ID Number:	Interviewer:	Date:
D Nullioci.	interviewer.	Datc.

Disruptive Behavior Disorders Parent Interview

The Disruptive Behavior Disorders Structured Parent Interview should be administered by a trained clinician with one or both parents or guardians present.

The clinician should introduce each symptom and should ask parents to describe their child's typical behavior over the past 12 months in regard to that symptom, using the situational prompts for the symptom. The clinician should not read the items verbatim; instead, he or she should draw out the parents' responses in a conversational manner.

Based on parents' responses, the clinician should rate each of the situational prompts as not a problem, mild problem, moderate problem, or severe problem according to the definitions listed below.

Clinicians should record unable to determine if the situational prompt is not applicable (e.g., child is not in a formal school setting, child does not have siblings living in the home) or if the parent cannot provide adequate information (e.g., behaviors occurring outside the home). The interviewer should consult demographic or other family information gathered prior to the interview to determine whether there are siblings or other school-age children living in the home and should record *unable to determine* if children do not have contact with siblings (e.g., much older siblings or siblings living in another parent's home).

Using all of the information gained from the situational prompts, frequencies, and time-related questions, the clinician should make a final determination regarding symptom severity and should circle the appropriate number in the Clinician Rating section below each symptom. Clinician ratings for each symptom should reflect the highest situational rating given (e.g., if a clinician rated a symptom as severe at home, moderate at school, and moderate at other places, the overall rating should be severe problem).

Definitions:

Not a Problem:

The symptom is not present or is exhibited to a degree that does not differ from that of other children of similar developmental level. The presence of the symptom does not interfere with the child's or family's ability or desire to participate in typical activities. The child requires no more than routine monitoring in daily activities.

Examples: The child fidgets with his hands and feet during church services at a rate that is developmentally appropriate...the child occasionally blurts out an answer before her teacher has completed the question but at a rate that is similar to that of most children in the class...the child is easily annoyed when he has not had an appropriate amount of sleep but not at other times.

Mild Problem:

The symptom is present to a greater degree than in other children of similar developmental level. The presence of the symptom interferes with the child's or family's ability or desire to participate in typical activities but not to a degree that causes concern to the child, his or her parents, teachers, other adults, or peers. The child requires some additional monitoring in daily activities. These difficulties in functioning are not sufficient to justify intervention from a professional.

Examples: The child has more difficulty sustaining attention during homework time than other children his age but is able to complete the required work with some extra parental monitoring...the child is more easily distracted than other members of her softball team but is able to participate fully without causing undue concern to her teammates, coach, or parents.

Moderate Problem: The symptom is present to a considerably greater degree than in children of similar developmental level. The presence of the symptom interferes with the child's or family's ability or desire to participate in typical activities to a degree that causes concern. The child or family is able to participate in typical activities but only with considerable effort and experiences conflict, embarrassment, or perceived disapproval by others. The child requires frequent monitoring in daily activities. These difficulties in functioning are sufficient to justify some degree of intervention from a professional.

CCF DBD Interview Page 1 of 23 **Examples:** The family rarely goes to restaurants because the child deliberately annoys other diners and embarrasses his parents...the child's teacher frequently sends notes to the parents regarding the child's lost homework assignments or behavior at school...the child sometimes receives invitations to other children's homes but parents of those children have complained that the child refuses to comply with their house rules.

Severe Problem:

The symptom is present to a substantially greater degree than in children of similar developmental level. The presence of the symptom interferes with the child's or family's ability or desire to participate in typical activities to a degree that causes substantial concern. The child or family is unable or unwilling to participate in typical activities due to the extreme effort that would be required, or the level of conflict, social embarrassment, or perceived disapproval that would likely be experienced. The child requires constant adult supervision to participate in daily activities. These difficulties in functioning are sufficient to justify comprehensive and sustained intervention from a professional.

Examples: The child's soccer coach informs the child's parents that their child will no longer be allowed to participate due to the child's repeated temper outbursts...the child is no longer invited to classmates' birthday parties because he has initiated physical fights at previous activities...the family is unwilling to go to dinner at a restaurant because the child deliberately annoys other people to a degree that causes significant embarrassment and perceived disapproval by others...the child is removed from her usual classroom because of her disruptive behavior...a full-time classroom aide is assigned to the child because he has significant difficulty sustaining attention and cannot complete his work without constant adult supervision.

Summary:

Problem Level	Degree of Symptom Presence	Level of Concern/Interference with Daily Activities	Level of Monitoring Required	Level of Intervention Required
Not a Problem	Does not differ from children of similar developmental level	Does not interfere	No more than routine monitoring required	Not applicable
Mild Problem	Greater than children of similar developmental level	Interferes with daily activities but does not cause concern	Additional monitoring required	Not sufficient to justify intervention
Moderate Problem	Considerably greater than children of similar developmental level	Interferes with daily activities and causes concern	Frequent monitoring required	Sufficient to justify some degree of intervention
Severe Problem	Substantially greater than children of similar developmental level	Interferes with daily activities and causes substantial concern	Constant monitoring required	Sufficient to justify comprehensive and sustained intervention

To make diagnoses, clinicians also must obtain symptom ratings from teachers, and measures of clinically significant impairment using a measure such as the Impairment Rating Scale completed by parents and teachers.

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ATTENTION DEFICIT HYPERACTIVITY DISORDER

DSM-IV Diagnostic Criteria¹:

The essential feature of Attention-Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity/impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.

A. Either (1) or (2):

- (1) six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level: items 3, 6, 7, 12, 13, 15, 16, 17, 18
- (2) six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level: items 1, 2, 4, 5, 9, 10, 11, 19, 20
- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Note: items 8 & 14 were included in the DSM III-R symptom list for ADHD but are not included in DSM IV.

If a child has never attended formal schooling, circle Unable to Determine for all school items.

1. Often fidgets with hands or feet or squirms in seat (Hyp-Imp; DBD #12)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., meals, homework, playing games)	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., in car, restaurants, waiting rooms, Sunday school/church/temple)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating: 7 0 1 2 3

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2. Often leaves seat in classroom or in other situations in which remaining seated is expected (Hyp-Imp; DBD #25)

Unable to	Not a	Mild	Moderate	Severe
Determine	Problem	Problem	Problem	Problem
7	0	1	2	3
7	0	1	2	3
7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0	1	2	3
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3. Is often easily distracted by extraneous stimuli (Inatt; DBD #9)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., meals, homework, chores, playing alone and with others, getting ready for school and/or bed)	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., in car, restaurants, waiting rooms, Sunday school/church/temple)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7	0	1	2	3

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4. Often has difficulty awaiting turn (Hyp-Imp; DBD #30)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., board games, backyard baseball games)	7	0	1	2	3
• at school (e.g., class discussions, recess, lunch)	7	0	1	2	3
• other (e.g., soccer practice)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

5. Often blurts out answers before questions have been completed (Hyp-Imp; DBD item #19)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., Sunday school/church/temple)	7	0	1	2	3

Has this been a daily problem?

Yes

Has this been a problem for at least 6 months?

No Yes

No

Clinician Rating:

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6. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions) (Inatt; DBD #27)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., homework, chores, getting ready for school and/or bed, while watching TV)	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., while playing with a group of children, organized sports, cub scouts)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

7. Often has difficulty sustaining attention in tasks or play activities (Inatt; DBD #29)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., homework, getting ready for school and/or bed, chores, playing alone)	7	0	1	2	3
• at school	7	0	1	2	3
other (e.g., playing with a group of children, team sports, cub scouts)	7	0	1	2	3

Has this been a daily problem? No Yes

Has this been a problem for at least 6 months? No Yes

 Clinician Rating:
 7
 0
 1
 2
 3

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8. Often shifts from one uncompleted activity to another (DSM III-R; DBD item #21)

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
• at home (e.g., homework, getting ready for school and/or bed, chores, playing alone)	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., playing with a group of children, team sports, cub scouts)	7	0	1	2	3

Has this been a *daily* **problem?** No

Clinician Rating:

Has this been a problem for at least 6 months? No

No Yes 7 0 1

2

3

Yes

9. Often has difficulty playing or engaging in leisure activities quietly (Hyp-Imp; DBD item #22)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (i.e., when playing quietly is required)	7	0	1	2	3
• at school (i.e., when playing quietly is required)	7	0	1	2	3
• other (e.g., in church/temple/meetings, in public places such as stores, theaters)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

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10. Often talks excessively (Hyp-Imp; DBD item #7)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., to parents, to siblings, to peers)	7	0	1	2	3
• at school e.g., to teachers and school personnel, to peers)	7	0	1	2	3
• other (e.g., in public places such as stores, theaters)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

11. Often interrupts or intrudes on others (e.g., butts into conversations or games) (Hyp-Imp; DBD item #1)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., parents, siblings, or peers	7	0	1	2	3
• at school (e.g., teachers, peers)	7	0	1	2	3
• other (e.g., in public places or with other adults or children)	7	0	1	2	3

Has this been a daily problem? No Yes

Has this been a problem for at least 6 months? No Yes

 Clinician Rating:
 7
 0
 1
 2
 3

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12. Often does not seem to listen when spoken to directly (Inatt; DBD item #18)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., when spoken to by parents or siblings)	7	0	1	2	3
• at school (e.g., when spoken to by teachers or peers)	7	0	1	2	3
• other (e.g., when spoken to by coaches, scout leaders, peers in neighborhood)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

13. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools) (Inatt; DBD #34)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., clothes, toys)	7	0	1	2	3
• at school (e.g., pencils, books)	7	0	1	2	3
• other (e.g., homework or school papers between school and home;	7	0	1	2	3
sports equipment or jacket around neighborhood)					1

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

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14. Often engages in physically dangerous activities without considering possible consequences - not for the purpose of thrill-seeking (e.g., runs into street without looking) (DSM III-R; DBD item #10)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., when playing alone, when playing with others)	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., when playing in the neighborhood)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

15. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities (Inatt; DBD item #23)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., homework, chores)	7	0	1	2	3
• at school (e.g., schoolwork, tests)	7	0	1	2	3
• other (e.g., paper route, mowing lawn, other "odd jobs")	7	0	1	2	3

Has this been a daily problem?

Yes

Has this been a problem for at least 6 months?

No Yes

No

Clinician Rating:

7 0 1 2 3

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16. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework) (Inatt; DBD #37)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., homework, chores)	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., team sports, cub scouts)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0	1	2	3
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17. Often has difficulty organizing tasks and activities (Inatt; DBD #42)

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
• at home (e.g., homework, chores, getting ready for school or bed	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., team sports, cub scouts, "odd jobs")	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

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18. Is often forgetful in daily activities (Inatt; DBD item #44)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., homework, chores, getting ready for school or bed	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., when asked to run an errand, forgets what he/she was supposed to do; when playing with others, forgets the rules of the game)	7	0	1	2	3

Has this been a daily problem? No

Has this been a problem for at least 6 months? No Yes

 Clinician Rating:
 7
 0
 1
 2
 3

Yes

19. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness) (Hyp-Imp; DBD item #35)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home (e.g., during meals or homework time, while watching TV,	7	0	1	2	3
when visitors are in the home)					
• at school	7	0	1	2	3
• other (e.g., in car, restaurants, waiting rooms, stores, Sunday	7	0	1	2	3
school/church/temple, at a friend's house)					

Has this been a daily problem? No Yes

Has this been a problem for at least 6 months? No Yes

Clinician Rating: 7 0 1 2 3

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20. Is often "on the go" or often acts as if "driven by a motor" (Hyp-Imp; DBD item #33)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• at home	7	0	1	2	3
• at school	7	0	1	2	3
• other (e.g., in the neighborhood, restaurants, waiting rooms, stores,	7	0	1	2	3
Sunday school/church/temple, at a friend's house)					

Has this been a daily problem? No Yes

Has this been a problem for at least 6 months? No Yes

Clinician Rating: 7 0 1 2 3

	21. At	what	age did	vou firs	<i>t</i> notice an	v of these	problems?	veai
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Prompt parent to think of settings at different ages to help with recollection; e.g., before preschool, preschool, Kindergarten, first grade, second grade. If parent reports that behaviors have been present since birth, always, or other similar responses, code "<1".

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OPPOSITIONAL DEFIANT DISORDER

DSM-IV Diagnostic Criteria¹:

The essential feature of Oppositional Defiant Disorder is a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures.

- A. A pattern of negativistic, hostile, and defiant behavior lasting at least six months, during which four (or more) of the following are present and occur more frequently than is typically observed in individuals of comparable age and developmental level.
- B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.
- C. The behaviors do not occur exclusive during the course of a Psychosocial or Mood Disorder.
- D. Criteria are not met for Conduct Disorder, and, if the individual is age 18 or older, criteria are not met for Antisocial Personality Disorder.

Note: Item 9 was included in the DSM III-R symptom list for ODD but is not included in DSM IV.

1. Often loses temper (DBD #28)

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
for no apparent reason	7	0	1	2	3
• following a command from or when things don't go his or her way with parents	7	0	1	2	3
• following a command from or when things don't go his or her way with teachers	7	0	1	2	3
• when things don't go his or her way with other adults	7	0	1	2	3
Has this been a daily problem?	No	Yes			

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

2. Often argues with adults (DBD #3)

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
for no apparent reason	7	0	1	2	3
• following a command from or when things don't go his or her way with parents	7	0	1	2	3
• following a command from or when things don't go his or her way with teachers	7	0	1	2	3
when things don't go his/her way with other adults	7	0	1	2	3

Has this been a daily problem?

Yes No

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

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3. Often actively defies or refuses to comply with adults' requests or rules (DBD item #17)

	Circle one	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
• defies mother	(actively / passively)	7	0	1	2	3
defies father	(actively / passively)	7	0	1	2	3
• defies other adults in the home	(actively / passively)	7	0	1	2	3
defies teacher	(actively / passively)	7	0	1	2	3
defies principal	(actively / passively)	7	0	1	2	3
defies unfamiliar adults	(actively / passively)	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

4. Often deliberately annoys people (DBD #39)

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
directed toward the teacher	7	0	1	2	3
directed toward parents	7	0	1	2	3
directed toward other adults	7	0	1	2	3
Has this been a daily problem?	No	Yes			

Has this been a problem for at least 6 months?

No Yes

Clinician Rating: 7 0 1 2 3

5. Often blames others for his or her mistakes or misbehavior (DBD #15)

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
blames parents	7	0	1	2	3
• blames teachers	7	0	1	2	3
• blames other adults	7	0	1	2	3
Has this been a daily problem?	No	Yes			
Has this been a problem for at least 6 months?	No	Yes			
Clinician Rating:	7	0	1	2	3

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6. Is often touchy or easily annoyed by others (DBD #26)

	Unable to	Not a	Mild	Moderate	Severe
-	Determine	Problem	Problem	Problem	Problem
• by parents	7	0	1	2	3
• by teachers	7	0	1	2	3
• by other adults	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

7. Is often angry and resentful (DBD #24)

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
for no apparent reason	7	0	1	2	3
• following a command from or when things don't go his or her way with parents	7	0	1	2	3
• following a command from or when things don't go his or her way with teachers	7	0	1	2	3
when things don't go his or her way with other adults	7	0	1	2	3

Has this been a *daily* problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

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8. Is often spiteful and vindictive (DBD #13)

	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• toward parents	7	0	1	2	3
toward teachers	7	0	1	2	3
• toward other adults	7	0	1	2	3

Has this been a daily problem?

No Yes

Has this been a problem for at least 6 months?

No Yes

Clinician Rating:

7 0 1 2 3

9. Often swears or uses obscene language (DSM III-R; DBD #14)

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
directed toward parents	7	0	1	2	3
directed toward teachers	7	0	1	2	3
directed toward other adults	7	0	1	2	3
• not directed at anyone/anything; occurring in the presence of adults	7	0	1	2	3

Has this been a daily problem?

Yes

Has this been a problem for at least 6 months?

No Yes

No

Clinician Rating:

7 0 1 2 3

CCF DBD Interview Page 17 of 23

CONDUCT DISORDER

DSM-IV Diagnostic Criteria¹:

- A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months.
- B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.
- C. If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

Specify severity:

Mild: few if any conduct problems in excess of those required to make the diagnosis and conduct probmes cause only minor harm to others

Moderate: number of conduct problems and effect on others intermediate between "mild" and "severe" **Severe:** many conduct problems in excess of those required to make the diagnosis or conduct problems cause considerable harm to others

When recording frequency, the interviewer should consider only behaviors that have happened in the past 12 months. If a child's behavior varies across months, consider the worst month when determining frequency and severity.

Items regarding siblings pertain to school-age or younger children living in the home. If a child does not have siblings, siblings do not live in the home, or child has adult-age siblings, circle "Unable to Determine" for all sibling items.

1. Often lies to obtain goods or favors or to avoid obligations (i.e.,	"cons" oth	ers) (DBI) #4)		
Estimate frequency per month					
Describe typical incidents:					
	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
to avoid blame for punishment	7	0	1	2	3
• for gain to self	7	0	1	2	3
• to boost self-esteem	7	0	1	2	3
Has this occurred in the past 6 months?	No	Yes			
Clinician Rating:	7	0	1	2	3

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Estimate frequency per mont	h		
Describe typical incidents: _			

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
directed toward parents	7	0	1	2	3
directed toward other adults	7	0	1	2	3
• directed toward siblings, is usually <i>unprovoked</i>	7	0	1	2	3
• directed toward peers, is usually <i>unprovoked</i>	7	0	1	2	3
• directed toward siblings, is usually <i>provoked</i>	7	0	1	2	3
• directed toward peers, is usually <i>provoked</i>	7	0	1	2	3

Has this occurred in the past 6 months?

No Yes

Clinician Rating — toward peers:
Clinician Rating — toward siblings:

7	0	1	2	3
7	0	1	2	3

3. Often bullies, threatens, or intimidates others (DBD #32)

2. Often initiates physical fights (DBD #5 and #20)

Estimate frequency per month
Describe typical incidents:

	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
directed toward parents	7	0	1	2	3
directed toward other adults	7	0	1	2	3
• directed toward siblings, is usually <i>unprovoked</i>	7	0	1	2	3
• directed toward peers, is usually <i>unprovoked</i>	7	0	1	2	3
• directed toward siblings, is usually <i>provoked</i>	7	0	1	2	3
• directed toward peers, is usually <i>provoked</i>	7	0	1	2	3

Has this occurred in the past 6 months?

No Yes

Clinician Rating — toward peers: Clinician Rating — toward siblings:

7	0	1	2	3
7	0	1	2	3

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Estimate frequency per month					
Describe typical incidents including value of items stolen:					
	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
• from siblings	7	0	1	2	3
• from peers	7	0	1	2	3
• from parents	7	0	1	2	3
• from other adults	7	0	1	2	3
Has this occurred in the past 6 months?	No	Yes			
Clinician Rating:	7	0	1	2	3
Number of times in past 12 months	•	•		ate home	
Number of times in past 12 months Describe each incident: Has this occurred in the past 6 months?	•	•	Mild	Moderate	Severe
Number of times in past 12 months Describe each incident:	No	Yes			
Number of times in past 12 months Describe each incident:	No Unable to	Yes Not a	Mild	Moderate	Severe
Number of times in past 12 months Describe each incident: Has this occurred in the past 6 months? Clinician Rating: 6. Has deliberately engaged in fire setting with the intention of car Number of times in past 12 months	No Unable to Determine 7 using serior	Yes Not a Problem 0	Mild Problem	Moderate Problem	Severe
Number of times in past 12 months Describe each incident: Has this occurred in the past 6 months?	No Unable to Determine 7 using serior	Yes Not a Problem 0	Mild Problem	Moderate Problem	Severe Problen
Number of times in past 12 months Describe each incident: Has this occurred in the past 6 months? Clinician Rating: 6. Has deliberately engaged in fire setting with the intention of ca Number of times in past 12 months Describe each incident:	No Unable to Determine 7 using serior	Yes Not a Problem 0	Mild Problem	Moderate Problem	Severe Problem

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7. Often truant from school, beginning before age 13 years (DBD #	‡ 11)				
Number of times in past 12 months Age when child first s	skipped sch	ool witho	ut permiss	sion:	
Describe typical incidents:					
Describe typical incidents:					
Has this occurred in the past 6 months?	No	Yes			
	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
Clinician Rating:	7	0	1	2	3
8. Has broken into someone else's house, building, or car (DBD #4	13)				
Nl					
Number of times in past 12 months					
Describe each incident:					
Has this occurred in the past 6 months?	No	Yes			
	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
Clinician Rating:	7	0	1	2	3
Chinema Autorigi	,	•			
9. Has deliberately destroyed others' property (other than by fire	setting) (D	BD #16)			
Number of times in past 12 months					
-					
Describe typical incidents:					
	Unable to	Not a	Mild	Moderate	Severe
• property of siblings	Determine 7	Problem 0	Problem 1	Problem 2	Problem 3
 property of sionings property of peers 	7	0	1	2	3
• property of parents	7	0	1	2	3
property of other adults	7	0	1	2	3
Has this occurred in the past 6 months?	No	Yes			
Clinician Rating:	7	0	1	2	3

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10. Has been physically cruel to animals (DBD #36)					
Number of times in past 12 months					
Describe typical incidents:					
	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
• to pets	7	0	1	2	3
• to other animals	7	0	1	2	3
• to insects	7	0	1	2	3
Has this occurred in the past 6 months?	No	Yes			
Clinician Rating:	7	0	1	2	3
11. Has forced someone into sexual activity (DBD #31)					
Number of times in past 12 months					
Describe each incident:					
Has this occurred in the past 6 months?	No	Yes			
	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
Clinician Rating:	7	0	1	2	3
12. Has used a weapon that can cause serious physical harm to otl (DBD #45)	hers (e.g., a	bat, bric	k, broken	ı bottle, kı	nife, gun)
(שמט) (משט #43)					
Number of times in past 12 months					
Describe each incident:					
2001.00 0001 1.00000					
Has this occurred in the past 6 months?	No	Yes			
	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
Clinician Rating:	7	0	1	2	3

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13. Has stolen while confronting a victim (e.g., mugging, purse sn	atching, ext	ortion, a	rmed rob	bery) (DB	SD #40)
Number of times in past 12 months					
Describe each incident:					
	Unable to	Not a	Mild	Moderate	Severe
	Determine	Problem	Problem	Problem	Problem
• from siblings					
• from peers					
 from parents from other adults					
Has this occurred in the past 6 months?	No	Yes			
Clinician Rating:	7	0	1	2	3
14. Has been physically cruel to people (DBD #6)					
Number of times in past 12 months					
Describe each incidents					
Describe each incident:					
	Unable to Determine	Not a Problem	Mild Problem	Moderate Problem	Severe Problem
• parents					
parentsother adults (describe:)					
•					
 other adults (describe:) siblings peers					
 other adults (describe:) siblings					
 other adults (describe:) siblings peers acts of extreme physical cruelty to people (e.g., ties up and 					
 other adults (describe:) siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) 	Determine	Problem			
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 	No 7	Yes 0	Problem 1	Problem	Problem
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginning 	No 7 ng before a	Yes 0 ge 13 yea	Problem 1	Problem 2	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 	No 7 ng before a	Yes 0 ge 13 yea	Problem 1	Problem 2	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginni Number of times in past 12 months Age when child 	No 7 ng before a first stayed	Yes 0 ge 13 yea	Problem 1	Problem 2	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginni Number of times in past 12 months Age when child 	No 7 ng before a first stayed	Yes 0 ge 13 yea	Problem 1	Problem 2	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginni Number of times in past 12 months Age when child 	No 7 ng before a first stayed	Yes 0 ge 13 yea	Problem 1	Problem 2	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginni Number of times in past 12 months Age when child 	No 7 ng before a first stayed	Yes 0 ge 13 yea	Problem 1	Problem 2	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginni Number of times in past 12 months Age when child Describe typical incidents: 	No 7 ng before a first stayed	Yes 0 ge 13 yea out witho	Problem 1	Problem 2	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginni Number of times in past 12 months Age when child 	No 7 ng before a first stayed	Yes 0 ge 13 yea	Problem 1	Problem 2	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginni Number of times in past 12 months Age when child Describe typical incidents: 	No 7 ng before a first stayed No Unable to	Yes O Yes Not a	Problem 1 rs ut permiss	Problem 2 Moderate	Problem 3
 other adults (describe: siblings peers acts of extreme physical cruelty to people (e.g., ties up and abandons victim, systematically cuts or burns a victim) Has this occurred in the past 6 months? Clinician Rating: 15. Often stays out at night despite parental prohibitions, beginni Number of times in past 12 months Age when child Describe typical incidents: 	No 7 ng before a first stayed	Yes O ge 13 yea out witho	1 rs ut permiss	Problem 2 sion:	3

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¹American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders: DSM-IV*. Fouth edition. Washington, DC: Author.