



EPSI-C

Summary of results DSM-5 diagnostic criteria

Electronic Psychiatric Semi-structured Interview
for children and adolescents 6–17 years old

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Specific phobia		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
1	A. Marked fear/anxiety about a specific object/situation				
2	B. The phobic object/situation almost always provokes immediate fear/anxiety.				
3	C. The phobic object/situation is actively avoided or endured with intense fear/anxiety.				
4	D. The fear/anxiety is not proportionate to the socio-cultural context or to the actual danger posed by the specific object/situation.				
5	E. The fear, anxiety or avoidance is persistent (6 months or longer).				
6	F. The fear/anxiety/avoidance is causing clinically significant distress or impaired functioning in social, school, family, or other areas.				
	G. The symptoms are not better explained by any other form of mental disorder				
Are diagnostic criteria for specific phobia met?					

Mark which phobia(s) are relevant:

- ☐ Living creatures (e.g., dogs, spiders, snakes, etc.)
☐ Natural phenomena (e.g., storms, darkness, heights, water, etc.)
☐ Blood, jabs, injuries
☐ Situational (e.g., flying, lifts, etc.)
☐ Other form (e.g., loud noises, vomiting, clowns, etc.)

Separation anxiety disorder		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	A1. Recurrent excessive worry/anxiety about leaving home or parents/other loved ones				
3	A2. Persistent and excessive worry/fear of losing parents/other loved ones or of possible harm to them				
4	A3. Persistent and excessive worry/fear that something unfortunate will happen involving separation from parents/other loved ones				
5	A4. Persistent reluctance to go out, leave home, go to school or anywhere else due to fear of separation from parents/loved ones				
6	A5. Persistent and excessive fear/reluctance of being alone or without parents/other loved ones at home or in other settings				
7	A6. Persistent reluctance/refusal to sleep away from, or fall asleep without being close to, parents/other loved ones				
8	A7. Recurring nightmares with a separation theme				
9	A8. Recurrent complaints of physical symptoms before or during actual separations				
10	B. The fear/anxiety/avoidance is persistent with a duration of at least 4 weeks.				
11	C. The fear/anxiety/avoidance causes clinically significant distress or impaired functioning in social, school, family or other areas.				
	D. The symptoms are not better explained by any other form of mental disorder.				
Are diagnostic criteria for separation anxiety met?					

Social anxiety disorder		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
1	A. Marked fear or anxiety about one or more social situations where there is a risk of critical scrutiny by others				
2	B. Fear/anxiety about displaying symptoms of anxiety or behaving in a way that will lead to negative judgements/rejection				
3	C. The social situations almost always provoke fear or anxiety.				
4	D. The social situations are avoided entirely or endured with intense fear or anxiety.				
5	E. Fear or anxiety is not proportionate to the socio-cultural context or to the actual threat posed by the social situation.				
6	F. The fear/anxiety/avoidance is persistent (6 months or longer).				
7	G. The fear/anxiety/avoidance causes clinically significant distress or impaired functioning in social, school, family, or other areas.				
8	H. The fear/anxiety/avoidance cannot be attributed to physiological effects of a substance or another medical condition.				
	I. The symptoms are not better explained by any other form of mental illness.				
9	J. The fear/anxiety/avoidance is not related to another medical condition, illness or injury.				
Are diagnostic criteria for social anxiety met?					
Panic disorder		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
1	A. Recurrent unexpected panic attacks occur where intense fear/discomfort peaks within minutes.				
2	A1–A13. At least <u>four</u> of the following symptoms are present: <input type="checkbox"/> 1. Heart beats hard and fast, heart palpitations <input type="checkbox"/> 2. Sweating <input type="checkbox"/> 3. Trembling or shaking <input type="checkbox"/> 4. Feeling out of breath, difficulty breathing <input type="checkbox"/> 5. Feelings of choking <input type="checkbox"/> 6. Pain or discomfort in the chest <input type="checkbox"/> 7. Nausea, stomach pain <input type="checkbox"/> 8. Feelings of fainting, dizziness, unsteadiness <input type="checkbox"/> 9. Chills, heat sensations <input type="checkbox"/> 10. Numbness, tingling <input type="checkbox"/> 11. Senses of unreality, being in a bubble, out-of-body <input type="checkbox"/> 12. Fear of losing control, ‘going crazy’ <input type="checkbox"/> 13. Fear of dying				
3	B1. At least one of the attacks has been accompanied by persistent worry or anxiety about further attacks or the consequences of the attacks.				
4	B2. At least one of the attacks has been accompanied by significant and persistent maladaptive behavioural changes resulting from the attacks.				
5	C. The symptoms cannot be attributed to physiological effects of any substance or other medical condition.				
	D. The symptoms are not better explained by any other form of mental disorder.				
Are diagnostic criteria for panic disorder met?					

Agoraphobia		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	A1–A5 Marked fear or anxiety about at least <u>two</u> of the following situations: <input type="checkbox"/> 1. Travelling by public transport <input type="checkbox"/> 2. Being in open spaces <input type="checkbox"/> 3. Being in enclosed spaces <input type="checkbox"/> 4. Queuing or being in a crowd of people <input type="checkbox"/> 5. Being away from home alone				
3	B. Fear or avoidance of situations due to fear of not being able to leave or not being able to get help if a panic attack or other limiting/embarrassing symptoms should occur.				
4	C. The agoraphobic situations almost always trigger fear or anxiety.				
5	D. The agoraphobic situations are actively avoided or require the company of familiar people, or the situations are endured with intense discomfort, fear, or anxiety.				
6	E. The fear or anxiety is disproportionate to the actual threat posed by the agoraphobic situations				
7	F. The fear, anxiety or avoidance is persistent (6 months or more).				
8	G. The fear, anxiety or avoidance is causing clinically significant distress or impaired functioning in social, school, family, or other domains.				
9	H. The fear/anxiety/avoidance is not related to any other medical condition, illness, or injury (or in the presence of illness, the anxiety is clearly excessive).				
	I. The symptoms are not better explained by another form of mental illness.				
Are diagnostic criteria for agoraphobia met?					
Generalised anxiety disorder		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
1	A.Excessive worry and anxiety (anticipatory anxiety) about a number of different events or activities, on most days for at least 6 months				
2	B.Difficulties in controlling anxiety				
3	C1–C6 The fear and anxiety are associated with at least <u>one</u> of the following symptoms on most days in the last 6 months: <input type="checkbox"/> 1. Restlessness, feeling keyed up, on edge <input type="checkbox"/> 2. Being easily fatigued <input type="checkbox"/> 3. Difficulty concentrating, mind going blank <input type="checkbox"/> 4. Irritability <input type="checkbox"/> 5. Muscle tension <input type="checkbox"/> 6. Sleep disturbance				
4	D. The worry, anxiety, or physical symptoms cause clinically significant distress or impaired functioning in social, school, family, or other areas.				
5	E. The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
	F. The symptoms are not better explained by any other form of mental disorder				
Are diagnostic criteria for generalised anxiety disorder met?					

Obsessive–compulsive disorder (OCD)		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	A. Presence of obsessions or compulsion, or both: Obsessions are defined by (1) and (2): 1. Recurrent, persistent, intrusive, unwanted thoughts				
4	2. Attempts to suppress/ignore the thoughts or neutralize them with other thoughts/actions				
5	Compulsions are defined by (1) and (2): 1. Repeated behaviours or mental acts that the child feels compelled to perform in response to an obsession or a rule that must be followed.				
7	2. The behaviours or mental acts are performed with the aim of reducing anxiety or to prevent some dreaded event.				
8	B. The obsessions or compulsions are time-consuming (>1 hour per day) or cause distress or impairment.				
9	C. The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
	D. The symptoms are not better explained by any other form of mental disorder.				
Are diagnostic criteria for OCD met?					

Mark the types of obsessions:

- ☐ Contamination (e.g., cleanliness, germs, safety, etc.)
- ☐ Need for symmetry or accuracy
- ☐ Aggressive thoughts (e.g., hurting others, that something bad might happen)
- ☐ Nihilistic or morbid thoughts
- ☐ Sexual obsessions
- ☐ Meaningless phrases/sounds/images
- ☐ Religious obsessions
- ☐ Physical illness
- ☐ Saving/collecting (e.g., fear of throwing things away by mistake)
- ☐ Magical obsessions (e.g., lucky numbers, superstition)

Mark the types of compulsions:

- ☐ Cleaning/washing
- ☐ Organising/arranging objects (symmetry)
- ☐ Checking (e.g., did not hurt others, did the right thing, locked the door, etc.)
- ☐ Having nihilistic or morbid thoughts
- ☐ Touching objects/people
- ☐ Counting (e.g., to certain numbers, number of objects, etc.)
- ☐ Repeating/redoing (e.g., tasks, washing hands, walking back and forth across thresholds, etc.)
- ☐ Making lists/schedules of activities
- ☐ Collecting/saving (not being able to throw things away)
- ☐ Mental rituals/thinking rituals
- ☐ Magical thinking
- ☐ Rituals with parents or others (calming assurances)

PTSD/complex PTSD		Is the criterion met?			
EPSSI-C item	DSM-5 diagnostic criteria PTSD	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	A1–A4. Traumatic exposure to one or more of the following: <input type="checkbox"/> 1. Experienced one or more traumatic events themselves <input type="checkbox"/> 2. Witnessed traumatic events affecting another person <input type="checkbox"/> 3. Been informed of a traumatic event involving family/friend <input type="checkbox"/> 4. Being exposed to aversive details of traumatic event				
3	B1–B5. One or more of the following intrusive symptoms related to the trauma: B1. Recurrent, involuntary, intrusive, and distressing memories of the trauma				
4	B2. Recurrent dreams where the content and/or affect of the dream are related to the trauma				
5	B3. Dissociative reactions (flashbacks), re-experiencing events				
6	B4. Intense or prolonged psychological distress when exposed to internal or external cues that symbolise or resemble any aspect of the trauma				
7	B5. Marked physiological reactions to external or internal stimuli reminiscent of different aspects of the trauma				
8	C1–C2. Persistent avoidance of stimuli related to the trauma, as evidenced by at least <u>one</u> of the following: C1. Avoidance of internal reminders of the trauma				
9	C2. Avoidance of external reminders of the trauma				
10	D1–D7. Negative cognitive changes/negatively altered mood, as evidenced by at least <u>two</u> of the following: D1. Inability to recall an important aspect of the traumatic event				
11a	D2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world				
12	D3. Persistent, distorted thoughts about the cause or consequences of the traumatic event, leading to self-blame or blaming others				
13	D4. Persistent negative emotional state (e.g., fear, horror, anger, guilt or shame)				
14	D5. Markedly diminished interest or participation in activities				
15	D6. Feelings of detachment or alienated from others				
16	D7. Persistent inability to experience positive emotions				
19	E1–E6. Marked changes in stimulus responses, as evidenced by at least <u>two</u> of the following: E1. Irritability, anger, aggressive behaviour				
20	E2. Recklessness or self-destructiveness				
21	E3 Hypervigilance				
22	E4. Easily frightened				
23	E5. Difficulty concentrating				
24	E6. Sleeping problems				
25	Duration of symptoms (criteria B, C, D, E) is more than 1 month				
26	G. The symptoms cause clinically significant distress or impaired functioning in social, school, family, or other domains.				
27	H. The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
	ICD-11 additional criteria for complex PTSD				
11b	Persistent negative self-image				
17	Persistent difficulties in maintaining relationships				
18	Pervasive problems with emotion regulation				
Are diagnostic criteria for PTSD met (A–H)?					
Are diagnostic criteria for complex PTSD met (A–H + ICD-11 additional criteria)?					

Screen for suicidality		Is the criterion met?			
EPSI-C item		Missing information	NO	YES, more than a month ago	YES, last month
1	Presence of thoughts of hopelessness				
2	Presence of thoughts of death				
3	Presence of death wish				
4	Presence of suicidal thoughts				
5	Presence of suicide plans				
6	History of suicide attempts				
7	Presence of self-harm behaviour				
Conduct a comprehensive suicide risk assessment. Establish a safety plan if necessary.					

Screen for psychotic disorders		Is the criterion met?			
EPSI-C item	Psychotic symptoms	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	Presence of hallucinations				
3	Presence of delusions				
4	Presence of disorganised speech				
5	Presence of disorganised/catatonic behaviour				
6	Presence of negative symptoms				
7	The symptoms cause clinically significant distress or impaired functioning in social, school, family, or other domains.				
8	The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
Make a clinical judgement of psychotic symptoms. Proceed with in-depth assessment if necessary.					

Major depressive episode		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	A1–A9. At least <u>five</u> of the following symptoms have been present in the same 2-week period. <u>At least one of the symptoms of depressed mood or loss of interest/pleasure must be present.</u>				
3	1. Depressed or irritable mood for most of the day, nearly every day				
4	2. Markedly diminished interest/pleasure in almost all activities for most of the day, nearly every day				
5	3. Significant weight loss (with no intention of losing weight) or weight gain or reduced/increased appetite nearly every day				
6	4. Sleep problems nearly every day				
7	5. Psychomotor agitation or inhibition nearly every day				
8	6. Feeling of weakness or lack of energy nearly every day				
9	7. Feelings of worthlessness or excessive/unjustified guilt nearly every day				
10	8. Diminished ability to think or concentrate or indecisiveness nearly every day				
11	9. Recurrent thoughts of death, recurrent suicidal thoughts, suicide attempts or plans				
12	B. The symptoms cause clinically significant distress or impaired functioning in social, school, family, or other domains.				
	C. The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
	D. The depressive episode is not better explained by a psychotic disorder.				
	E. There has never been a manic or hypomanic episode.				
Are diagnostic criteria for a major depressive episode met (A–C)?					
Are diagnostic criteria for major depressive disorder met (A–E)?					

Persistent depression		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
1	A. Depressed or irritable mood for most of the day, almost daily for at least 1 year.				
2	B1–B6. At least <u>two</u> of the following symptoms are present: <input type="checkbox"/> 1. Poor appetite or overeating <input type="checkbox"/> 2. Sleep disturbance (too little or too much sleep) <input type="checkbox"/> 3. Low energy or feeling of weakness <input type="checkbox"/> 4. Low self-esteem <input type="checkbox"/> 5. Difficulty concentrating, difficulty making decisions <input type="checkbox"/> 6. Feelings of hopelessness				
3	C. During the 1-year period, the child has not been free of problems (without symptoms according to criteria A and B) for more than 2 months at a time.				
	D. Criteria for major depression may be present continuously.				
	E. There has never been a manic or hypomanic episode.				
	F. Symptoms are not better explained by a psychotic disorder.				
5	G. The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
4	H. The symptoms cause clinically significant distress or impairment of social, school, family, or other functioning.				
Are diagnostic criteria for persistent depression met?					

Manic/hypomanic episode		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
1	Manic episode: A. Distinct period of persistent and abnormally elevated/irritable mood, abnormal increase in goal-directed activity/energy most of the day nearly every day for a defined period of at least <u>1 week</u> (or shorter if hospitalization was necessary)				
2	B1–B7. During the period of altered mood/energy, at least <u>three</u> of the following symptoms have been present and represent a noticeable change from usual behaviour: <input type="checkbox"/> 1. Grandiosity or inflated self-esteem <input type="checkbox"/> 2. Reduced need for sleep <input type="checkbox"/> 3. Unusually talkative, difficult to keep quiet <input type="checkbox"/> 4. Flight of ideas, thoughts, racing thoughts <input type="checkbox"/> 5. Easily distracted <input type="checkbox"/> 6. Psychomotor agitation or increased goal-directed activity <input type="checkbox"/> 7. Excessive involvement in activities with negative consequences				
5	C. The altered mood causes marked impairment or hospitalisation.				
7	D. The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
Are diagnostic criteria for a manic episode met?					
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
1	Hypomanic episode: A. Distinct period of persistent and abnormally elevated/irritable mood, abnormal increase in goal-directed activity/energy most of the day nearly every day for a defined period of at least <u>4 days</u>				
2	B1–B7. During the period of altered mood/energy, at least <u>three</u> of the following symptoms have been present and represent a noticeable change from usual behaviour: <input type="checkbox"/> 1. Grandiosity or inflated self-esteem <input type="checkbox"/> 2. Reduced need for sleep <input type="checkbox"/> 3. Unusually talkative, difficult to keep quiet <input type="checkbox"/> 4. Flight of ideas, thoughts, racing thoughts <input type="checkbox"/> 5. Easily distracted <input type="checkbox"/> 6. Psychomotor agitation or increased goal-directed activity <input type="checkbox"/> 7. Excessive involvement in activities with negative consequences				
3	C. During the episode, the child's behaviour is clearly different from his/her usual behaviour.				
4	D. The change in mood/behaviour is observable by others				
6	E. The episode is not severe enough to cause disability or require hospitalisation.				
7	F. The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
Are diagnostic criteria for a hypomanic episode met?					

Anorexia nervosa		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	A. Insufficient energy intake leading to a significantly low body weight (below the minimum normally expected body weight).				
1	B. Intense fear of gaining weight, or persistent behaviour that interferes with weight gain even though at a significantly low weight.				
3	C. Disturbed body image or undue influence of weight/shape on self-esteem or denial of the seriousness of the low body weight.				
Are diagnostic criteria for anorexia nervosa met?					

Bulimia nervosa		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
	A1–A2. Recurrent episodes of binge eating characterised by both (1) and (2):				
2	1. Eating a large amount of food in a discrete period of time.				
3	2. Sense of lack of control over eating behaviour during the period.				
4	B. Recurrent inappropriate compensatory behaviours to avoid gaining weight.				
5	C. Both binge eating and compensatory behaviours occur on average at least once a week for 3 months.				
6	D. Self-esteem is unduly influenced by body shape and weight.				
	E. Symptoms do not only occur during episodes of anorexia nervosa.				
Are diagnostic criteria for bulimia nervosa met?					

Binge-eating disorder		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	A1–A2. Recurrent episodes of binge eating characterised by both (1) and (2):				
3	1. Eating a large amount of food in a discrete period of time.				
	2. Sense of lack of control over eating behaviour during the period.				
4	B1–B5. During the binge-eating episode, at least <u>three</u> of the following are present: <input type="checkbox"/> 1. Eating much faster than normal <input type="checkbox"/> 2. Eating until there is an uncomfortable feeling of fullness <input type="checkbox"/> 3. Eating large amounts of food without feeling physically hungry <input type="checkbox"/> 4. Eating alone because of embarrassment about eating so much <input type="checkbox"/> 5. Feeling disgusted with yourself, feeling depressed or having strong feelings of guilt afterwards.				
6	C. The binge eating causes significant distress.				
5	D. The binge eating occurs on average at least once a week for 3 months.				
7	E. Binge eating is not associated with compensatory behaviours and is not exclusive to anorexia or bulimia nervosa.				
Are diagnostic criteria for binge-eating disorder met?					

ADHD		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
	A. A persistent pattern of inattention and/or hyperactivity/impulsivity that adversely affects functioning or development, as evidenced by 1. Inattention and/or 2. Hyperactivity/impulsivity:				
	A.1a–1i Inattention. At least <u>six</u> of the following symptoms (<u>five</u> for 17-year-olds) have been present for at least 6 months to a degree that is inconsistent with the level of development and have a negative impact on school and social activities:				
2	a. Inattentive to details, often makes careless mistakes				
3	b. Often has difficulty sustaining attention				
4	c. Often does not seem to listen when spoken to directly				
5	d. Often does not follow through on instructions and fails to finish schoolwork, homework or tasks				
6	e. Often has difficulty organising tasks and activities				
7	f. Often avoids, dislikes, or is unwilling to engage in tasks that require sustained mental effort				
8	g. Often loses things that are necessary for tasks or activities				
9	h. Is often easily distracted by external stimuli (or unrelated thoughts)				
10	i. Is often forgetful in daily life				
	A.2a–2i Hyperactivity/impulsivity. At least <u>six</u> of the following symptoms (<u>five</u> for 17-year-olds) have been present for at least 6 months to a degree that is inconsistent with the level of development and have a negative impact on school and social activities:				
11	a. Often has difficulty keeping hands and feet still, or cannot sit still in a chair				
12	b. Often leaves seat in situations when remaining seated is expected				
13	c. Often runs about or climbs in situations where it is inappropriate or feeling restless				
14	d. Often unable to play or engage in activities quietly				
15	e. Is often on the go, unable to be still, difficult to keep up with				
16	f. Often talks excessively				
17	g. Often blurts out answers to questions before it has been completed				
18	h. Often has difficulty waiting for their turn				
19	i. Often interrupts or intrudes on others				
20	B. Several symptoms have been present before the age of 12 years.				
21	C. Several symptoms of inattention and/or hyperactivity–impulsivity are present in at least two settings.				
22	D. There is clear evidence that the symptoms interfere with or impair daily functioning.				
	E. The symptoms do not occur exclusively in the context of a psychotic disorder and are not better explained by any other form of mental illness.				
Are diagnostic criteria for ADHD met?					
Combined type (A1+A2)					
Predominantly inattentive type (A1, but not A2)					
Predominantly hyperactive–impulsive type (A2, but not A1)					

Autism spectrum disorder		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
	A1–A3. Persistent deficits in social communication and social interaction as manifested by the following:				
2	1. Deficits in social reciprocity				
3	2. Deficits in non-verbal communicative behaviour				
4	3. Deficits in developing, maintaining, and understanding relationships				
	B1–B4. Restricted, repetitive patterns of behaviour, interests or activities as manifested by at least <u>two</u> of the following:				
5	1. Stereotyped or repetitive motor movements, speech, or use of objects				
6	2. Insistence on sameness, inflexible adherence to routines or ritualised verbal/non-verbal behaviours				
7	3. Highly restricted, fixated interests that are abnormal in intensity				
8	4. Hyper- or hypo-reactive to sensory input or unusual interest in sensory aspects of the environment				
9	C. The symptoms have been present during the early developmental period.				
10	D. The symptoms cause clinically significant impairment in social, school, family, or other areas of functioning.				
	E. Symptoms are not better explained by intellectual disability or global developmental delay.				
Are diagnostic criteria for autism met?					

Tourette's disorder/tics		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
2	Tourette's disorder: A. Both <u>multiple motor</u> and <u>one (or more) vocal tics</u> have been present at some time, but not necessarily at the same time.				
	Persistent motor or vocal tics: A. One or more motor or vocal tics, one or the other form <u>only</u> , have been present for some time.				
	Motor tics: <input type="checkbox"/> Blinking <input type="checkbox"/> Facial movements/grimaces <input type="checkbox"/> Head movements/twitching <input type="checkbox"/> Arm twitching or leg twitching <input type="checkbox"/> Body movements <input type="checkbox"/> Touching, poking or grabbing things or people <input type="checkbox"/> Jumping, skipping or kicking <input type="checkbox"/> Injuring self, biting, hitting or the like <input type="checkbox"/> Repeating what others do (echopraxia) <input type="checkbox"/> Making obscene gestures and movements, etc. (copropraxia) <input type="checkbox"/> Other				
3	Vocal tics: <input type="checkbox"/> Throat clearing, coughing <input type="checkbox"/> Snorting, grunting <input type="checkbox"/> Smelling, sniffing <input type="checkbox"/> Smacking, whistling, shouting <input type="checkbox"/> Words or sentences <input type="checkbox"/> Repeating what others say (echolalia) <input type="checkbox"/> Repeating own words (palilalia) <input type="checkbox"/> Saying inappropriate, ugly things (coprolalia) <input type="checkbox"/> Other				
4	B. The tics have been present for at least 1 year since their onset (but may have varied in frequency).				
	C. The onset is before the age of 18 years.				
5	D. The symptoms cannot be attributed to physiological effects of a substance or another medical condition.				
	E. The criteria for Tourette's syndrome have never been met.				
Are diagnostic criteria for Tourette's disorder met (A–D)?					
Are diagnostic criteria for persistent tics met (A–E)?					

Oppositional defiant disorder (ODD)		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
	A1–A8. A pattern of anger/irritability, argumentative/defiant behaviour or vindictiveness of at least 6 months' duration as evidenced by at least <u>four</u> of the following symptoms (not only in relation to siblings):				
2	1. Often loses temper				
3	2. Is often touchy or easily annoyed				
4	3. Is often angry and resentful				
5	4. Frequently argues with authority figures or adults				
6	5. Often actively defies or refuses to follow rules or comply with requests from authority figures				
7	6. Often deliberately annoys others				
8	7. Often blames others for their own mistakes or bad behaviour				
9	8. Has been spiteful/vindictive at least twice in the last 6 months				
10	B. The behaviour causes distress in the individual or others or results in impaired functioning.				
	C. The behaviour does not occur exclusively in the context of psychosis, substance use disorder, depression, or bipolar syndrome. Criteria for disruptive mood dysregulation disorder are not met.				
Are diagnostic criteria for ODD met?					
Conduct disorder		Is the criterion met?			
EPSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
	A1–A15. A persistent pattern of behaviours involving the violation of basic rights of others or age-appropriate social norms and rules. The disorder manifests itself in at least <u>three</u> of the following behaviours in the last 12 months, at least one of which has occurred in the last 6 months:				
2	<input type="checkbox"/> 1. Often threatens, bullies, or intimidates others <input type="checkbox"/> 2. Often starts physical fights <input type="checkbox"/> 3. Has used a weapon that could cause serious injury to others <input type="checkbox"/> 4. Has been physically cruel to people <input type="checkbox"/> 5. Has been physically cruel to animals <input type="checkbox"/> 6. Has stolen something in direct confrontation with the victim <input type="checkbox"/> 7. Has forced someone into sexual activity <input type="checkbox"/> 8. Has deliberately set a fire with the intention of causing serious damage <input type="checkbox"/> 9. Has deliberately destroyed the property of others by means other than fire <input type="checkbox"/> 10. Has broken into someone else's car, premises or home <input type="checkbox"/> 11. Often lies to gain advantages or avoid obligations <input type="checkbox"/> 12. Has stolen items of nontrivial value without direct confrontation <input type="checkbox"/> 13. Often stays out at night despite a parental ban (with onset before age 13 years) <input type="checkbox"/> 14. Has run away from home overnight at least twice (or once if the absence was longer) <input type="checkbox"/> 15. Is often truant from school (starting before the age of 13 years)				
3	A. At least one of the above behaviours has been present in the last 6 months.				
4	B. The behaviours cause clinically significant functional impairment.				
Are diagnostic criteria for conduct disorder met?					

Screen for substance related disorders		Is the criterion met?			
EPSSI-C item	DSM-5 diagnostic criteria	Missing information	NO	Symptoms exist, but to an insufficient extent	YES
	A1–A10. Problematic substance use as manifested by at least <u>two</u> of the following within a 12-month period:				
2	1. The substance is often taken in larger quantities or over a longer period than intended.				
3	2. There is a persistent desire or unsuccessful efforts to limit/control substance use.				
4	3. Much time is spent acquiring the substance or recovering from its effects.				
5	4. Strong craving or desire or urge to use the substance				
6	5. Repeated substance use which results in the person not being able to cope with school or other commitments				
7	6. Continued substance use despite recurrent negative social consequences				
8	7. Important social or leisure activities are abandoned/reduced due to substance use.				
9	8. Repeated substance use in situations in which it is physically hazardous				
10	9. Substance use is continued despite knowledge of physical/psychological problems likely caused by the substance.				
11	10a–10b. Tolerance, defined as either of the following: a. Need for markedly increased amounts of substance to achieve effect				
12	b. Markedly reduced effect with continued use of the same amount of the substance.				
	11a–11b Withdrawal, as manifested by either of the following:				
13	a. Withdrawal symptoms				
14	b. The substance is used to alleviate/avoid withdrawal symptoms.				
Make a clinical judgement of substance-related symptoms. Proceed with in-depth assessment if necessary.					

Indicate which substance(s) are used:

- ☐ Tobacco
☐ Alcohol
☐ Cannabis
☐ Amphetamines
☐ Cocaine
☐ Opiates
☐ Hallucinogens
☐ Solvents
☐ Sedatives/hypnotics/anxiolytics
☐ GHB
☐ Anabolic steroids
☐ Other substance:
