K-SADS-P DEPRESSION SECTION

1. DEPRESSED MOOD

Refers to subjective feelings of depression based on verbal complaints of feeling depressed, sad, blue, gloomy, very unhappy, down, empty, bad feelings, feels like crying. Do not include ideational items (like discouragement, pessimism, worthlessness), suicide attempts or depressed appearance. Some children will deny feeling "sad" and report feeling only "bad" so it is important to inquire specifically about each dysphoric affect. Do not count feelings of anxiety or tension.
Irritability without other persistent dysphoric affect should not be rated here.
In the interview with parent, mother's "gut feeling" (empathic sensing) that child frequently feels depressed can be taken as positive evidence of child's depressive mood if parent is not concurrently depressed.

How have you been feeling?
Would you say that you are a happy or a sad child?
Mostly happy or mostly sad?
Have you felt sad, blue, moody, down, very unhappy, empty, like crying? ***(ASK EACH ONE).***
Is this a good feeling or a bad feeling?
Have you had other bad feelings?
Do you have a bad feeling all the time that you can't get rid of?
Have you cried or been tearful? Do you feel (_____) all the time, some of the time? (Percent of time awake: Summation of % of all labels if they do not occur simultaneously).
(Assessment of diurnal variation can secondarily clarify daily duration of depressive mood.)
Does it come and go? How often? Every day?
How long does it last? All day?
How bad is the feeling? Can you stand it? What do you do when you can't stand it?
What do you think brings it on?
Do you feel sad when mother is away? IF separation from mother is given as a cause: Do you feel (____) when mother is with you? Do you feel a little better or the feeling totally gone?
Can other people tell when you are sad? How can they tell? Do you look different?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all or less than once a week
[ ]	[ ]	[ ]	2 Slight: Occasionally has dysphoric mood at least once a week for more than 1 hour
[ ]	[ ]	[ ]	3 Mild: Often experiences dysphoric mood at least 3 times a week for more than 3 hours each
[ ]	[ ]	[ ]	4 Moderate: Most days feels "depressed" (including weekends) or over 50% of awake time
[ ]	[ ]	[ ]	5 Severe: Most of the time feels depressed and it is almost painful. Feels wretched
[ ]	[ ]	[ ]	6 Extreme: Most of the time feels extreme depression which "I can't stand."
[ ]	[ ]	[ ]	7 Very Extreme: Constant unrelieved extremely painful feelings of depression

PAST P [ ] C [ ] S [ ]

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

2. IRRITABILITY AND ANGER

Subjective feeling of irritability, anger, crankiness, bad temper, short-tempered, resentment, or annoyance, externally directed, whether expressed overtly or not. Rate the intensity and duration of such feelings. **If patient has had clear episodes of mania or hypomania during which he is irritable, do not rate such irritability here.**

Do you get annoyed, and irritated or cranky at little things? What kinds of things?
Have you been feeling mad or angry also (even if you don't show it)?
How angry? More than before? What kinds of things make you feel angry?
Do you sometimes feel angry and/or irritable and/or cranky and don't know why?
Does this happen often?
Do you lose your temper? With your family? Your friends? Who else? At school? What do you do? Has anyone said anything about it?
How much of the time do you feel angry, irritable, and/or cranky? All of the time? Lots of the time? Just now and then? None of the time?

When you get mad, what do you think about? Do you think about killing others? Or about hurting them or torturing them? Whom? Do you have a plan? How?

If irritability occurs in discrete episodes within a depressive state, especially if unprovoked, rater should keep this in mind when asking about mania/hypomania.

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all clearly of no clinical significance.
[ ]	[ ]	[ ]	2 Slight and doubtful clinical significance.
[ ]	[ ]	[ ]	3 Mild: Often (at least 3 times/ 3 hours each week) feels definitely more angry, irritable than called for by the situation, relatively frequent but never very intense. Or often argumentative, quick to express annoyance. No homicidal thoughts.
[ ]	[ ]	[ ]	4 Moderate: Most days feels irritable/ angry or over 50% of awake time. Or often shouts, loses temper. Occasional homicidal thoughts.
[ ]	[ ]	[ ]	5 Severe: At least most of the time child is aware of feeling very irritable or quite angry or has frequent homicidal thoughts (no plan) or thoughts of hurting others. Or throws and breaks things around the house.
[ ]	[ ]	[ ]	6 Extreme: Most of the time feels extremely irritable or angry, to the point he "can't stand it." Or frequent uncontrollable tantrums.
[ ]	[ ]	[ ]	7 Number 6 plus homicidal plan.

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

PAST P [ ] C [ ] S [ ]

Year: [ ][ ] **ID:** [ ][ ][ ][ ] **Date:** [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

3. REACTIVITY OF DEPRESSED OR IRRITABLE MOOD

Extent to which temporary improvement in mood was associated with positive environmental events. Differentiate between improvements of separation anxiety (especially in inpatients during visiting) and improvements of depressed feelings. **Only the latter is to be recorded. The ratings take into account both extent and duration of mood improvement.**

If someone tried to cheer you up, could they? Has anything good happened to you since you started feeling (___)? If yes, what was it? If no, are you sure? Anything a little bit good? Did this good thing make you feel any better? If yes, how good did you feel? Did you feel happy? Did you laugh at anything? When you were at your worst, did this feeling ever go away? When you got your mind on other things or when something good happened, did the feeling ever go away? Did all of it go away? What made it go away? (e.g. like when you were playing with other children?) How long did the feeling last...Minutes? Hours? All day?
Did you feel bad no matter what was happening?

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

PAST P C S

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Very responsive to environmental events, in both extent and duration of improvement.
[ ]	[ ]	[ ]	2 Usually mood responds fully but improvement does not last more than 1 hour.
[ ]	[ ]	[ ]	3 Somewhat responsive, but still feels depressed: Mood improves partially and stays like that for more than a few minutes.
[ ]	[ ]	[ ]	4 "Brief peak:" Mood clears up almost completely for a few minutes and goes back down again.
[ ]	[ ]	[ ]	5 Rarely feels any better: Mood improves partially for only a few minutes (subnormal brief peak).
[ ]	[ ]	[ ]	6 Unresponsive (does not make any difference).

4. DIURNAL MOOD VARIATION

Extent to which, for at least one week, there is a persistent fluctuation of mood (depressed or irritable) with the first or second half of the day. Rate regardless of regular environmental changes. **Do not rate positive if it gets worse only at bedtime, school time, or other separation times.** The worst period should last at least 2 hours. **Ask about weekends. Make sure the worsening refers to dysphoric mood and not to anxiety or environmental effects.**

Do you feel more (_____) in the morning when you wake up, or in the afternoon, or in the evening?
How long does it last?
Does this happen every day, after you get home from school, after dinner?
When do you start feeling better?

How much worse?
When you feel worse, is it a different feeling or just more of the same?

Use regular events as milestones: lunch, second AM class, TV program, etc.)

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

PAST P C S

A. Worse in Morning

P	C	S	
[ ]	[ ]	[ ]	0. No information
[ ]	[ ]	[ ]	1. Not worse in the morning or variable.
[ ]	[ ]	[ ]	2. Minimally or questionably worse or for less than 2 hours.
[ ]	[ ]	[ ]	3. Mildly worse for at least 2 hours.
[ ]	[ ]	[ ]	4. Considerably worse for at least 2 hours.

B. Worse in Afternoon and/ or Evening.

P	C	S	
[ ]	[ ]	[ ]	0. No information
[ ]	[ ]	[ ]	1. Not worse in the morning or variable.
[ ]	[ ]	[ ]	2. Minimally or questionably worse or for less than 2 hours.
[ ]	[ ]	[ ]	3. Mildly worse for at least 2 hours.
[ ]	[ ]	[ ]	4. Considerably worse for at least 2 hours.

5. EXCESSIVE OR INAPPROPRIATE GUILT

...self reproach, for things done or not done, including delusions of guilt. Rate according to proportion between intensity of guilt feelings or severity of punishment child thinks he deserves and the actual misdeeds
.

When people say or do things that are good, they usually feel good, and when they say or do something bad they feel bad about it. Do you feel bad about anything you have done? What is it?
How often do you think about it? When did you do that?
What does it mean if I said I feel guilty about something?
How much of the time do you feel like this?
Most of the time?
A lot of the time?
A little of the time?
Not at all?
What kind of things do you feel guilty about?
Do you feel guilty about things you have not done? or are actually not your fault? Do you feel guilty about things your parents or others do?
Do you feel you cause bad things to happen? Do you think you should be punished for this?
What kind of punishment do you feel you deserve? Do you want to be punished? How do your parents usually punish you? Do you think it's enough?

For many young children it is preferable to give a concrete example such as: *"I am going to tell you about three children and you tell me which one is most like you. The first is a child who does something wrong, then feels bad about it, goes and apologizes to the person, the apologies are accepted, and he just forgets about it from then on. The second child is like the first but after his apologies are accepted, he just cannot forget about what he had done and continues to feel bad about it for one to two weeks. The third is a child who has not done much wrong, but who feels guilty for all kinds of things which are really not his fault like...Which one of these three children is like you?" It is also useful to double check the child's understanding of the questions by asking him to give an example, like the last time he felt guilty "like the child in the story."*

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight: Occasional feeling of mild self-blame, but no persistent ruminations beyond reasonable time
[ ]	[ ]	[ ]	3 Mild: Often feels guilty about past actions, the significance of which he exaggerates, and which most children would have forgotten about
[ ]	[ ]	[ ]	4 Moderate: Feelings of guilt which he cannot explain or about things which objectively are not his fault. (Except feeling guilty about parental separation and/or divorce which is normative and should not lead by and of itself to a positive guilt rating in this score, except if it persists after repeated appropriate discussions with the parents)
[ ]	[ ]	[ ]	5 Severe: Pervasive feelings of intense guilt, or generalized feelings of self -blame for most situations. Feels he should be punished more than he has been
[ ]	[ ]	[ ]	6 Extreme: Delusions of guilt, hallucinations in which he is accused of having done something terrible, or agonizing constant feelings of guilt

PAST P [ ] C [ ] S [ ]

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

6. NEGATIVE SELF-IMAGE

Includes feelings of inadequacy, inferiority, failure and worthlessness, self depreciation, self belittling. **Rate with disregard of how "realistic" the negative self evaluation is.**

How do you feel about yourself?
Are you down on yourself?
Do you like yourself as a person? Why? or Why not?
Describe yourself.
Do you ever think of yourself as ugly? When? How often?
Do you think you are bright or stupid? Why? Do you often think like that?
Do you think you are better or worse than your friends? Is any one of your friends worse than you are?
What things are you good at? Any others?
What things are you bad at? How often do you feel this way about yourself?
What would you like to change about you?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight: Occasional feelings of inadequacy
[ ]	[ ]	[ ]	3 Mild: Often feels somewhat inadequate, or would like to change his looks or brains or his personality
[ ]	[ ]	[ ]	4 Moderate: Often feels like a failure, or would like to change 2 of the above
[ ]	[ ]	[ ]	5 Severe: Frequent feelings of worthlessness or would like to change all 3. Occasionally says he hates himself
[ ]	[ ]	[ ]	6 Extreme: Pervasive feelings of being worthless or a failure. Says he hates himself

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

PAST P [ ] C [ ] S [ ]

7. HOPELESSNESS, HELPLESSNESS, DISCOURAGEMENT, PESSIMISM

Negative outlook toward the future, regarding his life and his current problems. This item refers to ideational content and not to feelings.

What do you think is going to happen to you? Do you think you are going to get better? Any better?
Do you think we can help you? How?
Do you think anyone can help you? Who? How?
What do you want to do (to be) when you grow up? Do you think you'll make it? Why not?
Have you given up on life?
Do you ever feel that your death is near?
Do you ever feel that the world is coming to an end now?
Do you feel that you are going to continue suffering forever? How often do you feel this way?
Are you sure that there is no hope for you?
How do you know? Could it be that there might be little hope for you?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all discouraged about the future
[ ]	[ ]	[ ]	2 Slight: Occasional feelings of mild discouragement about future
[ ]	[ ]	[ ]	3 Mild: Often discouraged. Doubts he will get better
[ ]	[ ]	[ ]	4 Moderate: Often feels quite pessimistic about the future. Doubts he will make it to being a grown up
[ ]	[ ]	[ ]	5 Severe: Pervasive feelings of intense pessimism. Has given up. Helpless
[ ]	[ ]	[ ]	6 Extreme: Delusions or hallucinations that he is doomed, or that the world is coming to an end

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

PAST

P	C	S

8. ACHES AND PAINS

Somatic complaints of headaches, stomachaches, chest pains, not feeling well, backaches, other aches and pains.
Do not include fatigue, or complaints secondary to a diagnosable medical illness.

Have you been having any pains?
What about headaches, etc.? (See above).
Any other pains? How often?
How bad do they get? How often?
Do you get them only when you have to go to school?
What about weekends?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight: Occasionally, at least once every two weeks
[ ]	[ ]	[ ]	3 Mild: One or more physical symptoms to mild degree, at least once a week
[ ]	[ ]	[ ]	4 Moderate: One or several symptoms to a considerable degree, at least every other day
[ ]	[ ]	[ ]	5 Severe: Frequently bothered, almost daily
[ ]	[ ]	[ ]	6 Extreme: Constantly bothered, for several hours every day

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

PAST

P	C	S

ID:

9. ANHEDONIA, LACK OF INTEREST, APATHY, LOW MOTIVATION, OR BOREDOM

This is a summary rating synthesizing anhedonia, boredom and loss of interest.
Boredom is a term all children understand and which frequently refers to loss of ability to enjoy (anhedonia) or to loss of interest or both. Loss of pleasure and loss of interest are not mutually exclusive and may coexist.

What are the things you do for fun? Enjoy?
(Get examples: nintendo, sports, friends, favorite games, school subjects, outings, family activities, favorite TV programs, computer or video games, music, dancing, playing alone, reading, going out, etc.).

Do you feel bored a lot of the time?
Are you bored because you don't enjoy things or because you are not interested in even starting them?
Do you feel bored when you think about doing these things you used to do before you began feeling (sad, etc.)? (Give examples mentioned above.)
Does this stop you from doing those things?
Do you (also) feel bored while you are doing things you used to enjoy?

Anhedonia refers to partial or complete (pervasive) loss of ability to get pleasure, enjoy, have fun during participation in activities which have been attractive to the child like the ones listed above. It also refers to basic pleasures like those resulting from eating favorite foods and, in adolescents, sexual activities.

Do you still do the things you used to do for fun before you began to feel (_____)?
Do you do less than you used to? How much less?
Do you have as much fun doing them as you used to before you began feeling (sad, etc.)?
If less fun, Do you enjoy them a little less? Much less? Not at all?
Do you have as much fun as your friends?
How many things are less fun now than they used to be?
How many are as much fun? More fun?
What are your favorite foods?
Do you enjoy them as much as you used to?
Are there any foods you really enjoy eating? Do they taste as good?

In adolescents: (*if sexually active)*
Do you enjoy sex as much as you used to?
Are you less sexually active than you used to be?
Do you find that you start to do things that interest you, but then find you are not enjoying them as much?

Loss of interest, apathy and low motivation refer to partial or complete (pervasive) loss of ability to anticipate enjoyment and to be interested and/or to have the motivation to pursue activities which have been attractive to the child. The child does not desire to engage in activities and does not initiate them. There is a **lack of enthusiasm and anticipatory excitement, not caring about, apathy, lack of motivation** in the contemplation of doing things that he/she would normally look forward to.

Do you look forward to doing the things you used to enjoy? (Give examples)
Do you try to get into them?
Do you have to push yourself to do your favorite activities? Do they interest you?
Do you get excited or enthusiastic about doing them? Why not?

Have you stopped even trying to do things that you used to do because they just don't excite you anymore?
How many things are less interesting now than they were before you started feeling (sad, etc.)?
How many things are as interesting? More interesting?

WHAT ABOUT DURING THE LAST WEEK?

This item does not refer to inability to engage in activities (loss of ability to concentrate on reading, games, TV, or school subjects).

Two comparisons should be made in each assessment: Enjoyment as compared to that of peers and/or enjoyment as compared to that of child when not depressed. The second is not possible in episodes of long duration because normally children's preferences change with age. Severity is determined by the number of activities which are less enjoyable to the child, and by the degree of loss of ability to enjoy.
Do not confuse with lack of opportunity to do things which may be due to excessive parental restrictions.

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 All activities as pleasurable and interesting, or more so
[ ]	[ ]	[ ]	2 Slight: 1 or 2 activities less pleasurable or interesting than before or than his/her friends
[ ]	[ ]	[ ]	3 Mild: Several activities less pleasurable or interesting. Bored or apathetic over 50% of the time during activities
[ ]	[ ]	[ ]	4 Moderate: Most activities much les pleasurable or interesting. Bored or apathetic over 75% of the time during activities
[ ]	[ ]	[ ]	5 Severe: Almost all activities much less pleasurable or interesting. Bored or apathetic 90% of the time during activities
[ ]	[ ]	[ ]	6 Extreme: Total inability to experience or interest pleasure ("I don' enjoy anything").

	P	C	S
PAST			

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

10. FATIGUE, LACK OF ENERGY, TIREDNESS

This is a subjective feeling. (**Do not confuse with lack of interest**) (Rate presence even if subject feels it is secondary to insomnia). Differentiate from drowsiness, sleepiness, etc. which should not be rated here.

Have you been feeling tired? How often?
Do you feel tired?
All of the time?
Most of the time?
Some of the time?
Now and then?
When did you start feeling so tired?
Was it after you started feeling (_____)?
Tell me more about this feeling; is it sleepiness or that you just do not have the energy?
Do you spend much time resting? How much?
Do you have to rest?
Do your limbs feel heavy?
Is it very hard to get going? .... to move your legs?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all or more energy than usual
[ ]	[ ]	[ ]	2 Slight: Possible less energy than usual
[ ]	[ ]	[ ]	3 Mild: At times definitely more tired or less energy than usual
[ ]	[ ]	[ ]	4 Moderate: Often feels tired without energy. Has to rest (not sleep) during the day
[ ]	[ ]	[ ]	5 Severe: Almost all the time feels very tired or without energy or spends a great deal of time resting, (not sleeping). Limbs may feel heavy and hard to move
[ ]	[ ]	[ ]	6 Extreme: Constant feeling of extreme fatigue or lack of energy or spends most of the time resting. Limbs feel heavy and hard to move

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

PAST P [ ] C [ ] S [ ]

11. DIFFICULTY CONCENTRATING, INATTENTION, SLOWED THINKING

(School information may be crucial to proper assessment of this item).
Complaints (or evidence from teacher) of diminished ability to think or concentrate which was not present to the same degree before onset of present episode. **Distinguish from lack of interest or motivation. (Do not include if associated with formal thought disorder). Distinguish from ADHD**
.
Do you know what it means to concentrate?
Sometimes children have a lot of trouble concentrating. For instance, they have to read a page from a book, and can't keep their mind on it so it takes much longer to do it or they just can't do it, can't pay attention.
Have you been having this kind of trouble? When did it begin?
Is your thinking slowed down?
If you push yourself very hard can you concentrate?
Does it take longer to do your homework?
When you try to concentrate on something, does your mind drift off to other thoughts?
Can you pay attention in school?
Can you pay attention when you want to do something you like?
Do you forget about things a lot more?
What things can you pay attention to?
Is it that you can't concentrate?
or is it that you are not interested, or don't care?
Did you have this kind of trouble before?
When did it start?

P	C	S	
[ ]	[ ]	[ ]	0 Not enough information
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight: Slight and of doubtful clinical significance
[ ]	[ ]	[ ]	3 Mild: Definitely aware of limited attention span but causes no difficulties other than substantially increased effort in schoolwork
[ ]	[ ]	[ ]	4 Moderate: Interferes with school marks. Forgetful
[ ]	[ ]	[ ]	5 Severe: Interferes with school work and most other activities. Can't concentrate even when he wants to. Very forgetful
[ ]	[ ]	[ ]	6 Extreme: Unable to do the simplest tasks, e.g., watch TV, or engage in a conversation

PAST P [ ] C [ ] S [ ]

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE POSITIVELY, UNLESS THERE WAS A WORSENING OF THE CONCENTRATION PROBLEMS ASSOCIATED WITH THE ONSET OF DEPRESSED MOOD.

.2. PSYCHOMOTOR AGITATION

Includes inability to sit still, pacing, fidgeting, repetitive lip or finger movement, wringing of hands, pulling at clothes, and non-stop talking. To be rated positive, such activities should occur **while the subject feels depressed, not associated with the manic syndrome,** and not limited to isolated periods when discussing something upsetting. **Do not include subjective feelings of tension or restlessness, which** are often incorrectly called agitation. To arrive at your rating, take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.
Distinguish from ADHD.

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all, retarded, or associated with manic
[ ]	[ ]	[ ]	2 Slight: Increase which is of doubtful significance
[ ]	[ ]	[ ]	3 Mild: Unable to sit quietly in a chair without fidgeting or pulling and/or rubbing
[ ]	[ ]	[ ]	4 Moderate: Frequent temper tantrums, or marked inability to sit in class, almost always disruptive to some degree
[ ]	[ ]	[ ]	5 Marked: Pacing, hand wringing, or very frequent temper tantrums. Increased activity both at home and school
[ ]	[ ]	[ ]	6 Extreme: Almost constantly moving or pacing about or nonstop talking. Agitated in all settings

When you feel so (sad), are there times when you can't sit still, or you have to keep moving and can't stop?
Do you walk up and down?
Do you wring your hands? (demonstrate)
Do you pull or rub on your clothes, hair, skin or other things?
Do people tell you not to talk so much?
Did you do this before you began to feel (sad)?
When you do these things, is it that you are feeling (sad) or do you feel high or great?

If someone was taking movies of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference?
What would it be?
What would I see?
What would I hear?
Probe: *Would it take longer before or while you were (depressed)?*
A little longer?
Much longer?
If I saw a videotape or heard an audiotape of your child at home while he/she was depressed and another when he/she wasn't depressed, could I tell the difference? If yes, what would I see (hear) different?

Make sure it does not refer to content of speech or acts or to facial expression. Refer only to speed and tempo.

	P	C	S
PAST	[ ]	[ ]	[ ]

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE THE PSYCHOMOTOR AGITATION ITEM POSITIVELY UNLESS THERE WAS A WORSENING OF AGITATION THAT CORRESPONDED WITH THE ONSET OF THE DEPRESSED MOOD.

ID: [ ][ ][ ][ ]

12695

.3. PSYCHOMOTOR RETARDATION

/isible, generalized slowing down of physical movement, reactions ınd speech. It includes long speech latencies. Make certain that ılowing down actually occurred and is not merely a subjective feeling. ᐨo arrive at your rating take into account your observations during the ıterview, the child's report and the parent's report about the child's ɹehavior during the episode.

ʲince you started feeling (sad) have you noticed that you can't move ıs fast as before?
ɬave you found it hard to start talking?
ɬas your speech slowed down?
ↄo you talk a lot less than before?
ʲince you started feeling sad, have you felt like you are moving in slow notion?
ɬave other people noticed it?

ᶠ someone was taking movies of you while you were eating breakfast ınd talking to your (mother), and they took these movies before you ıot (depressed) and again while you were (depressed) would I be able ɔ see a difference?
Vhat would it be?
Vhat would I see?
Vhat would I hear?

***ᴾrobe:** Would it take longer before or while you were (depressed)? A ttle longer? Much longer?*
ᶠ I saw videotape or heard an audiotape of your child at home while ıe/she was depressed and another when he/she wasn't depressed, ᵛould I tell the difference? If yes, what would I see (hear) different?

/lake sure it does not refer to content of speech or acts or to acial expression. Refer only to speech and tempo.

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight, and of doubtful clinical significance
[ ]	[ ]	[ ]	3 Mild: Conversation is noticeably retarded but not strained, and/or slowed body movements
[ ]	[ ]	[ ]	4 Moderate: Conversation is difficult to maintain, and/or hardly moves at all
[ ]	[ ]	[ ]	5 Marked: Conversation is difficult to maintain, and/or moves very slowly
[ ]	[ ]	[ ]	6 Extreme: Conversation is almost impossible, mute and immobile most of the time (depressive stupor)

PAST P [ ] C [ ] S [ ]

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

.4. SOCIAL WITHDRAWAL

ᶠrequency of contact and depth of involvement with family members, riends, or other social situations compared to usual before onset of illness or to peers' social involvement, if episode of disorder was ɔng >1 or 2 years].
ᵀhe key issue is child's degree of initiative to be with and interact with ɔthers.

ↄifferentiate from social isolation.
ᴧ withdrawn child is not happy with his withdrawal, and withdrawal is limited ɔ the duration of the overall disorder.

ʲince you started to feel so (sad), do you prefer to play by yourself or with ɔther children?
ↄo you like to be with your friends, or do you prefer to be alone?
Vas it different before you started to feel so sad?
Vhat kinds of things have you been doing by yourself?
ↄo your friends have more friends than you do?
ɬave you lost friends since you started feeling sad? Who? Why, what ıappened?
Vho is your best friend now? When did you see him/her last? What did ʸou do together before you started feeling so sad?
ᴧre you a member of any clubs, like the Boy Scouts, etc.?
ɬave you been going to their activities as much as before? How come?
ɬave you avoided seeing them? Why?
ɬave you stopped calling your friends?
ᶠ your friend comes for you, do you play or do you tell him to go away?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all, no change from usual or increased contact.
[ ]	[ ]	[ ]	2 Less contact or slight avoidance, but of doubtful clinical significance
[ ]	[ ]	[ ]	3 Mild: Somewhat less involved or sometimes avoids social contact that he ordinarily participates in
[ ]	[ ]	[ ]	4 Moderate: Definitely less involved when with people or often avoids social contact that he ordinarily participates in. Has lost friends
[ ]	[ ]	[ ]	5 Severe: Goes out of his way to avoid many social situations that he ordinarily participates in
[ ]	[ ]	[ ]	6 Extreme: Actively avoids all social contact that he ordinarily participates in

PAST P [ ] C [ ] S [ ]

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

15. INSOMNIA

Sleep disorder, including initial, middle and terminal difficulty in getting to sleep or staying asleep.
Do not rate if he feels no need for sleep.

Take into account the estimated number of hours slept and the subjective sense of lost sleep.
Normally a 6-8 year old child should sleep about 10 hours ± 1 hour;
For 9-12 year olds = 9 hours ± 1 hour;
For 12-16 year olds = 8 hours ± 1 hour.

Distinguish from other possible causes of insomnia.

Have you had trouble sleeping? What kind of trouble?
How long does it take you to fall asleep?
Do you wake up in the middle of the night? How many times? Any reason for it (urinating, nightmares)?

At what time do you wake up in the morning?
Is that later or earlier than usual?
Do you wake up before you want, or have to get up? Or before your mother calls you?
Do you feel you would sleep more if you could?

For how long have you been having trouble sleeping?
Are you having this trouble every night? Almost every night? Sometimes? Only now and then?
Do you feel rested when you wake up?
Do you feel not rested through 3 hours after being up?
Have you slept, at some point during the day and been awake during the night, and just could not sleep?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all, or feels no need for any sleep
[ ]	[ ]	[ ]	2 Slight: Occasional difficulty
[ ]	[ ]	[ ]	3 Mild: Often (at least 2 times a week) has some significant difficulty. (At least 1 hour to fall asleep, or bedtime delayed for one hour. No middle or terminal insomnia.)
[ ]	[ ]	[ ]	4 Moderate: Usually has considerable difficulty. (Either at least 2 hours initial insomnia, or any middle or terminal insomnia unrelated to urination, lasting up to half an hour). Feeling of unrestorative sleep
[ ]	[ ]	[ ]	5 Severe: Almost always has great difficulty. Either at least 3 hours initial insomnia or any middle or terminal insomnia lasting over one hour total. Considerable circadian reversal
[ ]	[ ]	[ ]	6 Extreme: Claims he almost never sleeps and feels exhausted the next day or complete circadian inversion

PAST P [ ] C [ ] S [ ]

Related to a Mood D/O
[ ] Current and Past
[ ] Current [ ] Past
[ ] No

16. TYPES OF INSOMNIA

0=No information 1=Not present 2=Doubtful (or < 30 minutes)
3=Definitely present, mild to moderate (or 30 minutes - 1 1/2 hours) 4=Definitely present, severe (or over 1 1/2 hours)

A. INITIAL INSOMNIA : *Difficulty falling asleep.*

P: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
C: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
S: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

PAST P [ ] C [ ] S [ ]

B. MIDDLE INSOMNIA: *Difficulty staying asleep, preceded and followed by sleep.*

P: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
C: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
S: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

PAST P [ ] C [ ] S [ ]

C. TERMINAL INSOMNIA: *Difficulty staying asleep the usual amount of time or final awakening after 5 hours of sleep.*

P: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
C: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
S: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

PAST P [ ] C [ ] S [ ]

D. CIRCADIAN REVERSAL: *Regularly falls asleep no earlier than 4 am and wakes up no earlier than noon. Not under voluntary control.*

P: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
C: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
S: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

PAST P [ ] C [ ] S [ ]

E. NON-RESTORATIVE SLEEP: *Does not feel rested upon awakening.*

P: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
C: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
S: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

PAST P [ ] C [ ] S [ ]

F. DAYTIME SLEEPLESSNESS: *Feels drowsy or sleepy during the day.*

P: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
C: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4
S: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

PAST P [ ] C [ ] S [ ]

17. HYPERSOMNIA

Do not rate positive if daytime sleep time plus nighttime true sleep equals normal sleep time (compensatory naps).
Increased need for sleep, sleeping more than usual. Inquire about hypersomnia even if insomnia was rated 3 - 6. Sleeping more than norms in 24-hour period.

Are you sleeping longer than usual?
Do you go back to sleep after you wake up in the morning?
When did you start sleeping longer than usual?
What about taking long naps during the day?
Did you used to take naps before?
When did you start to take naps?
How many hours did you use to sleep before you started to feel so sad)?

Parents may say that if child was not awakened he/she would regularly sleep >11 - 12 hours and he/she actually does so, every time he is left on his own. This should be rated 3.

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all, or needs less sleep than usual
[ ]	[ ]	[ ]	2 Occasionally sleeps more than usual
[ ]	[ ]	[ ]	3 Frequently sleeps at least 1 hour more than usual, or regularly sleeps much longer if not forced out of bed by parent or other authority
[ ]	[ ]	[ ]	4 Frequently sleeps at least 2 hours more than usual
[ ]	[ ]	[ ]	5 Frequently sleeps at least 3 hours more than usual
[ ]	[ ]	[ ]	6 Frequently sleeps 4 hours more than usual

PAST P [ ] C [ ] S [ ]

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

18. ANOREXIA

Appetite compared to usual or to peers if episode is of long duration. Make sure to differentiate between decrease of food intake because of dieting and because of loss of appetite.
Rate here loss of appetite only.

How is your appetite? Do you feel hungry often?
Are you eating more or less than before?
Do you leave food on your plate?
When did you begin to lose your appetite?
Do you sometimes have to force yourself to eat?
When was the last time you felt hungry?
Are you on a diet? What kind of diet?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all - normal or increased
[ ]	[ ]	[ ]	2 Slight: decrease of questionable clinical significance
[ ]	[ ]	[ ]	3 Mild decrease
[ ]	[ ]	[ ]	4 Moderate decrease
[ ]	[ ]	[ ]	5 Rarely feels hungry
[ ]	[ ]	[ ]	6 Never feels hungry

PAST P [ ] C [ ] S [ ]

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

19. WEIGHT LOSS

Total weight loss from usual weight since onset of the present episode (or maximum of 12 months). Make sure he has not been dieting. In the assessment of weight loss it is preferable to obtain recorded weights from old hospital charts or the child's pediatrician. Failure to gain 1.5 kg. over a 6-month period for children between 5 and 11 years old qualifies as weight loss, as does loss of percentile grouping over a 6-month period (Iowa tables). Groupings are: Under 3rd %tile: between 3-10; 10-25; 25-50; 50-75; 75-90; 90-97; and over 97th %tile. Rate this item even if later he regained weight or became overweight. If possible, rater should have verified weights available at time of interview.

Have you lost any weight since you started feeling sad?
How do you know?
Do you find your clothes are looser now?
When was the last time you were weighed?
How much did you weigh then?
What about now? (measure it).

NOTE: DO NOT RATE POSITIVELY IF CHILD HAS ANOREXIA.

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 No weight loss (stays in same percentile grouping)
[ ]	[ ]	[ ]	2 Weight loss or failure to gain under 1.5 kg. (3.3 lb.) or doubtful
[ ]	[ ]	[ ]	3 Weight loss plus failure to gain between 1.5 kg-3 kg (3.3 -6.6lb.)
[ ]	[ ]	[ ]	4 Weight loss plus failure to gain 3 kg.-4.5 kg. (6.6-9.9 lb.)
[ ]	[ ]	[ ]	5 Weight loss plus failure to gain between 10-24% of ideal body weight
[ ]	[ ]	[ ]	6 Weight loss of 25% or more of ideal body weight

PAST P [ ] C [ ] S [ ]

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

Year: [ ][ ] **ID:** [ ][ ][ ][ ] **Date:** [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

23934

20. INCREASED APPETITE

As compared to usual. Inquire about this item even if anorexia and/or weight loss were rated 3-6.

Have you been eating more than before? Since when?
Is it like you feel hungry all the time? Do you feel this way every day?
Do you eat less than you would like to eat? Why?
Do you have cravings for sweets?
What do you eat too much of?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all - normal or decreased
[ ]	[ ]	[ ]	2 Slight increase or questionable clinical significance
[ ]	[ ]	[ ]	3 Mild increase
[ ]	[ ]	[ ]	4 Moderate increase
[ ]	[ ]	[ ]	5 Hungry most of the time, but restrains self
[ ]	[ ]	[ ]	6 Hungry most of the time and eats without restraint

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

PAST P [ ] C [ ] S [ ]

21. STRONG CRAVING FOR SWEETS

P	C	S	
[ ]	[ ]	[ ]	0. No information
[ ]	[ ]	[ ]	1. Absent
[ ]	[ ]	[ ]	2. Doubtful
[ ]	[ ]	[ ]	3. Present (mild to moderate)
[ ]	[ ]	[ ]	4. Severe

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

PAST P [ ] C [ ] S [ ]

22. WEIGHT GAIN

Total weight gain from usual weight during present episode (or a maximum of the last 12 months) not including gaining back weight previously lost or not gained according to the child's usual percentile for weight.

Have you gained any weight since you started feeling sad?
How do you know?
Have you had to buy new clothes because the old ones did not fit any longer?
What was your last weight?
When were you weighed last?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 No weight gain (stays in same percentile)
[ ]	[ ]	[ ]	2 Weight under 1.5 kg. (3.3 lb.) or doubtful
[ ]	[ ]	[ ]	3 Weight gain over his/ her percentile between 1.5 kg-3 kg (3.3 -6.6lb.)
[ ]	[ ]	[ ]	4 Weight gain over his/ her percentile between 3.1 kg.-4.5 kg. (6.7-9.9 lb.)
[ ]	[ ]	[ ]	5 Weight gain over his/her percentile between 4.6 kg.- 6 kg. (10 - 13.2 lb.)
[ ]	[ ]	[ ]	6 Weight gain over his/her percentile over 6 kg. (13.2 lb.)

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

PAST P [ ] C [ ] S [ ]

23. LEADEN PARALYSIS

Refers to the physical sensation of feeling heavy, leaden or weighed down.

Do you feel like your arms or legs are filled with lead?
Tell me more about this feeling?
How often do you feel this way? How long does it last?
Does this feeling get in the way of you doing things that you like to do?
What kinds of things does it keep you from doing?

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

PAST P C S

P	C	S	
[ ]	[ ]	[ ]	0. No information
[ ]	[ ]	[ ]	1. Absent
[ ]	[ ]	[ ]	2. Slight. May have occasional feelings of mild heaviness of questionable significance. No effect on functioning or activities.
[ ]	[ ]	[ ]	3. Mild. Has distinct feelings of heaviness to limbs. Feels it's hard to get moving but able to mobilize self with effort causing minimal impairment in functioning (may occasionally be late for activities or school).
[ ]	[ ]	[ ]	4. Moderate. Has moderate leaden feelings to limbs at least one hour a day for at least 3 days a week which causes mild functional impairment (avoids activities, spends less time with friends, less interested in activities).
[ ]	[ ]	[ ]	5. Severe. Has severe leaden feelings to limbs more days than not which cause significant functional impairment (unable to complete expected activities, may miss school, may have difficulty completing chores).
[ ]	[ ]	[ ]	6. Extreme. Has extreme leaden feelings all the time. Feels paralyzed/ can't move. Serious functional limitations in a number of areas (stays in bed all day, unable to attend school, no contact with others).

24. REJECTION SENSITIVITY

Look at the child's reaction to minor events occurring in peer relationships as well as close relationships. Responses to small or trivial disappointments should be weighed heavily in determining the level of rejection sensitivity. Ask about romantic relationships, friendships, work relationships, and casual encounters. Is the child's response to small or trivial disappointments or rebuffs significantly out of proportion?

No one likes to be disappointed. We all feel bad when we're let down. Do you think that you have felt more easily rejected or hurt than most kids your age? Are you able to bounce back or do you feel really down in the dumps or irritable for a long period of time? Do you ever feel so bad because of this that you just don't care anymore?

Do you get upset when a friend says that he/she will call, but doesn't?
How long do you feel down?
Are there times when your friends or someone in your family ignored you and left you out? What happened? Did it get you upset?
If you and your mom have a fight and you think that she's mad at you, does it bring you really down in the dumps? How long does the feeling last? How bad is it?

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

PAST P C S

P	C	S	
[ ]	[ ]	[ ]	0. No information
[ ]	[ ]	[ ]	1. Not present
[ ]	[ ]	[ ]	2. Slight. May have transient feelings of being hurt or let down but doesn't dwell on the incident of perceived rejection. No impairment in functioning. No effect on activities.
[ ]	[ ]	[ ]	3. Mild. Feels easily hurt and gets down in the dumps or irritable, but able to bounce back. Some mild impairment in relationships but no significant disruption of activities.
[ ]	[ ]	[ ]	4. Moderate. Reaction is clearly out of proportion to situation. Becomes moderately depressed, irritable or angry. Moderate impairment in functioning precipitated by rejection, i.e. leaves school early, does not complete homework, avoids contact with people.
[ ]	[ ]	[ ]	5. Severe. Clearly overreacts and displays marked mood lability- depression, irritability or anger. Severe impairment in functioning precipitated by rejection, i.e. misses school, stays in bed, avoids contact with others, excessive alcohol use due to rejection.
[ ]	[ ]	[ ]	6. Extreme. Extreme mood lability with dysphoria and despondence or extreme irritability/ anger with serious functional impairment in a number of areas. May have suicidal or homicidal ideation.

25. SUICIDAL IDEATION

This includes preoccupation with thoughts of death or suicide and auditory command hallucinations where the child hears a voice telling him to kill himself or even suggesting the method.
Do not include mere fears of dying.

Sometimes children who get upset or feel bad think about dying or even killing themselves.
Have you ever had such thoughts?
How would you do it?
Do you have a plan?
Have you told anybody (about suicidal thoughts)?
When did you start to think about suicide?
Have you actually tried to kill yourself? When? What did you do?
Any other thing? Did you really want to die? How close did you come to actually doing it?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight: Thoughts of his death (without suicidal thoughts), " I would be better off dead" or "I wish I were dead" or only in the context of anger
[ ]	[ ]	[ ]	3 Mild: Occasional thoughts of suicide but has not thought of a specific method
[ ]	[ ]	[ ]	4 Moderate: Often thinks of suicide and has thought of a specific method
[ ]	[ ]	[ ]	5 Severe: Often thinks of suicide and has thought of, or mentally rehearsed a specific plan, or has made a suicidal gesture of a communicative rather than a potentially medically harmful type, or has heard a voice telling him to kill himself
[ ]	[ ]	[ ]	6 Extreme: Has made preparations for a potentially serious suicide attempt

Related to a mood d/o
[ ] Current and Past
[ ] Current [ ] Past [ ] No

PAST P [ ] C [ ] S [ ]

26. Number of discrete suicidal acts (gestures or attempts) since onset of present episode (or up to the last 12 months)*

Note: "0" indicates none or no information

CURRENT
P: [ ][ ][ ] **C:** [ ][ ][ ] **S:** [ ][ ][ ]

PAST
P: [ ][ ][ ] **C:** [ ][ ][ ] **S:** [ ][ ][ ]

27. SUICIDAL ACTS--SERIOUSNESS

Judge the seriousness of suicidal intent as expressed in his suicidal act like: Likelihood of being rescued; precautions against discovery; actions to gain help during or after attempt; degree of planning; apparent purpose of the attempt (manipulative or truly suicidal intent).

How did you try to kill yourself?
Was anybody in the room? In the apartment?
Did you tell them in advance?
How were you found?
Did you really want to die?
Did you ask for any help after you did it?

P	C	S	
[ ]	[ ]	[ ]	0 No information or no attempt
[ ]	[ ]	[ ]	1 Obviously no intent, purely manipulative gestures
[ ]	[ ]	[ ]	2 Not sure or only minimal intent
[ ]	[ ]	[ ]	3 Definite but very ambivalent
[ ]	[ ]	[ ]	4 Serious
[ ]	[ ]	[ ]	5 Very serious
[ ]	[ ]	[ ]	6 Extreme (every expectation of death)

PAST P [ ] C [ ] S [ ]

28. SUICIDAL ACTS--MEDICAL LETHALITY

Actual medical threat to life or physical condition following the most serious suicidal act.

Take into account the method, impaired consciousness at time of being rescued, seriousness of physical injury, toxicity of ingested material, reversibility, amount of time needed for complete recovery and how much medical treatment needed.

How close were you to dying after your (most serious suicidal act)?

PAST P [ ] C [ ] S [ ]

P	C	S	
[ ]	[ ]	[ ]	0 No information or no attempt
[ ]	[ ]	[ ]	1 No danger, e.g., no effects, held pills in hand
[ ]	[ ]	[ ]	2 Minimal, e.g., scratch on wrist
[ ]	[ ]	[ ]	3 Mild, e.g., took 10 aspirin, mild gastritis
[ ]	[ ]	[ ]	4 Moderate, e.g., took 10 seconals, had brief unconsciousness
[ ]	[ ]	[ ]	5 Severe, e.g., cut throat, hanging
[ ]	[ ]	[ ]	6 Extreme, e.g., respiratory arrest, prolonged coma

29. RECURRENT THOUGHTS OF DEATH

(Not just fear of dying). The patient has not made suicidal gestures or statements but has verbalized, and/or has had thoughts of death, or being better off dead.

Sometimes children who get upset or feel bad, wish they were dead or feel they'd be better off dead. Have you ever had these type of thoughts? When? Do you feel that way now? Was there ever another time you felt that way?

Related to a mood d/o
[ ] Current and Past [ ] No
[ ] Current [ ] Past

PAST P [ ] C [ ] S [ ]

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not present
[ ]	[ ]	[ ]	2 Slight: Transient, infrequent, thoughts of wishing to be dead. One time per week or less, for a very brief period of time
[ ]	[ ]	[ ]	3 Mild: Occasional thoughts of death, 2-3 times a week. Occasional statements like "I wish I was dead" in the context of anger or frustration
[ ]	[ ]	[ ]	4 Moderate: Often has thoughts of death, i.e., almost every day and often verbalizes thoughts of being better off dead
[ ]	[ ]	[ ]	5 Severe: Frequent statements re: desire to be dead, daily or several times per day
[ ]	[ ]	[ ]	6 Extreme: Constant preoccupation with dying, wishing to be dead

30. NON-SUICIDAL PHYSICAL SELF DAMAGING ACTS

Non-suicidal physical self-damaging acts refers to self-mutilation, or other acts done **without intent** of killing himself.

Did you ever try to hurt yourself?
Have you ever burned yourself with matches/candles?
Or scratched yourself with needles/ a knife? Your nails?
Or put hot pennies on your skin? Anything else?

Why did you do it?
How often?
Do you have many accidents? What kind? How often?

Some kids do these types of things because they want to kill themselves, and other kids do them because it makes them feel a little better afterwards? Why do you do these things?

P	C	S	
[ ]	[ ]	[ ]	0 No information
[ ]	[ ]	[ ]	1 Not present
[ ]	[ ]	[ ]	2 Slight: Has had thoughts about hurting (not killing) himself but has not done so
[ ]	[ ]	[ ]	3 Mild: Infrequent (1-3 times a year)
[ ]	[ ]	[ ]	4 Moderate: Frequent (4-11 times a year)
[ ]	[ ]	[ ]	5 Severe: Very frequent (12 or more times a year)
[ ]	[ ]	[ ]	6 At least one non accidental act which left permanent substantial functional deficit

Related to a mood d/o
[ ] Current and Past [ ] No
[ ] Current [ ] Past

PAST P [ ] C [ ] S [ ]