Criterion A. Developmental Trauma Exposure—The child has experienced or witnessed multiple or prolonged adverse events including either or both A1 and A2

Suggested Verbatim Question:
Bad things can happen to anyone. Have things happened to you, or that you saw happen to someone else, that were so scary or sad or upsetting that it took a long time to get over, or that still upsets you to think about? What was that? Did that happen many times or for a long time? How old were you when that was happening?

☐ A1. Direct experience or witnessing of repeated and severe episodes of interpersonal victimization (including but not limited to physical, sexual, or emotional abuse, violence (witnessed or directly experienced), bullying, exploitation, hate crimes, or severe or chronic race/ethnicity/identity-based harm or disparities)

☐ A2. Significant disruptions or loss of protective caregiving due to primary caregiver changes, separation, or neglect.

Briefly summarize events/experiences and at what age(s):
________________________________________________________________________
________________________________________________________________________

General Guide for Interviewer Symptom Ratings

First read the initial item verbatim with pauses. Do not read aloud text in boxes or parentheses.

Use spontaneous answers to rate items in shaded area on the right. Ask probe questions in shaded area as necessary.

Stop asking questions once you are able to rate symptom as Not Present or Threshold.

Not Present/subthreshold – No symptom, or developmentally expectable problems and/or mild infrequent manifestation of symptom.

Threshold – Symptom causes significant emotional distress or shut-down or problems in functioning that are at times unmanageable or at best partially manageable with effort or harm to self/others or other behavioral, emotional, or interpersonal crises. Be sure to indicate whether emotional distress and/or shut-down are present. Consider what is developmentally normative for her/his age when judging the child's ability to manage distress.

IF INTERVIEWEE DOES NOT ANSWER QUESTION (“PASS”):
Check whether s/he Prefers Not to Answer (PNA) or Does Not Understand (DNU) the question.

FOR BOTH PAST/WORST MONTH AND LIFETIME, CHECK EITHER NOT PRESENT OR THRESHOLD

NOTE: Several items are noted with an asterisk (B.1a., B.1b., B.2a., B.2b., C1.a., C.1b., C.2a., D.2a., D.3b., D.4.) and ask interviewers to assess symptom presence in a dimensional manner (e.g., high and/or low expression of a given symptom). For these questions, if only one dimension is present in the Past/Worst Month, make sure to ask about the other dimension for Lifetime.
Verbatim Introduction:

I have some questions about your feelings and how you’ve been getting along with other people. Let’s talk about the past month, that is, since (identify start and end dates covering one month; identify specific dates/holidays or events relevant to interviewee to focus just on the past month).

Or if you were feeling pretty good and getting along with people okay this month, I’ll ask you to tell me how you were feeling in another month that was the worst month you ever remember in your life. Can you remember how old were you were when that worst month happened? ______

When I ask a question, if it wasn’t a problem in the past or worst month, I’ll ask if it ever was a problem any other time, just in case it was a problem some other time in your life.

You can say Pass (P) if you don’t want to answer a question or don’t understand a question.

Okay so far? Do you have any questions for me before we start? So, let’s start with feelings.
B. Affective and Physiological Dysregulation
Impaired developmental competencies related to affect or arousal regulation, generally and during life transitions

B.1. Inability to modulate or tolerate extreme affect states (e.g., fear, anger, shame, grief), including extreme tantrums or immobilization

*B.1a. Everyone feels scared, mad, sad, or frustrated sometimes. These feelings can get so big that you blow up or just totally shut down. Has this happened to you? What happened? How did you feel?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (B.1b.))

Severity Rating of Symptom for B.1a.

Not Present/subthreshold - Developmentally normative negative affect/distress and/or mild infrequent manifestation of symptom.

Threshold - Child experienced severe emotional DISTRESS and/or SHUT-DOWN that was unmanageable for the youth, and that at times led to physical harm to self or others or serious negative consequences such as arrest, school suspension, or acute crises.

Past/Worst Month: ☐ Not Present/subthreshold ☐ DISTRESS ☐ SHUT-DOWN

NOTE: If only distress or shut-down is present for Past/Worst Month, ask about the other for Lifetime.

Lifetime: ☐ Not Present/subthreshold ☐ DISTRESS ☐ SHUT-DOWN
*B.1b. When people feel that upset, sometimes they can’t calm down for a long time. Or sometimes they feel totally shut down for a long time. Has that happened to you? What happened?

☐ YES (If Yes) How often did this happen in the past/worst month?
   ☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
   ☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (B.2a.))

Severity Rating of Symptom for B.1b.

Not Present/subthreshold - No (or at most developmentally normative) difficulty recovering from episodes of severe distress or emotional shut-down and/or mild infrequent manifestation of symptom.

Threshold – At times unable to recover from emotional DISTRESS and/or emotional SHUT-DOWN without great effort, long delays, or crises/harm to self/others

Past/Worst Month: ☐ Not Present/subthreshold ☐ DISTRESS ☐ SHUT-DOWN

NOTE: If only distress or shut-down is present for Past/Worst Month, ask about the other for Lifetime.

Lifetime: ☐ Not Present/subthreshold ☐ DISTRESS ☐ SHUT-DOWN

B.1. (For Research Administrator Only)

☐ Not Present ☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime

☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question
When you couldn’t stand anyone touching you…

- (Y) (N) Was this with everyone in your life?
- (Y) (N) Was this for every kind of touching?
- (Y) (N) Did you wear clothes that covered you up so no one could touch you?
- (Y) (N) Did you do things to your body so that no one would want to touch you?
- (Y) (N) Did you not let anyone get close enough to you to be able to touch you?
- (Y) (N) Did you threaten or yell or scream at anyone who tried to touch you?
- (Y) (N) Did you hit, push, or physically attack anyone who tried to touch you?
- (Y) (N) Did you get totally shut down emotionally or space out if anyone touched you?
- (Y) (N) Did you have to go to the hospital or a doctor?
- (Y) (N) Could you get along with friends?
- (Y) (N) Could you get along with your family?
- (Y) (N) Could you get along with other people in your neighborhood, at school, or at work?
- (Y) (N) Could you still do activities that you like to do, such as sports or clubs or parties?
- (Y) (N) Could you watch TV or listen to music?
- (Y) (N) Could you go to school and do the work?
- (Y) (N) Could you sleep after being touched?
- (Y) (N) Did you eat okay after being touched?

When you couldn’t stand some sounds or noises or couldn’t stand having things too quiet…

- (Y) (N) Was it because noises seemed too loud?
- (Y) (N) Was it because things seemed too quiet?
- (Y) (N) Was it a specific kind of sound you hate (briefly describe…)?
- (Y) (N) Did you get really mad or blow up?
- (Y) (N) Did you feel really scared or terrified?
- (Y) (N) Did you feel confused or mixed up?
- (Y) (N) Did you feel emotionally shut down?
- (Y) (N) Did you go to the hospital or a doctor?
- (Y) (N) Could you get along with friends?
- (Y) (N) Could you get along with other people in your neighborhood, at school, or at work?
- (Y) (N) Could you still do activities that you like to do, such as sports or clubs or parties?
- (Y) (N) Could you watch TV or listen to music?
- (Y) (N) Could you go to school and do the work?
- (Y) (N) Could you sleep okay at night?
- (Y) (N) Did you eat okay?
**B.2b.** Sometimes people’s bodies feel all messed up, like hurting a lot or not working right. Has that ever happened to you? When? What was the matter with your body? Were you sick and then got better? Did you get hurt and then get well again?

*(Rule out body pain/symptoms reasonably attributable or proportionate to specific known physical injury or illness.)*

_____________________________________________

_____________________________________________

_____________________________________________

_____________________________________________

☐ YES *(If Yes)* How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO *(If No)* Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand

*(If Pass, move on to next item (B.3a.))*

### Severity Rating of Symptom for B.2b.

**Not Present/subthreshold** - No physical health problems, or developmentally normative physical health problems that are proportionate to medical illness or injury and/or mild infrequent manifestation of symptom.

**Threshold** – Physical complaints, problems, or limitations not fully explained by or worse more difficult to treat than expectable due to medical illness or physical injury which caused severe emotional DISTRESS/CRISES and/or complete emotional SHUT-DOWN

**Past/Worst Month:** ☐ Not Present/subthreshold ☐ DISTRESS/CRISES ☐ SHUT-DOWN

*NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime*

**Lifetime:** ☐ Not Present/subthreshold ☐ DISTRESS/CRISES ☐ SHUT-DOWN

### B.2. (For Research Administrator Only)

☐ Not Present

☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime

☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question
B.3. Diminished awareness/dissociation of emotions or body feelings

B.3a. Sometimes people just don’t have any feelings at all. They don’t feel upset—scared or mad or sad or guilty—and they don’t feel happy. They just don’t feel anything at all, except maybe bored. Has this happened to you? What was it like? How long did it last?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (B.3b.))

Severity Rating of Symptom for B.3a.

Not Present/subthreshold - Emotions generally present, with developmentally normative periods of numbing, boredom, or frustration and/or mild infrequent manifestation of symptom.

Threshold - Child consistently or always appears to have no emotions at all (except boredom or frustration), or episodically appears so for extended periods

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

When you didn’t have any feelings …

(Y) (N) Was it like all your feelings just stopped or all just went away?
(Y) (N) Or you were just empty inside?
(Y) (N) Could you feel any feelings, even a little (briefly describe ____________)
(Y) (N) Were you mixed up or confused?
(Y) (N) Did you feel empty inside?
(Y) (N) Did you not care about anyone/thing?
(Y) (N) Did you not care what happened to anyone, even if it was really good or bad?
(Y) (N) Did you get physically hurt or into serious trouble such as being arrested or suspended from school?
(Y) (N) Did you go to the hospital or a doctor?
(Y) (N) Could you get along with friends?
(Y) (N) Could you get along with your family?
(Y) (N) Could you get along with other people in your neighborhood, at school, or at work?
(Y) (N) Could you still do activities that you like to do, such as sports or clubs or parties?
(Y) (N) Could you watch TV or listen to music?
(Y) (N) Could you go to school and do the work?
(Y) (N) Could you sleep okay at night?
(Y) (N) Could you eat okay?
B.3b. Sometimes people can’t feel anything in parts of their body. Like when your fingers, toes, or face get completely numb if it’s really cold. Has that ever happened to you when it wasn’t cold? What was it like? Was it hard to do normal things when it happened? Did it get better?

(Rule out anesthesia or impairment attributable to a specific known physical injury or illness, or environmental or climatic conditions.)

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer  ☐ Does Not Understand  (If Pass, move on to next item (B.4a.))

Severity Rating of Symptom for B.3b.

Not Present/subthreshold - Body feelings generally present, with developmentally normative or illness/climate-related times of temporary numbing and/or mild infrequent manifestation of symptom.

Threshold - Consistently or always unable to feel or use some parts of her/his body

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

B.3. (For Research Administrator Only)

☐ Not Present

☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime

☐ Pass MARK: ☐ Preferred Not to Answer  ☐ Did Not Understand Question
B.4a. Sometimes people can’t tell what they’re feeling even though they’re acting emotional like crying or shouting. Or they don’t know what words to use to describe the emotions they’re feeling. Has this happened to you? What was it like? Were you able to figure out what you were feeling, or how to describe your feelings, afterward? (Rule out alexithymia due to developmentally normative hiding or lack of understanding or familiarity with specific emotions.)

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (B.4b.))

Severity Rating of Symptom for B.4a.

Not Present/subthreshold - Able to identify/describe/express emotions with developmentally normative limitations in awareness/vocabulary and/or mild infrequent manifestation of symptom.

Threshold – Always or consistently does not or cannot show/express emotions

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ Threshold
B.4b. Sometimes people know they're feeling something in their body but can't tell what this feeling is, or can't find the words to describe it. Has that happened to you? What was it like? How long did it last? Were you able later to figure out what your body was feeling? *(Rule out anesthesia likely attributable to a specific known physical injury or illness or environmental/weather conditions.)*

☐ YES *(If Yes)* How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO *(If No)* Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand *(If Pass, move on to next item (C.1a.))*

**Severity Rating of Symptom for B.4b.**

- **Not Present/subthreshold** - Able to identify/describe physical/body feelings with developmentally normative limitations on awareness/vocabulary and/or mild infrequent manifestation of symptom.
- **Threshold** - Always/consistently detached from or unaware of body feelings including pain

**Past/Worst Month:**  ☐ Not Present/subthreshold ☐ Threshold

*NOTE: If symptom not present for Past Month, ask about it for Lifetime*

**Lifetime:**  ☐ Not Present/subthreshold ☐ Threshold

B.4. *(For Research Administrator Only)*

☐ Not Present ☐ Threshold ☐ Pass

FOR: ☐ Past/Worst Month ☐ Lifetime

MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question
C. Attentional or Behavioral Dysregulation
Impaired developmental competencies for attentional or behavioral self-regulation

C.1. Attention-bias toward or away from potential threats

* C.1a. Sometimes people can’t stop thinking about bad things that have happened, or that could happen. Has this happened to you? What was it like? How long did it last? Could you think about anything else then?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (C.1b.))

Severity Rating of Symptom for C.1a.
Not Present/subthreshold – Developmentally normative memories of upsetting past events and vigilance about potential future dangers/problems and/or mild infrequent manifestation of symptom.

Threshold - Persistent or episodic distressing/impairing RUMINATIVE RECALL about past threats or harm and/or persistent or episodic PERSEVERATIVE WORRY/UNWARRANTED FEARS about potential future dangers or harm

Past/Worst Month: ☐ Not Present/subthreshold ☐ RECALL ☐ WORRY/FEARS
NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ RECALL ☐ WORRY/FEARS

When you couldn’t stop thinking about bad things that happened or could happen…

(Y) (N) Were the bad things really over and probably not going to happen again?
(Y) (N) Were you able to remember that the bad things were over and wouldn’t happen again?
(Y) (N) Were you able to think of ways to handle the bad things if they ever did happen again?
(Y) (N) Were you able to put the bad things out of your mind by doing things you enjoy?
(Y) (N) Were you able to put the bad things out of your mind by doing hard work or exercising?
(Y) (N) Were you able to put the bad things out of your mind by being with people you like?
(Y) (N) Could you get along with friends?
(Y) (N) Could you get along with your family?
(Y) (N) Could you get along with other people in your neighborhood, at school, or at work?
(Y) (N) Could you still do activities that you like to do, such as sports or clubs or parties?
(Y) (N) Could you watch TV or listen to music?
(Y) (N) Could you go to school and do the work?
(Y) (N) Could you sleep okay at night?
(Y) (N) Could you eat okay?
(Y) (N) Did you go to the hospital or a doctor?
**C.1b.** Sometimes people don’t like to think about danger. They might change the topic or stop listening when someone talks about danger. Has that happened to you? What was it like? What made it hard for you to relax then?

Or they might not take care to make sure they are safe. Like crossing the street in traffic without looking, or using tools without being careful. Has that happened to you? What was it like? Did anything bad happen because you weren’t being careful enough about being safe?

□ YES *(If Yes)* How often did this happen in the past/worst month?
  □ Daily or almost daily □ 2 - 3 times per week □ Once a week or less

□ NO *(If No)* Have there ever been any serious problems with this?
  □ Yes (Lifetime) □ No

PASS: □ Prefers Not to Answer □ Does Not Understand *(If Pass, move on to next item (C.2a.))*

### Severity Rating of Symptom for C.1b.

- **Not Present/subthreshold** - Developmentally normative distraction or carelessness and/or mild infrequent manifestation of symptom.

- **Threshold** – Persistent or episodic AVOIDANCE OF THINKING about past or potential future dangers/harm and/or UNAWARENESS OF ACTUAL DANGER/THREATS

**Past/Worst Month:** □ Not Present/subthreshold □ AVOIDANCE □ UNAWARENESS

**Lifetime:** □ Not Present/subthreshold □ AVOIDANCE □ UNAWARENESS

**NOTE:** If only one dimension is present for Past Month, ask about the other dimension for Lifetime

C.1. *(For Research Administrator Only)*

- □ Not Present
- □ Threshold FOR: □ Past/Worst Month □ Lifetime

- □ Pass MARK: □ Preferred Not to Answer □ Did Not Understand Question
**C.2.** Impaired capacity for self-protection, including extreme risk-taking, thrill-seeking, or provocation of anger/aggression from others

*C.2a.* Sometimes people do really dangerous things such as fighting with weapons or driving too fast or jumping from high places. Or they go places that are so dangerous that they could get badly hurt or killed, such as where gangs are fighting or people are drinking too much or doing drugs, or running in front of trains or cars. Did you ever do that?

Or they go places with people they don’t know? Did you? Or they don’t check back with their parents when they go places or stay out late? Did you? What happened? Did you try to protect yourself?

☐ YES *(If Yes)* How often did this happen in the past/worst month?
  ☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO *(If No)* Have there ever been any serious problems with this?
  ☐ Yes (Lifetime) ☐ No

**PASS:** ☐ Prefers Not to Answer ☐ Does Not Understand *(If Pass, move on to next item (C.2b.))

**Severity Rating of Symptom for C.2a.**

Not Present/subthreshold - Developmentally normative risks or thrill-seeking and/or mild infrequent manifestation of symptom.

Threshold – Persistent or frequent EXPOSURE OF SELF TO POTENTIAL SERIOUS HARM with insufficient or no precautions and/or persistent or frequent FAILURE TO MAINTAIN CONTACT WITH CAREGIVERS

Past/Worst Month: ☐ Not Present/subthreshold ☐ EXPOSURE TO HARM ☐ FAIL TO CONTACT

**NOTE:** If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ EXPOSURE TO HARM ☐ FAIL TO CONTACT

---

*C.2.** Impaired capacity for self-protection, including extreme risk-taking, thrill-seeking, or provocation of anger/aggression from others

*When you did dangerous things or were around dangerous places or people …*

(Y) (N) Did this involve violent people?
(Y) (N) Did this involve dangerous weapons?
(Y) (N) Did this involve vehicles like cars or trains, or equipment or tools that cut or crush?
(Y) (N) Did this involve drinking or drugs?
(Y) (N) Did this involve jumping or falling from high places, including extreme sports?
(Y) (N) Did this involve stealing or other illegal actions such as breaking and entering?
(Y) (N) Or prostitution (sex for money)?
(Y) (N) Or having unprotected sex?
(Y) (N) Did this involve selling drugs?
(Y) (N) Were you seriously physically hurt?
(Y) (N) Did you not care if you got badly hurt?
(Y) (N) Did you hope you’d be seriously hurt?
(Y) (N) Was anyone else badly hurt or killed?
(Y) (N) Did anyone get arrested for doing this?
(Y) (N) Did you go to the hospital or a doctor?
(Y) (N) Did you plan ahead so you’d be safe?
(Y) (N) Did your plan include having protection that really could keep you from getting hurt?
(Y) (N) Did you avoid doing things that could get you badly hurt or in trouble (e.g., arrested)?

☐ YES *(If Yes)* How often did this happen in the past/worst month?
  ☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO *(If No)* Have there ever been any serious problems with this?
  ☐ Yes (Lifetime) ☐ No

**PASS:** ☐ Prefers Not to Answer ☐ Does Not Understand *(If Pass, move on to next item (C.2b.))

**Severity Rating of Symptom for C.2a.**

Not Present/subthreshold - Developmentally normative risks or thrill-seeking and/or mild infrequent manifestation of symptom.

Threshold – Persistent or frequent EXPOSURE OF SELF TO POTENTIAL SERIOUS HARM with insufficient or no precautions and/or persistent or frequent FAILURE TO MAINTAIN CONTACT WITH CAREGIVERS

Past/Worst Month: ☐ Not Present/subthreshold ☐ EXPOSURE TO HARM ☐ FAIL TO CONTACT

**NOTE:** If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ EXPOSURE TO HARM ☐ FAIL TO CONTACT
C.2b. Sometimes people go looking for trouble, like starting fights on purpose, or confronting people who have power like police, teachers, coaches, or gang leaders. Did you ever do that? What happened?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (C.3.))

Severity Rating of Symptom for C.2b.

Not Present/subthreshold - Developmentally normative assertiveness in response to perceived hypocrisy, unfairness, or bullying/intimidation by others and/or mild infrequent manifestation of symptom.

Threshold – Persistent or frequent risky challenging or confrontation of others with disregard for own/others’ safety or to establish dominance

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

C.2. (For Research Administrator Only)
☐ Not Present
☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime
☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question

When you were looking for trouble, or picked a fight or confronted someone powerful …

(Y) (N) Were you seriously physically hurt?
(Y) (N) Did you go to the hospital or a doctor?
(Y) (N) Did you know you’d get badly hurt?
(Y) (N) Did you not care if you got badly hurt?
(Y) (N) Did you hope you’d be seriously hurt?
(Y) (N) Did you get in serious trouble (such as being arrested, expelled, on probation)?
(Y) (N) Did you hope you’d get in bad trouble?
(Y) (N) Did you get so mad you couldn’t stop?
(Y) (N) Did you think you had to do so people would respect or be afraid of you?
(Y) (N) Did you want to get revenge (pay back)?
(Y) (N) Did you want to teach a lesson to some one who hurt or bullied you or other people?
C.3. Maladaptive attempts at self-soothing

C.3. People do different things to try to feel better when they feel upset or bored. What do you do? … When you feel frustrated or mad? … scared or worried? … sad or depressed? … hopeless? … in a lot of pain? Can you stop doing those things if you need to?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (C.4.))

Severity Rating of Symptom for C.3.

Not Present/subthreshold - Developmentally normative self-soothing, distraction, or active coping (e.g., seeking contact with friends/family, engaging in sports, avocations, job/school, work, or enjoying music_reading) and/or mild infrequent manifestation of symptom.

Threshold – Relies on self-soothing or avoidant coping that has severe adverse effects on safety, health, relationships, or achievement and is unable to stop, limit, or change these behaviors (or only with great effort)

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

C.3. (For Research Administrator Only)
☐ Not Present
☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime
☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question
C.4 Habitual (intentional or automatic) or reactive self-harm

C.4 Sometimes people try to hurt their body on purpose because they feel bad, or because it helps them vent or feel better for a while. They might cut, scratch, poke, bite, stab, or burn parts of their body. Or pull out their hair. Or punch or kick a wall. Or stick things in their body? Have you ever done this? What happened? How did you feel? How often do you feel like doing this but not actually do it?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand *(If Pass, move on to next item (C.5.))*

Severity Rating of Symptom for C.4.

Not Present/subthreshold – No self-harm or minor and/or inadvertent self-harm.

Threshold – Proactive self-harm (behavior intended to injure, cause pain, or maim or disfigure body) or reactive self-harm which causes permanent physical injury or disfigurement and the child says (or evidence indicates) s/he usually cannot intentionally stop, limit, or prevent

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

C.4. (For Research Administrator Only)

☐ Not Present
☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime
☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question
C.5. Sometimes people have a hard time getting started on activities or finishing them unless someone else reminds them or makes them do it. Or they won’t start or finish anything unless someone helps them or does it for them. Has that happened to you? Are there times that you do start and finish activities all on your own?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (D.1.))

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Severity Rating of Symptom for C.5.

Not Present/subthreshold – Developmentally normative difficulties with starting or completing activities due to procrastination, multitasking, boredom and/or mild infrequent manifestation of symptom.

Threshold – Rarely starts or finishes certain (or most) activities, or does so only if most planning/work is accomplished by someone else

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

C.5. (For Research Administrator Only)
☐ Not Present ☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime
☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question

When you don’t start or finish activities unless someone reminds you, makes you, or helps you...

(Y) (N) Do you usually find a way to get started even if you put it off a long time (procrastinate)?
(Y) (N) Do you usually find a way to finish what you start even if it takes a long time?
(Y) (N) Do you only start activities if someone else reminds you or helps you get started?
(Y) (N) Do you only start activities if someone else makes you do it or does most of it for you?
(Y) (N) Do you only finish activities if someone else makes you do it or does most of it for you?
(Y) (N) Do stop activities before your finished for no reason at all, even if you planned to finish?
(Y) (N) Do you give up and not start because you feel like you’ll just fail if you try?
(Y) (N) Do you give up after you’ve started things because you’re sure you’ll fail or look stupid?
(Y) (N) Do you refuse to start anything boring?
(Y) (N) Do you stop doing things if you find them boring, frustrating, or stupid?
(Y) (N) Do you avoid starting most activities?
(Y) (N) Do you not finish most activities?
D. Self and Relational Dysregulation
Impaired developmental competencies in personal identity and involvement in relationships

D.1. Persistent extreme negative self-perception, including self-loathing or view self as damaged/defective.

D.1. Sometimes people don't like themselves or don't feel good about themselves. Do you ever feel that way? How bad do you feel? Please give a brief example.

☐ YES  (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO  (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand  (If Pass, move on to next item (D.2a.))

Severity Rating of Symptom for D.1.

Not Present/subthreshold – Developmentally normative difficulty with self-esteem and/or mild infrequent manifestation of symptom.

Threshold – Views self almost entirely as bad, damaging or damaged, defective, unlovable, or physically deformed, and has serious difficulties with relationships, activities, self-care, or self-image as a result.

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

D.1. (For Research Administrator Only)
☐ Not Present
☐ Threshold

FOR: ☐ Past/Worst Month ☐ Lifetime

☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question


D.2. Attachment insecurity: parentified attempts to care for caregivers or difficulty tolerating reunion after separation from primary caregiver(s)

*D.2a. Sometimes kids try hard to protect or look after the people who are supposed to take care of them, like their mother or father. They might try really hard to make them feel better. Or they might try hard to never do anything that makes them more upset or unhappy. Have you ever done this? For whom? How did you try to help [caregiver]?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer  ☐ Does Not Understand  (If Pass, move on to next item (D.2b.))

Severity Rating of Symptom for D.2a.
Not Present/subthreshold - Developmentally normative concerns about and attempts to help caregivers and/or mild infrequent manifestation of symptom.

Threshold – Experiences severe distress or impairment

DUE TO WORRIES ABOUT CAREGIVERS' SAFETY OR WHEN
ATTEMPTING TO PROTECT CAREGIVERS
and/or
WHEN FEELS SYMPATHETIC CONCERN OR GUILT IN REACTION TO A
DISTRESSED CAREGIVER

Past/Worst Month:  ☐ Not Present/subthreshold  ☐ WORRY ABOUT SAFETY
☐ CONCERN/GUILT

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime:  ☐ Not Present/subthreshold  ☐ WORRY ABOUT SAFETY
☐ CONCERN/GUILT
D.2b. Sometimes kids can’t be with someone important who should be looking after them, like their mother or father. Maybe they went away, or maybe you had to go away. Has that happened to you in the past/worst month? What happened? Now here's the question: when you got back together with them again, did you sometimes still feel very upset or angry, like you want to hit them or run away?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (D.3a.))

Severity Rating of Symptom for D.2b.

Not Present/subthreshold – No separations or reunions, or at most developmentally normative moderate intensity of distress due to separation/reunion and/or mild infrequent manifestation of symptom.

Threshold – Experiences prolonged (e.g. more than a few days) severe distress or impairment during/after reunion after separations from caregiver(s)

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

D.2. (For Research Administrator Only)

☐ Not Present
☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime
☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question
D.3. Extreme persistent distrust, defiance or lack of reciprocal behavior in close relationships

D.3a. Sometimes people feel that close friends or family, or people you used to look up to (like a teacher, coach, priest/minister/rabbi), can’t be trusted. Have you felt this way? About whom? What did they do? Were you ever able to trust them again?

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☐ YES (If Yes) How often did this happen in the past/worst month?  ☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?  ☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand  (If Pass, move on to next item (D.3b.))

Severity Rating of Symptom for D.3a.

Not Present/subthreshold – No betrayals of trust or developmentally normative disappointments or frustrations in close or mentoring relationships and/or mild infrequent manifestation of symptom.

Threshold – Perceived betrayals are unrepaired or continue to cause severe distress or inability to trust trustworthy people or relationships

Past/Worst Month:  ☐ Not Present/subthreshold ☐ Threshold

Lifetime:  ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime
*D.3b. Sometimes people think other people are always trying to push them around or take advantage of them. Has that happened to you? What were people doing to push you around or take advantage of you? What did you do? How did it work out?

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☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand
(If Pass, move on to next item (D.4.))

Severity Rating of Symptom for D.3b.

Not Present/subthreshold – No oppositionality or defiance; or developmentally normative assertiveness when coping with actual coercion/pressures and/or mild infrequent manifestation of symptom.

Threshold – Either:
DEFIANTLY OPPOSES people even if they are not coercive, controlling, or threatening; or generalizes oppositionality to most relationships and/or
Is consistently RESENTFUL, REVENGE SEEKING, PASSIVE RESISTANT, OR
OVERTLY PHYSICALLY OR VERBALLY AGGRESSIVE if s/he perceives coercion

Past/Worst Month: ☐ Not Present/subthreshold ☐ DEFIANT
☐ RESENTFUL/AGGRESSIVE

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ DEFIANT ☐ RESENTFUL/AGGRESSIVE

D.3. (For Research Administrator Only)
☐ Not Present
☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime
☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question

When you felt that people were trying to push you around or take advantage of you…

(Y) (N) Were there ever times when they were fair and not pushy or trying to take advantage?
(Y) (N) Were there other people who treated you fairly and didn’t try to take advantage of you?
(Y) (N) Did you argue or refuse to do whatever people wanted no matter how they treated you?
(Y) (N) Did you refuse to do anything that almost anyone wanted you to do?
(Y) (N) Did you give in but then get revenge (see D4)?
(Y) (N) Did you give in but feel mad or depressed?
(Y) (N) Did you act like you gave in but then not do what they were trying to make you do?
(Y) (N) Did you get so mad you physically attacked or couldn’t stop screaming at them (see D4)?
(Y) (N) Could you get along with friends?
(Y) (N) Could you get along with your family?
(Y) (N) Could you get along with other people in your neighborhood, at school, or at work?
(Y) (N) Could you still do activities that you like doing, such as sports or clubs or parties?

Citation: Ford, J.D., Spinazzola, J., and the Developmental Trauma Disorder Work Group (2022)
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D.4. Reactive physical or verbal aggression

**D.4.** Sometimes people feel that they have to attack anyone who they think is unfair, or who hurt, mistreat, or disrespect them or other people. They might do this to stop or prevent bad things. Or to get back at or teach a lesson to people. Have you done that? What happened? What did you do?

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☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (D.5a.))

Severity Rating of Symptom for D.4.
Not Present/subthreshold – No aggressive behavior or developmentally normative assertiveness when coping with actual threats/harm and/or mild infrequent manifestation of symptom.

Threshold – REACTS AGGRESSIVELY EVEN WHEN NOT ATTACKED, THREATENED, BULLIED, OR DISRESPECTED and/or REACTS WITH DYSCONTROLLED AGGRESSION TO ACTUAL THREATS OR HARM TO SELF/Others, causing serious impairment or harm to self/others

Past/Worst Month: ☐ Not Present/subthreshold ☐ REACTS WHEN NOT ATTACKED ☐ REACTS TO ACTUAL THREAT/HARM

NOTE: If only one dimension is present for Past Month, ask about the other dimension for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ REACTS WHEN NOT ATTACKED ☐ REACTS TO ACTUAL THREAT/HARM

D.4. (For Research Administrator Only)
☐ Not Present
☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime
☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question

Citation: Ford, J.D., Spinazzola, J., and the Developmental Trauma Disorder Work Group (2022)
D.5. Psychological boundary deficits: inappropriate (excessive or promiscuous) intimate contact (including physical or sexual), or excessive reliance on peers or adults for safety and reassurance

D.5a. Sometimes people need to be close to people or to have people show they care about them a lot, even with strangers. They might try to make people they know hug, touch or kiss them. Or they might hug, touch or kiss strangers. Or go places with strangers. Have you done that? What happened? Where did you go?

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☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2-3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (D.5b.))

Severity Rating of Symptom for D.5a.

Not Present/subthreshold – Definite developmentally appropriate boundaries physically and sexually (including consensual same-age sex if ≥ 16) and/or mild infrequent manifestation of symptom.

Threshold – Limited or no concern about personal boundaries when seeking contact or affection, with potentially or actually dangerous or serious adverse consequences.

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime

Lifetime: ☐ Not Present/subthreshold ☐ Threshold
**D.5b.** Sometimes people need a lot of reassurance if they feel upset. Like not being able to calm down or feel better unless someone pays a lot of attention to them or tells them that everything’s okay. Have you felt that way? Did you try to feel better on your own? Who did you want to reassure you? What did you do to get them to reassure you?

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☐ YES *(If Yes)* How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO *(If No)* Have there ever been any serious problems with this?
☐ Yes *(Lifetime)* ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand *(If Pass, move on to next item (D.6a.))*

<table>
<thead>
<tr>
<th>Severity Rating of Symptom for D.5b.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not Present/subthreshold</strong> – Developmentally normative desire for reassurance and/or mild infrequent manifestation of symptom.</td>
</tr>
<tr>
<td><strong>Threshold</strong> – Intense and developmentally immature need for reassurance with minimal ability to restrain or calm/reassure self, or resulting in serious impairment due to over-reliance on others for reassurance</td>
</tr>
<tr>
<td><strong>Past/Worst Month:</strong> ☐ Not Present/subthreshold ☐ Threshold</td>
</tr>
<tr>
<td><strong>Lifetime:</strong> ☐ Not Present/subthreshold ☐ Threshold</td>
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</tbody>
</table>

*NOTE: If symptom not present for Past Month, ask about it for Lifetime*

**D.5. (For Research Administrator Only)**

☐ Not Present  ☐ Threshold  ☐ Pass  ☐ Mark: ☐ Preferred Not to Answer ☐ Did Not Understand Question
D.6. Impaired capacity to regulate empathic arousal: (a) lacks empathy for, or intolerant of, expressions of distress of others, or (b) excessive responsiveness to the distress of others.

D.6a. Sometimes it’s hard for people to feel sympathy for someone who’s hurt or needs help. They might feel disgusted because those people seem stupid or whiny or they’re acting like babies when they should stop complaining and get over it. Have you felt that way? Who was hurt or needed help? What did you do?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand (If Pass, move on to next item (D.6b.))

Severity Rating of Symptom for D.6a.

Not Present/subthreshold – Developmentally normative sympathy for others and/or mild infrequent manifestation of symptom.

Threshold – Complete or consistent affective and cognitive indifference to, or inability or unwillingness to identify with, persons in distress or in need of help. Or active disgust/contempt for such individuals.

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

NOTE: If symptom not present for Past Month, ask about it for Lifetime
D.6b. Other times people might feel really bad when they see or know someone who is hurt or upset or needs help. They feel just as bad, or worse, than that person. Or they feel really horrible if they can’t help the other person feel better. Or they worry that it’s their fault. Have you felt that way? Who was upset? What did you do? What happened?

When you felt really bad for someone who was hurt or upset or needed help…

(Y) (N) Did you give them emotional support?
(Y) (N) Did you feel better if you tried to help?
(Y) (N) Did you wish you could help but not feel guilty if you couldn’t make things better?
(Y) (N) Did you think it’s too bad they’re hurt or need help and hope they will be okay?
(Y) (N) When you felt bad for them were you able to stay calm or to calm down before long?
(Y) (N) Did you feel so bad for them that you broke down and sobbed or cried?
(Y) (N) Did you feel so worried about them that you couldn’t think about anything else?
(Y) (N) Did you feel so mad that you wanted to attack the people who were hurting them?
(Y) (N) Were you so upset that you were willing to do almost anything to help them feel better?
(Y) (N) Could you get along with friends, family, and other people at school/in the neighborhood?
(Y) (N) Could you still do activities you usually do, such as school, sports or clubs, or parties?
(Y) (N) Could you still enjoy TV or music?
(Y) (N) Could you sleep okay at night?
(Y) (N) Could you eat okay?

☐ YES (If Yes) How often did this happen in the past/worst month?
☐ Daily or almost daily ☐ 2 - 3 times per week ☐ Once a week or less

☐ NO (If No) Have there ever been any serious problems with this?
☐ Yes (Lifetime) ☐ No

PASS: ☐ Prefers Not to Answer ☐ Does Not Understand
(If Pass, move on to conclude interview.)

Severity Rating of Symptom for D.6b.

Not Present/subthreshold – Developmentally normative sympathy/compassion for others and/or mild infrequent manifestation of symptom.

Threshold – Intense and developmentally immature sympathetic sense of guilt or responsibility expressed in severe distress or emotionally dysregulated intentions or actions that lead to serious impairment

Past/Worst Month: ☐ Not Present/subthreshold ☐ Threshold

Lifetime: ☐ Not Present/subthreshold ☐ Threshold

D.6. (For Research Administrator Only)
☐ Not Present
☐ Threshold FOR: ☐ Past/Worst Month ☐ Lifetime
☐ Pass MARK: ☐ Preferred Not to Answer ☐ Did Not Understand Question
Interview Concluded - Clinician Post-Interview Ratings

☐ Criterion B Affective and Physiological Dysregulation Symptoms (0-4 range)
☐ Criterion C Attentional and Behavioral Dysregulation Symptoms (0-5 range)
☐ Criterion D Self and Relational Dysregulation Symptoms (0-6 range)

☐ Criterion E. Duration of disturbance (Criteria B-D): at least 1 month

☐ Criterion F. Functional Impairment when symptoms are present: CGAS < 51
  (Moderate impairment in more than one domain OR severe impairment in at least one domain:
  Family, Peer Group, School, Activities, Work, Health)