

PARENT INTERVIEW FOR CHILD SYMPTOMS-MINI-2 (P.I.C.S.-Mini-2)

THE HOSPITAL FOR SICK CHILDREN, PSYCHIATRY DEPARTMENT

Child's
ID or Name: _____

Respondent's Name
or Relationship to Child: _____

Date: _____

Interviewer: _____

GENERAL ADMINISTRATION INSTRUCTIONS

1. The PICS is not a structured interview, it is a **semi-structured diagnostic instrument**. It does not ask the informant to provide a rating of a particular symptom or ask how severe it is. Rather, it asks the informant to provide a description of child behaviour in a variety of situations.
2. The **judgment about the presence and severity** of each symptom is **made by the interviewer** according to a variety of standard clinical criteria and not by the informant. For this reason, the PICS-Mini should be administered by a clinician or research staff trained in child mental health.
3. The clinician or research **staff administering the PICS-Mini should be familiar with the DSM-V**. The PICS-Mini is not designed to be an exhaustive diagnostic tool or manual.
4. The PICS-Mini is meant to be **used for children aged 6 – 18**. For youths 12 and up it is recommended that their self-ratings (collected as part of a joint interview or in a separate individual interview) be taken into consideration when scoring their symptoms. It is up to the clinical or research team's discretion to use it on younger children than 6 (developmentally or chronologically). Different examples of appropriate behaviour are recommended for scoring on younger children.
5. The interview should flow well and spontaneously so that the informant is able to give "open" answers. For this reason, the interview **can be conducted in any order depending on the area of greatest concern** to a particular informant.
6. For use as a research tool, clinical training and supervision is required for those administering the tool to ensure comprehension and comfort.
7. To be used as a clinical tool, a clinician should be involved in administering and/or training those administering, and information collected would need to be reviewed in the context of developmental history and comorbidity to determine if the individual meets diagnostic criteria for any given disorder.
 - An accurate clinical diagnosis usually requires that information from informants other than parents be considered. Therefore, if you are using the PICS-Mini clinically it should be used in conjunction with a standardized instrument which permits systematic gathering of information about a child's behaviour by other informants (ex. teachers).
8. **All sections during follow up assessments must be completed.**
9. If a patient has a previous ASD diagnosis prior to your initial assessment that section can be skipped:
 1. **Check off the checkbox at the top** of the section that identifies why the section was skipped.
 2. **Check off the 'Yes' box in the 'Meets Criteria'** section at the bottom of the section, and any other criteria relevant to the diagnosis (ex. impairment). Make notes in the notes section.

SCORING INSTRUCTIONS

- At the end of each section there are diagnostic criteria to help determine if criteria is met. Ensure to complete all questions and enter in all scores.

- **Clinical timeline of symptoms** is underlined in the *Meets Criteria* section of the disorder, if relevant.
- Symptom Ratings should be rated as follows: **ratings of 2 or 3 contribute to a diagnosis**

For symptom ratings:

0 = symptom not present at all

1 = symptom is dubious or trivial

2 = symptom is definite and clinically significant

3* = symptom is severe *typically reserved for symptoms that is very frequent, severe, disabling, etc.

INTRODUCTION

- The interviewer introduces themselves to the parent(s) and explains the purpose of the interview. During this portion of the interview, the interviewer should obtain some general information about the child's: siblings, family relationships, social functioning, behavior, favourite subjects, grades, hobbies, etc. Please see the full length PICS General Information Module as reference.
- Inquire first about the parent's greatest current concern, and if they list more than one use a prompt (e.g., "**Which of these problems is the most serious, worrisome or disabling at the moment?**"). The interview will be more helpful if the informant is given an opportunity early on in the process to discuss their worries.
- **Clarify whether the child has taken medication on the day of the assessment.** PICS ratings should be based on child behaviour when the child is unmedicated, it is important to establish whether the child has been continuously medicated to ensure that there is a sufficient unmedicated window of time on which to base your ratings. It might be necessary to assess unmedicated behaviour based on after school or other times when the medication has worn off.

MEDICATION REPORTING			
Please indicate below with a <input checked="" type="checkbox"/> if the child has taken medication in the past 24 hours, if they usually take it daily (regular prescription), and/or if they have taken any meds for more than 6 months. Then indicate the name of all the medications in the space provided.			
		STIMULANT MEDICATIONS <i>(ex. Biphentin, Vyvanse, Concerta, Dexedrine, Ritalin, Methylphenidate, Adderall, etc.)</i>	NON-STIMULANT MEDICATIONS <i>(ex. Intuniv/Guanfacine, Strattera/Atomoxetine, Risperidone, anti-depressants, anti-anxiety meds, etc.)</i>
Taken in the past 24 hours?	<input type="checkbox"/>	Med Name:	<input type="checkbox"/> Med Name:
Usually taken on a daily basis?	<input type="checkbox"/>	Med Name:	<input type="checkbox"/> Med Name:
Taken for more than 6 months?	<input type="checkbox"/>	Med Name:	<input type="checkbox"/> Med Name:
Taken previously but not anymore?	<input type="checkbox"/>	Med Name:	<input type="checkbox"/> Med Name:

Do you feel you are able to rate your child's behaviour OFF stimulant medication?

(including if your child missed a dose, if he/she does not take medication on the weekends, if he/she has taken a medication break over vacation, or if the medication wears off in the evenings)

Yes, I am able to rate my child's behaviour OFF stimulant medication.

No, I am unable to rate my child's behaviour OFF stimulant medication. Reports below are based when the child is ON stimulant medication.

PROMPT: "I am interested in getting a picture or a snap shot of how your child is or has been for the past 6 months. First, I'd like to ask you about your child's behaviour in general, their activity level, and ability to pay attention."

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Characterized by a developmentally inappropriate pattern of difficulties with inattention, hyperactivity and impulsivity.

A1. DIFFICULTY SUSTAINING ATTENTION

- Often has difficulty sustaining attention in tasks or play activities?
- Do they lose concentration quickly?
- Do you observe them frequently changing the toy they are playing with or the activity they are doing?
- Do they often stay on task for only a few minutes?
- Do you observe them abandoning one activity for another as if the novelty of the second activity is its most important feature?

A2. Fail to pay close attention to details, makes CARELESS mistakes

- Often fails to pay close attention to details, makes careless mistakes?
- Do they complete tasks inefficiently (e.g. missing steps in chores or activities which then need repeating)?
- Do they make lots of mistakes in homework even when they understand what to do? Does homework end up looking messy with lots of corrections?

A3. NOT LISTEN WHEN SPOKEN TO

- Do they appear to be listening, but then are unable to repeat what was said - or did not hear?
- Do you often have to check with them to make sure they "got the message"?
- Does it seem they aren't listening?

A4. Difficulty organizing and planning tasks and activities: DISORGANIZED

- Do they have difficulty organizing the things they need for daily tasks: homework, backpack, items for activities?
- Do they do things in an order that doesn't make sense to others due to poor planning or organization skills?
- Do they have difficulty putting stuff away where it belongs (e.g. toys, backpack, etc.)?

A5. LOSES THINGS

- Do they often lose things necessary for activities? (water bottles, clothing, backpacks)
- Do they lose or misplace items such as keys, clothing, schoolwork, toys and have no idea where or when they last had them?

___ A6. FORGETFUL

- Do they often forget to communicate information and/or letters from school (e.g. not show you their daytimer, leave letters in bottom of backpack)?
- Do they need frequent reminders to do routine tasks such as brushing their teeth?

___ A7. DIFFICULTY FOLLOWING INSTRUCTIONS

- Do they have difficulty following instructions, or need constant reminders to finish activities?
- When given instructions, do they miss out on some steps or not finish everything they set out to do (e.g. self-care routine)?

___ A8. AVOIDS WORK

- Do they tend to avoid or delay tasks that require mental effort? Such as procrastinating or putting off homework?
- Do they complete smaller tasks first and put off more intensive tasks and/or protest a lot about having to complete the task?

___ A9. DISTRACTED

- Do they frequently appear to be daydreaming?
- Are they easily distracted by noises or activities in their surroundings that others seem able to block out or ignore (e.g. noise from television, a conversation happening nearby etc.)?

TOTAL NUMBER OF "A" SYMPTOMS WITH A RATING OF 2 OR 3: _____

___ B1. FIDGETS

- Do they often fidget (fine motor) and seem restless, even when watching television, eating at dinner table or in car?
- Do they frequently need to be told to stop fiddling with objects?

___ B2. RUNS/CLIMBS

- Do they run about or climb excessively, despite your best attempts to manage the behaviour?
- Have they damaged furniture or hurt themselves while running or climbing?
- Do they run or climb in areas where it is not permitted (e.g. museum)?

___ B3. DRIVEN BY A MOTOR

- Would you describe them as "on the go"? Or do they seem "driven by a motor"?
- Would you describe them as on the go from morning to night? Do they struggle to settle around bedtime?
- Do you have difficulty keeping up with them?

___ B4. BLURTS

- Do they have a hard time waiting for their turn to speak?
- Do they blurt out comments without giving others a chance to finish what they're saying?
- Do they have trouble taking turns in conversation (e.g. interrupts or takes over)?
- Do they blurt out requests or answers to questions being asked?

___ B5. INTRUDES

- Do they often butt into others' games or activities?
- What about often interrupting others' conversations?
- Does it seem they don't respect the privacy or space of others?

___ B6. LEAVES SEAT

- Do they often leave their seat or have difficulty staying seated?

- Do they often wander the room while watching TV or leave their seat at the dinner table?
- Do they have trouble remaining seated on public transportation, or struggle to cope with long journeys in the car?

___ B7. TROUBLE PLAYING QUIETLY

- Do they make a lot of noise during playtime? Are they loud compared to their peers?
- Do they have trouble engaging in quiet activities?
- Do they struggle to adhere to social norms that require quiet (e.g. movie theatre, church)?

___ B8. TALKS EXCESSIVELY

- Are they persistently chatty, even when the situation calls for quiet?
- Do they often jump from topic to topic, or have an endless narrative or dominate conversations?
- Do they need frequent reminders to be quiet?

___ B9. TROUBLE WAITING TURN

- Do they have a hard time waiting for their turn, or quickly become impatient (e.g. while waiting in line at an amusement park, while playing board games)?
- Do they ever become overly emotional when something they want is not immediately available?

TOTAL NUMBER OF "B" SYMPTOMS WITH A RATING OF 2 OR 3: _____

Notes:

If YES above – ask if some symptoms were present before the age of 7; if not already established.

Meets criteria?

Yes / No

/ **6 or more symptoms of A in past 6 months AND/OR 6 or more symptoms of B past 6 months**

/ **Onset before age 7**

/ **Impairment**

Yes **No**

If Yes:

Inattentive (6 or more symptoms of A)

Hyperactive/Impulsive (6 or more symptoms of B)

Combined (6 or more symptoms of A AND B)

OPPOSITIONAL DEFIANT DISORDER

Essential feature is a recurrent and persistent pattern of negativistic, defiant, disobedient and hostile behaviour towards authority figures.

- 1. Will your child have a temper tantrum if things don't go their way? How often?
- 2. Do they argue over anything and everything?
- 3. Do they often disobey rules of parents, caregivers or authority figures?
- 4. Do they often deliberately provoke or irritate others?
- 5. How does your child respond to their own mistakes? Blame others?
- 6. Are they often irritable or easily annoyed? Take offense with slight cause?
- 7. Are they often angry or resentful?
- 8. Do they try to get back at people for perceived wrongdoings?

Notes:

Meets criteria?

Yes / No

/ **At least 4 symptoms with a rating of 2 or 3 in past 6 months**

/ **Impairment**

Yes No

CONDUCT DISORDER

*Essential feature is a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated, including aggression to people and animals, destruction of property, deceitfulness and theft. These acts must be volitional – **not** a byproduct of a developmental delay.*

- 1. Does your child often verbally bully, threaten or intimidate other kids?
- 2. Do they initiate physical fights? Are they physically aggressive?
- 3. Have they ever used a weapon that can cause serious harm to others?
- 4. Have they ever been physically cruel to people? What about animals?
- 5. Have they ever stolen while confronting the victim (e.g. mugging)?
- 6. Have they been involved in any kind of inappropriate sexual behavior? Did they force someone into unwanted sexual activity?
- 7. Have they engaged in fire setting with the intention of causing damage?
- 8. Have they deliberately destroyed others' property?

- 9. Have they ever broken into someone else's house, building or car?
- 10. Do they often lie to obtain goods or favours, or con others?
- 11. Have they stolen items of value without confronting the victim (e.g. shoplifting)?
- 12. Do they often stay out late at night, despite the fact that you don't let them stay out late?
- 13. Have they run away from home overnight? At least twice?
- 14. Are they often absent from school (starting before age 13)?

Notes:	Meets criteria? <i>Yes / No</i> <input type="checkbox"/> / <input type="checkbox"/> At least 3 symptoms with a rating of 2 or 3 in <u>past year</u> <input type="checkbox"/> / <input type="checkbox"/> 1 in <u>past 6 months</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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OMIT FOR POND PROTOCOL

<p>INTERMITTENT EXPLOSIVE DISORDER <i>Essential feature is impulsive (or anger-based) aggressive outbursts, often to the point of rage, that are disproportionate to the situation at hand. Outbursts are not premeditated and are extremely difficult to predict. Outbursts typically last less than 30 minutes and commonly occur in response to a minor provocation.</i></p>
<p><input type="checkbox"/> A. Verbal or physical aggression</p> <ul style="list-style-type: none"> - Is your child verbally aggressive (e.g. temper tantrums, tirades, verbal arguments or fights)? - Does this occur on average 2/week for 3 months? - Is your child physically aggressive toward property, animals, or other people? - Does this occur on average 2/week for 3 months? <p>AND/OR</p> <p><input type="checkbox"/> B. Behavioural outbursts</p> <ul style="list-style-type: none"> - Have they had 3 behavioural outbursts involving damage or destruction of property? - What about physical assault involving physical injury to animals or other people? - Has this happened within a 12 month period?

Notes:	Meets criteria? Yes / No <input type="checkbox"/> / <input type="checkbox"/> Rating of 2 or 3 on A AND/OR B <input type="checkbox"/> / <input type="checkbox"/> Behaviour disproportionate to magnitude of stressors <input type="checkbox"/> / <input type="checkbox"/> Not premeditated or designed to achieve something <input type="checkbox"/> / <input type="checkbox"/> Distress or impairment <input type="checkbox"/> / <input type="checkbox"/> Chronological age of at <u>least 6</u> <input type="checkbox"/> / <input type="checkbox"/> Not better explained by another mental disorder or medical condition <input type="checkbox"/> / <input type="checkbox"/> Not better explained by ID or global developmental delay <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROMPT: "I am interested in exploring whether your child has been experiencing problems with excessive anxiety, nerves, or worries. Children experience these symptoms in their own way. In general, would you describe your child as a worrier, overly sensitive, shy, or perfectionistic?"

Based on the parent(s) response you can skip to the relevant section; but remember to fill in all sections.

SEPARATION ANXIETY DISORDER <i>Developmentally inappropriate and excessive anxiety concerning separation from home or from attachment figures.</i>
<p><input type="checkbox"/> 1. Do they have distress when separation occurs or is anticipated?</p> <p><input type="checkbox"/> 2. Do they worry about losing or harm befalling attachment figures?</p> <p><input type="checkbox"/> 3. Worry about an event happening to them (e.g., lost, kidnapped, accident, illness) that causes separation from you or another caregiver.</p> <p><input type="checkbox"/> 4. Reluctance to go out away from home to school to work or elsewhere because of fear of separation.</p> <p><input type="checkbox"/> 5. Persistent avoidance of being alone. Would (s)he be reluctant to be alone in his/her room or another part of the house/apt even if someone (s)he knows was elsewhere in the house?</p> <p><input type="checkbox"/> 6. Does your child have trouble or is reluctant to go to sleep away from home, or go to sleep without being near you?</p> <p><input type="checkbox"/> 7. Does your child have repeated bad dreams about being separated (taken away) from you? Or about something bad happening to him/her, or to you?</p> <p><input type="checkbox"/> 8. Does your child <u>often</u> complain of being sick (headaches, stomachaches, nausea, vomiting) when separation from major attachment figures occurs or is anticipated?</p>

Notes:	Meets criteria? <i>Yes / No</i> <input type="checkbox"/> / <input type="checkbox"/> At least 3 symptoms with a rating of 2 or 3 for <u>at least 4 weeks</u> <input type="checkbox"/> / <input type="checkbox"/> Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No
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GENERALIZED ANXIETY DISORDER
Characterized by persistent and excessive worry about a number of different things. Individuals with GAD find it difficult to control their worries, and may worry more than seems warranted about actual events or may expect the worst even when there is no apparent cause for concern.

- A.** Is your child a worrier? Do they need constant reassurance?
- B.** Do they have a hard time controlling their worries?
- C1.** Does your child seem restless, keyed up or on edge?
- C2.** Do they seem more tired than usual or easily fatigued?
- C3.** Does their mind seem to go blank?
- C4.** Do they seem grouchy, or more prone to anger?
- C5.** Any complaints of increased muscle aches or soreness?
- C6.** Changes in sleep (hard falling or staying asleep, restless sleep)?

Notes:	Meets criteria? <i>Yes / No</i> <input type="checkbox"/> / <input type="checkbox"/> Rating of 2 or 3 on A <u>AND</u> B <input type="checkbox"/> / <input type="checkbox"/> Rating of 2 or 3 on at least 1 of C <input type="checkbox"/> / <input type="checkbox"/> Impairment <input type="checkbox"/> / <input type="checkbox"/> Not secondary to a more specific problem (e.g. Panic Disorder, OCD) <input type="checkbox"/> Yes <input type="checkbox"/> No
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PANIC DISORDER

A panic attack is a discrete period in which there is a sudden onset or intense apprehension, fearfulness or terror, often associated with feelings of impending doom. Panic attacks are rare but not unheard of in pre-pubertal children. Expected panic attacks occur due to a specific fear (e.g. fear of flying and has panic attack on plane). Unexpected panic attacks occur suddenly in the absence of anxiety provoking stimuli.

Does your child have panic attacks, with an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes? Like something terrible was happening?

A. Panic attack

Have four or more of the following symptoms developed abruptly and reached a peak within minutes?

(check those present)

- | | |
|--|---|
| <input type="checkbox"/> Palpitations, pound heart or accelerated heart beat | <input type="checkbox"/> Dizzy or faint |
| <input type="checkbox"/> sweating | <input type="checkbox"/> Chills or hot flushes |
| <input type="checkbox"/> trembling or shaking | <input type="checkbox"/> de-realization (feeling unreal) or depersonalization
(feeling detached) |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> fear losing control or going crazy |
| <input type="checkbox"/> Feeling of choking | <input type="checkbox"/> fear of dying |
| <input type="checkbox"/> chest pain | <input type="checkbox"/> paresthesias (numbness, tingling sensations); |
| <input type="checkbox"/> nausea or upset stomach | |

Was the attack followed by 1 month of:

A. Continual fear of future panic attacks?

AND/OR

B. Change in their behaviours to avoid these attacks (avoiding certain activities or situations)?

Notes:

Meets criteria?

Yes / No

/ **Rating of 2 or 3 on A**

AND 1 or more of B for at least 1 month

Yes **No**

SOCIAL ANXIETY DISORDER

Characterized by a significant amount of fear in one or more social situations. This fear can be triggered by perceived or actual scrutiny from others. Those with social anxiety fear negative evaluation from other people. In children, the anxiety must occur in peer settings and not just adults.

___ **A.** Has your child ever had excessive or unreasonable fear, worry or anxiety in social situations where they will be exposed to possible scrutiny by others (e.g. having a conversation, meeting unfamiliar people, answering a teacher's question)? What about fear or anxiety of being watched or observed (e.g. while eating or drinking in front of others)? Or fear of anxiety of performing in front of others (e.g. giving a speech to the class, acting in a play)?

___ **B.** Does being exposed to the feared object or situation cause immediate fear or anxiety?

___ **C.** Do these social situations cause fear or anxiety in your child? Do they cry, have tantrums, freeze, cling, or fail to speak?

___ **D.** Does your child go out of their way to avoid these social situations, or endure them with intense fear or anxiety?

___ **E.** Is the fear or anxiety out of proportion to the actual threat posed by the social situation?

Notes:

Meets criteria?

Yes / No

/ **Ratings of 2 or 3 on criteria A – E**

/ **Symptoms present for at least 6 months**

/ **Distress or impairment**

/ **Not better explained by the symptoms of another mental disorder**

Yes **No**

SPECIFIC PHOBIA

Marked and persistent fear or anxiety about specific objects or situations. In children, the fear or anxiety may be expressed by crying, tantrums, freezing or clinging.

___ **A.** Has your child ever had excessive or unreasonable fears or anxiety about an object (e.g. animals, clowns) or a situation (e.g. storms, the dark)?

___ **B.** Does being exposed to the feared object or situation cause immediate fear or anxiety?

___ **C.** Does your child go out of their way to avoid the object or situation? What do they do to avoid it? If they're exposed to the feared object or situation, do they immediately get scared or anxious?

___ **D.** Is the fear or anxiety out of proportion to the actual danger posed by the object or situation?

Notes:

Meets criteria?

Yes / No

/ **Ratings of 2 or 3 on criteria A – D**

	<input type="checkbox"/> / <input type="checkbox"/> Symptoms present for <u>at least 6 months</u> <input type="checkbox"/> / <input type="checkbox"/> Distress or impairment <input type="checkbox"/> / <input type="checkbox"/> Not better explained by the symptoms of another mental disorder <input type="checkbox"/> Yes <input type="checkbox"/> No
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OBSESSIVE-COMPULSIVE DISORDER
Characterized by obsessions, compulsions, or both. Obsessions: recurrent/persistent thoughts, urges, images that are intrusive and unwanted; individual tries to suppress thoughts, urges, images or tries to neutralize them with thought or action (i.e. compulsion). Compulsions: repetitive behaviours individual feels driven to perform in response to obsession; behaviours or mental acts aimed at preventing or reducing anxiety/stress, prevent dreaded event/outcome.

- ___ A. OBSESSIONS**
- Has your child ever had thoughts or fears that repeatedly come into their mind that they cannot stop and won't go away (e.g. fears of contamination, someone being harmed)?
- What about words or pictures that keep coming into their mind?
- ___ B. COMPULSIONS**
- Has your child ever felt they must absolutely do something over and over again (e.g. washing hands, checking locks or lights, counting, making things even)?
- Do they have to do something the exact same way every time? Do they start all over if they make a mistake?

Notes: 	Meets criteria? Yes / No <input type="checkbox"/> / <input type="checkbox"/> Ratings of 2 or 3 on A AND/OR B <input type="checkbox"/> / <input type="checkbox"/> Time consuming (e.g. <u>more than 1 hour/day</u>) or causes distress or impairment <input type="checkbox"/> / <input type="checkbox"/> Not secondary to another physical/mental disorder or medication use <input type="checkbox"/> Yes <input type="checkbox"/> No
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HOARDING DISORDER

Characterized by the compulsive urge to acquire unusually large amounts of possessions and an inability to voluntarily get rid of these possessions, even when they have no practical usefulness or monetary value.

___ A. difficulty discarding possessions

- To what extent does your child have difficulty throwing away things they don't need?

___ B. Need to save/distress discarding

- How distressing does your child find the task of throwing things away?
- Do they have trouble throwing things away because they feel that they need to save them?
- To what extent do they get upset when you remove or throw away items you don't think they need?

___ C. Cluttered living areas

- Do they express distress at the idea of discarding the items?
- To what extent does your child have so many things that their bedroom, play area, etc. are cluttered?
- How much time do you spend dealing with your child's stuff (e.g. organizing, discarding, arranging)?

Notes:

Meets criteria?

Yes / No

/ Ratings of 2 or 3 on A,B, C

/ Distress or impairment

/ Not better explained by the symptoms of another mental disorder

Yes No

TIC DISORDERS

Tics are involuntary movements or vocalizations that are usually sudden, brief, repetitive but non rhythmic in character, frequently imitating normal behaviour, often occurring during normal activity. Usually associated with a "build up" sensation to perform the movement/vocalization and with the sensation of relief once performed.

___ A. Vocal tics

- Does your child repeatedly clear their throat?
- Do you observe them grunting, coughing or sniffing?
- What about repetition of sounds or noises like whistling, or clicking sounds?
- Do they often repeat words or phrases?

___ B. Motor tics

- Do you observe your child often eye blinking or facial grimacing?
- What about making mouth movements, jaw clenching or spitting?
- What about shoulder shrugging or neck stretching?

Notes:

Meets criteria?

Yes / No

/ Ratings of 2 or 3 on A AND/OR B

	<input type="checkbox"/> / <input type="checkbox"/> Distress or impairment <input type="checkbox"/> / <input type="checkbox"/> Not due to medication or known neurological condition <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Tourette's Disorder - 2 or more motor AND at least 1 vocal tic (not necessarily at the same time) for <u>AT LEAST 12 months</u> , nearly every day, off and on. <input type="checkbox"/> Persistent (Chronic) Motor or Vocal Tic Disorder - 1 or more motor OR vocal tics (not both) for <u>AT LEAST 12 months</u> , tics may wax and wane. <input type="checkbox"/> Provisional Tic Disorder - 1 or more motor AND/OR vocal tics, present for <u>LESS THAN 12 months</u> .
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OMIT FOR POND PROTOCOL WITH ASD

STEREOTYPIC MOVEMENT DISORDER <i>Motor behaviour that is repetitive, seemingly driven and non-functional. It interferes with normal activities or results in self-injury.</i>	
__ A. Repetitive Movements - Does your child make movements such as hand shaking or waving, or flicking/fluttering fingers in front of their face? - What about hitting their own body, banging their head, slapping their face or self-biting? - Do you see them body rocking, head banging or head nodding?	
Notes:	Meets criteria? <i>Yes / No</i> <input type="checkbox"/> / <input type="checkbox"/> Ratings of 2 or 3 on A <input type="checkbox"/> / <input type="checkbox"/> Onset in early developmental period (generally first 3 years of life) <input type="checkbox"/> / <input type="checkbox"/> Impairment / Self-harm <input type="checkbox"/> / <input type="checkbox"/> Not secondary to medication use or known neurological condition <input type="checkbox"/> Yes <input type="checkbox"/> No

ENURESIS

Repeated (involuntary or intentional) voiding of urine during the day or night into bed or clothes.

- Does your child urinate during the day or night into clothes?
- How often does this happen?

Notes:**Meets criteria?***Yes / No*
 / **Chronological age of at least 5, mental age of at least 4**
 / **At least 2 episodes/week for 3 months**
OR clinically significant distress or impairment
 / **Not due to general medical condition**
 Yes **No**
ENCOPRESIS

Repeated (involuntary or intentional) passage of feces into places not appropriate for that purpose (e.g. clothing, floor). The disorder may be overflow incontinence secondary to functional fecal retention.

- Does your child have leakage of stool or liquid stool on underwear?
- How often does this happen? Do they avoid bowel movements?
- What about constipation with dry, hard stool? Passage of large stool that clogs or almost clogs toilet?

Notes:**Meets criteria?***Yes / No*
 / **At least 1 episode/month for 3 months**
 / **Chronological age is least 4 years**
 / **Not due to effects of a substance (e.g. laxative) or medical condition**
 Yes **No**

OMIT FOR POND PROTOCOL

SLEEP HABITS

Screen for any issues regarding falling asleep, staying asleep, daytime sleepiness, or parasomnias.

Now, I would like you to give me an idea of your child's sleeping habits.

- When does (s)he go to sleep? How long does (s)he sleep?
- Are there any problems with her/his sleep?
- Does (s)he take naps or appear tired during the day?
- Does your child urinate during the day or night into clothes?

Circle those present:

INITIATING SLEEP, MAINTAINING SLEEP, RESTLESS UNSATISFYING SLEEP, SNORING, APNEAS, NIGHTMARES, NIGHT TERRORS, SLEEPWALKING, SLEEP ATTACKS, OTHER

Notes

EATING HABITS

Screen for concerns regarding dieting, food restrictions, etc.

Describe your child's eating habits.

Notes:

PROMPT: "How would you describe your child's mood generally? Are they mostly happy child or mostly sad (moody, down, mad, cranky, crying)? Were there ever any periods of time in the past where your child felt mostly sad? Do you know what triggers or causes the sad or depressed mood?"

PERSISTENT DEPRESSIVE DISORDER

Essential feature is a low-grade depression. It is less severe than Major Depressive Disorder, but more chronic.

- A. Did your child experience a depressed mood, for most of the day, more days than not – lasting 1 year?
- B1. Do they have a poor appetite or are they overeating?
- B2. Are you observing insomnia (sleeplessness) or hypersomnia (excessive sleepiness)?
- B3. Do they have low energy or seem fatigued?
- B4. Are they exhibiting low self-esteem?
- B5. Are they having more difficulty concentrating or making decisions?
- B6. Have they expressed any feelings of hopelessness?

<p>Notes:</p>	<p>Meets criteria? <i>Yes / No</i></p> <p><input type="checkbox"/> / <input type="checkbox"/> Ratings of 2 or 3 on A <u>AND</u> at least 2 of B for <u>at least 1 year</u> without symptoms remitting for <u>at least 2 months at a time</u></p> <p><input type="checkbox"/> / <input type="checkbox"/> Distress or impairment</p> <p><input type="checkbox"/> / <input type="checkbox"/> No manic/hypomanic episode</p> <p><input type="checkbox"/> / <input type="checkbox"/> Not better explained by a psychotic disorder</p> <p><input type="checkbox"/> / <input type="checkbox"/> Not due to effects of a substance or medical condition</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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MAJOR DEPRESSIVE DISORDER

Essential feature is a low mood present in most situations. Often accompanied by feelings of sadness, low self-esteem and loss of interest in previously enjoyed activities.

- A.** Does your child seem sad, depressed or irritable most of the day, nearly every day? Do they talk about feeling sad, empty, etc.? Do you observe this mood in them (e.g. appears tearful)?
- B.** Do they have a diminished interest or lack of pleasure in activities they used to get pleasure from, most of the day, nearly every day?
- C.** Do they seem less hungry, eat less than usual, or are losing weight? Are clothes loose? Do they seem hungrier, are they eating much more than usual, or gaining weight? How much weight have they lost or gained?
- D.** Are they experiencing insomnia (sleeplessness) or hypersomnia (excessive sleepiness) nearly every day?
- E.** Do they seem more agitated or restless than usual? Or do they appear to move or talk more slowly than usual?
- F.** Do they seem tired or have less energy than usual? Do they need to rest more?
- G.** Is your child down on themselves? Do they talk about being ugly, stupid, bad, worse than other kids?
- H.** Is it harder for them keep their minds on things? Do they find it hard to think or concentrate? Do they have a hard time making a decision?
- I.** Does your child have recurrent thoughts of death (not just fear of dying)? Do they think or talk about hurting themselves?

<p>Notes:</p>	<p>Meets criteria? <i>Yes / No</i></p> <p><input type="checkbox"/> / <input type="checkbox"/> Ratings of 2 or 3 on 5 or more symptoms present during the <u>same 2</u></p>
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	<p>week period AND at least 1 of the symptoms is A or B</p> <p><input type="checkbox"/> / <input type="checkbox"/> Distress or impairment</p> <p><input type="checkbox"/> / <input type="checkbox"/> Not due to effects of a substance or medical condition</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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OMIT FOR POND PROTOCOL

<p>DISRUPTIVE MOOD DYSREGULATION DISORDER</p> <p><i>Core feature of DMDD is chronic, severe, persistent irritability. The severe irritability has <u>2 prominent manifestations</u>: frequent temper outbursts and chronic, persistent irritability or angry mood that is present between the severe temper outbursts.</i></p>	
<p>___ A. Temper tantrums</p> <p>- Does your child often seem irritable (easily annoyed, easily angered)?</p> <p>- Do they have temper outbursts? How often? What triggers them?</p> <p>- Do the outbursts seem out of proportion with the trigger?</p> <p>- Are outbursts verbal or behavioural?</p> <p>___ B. Is the child too old to be having such severe reactions (temper outbursts inconsistent for developmental age)?</p> <p>___ C. Do temper outbursts occur, on average, 3 or more times/week?</p> <p>___ D. Is their mood between outbursts persistently irritable or angry most of the day, nearly every day, and observable by others?</p>	
<p>Notes:</p>	<p>Meets criteria?</p> <p><i>Yes / No</i></p> <p><input type="checkbox"/> / <input type="checkbox"/> Child between ages 6 – 18</p> <p><input type="checkbox"/> / <input type="checkbox"/> Onset before age 10</p> <p><input type="checkbox"/> / <input type="checkbox"/> Ratings of 2 or 3 on criteria A – D, present in at least 2 of 3 settings (school, home, peers) and are severe in at least 1 of these</p> <p><input type="checkbox"/> / <input type="checkbox"/> Criteria A – D present for <u>at least 12 months</u>, without a relief period of more than <u>3 consecutive months</u></p> <p><input type="checkbox"/> / <input type="checkbox"/> Symptoms do not occur exclusively during an episode of Major Depressive Disorder and are not better explained by another disorder (ASD, PTSD) or substance use</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

MANIA/HYPOMANIA

Characterized by a mood that is elevated, expansive or unusually irritable. A person experiencing a manic episode is usually engaged in significant goal-directed activity beyond their normal activities. In some children, grandiosity is evident on a fairly consistent basis, or may occur in episodes but in a rather subtle form such as persistent belief that they are correct while others are not ("I don't know who that teacher thinks she is! I am not going to do that work. I don't need to!").

A. Elevated mood

- Does your child ever feel really, really good, like on top of the world?
- Or feel they are terrific and there's nothing they can't do?
- Did this last at least 1 week?

B1. During this time, did they feel especially self-confident? Like they could do anything or had special powers?

B2. During this time, did they sleep less than usual?

B3. During this time, did they talk more than usual? Talk faster than usual, without stopping?

B4. During this time, did they feel that their thinking was speeded up? As though thoughts were racing through their head, so fast they could hardly keep track?

B5. During this time, did they have more trouble concentrating or find it harder to pay attention? (Distractibility that is different from symptoms of inattention in ADHD).

B6. During this time, did they have more energy than usual, or were more restless than usual? Did they accomplish more tasks than usual?

B7. During this time, did your child engaged in unrestrained spending (e.g. buying inappropriate presents for friends or family) or personal/sexual indiscretions?

Notes:

Meets criteria?

Yes / No

/ Ratings of 2 or 3 on A **AND** at least 3 of B

/ Distress or impairment

/ Not better explained by a physical illness or medication use

Yes No

PROMPT: "Have you, family members, or teachers ever had any concerns about your child's ability to interact socially?"

AUTISM SPECTRUM DISORDER

[INITIAL ASSESSMENT ONLY: Section skipped; Previous dx]

Characterized by persistent difficulty in 2 domains: persistent social communication/social interaction difficulties and restricted and repetitive behaviours.

A. Persistent deficits in social communication and social interaction across multiple contexts (currently or by history)

___ **A3.** Deficits in developing, maintaining and understanding relationships

- Do they have difficulties making friends? Do they try to establish friendships? Do they prefer solitary activities?
- Is there an absence of interest in peers? Are they able to engage in imaginary play with peers?
- Are they withdrawn; aloof; in their own world?
- Do they seem unaware of social conventions or appropriate social behaviour (e.g. do they ask socially inappropriate questions or make socially inappropriate comments)?
- Do they display inappropriate emotion (e.g. laughing or smiling out of context)?

___ **A1.** Deficits in social emotional reciprocity

- Does your child initiate social interactions?
- Does your child approach people socially in an abnormal way (e.g. intrusive touching; licking of others)?
- Can your child have a normal back and forth conversation? Do they fail to respond when their name is called or when spoken directly to? Do they have one-sided conversations, monologues or tangential speech?
- Does your child smile in response to another person's smile?
- Do they only initiate to get help?
- Does your child share? Do they show, bring or point out objects of interest to other people?
- Are they able to share enjoyment or excitement with others? Do they show pleasure in social situations?

___ **A2.** Deficits in nonverbal communicative behaviours used for social interaction

- Does your child make social use of eye contact?
- Do they have trouble using and understanding body postures (e.g. they face away from a listener)?
- Do they have difficulties using and understanding gestures (e.g. pointing, waving, nodding or shaking head)?
- Do they lack facial expressions? Or do they have exaggerated facial expressions?
- Do they have a lack of coordinated verbal and non-verbal communication (e.g. inability to coordinate eye contact or body language with words)?

If criterion A is NOT met, discontinue.

B. Restricted, repetitive pattern of behaviour, interests or activities (currently or by history)

___ **B1.** Stereotyped or repetitive motor movements, use of objects, or speech

- Does your child make repetitive hand movements (e.g. clapping, finger flicking, flapping, flicking, twisting)?
- What about aimless and repetitive body movements (e.g. foot to foot rocking, dipping and swaying, spinning)?
- Do they have abnormalities of posture (e.g. toe walking, full body posturing)?

- Does your child like to line up toys or objects?
- Do they play with objects in a non-functional way (e.g. a car is used for pushing on the floor, but they stare at the wheels; a doll is used for pretend feeding, not for picking threads from)?
- Does your child use overly formal language (e.g. speaks like an adult, or a “little professor”)?
- Do they refer to themselves by their own name instead of using “I”?
- Do they exhibit meaningless repetition (immediate or delayed) of words, phrases, songs or dialogue?
- Do they use “rote” language (e.g. phrases they’ve learned by heart)?

___ B2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour

- Does your child have unusual routines? Do they have any specific, unusual multi-step routines?
- Do they insist on rigidly following specific routines? Do they have to eat the same thing each day; take the same route each day?
- Are they distressed if there are small changes in routine? Do they have difficulties with transitions? Do they overreact to trivial changes (e.g. moving items at the dinner table)?
- Do they have any verbal rituals (e.g. has to say things in a certain way or requires others to say things or answer questions in a specific way)?

___ B3. Highly restricted, fixated interests that are abnormal in intensity or focus

- What are your child’s interests? Are they abnormally intense? Would you say they are preoccupied or obsessed?
- Do they have a restricted pattern of interest (e.g. parts of vacuums, train schedules)?
- Do they focus on the same few objects, topics or activities?
- Are they attached to an unusual intimate object (e.g. rubber band, piece of string)?

___ B4. Over or under reactive to sensory input or unusual interest in sensory aspects of the environment

- Would you say your child has a high pain tolerance? Are they unaffected when it’s really cold or really hot?
- Do they exhibit unusual visual exploration or activity (e.g. close visual inspection of objects for no clear reason, looks at people or objects out of the corner of their eye)
- Do they have an extreme interest or fascination with watching movements of other things (e.g. electric fan, front loading washing machine, spinning wheels of toys)?
- Do they have a negative response to specific sounds or textures?
- Do they have a significant aversion to having their hair or nails cut, or having their teeth brushed?
- Do they engage in any excessive smelling of objects?

Notes:

Meets criteria?

Yes / No

/ Ratings of 2 or 3 for all of A

/ Ratings of 2 or 3 on at least 2 of B

/ Symptoms present in early developmental period

/ Impairment

/ Not better explained by ID or global developmental delay

Yes No

SOCIAL (PRAGMATIC) COMMUNICATION DISORDER

Characterized by persistent difficulty with verbal and non-verbal communication that cannot be explained by low cognitive functioning. Does not have the restrictive interests or repetitive behaviours seen in ASD.

Note: Enough information may have been provided in the ASD section to rate some/ or all of these items.

A. Does your child have problems communicating for social purposes, such as greeting and sharing information?

B. Do they have trouble changing communication to match the needs of the situation (e.g. speaking differently to a child than adult, avoiding overly formal language, speaking differently in a classroom than on the playground)?

C. Do they have difficulty following the rules for conversation/storytelling (e.g. turn taking, rephrasing when misunderstood, knowing how to use verbal and nonverbal signals to regulate interaction)?

D. Do they have difficulties understanding what is not explicitly stated (e.g. making inferences) and non-literal or ambiguous meanings of language (e.g. humour, metaphors)

Notes:

Meets criteria?

Yes / No

/ **Ratings of 2 or 3 on criteria A – D**

/ **Results in functional limitations in any of the following: effective communication, social participation or relationships, academic achievement**

/ **Onset in early developmental period**

/ **Not better explained by another physical condition, ASD, ID or global developmental delay**

Yes **No**