

KSADS-PL DSM-5 November 2016:

**SUPPLEMENT # 4:
NEURODEVELOPMENTAL, DISRUPTIVE, AND
CONDUCT DISORDERS SUPPLEMENT**

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(If child is on medication for ADHD, rate behavior when not on medication)

NOTE: DO NOT RATE SYMPTOMS POSITIVELY IF THEY ARE EXCLUSIVELY ACCOUNTED FOR BY MDE, BIPOLAR DISORDER, DYSTHYMIA, AN ANXIETY DISORDER, SUBSTANCE ABUSE, PSYCHOSIS, OR ASD.

1. Makes a lot of Careless Mistakes

- Do you make a lot of careless mistakes at school?*
- Do you often get problems wrong on tests because you didn't read the instructions right?*
- Do you often leave some questions blank by accident?*
- Forget to do the problems on both sides of a handout?*
- How often do these types of things happen?*
- Has your teacher ever said you should pay more attention to detail?*

- | <u>P</u> | <u>C</u> | <u>S</u> | |
|----------|----------|----------|--|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Occasionally makes careless mistakes. Problem has only minimal effect on functioning. |
| () | () | () | 3 - Threshold: Often (4-7 days/ week) makes careless mistakes. Problem has significant effect on functioning. |

PAST:
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2. Doesn't Listen

- Is it hard for you to remember what your parents and teachers say?*
- Do your parents or teachers complain that you don't listen to them when they talk to you?*
- Do you "tune people out"?*
- Do you get into trouble for not listening?*

Rate based on data reported by informant or observational data.

- | <u>P</u> | <u>C</u> | <u>S</u> | |
|----------|----------|----------|---|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Occasionally doesn't listen. Problem has only minimal effect on functioning. |
| () | () | () | 3 - Threshold: Often (4-7 days/ week) doesn't listen. Problem has significant effect on functioning. |

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3. Difficulty Following Instructions

- Do your teachers complain that you don't follow instructions?*
- When your parents or your teacher tell you to do something, is it sometimes hard to remember what they said to do?*
- Does it get you into trouble?*
- Do you lose points on your assignments for not following directions or not completing the work?*
- Do you forget to do your homework or forget to turn it in?*
- Do you get in to trouble at home for not finishing your chores or other things your parents ask you to do? How often?*

- | <u>P</u> | <u>C</u> | <u>S</u> | |
|----------|----------|----------|--|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Occasionally has difficulty following instructions. Problem has only minimal effect on functioning. |
| () | () | () | 3 - Threshold: Often (4-7 days/ week) has difficulty following instructions. Problem has significant effect on functioning. |

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4. Difficulty Organizing Tasks

*Is your desk or locker at school a mess?
 Does it make it hard for you to find the things you need?
 Does your teacher complain that your assignments are messy or disorganized?
 When you do your worksheets, do you usually start at the beginning and do all the problems in order, or do you like to skip around?
 Do you often miss problems?
 Do you have a hard time getting ready for school in the morning?*

P C S

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0 - No Information.
1 - Not Present.
2 - Subthreshold: Occasionally disorganized. Problem has only minimal effect on functioning.
3 - Threshold: Often (4-7 days/ week) disorganized. Problem has significant effect on functioning.

PAST:
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5. Dislikes/Avoids Tasks Requiring Attention

*Do you hate or dislike doing things that require a lot of concentration/ effort?
 Like certain assignments, homework or reading a book?
 Are there some kinds of school work you hate doing more than others? Which ones? Why?
 Do you try to get out of doing your ___ assignments?
 About how many times a week do you not do your ___ homework?*

P C S

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 () () ()

0 - No Information.
1 - Not Present.
2 - Subthreshold: Occasionally avoids tasks that require sustained attention, and/ or expresses mild dislike for these tasks. Problem has only minimal effect on functioning.
3 - Threshold: Often (4-7 days/ week) avoids tasks that require sustained attention, and/ or expresses moderate dislike for these tasks. Problem has significant effect on functioning.

PAST:
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NOTE: IN CHILDREN/TEENS WITH ADHD, ABILITY TO SUSTAIN ATTENTION TO VERY REWARDING ACTIVITIES LIKE COMPUTER OR VIDEO GAMES MAY NOT BE IMPAIRED.

6. Loses Things

*Do you lose things a lot? Your pencils at school? Homework assignments? Things around home?
 About how often does this happen?*

P C S

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

0 - No Information.
1 - Not Present.
2 - Subthreshold: Occasionally loses things. Problem has only minimal effect on functioning.
3 - Threshold: Often loses things (e.g., once a week or more). Problem has significant effect on functioning.

PAST:
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7. Forgetful in Daily Activities

*Do you often leave your homework at home, or your books or coats on the bus?
Do you leave your things outside by accident?
How often do these things happen?
Has anyone ever complained that you are too forgetful?*

- | <u>P</u> | <u>C</u> | <u>S</u> | |
|----------|----------|----------|--|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Occasionally forgetful. Problem has only minimal effect on functioning. |
| () | () | () | 3 - Threshold: Often (4-7 days/ week) forgetful. Problem has significant effect on functioning. |

PAST:
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8. Fidgets

Consider restlessness, tapping fingers, chewing things, squirming, "ants in pants", etc.
*Do people often tell you to sit still, to stop moving, or stop squirming in your seat? Your teachers? Parents?
Do you sometimes get into trouble for squirming in your seat or playing with little things at your desk?
Do you have a hard time keeping your arms and legs still? How often?*

For parents about children: *When you take your child to church or to a restaurant, do you have to bring a lot of games or toys?
About adolescents: *When your child was younger, were you able to take him/her to church? Restaurants?
Were these difficulties beyond what you would expect for a child his/her age?**

Take into account that these symptoms tend to improve with age. Carefully check if this symptom was present when the child was younger.

NOTE: RATE BASED ON DATA REPORTED BY INFORMANT OR OBSERVATIONAL DATA.

- | <u>P</u> | <u>C</u> | <u>S</u> | |
|----------|----------|----------|--|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Occasionally fidgets with hands or feet or squirms in seat. Problem has only minimal effect on functioning. |
| () | () | () | 3 - Threshold: Often (4-7 days/ week) fidgets with hands or feet or squirms in seat. Problem has significant effect on functioning. |

PAST:
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9. Runs or Climbs Excessively

*Do you get into trouble for running down the hall in school?
Does your mom often have to remind you to walk instead of run when you are out together?
Do your parents or your teacher complain about you climbing things you shouldn't?
What kinds of things? How often does this happen?*

Adolescents: *Do you feel restless a lot? Feel like you have to move around, or that it is very hard to stay in one place?*

Rate based on data reported by informant (parent/teacher) or observational data.

- | <u>P</u> | <u>C</u> | <u>S</u> | |
|----------|----------|----------|---|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Occasionally runs about or climbs excessively. Problem has only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness). |
| () | () | () | 3 - Threshold: Often (4-7 days/ week) runs about or climbs excessively. Problem has significant effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness). |

PAST:
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10. On the Go/Acts like Driven by Motor

Do people tell you that your motor is always running?
Is it hard for you to slow down?
Can you stay in one place for long, or are you always on the go?
How long can you sit and watch TV or play a game?
Do people tell you to slow down a lot?

P C S
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() () ()

0 - No Information.
1 - Not Present.
2 - Subthreshold: Occasionally, minimal effect on functioning.
3 - Threshold: Often (4-7 days/week) acts as if "driven by a motor." Significant effect on functioning.

PAST: [] [] []
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11. Difficulty Playing Quietly

Do your parents or teachers often tell you to quiet down when you are playing?
Do you have a hard time playing quietly?

P C S
() () ()
() () ()
() () ()
() () ()

0 - No Information.
1 - Not Present.
2 - Subthreshold: Occasionally has difficulty playing quietly. Problem has only minimal effect on functioning.
3 - Threshold: Often (4-7 days/ week) has difficulty playing quietly. Problem has significant effect on functioning.

PAST: [] [] []
P C S

12. Blurts Out Answers

At school, do you sometimes call out the answers before you are called on?
Do you talk out of turn at home?
Answer questions your parents ask your siblings? How often?

P C S
() () ()
() () ()
() () ()
() () ()

0 - No Information.
1 - Not Present.
2 - Subthreshold: Occasionally talks out of turn. Problem has only minimal effect on functioning.
3 - Threshold: Often (4-7 days/week) talks out of turn. Problem has significant effect on functioning.

PAST: [] [] []
P C S

13. Difficulty Waiting Turn

Is it hard for you to wait your turn in games?
What about in line in the cafeteria or at the water fountain?

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

0 - No Information.
1 - Not Present.
2 - Subthreshold: Occasionally has difficulty waiting his/her turn. Problem has only minimal effect on functioning.
3 - Threshold: Often (4-7 days/week) has difficulty waiting his/her turn. Problem has significant effect on functioning.

PAST: [] [] []
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[] [] [] [] [] [] [] [] [] []



14. Interrupts or Intrudes

*Do you get into trouble for talking out of turn at school?
Do your parents, teachers, or any of the kids you know complain that you cut them off when they are talking?
Do kids complain that you break in on games? Does this happen a lot?*

Rate based on data reported by informant (parent/teacher) or observational data.

P C S

- () () () 0 - No Information.
- () () () 1 - Not Present.
- () () () 2 - Subthreshold: Occasionally interrupts others.
- () () () 3 - Threshold: Often (4-7 days/ week) interrupts others.

PAST:
P C S

15. Talks Excessively

*Do people say you talk too much?
Do you get into trouble at school for talking when you are not supposed to?
Do people in your family complain that you talk too much?
What about humming or always making noises?*

Do not rate vocal tics positively.

Rate based on data reported by informant (including parent/ teacher) or observational data.

P C S

- () () () 0 - No Information.
- () () () 1 - Not Present.
- () () () 2 - Subthreshold: Occasionally talks excessively.
- () () () 3 - Threshold: Often talks excessively.

PAST:
P C S

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

| Criteria | Parent CE | | | Parent MSP | | | Child CE | | | Child MSP | | | Summary CE | | | Summary MSP | | |
|---|-----------|-----|-----|------------|-----|-----|----------|-----|-----|-----------|-----|-----|------------|-----|-----|-------------|-----|-----|
| | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| 16. Duration 6 months or more | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

For how long have you had trouble (list symptoms that were positively endorsed)?

| | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 17. Age of onset Some symptoms present before age 12. | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

*How old were you when you started to have these problems?
Did you have these problems in kindergarten?
First Grade? Middle school?
Specify:*

| | | | | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 18. Impairment (Must be present in <u>two</u> settings) | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

A. Socially (with peers):

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

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

Subject

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

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

19. DSM-5 Criteria: Evidence of ADHD

A. A persistent pattern of inattention and/ or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

I. Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.

- a. Makes a lot of Careless Mistakes
- b. Difficulty Sustaining Attention on Tasks or Play Activities
- c. Doesn't Listen
- d. Difficulty Following Instructions
- e. Difficulty Organizing Tasks
- f. Dislikes/Avoids Tasks Requiring Attention
- g. Loses Things
- h. Easily Distracted
- i. Forgetful in Daily Activities

II. Hyperactivity / Impulsivity: Six or more of the following nine symptoms have persisted for at least 6 months:

- a. Fidgets
- b. Difficulty Remaining Seated
- c. Runs or Climbs Excessively
- d. Difficulty Playing Quietly
- e. On the Go/Acts as if Driven by a Motor
- f. Talks Excessively
- g. Blurts Out Answers
- h. Difficulty Waiting Turn
- i. Often Interrupts or Intrudes

NOTE: For older adolescents and adults (age 17 and older), only five symptoms are required.

B. Some symptoms that caused impairment present before the age of 12;

C. Several symptoms must be present in two or more situations (e.g. school and home);

D. Clinically significant impairment;

E. Symptoms do not occur exclusively during the course of psychotic disorder and not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociation, Personality Disorder).

NOTE: Autism Spectrum Disorder is no longer a rule out for the diagnosis of ADHD.

20. Predominantly Inattentive Presentation

| | | | | | |
|-----|-----|-----|-----|-----|-----|
| 0 | 1 | 2 | 0 | 1 | 2 |
| () | () | () | () | () | () |

Meets criterion A (I), but not criterion A (II) for past six months.

21. Predominantly Hyperactive-Impulsive Type

| | | | | | |
|-----|-----|-----|-----|-----|-----|
| 0 | 1 | 2 | 0 | 1 | 2 |
| () | () | () | () | () | () |

Meets criterion A (II), but not criterion A (I) for past six months.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|



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

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

22. Combined Type

Both criteria A (I) and A (II) are met for past six months.

23. Other Specified Attention Deficit Hyperactivity Disorder

Prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention Deficit Hyperactivity Disorder .

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

Subject

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Draft



NOTE: A CHILD CANNOT MEET DSM-5 CRITERIA FOR ODD IF THEY MEET CRITERIA FOR DMDD. IF CHILD MEETS CRITERIA FOR DMDD, THIS SUPPLEMENT DOES NOT NEED TO BE COMPLETED, BUT MAY BE COMPLETED FOR RESEARCH PURPOSES..

When assessing for ODD, keep in mind that the essential feature of this disorder is a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months and occurs more frequently than is typically observed in individuals of comparable age and developmental level. If ODD symptoms are only evident in the home setting, consider a parent-child relationship diagnosis.

1. Easily Annoyed

*Do you have a short fuse?
Do people bug you and get on your nerves a lot?
What kinds of things bug you or set you off?
Do you get really annoyed when your parents tell you that you can't do something you want to do? Like what?
What other things really get on your nerves?
What do you do when you are feeling annoyed or bugged?
How often would you say this happens?*

| <u>P</u> | <u>C</u> | <u>S</u> | |
|--------------------------|--------------------------|--------------------------|---|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Easily annoyed or touchy on occasion, but less than once a week. |
| () | () | () | 3 - Threshold: Easily annoyed or touchy. Annoyed more often than a typical child his/ her age; at least one time per week. |
| PAST: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| P | C | S | |

2. Angry or Resentful

*Do you get angry or cranky with your parents a lot?
How about your teachers? brothers? sisters? friends?
Do other people tell you that you get cranky a lot? Who?
How often does it happen?*

Parent: *Is your child often resentful when you ask him/her to follow your rules or requests?*

| <u>P</u> | <u>C</u> | <u>S</u> | |
|--------------------------|--------------------------|--------------------------|--|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Occasionally angry or resentful; less than one time per week |
| () | () | () | 3 - Threshold: Angry or resentful at least once per week. Angry more often than a typical child his/ her age. |
| PAST: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| P | C | S | |

3. Spiteful and Vindictive

*When someone does something unfair to you, do you try or plan to try to get back at them? Do you go through with the plan? Give me some examples?
What if your brother or a friend did something to get you into trouble or make you mad. Would you do something back to them?
Has this happened before? How often?
Are there times when people do something to you and you let it slide?
Does this happen a lot?*

| <u>P</u> | <u>C</u> | <u>S</u> | |
|--------------------------|--------------------------|--------------------------|--|
| () | () | () | 0 - No Information. |
| () | () | () | 1 - Not Present. |
| () | () | () | 2 - Subthreshold: Sometimes lets things slide/ occasionally gets back at people. (1-3 times a week) |
| () | () | () | 3 - Threshold: Spiteful and/or vindictive once a week or more; Spiteful more often than a typical child his/ her age. |
| PAST: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| P | C | S | |

NOTE: DO NOT RATE ODD SYMPTOMS POSITIVELY IF SYMPTOMS OCCUR EXCLUSIVELY DURING A MOOD EPISODE, OR EXCLUSIVELY WHEN USING ALCOHOL OR ELICIT SUBSTANCES.

Subject



4. Annoys People on Purpose

*Do you or do people say you do things on purpose to annoy or bug them?
Your parents?
Do you enjoy pushing your mom/dad's buttons? Teachers? Siblings?
Peers?
How often do you like to do this?
What kinds of things do they complain about? Do you think that it's true?
Are you a "pain in the neck"?*

Do not score teasing of a sibling.

P C S

- () () () **0** - No Information.
- () () () **1** - Not Present.
- () () () **2** - Subthreshold: Occasionally has deliberately done things to annoy other people.
- () () () **3** - Threshold: Often does things to annoy other people. (at least once per week)

PAST:

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5. Blames Others for Own Mistakes

*When you get into trouble, is it ever your fault?
If you know that you did something wrong and you got caught, do you admit to it? Pretend that someone else did it? Blame someone else?
Is it usually your fault or someone else?
Do you think most of your troubles are caused by other people or are they your own fault?*

P C S

- () () () **0** - No Information.
- () () () **1** - Not Present.
- () () () **2** - Subthreshold: On occasion blames others or denies responsibility for own mistakes.
- () () () **3** - Threshold: Often blames others or denies responsibility for own mistakes .

PAST:

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| P | C | S |

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

| Criteria | Parent CE | | | Parent MSP | | | Child CE | | | Child MSP | | | Summary CE | | | Summary MSP | | | |
|---|------------------|-----|-----|------------|-----|-----|----------|-----|-----|-----------|-----|-----|------------|-----|-----|-------------|-----|-----|-----|
| | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | |
| 6. Duration <i>For how long have you had trouble (list symptoms that were positively endorsed)?</i> | 6 months or more | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

7. Impairment

A. Socially (with peers):

| 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

B. With family:

| 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

C. In school:

| 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

Subject

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| | | | | | | | |
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Draft



Oppositional Defiant Disorder

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

| | Parent CE | | | Parent MSP | | | Child CE | | | Child MSP | | | Summary CE | | | Summary MSP | | |
|---|-----------|-----|-----|------------|-----|-----|----------|-----|-----|-----------|-----|-----|------------|-----|-----|-------------|-----|-----|
| 8. <u>Evidence of Precipitant (Specify):</u> | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| 9. <u>Are ODD symptoms present in the following environments:</u> | | | | | | | | | | | | | | | | | | |
| A. With parents | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| B. With other adult family members (e.g. grandparents, aunts, uncles, etc.) | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| C. In school | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| D. In community settings (e.g. coaches, police, healthcare provider, etc.) | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| E. With peers | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

10. DSM-5 Criteria: Evidence of Oppositional Defiant Disorder

A. A pattern of angry/ irritable mood, argumentative/ defiant behavior, or vindictiveness lasting at least 6 months, as evidenced by four (or more) symptoms from any of the following categories, and exhibited with at least one individual who is not a sibling.

| | | | | | |
|-----|-----|-----|-----|-----|-----|
| 0 | 1 | 2 | 0 | 1 | 2 |
| () | () | () | () | () | () |

Angry/Irritable Mood:

- Often loses temper.
- Often touchy or easily annoyed.
- Often angry and resentful.

Argumentative/Defiant Behavior:

- Often argues with authority figures or, for children and adolescents, with adults.
- Often actively defies or refuses to comply with adults' requests from authority figures or with rules.
- Often deliberately annoys others.
- Often blames others for his/her mistakes or behavior.

Vindictiveness:

- Often spiteful or vindictive at least twice within the past 6 months.

B. The disturbance in behavior causes distress in the individual or others, causes clinically significant impairment in social, academic, or occupation functioning.

C. The behaviors do not occur exclusively during a Psychotic, Substance Use, or Mood Disorder. Criteria are not met for Disruptive Mood Dysregulation Disorder.

NOTE: Conduct Disorder is no longer a rule out for the diagnosis of ODD.

NOTE: Consider criterion (A) met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

Specify (current): _____ Mild (one setting)
 _____ Moderate (two settings)
 _____ Severe (three+ settings)

Specify (past): _____ Mild (one setting)
 _____ Moderate (two settings)
 _____ Severe (three+ settings)

Subject

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

11. Evidence of Unspecified Disruptive Behavior Disorder

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

If criteria is not met for CD or ODD, but symptoms are present. For example, there are multiple symptoms present, in addition to clinical impairment.

12. Evidence of Parent-Child Relational Problems

| 0 | 1 | 2 | 0 | 1 | 2 |
|-----|-----|-----|-----|-----|-----|
| () | () | () | () | () | () |

Consider this diagnosis if symptoms are present with parent(s) only (and not with friends, teachers, coaches and other relatives) and symptoms are not severe. However, if parents are consistent with limit setting OR if oppositional/ defiant symptoms are very severe, consider giving ODD diagnosis.

Subject

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The essential feature of Conduct Disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social rules are violated. Three behaviors must have been present during the past 12 months with at least one present in the past 6 months. **Keep in mind differential diagnoses of bipolar disorder, MDE, ADHD, psychosis, substance abuse.**

If symptoms occur only during mood disorders, consider NOT giving both diagnoses. However, in persistent depression/ dysthymia, it may be impossible to disentangle and you might consider giving both diagnoses.

1. Vandalism, Destroyed others' Property

*Do you ever break other people's things on purpose? Like breaking windows? Kicking in doors, smashing windows, destroying school property? Have you ever destroyed furniture, walls, floors, doors, etc. at home or school?
How about when you were very angry?
How often do you destroy others' property?*

P C S

- () () () **0** - No Information.
- () () () **1** - Not Present.
- () () () **2** - Subthreshold: Minor acts of deliberate destruction of other people's property on rare occasions (e.g., breaks another's toy on purpose) OR one or two occasions of significant destruction of property.
- () () () **3** - Threshold: Three or more instances of moderate to severe vandalism/destruction of property.

PAST:
P C S

2. Breaking and Entering

*In the past six months, have you or any of your friends broken into any cars? Houses? Any stores? Warehouses? Other buildings? About how many times have you broken into a house, car, store, or other building?
Have you or any of your friends done any of the following:
Broken into houses; cars; other vehicles; abandoned houses or buildings; a store(s); a building(s)?*

P C S

- () () () **0** - No Information.
- () () () **1** - Not Present.
- () () () **2** - Subthreshold: Has been with friends who broke into a house, car, store, or building, but did not actively participate.
- () () () **3** - Threshold: Has broken into a house, car, store, or building 1 or more times.

PAST:
P C S

3. Aggressive Stealing

Have you or any of your friends robbed anyone? Snatched their purse? Held them up? How often?

P C S

- () () () **0** - No Information.
- () () () **1** - Not Present.
- () () () **2** - Subthreshold: Has been with friends who aggressively stole, but did not actively participate.
- () () () **3** - Threshold: Mugging, purse-snatching, extortion, armed robbery, etc. on 1 or more occasions.

PAST:
P C S



4. Firesetting

Have you set any fires?
 Why did you set the fire?
 Were you playing with matches and did you start the fire by accident, or did you start it on purpose?
 Were you angry?
 Were you trying to cause a lot of damage or to get back at someone?
 What's the most damage you ever caused by starting a fire?
 About how many fires have you set?

P **C** **S**
 () () ()
 () () ()
 () () ()
 () () ()

0 - No Information.
1 - Not Present.
2 - Subthreshold: Match/lighter play. No intent to cause damage, and fire(s) not started out of anger.
3 - Threshold: Set 1 or more fires with the intent to cause damage, or out of anger.

PAST:
 P C S

5. Often Stays out at Night

What time are you supposed to come home at night?
 Do you often stay out past your curfew?
 What is the latest you ever stayed out?
 Have you ever stayed out all night?
 How many times have you done that?

P **C** **S**
 () () ()
 () () ()
 () () ()
 () () ()

0 - No Information.
1 - Not Present.
2 - Subthreshold: Stayed out all night, or several hours past curfew, on 1-2 isolated occasions (despite parent's prohibitions).
3 - Threshold: Stayed out all night, or several hours past curfew, on several occasions (3 or more times).

PAST:
 P C S

NOTE: ONLY RATE POSITIVE INCIDENTS OF STAYING OUT IF IT BEGINS BEFORE THE AGE OF 13.

6. Ran Away Overnight

Have you ever run away? Why?
 Was there something going on at home that you were trying to get away from?
 How long did you stay away?
 How many times did you do this?

P **C** **S**
 () () ()
 () () ()
 () () ()
 () () ()

0 - No Information.
1 - Not Present.
2 - Subthreshold: Ran away overnight only one time, or ran away for shorter periods of time on several occasions.
3 - Threshold: Ran away overnight 2 or more times or once for at least 2 or more nights (lengthy period of time).

PAST:
 P C S

NOTE: DO NOT SCORE POSITIVELY IF CHILD RAN AWAY TO AVOID PHYSICAL OR SEXUAL ABUSE.

| | | | | | | | |
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7. Use of a Weapon

Have you ever used an object or item to hit/ hurt someone?

Have you ever carried a weapon?

Have you ever used or threatened to use:

___kitchen knife or pocket knife

___gun

___brick, rocks

___broken bottles

___bat

What about in self defense?

P C S

() () ()

() () ()

() () ()

() () ()

0 - No Information.

1 - Not Present.

2 - Subthreshold: Has threatened use of a weapon, but has never used one.

3 - Threshold: Used a weapon that can cause serious harm on 1 or more occasions (e.g., knife, brick, bat, broken bottle, gun).

PAST:

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8. Physical Cruelty to Persons

Have you ever beaten someone up for no reason?

How bad?

Was it just because the other person was different than you or because of the way they looked?

Did they get hurt?

NOTE: DO NOT COUNT TRIVIAL SIBLING RIVALRY.

P C S

() () ()

() () ()

() () ()

() () ()

0 - No Information.

1 - Not Present.

2 - Subthreshold: Has been physical cruelty on one or two occasions. No significant injuries.

3 - Threshold: Has been physically cruel to an individual on 3 or more occasions, or on one occasion intentionally causing significant injury.

PAST:

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9. Forced Sexual Activity

Have you ever forced anyone to kiss you or touch you in your private parts?

Have you every forced another kid to touch you outside your clothes?

Has anyone ever said you forced another kid/person to go farther than they wanted? What did they say?

P C S

() () ()

() () ()

() () ()

() () ()

0 - No Information.

1 - Not Present.

2 - Subthreshold: Forced or attempted to force someone to participate in mild sexual activity (e.g., non-genital fondling) on one or more occasions.

3 - Threshold: Forced someone to participate in severe sexual activity (e.g., genital fondling, oral sex, vaginal intercourse and/ or anal intercourse) on one or more occasions.

PAST:

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Subject

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10. Cruelty to Animals

Some kids like to hurt or torture animals. Have you hurt or tried to hurt an animal on purpose? What did you do?
 About how many times have you hurt an animal on purpose in the last six months?

NOTE: DO NOT SCORE TRADITIONAL HUNTING OUTINGS. PAY CAREFUL ATTENTION TO THE COMMUNITY SETTING (RURAL FARM, ETC.).

P C S
 () () ()
 () () ()
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 () () ()

0 - No Information.
1 - Not Present.
2 - Subthreshold: Has repeatedly been mildly cruel to an animal (e.g., kick dog).
3 - Threshold: Has killed or tortured an animal on one or more occasions, or repeatedly caused moderate to severe injuries to an animal.

PAST:

P C S

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

| Criteria | Parent CE | | | Parent MSP | | | Child CE | | | Child MSP | | | Summary CE | | | Summary MSP | | |
|---|------------------|-----|-----|------------|-----|-----|----------|-----|-----|-----------|-----|-----|------------|-----|-----|-------------|-----|-----|
| | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| 11. Impairment | | | | | | | | | | | | | | | | | | |
| A. Socially (with peers): | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| B. With family: | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| C. In school: | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| 12. Duration | | | | | | | | | | | | | | | | | | |
| For how long did you (list positively endorsed conduct symptoms)? | 6 months or more | | | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

NOTE: PER THE DSM-5, "the Conduct Disorder diagnosis should be applied only when the behavior in question is symptomatic of an underlying dysfunction within the individual and not simply a reaction to the immediate social context."

| Criteria | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
|--|---|---|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 13. Childhood Onset Type | | | | | | | | | | | | | | | | | | |
| How old were you when you first started to (list positively endorsed items)? | Onset of at least one conduct problem prior to age 10 | | | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

| Criteria | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
|---|-------------------------------------|---|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 14. Adolescent Onset Type | | | | | | | | | | | | | | | | | | |
| You didn't do any of these things before you were 10? | No conduct problems prior to age 10 | | | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

Subject

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

15. Evidence of Conduct Disorder

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

DSM-5 Criteria

A. A repetitive persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months with at least one criterion present in the past 6 months:

Aggression to People and Animals

1. Often bullies, threatens or intimidates others
2. Often initiates physical fights
3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
4. Has been physically cruel to people
5. Has been physically cruel to animals
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
7. Has forced someone into sexual activity

Destruction of Property

8. Has deliberately engaged in fire setting with the intention of causing serious damage
9. Has deliberately destroyed others' property (other than by firesetting)

Deceitfulness or Theft

10. Has broken into someone else's house, building or car
11. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting but without breaking and entering, forgery)

Serious Violation of Rules

13. Often stays out at night despite parental prohibitions, beginning before age 13 years
14. Has run away overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
15. Is often truant from school, beginning before age 13 years

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning

C. If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder

Specify (Current): With Limited Prosocial Emotion _____

Specify (Past): With Limited Prosocial Emotion _____

Criteria: Displays at least two of the following characteristics persistently over at least 12 months and in multiple relationships and settings: 1) Lack of remorse or guilt; 2) Callous, lack of empathy; 3) Unconcerned about performance at school, work, or in other important activities; 4) Shallow or deficient affect.

Specify Severity (Current): Mild _____ Moderate _____ Severe _____

Specify Severity (Past): Mild _____ Moderate _____ Severe _____

Criteria: Mild: Few problems in excess of those required for the diagnosis; problems cause relatively minor problems to others (e.g. lying, truancy); Moderate: Intermediate severity (e.g., stealing without confronting a victim, vandalism); Severe: Many problems in excess of those required for the diagnosis, or problems cause considerable harm to others (e.g. forced sex, physical cruelty, use of weapon, stealing while confronting victim, breaking and entering).

Subject

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Conduct Disorder

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

| | Summary CE | | | Summary MSP | | |
|--|------------|----------|----------|-------------|----------|----------|
| 16. Group Type Predominance of conduct problems occur as group activity with peers. | 0 () | 1 () | 2 () | 0 () | 1 () | 2 () |
| 17. Solitary Aggressive Type Most conduct disorder activities initiated by the person (not as group activity). | 0 () | 1 () | 2 () | 0 () | 1 () | 2 () |
| 18. Undifferentiated Type Conduct symptoms cannot be classified as either group or solitary aggressive type. | 0 () | 1 () | 2 () | 0 () | 1 () | 2 () |
| 19. Callous and Unemotional At least 2 of the following: <input type="checkbox"/> Lack of Remorse or Guilt <input type="checkbox"/> Lack of Empathy <input type="checkbox"/> Unconcerned about Performance <input type="checkbox"/> Shallow or Deficient Affect | 0 () | 1 () | 2 () | 0 () | 1 () | 2 () |
| 20. Severity (Code): 0. Mild; Few if any conduct problems in excess of those required to make the diagnosis and conduct problems only cause minor harm to others (e.g., lying, truancy, staying out late). 1. Moderate; Number of conduct problems and effect on others intermediate between mild and severe (e.g., stealing without confronting victim, vandalism). 2. Severe; Many conduct problems in excess of those required to make diagnosis or conduct problems cause considerable harm to others (e.g., forced sex, use of a weapon, stealing while confronting victim, breaking and entering). | 0 () | 1 () | 2 () | 0 () | 1 () | 2 () |

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

NOTE: FOR SYMPTOMS TO BE RATED POSITIVELY THEY MUST OCCUR MANY TIMES A DAY, OR HAVE OCCURRED INTERMITTENTLY FOR ONE YEAR OR LONGER AND NOT BE BETTER ACCOUNTED FOR BY ANOTHER NEUROLOGICAL DISORDER

SIMPLE MOTOR

(Rate based on report and observation)

1. Eye Blinking

Do your eyes blink a lot like this for no reason? (demonstrate)

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

2. Other Facial Tics

Do other parts of your face sometimes move unexpectedly like this? (demonstrate facial grimaces, nose scrunching, and opening mouth as if to yawn)

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

3. Head Jerks

Do you sometimes nod your head, shake your head, or turn your head to the side for no special reason? (demonstrate)

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

4. Shoulder Jerks

What about your shoulders, do your shoulders sometimes move unexpectedly like this (shrug shoulder or roll shoulder)?

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

5. Arm Movements

Do you sometimes flap your arms or throw your arms out as if to hit something that isn't there? (demonstrate)

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

6. Stomach Twitches

Does your stomach sometimes move for no special reason?

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

7. Leg Movements

*Do you ever stomp your feet or kick your legs out and you're not sure why you do it?
Do you sometimes bang your legs up under your desk when you weren't planning on moving them?*

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

Subject

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

| | Parent CE | | | Parent MSP | | | Child CE | | | Child MSP | | | Summary CE | | | Summary MSP | | |
|---|-----------|-----|-----|------------|-----|-----|----------|-----|-----|-----------|-----|-----|------------|-----|-----|-------------|-----|-----|
| 8. Other | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| <p><i>Are there any other types of movements that you notice that I haven't asked you about? Specify.</i></p> | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 9. Summation of all above | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| <p>Simple motor tics occur many times a day or have occurred intermittently for 1 year or longer.</p> | | | | | | | | | | | | | | | | | | |

COMPLEX MOTOR

| | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Touching/Tapping Things | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| <p><i>Do you ever touch your own body, your nose, your ear, or feel like you have to touch other people, or other things... like having to touch the phone every time you walk by it, touch walls, or all the furniture in your room? Do you often tap your pencil or your fingers against your desk?</i></p> | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2. Hopping/Spinning | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| <p><i>When you are walking down the hall at school, do you sometimes find that you have to hop or spin rather than keep walking straight?</i></p> | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 3. Echokinesis | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| <p><i>Do you ever find that you have to imitate other people's actions like pushing your hair back or rubbing your nose? Anything else?</i></p> | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 4. Hurts Self | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| <p><i>Do you ever feel like you have to hit yourself in the face, pull your hair or bite your hand?</i></p> | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 5. Other | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| <p><i>Are there any other types of movements that you notice that haven't asked you about? Specify.</i></p> | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 6. Summation of all above | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| <p>Complex motor tics occur many times a day, or have occurred intermittently for 1 year or longer.</p> | | | | | | | | | | | | | | | | | | |



Subject

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

SIMPLE VOCAL PHONIC

1. Sniffing/ Coughing/ Throat Clearing

Do you ever sniff, cough, or clear your throat when you don't have a cold?
Does this happen over and over again?

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

2. Snorting/ Grunting

Do you ever make noises through your nose or in your throat like this? (demonstrate)

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

3. Other

Are there any other types of sounds that you make that I haven't asked you about?
What about tongue clicking, lip smacking, or making popping sounds?

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

4. Summation of all above

Simple vocal tics occur many times a day or intermittently for a year or longer.

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

COMPLEX VOCAL PHONIC

1. Repeat Own Words/ Sentences

Do you ever notice that you have to repeat yourself, not because someone didn't hear you, but because it didn't sound right, or maybe for no special reason at all?

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

2. Repeat Others Speech

Do you find yourself sometimes repeating things other people have said for no special reason at all?

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

3. Coprolalia (Obscene Words)

Do bad words ever pop out of your mouth in the middle of a sentence for no reason, or do you find yourself saying bad things under your breath and find you can't stop yourself?

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

4. Insults/Racial Slurs

Do you sometimes find yourself saying bad things to people about how they look or something else about them when you didn't really mean it?

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

Subject

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

| | Parent CE | | | Parent MSP | | | Child CE | | | Child MSP | | | Summary CE | | | Summary MSP | | |
|-----------------|-----------|-----|-----|------------|-----|-----|----------|-----|-----|-----------|-----|-----|------------|-----|-----|-------------|-----|-----|
| <u>5. Other</u> | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

Are there any other things you sometimes find yourself saying?
Are you afraid you might have one of these attacks?

| | | | | | | | | | | | | | | | | | | |
|----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| <u>6. Summation of all above</u> | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

Vocal tics occur many times a day or intermittently for a year or longer.

| | | | | | | | | | | | | | | | | | | |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| <u>7. Impairment</u> | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

A. Socially (with peers):

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

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

| | | | | | | |
|--|-----|-----|-----|-----|-----|-----|
| <u>8. Criteria for Tourette's Disorder</u> | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () |

DSM-5 Criteria

- A. Both multiple motor and one or more vocal tics have been present at some time during the illness, although not necessarily concurrently. (A tic is a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization).
- B. The tics may wax and wane in frequency, but have persisted for more than 1 year since first tic onset.
- C. Onset before age 18 years.
- D. The disturbance is not exclusively due to the effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's Disease or post-viral encephalitis).

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

9. Evidence of Persistent (Chronic) Motor or Vocal Tic Disorders

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

DSM-5 Criteria

- A. Single or multiple motor or vocal tics have been present during the illness, but not both motor and vocal.
- B. The tics may wax and wane in frequency, but have persisted for more than 1 year since first tic onset.
- C. The onset is before age 18 years.
- D. The disturbance is not exclusively due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease or post-viral encephalitis).
- E. Criteria have never been met for Tourette's Disorder.

Specify (Current): With motor tics only: _____ With vocal tics only: _____

Specify (Past): With motor tics only: _____ With vocal tics only: _____

10. Evidence of Provisional Tic Disorder

| 0 | 1 | 2 | 0 | 1 | 2 |
|-----|-----|-----|-----|-----|-----|
| () | () | () | () | () | () |

DSM-5 Criteria

- A. Single or multiple motor and/ or vocal tics.
- B. The tics have been present for less than 1 year since first onset.
- C. Onset before age 18 years.
- D. The disturbance is not exclusively due to the direct physiological effects of a substance (e.g. stimulants) or a general medical condition (e.g., Huntington's disease or post-viral encephalitis).
- E. Criteria have been met for Tourette's Disorder or Chronic Motor or Vocal Tic Disorder.

Specify (Current): With motor tics only: _____ With vocal tics only: _____

Specify (Past): With motor tics only: _____ With vocal tics only: _____

11. Tic Disorder Not Otherwise Specified

| 0 | 1 | 2 | 0 | 1 | 2 |
|-----|-----|-----|-----|-----|-----|
| () | () | () | () | () | () |

DSM-5 Criteria

This category is for disorders characterized by tics that do not meet criteria for a Specific Tic Disorder. Examples include tics lasting less than 4 weeks or tics with an onset after age 18 years.

Subject

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Note: Assess symptoms with an onset in early childhood.

1. Deficits in Social-Emotional Reciprocity

Parent: As a young child, did your child show you toys and other things that interested him/ her or did he/ she play on his/ her own with little or no referencing to you?

If something good happens to your child now, like a good grade at school or having some other success, will your child spontaneously share it with you? Will he/ she share the good news with friends?

Child: If something good happens to you, like you get a good grade at school or have some other success, do you keep it to yourself, or do you tell mom, dad or someone else?

NOTE: DO NOT RATE POSITIVE IF IT IS ACCOUNTED FOR BY OTHER CONDITIONS SUCH AS ANXIETY, PSYCHOSIS, DEPRESSION, BEHAVIOR DISORDERS OR NORMAL TEENAGE BEHAVIORS.

P C S

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0 - No information.

1 - Not present.

2 - Subthreshold: Sometimes seeks to share, but not frequently or spontaneously.

3 - Threshold: Does not spontaneously seek to share enjoyment, interests or achievements with other people, or only shares when related to preoccupation.

PAST: [] [] []
P C S

2. Deficits in Developing and Maintaining Relationships Appropriate to Developmental Level

This may take different forms at different ages. Very young children may have little or no interest in establishing friendships. Older children may have an interest in friendship but lack understanding of the conventions of social interaction.

Parent: Does your child have any good friends his/ her age? Does your child get together with other children after school and on weekends? Does your child do better with younger kids or with adults than with kids his/ her own age? Does he/ she prefer to be by him or herself? Does your child wish to be social but fails to make relationships with peers? Does your child want to make friends, but says he/ she does not know why other children do not want to be his/ her friend? Is your child able to understand how other kids react in social situations? Or does he/ she misinterpret or not "tune in" to peers' reactions in social situations? Is he/ she taken advantage of? Can your child only be with other kids on his/ her terms?

Child: Do you like to be with other kids your age or would you rather be by yourself most of the time? Do you have a best friend? Do you get together after school or on the weekends?

NOTE: BE CAREFUL TO WEIGH CHILD'S REPORT WITH COLLATERAL INFORMATION. DO NOT RATE THIS AS POSITIVE IF IT IS EXCLUSIVELY DUE TO OTHER CONDITIONS SUCH AS ADHD, SOCIAL ANXIETY, SCHIZOPHRENIA, OR SCHIZOID PERSONALITY.

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0 - No information.

1 - Not present.

2 - Subthreshold: Some personal relationships, mostly in group situations or primarily in restricted interest areas.

3 - Threshold: Failure to develop peer relationships appropriate to developmental level. Unable to interpret peer reactions in social situations.

PAST: [] [] []
P C S

3. Hyper-or-Hypo-Reactivity to Sensory Input or Unusual Interest in Sensory Aspects of Environment

Parent: *Is your child especially sensitive to sensory inputs? Is he/ she sensitive to tags in clothes or the feel of different fabrics? Is your child very reactive to a change in lighting or sounds in the home? Alternatively, does your child seem oblivious to aspects of the environment around him/ her? Does your child sometimes seem oblivious to pain or extreme changes in temperature? Are there any things your child likes to touch or smell?*

Child: *Do you hate wearing certain clothing because the tags or fabric really bother you?*

P C S

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0 - No information.

1 - Not present.

2 - Subthreshold: Mild hyper- or hypo-reactivity to sensory inputs

3 - Threshold: Notable and impairing hyper- or hypo-reactivity to sensory inputs

PAST:

P C S

4. Motor Deficits in Performance of Skilled Movement not Limited to Social Communication

Parent: *Is your child coordinated? Does he/ she have trouble playing with a ball or doing other sport-like activities? How is his/ her manual dexterity? Does he/ she have trouble holding a pen or pencil? Using scissors? How is his/ her balance?*

P C S

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0 - No information.

1 - Not present.

2 - Subthreshold: Mild motor deficits.

3 - Threshold: Moderate to severe motor deficits.

PAST:

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NOTE: FOR ALL THE ABOVE QUESTIONS, NOTE WHETHER THEY STARTED WHEN THE CHILD WAS YOUNG (e.g., BEFORE PRESCHOOL), OR CURRENTLY. FOR AUTISM SPECTRUM DISORDERS, ALL THESE BEHAVIORS SHOULD HAVE STARTED WHEN THE CHILD WAS YOUNG. TAKE INTO ACCOUNT WHETHER THE CHILD HAS OCD, SEVERE SOCIAL PHOBIA, MENTAL RETARDATION, A SEVERE HISTORY OF ABUSE OR NEGLECT, OR IF THERE ARE CULTURAL ISSUES THAT CAN BETTER ACCOUNT FOR THE SYMPTOMS.

Subject

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

| | Parent CE | Parent MSP | Child CE | Child MSP | Summary CE | Summary MSP |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 5. Communication and Social Deficits Common Among Patients with Autism Spectrum Disorders | | | | | | |
| A. One Sided Verbosity | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () |
| <i>Does your child often go on and on talking about one thing, almost like he/ she is giving a speech rather than having a conversation? Have people ever said he seems like a "little professor"?</i> | | | | | | |
| B. Speech Pragmatic Deficits | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () |
| <i>Does your child have trouble understanding the more subtle aspects of language, like how to take turns when having a conversation, or knowing what someone means when they use sarcasm or make analogies (e.g., "She's as heavy as a house")?</i> | | | | | | |
| C. Abnormalities in Voice Modulation/ Prosody | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () |
| <i>Is there anything unusual about your child's intonation? Is his/ her voice monotone? Overtly sing-songy? Does he/ she have poor volume control or unusual patterns of emphasis in speech?</i> | | | | | | |
| D. Incessant and Insensitive Pursuit of Others | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () |
| <i>Does your child relentlessly pursue contact with others, even when they don't seem interested in talking or being with him/her? Does he/ she have a hard time reading others' social cues?</i> | | | | | | |

NOTE: RATE BASED ON REPORT AND OBSERVATION.

| | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 6. Features of Patients with High Functioning Autism | | | | | | |
| A. Social Isolation | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () |
| <i>From the time your child was young, did your child prefer to be alone? What about now, does he/ she seem uninterested in friends and other social contacts?</i> | | | | | | |
| B. Echolalic Speech | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () | 0 1 2 () () () |
| <i>Does your child repeat phrases he/ she has heard other's say, or nonsensical phrases over and over?</i> | | | | | | |

NOTE: RATE BASED ON REPORT AND OBSERVATION.

Subject

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

| | Parent CE | | | Parent MSP | | | Child CE | | | Child MSP | | | Summary CE | | | Summary MSP | | |
|--|-----------|-----|-----|------------|-----|-----|----------|-----|-----|-----------|-----|-----|------------|-----|-----|-------------|-----|-----|
| 7. Developmental History | | | | | | | | | | | | | | | | | | |
| A. Symptoms present in early childhood. | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| B. Speech Pragmatic Deficits | | | | | | | | | | | | | | | | | | |
| <i>Does your child have trouble understanding the more subtle aspects of language, like how to take turns when having a conversation, or knowing what someone means when they use sarcasm or make analogies (e.g., "She's as heavy as a house")?</i> | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| 8. Impairment | | | | | | | | | | | | | | | | | | |
| A. Socially (with peers): | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| B. With family: | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| C. In school: | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
| | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |

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

9. Evidence of Autism Spectrum Disorders

DSM-5 Criteria

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

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifest by the following, currently or by history:
1. Deficits in social-emotional reciprocity, ranging for example, from abnormal social approach or failure of back and forth conversation, to reduced sharing of interests, emotions, affect; to failure to initiate or respond to social interactions.
 2. Deficits in nonverbal communicative behaviors used for social interaction, ranging from poorly integrated verbal and nonverbal communication, to abnormalities in eye contact and body-language, or deficits in understanding and use of gestures; to a total lack of facial expression and non-verbal communication.
 3. Deficits in developing, maintaining, and understanding relationships, ranging from difficulties adjusting behavior to suit different social contexts, to difficulties in sharing imaginative play and in making friends; to absence of interest in peers.
- B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:
1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, lining up of toys or flipping objects, or idiosyncratic phrases).
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g. extreme distress at small changes, difficulties with transitions, need to take the same route or eat the same food every day).
 3. Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
- C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities, or may become masked by learned behavior or other mitigating measures).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of functioning.
- E. These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Specify:

- With accompanying intellectual impairment Without accompanying intellectual impairment
- With accompanying language impairment Without accompanying language impairment
- Associated with a known medical or genetic condition or environmental factor
- Associated with another neurodevelopmental, mental, or behavioral disorder

Specify Severity:

- Level One - Requiring Support (e.g. decreased social interactions, to-and-fro conversations with others fail).
- Level Two - Requiring Substantial Support (e.g., speaks simple sentences, limited, narrow, special interests, odd non-verbal communication).
- Level Three - Requiring Very Substantial Support (e.g., child with few intelligible words, rarely initiates interaction, makes unusual approaches).

Subject

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