POSTTRAUMATIC STRESS RESPONSES IN INFANCY AND EARLY CHILDHOOD INTERVIEW (P.I.E.)

Ghosh Ippen, Strothers, Noroña, Velasco, Stepka, & Coffino 2011

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This interview is adapted from the Diagnostic Interview Preschool Assessment (DIPA; Scheeringa, 2004) PTSD Module version 10/22/09. The full DIPA assesses for a range of diagnoses whereas this interview focuses solely on PTSD and common comorbid symptoms. The interview was designed to be flexible and easily tailored for research or clinical purposes. Goals guiding the adaptation include: 1) use colloquial language so that questions, as written, are more easily understood by caregivers with lower levels of education; 2) organize questions to enhance the flow of the interview (e.g. grouping sleep questions together); 3) gather data on symptoms included in the DSM V proposed revision as well as the DSM IV, DC: 0-3 and DC:0-3R, and 4) along with data on specific symptoms, gather information relevant to treatment (e.g. types of trauma reminders, caregiver response to child symptoms).

USE OF P.I.E.

The P.I.E. is currently in the pilot testing phase of its development. We are hoping some sites will be interested in working together to gather data to examine the measure's psychometric properties and clinical utility. Please feel free to use the P.I.E. for clinical purposes. At this point, use of the P.I.E. for research purposes must be granted in writing by the first author (chandra.ghosh@ucsf.edu) as she would like to be involved in studies examining the psychometrics of this instrument.

INSTRUCTIONS FOR INTERVIEWERS

ORGANIZATION

The interview has 9 sections. Eight sections measure different areas of child functioning (e.g. avoidance, mood and sleep). The 9th section assesses functional impairment. The interview can be administered in one sitting or by section over the course of multiple sessions depending on clinical needs.

At the end of the interview there is a scoring sheet and several response cards. The response cards can be used as visual prompts for questions that repeat throughout the interview (e.g. frequency and intensity).

LENGTH OF THE INTERVIEW

The interview may seem long. Here are reasons for the length

- There is space to write notes.
- There are follow-up questions (many of them optional) that allow interviewers to gather information on symptoms that are endorsed. If a symptom is not endorsed, the interviewer skips all the follow-up questions and goes to the next shaded question. Thus, it is only when many symptoms are endorsed that the interview takes a long time, but in these cases any interview should take a long time.
- The interview is written so that it is not only an assessment but a psychoeducation tool. As caregivers complete the interview, they are hopefully learning about their child's traumatic stress response. This is a key part of treatment and should help treatment progress more smoothly.
- The interview can be tailored to the needs of the interviewer/clinic and can be shortened (see the section on "tailoring the interview to your purposes")

ADMINISTRATION

- Each item has a main question, which is shaded. Ask the shaded question and code the response (see response categories below).
  - Responses not marked with "→" or "o" (e.g. NO NDA CR) require no follow-up. Skip to the next main question (the next shaded question).
  - For responses marked with "→" (e.g. YES→), ask the follow-up questions and code all "ICode" responses (an "ICode" response is one that the interviewer codes).
    - Follow-up questions include all questions up until the next shaded question.

- Follow-up questions are used to ensure that the child meets criteria for the symptom, to gather information on the frequency and severity of the symptom, and to gather clinical information relevant to treatment.
- If the response to the follow-up questions suggests the child does not have the symptom (e.g. caregiver misunderstood question), recode the response to the criteria item as NO instead of YES.
- If the response to follow-up questions suggests the level of symptomatology is within normal limits for the child's age, codes the response to the criteria item as AR (age-related) instead of YES.

o When a response is marked with "^{o}", the interviewer/agency can decide whether or not to ask the follow-up questions. The "o" stands for optional and allows for follow-up of symptoms that may be clinically relevant but not trauma-related. For example, a caregiver may endorse that a child has temper tantrums (item VII-5), but the interviewer determines the child is exhibiting temper tantrums at a level that is appropriate given the child's age. The response would be coded as AR ^{o} (Age-related). If the tantrums cause the caregiver distress, the interviewer may choose to gather data on the frequency and severity of the tantrums and the caregiver's response. Data gathered through follow-up to AR^{o} questions are not included in the total PTSD score.

RESPONSE CATEGORIES: Response categories are used to code responses to questions.

Response Category	Notes
YES	Child has symptom. For behaviors that may be normative given child's age; child has symptom at a level NOT within normal limits.
NO	Child does not have symptom
NO(due to accommodations)	Child does not have symptom but this is due to accommodations that others have made. When endorsed, this code is not included as part of the diagnostic score. A total accommodation score can be calculated and used as an outcome measure.
CR	Cannot Rate: Caregiver cannot rate symptom. This can happen for a variety of reasons: 1) caregiver does not know the child well enough or does not currently spend enough time with the child (e.g. new foster parent or parent who has been separated from child); 2) caregiver is unsure as to whether the child does the behavior; or 3) caregiver is unable to comprehend and rate a specific symptom (e.g. due to impairments in caregiver cognitive functioning).
AR & AR^{o}	Age Related: Child has symptom but at an age appropriate level. Some symptoms (e.g. sleep problems, temper tantrums) may cause caregiver distress even at age appropriate levels. In these cases, it may be helpful to track frequency and severity of the symptom as well as caregiver response. Age-related (AR) responses that may benefit from follow-up are marked with an "^{o}". Individual clinicians and agencies can decide whether they would like to gather frequency and severity data on AR^{o} items.
NDA	NDA stands for "not developmentally appropriate". Code the response as NDA when the child does not have the capacity to exhibit the symptom because the child is too young. For example, a baby cannot talk or play about their experience because they do not have language or symbolic play capacities. The NDA code is used because often pretest the child does not have the capacity to exhibit a behavior but at posttest, the child has the capacity. In treatment-outcome research it is important to understand that certain symptoms may appear as the child develops the capacity to express the symptom.

INTERVIEWER CODES: Interviewer codes are used to direct the interviewer.

Response Codes	Notes
ICode	Interviewer Code: The interviewer codes the answer during the interview If the caregiver spontaneously provides the information (e.g. through the example), it is not necessary to ask the optional follow-up questions (e.g. probes provided under an RO section). If the caregiver does not spontaneously provide the information, the interviewer should probe until s/he can code the information or determine that s/he cannot rate this item (CR).
IScore	Interviewer Score: Interviewer scores the item based on responses to multiple items. Item can be scored during the interview or later at the interviewer's convenience. Scoring of these items can also be done by computer when the data are entered. For example, item 1.1-crit is based on the caregiver's response to the initial item ("Does child talk about what happened") and responses to follow-up questions (1.1-freq-p, I.1a, I.1b, I.1c, I.1d).

QUESTION CATEGORIES: Categories of questions that repeat throughout the interview

Abbreviation	Category	Coding	Description
crit	Criteria	See response categories	• Codes whether child meets criteria for symptom, meaning child has symptom at a level that is unusual for her/his age. • Sometimes the main question (shaded item) is detailed enough to permit coding of criteria, in which case it is labeled as "crit." • For other item, follow-up questions (e.g. example and rule-out questions) are needed to determine whether the child meets criteria. In these cases criteria is coded based on information obtained from the main question and follow-up questions.
ex	Example	Open ended response with optional coding for some items	• Respondent provides an example of the symptom. • Required for all items except those that are very behaviorally defined. • Used to verify that caregiver understood question (that caregiver and interviewer are referring to the same symptom) • Use to determine whether child's response is normative for age
RO	Rule-Out	See response categories	• Interviewer uses RO probes to determine whether other factors contribute to child's symptoms (e.g. age, medical problems). • If, the respondent spontaneously provides information to allow for RO coding (e.g. through the example) the interviewer can code the response without administering specific probes.
freq	Frequency	0=never 1=two times a month 2=1-2 times a week 3=2-3 times a week 4=almost every day	• Assesses frequency of the symptom within the past month • There is a visual response card that can be use to facilitate responses
sev	Severity	0=not at all distressing 1=minimally 2=moderately 3=markedly 4=extremely	• Assesses severity of the symptom, including how much distress or discomfort it causes the child, how intense or how strong the symptom is, and how much of a problem the caregiver sees the symptom as causing. • There is a visual response card that can be use to facilitate responses • For diagnostic interviews (determining presence or absence of PTSD), assessing for severity is optional. However, for treatment outcome research or clinical outcomes monitoring, severity ratings provide useful information.
acc	Accommodation	***Accommodation Level*** 0 = none 1 = accommodates some, but not usually (<50% of the time) 2 = accommodates more than not (>50% of the time) 3 = almost always accommodates ***Accommodation Quality*** 0= accommodation seems helpful or presents no problem 1= accommodation seems mildly maladaptive 2= accommodation seems maladaptive	Degree to which others (e.g. caregivers) make changes in the environment, life, or their own behavior as a way of reducing child's symptoms. The code for accommodation level comes from the DIPA. We have added coding for the quality of the accommodation.

QUESTION CATEGORIES: Categories of questions that repeat throughout the interview (continued)

Abbreviation	Category	Coding	Description
cgresp	Caregiver response	+2: Significant strength +1: Moderate strength 0: Adequate, appropriate response -1 : Some clinical concern regarding caregiver response -2: Significant clinical concern regarding caregiver response	• Optional Code: Clinician impression • Tracks what the caregiver does when the child exhibits the symptom. • Cgresp scores may be useful for clinical work and clinical research. For example, it may allow us assessment of change in caregiver response to symptoms even when child's symptoms do not change (e.g. caregiver who is more soothing in response to trauma reminders).
ocgresp	Other Caregiver Response	+2: Significant strength +1: Moderate strength 0: Adequate, appropriate response -1 : Some clinical concern regarding caregiver response -2: Significant clinical concern regarding caregiver response	• Optional Code: Clinician impression • Code the response to symptoms of another caregiver who is involved in the child's life (e.g. mother's response might be rated under cgresp and father's response under ocgresp).
help	Help	0= Not a concern 1= concern but well managed 2= concern, would like help but not top priority 3= concern and moderate priority 4= concern, one of top priorities	• Optional code • Prioritize symptoms caregiver would like to focus on during treatment. • Can be used at posttreatment to determine whether the caregiver received help on those items prioritized at intake. • Rational for Help code vs. severity: In some cases the child's symptoms may not improve, but the caregiver may feel better supported and equipped to deal with the symptoms. In these cases the severity score may remain constant, but the help score might decrease and the cgresp score might increase.
cgexpect	Caregiver Expectations	A = accurate, within normal range H = high, given child's age L = lower than developmentally appropriate	• Optional code • Interviewer rating of whether caregiver's expectations for certain behaviors (e.g. feeding, sleeping, separation anxiety) are on track given the child's age and cultural context. • When expectations are not accurate, caregiver-focused interventions (e.g. developmental guidance of age appropriate norms, support of caregiver) may be an important part of treatment.
gate	Gating question	See response categories	• For some questions it is helpful to have a gating question before asking the criteria question.

TAILORING THE INTERVIEW TO YOUR PURPOSES

The interview was designed to be flexible and easily tailored for different clinical and research purposes. The interview allows for coding of DSM IV and proposed DSM V criteria for PTSD. In addition, questions were added to gather data on other symptoms that may be relevant to young children who have experienced trauma (e.g. comorbid symptoms and specific ways that young children may manifest symptoms). These questions are designated as optional questions. There are four kinds of optional codes. Codes for each and their meaning are detailed below. In the body of the interview, the codes appear in the far left hand column. An agency or clinician can tailor the interview to their purposes by deleting optional items prior to administering the interview.

Optional Codes	Notes
DC	• The item is related to DC:0-3 criteria for PTSD (either a DC:0-3 item or allowing for coding of a DC: 0-3 item) but is not part of DSM criteria (either DSM IV or proposed revisions for DSM V). • We strongly encourage people working with young children to keep these items. However, if you only want to code DSM criteria, DC questions can be skipped .
XP	The entire item is exploratory (meaning it is currently not needed to code DSM or DC:0-3R criteria for PTSD) and can be skipped (from XP to the double line) if the interviewer does not want the information for research or clinical purposes. These items are included because we believe they may provide valuable information about PTSD in early childhood.
OPT	The specific follow-up question is optional and not necessary for coding criteria. The question can be skipped if the interviewer does not want the information for research or clinical purposes. OPT questions generally gather clinical information that can be used for treatment planning. OPT items may also be used for research (e.g. to measure whether treatment results in changes in caregiver response – cgresp)
Baby	Some descriptions of how babies and toddlers may respond are included as part of the question, but when these descriptions are longer, they may be contained in a separate line marked “baby.” These optional descriptions can be removed for clinics that are not seeing babies.

SCORING

Scoring can be done via computer. There is also a summary sheet at the end of the interview that can be used during the interview or at the end to look at scores for criteria items (C), frequency (F), and severity (S). Items that are included on the summary sheet are marked in the body of the interview with a double-lined box. The DSM V criteria that the item measures is shown either in the box or to the left of the box (e.g. B3).

ADMINISTERING THE INTERVIEW

Prior to administering this interview, you will need to do the following:

- Set a trauma frame with the caregiver and explain why you are asking about the child’s history of exposure to potentially traumatic and stressful life events.
- Assess for the child’s history of exposure to traumatic and stressful life events using a standardized screening instrument.
- If the child has had exposure to a potentially traumatic and stressful life events, administer the interview as follows. You can let the caregiver know that while the interview may take a long time, it will help guide treatment and it may help them to better understand their child.
- If you are assessing a baby, a child with no language, or a child with no symbolic play, you can read through the interview beforehand and quickly score all the items the child cannot do due to the age as NDA. This will make the interview go faster for caregivers of young children. For children who may have language or play, you should have first assessed their capacity in this area.

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INTRODUCTION

Your child has been through difficult experiences (*describe events you know child has experienced).* Things like this can affect children in many different ways. I'm going to ask you a number of questions, so we can understand whether your child was affected by what s/he went through, and, if s/he was affected, in what ways. For each problem or symptom we identify, I will ask you how often your child has had this symptom in the last month and how strong the symptom is, meaning how much distress or discomfort it causes. All this information will help us develop a plan to help her/him.

OPT: *(use if administering optional cgresp and help questions)* As we go through these different symptoms, we will also talk about how you usually respond when s/he does these things, and we will think about whether this is an area where you would like help or whether you feel comfortable with the way you currently deal with the particular problem or symptom. This will help us prioritize which areas to focus on in treatment.

SECTION I – REEXPERIENCING, DISTRESSING RECOLLECTIONS (I.1-I.7)

We are going to start by thinking about different ways that children may show us that they remember what happened.

I.1		Does s/he talk about what happened? *(Code NDA if too young to talk)*	YES→ NO NDA CR	
		I.1-ex: What does s/he say? Who does s/he talk to?		
	I.1-freq	How often did s/he talk about it in the past month? *Use frequency card*	Frequency: 0 1 2 3 4	
	1.1-freq-p		**ICode:** Freq suggests intrusive:	*YES NO CR
	I.1a	Does s/he talk about it with people s/he doesn't know well or at unusual times or places?	**ICode:** Intrusive remembering:	*YES NO CR
	I.1b	When s/he talks about what happened, what feelings does s/he show? • Distressed/dysregulated affect: Really upset, scared, anxious, or angry? *YES NO • Flat affect: Shuts down or shows no emotions? *YES NO • Mood does not match what s/he's talking about? *YES NO *e.g. smiles while talking about something scary or sad.*	**ICode:** Disrupted affect B3 *(if any *YES, code as *YES)*	*YES NO CR
OPT	I.1c	Does the way s/he talks about it seem helpful or possibly healthy? *(Get example to verify)*	**ICode:** Healthy processing	YES *NO CR
OPT	I.1d	When s/he talks about it, given what happened, does her/his story make sense? Or, does it seem mixed up, odd, or hard to understand and not just because of her/his age.	Narrative coherence	YES IN PART NO
	1.1-crit	**IScore:** *If I.1=YES AND response to I.1-freq-p, I.1a, or I.1b, I.1c, or I.1d marked w/ * = YES*	**IScore:** (any circled *)**:** B1	YES NO CR
	I.1-sev	How much of a problem is it? *Use Severity card*	Severity: 0 1 2 3 4	

I.2	Does s/he play about what happened with toys, dolls, or action figures? *(e.g. Children who have been in a car accident may crash cars. Children who have seen people fight may have animals or dolls fight in play.)* *(Code NDA if child too young to play)*			YES→ NO NDA CR
	I.2-ex: What does she play about, where, with whom?			
	I.2-freq	How often did s/he play this way in the past month?	Frequency: 0 1 2 3 4	
	1.2-freq-p		**ICode:** Freq suggests intrusive	*YES NO CR
	I.2a	Does s/he play this way with people s/he doesn't know well or at unusual times or places?	**ICode:** Intrusive remembering	*YES NO CR
	I.2b	When s/he plays about it, what feelings does s/he show? • Distressed/dysregulated affect: Really upset, scared, anxious, or angry? *YES NO • Flat affect: Shuts down or shows no emotions? *YES NO • Mood does not match what s/he's playing about? *YES NO *e.g. smiles while playing about something scary or sad.*	**ICode:** Disrupted affect B3 *(if any *YES, code as *YES)*	*YES NO CR
	I.2c	Does her/his play seem stuck? Like s/he keeps playing about what happened over and over and things don't change or get better?	**ICode:** Stuck play	*YES NO CR
OPT	I.2d	Does the way s/he plays about it seem helpful or even healthy? *(Get example to verify)*	**ICode:** Healthy play	YES *NO CR
OPT	I.2e	Does her/his play seem to tell a story that makes sense? *Note: In young children, incoherence not indicative of pathology, but coherence would be a strength.*	Narrative coherence	YES IN PART NO
	I.2-crit	**IScore:** *If I.2=YES AND response to I.2-freq-p, I.2a, I.2b, or 1.2c, or 1.2d marked w/ * = YES*	**IScore:** (any circled *): B1	YES NO CR
	I.2-sev	How much of a problem? *Use Severity card*	Severity: 0 1 2 3 4	
XP	I.3 gate: Some children have imaginary friends, people they talk to who aren't really there. This is fairly common in early childhood. Does your child have any imaginary friends?			YES→ NO NDA CR (if NO, NDA or CR go to I.4)
	I.3-crit: Does the way s/he plays with or talks to or about imaginary friends seem to be related to what happened? B1			YES→ NO CR
	I.3-ex: What have you noticed?			
	OPT	*(code themes, IF=imaginary friend)* [ ]Plays it out w/ IF [ ]Talks about it w/ IF [ ]IF protective [ ]IF harming child [ ]IF harming perpetrator		
	I.3-freq	How often in past month: 0 1 2 3 4	I.3-sev	How much of a problem: 0 1 2 3 4
	I.3a-crit	Does s/he ever get so involved with imaginary friends that s/he is not aware of what is happening around her/him? B3		YES→ NO CR
	I.3a-freq	How often in past month: 0 1 2 3 4	I.3a-sev	How much of a problem: 0 1 2 3 4

XP	I.4 Does s/he ever draw pictures of what happened or pictures that seem connected to what happened?			YES→ NO NDA CR	
	I.4-ex: What does she draw, where, with whom?				
	OPT	*(Code themes)*: [ ]Violent imagery [ ]Damage to self [ ]Monster [ ]Scary perpetrator [ ]Retribution to perpetrator			
		I.4-freq	In the last month, how often did s/he draw about what happened?	Frequency: 0 1 2 3 4	
		I.4-freq-p		**ICode:** Freq suggests intrusive:	*YES NO CR
		I.4a	Does s/he do this with people s/he doesn't know well or at unusual times or places?	**ICode:** Suggests intrusive	*YES NO CR
		I.4b	When s/he draws about what happened, what feelings does s/he show? • Distressed/dysregulated affect: Really upset, scared, anxious, or angry? *YES NO • Flat affect: Shuts down or shows no emotions? *YES NO • Mood does not match what s/he's drawing about? * YES NO *e.g. Draws pictures of bad things happening, but is smiling or people in pictures are smiling.*	**ICode:** Disrupted affect B3 *(if any *YES, code as *YES)*	*YES NO CR
		I.4c	Does s/he ever keep drawing the same thing over and over?	**ICode:** Stuck drawing	*YES NO CR
		I.4-crit	**IScore:** *If I.4=YES AND I.4-freq-p, I.4a, I.4b, or 1.4c=*YES, criteria=YES*	**IScore:** (any circled *=yes): B1	YES NO CR
		I.4-sev	How much of a problem do you think this (her/his drawing about what happened) is?	Severity: 0 1 2 3 4	
I.5-crit: When s/he's not playing, does s/he acts out what happened or parts of what happened? B1				YES→ NO NDA CR	
OPT	*e.g. Young children who have seen hitting or shooting may hit or pretend to shoot someone. Children who have seen someone get hurt, will sometimes talk about how they hurt in the same part of their body. Children who have experienced pain may complain of pain long after the actual injury and even after a doctor says they should not be feeling pain. Even older babies and toddlers may repeat noises or movements they have seen (e.g. falling down, throwing objects).*				
	I.5-ex: What kinds of things have you noticed?				
	I.5-frequency	How often in last month: 0 1 2 3 4	I.5-severity	How much of a problem: 0 1 2 3 4	
OPT	*CLINICAL CODES FOR QUESTIONS I.1-I.5* When child does things that suggest that s/he remembers what happened, like talking, playing, drawing or acting out or what happened . . .				
OPT	I.1-5-cgresp: What do you do? (-2 to 2)		I.1-5-ocgresp What does other caregiver do? (-2 to 2)		I.1-5-help Area where you want help? (0-4)

I.6-crit	Does s/he ever say that what happened is happening all over again even when it's not? Or, does s/he ever act like what happened is happening all over again, like s/he's reliving it? B3					YES→ NO NDA CR
	(give example: e.g. a child who has been in a car crash might yell "the cars are crashing" or "look out we're going to crash" even when this is not happening. A child who's seen fighting may yell "stop fighting" even when no one around her/his is fighting or arguing)					
	I.6-ex: Can you tell me about a time when this happened?					
	I.6-freq	How often in last month: 0 1 2 3 4	I.6-severity *(rate high if I.7a or I.7b indicates dissociation):*		How much of a problem: 0 1 2 3 4	
	I.7a	When this happens, does it ever seem like s/he spaces out or freezes so that she's not aware of what's going on around her/him? Like if you wave your hand in front of her/his face or touch her/him on the shoulder, s/he doesn't notice you.				*YES NO CR
	I.7b	Does it ever seem like s/he's hearing things that aren't there or seeing things that aren't there?				*YES NO CR
	I.7-crit	**IScore:** *If I.7a=YES OR I.7b=YES, criteria=YES*		**IScore:** (any circled *=yes)**:** B3		YES-> NO CR
	I.7-freq	How often in last month: 0 1 2 3 4	I.7-severity	How much of a problem *(Rate high if hallucinations)*: 0 1 2 3 4		
OPT	I.6-7-cgresp: What do you do? (-2 to 2):		I.6-7-ocgresp What does other caregiver do? (-2 to 2):		I.6-7-help Area where you want help? (0-4):	

SECTION II – AVOIDANCE (II.1-II.4): Remembering what happened can be emotionally painful. Sometimes children don't want to remember or think about what happened. Here are some things they may do.

II.1-crit: Does it ever seem like s/he doesn't remember what happened or has problems remembering parts of what happened? D1						YES→ NO NDA CR AR
	II.1-ex: What have you noticed?					
	II.1-RO	Does it make sense that s/he doesn't remember given how old s/he was when it happened, or does it seem like s/he's forgetting things s/he should remember?		**ICode:** Age-related	NO MAYBE YES* CR **If YES, code II.1-crit as AR*	
	II.1-freq	How often in last month: 0 1 2 3 4	II.1-severity	How much of a problem : 0 1 2 3 4 *(note: differentiate between symptom severity and problems cause by child's not remembering or denying event (e.g. not being able to substantiate abuse)*		
OPT	II.1-cgresp: What do you do? (-2 to 2):		II.1-ocgresp What does other caregiver do? (-2 to 2):		II.1-help Area where you want help? (0-4):	
XP	II.2-crit: Does s/he ever say it didn't happen even when you know it did happen, and s/he's said that it happened before? C1					YES→ NO NDA CR
	OPT	II.2-ex: What have you noticed?				
		II.2-freq	How often in last month: 0 1 2 3 4	II.2-severity	How much of a problem *(see note above)* : 0 1 2 3 4	
II.3-crit: Does s/he ever say s/he doesn't like to think about what happened? C1						YES→ NO NDA CR
OPT	II.3-ex: What have you noticed?					
	II.3-freq	How often in last month: 0 1 2 3 4		II.3-severity	How much of a problem *(see note above)* : 0 1 2 3 4	
OPT	*CLINICAL CODES FOR QUESTIONS II.2 and II.3:* When child says it didn't happen or says she doesn't like thinking about what happened . . .					
OPT	II.2-3-cgresp: What do you do? (-2 to 2):		II.2-3-ocgresp What does other caregiver do? (-2 to 2):		II.2-3-help Area where you want help? (0-4):	
II.4-crit: Does s/he ever say s/he does not want to talk about what happened? Or, when others talk about it, does it seem like s/he wants them to stop? C3						YES→ NO NDA CR
OPT	*e.g. starts talking about something else, becomes noisy or starts to behave badly, shuts down, starts doing something else so s/he doesn't have to pay attention to what you are talking about, leaves the room, or tries to get people to stop talking about it in any other way.*					
	II.4-freq	How often in last month: 0 1 2 3 4		II.4-severity	How much of a problem *(see note below)* : 0 1 2 3 4	
OPT	II.4-cgresp: What do you do? (-2 to 2):		II.4-ocgresp What does other caregiver do? (-2 to 2):		II.4-help Area where you want help? (0-4):	

SECTION III. REMINDERS AND REACTIONS TO REMINDERS

Many things may remind your child of what happened: activities, places, people, sounds, smells, times of the year, things in the environment, weather. We call these things reminders. Some children try to avoid reminders. Others may show a change in their feelings and behavior when they're around them.

Instructions: Ask III.1-crit OR optional items *(III.P.1, III.A.1, III.T.1, & III.O.1). Optional items gather clinical information about specific reminders.*

OPT	We're going to start by identifying things that may remind your child of what happened and then think about how they affect your child.			
OPT	III.P: Let's start with places. Are there places that might remind her/him of what happened? *Probe as necessary, offering examples that might be relevant given child's experience.*			Places as reminders YES→ NO CR
OPT	III.P-ex : *(places identified)*			
OPT	III.P.1	Does it ever seem like s/he doesn't want to go to these places? S/he might refuse to go, complain, shut down, or have a tantrum when you're going to these places.		Avoidance of places YES* NO CR NDA*(too young to avoid)*
OPT	III.A: Are there activities or things your child did or does that might remind her/him of what happened? Activities can include outings like going to the beach or playing soccer or every day things like eating, taking a bath, singing certain songs. *Probe as necessary. Give examples of relevant trauma and loss reminders.*			Activities as reminders YES→ NO CR
OPT	III.A-ex: *(activities identified)*			
OPT	III.A.1	Does it ever seem like s/he doesn't want to do these things any more? S/he might refuse to do them, complain, shuts down, or have a tantrum when you're going to do them.		Avoidance of activities YES* NO CR NDA*(too young to avoid)*
OPT	III.T: Are there specific times of the year, seasons, holidays, or anniversaries that might remind her/him of what happened? *Give examples of relevant trauma and loss reminders and help caregiver think about anniversary reactions.*			Times of year as reminders YES→ NO NDA CR
OPT	II.T-ex: *(times identified)*			
OPT	III.T.1	Does s/he ever say things like s/he doesn't like that time of the year or seem to shut down or not want to celebrate certain holidays s/he used to like? *Optional: Even when they seem too young to remember, children may be sensitive to anniversaries of the event. For example, a child whose trauma occurred during the rainy season may begin remembering what happened when it starts to rain. Have you noticed any anniversary reactions?*		Avoidance of time of year YES* NO CR NDA*(too young to avoid)* [ ] check here if no anniversary yet

OPT	III.O: Are there other things that might remind her/him of what happened, including objects, sights, smells, sounds, things in the environment, weather? *Probe as necessary. Give relevant examples of trauma and loss reminders.*			Other reminders YES→ NO CR
	OPT	II.O-ex: *(other reminders identified)*		
	OPT	III.O.1	Does it ever seem like s/he doesn't want to be around these things? S/he might refuse to be around them, throw them away, hide from them, or cover her/his eyes or ears as a way of avoiding them.	Avoidance of activities YES* NO CR NDA*(too young to avoid)*
III.1-crit	**Instructions:** C2 • *IF OPT items NOT ASKED (III.P.1, III.A.1, III.T.1, & III.O.1) →, ask the following question to score this item:* As you think about different reminders of the event (*including places, activities, things, and times of the year*), does it ever seem like s/he tries to avoid them or does not want to be around them. S/he might refuse to be around them or complain, shut down, turn away from them, or have a tantrum when you say you're going to be around them. • *IF OPT items asked →* ***IScore:*** *(any circled *YES=YES) If III.P.1, III.A.1, III.T.1, OR III.O.1=*YES, criteria = *YES*			**(See Instructions)** *YES→ NO NDA CR
OPT	III.1-cgaware	**ICode: Caregiver awareness of interpersonal reminders:** 0=no reminders; A=caregiver aware of and able to identify reminders NA=caregiver not aware; has problems identifying reminders		**ICode:** 0 A NA
	III.1-freq	(As you think about these different reminders, including places, activities, things, and times of the year), how often has your child tried to stay away from or avoid these reminders during the past month? *(NA if caregiver not aware of reminders)*		0 1 2 3 4 NA
	III.1-sev	How big a problem do you think this is (avoiding reminders of what happened)? *(NA if caregiver not aware of reminders)*		0 1 2 3 4 NA

OPT	*CLINICAL CODES:* When child avoids reminders including places, activities, things, and anniversaries or times of the year					
OPT	III.1-cgresp: What do you do? (-2 to 2):		III.1-ocgresp What does other caregiver do? (-2 to 2):		III.1help Area where you want help? (0-4):	

Instructions: Ask III.2-crit OR optional items *(III.PE, III.I). Optional items gather clinical information about specific reminders.*

OPT	III.PE: Are there people who might remind your child of what happened? Like people who were around or who were part of what happened? *Probe as necessary*			People as reminders YES→ NO CR
OPT	*Optional probe:* Certain groups of people, like men, women, people of a certain age or a certain ethnicity, people with a certain hair color or other physical attributes may remind her/him of what happened. Does your child seem affected by any types of people?			
	OPT	II.PE-ex:*(People who serve as reminders. Note fear of strangers coded under VII.6)*		
	OPT	III.PE.1	Does it ever seem like s/he doesn't want to be around these people? S/he might refuse to see them, leave, shut down, get upset, or have a tantrum when you are going to see them.	Avoidance of people YES* NO CR NDA*(too young to avoid*

OPT	III.I: Are there things that people do *(give relevant examples: like show certain feelings, argue, fight, leave)* that might remind your child of what happened?			Interactions as Reminders YES→ NO CR
	OPT	II.I-ex: *(interpersonal interactions that serve as reminders)*		
	OPT	III.I.1	Does s/he ever try to get people to stop doing these things or leave or shut down when people are doing them?	Avoidance of interpersonal interactions YES* NO NDA CR *(code NDA if child too young to actively avoid)*

III.1-crit	**Instructions:** C3 • *IF OPT items NOT ASKED (III.PE or III.I) →, ask the following question to score this item:* As you think about different people or things people do that may remind your child of what happened, does it ever seem like s/he tries to avoid them or does not want to be around them. She might refuse to be around them, complain, shut down, turn away from them, or have a tantrum when you say you're going to be around them. • *IF OPT items asked →* **IScore:** *(any circled *YES=YES) If III.PE.1 OR III.I.1=*YES, criteria = *YES*	**(See Instructions)** *YES→ NO NDA CR

OPT	III.2-cgaware	**ICode: Caregiver awareness of interpersonal reminders:** 0=no reminders; A=caregiver aware of and able to identify reminders NA=caregiver not aware, has problems identifying reminders	**ICode:** 0 A NA
	III.2-freq	(As you think about these different reminders, including people and things people do), how often has your child tried to stay away from or avoid these reminders during the past month?	0 1 2 3 4
	III.2-sev	How big a problem do you think this is (avoiding people or things people do that reminder her/him of what happened)?	0 1 2 3 4

OPT	*CLINICAL CODES:* When child avoids interpersonal reminders including people or things people do. . . .					
OPT	III.2-cgresp: What do you do? (-2 to 2):		III.2-ocgresp What does other caregiver do? (-2 to 2):		III.2help Area where you want help? (0-4):	

III.reminders	If no reminder identified, skip to section IV. Otherwise complete other items in section III (below)

SECTION III- CONTINUED: REMINDERS AND REACTIONS TO REMINDERS
(If OPT done) We've talked about a number of (*places, things, and people*) that remind your child of what happened *(give examples).* Now we're going to think about how your child may react when s/he is around different reminders.

OPT	III-acc	After what happened, have you made changes in where you go, the things you are around, or who you see to keep your child from being affected by these things?	YES→ NO
	OPT	*Use prompts to obtain information to code degree to which the family has made accommodations to minimize child's symptoms in this area.* • Did changes happen because of what happened? • If you didn't make these changes, would child have more problems? • Do changes cause a problem for you or your family?	**ICode:** Accommodation level 0 = None 1 = some, but not usually (<50% of time) 2 = more than not (>50% of time) 3 = almost always **ICode:** Accommodation quality: 0=helpful or presents no problem 1=mildly maladaptive 2=maladaptive

III.3-crit: When s/he is around these reminders, do you see a change in her/his behavior?	B4	YES→	NO(due to accommodations)	NO	CR				
Baby	A baby or very young child may become clingy, refuse to eat, lose interest in play objects, arch back or stiffen.								
	III.3-ex: What behaviors have you noticed? *(if behaviors are coded under avoidance or under emotional changes,or spaciness do not include here)*								
OPT	*Rate frequency and severity of most frequently occurring behaviors to see if treatment results in changes*								
	1.	F:___	S:___	3.	F:___	S:___	5.	F:___	S:___
	2.	F:___	S:___	4.	F:___	S:___	6.	F:___	S:___
	III.3-freq	How often in last month: 0 1 2 3 4		III.3-severity	How much of a problem *(see note below)* : 0 1 2 3 4				
OPT	III.3-cgresp: What do you do? (-2 to 2):		III.3-ocgresp What does other caregiver do? (-2 to 2):		III.3-help Area where you want help? (0-4):				

III.4-crit: When s/he is around these reminders does s/he show any emotional changes, like shutting down or getting very upset, becoming more fussy or cranky? *If YES to I.1b, I.2b, or I.2c (disrupted affect when playing, drawing, or talking about it), include here.*	B4	YES→	NO(due to accommodations)	NO	CR				
	III.4-ex: What kind of emotional changes do you see?								
	III.4-freq	How often in last month: 0 1 2 3 4		III.4-severity	How much of a problem: 0 1 2 3 4				
OPT	III.4-cgresp: What do you do? (-2 to 2):		III.4-ocgresp What does other caregiver do? (-2 to 2):		III.4-help Area where you want help? (0-4):				

III.5-crit: Sometimes children show how they feel with their bodies. When s/he is around these reminders, does s/he show any physical signs that s/he might be stressed? (like her/his heart racing, shaking hands, sweating, breathing faster, shortness of breath, stomach aches, headaches) B5								YES→ NO(due to accommodations) NO CR		
	III.5-ex: What physical reactions have you noticed?									
OPT	*Rate frequency and severity of most frequently occurring physiological reactions to see if treatment results in changes*									
	1.		F:___	S:___	2.		F:___	S:___	3.	F:___ S:___
	III.5-freq	How often in last month: 0 1 2 3 4				III.5-severity		How much of a problem *(see note below)* : 0 1 2 3 4		
OPT	III.5-cgresp: What do you do? (-2 to 2):			III.5-ocgresp: What does other caregiver do? (-2 to 2):				III.5-help: Area where you want help? (0-4):		
III.6-crit: When s/he is around these reminders, does it ever seem like she spaces out or shuts down in a way that makes it seem like s/he is not aware of his/her surroundings? B3								YES→ NO(due to accommodations) NO CR		
	III.6-ex: What have you noticed?									
	III.6-freq	How often in last month: 0 1 2 3 4				III.6-severity		How much of a problem *(see note below)* : 0 1 2 3 4		
OPT	III.6-cgresp: What do you do? (-2 to 2):			III.6-ocgresp: What does other caregiver do? (-2 to 2):				III.6-help: Area where you want help? (0-4):		

SECTION IV – DEVELOPMENTAL FUNCTIONING: SLEEP

There are other ways that young children may show that that they have been affected by what happened. They might show changes in sleep, eating, speech, movement, toileting, or physical health. We're going to see if your child was affected in any of these areas so that if s/he was, we can find ways to help her/him.

OPT	IV.1: About how many hours a night does s/he sleep?		# hours:
OPT	IV.1-acc	After what happened, have there been changes in where or with whom s/he sleeps?	YES→ NO
OPT		*Use prompts to obtain information to code degree to which the family has made accommodations to minimize child's symptoms in this area.* • Did changes happen because of what happened? • If you didn't make these changes, would child have more problems with sleep? • Do changes cause a problem for you or your family?	**ICode:** Accommodation level 0 = None 1 = some, but not usually (<50% of time) 2 = more than not (>50% of time) 3 = almost always **ICode:** Accommodation quality: 0=helpful or presents no problem 1=mildly maladaptive 2=maladaptive

IV.1a-crit: Does s/he have a hard time going to bed or falling asleep? E6				YES→ NO(due to accommodations) NO CR AR^{o}	
	IV.1a-ex: What kinds of problems? *(If behavior seems age appropriate, code IV.1a-crit=AR)*			**ICode:** Difficulty going to bed	YES NO CR AR
				ICode: Difficulty falling asleep	YES NO CR AR
	IV.1a-RO	Related to what happened or other reasons for the problem? • Developmental changes (*e.g. teething, mom stopped nursing at night)* NO MAYBE YES • Medical problems *(e.g. illness, ear infection)* NO MAYBE YES • Environmental problems (*e.g. noisy or new environment)* NO MAYBE YES		**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors	
	III.4a-freq	How often in last month: 0 1 2 3 4	III.4a-severity	How much of a problem: 0 1 2 3 4	
IV.1b-crit: After what happened, has s/he had more trouble staying asleep at night? E6				YES→ YES(nightmares)→ NO(due to accommodations) NO CR AR^{o}	
	IV.1b-ex	About how many times a night does s/he wake up? *(if seems age appropriate, code IV.1b-crit=AR)* • *(optional)* Does s/he wake up more than other children her/his age? NO YES • *(optional)* Is s/he waking up more than s/he used to? NO YES		# Times wake-up:	
	IV.1b-RO1	Does s/he wake up just because of nightmares or for other reasons? *[if yes, code IV.1b-crit=YES(nightmares)]*		YES NO CR	
	IV.1b-RO2	Related to what happened or other reasons for the problem? • Developmental changes (*e.g.: teething, new bed, mom stopped nursing at night, new baby in home)* NO MAYBE YES • Medical problems *(e.g.: illness, ear infection)* NO MAYBE YES • Environmental problems (*e.g.: noisy or new environment)* NO MAYBE YES		**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors	
	IV.1b-freq	How often in last month: 0 1 2 3 4	IV.1b-severity	How much of a problem: 0 1 2 3 4	

OPT	CLINICAL CODES FOR IV.1a and IV.1b: When child has trouble going to bed, falling asleep, or staying asleep								
OPT	IV.1-cgresp: What do you do? (-2 to 2):		IV.1-ocgresp: Other caregiver? (-2 to 2):		IV.1-help: Want help? (0-4):		IV.1-cgexpect:	A H L	

IV.2a-crit: Does s/he have any nightmares or bad dreams about what happened? B2			YES→ NO NDA CR	
	IV.2a-ex: Can you tell me about these nightmares?			
	IV.2a-freq	How often in last month: 0 1 2 3 4	IV.2a-severity	How much of a problem: 0 1 2 3 4

	IV.2b-crit: Does s/he have nightmares, but you don't know what they're about? B2					YES→ NO NDA CR AR^{o}	
	IV.2b-ex	*(if behavior seems age appropriate, code IV.2b-crit=AR)* • *(optional)* Do you think she's having more nightmares than other kids her/his age? NO YES • *(optional)* Do you think s/he is having more nightmares because of what happened? NO YES					
	IV.2b-freq	How often in last month: 0 1 2 3 4		IV.2b-severity	How much of a problem: 0 1 2 3 4		
OPT	CLINICAL CODES for IV.2a and IV.2b: When child has nightmares (either unrelated or related to what happened)						
OPT	IV.2-cgresp: What do you do? (-2 to 2):		IV.2-ocgresp: Other caregiver? (-2 to 2):		IV.2-help: Want help? (0-4):		IV.2-cgexpect: A H L
DC	IV.3-crit: Does s/he have night terrors? This is when during sleep the person screams out like they're having a bad dream, but doesn't wake up and doesn't remember it the next day. DC					YES→ NO NDA CR	
	IV.3-ex: Can you tell me about a time when this happened?						
	IV.3-freq	How often in last month: 0 1 2 3 4		IV.3-severity	How much of a problem: 0 1 2 3 4		
OPT	IV.3-cgresp: What do you do? (-2 to 2):		IV.3-ocgresp What does other caregiver do? (-2 to 2):		IV.3-help Area where you want help? (0-4):		
XP	IV.4-crit: Now let's talk about eating habits. Do you worry about the amount of food s/he eats? XP					YES→ NO CR AR^{o}	
	IV.4-ex: What have you noticed? *(If feeding problem appears to be age appropriate, code VI.4-crit=AR, e.g. young child prefers milk caregiver wants child to eat solids, picky eater)*					**ICode:** Eats too much	YES NO CR
						ICode: Overweight	YES NO CR
						ICode: Eats too little	YES NO CR
						ICode: Underweight	YES NO CR
	IV.4-RO	Related to what happened or other reasons for the problem? • Developmental changes (*e.g.: just began solids, teething, toddler wants to move instead of eat)* NO MAYBE YES • Medical problems *(e.g.: illness, feeding tube, chemotherapy)* NO MAYBE YES				**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors	
	IV.4-freq	How often in last month: 0 1 2 3 4		IV.4-severity	How much of a problem: 0 1 2 3 4		
	OPT IV.4-cgresp: What do you do? (-2 to 2):		IV.4-ocgresp: Other caregiver? (-2 to 2):		IV.4-Want help? (0-4):		IV.4-cgexpect: A H L

DC	IV.5-crit: After what happened, have you noticed any unusual behaviors around food or eating/feeding? DC								YES→ NO CR		
	IV.5-ex: What have you noticed *(optional list of food related behaviors, if only related to amount of food s/he eats, code under IV.5 and put NO for this item)*										
		Regression (e.g. Before ate solids, now only wants milk. Used to feed self, now needs to be fed. Wants baby food/bottles or breast)							YES F:____ S:____		
	OPT	Refuses food	YES F:___ S:___	Stores food	YES F:___ S:___	Nauseous	YES F:___ S:___	Throws up	YES F:____ S:____		
		Stuffs self	YES F:___ S:___	Steals food	YES F:___ S:___	Stomach pains	YES F:___ S:___	Other digestive problem	YES F:____ S:____		
		Always hungry	YES F:___ S:___	Other:					YES F:____ S:____		
		V.1-RO	Related to what happened or other reasons for the problem? • Medical problems *(e.g.: illness, feeding tube, chemotherapy)* NO MAYBE YES • Developmental (*e.g. new baby – now wants bottles)* NO MAYBE YES					**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors			
		IV.5-freq	How often in last month: 0 1 2 3 4			IV.5-severity	How much of a problem: 0 1 2 3 4				
	OPT	IV.5-cgresp: What do you do? (-2 to 2):		IV.5-ocgresp What other caregiver does? (-2 to 2):				IV.5-help Area where you want help? (0-4):			
DC	IV.6-crit: Now let's talk about toileting, going to the bathroom. After what happened, have you noticed any changes or anything unusual about her/his toileting habits? *(Give age appropriate examples & use OPT examples if needed)* *Optional for young children:* Have you noticed that s/he is behind in toileting skills compared to same age children? DC								YES→ NO CR AR[o]		
	IV.6-ex: What have you noticed: *(coding is optional – if example suggests problem is developmentally appropriate, code IV.6-crit=AR. For DC coding, make sure to explore possible regression.)*										
	[ ] Potty trained before but not after event [ ] Potty training delayed										
OPT	[ ] Wets bed more than others [ ] Wets self when stressed [ ] Goes to bathroom much more than before [ ] Constipation			[ ] Refuses to poop or avoids going to bathroom [ ] Goes pee or poop in strange places [ ] Smears or plays with poop [ ] Other unusual behavior with pee or poop			[ ] Unusually strong protest when cleaned or touched (appropriately) in genital area including when diaper is changed [ ] Unusual behavior when diaper changed (e.g. spreads legs in sexualized way)				
	IV.6-RO	Related to what happened or other reasons for the problem? • Medical problems *(e.g.: illness, bladder infection, medical procedure)* NO MAYBE YES					**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors				
	IV.6-freq	How often in last month: 0 1 2 3 4			IV.6-severity	How much of a problem *(see note below)* : 0 1 2 3 4					
OPT	IV.6-cgresp: What do you do? (-2 to 2):		IV.6-ocgresp: Other caregiver? (-2 to 2):		IV.6-help: Want help? (0-4):		IV.6-cgexpect:	A H L			

DC	IV.7-crit: How about your child's language skills. Have you noticed any language problems, either understanding others or being able to talk at a level similar to other children of the same age? *(Babies: Does your baby coo, squeal, babble like other her/his age?)* DC						YES→ NO CR
	IV.7-ex: What kinds of language problems have you noticed? *(prompt as needed to code. If child too young to do code NDA)*						
	Type of Delay *(check all that apply)* [ ] *Regression:* Lose language skills? (e.g.: used to know her ABC's and now doesn't, talks like a baby again) [ ] *Language skills worsen at time:* Stutters, loses language abilities at times, like when stressed or talking about what happened? [ ] *Delay:* After event, language stalled or developed more slowly? *(Did not develop in same way as it did for others of same age.)* [ ] *Selective Mutism:* Has language but only uses it with certain people?						
OPT	Area of Delay *(check all that apply)* [ ] *Expressive Language* [ ] *Receptive Language*						
	IV.7-RO	Related to what happened or other reasons for the problem? • Medical problems *(e.g. hearing loss, ear infections)* NO MAYBE YES • Developmental condition *(e.g. genetic learning disability)* NO MAYBE YES				**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors	
	IV.7-freq	How often in last month *(if always delayed, freq=4)*: 0 1 2 3 4		IV.7-severity	How much of a problem: 0 1 2 3 4		
OPT	IV.7-cgresp: What do you do? (-2 to 2):		IV.7.ocgresp: Other caregiver? (-2 to 2):		IV.7-help: Want help? (0-4):	IV.7-cgexpect:	A H L
DC	IV.8-crit: Do you have any concerns about your child's motor skills or the way s/he moves her/his body? *(use OPT for examples)* DC						YES→ NO CR
	IV.8-ex: What kinds of things have you noticed? *(prompt as needed to determine if child has more problems than other children of same age)*						
	Type of Delay *(check all that apply)* [ ] *Regression:* Motor skills worse after what happened? *(e.g. used to be able to walk and now does not walk, falls down more. Does not roll over, hold head up.)* [ ] *Motor skills worse at times:* Falls down more, clumsier at certain times, like when stressed [ ]*Delay:* After event, motor development stalled or developed more slowly than same age children *(e.g. does not roll over, hold head up sit, crawl, walk and others can,)*						
OPT	Area of Delay *(check all that apply)* [ ] *Fine Motor Delay:* Problems grasping, picking up small things (e.g. cheerios), working snaps buttons or zippers and others her/his age can do this. [ ] *Gross Motor Delay:* Delayed in holding head up, rolling over, crawling, walking, climbing, running, or jumping. [ ] *Proprioception:* Lack of body awareness, clumsy, bumps into people or things [ ] *Injuries*: Gets hurt a lot by accident [ ] *Body tone - stiff:* Body seems really stiff, in general or when you pick him/her up (for babies, does not mold to other people's bodies) [ ] *Body tone - flaccid:* Seems flaccid, does not hold posture in same way as other children of same age						
	IV.8-RO	Related to what happened or other reasons for the problem? • Medical problems *(e.g.: broken bones, injuries)* NO MAYBE YES • Developmental condition *(e.g. sensory motor integration prob, cerebral palsy)* NO MAYBE YES				**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors	
	IV.8-freq	How often in last month *(if always delayed, freq=4)*: 0 1 2 3 4		IV.8-severity	How much of a problem: 0 1 2 3 4		
OPT	IV.8-cgresp: What do you do? (-2 to 2):		IV.8.ocgresp: Other caregiver? (-2 to 2):		IV.8-help: Want help? (0-4):	IV.8-cgexpect:	A H L

XP	IV.9 gate: Some children seem to be very sensitive to sensory stimuli and may respond strongly to things like noise, lights, places with too many people, different tactile sensations like rough clothing. Have you have noticed this in your child?			YES→ NO CR AR^{o} (if NO or CR go to IV.10)
	IV.9: What have you noticed? *(If sensitivity seems age-related, IV.9-gate*= AR^{o}*)*			
	IV.9-crit	*(prompt as needed to answer)* Started after what happened? NO MAYBE *YES Got worse after what happened? NO MAYBE *YES		*YES→ NO CR *(code *YES if any *YES)*
	IV.9a	Do you think your child's response to sensory stimuli may affect how s/he is responding to what happened?		YES→ NO CR
	IV.9-freq	How often in last month have you noticed any sensory sensitivities: 0 1 2 3 4 *(if always sensitive to sensory stimuli, freq=4)*	IV.9-severity	How much of a problem: 0 1 2 3 4
OPT	IV.9-cgresp: What do you do? (-2 to 2):	IV.9.ocgresp: Other caregiver? (-2 to 2):	IV.9-help: Want help? (0-4):	IV.9-cgexpect: A H L
XP	IV.10-crit: Playing is an important skill children learn early in childhood. It involves being able to pretend, create, and have fun by yourself and with others. As you think about how your child plays, does s/he show any delays in her/his ability play compared to others of the same age? *(As needed, describe play as typically seen in the child's cultural group)*		XP	YES→ NO CR
	IV.10-ex: What have you noticed?			
	IV.10-freq	How often in last month have you noticed any delays in the area of play: 0 1 2 3 4 *(if always delayed, freq=4)*	IV.10-severity	How much of a problem: 0 1 2 3 4
OPT	IV.10-cgresp: What do you do? (-2 to 2):	IV.10.ocgresp: Other caregiver? (-2 to 2):	IV.10-help: Want help? (0-4):	IV.10-cgexpect: A H L
XP	IV.11-crit: Does your child have more health problems than before or more health problems than others her/his age or does s/he complain about physical problems (e.g. stomach hurting, owies) even though s/he doesn't actually have health problems?		XP	YES→ YES(MED)→ NO CR
	IV.11-ex: What have you noticed?			**ICode:** Actual health problems YES NO CR **ICode:** Somatic complaints YES NO CR
OPT	*Check all that apply* [ ]Allergies [ ]Asthma [ ]Diabetes [ ]Ear problems [ ]Sick often [ ]Stomach problems [ ]Other: *write under example*			
	IV.11-RO	Has child experienced a medical or health-related trauma (e.g. cancer) that contributes to health problems *(If yes, code crit=YES(MED)*		**ICode: Medical trauma contributing to problem** NO YES-AT LEAST IN PART YES-ENTIRELY CR [ ] Improvement not likely due to medical trauma
	IV.11-freq	How often in last month *(if med problem ongoing =4):* 0 1 2 3 4	IV.11-severity	How much of a problem: 0 1 2 3 4
OPT	IV.11-cgresp: What do you do? (-2 to 2):	IV.11.ocgresp: Other caregiver? (-2 to 2):	IV.11-help: Want help? (0-4):	IV.11-cgexpect: A H L

XP	IV.12-crit: After difficult things happen, some children act younger than they actually are. Is this something you Have noticed in your child? *(Code NDA if child is a baby and could not act any younger)*	XP YES→ NO NDA CR AR^{o}
	IV.12-ex: What have you noticed? (*(if change appears within normal limits, e.g. mild regression following birth of sibling, code IV.12-crit=AR) (Note: If change is in the areas of eating/feeding, language, or motor skills – code only in those areas not here)*	
	IV.12-RO: Related to what happened or other reasons for change: [ ] new sibling; [ ] move [ ] start daycare/school [ ]caregiver separation/divorce [ ]Other:	**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors
	IV.12-freq: How often in last month: 0 1 2 3 4	IV.12-severity: How much of a problem: 0 1 2 3 4
OPT	IV.12-cgresp: What do you do? (-2 to 2):	IV.12-ocgresp: Other caregiver? (-2 to 2): / IV.12-help: Want help? (0-4): / IV.12-cgexpect: A H L
XP	IV.13-crit: After difficult things happen, some children act older than they actually are. Does your child do this?	XP YES→ NO NDA CR
	IV.13-ex: What have you noticed? *(Code NDA if child is a baby and could not act any older)*	
OPT	[ ] More responsible; [ ] Sexualized behavior - acts sexy, family does not encourage this; [ ] Acts like a little adult; bossy, controlling, tells others what to do	
	IV.13a: *Probe as needed to determine if behavior is problematic.* Are you concerned about this (her/his acting older than s/he is)?	**Parent views behavior as problem** YES-> NO CR / **Interviewer views behavior as problem** YES-> NO CR
	IV.13-RO: Related to what happened or other reasons for change: [ ] new sibling; [ ] move [ ] start daycare/school [ ]caregiver separation/divorce [ ]Other:	**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors
	IV.13-freq: How often in last month: 0 1 2 3 4	IV.13-severity: How much of a problem: 0 1 2 3 4
OPT	IV.13-cgresp: What do you do? (-2 to 2):	IV.13-ocgresp What does other caregiver do? (-2 to 2): / IV.13-help Area where you want help? (0-4):

SECTION V– EMOTIONS AND MOOD: After things like this happen, we may see changes in children's moods or in the way they show feelings. Here are some things we may see.

V.1-crit: *(After what happened),* does s/he smile or laugh less often than before or seem less happy than s/he used to be? D7						YES→ NO NDA CR
Baby	*Babies may coo, babble, or interact non-verbally less – in a way the caregiver perceives as a mood change rather than a developmental change. Code NDA if this is a very young baby that has not yet developed a social smile and does not do these things.*					
	V.1-ex: What have you noticed?					
	V.1-freq	How often in last month: 0 1 2 3 4		V.1-severity	How much of a problem: 0 1 2 3 4	
OPT	V.1-cgresp: What do you do? (-2 to 2):		V.1-ocgresp What does other caregiver do? (-2 to 2):		V.1-help Area where you want help? (0-4):	
V.2-crit:*(After what happened,)* does it seem like s/he doesn't show negative feelings in the same way as before, like s/he doesn't get angry, sad, or upset, or cry or protest even when it would be normal to do so? (*applies also to babies)* D7						YES→ NO NDA CR
	V.2-ex: What have you noticed?					
	V.2-freq	How often in last month: 0 1 2 3 4		V.2-severity	How much of a problem: 0 1 2 3 4	
OPT	V.2-cgresp: What do you do? (-2 to 2):		V.2-ocgresp What does other caregiver do? (-2 to 2):		V.2-help Area where you want help? (0-4):	
V.3-crit: After things like this happen, some children show feelings more strongly or more often than they used to. Have you noticed that s/he seems more angry or fussy or gets more easily upset, frustrated, or annoyed than s/he used to? D4						YES→ NO NDA CR AR^{o}
	V.3-ex: What have you noticed? *(if related behavior seems age related and within normal limits, code AR*					
	V.3-RO	Related to what happened or other reasons for the problem? • Developmental changes (*e.g.: teething, normal toddler crankiness)* NO MAYBE YES • Medical problems *(e.g.: illness, ear infection)* NO MAYBE YES • Colic: for young infants rule out possibility of colic NO MAYBE YES			**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors	
	V.3-freq	How often in last month: 0 1 2 3 4		V.3-severity	How much of a problem: 0 1 2 3 4	
OPT	V.3-cgresp: What do you do? (-2 to 2):		V.3-ocgresp: Other caregiver? (-2 to 2):	V.3-help: Want help? (0-4):	V.3-cgexpect:	A H L

XP	V.4-crit: After s/he gets upset, does s/he have more difficulty calming down than other children or than s/he used to? XP							YES→	NO CR
	V.4-ex: What have you noticed?								
	V.4-freq	How often in last month: 0 1 2 3 4			V.4-severity	How much of a problem: 0 1 2 3 4			
OPT	V.4-cgresp: What do you do? (-2 to 2):		V.4-ocgresp: Other caregiver? (-2 to 2):		V.4-help: Want help? (0-4):		V.4-cgexpect:	A H L	
V.5-crit: Have you noticed that s/he seems more sad or down than before? D4								YES→	NO NDA CR
	V.5-ex: What have you noticed?								
OPT	V.5a	Has s/he ever been so down or upset that s/he says things like s/he wishes s/he would die or life is not worth living? *Clinical note: If example or frequency suggest high severity, evaluate any risk of self harm.*					YES NO NDA CR		
	V.5-freq	How often in last month: 0 1 2 3 4			V.5-severity	How much of a problem: 0 1 2 3 4			
OPT	V.5-cgresp: What do you do? (-2 to 2):		V.5-ocgresp: Other caregiver? (-2 to 2):		V.5-help: Want help? (0-4):		V.5-cgexpect:	A H L	

V.6-crit: Does s/he seem to have a negative view of herself/himself or her/his life? S/he might say things like "I don't do anything well", "I'm bad", or believe that things will turn out bad for her/him in the future. D2						YES→ NO NDA CR
	V.6-ex: What have you noticed? *(Code NDA if this is a child that has not have enough language to express these things)*					
	V.6.freq	How often in last month: 0 1 2 3 4		V.6-severity	How much of a problem: 0 1 2 3 4	
OPT	V.6-cgresp: What do you do? (-2 to 2):		V.6-ocgresp What does other caregiver do? (-2 to 2):		V.6-help Area where you want help? (0-4):	
V.7-crit: Does it ever seem like s/he blames herself/himself for what happened even when it wasn't her/his fault? D3						YES→ NO NDA CR
	V.7-ex: What have you noticed? *(Code NDA if this is a child that has not have enough language to express these things)*					
	V.7.freq	How often in last month: 0 1 2 3 4		V.7-severity	How much of a problem: 0 1 2 3 4	
OPT	V.7-cgresp: What do you do? (-2 to 2):		V.7-ocgresp What does other caregiver do? (-2 to 2):		V.7-help Area where you want help? (0-4):	
V.8-crit: *After what happened,* does s/he seem more fearful or worried that bad things might happen to herself/himself or other people? E3						YES→ NO NDA CR
	V.8-ex: What have you noticed?					
	V.8-freq	How often in last month: 0 1 2 3 4		V.8-severity	How much of a problem: 0 1 2 3 4	
OPT	V.8-cgresp: What do you do? (-2 to 2):		V.8-ocgresp What does other caregiver do? (-2 to 2):		V.8-help Area where you want help? (0-4):	

DC	V.9-crit: *After what happened,* did she develop any new fears or worries (like fears of the bathroom, the dark, or monsters), or have the fears s/he had before gotten worse? DC						YES→ NO NDA CR AR^{o}	
	V.9-ex: What have you noticed? *(At some ages, different fears [e.g. fear of the toilet] may be age appropriate. Prompt to determine if fears are age and/or trauma related. If fears seem normal given age, code V.9-crit=AR.*							
	[ ] Fear of dark [ ] Fear of going to bathroom alone [ ] Monsters [ ]Other:							
	V.9.freq	How often in last month: 0 1 2 3 4			V.8-severity	How much of a problem: 0 1 2 3 4		
OPT	V.9-cgresp: What do you do? (-2 to 2):		V.9-ocgresp: Other caregiver? (-2 to 2):		V.9-help: Want help? (0-4):		V.9-cgexpect:	A H L
V.10-crit: As you think about the different negative feelings s/he shows, anger, fear, guilt, shame, horror, does it seem like s/he shows these negative feelings all or most of the time? D4							YES -> NO NDA CR	
	V.10-ex: What have you noticed?							
	V.10-freq	How often in last month: 0 1 2 3 4 *(note: if frequency not 3 or 4, does not meet criteria for item, so score 9–crit= 0)*			V.10-severity	How much of a problem: 0 1 2 3 4		
OPT	V.10-cgresp: What do you do? (-2 to 2):		V.10-ocgresp What does other caregiver do? (-2 to 2):		V.10-help Area where you want help? (0-4):			

SECTION VI – ATTENTION AND CONCENTRATION: After things like this happen, we sometimes see changes in children's ability to pay attention or focus.

VI.1-crit: Does your child have problems concentrating or focusing on what s/he's doing? E5							YES→ NO NDA CR AR^{o}	
Baby	Babies have moments when they are quiet and alert and show an interest in people and things around them. Did this change?							
	VI.1-ex: What have you noticed?							
	V.8-RO	*Rule-out age related and biologically-based attention problems. Use optional prompts as needed.* • More problems focusing on tasks than other children of same age? (*If problems within normal range given age, codeVI-1= AR)* NO MAYBE YES • Biologically based attention problem? Others in family have had this type of problem? NO MAYBE YES					**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors	
	VI.1-freq	How often in last month: 0 1 2 3 4			VI.1-severity	How much of a problem: 0 1 2 3 4		
OPT	VI.1-cgresp: What do you do? (-2 to 2):		VI.1-ocgresp: Other caregiver? (-2 to 2):		VI.1-help: Want help? (0-4):		VI.1-cgexpect:	A H L

VI.2-crit: Has s/he seemed really spacey or distracted, like s/he doesn't pay attention to what is happening around her/him? E5					YES→ NO NDA CR AR[o]
Baby	*A baby may be looking around (potentially scanning for danger) rather than being quiet, alert & engaged.*				
	VI.2-ex: What have you noticed? *(If child only seems spacy or distracted in the presence of reminders, code under III.6)*				
	VI.2-RO	*Rule-out age related and biologically-based attention problems. Use optional prompts as needed.* • Spacier than other children of same age? (*If problems within normal range given age, codeVI-1= AR)* NO MAYBE YES • Biologically based attention problem? Others in family have had this type of problem? NO MAYBE YES			**ICode: Other factors contributing to problem** NO MAYBE YES CR [ ] Treatment improvement not likely due to other factors
	VI.2-freq	How often in last month: 0 1 2 3 4	VI.2-severity *(2a & 2b indicative of severity)*	How much of a problem: 0 1 2 3 4	
		VI.2a: Does it ever seem like s/he's in her/his own world and not aware of what is happening around her/him? B3			YES NO CR
		VI.2b: Does s/he ever seem to freeze or be so unaware of what's happening around her/him that if you touch her/him on the shoulder or wave your hand in front of her/his face, you can't get her/his attention? B3			YES NO CR
If 2a or 2b=yes	VI.2a-2b-freq	How often in last month: 0 1 2 3 4	VI.2-severity *(2a & 2b indicative of severity)*	How much of a problem: 0 1 2 3 4	
OPT	VI.2-cgresp: What do you do? (-2 to 2):		VI.2-ocgresp: Other caregiver? (-2 to 2):		VI.2-help: Want help? (0-4):		VI.2-cgexpect:	A H L
VI.3-crit: Does it ever seem like s/he's "on the alert," watching out for danger or bad things that might happen? E3					YES→ NO NDA CR
	VI.3-ex: What have you noticed?				
	VI.3-freq	How often in last month: 0 1 2 3 4	VI.3-severity	How much of a problem: 0 1 2 3 4	
OPT	VI.3-cgresp: What do you do? (-2 to 2):		VI.3-ocgresp What does other caregiver do? (-2 to 2):		VI.3-help Area where you want help? (0-4):	

SECTION VII – BEHAVIORAL CHANGES After bad, sad, or scary things happen, we may see changes in children's behavior. I'm going to ask you about changes you may have seen in your child's behavior.

	VII.1-crit: Does s/he play less than s/he used to? D5				YES→ NO NDA CR
	VII.1-ex: What have you noticed? (*Code NDA only for babies who do not yet play)*				
	VII.1-freq	How often in last month: 0 1 2 3 4	VII.1-severity	How much of a problem: 0 1 2 3 4	
	VII.2-crit: Are there things s/he used to like to do that s/he no longer enjoys? And it's not just because s/he's gotten older. Or, does it ever seem like s/he just doesn't want to do anything. D5				YES→ NO NDA CR
	VII.2-ex: What have you noticed?				
	VII.2-freq	How often in last month: 0 1 2 3 4	VII.2-severity	How much of a problem: 0 1 2 3 4	
OPT	CLINICAL CODES FOR QUESTIONS VII.1-VII.2 : When child doesn't want to do things she used to enjoy, including play . . .				
OPT	VII.1-2-cgresp: What do you do? *(-2 to 2)*		VII.1-2-ocgresp What does other caregiver do? *(-2 to 2)*		VII-1-2-help Area where you want help? *(0-4)*
	VII.3-crit: Does s/he seem jumpy, like s/he's more easily scared or startled than other children her/his age by loud noises or when someone comes up behind her? *(demonstrate a startle response)* E4				YES→ NO CR AR[o]
	VII.3-ex: What have you noticed? *(If within normal limits for age, code VII.3-crit=AR)*				
	VII.3-freq	How often in last month: 0 1 2 3 4	VII.3-severity	How much of a problem: 0 1 2 3 4	
OPT	VII.3-cgresp: What do you do? (-2 to 2):		VII.3-ocgresp What does other caregiver do? (-2 to 2):		VII.3-help Area where you want help? (0-4):
XP	VII.4-crit: Is s/he more active than before or more active than other kids her/his age, (e.g. crawls everywhere, gets into everything, runs around or has problems keeping still)? XP				YES→ NO NDA CR AR[o]
	VII.4-ex: What have you noticed? *(If within normal limits for age, code VII.4-crit=AR.)*				
	VII.4-freq	How often in last month: 0 1 2 3 4	VII.4-severity	How much of a problem: 0 1 2 3 4	
OPT	VII.4-cgresp: What do you do? (-2 to 2):		VII.4-ocgresp: Other caregiver? (-2 to 2):	VII.4-help: Want help? (0-4):	VII.4-cgexpect: A H L

	VII.5-crit: Does s/he do reckless or dangerous things so that you worry that s/he could get hurt or s/he actually gets hurt? *If yes, assess danger to child and caregiver's ability to protect child. If danger is extreme, develop safety plan.*					E2	YES→ NO NDA CR AR^{o}
	VII.5-ex: What have you noticed? *(If within normal limits for age, code VII.5-crit=AR)*						
	VII.5-freq	How often in last month: 0 1 2 3 4		VII.5-severity	How much of a problem: 0 1 2 3 4		
OPT	VII.5-cgresp: What do you do? (-2 to 2):		VII.5-ocgresp What does other caregiver do? (-2 to 2):		VII.5-help Area where you want help? (0-4):		
XP	VII.6-crit: Without being reckless or dangerous, does it seem like s/he gets in more accidents or gets hurt more than others her/his age?					XP	YES→ NO NDA CR AR^{o}
	VII.6-ex: What have you noticed? *(If within normal limits for age, code VII.6-crit=AR.)*						
	VII.6-freq	How often in last month: 0 1 2 3 4		VII.6-severity	How much of a problem: 0 1 2 3 4		
OPT	VII.6-cgresp: What do you do? (-2 to 2):		VII.6-ocgresp: Other caregiver? (-2 to 2):		VII.6-help: Want help? (0-4):	VII.6-cgexpect:	A H L
	VII.7-crit: Does s/he ever threaten to or actually hurt herself/himself on purpose? (e.g. bangs head on floor or wall, scratches self)					E2	YES→ NO NDA CR
	VII.7-ex: What have you noticed?						
	VII.7-freq	How often in last month: 0 1 2 3 4		VII.7-severity	How much of a problem: 0 1 2 3 4		
OPT	VII.7-cgresp: What do you do? (-2 to 2):		VII.7-ocgresp What does other caregiver do? (-2 to 2):		VII.7-help Area where you want help? (0-4):		

	VII.8-crit: Does s/he have extreme temper tantrums, more tantrums than others her/his age, or more tantrums than before? E1								YES→ NO NDA CR AR^{o}	
	VII.8-ex: What have you noticed? *(If within normal limits for age, code VII.8-crit=AR. For example babies may be fussy during the first 3 months of life, toddlers often have frequent tantrums)*									
	VII.8-freq	How often in last month: 0 1 2 3 4			VII.8-severity	How much of a problem: 0 1 2 3 4				
OPT	VII.8-cgresp: What do you do? (-2 to 2):		VII.8-ocgresp: Other caregiver? (-2 to 2):		VII.8-help: Want help? (0-4):		VII.8-cgexpect:	A H L		
	VII.9-crit: Is s/he more physically aggressive than before or more physically aggressive than other kids her/his age? Like hitting, kicking, biting, or breaking things? E1								YES→ NO NDA CR AR^{o}	
	VII.9-ex: In what ways and towards whom is s/he aggressive? *(If within normal limits for age, code VII.-crit=AR)*									
	VII.9-freq	How often in last month: 0 1 2 3 4			VII.9-severity	How much of a problem: 0 1 2 3 4				
OPT	VII.9-cgresp: What do you do? (-2 to 2):		VII.9-ocgresp: Other caregiver? (-2 to 2):		VII.9-help: Want help? (0-4):		VII.9-cgexpect:	A H L		
DC	VII.11-crit: Does s/he ever show any sexual behaviors that seem unusual for her/his age? Like talk about sexual things all the time, pretend to have sex, or touch other people's private parts. DC								YES→ NO NDA CR AR^{o}	
	VII.11-ex: What have you noticed? *(If sexual behaviors seem age appropriate e.g.child is exploring self, mark VII.11-crit as AR)*									
	VII.11-freq	How often in last month: 0 1 2 3 4			VII.11-severity	How much of a problem: 0 1 2 3 4				
OPT	VII.11-cgresp: What do you do? (-2 to 2):		VII.11-ocgresp: Other caregiver? (-2 to 2):		VII.11-help: Want help? (0-4):		VII.11-cgexpect:	A H L		

SECTION VIII – RELATIONSHIPS: After things like this happen, we may see changes in the way children interact with other people.

VIII.1-crit: Does s/he seem less affectionate or loving toward family members and friends? Or has s/he had problems showing loving or affectionate feelings?					D7	YES→ NO NDA CR
Baby	In babies we may see fewer engaging behaviors, smiling, cooing, babbling, molding of body to familiar people when held					
	VIII.1-ex: What have you noticed?					
	VIII.1-freq	How often in last month: 0 1 2 3 4	VIII.1-severity	How much of a problem: 0 1 2 3 4		
OPT	VIII.1-cgresp: What do you do? (-2 to 2):		VIII.1-ocgresp What does other caregiver do? (-2 to 2):		VIII.1-help Area where you want help? (0-4):	
VIII.2-crit: Does s/he seem distant, like s/he doesn't want to be around people s/he used to enjoy being with?					D6	YES→ NO NDA CR
	VIII.2-ex: What have you noticed?					
	VIII.2-freq	How often in last month: 0 1 2 3 4	VIII.2-severity	How much of a problem: 0 1 2 3 4		
OPT	VIII.2-cgresp: What do you do? (-2 to 2):		VIII.2-ocgresp What does other caregiver do? (-2 to 2):		VIII.2-help Area where you want help? (0-4):	
VIII.3-crit: Does s/he have a negative view of other people or the world? S/he might say things like "people are bad", "you can't trust people," "people will hurt you," or s/he might show this in her behavior.					D2	YES→ NO NDA CR
	VIII.3-ex: What have you noticed?					
	VIII.3-freq	How often in last month: 0 1 2 3 4	VIII.3-severity	How much of a problem: 0 1 2 3 4		
OPT	VIII.3-cgresp: What do you do? (-2 to 2):		VIII.3-ocgresp What does other caregiver do? (-2 to 2):		VIII.3-help Area where you want help? (0-4):	
VIII.4-crit: Does it ever seem like s/he blames other people for what happened even when it wasn't their fault?					D3	YES→ NO NDA CR AR^{o}
	VIII-4-ex: What have you noticed?					
	VIII.4-freq	How often in last month: 0 1 2 3 4	VIII.4-severity	How much of a problem: 0 1 2 3 4		
OPT	VIII.4-cgresp: What do you do? (-2 to 2):		VIII.4-ocgresp What does other caregiver do? (-2 to 2):		VIII.4-help Area where you want help? (0-4):	

XP	VIII.5-crit: Does s/he ever seem overly focused on punishing or getting revenge on the person or thing s/he views as causing what happened? XP								YES→ NO NDA CR A	
OPT	VIII.5-ex: What have you noticed? *(Example very important to code whether revenge fantasy seems appropriate [e.g. wishing bad guy would be sent in jail] or obsessive, dysregulated. If it seems appropriate, code* VIII.5*-crit=A)*									
	VIII.5-freq	How often in last month: 0 1 2 3 4			VIII.5-severity	How much of a problem *(see note above)* : 0 1 2 3 4				
OPT	VIII.5-cgresp: What do you do? (-2 to 2):		VIII.5-ocgresp: Other caregiver? (-2 to 2):		VIII.5--help: Want help? (0-4):					
DC	VIII.6-crit: Has s/he had problems separating from you or other people or become more clingy than others her/his age? DC								YES→ NO NDA CR AR^{o}	
	VIII.6-ex: What have you noticed? *(If example suggests age related and within normal limits, code VIII.6-crit=AR)*									
	VIII.6-freq	How often in last month: 0 1 2 3 4		X.6-severity		How much of a problem: 0 1 2 3 4				
OPT	VIII.6-cgresp: What do you do? (-2 to 2):		VIII.6-ocgresp: Other caregiver? (-2 to 2):		VIII.6-help: Want help? (0-4):		VIII.6-cgexpect:	A H L		
XP	VIII.7-crit: Does s/he seem to be more afraid of strangers than s/he used to be, *and it's not just because of her/his age*? XP								YES→ NO NDA CR AR^{o}	
OPT	VIII.7-ex: What have you noticed? *(if age related, code VIII.7-crit=AR)*									
	VIII.7-freq	How often in last month: 0 1 2 3 4			VIII.7-severity	How much of a problem *(see note above)* : 0 1 2 3 4				
OPT	VIII.7-cgresp: What do you do? (-2 to 2):		VIII.7-ocgresp: Other caregiver? (-2 to 2):		VIII.7-help: Want help? (0-4):		VIII.7-cgexpect:	A H L		
XP	VIII.8-crit: Is she overly friendly with strangers, like she'll hug or sit with people she does not know well? XP								YES→ NO NDA CR	
OPT	VIII.8-ex: What have you noticed? *(important to discuss whether behaviors are outside of normal range given age and culture)*									
	VIII.8-freq	How often in last month: 0 1 2 3 4			VIII.8-severity	How much of a problem *(see note above)* : 0 1 2 3 4				
XP	VIII.9-crit: When s/he is upset or distressed, does s/he accept support and comfort from adults s/he should be able to trust or does s/he have problems doing this? XP								YES(*is a problem*)→ NO(no problem) CR NA	
OPT	VIII.9-ex: What have you noticed? *(Discuss whether response is outside norm given age and culture. Code NA if child has been in multiple placements and there are no adults s/he might reasonably trust)*									
	VIII.9-freq	How often in last month: 0 1 2 3 4			VIII.9-severity	How much of a problem *(see note above)* : 0 1 2 3 4				
OPT	VIII.9-cgresp: What do you do? (-2 to 2):		VIII.9-ocgresp: Other caregiver? (-2 to 2):		VIII.9-help: Want help? (0-4):		VIII.9-cgexpect:	A H L		

SECTION IX: FUNCTIONAL IMPAIRMENT: We have been talking about your child's symptoms (review symptoms on scoring sheet). Now let's think about how these symptoms affect her ability to function and get along with others.			
IX.1-crit: Do these symptoms negatively affect how you and your child get along so that you feel that you have more relationship problems than other parents and children? *Optional examples: You may get easily upset or annoyed with each other, feel you can't trust the other person, or have negative feelings about each other.*			YES→ NO(due to accommodations) NO CR AR[o] FI
	IX.1-ex Can you describe how your relationship has been affected? *(If caregiver endorses problem, but they seem age related, code IX.1-crit=AR)*		
OPT	IX.1-acc	*Use prompts to code degree to which the family has made accommodations to minimize child's symptoms.* • Have you made changes in the way that you interact with your child to avoid problems or conflicts? • If you didn't make these changes, what do you think would happen? • Do changes cause a problem for you or your family? *If without the accommodations, there would be a problem, code IX.1-crit=No(due to accommodations)*	**ICode:** Accommodation level 0 = None 1 = some, but not usually (<50% of time) 2 = more than not (>50% of time) 3 = almost always **ICode:** Accommodation quality 0=helpful or presents no problem 1=mildly maladaptive 2=maladaptive
	IX.1-freq	How often in the last month did this happen?	0 1 2 3 4
OPT	IX.1-sev	To what degree do you feel that these symptoms negatively affect your relationship with your child?	0 1 2 3 4
IX.2-crit: Do these symptoms negatively affect how your child gets along with any other important caregivers *(name caregivers: e.g. dad, mom or other primary caregiver)* so that they have relationship problems (e.g. they *get easily upset or annoyed with each other, don't trust each other or have negative feelings about each other.*			YES→ NO(due to accommodations) NO CR AR[o] FI
	IX.2-ex Can you describe how their relationship has been affected? *(If caregiver endorses problem, but they seem age related, code IX.1-crit=AR)*		
OPT	IX.2-acc	*Use prompts to code degree to which the family has made accommodations to minimize child's symptoms.* • Has this person made changes in the way that s/he interacts with child to avoid problems or conflicts? • If s/he didn't make these changes, what do you think would happen? • Do changes cause a problem for you or your family? *If without the accommodations, there would be a problem, code IX.1-crit=No(due to accommodations)*	**ICode:** Accommodation level 0 = None 1 = some, but not usually (<50% of time) 2 = more than not (>50% of time) 3 = almost always **ICode:** Accommodation quality 0=helpful or presents no problem 1=mildly maladaptive 2=maladaptive
	IX.2-freq	How often in the last month did this happen?	0 1 2 3 4
OPT	IX.2-sev	To what degree do you feel that these symptoms negatively affect your child's relationship with this person?	0 1 2 3 4

IX.3-crit: Do these symptoms negatively affect how s/he gets along with brothers or sisters so that it seems they have more relationship problems than siblings usually do?			YES→ NO(due to accommodations) NO CR AR[O] FI
	IX.3-ex What have you noticed? *(If caregiver endorses problem, but they seem age related, code IX.2-crit=AR)*		
OPT	XII.3-acc	*Use prompts to code degree to which the family has made accommodations to minimize child's symptoms* • Has your family made changes in the way they interact with this child to avoid problems or conflicts? • If you didn't make these changes, what do you think would happen? • Do changes cause a problem for your family? *If without the accommodations, there would be a problem, code IX.2-crit=No(due to accommodations)*	**ICode:** Accommodation level 0 1 2 3 **ICode:** Accommodation quality 0 1 2
	IX.3-freq	How often in the last month did this happen?	0 1 2 3 4
OPT	IX.3-sev	To what degree do you feel that these symptoms negatively affect your relationship with your child?	0 1 2 3 4
IX.4-crit: Any reports from care providers (e.g. teachers, daycare staff, nanny) that s/he is having more relationship problems with them or that s/he has more behavior problems than others her/his age?			YES→ NO(due to accommodations) NO CR AR[O] FI
	IX.4-ex What have you heard? *(If caregiver endorses problem, but they seem age related, code IX.4-crit=AR. If example is about peer relationship problems, code under IX.6)*		
OPT	XII.4-acc	*Use prompts to code degree to care providers have made accommodations to minimize child's symptoms* • Are you aware of changes they have made to avoid problems or conflicts? • If they didn't make these changes, what do you think would happen? *If without the accommodations, there would be a problem, code IX.3-crit=No(due to accommodations)*	**ICode:** Accommodation level 0 = None 1 = some, but not usually (<50% of time) 2 = more than not (>50% of time) 3 = almost always **ICode:** Accommodation quality 0=helpful or presents no problem 1=mildly maladaptive 2=maladaptive
	IX.4-freq	How often in the last month did this happen?	0 1 2 3 4
OPT	IX.4-sev	To what degree do you feel that these symptoms negatively affect your child's functioning in these settings (e.g. school, daycare) or your child's relationships with these care providers (e.g. daycare staff, teachers)?	0 1 2 3 4

IX.5-crit: Have you noticed or have there been any reports from care providers (e.g. teachers, daycare staff, nanny) that your child is having more difficulty learning than others her/his age?			YES→ NO(due to accommodations) NO CR FI
	IX.5-ex What have you noticed?		
OPT	XII.5-acc	*Use prompts to code accommodation and determine if IX.4-crit=No(due to accommodations)* • Have care providers made changes to help her/him have fewer learning problems? • If they didn't make these changes, would your child have more problems?	**ICode:** Accommodation level 0 1 2 3 **ICode:** Accommodation quality 0 1 2
	IX.5-freq	How often in the last month did this happen? *(If learning problems are pervasive freq=4)*	0 1 2 3 4
OPT	IX-5-sev	To what degree do you feel that these symptoms negatively your child's learning?	0 1 2 3 4
IX.6-crit: Do these symptoms negatively affect how s/he gets along with other children – at daycare, school, or in your neighborhood?			YES→ NO(due to accommodations) NO NDA CR AR[o] FI
	IX.6-ex What have you noticed? *(If caregiver endorses problem, but seems age related, code IX.6-crit=AR.)*		
OPT	XII.6-acc	*Use prompts to code accommodation and determine if IX.4-crit=No(due to accommodations)* • Have you or others made changes to help her/him have fewer conflicts with playmates? • If you didn't make these changes, would your child have more problems?	**ICode:** Accommodation level 0 1 2 3 **ICode:** Accommodation quality 0 1 2
	IX.6-freq	How often in the last month did this happen?	0 1 2 3 4
OPT	IX-6-sev	To what degree do you feel that these symptoms negatively your child's relationships with other children?	0 1 2 3 4
IX.7-crit: Do any of these symptoms make it hard for you or others to take your child to places outside the home like the grocery store, park, church, restaurant?			YES→ NO(due to accommodations) NO CR AR[o] FI
	IX.7-ex Can you tell me about the challenges you've experienced? *(If caregiver endorses problem, but they seem age related, code IX.7-crit=AR.*		
OPT	XII.7-acc	*Use prompts to code accommodation and determine if IX.5-crit=No(due to accommodations)* • Have you made changes to help her/him have fewer problems when you go places outside the home? • If you didn't make these changes, would your child have more problems?	**ICode:** Accommodation level 0 1 2 3 **ICode:** Accommodation quality 0 1 2
	IX.7-freq	How often in the last month did this happen?	0 1 2 3 4
OPT	IX.7-sev	How big of a problem is your child's behavior when you take her/him places outside the home?	0 1 2 3 4

SCORING ACCORIDNG TO DSM V PROPOSED REVISION FOR PTSD IN CHILDREN

CRITERION B: REEXPERIENCING				
Item	Description	C	F	S
I.1-crit	talk about event			
1.2-crit	play about event			
1.3-crit –XP	plays/talks to imaginary friends about it			
1.4-crit -XP	draw pictures of event			
1.5-crit	acts out event outside of play			
(B1) Distressing memories of event+				
IV.2a-crit	nightmares or bad dreams about event			
IV.2b-crit:	general increase in nightmares			
(B2) Recurrent distressing dreams+				
1.3a-crit - XP	trauma-related play w/ imaginary friends & not aware of surroundings			
1.6-crit	says happening all over again, reliving			
1.7-crit	when reliving, freezes, spaces out, hears or sees things that aren't there			
III.6-crit	Around reminders – spacey/unaware			
VI.2a or VI.2b	spacey and distracted and not aware of what is happening or freezes			
(B3) Dissociative reactions, flashbacks				
III.3-crit	change in behavior around reminders			
III.4-crit	change in emotions around reminders			
I.1b	e.g. disrupted affect: talking about it			
I.2b	e.g. disrupted affect: playing about it			
I.4b-XP	e.g. disrupted affect: drawing it			
(B4) Psychological distress at reminders				
III.5-crit	physical signs stress around reminders			
(B5) Physiological reactions to reminders				
Total (B1-B5)		Total-freq		Total-sev
DSM Criterion B met? (Any one item B1-B5=Yes)			**YES**	**NO**

CRITERION C: AVOIDANCE				
Item	Description	C	F	S
II.2-crit –XP	denies it happened			
II.3-crit	says doesn't like to think about event			
(C1) Avoiding thoughts or feelings				
II.1-crit	avoids activities, places, times. . .			
(C2) Avoiding activities, places, times, reminders				
II.4-crit	avoids conversations			
III.2-crit	avoids people and things people do that remind of event			
(C3) Avoid people, conversations, or interpersonal situations				
Total (C1-C3)		Total-freq		Total-sev
DSM Criterion C met? (Any one item C1-C3=Yes)			**YES**	**NO**

EXPLORATORY ITEMS RELATED TO DC:0-3 (DC)				
Item	Description	C	F	S
IV.3-crit	night terrors			
IV.5-crit	unusual behaviors around food			
IV.6-crit	changes/unusual toileting habits			
IV.7-crit	language problems			
IV.8-crit	concerns about motor skills			
V.9-crit	new fears or worries			
VII.11-crit	unusual sexual behaviors			
VIII.6-crit	more clingy, problems separating			
EXPLORATORY ITEMS NOT FALLING UNDER CRITERIA (XP)				
Item	Description	C	F	S
IV.4-crit	amount of food s/he eats			
IV.9-crit	sensory sensitivity			
IV.10-crit	ability to play			
IV.11-crit	medical or physical health problems			
IV.12-crit	act younger than they actually are			
IV.13-crit	act older than they actually are			
V.4-crit	more difficulty calming down			
VII.4-crit	more active			
VIII.5-crit	focused on punishing/revenge			
VIII.7-crit	afraid of strangers			
VIII.8-crit	over friendly with strangers			
VIII.9-crit	not accept support/comfort from adults			

CRITERION D: COGNITIONS AND MOOD				
Item	Description	C	F	S
II.1-crit	problems remembering			
D1) Problems remembering				
V.6-crit	negative view of self			
VIII.3-crit	negative view of other people or world			
(D2) negative expectations self, others, world				
V.7-crit	blames self			
VIII.4-crit	blames others			
(D3) Distorted blame self/others about event				
V.3-crit	show negative feelings more strongly			
V.5-crit	more sad or down			
V.10-crit	has negative feelings most of time			
(D4) Pervasive negative affect				
VII.1-crit	plays less			
VII.2-crit	does other activities less			
(D5) Diminished interest in activities				
VII.2-crit	seems distant			
(D6) Feeling of detachment				
V.1-crit	smiles or laughs less than before			
V.2-crit	doesn't show negative feelings			
VIII.1-crit	less affectionate or loving			
(D7) Inability experience positive, loving emotions				
Total (D1-D7)		Total-freq		Total-sev
DSM Criterion D met? (Two items D1-D7=Yes)			**YES**	**NO**

CRITERION E: AROUSAL/REACTIVITY				
Item	Description	C	F	S
VII.8-crit	tantrums more			
VII.9-crit	more aggressive			
(E1) Irritable, angry, or aggressive behavior				
VII.5-crit	reckless or dangerous behavior			
VII.6-crit-XP	more accidents, hurt more often			
VII.7-crit	threatens or actually harms self			
(E2) Reckless or self-destructive behavior				
V.8-crit	fearful or worried bad things will happen to self or others.			
VI.3-crit	"on the alert," watching out for danger			
(E3) Hypervigilance				
VII.3-crit	jumpy, easily scared or startled			
(E4) Exaggerated startle				
VI.1-crit	problems concentrating focusing			
VI.2-crit	spacey or distracted			
(E5) Problems with concentration				
IV.1a-crit	hard time going to sleep			
IV.1b-crit	trouble staying asleep at night			
(E6) Sleep disturbance				
Total (E1-E6)		Total-freq		Total-sev
DSM Criterion E met (Two items E1-E6=Yes)			**YES**	**NO**

Functional Impairment				
Item	Description	C	F	S
IX.1-crit	caregiver-child relationship problem			
IX.2-crit	other caregiver relationship problem			
IX.3-crit	sibling problem			
IX.4-crit	care providers/teacher problem			
IX.5-crit	learning problem			
IX.6-crit	peer problem			
IX.7-crit	hard to take child out in community			

Instructions

Note: Can also be computer scored

C=criteria – check whether item meets criteria (marked with YES→)
F=Put frequency (optional)
S=Severity (optional)
Total (total number of symptoms meeting criteria)
Total-freq (total frequency added up)
Total-sev (total severity added up)

In the Past Month: How Often?

S	M	T	W	H	F	S

Never

0

S	M	T	W	H	F	S
	X					
					X	

1-2 Times in the Past Month

1

S	M	T	W	H	F	S
		X			X	
		X				
			X			
		X		X		

1-2 Times a Week

2

S	M	T	W	H	F	S
	X		X		X	
X		X		X		
	X		X		X	
X	X	X				

Several Times a Week

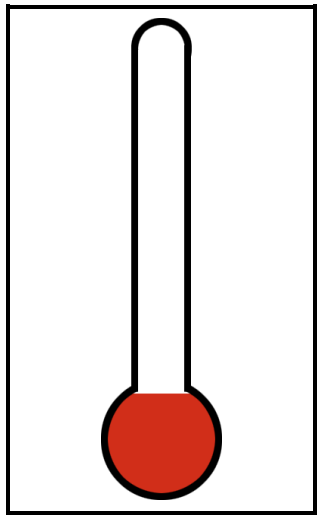
3

S	M	T	W	H	F	S
X	X	X	X	X	X	X
	X	X	X	X		
	X	X		X	X	
X	X	X	X	X	X	X

Almost Every Day

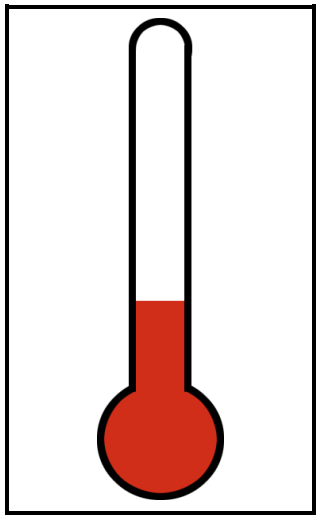
4

In the Past Month, How Much of a Problem?



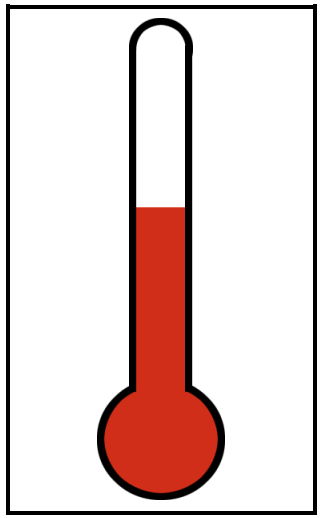
None

0



Mild,
Minimal distress or disruption of activities

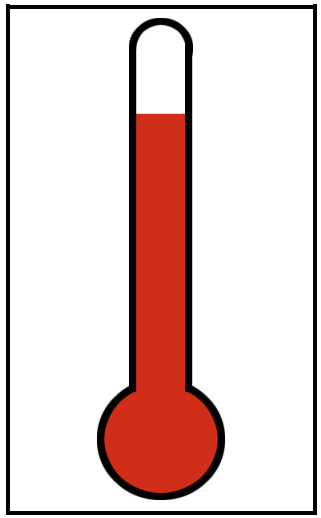
1



Moderate
Distress clearly present but still manageable

Some disruption of activities

2

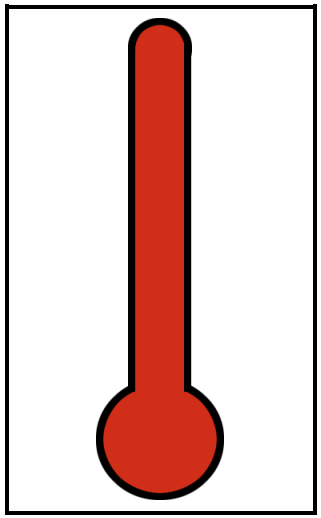


Severe
Considerable distress

Difficulty dismissing memories

Marked disruption of activities

3



Extreme
Incapacitating distress

Cannot dismiss memories

Unable to continue activities

4

Is this an area where you would like help?

#1	#1	#1	#1	#1 XXXXXXXXXXXX
#2	#2	#2	#2	#2
#3	#3	#3	#3 XXXXXXXXXXX	#3
#4	#4	#4	#4	#4
#5	#5	#5 XXXXXXXXXXX	#5	#5
#10	#10 XXXXXXXXXX	#10	#10	#10
Not a concern	**Concern but Well Managed**	**Concern Would Like Help but Not a Top Priority**	**Concern and Moderate Priority**	**Concern One of Top Priorities**
0	1	2	3	4