

Criterion A. Developmental Trauma Exposure—The child has experienced or witnessed multiple or prolonged adverse events including **either or both** A1 and A2

Suggested Verbatim Question:

Bad things can happen to anyone. Have things happened to your child, or that your child saw happen to someone else, that were so scary or sad or upsetting that it took them a long time to get over, or that still upsets them? What was that? Did that happen many times or for a long time? How old were you when that was happening?

A1. Direct experience or witnessing of chronic/recurrent and severe episodes of interpersonal victimization, including but not limited to physical or sexual abuse or assault, family/domestic/intimate partner violence, bullying, harassment, exploitation, trafficking, hate crimes, or race/ethnicity/identity-based harm or disparities.

A2. Significant attachment disruptions or loss of protective caregiving due to primary caregiver changes, separation, gross neglect (physical, medical, educational), psychological maltreatment (emotional abuse, emotional neglect, or excessive parental demands) or caregiver impairment due to mental illness, substance abuse, chronic medical condition or ongoing victimization.

Briefly summarize events/experiences and at what age(s): _____

General Guide for Interviewer Symptom Ratings

First read the initial item verbatim with pauses. Do not read aloud text in boxes or parentheses.

Use spontaneous answers to rate items in shaded area on the right. Ask probe questions in shaded area as necessary.

Stop asking questions once you are able to rate symptom as *Not Present* or *Threshold*.

Not Present/subthreshold – No symptom, or developmentally expectable problems and/or mild infrequent manifestation of symptom.

Threshold – Symptom causes significant emotional distress or shut-down or problems in functioning that are at times unmanageable or at best partially manageable with effort **or** harm to self/others **or** other behavioral, emotional, or interpersonal crises. Be sure to indicate whether emotional distress and/or shut-down are present. Consider what is developmentally normative for her/his age when judging the child’s ability to manage distress.

IF INTERVIEWEE DOES NOT ANSWER QUESTION (“PASS”):

Check whether s/he Prefers Not to Answer (PNA) **or** Does Not Understand (DNU) the question.

FOR BOTH PAST/WORST MONTH AND LIFETIME, CHECK EITHER NOT PRESENT OR THRESHOLD

NOTE: Several items are noted with an asterisk (B.1a., B.1b., B.2a., B.2b., C1.a., C.1b., C.2a., D.2a., D.3b., D.4.) and ask interviewers to assess symptom presence in a dimensional manner (e.g., high and/or low expression of a given symptom). For these questions, if only one dimension is present in the Past/Worst Month, make sure to ask about the other dimension for Lifetime.

Verbatim Introduction:

I have some questions about your child’s feelings, and how s/he has been getting along with other people. Has your child had serious difficulties in the past month (*identify start and end dates covering one month*)? (*If Yes, skip to next paragraph. If No, continue and identify a worst month.*)

Let’s focus on another month in your child’s life when s/he was having the worst problems with emotions or getting along with people. When would you say was the worst month in the past for your child? (*Describe or ask for examples of specific dates/holidays/events in the **worst month.***)

Age of Child in Worst Month: _____

For each question I ask, if this wasn’t a problem in the past/worst month, I’ll ask if your child has ever had any serious problems with those feelings or behaviors in his/her lifetime.

Please let me know if you don’t understand a question and I can try to explain it. You can say “Pass” if you prefer not to answer or do not understand any question.

Do you have any questions before we start? Okay, let’s start by talking about your child’s feelings.

B. Affective and Physiological Dysregulation

Impaired developmental competencies related to affect or arousal regulation, generally and during life transitions

B.1. Inability to modulate or tolerate extreme affect states (e.g., fear, anger, shame, grief), including extreme tantrums or immobilization

***B.1a.** In the past/worst month, did your child ever feel so scared, mad, sad, or frustrated that s/he could not cope and had a tantrum, melt-down or a fit, or became totally emotionally shut down? Please give a brief example.

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (B.1b.))

Severity Rating of Symptom for B.1a.

Not Present/subthreshold - Developmentally normative negative affect/distress and/or mild infrequent manifestation of symptom.

Threshold - Child experienced severe emotional **DISTRESS** and/or **SHUT-DOWN** that was unmanageable for the youth, and that at times led to physical harm to self or others or serious negative consequences such as arrest, school suspension, or acute crises.

Past/Worst Month: Not Present/subthreshold **DISTRESS** **SHUT-DOWN**

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime.

Lifetime: Not Present/subthreshold **DISTRESS** **SHUT-DOWN**

Instructions: Mark any rating for which child spontaneously provides sufficient information. If more data are needed to rate a symptom, ask probes BUT STOP IF YOU HAVE ENOUGH INFORMATION TO RATE SYMPTOM AS PRESENT (OR NOT). Y=Yes N= No

When s/he felt upset in the past/worst month ...

- (Y) (N) Did s/he blow up or go into a rage?
- (Y) (N) Did s/he hit people or animals?
- (Y) (N) Did s/he hit or break things?
- (Y) (N) Did s/he break down crying?
- (Y) (N) Did s/he yell or scream?
- (Y) (N) Did s/he totally shut down emotionally?
- (Y) (N) Did s/he act scared/terrified?
- (Y) (N) Did s/he act sad/unhappy?
- (Y) (N) Did s/he act mad/angry/resentful?
- (Y) (N) Did s/he act disgusted?
- (Y) (N) Did s/he act guilty/embarrassed?
- (Y) (N) Did s/he act ashamed/humiliated?
- (Y) (N) Did s/he act hopeless/like giving up?
- (Y) (N) Did s/he act helpless/powerless?
- (Y) (N) Did s/he act out of control?
- (Y) (N) Did s/he act totally shut down?
- (Y) (N) Did s/he or anyone else get badly hurt?
- (Y) (N) Did s/he or anyone else get into serious trouble such as being arrested, suspended, overdosing, or feeling suicidal?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with her/his family?
- (Y) (N) Could s/he get along with other people in your neighborhood, at school, or at work?

***B.1b.** In the past/worst month were there times when your child could not calm down for a long time when upset, or got so upset that s/he shut down for a long time? Please give a brief example.

When s/he couldn't calm down or stop being totally shut down emotionally...

(Y) (N) Did s/he yell or scream for a long time?
 (Y) (N) Did s/he hit people/animals or hit/break things for a long time?
 (Y) (N) Was s/he shut down for a long time?
 (Y) (N) Did s/he or anyone else get badly hurt?
 (Y) (N) Did s/he or anyone else get into serious trouble such as being arrested, suspended, overdosing, or feeling suicidal?
 (Y) (N) Was medical/hospital care necessary?
 (Y) (N) Could s/he get along with friends?
 (Y) (N) Could s/he get along with your family?
 (Y) (N) Could s/he get along with other people in the neighborhood, at school, or at work?
 (Y) (N) Could s/he still do activities that s/he like to do, such as sports or clubs or parties?
 (Y) (N) Could s/he watch TV or listen to music?
 (Y) (N) Could s/he go to school and do the work?
 (Y) (N) Could s/he sleep okay at night?
 (Y) (N) Could s/he eat okay?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (B.2a.))

Severity Rating of Symptom for B.1b.

Not Present/subthreshold - No (or at most developmentally normative) difficulty recovering from episodes of severe distress or emotional shut-down and/or mild infrequent manifestation of symptom.

Threshold – At times unable to recover from emotional **DISTRESS** and/or emotional **SHUT-DOWN** without great effort, long delays, or crises/harm to self/others

Past/Worst Month: Not Present/subthreshold DISTRESS SHUT-DOWN

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime.

Lifetime: Not Present/subthreshold DISTRESS SHUT-DOWN

B.1. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question

B.2. Somatic dysregulation including aversion to touch or sounds and somatic illness that cannot be medically explained or resolved

***B.2a.** In the past/worst month were there times when your child could not tolerate being touched, or could not tolerate certain sounds/noises, or other kinds of physical contact/stimulation? Please give a brief example.

(Rule out unwanted sexual contact, being physically assaulted or corporally punished, or accidental contact that causes injury.)

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand

(If Pass, move on to next item (B.2b.))

Severity Rating of Symptom for B.2a.

Not Present/subthreshold - No discomfort, or developmentally normative discomfort about sensory experiences in some (but not all) ways by some (not all) people and/or mild infrequent manifestation of symptom.

Threshold - Experienced persistent or episodic emotional **DISTRESS** and/or **SHUT-DOWN** to actual or anticipated sensory experiences of sufficient severity or impairment that child could cope only partially or not at all.

Past/Worst Month: Not Present/subthreshold **DISTRESS**
 SHUT-DOWN

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: Not Present/subthreshold **DISTRESS**
 SHUT-DOWN

When s/he couldn't stand to have anyone touch her/his body...

- (Y) (N) Was this with everyone in her/his life?
- (Y) (N) Was this for every kind of touching?
- (Y) (N) Did s/he wear clothes that covered her/him up so no one could touch her/him?
- (Y) (N) Did s/he do things to her/his body so that no one would want to touch her/him?
- (Y) (N) Did s/he not let anyone get close enough to her/him to be able to touch her/him?
- (Y) (N) Did s/he threaten or yell or scream at anyone who tried to touch her/him?
- (Y) (N) Did s/he hit, push, or physically attack anyone who tried to touch her/him?
- (Y) (N) Did s/he get totally shut down emotionally or space out if anyone touched her/him?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with family?
- (Y) (N) Could s/he get along with other people in the neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities that s/he usually does, e.g., sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep after being touched?
- (Y) (N) Could s/he eat okay after being touched?

When s/he couldn't stand some sounds or noises, or having things be quiet ...

- (Y) (N) Was it because noises seemed too loud?
- (Y) (N) Was it because things seemed too quiet?
- (Y) (N) Was it a specific kind of sound s/he hates (briefly describe _____)?
- (Y) (N) Did s/he get really mad or blow up?
- (Y) (N) Did s/he feel really scared or terrified?
- (Y) (N) Did s/he feel confused or mixed up?
- (Y) (N) Did s/he feel emotionally shut down?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with family?
- (Y) (N) Could s/he get along with other people in the neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities that s/he like to do, such as sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay at night?
- (Y) (N) Could s/he eat okay?

***B.2b.** In the past/worst month did your child have serious bodily problems that were not caused by an illness or injury, or that were more severe or difficult to treat than could be explained by the illness or injury? Please give a brief example.

(Rule out body pain/symptoms reasonably attributable or proportionate to specific known physical injury or illness.)

When s/he had unexplained or untreatable bodily problems ...

- (Y) (N) Was this almost all of her/his body?
- (Y) (N) Was this certain parts of her/his body (briefly describe _____)?
- (Y) (N) Did her/his body hurt or ache a lot?
- (Y) (N) Was s/he unable to move or use some body parts normally?
- (Y) (N) Did her/his body have severe reactions such as shaking, twitching, rashes, or cramps?
- (Y) (N) Did s/he have problems with urination or defecating (bowel movements)?
- (Y) (N) Did s/he seem scared or terrified?
- (Y) (N) Did s/he seem to feel helpless?
- (Y) (N) Did s/he feel no one was helping?
- (Y) (N) Did s/he feel emotionally shut down?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with family?
- (Y) (N) Could s/he get along with other people in the neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities that s/he likes to do, such as sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay?
- (Y) (N) Could s/he eat okay?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand

(If Pass, move on to next item (B.3a.))

Severity Rating of Symptom for B.2b.

Not Present/subthreshold - No physical health problems, or developmentally normative physical health problems that are proportionate to medical illness or injury and/or mild infrequent manifestation of symptom.

Threshold – Physical complaints, problems, or limitations not fully explained by or worse/more difficult to treat than expectable due to medical illness or physical injury which caused severe emotional **DISTRESS/CRISES** and/or complete emotional **SHUT-DOWN**

Past/Worst Month: Not Present/subthreshold DISTRESS SHUT-DOWN

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime.

Lifetime: Not Present/subthreshold DISTRESS SHUT-DOWN

B.2. (For Research Administrator Only)

Not Present

Threshold **FOR:** Past/Worst Month Lifetime

Pass **MARK:** Preferred Not to Answer Did Not Understand Question

B.3. Diminished awareness/dissociation of emotions or body feelings

B.3a. In the past/worst month did your child seemed to have no feelings at all? Or to only feel bored or frustrated? Please give a brief example.

- YES (If Yes) How often did this happen in the past/worst month?**
 - Daily or almost daily 2 - 3 times per week Once a week or less

- NO (If No) Have there ever been any serious problems with this?**
 - Yes (Lifetime) No

When s/he didn't seem to have emotions ...

- (Y) (N) Was it like all her/his feelings just stopped or all just went away?
- (Y) (N) Was it like you were just empty inside?
- (Y) (N) Could s/he feel any feelings, even a little (briefly describe _____)?
- (Y) (N) Was s/he mixed up and confused?
- (Y) (N) Did s/he feel empty inside?
- (Y) (N) Did s/he just not care about anyone/thing?
- (Y) (N) Did s/he not care if really bad or good things happened to her/him or anyone else?
- (Y) (N) Was s/he physically hurt or in serious trouble such as being arrested or suspended?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with your family?
- (Y) (N) Could s/he get along with other people in your neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities s/he usually does, such as sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay at night?
- (Y) (N) Could s/he eat okay?

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (B.3b.))

Severity Rating of Symptom for B.3a.

Not Present/subthreshold - Emotions generally present, with developmentally normative periods of numbing, boredom, or frustration and/or mild infrequent manifestation of symptom.

Threshold - Child consistently or always appears to have no emotions at all (except boredom or frustration), or episodically appears so for extended periods

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

B.3b. In the past/worst month were there times when your child seemed numb in some parts of her/his body, not due to illness, injury, or extreme weather? For example, did s/he not seem to notice when s/he got physically hurt or bruised, or when s/he got tired or hungry? Please give a brief example.

(Rule out anesthesia or impairment attributable to a specific known physical injury or illness, or environmental or climatic conditions.)

When s/he couldn't feel his/her body or his/her body wasn't working right...

- (Y) (N) Was this due to an accident or illness?
- (Y) (N) Was this due to extreme cold or heat?
- (Y) (N) Was this certain parts of her/his body (briefly describe _____)?
- (Y) (N) Did the feelings come back after a while?
- (Y) (N) Did s/he act really scared or terrified?
- (Y) (N) Did s/he act ashamed or embarrassed?
- (Y) (N) Did s/he act really mad or angry?
- (Y) (N) Did think it would never get better?
- (Y) (N) Did s/he act emotionally shut down?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with your family?
- (Y) (N) Could s/he get along with other people in the neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities that s/he usually does, e.g., sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay?
- (Y) (N) Could s/he eat okay?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand *(If Pass, move on to next item (B.4a.))*

Severity Rating of Symptom for B.3b.

Not Present/subthreshold - Body feelings generally present, with developmentally normative or illness/climate-related times of temporary numbing and/or mild infrequent manifestation of symptom.

Threshold - Consistently or always unable to feel or use some parts of her/his body.

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

B.3. (For Research Administrator Only)

Not Present

Threshold **FOR:** Past/Worst Month Lifetime

Pass **MARK:** Preferred Not to Answer Did Not Understand Question

B.4. Impaired capacity to describe emotions or bodily states

B.4a. In the past/worst month were there times when your child could not express what s/he was feeling even though s/he is acting emotional or was in an emotional situation? Please give a brief example.

(Rule out alexithymia due to developmentally normative hiding or lack of understanding or familiarity with specific emotions.)

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand *(If Pass, move on to next item (B.4b.))*

Severity Rating of Symptom for B.4a.

Not Present/subthreshold - Able to identify/describe/express emotions with developmentally normative limitations in awareness/vocabulary and/or mild infrequent manifestation of symptom.

Threshold – Always or consistently does not or cannot show/express emotions.

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

When s/he can't tell what s/he is feeling ...

- (Y) (N) Was s/he excited or having fun?
- (Y) (N) Was s/he feeling emotionally upset?
- (Y) (N) Was s/he feeling very tired physically?
- (Y) (N) Was s/he crying or laughing or talking really fast or loud, without any restraint?
- (Y) (N) Was s/he running or jumping or climbing all over the place without any restraint?
- (Y) (N) Did s/he act like s/he wanted to die?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with your family?
- (Y) (N) Could s/he get along with other people in your neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities s/he usually does, such as sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay at night?
- (Y) (N) Could s/he eat okay?

B.4b. In the past/worst month were there times when your child did not seem to know what s/he was feeling in her/his body, or seemed unaware of body feelings including pain? Please give a brief example.

(Rule out anesthesia likely attributable to a specific known physical injury or illness or environmental/weather conditions.)

When s/he seems unaware of or detached from her/his body ...

- (Y) (N) Was this due to an accident or illness, or to being in extreme weather conditions?
- (Y) (N) Was this certain parts of the body (briefly describe _____)?
- (Y) (N) Could s/he describe what those parts of her/his body were feeling with effort or help?
- (Y) (N) Did s/he feel too upset or excited be able to know what her/his body was feeling?
- (Y) (N) Did s/he know what her/his body was feeling but just not have words to describe it?
- (Y) (N) Did s/he feel too mixed up/confused to be able to describe what her/his body was feeling?
- (Y) (N) Did seem unaware of her/his body?
- (Y) (N) Did s/he have to go to the doctor/hospital?
- (Y) (N) Did s/he do anything that could have resulted in being badly hurt or in serious trouble?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand *(If Pass, move on to next item (C.1a.))*

Severity Rating of Symptom for B.4b.

Not Present/subthreshold - Able to identify/describe physical/body feelings with developmentally normative limitations on awareness/vocabulary and/or mild infrequent manifestation of symptom.

Threshold - Always/consistently detached from or unaware of body feelings including pain

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

B.4. (For Research Administrator Only)

Not Present

Threshold **FOR:** Past/Worst Month Lifetime

Pass **MARK:** Preferred Not to Answer Did Not Understand Question

C. Attentional or Behavioral Dysregulation

Impaired developmental competencies for attentional or behavioral self-regulation

C.1. Attention-bias toward or away from potential threats

***C.1a.** In the past/worst month were there times when your child could not stop thinking or worrying about bad things that have happened, or that could happen? Or when s/he did not feel safe even when s/he really was safe? Please give a brief example.

When s/he couldn't stop thinking about bad things that have happened or could happen...

- (Y) (N) Were the bad things really over and probably not going to happen again?
- (Y) (N) Was s/he able to remember that the bad things were over and wouldn't happen again?
- (Y) (N) Was s/he able to think of ways to handle the bad things if they ever did happen again?
- (Y) (N) Was s/he able to put the bad things out of mind by doing things s/he enjoy?
- (Y) (N) Was s/he able to put the bad things out of mind by doing hard work or exercising?
- (Y) (N) Was s/he able to put the bad things out of mind by being with people s/he likes?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with family?
- (Y) (N) Could s/he get along with other people in the neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities s/he usually does, such as sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay at night?
- (Y) (N) Could s/he eat okay?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (C.1b.))

Severity Rating of Symptom for C.1a.

Not Present/subthreshold – Developmentally normative memories of upsetting past events and vigilance about potential future dangers/problems and/or mild infrequent manifestation of symptom.

Threshold - Persistent or episodic distressing/impairing **RUMINATIVE RECALL** about past threats or harm **and/or** persistent or episodic **PERSEVERATIVE WORRY/UNWARRANTED FEARS** about potential future dangers or harm

Past/Worst Month: Not Present/subthreshold **RECALL** **WORRY/FEARS**

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: Not Present/subthreshold **RECALL** **WORRY/FEARS**

*C.1b. In the past/worst month were there times when your child avoided thinking about actual or potential dangers/harm, or did not pay enough attention to make sure s/he was safe? For example, s/he might have changed the topic or engaged in a distracting behavior if someone talked about something or someone that is dangerous, or s/he might not have paid attention to traffic when crossing the street, or s/he was not careful when using tools or machines that could have caused injury. Please give a brief example.

When s/he didn't feel safe or wasn't careful enough to make sure s/he was safe...

- (Y) (N) Was s/he unable to calm down/relax?
- (Y) (N) Did s/he feel tense or worried even though s/he really was safe?
- (Y) (N) Was s/he careless about real dangers?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Did this result in other kinds of crises?
- (Y) (N) Could s/he get along with friends?
- (Y) (N) Could s/he get along with your family?
- (Y) (N) Could s/he get along with other people in your neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities that s/he like to do, such as sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay?
- (Y) (N) Could s/he eat okay?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (C.2a.))

Severity Rating of Symptom for C.1b.

Not Present/subthreshold - Developmentally normative distraction or carelessness and/or mild infrequent manifestation of symptom.

Threshold – Persistent or episodic **AVOIDANCE OF THINKING** about past or potential future dangers/harm and/or **UNAWARENESS OF ACTUAL DANGER/THREATS**

Past/Worst Month: Not Present/subthreshold AVOIDANCE UNAWARENESS

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: Not Present/subthreshold AVOIDANCE UNAWARENESS

C.1. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question

C.2. Impaired capacity for self-protection, including extreme risk-taking, thrill-seeking, or provocation of anger/aggression from others

***C.2a.** In the past/worst month were there times your child did dangerous things such as fighting with weapons, driving or riding too fast, running into traffic, or jumping from high places? Or did s/he go to extremely dangerous places, or with dangerous people? Or go where people were doing dangerous things, including drinking too much or doing drugs?

Or did s/he go off with people s/he did not know?
Or did s/he not check back with you or other caregivers when in an unfamiliar place? Please give a brief example.

When s/he did dangerous things or was in/around dangerous places or people ...

- (Y) (N) Did this involve violent people?
- (Y) (N) Did this involve dangerous weapons?
- (Y) (N) Did this involve vehicles such as cars or trains, or heavy/sharp equipment or tools?
- (Y) (N) Did this involve drinking or drugs?
- (Y) (N) Did this involve jumping or falling from high places, including extreme sports?
- (Y) (N) Did this involve stealing or other illegal actions such as breaking and entering?
- (Y) (N) Or prostitution (sex for money)?
- (Y) (N) Or having unprotected sex?
- (Y) (N) Did this involve selling drugs?
- (Y) (N) Was s/he seriously physically hurt?
- (Y) (N) Did s/he seem not to care if s/he got hurt?
- (Y) (N) Did s/he try to get seriously hurt?
- (Y) (N) Was anyone else badly hurt or killed?
- (Y) (N) Did anyone get arrested for doing this?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Did s/he plan ahead for safety?
- (Y) (N) Was the plan realistic and sufficient?
- (Y) (N) Did s/he take precautions to avoid getting badly hurt/in trouble (e.g., arrested)?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (C.2b.))

Severity Rating of Symptom for C.2a.

Not Present/subthreshold - Developmentally normative risks or thrill-seeking and/or mild infrequent manifestation of symptom.

Threshold – Persistent or frequent **EXPOSURE OF SELF TO POTENTIAL SERIOUS HARM** with insufficient or no precautions and/or persistent or frequent **FAILURE TO MAINTAIN CONTACT WITH CAREGIVERS**

Past/Worst Month: Not Present/subthreshold EXPOSURE TO HARM
 FAIL TO CONTACT

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: Not Present/subthreshold EXPOSURE TO HARM FAIL TO CONTACT

C.2b. In the past/worst month were there times when your child started fights or arguments on purpose, or confronted adults or potentially dangerous peers aggressively? Please give a brief example.

When your child started fights or was aggressively confrontational ...

- (Y) (N) Was s/he seriously physically hurt?
- (Y) (N) Was anyone else badly physically hurt?
- (Y) (N) Was medical/hospital care necessary?
- (Y) (N) Did you get in very serious trouble (such as being arrested, expelled, on probation)?
- (Y) (N) Did s/he know s/he'd get badly hurt or in very serious trouble?
- (Y) (N) Did s/he seem to not care if s/he got badly hurt or in very serious trouble?
- (Y) (N) Did actually seem to want to get badly hurt or in very serious trouble?
- (Y) (N) Did s/he lose control of her/his temper?
- (Y) (N) Did s/he seem to do this to stop people from taking advantage of or bullying her/him?
- (Y) (N) Did s/he seem to do this so people would respect or be afraid of her/him?
- (Y) (N) Did s/he want revenge (pay back)?
- (Y) (N) Did s/he want to teach a lesson to someone who hurt/bullied her/him or others?

YES (If Yes) How often did this happen in the past/worst month?

- Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

- Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (C.3.))

Severity Rating of Symptom for C.2b.

Not Present/subthreshold - Developmentally normative assertiveness in response to perceived hypocrisy, unfairness, or bullying/intimidation by others and/or mild infrequent manifestation of symptom.

Threshold – Persistent or frequent risky challenging or confrontation of others with disregard for own/others' safety or to establish dominance

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

C.2. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question

C.3. Maladaptive attempts at self-soothing

C.3. In the past/worst month did your child do things to cope with feeling upset that were unhealthy, caused serious problems, or seemed too young for her/his age or seemed out of control? For example, by rocking, masturbating, or compulsive eating? Please give a brief example.

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (**Lifetime**) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (C.4.))

Severity Rating of Symptom for C.3.

Not Present/subthreshold - Developmentally normative self-soothing, distraction, or active coping (e.g., seeking contact with friends/family, engaging in sports, avocations, job/school, work, or enjoying music/reading) and/or mild infrequent manifestation of symptom.

Threshold – Relies on self-soothing or avoidant coping that has severe adverse effects on safety, health, relationships, or achievement and is unable to stop, limit, or change these behaviors (or only with great effort)

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

- When coping with feeling upset, does s/he ...*
- (Y) (N) Eat junk foods or so much s/he gets sick?
 - (Y) (N) Stop or severely limit eating?
 - (Y) (N) Exercise so hard or much s/he gets sick?
 - (Y) (N) Watch TV or play videogames so much s/he doesn't sleep or do anything else?
 - (Y) (N) Skip school, cut classes, or not do school assignments or studying?
 - (Y) (N) Skip (or not start) organized activities like sports, arts/music, school clubs, church group?
 - (Y) (N) Pretend s/he's someone else important or famous so much that s/he believes it's true?
 - (Y) (N) Start yelling or screaming and can't stop?
 - (Y) (N) Start sobbing or crying and can't stop?
 - (Y) (N) Attack or lash out physically at people?
 - (Y) (N) Damage or destroy objects or property?
 - (Y) (N) Pick fights with friends, family, teachers, or other people: _____? (see C2b)
 - (Y) (N) Stay out all night with friends/partying?
 - (Y) (N) Run away for days or weeks at a time?
 - (Y) (N) Have sex a lot or without protection?
 - (Y) (N) Do things that little kids do to comfort themselves, like rocking or thumbsucking?
 - (Y) (N) Drink alcohol
 - (Y) (N) Use street drugs
 - (Y) (N) Use prescription drugs against the rules

C.3. (For Research Administrator Only)

Not Present

Threshold **FOR:** Past/Worst Month Lifetime

Pass **MARK:** Preferred Not to Answer Did Not Understand Question

C.4. Habitual (intentional or automatic) or reactive self-harm

C.4 In the past/worst month did your child do things on purpose to hurt or disfigure her/his body? S/he might have cut, scratched, poked, bitten, stabbed, or burned parts of his/her body. Or pulled out her/his hair. Or punched or kicked a wall. Or stuck things in her/his body? Please give a brief example.

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (C.5.))

Severity Rating of Symptom for C.4.

Not Present/subthreshold – No self-harm or minor inadvertent self-harm and/or or inadvertent self-harm.

Threshold – Proactive self-harm (behavior intended to injure, cause pain, or maim or disfigure body) or reactive self-harm which causes permanent physical injury or disfigurement and the child says (or evidence indicates) s/he usually cannot intentionally stop, limit, or prevent

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

When s/he hurts her/his body on purpose ...

(Y) (N) Was this certain parts of the body (briefly describe _____)?

(Y) (N) Was this an accident and not on purpose?

(Y) (N) Can s/he cope with feeling upset without doing these things if s/he tries not to do them?

(Y) (N) Can s/he stop before causing serious or permanent damage, illness, or disfigurement?

(Y) (N) Was s/he very upset right before doing it?

(Y) (N) Was s/he obsessed or preoccupied with thoughts of doing this before actually doing it?

(Y) (N) Did s/he have a lot of urges to do this, whether s/he actually did it or not?

(Y) (N) Did s/he seem to want to damage her/his body or make her/himself ill or in pain?

(Y) (N) Did this cause a bruises or scars?

(Y) (N) Did this cause infection/broken bones?

(Y) (N) Did this cause her/him to be very sick?

(Y) (N) Was medical/hospital care provided?

(Y) (N) Was medical/hospital care not provided but it should have been?

(Y) (N) Did s/he feel a lot of pain?

C.4. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question

C.5. Inability to initiate or sustain goal-directed behavior

C.5. In the past/worst month did your child have a hard time getting started on activities or finishing them unless someone else reminded him/her, or made him/her do it, or did much of it for him/her? Please give a brief example.

When s/he doesn't start or finish activities unless reminded, forced, or helped by someone else ...

(Y) (N) Does s/he usually find a way to get started even if s/he puts it off (procrastinates)?

(Y) (N) Does s/he usually find a way to finish what s/he starts, even if it takes a long time?

(Y) (N) Does s/he need someone else to help in order to start or finish activities s/he should be able to start and finish independently?

(Y) (N) Does s/he need pressure or deadlines in order to start or finish most activities?

(Y) (N) Does s/he need someone else to help or finish it for her/him in order to finish activities s/he should be able to finish independently?

(Y) (N) Does s/he refuse to start or finish most activities?

(Y) (N) Does s/he seem unmotivated or too bored to start or finish most activities?

(Y) (N) Does s/he seem to give up and not start or finish because s/he believes s/he will fail or that s/he will be teased or criticized for trying?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (D.1.))

Severity Rating of Symptom for C.5.

Not Present/subthreshold – Developmentally normative difficulties with starting or completing activities due to procrastination, multitasking, boredom and/or mild infrequent manifestation of symptom.

Threshold – Rarely starts or finishes certain (or most) activities, or does so only if most planning/work is accomplished by someone else

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

C.5. (For Research Administrator Only)

Not Present

Threshold **FOR:** Past/Worst Month Lifetime

Pass **MARK:** Preferred Not to Answer Did Not Understand Question

D. Self and Relational Dysregulation

Impaired developmental competencies in personal identity and involvement in relationships

D.1. Persistent extreme negative self-perception, including self-loathing or view self as damaged/defective.

D.1. In the past/worst month did your child sometimes feel very bad about her/himself? Please give a brief example.

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (D.2a.))

Severity Rating of Symptom for D.1.

Not Present/subthreshold – Developmentally normative difficulty with self-esteem and/or mild infrequent manifestation of symptom.

Threshold – Views self almost entirely as bad, damaging or damaged, defective, unlovable, or physically deformed, and has serious difficulties with relationships, activities, self-care, or self-image as a result.

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

D.1. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question

When your child feels bad about her/himself...

(Y) (N) Does s/he have normal self-doubts similar to those of most other children of her/his age?

(Y) (N) Does s/he seem normally self-critical, similar to other children of her/his age?

(Y) (N) Does s/he feel good about her/himself in realistic ways some of the time?

(Y) (N) Does s/he usually feel good about her/himself despite feeling that way at times?

(Y) (N) Does s/he seem to hate her/himself?

(Y) (N) Does s/he you think there's something terribly wrong with her/himself?

(Y) (N) Does s/he feel stupid, no good at anything, or like s/he can't do anything right?

(Y) (N) Does s/he think no one likes her/him?

(Y) (N) Can s/he get along with friends?

(Y) (N) Can s/he get along with your family?

(Y) (N) Can s/he get along with other people in your neighborhood, at school, or at work?

(Y) (N) Can s/he still do activities that s/he usually does, such as sports or clubs or parties?

(Y) (N) Can s/he watch TV or listen to music?

(Y) (N) Can s/he go to school and do the work?

(Y) (N) Can s/he sleep okay?

(Y) (N) Can s/he eat okay?

D.2. Attachment insecurity: parentified attempts to care for caregivers or difficulty tolerating reunion after separation from primary caregiver(s)

***D.2a.** In the past/worst month were there times your child tried to protect, defend, or take care of you or other caregivers? Or did s/he seem to feel very worried if you or another caregiver was upset, and tried hard to make the caregiver feel better, or to not do anything that would have made the caregiver feel more upset? Please give a brief example.

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (D.2b.))

Severity Rating of Symptom for D.2a.

Not Present/subthreshold - Developmentally normative concerns about and attempts to help caregivers and/or mild infrequent manifestation of symptom.

Threshold – Experiences severe distress or impairment

DUE TO WORRIES ABOUT CAREGIVERS' SAFETY OR WHEN ATTEMPTING TO PROTECT CAREGIVERS

and/or

WHEN FEELS SYMPATHETIC CONCERN OR GUILT IN REACTION TO A DISTRESSED CAREGIVER

Past/Worst Month: Not Present/subthreshold **WORRY ABOUT SAFETY**

CONCERN/GUILT

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: Not Present/subthreshold **WORRY ABOUT SAFETY** **CONCERN/GUILT**

When your child tries to protect or take care of you or other caregivers ...

- (Y) (N) For whom? _____
- (Y) (N) Did s/he seem normally concerned about you or other caregivers, similar to how other children her/his age feel?
- (Y) (N) Did s/he let you and other caregivers do things to help, protect, and care for her/him?
- (Y) (N) Did s/he seem to feel s/he had to act like a parent or protector by looking after you, family members, or other caregivers?
- (Y) (N) Did s/he feel s/he had to earn money so your family had food, clothes, a home?
- (Y) (N) Did s/he get into a fight or other serious conflict, break the law, or skip school or important activities in order to do this?
- (Y) (N) Did s/he still spend time with friends?
- (Y) (N) Did s/he still spend time with people in your neighborhood, at school, or at work?
- (Y) (N) Did s/he still do activities s/he normally does, such as sports or clubs or parties?
- (Y) (N) Could s/he still enjoy TV, music, etc?
- (Y) (N) Did s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay at night?
- (Y) (N) Could s/he still eat okay?

D.2b. In the past/worst month was your child separated from you or another caregiver? When re-united with the caregiver, did s/he seem very upset or mad? Please give a brief example.

When s/he was upset when re-united after separation from you or another caregiver ...

- (Y) (N) From whom? _____
- (Y) (N) Did s/he seem to have a normal degree of difficulty emotionally when you were re-united, compared to how other kids her/his age would react to a similar situation?
- (Y) (N) Did s/he seem extremely upset or distant emotionally when you were re-united?
- (Y) (N) Did it seem like s/he couldn't trust you (see D3a) or had no feelings for you (see B3)?
- (Y) (N) Did she seem too angry, scared, or sad to get over it and feel good with you (see B2)?
- (Y) (N) Was s/he able to calm down and trust again after several hours, or a day or two?
- (Y) (N) Did s/he still spend time with friends?
- (Y) (N) Did s/he still spend time with people in your neighborhood, at school, or at work?
- (Y) (N) Did s/he still do activities s/he normally does, such as sports or clubs or parties?
- (Y) (N) Could s/he still enjoy TV, music, etc?
- (Y) (N) Did s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay at night?
- (Y) (N) Could s/he still eat okay?

YES (If Yes) How often did this happen in the past/worst month?

- Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

- Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand

(If Pass, move on to next item (D.3a.))

Severity Rating of Symptom for D.2b.

Not Present/subthreshold – No separations or reunions, or at most developmentally normative moderate intensity of distress due to separation/reunion and/or mild infrequent manifestation of symptom.

Threshold – Experiences prolonged (e.g. more than a few days) severe distress or impairment during/after reunion after separations from caregiver(s)

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

D.2. (For Research Administrator Only)

Not Present

Threshold **FOR:** Past/Worst Month Lifetime

Pass **MARK:** Preferred Not to Answer Did Not Understand Question

D.3. Extreme persistent distrust, defiance or lack of reciprocal behavior in close relationships

D.3a. In the past/worst month did your child seem to feel that close friends or family, mentors, or people s/he admired and viewed as role models, could not be trusted? *(If parent declines first question, reframe as follows.)* Alternately, was your child suspicious of most people, even people who you knew to be safe? Please give a brief example.

YES *(If Yes)* How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO *(If No)* Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand *(If Pass, move on to next item (D.3b.))*

Severity Rating of Symptom for D.3a.

Not Present/subthreshold – No betrayals of trust or developmentally normative disappointments or frustrations in close or mentoring relationships and/or mild infrequent manifestation of symptom.

Threshold – Perceived betrayals are unrepaired or continue to cause severe distress or inability to trust trustworthy people or relationships

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

When s/he didn't trust people s/he had trusted..

- (Y) (N) Who was this? _____
- (Y) (N) Was it because of a normal feeling of frustration or disappointment with that person similar to that of most children of her/his age?
- (Y) (N) Was it because of a separation (see D2a)?
- (Y) (N) Was it because of serious betrayal, neglect, or abandonment by that same person?
- (Y) (N) Was it because of serious betrayal, neglect, or abandonment by some other person?
- (Y) (N) Was s/he able to regain the sense of trust?
- (Y) (N) Can s/he tell who is trustworthy and who is not, and trust those who are trustworthy?
- (Y) (N) Could s/he still get along with friends?
- (Y) (N) Could s/he still get along with family?
- (Y) (N) Could s/he still get along with other people in the neighborhood, at school, or at work?
- (Y) (N) Could s/he still do activities s/he normally does, such as sports or clubs or parties?
- (Y) (N) Could s/he watch TV or listen to music?
- (Y) (N) Could s/he go to school and do the work?
- (Y) (N) Could s/he sleep okay at night?
- (Y) (N) Could s/he eat okay?

***D.3b.** In the past/worst month did your child sometimes think people were bullying, trying to force her/him to do things, or trying to take advantage of her/him even when that was not actually happening? Please give a brief example.

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand

(If Pass, move on to next item (D.4.))

Severity Rating of Symptom for D.3b.

Not Present/subthreshold – No oppositionality or defiance; or developmentally normative assertiveness when coping with actual coercion/pressures and/or mild infrequent manifestation of symptom.

Threshold –

DEFIANTLY OPPOSES people even if they are not coercive, controlling, or threatening; or generalizes oppositionality to most relationships and/or

Is consistently **RESENTFUL, REVENGE SEEKING, PASSIVE RESISTANT, OR**

OVERTLY PHYSICALLY OR VERBALLY AGGRESSIVE if s/he perceives coercion

Past/Worst Month: Not Present/subthreshold DEFIANT

RESENTFUL/AGGRESSIVE

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: Not Present/subthreshold DEFIANT RESENTFUL/AGGRESSIVE

When s/he felt bullied, coerced, or exploited...

(Y) (N) Was this due to actual bullying, coercion abuse, or exploitation by other persons?

(Y) (N) Was this due to her/him being assertive, similar to other same-age children?

(Y) (N) Is s/he respectful and willing to cooperate/compromise most of the time?

(Y) (N) Does s/he sometimes seem very negative or defiant in response to apparently reasonable requests and expectations or minor frustrations?

(Y) (N) Can s/he get over being defiant or negative and be genuinely cooperative sometimes?

(Y) (N) Does s/he act like s/he's cooperating and being respectful but actually do the opposite?

(Y) (N) Does she go along with things superficially but in a resentful manner?

(Y) (N) Does s/he seek revenge against people?

(Y) (N) Does s/he become physically or verbally assaultive (see D4)?

(Y) (N) Is s/he very negative and defiant most of the time in response to apparently reasonable requests and expectations or minor frustrations?

D.3. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question

D.4. Reactive physical or verbal aggression

***D.4.** In the past/worst month did your child sometimes physically or verbally attack other people? Please give a brief example.

When s/he is verbally or physically assaultive ..

- (Y) (N) Is this normal healthy assertiveness similar to that of other same-age children?
- (Y) (N) Is this an occasional temper tantrum or melt-down that s/he gets over, really regrets or is willing to make amends for afterward?
- (Y) (N) Is s/he quick to view other people as threatening to or disrespecting of her/him?
- (Y) (N) Is s/he able to stop before causing serious physical or emotional harm?
- (Y) (N) Does s/he attack people who are not being threatening or disrespectful?
- (Y) (N) Does s/he become so angry that s/he can't stop once s/he starts being aggressive?
- (Y) (N) Does s/he become so angry that s/he causes severe or permanent harm or damage?
- (Y) (N) Has this damaged or ended friendships or family relationships?
- (Y) (N) Has this led to serious legal problems?
- (Y) (N) Has this led to serious problems at school, in work, or in other activities?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (D.5a.))

Severity Rating of Symptom for D.4.

Not Present/subthreshold – No aggressive behavior or developmentally normative assertiveness when coping with actual threats/harm and/or mild infrequent manifestation of symptom.

Threshold – REACTS AGGRESSIVELY EVEN WHEN NOT ATTACKED, THREATENED, BULLIED, OR DISRESPECTED and/or REACTS WITH DYSCONTROLLED AGGRESSION TO ACTUAL THREATS OR HARM TO SELF/OTHERS, causing serious impairment or harm to self/others

Past/Worst Month: Not Present/subthreshold REACTS WHEN NOT ATTACKED REACTS TO ACTUAL THREAT/HARM

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: Not Present/subthreshold REACTS WHEN NOT ATTACKED REACTS TO ACTUAL THREAT/HARM

D.4. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question

D.5. Psychological boundary deficits: inappropriate (excessive or promiscuous) intimate contact (including physical or sexual), or excessive reliance on peers or adults for safety and reassurance

D.5a. In the past/worst month were there times that your child seemed to crave or demand physical closeness or affection, including being too physical or going places with strangers without appropriate adult supervision? Please give a brief example.

When your child craves closeness/affection...

(Y) (N) Does this seem like an age-appropriate desire for physical contact and affection?
(Y) (N) Does s/he know not to be too physical with strangers or to go places with strangers?
(Y) (N) Does s/he hug, touch, or kiss strangers?
(Y) (N) Does s/he go places with strangers?
(Y) (N) Does s/he stop doing this before getting into serious problems or danger?
(Y) (N) Does s/he have sex with people who are his/her age or older [if ≥ 16 , 18+ years old)?
(Y) (N) Does s/he have sex with younger kids?
(Y) (N) Does s/he let strangers her/his age or older hug, touch, or kiss her/him?
(Y) (N) Does s/he go places with strangers with whom s/he could have gotten badly hurt or in serious trouble?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (D.5b.))

Severity Rating of Symptom for D.5a.

Not Present/subthreshold – Definite developmentally appropriate boundaries physically and sexually (including consensual same-age sex if ≥ 16) and/or mild infrequent manifestation of symptom.

Threshold – Limited or no concern about personal boundaries when seeking contact or affection, with potentially or actually dangerous or serious adverse consequences.

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

D.5b. In the past/worst month were there times that your child needed a lot of reassurance when s/he was feeling upset? Please give a brief example.

When your child needs a lot of reassurance ...

(Y) (N) Did this seem to be a normal need for reassurance for a child her/his age?

(Y) (N) Did s/he seem to need more than a normal amount of reassurance at times, but was at other times able to accept reassurance or self-calm?

(Y) (N) Did s/he feel upset no matter how much other people reassured or helped her/him?

(Y) (N) Did s/he act like no one cared enough about her/him to help her/him feel okay?

(Y) (N) Did s/he feel so bad s/he couldn't get along with or be with family or friends?

(Y) (N) Did s/he feel so bad s/he couldn't go to or do normal activities at school or other places?

(Y) (N) Was it hard for her/him to sleep or eat?

(Y) (N) Was it hard for her/him to enjoy TV/music?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (D.6a.))

Severity Rating of Symptom for D.5b.

Not Present/subthreshold – Developmentally normative desire for reassurance and/or mild infrequent manifestation of symptom.

Threshold – Intense and developmentally immature need for reassurance with minimal ability to restrain or calm/reassure self, or resulting in serious impairment due to over-reliance on others for reassurance

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

D.5. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question

D.6. Impaired capacity to regulate empathic arousal: (a) lacks empathy for, or intolerant of, expressions of distress of others, or (b) excessive responsiveness to the distress of others.

D.6a. In the past/worst month were there times when your child did not feel sympathy for others who were upset, hurt, or needed help? Please give a brief example.

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (Lifetime) No

PASS: Prefers Not to Answer Does Not Understand (If Pass, move on to next item (D.6b.))

Severity Rating of Symptom for D.6a.

Not Present/subthreshold – Developmentally normative sympathy for others and/or mild infrequent manifestation of symptom.

Threshold – Complete or consistent affective and cognitive indifference to, or inability or unwillingness to identify with, persons in distress or in need of help. Or active disgust/contempt for such individuals.

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

When s/he doesn't feel sympathy for someone who is hurt or needs help...

(Y) (N) Does s/he act like it's too bad they're hurt or need help, but it's not her/his problem?

(Y) (N) Does s/he act like it's too bad they're hurt or upset, but they really don't need help?

(Y) (N) Does s/he act like it's too bad that they're hurt or need help, but it's their own fault?

(Y) (N) Does s/he seem completely uncaring?

(Y) (N) Does s/he seem contemptuous or disgusted, as if they're unworthy of help?

(Y) (N) Does s/he feel angry or frustrated that they seem to need, or are asking for, help?

(Y) (N) Does s/he seem impatient, like they are annoying or bothersome with their problems?

(Y) (N) Does s/he seem to think they deserve to be hurt or yelled at or treated badly because they're worthless or completely unimportant?

D.6b. In the past/worst month were there times when your child felt just as bad, or even worse, than someone else who was upset? Or felt unwarranted guilt for making other people feel upset, or for not helping them to feel better? Please give a brief example.

When your child feels bad because someone is upset or worries about someone being upset ...

- (Y) (N) Did s/he offer emotional support?
- (Y) (N) Did s/he feel better if s/he tried to help?
- (Y) (N) Did s/he wish s/he could help but not feel guilty if s/he couldn't make things better?
- (Y) (N) Did s/he think it's too bad they're hurt or need help and hope they would be okay?
- (Y) (N) Did s/he feel so bad for them that s/he broke down and sobbed or cried?
- (Y) (N) Did s/he feel so worried about them that s/he couldn't think about anything else?
- (Y) (N) Did s/he feel so mad that s/he wanted to attack the people hurting them (**see D4**)?
- (Y) (N) Was s/he willing to take risks or make sacrifices to help them recover or feel better?
- (Y) (N) When s/he felt bad for them was s/he able to stay calm or to calm down before long?
- (Y) (N) Could s/he still get along with family, friends, and other people (such as at school)?
- (Y) (N) Could s/he still do activities s/he usually does, such as sports or clubs or parties?
- (Y) (N) Could s/he sleep okay at night?
- (Y) (N) Could s/he eat okay?

YES (If Yes) How often did this happen in the past/worst month?

Daily or almost daily 2 - 3 times per week Once a week or less

NO (If No) Have there ever been any serious problems with this?

Yes (**Lifetime**) No

PASS: Prefers Not to Answer Does Not Understand

(If Pass, move on to conclude interview.)

Severity Rating of Symptom for D.6b.

Not Present/subthreshold – Developmentally normative sympathy/compassion for others and/or mild infrequent manifestation of symptom.

Threshold – Intense and developmentally immature sympathetic sense of guilt or responsibility expressed in severe distress or emotionally dysregulated intentions or actions that lead to serious impairment

Past/Worst Month: Not Present/subthreshold Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: Not Present/subthreshold Threshold

D.6. (For Research Administrator Only)

Not Present

Threshold **FOR:** Past/Worst Month Lifetime

Pass **MARK:** Preferred Not to Answer Did Not Understand Question

Interview Concluded - Clinician Post-Interview Ratings

- Criterion B** *Affective and Physiological Dysregulation Symptoms (0-4 range)*
- Criterion C** *Attentional and Behavioral Dysregulation Symptoms (0-5 range)*
- Criterion D** *Self and Relational Dysregulation Symptoms (0-6 range)*

- Criterion E. Duration of disturbance (Criteria B-D): at least 1 month**

- Criterion F. Functional Impairment** when symptoms are present: ***CGAS < 51***
(**Moderate** impairment in *more than one* domain OR **severe** impairment in *at least one* domain:
Family, Peer Group, School, Activities, Work, Health)