

**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 chronic/recurrent and severe episodes of interpersonal victimization, including but not limited to physical or sexual abuse or assault, family/domestic/intimate partner violence, bullying, harassment, exploitation, trafficking, hate crimes, or race/ethnicity/identity-based harm or disparities.**

**A2. Significant attachment disruptions or loss of protective caregiving due to primary caregiver changes, separation, gross neglect (physical, medical, educational), psychological maltreatment (emotional abuse, emotional neglect, or excessive parental demands) or caregiver impairment due to mental illness, substance abuse, chronic medical condition or ongoing victimization.**

**Briefly summarize events/experiences and at what age(s):** \_\_\_\_\_

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### 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., B2b., 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 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**

**Instructions:** Mark any rating for which child spontaneously provides sufficient information. If more data are needed to rate a symptom, ask probe BUT STOP IF YOU HAVE ENOUGH INFORMATION TO RATE SYMPTOM AS PRESENT (OR NOT). Y=Yes N= No  
*When felt upset in the past/worst month ...*  
(Y) (N) Did you blow up or go into a rage?  
(Y) (N) Did you hit people or animals?  
(Y) (N) Did you hit or break things?  
(Y) (N) Did you break down crying?  
(Y) (N) Did you yell or scream?  
(Y) (N) Did you totally shut down?  
(Y) (N) Did you feel scared/terrified?  
(Y) (N) Did you feel sad/unhappy?  
(Y) (N) Did you feel mad/angry/resentful?  
(Y) (N) Did you feel disgusted?  
(Y) (N) Did you feel guilty/embarrassed?  
(Y) (N) Did you feel ashamed/humiliated?  
(Y) (N) Did you feel hopeless/like giving up?  
(Y) (N) Did you feel helpless/powerless?  
(Y) (N) Did you feel out of control?  
(Y) (N) Did you or anyone else get badly hurt?  
(Y) (N) Did you or anyone else get into serious trouble such as being arrested, suspended, overdosing, or feeling suicidal?  
(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?

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\*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?

Four horizontal lines for handwritten responses.

- 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

When you couldn't calm down or stop feeling totally shut down emotionally...

- (Y) (N) Did you yell or scream for a long time?
(Y) (N) Did you keep hitting people/animals or hitting/breaking things for a long time?
(Y) (N) Were you totally shut down a long time?
(Y) (N) Did you or anyone else get badly hurt?
(Y) (N) Did you or anyone else get into serious trouble such as being arrested, suspended, overdosing, or feeling suicidal?
(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?

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

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**B.2. Inability to modulate/recover from extreme bodily states**

**\*B.2a.** Sometimes people can't stand to be touched by anyone. Have you felt that way in the past/worst month? Or were there times when you could not stand certain sounds or noises, or other kinds of physical contact? What bothered you about this? What did you do?

*(Rule out unwanted sexual contact, being physically assaulted or corporally punished, or accidental contact that causes injury.)*

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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 (B.2b.))*

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

**Not Present/subthreshold** - No discomfort, or developmentally normative discomfort about sensory experiences in some (but not all) ways by some (not all) people and/or mild infrequent manifestation of symptom.

**Threshold** - Experienced persistent or episodic emotional **DISTRESS** and/or **SHUT-DOWN** to actual or anticipated sensory experiences of sufficient severity or impairment that child could cope only partially or not at all.

**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

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 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) Could 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 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?

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\*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.)

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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 (B.3a.))

When your body felt all messed up ...

- (Y) (N) Was this almost all of your body?
(Y) (N) Was this certain parts of your body (briefly describe \_\_\_\_\_)?
(Y) (N) Did your body hurt or ache a lot?
(Y) (N) Did your body not work right, like not being able to walk or move parts of your body?
(Y) (N) Did you shake or twitch, or have cramps?
(Y) (N) Did you have trouble peeing like accidentally letting go or trouble controlling your bowel movements?
(Y) (N) Did you feel really scared or terrified?
(Y) (N) Did you feel helpless?
(Y) (N) Did you feel like no one was helping you?
(Y) (N) Did you feel emotionally shut down?
(Y) (N) Did 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 okay?
(Y) (N) Could you eat okay?

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

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**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.))

*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?

**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

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

**Lifetime:**  Not Present/subthreshold  Threshold

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**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

When you couldn't feel your body, or your body wasn't working right ...

- (Y) (N) Was this due to an accident or illness?
- (Y) (N) Was this due to extreme cold or heat?
- (Y) (N) Was this certain parts of your body (briefly describe \_\_\_\_\_)?
- (Y) (N) Did the feelings come back after a while?
- (Y) (N) Did you feel really scared or terrified?
- (Y) (N) Did you feel ashamed or embarrassed?
- (Y) (N) Did you feel really mad or angry?
- (Y) (N) Did think it would never get better?
- (Y) (N) Did you feel emotionally shut down?
- (Y) (N) Did 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 okay?
- (Y) (N) Could you eat okay?



# Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

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## B.4. Impaired capacity to describe emotions or bodily states

**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.)*

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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 (B.4b.))

*When you were having some feelings but didn't know what you were feeling ...*

(Y) (N) Did you know what you were feeling but not know the words to describe them?

(Y) (N) Were you too excited to know what you were feeling??

(Y) (N) Were you too upset to know what you were feeling?

(Y) (N) Were you too sleepy or exhausted to know what you were feeling?

(Y) (N) Were you crying or laughing or talking really fast or loud, but you didn't know why?

(Y) (N) Were you running or jumping or climbing all over, but you didn't know why?

(Y) (N) Did you feel like you wanted to die?

(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?

### 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

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**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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*When you couldn't tell what your body was feeling or didn't know how to describe it ...*

- (Y) (N) Was this due to an accident or illness, or to being somewhere very hot or cold?
- (Y) (N) Was this certain parts of your body (briefly describe \_\_\_\_\_)?
- (Y) (N) Could you describe what those parts of your body were feeling if you tried hard?
- (Y) (N) Did you feel too upset or excited to be able to know what your body was feeling?
- (Y) (N) Did you know what your body was feeling but just not know the words to describe it?
- (Y) (N) Did you feel too mixed up/confused to be able to describe what your body was feeling?
- (Y) (N) Did you feel like your body, or those parts of your body, didn't really belong to you?
- (Y) (N) Did you have to go to the doctor/hospital?
- (Y) (N) Did you do anything that got you badly hurt or in very serious trouble?

**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 **FOR:**  Past/Worst Month  Lifetime

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

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**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?

Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

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\*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.))

When you didn't feel safe...

(Y) (N) Did you feel tense or worried even though people you trust told you it was safe?

(Y) (N) Did you feel calmer if you did something to take your mind off the worries?

(Y) (N) Did you feel safer if you were with someone who cares about you?

When you weren't being careful enough ...?

(Y) (N) Did anything bad happen?

If either of these happened ...

(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?

(Y) (N) Could you eat okay?

(Y) (N) Did you go to the hospital or a doctor?

**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

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

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

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

Not Present

Threshold FOR:  Past/Worst Month  Lifetime

Pass MARK:  Preferred Not to Answer  Did Not Understand Question

Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

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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?

Four horizontal lines for handwritten notes.

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

Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

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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?

Four horizontal lines for writing the response to C.2b.

*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 know they can't push you around?
(Y) (N) Did you think you had to do so people would respect or be afraid of you?
(Y) (N) Did you think you had to do it so people wouldn't think you were a coward or a punk?
(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?

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

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

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

Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

September 8, 2023

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.))

- When coping with feeling upset, you ...
(Y) (N) Eat junk foods or so much you get sick?
(Y) (N) Stop or severely limit eating?
(Y) (N) Exercise so hard or much you get sick?
(Y) (N) Watch TV or play videogames so much you don't sleep or do anything else?
(Y) (N) Skip school, cut classes, or not do school assignments or studying?
(Y) (N) Skip (or not start) organized activities like sports, arts/music, school clubs, church group?
(Y) (N) Pretend you are someone else important or famous so much that you believes it's true?
(Y) (N) Start yelling or screaming and can't stop?
(Y) (N) Start sobbing or crying and can't stop?
(Y) (N) Attack or lash out physically at people?
(Y) (N) Damage or destroy objects or property?
(Y) (N) Pick fights with friends, family, teachers, or other people: \_\_\_\_\_? (see C2b)
(Y) (N) Stay out all night with friends/partying?
(Y) (N) Run away for days or weeks at a time?
(Y) (N) Have sex a lot or without protection?
(Y) (N) Do things that little kids do to comfort themselves, like rocking or thumbsucking?
(Y) (N) Drink alcohol
(Y) (N) Use street drugs
(Y) (N) Use prescription drugs against the rules

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

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

Lifetime: [ ] Not Present/subthreshold [ ] Threshold

C.3. (For Research Administrator Only)

[ ] Not Present

[ ] Threshold FOR: [ ] Past/Worst Month [ ] Lifetime

[ ] Pass MARK: [ ] Preferred Not to Answer [ ] Did Not Understand Question

Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

September 8, 2023

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?

Four horizontal lines for handwritten notes.

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.))

When you hurt your body on purpose ...

- (Y) (N) Was this certain parts of the body (briefly describe ...)?
(Y) (N) Was this an accident and not on purpose?
(Y) (N) Can you cope with feeling upset without doing these things if you try not to do them?
(Y) (N) Can you stop before causing serious or permanent damage, illness, or disfigurement?
(Y) (N) Were you very upset right before doing it?
(Y) (N) Were you obsessed or preoccupied with thoughts of doing this before actually doing it?
(Y) (N) Did you have a lot of urges to do this, whether you actually did it or not?
(Y) (N) Did you seem to want to damage your body or make yourself ill or in pain?
(Y) (N) Did this cause bruises or scars?
(Y) (N) Did this cause infection/broken bones?
(Y) (N) Did this cause you to be very sick?
(Y) (N) Was medical/hospital care provided?
(Y) (N) Was medical/hospital care not provided but it should have been?
(Y) (N) Did you feel a lot of pain?

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

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

Lifetime: Not Present/subthreshold Threshold

C.4. (For Research Administrator Only)

Not Present

Threshold FOR: Past/Worst Month Lifetime

Pass MARK: Preferred Not to Answer Did Not Understand Question



# Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

September 8, 2023

## C.5. Inability to initiate or sustain goal-directed behavior

**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?

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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.1.))

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?

### 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

Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

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**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

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

**Lifetime:**  Not Present/subthreshold  Threshold

**D.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 don't feel good about yourself...*

(Y) (N) Do you think you are dirty/disgusting?

(Y) (N) Do you think you are horribly ugly?

(Y) (N) Do you think no one could ever like you?

(Y) (N) Do you think there's something terribly wrong about you?

(Y) (N) Do you think you're messed up or damaged because of things that have happened?

(Y) (N) Do you think you're stupid and dumb?

(Y) (N) Do you think you're no good at anything?

(Y) (N) Do you think you never do anything right?

(Y) (N) Do you think you're no good for anyone?

(Y) (N) Do you think you're a liar or a faker?

(Y) (N) Do some people think these bad things about you or say these bad things to you?

(Y) (N) Does anyone say you're better than that?

(Y) (N) Do you remember good things about you?

(Y) (N) Can you get along with friends?

(Y) (N) Can you get along with your family?

(Y) (N) Can you get along with other people in your neighborhood, at school, or at work?

(Y) (N) Can you still do activities that you like to do, such as sports or clubs or parties?

(Y) (N) Can you watch TV or listen to music?

(Y) (N) Can you go to school and do the work?

(Y) (N) Can you sleep okay?

(Y) (N) Can you eat okay?

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**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.))

*When you tried to protect or take care of people who should take care of you ...*

(Y) (N) Was this for a parent: \_mother \_father?

(Y) (N) For a parent-figure: \_\_\_\_\_?

(Y) (N) Did you worry about her/him being safe?

(Y) (N) Did you feel you had to protect her/him?

(Y) (N) Did you worry that s/he was sad/upset?

(Y) (N) Did you feel you had to comfort her/him?

(Y) (N) Did you feel you had to be the parent by looking after your family members and home?

(Y) (N) Did you feel you had to earn money so your family had food, clothes, and a home?

(Y) (N) Did you have to fight someone to do this?

(Y) (N) Did you have to skip school to do this?

(Y) (N) Did you have to break the law (steal)?

(Y) (N) Did you still spend time with friends?

(Y) (N) Did you have a good family life?

(Y) (N) Did you still spend time with people in your neighborhood, at school, or at work?

(Y) (N) Did 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) Did you go to school and do the work?

(Y) (N) Could you sleep okay at night?

(Y) (N) Could you eat okay?

**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**

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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

*When you were upset after being separated from someone who looks after you ...*

- (Y) (N) Was this for a parent: \_mother \_father?
- (Y) (N) For a parent-figure: \_\_\_\_\_?
- (Y) (N) Did you worry about her/him being safe?
- (Y) (N) Did you feel you couldn't trust her/him?
- (Y) (N) Did you not care about her/him anymore?
- (Y) (N) Did you have no feelings at all (see B3)?
- (Y) (N) Did you feel scared s/he'd leave again?
- (Y) (N) Did you feel mad at her/him?
- (Y) (N) Did you feel guilty like it was your fault?
- (Y) (N) Did you feel sad or bad about yourself, like you didn't deserve to be with her/him?
- (Y) (N) Did you feel you didn't deserve to count on anyone to love and take care of you?
- (Y) (N) Did you feel upset a long time (see B2)?
- (Y) (N) Did you still spend time with friends?
- (Y) (N) Did you have a good family life?
- (Y) (N) Did you still spend time with people in your neighborhood, at school, or at work?
- (Y) (N) Did 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) Did you go to school and do the work?
- (Y) (N) Could you sleep okay at night?
- (Y) (N) Could you eat okay?

Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

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**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.))

*When you don't trust people you used to trust...*

- Who was this? \_\_\_\_\_
- (Y) (N) Was it because they didn't tell the truth?
- (Y) (N) Was it because they didn't keep their word and didn't do what they said they'd do?
- (Y) (N) Was it because they didn't help you when you really needed their help?
- (Y) (N) Was it because they didn't stand up for you when you needed them on your side?
- (Y) (N) Was it because they took advantage of you for their own selfish reasons?
- (Y) (N) Was it because they told you they cared about you and then did things that hurt you?
- (Y) (N) Was it because they told you they cared for you but then were mean or uncaring?
- (Y) (N) Were you never able to trust them again?
- (Y) (N) Did you not trust people who were nice to you or acted like they cared about you?
- (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?

**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

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

**Lifetime:**  Not Present/subthreshold  Threshold

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\*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.))

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 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?

**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

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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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*When felt you had to attack someone because they were doing bad things or being unfair ...*

(Y) (N) Did you stand up to them or try to make them stop without really attacking them?  
(Y) (N) Did you teach them a lesson by being calm and strong but not really attacking them?  
(Y) (N) Did you start to attack them but then calm down before any serious problem happened?  
(Y) (N) Did you get so mad that you attacked them even when they weren't doing anything to hurt or disrespect you or anyone else?  
(Y) (N) Did you get so mad you couldn't calm down and stop yelling/saying bad things?  
(Y) (N) Did you get so mad you couldn't calm down and stop physically attacking them?  
(Y) (N) Did you get so mad that you did serious things to hurt them or get revenge?  
(Y) (N) Did this cause problems with friends?  
(Y) (N) Did this cause problems with family?  
(Y) (N) Did this cause problems at school, work, or in activities?

**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 \_\_\_\_\_

# Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

September 8, 2023

**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.))

*When you try to be close to people...*

- (Y) (N) Do you only do this with people you know well and feel close to?
- [if  $\geq 16$ ] (Y) (N) If this includes having sex, is it only with people who are your age own age?
- (Y) (N) Do you stop if the other person says stop?
- (Y) (N) Are your careful not to go anywhere with people unless you know and trust them?
- (Y) (N) Do you stop if the other person is upset?
- (Y) (N) Do you stop if you could get hurt or in bad trouble?
- (Y) (N) Do you keep trying to hug, touch, or kiss people no matter how upset they get?
- (Y) (N) Do you let strangers who are your age or older than you hug, touch, or kiss you?
- (Y) (N) Do you go places with strangers where you could have gotten hurt or in bad trouble?
- [if  $\geq 16$ ] (Y) (N) If this includes having sex, is it with adults or people a lot older than you?
- [if  $\geq 16$ ] (Y) (N) If this includes having sex, is it with younger kids?

## **Severity Rating of Symptom for D.5a.**

**Not Present/subthreshold** – Definite developmentally appropriate boundaries physically and sexually (including consensual same-age sex if  $\geq 16$ ) 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



Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

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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.))

Severity Rating of Symptom for D.5b.
Not Present/subthreshold – Developmentally normative desire for reassurance and/or mild infrequent manifestation of symptom.
Threshold – 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
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.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 needed a lot of reassurance ...
(Y) (N) Did you feel better if someone told you it would be okay?
(Y) (N) Did you help yourself feel better by remembering that it would be okay?
(Y) (N) Did you feel upset no matter how much other people reassured or helped you?
(Y) (N) Did you feel like no one cared enough about you to help you feel okay?
(Y) (N) Were you able to calm down or feel better again before too long?
(Y) (N) Did you feel so bad you couldn’t get along with or be with your friends?
(Y) (N) Did you feel so bad you couldn’t get along with or be with your family?
(Y) (N) Did you feel so bad you couldn’t get along with or be with other people in your neighborhood, at school, or at work?
(Y) (N) Was it hard to sleep or eat?
(Y) (N) Was it hard to enjoy TV or music?

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**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?

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*When you don’t feel sympathy or like you want to help someone who’s hurt or wants help...*

- (Y) (N) Do you think it’s too bad that they’re hurt or need help, but that it’s not your problem?
- (Y) (N) Do you think it’s too bad that they’re hurt or need help but they will probably be OK?
- (Y) (N) Do you think it’s too bad that they’re hurt or need help but it’s probably their own fault?
- (Y) (N) Do you really just not care about them?
- (Y) (N) Do you think they don’t deserve help because it’s really their own fault?
- (Y) (N) Do you think they don’t deserve help because they’re making a big deal about minor or stupid problems?
- (Y) (N) Do you feel angry or disgusted by them?
- (Y) (N) Do you want them to just stop bothering you with their problems?
- (Y) (N) Do you think they deserve to be yelled at or treated badly because they’re so stupid?

**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

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

**Lifetime:**  Not Present/subthreshold  Threshold

Developmental Trauma Disorder Structured Interview for Child (DTDSI-C) 11.3

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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?

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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 conclude interview.)

*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?

**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

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

**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**)