

Child Interview Package - Part III- Diagnostic Interview

Kiddie-SADS-Present and Lifetime Version (K-SADS-PL)

Summary Lifetime Diagnoses Checklist and C-GAS

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FAMILY

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PERSON

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INFORMANT

FIRST NAME, LAST INITIAL

FIRST NAME, LAST INITIAL

0	4
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PHASE

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MONTH

DAY

YEAR

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RATER

The K-SADS-PL was adapted from the K-SADS-P (Present Episode Version), which was developed by William Chambers, M.D. and Joaquim Puig-Antich, M.D., and later revised by Joaquim Puig-Antich, M.D. and Neal Ryan, M.D. The K-SADS-PL was written by Joan Kaufman, Ph.D., Boris Birmaher, M.D., David Brent, M.D., Uma Rao, M.D., and Neal Ryan, M.D. The K-SADS-PL was designed to obtain severity ratings of symptomatology, and assess current and lifetime history of psychiatric disorders, including several disorders not surveyed in the K-SADS-P. The current instrument is greatly indebted to several other existing structured and semi-structured psychiatric instruments including the K-SADS-B (Orvaschel & Puig-Antich), the SADS-L (Spitzer and Endicott), the SCID (Spitzer, Williams, Gibbon, and First), the DIS (Robins and Helzer), the ISC (Kovacs), the DICA (Reich, Shayka, and Taibleson), and the DUSI (Tarter, Laird, Bukstein, and Kaminer). Guidelines for the introductory interview at the beginning of this instrument were provided by Michael Rutter, M.D. and Phillip Graham, M.D., and modifications for the anxiety disorders section were provided by Cynthia Last, Ph.D. Other consultants include Oscar Bukstein, M.D., Walter Kaye, M.D., David Kolko, Ph.D., Rolf Loeber, Ph.D., William Pelham, Ph.D., David Rosenberg, M.D. and John Walkup, M.D. Appreciation is extended to all contributors, as well as to Denise Carter-Jackson, for the word processing of this instrument.

Sections Completed: ___ Screen Interview ___ #1 ___ #2 ___ #3 ___ #4 ___ #5

Summary Lifetime Diagnoses Checklist

Name _____ Med. Rec. # _____ Date _____ Interviewer _____

Criteria for Probable Diagnosis

No information = 0
 Not present = 1
 Probable = 2
 Partial Remission = 3
 Definite = 4

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis, and
3. Evidence of functional impairment

	Diagnosis Previous Episode	Age of Onset First Episode	Diagnosis Current Episode	Age of Onset Current Episode	Duration in Months All Episodes	Total Number of Episodes
Major Depressive Disorder*	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Psychotic Features	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Dysthymia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Depressive Disorder NOS	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Adj. Disorder w Depressed Mood	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Mania	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Hypomania	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Cyclothymia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Bipolar NOS	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Bipolar I	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Bipolar II	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Schizoaffective Disorder - Manic	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Schizoaffective Disorder - Depressed	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Schizophrenia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Schizophreniform Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Brief Reactive Psychosis	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Panic Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Separation Anxiety Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Avoidant Disorder of Childhood	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Simple Phobia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Social Phobia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Agoraphobia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Overanxious Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Generalized Anxiety Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Obsessive-Compulsive Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Post-traumatic Stress Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Acute Stress Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Adj. Disorder w Anxious Mood	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Enuresis	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Encopresis	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____

NOTE: * = Specify Subtype

	Diagnosis Previous Episode	Age of Onset First Episodes	Diagnosis Current Episode	Age of Onset Current Episode	Duration in Months Episodes	Total Number of Episodes
Anorexia Nervosa	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Bulimia	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Attention Deficit Disorder*	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Conduct Disorder*	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Oppositional Defiant Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Adj. Disorder w Dist. of Conduct	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Adj. Dis w. Mixed Mood & Conduct	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Tourettes	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Chronic Motor or Vocal Tic Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Transient Tic Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Alcohol Abuse	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Alcohol Dependence	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Substance Abuse	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Substance Dependence	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Mental Retardation	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
Other Psychiatric Disorder (specify)	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____
No Psychiatric Disorder	0 1 2 3 4	_____	0 1 2 3 4	_____	_____	_____

Treatment History (Score: 0 = No information, 1 = No, 2 = Yes)

Outpatient Treatment	0 1 2	Antipsychotic (specify)	0 1 2
Age of First Outpatient Treatment	_____	Antidepressants (specify)	0 1 2
Total Duration of Outpatient Treatment (weeks)	_____	Sedatives of Minor Tranquilizers (specify)	0 1 2
Psychiatric Hospitalization	0 1 2	Stimulants (specify)	0 1 2
Age of First Psychiatric Hospitalization	_____	Lithium (specify)	0 1 2
Number of Psychiatric Hospitalizations	_____	Other (specify)	0 1 2
Total Duration of Inpatient Treatments (weeks)	_____	Current Medication (Specify):	

Suicidal Behavior

No

Ideation	_____
Gesture	_____
Attempt	_____

Reliability of Information

Good	_____
Fair	_____
Poor	_____

Notes:

CHILDREN'S GLOBAL ASSESSMENT SCALE

Use intermediary levels (eg., 35, 58, 62). Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular rating.

- 100 - 91 Superior functioning in all areas (at home, at school, and with peers); involved in a wide range of activities and has many interests (eg., hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc); likeable, confident; "everyday" worries never get out of hand; doing well in school; no symptoms.
- 90 - 81 Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and "everyday" worries that occasionally get out of hand (eg., mild anxiety associated with an important exam, occasional "blowups" with siblings, parents, or peers).
- 80 - 71 No more than slight impairment in functioning at home, at school, or with peers; some disturbance of behavior or emotional distress may be present in response to life stresses (eg., parental separations, deaths, birth of a sib), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
- 70 - 61 Some difficulty in a single area, but generally functioning pretty well (eg., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
- 60 - 51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
- 50 - 41 Moderate degree of interference in functioning in most social areas or severe impairment or functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relations.
- 40 - 31 Major impairment in functioning in several areas and unable to function in one of these areas, is, disturbed at home, at school, with peers, or in society at large, eg., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent; such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category)
- 30 - 21 Unable to function in almost all areas, eg., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (eg., sometimes incoherent or inappropriate)
- 20 - 11 Needs considerable supervision to prevent hurting others and self (eg., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, eg., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10 - 1 Needs constant supervision (24-hr care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect or personal hygiene.

 The Children's Global Assessment Scale was adapted from the Global Assessment Scale for Adults (Shaffer, D., Gould, M., Brasic, J., Ambrosini, P., Fischer, P., Bird, H., Aluwahlia, S. A Children's Global Assessment Scale (CGAS). Arch Gen Psychiatry, 1983, 40:1228-1231.)

CHILDREN'S GLOBAL ASSESSMENT SCALE (Use Rating Scale on Previous Page)

CURRENT

____ Rate the subject's level of general functioning for the **past two weeks** by selecting the level which describes his/her functioning on a hypothetical continuum of health-illness.

MOST SEVERE PAST

____ Rate the subject's level of general functioning during his/her **most severe past episode of psychiatric illness**.

Record time period rated _____.

HIGHEST PAST

____ During the past year, rate the child's **highest** level of functioning.