CHILD’S NAME: ___________________________ DATE: ____________

THE HOSPITAL FOR SICK CHILDREN
DEPARTMENT OF PSYCHIATRY
PARENT INTERVIEW FOR CHILD SYMPTOMS (P. I. C. S. - 6)

GENERAL PSYCHOPATHOLOGY MODULE

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NOTE: This module contains two different types of disorders: those for which multiple symptoms are scored, and those that receive only a single code.

For symptom ratings:
0 = not at all
1 = dubious or trivial
2 = definite and clinically significant
3 = severe.
Ratings of 2 or 3 contribute to a diagnosis.

For single-code disorders:
0 = no symptoms
1 = some symptoms
2 = disorder present but does not meet full criteria
3 = disorder clearly present and meets full criteria.

ANXIETY DISORDERS

General introductory questions:

Now, 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, what is your child like when it comes to:

- Things (s)he fears or avoids?
- Worries and preoccupations?
- Shyness?
- Sensitivity?
- Perfectionism?
What triggers the anxiety or worry?

Is it related to a traumatic experience? What? When?

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 (I already know) some of them apply to your child. The first deals with anxiety related to separation from caregivers.

**SEPARATION ANXIETY DISORDER**

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

**Symptom Scoring Note:**
0 = not at all; 1 = dubious or trivial; 2 = definite and clinically significant; 3 = severe.
*(RATINGS OF 2 OR 3 ARE CLINICALLY SIGNIFICANT)*

<table>
<thead>
<tr>
<th><strong>DISTRESS WHEN SEPARATION OCCURS OR IS ANTICIPATED</strong></th>
<th>SAD A1</th>
<th>(III-R 0)</th>
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<tbody>
<tr>
<td>Does your child (ever) 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?</td>
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<tr>
<th><strong>LOSING OR HARM BEFALLING ATTACHMENT FIGURES</strong></th>
<th>SAD A2</th>
<th>(III-R 1)</th>
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<tr>
<td>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?</td>
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<tr>
<th><strong>UNTOWARD EVENT LEADING TO SEPARATION</strong></th>
<th>SAD A3</th>
<th>(III-R 2)</th>
</tr>
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<tbody>
<tr>
<td>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?</td>
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<tr>
<th><strong>PERSISTENT SCHOOL RELUCTANCE OR REFUSAL</strong></th>
<th>SAD A4</th>
<th>(III-R 3)</th>
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<tbody>
<tr>
<td>Does your child (ever) try to stay home from school because (s)he is afraid of being without you (or someone close)?</td>
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<tr>
<th><strong>PERSISTENT AVOIDANCE OF BEING ALONE</strong></th>
<th>SAD A5</th>
<th>(III-R 5)</th>
</tr>
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<tbody>
<tr>
<td>Is your child comfortable to be separated from you briefly? Would (s)he be reluctant to be alone in his/her room (or in the basement) even if someone (s)he knows was elsewhere in the house? Does (s)he follow you around the house? Clingy?</td>
<td></td>
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</tbody>
</table>
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  [ ]  [ ]  
(III-R 4)

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  [ ]  [ ]  
(III-R 6)

PHYSICAL COMPLAINTS ASSOCIATED WITH SEPARATION

Does your child often complain of being sick (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  [ ]  [ ]  
(III-R 7)

OTHER CHARACTERISTICS INCLUDED ONLY IN DSM III-R

How does (s)he react at the time of these separations? (Tantrums? Crying? Pleading? Physical symptoms?)  

(III-R 8)  [ ]  [ ]

How does (s)he do when you are not around? So sad or so preoccupied that (s)he withdraws or can’t play or work? Wants to return home? Needs to call parents?  

(III-R 9)  [ ]  [ ]

PANIC DISORDER

A panic attack is a discrete period in which there is a sudden onset of intense apprehension, fearfulness or terror, often associated with feelings of impending doom. Panic attacks are rare but not unheard of in pre-pubertal children.

Does your child (ever) get very scary feelings? Like something terrible was happening? Or times when (s)he complains of his/her heartbeat going extra hard or too fast? Feeling shaky, like fainting, or like (s)he couldn’t breathe? Panicky?  

Panic  [ ]  [ ]

When? Did it come all of a sudden? How long did it last? Did (s)he or you know why?

Four or more of the following symptoms developed abruptly and reached a peak within 10 minutes.

- palpitations, accelerated heart beat; sweating; trembling or shaking;
- shortness of breath; choking; chest pain; nausea or upset stomach;
- dizzy or faint; derealization or depersonalization; losing control or going crazy; fear of dying; paresthesias (numbness, tingling sensations);
- chills or hot flushes.

(circle or underline those present)
AGORAPHOBIA
The essential feature of agoraphobia is anxiety about being in places or situations from which escape might be difficult or embarrassing. Not due to separation anxiety.

A. Has your child ever been afraid of being trapped or in a situation from where there is no escape like traveling in a bus (car, train, subway), enclosed or narrow places, elevators, large crowds, bridges, tunnels, etc.?

B. Are the above situations avoided or endured with marked distress or anxiety about having panic-like symptoms?

SOCIAL PHOBIA
At least 6 months of marked and persistent fear of social or performance situations in which embarrassment may occur. It interferes with family, social, school functioning.

A. Has your child ever felt afraid of performing in front of people (s) he does not know well because of possible humiliation? Like speaking in front of the class, answering a teacher’s question, show & tell; using a public washroom, gym-change room, or shower; eating in the school lunchroom or restaurant?

B. Exposure to feared situation provokes anxiety. In children the anxiety may be expressed by crying, tantrums, freezing and inhibited interactions to the point of mutism. Feared situations are avoided or endured with intense distress.

AVOIDANT DISORDER (DSM III-R ONLY)

A. Has your child excessively avoided contact with people (s) he doesn’t know well? How long (6 months to meet criteria)? Interfere with functioning?

B. Social contacts with familiar figures is desired. Warm and satisfying relationships with family.
SPECIFIC PHOBIA*
At least 6 months of marked and persistent fear of clearly specific objects or situations which interferes with family, social, school functioning.

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

B. Exposure to phobic stimulus provokes anxiety response (panic); the phobic situation is avoided or endured with intense anxiety or distress.

*This condition is equivalent to Simple Phobia in DSM III-R

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

Symptom Scoring Note: 0=not at all; 1=dubious or trivial; 2=definite and clinically significant; 3=severe.
(RATINGS OF 2 OR 3 ARE CLINICALLY SIGNIFICANT)

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)?

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?

Whether or not (s)he is GOOD ENOUGH at school, in sports, with friends, etc.?

Does (s)he often 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

Does your child have a hard time controlling the worry(ies)?

CONTINUE WITH GENERALIZED ANXIETY DISORDER

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

The child appears RESTLESS, KEYED UP or ON EDGE  

GAD C-1

Gets TIRED EASILY, or always APPEAR TIRED  

GAD C-2

Has difficulties CONCENTRATING or MIND GOING BLANK  

GAD C-3

Is IRRITABLE  

GAD C-4

Has MUSCLE TENSION  

GAD C-5

Has SLEEP DISTURBANCE (difficulty falling or staying asleep or restless unsatisfying sleep).  

GAD C-6
Criteria (No = 0, Yes = 1)

The main purpose of the next three questions is to make sure there isn’t a better explanation for the child’s symptoms (e.g. symptoms as a result of a seizure disorder rather than GAD).

Is the child’s anxiety the result of a more specific problem such as a panic attack (Panic Disorder), being embarrassed in public (Social Phobia), being contaminated (OCD), being separated from attachment figures (SAD), or any other Axis I diagnosis?

0 = no (anxiety not caused by any other condition)
1 = yes (anxiety confined to other condition[s])
9 = don’t know

DISTRESS AND IMPAIRMENT?
Does the anxiety cause clinically significant distress or impairment?
Is (s)he upset or distressed by the worries, anxious symptoms?
Does it interfere with school, social, family functioning?

0 = not impairing
1 = impairing
9 = don’t know

SECONDARY TO OTHER CONDITIONS?
Is the anxiety due to direct physiological effects of a substance (medication, drug of abuse) or medical condition (e.g. hyperthyroidism)? Do the anxiety symptoms occur exclusively during a Mood Disorder, Psychotic Disorder, or Pervasive Developmental Disorder?

0 = not secondary
1 = secondary
9 = don’t know

SECONDARY TO TRAUMA
Are the anxieties and associated symptoms related to traumatic experiences?

0= not secondary to trauma
1= secondary to trauma
9=don’t know

- Acute Stress Disorder
- Post-traumatic Stress Disorder
COMPULSIONS

Compulsions are repetitive, purposeful and intentional behaviors, performed according to certain rules or in a stereotyped fashion. The behavior is designed to neutralize some dreaded event or situation (younger children may not articulate it). Common forms of compulsions are hand washing, counting, and checking. However, there is an infinite range of possibilities.

Has your child ever felt that (s)he absolutely must do something over and over again (like washing hands, even if they are clean; checking locks, light switches; counting, balancing, making things even)?

What about having to do something exactly the same way each time?

Does (s)he start all over again if (s)he makes a mistake?

What does (s)he do? Do you know why?

What would happen if (s)he doesn’t do it? Does (s)he try to stop?

How much of the time does (s)he have to do ______ (these actions)?

How long do they last?

Is (s)he upset or distressed by having to do ______ (the ritual)?

Does it interfere with school, social, family functioning?

Describe

OBSESSIONS

Obsessions are recurrent and persistent thoughts, ideas, impulses, or images that are actually experienced as intrusive, unwanted, senseless, or repugnant. They should be distinguished from obsessive brooding or rumination which is characterized as organized thought about real or potentially unpleasant events. They should also be distinguished from thought insertion (the individual does not recognize it as a product of his mind but imposed from without).

Obsessions often include, but are not limited to, contamination, aggressive or sexual content.

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 or distressed by the thoughts?

Does it interfere with school, social, family functioning?

Describe
**TICS**
Tics are sudden, rapid, recurrent involuntary or repetitive movements or sounds.

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

**Vocal Tics:** What about repetition of sounds or noises like whistling, coughing or clicking sounds, words, phrases? (if vocal tics, rate 3)

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?

Is the child distressed by the tics? MARKED DISTRESS?
Do they interfere with social, school, family function? SIGNIFICANT IMPAIRMENT?

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

Tic Disorders are distinguished from one another based on duration and variety of tics.

**Transient Tic Disorder:** motor and/or vocal tics more than 4 weeks, less than 12 months.

**Chronic Motor or Vocal Tics:** either motor or vocal tics, more than 12 months.

**Tourette’s Disorder:** motor and vocal tics, more than 12 months.

Describe

---

**Stereotypic Movement Disorder**
Motor behavior that is repetitive, seemingly driven, and nonfunctional. It interferes with normal activities or results in self-injury.

Does your child have repetitive grooming or nervous habits?
Like thumb sucking, head banging, rocking, hand shaking or waving, mouthing of objects, hitting own body, self biting, skin picking, etc.?

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

How long? More than 4 weeks?

Is the behavior better accounted for by a compulsion (OCD), a tic, Autism (PDD), sub-average intelligence?

Describe
HEALTH, PAIN SYMPTOMS
Some children seem very preoccupied with their physical health, often complaining of physical symptoms, wanting medication or other treatments.
* No medical reasons for these complaints.
* Impairment in social, academic, family functioning.

- MULTIPLE ORGAN/SYSTEM involvement, a lot of "patient" behaviour.
- Loss of VOLUNTARY muscle/organ FUNCTION.
- PAIN as the predominant focus of clinical attention. Psychological factors are judged to have an important role in onset, severity, exacerbation, or maintenance.
- UNREALISTIC INTERPRETATION of physical signs or sensations. Not reassurable.
- Preoccupation with an imagined or exaggerated DEFECT IN PHYSICAL APPEARANCE.

SLEEP HABITS
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?

Circle those present:
- INITIATING SLEEP, MAINTAINING SLEEP, RESTLESS UNSATISFYING SLEEP, SNORING, APNEAS, NIGHTMARES, NIGHT TERRORS, SLEEPWALKING, SLEEP ATTACKS, OTHER

EATING HABITS
Describe your child’s eating habits.
Note concerns regarding dieting, food restrictions, etc.
MOOD 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).

DEPRESSED OR IRRITABLE MOOD

- **Establish the child’s typical mood**
  - How would you describe your child’s mood?
  - Is (s)he a mostly happy (or OK) child?
  - Or mostly sad (moody, down, mad, cranky, like crying)?

- **Establish presence of episodes of depressed or irritable mood**
  - 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?

- **Establish duration**
  - When sad (or down, etc.), how long would it last?
  - How many hours a day? Days of the week? Weeks in a row?

- **Establish onset and offset**
  - Do you know what triggers the sad (depressed, down, etc.) mood?
  - 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?

- **Establish history of past episodes**
  - Has there been another time when your child felt sad (cranky, mad, etc.) for at least 3 hours a day for 3 days in a week?
  - 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?
LOSS OF INTEREST OR PLEASURE

- Establish the child’s typical interests and pleasurable activities
  What does your child usually do for fun? 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 (bored with) friends or activities?

- Are there clear episodes of loss of interest or pleasure (anhedonia)?

- Establish duration
- Establish onset and offset
- Establish severity and impairment
- Establish history of past episodes

MAJOR DEPRESSIVE EPISODE SYMPTOMS

Symptom Scoring Note:
0=not at all; 1=dubious or trivial; 2=definite and clinically significant; 3=severe.
(RATINGS OF 2 OR 3 ARE CLINICALLY SIGNIFICANT)

Five (or more) of the following symptoms have been present during the same one week period and represent a change from previous functioning.
At least one symptom is either depressed mood (MDE A1) or loss of interest or pleasure (MDE A2).

DEPRESSED OR IRRITABLE MOOD most of the day, nearly every day, for at least one week? MDE 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? MDE A2 [ ] [ ]

APPETITE and WEIGHT
  During the time that your child felt [ ],
Did (s)he also feel less hungry, eat less than usual (not dieting), lose weight (how much? Clothes fit loose?)? Did (s)he feel more hungry, eat much more than usual, gain weight (how much?)?
  MDE A3 [ ] [ ]

SLEEP DISTURBANCE
  During the time that your child felt [ ],
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? - HYPERSONMIA

EVERY DAY OR NEARLY EVERY DAY?

DESCRIBE POSITIVE FINDINGS
AGITATION / RETARDATION

_During the time that your child felt_____,

Did (s)he appear more agitated/restless than usual? -AGITATION
Or actually appear to move or talk more slowly than usual? - RETARDATION

LOSS OF ENERGY / FATIGUE

_During this same time,

Did (s)he appear tired? Like (s)he had less energy than usual? - 
Having to rest more?

WORTHLESSNESS/INAPPROPRIATE GUILT

_During the time that your child felt ______,

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?

CONCENTRATION / THINKING / INDECISION

_Also, during this period of time in which your child felt ______,

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?

SUICIDALITY

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

OTHER CHARACTERISTICS

LOW SELF-ESTEEM

HOPELESSNESS

Does (did) your child feel things will never work out for him/her, that everything goes wrong, or that things will never get better?

REACTIVITY

_During this period of time in which your child felt _______________,

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 only as NO=0 or YES=1

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

- 0 = no impairment
- 1 = impairment
- 9 = don’t know

**SECONDARY?**
Symptoms due to/secondary to physical illness (endocrine disorders, etc.), medication or street drugs.

- 0 = not secondary
- 1 = secondary
- 9 = don’t know

**BEREAVEMENT**
Depression occurs within two months of the loss of a loved one (uncomplicated bereavement).

- 0 = no bereavement within 2 months
- 1 = bereavement within 2 months
- 9 = don’t know

**DYSTHYMIA SYMPTOMS**

**Symptom Scoring Note:**
0=not at all; 1=dubious or trivial; 2=definite and clinically significant; 3=severe.
(RATINGS OF 2 OR 3 ARE CLINICALLY SIGNIFICANT)

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

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

- POOR APPETITE or OVEREATING
- INSOMNIA or HYPERSONMIA
- LOW ENERGY or FATIGUE
- LOW SELF-ESTEEM
- POOR CONCENTRATION or DIFFICULTY MAKING DECISIONS
- FEELINGS OF HOPELESSNESS
The following criteria are coded only as NO=0 or YES=1

Were symptoms consistently present for a ONE YEAR PERIOD without remitting for more than two months at a time?  
0 = no (symptoms did remit for more than two months)  
1 = yes (symptoms were consistently present)  
9 = don't know  

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

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

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

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

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

MANIC MOOD

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

● Does your child ever feel REALLY, REALLY GOOD, ALMOST TOO GOOD, like (s)he is on TOP OF THE WORLD?  

● Or like (s)he is TERRIFIC and there is NOTHING (s)HE CAN’T DO?  
  When was that?  
  Was there a reason?  
  How long did it last (minutes, hours, days, weeks)?  
  Have there been other times? When was the last time?  

● How about other times when your child felt super angry, grouchy, cranky, or irritable all the time?  
  When was that?  
  Was there a reason?  
  How long did it last (minutes, hours, days, weeks)?  
  Have there been other times? When was the last time?  

● Does your child go through periods in which (s)he is full of energy, can’t stop doing things, and doesn’t feel tired? Hardly needs any sleep?  
  When? Why? How long did it last?  

● Have there been other times? When was the last time?
MANIC MOOD SYMPTOMS

Symptom Scoring Note:
0=not at all; 1=dubious or trivial; 2=definite and clinically significant; 3=severe.
(RATINGS OF 2 OR 3 ARE CLINICALLY SIGNIFICANT)

Distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (any duration if hospitalized)?

During the period of mood disturbance, three (or more) of the following have persisted (four if the mood is only irritable) and have been present to a significant degree:

INFLATED SELF-ESTEEM OR GRANDIOSITY

During the time that your child felt _____,
Did (s)he feel especially self confident?
Like (s)he could do anything? Special? Stronger? Smarter? Special powers?

DECREASED SLEEP

During the time that your child felt _____,
Did (s)he sleep less than usual?
Did (s)he wake up feeling rested (or tired)?

More or PRESSURED SPEECH

During the time that your child felt _____,
Did (s)he talk more than usual? Faster, without stopping?

FLIGHT OF IDEAS/RACING THOUGHTS

During the time that your child felt _____,
Did (s)he feel his/her thinking was speeded up, as though thoughts were racing through his/her head?
Many thoughts and so fast (s)he could hardly keep track?

DISTRACTIBILITY

During the time that your child felt _____,
Did (s)he have a lot more trouble concentrating?
Find it harder to pay attention because (s)he was easily drawn to unimportant or irrelevant external stimuli? Anything would get him/her off track?

Is the distractibility different from symptoms of inattention in ADHD:

Acute vs. chronic?
Change from baseline?
Association with episode of elated mood?

DESCRIBE
INCREASE IN GOAL-DIRECTED ACTIVITY OR PSYCHOMOTOR AGITATION

During the time that your child felt ______,

- MANIC B6
  - Had (s)he been doing a lot more with friends?
  - Was (s)he accomplishing more work at school?
  - More interested in sex?
  - More restless than his/her usual, more energy?

EXCESSIVE INVOLVEMENT IN PLEASURABLE ACTIVITIES WHICH HAVE A HIGH POTENTIAL FOR PAINFUL CONSEQUENCES

During the time that your child felt ______,

- MANIC B7
  - Did (s)he engage in unrestrained spending (e.g. buying inappropriate presents for friends or family members), personal/sexual indiscretions, or foolish business investments?

The following criteria are coded only as NO=0 or YES=1

IMPAIRMENT?

Was the child impaired by these symptoms?

- MANIC D
  - 0 = no
  - 1 = yes
  - 9 = don't know

SECONDARY?

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

- MANIC E
  - 0 = no
  - 1 = yes
  - 9 = don't know

MIXED EPISODE

A mixed episode is characterized by a period of time (1 week) in which criteria are met for both a Manic Episode and a Major Depressive Episode (criterion A). Has the child experienced rapid alternating moods (sadness, irritability, euphoria)?

- MIXED
  - 0 = no
  - 1 = yes
  - 9 = don't know

CYCLOTHYMIA

Evidence of episodes of illness lasting at least one year, characterized by numerous Hypomanic periods (not meeting criteria for mania) and numerous Dysthymic (depressed) periods (not meeting MDE criteria).

- CYCLOTHY
  - Never without symptoms for more than two months.
  - Absence of psychotic features.
  - 0 = no
  - 1 = yes
  - 9 = don't know
### PSYCHOSIS

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have there been any periods when your child was preoccupied with strange, odd, unusual or bizarre thoughts that you couldn't understand? Like (s)he was an important person but nobody else knew it? People were out to get him/her or trying to poison him/her? Or that the world was coming to an end?</td>
<td></td>
</tr>
<tr>
<td>Has your child ever reported hearing voices of people not present or seeing people or things that weren't there? Has your child ever talked about communicating telepathically; her/his thoughts being read by others; someone inserting thoughts in his/her mind?</td>
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<tr>
<td>Have there been times when his/her speech doesn't make any sense? Incoherent? Loose associations?</td>
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<tr>
<td>Catatonic behavior? Flat, inappropriate or incongruent affect?</td>
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<tr>
<td>Have these been accompanied by avoidance of social interaction, deterioration in school work or personal grooming?</td>
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</tbody>
</table>

### AUTISTIC SPECTRUM, P.D.D., SEMANTIC-PRACTAGMATIC LANGUAGE DISORDERS

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
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<tbody>
<tr>
<td>Have you (family members, teachers) had any concerns about your child's ability to interact socially?</td>
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</tr>
<tr>
<td>• poor use of nonverbal behaviors (gestures, eye to eye gaze)</td>
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<tr>
<td>• failure to develop relationships appropriate to developmental level</td>
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<tr>
<td>• limited interest in social reciprocity</td>
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<tr>
<td>• marked difficulties understanding context of social situations</td>
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<tr>
<td>• speech/language delay or peculiarity in use of language</td>
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<tr>
<td>• unable to sustain conversation, unusual intonation</td>
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<tr>
<td>• inappropriate use of words</td>
<td></td>
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<tr>
<td>• restricted interests, stereotyped patterns of behavior</td>
<td></td>
</tr>
</tbody>
</table>

### Any other issues or concerns?