Child's Name or ID:

Α

Date:

THE HOSPITAL FOR SICK CHILDREN

DEPARTMENT OF PSYCHIATRY

PARENT INTERVIEW FOR CHILD SYMPTOMS (P. I. C. S. - 7.1)

Revised for DSM-5 (2016 and 2019)

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		GENERAL INFORMAT		
Child's	Name:		DOB:	Age:
Date o	f Interview:	INFORMANT(S):	IN	TERVIEWER
01. a.	Demographic Inform Family composition			
b.		live with? Where does (s)he live? gether comment on custody, visita	ation, etc.	
				Do both parents live in the area?
c. <u>Chi</u>	ld's School:			Child's Grade: []
Туре о	f program:	Regular classroom Resource withdrawal Special education	[] [] []	

02.	Referral	source:
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1. Self/Parents	[]	4. Fam. Doctor/GP	[]	7. Psychologist	[]
2. School	[]	5. Pædiatrician	[]	8. CAS	[]
3. Com. Health Ctre.	[]	6. Psychiatrist	[]	9. Other	[]

03. Presenting Concerns:

Describe; use back of page if more space is required

Mark all those that apply					
excess of activity	[]			
inattentive	[]			
impulsive	[]			
academic problems	[]			
defiant	[]			
aggression	[]			
deceitfulness	[]			
violation of rules	[]			
peer-social problems	[]			
other	[]			

04. History of the presenting concerns:

04.1 <u>Onset:</u>

When was the first time that you became aware of these difficulties? Was there ever a time when you had no worries? What about your spouse/partner (if applicable)? What about people outside the family (e.g. daycare staff, teachers, etc?)

(Describe; use back of the page if more space is required)

04.2	AGE OF THE CHILD (IN YEA Who first identified th	-	IS WERE FIRST OBSERVED			Onset		
	Parent [] Teac	cher [] Ot	her (Describe) []					
04.3	What were the <u>first manifestations</u> : (code all problems observed from onset)							
	overactivity aggression defiance attachment issues other	[] [] [] []	learning inattentiveness impulsivity social judgement	[[[]]]]	anxiety shyness social isolation developmental delay	[[[]]]]

(Describe; use back of the page if more space is required)

04.5 <u>Course</u>:

How have the difficulties changed over time? Effect on family, peers, school? What predicts better times and more challenging times? (Describe; use back of the page if more space is required)

04.6 <u>Treatment:</u>

What has been done about the concern(s)? What has been useful so far? (Describe; use back of the page if more space is required. For medication, see table on next page.)

04.7 <u>Medication</u>:

A) Is the child currently receiving any medication to address the (behavioural, learning, emotional) problems?

Medication name?	Age when started?	Taken for how long?	Reason?	Effect?	Adverse Effects?

B) Has other medication ever been used in the past to address the (behavioural, learning, emotional) problems?

Medication name?	Age when started?	Taken for how long?	Reason?	Effect?	Adverse Effects?

C) Has the child **ever** taken any medication for **other** health problems? (*Include all prescription medications, such as meds for allergies, asthma, etc; use back of page if more space is required*)

Medication name?	Age when	Taken for	Reason?	Effect?	Adverse Effects?
	started?	how long?			

D) Has the child ever taken any herbal or traditional medicines for an extended period of time? (Describe; use back of page if more space is required).

04.4 <u>Precipitating factors:</u>

* <u>Precipitant</u>: note if stressful event precedes the onset of the problem(s) of concern identified in page 2 ** <u>Past</u>: History of the stress is positive but no longer active

Psychosocial and environmental Stressors

Almost all families have experienced stressful or traumatic events at one point or another. I am now interested in finding out whether this has been the case for you, either recently or in the past. *Give parent(s) an opportunity for a general description. Follow with a specific screening of these areas:*

Problems affecting the immediate family group: Death in the family, life-threatening illness, chronic illness/disability, separation/divorce, marital conflict, blended families, etc.	Current Precipitant * Past **	[] [] []
Trauma: Witness or victim of violence, abuse (spousal, physical, sexual).	Current Precipitant Past	[] [] []
Social supports: Sole support parent, cultural and language barriers, access to services, etc.	Current Precipitant Past	[] [] []
Relationship with school Child's relationship with teachers. Parent's relationship with teachers/school.	Current Precipitant Past	[] [] []
Parent's occupational problems Job loss, change in job, work schedule, work conditions, etc.	Current Precipitant Past	[] [] []
Economic	Current Precipitant Past	[] [] []
Housing Moves, neighbourhood safety, dispute with neighbours/landlords, etc.	Current Precipitant Past	[] [] []
Other	Current Precipitant Past	[] [] []

Did any stress or occurrence set off the (behavioural, learning, etc.) problems of concern?

Stress L L No Yes

04.8 Perpetuating factors:

Effect of stressors on maintenance of the problem(s) of concern

04.9 SOCIAL/Extracurricular

Friendships past and current:

(Do they have friends – how many? How long have they been friends? – *trying to find out if they have trouble making or keeping friends*). If not – find out why not and whether or not parents think they would want to have a friend)

Extracurricular

- 05 Medical and Developmental History: (review of SDI Family & Household guestionnaire)
 - Pregnancy/delivery:
 - Temperament:
 - Gross motor:
 - Fine motor:
 - Language:
 - Social:
 - Other:

05.1 <u>Overall rating of delay in development</u>:

	0	No delay			
	1	Slight delay, transient			
	2	Moderate delay, persistent			
	3	Severe delay, persistent, interferes with social or academic dev	elopment		
	8	Not known			
	9	Can't be rated	DELAY	L	
05.2	<u>Over</u> 0	all rating of past medical history: No abnormality			
	1	Slight difficulty, transient			
	2	Moderate difficulty, severe at times, without persistence			
	3	Severe difficulty, persistent, disabling			
	8	Not known			
	9	Can't be rated	Med. HISTORY	L	
05.3	<u>Curre</u>	ently, is the child affected by a <u>medical condition</u> (different than th	e presenting problem[s])?	è	

What?	For how long?	How is it being treated? (List medications if applicable in table p. 4)

Has your child ever experienced any of the following:		No	Yes
(If yes, please describe)	Seizures?	ĹJ	Ĺ
	Head injury?	ĹJ	ĹJ
	Allergies?	ĹJ	ĹJ
	Heart problems?	ĹJ	ĹJ

0.6 Family History:

06.1 <u>Family History of psychiatric, emotional, learning problems in FIRST and SECOND degree relatives</u>.

Start with a general probe like:

Does this child remind you of anybody in your family?

Establish presence of positive history in first degree relatives:

I would like to obtain information about first and second degree relatives of your child. First degree relatives are your child's biological mother and father and siblings. Second degree are your child's biological grandparents (both maternal and paternal) as well as your child's aunts and uncles, that is, father's brothers and sisters and mother's brothers and sisters.

Family history of genetic illnesss? (Also see table on page 12)

Yes [] No []

All people deceased and alive are to be included

Let's make a list of all these individuals by birth order:

Family Composition	First Name	Age	Sex M or F	Alive Y or N
Biological dad			М	
Biological mom			F	
Child's sibling 1				
Child's sibling 2				
Child's sibling 3				
Child's sibling 4				
Child's sibling 5				

Dad's parents and siblings

	First Name	Age	Sex M or F	Alive Y or N
Dad's dad			М	
Dad's mother			F	
Dad's sibling 1				
Dad's sibling 2				
Dad's sibling 3				
Dad's sibling 4				
Dad's sibling 5				

Mom's parents and siblings

	First Name	Age	Sex M or F	Alive Y or N
Mom's dad			М	
Mom's mom			F	
Mom's sibling 1				
Mom's sibling 2				
Mom's sibling 3				
Mom's sibling 4				
Mom's sibling 5				

I am now going to describe common **mental health**, **learning** and other problems. I would like to start with nuclear family first, and then I'll ask you about your child's grandparents, aunts, uncles and extended family. *Interviewer please note that a developmental progression is loosely followed, but you can use your discretion to anchor the conversation in selected periods e.g. preschool, school age, adolescence, adulthood.*

SCORING SYSTEM ONLY APPLIES TO FIRST DEGREE RELATIVES	Abse	0 nt or no dence	D Pc	1 ossible c ispecte	or 👘	2 Probab defini		Child's SECOND & THIRD DEGREE RELATIVES Record only probable or confirmed cases (indicate relation in top row)							
			~	Ţ						Ũ					
		FIR		Child's GREE R		/ES									
	Dad	Mom	\$1	S2	\$3	S4	S5								
Language delay															
Difficulties with motor coordination															
Intellectual disabilities (MR)															
ASD															
Autistic-like traits*															
Learning problems															
Reading															
Spelling															
Math															
ADHD: Inattention- Concentration															
ADHD: Hyperactivity - Impulsivity															
Oppositional-Defiant															
Conduct Disorder															

* Autistic-like traits: extreme social aloneness, extreme social awkwardness, circumscribed/restricted interests

SCORING SYSTEM APPLIES TO FIRST DEGREE RELATIVES		0 ent or ne idence		1 Possible suspect		2 Probable or definite			Child's SECOND & THIRD DEGREE RELATIVES Record only probable or confirmed cases (indicate relation in top row)						
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		FII		Child's GREE R											
	Dad	Mom	\$1	S2	S3	S4	S5	_							
Generalized Anxiety															
Separation Anxiety															
Social Anxiety															
Specific Phobia															
Panic Disorder															
OCD															
Tourette Syndrome															
Tics (specify motor, vocal, etc.)															
Depression															
Mania/bipolar															
Psychosis/schizophrenic															
Self-harm															
Anorexia															
Bulimia															
Problems with the law															

SCORING SYSTEM APPLIES TO FIRST DEGREE RELATIVES	0 Absent or no evidence			1 ssible o specte		2 Probable or definite			Child's SECOND & THIRD DEGI RELATIVES Record only probable or confirmed cases (indicate relation in top row						
Ţ				Û			Ţ								
		FIR		Child's GREE R		VES									
	Dad	Mom	S1	S2	S3	S4	S5								
Alcohol abuse															
Drug use/abuse															
Gambling															
Other															

EMPTY BOXES ARE SCORED = 0 (ABSENT OR NO EVIDENCE)

I am now going to describe common **physical** and **genetic** health problems to see if anyone in your family suffers from these or similar medical conditions. *Use back of page for description if indicated.*

SCORING SYSTEM APPLIES TO FIRST DEGREE RELATI	0 1 2 Absent or no evidence Possible or suspected Probable or definite								Child's SECOND & THIRD DEGREE RELATIVES Record only probable or confirmed cases (record name in top row)						
	Dad	Mom	S1	S2	S3	S4	S5								
Birth trauma															
Difficulty conceiving															
Pregnancy problems															
Premature birth															
Prenatal infection															
Birth defects															
Cerebral palsy															
Fibromyalgia															
Epilepsy/Seizures (describe in detail)															
Infantile spasms															
Multiple sclerosis															
Childhood Disintegrative Disease															
Cystic fibrosis															
Down Syndrome															

SCORING SYSTEM APPLIES TO FIRST DEGREE RELATIV	0 1 Absent or no evidence suspected				2 Probable or definite			Child's SECOND & THIRD DEGREE RELATIVES Record only probable or confirmed cases (record name in top row)						
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	Child		Child's FIRST DEGREE RELATIVES											
		Dad	Mom	S1	S2	S3	S4	S5						
Fragile X														
Ehlers-Danlos														
Neurofibromatosis														
Phenylketonuria (PKU)														
Rett Syndrome														
Tuberous Sclerosis														
Crohns Disease														
Colitis														
Diabetes														
Heart problems (describe in detail)														
Irritable Bowel Syndrome														

EMPTY BOXES ARE SCORED = 0 (ABSENT OR NO EVIDENCE)

GENOGRAM

06.2 Other relevant history:

Describe (use back of the page)