

THE CHILD AND ADOLESCENT
SERVICES ASSESSMENT
(CASA)

Parent Interview

Version 5.0

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Definitions and questions

**CHILD HEALTH SERVICES SCREEN
SERVICES SCREEN**

Because it's easy to forget, I'm going to go through a list of places where you might have gotten help or treatment (for any concerns or problems you might have experienced).

I want you to tell me whether you have been to any of them in your life, and in the last 3 months.

PSYCHIATRIC HOSPITAL

Has s/he ever been admitted to a Psychiatric Hospital?

*How many times?
What Hospital(s) was s/he admitted to?
When was the first time?
How about in the last 3 months?*

GENERAL HOSPITAL PSYCHIATRIC UNIT

Has s/he ever been in a psychiatric ward or unit of a general hospital?

*Where was that?
Has s/he been there in the last 3 months?
When was the first time?*

Coding rules

PSYCHIATRIC HOSPITAL

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

GENERAL HOSPITAL PSYCHIATRIC UNIT

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:PNA0E01
Intensity

Ever:PNA0001
Onset

PNA0I01
Intensity

Ever:PNA1E01
Intensity

Ever:PNA1001
Onset

PNA1I01
Intensity

Definitions and questions

Coding rules

Codes

DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT

Has s/he ever been in an inpatient alcohol or drug treatment unit?

Or an inpatient detoxification unit?

*Where was that?
Has s/he been there in the last 3 months?
When was the first time?*

DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT

0 = No
2 = Yes

Ever:PNA2E01
Intensity

Ever:PNA2O01
Onset

LAST 3 MONTHS

0 = No
2 = Yes

PNA2I01
Intensity

HOSPITAL MEDICAL INPATIENT UNIT

A medical inpatient unit, for any of the kinds of problems that you told me about?

*In the last 3 months?
When was the first time?*

HOSPITAL MEDICAL I/P UNIT

0 = No
2 = Yes

Ever:PNA3E01
Intensity

Ever:PNA3O01
Onset

LAST 3 MONTHS

0 = No
2 = Yes

PNA3I01
Intensity

RESIDENTIAL TREATMENT CENTER

Has s/he been in a residential treatment center because of the problems you told me about?

*Where was that?
Have you been there in the last 3 months?
When was the first time?*

RESIDENTIAL TREATMENT CENTER

0 = No
2 = Yes

Ever:PNA4E01
Intensity

Ever:PNA4O01
Onset

LAST 3 MONTHS

0 = No
2 = Yes

PNA4I01
Intensity

Definitions and questions

DETENTION CENTER/TRAINING SCHOOL/JAIL
Has s/he ever been in a detention center or training school?
In jail or prison?
How many times?
Has s/he been there in the last 3 months?
When was the first time?

GROUP HOME/EMERGENCY SHELTER
Has s/he ever been in a group home?
Or an emergency shelter?
Where was that?
Has s/he been there in the last 3 months?
When was the first time?

THERAPEUTIC FOSTER CARE
Has s/he been in therapeutic foster care?
Where foster parents had been trained to provide care?

Coding rules

DETENTION CENTER/TRAINING SCHOOL/JAIL

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

GROUP HOME/EMERGENCY SHELTER

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

THERAPEUTIC FOSTER CARE

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:PNA5E01
 Intensity

Ever:PNA5O01
 Onset

 / /

PNA5I01
 Intensity

Ever:PNA6E01
 Intensity

Ever:PNA6O01
 Onset

 / /

PNA6I01
 Intensity

Ever:PNA7E01
 Intensity

Ever:PNA7O01
 Onset

 / /

PNA7I01
 Intensity

Definitions and questions

BOARDING SCHOOL
Or gone to a boarding school for the kinds of problems you told me about?
 When did s/he first (go there)?
 Has s/he (been there) in the last 3 months?
 Was it any help?
 In what way?
 Did it make things even worse?
 How?

DAY HOSPITAL/PARTIAL HOSPITALIZATION
Has s/he been to a day hospital?
Or a partial day program at a hospital?
 Has that been in the last 3 months?
 When was the first time?

OUTPATIENT DRUG OR ALCOHOL CLINIC
Has s/he been to an outpatient drug or alcohol clinic?
 Where at?
 Has s/he been in the last 3 months?
 When did s/he first go there?

Coding rules

BOARDING SCHOOL

0 = No
 2 = Yes

LAST THREE MONTHS

0 = No
 2 = Yes

DAY HOSPITAL/PARTIAL HOSPITALIZATION

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

OUTPATIENT DRUG OR ALCOHOL CLINIC

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:PNA8E01
 Intensity

Ever:PNA8O01
 Onset

PNA8I01
 Intensity

Ever:PNA9E01
 Intensity

Ever:PNA9O01
 Onset

PNA9I01
 Intensity

Ever:PNB0E01
 Intensity

Ever:PNB0O01
 Onset

PNB0I01
 Intensity

Definitions and questions

IN-HOME COUNSELING/CRISIS SERVICES
Has s/he ever had in-home counseling or crisis services?
In the last 3 months?
When did s/he first have in-home services?

PRIVATE PROFESSIONAL TREATMENT
Has s/he been to a private professional for help with any problems?
Or a social worker or a psychiatric nurse?
Has s/he seen them in the last 3 months?
When was the first time?

Coding rules

IN-HOME COUNSELING/CRISIS SERVICES

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

PRIVATE PROFESSIONAL TREATMENT

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:PNB4E01
Intensity

Ever:PNB4O01
Onset

PNB4I01
Intensity

Ever:PNB5E01
Intensity

Ever:PNB5O01
Onset

PNB5I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

Has s/he seen a school guidance counselor for help with the problems we have talked about?

Or a school psychologist?

Or a school social worker?

Or gotten any other sort of help at school?

When was the first time?

Has s/he seen them in the last 3 months?

SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

0 = No

2 = Yes

Ever:PBPOE01
Intensity

Ever:PBPOO01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

Specify

PBPOI01
Intensity

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

Has s/he been in any special classes?

Was it for emotional or behavioral reasons?

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

0 = No

2 = Yes

Ever:PNB7E01
Intensity

Ever:PNB7O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

Specify

PNB7I01
Intensity

FOR REVIEW ONLY

Definitions and questions

SPECIAL CLASS (LEARNING DISABILITIES/MR)
Has s/he been in any special classes for other reasons?
Was it for learning problems?
Has s/he seen them in the last 3 months?
When was the first time?

SCHOOL TEACHER
Has your child talked to a school teacher for special help about feelings or behaviors?
In the last 3 months?
When was the first time?

Coding rules

SPECIAL CLASS (LEARNING DISABILITIES/MR)

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes
Specify

SCHOOL TEACHER

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:PND0E01
Intensity

Ever:PND0O01
Onset

PND0I01
Intensity

Ever:PND7E01
Intensity

Ever:PND7O01
Onset

PND7I01
Intensity

FOR REVIEW ONLY

Definitions and questions

SCHOOL NURSE
Or a school nurse?
In the last 3 months?
When was the first time?

EDUCATIONAL TUTORING
Has s/he had educational tutoring (outside of a special class)?
By whom?
What was it for?

SOCIAL SERVICES
 Include visits to Social Services and visits by Social Services to the home if related to subject's problems. Include child-related visits if subject's symptoms are related to children i.e. anxiety, conduct, etc.
Has s/he seen social services for any of the kinds of problems that you told me about?
Has s/he gone there in the last 3 months?
When was the first time?

Coding rules

SCHOOL NURSE

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

EDUCATIONAL TUTORING

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

SOCIAL SERVICES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

Codes

Ever:PND8E01
 Intensity

Ever:PND8O01
 Onset

PND8I01
 Intensity

Ever:PND1E01
 Intensity

Ever:PND1O01
 Onset

PND1I01
 Intensity

Ever:PNB8E01
 Intensity

Ever:PNB8O01
 Onset

PNB8I01
 Intensity

Definitions and questions

Coding rules

Codes

PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR

Has s/he ever had a Probation Officer or Juvenile Correction Counselor?

When did s/he first go?

Has s/he seen them in the last 3 months?

PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR

0 = No

2 = Yes

Ever:PNB9E01
Intensity

Ever:PNB9O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNB9I01
Intensity

FAMILY DOCTOR/OTHER MD

Has s/he seen your family doctor for any of the kinds of problems we have talked about?

Or any other medical doctor?

In the last 3 months?

When did s/he first see a doctor for problems like that?

FAMILY DOCTOR/OTHER MD

0 = No

2 = Yes

Ever:PNC0E01
Intensity

Ever:PNC0O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNC0I01
Intensity

HOSPITAL EMERGENCY ROOM

Has s/he been to a hospital emergency room for any of the kinds of problems we have talked about?

Has s/he been there in the last 3 months?

When was the first time?

HOSPITAL EMERGENCY ROOM

0 = No

2 = Yes

Ever:PNC1E01
Intensity

Ever:PNC1O01
Onset

LAST 3 MONTHS

0 = No

2 = Yes

PNC1I01
Intensity

Definitions and questions

RELIGIOUS COUNSELOR

If Religious Counselor is a paid pastoral counselor, code under Private Professional.

Code here religious, spiritual, faith-based counselors i.e. priest, rabbi, minister.

Has s/he seen a minister (priest, rabbi, etc.) for any of the kinds of problems you told me about?

Or any other spiritual or faith-based counselor?

*Has s/he seen them in the last 3 months?
When was the first time?*

ALTERNATIVE PRACTITIONER/OTHER HEALER

Has s/he seen any alternative practitioners or other healers?

*Such as a faith healer or a curandero?
Or a medicine man/woman?
Or a traditional Indian healer?
An herbalist or root doctor?
Or a "New Age" practitioner?
Or a touch or massage therapist?
Has s/he seen any of those in the last 3 months?
When was the first time?*

Coding rules

RELIGIOUS COUNSELOR

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

ALTERNATIVE PRACTITIONER/OTHER HEALER

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

Codes

Ever:PNC2E01
Intensity

Ever:PNC2O01
Onset

PNC2I01
Intensity

Ever:PNC3E01
Intensity

Ever:PNC3O01
Onset

PNC3I01
Intensity

FOR REVIEW ONLY

Definitions and questions

OTHER "NON-PROFESSIONAL" HELP

Assistance from others who are not professionally trained, licensed, and/or certified to provide mental health services for fees.

CRISIS HOTLINE

Has s/he ever called a "crisis hotline" for help with the kinds of problems we have talked about?

*Has s/he called in the last 3 months?
When was the first time?*

SELF-HELP GROUP

Has s/he ever participated in a self-help group?

*Such as AA or NA?
Or a domestic violence support group?
Or a group that talks about depression or anxiety together?
Has s/he been to a group like that in the last 3 months?
When was the first time?*

INTERNET SUPPORT GROUP

Internet web sites or chat rooms specific to discussion of certain problems, emotions, disorders, or disabilities.

Has s/he ever sought help from an internet support group for the kinds of problems we have talked about?

Or participated in chat room conversations about those kinds of issues or concerns?

*Has s/he done that in the last 3 months?
When was the first time s/he sought help online?*

Coding rules

CRISIS HOTLINE

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

SELF-HELP GROUP

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

INTERNET SUPPORT GROUP

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PNC4E01
Intensity

Ever:PNC4O01
Onset

PNC4I01
Intensity

Ever:PNC5E01
Intensity

Ever:PNC5O01
Onset

PNC5I01
Intensity

Ever:ISG0E01
Intensity

Ever:ISG0O01
Onset

ISG0I01
Intensity

Definitions and questions

HELP FROM RELATIVES
Has s/he talked to relatives to get help for problems like we have discussed?
Has s/he talked to them about that in the last 3 months?
When was the first time?

OTHER NON-PROFESSIONAL ADULT HELP
Has s/he talked to any other adults to get help for problems like we have discussed?
Has s/he talked to them about that in the last 3 months?
When was the first time?

HELP FROM FRIENDS
Has s/he gone to friends for help with the kinds of problems we've talked about?
Has s/he talked with them about problems in the last 3 months?
When was the first time?

Coding rules

HELP FROM RELATIVES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

HELP FROM RELATIVES

0 = No
 2 = Yes

LAST 3 MONTHS

0 = No
 2 = Yes

HELP FROM FRIENDS

0 = No
 2 = Yes

HELP FROM FRIENDS

0 = No
 2 = Yes

Codes

Ever:PNC6E01
 Intensity

Ever:PNC6O01
 Onset

PNC6I01
 Intensity

Ever:PNC7E01
 Intensity

Ever:PNC7O01
 Onset

PNC7I01
 Intensity

Ever:PNC8E01
 Intensity

Ever:PNC8O01
 Onset

PNC8I01
 Intensity

Definitions and questions

Coding rules

Codes

GENERAL SERVICES USE

This page is to be asked of every subject interviewed. The intent is to gather inclusive general information. Detailed Service Forms are not completed on Non-Mental Health related services.

****We have asked you in detail about all services used for emotional, behavioral, or substance related reasons. Now we would like to briefly ask about four services used in general over the last year and over the last 3 months. This will include any services already mentioned plus services used for reasons other than emotional, behavioral or substance related reasons.***

SPECIAL SERVICES AT SCHOOL IN THE LAST YEAR

Gather information for the last year.

THESE QUESTIONS ARE ABOUT GENERAL SERVICE USE IN THE LAST YEAR.

We have asked you in detail about all services used for emotional, behavioral or substance related reasons. Now we would like to briefly ask about five services used in general over the last year and over the last three months. This will include any services already mentioned plus services used for reasons other than emotional, behavioral or substance related reasons.

In the last year has s/he used any student services at school (e.g., career guidance counselor or special services)?

Has s/he used them in the last 3 months?

DEPARTMENT OF SOCIAL SERVICES IN THE LAST YEAR

Gather information for the last year.

In the last year has s/he received any services from DSS (The Department Of Social Services)?

In the last 3 months?

SPECIAL SERVICES AT SCHOOL

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

DEPARTMENT OF SOCIAL SERVICES

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Ever:PND2101 Intensity

PND2102 Intensity

Ever:PND3101 Intensity

PND3102 Intensity

Definitions and questions

CONTACT WITH COURT OR JUVENILE JUSTICE IN THE LAST YEAR
 Gather information for the last year.
In the last 3 years has s/he had any contact with the court or juvenile justice services?
In the last 3 months?

HEALTH PROVIDER IN THE LAST YEAR
 Gather information for the last year.
In the last year has s/he made a visit to a health provider (e.g. family doctor, health center, clinic, ER)?
Has s/he been in the last 3 months?

MENTAL HEALTH SERVICES FOR OTHER THAN CHILD'S OWN PROBLEMS IN THE LAST YEAR
 Gather information for the last year.
In the last year has s/he been to a mental health center or seen a mental health professional privately for other than his/her own mental health problems (mostly for those of another family member)?
Has s/he been in the last 3 months?

Coding rules

CONTACT WITH COURT OR JUVENILE JUSTICE

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

HEALTH PROVIDER

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

MENTAL HEALTH SERVICES FOR OTHER THAN CHILD'S OWN PROBLEMS

- 0 = No
- 2 = Yes

LAST 3 MONTHS

- 0 = No
- 2 = Yes

Codes

Ever:PND4I01 Intensity

PND4I02 Intensity

Ever:PND5I01 Intensity

PND5I02 Intensity

Ever:PND6I01 Intensity

PND6I02 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

**ATTITUDES AND BARRIERS TO SERVICES
RECEPTIVITY TO SERVICES**

GENERAL RECEPTIVITY

The degree to which an individual thinks that professional services for emotional or behavioral problems are generally beneficial and an appropriate response to major problems.

When people have a serious emotional or behavioral problem, do you think it is a good idea for them to try to get help or treatment?

Do you think people like counselors or doctors can help with the kinds of emotional and behavioral problems people have?

PERSONAL RECEPTIVITY

Do you think that getting help or treatment for a serious problem would be (has been) a good idea for your child?

*Would you have liked your child to see someone (someone else) for any problems s/he had in the past 3 months?
In the future, if s/he had a major problem, would you want him/her to see someone?*

CHILD'S PERSONAL RECEPTIVITY

Does your child think that getting help or treatment for a serious problem would be (has been) a good idea for him/her?

*Would s/he have liked to see someone (someone else) for any problems s/he had in the past 3 months?
In the future, if s/he had a major problem, would s/he want to see someone?*

GENERAL RECEPTIVITY

0 = Sees professional services as an appropriate response to major emotional or behavioral problems for people

1 = Sees professional services as probably appropriate for major problems for people

2 = Sees professional services as probably not appropriate for major problems for people

3 = Sees professional services as definitely not appropriate for major emotional or behavioral problems for people

PERSONAL RECEPTIVITY

0 = Sees professional services as an appropriate response to major emotional or behavioral problems, for own child.

1 = Sees professional services as probably appropriate for major problems, for own child.

2 = Sees professional services as probably not appropriate for major problems, for own child.

3 = Sees professional services as definitely not appropriate even for major emotional or behavioral problems, for own child.

CHILD'S PERSONAL RECEPTIVITY

0 = Sees professional services as an appropriate response to his/her major emotional or behavioral problems.

1 = Sees professional services as probably appropriate for his/her major problems.

2 = Sees professional services as probably not appropriate for his/her major problems.

3 = Sees professional services as definitely not appropriate even for major emotional or behavioral problems, for him/herself.

PPA0101
Intensity

PPA0102
Intensity

PPA0103
Intensity

Definitions and questions

PERCEPTION OF BARRIERS TO SERVICE

Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services.

PARENT'S FEAR, DISLIKE, OR DISTRUST OF PROFESSIONALS

Concern or discomfort with using services caused by subject's fear, dislike, or distrust of talking with professionals.

How do you feel about talking with doctors, counselors, or other professionals?

*Have you talked with anyone like that about the kinds of problems we have talked about?
Tell me about the last time.
What made you uncomfortable?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of this feeling about "doctors"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this "feeling" make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

PARENT'S FEAR, DISLIKE, DISTRUST OF PROFESSIONALS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

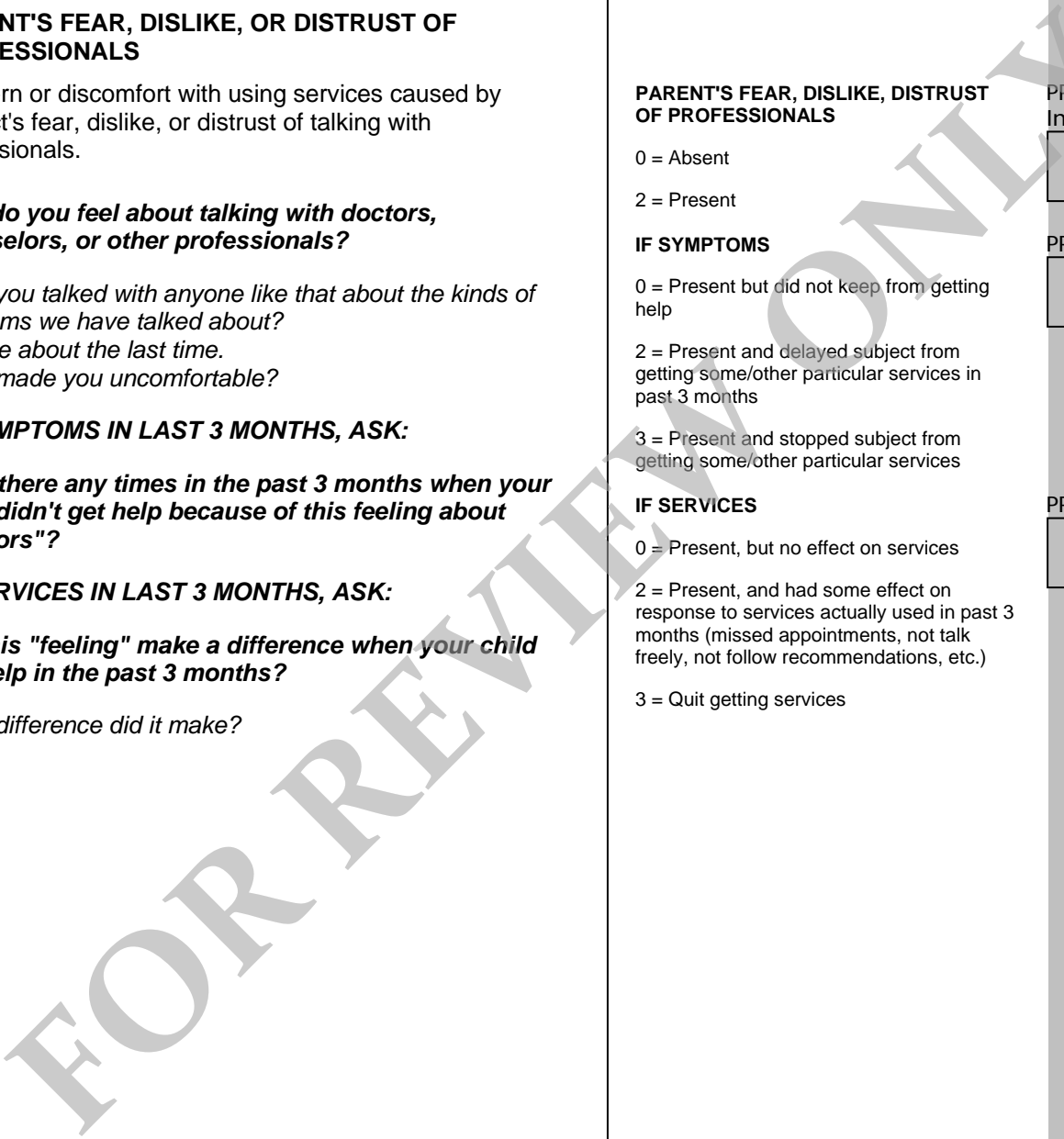
- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPA1101
Intensity

PPA1102

PPA1103



Definitions and questions

PARENT'S PREVIOUS NEGATIVE EXPERIENCE WITH PROFESSIONAL(S)

Concern or discomfort with using services caused by subject's previous negative experience with professional(s).

Have you ever had a "bad experience/trouble" with a "professional/provider" that kept you from getting help again?

Tell me about it.

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of "this experience"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this experience" make a difference when your child got help in the past 3 months?

What difference did it make?

PARENT'S SELF-CONCIOUSNESS

Reluctance to use services caused by self-consciousness about admitting having a problem or about seeking help for it. Also inability to talk with anyone about such sensitive issues.

Is it hard for you to talk to others about your child's problem?

Or to ask others for help?

Do you feel embarrassed or self-conscious?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because it would be "embarrassing"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this "feeling" make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

PREVIOUS NEGATIVE EXPERIENCE

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

PARENT'S SELF-CONCIOUSNESS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

Ever:PPA2E01 Intensity

PPA2I01 Intensity

PPA2I02

PPA3I01 Intensity

PPA3I02

PPA3I03

Definitions and questions

PARENT'S ANTICIPATION OF NEGATIVE REACTION

Reluctance to use services caused by anticipation of a negative reaction from family, friends, or others to seeking treatment for an emotional or mental problem.

Are you concerned about what your family will think about your child's getting help?

Or about what your friends would think?

Or about what others would think?

What do you think they would say?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because you were "concerned what others would think"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

PARENT'S ANTICIPATION OF NEGATIVE REACTION

0 = Absent

2 = Present

IF SYMPTOMS

0 = Present but did not keep from getting help

2 = Present and delayed subject from getting some/other particular services in past 3 months

3 = Present and stopped subject from getting some/other particular services

IF SERVICES

0 = Present, but no effect on services

2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)

3 = Quit getting services

Codes

PPA4101
Intensity

PPA4102

PPA4103

FOR REVIEW ONLY

Definitions and questions

PARENT'S ANTICIPATION OF OUT OF HOME PLACEMENT

Reluctance to use services caused by fear that subject's children might be at greater risk of out-of-home placement.

Were you concerned that your child might be taken from your home?

Or that s/he might have to go live somewhere else?

What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when your child didn't get help because of "this concern"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when your child got help in the past 3 months?

What difference did it make?

PARENT'S ANTICIPATED LOSS OF PARENTAL RIGHTS

Reluctance to use services caused by fear that subject might be seen as an unfit parent and lose parental rights.

Were you concerned that you might not be allowed to look after your children anymore?

What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Was there any time in the last 3 months when your child didn't get help because of "this concern"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

PARENT'S ANTICIPATION OF OUT OF HOME PLACEMENT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

PARENT'S ANTICIPATION OF LOSS OF PARENTAL RIGHTS

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPA5101
Intensity

PPA5102

PPA5103

PPA6101
Intensity

PPA6102

PPA6103

Definitions and questions

INCOMPLETE INFORMATION

Difficulty in getting services caused by lack of information about where to get services or how to arrange them.

Did lack of information about who to see make it harder for your child to get services?

Do you think you need more information about who to see about a problem?

*How would (did) you try to find out who to see?
Who would (did) you ask about finding the right person to help with problems?
Have you tried to contact anyone for help?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when your child didn't get help because you didn't know who to see about the problem?

IF SERVICES IN LAST 3 MONTHS, ASK:

When your child got help in the past 3 months, did you have trouble finding out who to see or where to go?

TIME

Reluctance to use services caused by lack of time to get treatment or to make arrangements for treatment.

Are you concerned about having enough time to get help for your child?

*Do you have time to take your child to appointments?
Or time to make arrangements?
How much time would be needed?
What would you not be able to do?
Would you have to miss class or work?
Would you have to give up a job or going to school?
Would you miss out on social activities with friends?
Would you have to give up doing things you enjoy?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of "the time commitment"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did time make a difference when your child got help in the past 3 months?

Coding rules

INCOMPLETE INFORMATION

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

TIME

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPA7101
Intensity

PPA7102

PPA7103

PPA8101
Intensity

PPA8102

PPA8103

Definitions and questions

COST

Inability to use services or underutilization of services caused by perception that services could not be afforded or paid for.

Are you bothered about the cost of getting help for your child?

*What do you think it would cost?
How did you find out what it would cost?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because it would cost too much?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did cost make a difference when your child got help in the past 3 months?

What difference did it make?

IF CONCERN ABOUT COST, ASK:

Was that because your insurance would not cover the cost?

*Would your insurance cover part?
Could you afford the rest?*

Coding rules

CONCERN ABOUT COST

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

INSURANCE

- 0 = Insurance covered cost or could afford co-payment
- 2 = No insurance or insurance coverage insufficient

Codes

PPA9101
Intensity

PPA9102

PPA9103

PPA9104

FOR REVIEW ONLY

Definitions and questions

TRANSPORTATION

Reluctance to use services caused by difficulty getting to treatment site.

Is it difficult for you to get to "treatment" location?

*How far would you need to go?
What transportation would (do) you need to get there?
Is that available?
Why wouldn't you use it?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because you "had no transportation and couldn't get there"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did transportation make a difference when your child got help in the past 3 months?

What difference did it make?

BUREAUCRATIC DELAY

This item includes bureaucratic hurdles such as excessive pre-visit paperwork or authorizations, difficulty getting an appointment in a timely fashion or being put on a waiting list, or offices where the phone is not answered or calls are not returned.

Have there been difficulties getting services because of "the system"?

*Have you had trouble getting through on the phone?
Were you put on a waiting list?*

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because of "bureaucratic delay"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did bureaucratic delay make a difference when your child got help in the past 3 months?

Coding rules

PROBLEM WITH TRANSPORTATION

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

PROBLEM WITH BUREAUCRATIC DELAY

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPBO101
Intensity

PPBO102

PPBO103

PPB6101
Intensity

PPB6102

PPB6103

Definitions and questions

SERVICE NOT AVAILABLE

Non-availability of a particular service desired by a subject (such as counseling or drug rehab) because it does not exist in the area where the subject lives.

Are there particular services you would like to use to get help for your child that are not available where you live?

What kind of service?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because that service is not available around here?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did availability or existence of services make a difference when your child got help in the last 3 months?

What difference did it make?

REFUSAL TO TREAT

Being refused by the service for various reasons: lack of space/beds, problematic history of subject, fear of liability, etc.

Did any service agency refuse to provide treatment for your child?

What was the reason given?
What do you think was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because s/he was refused treatment?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this refusal to treat make a difference when your child got help in the last 3 months?

What difference did it make?

Coding rules

PROBLEM WITH AVAILABILITY

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Problem present but no effect on service
- 2 = Problem present but used a different service
- 3 = Problem present so used no service

REFUSAL TO TREAT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPB7101
Intensity

PPB7102

PPB7103

PPB8101
Intensity

PPB8102

PPB8103

Definitions and questions

CHILD OR PARENT REFUSES TREATMENT

The subject refused to go for treatment for which s/he was referred by a professional; or, the spouse/partner refuses to allow the subject's participation.

Has s/he refused to go to any treatment services?

Have you refused to allow him/her to get treatment?

What was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when your child didn't get help because s/he or you refused treatment?

IF SERVICES IN PAST 3 MONTHS, ASK:

Did his/her refusal to go to treatment make a difference in getting help in the last 3 months?

Did your refusal make a difference in getting help in the last 3 months?

Coding rules

CHILD OR PARENT REFUSES TREATMENT

- 0 = Absent
- 2 = Present

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPB9101
Intensity

PPB9102

PPB9103

FOR REVIEW ONLY

Definitions and questions

LANGUAGE

Reluctance to use services caused by lack of professionals who speak the native language of this family. Do not include a speech defect in a parent or subject whose native language is English.

IF ENGLISH IS ONLY LANGUAGE, SKIP TO OTHER BARRIERS.

What languages are spoken in your home?

Does your child speak English?

Is it hard for you to talk about your problems in English?
Is it hard for your child?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the last 3 months when your child didn't go see someone about a problem because of having to speak English?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did having to speak English make a difference when your child got help in the past 3 months?

What difference did it make?

Coding rules

LANGUAGES SPOKEN IN THE HOME

- 0 = English is first language
- 1 = English is second language and other first language(s) is spoken in the home
- 2 = Only other language(s), not English, spoken in the home

LANGUAGE BARRIER

- 0 = Absent
- 2 = Present for parent but not for child.
- 3 = Present for subject

IF SYMPTOMS

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

IF SERVICES

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services

Codes

PPB1I01
Intensity

PPB2I01

PPB2I02

PPB2I03

FOR REVIEW ONLY

Definitions and questions

RELATIVE IMPACT OF BARRIERS

Subject's weighting of the relative importance of the barriers to service.

You've told me that "barriers" made a difference in the help your child got.

Which ones bothered you the most?

Which ones made the most difference in the services your child got?

Coding rules

BARRIERS REPORTED

- 0 = Absent
- 2 = Present

RELATIVE IMPACT OF BARRIERS

- 1 = Fear, dislike, or distrust of professionals
- 2 = Previous negative experience
- 3 = Self-consciousness
- 4 = Anticipated negative reaction
- 5 = Anticipated out of home placement
- 6 = Anticipated loss of parental rights
- 7 = Lack of information
- 8 = Time
- 9 = Cost
- 10 = Problem with transportation
- 11 = Language barrier
- 12 = Other barrier
- 13 = Bureaucratic delay
- 14 = Services not available
- 15 = Refusal to treat
- 16 = Refuses treatment

Codes

PPB4X01
Intensity

PPB4I01

PPB4I02

PPB4I03

FOR REVIEW ONLY

Definitions and questions

SERVICES AFFECTED

Subject's listing of the providers/treatment settings whose services were most affected by the above barriers.

Which "services" were affected the most?

*Who didn't your child go to see?
Is there someone your child would like to have seen?
Or an agency your child would have liked to go to for services?*

Coding rules

TREATMENT SETTING(S) AFFECTED

- 0 = Absent
- 2 = Present

TREATMENT SETTING

- 1 = Psychiatric Hospital
- 2 = Psychiatric unit in general hospital
- 3 = Drug/alcohol/detox unit
- 4 = Medical inpatient unit in hospital
- 5 = Residential treatment center
- 6 = Detention center/training school/jail
- 7 = Group home/emergency shelter
- 8 = Therapeutic foster care
- 9 = Boarding school
- 10 = Partial hospitalization/day program
- 11 = Drug/alcohol clinic
- 12 = Mental health center/clinic
- 13 = Community health center
- 14 = Crisis center
- 15 = In-home counseling/crisis services
- 16 = Private professional treatment
- 17 = School guidance counselor/school psychologist/school social worker
- 18 = Special class/BEH
- 19 = Social services
- 20 = Probation officer/juvenile correction counselor
- 21 = Family doctor/other MD
- 22 = Hospital ER
- 23 = Religious counselor
- 24 = Other healer/alternative practitioner
- 25 = Special Class/LD/MR
- 26 = Educational Tutoring
- 27 = School Teacher
- 28 = School Nurse
- 29 = Crisis hotline
- 30 = Self-help group (AA, NA, etc.)

Codes

PPB5X01
Intensity

PPB5I01

PPB5I02

PPB5I03

FOR REVIEW ONLY

Definitions and questions

BARRIERS - INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY

INTERVIEWER'S SUBJECTIVE RATING OF THE SEVERITY OF THE PROBLEMS:

FOR REVIEW ONLY

Coding rules

- 31 = Adult family member/relative
- 32 = Non professional adult help
- 33 = Peer help

INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY

- 1 = Mild
- 2 = Moderate
- 3 = Severe

Codes

PPCOX02
Intensity

**CHILD AND ADOLESCENT IMPACT
ASSESSMENT
ADMINISTRATION OF THE CAIA**

This is the point during the interview for the interviewer to decide whether to administer the CAIA. It is essential to do the CAIA if any impairment or symptom coded.

If any of the below are true or there is any doubt, administer the CAIA. (If you decide when you are coding, after the interview, that there were no codings whatsoever in the PAPA you may "S" the CAIA.)

If a "Life Event" codes, but there is no "Painful Recall", you need not complete the CAIA solely on the basis of that event. If "Painful Recall" is present, do the CAIA.

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ECONOMIC BURDEN

If services received in the last three months, ask expenses. Otherwise, skip to "Loss of Income".

EXPENSES

The monetary expenses associated with getting services for child's emotional or behavioral problems. Include costs of medication.

Do not include income lost because of child's problems, which is coded under "Loss of Income".

Have there been any expenses associated with getting help for your child?

Have the costs of getting help for your child's problems had an impact on family budget for other things?

*Are they causing any restrictions elsewhere?
Do you have savings to cover them?
Have you had to work extra hours?
Have you or anyone else had to take an additional job?*

Have you gone into debt to cover these expenses?

Are you concerned about being able to pay back these expenses?

IF SERVICES NOT RECEIVED IN THE LAST THREE MONTHS, SKIP TO "LOSS OF INCOME", (PAGE 3).

EXPENSES

0 = No expenses.

1 = Expenses but affordable.

2 = Expenses causing effects on other areas of family budget.

IMPACT ON EXPENSES

0 = Absent

1 = Using savings.

2 = Necessitate cutting back on other expenditures.

3 = Necessitate working additional hours/jobs.

DEBTS

0 = Absent

2 = Incurred debts but envision no serious problems with payback.

3 = Incurred debts and envision will have problems with payback.

PTA0101
Intensity

PTA0102

PTA0103

Definitions and questions

LOSS OF INCOME

Loss of income that results from the need to get professional services for child's emotional or behavioral problems, or from the need to provide an increased level of care at home, or from other things directly associated with the child's problems.

Do not include actual expenditures incurred for the child's problems, which are coded under "Expenses".

Have your child's problems affected your family's income?

Have your child's problems affected your paid work?

*Have you lost any time at work because of it?
Or have you had to cut down to part-time work?
Or have you been unable to work at all?
Or lost you job?*

Has your partner's paid work been affected at all?

Or you child's?

Or another family member's?

Coding rules

LOSS OF INCOME

- 0 = Absent
- 2 = Present

PARENT #1

- 0 = No income lost.
- 2 = Time lost at work, or hours reduced.
- 3 = Unable to work, or lost job.

PARENT #2

- 0 = No income lost.
- 2 = Time lost at work, or hours reduced.
- 3 = Unable to work, or lost job.

CHILD/ADOLESCENT

- 0 = No income lost.
- 2 = Time lost at work, or hours reduced.
- 3 = Unable to work, or lost job.

OTHER FAMILY MEMBER

- 0 = No income lost.
- 2 = Time lost at work, or hours reduced.
- 3 = Unable to work, or lost job.

Codes

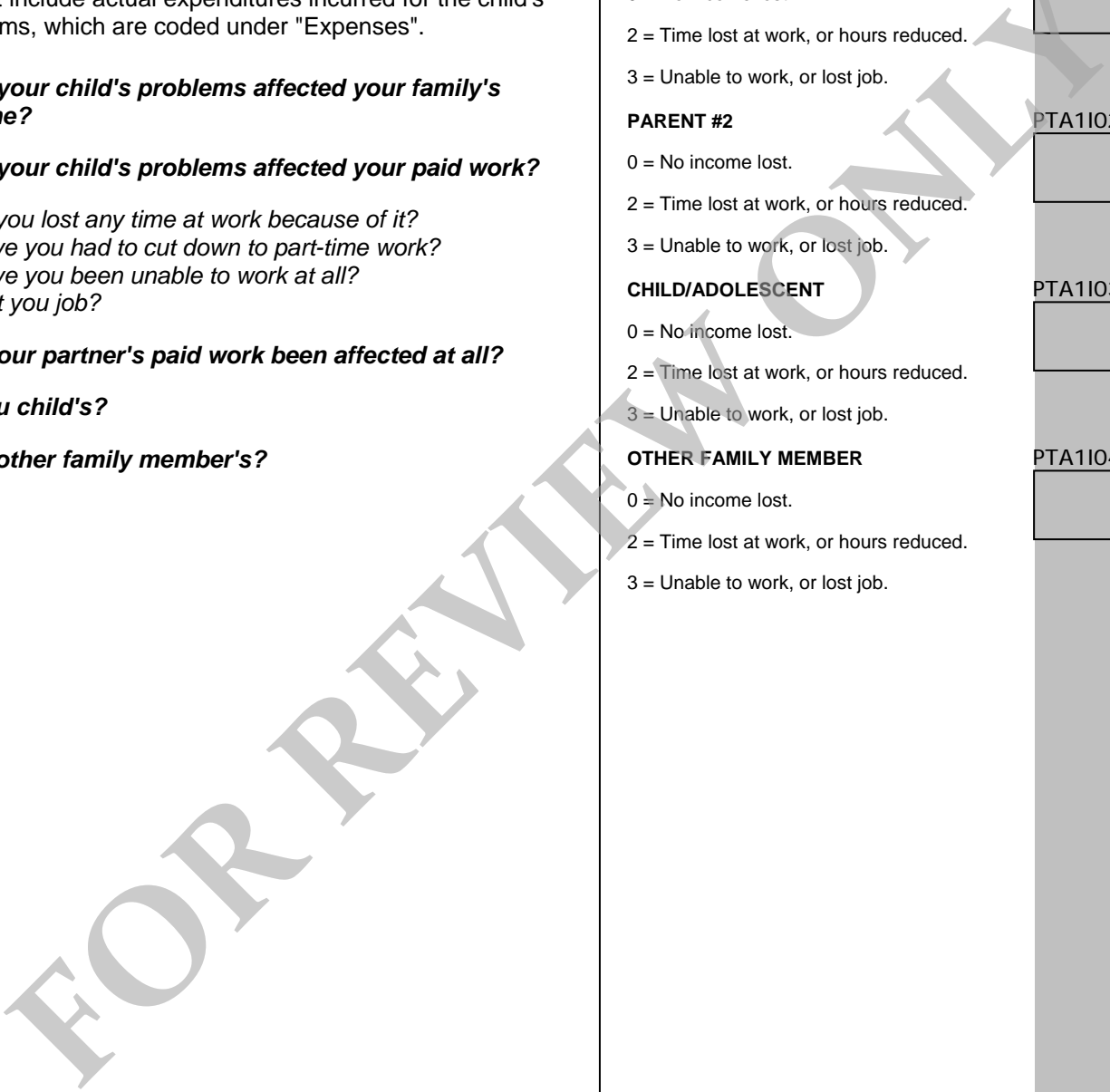
PTA1190
Intensity

PTA1101

PTA1102

PTA1103

PTA1104



Definitions and questions

IMPACT ON FAMILY RELATIONSHIPS

NEGATIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

Have your child's problems had any negative impact on your relationship with your "current partner"?

*Has having to deal with these problems strained the relationship at all?
How much of a strain has it been?*

POSITIVE IMPACT ON PARENT'S CURRENT PARTNERSHIP

The impact of the child's emotional or behavioral problems on the parent's "marital relationship".

Have your child's problems had any positive impact on your relationship with your "current partner"?

Has having to deal with these problems strengthened that relationship at all?

IF PARENT DOES NOT HAVE "CURRENT PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP", (PAGE 5).

Coding rules

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP

0 = No negative effects.

1 = Some negative effects, but relationship essentially satisfactory.

2 = Severe negative effects on quality of relationship attributed to the child's problems.

3 = Child's problems contributed to marital breakdown.

POSITIVE IMPACT ON CURRENT RELATIONSHIP

0 = No positive effects.

2 = Relationship has been strengthened.

Codes

PTA2101
Intensity

PTA2102
Intensity

Definitions and questions

NEGATIVE IMPACT ON PARENT'S PREVIOUS RELATIONSHIP

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

The impact of the child's emotional or behavioral problems on the parent's relationship with the child's "Other Parent" who no longer lives in the home. "Other Parent" may be either a biological parent who lives elsewhere or another person who lives elsewhere that has played a significant part in raising the child.

Have your child's problems had any impact on your relationship with "child's other parent"?

Has having to deal with these problems put a strain on that relationship?

How much of a strain has it been?

Did it contribute to the breakdown of that relationship?

IMPACT ON PARENT'S CURRENT RELATIONSHIP WITH OTHER PARENT #1

If child does not live with both biological parents, ask about parent's relationship with child's other biological parent or with another parent who has played a significant part in raising child recently.

How have your child's problems affected your current relationship with "child's other parent"?

IF PARENT DOES NOT HAVE A "PREVIOUS PARTNERSHIP", SKIP TO "NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND", (PAGE 6).

Coding rules

NEGATIVE/NEUTRAL IMPACT ON BREAKDOWN OF PREVIOUS PARTNERSHIP

0 = No negative effect.

1 = Some negative effects, but breakdown of marital relationship not influenced by child's problems.

2 = Child's problems seen as contributing to breakdown of marital relationship.

3 = Child's problems seen as most important reason for breakdown of marital relationship.

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP WITH PREVIOUS PARTNER

0 = No negative effect.

1 = Some negative effects, but the quality of current relationship not influenced by child's problems.

2 = Child's problems seen as contributing to difficulties in current relationship.

3 = Child's problems seen as most important reason for difficulties in current relationship.

Codes

PTA3101 Intensity

PTA3102 Intensity

Definitions and questions

NEGATIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?

Has having to deal with these problems strained the relationship at all?

How much of a strain has it been?

IF PARENT DOES NOT HAVE A "STEADY BOYFRIEND/GIRLFRIEND", SKIP TO "IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE", (PAGE 8).

Coding rules

NEGATIVE/NEUTRAL IMPACT ON CURRENT RELATIONSHIP

0 = No negative effects.

1 = Some negative effects, but relationship is essentially satisfactory.

2 = Severe negative effects on quality of relationship attributed to the child's problems.

3 = Child's problems contributed to breakdown of relationship.

Codes

PTC0101
Intensity

FOR REVIEW ONLY

Definitions and questions

POSITIVE IMPACT ON PARENT'S NON-RESIDENTIAL BOYFRIEND/GIRLFRIEND

The impact of the child's emotional or behavioral problems on the parent's relationship with his/her steady, but non-residential, boyfriend/girlfriend.

Have your child's problems had an impact on your relationship with your "current boyfriend/girlfriend"?

Has having to deal with these problems strengthened that relationship at all?

IF THERE ARE NO OTHER CHILDREN IN THE HOUSEHOLD, SKIP TO "IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS", (PAGE 9).



Coding rules

POSITIVE IMPACT ON CURRENT RELATIONSHIP

0 = No positive effects.

2 = Relationship has been strengthened.

Codes

PTC0102
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN) IN THE HOUSE

The impact of the child's emotional or behavioral problems on the parent's relationship with other child(ren).

Have your child's problems had any impact on your relationships with your other child(ren)?

*In what way?
Have they taken time away from your contact with them?
Have the problems made it more difficult for you to deal with the other child(ren)?*

IMPACT ON ON RELATIONSHIPS BETWEEN OTHER CHILD(REN) IN THE HOUSEHOLD

The impact of child's emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

You've told me some about X's relationship with "other children in the home". Have X's problems affected the other children?

*In what way?
Have they led to conflicts between the children?*

IMPACT ON BEHAVIOR OF OTHER CHILD(REN) IN THE HOUSEHOLD

The impact of child's emotional or behavioral problems on the relationships between children. Also the impact of problems on the other children's behavior.

Include both relationships with the index child and between other children.

Have the other children gotten into more trouble, following the example set by X?

Tell me about the last time.

IMPACT ON PARENT'S RELATIONSHIP WITH OTHER CHILD(REN)

0 = Neutral or positive effect.

2 = Subject child's problems leave parent less time for other child(ren), but not otherwise affected.

3 = Subject child's problems have led to a worsening of the relationship between parent and other child(ren).

PTA4I01
Intensity

IMPACT ON RELATIONSHIPS BETWEEN OTHER CHILDREN

0 = Neutral or positive effect on relationship.

2 = Subject child's problems have led to some conflicts between children.

3 = Subject child's problems have led to major disruption of previous relationship.

PTA5I01
Intensity

IMPACT ON OTHER CHILDREN'S BEHAVIOR

0 = Neutral or positive effect on other children's behavior.

2 = Subject child's problems have led other children to have some behavior problems and to get into trouble at home.

3 = Subject child's problems have led other children to have some behavior problems and to get into trouble at school or elsewhere.

PTA5I02
Intensity

Definitions and questions

Coding rules

Codes

IMPACT ON OTHER RELATIONSHIPS

IMPACT ON RELATIONSHIPS WITH OTHER FAMILY MEMBERS

Impact on the child's emotional or behavioral problems on the parent's relationships with other family members.

Have your child's problems had any impact on your relationship with other members of your family?

Has having to deal with these problems strained your relationship with your parents?

Your siblings?

Other close relatives?

IMPACT ON RELATIONSHIPS WITH FRIENDS

The impact of the child's emotional or behavioral problems on the parent's relationships with friends.

Have your child's problems had any impact on relationships with your friends?

Has having to deal with these problems put a strain on your friendships?

RELATIONSHIPS WITH OTHER FAMILY MEMBERS

0 = Positive or neutral effect.

1 = Some negative effects, but relationships essentially unchanged.

2 = Worsening of relationships attributable to the child's problems.

3 = Child's problems have resulted in breakdown of relationships.

RELATIONSHIPS WITH FRIENDS

0 = Positive or neutral effect.

1 = Some negative effects, but relationships essentially unchanged.

2 = Worsening of relationships attributable to the child's problems.

3 = Child's problems have resulted in breakdown of relationships.

PTA6101
Intensity

PTA7101
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

RESTRICTIONS ON ACTIVITIES

RESTRICTIONS ON PARENT'S PERSONAL ACTIVITIES

Restrictions on parent's personal life and activities that have resulted from the child's problems. Do not include changes in employment coded under "Expenses" and "Loss of Income" or changes in family social structure coded under "Restrictions on Family Social Activities".

Have your own activities been affected?

Are there things that you haven't done because of your child's needs?

Like hobbies?

Or other activities?

Have your child's problems changed your social life?

In what way?

RESTRICTIONS ON FAMILY'S SOCIAL ACTIVITIES

Restrictions on family's social life that result from the child's problems.

Have these problems kept you from doing things socially with your child?

Are you embarrassed to do things because of his/her problems?

Are there places that are harder to go because of these problems?

Or places that you can't go?

Do you ever not go out because you are concerned about what others will think?

STIGMA

Child's problems have resulted in parent's feeling that others disapprove or blame him/herself and/or his/her partner.

Are you embarrassed about your child's problems?

Have you felt that others disapprove of you or the way you handle things?

Or blame you for what has happened?

Or avoid you because of your child's problems?

RESTRICTED PERSONAL ACTIVITIES

0 = Little effect on personal activities.

2 = Some disruption of personal leisure activities due to child's problems, such as cutting down on activities or hobbies.

3 = Most or all personal leisure activities restricted or disrupted because of child's problems.

PTA8I01
Intensity

RESTRICTED SOCIAL ACTIVITIES FOR FAMILY

0 = No effect of family's social life.

2 = Some disruption, such as family can no longer go some places because of child's problems.

3 = Most or all social activities restricted or disrupted because of child's problems.

PTA9I01
Intensity

STIGMA

0 = No stigma perceived.

1 = Embarrassed but does not feel disapproval or blame directed at him/herself.

2 = Parent feels stigmatized in the eyes of at least some people.

3 = Parent feels stigmatized by almost anyone who knows about child's problems.

PTB0I01
Intensity

Definitions and questions

RESPONSIBILITY FOR PROBLEMS

ATTRIBUTION OF CAUSE OF PROBLEMS

Parent's view of what has caused the child's problems, including attribution to various causes or individuals. Include self-blame by parent who feels responsible for having caused the child's problems, or for the child's lack of progress in dealing with the problems.

Do you think there have been causes for your child's problems?

What things do you think have been causes of your child's problems?

How so?

Do you think that your child was born with these problems?

Is a physical injury or disability to blame?

Or does s/he have problems because something really bad happened to him/her?

Do you think your child is responsible for what has happened?

Coding rules

RESPONSIBILITY FOR PROBLEMS

- 0 = Absent
- 2 = Present

GENETICS

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PHYSICAL INJURY/DISABILITY

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PREVIOUS TRAUMATIC EXPERIENCE

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

Codes

PTB1190
Intensity

PTB1101

PTB1102

PTB1103

PTB1104

Definitions and questions

<i>Do you blame yourself for any of what has happened?</i>
<i>Do you feel responsible for the problems that your child has?</i>
<i>Do you think that your "current partner" is responsible?</i>
<i>Or child's "other parent"?</i>
<i>Or other members of your family?</i>
<i>Or you child's friends and/or peers?</i>
<i>Or the school?</i>

Coding rules

SELF

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

PARTNER

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD'S OTHER PARENT

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

OTHER FAMILY MEMBER

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

CHILD'S FRIENDS/PEERS

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

SCHOOL

- 0 = Absent
- 1 = Vague or indefinite attribution.
- 2 = Partially responsible for child's problems.
- 3 = Completely or almost completely responsible for child's problems.

Codes

PTB1105

PTB1106

PTB1107

PTB1108

PTB1109

PTB1110

Definitions and questions

IMPACT OF FEELINGS OF PERSONAL WELL-BEING

PSYCHOLOGICAL ADJUSTMENT

Parent's psychological adjustment to child's problems.

Have your child's problems affected how you have been feeling?

Have you been depressed because of his/her problems?

Have you felt discouraged about his/her situation?

Have you been worried about what was happening with your child?

Have you been feeling tired?

Have your child's problems made you irritable or quick to get angry about things?

Have your child's problems affected your health at all? In terms of mental or emotional health? In what way?

Coding rules

PARENT'S PSYCHOLOGICAL ADJUSTMENT

- 0 = Absent
- 2 = Present

DEPRESSION

- 0 = No increase in depressive feelings attributed to child's problems.
- 2 = Yes, some depression related to child's condition.
- 3 = Depression related to child's condition affecting ability to function normally.

WORRIES

- 0 = No increase in worries attributed to child's problems.
- 2 = Yes, some worries related to child's condition.
- 3 = Worries affecting ability to function normally.

TIREDDNESS OR ANERGIA

- 0 = No tiredness attributed to child's problems.
- 2 = Yes, some tiredness related to child's condition.
- 3 = Tiredness affecting ability to function normally.

IRRITABILITY

- 0 = No irritability attributed to child's problems.
- 2 = Yes, some irritability related to child's condition.
- 3 = Irritability affecting ability to function normally.

OTHER MENTAL HEALTH PROBLEMS

- 0 = No other mental health problems attributed to child's problems.
- 2 = Yes, other mental health problems related to child's condition.
- 3 = Other mental health problems affecting ability to function normally.

Specify

Codes

PTB3190
Intensity

PTB3101

PTB3102

PTB3103

PTB3105

PTB3106

Definitions and questions

INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY

INTERVIEWER'S SUBJECTIVE RATING OF THE SEVERITY OF THE PROBLEMS:

FOR REVIEW ONLY

Coding rules

INTERVIEWER'S SUBJECTIVE RATING OF SEVERITY

- 1 = Mild
- 2 = Moderate
- 3 = Severe

Codes

PTDOX02
Intensity

Definitions and questions

**SOCIOECONOMIC STATUS SECTION
FAMILY FINANCIAL INFORMATION**

Note: Supplemental Security Income (SSI) is an income supplement for low income people with disabilities such as blindness, mental illness.

Note: Social Security Disability Income (SSDI) is paid to former workers, who are now disabled, who paid into the system sufficiently, or their dependents/disabled beneficiaries. After age 65, SSDI payments become retirement payments under Social Security.

Note: Code "Income Sources" in order of magnitude, as far as possible.

Note: The amount of "Family Income" should include income from all sources including salaries, wages, investments, social security, pensions, unemployment, disability, alimony, child support, welfare, etc.

Family has income. (Interviewer does not ask!)

How well can you take care of all of your financial needs with the money that you (and your family) have?

Very well, fairly well, or poorly?

*How well can you meet your payments?
Are your expenses so heavy that you cannot meet them?
Do you have some difficulty meeting them?
Or are your payments no problem to you?
Do you have financial resources to meet emergencies?*

Where does the money come from to take care of you and your family?

*Full-time work?
Part-time work?
Alimony or child support?
Social Security?
Unemployment compensation?
Supplemental Security Income for subject child's disability?
Supplemental Security Income for low income aged or disabled person other than subject child?
Social Security Disability Income?
Other form of disability income?
Pension?
Welfare (AFDC, etc.)?
Food stamps?
Savings or investments?
Other?*

What was your total family income before taxes this past year?

Coding rules

FAMILY INCOME

- 0 = Absent
- 2 = Present

COVERAGE

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

INCOME SOURCES

- 1 = Full-time work, Parent #1. (1 = A)
- 2 = Full-time work, Parent #2. (2 = B)
- 3 = Full-time work, Child. (3 = C)
- 4 = Full-time work, Other. (4 = D)
- 5 = Part-time work, Parent #1. (5 = E)
- 6 = Part-time work, Parent #2. (6 = F)
- 7 = Part-time work, Child. (7 = G)
- 8 = Part-time work, Other. (8 = H)
- 9 = Unemployment, Parent #1. (9 = I)
- 10 = Unemployment, Parent #2. (10 = J)
- 11 = Unemployment, Child. (11 = K)
- 12 = Unemployment, Other. (12 = L)
- 13 = Alimony. (13 = M)
- 14 = Child Support. (14 = N)
- 15 = Social Security. (15 = O)
- 16 = Disability Payment. (16 = P)
- 17 = Pension. (17 = Q)
- 18 = Welfare (AFDC, etc...). (18 = R)
- 19 = Food Stamps. (19 = T)
- 20 = Savings. (20 = U)
- 21 = Other Legal. (21 = V)
- 22 = Illegal. (22 = W)
- 23 = SSI for Subject Child. (23 = Y)
- 24 = SSI for Other Person. (24 = Z)
- 25 = SSDI. (25 = Z1)

Codes

PSA9190
Intensity

PSA9X01

PSBOX01

PSBOX02

PSBOX03

PSBOX04

PSBOX05

PSBOX06

Definitions and questions

RESPONSIBILITY FOR HEALTH CARE PAYMENT

Who is responsible for arranging for payment for your child's healthcare?

Are you responsible?
Is it your child?
Is it someone else?

Coding rules

FAMILY INCOME

- 0 = No Income.
- 1 = 0,001 - 5,000
- 2 = 5,001 - 10,000
- 3 = 10,001 - 15,000
- 4 = 15,001 - 20,000
- 5 = 20,001 - 25,000
- 6 = 25,001 - 30,000
- 7 = 30,001 - 35,000
- 8 = 35,001 - 40,000
- 9 = 40,001 - 45,000
- 10 = 45,001 - 50,000
- 11 = 50,001 - 55,000
- 12 = 55,001 - 60,000
- 13 = Over 60,000

RESPONSIBLE FOR ARRANGING PAYMENTS

- 0 = Parent
- 1 = Other
- 2 = Child

Codes

PSB1X01

PSB2X01
Intensity

Definitions and questions

INSURANCE PLAN

NOTE: ALWAYS CODE PRESENT, WHETHER INSURANCE IS AVAILABLE OR NOT.

Is your child covered by a private health insurance plan?

*Such as Blue Cross/Blue Shield?
Or a private health plan?*

Such as an HMO or PPO?

What is the name of the health insurance plan?

Is s/he covered by Medicare from Social Security?

*Do you have Part A of Medicare that covers hospital bills?
Do you have Part B that covers doctor bills?*

Is s/he covered by Medicaid where you live now?

Or any other public program such as welfare or public assistance that pays for all or part of your medical care?

What is that health care program?

Does his/her "insurance" cover all, part, or none of hospital costs for general medical illnesses?

Does his/her "insurance" cover all, part, or none of hospital costs for mental illnesses/substance abuse?

Does his/her "insurance" cover all, part, or none of the doctor bills during a hospital stay?

Does his/her "insurance" cover all, part, or none of doctor bills for care you get outside of a hospital?

Such as outpatient care in a doctor's office?

Does his/her "insurance" cover all, part, or none of the bills for psychiatric or mental health care you get outside of a hospital?

Such as outpatient care in the office of a psychiatrist or other mental health professional?

Is there a limit for mental health coverage?

Have you reached that limit?

Coding rules

HEALTH INSURANCE

- 0 = Absent
- 2 = Present

PRIVATE HEALTH INSURANCE

- 0 = Private plan (e.g. BC/BS, Aetna).
- 1 = Health plan (HMO, PPO).
- 2 = Private insurance but do not know name.
- 3 = Not covered by private health insurance.

MEDICARE

- 0 = Part A and Part B
- 1 = Part A only.
- 2 = Part B only.
- 3 = Medicare but do not know which part.
- 4 = Not covered by Medicare.

MEDICAID OR OTHER PUBLIC PROGRAM

- 0 = Covered by Medicaid
- 1 = Covered by other public program.
- 2 = Covered by public program but do not know name.
- 4 = Not covered by Medicaid.

COVERAGE FOR HOSPITAL COST FOR GENERAL MEDICAL ILLNESSES

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

COVERAGE FOR HOSPITAL COSTS FOR MENTAL ILLNESSES/SUBSTANCE ABUSE

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

COVERAGE FOR DOCTOR'S CARE WHILE IN HOSPITAL

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

Codes

PSB2X99
Intensity

PSB2X03

PSB2X05

PSB2X06

PSB3X01

PSB3X02

PSB3X03

Definitions and questions

FOR REVIEW ONLY

Coding rules

COVERAGE FOR OUTPATIENT DOCTOR'S CARE

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

COVERAGE FOR OUTPATIENT MENTAL HEALTH CARE

- 0 = Very Well.
- 1 = Fairly Well.
- 2 = Poorly

LIMIT FOR MENTAL HEALTH CARE COVERAGE

- 0 = No limit.
- 1 = Don't know if limit has been reached.
- 2 = Limit but not reached.
- 3 = Limit has been reached.

Codes

PSB3X04

PSB3X05

PSB3X06