

CHILD'S NAME/ID:

DATE:

**THE HOSPITAL FOR SICK CHILDREN - DEPARTMENT OF PSYCHIATRY
PARENT INTERVIEW FOR CHILD SYMPTOMS (PICS-7.1)**

Revised for DSM-5 (2016, 2019 and 2021)

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GENERAL PSYCHOPATHOLOGY MODULE

NOTE: This module contains 2 types of disorders: those for which multiple symptoms are scored, and those that receive only a single code. See Administration Guidelines & Scoring Guidelines for more information.

MULTIPLE SYMPTOM DISORDERS

0 = absent

1 = dubious or trivial abnormality and no impairment

2 = definite abnormality and some impairment

3 = marked abnormality and severely impairing

9 = not known or unable to rate

Ratings of 2 or 3 are clinically significant and contribute to a diagnosis

SINGLE CODE DISORDERS

0 = no symptoms

1 = some symptoms

2 = disorder present meets criteria

3 = disorder present with marked severity

9 = not known or unable to rate

These disorders are denoted by standalone boxes

ANXIETY AND RELATED DISORDERS

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.

Is your child a worrier, are there things s/he fears or avoids or do they have worries and preoccupations?

Is your child very sensitive, shy or feel like they need to be perfect?

What triggers the anxiety or worry?

Is it related to a traumatic experience?

Is it related to the use of medication? (e.g. for asthma, Ritalin or other stimulants, other medications, drugs?)

Is it related to a medical condition? Life threatening and/or chronic illness, child is dependent on parents for care, etc.

I am now going to go through a list of different conditions and situations. We will see if some of them apply to your child. The first deals with anxiety related to separation from caregivers.

SEPARATION ANXIETY DISORDER (MULTIPLE SYMPTOM DISORDER)**Symptom Scoring:**

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate

A. Developmentally inappropriate and excessive anxiety concerning separation from home or from attachment figures as evidenced by **three or more of the following...**

DISTRESS WHEN SEPARATION OCCURS OR IS ANTICIPATED

Does your child get upset when you (or other people s/he is close to) go out without him/her? What about when s/he is the one going out without you (visit friends, etc.)? How does s/he react? Crying? Begging? Does s/he have a similar reaction when a separation is anticipated? Is it recurrent and excessive?

SAD A1 []

LOSING OR HARM BEFALLING ATTACHMENT FIGURES

Does s/he worry that something will happen to you (or someone close) resulting in you (or that person) being harmed or that you (or someone close) will leave and not come back? Is it persistent and excessive?

SAD A2 []

UNTOWARD EVENT LEADING TO SEPARATION

Does your child worry a great deal that something might happen to him/her if s/he is not by your side? Getting lost? Being kidnapped?

SAD A3 []

PERSISTENT SCHOOL RELUCTANCE OR REFUSAL

Does your child try to stay home from school because s/he is afraid of being without you (or someone close)?

SAD A4 []

PERSISTENT AVOIDANCE OF BEING ALONE

Is your child comfortable to be separated from you briefly? Would s/he be reluctant to be alone in his/her room, basement, etc.? Even if someone s/he knows was elsewhere in the house? Does s/he follow you around the house? Clingy?

SAD A5 []

PERSISTENT REFUSAL TO SLEEP ALONE

Does your child have trouble or is reluctant to go to sleep when you (or someone close) are not around? Does s/he ever sleep away from home?

SAD A6 []

REPEATED NIGHTMARES OF SEPARATION

Does your child have bad dreams about being separated (taken away) from you? Or about something bad happening to him/her, or to you? How many times did it happen?

SAD A7 []

PHYSICAL COMPLAINTS ASSOCIATED WITH SEPARATION

Does your child often complain of being sick (e.g. headaches, stomachaches, nausea, vomiting) when s/he goes (or is about to go) away to school or to visit a friend (in a situation where you or someone close are not around)?

SAD A8 []

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

DURATION

The fear, anxiety, or avoidance is persistent, lasting **at least 4 weeks** in children and adolescents.

SAD B []

DISTRESS OR IMPAIRMENT

The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.

SAD C []

NOT SECONDARY

The disturbance is not better explained by another mental disorder, such as refusing to leave home because of excessive resistance to change in ASD; delusions or hallucinations concerning separation in psychotic disorders; refusal to go outside without a trusted companion in agoraphobia; worries about ill health or other harm befalling significant others in GAD; or concerns about having an illness in illness anxiety disorder.

SAD D []

GENERALIZED ANXIETY DISORDER (MULTIPLE SYMPTOM DISORDER)

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

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate

A. IS YOUR CHILD A WORRIER?

What does s/he worry about?

Does s/he seem to be worrying about one thing or another almost all the time?

How long (**6 months or more**)?

GAD A []

Does s/he worry about relationship with friends, family, relatives?

Additional probes for GAD A:

Does your child worry **EXCESSIVELY** about what **MAY HAPPEN** in the future?

Does s/he worry about whether or not s/he did **OKAY IN THE PAST**?

Does s/he have **PAIN OR PHYSICAL SYMPTOMS** (e.g. headaches, stomachaches) for which no physical basis can be established?

Is your child easily **EMBARRASSED**, markedly **SELF-CONSCIOUS**?

Does s/he need **REASSURANCE** over and over again about all sorts of things?

Is s/he a child that can **NEVER** feel **RELAXED**, muscles look **TENSE** all the time?

Other worries?

Describe:

B. Does your child have a **HARD TIME CONTROLLING THE WORRY(IES)**? GAD B []

C. The anxiety and worry are associated with **at least ONE** of the following symptoms:

The child appears **RESTLESS, KEYED UP OR ON EDGE** GAD C1 []

Gets **TIRED EASILY**, or always **APPEARS TIRED** GAD C2 []

Has difficulties **CONCENTRATING, OR MIND GOING BLANK** GAD C3 []

Is **IRRITABLE** GAD C4 []

Has **MUSCLE TENSION** GAD C5 []

Has **SLEEP DISTURBANCE** (difficulty falling or staying asleep or restless unsatisfying sleep) GAD C6 []

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

SPECIFY MENTAL DISORDER

Is the child's anxiety the result of a more specific problem such as a panic attack (Panic Disorder), being embarrassed in public (Social Anxiety), being contaminated (OCD), being separated from attachment figures (SAD), or any other diagnosis? GAD D []

DISTRESS OR IMPAIRMENT

Does the anxiety cause clinically significant distress or impairment?
Is s/he upset or distressed by the worries or anxious symptoms?
Does it interfere with school, social, family functioning? GAD E []

NOT SECONDARY

The disturbance is not attributable to the physiological effects of a substance (e.g., a drug, medication or another medical condition (e.g., hyperthyroidism). GAD F []

Are anxieties/symptoms **related to traumatic experiences**?

If yes, assess for the next 3 following EXPOSURE TO CATASTROPHIC STRESSOR disorders: Acute Stress Disorder, Post-Traumatic Stress Disorder, Adjustment Disorder

ACUTE STRESS DISORDER (MULTIPLE SYMPTOM DISORDER)

Child experienced or witnessed an extremely stressful/negative or traumatic event and symptoms last for less than one month.

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate

A. Exposure to Stressor

Was the patient **directly or indirectly exposed** to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence in **at least one** of the following ways?

(Note: This does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related)

Directly experiencing the traumatic event(s)

ACUTE A []

Witnessing, in person, the event(s) as it occurred to others

Learning that the event(s) occurred to a close family member or close friend

Note: In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental

Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains, police officers repeatedly exposed to details of child abuse)

Describe:

B. Presence of 9+ of the following symptoms from any of the **5 categories** below, beginning or worsening after the traumatic event(s) occurred:

Intrusion Symptoms:

- 1. Recurrent, involuntary, and intrusive distressing **MEMORIES OF THE TRAUMATIC EVENT(S)**. *Note: In children, repetitive play may occur in which themes or aspects of the traumatic event(s) occurred.*
- 2. **RECURRENT DISTRESSING DREAMS** in which the content and/or effect of the dream are related to the event(s). *Note: In children, there may be frightening dreams without recognizable content.*
- 3. **DISSOCIATIVE REACTIONS** (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. *Note: In children, trauma-specific reenactment may occur in play.*
- 4. **INTENSE OR PROLONGED PSYCHOLOGICAL DISTRESS OR MARKED PHYSIOLOGICAL REACTIONS** in response to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Negative Mood:

- 5. Persistent **INABILITY TO EXPERIENCE POSITIVE EMOTIONS** (e.g., inability to experience happiness, satisfaction, or loving feelings)

Dissociative Symptoms:

- 6. An **ALTERED SENSE OF THE REALITY** of one’s surroundings or oneself (e.g., seeing oneself from another’s perspective, being in a daze, time slowing)
- 7. **INABILITY TO REMEMBER** an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs)

Avoidance Symptoms:

- 8. **EFFORTS TO AVOID DISTRESSING MEMORIES, THOUGHTS, OR FEELINGS** about or closely associated with the traumatic event(s)
- 9. **EFFORTS TO AVOID EXTERNAL REMINDERS** (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)

Arousal Symptoms:

- 10. **SLEEP DISTURBANCE** (e.g., difficulty falling or staying asleep, restless sleep)
- 11. **IRRITABLE** behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects
- 12. **HYPERVIGILANCE**
- 13. **PROBLEMS WITH CONCENTRATION**
- 14. **EXAGGERATED STARTLE RESPONSE**

ACUTE B []
(9+ SYMPTOMS)

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

DURATION

The disturbance (symptoms in Criterion B) is **3 days to 1 month after trauma exposure**.

ACUTE C []

(Note: Symptoms typically begin immediately after the trauma, but persistence for at least 3 days and up to a month is needed to meet disorder criteria)

IMPAIRMENT

The disturbance causes **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.

ACUTE D []

NOT SECONDARY

The disturbance is **not attributable to the physiological effects of a substance** (e.g., medication or alcohol) or **another medical condition** (e.g., mild traumatic brain injury) and is not better explained by brief psychotic disorder.

ACUTE E []

POST-TRAUMATIC STRESS DISORDER (MULTIPLE SYMPTOM DISORDER)

Child experienced or witnessed an extremely stressful/negative or traumatic event (such as death, threatened death, actual or threatened serious injury/sexual violence, physical, emotional or sexual abuse) that has been causing them intense emotional and behavioural reactions (flashbacks, avoidance, negative mood, etc.) for more than one month?

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate

A. Stressor

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in **at least one** of the following way(s):

PTSD A []

Direct exposure

Witnessing the trauma

Learning that a relative or close friend was exposed to a trauma

Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

B. Intrusion symptoms

The traumatic event is persistently re-experienced in **at least one** of the following way(s):

PTSD B []

Unwanted upsetting memories

Nightmares

Flashbacks

Emotional distress after exposure to traumatic reminders

Physical reactivity after exposure to traumatic reminders

C. Avoidance

Avoidance of trauma-related stimuli after the trauma, in **at least one** of the following way(s):

PTSD C []

- Trauma-related thoughts or feelings
- Trauma-related external reminders

D. Negative alterations in cognitions and mood

Negative thoughts or feelings that began or worsened after the trauma, in the **at least 2** of the following way(s):

PTSD D []

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

E. Alterations in arousal and reactivity

Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

PTSD E []

Irritability or aggression, Risky or destructive behavior, Hypervigilance, Heightened startle reaction, Difficulty concentrating, Difficulty sleeping

The following criteria are coded as:

- 0** = No
- 1** = Yes
- 9** = Not known or unable to rate

DURATION

Symptoms last for **more than 1 month**.

PTSD F []

DISTRESS OR IMPAIRMENT

Symptoms create distress or functional impairment (e.g., social, occupational).

PTSD G []

NOT SECONDARY

Symptoms are due to medication, substance use, or other illness.

PTSD H []

DISSOCIATIVE SPECIFICATIONS: IN ADDITION TO DIAGNOSIS, DOES THE PATIENT EXPERIENCE...

SPEC

1. **DEPERSONALIZATION:** being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).

DEPER []

2. **DEREALIZATION:** unreality, distance, or distortion (e.g., "things are not real").

SPEC
DEREAL []

3. **DELAYED SPECIFICATION:** full diagnostic criteria are not met until **at least 6 months after the trauma(s)**, although onset of symptoms may occur immediately.

SPEC
DELAY []

ADJUSTMENT DISORDER (SINGLE CODE DISORDER)

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

In response to an identifiable stressor(s) does your child experience emotional or behavioral symptoms? Have these appeared within three months of the stressor?

ADJUST DIS L J

PANIC DISORDER (SINGLE CODE DISORDER)

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

Does your child have panic attacks, with abrupt surge of intense fear or intense discomfort that reaches a peak within minutes? Like something terrible was happening? If yes, please describe? What prompted this attack?

Have **Four or more** of the following symptoms developed abruptly and reached a peak within minutes? (*check all those present*)

PANIC L J

Palpitations, pounding heart or accelerated heart beat

Dizzy or faint

sweating

Chills or hot flushes

trembling or shaking

de-realization (feeling un
(feeling detached)

Shortness of breath

fear losing control or goin

Feeling of choking

fear of dying

chest pain

paresthesias (numbness,

nausea or upset stomach

tingling sensation)

SOCIAL ANXIETY DISORDER (MULTIPLE SYMPTOM DISORDER)

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate

A. Excessive or unreasonable fear, worry or anxiety in social situations where they will be exposed to possible scrutiny by others SAD A []

B. Fears that he/she will act in a way that will be negatively evaluated (humiliation, embarrassment, rejection by others)

Has your child ever felt afraid of performing in front of people like speaking in front of the class, answering a teacher's question, show and tell, acting in a play?

What about fear or anxiety of being watched or observed (e.g. while eating or drinking in front of others, using a public washroom, gym change room or shower, eating in the school lunchroom or a restaurant?)

SAD B []

Is your child afraid of meeting people he/she does not know well?

In these situations, do you think your child is concerned about possible humiliation/embarrassment or fear of rejection by others?

Do these fears occur in peer settings (e.g. not just during interactions with teachers/unfamiliar adults)?

C. and D. Social situations always provoke fear/anxiety and are either avoided or endured with intense anxiety

Do these social situations cause fear or anxiety in your child? Do they cry, have tantrums, freeze, cling, or fail to speak? Do they avoid these situations? E.g. refuse to participate or go to school on days when performance is expected? Do they avoid joining new activities etc.?

SAD
C&D []

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

E. Is the fear or anxiety out of proportion to the actual threat posed by the social situation? SAD E []

DURATION

Typically lasting 6 months or more?

When did this difficulty start? When did you first notice this problem?

SAD F | |

DISTRESS OR IMPAIRMENT & NOT SECONDARY

Does the social anxiety cause clinically significant distress or impairment?

SAD G | |

The fear/anxiety must not be better explained by another medical condition or another mental disorder (e.g. panic disorder).

SPECIFIC PHOBIA (SINGLE CODE DISORDER)

At least 6 months of marked and persistent fear of clearly specific objects or situations which interferes with family, social, school functioning.

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

Has your child ever felt excessive or unreasonable fears of a particular object or situations like animals, dark, heights, storms, water, loud sounds, clowns, injections, seeing blood, etc.

Did exposure to phobic stimulus provoke an anxiety response (panic) in your child?

SPECIFIC

Does your child avoid the phobic situation or endure it with intense anxiety or distress?

PHOBIA | |

Describe:

OBSESSIVE-COMPULSIVE DISORDER (MULTIPLE SYMPTOM DISORDER)

Characterized by obsessions, compulsions, or both.

Obsessions: recurrent/persistent thoughts, urges, images that are intrusive and unwanted; individual tries to suppress thoughts, urges, and images or 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.

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate

OBSESSIONS:

Has your child ever had **THOUGHTS OR FEARS THAT KEEP COMING INTO HIS/HER MIND OVER AND OVER AGAIN**, which s/he cannot stop and won't go away? Or words or pictures (e.g. fears of contamination, someone being harmed)?

What are they? Does your child try to stop them? How much of the time does s/he have these thoughts? How long do they last? Is s/he upset/distressed by these thoughts?

Do they interfere with school, social, family functioning?

Does the child attempt to ignore or suppress these thoughts or neutralize by performing the compulsion?

OCD A1 []

Describe:

COMPULSIONS

Has your child ever **felt s/HE MUST ABSOLUTELY DO SOMETHING OVER AND OVER AGAIN**, like washing hands, even if they are clean, checking locks, light switches, counting, making things even?

What about having to do something exactly the same way every time? Does s/he start all over again if s/he makes a mistake? What would happen if s/he doesn't do these actions? How long do they last?

Is s/he upset or distressed when prevented from doing the ritual?

Are these behaviours performed to prevent some event or situation or to reduce anxiety or distress? Are these behaviours either excessive or have no realistic connection to the anxiety or even they aim at preventing?

OCD A2 []

Does it interfere with school, social, family functioning?

Describe:

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

DISTRESS OR IMPAIRMENT & NOT SECONDARY

Time consuming (e.g. more than 1 hour/day) or cause clinically significant distress or impairment in school, social, family functioning?

OCD B []

Must not be attributable to effects of substance use or another medical condition, is not better explained by other mental disorder.

SPECIFIERS: with good or fair insight, with poor insight, with absent insight/delusional beliefs; tic related

HOARDING (SINGLE CODE DISORDER)

Characterized by difficulty discarding or parting with possessions, regardless of actual value. Difficulty discarding results in accumulation of items that congest and clutter living areas and compromises their intended use.

Scoring:

0 = no symptoms; 1 = some symptoms; 2 = disorder present meets criteria; 3 = disorder present with marked severity; 9 = not known or unable to rate

Does your child like to collect things? What sorts of items does s/he collect?
Does s/he have trouble getting rid of things? To what extent is it difficult for him/her to get rid of things?

How much time do you spend organizing, arranging, and discarding your child's things?
How does s/he react when you remove or throw away an item that you don't think s/he needs?

Describe:

HOARD []

TIC DISORDERS (SINGLE CODE DISORDERS)

Tics are sudden, rapid, recurrent involuntary or repetitive movements or sounds. Their pattern is variable, and their rhythm is quick, sudden, and aimless. They are distinguished from one another based on duration and variety of tics.

Scoring:

0 = no symptoms; 1 = some symptoms; 2 = disorder present meets criteria; 3 = disorder present with marked severity; 9 = not known or unable to rate

Persistent (chronic) motor or vocal Tic Disorder

MOTOR TICS

Does your child have any repetitive, involuntary movements of eyelids, facial grimacing, shoulder, neck, other?

PERSISTENT []

MOTOR

VOCAL TICS

What about repetition of sounds or noises like whistling, coughing or clicking sounds, words, phrases?

PERSISTENT []

VOCAL

FREQUENCY

Do the tics seem to appear in bouts? Many times a day? Nearly every day?
How long has s/he been free of tics? For 3 months or more?

MARKED DISTRESS

Is the child distressed by the tics?

SIGNIFICANT IMPAIRMENT

Do they interfere with social, school, family function?

NOT SECONDARY

Are the tics related to the use of medication (e.g. stimulants)?
Or a neurological condition (e.g. Huntington's chorea, post-viral encephalitis)?

Tourette Disorder

Two or more motor tics **AND** at least one vocal tic (not necessarily at the same time),
for **at least 12 months**, nearly every day, off and on.

TOURETTE []

PROVISIONAL []

Provisional Tic Disorder **One or more** motor AND/OR vocal tics, present for **less than 12 months**.

STEREOTYPIC MOVEMENT DISORDER (SINGLE CODE DISORDER)

Motor behaviour that is repetitive, seemingly driven and non-functional. It interferes with normal activities or results in self-injury.

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

Does your child display repetitive behaviours like arm waving, hand shaking, rocking, self-hitting, self-biting, head banging, mouthing of objects, shaking objects in front of his/her eyes?

When did this start? Early childhood?

How long have behaviours lasted? More than 4 weeks?

Does the behaviour markedly interfere with normal activities or result in bodily injury requiring medical treatment?

Is the behaviour better accounted for by compulsion (OCD), a tic?

Describe:

SMD []

SLEEP HABITS (SINGLE CODE DISORDER)

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

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?

Do sleep problems cause distress and impairment in daytime functioning?

Does he/she have trouble falling asleep? How long does it take to fall asleep?

Does h/she have trouble staying asleep (i.e. wakes up at night)?

Circle/underline those present:

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

SLEEP PROBLEMS L J

Specify disorder type if known (**circle/underline**):

INSOMNIA DISORDER, HYPERSOMNOLENCE DISORDER, NARCOLEPSY, BREATHING-RELATED SLEEP DISORDERS, CIRCADIAN RHYTHM SLEEP-WAKE DISORDERS, NON-RAPID EYE MOVEMENT SLEEP AROUSAL DISORDERS, NIGHTMARE DISORDER, RAPID EYE MOVEMENT SLEEP BEHAVIOR DISORDER, RESTLESS LEGS SYNDROME, SUBSTANCE/MEDICATION-INDUCED SLEEP DISORDER

Describe:

EATING HABITS (SINGLE CODE DISORDER)

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

Describe your child's eating habits. Note concerns regarding dieting, food restrictions, body image etc.

EATING PROBLEMS L J

Describe:

ENURESIS (SINGLE CODE DISORDER)

Repeated (involuntary or intentional) voiding of urine during the day or night into bed or clothes. Chronological age at least 5, mental age at least 4, not due to physical disorder.

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

At least 2 episodes/week for 3 months over age of 5 or the presence of clinically significant distress or impairment.

Describe:

ENUR []

ENCOPRESIS (SINGLE CODE DISORDER)

Repeated (involuntary or intentional) passage of faeces into places not appropriate for that purpose (e.g. clothing, floor). The disorder may be overflow incontinence secondary to functional faecal retention. Chronological age and mental age of at least 4, not due to physical disorder.

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

Occurs 1/month for 3 months over the age of 4.

Describe:

ENCO []

MOOD RELATED DISORDERS

This section begins with a general screen for **dysphoric mood, irritability and anhedonia**. If the screen is positive, the interviewer should inquire about duration(s), onset(s), and offset(s) before assessing specific symptoms. It is helpful to use the informant's own language to describe these episodes (blue, down, sad, etc.). Establish the role or effect of medical conditions, drug or alcohol use and other mental health problems on these symptoms.

DEPRESSED OR IRRITABLE MOOD AND LOSS OF INTEREST OR PLEASURE

- **Establish the child's *typical* mood as well as interests and pleasurable activities**
How would you describe your child's mood? What does your child do for fun?
Is s/he a mostly happy (or OK) child? Or mostly sad (moody, down, mad, cranky, crying)?
Has s/he been having as much fun as usual? What things are less fun than they used to be?
Has s/he been less interested in, or bored with, friends or activities?
- **Establish presence of *episodes* of depressed or irritable mood and loss of interest or pleasure**
Are there periods of time in which your child is mostly sad (down, etc.)?
When was the last time something like this happened?
Was it an isolated event or have there been other episodes?
Are there periods of time when s/he lost interest in things that used to bring him/her pleasure?

Note: A diagnosis of Major Depressive Disorder may be based on persistent and severe irritability. That being the case, there may not be any evidence of a distinct episode or change in behaviour.

- **Establish *onset and offset***
Do you know what triggers the sad (depressed, down, etc.) mood? How does it go away?
Do you know what triggers the loss of interest or pleasure? How does it go away?
 - **Establish *severity and impairment***
How much would the sadness (or being down, etc.) interfere with his/her life, schoolwork, friends, family life? How bad does it get?
Has a loss of pleasure or interest led your child to withdraw him/herself from previously enjoyable activities?
 - **Establish *history of past episodes***
Has there been another time when your child felt sad (cranky, mad, etc.) or at least 3 hours a day for 3 days in a week? Another time when s/he lost interest or pleasure in activities? Has s/he ever felt that way for longer? What was the longest? How many weeks in a row? When was that? Any other time?
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PERSISTENT DEPRESSIVE DISORDER (MULTIPLE SYMPTOM DISORDER)

Concerns about persistent low mood or irritability and/or loss of enjoyment and interest in activities for more days than not for a period of at least one year.

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate

A. During a period of 1 year (or more) the child experienced **DEPRESSED MOOD** for most of the day, more days than not.

PERS A []

B. Presence, while depressed, of two or more of the following:

POOR APPETITE OR OVEREATING

PERS B1 []

INSOMNIA OR HYPERSOMNIA

PERS B2 []

LOW ENERGY OR FATIGUE

PERS B3 []

LOW SELF-ESTEEM

PERS B4 []

POOR CONCENTRATION OR DIFFICULTY MAKING DECISIONS

PERS B5 []

FEELINGS OF HOPELESSNESS

PERS B6 []

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

DURATION

Were symptoms consistently present for a **ONE YEAR PERIOD** without remitting for more than two months at a time?

PERS C []

SPECIFY DISORDER

Did the child experience a **MAJOR DEPRESSIVE EPISODE** during the first year of the **DYSTHYMIA** disturbance?

PERS D []

Has the child ever experienced a **MANIC EPISODE**, **MIXED EPISODE**, **HYPOMANIC EPISODE**, or **CYCLOTHYMIC DISORDER**?

PERS E []

Were the symptoms superimposed on a chronic **PSYCHOTIC** disorder such as **SCHIZOPHRENIA** or **DELUSIONAL** disorder?

PERS F []

NOT SECONDARY

Were the symptoms due to physical illness, medication, or street drugs?

PERS G []

DISTRESS OR IMPAIRMENT

Did the symptoms cause clinically significant distress or impairment in social, academic, or occupational functioning, or other important areas of functioning?

PERS H []

MAJOR DEPRESSIVE DISORDER (MULTIPLE SYMPTOM DISORDER)

Symptom Scoring:

0 = not at all; 1 = dubious or trivial; 2 = definite and clinically significant; 3 = severe; 9 = not known/unable to rate.

A. At least one symptom is either depressed mood (**MDD A1**) and/or loss of interest or pleasure (**MDD A2**).

DEPRESSED OR IRRITABLE MOOD most of the day, nearly every day, for at least one week?

MDD A1 []

DIMINISHED INTEREST OR PLEASURE in all or almost all activities (ANHEDONIA) for most of the day, nearly every day for at least one week?

MDD A2 []

B. Presence, while depressed, of three or more of the following:

APPETITE AND WEIGHT

During the time that your child felt sad/down:

Did s/he also feel less hungry, eat less than usual (not dieting), lose weight (how much, clothes fit loose)?

MDD B1 []

Did s/he feel hungrier, eat much more than usual, gain weight (how much)?

SLEEP DISTURBANCE

During the time that your child felt sad/down:

Was s/he having trouble falling asleep? - INITIAL INSOMNIA

Waking up in the middle of the night? - MIDDLE INSOMNIA

Waking up much earlier than usual? - TERMINAL INSOMNIA

Or sleeping much more than usual? - HYPERSOMNIA

MDD B2 []

Every day or nearly every day?

AGITATION / RETARDATION

During the time that your child felt sad/down:

Did s/he appear more agitated/restless than usual? -AGITATION

MDD B3 []

Or actually appear to move or talk more slowly than usual? - RETARDATION

LOSS OF ENERGY / FATIGUE

During the time that your child felt sad/down:

Did s/he appear tired? Like s/he had less energy than usual?

MDD B4 []

Having to rest more?

WORTHLESSNESS/INAPPROPRIATE GUILT

DURING THE TIME THAT YOUR CHILD FELT SAD/DOWN:

WAS YOUR CHILD DOWN ON HIM/HERSELF? DID S/HE TALK ABOUT BEING UGLY, STUPID, BAD, WORSE THAN OTHER KIDS?

DID YOUR CHILD BELIEVE S/HE WAS THE CAUSE OF BAD THINGS HAPPENING, OR THAT S/HE DESERVED PUNISHMENT?

MDD B5 []

CONCENTRATION / THINKING / INDECISION

Also, during this period of time in which your child felt sad/down:

Was it harder for him/her to keep his/her mind on things?

Did s/he find it harder to think or concentrate?

Did s/he have a hard time making up his/her mind, not knowing what to do or what decision to make?

MDD B6 []

SUICIDALITY (SEE SECTION BELOW FOR ADDITIONAL PROMPTS)

Did your child have recurrent thoughts of death (not just fear of dying)?

Thinking or talking about hurting him/herself? – IDEATION

Voicing suicidal ideas, plans? – INTENTION

MDD B7 []

OTHER CHARACTERISTICS

REACTIVITY

During this period of time in which your child felt down/sad:

Would your child feel better if something good happened or would s/he feel sad (down, etc.) no matter what?

EVIDENCE OF A PRECIPITANT

Inquire about significant life event, loss, illness, etc.

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

IMPAIRMENT

Unequivocal change in the child, affecting social (peer), family, school (academic) functioning, which is not present when asymptomatic.

MDD C []

NOT SECONDARY

Are symptoms due to, or secondary to, physical illness (endocrine disorders, etc.), medication or street drugs.

MDD D []

SPECIFIER: WITH MIXED FEATURES?

Experiencing symptoms of depressed mood and mania within the same episode, with depressed mood being more prominent.

MDD MIX []

ADDITIONAL SELF-INJURY (non-suicidal) BEHAVIOUR & SUICIDE IDEATION PROMPTS:

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate.

Has your child ever engaged in **Suicidal Ideation** (thinking about, considering, or making plans for suicide)?

SUICIDE ID []

Has your child ever engaged in **Non-Suicidal, Self-Injury** (an act of self-harm that is not intended to result in death)?

SELF-INJ. []

Describe:

SUICIDAL BEHAVIOUR DISORDER (SINGLE CODE DISORDER)

Suicidal attempt is defined as a deliberate, self-destructive act with a clear expectation of death that is non-fatal.

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

Has your child **attempted suicide** within the **past two years** (excluding behaviors such as suicidal ideation and non-suicidal, self-injurious behavior)?

SUICIDAL
BEH DIS []

Describe:

DISRUPTIVE MOOD DYSREGULATION DISORDER (MULTIPLE SYMPTOM DISORDER)

***Note: that these questions are also listed in the Disruptive Disorders module (PICS B)**

The core feature of disruptive mood dysregulation disorder is chronic, severe, persistent irritability. The severe irritability has two prominent manifestations: frequent temper outbursts and chronic, persistent irritability or angry mood that is present between the severe temper outbursts.

General introductory questions:

Does your child often seem irritable (easily annoyed, easily angered)?

Does s/he have temper outbursts? How often? What triggers them?

Do the outbursts seem out of proportion with the trigger?

What is his/her mood like between outbursts?

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** = severe; **9** = not known/unable to rate.

Severe, recurrent **TEMPER TANTRUMS** manifested verbally and/or behaviourally that are grossly out of proportion in intensity or duration to the situation or provocation?

DMDD A []

Temper outbursts **INCONSISTENT WITH DEVELOPMENTAL AGE**?

DMDD B []

Temper outbursts occur, on average **3 OR MORE TIMES PER WEEK**?

DMDD C []

Mood between outbursts is **PERSISTENTLY IRRITABLE OR ANGRY** most of the day, nearly every day, and observable by others?

DMDD D []

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

DURATION

Have criteria A – D been met and present for **12 OR MORE MONTHS**, without a relief period of **MORE THAN 3 MONTHS**?

DMDD E []

Are criteria A – D present in **MULTIPLE SETTINGS** (e.g. at home, with peers) and are severe in at least one of these settings?

DMDD F []

ONSET

Is child between **6 – 18 YEARS OLD** and onset of symptoms was **BEFORE 10 YEARS OLD**?

DMDD G []

NOT SECONDARY

DMDD H []

Are symptoms occurring exclusively during an episode of Major Depressive Disorder or can outbursts BE EXPLAINED BY ANOTHER MENTAL OR PHYSICAL DISORDER (ASD, PTSD, Persistent Depressive Disorder) or substance use?

MANIA/HYPOMANIA/CYCLOTHYMIA (SINGLE CODE DISORDERS)

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

I asked you about times when your child felt sad or down. Now I want to ask you about different feelings. MANIA []

• Does your child ever feel REALLY, REALLY GOOD, ALMOST TOO GOOD, like s/he is on top of the world? HYPO- []

• Or has your child ever gone for days without sleeping and needing very little rest to maintain their high energy levels? MANIA

• Or like s/he is TERRIFIC and there is NOTHING S/HE CAN'T DO?
When was that? CYCLO- []
Was there a reason? THYMIA
How long did it last (minutes, hours, days, weeks)?
Have there been other times? When was the last time?

PSYCHOSIS (SINGLE CODE DISORDER)

Scoring:

0 = no symptoms; **1** = some symptoms; **2** = disorder present meets criteria; **3** = disorder present with marked severity; **9** = not known or unable to rate

Have there been any periods when your child was preoccupied with strange, odd, unusual or bizarre thoughts that you couldn't understand? PSYCHOSIS []

Has your child ever reported hearing voices of people not present or seeing people or things that weren't there?

Describe:

[Empty text area for describing symptoms]

AUTISM SPECTRUM DISORDER (MULTIPLE SYMPTOM DISORDER)

Characterized by persistent difficulty in 2 domains: 1) persistent social communication/social interaction difficulties and 2) restricted and repetitive behaviours.

Symptom Scoring:

0 = not at all; 1 = dubious or trivial; 2 = definite and clinically significant; 3 = severe; 9 = not known/unable to rate.

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?

ASD A3 []

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?

ASD A1 []

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)?

ASD A2 []

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)?

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 picking threads from, not for pretend feeding)?

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)?

ASD B1 []

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)?

ASD B2 []

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)?

ASD B3 []

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)?

ASD B4 []

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?

The following criteria are coded as:

0 = No

1 = Yes

9 = Not known or unable to rate

ONSET

The onset of the symptoms is in the **early developmental period** (but deficits may not become fully manifest until social communication demands exceed limited capacities).

ASD C []

IMPAIRMENT

The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.

ASD D []

NOT SECONDARY

The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by social communication disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.

ASD E []

SOCIAL (PRAGMATIC) COMMUNICATION DISORDER (MULTIPLE SYMPTOM 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.

Symptom Scoring:

0 = not at all; **1** = dubious or trivial; **2** = definite and clinically significant; **3** =severe; **9** = not known/unable to rate

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

A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:

Does your child have PROBLEMS COMMUNICATING FOR SOCIAL PURPOSES , such as greeting and sharing information?	SCD A1	[]
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)?	SCD A2	[]
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)?	SCD A3	[]
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)?	SCD A4	[]

The following criteria are coded as:

- 0** = No
- 1** = Yes
- 9** = Not known or unable to rate

IMPAIRMENT

The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.	SCD B	[]
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ONSET

The onset of the symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).	SCD C	[]
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NOT SECONDARY

The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.	SCD D	[]
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