<td>( )</td>
<td>( )</td>
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</tr>
<tr>
<td>Child close witness to threatening or violent crime.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td><strong>F. Victim of Violent Crime</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did anyone ever mug you or attack you in some other way? What happened?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Were you hurt?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Child victim of seriously threatening or violent crime.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td><strong>G. Confronted with Traumatic News</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Have you ever gotten some really bad news unexpectedly? Like found out someone you loved just died or was sick and would never get better?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Learned about sudden, unexpected death of a loved one, or that loved one has life-threatening disease.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td><strong>H. Terrorism Related Trauma</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Were you affected by the events of 9/11 or some other terrorist attack?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Loved one missing for extended period of time or seriously injured or killed by terrorist attack.</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>
1. Traumatic Events (cont')

**Probe:**
I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Ever</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

### I. War Zone Trauma
Have you ever lived in a war zone?
Had your home attacked?
Witnessed the killing or rape of others?
Seen everything around you set on fire?

Lived in war zone. Witnessed death and mass destruction.

### J. Witness to Domestic Violence
Some kids' parents have a lot of nasty fights. They call each other bad names, throw things, threaten to do bad things to each other, or sometimes really hurt each other.
Did your parents (or does your mother and her boyfriend) ever get in really bad fights?
Tell me about the worst fight you remember your parents having. What happened?

Child witness to explosive arguments involving threatened or actual harm to parent.

### K. Physical Abuse
When your parents got mad at you, did they hit you?
Have you ever been hit so that you had bruises or marks on your body, or were hurt in some way? What happened?

Bruises sustained on more than one occasion, or more serious injury sustained.
1. Traumatic Events (cont')

Probe:
I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent Ever</th>
<th>Child Ever</th>
<th>Summary Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. Sexual Abuse</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Has anyone ever touched you in your private parts when they shouldn’t have?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Has someone ever touched you in a way that made you feel bad?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Has anyone who shouldn’t have ever made you undress, touch you between the legs, make you get in bed with him/her, or make you play with his private parts?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Was CYF ever involved with your family?</td>
<td>( )</td>
<td>( )</td>
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</tr>
</tbody>
</table>

M. Other

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent Ever</th>
<th>Child Ever</th>
<th>Summary Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there anything else that happened to you that was really bad, or something else you saw that was really scary, that you want to tell me about?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

Incident: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

— IF EVIDENCE OF PAST TRAUMA (A SCORE OF "2" ON ANY ITEM), COMPLETE THE POST-TRAUMATIC STRESS DISORDER QUESTIONS ON THE FOLLOWING PAGE.

— IF NO EVIDENCE OF PAST TRAUMA, END THE SCREENING INTERVIEW. COMPLETE PRELIMINARY LIFETIME DIAGNOSES WORKSHEET AND APPROPRIATE SUPPLEMENTS.

NOTE: (RECORD DATES OF PAST TRAUMATIC EVENTS).
### Past Trauma Screen Items:

**NOTE:** IN DISCUSSING TRAUMATIC EVENTS WITH CHILDREN, IT IS IMPORTANT TO USE THEIR LANGUAGE IN YOUR DIALOGUE. (e.g. Do you think about when he stuck his pee-pee up your bum often?)

If more than one traumatic event was endorsed, ask: Which of these things was most upsetting to you?

<table>
<thead>
<tr>
<th>Past Trauma Screen Items</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recurrent Thoughts or Images of Event</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
</tr>
<tr>
<td>2. Efforts to Avoid Thoughts or Feelings Associated with the Trauma</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
</tr>
<tr>
<td>3. Efforts to Avoid Activities or Situations that Arouse Recollection of the Trauma</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
</tr>
<tr>
<td>4. Nightmares</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
<td>0 1 2 () () ()</td>
</tr>
</tbody>
</table>
5. Repetitive play Related to Event / Re-Enactment

**FOR CHILDREN 12 AND UNDER ONLY**

When you played, did you sometimes pretend that ___?

When you played with your dolls did you sometimes ___?

How often did you have your dolls ___?

In response to sexual abuse, markedly seductive behavior, sexual play with dolls or peers, or increased masturbation may be observed.

In response to physical abuse, markedly aggressive play may be observed.

<table>
<thead>
<tr>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
</tbody>
</table>
### KSADS-PL SCREEN INTERVIEW:
Summary Lifetime Diagnosis Checklist

#### Most Severe Past Episode

- **0** = No Information
- **1** = Not Present
- **2** = Definite Past Episode

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Most Severe Past Episode</th>
<th>Age of Onset MSP Episode Years / Months</th>
<th>Duration of MSP Episode (in DAYS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>0 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysthymia</td>
<td>0 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressive Disorder NOS</td>
<td>0 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of first onset of depressive symptoms that affect functioning</td>
<td>0 1 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Current Episode</th>
<th>Age of Onset Current Episode Years / Months</th>
<th>Approx # of Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysthymia</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressive Disorder NOS</td>
<td>0 1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of first onset of depressive symptoms that affect functioning</td>
<td>0 1 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Overall Lifetime Bipolar Diagnosis

- **O** Bipolar I
- **O** Bipolar II
- **O** Bipolar NOS
- **O** Cyclothymia

**Age of first onset of manic/hypo symptoms that affected functioning**

---

**Subject**

**Date** / / **20**

**Interviewer**

---

DRAFT
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Most Severe Past (MSP) Episode</th>
<th>Age of Onset MSP Episode Years / Months</th>
<th>Duration of MSP Episode (in Days)</th>
<th>Diagnosis Current Episode</th>
<th>Age of Onset Current Episode Years / Months</th>
<th>Approx # of Episodes</th>
</tr>
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<tbody>
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<td>Schizoaffective Disorder</td>
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<td>Bipolar Type</td>
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<tr>
<td>Brief Psychotic Disorder</td>
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<td>Psychotic D/O NOS</td>
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<td>Age of first onset of psychotic symptoms that first affected functioning</td>
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<td>Panic Disorder</td>
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<td>Separation Anxiety Disorder</td>
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<td>Age of first onset of anxiety symptoms that affected functioning</td>
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<td>Diagnosis Current Episode</td>
<td>Age of Onset Current Episode Years / Months</td>
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<td>0 1 2 3</td>
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<td>Age of first onset of eating disorder symptoms that affected functioning</td>
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<td>Chronic motor or vocal tic disorder</td>
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<td>Age of Onset</td>
<td>Current</td>
<td>Age of Onset</td>
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<tr>
<td>Adjustment disorder w/ depressed mood</td>
<td>0 1 2</td>
<td></td>
<td>0 1 2 3</td>
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<td>Adjustment disorder w/ anxiety</td>
<td>0 1 2</td>
<td></td>
<td>0 1 2 3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Adjustment disorder w/ mixed anxiety &amp; depressed mood</td>
<td>0 1 2</td>
<td></td>
<td>0 1 2 3</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Adjustment disorder w/ disturbance of conduct</td>
<td>0 1 2</td>
<td></td>
<td>0 1 2 3</td>
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<tr>
<td>Adjustment disorder w/ mixed disturbance of emotions &amp; conduct</td>
<td>0 1 2</td>
<td></td>
<td>0 1 2 3</td>
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<tr>
<td>Other Psychiatric Disorder I</td>
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<td>0 1 2 3</td>
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<td>If Other, please specify I:</td>
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</table>
DIRECTIONS: Check the sections to be completed in each supplement. Note dates and/or ages of onset for each current and past possible disorder.

Affective Disorders Supplement:
- Depressive Disorders - Current
- Depressive Disorders - Past
- Manic/Hypomanic - Current
- Manic/Hypomanic - Past

Eating Disorders Supplement:
- Anorexia Nervosa - Current
- Anorexia Nervosa - Past
- Bulimia Nervosa - Current
- Bulimia Nervosa - Past

Psychotic Disorders Supplement:
- Psychosis - Current
- Psychosis - Past

Anxiety Disorders Supplement:
- Panic Disorders - Current
- Panic Disorders - Past
- Separation Disorders - Current
- Separation Disorders - Past
- Social Phobia - Current
- Social Phobia - Past
- Phobic Disorders - Current
- Phobic Disorders - Past
- Overanxious Disorders - Current
- Overanxious Disorders - Past
- Obsessive Compulsive Disorder - Current
- Obsessive Compulsive Disorder - Past

Post Traumatic Stress Disorders Supplement:
- PTSD - Current
- PTSD - Past

Substance Use/Abuse Supplement:
- Alcohol Abuse - Current
- Alcohol Abuse - Past
- Substance Abuse - Current
- Substance Abuse - Past

Autistic Disorders Supplement:
- Autism Spectrum Disorders - Current
- Autism Spectrum Disorders - Past

Tic Disorders Supplement:
- Tics - Current
- Tics - Past

Behavioral Disorders Supplement:
- ADHD - Current
- ADHD - Past
- Oppositional Disorder - Current
- Oppositional Disorder - Past
- Conduct Disorder - Current
- Conduct Disorder - Past
# I. AFFECTIVE DISORDERS SUPPLEMENT

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KSADS-PL 2009 Working Draft:
1a. Reassessment of depressed and irritable mood

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.

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?

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?

Dysthymia Probes:

1b. Depressed and/or irritable mood is present for most of the day, more days than not for at least one year.

Have you ever had a time when you felt depressed and/or irritable for most of the day, more days than not that lasted for at least one year?

1c. During mood disturbance of at least one year, there was never a 2 month period in which the depressed and/or irritable mood was not present for most of the day, more days than not.

During that one year period, what was the longest period of time when you were not feeling depressed and/or irritable for most of the day more days than not?

Did you ever have a time that lasted as long as 2 months when you weren't feeling depressed or irritable most of the day more days than not?

If 1b and 1c are both rated 2, after completing the remainder of the Depression section, GO TO DYSTHYMIA SECTION ON PAGE 16.
2. Insomnia

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.

**NOTE:** DO NOT RATE IF INSOMNIA IS EXCLUSIVELY DUE TO ADHD, OPPOSITIONALITY, MEDICAL PROBLEMS OR OTHER PSYCHIATRIC DISORDERS.

**PAST:**

a. Initial Insomnia

*When you are feeling down/depressed, do you have trouble falling asleep? How long does it take you to fall asleep?*

- 0 - No information.
- 1 - Not Present.
- 2 - Subthreshold: Insomnia at least 2-3 days per week.
- 3 - Threshold: Insomnia nearly every night (5-7 nights per week). See below for type of insomnia (initial, middle and/or terminal).

**PAST:**

b. Middle Insomnia

*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?*

- 0 - No information.
- 1 - Not Present.
- 2 - Subthreshold: More than 30 minutes but less than 1 1/2 hours at least 2-3 nights per week.
- 3 - Threshold: At least 1 1/2 hours nearly every night (5-7 nights per week).

**PAST:**

c. Terminal Insomnia

*When you are feeling down/depressed, what time do you wake up in the mornings? Are you waking up earlier than you had to?*

- 0 - No information.
- 1 - Not Present.
- 2 - Subthreshold: Waking up less than 30 minutes earlier, at least 2-3 nights per week.
- 3 - Threshold: Waking up more than 30 minutes earlier, nearly every night (5-7 nights/week).

**PAST:**
3. Hypersomnia

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.

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.

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)?

Parents may say that if child was not awakened he/she would regularly sleep > 11-12 hours and he/she actually does so, every

NOTE: DO NOT RATE IF HYPERSOMNIA IS EXCLUSIVELY DUE TO NARCOLEPSY, MEDICAL PROBLEMS (e.g., infection), OR OTHER PSYCHIATRIC DISORDERS.

4. Fatigue, Lack of Energy and Tiredness

This is a subjective feeling. (Do not confuse with lack of interest) (Rate presence even if subject feels it is secondary to insomnia).

Have you been feeling tired? How often?
Do you feel tired -
   All of the time?
   Most of the time?
   Some of the time?
   Now and then?
When did you start feeling so tired?
Was it after you started feeling ( )?
Do you take naps because you feel tired? How much?
Do you have to rest?
Do your limbs feel heavy?
Is it very hard to get going? .... to move your legs?
Do you feel like this all the time?

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

a. Poor Concentration, Inattention, or Slowed Thinking

(School information may be crucial to proper assessment of this item)

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. **Distinguish from lack of interest or motivation. (Do not include if associated with formal thought disorder)**

Do you know what it means to concentrate?
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.

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?
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?

**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.**

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b. Indecision

When you were feeling sad, was it hard for you to make decisions?
Like did you find recess was over before you could decide what you wanted to do?

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6. Appetite/Weight

a. Decreased Appetite

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.

Rate here loss of appetite only.

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?

P    C    S
0 - No information.
1 - Not at all - normal or increased.
2 - Subthreshold: Often has decrease in appetite (at least 2-3 days/week). (Regular snacks not consumed.)
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).

PAST: [ ] [ ] [ ]

b. Weight Loss

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.

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).

P    C    S
0 - No information.
1 - No weight loss (stays in same percentile grouping).
2 - Subthreshold: Questionable weight loss.
3 - Threshold: Clear loss of weight during mood disturbance.

PAST: [ ] [ ] [ ]

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.)
c. Increased Appetite

As compared to usual. Inquire about this item even if anorexia and/or weight loss were rated 2 - 3.

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?

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.

PAST:  
P  C  S

d. Weight Gain

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.

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?
What was your last weight?
When were you last weighed?

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.

PAST:  
P  C  S
7. Psychomotor Disturbances

a. Agitation

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. 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.

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? (demonstrate)
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 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?
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.
b. Psychomotor Retardation

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.

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?

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?

8. Self-Perceptions

a. Worthlessness/Negative Self-Image

Includes feelings of inadequacy, inferiority, failure and worthlessness, self depreciation, self belittling.

Rate with disregard of how "realistic" the negative self evaluation is.

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?
b. Excessive or Inappropriate Guilt

...and self reproach, for things done or not done, including delusions of guilt.

Rate according to proportion between intensity of guilt feelings or severity of punishment child think she deserves and the actual misdeeds.

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? 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?
- Not at all?

What kind of things do you feel guilty about? Do you feel guilty about things you have not done? or 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?

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."

NOTE: IF GUILT APPEARS TO BE OF DELUSIONAL INTENSITY, COMPLETE THE PSYCHOSIS SUPPLEMENT.

9. Hopelessness, Helplessness, Discouragement, and Pessimism

Negative outlook toward the future, regarding his/her life and current problems. This item refers to ideational content and not to feelings.

How do you think things will be in the future? Do you ever feel hopeless or discouraged about the future? How often? Tell me about that. What do you think is going to happen to you? Do you think you are going to get better? Any better? Do you think we can help you? How? Do you think anyone can help you? Who? How? What do you want to do (to be) when you grow up? Do you think you'll make it? Why not? Have you given up on life? Do you ever feel that your death is near? Do you ever feel that the world is coming to an end? Do you feel that you are going to continue suffering forever? How often do you feel this way? Are you sure that there is no hope for you? How do you know? Could it be that there might be a little hope for you?
### OTHER CRITERIA:

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<th>Criteria</th>
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<tbody>
<tr>
<td>1. Evidence of a Precipitant (specify):</td>
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<td>2. Symptoms Occur or Worsen with Monthly Menstruation</td>
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<td>(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?</td>
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<td>3. Impairment</td>
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<td>A. Socially (with peers):</td>
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<td>B. With family:</td>
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<td>C. In school:</td>
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**Codes for Remaining Items:** 0 = No Information  1 = No  2 = Yes
4. Evidence of MDD

Check if meets DSM-IV threshold symptom:

- A. Five (or more) of the above symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either 1) Depressed or irritable mood, or 2) Anhedonia.
- 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. The symptoms are not due to the direct physiological effects of a substance or a general medication.
- E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptom, or psychomotor retardation.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>K-SADS Score</th>
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<tbody>
<tr>
<td>Depressed Mood OR Irritable Mood</td>
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<tr>
<td>Anhedonia</td>
<td>3</td>
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<td>Decreased Appetite OR Weight Loss OR Increased Appetite OR Weight Gain</td>
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<td>Insomnia OR Hypersomnia</td>
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<td>Psychomotor Agitation or Retardation</td>
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<td>Fatigue, Lack of Energy, or Tiredness</td>
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<td>Feelings of Worthlessness or Excessive or Inappropriate Guilt</td>
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<td>Decreased Concentration, Slowed Thinking, Inattention, or Indecisiveness</td>
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<td>Recurrent Thoughts of Death, Recurrent Suicidal Ideation (with or without Plan) or Suicide Attempt</td>
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8. Evidence of Adjustment Disorder with Depressed Mood

A. A reaction to an identifiable psychosocial stressor (or multiple stressors) that occurs within three months of onset of the stressor(s).
B. Evidence of impairment of symptoms in excess of a normal and expectable reaction to the stressor(s).
C. Presence of depressive symptoms but does not meet the criteria for any specific mental disorder and does not represent uncomplicated bereavement.
D. Duration less that six months.
### IF MEETS FOR MDE: CONTINUE (OPTIONAL SUBTYPE QUESTIONS)

#### 9. Lack of Reactivity of Depressed or Irritable Mood to Positive Stimuli

Extent to which temporary improvement in mood is associated with positive environmental events. For patients with separation anxiety disorder, differentiate between improvements in anxiety and depressive symptoms (especially in inpatients during visiting). Only the latter is to be recorded. The ratings take into account both extent and duration of mood improvement.

If someone tried to cheer you up, could they?
Has anything good happened to you since you started feeling (_____)?
If yes, what was it? If no, are you sure?
Anything a little bit good?
Did this good thing make you feel any better?
If yes, how good did you feel?
Did you feel happy?
Did you laugh at anything?
When you were at your worst, did this feeling ever go away?
When you got your mind on other things or when something good happened, did the feeling ever go away?
Did all of it go away?
What made it go away? (e.g., like when you were playing with other children?)
How long did the good feeling last?
Minutes? Hours? All day?
Did you feel bad no matter what was happening?

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#### 10. Quality of Dysphoric Mood Different Than Grief

Extent to which the subjective feelings of depression are felt by the child to be qualitatively different from the kind of feeling s/he would have or has had following the death of a loved one, pet, or from loneliness or from feelings of missing someone during separation experience (more common in child's life). If possible, get baseline for comparison of missing, grief, or loneliness feelings during a period when child was not depressed. NOTE: Parent can only report this item if the child has actually stated this spontaneously before.

Is this feeling different than the one you get when a friend moved away, or your parent went out of town for awhile?
Is this like a “missing someone” or a “lonely” feeling? How is it different?
Has anyone close to you died? A pet?
Is this feeling you are having now of being (down/sad) different from the feeling you had after _____ died?

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0 - No information.
1 - Not Present: Very responsive to environmental events, in both extent and duration of improvement.
2 - Subthreshold: Somewhat responsive but still feels depressed. Mood improves partially and stays like that for more than a few minutes.
3 - Threshold: “Brief peaks.” Mood clears up for no longer than a few minutes in response to positive stimuli then goes back down again.
11. Diurnal Mood Variation

Extent to which, for at least one week there is a persistent fluctuation of mood (depressed or irritable) with the first or second half of the day. Rate regardless of regular environmental changes. Do not rate positive if it gets worse only at bedtime, school time or other separation times. The worst period should last at least 2 hours. Ask about weekends. Make sure the worsening refers to dysphoric mood and not to anxiety or environmental effects.

Do you feel more (_____) in the morning when you wake up, or in the afternoon, or in the evening? A lot worse or a little worse?
How long does it last?
Does this happen even after you get home from school, after dinner?
When do you start feeling better?

How much worse?
When you feel worse, is it a different feeling or just more of the same?

(Use regular events as time milestones: lunch, second AM class, TV program, after dinner, etc.)

Worse in Morning

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</table>

0 - No information.
1 - Not Present: Not worse in the morning or variable or no depressed mood.
2 - Subthreshold: Minimally or questionably worse or for less than 2 hours.
3 - Threshold: Notably worse for at least 2 hours.

PAST: ☐ ☐ ☐

Worse in Afternoon and/or Evening

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</table>

0 - No information.
1 - Not Present: Not worse in the evening or variable or no depressed mood.
2 - Subthreshold: Minimally or questionably worse or for less than 2 hours.
3 - Threshold: Notably worse for at least 2 hours.

PAST: ☐ ☐ ☐

12. Rejection Sensitivity

A long-standing pattern of extreme sensitivity to perceived interpersonal rejection. Being occasionally touchy or overemotional does not qualify as a manifestation of rejection sensitivity. Pathological sensitivity to perceived interpersonal rejection is a trait that has an early onset and persists throughout most of adult life. Rejection sensitivity occurs both when the person is and is not depressed, though it may be exacerbated during depressive episodes. The problems that result from rejection sensitivity must be significant enough to result in functional impairment.

Do you get upset when a friend says s/he will call but doesn’t?
How long do you feel down?
If you and your mom have a fight and you think she’s mad at you, does it bring you really down in the dumps? How long does the feeling last? How bad is it?
Are there times when your friends or someone in your family ignored you and left you out? What happened? Did it get you upset?

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</table>

0 - No information.
1 - Not present.
2 - Subthreshold: Child experiences brief transient periods of dysphoria precipitated by rejection. Down mood does not persist for longer than a day, and is not associated with severe depressive symptomatology (e.g., suicidality).
3 - Threshold: Dysphoria precipitated by rejection persists for several days, or is associated with severe depressive symptomatology (e.g., suicidality).

PAST: ☐ ☐ ☐
13. Meets Criteria for Melancholic Depression

**DSM-IV Criteria**

Meets criteria for MDD, has loss of pleasure in all or almost all activities or lack of reactivity. Also, three of the following are true: distinct quality of depressed mood (mood different than feeling experienced after death or loss of a loved one); depression worse in a.m., terminal insomnia (2 hrs or more); psychomotor disturbance; anorexia or weight loss; or guilt.

<table>
<thead>
<tr>
<th>Summary CE</th>
<th>Summary MSP</th>
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<tr>
<td>0 1 2</td>
<td>0 1 2</td>
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</table>

14. Evidence of Seasonal Pattern

There is a regular temporal relationship between the onset of an episode of Recurrent Major Depression (or Depressive Disorder NOS), and a particular 60-day period of the year (e.g., regular appearance of depression between the beginning of October and the end of November). Do not include cases in which there is an obvious effect of a seasonally related psychosocial stressor.

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<th>Summary CE</th>
<th>Summary MSP</th>
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</table>

15. Evidence of Atypical Depression

Meets criteria for MDD, Dysthymia, or Depressive Disorder NOS, with depressed mood responsive to positive events, and 2 of the following features are present: hypersomnia, extreme body inertia/sensation of weighted limbs, increased appetite or weight gain, and rejection sensitivity.

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<thead>
<tr>
<th>Summary CE</th>
<th>Summary MSP</th>
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</table>
Dysthymia Supplement

During the period of depressed and/or irritable mood which was present for most of the day more days than not for at least one year, the following have been present:

1. Poor appetite or overeating more days than not

   How was your appetite?
   Did you lose or gain any weight?
   Did you feel hungry often?
   Were you eating more or less than before?
   Did you sometimes have to force yourself to eat?
   Did this happen more days than not?
   How about the opposite?
   Were you eating more than before?
   Was it like you felt hungry all the time?
   Did this happen more days than not?

   P C S
   ( ) ( ) ( ) 0 - No information.
   ( ) ( ) ( ) 1 - Not Present.
   ( ) ( ) ( ) 2 - Present.

   PAST: □ □ □

2. Initial insomnia of greater than one hour and/or ANY middle or terminal insomnia greater than or equal to 30 minutes more days than not OR Hypersomnia greater than 2 hours per 24 hour period more days than not.

   Did you have trouble sleeping?
   How long did it take you to fall asleep?
   Did this happen more days than not?
   Once you fell asleep, did you wake up in the middle of the night?
   How many times?
   How long did it take you to fall back asleep?
   Did this happen more days than not?
   What time were you waking up in the mornings?
   Were you waking up earlier than you had to? How much earlier?
   What about the opposite?
   Were you sleeping longer than usual? How much longer?
   Were you taking naps? How long?
   Did that happen on most days?

   P C S
   ( ) ( ) ( ) 0 - No information.
   ( ) ( ) ( ) 1 - Not Present.
   ( ) ( ) ( ) 2 - Present.

   PAST: □ □ □
3. Feels tired or without energy more days than not.

Were you feeling tired?
Did you feel tired all of the time?
Did you feel that way on most days?

4. Feels inadequate or doesn't like self. Has low self esteem more days than not.

How were you feeling about yourself?
Did you like yourself?
Were there times that you felt really bad about yourself?
Were there things you wanted to change about yourself? Tell me about it.
Did you feel this way more days than not?

5. Poor concentration, limited attention span, or slowed thinking, or has difficulty making decisions more days than not.

Was it hard to concentrate?
Was it hard to keep your mind on your schoolwork or reading a book or watching tv?
When you tried to concentrate on something, did you mind drift off to other things?
Did you forget things a lot more?
Was your thinking slowed down?
Did you have these problems before you started to feel sad or irritable?
Did this happen more days than not?

6. Feels pessimistic and prospects for the future appear dim more days than not

How did you think things would be in the future?
Were you feeling discouraged or hopeless about the future?
Did you feel this way more days than not?
7. Evidence of Dysthymia

A. Three (or more) of the above symptoms have been present during the same one-year period. At least one of the symptoms is depressed or irritable mood.
B. During the one-year period of the disturbance, the person has never been without the symptoms of the disturbance for more than two months at a time.
C. No Major Depressive Episode has been present during the first year of the disturbance.
D. There has never been a manic episode, a mixed episode, or a hypomanic episode prior to the dysthymia and criteria have never been met for Cyclothymia.
E. The disturbance does not occur exclusively during the course of a chronic disorder, such as Schizophrenia or Delusional Disorder.
F. The Symptoms are not due to the direct physiological results effects of a substance or a general medical condition.
G. The symptoms cause clinically significant distress or impairment in social, academic, family, or other important areas of functioning.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>K-SADS Score</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed or Irritable Mood</td>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>Appetite Disturbance</td>
<td>2</td>
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<tr>
<td>Sleep Disturbance</td>
<td>2</td>
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<td>Fatigue</td>
<td>2</td>
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<tr>
<td>Low Self Esteem</td>
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<tr>
<td>Poor Concentration or Indecision</td>
<td>2</td>
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<tr>
<td>Feelings of Hopelessness</td>
<td>2</td>
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</tbody>
</table>

Codes for Remaining Items: 0 = No Information  1 = No  2 = Yes
8. Dysthymia - Primary Type

Mood disturbance is not related to a preexisting, chronic, nonmood Axis I Disorder (e.g., Anorexia, Overanxious Disorder) or Axis III disorder.

9. Dysthymia - Secondary Type

Mood disturbance is apparently related to a preexisting chronic, nonmood Axis I or Axis III disorder.
1. 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 is 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 4hrs of mood disturbance and 1 day at threshold)

**Determine duration of longest episode of abnormally elevated/elated/extreme irritable mood.**

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).

You said that you were feeling revved/hyper/sped up (use the child's or parent's terminology) and were feeling high/super happy/super angry. How much of the time were you in either a super happy or really angry mood? Would you have these moods more than once a day? What else was different about you when you had these 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 high/super happy/super angry mood for much of the day or night?

**Current Episode**

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0 - 1 day. (present for at least 4 hours total in the day)

1 - 2-3 days.

2 - 4-6 days.

3 - ≥ 7 days.

**Indicate whether mood is:**

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0 - Irritable only.

1 - Elevated/elated only.

2 - Elevated/elated and irritable.

**Most Severe Past**

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0 - 1 day. (present for at least 4 hours total within the day)

1 - 2-3 days.

2 - 4-6 days.

3 - ≥ 7 days.

**Indicate whether mood is:**

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0 - Irritable only.

1 - Elevated/elated only.

2 - Elevated/elated and irritable.
2. Grandiosity/Inflated Self-Esteem

Increased self-esteem and appraisal of his/her worth, power, or knowledge (up to grandiose delusions*) as compared with usual level.

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?
Have you won any awards or honors for ____?
Have you felt that you are a particularly important person?

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.

* if grandiosity appears to be of delusional intensity, please complete the psychosis supplement.

3. Pressured Speech

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?
Have people said you were talking too fast or talking too much?
Have people had trouble understanding you?

Rate based on data reported by informant or observational data.

NOTE: IF CHILD MEETS CRITERIA FOR ADHD ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN TALKATIVENESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.

4. Racing Thoughts

Subjective experience that thinking was markedly accelerated.

During the times when you were feeling super high / super happy / super angry, did you notice a change in how fast you were thinking?
Have there ever been times when your thoughts were racing so fast it was hard for you to keep up with them?
Have you ever felt like there were too many ideas jumping around in your mind?
Could you stop the thoughts if you wanted to?
What was your mood like at that time?

Rate based on data reported by informant or observational data.
Score positively only if racing thoughts occur during mood change (e.g., elation, irritability).
5. Flight of Ideas  (Observational or reported by informant)

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.

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? When they said you did not make sense or had trouble following your train of thought? Can you give me an example?

6. Increased Goal-Directed Activity/Sociability

As compared with usual level. 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).

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?

For adolescents: Were you much more sexually active than usual?

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.

7. Motor Hyperactivity/Physical Restlessness

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.

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? Were you moving very fast or were really hyperactive? Tell me what you were doing.

NOTE: IF CHILD MEETS CRITERIA FOR ADHD, ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN RESTLESSNESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.
8. Poor Judgment/Risky, Pleasure-seeking Behaviors

Excessive involvement in pleasurable / thrill-seeking / exciting activities that have a high potential for painful consequences.

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? 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?

(For Adolescents) What about getting involved in relationships quickly, having a lot of one night stands, or doing other dangerous things like driving recklessly?

(For Pre-adolescents) What about jumping from really high places, going on long trips on your bicycle, or playing serious pranks in school?

Also consider inappropriate sexual behavior.

9. Distractibility

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.

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?

Rate based on data reported by informant or observational data

NOTE: IF CHILD MEETS CRITERIA FOR ADHD, ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN DISTRACTIBILITY ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.
10. Influence of Drugs or Alcohol

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?
Do you ever have the high / super happy / super angry moods at times when you are not drinking or using drugs?
Which came first, the drug or the high?
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?

P C S
( ) ( ) ( ) 0 - No information.
( ) ( ) ( ) 1 - Manic symptoms never occur under the influence of drugs.
( ) ( ) ( ) 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 - Manic symptoms present only under the influence of alcohol or drugs.

PAST:

P C S

0

1

2

3

4

5

6

7

11. Patterning of Manic Symptoms

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.

a. Longest Duration of (Hypo)Manic Periods

What is the longest period of time in hours, or days in a row that you felt super high / super happy / super angry and (list other endorsed manic symptoms)?

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.

P C S
( ) ( ) ( ) 0 - No information.
( ) ( ) ( ) 1 - One day. (> 4 hours during the day)
( ) ( ) ( ) 2 - 2-3 days.
( ) ( ) ( ) 3 - 4-6 days.
( ) ( ) ( ) 4 - 7-14 days.
( ) ( ) ( ) 5 - Multiple weeks.
( ) ( ) ( ) 6 - Two - Six months.
( ) ( ) ( ) 7 - > 6 months.

b. Typical Duration of (Hypo)Manic Periods

How long do these episodes usually last when they do occur?

P C S
( ) ( ) ( ) 0 - No information.
( ) ( ) ( ) 1 - One day. (> 4 hours during the day)
( ) ( ) ( ) 2 - 2-3 days.
( ) ( ) ( ) 3 - 4-6 days.
( ) ( ) ( ) 4 - 7-14 days.
( ) ( ) ( ) 5 - Multiple weeks.
( ) ( ) ( ) 6 - Two or more months.
d. Longest Duration of Euthymic Mood

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?

0 - No information.

1 - Not present in the past year.

2 - 1-3 discrete episodes per year.

3 - 4 or more episodes per year.

P C S

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c. Number of Episodes per Year

In this past year, how many discrete episodes of these symptoms have you had? (Specify below)

#/year #/month

P C S

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d. Longest Duration of Euthymic Mood

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?

0 - No information.

1 - No significant periods of euthymic mood.

2 - Euthymic mood lasts 3-6 days.

3 - Euthymic mood has lasted 1-2 weeks.

4 - Euthymic mood has lasted 2-8 weeks.

5 - Euthymic mood has lasted > 2 months.

P C S

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e. Total Lifetime Duration of Mania/Hypomania

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.

0 - No information.

1 - 1-3 days.

2 - 4-10 days.

3 - 10-20 days.

4 - More than 20 days.

P C S

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f. Age of Onset

Age when periods of manic/hypomaniac symptoms started: _______ Years Old

P C S

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<table>
<thead>
<tr>
<th>Parent</th>
<th>Parent</th>
<th>Child</th>
<th>Child</th>
<th>Summary</th>
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<tbody>
<tr>
<td>CE</td>
<td>MSP</td>
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10. Impairment

A. Socially (with peers):

B. With family:

C. In school:

D. Hospitalization: (for mania)

E. Other (e.g., police, other adults, etc.):
### 11. Evidence of Manic Episode

**DSM-IV Criteria**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>K-SADS Score</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least one week (or any duration if hospitalization is needed)</td>
<td>3</td>
<td></td>
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<tr>
<td>2) Inflated self-esteem or grandiosity</td>
<td>3</td>
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<tr>
<td>3) Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4) More talkative than usual or pressure to keep talking</td>
<td>3</td>
<td></td>
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<tr>
<td>5) Flight of ideas or subjective experience that thoughts are racing.</td>
<td>3</td>
<td></td>
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<tr>
<td>6) Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli).</td>
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<td></td>
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<tr>
<td>7) Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.</td>
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<tr>
<td>8) 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).</td>
<td>3</td>
<td></td>
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</tbody>
</table>

**Codes for Remaining Items:**

- 0 = No Information
- 1 = No
- 2 = Yes
### 12. Evidence of Hypomanic Episode

**DSM-IV Criteria**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>K-SADS Score</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1) A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood</td>
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<td>2) Inflated self-esteem or grandiosity</td>
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<td>3) Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)</td>
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<td>4) More talkative than usual or pressure to keep talking</td>
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<tr>
<td>5) Flight of ideas or subjective experience that thoughts are racing</td>
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<td>6) Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)</td>
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<td>7) Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.</td>
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<tr>
<td>8) 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).</td>
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</table>

### 13. Criteria for Mixed Episodes

**A.** The criteria are met both for a Manic Episode and for a Major Depressive Episode (except for duration) nearly every day during at least a 1-week period.

**B.** The mood disturbance is sufficiently severe to cause marked impairment in occupational function or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

**C.** The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

**NOTE:** MIXED-LIKE EPISODES THAT ARE CLEARLY CAUSED BY SOMATIC/ANTIDEPRESSANT TREATMENT (e.g., medication, electroconvulsive therapy, light therapy) SHOULD NOT COUNT TOWARD A DIAGNOSIS OF BIPOLAR DISORDER.
14. Bipolar I Disorder, Most Recent Episode Hypomaniac

   A. Currently (or most recently) in a Hypomaniac Episode.
   B. There has previously been at least one Manic Episode or Mixed Episode.
   C. The mood symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.
   D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

15. Bipolar I Disorder, Most Recent Episode Manic

   A. Currently (or most recently) in a Manic Episode.
   B. There has previously been at least one Major Depressive Episode, Manic Episode or Mixed Episode.
   C. The mood symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.
   D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

16. Bipolar I Disorder, Most Recent Episode Depressed

   A. Currently (or most recently) in a Depressed Episode.
   B. There has previously been at least one Manic Episode or Mixed Episode.
   C. The mood symptoms caused clinically significant distress or impairment in social, occupation, or other important areas of functioning.
   D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

17. Bipolar I Disorder, Most Recent Episode Mixed

   A. Currently (or most recently) in a Mixed Episode.
   B. There has previously been at least one Major Depressive Episode, Manic Episode or Mixed Episode.
   C. The mood symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.
   D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

18. Bipolar I Disorder with Psychosis

   Criteria are met for Bipolar I Disorder (above) and psychotic symptoms.
19. Bipolar II Disorder

A. Presence (or history) of one or more Major Depressive Episode(s).
B. Presence (or history) of at least one Hypomanic Episode.
C. There has never been a Manic Episode or a Mixed Episode.
D. The mood symptom in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophasic Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

---

20. Bipolar II with psychosis

Criteria are met for Bipolar II Disorder (above) and psychotic symptoms.

---

21. Bipolar Disorder NOS

The Bipolar Disorder Not Otherwise Specified category includes disorders with bipolar features that do not meet criteria for any specific Bipolar Disorder.

Examples include:

a. Very rapid alteration (over days) between manic symptoms and depressive symptoms that meet symptom threshold criteria but not minimal duration criteria for Manic, Hypomanic, or Major Depressive Episodes.
b. Recurrent Hypomanic Episodes without intercurrent depressive symptoms.
c. A Manic or Mixed Episode superimposed on Delusional disorder, residual Schizophrenia, or Psychotic Disorder Not Otherwise Specified.
d. Hypomanic Episodes, along with chronic depressive symptoms, that are too infrequent to qualify for a diagnosis of Cyclothymic Disorder.
e. Situations in which the clinician has concluded that a Bipolar Disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance induced.

NOTE: The NIMH Course and Outcome of Bipolar Youth study set the minimum research inclusion threshold for the BP-NOS group as subjects who did not meet the DSM-IV criteria for BP-I or BP-II but had a distinct period of abnormally elevated, expansive, or irritable mood, plus: (1) two DSM-IV manic symptoms (three if the mood is irritable only) that were clearly associated with the onset of abnormal mood; (2) clear change in functioning; (3) mood and symptom duration of a minimum of 4 hours within a 24-hour period for a day to be considered meeting diagnostic threshold; and (4) a minimum of four days (not necessarily consecutive) meeting the mood, symptom, duration, and functional change criteria over the subject’s lifetime, which could be two 2-day episodes, four 1-day episodes, etc. Symptoms and mood changes that occurred during substance use or antidepressant treatment did not count toward a bipolar diagnosis.

As the validity of the COBY threshold has not been definitely established, a reasonable, more conservative threshold would alter COBY criterion #1 to three DSM-IV manic symptoms (four if the mood is irritable only) and criterion #4 to a minimum of ten days over a subject’s lifetime, in which they meet criteria 1-3.
22. Cyclothymia

A. For at least 1 year, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet criteria for a Major Depressive Episode.
B. During the above 1-year period, the person has not been without the symptoms in Criterion A for more than 2 months at a time.
C. No Major Depressive Episode, Manic Episode, or Mixed Episode has been present during the first 1 year of the disturbance.

NOTE: AFTER THE INITIAL 1 YEAR OF CYCLOTHYMIC DISORDER, THERE MAY BE SUPERIMPOSED MANIC OR MIXED EPISODES (in which case both Bipolar I and Cyclothymic Disorder may be diagnosed) OR MAJOR DEPRESSIVE EPISODES (in which case both Bipolar II and Cyclothymic Disorder may be diagnosed).

D. The symptoms in Criterion A are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).
F. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

23. Schizoaffective Disorder, Bipolar Type (the disturbance includes a manic or mixed episode or a manic or a mixed episode and major depressive episodes).

A. An uninterrupted period of illness during which, at some time, there is either a Major Depressive Episode, a Manic Episode, or a Mixed Episode concurrent with symptoms that meet Criterion A for Schizophrenia.

NOTE: THE MAJOR DEPRESSIVE EPISODE MUST INCLUDE CRITERION A1: DEPRESSED MOOD.
B. During the same period of illness, there have been delusions or hallucinations for at least 2 weeks in the absence of prominent mood symptoms.
C. Symptoms that meet criteria for a mood episode are present for a substantial portion of the total duration of the active and residual periods of the illness.
D. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

24. Mood Disorder Due to a General Medical Condition

A. A prominent and persistent disturbance in mood predominates the clinical picture and is characterized by either (or both) of the following:
   (1) depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.
   (2) elevated, expansive, or irritable mood.
B. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition.
C. The disturbance is not better accounted for by another mental disorder (e.g., Adjustment Disorder with Depressed Mood in response to the stress of having a general medical condition).
D. The disturbance does not occur exclusively during the course of a delirium. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
25. Substance Induced Mood Disorder

A. A prominent and persistent disturbance in mood predominates the clinical picture and is characterized by either (or both) of the following:
   1) depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.
   2) elevated, expansive, or irritable mood.

B. There is evidence from the history, physical examination, or laboratory findings of either (1) or (2):
   1) the symptoms in Criterion A developed during, or within a month of, Substance Intoxication or Withdrawal.
   2) medication use is etiologically related to the disturbance.

C. The disturbance is not better accounted for by a Mood Disorder that is not substance induced which might include the following: the symptoms precede the onset of the substance use (or medication use); the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication or are substantially in excess of what would be expected given the type or amount of the substance used or the duration of use; or there is other evidence that suggests the existence of an independent non-substance-induced Mood Disorder (e.g., a history of recurrent Major Depressive Episodes).

D. The disturbance does not occur exclusively during the course of a delirium.

E. The symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.

**NOTE:** THIS DIAGNOSIS SHOULD BE MADE INSTEAD OF A DIAGNOSIS OF SUBSTANCE INTOXICATION OR SUBSTANCE WITHDRAWAL ONLY WHEN THE MOOD SYMPTOMS ARE IN EXCESS OF THOSE USUALLY ASSOCIATED WITH THE INTOXICATION OR WITHDRAWAL SYNDROME AND WHEN THE SYMPTOMS ARE SUFFICIENT TO WARRANT INDEPENDENT CLINICAL ATTENTION.
KSADS-PL 2009 Working Draft:

II. PSYCHOTIC DISORDERS SUPPLEMENT

TABLE OF CONTENTS

<table>
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<th>Section</th>
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<td>Hallucinations</td>
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<td>Delusions</td>
<td>5</td>
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<tr>
<td>Other Psychotic symptoms</td>
<td>9</td>
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<tr>
<td>Diagnostic Tree: Psychosis</td>
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</table>
Probes: In addition to the probes provided below for assessing the specific categories of hallucinations, use some of the following probes to further evaluate the validity of the reported hallucinations.

These voices you hear (or other hallucinations), do they occur when you are awake or asleep? Could it be a dream?
Do they happen when you are falling asleep? Waking up? Only when it is dark? Do they happen at any other time also?
Were you sick with fever when they occurred?
Had you been drinking beer, wine, liquor, or taking any drugs when it happened?
Was it like a thought or more like a voice (noise) or a vision? Was it like you were imagining things?
Did you have any control over it? Could you stop it if you wanted to?
Were you having a seizure?

Follow up on data obtained during the screen interview. Use the language the child used earlier in discussing possible hallucinations to elicit the information below.

NOTE: COMPLETE BOTH HALLUCINATIONS AND DELUSIONS SECTIONS FOR ALL SUBJECTS WHO SCORED POSITIVELY ON EITHER HALLUCINATION OR DELUSION SCREEN ITEMS.

NOTE: BE SURE TO DIFFERENTIATE BETWEEN ILLUSIONS VS. HALLUCINATIONS. IN MOST CASES, SPORADICALLY HEARING NAME BEING CALLED IS NOT A TRUE PSYCHOTIC SYMPTOM.

NOTE: TRANSIENTLY HEARING THE VOICE OR SEEING THE IMAGE OF A DECEASED PERSON MAY BE BETTER ACCOUNTED FOR BY BEREAVEMENT.

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<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
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<th>Child CE</th>
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<td>2 = Subthreshold: Suspected or likely.</td>
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1. Auditory Hallucinations
   a. Non-Verbal Sounds (e.g. Music)
      Do you hear music or other noises that other people cannot hear?
      - (Specify if content always related to depression or mania)

   b. Command Hallucinations
      Do the voices tell you to do anything?
      (What?) (Good or bad?)
      Have they ever told you to hurt or kill yourself? How?
      Have they ever told you to hurt or kill someone else? Who? How?
      Have you ever done things that the voices told you to do?
      (Specify if content always related to depression or mania)

   c. Running Commentary
      (Commenting Voice)
      Do you hear voices that talk about what you're doing? Feeling? Or thinking?
      (Specify if content always related to depression or mania)
### Criteria

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<th>Criteria</th>
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<th>Parent MSP</th>
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<th>Child MSP</th>
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<td>d. Conversing Voices</td>
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<td>e. Thoughts Aloud</td>
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<td>f. Other Verbal Hallucinations</td>
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<td>2. Location of Voices/Noises</td>
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### 3. Visual Hallucinations

Do you see things other children don't? What do you see? Did you see something real, or was it just like a shadow moving? How clear was it? Did you see it several times for several days in a row?

(Specify if content always related to depression or mania)

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<th>Parent CE</th>
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### 4. Tactile Hallucinations

Do you ever feel like someone or something is touching you, but when you look there is nothing there? Tell me about it?

(Specify if content always related to depression or mania)

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### 5. Olfactory Hallucinations

Do you ever smell things other people don't smell? What is it?

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### 6. Illusions

False perceptions stimulated by a real perception which is momentarily transformed. They occur frequently due to poor perceptual resolution (darkness, noisy locale) or inattention and they are immediately corrected when attention is focused on the external sensory stimulus or perceptual resolution improves.

Have you ever seen things around your room at night that you thought were something else? Like did you ever look at one of your stuffed animals or a shirt and think it was something that could get you? Have you ever looked at a rope and thought it was a snake? Other things?

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### 7. Interviewer rating

Considering all above items; are true hallucinations present?

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<td>2 = Yes</td>
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### 8. Cultural Acceptance of Hallucinations

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Does anyone else in your family or any members of your church experience the same (specify hallucination)?

### 9. Duration of Hallucinations

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One or a combination of hallucinations lasted throughout the day for several days or several times a week for several weeks.

### 10. Association with Affective Illness

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Hallucinations always occurred during or within 2 weeks of an affective illness. Specify: (MDD, Mania or both)

### 11. Association with Trauma

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Hallucinations themes reflect past traumatic experiences. Specify:

### 12. Association with Substance Use or Medical Condition (high fever, seizure, medication)

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<th>Parent CE</th>
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Hallucinations always occurred after substance use or in the course of a medical condition. Specify:

### 13. Evidence of a Precipitant

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<th>Parent CE</th>
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Specify:

### 14. Duration of Symptoms one week or greater

Specify Duration:  

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<th>Child MSP</th>
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<th>Summary MSP</th>
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<tr>
<td>0</td>
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<td>2</td>
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Weeks
**Probes:** In addition to the probes provided below for assessing the specific types of delusions, use some of the following probes to further evaluate the validity of the reported delusions.

- Are you sure that this _______ is this way?
- Could there be any other reason for it?
- How do you know that it happens as you say?
- Any other possible explanation?
- Is what you told me make believe or real? (You might suggest other possible explanations and see how the subject reacts to them.)

Follow up on data obtained during the screen interview. Use the language the child used earlier in discussing possible delusions to elicit the information below.

Rate fixed false beliefs that are above and beyond what would be expected from a child of same age. Also keep in mind cultural beliefs. Do not rate symptoms that are exclusively accounted for by OCD, GAD, PDD, Somatoform Disorders, or Eating Disorders.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
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<tbody>
<tr>
<td>0 = No Information</td>
<td>1 = Absent</td>
<td>2 = Subthreshold: Suspected or Likely</td>
<td>3 = Threshold: Definite</td>
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### 1. Grandiosity

Do you feel that you are a very important person or that you have special powers or abilities? What are they?
Are you related to important people like kings or the president or a sports figure?
Do you have special powers like reading people’s minds? Tell me more about it.
Has God chosen you to perform any special tasks for Him?

### 2. Guilt/Sin

Do you ever feel like you did something terrible?
What is the worst thing that you ever did?
Do you deserve punishment?

### 3. Delusions of Control

Do you have the feeling that you are being controlled by some force or power outside yourself? Whose power?
Do you feel sometimes that you are a puppet or a robot and can’t control what you do?
Or that you are forced to move or say things that you don’t want to?

Subject
4. Somatic Delusions

Do you think you have any serious diseases? How do you know? Are you sure?
Has something happened to your body or insides? Tell me about it.
Maybe you just feel these things but nothing is wrong with you. Could that be?

4a. Only during Affective Episode

5. Nihilism

Do you feel that something terrible will happen or has happened? What will happen?
Have you felt that the world is coming to an end? When?

6. Thought Broadcasting

Do you ever feel that your thoughts are broadcast out loud so that other people know what you are thinking? Like on a radio, so that anyone listening could hear them?
Have you actually heard your thoughts spoken out loud? Have others heard them?

7. Thought Insertion

Do you feel that thoughts are put into your mind that are not your own?
Who put them there? How? Why?

8. Thought Withdrawal

Have you had thoughts taken out of your mind by someone or some special force?
tell me what happened.

9. Message from TV/Radio

Does your TV or radio ever talk about you or send you messages?
What about songs?

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<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
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<th>4a. Only during Affective Episode</th>
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<tr>
<th>5. Nihilism</th>
<th>Parent CE</th>
<th>Parent MSP</th>
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<tr>
<th>7. Thought Insertion</th>
<th>Parent CE</th>
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<th>Child MSP</th>
<th>Summary CE</th>
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<th>8. Thought Withdrawal</th>
<th>Parent CE</th>
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<th>Child MSP</th>
<th>Summary CE</th>
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</table>
### Delusions of Persecution

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<th>Child MSP</th>
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<th>Summary MSP</th>
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<tr>
<td>10.</td>
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</table>

Has anyone been making things hard, or purposely causing you trouble, or trying to hurt you, or plotting against you? How come?

### Delusions That Others Can Read His/Her Mind

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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<tbody>
<tr>
<td>11.</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
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</table>

Can people know what you are thinking in some strange way? Is that because of the way you look or is it just because they know what you are thinking because they can read your mind?

### Delusions of Reference

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
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<th>Summary MSP</th>
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<tbody>
<tr>
<td>12.</td>
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<td>0 1 2 3</td>
<td>0 1 2 3</td>
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</table>

Do people seem to drop hints about you? Do people say things with a double meaning? Do they do things in a special way to tell you something? Have things seemed especially arranged so only you understand the meaning?

### Other Bizarre Delusions

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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</thead>
<tbody>
<tr>
<td>13.</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
<td>0 1 2 3</td>
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</table>

Any other special thoughts that you want to tell me about?

### Interviewer Rating

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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<tr>
<td>14.</td>
<td>0 1 2 3</td>
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<td>0 1 2 3</td>
<td>0 1 2 3</td>
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</tbody>
</table>

Consider all above items: Are true delusions present?

### Subcultural or Family Delusions

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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<tr>
<td>15.</td>
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<td>0 1 2 3</td>
<td>0 1 2 3</td>
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</table>

Do other people in your family also believe in what you say (ask the mother and if necessary other members of the family)? Do other members of your religion believe in that too? Do other children like your friends believe in what you believe?

### Codes for Remaining Items:

- **0** = No Information
- **1** = No
- **2** = Yes

---

Subject [ ] [ ] [ ] [ ]
### Delusions

**Codes for Remaining Items:**

- 0 = No Information
- 1 = No
- 2 = Yes

<table>
<thead>
<tr>
<th>Question</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Multiple Delusions</td>
<td>0 1 2</td>
<td>( ) ( ) ( )</td>
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<tr>
<td>17. Delusions always occurred during or within 2 weeks of an affective illness.</td>
<td>0 1 2</td>
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<td>0 1 2</td>
<td>( ) ( ) ( )</td>
<td>0 1 2</td>
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<tr>
<td>Specify: (MDD, Mania or Both)</td>
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<tr>
<td>18. Delusions always occurred in the context of substance use or during the course of a medical illness.</td>
<td>0 1 2</td>
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<td>0 1 2</td>
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<tr>
<td>19. Content of Delusions always related to depressed or elated mood.</td>
<td>0 1 2</td>
<td>( ) ( ) ( )</td>
<td>0 1 2</td>
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<tr>
<td>20. Evidence of a Precipitant</td>
<td>0 1 2</td>
<td>( ) ( ) ( )</td>
<td>0 1 2</td>
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<tr>
<td>21. Duration of Symptoms one week or more.</td>
<td>0 1 2</td>
<td>( ) ( ) ( )</td>
<td>0 1 2</td>
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<tr>
<td>Specify Duration:</td>
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</table>

- Weeks: [ ] [ ] [ ]
Rate based on observation during interview.

<table>
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<tr>
<th>Item</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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</thead>
<tbody>
<tr>
<td>1a. Flat Affect</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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<tr>
<td>Deficit in emotional contact not explainable by severe mood disturbance or preoccupation, i.e. even with adequate efforts on the part of the interviewer to establish appropriate emotional contact, the subject does not give back signs of emotional response such as occasional smiling, tearfulness, laughing, or looking directly at the interviewer. At the &quot;moderate&quot; level or above, there is flatness of affect as indicated by monotonous voice and facial expression lacking signs of emotion.</td>
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<tr>
<td>1b. Inappropriate Affect</td>
<td>0 1 2</td>
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<tr>
<td>Affect is incongruous with content of speech, for example, giggles while discussing reason for hospitalization. Do not include mere embarrassment or excessively strong affect, as when subject cries when discussing a minor disappointment. Incongruity does not mean excessive intensity but qualitative inconsistency with thought content and/or environmental circumstances.</td>
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<tr>
<td>2a. Incoherence</td>
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<td>Speech that is generally not understandable, running together of thoughts or words with no logical or grammatical connections, resulting in disorganization. Do not rate if due to learning disabilities, low IQ, or speech disorders.</td>
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<td>2b. Loosening of Associations</td>
<td>0 1 2</td>
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<tr>
<td>Flow of thought in which ideas shift from one subject to another in a completely unrelated way. Do not rate if due to learning disabilities, low IQ, or speech disorders.</td>
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3. Catatonic Behavior

Motor anomalies including immobility, stupor, rigidity, bizarre posturing, waxy flexibility, and excited movements (purposeless and stereotyped excited motor activity not influenced by external stimuli).

IMPAIRED FUNCTIONING DURING ACTIVE ILLNESS

1. Impaired School Performance

2. Impaired Peer Relations

3. Impaired Family Relations

4. Impaired Self Care

COMPLETE DIAGNOSTIC TREES BEGINNING ON PAGE 11 OF THIS SUPPLEMENT.
1. For a diagnosis of Schizophrenia (the following criteria are required)

**DSM-IV- Criteria**

A. Characteristic psychotic symptoms: Two (or more) of the following, each present for a significant portion of time during a **one month period** (or less if symptoms successfully treated):
   1. delusions
   2. hallucinations
   3. disorganized speech (e.g., frequent derailment or incoherence)
   4. grossly disorganized or catatonic behavior
   5. negative symptoms (e.g., affective flattening, alogia, or avolition)

   **NOTE:** ONLY ONE CRITERION (A) SYMPTOM IS REQUIRED IF DELUSIONS ARE BIZARRE OR HALLUCINATIONS CONSIST OF A VOICE KEEPING A RUNNING COMMENTARY ON THE PERSON'S BEHAVIOR OR THOUGHTS, OR TWO OR MORE VOICES CONVERSING WITH EACH OTHER.

B. Social / occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

C. Duration: Continuous signs of the disturbance persist for at least six months. This 6-month period must include at least one month of symptoms (or less if successfully treated) that meet criterion (A) (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in criterion (A) present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

D. Schizoaffective and Mood Disorder exclusion: Schizoaffective and Mood Disorder With Psychotic Features have been ruled out because either:
   1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or
   2) if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.

E. Substance / general medical condition exclusion: The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

F. Relationship to a Pervasive Development Disorder: If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least one month (or less if successfully treated).

---

If meets criteria for SCHIZOPHRENIA, complete items below:

A. Classification of longitudinal course (can be applied only after at least 1 year has elapsed since the initial onset of active-phase symptoms):

1. Episodic with Interepisode Residual Symptoms - episodes are defined by the reemergence of prominent psychotic symptoms
   - Specify if: **with Prominent Negative Symptoms**:

2. Episodic with No Interepisode Residual Symptoms

3. Continuous (prominent psychotic symptoms are present throughout the period of observation)
   - Specify if: **with Prominent Negative Symptoms**:

4. Single Episode in Partial Remission
   - Specify if: **with Prominent Negative Symptoms**:

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**Codes for Following Items:**

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<tr>
<th>Parent</th>
<th>Child</th>
<th>Summary</th>
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<tr>
<td>CE</td>
<td>MSP</td>
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<td>0 1 2</td>
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</table>
2. For a diagnosis of Schizophreniform Disorder (the following criteria are required)

**DSM-IV- Criteria**

A. Criteria (A), (D), and (E) of Schizophrenia are met.
B. An episode of the disorder (including prodromal, active, and residual phases) lasts at least one month but less than six months. (When diagnosis must be made without waiting for recovery, it should be qualified as "Provisional.")

If meets criteria for **SCHIZOPHRENIA**, complete the rest of the items below:

5) Single Episode in Full Remission

6) Other or Unspecified Pattern

(Describe) _______________________________________________________________________

If meets criteria for **SCHIZOPHRENIFORM DISORDER**, specify if:

A. With Good Prognostic Features (as evidenced by two (or more) of the following):

1) Onset of prominent psychotic symptoms within four weeks of the first noticeable change in usual behavior or functioning.
2) Confusion or perplexity at the height of the psychotic episode
3) Good premorbid social and occupational functioning
4) Absence of blunted or flat affect

B. Without Good Prognostic Features

C. Post-partum onset: if onset within four weeks post-partum.

If meets criteria for **BRIEF PSYCHOTIC DISORDER**, specify if:

A. With Marked Stressor(s): if symptoms occur shortly after and apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.

B. Without Marked Stressor(s): if symptoms do not occur shortly after, or are not apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.

C. Post-partum onset: if onset within four weeks post-partum.
Diagnostic Tree: Psychosis

Codes for Remaining Items: 0 = No Information  1 = No  2 = Yes

4. For a diagnosis of Psychotic Disorder Due to General Medical Condition

**DSM-IV- Criteria**

A. Prominent hallucinations or delusions.
B. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of general medical condition.
C. The disturbance is not better accounted for by another mental disorder.
D. The disturbance does not occur exclusively during the course of a delirium.

5. For a diagnosis of Substance-induced Psychotic Disorder

**DSM-IV- Criteria**

A. Prominent hallucinations or delusions.

NOTE: DO NOT INCLUDE HALLUCINATIONS IF THE PERSON HAS INSIGHT THAT THEY ARE SUBSTANCE INDUCED.

B. There is evidence from the history, physical examination, or laboratory findings of either 1) or 2):
   1) The symptoms in Criterion (A) developed during, or within a month of, Substance Intoxication or Withdrawal.
   2) Medication use is etiologically related to the disturbance.
C. The disturbance is not better accounted for by a Psychotic Disorder that is not substance induced. Evidence that the symptoms are better accounted for by a Psychotic Disorder that is not substance induced might include the following: the symptoms precede the onset of the substance use (or medication use); the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication, or are substantially in excess of what would be expected given the type or the amount of the substance used or the duration of use; or there is other evidence that suggests the existence of an independent non-substance-induced Psychotic Disorder (e.g., a history of recurrent non-substance-related episodes).
D. The disturbance does not occur exclusively during the course of a delirium.

NOTE: THIS DIAGNOSIS SHOULD BE MADE INSTEAD OF A DIAGNOSIS OF SUBSTANCE INTOXICATION OR SUBSTANCE WITHDRAWAL ONLY WHEN THE SYMPTOMS ARE IN EXCESS OF THOSE USUALLY ASSOCIATED WITH THE INTOXICATION OR WITHDRAWAL SYNDROME AND WHEN THE SYMPTOMS ARE SUFFICIENTLY SEVERE TO WARRANT INDEPENDENT CLINICAL ATTENTION.

6. For a diagnosis of Psychotic Disorder Not Otherwise Specified

**DSM-IV- Criteria**

This category includes psychotic symptomatology (i.e., delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior) about which there is inadequate information to make a specific diagnosis or about which there is contradictory information, or disorders with psychotic symptoms that do not meet criteria for any specific psychotic disorder.

Examples include:
1) Postpartum psychosis that does not meet criteria for Mood Disorder with Psychotic Features, Brief Psychotic Disorder, Psychotic Disorder due to a General Medical Condition, or Substance-Induced Psychotic Disorder.
2) Psychotic symptoms that have lasted for less than 1 month but that have not yet remitted, so that the criteria for Brief Psychotic Disorder are not met.
3) Persistent auditory hallucinations in the absence of any other features.
4) Persistent nonbizarre delusions with periods of overlapping mood episodes that have been present for a substantial portion of the delusional disturbance.
5) Situations in which the clinician has concludes that a Psychotic Disorder is present, but is unable to determine whether it is primary, due to a general medical condition or substance induced.
KSADS-PL 2009 Working Draft:

III. ANXIETY DISORDERS SUPPLEMENT

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Obsessive-Compulsive Disorder..................................................................................................................18
Post-Traumatic Stress Disorder..................................................................................................................24
Now I am going to ask you more about when you have those nervous or scary feelings. When you have them do you...

<table>
<thead>
<tr>
<th>Criteria</th>
<th>0 = No information. 1 = Not present. 2 = Occasionally occurs during an attack. 3 = Always or almost always occurs during an attack.</th>
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</thead>
</table>

1. **Shortness of Breath (Dyspnea)**
   - Feel like you can't breathe?
   - Or is it hard to get enough air?

2. **Dizziness (Vertigo)/Faintness**
   - Feel dizzy, like things are spinning around you?
   - Feel like you might fall or lose your balance?
   - Feel weak? Like you might faint/pass out? Fall over?

3. **Palpitations**
   - Was your heart beating extra hard?
   - Fast? Could you feel it?

4. **Trembling or Shaking**
   - Do you shake or tremble all over?
   - Like you wouldn't be able to hold a glass of water?

5. **Sweating**
   - Perspire, sweat?
   - Do your palms/face/neck feel wet?

6. **Choking**
   - Do you feel like you are choking?
   - Or that something is around your neck that stops the air from getting in?
Now I am going to ask you more about when you have those nervous or scary feelings. When you have them do you...

<table>
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<th>Criteria</th>
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</table>

7. **Nausea**

Does your stomach hurt?
Feel like you might throw up?

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<th>Parent CE</th>
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<th>Child CE</th>
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<th>Summary CE</th>
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8. **Depersonalization/Derealization**

Feel like things around you aren't real or like you are in the movies?
Feel like you are in a dream? Or like you are outside your body?

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9. **Numbness/Tingling**

Feel numbness or tingling in your hands or feet?
Like there are pins and needles or that you can't feel them?

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10. **Flushes or Chills**

Do you feel hot all of a sudden or real cold?

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11. **Chest Pains**

Does your chest hurt?
Or does it feel like something heavy is on it?

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12. **Fear of Dying**

When you have these attacks, are you afraid you might die?

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13. **Fear of Losing Control**

Were you afraid that you were going crazy or that you might do something crazy or something you didn't want to do?

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<tr>
<td>14. Circumscribed Stimuli</td>
<td>Attacks do not only occur prior to exposure or during exposure to a specific situation or object.</td>
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<tr>
<td>15. Attack Unanticipated</td>
<td>At least one unexpected attack; did not occur immediately before or after a situation that almost always causes anxiety.</td>
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<tr>
<td>16. Minimum Symptom</td>
<td>At least one attack with four symptoms.</td>
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<td>17a. Record the maximum number of attacks in a given month.</td>
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<td>17b. Record number of attacks in past week.</td>
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<td>18. Fear of Having Another Attack</td>
<td>One or more attacks followed by at least one-month of persistent fear of another attack.</td>
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### 19. Onset of Attacks

How long does it take from when you start to have the scary feeling to when it’s at its worst (list positive symptoms)? How many minutes, usually?

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<tr>
<th>Criteria</th>
<th>Parent CE</th>
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<th>Child CE</th>
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During at least one attack four symptoms developed suddenly and intensified within 10 minutes.

### 20. Agoraphobia

Since you started having these attacks, have you been staying home more?

Have you been avoiding crowds, being outside alone, or traveling?

Have started to dread these things because you are afraid you might have one of these attacks?

When you do go out, do you feel really scared thinking about what might happen if you do have another one of these attacks?

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<th>Criteria</th>
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<th>Child MSP</th>
<th>Summary CE</th>
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Travel restricted, or companion needed when away from home due to fear of having an intense anxiety experienced when out.

### 21. Impairment

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<th>Criteria</th>
<th>Parent CE</th>
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**A. Socially (with peers)**

**B. With Family**

**C. In School**

**Codes for Remaining Items:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
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<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
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</tbody>
</table>
22. Evidence of Panic Disorder Without Agoraphobia

**DSM-IV Criteria**

- A. Recurrent unexpected attacks with at least one attack consisting of 4 of the associated symptoms;
- B. At least one attack has been followed by one month (or more) of: persistent worry about having another attack; worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack); or a significant change in behavior related to the attacks;
- C. At least some attacks developed suddenly and increased in intensity within ten minutes;
- D. Panic attacks not due to organic or pharmacological etiology; and
- E. Panic attacks are not better accounted for by another mental disorder (e.g., PTSD, social phobia, separation anxiety disorder).

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<th>Summary CE</th>
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*IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR PANIC DISORDER, GO TO PAGE 27 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF ANXIETY DISORDER NOS AFTER COMPLETING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.*
1. Nightmares

Do you have a lot of nightmares?
Dream about being away from your parents?
Getting kidnapped?
Your parents going away or getting hurt?
A lot? Sometimes?

2. Physical Symptoms on School/Separation Days

Do you get sick in your stomach or throw up a lot?
Have headaches?
When: in the morning, at night, at school?
What about during weekends?

3. Excessive Distress in Anticipation of Separations

Do you get very upset or angry when your mother / father is going out without you?
Or when you are getting ready to go to school? A lot? Sometimes?
What do you do?
4. Excessive Distress Upon Separation

Do you get very upset or angry when your mother/father are out?
Does it get you upset to be left with a babysitter? A lot? What do you do?
How long does it take you to calm down?
Are you okay after a few minutes?

Record approximate duration of symptoms in weeks.

5. Duration of Disturbance

For how long have you felt bad when you weren't around your parents?

At least 4 weeks.

6. Impairment

A. Socially (with peers):

B. With family:

C. In school:

7. Evidence of a Precipitant (specify):

Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

<table>
<thead>
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<th>Criteria</th>
<th>Parent CE</th>
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<th>Summary CE</th>
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<tr>
<td>5. Duration of Disturbance</td>
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<td>Record approximate duration of symptoms in weeks.</td>
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<tr>
<td>6. Impairment</td>
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<tr>
<td>A. Socially (with peers)</td>
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<td>B. With family</td>
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<td>C. In school</td>
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<td>7. Evidence of a Precipitant (specify):</td>
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8. Evidence of Separation Anxiety Disorder

DSM-IV Criteria

A. Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached as evidenced by three (or more) of the following:

1) recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated;
2) persistent and excessive worry about losing, or about possible harm befalling a major attachment figure;
3) persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped);
4) persistent reluctance or refusal to go to school or elsewhere because of fear of separation;
5) persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings;
6) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home;
7) repeated nightmares involving the theme of separation;
8) repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figure occurs or is anticipated

B. The duration of the disturbance is at least 4 weeks.
C. The onset is before age 18 years.
D. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
E. The disturbance does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and, in adolescents and adults, is not better accounted for by Panic Disorder with Agoraphobia.

IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR SEPARATION ANXIETY DISORDER, GO TO PAGE 27 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF ANXIETY DISORDER NOS AFTER COMPLETING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.
**Social Involvement with Familiar People**

| Do you like being with your family and other people you know? |
| How do you and your mom/dad get along? Your brothers? Sisters? |
| Do you have a best friend, or one or two children you like to spend time with? |
| Do you feel scared or nervous around ____? |
| What kind of things do you like to do together? |
| Some kids don't really like to be around other people, people they don't know very well, not even other kids. Are you like that? |
| Are there any people you like to be around, or wish you could feel more comfortable around? |

**Avoidance or Endures with Intense Anxiety**

| Have you ever avoided doing any of these things that we’ve talked about because you felt shy or worried about what other people would think or say about you? |
| How often (daily, once a week, etc.)? |
| Were you very uncomfortable every time or almost every time that you were in these situations? |
| How uncomfortable were you? |
| Do you continue to do these things even though they make you feel uncomfortable or nervous? |
| In what ways does your nervousness or discomfort show (i.e. shaky hands or voice, rash)? |

**Recognizes fear is excessive or unreasonable**

**in children this may be absent**

| Do you know how shy, nervous or scared you are? |
| Do you think all kids feel as shy or nervous as you do in certain situations? |
| Do you think you are more shy, nervous, worried or afraid than other kids your age? |
| Do you sometimes wish you didn’t feel so shy or nervous? |

**Duration** (record duration in months)

| How long has this been going on? |
| Criteria |

Specify dates:

Subject
### Impairment

Has your shyness or worries affected your relationships or caused other problems for you with your friends, your family or school work?

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<th>Parent CE</th>
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<td>A. Socially (with peers):</td>
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<td>B. With family:</td>
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<td>C. In school:</td>
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### Severe anxiety / crying / tantrums / marked distress (about having the fear):

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### Evidence of a Precipitant (Specify)

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8. Evidence of Social Phobia

**DSM-IV Criteria**

A. Marked and persistent fear of one or more social or performance situations.
B. Exposure to feared situations provokes anxiety. May be expressed as crying or tantrums in children.
C. Person recognizes fear is excessive or unreasonable (in children may be absent).
D. Feared social or performance situations avoided or endured with anxiety.
E. Avoidance, anxious anticipation or distress interferes significantly with the person's normal functioning or there is marked distress about having the phobia.
F. In children, must be evidence of the capacity for social relationships with familiar people and the anxiety must occur in peer settings, not just in interaction with adults.
G. Duration of at least 6 months.
H. The fear or avoidance is not exclusively due to the direct physiological effect of a substance (e.g., a drug of abuse, a medication or a general medical condition) and is not exclusively accounted for by another mental disorder (e.g., panic disorder with or without agoraphobia, separation anxiety disorder, body dysmorphic disorder, a pervasive developmental disorder, or schizoid personality disorder).
I. If a general medical condition or another mental disorder is present, the fear in criterion A is unrelated to it (e.g., the fear is not of stuttering or exhibiting abnormal eating behavior in anorexia nervosa or Bulimia nervosa).

**Summary**

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**Codes for Items:** 0 = No Information  1 = No  2 = Yes

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**IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR SOCIAL PHOBIA, GO TO PAGE 27 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF ANXIETY DISORDER NOS AFTER COMPLETING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.**
CURRENT EPISODE

Before when you were talking, you said you were really afraid of ____. Are you afraid of any of these other things too?

**NOTE:** GET INFORMATION ABOUT WHAT CHILD FEARS WILL HAPPEN. FOR INSTANCE, “CROWDS” CAN BE A SOCIAL OR SPECIFIC PHOBIA, DEPENDING ON IF THE CHILD IS AFRAID OF OTHERS SCRUTINIZING HIM/HER (SOCIAL PHOBIA) OR AFRAID OF NOT BEING ABLE TO GET ENOUGH AIR (USUALLY SPECIFIC/SIMPLE PHOBIA). LIKewise, AN ELEVATOR CAN BE FEAR OF GETTING TRAPPED (USUALLY SPECIFIC/SIMPLE PHOIBA - CLAUSTROPHOBIA) OR FEAR OF HAVING A PANIC ATTACK (AGORAPHOBIA).

### Criteria

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<th>0 = No information.</th>
<th>1 = Not present.</th>
<th>2 = Subthreshold: Fear of stimuli or situation more severe than a typical child his/her age. No overt symptoms of anxiety.</th>
<th>3 = Threshold: Fear of stimuli or situation associated with moderate to severe anxiety (e.g. stomach aches, racing heart, mild shaking, light tears).</th>
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<tr>
<td>a.</td>
<td>Heights</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td>b.</td>
<td>Dark</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td>c.</td>
<td>Blood</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
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<tr>
<td>d.</td>
<td>Dogs</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td>e.</td>
<td>Other Animals</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
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<tr>
<td>f.</td>
<td>Insects</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
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<tr>
<td>g.</td>
<td>Being outside the home alone</td>
<td></td>
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<td>( ) ( ) ( ) ( )</td>
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<tr>
<td>h.</td>
<td>Crowds</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td>i.</td>
<td>Open spaces (going out alone after 10 years old)</td>
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<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td>j.</td>
<td>Traveling (buses, subways)</td>
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<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
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<tr>
<td>k.</td>
<td>Elevators</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
<td>( ) ( ) ( ) ( )</td>
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<tr>
<td>l.</td>
<td>Stores or other closed places except elevators</td>
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<td>( ) ( ) ( ) ( )</td>
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<tr>
<td>m.</td>
<td>Going over bridges or through tunnels</td>
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<td>( ) ( ) ( ) ( )</td>
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<tr>
<td>n.</td>
<td>Other (Specify)</td>
<td></td>
<td>( ) ( ) ( ) ( )</td>
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</tr>
</tbody>
</table>

**NOTE: STARRED (*) ITEMS REPRESENT TYPICAL AGORAPHOBIA FEARS.**

Mark here if agoraphobic fears associated with concern of having an unexpected or situationally predisposed panic attack or panic-like symptoms.

---

Subject

Date 20

Interviewer

Draft
Specific Phobia:

**DSM-IV Criteria**

A. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, animals, receiving an injection, seeing blood).

B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed Panic Attack.

**NOTE:** IN CHILDREN THE ANXIETY MAY BE EXPRESSED BY CRYING, TANTRUMS, FREEZING OR CLINGING.

C. The person recognizes that the fear is excessive or unreasonable.

**NOTE:** IN CHILDREN, THIS FEATURE MAY BE ABSENT.

D. The phobic situation(s) is avoided or else endured with intense anxiety or distress.

E. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

F. In individuals under age 18 years, the duration is at least 6 months.

G. The anxiety, Panic Attacks, or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder, such as Obsessive Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder with Agoraphobia, or Agoraphobia without history of Panic Disorder.
### 7. Subtypes

<table>
<thead>
<tr>
<th>Type</th>
<th>Summary</th>
<th>MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Animal Type (e.g., bugs, spiders, snakes)</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>B. Natural Environment Type (e.g., heights, storms, water)</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>C. Blood, Injection, Injury Type</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>D. Situational Type (e.g., planes, elevators, enclosed places)</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>E. Other Type (e.g., fear of choking, vomiting or contracting an illness; in children, fear of loud sounds or costumed characters)</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
</tbody>
</table>

### 8. Agoraphobia

**DSM-IV Criteria**

A. Anxiety about being places from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic-like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train or automobile.

**NOTE:** CONSIDER THE DIAGNOSIS OF SPECIFIC PHOBIA IF THE AVOIDANCE IS LIMITED TO ONE OR ONLY A FEW SITUATIONS, OR SOCIAL PHOBIA IF THE AVOIDANCE IS LIMITED TO SOCIAL SITUATIONS.

B. The situations are avoided (e.g., travel restricted) or else are endured with marked distress or with anxiety about having a Panic Attack or panic-like symptoms or require the presence of a companion.

C. The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).

### 9. Panic Disorder with Agoraphobia

Meets criteria for panic disorder and agoraphobia.

### 10. Agoraphobia without history of Panic Disorder

A. The presence of Agoraphobia related to fear of developing panic-like symptoms (e.g., dizziness or diarrhea).

B. Criteria have never been met for Panic Disorder.

C. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

---

**IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR PHOBIC DISORDERS, GO TO PAGE 27 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF ANXIETY DISORDER NOS AFTER COMPLETING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.**
1. Preoccupation with Appropriateness of Past Behavior

Do you think a lot about things that already happened?
For example, do you worry about whether you gave the right answer in school?
After you talk to friends, do you keep wondering if you said the right things?

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

2. Marked Self-Consciousness

Some kids worry a real lot about what other people think about them. Is this true of you?
Has there ever been a time when you thought about what you were going to say before you said it?
Did you worry that other people thought you were stupid or that you did things funny?

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

3. Overconcern about Competence

Is it really important to you to be good at everything?
Do you get upset if you miss a few questions on a test even though you get a good grade?
Do you worry a lot about how well you play sports or do other things?
Do you think a lot about every mistake you make?

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

4. Excessive Need for Reassurance

Do you often ask your parents/teachers if what you're doing is okay?
### 5. Ability to Control Worries

You know the things you told me that you worry about (e.g. list positively endorsed items), can you put these fears and worries out of your mind if you try to?

For how long can you get yourself to forget about these worries?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child finds it difficult to control the worries.</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
</tbody>
</table>

### 6. Other Symptoms of Generalized Anxiety Disorder

Are you bothered more days than not by:

(Do not rate positive if completely relieved by presence of major attachment figure, or if only occurred during a panic attack or in a circumscribed situation.)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Restlessness or feeling keyed up or on edge</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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<tr>
<td>B. Easily fatigued</td>
<td>( ) ( ) ( )</td>
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<td>( ) ( ) ( )</td>
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<tr>
<td>C. Difficulty concentrating or mind going blank because of anxiety.</td>
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<tr>
<td>D. Irritability</td>
<td>( ) ( ) ( )</td>
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<td>( ) ( ) ( )</td>
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<tr>
<td>E. Muscle tension, aches or soreness</td>
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<tr>
<td>F. Trouble falling or staying asleep, or restless unsatisfying sleep</td>
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### Notes:

#### 7. Duration (Specify): 6 months or longer

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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</table>

#### 8. Evidence of a Impairment or Distress

A. Socially (with peers): 0 1 2 |

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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<td>0 1 2</td>
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<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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</tbody>
</table>

B. With family: 0 1 2 |

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
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<td></td>
<td>0 1 2</td>
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<td>0 1 2</td>
<td>0 1 2</td>
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</table>

C. In school: 0 1 2 |

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
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<tr>
<td></td>
<td>0 1 2</td>
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</table>

#### 9. Evidence of Precipitant (Specify):

0 1 2 |

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
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<td>0 1 2</td>
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<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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</table>

**Codes for Remaining Items:**

0 = No Information  
1 = No  
2 = Yes

**Notes:**
10. Evidence of Generalized Anxiety Disorder

DSM-IV Criteria

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The person finds it difficult to control the worry.

C. The anxiety and worry are associated with one (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).
   1) Restlessness or feeling keyed-up or on edge
   2) Begin easily fatigued
   3) Difficulty concentrating or mind going blank
   4) Irritability
   5) Muscle tension
   6) Sleep disturbance (difficulty falling or staying asleep, or restlessness / unsatisfying sleep).

D. The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a Panic Attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondrasis), and the anxiety and worry do not occur exclusively during Post Traumatic Stress Disorder.

E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

F. The disturbance is not due to the direct physiological effects of a substance (e.g., drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism), and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.

IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR GENERAL ANXIETY DISORDER, GO TO PAGE 27 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF ANXIETY DISORDER NOS AFTER COMPLETEING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.
**OBSESSIONS:**

Before when we were talking you said that you can't stop yourself from thinking about ____, do you also have thoughts about...

**Criteria:**
- 0 - No information.
- 1 - Not present.
- 2 - Obsessions of questionable clinical significance.
- 3 - Definite obsessions.

<table>
<thead>
<tr>
<th>1. Content of Obsessions</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Contamination (e.g. cleanliness / germs, safety, etc.)</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>B. Need for symmetry or exactness (certainty / precision / order)</strong></td>
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<td><strong>C. Aggressive thoughts (concerning self or others)</strong></td>
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<tr>
<td><strong>D. Nihilistic or morbid thoughts</strong></td>
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<tr>
<td><strong>E. Sexual Obsessions</strong></td>
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<tr>
<td><strong>F. Meaningless phrases / sounds / images</strong></td>
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<tr>
<td><strong>G. Religious</strong></td>
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<tr>
<td><strong>H. Somatic / illness</strong></td>
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<tr>
<td><strong>I. Hoarding/Saving</strong></td>
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<tr>
<td><strong>J. Other (Specify):</strong></td>
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Notes
2. Thoughts Intrusive / Senseless

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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<tbody>
<tr>
<td></td>
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<td>0 1 2</td>
<td>0 1 2</td>
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<tr>
<td>Does it bother you that these thoughts keep coming in your mind?</td>
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<tr>
<td>Do these thoughts make any sense to you or do they seem sort of silly? What about when they first started?</td>
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</table>

Thoughts are perceived as intrusive or senseless, at least initially.

3. Suppression

<table>
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<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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<tbody>
<tr>
<td></td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>When you have these thoughts, do you try to stop them... to get them out of your head? What do you do? Do you ever try thinking about other things or going and doing things to get them out of your mind? Do you have control over the thoughts or do the thoughts have control over you?</td>
<td>( ) ( ) ( )</td>
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</tbody>
</table>

Attempts to ignore, suppress or neutralize thoughts with some other thoughts or actions.

4. Level of Insight

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Origin of Thoughts</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>Where do you think these thoughts come from? Do they come from your head or do other people put them in your mind?</td>
<td>( ) ( ) ( )</td>
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</tbody>
</table>

Obsessions seen as product of his/her mind, not imposed from without. (not thought insertion)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Discomfort with Thoughts</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>Do these thoughts make you feel uncomfortable? Would you like to change these thoughts?</td>
<td>( ) ( ) ( )</td>
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</tbody>
</table>

Obsessions are uncomfortable and would like to change them.

5. Time Consuming

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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<td>0 1 2</td>
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</tr>
<tr>
<td>About how much time do you spend thinking about _____? Do you think about _____ at school? During recess? When you are home? At dinner? What kinds of things can’t you do because of _____?</td>
<td>( ) ( ) ( )</td>
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Obsessions thought of more than one hour per day.
### 6. Obsessional Thoughts

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#### a. Related to disgust

*Obsession feels "icky," "gross," etc.*

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#### b. Related to Fear

*Obsession triggers fear of loss, danger, etc.*

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#### c. Related to Both

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### 7. Impairment:

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#### A. Socially (with peers):

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#### B. With family:

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#### C. In school/work:

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#### D. Severe distress:

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**COMPULSIONS:**

Before, when we were talking you said that you can't stop yourself from doing ___, do you also do ...

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<th>Criteria:</th>
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<th>Child CE</th>
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<th>Summary CE</th>
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<td>2 - Compulsions of questionable clinical significance.</td>
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<td>3 - Definite compulsions.</td>
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1. Types of Compulsions

A. Cleaning/Washing

B. Ordering/Arranging Objects

C. Checking (e.g., did not harm others; nothing bad happened; did not make mistakes)

D. Touching

E. Counting

F. Repeating/Re-doing (e.g. assignment, activity like going through door or up/down from chair)

G. Scheduling Activities

H. Collecting/Hoarding

I. Other (Specify):

___________________________

___________________________

Notes:

---

Subject

Draft
### Criteria

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<th>Purpose of Compulsions</th>
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<td>Behavior designed to prevent discomfort or some dreaded event; however, activity either not connected in a realistic way to what it is designed to neutralize or prevent, or it is clearly excessive.</td>
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### Perception of Compulsion

| Person recognizes that behavior is excessive or unreasonable. | 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 | | | | | |

### Time Consuming

| Compulsions performed more than one hour per day. | 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 | | | | | |

### Impairment:

| A. Socially (with peers): | 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 | | | | | |
| B. With family: | 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 | | | | | |
| C. In school/work: | 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 | | | | | |
| D. Severe distress: | 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 | | | | | |
6. Evidence of Obsessive Compulsive Disorder

**DSM-IV Criteria**

*NOTE: KEEP IN MIND DIFFERENTIAL DIAGNOSIS OF ASPERGER'S, PDD, PSYCHOSIS, GAD (ruminative worries vs. true obsessions, eating disorders). SEE ALSO CRITERION "D" BELOW.*

A. Either obsessions or compulsions:

**Obsessions are defined by 1), 2), 3), and 4):**

1) recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.

2) the thoughts, impulses, or images are not simply excessive worries about real-life problems.

3) the person attempts to ignore or suppress such thoughts, impulses or images, or to neutralize them with some other thought or action.

4) the person realizes that the obsessional thoughts, impulses or images are a product of his or her own mind (not imposed from without as in thought insertion).

**Compulsions are defined by 1) and 2):**

1) repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.

2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.

B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable.

*NOTE: THIS DOES NOT APPLY TO CHILDREN.*

C. The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour per day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.

D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with drugs in the presence of a Substance Abuse Disorder; preoccupation with having an illness in the presence of Hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a Paraphilia; stereotypic movements in Pervasive Developmental Disorders; or guilty ruminations in the presence of Major Depressive Disorder).

E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.
### 1. Dissociative Episodes, Illusions, or Hallucinations

**a. Dissociative Episodes**

Do people say that you daydream a lot?
Look spaced-out?
Do you lose track of time a lot?
Have hours gone by and you’ve felt unsure of what you did during that time?

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**b. Illusions**

Has there ever been a time when you felt like _____ was happening again?
Where were you when this happened to you?
Was the feeling so strong that it was hard to tell whether or not it was happening again?
Have you ever seen or heard things that you knew weren’t really there that reminded you of what happened?
What did you see?

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**c. Hallucinations**

Since _____ happened, have you had any experiences in which you saw things that other people couldn’t see, or heard things that other people couldn’t hear?
What did you see/hear?
Have you seen any ghosts?
Heard (perpetrator) talk to you?
Felt (perpetrator) touch you?

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### 2. Insomnia

After _____ happened, did you have trouble falling or staying asleep?
How long did it take you to fall asleep?
Did you wake up in the middle of the night?

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### 3. Irritability or Outburst of Anger

After _____ happened, did you feel cranky or grouchy a lot?
Were you having a lot of temper tantrums?

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4. Distress Elicited by Exposure to Stimuli that Resemble or Symbolize Event

Has there ever been a time when you felt bad when you were somewhere that reminded you of what happened? Did you sometimes see people on the street that reminded you of ____? When you saw someone that reminded you of ____, did it make you feel like it was happening again? Were there other things that made you feel like it was happening again? Special dates or times of the day that reminded you of ____ and made you feel like it was happening again?

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5. Inability to Recall an Important Aspect of the Trauma

Do you remember everything that happened to you, or does it seem like parts of it are gone from your mind? Are there parts or details you just can't remember?

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6. Diminished Interest in Activities

Since ____ happened, have you been feeling bored a lot? Are things not as much fun as before?

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7. Feelings of Detachment or Estrangement

Is it hard for you to trust other people? Do you feel like being alone more often than before? Like you just don't feel like being around people now that you used to like being around before? Do you feel alone even when you are with other people?

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8. Restricted Affect

Do you sometimes feel like a robot? Is it hard for you to tell how you feel? When something sad happens, do you feel sad? When something good happens, do you feel happy? As happy as before or less so?

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9. Sense of Foreshortened Future

What do you think things will be like for you when you grow up? Do you think you will grow up? Is it hard for you to imagine getting older?

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10. Difficulty Concentrating

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Do you have trouble keeping your mind on what you are doing? Is it harder for you to do your homework or read since _____ happened?

11. Hypervigilance

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Since _____ happened, are you more careful? Do you feel like you always have to watch what's going on around you? Do you double check the doors or windows to make sure they are locked?

12. Exaggerated Startle Response

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Since _____ happened, are you more jumpy? Do little noises really scare you?

13. Physiologic Reactivity Upon Exposure to Events that Symbolize Traumatic Event

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When you are in a place that reminds you of _____, how do you feel? Does your heart start beating extra hard, or your stomach start to feel like you might throw up?

14. Impairment:

A. Socially (with peers):

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B. With family:

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C. In school/work:

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15. Duration (in weeks)

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16. Meets Criteria for Post-Traumatic Stress Disorder

**DSM-IV Criteria**

A. At least one of the following Re-Experience items:
   1) Recurrent Thoughts or Images of Event,
   2) Repetitive Play,
   3) Nightmares,
   4) Dissociative Episodes, Illusions, or Hallucinations,
   5) Distress Elicited from Exposure to Stimuli, or
   6) Physiologic Reactivity;

B. At least three of the Persistent Avoidance items:
   1) Avoid Thoughts or Feelings,
   2) Avoid Activities,
   3) Inability to Recall,
   4) Diminished Interest,
   5) Feelings of Detachment, Restricted Affect or,
   6) Foreshortened Future;

C. At least two of the Increased Arousal items:
   1) Insomnia,
   2) Irritability,
   3) Difficulty Concentrating,
   4) Hypervigilance, or
   5) Exaggerated Startle Response;

D. Duration at least one month; and

E. Evidence of functional impairment.

---

17. Meets Criteria for Acute Stress Disorder

**DSM-IV Criteria**

A. Either while experiencing, or immediately after experiencing the traumatic event, three of the following dissociative symptoms positively endorsed:
   1) subjective sense of numbing, detachment, or absence of emotional responsiveness; reduction in awareness of one's surroundings (e.g. being in a daze);
   2) derealization;
   3) depersonalization; or
   4) inability to recall important aspects of the trauma.

In addition, the traumatic event is re-experienced, there is evidence of marked avoidance of stimuli that arouse recollections of the trauma, marked symptoms of increased arousal, and impairment. Symptoms last a minimum of two days and a maximum of four weeks, and occur within four weeks of the traumatic event.

---

7. Anxiety Disorder NOS

1) Mixed anxiety-depressive disorder: clinically significant symptoms of anxiety and depression, but the criteria are not met for either specific Mood Disorder or a specific Anxiety Disorder.

2) Clinically significant social phobic symptoms that are related to the social impact of having a general medical condition or mental disorder (e.g., Parkinson's disease, dermatological conditions, Stuttering, Anorexia Nervosa, Body Dysmorphic Disorder).

3) Situations in which the disturbance is severe enough to warrant a diagnosis of an Anxiety Disorder but the individual fails to report enough symptoms for the full criteria for any specific Anxiety Disorder to have been met; for example, an individual who reports all the features of Panic Disorder without Agoraphobia except that the Panic Attacks are all limited symptom attacks.

4) Situations in which the clinician has concluded that an Anxiety Disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance induced.
KSADS-PL 2009 Working Draft:

IV. BEHAVIORAL DISORDERS SUPPLEMENT

TABLE OF CONTENTS

Attention Deficit Hyperactivity Disorder........................................................................................................1
Oppositional Defiant Disorder......................................................................................................................8
Conduct Disorder.......................................................................................................................................12
(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 MDE, BIPOLAR DISORDER, DYSTHYMIA, SUBSTANCE ABUSE, PSYCHOSIS, OR PDD.

1. Makes a lot of Careless Mistakes

   Do you make a lot of careless mistakes at school?
   Do you often get problems wrong on tests because you didn't read the instructions right?
   Do you often leave some questions blank by accident?
   Forget to do the problems on both sides of a handout?
   How often do these types of things happen?
   Has your teacher ever said you should pay more attention to detail?

   P  C  S
   ( ) ( ) ( ) 0 - No Information.
   ( ) ( ) ( ) 1 - Not Present.
   ( ) ( ) ( ) 2 - Subthreshold: Occasionally makes careless mistakes. Problem has only minimal effect on functioning.
   ( ) ( ) ( ) 3 - Threshold: Often (4-7 days/week) makes careless mistakes. Problem has significant effect on functioning.

   PAST: [ ] [ ] [ ]

2. Doesn't Listen

   Is it hard for you to remember what your parents and teachers say?
   Do your parents or teachers complain that you don't listen to them when they talk to you?
   Do you "tune people out"?
   Do you get into trouble for not listening?

   Rate based on data reported by informant or observational data.

   P  C  S
   ( ) ( ) ( ) 0 - No Information.
   ( ) ( ) ( ) 1 - Not Present.
   ( ) ( ) ( ) 2 - Subthreshold: Occasionally doesn't listen. Problem has only minimal effect on functioning.
   ( ) ( ) ( ) 3 - Threshold: Often (4-7 days/week) doesn't listen. Problem has significant effect on functioning.

   PAST: [ ] [ ] [ ]

3. Difficulty Following Instructions

   Do your teachers complain that you don't follow instructions?
   When your parents or your teacher tell you to do something, is it sometimes hard to remember what they said to do?
   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?

   P  C  S
   ( ) ( ) ( ) 0 - No Information.
   ( ) ( ) ( ) 1 - Not Present.
   ( ) ( ) ( ) 2 - Subthreshold: Occasionally has difficulty following instructions. Problem has only minimal effect on functioning.
   ( ) ( ) ( ) 3 - Threshold: Often (4-7 days/week) has difficulty following instructions. Problem has significant effect on functioning.

   PAST: [ ] [ ] [ ]
4. Difficulty Organizing Tasks

Is your desk or locker at school a mess?
Does it make it hard for you to find the things you need?
Does your teacher complain that your assignments are messy or disorganized?
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 have a hard time getting ready for school in the morning?

5. Dislikes/Avoids Tasks Requiring Attention

Do you hate or dislike doing things that require a lot of concentration/effort?
Like certain assignments, homework or reading a book?
Are there some kinds of school work you hate doing more than others?
Which ones? Why?
Do you try to get out of doing your ___ assignments?
About how many times a week do you not do your ___ homework?

NOTE: IN CHILDREN/TEENS WITH ADHD, ABILITY TO SUSTAIN ATTENTION TO VERY REWARDING ACTIVITIES LIKE COMPUTER OR VIDEO GAMES MAY NOT BE IMPAIRED.

6. Loses Things

Do you lose things a lot? Your pencils at school? Homework assignments?
Things around home?
About how often does this happen?
7. Forgetful in Daily Activities

Do you often leave your homework at home, or your books or coats on the bus?  
Do you leave your things outside by accident? 
How often do these things happen? 
Has anyone ever complained that you are too forgetful?

P C S
( ) ( ) ( ) 0 - No Information.
( ) ( ) ( ) 1 - Not Present.
( ) ( ) ( ) 2 - Subthreshold: Occasionally forgetful. Problem has only minimal effect on functioning.
( ) ( ) ( ) 3 - Threshold: Often (4-7 days/week) forgetful. Problem has significant effect on functioning.

8. Fidgets

Consider restlessness, tapping fingers, chewing things, squirming, "ants in pants", etc.

Do people often tell you to sit still, to stop moving, or stop squirming in your seat? Your teachers? Parents? 
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?

For parents about children: When you take your child to church or to a restaurant, do you have to bring a lot of games or toys? 
About adolescents: When your child was younger, were you able to take him/her to church? Restaurants? 
Were these difficulties beyond what you would expect for a child his/her age?

Take into account that these symptoms tend to improve with age. Carefully check if this symptom was present when the child was younger.

NOTE: RATE BASED ON DATA REPORTED BY INFORMANT OR OBSERVATIONAL DATA.

9. Runs or Climbs Excessively

Do you get into trouble for running down the hall in school? 
Does your mom often have to remind you to walk instead of run when you are out together? 
Do your parents or your teacher complain about you climbing things you shouldn’t? 
What kinds of things? How often does this happen?

Adolescents: Do you feel restless a lot? Feel like you have to move around, or that it is very hard to stay in one place?

Rate based on data reported by informant (parent/teacher) or observational data.

P C S
( ) ( ) ( ) 0 - No Information.
( ) ( ) ( ) 1 - Not Present.
( ) ( ) ( ) 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)
( ) ( ) ( ) 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)

PAST:
P C S

Draft
10. On the Go/Acts like Driven by Motor

Do people tell you that your motor is always running?
Is it hard for you to slow down?
Can you stay in one place for long, or are you always on the go?
How long can you sit and watch TV or play a game?
Do people tell you to slow down a lot?

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PAST:  

11. Difficulty Playing Quietly

Do your parents or teachers often tell you to quiet down when you are playing?
Do you have a hard time playing quietly?

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PAST:  

12. Blurts Out Answers

At school, do you sometimes call out the answers before you are called on?
Do you talk out of turn at home?
Answer questions your parents ask your siblings? How often?

P  C  S
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PAST:  

13. Difficulty Waiting Turn

Is it hard for you to wait your turn in games?
What about in line in the cafeteria or at the water fountain?

P  C  S
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( )  ( )  ( )

PAST:  

Subject  

14. **Interrupts or Intrudes**

*Do you get into trouble for talking out of turn at school?*

Do your parents, teachers, or any of the kids you know complain that you cut them off when they are talking?

Do kids complain that you break in on games? Does this happen a lot?

Rate based on data reported by informant (parent/teacher) or observational data.

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<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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15. **Talks Excessively**

*Do people say you talk too much?*

Do you get into trouble at school for talking when you are not supposed to?

Do people in your family complain that you talk too much?

What about humming or always making noises?

Do not rate vocal tics positively.

Rate based on data reported by informant (including parent/teacher) or observational data.

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<th>Criteria</th>
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<th>Codes for Remaining Items:</th>
<th>0 = No Information</th>
<th>1 = No</th>
<th>2 = Yes</th>
</tr>
</thead>
</table>

16. **Duration**

*For how long have you had trouble (list symptoms that were positively endorsed)?*

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<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
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</table>

17. **Age of onset**

*How old were you when you first started having trouble (list symptoms)? Did you have these problems in kindergarten? First Grade? Specify:*

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<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
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<tbody>
<tr>
<td>Onset before age 7</td>
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</table>

18. **Impairment** (Must be present in two settings)

**A. Socially (with peers):**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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<tbody>
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<td>Impairment</td>
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**B. With family:**

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<thead>
<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
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<th>Summary MSP</th>
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<tbody>
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<td>Impairment</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</table>

**C. In school:**

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<tr>
<th>Criteria</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
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<tbody>
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<td>Impairment</td>
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<td>2</td>
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</table>
19. Evidence of ADHD

**DSM-IV Criteria**

A. Either I or II:

I. Inattention:
   - Meets criteria for at least six of the following symptoms that have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
     1) Makes a lot of Careless Mistakes
     2) Difficulty Sustaining Attention on Tasks or Play Activities
     3) Doesn't Listen
     4) Difficulty Following Instructions
     5) Difficulty Organizing Tasks
     6) Dislikes/Avoids Tasks Requiring Attention
     7) Loses Things
     8) Easily Distracted
     9) Forgetful in Daily Activities

II. Hyperactivity / Impulsivity
   - Meets Criteria for at least six of the following nine symptoms:
     1) Fidgets
     2) Difficulty Remaining Seated
     3) Runs or Climbs Excessively
     4) Difficulty Playing Quietly
     5) On the Go/Acts as if Driven by a Motor
     6) Talks Excessively
     7) Blurts Out Answers
     8) Difficulty Waiting Turn
     9) Often Interrupts or Intrudes

B. duration of symptoms 6 months or longer;
C. some symptoms that caused impairment present before the age of 7;
D. some impairment from symptoms must be present in two or more situations (e.g. school and home);
E. clinically significant impairment; and
F. does not meet criteria for Pervasive Developmental Disorder.

---

20. Predominantly Inattentive Type

Meets criterion A (I), but not criterion A (II) for past six months.

---

21. Predominantly Hyperactive-Impulsive Type

Meets criterion A (II), but not criterion A (I) for past six months.
### 22. Combined Type

Both criteria A (I) and A (II) are met for past six months.

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<thead>
<tr>
<th>Summary</th>
<th>CE</th>
<th>MSP</th>
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### 23. Attention Deficit Hyperactivity Disorder Not Otherwise Specified

Prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention Deficit Hyperactivity Disorder OR currently meets criteria and may have had symptoms prior to age 7 but cannot document for sure that onset was prior to age 7.

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<tr>
<th>Summary</th>
<th>CE</th>
<th>MSP</th>
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When assessing for ODD, keep in mind that the essential feature of this disorder is a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months and occurs more frequently than is typically observed in individuals of comparable age and developmental level.

**NOTE: DO NOT RATE POSITIVELY IF SYMPTOMS OCCUR EXCLUSIVELY DURING A MOOD EPISODE, OR DURING THE USE OF SUBSTANCES OR OTHER PSYCHIATRIC DISORDERS.**

### 1. Easily Annoyed

- Do you have a short fuse?
- Do people bug you and get on your nerves a lot?
- What kinds of things bug you or set you off?
- Do you get really annoyed when your parents tell you that you can’t do something you want to do? Like what?
- What other things really get on your nerves?
- What do you do when you are feeling annoyed or bugged?
- How often would you say this happens?

**P C S**

- 0 - No Information.
- 1 - Not Present.
- 2 - Subthreshold: Easily annoyed or touchy on occasion. Annoyed more often than a typical child his/her age. (1-3 times a week)
- 3 - Threshold: Easily annoyed or touchy daily or almost daily. (4-7 days/week)

### 2. Angry or Resentful

- Do you get angry or cranky with your parents a lot?
- How about your teachers? brothers? sisters? friends?
- Do other people tell you that you are cranky a lot? Who?
- How often does it happen?

**Parent:** Is your child often resentful when you ask him/her to follow your rules or requests?

**P C S**

- 0 - No Information.
- 1 - Not Present.
- 2 - Subthreshold: Occasionally angry or resentful. Angry more often than a typical child his/her age. (1-3 times a week)
- 3 - Threshold: Angry or resentful daily or almost daily. (4-7 days/week)

### 3. Spiteful and Vindictive

- When someone does something unfair to you, do you try or plan to try to get back at them? Do you go through with the plan? Give me some examples?
- What if your brother or a friend did something to get you into trouble or make you mad. Would you do something back to them?
- Has this happened before? How often?
- Are there times when people do something to you and you let it slide?
- Does this happen a lot?

**P C S**

- 0 - No Information.
- 1 - Not Present.
- 2 - Subthreshold: Sometimes lets things slide / occasionally gets back at people. Spiteful more often than a typical child his/her age. (1-3 times a week)
- 3 - Threshold: Spiteful and/or vindictive daily or almost daily. (4-7 days/week) Almost never lets things slide and almost always gets back at people.

---

**Subject**

Draft
### 4. Annoys People on Purpose

Do you or do people say you do things on purpose to annoy or bug them?
- Your parents?
- Do you enjoy pushing your mom/dad’s buttons? Teachers? Siblings? Peers?
- How often do you like to do this?
- What kinds of things do they complain about? Do you think that it’s true?
- Are you a “pain in the neck”?

Do not score teasing of a sibling.

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<tr>
<td>6 months or more</td>
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### 5. Blames Others for Own Mistakes

When you get into trouble, is it ever your fault?
- If you know that you did something wrong and you got caught, do you admit it?
- Pretend that someone else did it? Blame someone else?
- Is it usually your fault or someone else?
- Do you think most of your troubles are caused by other people or are they your own fault?

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

### 6. Duration

For how long have you had trouble (list symptoms that were positively endorsed)?

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<th>Criteria</th>
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### 7. Impairment (Must be present in two settings)

A. Socially (with peers):

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B. With family:

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C. In school:

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Subject

Draft
### 9. Are ODD symptoms present in the following environments:

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<tr>
<th>Environment</th>
<th>Parent CE</th>
<th>Parent MSP</th>
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<td>B. With other adult family members</td>
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### 10. Evidence of Oppositional Defiant Disorder

**DSM-IV Criteria**

A. A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

1) often loses temper  
2) often argues with adults  
3) often actively defies or refuses to comply with adults’ requests or rules  
4) often deliberately annoys people  
5) often blames others for his/her mistakes or behavior  
6) is often touchy or easily annoyed by others  
7) is often angry and resentful  
8) is often spiteful or vindictive

**NOTE: CONSIDER CRITERION (A) MET ONLY IF THE BEHAVIOR OCCURS MORE FREQUENTLY THAN IS TYPICALLY OBSERVED IN INDIVIDUALS OF COMPARABLE AGE AND DEVELOPMENTAL LEVEL.**

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupation functioning.  
C. The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.  
D. Criteria are not met for Conduct Disorder, and if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

### Notes:

- Evidence of Precipitant (Specify):  
- Precipitant E: With peers

- Evidence of ODD symptoms present in the following environments:
  - A. With parents
  - B. With other adult family members (e.g. grandparents, aunts, uncles, etc.)
  - C. In school
  - D. In community settings (e.g. coaches, police, healthcare provider, etc.)
  - E. With peers
11. Evidence of Disruptive Behavior Disorder NOS

If criteria is not met for ODD, but symptoms are present. For example, there are three out of four symptoms present, in addition to clinical impairment.

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12. Evidence of Parent-Child Relational Problems

Consider this diagnosis if symptoms are present with parent(s) only (and not with friends, teachers, coaches and other relatives) and symptoms are not severe. However, if parents are consistent with limit setting OR if oppositional/defiant symptoms are very severe, consider giving ODD diagnosis.

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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 chronic depression/dysthymia, it may be impossible to disentangle and you might consider giving both diagnoses.

### 1. Vandalism

Do you ever break other people's things on purpose? Like breaking windows? Kicking in doors, smashing windows, destroying school property? Have you ever destroyed furniture, walls, floors, doors, etc. at home or school?

How about when you were very angry?

How often do you destroy others' property?

- **P** - Not Present.
- **C** - 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.
- **S** - Threshold: Three or more instances of moderate to severe vandalism/destruction of property.

### 2. Breaking and Entering

In the past six months, have you or any of your friends 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?

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)?

### 3. Aggressive Stealing

Have you or any of your friends robbed anyone?

Snatched their purse?

Held them up?

How often?
4. Firesetting

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?
Were you angry?
Were you trying to cause a lot of damage or to get back at someone?
What's the most damage you ever caused by starting a fire?
About how many fires have you set?

5. Often Stays out at Night

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?


6. Ran Away Overnight

Have you ever run away? Why?
Was there something going on at home that you were trying to get away from?
How long did you stay away?
How many times did you do this?

NOTE: DO NOT SCORE POSITIVELY IF CHILD RAN AWAY TO AVOID PHYSICAL OR SEXUAL ABUSE.
7. Use of a Weapon

Have you ever used an object or item to hit/hurt someone?
Have you ever carried a weapon?
Have you ever used or threatened to use:
   ___ kitchen knife or pocket knife
   ___ gun
   ___ brick, rocks
   ___ broken bottles
What about in self defense?

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PAST:   

P C S

8. Physical Cruelty to Persons

Have you ever beaten someone up for no reason?
How bad?
Was it just because the other person was different than you or because of the way they looked?
Did they get hurt?

NOTE: DO NOT COUNT TRIVIAL SIBLING RIVALRY.

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PAST:   

P C S

9. Forced Sexual Activity

Have you ever forced anyone to kiss you or touch you in your private parts?
Have you every forced another kid to touch you outside your clothes?
Has anyone ever said you forced another kid/person to go farther than they wanted? What did they say?

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PAST:   

P C S
10. Cruelty to Animals

Some kids like to hurt or torture animals. Have you hurt or tried to hurt an animal on purpose? What did you do?
About how many times have you hurt an animal on purpose in the last six months?

NOTE: DO NOT SCORE TRADITIONAL HUNTING OUTINGS. PAY CAREFUL ATTENTION TO THE COMMUNITY SETTING (RURAL, FARM, ETC.).

PAST: ☐ ☐ ☐

Codes for Remaining Items: 0 = No Information  1 = No  2 = Yes

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<tr>
<th>Criteria</th>
<th>Parent CE</th>
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<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
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<td>11. Impairment</td>
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<tr>
<td>A. Socially (with peers):</td>
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<td>B. With family:</td>
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<tr>
<td>C. In school:</td>
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<td>12. Duration</td>
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NOTE: PER THE DSM-IV, "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."

13. Childhood Onset Type

Onset of at least one conduct problem prior to age 10

14. Adolescent Onset Type

No conduct problems prior to age 10
15. Evidence of Conduct Disorder

**DSM-IV 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 criteria in the past 12 months, 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 from home 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.
### Conduct Disorder

#### 16. Childhood-Onset Type

Onset of at least one criterion prior to the age of 10 years.

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#### 17. Adolescent-Onset Type

Absence of any criteria prior to age 10 years.

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#### 18. Mild

Few if any conduct problems in excess of those required to make the diagnosis and conduct problems only cause minor harm to others (e.g., lying, truancy, staying out late).

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#### 19. Moderate

Number of conduct problems and effect on others intermediate between "mild" and "severe" (e.g., stealing without confronting victim, vandalism).

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#### 20. Severe

Many conduct problems in excess of those required to make diagnosis or conduct problems cause considerable harm to others (e.g., forced sex, use of a weapon, stealing while confronting victim, breaking and entering).

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KSADS-PL 2009 Working Draft:

V. SUBSTANCE USE DISORDERS SUPPLEMENT

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<td>Substance Abuse</td>
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</tbody>
</table>
1. Negative consequences - Occupational

(Abuse symptom # 1)

Have you had any problems at school because of your drinking?
Has your use of alcohol ever affected your grades in school?
Exams you messed up because you were too drunk or hung over to study for? Homework assignments that you missed?
Do you think that your drinking is affecting your school work (grades worsened, suspended, breaking rules, quit school)?
Has anyone else suggested that it is?
Has your use of alcohol ever gotten you into trouble at school? How?

For students that work: Has your drinking affected your work any?
Have you missed any days of work because you were hung over or drinking?
Gotten in trouble at work for being drunk or drinking (e.g., fired, demoted)?

2. Intoxicated When Expected to Fulfill Major Role Obligations

(Abuse symptom # 1)

Have there been times when you got drunk at school or went to school drunk or were drinking at school?
Got drunk or were drinking when you were babysitting?
Gone to work drunk, or drank at work? How often?

3. Negative Consequences - Dangerous Behavior

(Abuse symptom # 2)

Have you done anything dangerous while drinking?
Driven a car while intoxicated? Speeded on the highway?
Have you done other things you wouldn't normally do when you were drunk, like run across the train tracks when a train was approaching?
Have you taken any other risks?
4. Negative Consequences - Legal

(Abuse symptom # 3)

Have you done anything against the law when you were high on alcohol?
Stolen a car? Gone joy riding?
Been picked up for driving under the influence, possession, or public intoxication?
Other things like selling drugs, stealing or vandalism?

0 - No information.
1 - Not present.
2 - Subthreshold: Negative consequences on only one or two occasions.
3 - Threshold: Negative consequences on 3 or more occasions.

PAST: [ ] [ ] [ ]

5. Negative Consequences - Social

(Abuse symptom # 4)

Has your use of alcohol ever caused problems with a romantic partner? If so, how many times?
Have you had a serious argument or fight with a friend or family member when you were drinking?
Have you lost any friends because of your drinking, or developed any problems in your relationship with family members because of it?
Have you had trouble getting along with others?
Did your drinking make these problems worse?

0 - No information.
1 - Not present.
2 - Subthreshold: Negative consequences on only one or two occasions.
3 - Threshold: Negative consequences on 3 or more occasions.

PAST: [ ] [ ] [ ]

6. Tolerance

(Dependence symptom # 1)

How old were you when you first started to drink on a regular basis?
Typically, how many drinks did you consume?
How many drinks do you typically consume now? How old were you when you started to consume this amount?
Do you find that you have to drink much more now to get the same high that you got when you first started to drink?
How much do you have to drink to get high? 5 drinks/sitting? 50% increase?
Can you drink a lot more than most people without really getting drunk? How much more?
Does alcohol have less of an effect than before?

0 - No information.
1 - Not present.
2 - Subthreshold: Needs to drink 1 to 2 drinks more than initially to achieve intoxication or desired effect.
3 - Threshold: Needs to drink 3 or more drinks than initially to achieve intoxication or desired effect.

PAST: [ ] [ ] [ ]

NOTE: AS SOME DEGREE OF TOLERANCE IS A NORMATIVE PHYSIOLOGICAL PROCESS WITH THE ONSET OF USE, THE ALCOHOL DEPENDENCE SYMPTOM OF TOLERANCE SHOULD ONLY BE CONSIDERED MET IF THE AMOUNT REQUIRED TO ACHIEVE INTOXICATION INCREASES AFTER A PERIOD OF REGULAR USE.
7. Withdrawal Symptoms

(Dependence symptom #2)

Have you ever had the shakes when you cut down or stopped drinking?
Had real bad headaches?
Felt very anxious, depressed, or irritable?
Had more trouble sleeping?
Nausea?
Transient hallucinations or illusions?

Do not include simple "hang over".

0 - No information.
1 - Not present.
2 - Threshold: One or more withdrawal symptom endorsed.

PAST:

P C S

8. Alcohol Consumed to Relieve Withdrawal

(Dependence Symptom #2)

Do you sometimes drink to keep yourself from becoming sick or getting the shakes?

0 - No information.
1 - Not present.
2 - Threshold: On one or more occasions.

PAST:

P C S

9. Duration

For how long a time were you (symptoms of alcohol abuse/dependence)?

0 - No information.
1 - Not present.
2 - Threshold: Some symptoms for at least one month.

PAST:
10. Drinks More or Longer than Planned

*(Dependence symptom #3)*

Do you ever tell yourself you'll only have one or two drinks on a given night and find yourself drinking more or getting drunk anyway? How often does this happen?

What about drinking all day or going on multiple day binges?

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<td>2 - Subthreshold: Occasionally drinks more than planned.</td>
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<td>3 - Threshold: Often (3 or more times) drinks more than planned.</td>
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**PAST:**

### 11. Tried to Quit

*(Dependence symptom #4)*

Have you ever tried to stop drinking or cut back?

How many times have you tried to cut back?

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<td>2 - Subthreshold: Transient thoughts about desire to cut down or control use.</td>
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<td>3 - Threshold: One or more unsuccessful attempts to cut down or control use.</td>
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### 12. Time Consuming

*(Dependence symptom #5)*

How much of your time do you spend drinking, being high, or hung over?

Do you spend a lot of time thinking about getting drunk or where you're going to get something to drink?

How much time do you spend recovering from the effects of alcohol?

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<td>2 - Subthreshold: Time spent in drinking related activities limited (e.g., recreational use only).</td>
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<td>3 - Threshold: Time extends beyond recreational use and impedes other activities to some extent. (several hours per day or more of use)</td>
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**PAST:**
13. Important Occupational, Social, or Recreational Activities Given Up or Reduced Due to Abuse

(Dependence symptom # 5)

Have you ever had a period of time that you started to drink instead of spending time at work or with hobbies, friends, family, or other activities? Missed them because you were hung over? Lately, would you say you have been drinking instead of spending time doing other hobbies you used to enjoy... like playing sports or doing other things? Has your drinking time taken the place of the time you used to spend with your family or friends?

P C S
0 - No information.
1 - Not present.
2 - Subthreshold: Important activity missed on only one or two occasions.
3 - Threshold: Important activities missed on three or more occasions.

PAST: ____________________

14. Negative Consequences - Physical

(Dependence symptom # 7)

Do you have any medical problems that may be made worse by your drinking? Did your family doctor ever request that you not use alcohol and you did anyway?

P C S
0 - No information.
1 - Not present.
2 - Subthreshold: Negative consequences on only one or two occasions.
3 - Threshold: Negative consequences on three or more occasions.

PAST: ____________________

15. Negative Consequences - Psychological

(Dependence symptom # 7)

Do your moods change dramatically when you drink? Do you find yourself getting angered easily? Do you switch from happy to sad? Do you feel depressed, anxious, worried or fearful when you are drinking? Do you think about suicide or attempt suicide when you are drinking? Are these moods made worse during your drinking? How many times has this happened?

P C S
0 - No information.
1 - Not present.
2 - Subthreshold: Negative consequences on only one or two occasions.
3 - Threshold: Negative consequences on three or more occasions.

PAST: ____________________
16. Evidence of Alcohol Abuse

**DSM-IV Criteria**

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

A. recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
B. recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
C. recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
D. continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with family about consequences of intoxication, physical fights)

---

17. Evidence of Alcohol Dependence

**DSM-IV Criteria**

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by 3 (or more) of the following, occurring at any time in the same 12-month period:

A. tolerance, as defined by either of the following:
   1) a need for markedly increased amounts of alcohol to achieve intoxication or desired effects
   2) markedly diminished effect with continued use of the same amount of alcohol
B. withdrawal, as manifested by either of the following:
   1) the characteristic withdrawal syndrome for alcohol
   2) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
C. alcohol is often taken in larger amounts or over a longer period than was intended
D. there is a persistent desire or unsuccessful efforts to cut down or control alcohol use
E. a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
F. important social, occupational, or recreational activities are given up or reduced because of alcohol use
G. the alcohol use is continued despite knowledge of having a persistent or recurrent physical problem that is likely to have been caused or exacerbated by the alcohol (continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

**NOTE:** ALCOHOL ABUSE OR DEPENDENCE MAY BE ASSOCIATED WITH ANY OF THE FOLLOWING PATTERNS OF DRINKING: 1) REGULAR DAILY INTAKE OF LARGE AMOUNTS OF ALCOHOL; 2) REGULAR HEAVY DRINKING LIMITED TO WEEKENDS; OR 3) LONG PERIODS OF SOBRIETY INTERSPERSED WITH BINGES OF DAILY HEAVY DRINKING LASTING SEVERAL WEEKS OR LONGER.
1. Negative Consequences - Occupational

(Abuse symptom #1)

Have you had any problems at school because of your drug use?
Has your use of drugs ever affected your grades in school?
Exams you messed up because you were too high or hung over to study for?
Homework assignments that you missed?
Do you think your drug use is affecting your school work (grades worsened, suspended, breaking rules, quit school)? Has anyone else suggested that it is?
Has your use of drugs ever gotten you into trouble at school? How?

For students that work: Has your drug use affected your work any?
Have you missed any days of work because you were high or hung over?
Got into trouble at work for being high (fired, demoted)?

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</table>

A. Cannabis

B. Stimulants

C. Sedatives / Hypnotics / Anxiolitics

D. Cocaine

E. Opioids

F. PCP

G. Hallucinogens

H. Solvents/Inhalants

I. Other (Specify): ________________

J. Polysubstance

(Assess for combined use of all listed substances)

Notes:

Subject

Date / / 20

Interviewer

Draft
2. Intoxicated/Under the Influence of Drugs When Expected to Fulfill Major Role Obligations

( Abuse symptom #1 )

Have there been times when you got high at school or went to school high?
Got high when you were babysitting?
Gone to work high or used at work? How often?

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<th>Child MSP</th>
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A. Cannabis

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B. Stimulants

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C. Sedatives / Hypnotics / Anxiolitics

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D. Cocaine

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E. Opioids

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F. PCP

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G. Hallucinogens

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H. Solvents/Inhalants

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J. Polysubstance

( Assess for combined use of all listed substances )

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Notes:
3. Negative Consequences - Dangerous Behavior

(Abuse symptom #2)

Have you done anything dangerous while high?
Driven a car? Speeded on the highway?
Have you done other things you wouldn't normally do, like run across the train tracks when a train was approaching?
Have you taken any other risks?

Criteria:
0 - No information.
1 - Not present.
2 - Subthreshold: Negative consequences on only one or two occasions.
3 - Threshold: Negative consequences on 3 or more occasions.

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<td>C. Sedatives / Hypnotics / Anxiolytics</td>
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Notes:
4. Negative Consequences - Legal

(Abuse symptom #3)

Have you done anything against the law when you were high?
Stolen a car? Gone joy riding?
Been picked up for driving under the influence, possession, or public intoxication?
Other things like selling drugs, stealing or vandalism?

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Notes:
5. Negative Consequences - Social

(Abuse symptom #4)

Has your use of drugs ever caused problems with a romantic partner? If so, how many times?
Have you had a serious argument or fight with a friend, or family member when you were high or because of your drug use?
Have you lost any friends because of your using, or developed any problems in your relationship with family members because of it?
Have you had trouble getting along with others? Did your drug use make the problems worse?

Criteria:
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Notes:
6. Tolerance

(Dependency symptom #1)

How old were you when you first started to use on a regular basis? Typically, how much do you use?

How much do you typically use now? How old were you when you started to use this amount?

Do you find that you have to use much more now to get the same high that you did when you first started to use? How much do you have to use to get high? 50% increase?

Do you use a lot more than most people without really getting high? How much more?

Does ___ have less of an effect than before?

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<td>3 - Threshold: Needs to use at least 1½ times more of the drug to achieve intoxication or desired effect.</td>
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A. Cannabis

B. Stimulants

C. Sedatives / Hypnotics / Anxiolitics

D. Cocaine

E. Opioids

F. PCP

G. Hallucinogens

H. Solvents/Inhalants

I. Other (Specify):

J. Poly-substance
   (Assess for combined use of all listed substances)

Notes:
### Withdrawal Symptoms

*(Dependence symptom #2)*

*Have you ever had any bad reactions when you tried to quit or cut down?*

*Shakes, paranoia, hallucinations, insomnia, depression, anxiety, etc.*

#### Criteria:

- **0** - No information.
- **1** - Not present.
- **2** - Threshold: One or more withdrawal symptoms endorsed.

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#### Notes:
8. Drug Taken to Relieve Withdrawal

(Dependency symptom #2)

*If reported experiencing withdrawal symptoms: What did you do to make _____ go away? Did you use _____? Do you sometimes keep yourself from becoming sick or getting _____?*

<table>
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Notes:
9. Duration

For how long were you (symptoms of drug abuse/dependence)?

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A. Cannabis
- CE

B. Stimulants
- CE

C. Sedatives / Hypnotics / Anxiolytics
- CE

D. Cocaine
- CE

E. Opioids
- CE

F. PCP
- CE

G. Hallucinogens
- CE

H. Solvents/Inhalants
- CE

I. Other (Specify):
- CE

J. Polysubstance
- (Assess for combined use of all listed substances)

Notes:
10. Uses More or Longer than Planned

*(Dependence symptom #3)*

Do you ever tell yourself you’ll only (e.g. have one joint, one line, etc.) on a given night and find yourself using much more than you planned or getting high anyway? How often does this happen?

What about using all day or going on multiple day binges?

---

**Criteria:**

- **0** - No information.
- **1** - Not present.
- **2** - Subthreshold: Occasionally uses more than planned.
- **3** - Threshold: Often (3 or more times) uses more than planned.

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**Notes:**
11. Tried to Quit

(Dependence symptom #4)

Have you ever tried to quit or cut back?
How many times have you tried?
What happened?

Criteria:
0 - No information.
1 - Not present.
2 - Subthreshold: Transient thoughts about desire to cut down or control use.
3 - Threshold: One or more unsuccessful attempts to cut down or control use.

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J. Polysubstance (Asses for combined use of all listed substances)

Notes:
12. Time Consuming

*(Dependence symptom #5)*

*How much of your time do you spend using, being high, or hung over? Do you spend a lot of time planning on how you're going to get_____? How much time do you spend recovering from the effects of ____?*

### Criteria:

- **0 - No information.**
- **1 - Not present.**
- **2 - Subthreshold:** Time spent using drug or thinking about drug has minimal impact on functional activities. Use primarily restricted to weekends.
- **3 - Threshold:** Time spent using drug or thinking about drug has moderate to severe impact on functional activities. Some mid-week use.

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### Notes:
13. Important Occupational, Social, or Recreational Activities Given Up or Reduced Due to Abuse

*(Dependence symptom #5)*

Have you ever had a period of time that you started to use drugs instead of spending time at work or with hobbies, friends, family, or other activities? Missed them because you were hungover?

Lately, would you say you have been using _____ instead of spending time doing other hobbies you used to enjoy... like playing sports or doing other things?

Has your using time taken the place of the time you used to spend with your family or friends?

**Criteria:**

- **0** - No information.
- **1** - Not present.
- **2** - Subthreshold: Important activity missed on only one or two occasions.
- **3** - Threshold: Important activities missed on 3 or more occasions.

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**Notes:**
14. Negative Consequences - Physical

(Independence symptom #7)

Do you have any medical problems that may be made worse by your using ____?
Did your family doctor ever request that you not use and you did anyway?
Have you passed out? Woken up the next day not remembering what you did the night before?

Criteria:

0 - No information.
1 - Not present.
2 - Subthreshold: Negative consequences on only one or two occasions.
3 - Threshold: Negative consequences on 3 or more occasions.

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Notes:
15. **Negative Consequences - Psychological**

*(Dependence symptom #7)*

- Do your moods change dramatically when you use _____?
- Do you find yourself getting angered easily?
- Do you switch from happy to sad?
- Do you feel depressed, anxious, worried or fearful when you are using ____?
- Do you think about suicide or attempt suicide when you are using ____?
- Are these moods made worse during your drug use?
- How many times has this happened?

### Criteria:

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A. Cannabis

B. Stimulants

C. Sedatives / Hypnotics / Anxiolitics

D. Cocaine

E. Opioids

F. PCP

G. Hallucinogens

H. Solvents/Inhalants

I. Other (Specify):

J. Polysubstance

*(Assess for combined use of all listed substances)*

**Notes:**

Subject [ ] [ ] [ ] [ ]
16. Evidence of Substance Abuse

DSM-IV Criteria

A. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
   1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school, neglect of children or household).
   2) Recurrent substance use in situation in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).
   3) Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
   4) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with family about consequences of intoxication, physical fights).

B. The symptoms have never met criteria for Substance Dependence for this class of substance.

<table>
<thead>
<tr>
<th></th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A. Cannabis</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>B. Stimulants</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>C. Sedatives / Hypnotics / Anxiolytics</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>D. Cocaine</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>E. Opioids</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>F. PCP</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>G. Hallucinogens</td>
<td>( )</td>
<td>( )</td>
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<tr>
<td>H. Solvents/Inhalants</td>
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<td>( )</td>
</tr>
<tr>
<td>I. Other (Specify):</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>J. Polysubstance</td>
<td>( )</td>
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</tr>
</tbody>
</table>

Notes:
### 17. Evidence of Substance Dependence

**DSM-IV Criteria**

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring within a 12-month period:

- **A. Tolerance**, as defined by either one of the following:
  1. a need for markedly increased amounts of the substance to achieve intoxication or desired effect.
  2. markedly diminished effect with continued use of the same amount of the substance.
- **B. Withdrawal**, as manifested by either of the following:
  1. the characteristic withdrawal syndrome for the substance.
  2. the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
- **C. The substance is often taken in larger amounts or over a longer period that was intended.**
- **D. There is a persistent desire or unsuccessful efforts to cut down or control substance use.**
- **E. A great deal of time is spent in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use the substance (e.g., chain smoking), or recover from its effects.**
- **F. Important social, occupational, or recreational activities are given up or reduced because of substance use.**
- **G. The substance use in continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression).**

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Cannabis</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
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<tr>
<td>B. Stimulants</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
</tr>
<tr>
<td>C. Sedatives / Hypnotics / Anxiolitics</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
</tr>
<tr>
<td>D. Cocaine</td>
<td>( ) ( ) ( )</td>
<td>( ) ( ) ( )</td>
</tr>
<tr>
<td>E. Opioids</td>
<td>( ) ( ) ( )</td>
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<tr>
<td>F. PCP</td>
<td>( ) ( ) ( )</td>
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<tr>
<td>G. Hallucinogens</td>
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<tr>
<td>H. Solvents/Inhalants</td>
<td>( ) ( ) ( )</td>
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<tr>
<td>I. Other (Specify):</td>
<td>( ) ( ) ( )</td>
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<tr>
<td>J. Polysubstance (Assess for combined use of all listed substances)</td>
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</tbody>
</table>

**Notes:**
KSADS-PL 2009 Working Draft:

VI. EATING DISORDERS SUPPLEMENT

TABLE OF CONTENTS

Anorexia Nervosa.................................................................................................................................1
Bulimia Nervosa..................................................................................................................................3
When we were talking before you talked about how you were afraid of becoming fat, even though you are currently quite thin.

1. Disturbance of Body Image

- Do you feel fat even when everyone else tells you you don’t look it?
- Do you wish you were thinner?
- Are there any parts of your body that feel especially fat?
- Does it bother you that you have lost so much weight and you still feel fat?
- Do you think you have actually lost weight or just that other people think so but they are wrong? How are they wrong?

<table>
<thead>
<tr>
<th>P</th>
<th>C</th>
<th>S</th>
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<tbody>
<tr>
<td>0</td>
<td>- No information.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>- Not present.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>- Subthreshold: Reports that s/he feels fat, and is often bothered by these thoughts, although s/he is aware that s/he is not fat by objective standards.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>- Threshold: Perceptions of self as fat are unaltered by objective evidence to the contrary.</td>
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</tbody>
</table>

PAST: 

2. Amenorrhea

- How old were you when you started your menstrual period?
- How often do you get your period?
- How many weeks has it been since your last period?

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<tbody>
<tr>
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<td>- No information.</td>
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<tr>
<td>1</td>
<td>- Not present.</td>
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<td>2</td>
<td>- Subthreshold: Mild menses abnormalities (e.g., occasional missed periods or shortened menstrual cycle).</td>
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<tr>
<td>3</td>
<td>- Threshold: Three or more consecutive menstrual cycles missed.</td>
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</table>

PAST:
3. Evidence of Anorexia

**DSM-IV Criteria**

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected)

B. Intense fear of gaining weight or becoming fat, even though underweight

C. Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight

D. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles
   (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen administration)

4. Restricting Type

The person has not regularly engaged in binge-eating or purging behaviors during the episode.

5. Binge-Eating/Purging Type

During episode person has regularly engaged in binge-eating or purging behaviors (e.g., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).
Before when we were talking, you said that you have eating attacks, when you have these attacks...

1. Lack of Control

Do you feel like you don't have any control over your binges? Can you stop eating once you've started?

   P   C   S
   ( ) ( ) ( )  0 - No information.
   ( ) ( ) ( )  1 - Not present.
   ( ) ( ) ( )  2 - Subthreshold: Often can control urges to binge or can stop binging once it begins (e.g., at least 50% of the time).
   ( ) ( ) ( )  3 - Threshold: Sometimes can control urges to binge, usually cannot. Usually has difficulty stopping a binge once it begins.

PAST: [ ] [ ] [ ]

2. Overconcern with Weight

How often do you think about your weight or becoming fat? Do thoughts about your weight come into your mind when you are at school, out with friends, or busy doing other things?

   P   C   S
   ( ) ( ) ( )  0 - No information.
   ( ) ( ) ( )  1 - Not present.
   ( ) ( ) ( )  2 - Subthreshold: Excessive preoccupation with weight, value ascribed to thinness exceeds cultural norms, but does not interfere with functioning.
   ( ) ( ) ( )  3 - Threshold: Continual thoughts about weight. Thoughts have moderate impact on daily activities (e.g., concentration impaired by intrusive thoughts about weight).

PAST: [ ] [ ] [ ]
### 3. Duration

For how long have you been binging?

(3 months or more)

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<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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</thead>
<tbody>
<tr>
<td>3. Duration</td>
<td>0 1 2</td>
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</table>

### 4. Evidence of Bulimia Nervosa

**DSM-IV Criteria**

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances

2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa

### 5. Specify type:

**Purging type:** During the current episode, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

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<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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</thead>
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<tr>
<td>5. Specify type</td>
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<td>0 1 2</td>
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</tr>
</tbody>
</table>

**Nonpurging type:** During the current episode the person has used other compensatory behaviors like fasting or excessive exercise, but not purging type of behaviors

<table>
<thead>
<tr>
<th></th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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</thead>
<tbody>
<tr>
<td>5. Specify type</td>
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</tr>
</tbody>
</table>
KSADS-PL 2009 Working Draft:

VII. TIC DISORDERS SUPPLEMENT

TABLE OF CONTENTS

Simple and Complex Motor Tic...................................................................................................................1
Simple and Complex Vocal Tic...................................................................................................................3

Subject

Date  /  20

Interviewer

Draft
NOTE: FOR SYMPTOMS TO BE RATED POSITIVELY IN THIS SECTION THEY MUST OCCUR MANY TIMES A DAY, OR HAVE OCCURRED INTERMITTENTLY FOR ONE YEAR OR LONGER.

### Simple Motor

**Parent**
- CE
- MSP

**Child**
- CE
- MSP

**Summary**
- CE
- MSP

**Criteria for Items:**
- 0 = No Information
- 1 = No
- 2 = Yes

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<thead>
<tr>
<th>Item</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eye Blinking</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Do your eyes blink a lot like this for no reason? (demonstrate)</td>
<td>()</td>
<td>()</td>
<td>()</td>
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<td>()</td>
</tr>
<tr>
<td>2. Other Facial Tics</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Do other parts of your face sometimes move unexpectedly like this? (demonstrate facial grimaces, nose scrunching, and opening mouth as if to yawn)</td>
<td>()</td>
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</tr>
<tr>
<td>3. Head Jerks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Do you sometimes nod your head, shake your head, or turn your head to the side for no special reason? (demonstrate)</td>
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<tr>
<td>4. Shoulder Jerks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>What about your shoulders, do your shoulders sometimes move unexpectedly like this (shrug shoulder or roll shoulder)?</td>
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<td>()</td>
</tr>
<tr>
<td>5. Arm Movements</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Do you sometimes flap your arms or throw your arms out as if to hit something that isn't there? (demonstrate)</td>
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<tr>
<td>6. Stomach Twitches</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your stomach sometimes move for no special reason?</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>7. Leg Movements</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Do you ever stamp your feet or kick your legs out and you're not sure why you do it? Do you sometimes bang your legs up under your desk when you weren't planning on moving them?</td>
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**KSADS-PL TIC DISORDERS SUPPLEMENT:**
Simple and Complex Motor Disorders

**Code for Remaining Items:**
0 = No Information  1 = No  2 = Yes

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</tbody>
</table>

### 8. Other

Are there any other types of movements that you notice that I haven’t asked you about? Specify:

### 9. Summation of all above

Simple motor tics occur many times a day or have occurred intermittently for 1 year or longer.

### COMPLEX MOTOR

#### 1. Touching/Tapping Things

Do you ever touch your own body, your nose, your ear, or feel like you have to touch other people, or other things...like having to touch the phone every time you walk by it, touch walls, or all the furniture in your room? Do you often tap your pencil or your fingers against your desk?

#### 2. Hopping/Spinning

When you are walking down the hall at school, do you sometimes find that you have to hop or spin rather than keep walking straight?

#### 3. Echokinesis

Do you ever find that you have to imitate other people’s actions like pushing your hair back or rubbing your nose? Anything else?

#### 4. Hurts Self

Do you ever feel like you have to hit yourself in the face, pull your hair or bite your hand?

#### 5. Other

Are there any other types of movements that you notice that haven’t asked you about? Specify.

#### 6. Summation of all above

Complex motor tics occur many times a day, or have occurred intermittently for 1 year or longer.
### SIMPLE VOCAL PHONIC

<table>
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<th>Item</th>
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<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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</thead>
<tbody>
<tr>
<td>1. Sniffing/Coughing/Throat Clearing</td>
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<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
</tr>
<tr>
<td>Do you ever sniff, cough, or clear your throat when you don’t have a cold? Does this happen over and over again?</td>
<td></td>
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<tr>
<td>2. Snorting/Grunting</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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<tr>
<td>Do you ever make noises through your nose or in your throat like this? (demonstrate)</td>
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<tr>
<td>3. Other</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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<tr>
<td>Are there any other types of sounds that you make that I haven’t asked you about? What about tongue clicking, lip smacking, or making popping sounds?</td>
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<tr>
<td>4. Summation of all above</td>
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Simple vocal tics occur many times a day or intermittently for a year or longer.

### COMPLEX VOCAL PHONIC

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<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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</thead>
<tbody>
<tr>
<td>1. Repeat Own Words/Sentences</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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<tr>
<td>Do you ever notice that you have to repeat yourself, not because someone didn’t hear you, but because it didn’t sound right, or maybe for no special reason at all?</td>
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<tr>
<td>2. Repeat Others Speech</td>
<td>0 1 2</td>
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<td>0 1 2</td>
<td>0 1 2</td>
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<tr>
<td>Do you find yourself sometimes repeating things other people have said for no special reason at all?</td>
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<tr>
<td>3. Coprolalia (Obscene Words)</td>
<td>0 1 2</td>
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<td>0 1 2</td>
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<tr>
<td>Do bad words ever pop out of your mouth in the middle of a sentence for no reason, or do you find yourself saying bad things under your breath and find you can’t stop yourself?</td>
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<tr>
<td>4. Insults/Racial Slurs</td>
<td>0 1 2</td>
<td>0 1 2</td>
<td>0 1 2</td>
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<tr>
<td>Do you sometimes find yourself saying bad things to people about how they look or something else about them when you didn’t really mean it?</td>
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</table>
5. Other

Are there any other things you sometimes find yourself saying? Are you afraid you might have one of these attacks?

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<thead>
<tr>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
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</table>

6. Summation of all above

Vocal tics occur many times a day or intermittently for a year or longer.

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7. Impairment

A. Socially (with peers):

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B. With family:

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C. In school:

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8. Criteria for Tourette's Disorder

**DSM-IV Criteria**

A. Both multiple motor and one or more vocal tics have been present at some time during the illness, although not necessarily concurrently. (A tic is a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization).

B. The tics occur many times a day, (usually in bouts) nearly every day, or intermittently throughout a period of more than one year, and during this period there was never a tic-free period of more than 3 consecutive months.

C. Onset before age 18 years.

D. The disturbance is not exclusively due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease or postviral encephalitis).
10. Transient Tic Disorder

**DSM-IV Criteria**

A. Single or multiple motor and/or vocal tics (i.e., a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movements or vocalizations), but not both, have been present at some time during the illness.

B. The tics occur many times a day, nearly every day, or intermittently throughout a period of more than one year, and there was never a tic-free period of more than 3 consecutive months.

C. Onset before age 18.

D. The disturbance is not exclusively due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease or postviral encephalitis).

E. Criteria have never been met for Tourette's Disorder.

**Specify if Single Episode or Recurrent:**

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11. Tic Disorder Not Otherwise Specified

**DSM-IV Criteria**

This category is for disorders characterized by tics that do not meet criteria for a Specific Tic Disorder. Examples include tics lasting less than 4 weeks or tics with an onset after age 18 years.
KSADS-PL 2009 Working Draft:

VIII. AUTISM SPECTRUM DISORDERS SUPPLEMENT
1. Lack of spontaneous seeking to share enjoyment, interest or achievements with others

   Parent: As a young child, did your child show you toys and other things that interested him or her, or did he or she play on his/her own with little or no referencing to you?

   If something good happens to your child now, like a good grade at school or having some other success, will your child spontaneously share it with you? Will s/he share the good news with friends?

   Child: If something good happens to you, like you get a good grade at school or have some other success, do you keep it to yourself, or do you tell mom, dad, or someone else?

   NOTE: DO NOT RATE POSITIVE IF IT IS ACCOUNTED FOR BY OTHER CONDITIONS SUCH AS ANXIETY, PSYCHOSIS, DEPRESSION, BEHAVIOR DISORDERS, OR NORMAL TEEN BEHAVIORS.

   PAST:

   P C S
   0 - No information.
   1 - Not present.
   2 - Subthreshold: Sometimes seeks to share, but not frequently or spontaneously.
   3 - Threshold: Does not spontaneously seek to share enjoyment, interests or achievements with other people, or only shares when related to preoccupation.

2. Failure to develop peer relationships appropriate to age or developmental level.

   This may take different forms at different ages. Very young children may have little or no interest in establishing friendships. Older children may have an interest in friendship but lack understanding of the conventions of social interaction.

   Parent: Does your child have any good friends his/her age?
   Does your child get together with other children after school and on weekends?
   Does your child do better with younger kids or with adults than with kids his/her own age?
   Does s/he prefer to be by him or herself?
   Does your child wish to be social but fails to make relationships with peers?
   Does your child want to make friends, but says s/he does not know why other children do not want to be his/her friend?
   Is your child able to understand how other kids react in social situations?
   Or does s/he misinterpret or not “tune in” to peers’ reactions in social situations?
   Is he/she taken advantage of?
   Can your child only be with other kids on his/her terms?

   Child: Do you like to be with other kids your age or would you rather be by yourself most of the time?
   Do you have a best friend?
   Do you get together after school or on the weekends?

   NOTE: BE CAREFUL TO WEIGH CHILD’S REPORT WITH COLLATERAL INFORMATION. DO NOT RATE THIS AS POSITIVE IF IT IS EXCLUSIVELY DUE TO OTHER CONDITIONS SUCH AS ADHD, SOCIAL ANXIETY, SCHIZOPHRENIA, OR SCHIZOID PERSONALITY.

   PAST:

   P C S
   0 - No information.
   1 - Not present.
   2 - Subthreshold: Some personal relationships, mostly in group situations or primarily in restricted interest areas.
   3 - Threshold: Failure to develop peer relationships appropriate to developmental level. Unable to interpret peer reactions in social situations.
3. Lack of Social or Emotional Reciprocity

When your child was young, if you or someone your child knew well smiled at your child, did s/he smile back spontaneously?
When you come home after being out for awhile, and your child sees you for the first time, does s/he smile?
How does s/he react when a peer or non-familiar adult says something nice to him/her or approaches him/her in a friendly manner?
Can your child have a back and forth conversation with a peer or other non-familiar adult?
Does s/he know how to build on a question or response to advance the dialogue?
If your child sees someone who is crying or upset, how does your child respond?
Will you see a change in his/her mood or facial expression?
Will he or she offer comfort, get upset, or ignore the situation? Does your child spontaneously offer to share things with you? With peers?

Child: What would you do if you saw someone in your family or a friend crying?
What if someone you don’t know smiles at you and says hello?

NOTE: RATE BASED ON RESPONSES AND OBSERVATION.

4. Persistent Preoccupation with Parts of Objects

Include inappropriate use of toys for the developmental level of the child.

Parent: Does your child use toys in ways other than they were intended to be used? For example, will your child turn a car upside down and spin the car’s wheels rather than race it?
Will your child line up his/her toys or spend extensive periods of time categorizing them by color or shape rather than playing with them (e.g., blocks)?
When your child plays or examines an object, does s/he become too preoccupied with parts of the object?

NOTE: FOR ALL THE ABOVE QUESTIONS, NOTE WHETHER THEY STARTED WHEN THE CHILD WAS YOUNG (e.g., BEFORE PRESCHOOL), OR CURRENTLY. FOR AUTISM SPECTRUM DISORDERS, ALL THESE BEHAVIORS SHOULD HAVE STARTED WHEN THE CHILD WAS YOUNG. TAKE INTO ACCOUNT WHETHER THE CHILD HAS OCD, SEVERE SOCIAL PHOBIA, MENTAL RETARDATION, A SEVERE HISTORY OF ABUSE OR NEGLECT, OR IF THERE ARE CULTURAL ISSUES THAT CAN BETTER ACCOUNT FOR THE SYMPTOMS.
### 5. Communication and Social Deficits Common Among Patients with Asbergers Syndrome

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<th>Parent CE</th>
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<th>Child CE</th>
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<th>Summary CE</th>
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<tbody>
<tr>
<td>a. One Sided Verbosity</td>
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**Does your child often go on and on talking about one thing, almost like s/he is giving a speech rather than having a conversation?**

Have people ever said he seems like a "little professor"?

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<th>b. Speech Pragmatic Deficits</th>
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**Does your child have trouble understanding the more subtle aspects of language, like how to take turns when having a conversation, or knowing what someone means when they use sarcasm or make analogies (e.g."She’s as heavy as a house")?**

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**Is there anything unusual about your child’s intonation?** Is his/her voice monotone? Overly sing-songy? Does s/he have poor volume control or unusual patterns of emphasis in speech?

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<th>d. Incessant and Insensitive Pursuit of Others</th>
<th>Parent CE</th>
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**Does your child relentlessly pursue contact with others, even when they don’t seem interested in talking or being with him/her?** Does s/he have a hard time reading others’ social cues?

**NOTE:** RATE BASED ON REPORT AND OBSERVATION.

### 6. Features of Patients with High Functioning Autism

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<tbody>
<tr>
<td>a. Social Isolation</td>
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**From the time your child was young, did your child prefer to be alone?** What about now, does s/he seem uninterested in friends and other social contacts?

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<th>b. Echolalic Speech</th>
<th>Parent CE</th>
<th>Parent MSP</th>
<th>Child CE</th>
<th>Child MSP</th>
<th>Summary CE</th>
<th>Summary MSP</th>
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**Does your child repeat phrases s/he has heard other's say, or nonsensical phrases over and over?**

**NOTE:** RATE BASED ON REPORT AND OBSERVATION.
### 7. Developmental History

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<th>Parent CE</th>
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<th>Summary CE</th>
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<tbody>
<tr>
<td>a. Age appropriate self help skills.</td>
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b. Speech Pragmatic Deficits

Does your child have trouble understanding the more subtle aspects of language, like how to take turns when having a conversation, or knowing what someone means when they use sarcasm or make analogies (e.g. “She’s as heavy as a house”)?

### 8. Impairment

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<th>Parent CE</th>
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<th>Child MSP</th>
<th>Summary CE</th>
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<tr>
<td>A. Socially (with peers):</td>
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<td>B. With family:</td>
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<td>C. In school:</td>
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### 9. Criteria for Asperger’s Disorder

**DSM-IV Criteria**

A. Qualitative impairment in social interaction, as manifested by at least two of the following:
1) marked impairment in the use of multiple non-verbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
2) failure to develop peer relationships appropriate to developmental level
3) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing bringing, or pointing out objects of interest to other people)
4) lack of social or emotional reciprocity

B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
2) apparently inflexible adherence to specific, nonfunctional routines or rituals
3) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
4) persistent preoccupation with parts of objects

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

D. There is no clinically significant general delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.

E. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.
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<th>Codes for Remaining Items:</th>
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<th>1 = No</th>
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<th>10. PDD NOS</th>
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**DSM-IV Criteria**

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or non-verbal communication skills or with the presence of stereotyped behavior, interests, and activities, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes "atypical autism" - presentations that do not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, or subthreshold symptomatology, or all of these.

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<th>11. Other Autism Spectrum Disorders</th>
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**NOTE: THE FOLLOWING DISORDERS CANNOT BE DIAGNOSED WITHOUT GATHERING ADDITIONAL INFORMATION. THIS VERSION OF THE KSADS DOES NOT ASSESS FOR ALL OF THE REQUIRED INFORMATION.**

According to previous evaluations, parent's report, and/or the clinician's observation, the child fulfills the DSM-IV criteria for:

A. Autism

B. Rett's Disorder

C. Childhood Disintegrative Disorder

**IF 11 A-C IS "YES," MARK IN THE "OTHER PSYCHIATRIC DISORDER" FIELDS ON THE SUMMARY LIFETIME DIAGNOSTIC CHECKLIST. FUTURE VERSIONS OF THE KSADS WILL INCLUDE MORE SPECIFIC SECTIONS FOR THESE DISORDERS.**