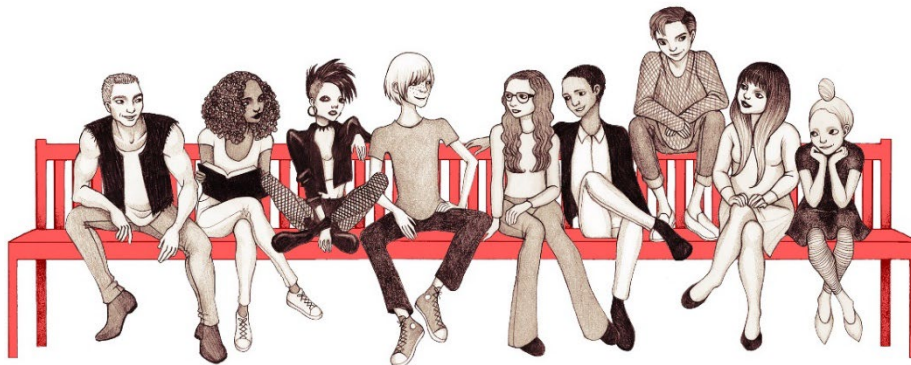


# EPSI-C

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

**Version:  
April 2025**



The EPSI-C was developed in collaboration between the Child- and Adolescent Psychiatric Clinic and Centre for Clinical Research in Region Västmanland, Sweden. The EPSI-C is primarily designed for digital administration but can also be administered in paper and pencil format.

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**Any questions about the EPSI-C should be sent to: [forskning@regionvastmanland.se](mailto:forskning@regionvastmanland.se)**

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EPSI-C results summary: see separate supplement.

## INSTRUCTIONS FOR THE INTERVIEWER

The EPSI-C is a semi-structured diagnostic interview that assesses current episodes of psychopathology in children and adolescents aged 6–17 years in accordance with DSM-5 diagnostic criteria. The mental disorders assessed by the EPSI-C are specific phobia, separation anxiety disorder, social anxiety disorder, panic disorder, agoraphobia, generalised anxiety disorder, obsessive–compulsive disorder, post-traumatic stress disorder (PTSD) and complex PTSD (according to ICD-11 criteria), major and persistent depression, manic/hypomanic episode, anorexia nervosa, bulimia nervosa, binge-eating disorder, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, Tourette's disorder/tics, oppositional defiant disorder, and conduct disorder. It also includes screening for psychotic disorders and substance-related disorders and a structured assessment of suicide risk and self-harm behaviour.

The design of the EPSI-C supports a broad, systematic and standardised collection of information, which reduces the risk of missing important problems while at the same time facilitating the detection of co-occurring disorders, i.e., comorbidity. The EPSI-C thus contributes to reliable diagnoses and informed treatment planning.

### Administration

Administering the EPSI-C requires experience and a good knowledge of mental disorders and their presentation in children and adolescents and of diagnostic assessment. Before administering the EPSI-C, information should be obtained about the child's medical and developmental history, the reason for seeking help, current life circumstances, academic and social functioning, and the onset and course of symptoms. Other relevant information, such as clinical observations, previous neuropsychological assessments and information from teachers, should also be considered in the final clinical judgement of the presence of diagnoses after the EPSI-C has been completed.

The EPSI-C consists of modules, each of which assesses a DSM-5 diagnostic category. Each module begins with a brief description of the diagnosis. This is followed by screen probing questions to assess the presence of primary symptoms in different diagnostic areas. Further diagnostic criteria in the module are examined only if the screen indicates the presence of symptoms. The diagnostic modules need not be completed in any particular order.

Text in **bold** is for the interviewer's information only and should not be read to the patient.

Probing questions in *italics* are suggestions for questions to ask to obtain information about symptoms. These questions do not need to be read out verbatim. Nor do all the probing questions need to be asked if it is clear that symptoms are present or absent. The questions can be adapted and additional questions can be asked if necessary. The interviewer continuously assesses and evaluates the information provided by the patient and parent and decides whether symptoms are present according to the diagnostic criteria, and scores as below:

- ☐ "Information is missing"
- ☐ "NO"
- ☐ "Symptoms exist, but to an insufficient extent"
- ☐ "YES"

For criteria relating to whether the symptoms could be caused by any substance (such as illegal drugs or medicines) or other medical condition, the response options are:

- ☐ "NO, symptoms may be caused by substance/medical condition" or
- ☐ "YES, the symptoms are not caused by any substance/medical condition"

It should be noted that the EPSI-C modules do not include any questions that examine whether symptoms are better explained by another mental disorder. Once the interview has been completed in its entirety and combined with other information obtained about the patient, the interviewer can decide which diagnoses meet all the diagnostic criteria and whether the symptoms are better explained by another disorder.

## MODULE: SPECIFIC PHOBIA

Information for the interviewer:

SPECIFIC PHOBIA is characterised by an excessive fear or anxiety about a specific object or situation. The anxiety or fear may be about specific objects: animals (e.g., dogs, spiders, snakes and insects), natural phenomena (e.g., storms, heights, water), blood-spatter injuries or situational/other forms (e.g., people in costume, lifts, flying).

In children, the specific phobia may be expressed as sadness, clinginess, anxiety attacks, angry outbursts, etc. Fear often leads to avoidance behaviour (e.g., the child refuses injections, does not fly, does not go in lifts, etc.), which affects the child's functioning. Vomiting phobia is a form of specific phobia that can be particularly important to recognise as it is often very disabling.

Diagnosis requires that symptoms are persistent with a duration of at least 6 months.

### SCREEN QUESTION:

#### 1. Assess whether the child has an excessive, persistent and disabling fear or anxiety about a specific object or situation.

Probing questions:

- *Are you very afraid of something in particular? So afraid that it affects you in your everyday life?*
- *Do you feel very afraid of an animal, going to the doctor, storms, heights, darkness, blood, vomiting, etc?*
- *What/which things are you afraid of?*
- *How do you react if you see what you are afraid of or are in a situation you are afraid of?*
- *Do you get sad, throw a tantrum or get scared when you see what you are afraid of or are in the situations you mentioned before?*
- *Do you usually try to avoid situations or things that you are so afraid of?*
- *Do you, your parents or others think that you get more scared than other children about these things or situations?*

Mark the relevant phobia(s):

- ☐ **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 forms** (e.g., loud noises, vomiting, clowns, etc.)

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: SPECIFIC PHOBIA

2. Assess whether the phobic object or situations almost always arouse immediate reaction, anxiety or fear.

Probing questions:

- Do you get very scared at once and react strongly every time you see those things or situations you mentioned before?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

3. Assess whether the phobic object or situations are being avoided altogether or whether the child endures the situations under intense fear or anxiety.

Probing questions:

- Do you usually avoid situations or things that you are so afraid of?
- Can you be close to what you are afraid of if you have someone with you?
- Can you be close to it even if it's really hard?
- What do you usually do to cope?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

4. Assess whether the child's fear or anxiety is exaggerated in relation to the actual danger that the phobic object/situation may pose.

Probing questions:

- Do you think everyone feels like you do in these situations?
- Do you think it is worse for you than for others?
- Do your family, relatives or friends think you are excessively afraid?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

5. Assess whether the child's fear, anxiety or avoidance is persistent (has been present at least 6 months).

Probing questions:

- How long have you been this afraid of what you told me about? When did it start?
- Has it been like this all the time for more than 6 months?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

6. Assess whether the child's fear, anxiety or avoidance is causing clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).

Probing questions:

- How is your life affected by this? Does it cause problems? In what way?
- Does it cause problems in your free time? When you're with friends?
- Is your schoolwork affected in any way? How?
- Is your life affected in any other way that I have not asked about?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

## MODULE: SEPARATION ANXIETY DISORDER

Information for the interviewer:

SEPARATION ANXIETY DISORDER is characterised by a disproportionate/excessive worry and fear (anomalous for the developmental level) of being away from people to whom the child is attached. Separation or the threat of separation raises concerns about losing parents or other attachment figures through illness, accidents or catastrophic events.

Children with separation anxiety disorder often have an aversion to going to school, sleeping alone, being away from home, and being left, and often want to be in close contact with loved ones (e.g., through phone calls or text messages and social media).

Nightmares and physical symptoms associated with separation (e.g., headaches, stomach aches, nausea) are also common.

For diagnosis, the worry and anxiety should be disabling and persistent with a duration of at least 1 month in children and teenagers.

### SCREEN QUESTION:

1. Assess whether the child has disproportionate/excessive anxiety and fear of being separated from parents or other close relatives (people important to the child).

Probing questions:

- Do you get worried or scared when you are away from your parents or someone else who is important to you (e.g., a relative, boyfriend/girlfriend)?
- Are you worried or afraid that your parents or someone important to you will have an accident and be injured or die?
- Are you worried or afraid that something will happen to you that will prevent you from seeing your parents or someone else who is important to you?
- Would you rather not leave home or go to school because you don't want to be away from your parents or someone else who is important to you?
- Do you get worried or scared or angry when you have to stay home alone without your parents or someone else who is important to you?
- Do others think you are excessively afraid?

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: SEPARATION ANXIETY DISORDER

### 2. Assess whether the child repeatedly becomes excessively anxious or fearful of being away from home or away from parents or other relatives.

Probing questions:

- Do you usually get worried or scared when you are going to be away or when you are away from your parents or someone else who is important to you?
- Do you usually get worried or scared when your parents go away somewhere, e.g., for shopping or work?
- Do you usually get worried or scared when you are away from home, e.g., when you are going to school or other activities?
- What do you usually do when you get so worried?
- Do you usually like to have a lot of contact with your parents or someone else who is important to you, for example, by phone or text message when you are away from them?
- Do others think you are excessively afraid?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 3. Assess whether the child has persistent and excessive anxiety and fear of losing parents or other loved ones or about possible harm to them, such as illness, injury, death or some other catastrophic event.

Probing questions:

- Do you often feel anxious or afraid of losing your parents or someone else who is important to you?
- Do you often have thoughts about something bad happening to your parents or someone else who is important to you?
- Do you often worry or fear that your parents or someone important to you will have an accident and be injured, or become ill or die? What do you usually worry or fear will happen?
- Do others think you are excessively afraid?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 4. Assess whether the child has a persistent and excessive fear and anxiety that something unfortunate will happen that would result in the child being separated from parents or other close relatives (e.g., kidnapping, getting lost, falling ill, having an accident).

Probing questions:

- Do you often feel anxious or afraid that something bad will happen to you, separating you from your parents or someone else who is important to you?
- Do you often worry or fear that you will get sick, have an accident or get lost and not be able to see your parents or someone else who is important to you? What do you usually worry will happen?
- Do others think you are excessively afraid?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether the child has a persistent reluctance or refusal to leave home, or going to school or anywhere else because of fear of being separated from parents or other relatives.

Probing questions:

- Would you rather not leave home, go to school or anywhere else because you are afraid of being away from your parents or someone else who is important to you?
- Do you usually want to stay home from school because you are afraid of being away from your parents or someone else who is important to you? How difficult or hard is this for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 6. Assess whether the child has a persistent and excessive fear or dislike of being alone or without parents or other carers at home or in other settings.

Probing questions:

- Do you get worried, scared or angry when you have to stay home alone without your parents or someone else who is important to you?
- Can you be alone at home? During the day or at night?
- Do you always want to be with your parents or someone else who is important to you at home or when you are away from home or somewhere else?
- Do others think you are excessively afraid?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES



## MODULE: SEPARATION ANXIETY DISORDER

7. Assess whether the child has a persistent aversion to or refuses to sleep away from home, or to fall asleep alone, without being close to parents or other carers.

Probing questions:

- *Is it usually difficult for you to sleep alone? Do you feel afraid to sleep alone, without your parents or someone else who is important to you?*
- *How do you go to sleep? (e.g., light on, sleep with siblings or pets, parent stays with you until you fall asleep?)*
- *Do you go to your mum or dad's bed at night because you are afraid to sleep alone?*
- *Do you usually avoid sleeping over with friends or somewhere else because you are afraid of sleeping without your parents?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

8. Assess whether the child has recurring nightmares about being separated from parents or other relatives.

Probing questions:

- *Do you often have nightmares about being away from your parents or someone else who is important to you?*
- *Do you dream that you are alone?*
- *How often do you have such dreams?*
- *How hard is it for you?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

9. Assess whether the child often complains of physical symptoms (e.g., stomach ache, headache, nausea) before or during separation from parents or other relatives.

Probing questions:

- *Is it so hard that you feel sick when you have to be away from your parents or someone else who is important to you?*
- *Do you get a stomach ache, a headache or feel sick when you are away from your parents or someone else who is important to you?*
- *Do you often feel sick when you have to go to school or other activities and have to be away from your parents or someone else who is important to you?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

10. Assess whether the child's fear, anxiety or avoidance is persistent (has been present for at least 1 month).

Probing questions:

- *How long has it been this hard for you to be away from your parents or someone else who is important to you?*
- *Do you remember when it started to feel difficult?*
- *Do you remember when you started wanting to stay at home because you didn't want to be away from your parents?*
- *Has it been like this for a long time? Has it been this way for 1 month or more?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

11. Assess whether the child's fear, anxiety or avoidance is causing clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).

Probing questions:

- *How is your life affected by this? Does it cause problems? In what way?*
- *Does it cause problems in your free time? When you're with friends?*
- *Is your schoolwork affected in any way? How?*
- *Does this mean that you need a lot of support or help from your family, parents, or friends? In what way?*
- *Is your life affected in any other way that I have not asked about?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES



## MODULE: SOCIAL ANXIETY DISORDER

Information for the interviewer:

SOCIAL ANXIETY DISORDER is characterised by excessive anxiety and fear of being noticed, scrutinised and behaving in a way that could provoke criticism and negative judgements from others (e.g., making a fool of oneself, appearing strange or showing signs of nervousness).

Social situations cause anxiety, which often leads to avoidance behaviour in school, such as not raising your hand to answer questions in class or refusing to give an oral presentation, or in leisure time, by turning down invitations or failing to attend various social activities.

For diagnosis, the anxiety and fear should be disabling and persistent, lasting several months, and also present in peer relationships (not just with adults).

### SCREEN QUESTION

1. Assess whether the child has a pronounced fear or anxiety in or about one or more of the following social situations (NB! The anxiety must manifest itself in socialising with peers, not with adults only).

Probing questions:

- Do you get worried, scared or very stressed when you have to talk to or be with other people? Even with your peers? Is there a difference between familiar and unfamiliar people?
- Do you often worry about what others will think and feel about you? What could it be?
- Do you find it difficult when you have to give an oral presentation in class or answer questions? Do you usually feel worried, scared or very stressed?
- Do you get anxious, scared or very stressed when you go to a party, go to a café, go to the gym or in any other context where you are the centre of attention? Does it feel very hard?
- Are there other times when being with other people makes you anxious, scared or very stressed?

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: SOCIAL ANXIETY DISORDER

2. Assess whether the child is worried about showing symptoms of anxiety or worry or about behaving in a way that will be negatively evaluated by others (i.e., be embarrassing, lead to rejection).

Probing questions:

- When you are in these social situations, do you worry that you will behave in an embarrassing way and make a fool of yourself or fail? That others will think you are stupid or weird and laugh at you?
- Are you worried about behaving in a way that makes others not want to be with you?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

3. Assess whether the social situations almost always cause fear or anxiety. (In children, the anxiety may manifest as crying, anger, clinginess, or the child becoming silent and tense. Teenagers can have daily anxiety for weeks about an upcoming social event.)

Probing questions:

- How do you feel when you are in these social situations? Is it very hard and uncomfortable? Do you usually worry a lot or feel very stressed about these social situations?
- Does it get so bad that you can't say anything? Do you become silent? Do you get angry? Do you start crying?
- Do you feel this way every or almost every time you are in these situations?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

4. Assess whether the social situations are being avoided altogether or whether the child endures the situations under intense fear or anxiety.

Probing questions:

- Do you try to avoid these kinds of social situations because they feel too difficult or uncomfortable? Do you stay away from them on purpose? For example, do you avoid going to a party, stay home from school to avoid giving a presentation, or only present to the teacher instead of the whole class? How often do you do things like that?
- Do you do these things even though they make you feel very nervous and anxious or scared? Do you do these things even though it is very hard for you?
- Are there things you completely refuse to participate in or do?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

5. Assess whether the child's fear or anxiety is disproportionate/exaggerated in relation to the actual threat that exists in different social situations (i.e., can it be excluded that situations actually pose a risk of danger?).

Probing questions:

- Do you think everyone feels the same way as you do in these situations? Do you think it feels more difficult for you than it does for other people your age?
- Is there anything in the situations you are afraid of that is really threatening, offensive or dangerous? If so, what could it be?
- Do your family, relatives or friends think you are excessively fearful and anxious in or about social situations?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

6. Assess whether the child's fear, anxiety or avoidance is persistent (has been present for several months).

Probing questions:

- How long has it been this hard for you to deal with the situations we've talked about?
- Do you remember when it started to feel difficult?
- Do you remember when you started trying to stay away from and avoid these situations?
- Has it been like this for a long time? Has it been like this for several months?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

## MODULE: SOCIAL ANXIETY DISORDER

7. Assess whether the child's fear, anxiety or avoidance is causing clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).

Probing questions:

- *How is your life affected by this? Does it cause problems? In what way?*
- *Does it cause problems in your free time? When you're with friends?*
- *Is your schoolwork affected in any way? How?*
- *Does this mean that you need a lot of support or help from your family, parents, or friends? In what way?*
- *Is your life affected in any other way that I have not asked about?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

8. Assess whether a substance, such as illegal drugs or medications, or another medical condition can be excluded as the cause of the symptoms.

Probing questions:

- *Do you use or have you used alcohol or other drugs that could cause your symptoms?*
- *Have you been (physically) ill while having these symptoms?*
- *Have you taken any medication that could be causing your symptoms?*

Is the criterion met?

- ☒ NO, symptoms may be caused by substance or medical condition
- ☐ YES, symptoms are not caused by substance or medical condition

9. Assess whether it can be excluded that the child's fear, anxiety or avoidance is related to some other disease or injury (e.g., obesity or disfigurement due to injuries can lead to avoidance of social situations).

Probing questions:

- *Do you have any injury or illness that affects you in such situations? Which one? In what way does it affect you? How long has this been the case?*
- *Do you think everyone suffering from the same disease feels the same way as you do in these situations?*
- *Do you think it is harder for you than it is for others with the same condition? What do your parents or doctors think about it?*

Is the criterion met?

- ☐ NO, symptoms may be linked to disease or injury
- ☐ YES, symptoms are not related to disease or injury

DRAFT VERSION: Only for research/review purposes

## MODULE: PANIC DISORDER

Information for the interviewer:

PANIC DISORDER is characterised by recurrent panic attacks that come on suddenly and cause powerful anxiety reactions with various bodily symptoms.

A panic attack is an unexpectedly strong feeling of fear and discomfort that develops rapidly (within minutes) with four or more physical symptoms. Common catastrophic thoughts in children who have panic attacks are that they are about to faint, will vomit, have an illness or are dying.

For diagnosis, the panic attacks must be accompanied by several weeks of either persistent worry about having more panic attacks or behavioural changes aimed at avoiding more panic attacks (e.g., avoiding places where one has had attacks in the past, unfamiliar places, certain situations or activities).

### SCREEN QUESTION:

#### 1. Assess if the child has recurrent sudden panic attacks.

Probing questions:

- *Have you ever suddenly felt really scared for no apparent reason?*
- *Have you ever suddenly felt that your heart is beating very fast and hard and your heart rate is increasing without any physical effort or for no particular reason?*
- *During these sudden attacks, have you had other physical reactions such as sweating, freezing or shaking, or feeling sick, dizzy, unreal or dying?*
- *How many times have you experienced such attacks? Have you thought about whether the attacks have come at any particular time?*
- *How long do they usually last?*
- *Do you often worry about having more attacks? Are you so worried that you have started to avoid situations or activities?*

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: PANIC DISORDER

### 2. Assess and mark whether the child has the following symptoms during a panic attack:

- ☐ Heart beats hard and fast, heart palpitations
- ☐ Sweating
- ☐ Trembling or shaking
- ☐ Feeling out of breath, difficulty breathing
- ☐ Feelings of choking, not getting air
- ☐ Pain or discomfort in the chest
- ☐ Nausea, stomach pain
- ☐ Feeling faint, dizziness, unsteadiness
- ☐ Chills, heat sensations
- ☐ Numbness, tingling
- ☐ Sense of unreality, being in a bubble, out-of-body-sensations
- ☐ Fear of losing control, 'going crazy'
- ☐ Fear of dying

### 3. Assess whether at least one of the panic attacks has been accompanied by persistent worry (has been present for at least 1 month) about having further attacks and/or about the consequences of the attacks.

Probing questions:

- Are you afraid or worried about having more attacks? How much do you worry about it? How long have you been worrying about it? Has it been like this for more than 1 month?
- Are you worried about what could happen to you during an attack, such as losing control, going crazy, getting sick or dying? How long have you been worrying about this? Has it been like this for more than 1 month?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 4. Assess whether the panic attacks have been accompanied by significant and persistent behavioural change (have been present for at least 1 month).

Probing questions:

- Has your behaviour changed as a result of the panic attacks? In what way? How long has this been the case? Has it been like this for more than 1 month?
- Do you avoid situations that you think could trigger a panic attack? How long have you been avoiding different situations? Has this been the case for more than 1 month?
- Do you avoid moving fast or playing sports for fear of triggering a panic attack?
- Do you avoid other things or situations that could trigger an attack? Which ones?
- Do you always avoid situations that could trigger an attack, or have you found a way to cope with them? How do you do it?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether a substance, such as illegal drugs or medications, or another medical condition can be excluded as the cause of the symptoms.

Probing questions:

- Do you use or have you used alcohol or other drugs that could cause your symptoms?
- Have you been (physically) ill while having these symptoms?
- Have you taken any medication that could be causing your symptoms?

Is the criterion met?

- ☐ NO, symptoms can be caused by substance or medical condition
- ☐ YES, symptoms are not caused by substance or medical condition

## MODULE: AGORAPHOBIA

### Information for the interviewer:

AGORAPHOBIA is characterised by excessive anxiety and fear of travelling by bus, train, car, subway or plane, being in closed places (e.g., cinema, theatre), in open places (e.g., squares, bridges, car parks), standing in a queue, being in a crowd or being away from home alone. These situations almost always cause anxiety or fear and are avoided because of thoughts that it would be difficult to leave or that help would not be available if restrictive or embarrassing symptoms or a panic attack occurred.

For diagnosis, the worry and anxiety should be disabling and persistent with a duration of several months.

### SCREEN QUESTION:

1. **Assess if the child has a clear concern and fear of using public transport, being in enclosed or open spaces, in crowds or away from home on their own.**

#### Probing questions:

- *Are you anxious, scared or very stressed about travelling by bus, train or being in places where it can feel confined, such as the cinema or shops?*
- *Do you get anxious, scared or very stressed in crowded places such as concerts or shopping centres?*
- *Do you usually feel anxious, scared or very stressed about being out somewhere on your own, unaccompanied?*

#### Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☒ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: AGORAPHOBIA

**2. Assess whether the child has a clear fear or anxiety about any of the following situations below (tick the situations that trigger fear/anxiety):**

- ☐ Travelling by public transport (e.g., car, bus, train, metro, plane, boat)
- ☐ Being in open spaces (e.g., car parks, bridges, markets, squares)
- ☐ Being in enclosed spaces (e.g., shops, cinemas, shopping centres)
- ☐ Queuing or being in a crowd (e.g., bus stops, concerts, shopping centres)
- ☐ Being away from home on their own

**3. Assess whether the child is afraid of or avoids agoraphobic situations because of thoughts that it would be difficult to get out of there or that help would not be available if a panic attack or other limiting and embarrassing symptoms were to occur.**

Probing questions:

- Do you usually avoid different situations because you have thoughts that it would be difficult to get out of them? For example, do you usually avoid taking the bus or going to the cinema or something else because you have such thoughts?
- Do you usually avoid different situations because you have thoughts that no one would be able to help you if something happened to you, such as panic, vomiting, fainting or something else that feels embarrassing?

Is the criterion met?

- ☐ Missing information
- ☒ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

**4. Assess if the child is afraid or anxious almost every time the agoraphobic situations occur.**

Probing questions:

- Do you almost always get scared, anxious or very stressed in or around these difficult situations?
- Do you feel this way every or almost every time you are in these situations?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

**5. Assess whether the child actively avoids the agoraphobic situations, or requires the company of familiar people, or endures the situations with intense discomfort, fear or anxiety.**

Probing questions:

- Do you often avoid these situations because they feel so difficult? Do you actively try to stay away from them? For example, have you not gone to a fun activity to avoid travelling by train or bus? How often does this happen?
- Do you do these things even though they make you feel very nervous, anxious or scared? Do you do these things even though it is very hard for you?
- Do you usually ask your parents, siblings or friends to accompany you in these difficult situations? Do you usually stay at home if no one can come with you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

**6. Assess whether the child's fear or anxiety is disproportionate/excessive in relation to the actual threat posed by the agoraphobic situations (i.e., can it be excluded that these situations actually pose a risk of danger).**

Probing questions:

- Do you think everyone feels the same way as you do in these situations? Do you think it feels harder for you than it does for others?
- Is there anything in the situations you are afraid of that is really threatening, offensive or dangerous? If so, what could it be?
- Do your family, relatives or friends think you are excessively scared and anxious in these situations?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES



## MODULE: AGORAPHOBIA

- 7. Assess if the child's fear, anxiety or avoidance is persistent (has been present for several months).**

Probing questions:

- *How long has it been this hard for you with the situations we talked about? Has it been like this for several months?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

- 12. Assess whether the child's fear, anxiety or avoidance is causing clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).**

Probing questions:

- *How is your life affected by this? Does it cause problems? In what way?*
- *Does it cause problems in your free time? When you're with friends?*
- *Is your schoolwork affected in any way? How?*
- *Does this mean that you need a lot of support or help from your family, parents, or friends? In what way?*
- *Is your life affected in any other way that I have not asked about?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

- 13. Assess whether it can be excluded that the child's symptoms are related to another disease (e.g., inflammatory bowel disease, enuresis, or encopresis, which may lead to avoidance of certain situations).**

Probing questions:

- *Do you have an ongoing illness that affects you in such situations? Which one? How does it affect you?*
- *How long has this been the case?*
- *Do you think that everyone with the same disease feels the same way as you do in these situations? Do you think it is harder for you than it is for others with the same disease? What do your parents or doctors think about it?*

Is the criterion met?

- ☐ NO, symptoms may be linked to another disease
- ☐ YES, symptoms are not related to another disease

DRAFT VERSION: Only for research/review

## MODULE: GENERALIZED ANXIETY DISORDER

Information for the interviewer:

GENERALIZED ANXIETY DISORDER is characterised by excessive or disproportionate worry and anxiety about several different events or activities. The anxiety may be anticipatory and linked to everyday situations that could happen in the future, e.g., concerns or "what if"-thoughts about family/health, school, the future, finances. It can also be about how different events have unfolded or how the child has acted in a particular situation. The anxiety is difficult to control and can lead to muscle tension, restlessness, hyperactivity of the sympathetic autonomic nervous system (e.g., palpitations), nervousness, difficulty concentrating, irritability, or difficulty sleeping.

For diagnosis, the worry should be disabling and persistent, occurring more days than not for at least 6 months.

### SCREEN QUESTION:

1. **Assess whether the child experiences excessive or disproportionate anxiety and worry about multiple events or activities, occurring more days than not for at least 6 months.**

Probing questions:

- *Do you often have worrying thoughts? Do you feel a constant sense of worry or anxiety? Does it make you feel very stressed?*
- *Do you worry about many different things? For example: what might happen to you, your parents' health, school, the future, money, the environment or the world, or that something bad might happen?*
- *Do you often have anxious thoughts that start with "What if...?". Do you sometimes feel like you are overthinking everything?*
- *What kinds of things do you usually worry about?*
- *How often do you worry about these things? Is it almost every day? How many times in a day do you worry about these things?*
- *Do you feel that anxiety makes it hard for you to focus on what you are doing?*
- *Do other people say that you worry too much?*
- *How long have you been feeling this way? Has it been going on for several months? Has it lasted for six months or more?*

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: GENERALIZED ANXIETY DISORDER

### 2. Assess whether the child has difficulty controlling the worry.

Probing questions:

- *Do you find it hard to stop worrying?*
- *Can you stop worrying when you need to focus? For example, during schoolwork, homework, or when you are with other people.*
- *Do you do anything to try to control your worry? For example, asking others for reassurance about your worries, searching online, or distracting yourself?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 3. Assess whether the child's worry is associated with any of the following symptoms (at least one of which must have been present for more days than not during the past 6 months). Tick all that apply:

- ☐ Restlessness, feeling keyed up or on edge
- ☐ Being easily fatigued
- ☐ Difficulty concentrating, mind goes blank
- ☐ Irritability
- ☐ Muscle tension
- ☐ Sleep disturbance

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 4. Assess whether the child's anxiety, worry, or physical symptoms cause clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).

Probing questions:

- *How does this affect your life? Does it cause problems? In what way?*
- *Does it cause problems in your free time? When you spend time with friends?*
- *Is your schoolwork affected? How?*
- *Does this mean that you need a lot of support or help from your family, parents or friends? In what way?*
- *Is your life affected in any other way that I have not asked about?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether a substance, such as illegal drugs or medications, or another medical condition can be excluded as the cause of the symptoms.

Probing questions:

- *Do you use or have you used alcohol or other drugs that could cause your symptoms?*
- *Have you been (physically) ill while having these symptoms?*
- *Have you taken any medication that could be causing your symptoms?*

Is the criterion met?

- ☐ NO, symptoms can be caused by substance/medical condition
- ☐ YES, symptoms are not caused by any substance/medical condition

## MODULE: OBSESSIVE–COMPULSIVE DISORDER

Information for the interviewer:

OBSESSIVE-COMPULSIVE DISORDER (OCD) is characterised by involuntary thoughts/obsessions and rituals/compulsive behaviours. Obsessions are recurring and persistent thoughts, impulses, images or fantasies that can appear at any time in everyday situations, are perceived as intrusive, unwanted and meaningless, and cause severe anxiety or discomfort. They are involuntary thoughts such as 'What if I got cancer when I grabbed the handle?', 'What if I forgot to lock the door so we get burgled?' or 'What if I threw away something important?'.

Compulsions are rituals performed to reduce anxiety or discomfort, or to counteract or neutralise obsessions. Compulsions may involve repeating behaviours (e.g., washing hands in a certain way or number of times, repeatedly checking lights, stove, locked door, etc.) or mental acts performed in the head (e.g., counting, repeating words, rhymes or other magical thoughts).

It is common for children to develop avoidance of triggering stimuli so they do not get stuck in obsessive thoughts or compulsive behaviours. The realisation of the unreasonableness of the obsessions and compulsions may vary in children. Children may also have difficulty expressing the purpose of the compulsion. For diagnosis, the obsessions and/or compulsions must occupy more than 1 hour per day or cause clinically significant distress in daily life.

### SCREEN QUESTION:

1. **Assess whether the child has obsessive thoughts and/or compulsive behaviours that occupy more than 1 hour per day and/or cause distress in everyday life.**

Probing questions:

- *Are you bothered by thoughts, images or impulses that you can't get rid of and that are scary, strange or make you feel really bad? What could it be?*
- *Are there things you have to do to prevent something bad from happening, such as repeating or checking things like feeling the door handle to make sure it is locked, counting or washing your hands?*
- *Do these thoughts, images or impulses make you feel really bad?*
- *Do the obsessions and actions/rituals take up a lot of time in your daily life? How much time?*

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: OBSESSIVE–COMPULSIVE DISORDER

### 2. Assess whether the child has recurrent and intrusive thoughts, images or impulses that are unwanted and cause severe anxiety or distress.

Probing questions:

- Do you have thoughts, images or impulses that come without you wanting them to, such as scary or strange ones that won't go away? Do these thoughts make you feel really anxious or stressed? Do they bother you?
- What kind of thoughts, impulses or images could they be?
- Do you worry about different things such as getting dirty or germs, or that things have to be perfect or arranged in a certain way, have words, numbers or rhymes that won't go away or keep thinking that you didn't lock the door, etc?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 3. Mark the types of obsessions the child has:

- ☐ 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)

### 4. Assess whether the child tries to ignore or push away the thoughts, images or impulses or tries to counteract them with other 'counter-thoughts/actions'.

Probing questions:

- Do you try to control, ignore or push away the thoughts, images or impulses when they come?
- Do you have any way to counteract the thoughts, images or impulses, e.g., through 'counter-thoughts', different actions or rituals? How do you do this?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether the child performs repeated actions that they feel compelled to perform because of a compulsion or a rule that must be followed (NOTE: children may have difficulty expressing the purpose of the compulsion).

Probing questions:

- Do you feel compelled to do things to prevent something bad from happening (according to your obsessions), such as doing things over and over again, counting, touching things, washing your hands in a particular way or checking things over and over again?
- What things do you have to do?
- Do you think it's strange, unreasonable or unnecessary, the things you have to do, but you still 'have' to do them to reduce anxiety or make it feel 'right'?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 6. Mark the types of compulsive behaviours the child has:

- ☐ Cleaning/washing
- ☐ Organising/arranging objects (symmetry)
- ☐ Checking (e.g., did not hurt others, did the right thing, locked the door, etc).
- ☐ Nihilistic or morbid thoughts
- ☐ Touching objects/people
- ☐ Counting (e.g., to certain numbers, number of objects, etc.)
- ☐ Repeating/repeating (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)

## MODULE: OBSESSIVE–COMPULSIVE DISORDER

7. Assess whether the child's compulsive behaviour is carried out to reduce anxiety/distress or to prevent some feared event or situation from otherwise occurring.

Probing questions:

- Do you have to do your various actions or rituals so that you don't feel anxious about your obsession (e.g., washing your hands, checking that you have done the right thing, etc.)?
- What do you think would happen and how would you feel if you did not do the actions or rituals you told us about?
- Do you think that something bad might happen or that it might feel scary or very wrong if you don't do the actions or rituals?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

8. Assess whether the compulsive behaviours/thoughts take more than 1 hour per day and/or cause significant distress or impairment socially, at school, in the family or in other areas of functioning.

Probing questions:

- How much time do you spend in total each day on obsessions and compulsions? Do they take more than 1 hour per day?
- How does this affect your life? Does it cause problems in your free time? When you spend time with friends? Do you stay at home and say no to different activities?
- Are there things you can no longer do because of your compulsions? What kind of things?
- Is your schoolwork affected in any way? Is it difficult for you to be at school?
- Does this mean that you need a lot of support or help from your family, parents or friends? In what way?
- Is your life affected in any other way that I have not asked about?

Is the criterion met?

- ☒ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

9. Assess whether a substance, such as illegal drugs or medications, or another medical condition can be excluded as the cause of the symptoms.

Probing questions:

- Do you use or have you used alcohol or other drugs that could cause your symptoms?
- Have you been (physically) ill while having these symptoms?
- Have you taken any medication that could be causing your symptoms?

Is the criterion met?

- ☐ NO, symptoms can be caused by substance/medical condition  
☐ YES, symptoms are not caused by any substance/medical condition

## MODULE: PTSD/COMPLEX PTSD

### Information for the interviewer:

PTSD is characterised by symptoms related to one or more events or situations that were extremely threatening, harmful or frightening. Symptoms of PTSD include intrusive symptoms, avoidance of stimuli related to the trauma, negative changes in cognitions and marked changes in stimulus responses. Intrusive symptoms are characterised by recurrent, involuntary and distressing memories, nightmares, flashbacks and intense psychological and physical reactions.

Symptoms can occur spontaneously or when triggered by trauma. Avoidance of internal or external reminders of trauma is a core symptom and can complicate the detection of PTSD because the child does not want to talk about the event. Altered cognition and mood include difficulty remembering the event, negative perceptions of self or others, distorted thoughts about the cause of the event, persistent negative emotions, the inability to feel positive emotions, loss of interest in activities and feeling alienated from others. Marked changes in stimulus responses include increased vigilance, difficulty concentrating and sleeping, irritability and anger, and self-destructive or reckless behaviour. In addition to the core symptoms, there may be problems with emotion regulation, negative self-perception and relationship disturbances indicative of complex PTSD.

For diagnosis, symptoms must be disabling and persistent with a duration of at least 1 month.

### SCREEN QUESTION:

#### 1. Assess whether the child has experienced a potentially traumatic event.

##### Probing questions:

- *Have you ever experienced something really scary where you or someone else/relative was affected, such as a road accident, fire, burglary or natural disaster? What was it? When was it?*
- *Have you ever been beaten? By whom? Have you seen others arguing or fighting?*
- *Has someone subjected you to sexual acts against your will? Or persuaded you to do something you didn't want to do? For younger children: Has anyone touched you in ways you didn't want?*
- *Have you ever suddenly learnt that something terrible has happened to someone important to you? For example, that they have had a bad accident or died?*
- *Have you or someone in your family been close to war or a terrorist attack? Have you seen explosions or bombs? Have you seen dead or seriously injured people?*
- *Have you experienced or seen something really horrible or scary in any other way?*

##### Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES



## MODULE: PTSD/COMPLEX PTSD

### 2. Highlight the potentially traumatic events experienced by the child:

- ☐ Experienced one or more traumatic events themselves
- ☐ Witnessed one or more traumatic events affecting another person
- ☐ Been informed of a traumatic event that has happened to a family member/friend
- ☐ Been exposed to aversive details of traumatic event (e.g., dead people or similar).  
NOTE! Not via the media.

Use the following questions to assess whether the child has the following intrusive symptoms with post-trauma onset.

### 3. Assess whether the child is reliving the trauma in the form of intrusive, involuntary and distressing memories of the trauma.

Probing questions:

- Have you ever had images in your head or strong memories of what you have experienced?
- Does it happen even though you don't want to think about it? How often?
- Do you feel bad when you have such memories/images?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 4. Assess whether the child has recurrent nightmares with onset or worsening after the trauma. NOTE! The content does not have to be trauma related.

Probing questions:

- Have you had nightmares after the incident? How often? Did you have nightmares before?
- Do the nightmares make you feel bad? Are you afraid to fall asleep or do you not want to fall asleep? Do you find it difficult to go back to sleep if you wake up from nightmares?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether the child has dissociative reactions (e.g., flashbacks) where they experience the trauma happening again. NOTE: Dissociative reactions can vary from mild to extreme, where the child loses contact with reality.

Probing questions:

- Have you ever felt that what you experienced is happening again? How? How often?
- Do you ever hear voices or sounds that no one else can hear?
- Have you ever felt that you are outside your body? Or that you see yourself as if you were another person? Does this happen often?
- Have you ever experienced that you are in a dream, that everything that happens around you is not real? Does it happen often?
- Have others told you that you can be uncontactable for short periods? Like zoning out or blanking out?
- Has it been like that for you after what you have been through or did you have similar experiences before?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 6. Assess whether the child experiences intense or severe psychological distress/pain in response to external or internal trauma reminders.

Probing questions:

- How do you feel when you are reminded of what you have experienced? For example, when you think about or do something that reminds you of it?
- Have you ever felt so distressed that it feels unbearable to be in situations that are similar to what you went through?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: PTSD/COMPLEX PTSD

### 7. Assess whether the child experiences physiological reactions to external or internal stimuli that resemble any aspect of the trauma.

Probing questions:

- *Have you ever experienced that your body reacts when you are reminded of what happened to you? For example, that you feel sick, stiff, shaking, or that your heart beats fast and hard?*
- *What has it been like for you? Have you experienced physical reactions when you are reminded of what happened? Which ones?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

Use the following questions to assess whether the child avoids trauma-related stimuli, beginning after the traumatic events occurred.

### 8. Assess whether the child avoids internal reminders of the trauma (e.g., memories, thoughts, feelings, bodily reactions). Feel free to use the child's own words for internal reminders. NOTE! Reluctance to answer questions may indicate avoidance.

Probing questions:

- *Have you avoided thinking about the incident? Have you tried not to think about the event?*
- *Do you avoid feeling emotions related to what you have experienced?*
- *Do you usually do something special to avoid being reminded of what happened? What kind of thing?*
- *Is it difficult when you notice that your body reacts with, for example, sweating, palpitations or other reminders of the event? Do you try to avoid such reactions in any way?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

### 9. Assess whether the child avoids external reminders of the trauma (e.g., people, places, conversations, objects, activities or situations). NOTE! Reluctance to answer questions may indicate avoidance.

Probing questions:

- *Is it hard to talk about what you have been through? Do you avoid talking about it with family and friends?*
- *Do you avoid people, places, conversations, objects, activities or situations that remind you of what you have experienced? Is there anything else that you avoid (e.g., sounds, smells, tastes)?*
- *Do you usually do anything in particular to avoid being reminded of what happened? What do you do?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

Use the following questions to assess whether the child has had negative changes in cognition and mood with onset or worsening after the traumatic event.

### 10. Assess whether the child has difficulty remembering key elements of the trauma. NOTE! Must be caused by dissociative amnesia and not by other factors such as substance use or head injury.

Probing questions:

- *Can you remember everything that happened to you? Or are there parts that seem to have disappeared from your memory?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

## MODULE: PTSD/COMPLEX PTSD

### 11a. Assess whether the child has a persistent and exaggerated negative perception of self, others or the world at large, with onset or worsening after the trauma.

Probing questions:

- *Do you feel like a failure, worthless or a bad person? Do you have thoughts that everything you do is wrong, even if others don't agree with you?*
- *Do you feel like nobody likes you, even if they say they do?*
- *Do you find it difficult to trust other people/society? Are you easily suspicious or distrustful of others? Do you think the world is 'evil' and dangerous?*
- *Have you always thought or felt this way? Or has it changed after what you have been through?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 11b. Mark whether the child has a persistent and exaggerated negative perception of himself or herself and/or others or the world at large:

- ☐ Persistent negative self-image\*
- ☐ Negative perception of others or the world at large

### 12. Assess whether the child has persistent and distorted thoughts about the reason for, or the consequence of the trauma, leading them to blame themselves or others for what happened.

Probing questions:

- *How do you think about the consequences of what you have experienced? Does it feel like things will never be good for you again? That your life is ruined?*
- *Do you ever think about and review different things you could have done to prevent what happened? Or do you think about what others should have done so that it never happened?*
- *Do you blame yourself for what happened, even though you couldn't really influence it? Do you blame others in the same way?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 13. Assess whether the child has a persistent negative emotional state, such as shame, guilt, fear, anger or anxiety, with onset or worsening after the trauma.

Probing questions:

- *How do you feel when you think about what happened?*
- *Do you feel scared? Do you feel very angry about what happened to you?*
- *Are you ashamed of what has happened to you?*
- *Do you feel guilty about what has happened?*
- *Do you always feel that way when you think about what happened?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 14. Assess whether the child has a clear decrease in interest or participation in important activities, with onset or deterioration after the trauma.

Probing questions:

- *Do you enjoy being with your friends as much as before this happened? Does doing fun things make you happy in the same way as before?*
- *Have you lost interest in doing things you used to enjoy?*
- *Are you as engaged and involved in different activities now as you were before the incident? How are things at school? In your free time?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

\* Examines complex PTSD according to ICD-11. Not included in DSM-5 diagnostic algorithm.

## MODULE: PTSD/COMPLEX PTSD

- 15. Assess whether the child is emotionally distant from other people and/or feels indifferent or alienated from others, with onset or worsening after the trauma.**

Probing questions:

- *Do you feel close to your parents/siblings/friends? Or do you feel mostly alone even when you are with others?*
- *Can you get involved in other people's problems? Or do you find it difficult to care about others?*
- *Do you feel emotionally disconnected or cut off from other people?*
- *Has it always been that way for you? Or did it change after what you went through?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 16. Assess whether the child has a persistent inability to experience positive emotions, with onset or worsening after the trauma.**

Probing questions:

- *Do you find it difficult to feel positive emotions? Can you feel happy as before?*
- *Can you feel happy about things you do or about positive things that happen?*
- *Have you always been or felt this way? Or did it change after what you went through?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 17. Assess whether the child has had difficulty maintaining relationships, with onset or deterioration after the trauma.\***

Probing questions:

- *Do you have a close friend? How long have you been friends?*
- *Has it become difficult to maintain close relationships with others after what happened?*
- *Have you always been or felt that way? Or did it change after what you went through?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 18. Assess whether the child has difficulties with emotion regulation, with onset or worsening after the trauma.\***

Probing questions:

- *Have you found it difficult to control or manage your emotions since the incident?*
- *Do you react more strongly to things or situations now than before this happened?*
- *Does it take you a long time to calm down after being upset?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

**Use the following questions to assess whether the child has experienced marked changes in stimulus responses, with onset or worsening after the trauma.**

- 19. Assess whether the child is irritable and/or angry even with small or non-existent provocations or with everyday, minor stressors.**

Probing questions:

- *Do you get irritated or angry even for small things that you didn't react to before?*
- *Do you get angry easily? So angry that you attack things or people? For example, by breaking things, saying mean things or physically attacking others?*
- *Has it always been that way for you? Or did it change after what you went through?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 20. Assess the child for reckless or self-destructive behaviour, with onset or worsening after the trauma.**

Probing questions:

- *Have you ever hurt yourself or hurt yourself on purpose? Did you start doing it after what happened, or do you do it more now?*
- *Do you say or do things that hurt or harm others? In what ways?*

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

\* Examines complex PTSD according to ICD-11. Not included in DSM-5 diagnostic algorithm.

- *Has it always been that way for you? Or has it changed after what you have been through?*

DRAFT VERSION: Only for research/review purposes

## MODULE: PTSD/COMPLEX PTSD

### 21. Assess whether the child is hyperalert, vigilant or alert, with onset or deterioration after the trauma.

Probing questions:

- Have you been extra tense and attentive to what is happening around you (e.g., when you are outside)? Are you often on your guard? Do you check who is walking behind you when you are out?
- Has it always been that way for you? Or did it change after what you went through?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 22. Assess whether the child is nervous, easily frightened or reacts strongly to surprises, with onset or deterioration after the trauma.

Probing questions:

- Have you been more easily frightened than usual? Do you get scared by sudden and unexpected noises or movements?
- Have you reacted strongly when you have been surprised? Have you been unusually scared, angry or worried when someone has surprised you?
- Have you always been like this? Or did it change after what you went through?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 23. Assess whether the child has concentration difficulties, with onset or worsening after the trauma.

Probing questions:

- Is it difficult for you to concentrate, e.g., on school tasks? Is it difficult for you to do your homework or to read after what happened?
- Has it always been that way for you? Or did it change after what you went through?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 24. Assess whether the child has sleep difficulties, with onset or worsening after the trauma.

Probing questions:

- Have you had trouble falling asleep? How do you sleep (restless/light)?
- Do you wake up too early? Or do you wake up several times during the night?
- Has it always been that way for you? Or did it change after what you went through?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 25. Assess whether symptoms have been present for more than 1 month.

Probing questions:

- How long have you been feeling like this? Since it happened to you?
- Have you felt this way in the last month or more?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 26. Assess whether the child's fear, anxiety or avoidance is causing clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).

Probing questions:

- How is your life affected by this? Does it cause problems? In what way?
- Does it cause problems in your free time? When you're with friends?
- Is your schoolwork affected in any way? How?
- Does this mean that you need a lot of support or help from your family, parents, or friends? In what way?
- Is your life affected in any other way that I have not asked about?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 27. Assess whether a substance, such as illegal drugs or medications, or another medical condition can be excluded as the cause of the symptoms.

Probing questions:

- Do you use or have you used alcohol or other drugs that could cause your symptoms?
- Have you been (physically) ill while having these symptoms?
- Have you taken any medication that could be causing your symptoms?

Is the criterion met?

- ☐ NO, symptoms can be caused by substance or medical condition
- ☐ YES, symptoms are not caused by substance or medical condition

## MODULE: SUICIDALITY

Information for the interviewer:

The following questions are designed to detect reduced will to live, suicidality, and self-harm behaviour. Consider the degree of suicidal risk (low, moderate, severe) in the presence of suicidal thoughts.

### 1. Assess the presence of thoughts of hopelessness.

Probing questions:

- *Do you enjoy life? Do you think life is fun?*
- *Have you ever thought that life or everything you do is meaningless/hopeless?*
- *Has this been the case recently?*

Presence of hopelessness?

- ☐ YES, in the past month
- ☐ YES, earlier than the past month
- ☐ NO

### 2. Assess the presence of thoughts of death.

Probing questions:

- *Have you ever thought that it would be better to be dead or not to be alive?*
- *Have you been thinking that way lately?*

Presence of thoughts of death?

- ☐ YES, in the past month
- ☐ YES, earlier than the past month
- ☐ NO

### 3. Assess the presence of a death wish.

Probing questions:

- *Have you ever wanted to die?*
- *Do you want to die?*
- *Has this been the case recently?*

Presence of death wish?

- ☐ YES, in the past month
- ☐ YES, earlier than the past month
- ☐ NO

### 4. Assess the presence of suicidal thoughts.

Probing questions:

- *Have you ever thought about taking your life?*
- *Have you had suicidal thoughts recently? Right now?*
- *Are you thinking of a specific method to take your life? Do you have access to the method?*
- *How often do you think about it? In what way are you affected? How strong are the thoughts? Can you stop thinking about it and think about something else?*
- *How long have you been having such thoughts? Do you think they occur more or less often than before? Have they become more or less intense?*

Presence of suicidal thoughts?

- ☐ YES, in the past month
- ☐ YES, earlier than the past month
- ☐ NO

### 5. Assess the presence of suicide plans.

Probing questions:

- *Have you ever planned to take your life? Do you have such plans now?*
- *How often do you think about it? In what way are you affected? How strong are the thoughts? Can you interrupt them and think of something else? Have you started to prepare?*
- *How long have you had such plans? Do you think they are more or less frequent than before? Have they become more or less strong?*

Presence of suicide plans?

- ☐ YES, in the past month
- ☐ YES, earlier than the past month
- ☐ NO

### 6. Investigate the history of prior suicide attempts.

Probing questions:

- *Have you ever tried to kill yourself? When was it? Can you tell me more about it?*
- *What made you survive?*

History of suicide attempts?

- ☐ YES, in the past month
- ☐ YES, earlier than the past month
- ☐ NO

### 7. Assess whether the child has or has had self-harm behaviour.

**NOTE!** If self-harm behaviour is suicidal, it should be considered as a suicide attempt.

Probing questions:

- *Have you ever hurt yourself/hurt yourself on purpose? In what way? What was your purpose in doing so?*
- *How seriously have you self-harmed? Was it ever so deep that it needed stitches? Or has it ever become infected?*
- *How often do you self-harm? How long have you been doing it? Do you think it happens more or less often than before?*

Presence of self-harm?

- ☐ YES, in the past month
- ☐ YES, earlier than the past month
- ☐ NO



- Have you ever self-harmed to die?

## MODULE: MAJOR DEPRESSIVE EPISODE

Information for the interviewer:

MAJOR DEPRESSIVE EPISODE is characterised by sadness, irritability, loss of interest or pleasure for most of the day, almost daily for at least 2 consecutive weeks. During the same period, there may be changes in appetite, difficulty sleeping, psychomotor inhibition or agitation, feelings of weakness or lack of energy, feelings of worthlessness, guilt, difficulty concentrating, indecisiveness and decreased zest for life. Grief reaction or reactions to a serious event or serious illness should be considered both for differential diagnosis and assessment of comorbidity.

For diagnosis, the symptoms must be disabling and have been present for the same 2-week period.

### SCREEN QUESTION:

1. Assess if the child is depressed, irritable or has a reduced interest/enjoyment of activities most of the time?

Probing questions:

- Do you often feel sad and/or empty? Do you feel this way for most of the day?
- Do you feel like crying almost every day?
- Do you get annoyed easily without understanding why and for things you don't really care about?
- Does doing fun activities make you happy in the same way as before?
- Do you socialise with your friends as often as before? Why not?
- How long have you felt this way?
- Have you felt like this before? When was it?

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to an  
insufficient extent
- ☐ YES

## MODULE: MAJOR DEPRESSIVE EPISODE

### 2. Assess whether the child has been depressed or irritable for most of the day almost every day for the last 2 weeks.

Probing questions:

- Do you feel sad every day or almost every day?
- Do you feel like crying every day?
- Do you get annoyed easily without understanding exactly why and for things you otherwise don't care about?
- Do you feel sad or irritable most of the day? Does it come and go?
- How long have you felt this sad or annoyed? Have you felt this way in the past 2 weeks?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 3. Assess whether the child has had a marked decrease in interest or enjoyment of activities for most of the day almost every day for the past 2 weeks.

Probing questions:

- Do you often feel that most things are boring?
- Do you get excited in the same way as you used to when doing activities?
- Does it feel boring or uninteresting when you do things that you used to be interested in or amused by?
- Is there any activity that is still interesting or makes you happy?
- Does it feel like this almost every day? Does it feel like this for most of the day, or only for short periods?
- How long has it felt like this? Has it felt like this in the past 2 weeks?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

Use the following questions to investigate whether the child has had additional depressive symptoms during the same period as the moodiness/irritability, and/or loss of interest/happiness:

### 4. Assess whether the child has a reduced or increased appetite almost daily or significant weight gain or loss (more than 5% change in body weight in the last month).

Probing questions:

- Since you started feeling sad, has your appetite improved or decreased?
- Do you usually skip meals or eat larger portions when you are sad/irritated?
- Has it been like this almost every day for the past 2 weeks?
- Have you gained or lost weight recently? How much? Do you notice a difference in your clothes?
- Have you tried to influence your weight?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether your child has trouble sleeping almost every night.

Probing questions:

- Compared with when you are feeling well, how do you think your sleep is when you are sad/down? Do you sleep as usual? Do you sleep more or less than usual?
- Do you find it harder than usual to fall asleep when you feel this depressed?
- Do you wake up during the night or early in the morning (earlier than necessary)? Do you have difficulty falling back asleep?
- Do you have trouble sleeping almost every night when you feel this way?
- Has sleep been difficult almost every night for the past 2 weeks?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 6. Assess the child for psychomotor agitation or inhibition on an almost daily basis.

**NOTE! Change in psychomotor tempo should be noticeable to others.**

Probing questions:

- Do you feel more restless than usual when you are sad or irritable? Do others think that you have found it more difficult than usual to sit still when you are depressed? Do others think that you seem tense?
- Do you think you have been slower than usual when you are depressed? For example, walking or talking more slowly than usual?
- How can you tell that you're more restless or slower than usual compared to when you're feeling well? Have your parents, friends, or teachers noticed this?
- Has it been like this almost every day for the past 2 weeks?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: MAJOR DEPRESSIVE EPISODE

### 7. Assess whether the child feels a lack of energy or a sense of weakness almost daily.

Probing questions:

- Have you been feeling weaker or more tired than usual? Has it started to feel like this since becoming depressed/sad?
- Does your body feel like it can't do the activities you usually do without getting tired? Do you do fewer things than usual because you feel this way?
- Do you feel like you have so little energy that you prefer to stay in bed/on the couch?
- Have you been like this almost every day for the past 2 weeks?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 8. Assess whether the child has feelings of failure and worthlessness or excessive guilt almost daily. NOTE! Not just guilt about being sick.

Probing questions:

- What do you think about yourself as a person? Do you think you are a good person? Can you think positive thoughts about yourself? Can you give some examples?
- It is common when you are sad/irritable to have negative thoughts about yourself, such as feeling worthless or a failure? What is it like for you?
- Do you tend to feel guilty about things even if others say it's not your fault? For what? Has this always been the case or has it been more frequent recently?
- How often do you feel this way?
- Have you been like this almost every day for the past 2 weeks?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 9. Assess whether the child has difficulty concentrating, thinking or making decisions almost every day.

Probing questions:

- Do you find it harder than usual to concentrate when you feel sad/irritable? Do you have to reread things you just read because you can't focus?
- Do you have to try harder than usual to do well in school when you feel sad/irritable?
- Is it difficult to think clearly or to make decisions? Does it feel like thinking is slow? Does it feel more difficult than usual to make decisions?
- How often does it feel like this? Have you been like this almost every day for the past 2 weeks?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 10. Assess whether the child has recurrent thoughts of death, death wishes, suicidal thoughts, suicide plans or has made suicide attempts.

Probing questions:

- Have you ever thought that it would be better to be dead?
- Have you ever wished you were dead?
- Have you had thoughts of death or wished you were dead in the last 2 weeks?
- Have you ever thought about taking your life?
- Have you ever planned to take your life? Have you had such thoughts recently?
- Have you ever tried to take your life? When did it happen?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 11. Assess whether the child's fear, anxiety or avoidance is causing clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).

Probing questions:

- How is your life affected by this? Does it cause problems? In what way?
- Does it cause problems in your free time? When you're with friends?
- Is your schoolwork affected in any way? How?
- Does this mean that you need a lot of support or help from your family, parents, or friends? In what way?
- Is your life affected in any other way that I have not asked about?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 12. Assess whether a substance, such as illegal drugs or medications, or another medical condition can be excluded as the cause of the symptoms.

Probing questions:

- Have you used alcohol or other drugs that could cause your symptoms?
- Have you been (physically) ill while having these symptoms?
- Have you taken any medication that could be causing your symptoms?

Is the criterion met?

- ☐ NO, symptoms may be caused by substance or medical condition
- ☐ YES, symptoms are not caused by substance or medical condition

## MODULE: PERSISTENT DEPRESSION

Information for the interviewer:

PERSISTENT DEPRESSION (formerly dysthymia) in children and adolescents is characterised by depression or irritability for most of the day on most days for at least 1 year. Associated with depression/irritability, there may be changes in appetite, difficulty sleeping, feelings of weakness/lack of energy, low self-esteem, difficulty concentrating or indecision and feelings of hopelessness.

For diagnosis, no symptom-free periods longer than 2 months must have occurred during the 1-year period.

### SCREEN QUESTION:

1. **Assess whether the child is depressed or irritable most of the day on most days for at least 1 year.**

Probing questions:

- *Do you often feel sad, down, irritated or angry?*
- *Do you feel sad or irritable most of the day?*
- *Do you feel sad or irritable every day or almost every day?*
- *How long has this been the case? Has it been like this for 1 year?*
- *Have you felt sad or irritable most of the time in the past year?*

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to an  
insufficient extent
- ☐ YES

DRAFT VERSION: Only for research/review purposes

## MODULE: PERSISTENT DEPRESSION

### 2. Assess the following symptoms related to depression/irritability (tick the symptoms present):

- ☐ Poor appetite or eating too much
- ☐ Sleep difficulties (too little or too much sleep)
- ☐ Lack of energy or feeling of weakness
- ☐ Low self-esteem, low self-confidence
- ☐ Difficulty concentrating, difficulty making decisions
- ☐ Feelings of hopelessness (thoughts that life and/or everything the child does seems hopeless)

### 3. Assess whether it can be excluded that the child has been asymptomatic for more than 2 consecutive months during the 1-year period.

Probing questions:

- *Has there been a period during this time when you felt okay, meaning not depressed or irritable?*
- *Have you had periods in the past year when you ate as usual? Slept as usual? Were able to do things as usual? Were able to think positive thoughts about yourself? Were able to concentrate as usual? Were able to think positive thoughts about your future?*
- *How long did you feel okay? Was this for 2 months or more in a row?*

Is the criterion met?

- ☐ Missing information
- ☐ NO (symptom-free for more than 2 consecutive months)
- ☐ Reduced symptoms, but not completely symptom-free
- ☐ YES (has NOT been symptom-free for more than 2 consecutive months)

### 4. Assess whether the child's fear, anxiety or avoidance is causing clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).

Probing questions:

- *How is your life affected by this? Does it cause problems? In what way?*
- *Does it cause problems in your free time? When you're with friends?*
- *Is your schoolwork affected in any way? How?*
- *Does this mean that you need a lot of support or help from your family, parents, or friends? In what way?*
- *Is your life affected in any other way that I have not asked about?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether a substance, such as illegal drugs or medicines, or another medical condition can be excluded as the cause of the symptoms.

Probing questions:

- *Do you use or have you used alcohol or other drugs that could cause your symptoms?*
- *Have you been (physically) ill while having these symptoms?*
- *Have you taken any medication that could be causing your symptoms?*

Is the criterion met?

- ☐ NO, symptoms may be caused by substance or medical condition
- ☐ YES, symptoms are not caused by any substance or medical condition

## MODULE: MANIC/HYPOMANIC EPISODE

Information for the interviewer:

MANIA is characterised by distinct periods of abnormally elevated, euphoric or irritable mood, in which the child has excessive energy and often an extremely high level of self-confidence. The child may feel that they can do 'anything', lose their usual sense of judgement and may engage in reckless or even dangerous behaviours that they would not normally do (e.g., spending large amounts of money, initiating relationships, talking and thinking about sex more than usual). A significantly reduced need for sleep is common, yet the child may still be full of energy. Psychotic symptoms may also occur.

HYPOMANIA is a milder form of mania and is characterised by the child having more energy than usual, a more positive and elevated mood, and greater creativity. Unlike a manic episode, the child rarely perceives a hypomanic episode as problematic.

### SCREEN QUESTION:

1. Assess whether the child has ever had a markedly altered and abnormally elevated and/or irritable mood and/or abnormally increased goal-directed activity/energy that lasted most of the time almost daily for a clearly defined period of at least 1 week (or shorter if hospitalization was necessary; Mania) or at least 4 consecutive days (Hypomania)

Probing questions:

- Have you ever had a period of unusually high energy, so much so that it feels strange? Did you feel extremely irritable, in a way that you don't usually feel?
- Have you ever had a period when you felt unusually happy, that you were invulnerable and could do anything, or that you had unusual abilities compared with before?
- Did you feel that you needed less sleep and were still alert throughout the day? How many hours did you sleep per day? How do you usually sleep?
- Did you feel that you had a lot of ideas, that you thought quickly, that it was difficult to switch off your brain and/or that you were more easily distracted and disturbed by things that don't usually affect you?
- During such a period, have others told you that you talk too fast and too much or that they couldn't keep up with your pace, that you were different from how you usually are?
- Are there things you have done when you felt this way that you would never do otherwise, e.g., spending a lot of money, starting relationships, or doing 'dangerous things'?
- Have you had to be hospitalised when you felt this way?
- When you felt this way, how long did it last? Most of the day? At least 4 days in a row? Or was it even more days, at least 1 week in a row?

Is the screen criterion for **MANIA** met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to an  
insufficient extent
- ☐ YES, symptoms at least 1 week  
or hospitalization

Is the screen criterion for **HYPOMANIA** met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES, symptoms at least  
4 days

## MODULE: MANIC/HYPOMANIC EPISODE

2. Assess whether during the period described above, which is clearly different from the child's usual behaviour, the child has had the following mania/hypomania symptoms (tick the symptoms present):

- ☐ **Grandiosity or inflated self-esteem**  
(e.g., feeling invulnerable, superior, suddenly able to do 'everything', experiencing unusual abilities).
- ☐ **Markedly reduced need for sleep**  
(e.g., feeling rested after only a few hours of sleep)
- ☐ **Unusually talkative, difficult to keep quiet**  
(e.g., talks fast and unusually loudly, difficult for others to understand and keep up with the pace and topic)
- ☐ **Flight of thoughts, ideas, racing thoughts**  
(e.g., thoughts change and come quickly, too many "thoughts in the head")
- ☐ **Easily distracted**  
(e.g., distracted or disturbed by small things/noises that are not otherwise affecting)
- ☐ **Psychomotor agitation or increased goal-directed activity**  
(e.g., unusually involved in different projects, difficulty staying still, starts different activities but does not always finish)
- ☐ **Involvement in activities with likely negative consequences**  
(e.g., spending money, getting into relationships, skipping school, doing 'crazy or dangerous things', talking and thinking about sex more than usual).

3. Assess whether the child's behaviour/functioning is markedly different from their usual behaviour in the context of a significant change in mood (hypomania).

Probing questions:

- When you feel like this, as we just talked about, how is it different from how you usually feel and behave, i.e., when you are your usual self?
- If you think about the symptoms we just talked about, are they something that is typical of you as a person and how you usually feel and are, or are they very different?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

4. Assess whether the child's change in mood and behaviour is/has been clearly noticeable to others (hypomania).

Probing questions:

- Have your parents or other adults said that you seemed different when you felt the way you described earlier?
- What did they notice that made them think you were different?
- What have they said as examples of how you were different?
- Who noticed that something was different about you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

5. Assess whether the child's altered mood is/has been markedly disabling or whether the symptoms are severe enough to require hospitalisation or whether psychotic symptoms were present during the episode (mania).

Probing questions:

- How do the symptoms we just talked about affect your life? Do they cause problems? In what way?
- Have these symptoms caused problems in your free time? When you spend time with friends?
- Is your schoolwork affected in any way? In what way?
- Does this mean that you need a lot of support, help or adjustments from your family, parents or friends? In what way?
- Have you ever been hospitalised or treated against your will because of these symptoms?
- Have you had unusual experiences (psychotic experiences) in connection with feeling this way? For example, hearing things others could not hear, feeling that you have special abilities, etc? Can you describe what symptoms you had?
- Is your life affected in any other way that I have not asked about?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

Is the criterion met?

- ☐ NO, the symptoms cause impairment
- ☐ YES, symptoms do not cause impairment



6. Based on the previous question (question 5), decide whether it can be ruled out that the symptoms cause a marked functional impairment (hypomania).

## MODULE: MANIC/HYPOMANIC EPISODE

7. Assess whether a substance, such as illegal drugs or medication, or another medical condition can be excluded as the cause of the symptoms.

Probing questions:

- Have you used alcohol or any other drugs (such as amphetamines) that could have caused your symptoms?
- Have you been physically ill, such as meningitis, while you had these symptoms?
- Have you taken any medication that could be causing your symptoms?

Is the criterion met?

- ☐ NO, symptoms may be caused by a substance or medical condition
- ☐ YES, symptoms are not caused by any substance or medical condition

DRAFT VERSION: Only for research/review purposes

## MODULE: SCREEN FOR PSYCHOTIC DISORDERS

Information for the interviewer:

PSYCHOTIC DISORDERS are characterised by symptoms of delusions, hallucinations, disorganised speech, markedly disorganised or catatonic behaviour and/or negative symptoms (e.g., diminished emotional expression and lack of motivation). In psychosis, reality may be experienced as altered or distorted, and the child may have difficulty distinguishing between fantasy and reality.

Delusions are when the child's perceptions of reality are distorted and the child experiences things such as being persecuted, having special abilities such as reading minds or having contact with spirits.

Hallucinations involve perceiving things through hearing, sight, smell, taste, or touch that others do not perceive and that are not based in reality. These may include hearing whispers or voices, seeing shadows or flashes of light, or feeling as if someone is touching you when no one is there.

Disorganised speech is when speech is fragmented or when there are loose associations where it can be difficult for others to follow and understand. Significantly disorganised behaviour is often described as purposeless behaviour. In catatonic behaviour, the person is slow, stiff or adopts an uncomfortable and strange posture.

Thought disorders in psychosis may involve the child feeling that the thoughts are coming from someone else, that someone is 'taking' the thoughts, or that thoughts suddenly disappear.

Before developing psychotic symptoms such as delusions or hallucinations, there may be a prodromal phase characterised by negative symptoms such as withdrawal and lack of motivation. This may be accompanied by some perceptual disturbances or other symptoms such as severe anxiety, or changes in behaviour, mood, personality or functioning that cannot be explained by any other illness or condition.

NOTE! This module is intended to screen for psychotic symptoms, and full diagnostic criteria are not examined.

### SCREEN QUESTION:

#### 1. Assess the child for signs of psychotic symptoms such as hallucinations, delusions, disorganised speech/behaviour and/or negative symptoms.

Probing questions:

- Do you ever hear voices or other sounds that no one else can hear? Or see things that others can't see?
- Do you ever feel like someone is spying on you?
- Do you feel that you have special abilities, that you can do things other people can't, such as reading other people's minds, or receive signals from the media or celebrities?
- Do you sometimes feel that something strange is happening in your body, such as your brain growing or organs changing places? Or that objects around you appear distorted or change shape?
- Do your thoughts sometimes get mixed up or interrupted, so that it's hard to talk or finish what you are saying? Does it ever feel like your mind just stops?
- Have you become more withdrawn? Are you isolating yourself or withdrawing?
- Do others think that you have changed your personality or behaviour? In what way?

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: SCREEN FOR PSYCHOTIC DISORDERS

### 2. Assess whether the child has hallucinations.

Probing questions:

- Do you usually hear voices that others do not hear? What do you usually hear?
- Do you usually hear sounds, murmurs, music that others do not hear? What do you usually hear?
- Do you feel that your senses can sometimes play tricks on you, that you experience things that others do not, e.g., that you hear, see or feel things that others cannot? What could it be?
- Have you seen things (e.g., shadows or similar) that you cannot explain, something that others do not see? What kind of thing?
- Can you have a sense that something is there that others do not have, such as a sense of a touch or a sense of smell?
- Do you find what you experienced unpleasant or strange?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 3. Assess whether the child has delusions.

Probing questions:

- Do you feel that there are things you can't tell others because they wouldn't believe you or they would think you were making it up? What kind of things?
- Do you feel followed, watched or that someone is out to get you? Do you feel that someone wants to hurt you?
- Do you feel that you have special abilities, that you can do things other people can't, such as reading other people's minds, or receive signals from the media or celebrities?
- Do you sometimes feel guided or controlled by an outside force, or like a robot? Or that other people can read your mind?
- Have you ever felt that your body has changed in some way that you didn't understand or couldn't explain?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 4. Assess whether the child has disorganised speech.

Probing questions:

- Do your thoughts sometimes get mixed up or interrupted, so that it's hard to talk or finish what you are saying? Does it ever feel like your mind just stops?
- Do you sometimes have trouble telling whether your thoughts are really your own?
- Have you experienced stopping talking in the middle of a sentence and then suddenly starting to talk about something completely different (or have others told you that you have done this)?
- Have you noticed or has anyone else told you that it is difficult to follow or understand what you are talking about, e.g., that you mix things together in a sentence that don't really belong together?
- Have others told you that you speak incoherently?
- Have you been told by others that they think you seem strange or that your behaviour has become unusual?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether the child shows markedly disorganised or catatonic behaviour.

Probing questions:

- Do you sometimes find yourself pacing around for no reason? Or that you do things without really understanding why? For example, you go into your room and then out and in again, you open a drawer and then get your jacket from the shelf, etc.
- Have you experienced or has anyone pointed out that you are moving differently, e.g., walking stiffly, very slowly or just getting stiff?
- Has anyone commented that you sometimes have an odd and awkward posture?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 6. Assess whether the child has negative symptoms.

Probing questions:

- Have you become withdrawn or isolated? Do you find that you don't talk as much with those closest to you? Have you started to keep to yourself most of the time?
- Have you been told by others that you don't show your feelings like before, that it is difficult to know how you feel?
- Do you or others think that you perform much worse at school than you used to? Do you or others think that you have lost skills? That you are not as good at what you used to be good at?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: SCREEN FOR PSYCHOTIC DISORDERS

7. Assess whether the child's fear, anxiety or avoidance is causing clinically significant distress or impairment (e.g., socially, at school, within the family, or in other areas).

Probing questions:

- *How is your life affected by this? Does it cause problems? In what way?*
- *Does it cause problems in your free time? When you're with friends?*
- *Is your schoolwork affected in any way? How?*
- *Does this mean that you need a lot of support or help from your family, parents, or friends? In what way?*
- *Is your life affected in any other way that I have not asked about?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

8. Assess whether the symptoms could be caused by any substance, such as illegal drugs or medicines, or any other medical condition.

Probing questions:

- *Do you use or have you used alcohol or other drugs that could cause your symptoms?*
- *Have you been (physically) ill while having these symptoms?*
- *Have you taken any medication that could be causing your symptoms?*

Is the criterion met?

- ☒ NO, symptoms may be caused by a substance or medical condition
- ☐ YES, symptoms are not caused by any substance or medical condition

DRAFT VERSION: Only for research/review purposes

## MODULE: ANOREXIA NERVOSA

Information for the interviewer:

ANOREXIA NERVOSA is characterised by a very strong fear of gaining weight and an intense preoccupation with food, weight, and body shape. In addition to a pronounced 'weight phobia', there are often strict rules about eating (e.g., what, when and how much is allowed to eat) and breaking these rules causes severe anxiety, shame, and feelings of failure. The child's weight and body shape become central to how they perceive and evaluate themselves. Preoccupation with food, weight and body shape often leads the child to withdraw and experience great loneliness and a feeling of confinement or being trapped in their own body.

There are two different forms. The first is *binge eating/purging* where repeated episodes of binge eating and/or purging (i.e., vomiting and laxative use) have occurred in the last 3 months. The second form is *restricting type* which involves self-starvation without binge eating and/or purging in the past 3 months.

### SCREEN QUESTION:

1. **Assess whether the child has a strong fear of getting fat/gaining weight or tries to prevent weight gain in various ways (even though they are clearly underweight).**

NOTE! Obtain information from both child and parent!

Probing questions:

- Do you feel extremely afraid of gaining weight or getting fat ('weight phobia')? Do you feel this way even though others say you are thin?
- How would you feel if you gained weight, e.g., 0.5, 1, 3, 5 kg? How would it affect you, how would you feel and what would you do?
- Do you usually do things to lose weight (e.g., using a strict diet, excluding certain foods, exercising excessively, standing instead of sitting, using laxatives or other weight loss drugs, etc.)?

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: ANOREXIA NERVOSA

- 2. Assess whether the child has an energy intake that is too low, resulting in a significantly low body weight (below the lowest weight expected within the normal range).**

NOTE! Obtain information from both child and parent!

Probing questions:

- *Is there a certain type of food you no longer eat (e.g., only eat vegetarian/vegan food, exclude carbohydrates, fat, only drink diet drinks, etc.)? What do you not eat and what can you eat?*
- *Do you usually skip certain meals? When, which ones and why? Do you get severe anxiety after eating?*
- *Are you eating less quantity/smaller amounts of food than before?*
- *Are others worried that you don't get enough food in a day?*
- *Have you lost weight recently? How many kg? Was it intentional?*

Is the criterion met?

☐ Missing information

☐ NO

☐ Symptoms exist, but to an insufficient extent

☐ YES

- 3. Assess whether the child has a disturbed body image regarding his/her body shape or weight, whether their self-esteem is excessively affected by weight/body shape or whether they deny the seriousness of their low body weight.**

NOTE! Obtain information from both child and parent!

Probing questions:

- *How do you feel about yourself and your body? What parts of your body are you satisfied or dissatisfied with?*
- *Does your weight and body shape usually affect you a lot? Do you think about it very much? Do you find it difficult not to think about it?*
- *Do you use mirrors, measure certain body parts, take photos, etc., to check your body shape?*
- *Do you feel that your weight and body shape affect how you feel and how you feel about yourself? In what way? How long has this been the case?*
- *Are you more concerned about food, weight and body shape than most people?*

Is the criterion met?

☐ Missing information

☐ NO

☐ Symptoms exist, but to an insufficient extent

☐ YES

## MODULE: BULIMIA NERVOSA

Information for the interviewer:

BULIMIA NERVOSA is characterised by repeated episodes of binge eating followed by compensatory behaviours intended to get rid of what has been consumed. Binge eating involves the child consuming very large amounts of food or sweets (often 'forbidden foods' that the child otherwise tries to avoid) over a short period of time (approximately 2 hours), during which the child experiences a loss of control over eating. Afterwards, the child typically experiences intense anxiety, feelings of self-loathing, and panic-like reactions related to the eating episode. Various compensatory behaviours such as vomiting, strenuous exercise, and/or the use of laxatives are used to relieve anxiety and prevent weight gain. In bulimia nervosa, self-esteem is strongly tied to weight, body shape, and fear of gaining weight, and psychological distress is often severe. Most individuals with bulimia nervosa are not underweight.

For diagnosis, binge eating and compensatory behaviours must occur at least once a week for 3 months.

### SCREEN QUESTION:

1. Assess whether the child has been binge eating and losing control over eating, used compensatory behaviours (e.g., inducing vomiting, laxation, exercise) to avoid gaining weight, and whether the child's self-esteem is strongly influenced by weight and body shape.

Probing questions:

- Are you strongly affected by your weight and/or body shape? How long has this been the case?
- Have you ever binge eaten? (Binge eating is when you eat much more than you usually do for a short time and you feel like you are losing control of your eating).
- How often have you binge eaten? How much and what did/do you eat during such binge eating attacks?
- Do you often feel like you are losing control of your eating?
- Do you usually do anything to avoid gaining weight, (e.g., vomiting after eating, exercising excessively, using laxatives or diets)? What do you usually do/use? How often do you do it?

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: BULIMIA NERVOSA

2. Assess whether the child eats a very large amount of food, cakes or sweets in a discrete period of time (e.g., within a 2hour period), more than would be considered normal for that time and context.

Probing questions:

- How long does a binge episode usually last? How many hours?
- How often do you binge eat?
- What do you usually eat when you binge eat?
- How did you use to eat, before you started having problems with binge eating?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

3. Assess whether the child experiences loss of control over eating (e.g., cannot stop eating, cannot control the amount or what is eaten).

Probing questions:

- Do you often feel that you lose control of your eating? In what way? How often is this the case?
- When you binge eat, do you tend to eat 'forbidden things' (things you usually avoid, such as cakes, crisps, or sweets, that are high in fat and/or carbohydrates)?
- Do you usually eat until your stomach hurts, or you feel short of breath or very tired?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

4. Assess whether the child frequently uses compensatory behaviours to avoid gaining weight (e.g., self-induced vomiting, overuse of laxatives, diuretics, excessive exercise or fasting).

Probing questions:

- Do you usually do things to avoid gaining weight, for example after binge eating? What do you usually do?
- Do you induce vomiting, use laxatives, or exercise excessively because of binge eating? How often is this the case?
- Do you usually try to follow a diet or refrain from eating after binge eating? How often is this the case? How do you usually do it? How long do you usually diet before your next binge?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

5. Assess whether the child's binge eating and compensatory behaviours are present at least once a week for a period of 3 months.

Probing questions:

- When did you start binge eating? When did you start using compensatory behaviours (i.e., doing things like vomiting or exercising excessively) to avoid gaining weight?
- How often do you binge eat? How many times per week or per day? How long do these periods usually last?
- Has it been like this at least once a week for at least three months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

6. Assess whether the child's self-esteem is excessively influenced by weight and body shape.

Probing questions:

- Do you often think about your weight and how you look?
- Are you strongly affected by your weight and/or body shape? In what way? How long has this been the case?
- Is it important for you not to gain weight? Do you feel fat even when others say you are not?
- What would it be like for you if you gained weight, how would you feel if you gained 0.5, 1, 3 or 5 kg? Would it affect your self-esteem (i.e., how you look at and think about yourself)? In what way?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES



## MODULE: BINGE-EATING DISORDER

Information for the interviewer:

BINGE-EATING DISORDER is characterised by repeated episodes of binge eating, without any subsequent compensatory behaviours to eliminate what has been eaten. Binge eating refers to the child consuming very large amounts of food or sweets in a short period of time (about 2 hours), combined with a sense of losing control during the episode. After binge eating, the child often experiences strong feelings of guilt and shame and may feel disgusted. Binge eating is commonly hidden from others, but it may also begin during a meal with others and then continue or escalate into binge eating in private.

A diagnosis requires that episodes of binge eating occur at least once a week for a period of 3 months.

### SCREEN QUESTION:

1. **Assess whether the child has experienced repeated episodes of binge eating accompanied by a sense of losing control over eating.**

Probing questions:

- *Do you often feel like you are losing control of your eating?*
- *Have you ever engaged in binge eating? (Binge eating is when you eat much more than you usually do over a short period of time and feel like you lose control of your eating.)*
- *How often have you binge eaten? How much and what did/do you eat during these binge eating episodes?*
- *Have you had several periods of binge eating? How long do they usually last?*

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☒ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: BINGE-EATING DISORDER

2. Assess whether the child eats a very large amount of food (which may include cakes or sweets) over a short period of time (e.g., within 2 hours), in an amount clearly larger than what would be considered normal for the time and circumstances.

Probing questions:

- What is the approximate duration of a binge-eating episode?
- How often and when do you usually have binge-eating episodes?
- What do you usually eat and how much do you usually eat during a binge-eating episode?
- How did you usually eat, before you had problems with binge eating?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

3. Assess whether the child experiences loss of control over eating during a binge (e.g., cannot stop eating, cannot control the amount or what is eaten).

Probing questions:

- Do you often feel like you lose control of your eating, like you cannot stop eating? How often is this the case?
- Do you usually eat until your stomach hurts, you are out of breath, or you become very tired?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

4. Assess and mark which of the following symptoms occur during a binge-eating episode:

- ☐ Do you eat much faster than usual? Would others notice this if they were present?
- ☐ Do you usually eat so much that you feel sick or uncomfortably full?
- ☐ Do you eat large amounts of food even when you are not hungry?
- ☐ Do you tend to eat alone because you feel ashamed of your eating?
- ☐ After a binge eating episode, do you tend to feel disgusted with yourself, guilty, or sad and depressed?

5. Assess whether the child is binge eating at least once a week for 3 months.

Probing questions:

- How often do you binge eat? Is it at least once a week?
- For how long have you been binge eating at least once a week? Has this been the case for 3 months or more?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

6. Assess whether the symptoms cause clinically significant distress (NOTE: Impairment is not required).

Probing questions:

- How does this affect your life? Does it make you feel really bad? Does it cause problems? In what way?
- Does it affect your finances, for example due to costs of buying food and drinks?
- Does it cause problems in your free time? When you spend time with friends?
- Is your schoolwork affected in any way? In what way?
- Does this mean that you need a lot of support or help from your family, parents or friends? In what way?
- Is your life affected in any other way that I have not asked about?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

7. Assess whether the binge eating occurs without compensatory behaviours (e.g., self-induced vomiting, overuse of laxatives, diuretics, excessive exercise or fasting) and not only in the context of anorexia or bulimia nervosa.

Probing questions:

- Do you usually do anything to avoid gaining weight, for example after binge eating? What do you usually do?
- Do you induce vomiting, use laxatives, exercise excessively, etc., because of binge eating? How often is this the case?
- Do you usually try to diet or refrain from eating after binge eating? How often is this the case? How do you usually do it? How long do you usually diet before your next binge?

Is the criterion met?

- ☐ NO, compensatory behaviours are present and/or symptoms are only associated with anorexia or bulimia nervosa
- ☐ YES

## MODULE: ADHD

### Information for the interviewer:

ADHD is characterised by difficulties with attention, concentration, hyperactivity, and impulsivity. Children with ADHD have difficulty maintaining focus, following multiple instructions, organising, planning and structuring tasks, and sitting still in situations that are perceived as boring. Restlessness, daydreaming and avoidance of activities that require sustained mental effort are common. Note that the child may be able to concentrate during activities perceived as highly stimulating, such as computer games. The severity of symptoms is not consistent with the developmental level and has a negative impact on social activities and school functioning.

For diagnosis, the majority of symptoms must have been present for at least 6 months and must have started before the age of 12.

### SCREEN QUESTION:

- Assess whether the child has difficulties with attention, concentration or hyperactivity that result in lower-than-expected school performance relative to cognitive level, or the child having to work significantly harder than their peers to achieve the same results.**

#### Probing questions:

- *Do you find it difficult to show what you can do in school because you have trouble concentrating or sitting still? Do you find it difficult to sit still and listen for long periods of time?*
- *Do you switch quickly between different activities or games?*
- *Do you have to try much harder than others to manage school because you find it difficult to concentrate or sit still? Do you try to avoid doing things that require mental effort?*
- *Do you find it difficult to keep your things in order? Do you need help finding things like keys, mobile phones, bus passes, etc.?*
- *Do you find it difficult to wait your turn? Do you often interrupt others or talk too much?*
- *Do you have trouble focusing in class or doing homework because you are easily distracted or get restless?*
- *If someone asks you to do something, do you ever forget what you were going to do before you can finish?*
- *Is it difficult for you to get started on schoolwork or to finish it?*
- *Have you ever had special arrangements or support at school because of difficulties with concentration or restlessness?*
- *Do you find it difficult to settle down in the evenings, taking time to calm down and fall asleep?*

#### Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: ADHD, inattention

Use the questions below to assess whether the child has persistent attentional deficits (lasting at least 6 months) that are inconsistent with development level and that significantly interfere with daily functioning.

### 2. Assess whether the child is often inattentive to details or makes careless mistakes.

Probing questions:

- Do you often make careless mistakes in your schoolwork or other activities? How often?
- Do you often make mistakes on your tasks because you have not read the instructions properly?
- Have you often been told that you have missed details in instructions, such as in school assignments?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

### 3. Assess whether the child often has difficulty maintaining attention on different tasks or play activities.

Probing questions:

- Do you often lose focus during the lesson or during long instructions?
- Do you often lose focus when talking with others?
- Do you often find it difficult to concentrate, for example, when reading a book or magazine, or watching TV, series, films or similar?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

### 4. Assess whether the child often seems not to listen when spoken to directly, even when there seem to be no distractions in the environment.

Probing questions:

- Do you often hear from your parents, teachers or others that you don't seem to listen when they speak to you?
- Do teachers, parents or others have to repeat themselves or say your name several times to get your attention?
- Do you often 'tune out' when people are speaking or forget to finish listening to what they are saying?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

### 5. Assess whether the child often has difficulty following instructions and fails to complete schoolwork or other activities at home or during leisure time.

Probing questions:

- Do you often have trouble following all the instructions you get from others (e.g., teachers, parents)?
- Is it difficult for you to remember what teachers, parents or others have asked you to do?
- Do you often fail to complete tasks because you have difficulty remembering what to do (e.g., finishing homework, doing chores at home)?
- Do you tend to start things but not finish them?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

### 6. Assess whether the child often has difficulty organising themselves for different activities and tasks.

Probing questions:

- Do you often find it difficult to organise and finish your tasks?
- Do you find it difficult to meet deadlines and get ready on time?
- Do you need support from your parents, teachers or others to plan your tasks?
- Can you keep your room or locker at school organised? Can you find what you need or do you always have to search for things or ask others for help?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

## MODULE: ADHD, inattention

### 7. Assess whether the child often avoids or dislikes tasks that require concentration and persistence.

Probing questions:

- Do you often avoid or not do things that require a lot of concentration, such as schoolwork or reading long texts?
- Do you make excuses to avoid doing things that require mental effort?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 8. Assess whether the child often loses items needed to complete various activities.

Probing questions:

- Do you often lose things? What kind of things do you usually lose?
- Do you often have to search for your things (e.g., phone, keys, bus pass) at home or at school?
- Do you often have to ask other people for help to find your things?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 9. Assess whether the child is often easily distracted by things happening in the environment.

Probing questions:

- Are you often easily distracted by sounds and things happening around you so that it becomes difficult to keep your attention on what you are doing?
- Can you continue to focus on what you are doing if someone else is talking or making other sounds?
- Can you continue with what you were doing after being disturbed or is it difficult to get back on track?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 10. Assess whether the child is often forgetful.

Probing questions:

- Do you often forget to do things like bringing homework to school or meeting a friend?
- Do you usually forget clothes or things at school or elsewhere?
- Are you often told that you are forgetful?
- Do you often forget appointments, for example, with a dentist, school nurse or others?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: ADHD, hyperactivity/impulsivity

Use the following questions to assess whether the child has persistent difficulties (present for at least 6 months) with hyperactivity and impulsivity that are inconsistent with development level and that significantly interfere with daily functioning.

### 11. Assess whether the child often has difficulty sitting still.

Probing questions:

- *Is it often difficult to sit still on your seat/bench at school?*
- *Do you shake your legs or feet when you sit on the chair?*
- *Do you usually have difficulty keeping your hands or fingers still?*
- *Do your teachers, parents or others tell you to sit still?*
- *Do you often fidget with different things?*
- *Has this been going on for a long time? For the past 6 months or more?*
- *Does this cause problems for you?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 12. Assess whether the child often gets up from their seat when expected to remain seated for a period of time.

Probing questions:

- *Do you often leave your seat/bench at school for no real reason?*
- *Do you often feel that you cannot stay in your seat and have to get up?*
- *Do you often pretend to run an errand, such as going to the toilet, so that you can leave your seat during class?*
- *Is it usually difficult for you to stay seated at the dinner table for a whole meal?*
- *Has this been going on for a long time? For the past 6 months or more?*
- *Does this cause problems for you?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 13. Assess whether the child often runs about in situations where it is inappropriate or experiences strong restlessness.

Probing questions:

- *Do you often run about or climb in places where you shouldn't?*
- *How long can you sit still without doing anything before you start to feel restless?*
- *Do your parents, teachers or others tell you to calm down?*
- *Do you often feel restless? That you need to move around?*
- *Has this been going on for a long time? For the past 6 months or more?*
- *Does this cause problems for you?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 14. Assess whether the child has difficulty playing or engaging in activities calmly and quietly (for adolescents: difficulty relaxing).

Probing questions:

- *Is it often difficult for you to play quietly or engage in quiet activities?*
- *Are others often disturbed because you can't play in peace and quiet?*
- *Do your parents, teachers or others complain that you make too much noise when you play?*
- *Has this been going on for a long time? For the past 6 months or more?*
- *Does this cause problems for you?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 15. Assess whether the child is often on the go, unable to be still, difficult to keep up with.

Probing questions:

- *Do you often hear from others that it is difficult to keep up with your pace?*
- *Can you sit and watch TV, films or videos for long periods of time? Can you watch without fast-forwarding or leaving to do other things?*
- *Do you switch quickly between different activities, games?*
- *Do you find it difficult to relax? Do you find it boring to relax?*
- *Do you find it difficult winding down in the evening, does it take time to calm down and fall asleep?*
- *Has this been going on for a long time? For the past 6 months or more?*
- *Does this cause problems for you?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: ADHD, hyperactivity/impulsivity

### 16. Assess whether the child often talks excessively.

Probing questions:

- Do you often talk too much and disturb others, e.g., in the classroom?
- Do you often talk too much in other social situations?
- Do your parents, teachers or others tell you that you talk too much?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 17. Assess whether the child often blurts out answers before questions are completed or finishes other people's sentences.

Probing questions:

- Do you usually answer questions without being asked or before the person has finished the question?
- Do you tend to be impatient and is it difficult for you to wait for your turn to speak in a conversation?
- Do you often answer in someone else's place?
- Is it often difficult for you to wait for others to finish speaking?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 18. Assess whether the child often has difficulty waiting for their turn.

Probing questions:

- Is it often difficult for you to wait your turn when playing games or hanging out with your friends?
- Can you cope with queuing and waiting? Do you ever push ahead of others?
- Do you often avoid situations where you have to wait in line?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 19. Assess whether the child often interrupts others when they are talking or intrudes on others' conversations or activities.

Probing questions:

- Do you usually interfere in other people's conversations or activities/games? Do you do this without asking first or being asked to join in?
- Do you use other people's things without asking first?
- Do you often interrupt other people, for example, when they are talking to each other or busy with something else?
- Has this been going on for a long time? For the past 6 months or more?
- Does this cause problems for you?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 20. Assess whether the child has had multiple symptoms of inattention, and/or hyperactivity/impulsivity before the age of 12 years.

Probing questions:

- How long have you had difficulties with concentration, attention, restlessness, sitting still, taking it easy?
- Was it a concern for you before the age of 12 years?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 21. Assess whether there are several symptoms of inattention and/or hyperactivity/impulsivity in at least two settings (e.g., at home, at school, or during leisure activities)?

Probing questions:

- In which situations are your symptoms noticeable?
- Do you struggle with concentration, attention, restlessness and sitting still at school? In your free time? Is it difficult at home?
- Is there anywhere else where you find these things difficult?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES



## MODULE: ADHD, hyperactivity/impulsivity

**22. Assess whether there is clear evidence that the symptoms significantly interfere with the child's daily functioning (e.g., socially, at school, at home, or in other areas).**

Probing questions:

- *How does this affect your life? Does it cause problems? In what way?*
- *Does it cause problems in your free time? When you spend time with friends?*
- *Is your schoolwork affected in any way? In what way?*
- *Does this mean that you need a lot of support or help from your family, parents or friends? In what way?*
- *Is your life affected in any other way that I have not asked about?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

DRAFT VERSION: Only for research/review purposes



## MODULE: AUTISM SPECTRUM DISORDER

Information for the interviewer:

AUTISM SPECTRUM DISORDER is characterised by deficits in social communication and interaction, inflexibility and restricted interests that have been present since early childhood.

Deficits in social communication refer to

- **social interaction and reciprocity** (e.g., deviating from peers in the ability to initiate or respond appropriately in social interactions, providing little or no response in conversations, not sharing or sharing minimally one's feelings or interests).
- **non-verbal communication** (e.g., total or partial absence of facial expressions, limited use of gestures, atypical body language or eye contact, or a mismatch between verbal and non-verbal communication).
- **lack of ability to develop, maintain and understand relationships** (e.g., limited interest in peers, difficulties initiating or engaging in peer interactions or pretend play, or challenges in adjusting behaviour to different social contexts).

Restricted and repetitive patterns of activities, behaviours and interests include:

- **inflexibility and difficulties in coping with change** (e.g., becoming highly distressed by minor changes, insisting on eating the same foods, refusal to wear new clothes, rigid thinking, or strict routines).
- **repetitive motor movements** (e.g., arm or hand flapping, body rocking, spinning around, mimicking others, repeating words or phrases, lining up toys or throwing things).
- **Highly restricted or intense interests** (e.g., preoccupation with specific topics or objects, highly restricted, intense or narrowly focused interests).
- **unusual responses to sensory input** (e.g., over- or under-sensitive to pain/temperature, sounds, clothing/textures, preoccupation with touching/smelling different objects, fascination with light/movement).

For a diagnosis, symptoms must cause functional impairment and have been present since early childhood. Note that difficulties may not be apparent until social demands exceed actual abilities. During adolescence, symptoms and difficulties may be masked by learned strategies.

### SCREEN QUESTION:

1. **Assess whether the child, from early age, has shown clear symptoms of difficulties/deficits in social interaction and communication across multiple contexts, as well as a restricted and repetitive pattern of behaviours, interests, or activities.**

NOTE! Gather information from both the child and their caregiver!

Probing questions:

- *Do you enjoy spending time with others or do you prefer to be on your own? Do you have friends (same age, older or younger than you)? What do you usually do together?*
- *Is it difficult for you to know how to behave when you are with others? Do you find it hard to fit in? Is it difficult to understand others' intentions (e.g., jokes, irony etc.)?*
- *Do you find it difficult to make eye contact or to judge how close you should stand when talking to someone?*
- *Is it difficult to know how to have a conversation (e.g., when it is your turn or the other person's turn to talk)? Do you usually do most of the talking or do you stay mostly quiet?*
- *Do you find it very difficult when things change? Would you like things to always be a certain way or follow the same routines?*
- *Do you have an interest that you are really fixated on or that is a bit 'nerdy', that you just want to talk about all the time, read about or do (e.g., World War II, a particular TV show, make-up, dinosaurs, etc.)?*
- *Are you very sensitive to touch, sounds, lights, or the taste and texture of food? Are you very picky about food?*

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: AUTISM SPECTRUM DISORDER

- 2. Assess whether the child exhibits symptoms of deficits in social reciprocity.** NOTE! Gather information from both child and parent!

Probing questions:

- Do you play/socialise with other children/peers? Do you ask if you should play/meet or do others ask you? Do you take turns to decide what to do?
- When you talk with others, can you listen and take part in a conversation even if it is about something you are not interested in, or would you rather just talk about your own interests?
- Do you usually make small talk with others just because it feels nice, e.g., talking about the weather, TV shows, news but not about any of your interests?
- Can you join in and do things that others want to do, even if it's not something that you are interested in?
- Do you spontaneously tell others about things (e.g., when you are really happy/sad/angry/worried about something), or do people usually have to ask you a lot of questions to find out what has happened?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 3. Assess whether the child shows deficits in non-verbal communicative behaviour in social interactions.** NOTE! Gather information from both children and parent!

Probing questions:

- Can you tell how others are feeling by looking at their facial expressions or body language, e.g., if they are angry, sad, etc.?
- Do others say that it is hard to know how you are feeling, that you almost always have the same facial expression and that you are hard to 'read', as if you have something like a 'stone face' or 'poker face'?
- Is it difficult for you to know how close you should stand when talking to someone?
- Do you use different gestures when you speak (e.g., emphasizing what you say with your hands, shaking or nodding your head, pointing, waving, etc.)?
- Do you find eye contact difficult or uncomfortable (e.g., knowing how long to look at someone, or not wanting to look at all)? Do you usually avoid eye contact?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 4. Assess whether the child shows deficits in understanding, initiating, developing, and maintaining relationships.** NOTE! Gather information from both children and parent!

Probing questions:

- Do you like to play/be with others or do you prefer to be on your own? Do you enjoy playing/being with your peers or with those who are older or younger than you?
- Do you know how to make friends or approach others? What do you usually do? How do you go about staying friends? Do your parents usually help you arrange to meet friends?
- Do you want to decide/control what you play/do? Can you and your friends take turns to decide? Do you engage in pretend play or roleplay (e.g., playing store, playing family)?
- Do you find it difficult to know how to behave in different situations? Do others say that you behave in a way that they find unusual, e.g., that you are too blunt and honest, or very shy and quiet?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 5. Assess whether the child shows repetitive or stereotyped movements, speech or use of objects.** NOTE! Gather information from both child and parent!

Probing questions:

- Do you usually move your body or parts of your body in a special way (e.g., spinning around, rocking your body, waving your hands, etc.)?
- Do you usually repeat what others say, or repeat your own words (like an echo)?
- Do you have your own private language or made-up words?
- Do you usually line up your things or arrange things in a certain order?
- Can you get very interested in parts of things (e.g., the wheel of a toy car, the hair of a doll, etc.)?
- Have others told you that you play with things in an unusual way, that you don't use them as intended or that you don't play with toys at all?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

## MODULE: AUTISM SPECTRUM DISORDER

- 6. Assess whether the child has significant difficulties with changes in everyday life, is fixated on routines and insists that nothing should change, and/or is fixated on verbal or motor ritualised behaviours.** NOTE! Gather information from both child and parent!

Probing questions:

- Are there things that are very important to you that you don't want to change (e.g., having the same clothes all the time, the same route to school, the same food, the same place at the table)?
- What happens to you when something changes and things are not as usual? Do you get angry, stressed, worried or sad? Is it hard, even if it's something you actually enjoy?
- Do you usually want to be prepared for upcoming changes, e.g., at school or at home? What happens if you are not prepared?
- How do you feel about doing things that are not planned, such as spontaneous excursions or visits to someone's home? Is it important for you to know in advance what is going to happen? Do you want to be prepared?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 7. Assess whether the child is excessively fixated on particular interests or objects, which are highly restricted and markedly exaggerated in intensity or focus.** NOTE! Gather information from both child and parent!

Probing questions:

- Do you have something that you are very interested in that you want to do, read or talk about almost all the time? What is it?
- Do you have a strong interest in something specific and know a lot of facts and details about it? So much so that you are hardly interested in or able to do anything else?
- Do others share your interest? Does anyone say you are overly focused/interested in that?
- If someone else does not share your interest, can you stop talking or sharing your interest and do something else?
- Does your interest affect you at school, in your free time or at home? In what way? How?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 8. Assess whether the child shows symptoms of hyper- or hyporeactivity to sensory input, or has an unusual interest in sensory aspects of the environment.** NOTE! Gather information from both child and parent!

Probing questions:

- Are there things that you experience/react to differently or more strongly than your peers (e.g., certain sounds, smells, light, materials in clothing)?
- Are you particularly sensitive to different impressions (sounds, smells, etc.) and do you react strongly to them (e.g., by getting upset, very stressed/tired or feeling like everything is in chaos)?
- Do you usually like to touch or smell things? What kind of things?
- Can you become very fascinated/interested in something specific (e.g., certain lights or the way an object moves)? Can you become so interested that you almost forget about everything around you?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

- 9. Assess whether the symptoms are persistent and have been present since early childhood.** NOTE! Gather information from both child and parent! Symptoms may not be noticeable until expectations of social ability exceed the child's actual ability. During adolescence, symptoms and difficulties may be hidden behind learnt strategies.

Probing questions:

- Now that I have asked you about things like friends and socialising, your interests and how you feel about change, when did you first notice these things? How old were you then?
- Have these things been difficult for you since you were very young? Have there been times when they were not difficult at all?

Is the criterion met?

- ☐ Missing information  
☐ NO  
☐ Symptoms exist, but to an insufficient extent  
☐ YES

## MODULE: AUTISM SPECTRUM DISORDER

**10. Assess whether the symptoms cause clinically significant distress or impairment (e.g., socially, at school, within the family, or other functional areas). NOTE! Gather information from both children and parent!**

Probing questions:

- *How does this affect your life? Does it cause problems in your free time? When you spend time with friends? Do you stay at home and turn down different activities?*
- *Is your schoolwork affected in any way? Will it be difficult for you to be at school?*
- *Does this mean that you need a lot of support or help from your family, parents or friends? In what way?*
- *Is your life affected in any other way that I have not asked about?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

DRAFT VERSION: Only for research/review purposes

## MODULE: TOURETTE'S DISORDER/TICS

Information for the interviewer:

TICS are rapid, sudden and repetitive reflex-like movements or vocalisations that often cannot be voluntarily controlled. Tics can be either simple or more complex. Simple motor tics can include blinking, grimacing, wrinkling the nose, snapping fingers or twitching the body. Simple vocal tics include snorting, coughing, throat clearing, hissing, whistling and shouting. Complex motor tics can include touching oneself or others, jumping, hopping, kicking, and making inappropriate/annoying gestures. Complex vocal tics include repeating words, sentences and phrases.

Tics usually occur several times per day but can disappear quickly. They are generally replaced by new tics.

TOURETTE'S DISORDER is characterised by the presence of multiple motor tics and at least one vocal tic lasting for at least 1 year, though the tics do not need to occur simultaneously during this period.

### SCREEN QUESTION:

1. **Assess whether the child shows motor and/or vocal tics (not necessarily at the same time) that have lasted at least 1 year.**

Probing questions:

- Do you usually make different sounds, such as throat clearing, snorts, coughs or certain words?
- Do you usually make sudden movements such as blinking, twitching or jerking an arm, leg or other body part?
- Are you often, almost every day, bothered by repeated movements and/or sounds (tics)?
- Is it difficult to control these movements or sounds? Can you stop them when they come?
- Have you had these tics (movements and sounds) for more than a year? Do you remember how old you were when they started?

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: TOURETTE'S DISORDER/TICS

### 2. Assess whether the child has motor tics.

Probing questions:

- *Do you ever feel the need to move your body or certain parts of your body (e.g., blink, grimace, wrinkle your nose, snap your fingers or move/twitch your arms, legs or muscles)?*
- *Do you find yourself involuntarily jumping, hopping, kicking or similar movements?*
- *Do you usually touch or poke yourself or someone else in a particular way?*
- *Do you have any other motor tics? Which ones?*

**Highlight the types of motor tics the child has:**

#### Simple motor tics:

- ☐ Blinking
- ☐ Facial movements/grimacing
- ☐ Head movements/twitching
- ☐ Arm twitching or leg twitching
- ☐ Body movements
- ☐ Other

#### Complex motor tics:

- ☐ Touching, poking or grabbing objects or people
- ☐ Jumping, hopping or kicking
- ☐ Self-injury, biting, hitting or the like
- ☐ Repeating what others do (echopraxia)
- ☐ Making obscene gestures or movements, etc. (copropraxia)
- ☐ Other

### 3. Assess whether the child has vocal tics.

Probing questions:

- *Do you often feel the need to clear your throat, snort or grunt even when you're not sick or haven't swallowed something wrong?*
- *Do you ever say words, whistle or shout, etc., for no reason?*
- *Have you ever said rude and/or inappropriate things in the wrong situation?*
- *Do you have any other vocal tics? Which ones?*

**Mark the types of vocal tics the child has:**

#### Simple vocal tics:

- ☐ Throat clearing, coughing
- ☐ Snorting, grunting
- ☐ Smelling, sniffing
- ☐ Smacking, whistling, shouting
- ☐ Other

#### Complex vocal tics:

- ☐ Words or sentences
- ☐ Repeating what others say (echolalia)
- ☐ Repeating one's own words (palilalia)
- ☐ Saying inappropriate or offensive words (coprolalia)
- ☐ Other

## MODULE: TOURETTE'S DISORDER/TICS

- 4. Assess whether the tics have been present for at least 1 year since their onset** (although the occurrence of different tics and frequency may have varied).

Probing questions:

- *Do you have tics every day? Do you tend to have tics several times a day? Can the tics come in a series?*
- *Do you have different types of tics (vocal and motor) every day?*
- *Have you had this many tics for a long time? Has it been like this for more than 1 year?*

- 5. Assess whether a substance, such as illegal drugs or medications, or another medical condition can be excluded as the cause of the symptoms.**

Probing questions:

- *Do you use or have you used alcohol or other drugs (such as amphetamines) that could cause your symptoms?*
- *Have you been (physically) ill during the time you have had these symptoms, such as having meningitis?*
- *Have you taken any medication that could be causing your symptoms?*

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

Is the criterion met?

- ☐ NO, symptoms may be caused by a substance or medical condition
- ☐ YES, symptoms are not caused by any substance or medical condition

DRAFT VERSION: Only for research/review

## MODULE: OPPOSITIONAL DEFIANT DISORDER

Information for the interviewer:

OPPOSITIONAL DEFIANT DISORDER (ODD) is characterised by a persistent pattern of defiant, negativistic, provocative, disobedient, and hostile behaviour towards adults and authority figures. Children presenting with ODD are prone to arguments and conflicts with others, often blaming others for their own mistakes, and frequently resist adult demands and rules.

For a diagnosis, the defiant behaviour must occur more frequently than expected for the child's age and developmental level, occur at least once per week for a minimum of 6 months, and not be limited to interactions with siblings.

### SCREEN QUESTION:

- 1. Assess whether the child shows a persistent pattern of defiant, negativistic, disobedient and hostile behaviour towards adults/authority figures that exceeds what is expected based on developmental level and cultural norms.**

Probing questions:

- *Compared with others your age, do you often get angry and lose your temper when asked to do something you don't want to do? For example, when an adult tells you that you have to do something? What could it be?*
- *Do you often get into arguments and conflicts with others? What are they usually about?*
- *Do you often make others angry on purpose? What could it be?*
- *Do you usually refuse to do what you are told?*
- *Do others find that you often seem irritable, angry, sulky or negative?*
- *Do you often want to get back at someone if they have done something to you, even if it was not serious or intentional (e.g., accidentally bumped you or seemed angry with you)?*
- *Do people think you are blaming others? What could this be about?*
- *How often does this happen to you? Does it happen to you every week?*

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☒ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES



## MODULE: OPPOSITIONAL DEFIANT DISORDER

Use the following questions to investigate whether the defiant behaviour is more frequent than in children of comparable age and developmental level, occurs at least once a week for a period of at least 6 months, and is not limited to interactions with siblings.

### 2. Assess whether the child often loses temper.

Probing questions:

- Do you often get very angry and lose your temper, for example, when you're told to do something you don't want to do? What could it be? What do you do when you have an 'outburst'?
- Do you ever say hurtful things, throw things or hurt others when you have an outburst? What happens then?
- Do you usually have trouble controlling your mood and emotions? What do you do?
- Does this happen in situations with adults?
- Has this been going on for a long time? Has it been like this at least once a week for the past 6 months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 3. Assess whether the child is often irritable and easily annoyed.

Probing questions:

- Do you often get irritated or annoyed by other people or things? Do you have a 'short fuse'? What do you usually get annoyed about?
- Do you tend to get angry and upset with others, or are you bothered by others?
- Do you often get angry when you don't get what you want, or when an adult tells you what to do?
- Do you tend to get angrier or more easily irritated than most people? How often do you feel angry and irritated by something/somebody?
- Does this happen in situations with adults?
- Has this been going on for a long time? Has it been like this at least once a week for the past 6 months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 4. Assess whether the child is often angry and resentful.

Probing questions:

- Do you often feel angry and resentful?
- Do you often feel that things are unfair (e.g., being blamed for things, not getting what you want)?
- Do others often say that you are angry or 'grumpy'? Who says that? What do they usually say?
- Does this happen in situations involving adults?
- Has this been going on for a long time? Has it been like this at least once a week for the past 6 months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether the child often argues and is provocative towards adults and authority figures.

Probing questions:

- Do you often protest when adults ask you to do something you don't want to do? What could it be? What do you do?
- Do adults usually tell you that you are 'cheeky', 'have a bad attitude', talk back or that you provoke others?
- Do you usually say/do the opposite just to stay in control?
- Has this been going on for a long time? Has it been like this at least once a week for the past 6 months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 6. Assess whether the child often deliberately defies or refuses to follow rules or comply with requests from authority figures.

Probing questions:

- Do you think that you don't have to follow the rules and regulations that exist, that they don't apply to you, that you get to decide for yourself? What could it be?
- Do you usually refuse to do what you are told, to follow the rules and defy/do the opposite? What could it be?
- Does this happen in situations involving adults?
- Has this been going on for a long time? Has it been like this at least once a week for the past 6 months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: OPPOSITIONAL DEFIANT DISORDER

### 7. Assess whether the child deliberately provokes or annoys others.

Probing questions:

- Do you deliberately try to make others angry? How often do you do this?
- Do you usually annoy or provoke others? If so, what do you do?
- Who do you usually annoy or provoke? Is it peers, parents, teachers or other adults?
- Has this been going on for a long time? Has it been like this at least once a week for the past 6 months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 8. Assess whether the child often blames others for their own mistakes or negative behaviour.

Probing questions:

- If you make a mistake or error, do you usually 'admit' it?
- Do you often feel that it is 'everyone else's fault', that you are misunderstood? What might this be about?
- Do others usually think that you blame others? What might this be about?
- Does this happen in situations with adults?
- Has this been going on for a long time? Has it been like this at least once a week for the past 6 months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 9. Assess whether the child has been spiteful or vindictive on at least 2 occasions during the past 6 months.

Probing questions:

- Do you sometimes feel happy when something bad happens to someone you don't like – like they "deserved it"? Can you give an example?
- Do you often want revenge? Do you want to get back at someone who has done something to you even if it was not serious or intentional (e.g., accidentally bumped you or seemed angry with you)?
- What could it be that you are doing and to whom?
- Does this happen in situations with adults?
- Has this been going on for a long time? Has it been like this at least once a week for the past 6 months?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 10. Assess whether the child's behaviour is causing distress to themselves or others or impaired functioning (e.g., socially, at school, within the family or other areas).

Probing questions:

- How does this affect your life? Does it cause problems? In what way?
- Does it cause problems in your free time? When you spend time with friends?
- Is your schoolwork affected in any way? In what way?
- Does this mean that you need a lot of support or help from your family, parents or friends? In what way?
- Is your life affected in any other way that I have not asked about?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: CONDUCT DISORDER

Information for the interviewer:

CONDUCT DISORDER is characterised by a persistent pattern of behaviour involving violations and infringements of the basic rights of others and/or age-inappropriate breaches of societal norms and rules.

Such behaviour may include serious violations of norms and rules, hostile and aggressive behaviour towards animals and people, property destruction, deceitfulness, and theft. The behaviours are of such disruptive and severe nature that they are difficult to manage, cause distress and harm to others, and have clear negative consequences.

For a diagnosis, symptoms must have been present over the past 12 months, with at least one criterion met during the past 6 months.

### SCREEN QUESTION:

- 1. Assess whether the child shows a persistent pattern of behaviour marked by violations of the fundamental rights of others and/or breaches of social rules and norms.**

Probing questions:

- Do you care about what other people think, feel and do? Is the well-being of others important to you? Do you think that laws and rules apply to you?
- Do you ever bully, threaten, scare or hit others to get what you want? Have you used a weapon or an object during a fight? Do you usually start fights?
- Have you forced someone to do something they didn't want to do (give you something or doing something sexual they did not want to do.)? What kind of thing?
- Have you deliberately hurt or killed an animal? How? What kind of animal(s)?
- Have you deliberately destroyed property by setting fires, breaking other people's property? What kind of things?
- Have you stolen things from others or from shops? Have you taken things by force (snatched a bag, robbed someone, etc.)?
- Do you usually lie to get your way or to get out of trouble? What do you usually lie about? How often?
- Do you usually skip school? How often and how old were you when you started?
- Have you run away from home (where you lived) once or several times? Were you away for a long time?
- Do others describe you as 'tough', insensitive, uncaring or indifferent as a person and as regards your behaviour?

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: CONDUCT DISORDER

### 2. Mark the behaviours that have occurred in the last 12 months:

- ☐ Frequently threatens, bullies, intimidates or harasses others
- ☐ Often starts physical fights
- ☐ Has used a weapon that can cause serious harm to others (e.g., baseball bat, stone, knife, firearm, etc.)
- ☐ Has been physically cruel to a person
- ☐ Has been physically cruel to an animal
- ☐ Has stolen something in direct confrontation with the victim (e.g., snatched a bag/phone, robbed someone with or without force or threat of a weapon)
- ☐ Has forced someone into sexual activity
- ☐ Has deliberately set a fire with the intention to cause serious harm
- ☐ Has deliberately destroyed the property of others by means other than fire
- ☐ Has broken into someone else's car, building, or home
- ☐ Often lies to obtain benefits or favors, or to avoid duties
- ☐ Has stolen items of nontrivial value without direct confrontation (e.g., shoplifting/forgery)
- ☐ Often stays out at night without parental permission (with onset before the age of 13 years)
- ☐ Has run away from home overnight at least twice (or once if the absence was prolonged)
- ☐ Is often truant from school (starting before the age of 13 years)

### 3. Assess whether any of the above behaviours (in item 2) have occurred in the past 6 months.

Probing question:

- Have you done any of the things I asked about in the past 6 months?

Is the criterion met?

- ☐ NO, none of the above behaviours have occurred in the last 6 months
- ☐ YES, at least 1 of the above behaviours has occurred in the last 6 months

### 4. Assess whether the child's behaviour is causing impaired functioning (e.g., socially, at school, within the family or other areas).

Probing questions:

- How does this affect your life? Does it cause problems? In what way?
- Does it cause problems in your free time? When you spend time with friends?
- Is your schoolwork affected in any way? In what way?
- Does this mean that you need a lot of support or help from your family, parents or friends? In what way?
- Is your life affected in any other way that I have not asked about?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: SCREEN FOR SUBSTANCE USE DISORDERS

Information for the interviewer:

SUBSTANCE USE DISORDERS are characterised by a strong 'craving' for a substance/drug, using it in increasing amounts and for longer than intended, and being unable to control the use of the substance. In addition, there is an increasing focus on the substance and a reduced interest in other important things in life, using the substance despite its negative consequences and, in some cases, withdrawal when the substance is not used.

NOTE! This module screens for several substance-related syndromes. A separate list of commonly used substances can be used as an aid.

### SCREEN QUESTION:

#### 1. Assess whether the child has problematic substance use.

Guidance for the interviewer: proceed with questions after screen if:

- Children up to 15 years: always proceed if there is any substance use, regardless of quantity
- Youth from 15 years:
  - Tobacco – proceed at 5 cigarettes/day or more
  - Alcohol – proceed if use exceeds 3–4 standard drinks/week
  - Other substances – proceed regardless of the extent of use

Probing questions:

- *Do you ever use any substance to get drunk or high, such as alcohol/drugs or similar?*
- *Which substances do you use? Do you use more than one at the same time?*
- *When did you start using it? How old were you? When did you start using regularly?*
- *How much do you use now on average? What is the highest amount you have used? When was that?*
- *Has your use caused any problems for you at school, with friends, in the family or in any other way?*
- *Are you worried or concerned about your use?*
- *Has anyone else, such as a friend, your parents or other adults expressed concern about it?*

Mark which substance(s) are used:

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

Is the screen criterion met?

- ☐ Information missing/  
screen question not asked
- ☐ NO
- ☐ Symptoms exist, but to  
an insufficient extent
- ☐ YES

## MODULE: SCREEN FOR SUBSTANCE USE DISORDERS

### 2. Assess whether the child is using the substance in larger amounts and/or over a longer period than intended.

Probing questions:

- Do you use it more than you intended? How much more?
- Do you use it more often and for a longer time than you intended? (For example, do you use it more days a week than you intended or more on the same occasions?)
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 3. Assess whether the child wants to cut down or has difficulty controlling/limiting their substance use.

Probing questions:

- Would you like to cut down on your use?
- Have you tried to reduce it but not succeeded?
- Do you feel in control of your use or does it often end up being more than you intended?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 4. Assess whether the child spends a lot of time obtaining, using, or recovering from substance use.

Probing questions:

- How much time do you spend getting it?
- How much time do you spend getting money, doing 'favours' or other things to get it?
- How often do you use it and how much time do you spend using it?
- How long does it take for you to sober up or recover after using?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 5. Assess whether the child experiences strong cravings or urges to use the substance.

Probing questions:

- Do you often feel a 'craving' or strong urge to use it? When?
- How often is this the case? Can you resist it or do you feel you have to use it?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 6. Assess whether the child's substance use affects their ability to manage school or other everyday responsibilities.

Probing questions:

- Has your use affected your schoolwork, internship or job (e.g., not being able to study because you were under the influence, getting lower grades, breaking rules, skipping a lot of classes or dropping out of school)?
- Have you been under the influence at school or in other contexts such as working out, with family/relatives, etc.?
- Has your use prevented you from doing everyday things such as helping at home, cleaning, going to the gym, or walking the dog?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

## MODULE: SCREEN FOR SUBSTANCE USE DISORDERS

### 7. Assess whether the child continues substance use despite repeated negative social consequences.

Probing questions:

- Does it cause social problems for you at school, with friends, in the family or in any other way?
- In what way does it cause problems/negative consequences (e.g., had unwanted/unprotected sex, fights, brawls, said or done things you regretted) while under the influence?
- Have you continued to use it despite this situation?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 8. Assess whether the child has stopped or reduced important social or leisure activities due to substance use.

Probing questions:

- Since you started using, have you changed your social or leisure activities in any way? How?
- Does your use take over from other things that were previously important to you? In what way?
- Do you still have the same friends as before or has your social circle changed since you started using?
- Have you given up hobbies you used to have because of it? Which ones?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☒ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 9. Assess whether the child uses the substance in situations where there is a potential physical risk of harm to themselves and/or others.

Probing questions:

- Have you driven a vehicle (e.g., car, moped, jet ski, etc.) while under the influence? What kind of vehicle?
- Have you, because you were under the influence, done anything that could be dangerous to you or others (e.g., waving a knife, jumping from a height, speeding in traffic, etc.)? What kind of thing?
- How long has this been the case? Has it been like that in the last year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 10. Assess whether the child is using the substance despite knowing that it causes negative physical and/or psychological problems.

Probing questions:

- Do you know how the drug/substance affects your body and mind? Have you noticed any changes, or has someone else pointed this out to you?
- Have you continued to use it even though you know it has negative mental and physical consequences for you?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 11. Assess whether the child has developed tolerance (i.e., needs a significantly increased amount of substance to feel the desired effect).

Probing questions:

- Do you feel that you need to use more of it now compared with before, to feel the same effect?
- How much more do you need today than when you started?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES

### 12. Assess whether the child has experienced a change in tolerance (i.e., a noticeably reduced effect from the same amount of substance).

Probing questions:

- Do you feel that you get affected/high in the same way today as when you started, using the same amount?
- How has it changed? Do you need an increased amount to achieve the same effect? Can you be equally affected by the same or smaller amount?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES



## MODULE: SCREEN FOR SUBSTANCE USE DISORDERS

### 13. Assess whether the child is experiencing withdrawal symptoms.

Probing questions:

- When you do not use the drug/substance, do you experience strong discomfort (withdrawal)? In what way?
- How quickly does withdrawal occur?
- How long has this been going on? Has it been like this in the past year?

Examine and mark if the child has any of the following withdrawal symptoms:

- ☐ Worry/anxiety/nervousness
- ☐ Irritability, anger or aggression
- ☐ Depression or dysphoric mood
- ☐ Sleep problems and/or nightmares
- ☐ Fatigue/yawning
- ☐ Increased tearing or runny nose
- ☐ Dilated pupils, goosebumps or sweating
- ☐ Sweating, fever, or chills
- ☐ Nausea and vomiting
- ☐ Stomach pains, diarrhoea
- ☐ Decreased/increased appetite, weight loss/gain
- ☐ Headaches
- ☐ Difficulty concentrating
- ☐ Memory blackouts
- ☐ Transient hallucinations (tactile, visual and/or auditory)
- ☐ Feeling that things are unreal
- ☐ Confusion
- ☐ Tremor (shaking)
- ☐ Chest pain/cardiac arrhythmias (tachycardia/bradycardia, i.e., heart beating too fast/slow)
- ☐ Hypertension/hypotension (high/low blood pressure)
- ☐ Psychomotor agitation/inhibition
- ☐ Muscle pain/weakness
- ☐ Dyskinesia/dystonia (movement difficulties/involuntary movements, tremors)
- ☐ Seizures or grand mal seizures
- ☐ Respiratory distress or coma

### 14. Assess whether the substance is used to alleviate or avoid withdrawal symptoms.

Probing questions:

- Do you use the drug/substance to avoid or alleviate discomfort you feel when you are without it (withdrawal symptoms), such as when you wake up in the morning?
- How long has this been going on? Has it been like this in the past year?

Is the criterion met?

- ☐ Missing information
- ☐ NO
- ☐ Symptoms exist, but to an insufficient extent
- ☐ YES