General Psychopathology Module

Parent Interview for Child Symptoms 7 (PICS-7)

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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?

Multiple symptom disorders:
0 = not at all
1 = dubious or trivial
2 = definite and clinically significant
3 = severe
9 = not known or unable to rate

Ratings of 2 or 3 contribute to a diagnosis

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
9 = not known or unable to rate

These disorders are denoted by stand alone boxes

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Page 1 of 22
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:**

0 = not at all; 1 = dubious or trivial; 2 = definite and clinically significant; 3 = severe; 9 = not known or unable to rate  
(RATINGS OF 2 OR 3 ARE CLINICALLY SIGNIFICANT)

**DISTRESS WHEN SEPARATION OCCURS OR IS ANTICIPATED**

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?

** 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?

**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?

**PERSISTENT SCHOOL RELUCTANCE OR REFUSAL**

Does your child (ever) try to stay home from school because (s)he is afraid of being without you (or someone close)?
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 (or in the basement) 
even if someone (s)he knows was elsewhere in the house?  
Does (s)he follow you around the house?  Clingy?

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?

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?

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)?

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?

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 (circle/underline those present)

- 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.
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.

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.?

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.

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?

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.

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

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.?

Did exposure to phobic stimulus provoke an anxiety response (panic) in your child? Does your child avoid the phobic situation or endure it with intense anxiety or distress?
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:**

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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)?

**GAD A**

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**GAD B**
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 C1

GAD C1

GETS TIRED EASILY, OR ALWAYS APPEAR TIRED

GAD C2

GAD C2

HAS DIFFICULTIES CONCENTRATING OR MIND GOING BLANK

GAD C3

GAD C3

IS IRRITABLE

GAD C4

GAD C4

HAS MUSCLE TENSION

GAD C5

GAD C5

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

GAD C6

GAD C6

The following criteria are coded as:

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

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 diagnosis?

GAD D

GAD D

DISTRESS AND IMPAIRMENT?
Does the anxiety cause clinically significant distress or impairment?

GAD E

GAD E

Is (s)he upset or distressed by the worries, anxious symptoms?

Does it interfere with school, social, family functioning?

SECONDARY TO OTHER CONDITIONS? Are anxieties/symptoms related to traumatic experiences?

Acute Stress Disorder
Exposure to catastrophic stressor, intense emotional response to stressor

ACUTE

ACUTE

Circle/underline those present:

SENSE OF NUMBING/DETACHMENT, BEING IN A “DAZE”, DEREALIZATION, DEPERSONALIZATION,
DISSOCIATIVE AMNESIA, RECURRING THOUGHTS/IMAGES/DREAMS, SENSE OF RELIVING EXPERIENCE

Post-Traumatic Stress Disorder
Direct exposure or witnessing in person: death, threatened death, actual or threatened serious injury/sexual violence

PTSD

PTSD

Circle/underline those present:

INTRUSIVE MEMORIES, TRAUMATIC NIGHTMARES, FLASHBACKS, REENACTMENT OF TRAUMA DURING PLAY, AVOIDANCE OF TRAUMA RELATED STIMULI, NEGATIVE ALTERATIONS IN COGNITION AND MOOD AFTER TRAUMA, ALTERATIONS IN AROUSAL AND REACTIVITY
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, 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:*
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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?

Describe:

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 by having to do __________ (the ritual)? 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 AND IMPAIRMENT?
Time consuming (e.g. more than 1 hour/day) or cause clinically significant distress or impairment in school, social, family functioning?
SECONDARY TO MEDICATION OR MEDICAL CONDITION?
Are symptoms attributable to substance/medication use or another medical condition? OCD C

SECONDARY TO OTHER MENTAL DISORDER?
Are symptoms the result or of a more specific problem such as excessive worries (GAD)? OCD D

HOARDING
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.

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, discarding your child’s things? How does (s)he react when you remove or throw away an item that you don’t think he/she needs?

Describe:

BODY DYSMORPHIC DISORDER
Characterized by obsessive worries about perceived defects or flaws in appearance, which lead to compulsive behaviours/routines to deal with the worries. Not better explained by concerns with body fat/weight, or symptoms of an eating disorder.

Is your child overly concerned with his/her appearance? Does your child perform compulsive/repetitive behaviours to hide or improve flaws (e.g. avoiding mirrors, excessive grooming, camouflaging)? Does your child ask for reassurance that the flaw isn’t visible or too obvious? Is your child so preoccupied with appearance that it interferes with concentration at school?

Describe:
TIC DISORDERS

Tics are sudden, rapid, recurrent involuntary or repetitive movements or sounds. Their pattern is variable and their rhythm is quick, sudden, and aimless.

**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?

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?

**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)?

Tic Disorders are distinguished from one another based on duration and variety of tics. (single code)

**Tourette’s 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

**Persistent (Chronic) Motor or Vocal Tic Disorder:** one or more motor OR vocal tics (not both), for at least 12 months, tics may wax and wane (specify motor or vocal)

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

Describe:
STEREOTYPIC MOVEMENT DISORDER

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

Does your child have repetitive grooming or nervous habits? Like arm waving, hand shaking, rocking, self-hitting, self-biting, rocking, head banging, mouthing of objects, skin-picking?

When did this start? Early childhood?

How long? 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 a compulsion (OCD), a tic, Autism, below-average intelligence?

Describe:

SOMATIC SYMPTOM DISORDER

Characterized by one or more somatic symptoms that are distressing or disruptive to daily life. Must be persistently symptomatic (at least 6 months). Symptoms may or may not be associated with another medical condition.

Does your child complain of specific sensations, such as shortness of breath or pain? What about general symptoms, like fatigue or weakness?

Is your child distressed by these sensations/symptoms? Are his/her thoughts, feelings, behaviours about their symptoms disproportionate or excessive?

Describe:
### SLEEP-WAKE DISORDERS

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?

Circle/underline those present:

- INITIATING SLEEP,
- MAINTAINING SLEEP,
- RESTLESS UNSATISFYING SLEEP,
- SLEEP WALKING,
- APNEAS,
- NIGHTMARES,
- NIGHT TERRORS,
- SLEEP ATTACKS

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,
- SUBSTANCE/MEDICATION-INDUCED SLEEP DISORDER

### EATING HABITS

Describe your child’s eating habits.

Note concerns regarding dieting, food restrictions, etc.
ENCOPRESIS
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. Occurs 1/month for 3 months over the age of 4.

Describe:

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). 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 LOST OF INTEREST OR PLEASURE

- Establish the child's typical mood as well as interests and pleasurables 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 (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?

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

ENURESIS
Repeated (involuntary or intentional) voiding of urine during the day or night into bed or clothes. (single code)
Chronological age at least 5, mental age at least 4, not due to physical disorder.
At least 2 episodes/week for 3 months over age of 5 or the presence of clinically significant distress or impairment.

Describe:
• 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?

MAJOR DEPRESSIVE DISORDER

Symptom Scoring:
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3 = severe; 9 = not known or unable to rate (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 (MDD A1) or loss of interest or pleasure (MDD A2).

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

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

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? - HYPERSOMNIA
EVERY DAY OR NEARLY EVERY DAY?

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 that your child felt ________,*

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

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.

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IMPAIRMENT?

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

SECONDARY?

Symptoms due to/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
PERSISTENT DEPRESSIVE DISORDER

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During a period of one year (or more) the child experienced DEPRESSED 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 as:

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

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, HYPMANIC 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? PERS G ⌊ ⌋

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

DISRUPTIVE MOOD DYSREGULATION DISORDER
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 her/her mood like between outbursts?

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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 ⌊ ⌋

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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?  

Child is between 6 – 18 years old, and onset of symptoms was before 10 years old?  

Have symptoms been steadily present for more than 1 year?  

Are symptoms occurring exclusively during an episode of Major Depressive Disorder or can outbursts be explained by another mental/physical disorder (Autism, PTSD, Persistent Depressive Disorder) or substance use?  

MANIA/HYPMANIA  

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?  
  
- How about other times when your child felt super angry, grouchy, cranky, or irritable all the 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?  

Have there been other times? When was the last time?  

Symptom Scoring:  
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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?

**INCREASE IN GOAL-DIRECTED ACTIVITY OR PSYCHOMOTOR AGITATION**

*During the time that your child felt _____,*

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 ______, 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 as:

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

IMPAIRED?
Was the child impaired by these symptoms?

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

SPECIFIER: WITH MIXED FEATURES?
Experiencing symptoms of depressed mood and mania within the same episode, with mania being more prominent.

CYCLOTHYMIC DISORDER

Evidence of episodes of illness lasting at least 1 year, characterized by numerous HYPOMANIC periods (not meeting criteria for mania) and numerous DYSTHOMIC (depressed) periods (not meeting MDE criteria).

Never without symptoms for more than 2 months.

Absence of psychotic features. Causes distress and impairment.
### BRIEF PSYCHOTIC DISORDER

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?

Has your child every reported hearing voices of people not present or seeing people or things that weren’t there? Talked about communicating telepathically; his/her thoughts being read by others; thoughts being inserted in his/her head?

Have there been times when his/her speech doesn’t make sense? Incoherent? Loose associations? Catatonic behaviour? Flat, inappropriate, incongruent affect? Have these been accompanied by avoidance of social interaction, deterioration in school work or personal grooming?

Symptoms for 1 month or less followed by full recovery.

### SOCIAL (PRAGMATIC) COMMUNICATION DISORDER

*Characterized by persistent difficulty with verbal and nonverbal communication that cannot be explained by low cognitive functioning. Does not have the restricted interests or repetitive behaviours seen in Autism.*

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

Does (s)he have trouble changing communication to match the needs of the situation (e.g. speaking differently to a child than adult, avoiding overly formal language)?

Does your child 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)?

Describe:
AUTISM SPECTRUM DISORDER
Characterized by persistent difficulty in 2 domains: persistent social communication/social interaction difficulties and restricted and repetitive patterns of behaviour.

Is your child overly dependent on routines? Highly sensitive to changes in his/her environment? Intense/passionate focus on things of interest? Little interest in things outside his/her special interest?

Does your child have trouble building age-appropriate friendships? Difficulty with eye contact? Not aware of personal space? Difficulty reading facial expressions/body language? Does (s)he understand jokes, figures of speech, sarcasm? (single code)

Describe:

Other: