

Child's Name or ID: \_\_\_\_\_

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 INFORMATION MODULE**

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_ INFORMANT(S): \_\_\_\_\_ INTERVIEWER \_\_\_\_\_

**01. Demographic Information**a. Family composition:b. Who does the child live with? Where does (s)he live?  
If parents are not together comment on custody, visitation, etc.Do both parents  
live in the area? \_\_\_\_\_c. Child's School: \_\_\_\_\_Child's Grade: [     ]Type of program:            Regular classroom            [   ]  
   Resource withdrawal            [   ]  
   Special education                [   ]

**02. Referral source:** \_\_\_\_\_

- |                      |     |                   |     |                 |     |
|----------------------|-----|-------------------|-----|-----------------|-----|
| 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 Onset:

- 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)*

AGE OF THE CHILD (IN YEARS) WHEN PROBLEMS WERE FIRST OBSERVED

ONSET [ ]

04.2 Who first identified the problem:

Parent [ ] Teacher [ ] Other (Describe) [ ] \_\_\_\_\_

04.3 What were the first manifestations:

*(code all problems observed from onset)*

overactivity	[ ]	learning	[ ]	anxiety	[ ]
aggression	[ ]	inattentiveness	[ ]	shyness	[ ]
defiance	[ ]	impulsivity	[ ]	social isolation	[ ]
attachment issues	[ ]	social judgement	[ ]	developmental delay	[ ]
other	[ ]				

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

04.5 Course:

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 Treatment:

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 **Medication:**

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 started?	Taken for how long?	Reason?	Effect?	Adverse Effects?

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 Precipitating factors:

\* Precipitant: note if stressful event precedes the onset of the problem(s) of concern identified in page 2

\*\* Past: 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:*

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

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

STRESS [ ] [ ]  
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 questionnaire)

- Pregnancy/delivery:
- Temperament:
- Gross motor:
- Fine motor:
- Language:
- Social:
- Other:

#### 05.1 Overall rating of delay in development:

- 0 No delay
- 1 Slight delay, transient
- 2 Moderate delay, persistent
- 3 Severe delay, persistent, interferes with social or academic development
- 8 Not known
- 9 Can't be rated DELAY

05.2 Overall rating of past medical history:

- 0 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

05.3 Currently, is the child affected by a medical condition (different than the presenting problem[s])?

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: <i>(If yes, please describe)</i>		NO	YES
	Seizures?	<input type="checkbox"/>	<input type="checkbox"/>
	Head injury?	<input type="checkbox"/>	<input type="checkbox"/>
	Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
	Heart problems?	<input type="checkbox"/>	<input type="checkbox"/>

**0.6 Family History:**

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

*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 illness?  
 (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
<b>Biological dad</b>			M	
<b>Biological mom</b>			F	
<b>Child's sibling 1</b>				
<b>Child's sibling 2</b>				
<b>Child's sibling 3</b>				
<b>Child's sibling 4</b>				
<b>Child's sibling 5</b>				

**Dad's parents and siblings**

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

**Mom's parents and siblings**

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





<b>SCORING SYSTEM APPLIES TO FIRST DEGREE RELATIVES</b>	<b>0</b>	<b>1</b>	<b>2</b>
	Absent or no evidence	Possible or suspected	Probable or definite



Child's **SECOND & THIRD DEGREE RELATIVES**  
**Record only probable or confirmed cases**  
 (indicate relation in top row)



	Child's FIRST DEGREE RELATIVES						
	Dad	Mom	S1	S2	S3	S4	S5
	<b>Alcohol abuse</b>						
<b>Drug use/abuse</b>							
<b>Gambling</b>							
<b>Other</b>							


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





## GENOGRAM

### 06.2 Other relevant history:

Describe (use back of the page)