

KSADS-PL DSM-5 November 2016:

**SUPPLEMENT # 3
ANXIETY, OBSESSIVE
COMPULSIVE, AND TRAUMA-
RELATED DISORDERS**

TABLE OF CONTENTS

Panic Disorder.....	1
Agoraphobia	6
Separation Anxiety Disorder.....	8
Social Anxiety and Selective Mutism Disorders.....	11
Phobic Disorders.....	14
Generalized Anxiety Disorder.....	17
Obsessive-Compulsive Disorder.....	20
Post-Traumatic Stress Disorder.....	26

Subject

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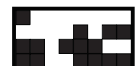
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Interviewer

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Panic Disorder

Criteria: 0 = No information. 1 = Not present. 2 = Occasionally occurs during an attack. 3 = Always or almost always occurs during an attack.

Now I am going to ask you more about when you have those nervous or scary feelings. When you have them do you...

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>1. Shortness of Breath (Dyspnea)</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Feel like you can't breathe?
Or is it hard to get enough air?

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>2. Dizziness (Vertigo)/Faintness</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Feel dizzy, like things are spinning around you?
Feel like you might fall or lose your balance?
Feel weak? Like you might faint/pass out? Fall over?

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>3. Palpitations</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Was your heart beating extra hard?
Fast? Could you feel it?

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>4. Trembling or Shaking</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Do you shake or tremble all over?
Like you wouldn't be able to hold a glass of water?

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>5. Sweating</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Perspire, sweat?
Do your palms/ face/ neck feel wet?

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>6. Choking</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Do you feel like you are choking?
Or that something is around your neck that stops the air from getting in?

Subject

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Criteria: 0 = No information. 1 = Not present. 2 = Occasionally occurs during an attack. 3 = Always or almost always occurs during an attack.

Now I am going to ask you more about when you have those nervous or scary feelings. When you have them do you...

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>7. Nausea or Abdominal Distress</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Does your stomach hurt?
Feel like you might throw up?

<u>8. Depersonalization/ Derealization</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Feel like things around you aren't real or like you are in the movies?
Feel like you are in a dream? Or like you are outside your body?

<u>9. Numbness/ Tingling</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Feel numbness or tingling in your hands or feet?
Like there are pins and needles or that you can't feel them?

<u>10. Heat or Chills</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
---------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Do you feel hot all of a sudden or real cold?

<u>11. Chest Pains</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Does your chest hurt?
Or does it feel like something heavy is on it?

<u>12. Fear of Dying</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
--------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

When you have these attacks, are you afraid you might die?

<u>13. Fear of Losing Control</u>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
-----------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Were you afraid that you were going crazy or that you might do something crazy or something you didn't want to do?
Were you afraid of losing control?

Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Criteria	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<p>14. Circumscribed Stimuli</p> <p>Attacks do not only occur prior to exposure or during exposure to a specific situation or object.</p> <p><i>Do the attacks only happen in a specific or certain situation(s)? Which ones?</i></p>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
<p>15. Attack Unanticipated</p> <p>Recurrent unexpected attacks; does not occur immediately before or after a situation that almost always causes anxiety.</p> <p><i>When you have an attack, does something happen that triggers it, or does it feel like it comes for no reason at all? What were you doing the first time you had one of these attacks?</i></p>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
<p>16. Minimum Symptom</p> <p>At least one attack with four symptoms.</p> <p><i>Have you had one attack where you had all those different feelings you described to me (list symptoms child endorsed)? What about with your first attack?</i></p>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
<p>17a. Record the maximum number of attacks in a given month.</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>17b. Record number of attacks in past week.</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>18. Fear of Having Another Attack</p> <p>One or more attacks followed by at least one-month of persistent fear of another attack, or maladaptive change in behavior related to the attacks</p> <p><i>After this happened, have you been worried or afraid that it might happen again? How much do you think about it? Did you avoid exercise or other activities out of fear of having another attack?</i></p>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Criteria	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<p>19. Onset of Attacks</p> <p>During at least one attack four symptoms developed suddenly and intensified within 10 minutes.</p> <p><i>How long does it take from when you start to have the scary feeling to when it's at its worst (list positive symptoms)? How many minutes, usually?</i></p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>20. Agoraphobia</p> <p><i>Since you started having these attacks, have you been staying home more?</i></p> <p><i>Have you been avoiding crowds, being outside alone, or traveling?</i></p> <p><i>Have started to dread these things because you are afraid you might have one of these attacks?</i></p> <p><i>When you do go out, do you feel really scared thinking about what might happen if you do have another one of these attacks?</i></p> <p>Travel restricted, or companion needed when away from home due to fear of having an intense anxiety experienced when out.</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>21. Impairment</p> <p>A. Socially (with peers)</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>B. With Family</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>C. In School</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()



Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

22. Evidence of Panic Disorder

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

DSM-5 Criteria

- A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following occur:
 - 1. Palpitations, pounding heart, or accelerated heart rate;
 - 2. Sweating;
 - 3. Trembling or shaking;
 - 4. Sensations of shortness of breath or smothering;
 - 5. Feelings of choking;
 - 6. Chest pain or discomfort;
 - 7. Nausea or abdominal distress;
 - 8. Feeling dizzy, unsteady, light-headed, or faint;
 - 9. Chills or heat sensations;
 - 10. Paresthesias (numbness or tingling sensations);
 - 11. Derealization (feeling of unreality) or depersonalization (being detached from oneself);
 - 12. Fear of losing control or going crazy;
 - 13. Fear of dying.

- B. At least one of the attacks was followed by 1 month (or more) of one or both of the following:
 - 1. Persistent concern about additional attacks or their consequences (e.g., losing control, having a heart attack, going crazy);
 - 2. A significant maladaptive change in behavior related to attacks.

- C. Disturbance not attributable to the physiological effects of a substance or another medical condition (e.g., hyperthyroidism, cardiac or pulmonary illnesses);

- D. Disturbance not better explained by another mental disorder (e.g., as in social anxiety; in response to circumscribed phobic objects; reminders of traumas, etc).

IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR PANIC DISORDER, GO TO PAGE 29 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF UNSPECIFIED ANXIETY DISORDER AFTER COMPLETING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.



Subject

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Before when you were talking, you said you avoided _____.

NOTE: GET INFORMATION ABOUT WHAT CHILD FEARS WILL HAPPEN. FOR INSTANCE, "CROWDS" CAN BE A SOCIAL OR SPECIFIC PHOBIA, DEPENDING ON IF THE CHILD IS AFRAID OF OTHERS SCRUTINIZING HIM/HER (SOCIAL PHOBIA) OR AFRAID OF NOT BEING ABLE TO GET ENOUGH AIR (USUALLY SPECIFIC/SIMPLE PHOBIA). LIKewise AN ELEVATOR CAN BE FEAR OF GETTING TRAPPED (USUALLY SPECIFIC/SIMPLE PHOIBA).

Criteria

- 0 = No information.
- 1 = Not present.
- 2 = Subthreshold: Feared situation more severe than a typical child his/ her age. Minimal overt symptoms of anxiety.
- 3 = Threshold: Feared situation associated with moderate to severe anxiety (e.g., stomach aches, racing heart, mild shaking, light tears).

1. Phobic Stimuli/ Situations

Stimuli or situations that are feared, are avoided or endured with intense anxiety, and associated with functional impairment.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Buses	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
B. Trains	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
C. Subways	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
D. Open Spaces	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
E. Shops	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
F. Theaters	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
G. Malls	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
H. Cinemas	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
I. Being outside the home alone (after 10 years old)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
J. Crowds	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
K. Standing in lines	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
L. Other (specify)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
Marked fear or anxiety about at least one situation from <u>two</u> or more of the following five groups: public transportation; open spaces; being in shops, theaters or cinemas; standing in line or being in a crowd; being outside of the home alone.	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Subject

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Date

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Interviewer

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Draft



Agoraphobia

Codes for the following items: 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP					
2. Fear of situation is due to thoughts that escape might be difficult, help may not be available or other incapacitating symptoms (e.g., incontinence).	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
3. Agoraphobic situation almost always provokes anxiety.	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
4. Situations avoided or require the presence of companion or endured with marked distress.	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
5. The fear or anxiety is out of proportion to the danger posed by the situation.	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
6. Significant distress or impairment with family, in school, or with peers.	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
7. Durations six months or longer.	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
8. Evidence of a Precipitant (specify):	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
9. DSM-5 Criteria: Evidence of Agoraphobia													0	1	2	0	1	2			
A. Marked fear or anxiety about two (or more) of the following five situations:													()	()	()	()	()	()			
1. Using public transportation (e.g., automobiles, buses, trains, ships, planes)																					
2. Being in open spaces (e.g., parking lots, marketplaces, bridges)																					
3. Being in closed spaces (e.g., shops, theaters or cinemas)																					
4. Standing in line or being in a crowd																					
5. Being outside of the home alone																					
B. Individual fears or avoids these situations because of thoughts that escape might be difficult or help might not be available in the event of developing a panic attack, or other incapacitating or embarrassing symptoms.																					
C. Agoraphobic situations almost always provoke fear or anxiety.																					
D. Situations are avoided or require the presence of a companion or are endured with marked distress.																					
E. The fear or anxiety is out of proportion to the danger posed by the situation and to the socio-cultural context.																					
F. Duration of six months or longer.																					
G. Significant distress or impairment in social, academic, occupational, or other important areas of functioning.																					
H. If another medical condition (e.g., inflammatory bowel disease) is present, the fear, anxiety, or avoidance is excessive.																					
I. Not better accounted by another medical disorder (e.g., Specific Phobia- Situational Specifier, Social Anxiety, OCD, PTSD, Separation Anxiety Disorder).																					

Subject

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1. Nightmares

*Do you have a lot of nightmares?
 Dream about being away from your parents?
 Getting kidnapped?
 Your parents going away or getting hurt?
 A lot? Sometimes?*

P C S

() () ()
 () () ()
 () () ()
 () () ()

0 - No information.
1 - Not present.
2 - Subthreshold: Occasional nightmares, more severe and more frequent than a typical child his/ her age.
3 - Threshold: Frequent nightmares (3 or more times per month) involving the theme of separation.

PAST:
 P C S

2. Physical Symptoms on School/Separation Days

*Do you get sick in your stomach or throw up a lot?
 Have headaches?
 When: in the morning, at night, at school?
 What about during weekends?*

P C S

() () ()
 () () ()
 () () ()
 () () ()

0 - No information.
1 - Not present.
2 - Subthreshold: Occasional physical symptoms, more severe and more frequent than a typical child his/ her age.
3 - Threshold: Frequent symptoms (at least 1 time per week) on school days or when anticipating separation.

PAST:
 P C S

3. Excessive Distress in Anticipation of Separations

*Do you get very upset or angry when your mother / father is going out without you?
 Or when you are getting ready to go to school? A lot? Sometimes?
 What do you do?*

P C S

() () ()
 () () ()
 () () ()
 () () ()

0 - No information.
1 - Not present.
2 - Subthreshold: Occasional distress in anticipation of separations, more severe and more frequent than a typical child his/ her age.
3 - Threshold: Frequently quite distressed in anticipation of separation situations (e.g., temper tantrums, crying, pleading).

PAST:
 P C S



4. Excessive Distress Upon Separation

Do you get very upset or angry when your mother/father are out? Does it get you upset to be left with a babysitter? A lot? What do you do? How long does it take you to calm down? Are you okay after a few minutes?

P C S

() () ()

() () ()

() () ()

() () ()

0 - No information.

1 - Not present.

2 - Subthreshold: Occasional distress upon separation, more severe and more frequent than a typical child his/ her age.

3 - Threshold: Frequently quite distressed in separation situations (e.g., temper tantrums, crying, pleading).

PAST:

P

C

S

Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Criteria	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
5. Duration of Disturbance	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

For how long have you felt bad when you weren't around your parents?

At least 4 weeks

Record approximate duration of symptoms in weeks.

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6. Impairment

A. Socially (with peers):

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

B. With family:

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

C. In school:

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

7. Evidence of a Precipitant (specify):

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

0	1	2
()	()	()

Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

8. Evidence of Separation Anxiety Disorder

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

DSM-5 Criteria

- A. Developmentally inappropriate and excessive fear or anxiety concerning separation from home or from those to whom the individual is attached as evidenced by three (or more) of the following:
 - 1. Recurrent excessive distress when separated from or major attachment figures occurs or it is anticipated;
 - 2. Persistent and excessive worry about losing, or about possible harm befalling a major attachment figure, such as illness, injury, accident or death;
 - 3. Persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped, having an accident, getting ill);
 - 4. Persistent reluctance or refusal to go to school or elsewhere because of fear of separation;
 - 5. Persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or in other settings;
 - 6. Persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home;
 - 7. Repeated nightmares involving the theme of separation;
 - 8. Repeated complaints of physical symptoms (such as headaches, stomach aches, nausea, or vomiting) when separation from major attachment figure occurs or is anticipated.
- B. The duration of the disturbance is at least 4 weeks in children and adolescents.
- C. The disturbance causes clinically significant distress or impairment in social, academic, or other important areas of functioning.
- D. The disturbance is not better explained by another medical disorder, such as refusing to leave home because of excessive resistance to change in Autism Spectrum Disorder, delusions or hallucination in Schizophrenia or another Psychotic Disorder, refusal to go out due to Agoraphobia, etc.

IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR SEPARATION ANXIETY DISORDER, GO TO PAGE 29 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF UNSPECIFIED ANXIETY DISORDER AFTER COMPLETING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.

Subject

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Codes for Items: 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
1. Review Situations that Elicit Distress	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

- _____ Talking in class
- _____ Writing on the chalkboard
- _____ Going to parties/social events
- _____ Performance situations
- _____ Eating in front of others
- _____ Using public restrooms
- _____ Changing in front of others
- _____ Talking in any social situation
- _____ Other (specify)

2. Exposure Almost Always Elicits Anxiety	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Do you get really stressed when (inquire about social situations that were identified)? When _____ does your heart race? Do you feel lightheaded? Do you sometimes freeze or find you cannot speak? Do you cry or have temper tantrums?

3. Avoidance or Endures with Intense Anxiety	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Have you ever avoided doing any of these things that we've talked about because you felt shy or worried about what other people would think or say about you? How often (daily, once a week, etc.)? Were you very uncomfortable every time or almost every time that you were in these situations? How uncomfortable were you? Do you continue to do these things even though they make you feel uncomfortable or nervous? In what ways does your nervousness or discomfort show (i.e. shaky hands or voice, rash)?

4. Fears humiliation, Embarrassment or Rejection																		

Do you worry about being embarrassed or worry about kids rejecting you?

Social Anxiety Disorder/Selective Mutism

Codes for Items: 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
<u>5. Impairment</u>																		
A. Socially (with peers): _____																		
B. With family: _____	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
C. In school: _____	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

<u>6. Fear is out of proportion to Actual Threat</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

<u>7. Duration</u> (record duration in months)	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
How long has this been going on?	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Criteria:
 Social Anxiety Disorder: six or more months
 Selective Mutism: one month or more (not limited to the first month of school)

<u>8. Language Limitations</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Verify selective mutism not attributable to lack of knowledge or comfort with the spoken language required in social situation (e.g., child currently or in the past has used language in one or more settings).

<u>7. Evidence of a Precipitant</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
(Specify)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Codes for Items: 0 = No Information 1 = No 2 = Yes

8. DSM-5 Criteria: Evidence of Social Anxiety Disorder

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

- A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others.
NOTE: In children, the anxiety must occur in peer settings and not just in interactions with adults.
- B. Fears the he/ she will show anxiety symptoms that will be negatively evaluated (e.g., embarrassing, lead to rejections or offend others).
- C. Exposure to feared situation almost always provokes anxiety (may be expressed as crying, tantrums, freezing, clinging, shrinking or failure to speak).
- D. Feared situation or performance situation avoided or endured with intense anxiety.
- E. Fear is out of proportion to actual threat and the sociocultural context.
- F. Persistent fear, anxiety or avoidance lasting for at least 6 months or more.
- G. Significant distress or impairment in social, academic, occupational, or other important areas of functioning.
- H. Not attributable to the physiological effects of a substance or another medical condition.
- I. The fear and anxiety not better explained by the symptoms of another mental disorder, such as Panic Disorder or Autism Spectrum Disorder.
- J. If another medical condition (e.g., disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is clearly unrelated or excessive.

Specify if: _____ Performance ONLY: if the fear is restricted to speaking or performing in public.

9. DSM-5 Criteria: Evidence of Selective Mutism

0	1	2	0	1	2
()	()	()	()	()	()

- A. Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., school) despite speaking in other situation.
- B. Disturbance interferes with educational or occupational achievement or with social communication.
- C. Duration of disturbance at least one month (not limited to the first month of school).
- D. Failure to speak not attributable to lack of knowledge, or comfort with, the spoken language required in the social situation.
- E. Disturbance not better explained by a communication disorder and does not occur exclusively during the course of an Autism Spectrum Disorder, Schizophrenia, or another psychotic disorder.

IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR SOCIAL PHOBIA, GO TO PAGE 29 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF UNSPECIFIED ANXIETY DISORDER AFTER COMPLETING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.

Subject

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CURRENT EPISODE

Before when you were talking, you said you were really afraid of _____. Are you afraid of any of these other things too?

NOTE: GET INFORMATION ABOUT WHAT CHILD FEARS WILL HAPPEN. FOR INSTANCE, "CROWDS" CAN BE A SOCIAL OR SPECIFIC PHOBIA, DEPENDING ON IF THE CHILD IS AFRAID OF OTHERS SCRUTINIZING HIM/HER (SOCIAL PHOBIA) OR AFRAID OF NOT BEING ABLE TO GET ENOUGH AIR (USUALLY SPECIFIC/SIMPLE PHOBIA). LIKewise AN ELEVATOR CAN BE FEAR OF GETTING TRAPPED (USUALLY SPECIFIC/SIMPLE PHOIBA - CLAUSTROPHOBIA) OR FEAR OF HAVING A PANIC ATTACK (AGORAPHOBIA).

Criteria

- 0 = No information.
- 1 = Not present.
- 2 = Subthreshold: Fear of stimuli or situation more severe than a typical child his/her age. No overt symptoms of anxiety.
- 3 = Threshold: Fear of stimuli or situation associated with moderate to severe anxiety (e.g. stomach aches, racing heart, mild shaking, light tears).

1. Phobic Stimuli/Situations

Stimuli or situations that are feared, are avoided or endured with intense anxiety, and associated with functional impairment.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
a. Heights	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
b. Dark	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
c. Blood	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
d. Dogs	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
e. Other Animals	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
f. Insects	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
*g. Being outside the home alone	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
*h. Crowds	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
*i. Open spaces (going out alone after 10 years old)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
*j. Traveling (buses, subways)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
*k. Elevators	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
*l. Stores or other closed places except elevators	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
*m. Going over bridges or through tunnels	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
*n. Other (Specify; e.g., fear of going to school)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

NOTE: STARRED (*) ITEMS REPRESENT TYPICAL AGORAPHOBIA FEARS.

Mark here if agoraphobic fears associated with concern of having an unexpected or situationally predisposed panic attack or panic-like symptoms.

Subject

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Date

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Interviewer

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Codes for the following items: 0 = No Information 1 = No 2 = Yes

Criteria:	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
2. Recognizes Fear as Excessive	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
You know how scared you are of _____? Do you think all kids feel as scared or nervous as you of _____? Do you sometimes wish you didn't feel so scared? Do you think you sometimes feel more scared than you should for a child your age? May be absent in children.	Recognizes fear is excessive																	

3. Duration (specify):	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
6 months or more.	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

4. Impairment	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
A. Socially (with peers):	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

B. With family:	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

C. In school:	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

5. Evidence of a Precipitant (specify):	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

6. DSM-5 Criteria: Evidence of Specific Phobia	0	1	2	0	1	2
	()	()	()	()	()	()
A. Marked and persistent fear or anxiety that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). NOTE: In children, the fear or anxiety may be expressed as crying, tantrums, freezing, or clinging. B. Exposure to the phobic stimulus or situation almost always provokes an immediate anxiety response. C. The phobic object or stimulus is actively avoided or endured with intense fear or anxiety. D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context. E. Duration six months or more. F. The fear, anxiety, or avoidance causes clinically significant distress or impairment. G. The disturbance is not better explained by the symptoms of another mental disorder, such as Obsessive Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Anxiety Disorder (e.g., avoidance of social situations).						

Specify (current):
 Animal (e.g., spider, dogs) ____ Natural Environment (e.g., heights, storms) ____ Situational (e.g., airplanes, elevators) ____ Blood ____ Other ____

Specify (past):
 Animal (e.g., spider, dogs) ____ Natural Environment (e.g., heights, storms) ____ Situational (e.g., airplanes, elevators) ____ Blood ____ Other ____

Subject

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Codes for the following items: 0 = No Information 1 = No 2 = Yes

	Summary CE			Summary MSP		
	0	1	2	0	1	2
7. Subtypes						
A. Animal Type (e.g. bugs, spiders, snakes)	()	()	()	()	()	()
B. Natural Environment Type (e.g. heights, storms, water)	()	()	()	()	()	()
C. Blood, Injection, Injury Type	()	()	()	()	()	()
D. Situational Type (e.g. planes, elevators, enclosed places)	()	()	()	()	()	()
E. Other Type (e.g., fear of choking, vomiting or contracting an illness; in children, fear of loud sounds or costumed characters)	()	()	()	()	()	()

IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR PHOBIC DISORDERS, GO TO PAGE 29 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF UNSPECIFIED ANXIETY DISORDER AFTER COMPLETING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.

Subject

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1. Preoccupation with Appropriateness of Past Behavior

Do you think a lot about things that already happened?
For example, do you worry about whether you gave the right answer in school?
After you talk to friends, do you keep wondering if you said the right things?

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

P C S

() () ()
() () ()
() () ()
() () ()

0 - No information.
1 - Not present.
2 - Subthreshold: Frequently worries somewhat excessively (at least 1 time per week) about past events/ behavior.
3 - Threshold: Most days of the week is excessively worried about past events/behaviors.

PAST: [] [] []
P C S

2. Marked Self-Consciousness

Some kids worry a real lot about what other people think about them. Is this true of you?
Has there ever been a time when you thought about what you were going to say before you said it?
Did you worry that other people thought you were stupid or that you did things funny?

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

P C S

() () ()
() () ()
() () ()
() () ()

0 - No information.
1 - Not present.
2 - Subthreshold: Frequently feels self-conscious.
3 - Threshold: Most days of the week feels self-conscious; worries what others think of him/her.

PAST: [] [] []
P C S

3. Overconcern about Competence

Is it really important to you to be good at everything?
Do you get upset if you miss a few questions on a test even though you get a good grade?
Do you worry a lot about how well you play sports or do other things?
Do you think a lot about every mistake you make?

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

P C S

() () ()
() () ()
() () ()
() () ()

0 - No information.
1 - Not present.
2 - Subthreshold: Frequently somewhat concerned (at least 3 times per week) about competence in at least two areas.
3 - Threshold: Most days of the week is excessively concerned about competence in several areas.

PAST: [] [] []
P C S

4. Worries about the Future

Do you often worry about things far off in the future like where and if you will get into college? What you will do for a career? Other things?

P C S

() () ()
() () ()
() () ()
() () ()

0 - No information.
1 - Not present.
2 - Subthreshold: Frequently somewhat concerned (at least 3 times per week) about the future.
3 - Threshold: Most days of the week needs concerned about the future.

PAST: [] [] []
P C S



Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

5. Inability to Control Worries:

*Do you sometimes wish you didn't worry so much?
Can you control or shut off your worries?*

Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()

6. Other Symptoms of Generalized Anxiety Disorder

One of the following is true:

1. Restlessness or feeling keyed up or on edge

2. Being easily fatigued

3. Difficulty concentrating or mind going blank

4. Sleep disturbance (e.g., difficulty falling asleep, staying asleep; or restless, unsatisfying sleep)

5. Muscle tension, aches or soreness

6. Irritability

Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()

Notes:

7. Duration (Specify):

3 months or longer

0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()

8. Evidence of Impairment or Distress

A. Socially (with peers):

0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()

B. With family:

0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()

C. In school:

0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()

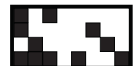
9. Evidence of Precipitant (Specify):

0 1 2	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
() () ()	() () ()	() () ()	() () ()	() () ()	() () ()

Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

10. Evidence of Generalized Anxiety Disorder

DSM-5 Criteria

- A. Excessive anxiety and worry, more days than not, for at least six months, about a number of events or activities (e.g., school, peers, sports, etc)
- B. Individual finds it difficult to control the worries
- C. Anxiety associated with three (or more) of the following symptoms (with at least some symptoms present more days than not for the past six months)
 - 1. Restlessness or feeling keyed up or on edge;
 - 2. Being easily fatigued;
 - 3. Difficulty concentrating or mind going blank;
 - 4. Irritability;
 - 5. Muscle tension;
 - 6. Sleep disturbance (e.g., difficulty falling asleep, staying asleep, or restless, unsatisfying sleep).
- D. Clinically significant distress or impairment
- E. Not attributable to the physiological effects of a substance or another medical condition
- F. Not better accounted for by another mental disorder (e.g., anxiety about having a panic attack, separation from attachment figure, etc.)

IF SIGNIFICANT ANXIETY SYMPTOMS ARE PRESENT BUT DOES NOT MEET FULL CRITERIA FOR GENERAL ANXIETY DISORDER, GO TO PAGE 29 FOR CONSIDERATION OF POSSIBLE DIAGNOSIS OF UNSPECIFIED ANXIETY DISORDER AFTER COMPLETEING ALL OTHER RELEVANT ANXIETY DISORDER SUPPLEMENTS.

Subject

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OBSSESSIONS:

Before when we were talking you said that you can't stop yourself from thinking about ____, do you also have thoughts about...

Criteria:

- 0 - No information.
- 1 - Not present.
- 2 - Obsessions of questionable clinical significance.
- 3 - Definite obsessions.

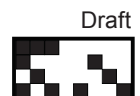
1. Content of Obsessions	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
A. Contamination (e.g., cleanliness/ germs, safety, etc.)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
B. Need for symmetry or exactness (certainty/ precision/ order)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
C. Aggressive thoughts (concerning self or others)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
D. Nihilistic or morbid thoughts	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
E. Sexual Obsessions	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
F. Meaningless phrases/ sounds/ images	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
G. Religious	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
H. Somatic/ illness	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
I. Hoarding/ saving	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
J. Other (Specify): _____	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Notes



Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Criteria	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<p>2. Thoughts Intrusive / Senseless</p> <p><i>Does it bother you that these thoughts keep coming in your mind? Do these thoughts make any sense to you or do they seem sort of silly? What about when they first started?</i></p> <p>Thoughts are perceived as intrusive or senseless, at least initially.</p>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
<p>3. Suppression</p> <p><i>When you have these thoughts, do you try to stop them... to get them out of your head? What do you do? Do you ever try thinking about other things or going and doing things to get them out of your mind? Do you have control over the thoughts or do the thoughts have control over you?</i></p> <p>Attempts to ignore, suppress or neutralize thoughts with some other thoughts or actions.</p>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
<p>4. Level of Insight</p> <p>A. Origin of Thoughts</p> <p><i>Where do you think these thoughts come from? Do they come from your head or do other people put them in your mind?</i></p> <p>Obsessions seen as product of his/ her mind, not imposed from without (not thought insertion).</p>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
<p>B. Discomfort with Thoughts</p> <p><i>Do these thoughts make you feel uncomfortable? Would you like to change these thoughts?</i></p> <p>Obsessions are uncomfortable and would like to change them.</p>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
<p>5. Time Consuming</p> <p><i>About how much time do you spend thinking about _____? Do you think about _____ at school? During recess? When you are home? At dinner? What kinds of things can't you do because of _____?</i></p> <p>Obsessions thought of more than one hour per day.</p>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

6. Obsessional Thoughts

A. Related to disgust

Obsession feels "icky," "gross," etc.

Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

B. Related to Fear

Obsession triggers fear of loss, danger, etc.

0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

C. Related to Both

0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

7. Impairment:

A. Socially (with peers):

0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

B. With family:

0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

C. In school/ work:

0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

D. Severe distress:

0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Subject

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Draft



COMPULSIONS:

Before, when we were talking you said that you can't stop yourself from doing ____. do you also do ...

Criteria:

- 0 - No information.
- 1 - Not present.
- 2 - Compulsions of questionable clinical significance.
- 3 - Definite compulsions.

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
1. Types of Compulsions																												
A. Cleaning/ Washing	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
B. Ordering/ Arranging Objects	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
C. Checking (e.g., did not harm others; nothing bad happened; did not make mistakes)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
D. Touching	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
E. Counting	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
F. Repeating/ Re-doing (e.g., assignment, activity like going through door or up/ down from chair)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
G. Scheduling Activities	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
H. Collecting/ Hoarding	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
I. Other (Specify):	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Notes:

Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Criteria	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<p>2. Purpose of Compulsions</p> <p>Why do you do _____? What are you afraid would happen if you couldn't do _____?</p> <p>Behavior designed to prevent discomfort or some dreaded event; however, activity either not connected in a realistic way to what it is designed to neutralize or prevent, or it is clearly excessive.</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>3. Perception of Compulsion</p> <p>Do you think that you do _____ more than you should? Do you wish you could stop doing _____?</p> <p>Person recognizes that behavior is excessive or unreasonable.</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>4. Time Consuming</p> <p>About how much time do you spend _____? Do you _____ a couple times a day, or only once a day? Before you go to school in the morning? At school? At home? In the middle of the night?</p> <p>Compulsions performed more than one hour per day.</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>5. Impairment:</p> <p>A. Socially (with peers):</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>B. With family:</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>C. In school/ work:</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
<p>D. Severe distress:</p>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()

Subject

Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

6. DSM-5 Criteria: Evidence of Obsessive Compulsive Disorder

A. Presence of obsessions or compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and in that most individuals cause marked anxiety or distress.
2. The person attempts to ignore or suppress such thoughts, impulses or images, or to neutralize them with some other thought or action (e.g., by performing a compulsion).

Compulsions are defined by (1) and (2):

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment.

C. The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance or another medical condition.

D. The disturbance is not better explained by symptoms of another mental disorder (e.g., excessive worries as in Generalized Anxiety Disorder; preoccupation with food in the presence of an Eating Disorder; preoccupation with drugs in the presence of a Substance Abuse Disorder; stereotypic movements in Pervasive Developmental Disorders; or guilty ruminations in the presence of MAJOR Depressive Disorder).

Specify if:

_____ With good or fair insight _____ With poor insight _____ With absent insight/ delusional beliefs

Specify if:

_____ Tic-related

Subject

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Draft



Post-Traumatic Stress Disorder

Codes for Following Items: 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP					
1. Dissociative Episodes	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<i>Do people say that you daydream a lot? Look spaced-out? Do you lose track of time a lot? Have hours gone by and you've felt unsure of what you did during that time?</i>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

2. Flashbacks	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<i>Do you sometimes have flashbacks -see images of what happened? Has there ever been a time when you felt like ____ was happening again?</i>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

3. Negative Emotions.	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<i>Since ____ happened have you been feeling sad or anxious? Angry? Overcome with fear, shame or guilt?</i>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

4. Sleep Disturbance	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<i>After ____ happened, did you have trouble falling or staying asleep? How long did it take you to fall asleep? Did you wake up in the middle of the night? Does your sleep feel restless?</i>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

5. Irritability or Outburst of Anger	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
<i>After ____ happened, did you feel cranky or grouchy a lot? Were you having a lot of temper tantrums? Have you been more aggressive?</i>	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

Subject

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Codes for Following Items: 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
6. Psychological Distress When Exposure to Stimuli that Resemble or Symbolize Event	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

*Has there ever been a time when you felt bad when you were somewhere that reminded you of what happened?
 Did you sometimes see people on the street that reminded you of _____?
 When you saw someone that reminded you of _____, did it make you feel like it was happening again?
 Were there other things that made you feel like it was happening again?
 Special dates or times of the day that reminded you of _____, and made you feel like it was happening again?*

7. Inability to Recall an important Aspect of the Trauma	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

*Do you remember everything that happened to you, or does it seem like parts of it are gone from your mind?
 Are there parts or details you just can't remember?*

8. Anhedonia/ Diminished Interest in Activities	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

*Since _____ happened, have you been feeling bored a lot?
 Are things not as much fun as before?*

9. Efforts to Avoid Memories, Thoughts or Feelings of Traumatic Event	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

*What kind of things do you do or have you done to keep from thinking about _____?
 To get rid of bad thoughts, some kids, read, do things to keep busy, or go to sleep. Did you ever do any of these things or other things to get rid of those bad thoughts and/or feelings?*

10. Restricted Affect	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

*Do you sometimes feel like a robot?
 Is it hard for you to tell how you feel?
 When something sad happens, do you feel sad?
 When something good happens, do you feel happy? As happy as before or less so?*

11. Sense of Foreshortened Future	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()

*What do you think things will be like for you when you grow up?
 Do you think you will grow up?
 Is it hard for you to imagine getting older?*

Subject

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Post-Traumatic Stress Disorder

Codes for Following Items: 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
12. Difficulty Concentrating <i>Do you have trouble keeping your mind on what you are doing. Is it harder for you to do your homework or read since ____ happened.</i>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
13. Negative Beliefs and Expectation <i>Since happened, do you expect bad things to happen? Do you feel like the world is not safe? Feel people can't be trusted?</i>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
14. Exaggerated Startle Response <i>Since ____ happened, are you more jumpy? Do little noises really scare you?</i>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
15. Physiologic Reactivity Upon Exposure to Events that Symbolize Traumatic Event <i>When you are in a place that reminds you of ____, does your heart start beating extra hard, or your stomach start to feel like you might throw up?</i>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
16. Reckless/ Self-Destructive <i>Since ____ happened have you been doing any risky things? Driving reckless? Sleeping around with people you don't really know? Cutting yourself? Hurting yourself in other ways?</i>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
17. No Positive Emotions <i>Since ____ happened do you feel like nothing makes you happy anymore? Like you can't feel love anymore, even from people you know care about you?</i>	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
18. Impairment:	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()	0 ()	1 ()	2 ()
A. Socially (with peers):	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
B. With family:	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
C. In school/work:	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
19. Duration (in weeks)	[] []		[] []		[] []		[] []		[] []		[] []		[] []		[] []		[] []	

Codes for Following Items: 0 = No Information 1 = No 2 = Yes

20. Evidence of Post-Traumatic Stress Disorder

DSM-5 Criteria

Summary CE			Summary MSP		
0	1	2	0	1	2
()	()	()	()	()	()

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:
 - (1) Directly experiencing the traumatic event(s); (2) Witnessing, in person, the event(s); (3) Learning that traumatic event(s) occurred to close family member or friend; (4) Experiencing repeated or extreme exposure to aversive details of traumatic events (e.g. first responder). **Note:** Media, television exposure does not count for A4 .
- B. Presence of one (or more) of the following intrusion symptoms beginning after traumatic event occurred:
 - (1) Recurrent, intrusive, distressing memories (**Note: may be repetitive play with trauma themes**); (2) Recurrent distressing dreams (**Note: In children content of dreams may be frightening without directly relating to trauma**); (3) Dissociative reactions (e.g. flashbacks; may include trauma-reenactment in children's play); (4) Psychological distress at exposure to internal or external cues that symbolize traumatic event; (5) Marked physiological reactions to internal and external cues that symbolize or resemble aspect of the traumatic event.
- C. Persistence avoidance of stimuli associated with the traumatic event(s), as evidenced by one or both of the following:
 - (1) Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about traumatic event(s);
 - (2) Avoidance of or efforts to avoid external reminders (e.g. people, places) that arouse distressing memories, thoughts, or feelings.
- D. Negative alterations in cognitions and moods associated with the traumatic events(s), as evidenced by two (or more) of the following:
 - (1) Inability to recall important aspects of the traumatic event(s); (2) Persistent and exaggerated negative beliefs and expectations (e.g., I am bad, the world is unsafe); (3) Distorted cognitions about the causes or consequences of the traumatic event (e.g. blame self); (4) Persistent negative emotional states (e.g., anger, fear, guilt, shame); (5) Anhedonia; (6) Feelings of detachment; (7) Persistent inability to experience positive emotions (e.g. love, happiness).
- E. At least two of the Increased Arousal items (1) Irritable or Aggressive Behaviors, (2) Reckless or self-destructive behavior, (3) Hypervigilance, (4) Exaggerated Startle Response; (5) Concentration problems; (6) Sleep disturbance (e.g., difficulty falling or staying asleep, restless sleep).
- F. Duration at least one month; and
- G. Evidence of functional impairment or clinically significant distress.
- H. Disturbance is not attributed to a substance or another medical condition

21. Evidence of Acute Stress Disorder

0	1	2	0	1	2
()	()	()	()	()	()

- A. Exposure to actual or threatened death, serious injury, or sexual violence as defined in PTSD.
- B. Presence of nine of more of the symptoms between four categories:
 - Intrusion Items (1). recurrent memories OR repetitive play, (2). nightmares, (3) flashbacks OR dissociative episodes, (4). psychological or physiological distress to internal or external cues.
 - Negative Mood Items: (5) Persistent inability to experience positive emotions (e.g., happiness, satisfaction, love)
 - Dissociative Items: (6) Altered sense of reality of one's surrounding or oneself (e.g., in a daze, time slowed); (7) inability to remember aspects of trauma.
 - Avoidance Items: (8) Avoid memories, thoughts, and feelings about trauma; (9) Avoid external reminders.
 - Arousal Items (10) Sleep Disturbance; (11) Irritability or aggression;. (12) Hypervigilance; (13) Concentration problems; (14) Exaggerated startle response.
- C. Duration of disturbance is 3 days to 1 month.
- D. Evidence of functional impairment or clinically significant distress
- E. Disturbance is not due to a substance or another medical condition and not better explained by brief psychotic disorder.

If subject meets for any anxiety disorder diagnosis check here and stop.

22. Unspecified Anxiety Disorder

0	1	2	0	1	2
()	()	()	()	()	()

Prominent anxiety, fear or phobic avoidance that does not meet criteria for any specific Anxiety Disorder (e.g., atypical presentation, other specific syndromes not listed in DSM-V or insufficient information)

Subject

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