INSTRUCTION BOOKLET

(Use in Conjunction with Self-Survey Questionnaire)

The following instructions provide specific guidelines, definitions and examples for use in completing the self-survey questionnaire. It is recommended that the questionnaire be completed by the staff member who is most familiar with the child. In order to achieve consistency, it is necessary that the following directions and definitions be carefully read and applied by each individual filling out the questionnaire. Before answering each question, it is essential to read the instructions pertaining to that question.

The questionnaire itself is divided into six sections:

I. Program and Child identifying information
II. Behavior problems
III. Mental illness and psychiatric symptoms
IV. Developmental disabilities
V. Skills in activities of daily living
VI. Physical disabilities and health problems

Before beginning, it would be helpful to read the entire self-survey questionnaire through carefully to get a sense of the type of information that will be collected and to determine the appropriate sections in which to code certain items. It should be noted that most children will NOT require all sections to be completed.

The instructions will follow the questionnaire exactly. General instructions are given for each section and individual instructions are provided for each question, with definitions and/or examples given if appropriate.

A few general notes or reminders before beginning:

- It will be necessary to use the child's case record to complete a number of items on the questionnaire.
- Fill out only one answer sheet per child.
- Either a pen or pencil may be used but be careful to be legible.
- Do not leave blanks in any boxes unless instructed to do so.
- Take particular care to enter the appropriate legible numbers or text within the boxes where asked.
- A number of items require specific documentation in the case record. Read instructions carefully in each section and each question to determine exactly which choices require such documentation.
- In most cases, the questions ask for the frequency or severity of a given problem in the past 90 days only. Be sure to include only information from that time period unless otherwise indicated.
- Record those behaviors that occur at the facility or while the child is on a home visit.
- If there are any questions in completing the questionnaire after reviewing the form and the instructions, check with your agency coordinator.

APPENDIX C2: CLASSIFICATION INSTRUCTIONS AND SURVEY INSTRUMENT INSTRUCTION BOOKLET
April 2000

SPECIFIC INSTRUCTIONS:

I. PROGRAM AND CHILD IDENTIFYING INFORMATION

(Case #) Project Case Number

Enter a unique case number for each child in the review. You could use your agency's internal case number or have your agency coordinator create a unique set of case numbers for this project. **Check with your agency coordinator for instructions.**

(Agency Code) Agency Code

Enter the OCFS-assigned code for your agency. **Check with your agency coordinator for instructions.**

(Program Code) Program Code

Enter the OCFS-assigned program code for your agency. **Check with your agency coordinator for instructions.**

(Reviewer) Name of staff completing review

Enter the name of the person completing the questionnaire.

(Reviewer's Title) Title of staff completing review

Enter the title of the person completing the questionnaire.

(Review Date) Date of Self-Survey Review

Enter the date on which this questionnaire is completed. Do NOT omit this item as it is critical in verifying other information given. **Use only one date for this project review, even if the review is completed over a period of days. Check with your agency coordinator for instructions.**

(Child's DOB) Date of Birth for Child

Enter the child's exact date of birth using 6 numbers. For example, if the birth date is June 8, 1964, enter:

06 / 08 / 64

(Child's Initials) Initials for Child

Enter the child's initials.

(County) County of Official Responsibility

Enter the code for the county that is paying for the cost of care from the list provided below. This is generally the county where the child's family resides.

Unless the child is being paid for privately, be aware that, regardless of the type of placement (voluntary, CSE, court), the county that placed the child does have some financial responsibility.

If the child is being paid for privately, indicate the county in which the parents reside.

Albany	01	Oneida	30
Allegany	02	Onondaga	31
Broome	03	Ontario	32
Cattaraugus	04	Orange	33
Cayuga	05	Orleans	34
Chautauqua	06	Oswego	35
Chemung	07	Otsego	36
Chenango	08	Putnam	37
Clinton	09	Rensselaer	38
Columbia	10	Rockland	39
Cortland	11	St. Lawrence	40
Delaware	12	Saratoga	41
Dutchess	13	Schenectady	42
Erie	14	Schoharie	43
Essex	15	Schuyler	44
Franklin	16	Seneca	45
Fulton	17	Steuben	46
Genesee	18	Suffolk	47
Greene	19	Sullivan	48
Hamilton	20	Tioga	49
Herkimer	21	Tompkins	50
Jefferson	22	Ulster	51
Lewis	23	Warren	52
Livingston	24	Washington	53
Madison	25	Wayne	54
Monroe	26	Westchester	55
Montgomery	27	Wyoming	56
Nassau	28	Yates	57
Niagra	29	NYC	58
		Other State	59

(Placement Date) Date of present placement

Enter the date that the child was placed in the specific program in which he/she is currently placed.

For instance, if the agency has more than one program, and the child was originally placed at the institution and subsequently moved to the group home where he/she currently remains, enter the date of placement in the group home.

Similarly, if the child was transferred from one of the agency's group homes to another agency group home, enter the date of the placement in the group home where he/she currently resides.

(Placement Code) Placement mechanism

Enter the code that specifies the most recent placement mechanism from the list.

Be sure to note the most recent mechanism. For instance, the child may have originally been placed with the agency by the Family Court following an adjudication of neglect. Since that time, the court placement may have lapsed and the child is now on voluntary status. Check carefully to accurately code the current status.

There may be children in the agency that are in OCFS (formerly DFY) custody. If so, use Choices 6 or 7.

(Other Placement) Other Placement mechanism

If Choice 8 is selected for Placement Code, specify the mechanism.

(IQ Score) IQ Score

If the child has been tested by a standardized IQ test within the past three years, indicate the score. A mental age or grade equivalent score should NOT be entered here. Only scores from a standardized IQ test are acceptable.

Enter only the full scale IQ in the box provided. A performance or verbal score alone is not acceptable.

If there is a statement in the record that the child is untestable, enter"888."

(IQ Test Name) Name of IQ Test

If the child has been tested by a standardized IQ test within the past three years, indicate the name of the test. Examples of standardized IQ tests are:

- WISC, WISC-R, or Wechsler
- Stanford-Binet
- Cattell
- Bayley
- Gesell
- McCarthy
- Leiter

(IQ Test Date) IQ Score

If the child has been tested by a standardized IQ test within the past three years, indicate the date, e.g., month (00) and year (00) it was administered.

(School Placement) Code Current School Placement Code

Enter the code that indicates where the child is attending school.

(Other School) Other School Placement

If Choice 5 is selected for the Current School Placement Code, specify the other type of school where the child is attending school.

II. BEHAVIOR SECTION

This section of the questionnaire is divided into two parts: those behaviors that the child has manifested 6 months prior to placement and the current behaviors that have been observed 90 days prior to completion of this self-survey.

A. Prior to Placement Behavior Problems:

This series of questions focuses on describing selected significant behaviors occurring prior to the child's placement in this specific program. Consider behaviors that have occurred only in the 6 month period prior to placement in this program. If the child has been transferred to a program within the agency, consider only behaviors that are documented in the case record during the 6 months before transfer. If the child was not present in the agency, use only external-from-agency documentation, i.e., local DSS, probation, police reports contained in the case record. The following items contain examples of behaviors to be used as guidelines. The child does not need to display all the examples in a particular choice.

(Q11) Question 11. Major assaults

This item must be substantiated by documentation in the case record.

A major assault is a physical attack on another person in which serious harm resulted (e.g., the victim required serious medical attention) or would have resulted had there not been immediate physical restraint or intervention. Do NOT count incidents which are entirely self defense.

Examples of major assaults are:

- Murder or attempted murder
- Rape
- An assault with a dangerous weapon or object
- A serious attack on an individual much weaker
- Particularly vicious fighting

A major assault is NOT:

- Fist fighting between physical equals

- Slapping, pushing, shoving, scratching, biting
- Throwing a book at someone

Use common sense. An 8-year old is unlikely to cause an adult serious harm if he/she fights with the adult. Similarly, in general, throwing a chair in someone's direction does not generally result in serious harm. However, it could be done with such great velocity and at such close range that it could conceivably hurt someone badly. Consider the circumstance carefully.

Also, the intent (i.e., not by accident) to harm someone should be present. If a child loses control and starts throwing things around the room and someone walks in and accidentally gets hit by a flying object, the behavior should not be considered a major assault.

(Q12) Question 12. Major vandalism

This item must be substantiated by documentation in the case record.

Major vandalism or serious destruction of property is defined as an incident in which damage of more than $50 occurred. This is not limited to a single object that has a value greater than $50. One incident on a given day wherein a number of smaller items were destroyed that, taken together, amount to greater than $50 is considered a major vandalism. However, if a lot of small items were destroyed over a number of days, that cannot be considered as an incident of major vandalism.

Intent to destroy should be evident. A child who goes on a joy ride and accidentally cracks up the car is not guilty of vandalism.

(Q13) Question 13. Major theft

This item must be substantiated by documentation in the case record.

This is an incident of theft totaling more than $50 value. If a child goes out one day to a neighbor's house and steals their TV set, stereo and bicycle, this should be coded as "one incident" and not three.

"One incident" is also the correct choice if the child goes into a store on a given occasion and shoplifts a hair dryer, two pairs of jeans and other smaller items that total over $50.

(Q14) Question 14. Robbery

This item must be substantiated by documentation in the case record.

A robbery is theft that involves confrontation with the victim. It generally includes a weapon and/or threat of serious harm to the victim. If in the act of the robbery, the victim is seriously hurt, code the incident BOTH as a robbery and as a major assault.

(Q15) Question 15. Major firesetting

This item must be substantiated by documentation in the case record.

This includes firesetting in which damage of more than $50 occurred or in which someone was physically in danger. This would include setting a mattress or car on fire. Playing with matches or lighting a fire in a steel wastepaper basket away from the possibility of the fire spreading or a small, isolated grass fire, are not considered major firesetting incidents. (These items may be coded in Question 17, Other Behavior Problems.)

(Q16) Question 16. Hard drug use/excessive alcohol consumption

Examples:

- o Angel dust (PCP)
- o LSD
- o Heroin
- o Cocaine
- o Amphetamines
- o Barbiturates

Code use of these drugs for other than approved medical reasons.

Excessive alcohol consumption is drinking to the point of being inebriated and habitual.

Hard drug use and/or excessive alcohol consumption must be habitual and to the degree that it interferes with the child's daily functioning.

(Q17) Question 17. Other significant behavior problems

This item is available to capture any other significant management problem that has not been captured in previous items. If there is more than one problem, select the more severe issue.

Code only the behavior that seriously affects the child's ability to function normally in his/her community or, if the child was previously placed in another program, behavior that was disruptive to the program. Do NOT code behaviors that were merely irritating or petty.

B. Current Behavior Problems:

This section is concerned with actual observable behaviors such as assaultiveness, stealing, etc. Consider only what the child actually does, not feelings, emotional problems, interpretations or inferences about how the child might behave in a different setting or why the child behaves in a particular manner. (Some of these issues will be dealt with in the Mental Illness section.)

For example, hostility is not a behavior; however, verbal abusiveness or bullying are behaviors.

For questions 18 to 34, code only those behaviors that have occurred in the past 90 days. If the child has been in placement at this specific facility for less than 90 days, include only those incidents that have occurred since the child was placed in the facility even if the child has only been in placement for one day.

Example:

Today's date is November 1, 1982. The child was placed at the facility on September 15, 1982. Code only those problems which occurred from 9/15/82 to 11/1/82.

Today's date is November 1, 1982. The child was placed at the facility on April 3, 1981. Code only those problems which occurred from 8/1/82 to 11/1/82.

Do NOT code the same behavior in more than one item. Consider the behavior carefully, look at all the choices, and decide which ONE item most accurately describes that particular behavior. There are certain exceptions to this rule that are described in the appropriate sections below.

Questions 18 through 23 require documentation in the case record.

(Q18) Question 18. Major assaults

This item must be substantiated by documentation in the case record.

A major assault is a physical attack on another person in which serious harm resulted (e.g., the victim required serious medical attention) or would have resulted had there not been immediate physical restraint or intervention. Do NOT count incidents which are entirely self defense.

Examples of major assaults are:

- o Murder or attempted murder
- o Rape
- o An assault with a dangerous weapon or object
- o A serious attack on an individual much weaker
- o Particularly vicious fighting

A major assault is NOT:

- o Fist fighting between physical equals
- o Slapping, pushing, shoving, scratching, biting
- o Throwing a book at someone

Use common sense. An 8-year old is unlikely to cause an adult serious harm if he/she fights with the adult. Similarly, in general, throwing a chair in someone's direction does not generally result in serious harm. However, it could be done with such great velocity and at such close range that it could conceivably hurt someone badly. Consider the circumstance carefully.

Also, the intent (i.e., not by accident) to harm someone should be present. If a child loses control and starts throwing things around the room and someone walks in and accidentally gets hit by a flying object, the behavior should not be considered a major assault.

(Q19) Question 19. Major vandalism

This item must be substantiated by documentation in the case record.

Major vandalism or serious destruction of property is defined as an incident in which damage of more than $50 occurred. This is not limited to a single object that has a value greater than $50. One incident on a given day wherein a number of smaller items were destroyed that, taken together, amount to greater than $50 is considered a major vandalism. However, if a lot of small items were destroyed over a number of days, they cannot be considered as an incident of major vandalism. (They may, instead, be coded in Question 30, Minor vandalism.)

Intent to destroy should be evident. A child who goes on a joy ride and accidentally cracks up the car is not guilty of vandalism.

(Q20) Question 20. Major theft

This item must be substantiated by documentation in the case record.

This is an incident of theft totaling more than $50 value. If a child goes out one day to a neighbor's house and steals their TV set, stereo and bicycle, this should be coded as "one incident" and not three.

"One incident" is also the correct choice if the child goes into a store on a given occasion and shoplifts a hair dryer, two pairs of jeans and other smaller items that total over $50.

(Q21) Question 21. Robbery

This item must be substantiated by documentation in the case record.

A robbery is theft that involves confrontation with the victim. It generally includes a weapon and/or threat of serious harm to the victim. If in the act of the robbery, the victim is seriously hurt, code the incident BOTH as a robbery and as a major assault.

(Q22) Question 22. Major firesetting

This item must be substantiated by documentation in the case record.

This includes firesetting in which damage of more than $50 is likely or in which someone is physically in danger. This would include setting a mattress or car on fire. Playing with matches or lighting a fire in a steel wastepaper basket away from the possibility of the fire spreading or a small, isolated grass fire, are not considered major firesetting incidents. (These items may be coded in Question 34, Other Behavior Problems.)

(Q23) Question 23. Running away

This item must be substantiated by documentation in the case record.

This includes running away from the residential program or from home on home visits. The incident must be overnight and/or necessitate return by authorities (police, facility staff).

If the child runs away during the day and returns on his/her own volition that same day, do NOT code this as running away. Such behavior may be reflected in Question 34, Other Behavior Problems.

If the child is a few hours late in returning to the facility from a home visit, do NOT code this as running away. However, if the child does not return for a day or more without a legitimate excuse, this may be coded as running away.

Length of absence is not considered in this item. An overnight absence and a two-month absence are each coded as "one incident."

Questions 24 to 34 deal with the general frequency of a particular behavior during the past 90 days (unless the child has been in placement for less than 90 days; if so, code only those behaviors that have occurred since the child was placed in this specific facility).

Code the choice that is the most accurate average for the entire 90 day period. If, for example, in the first month, the child had tantrums more than once a week and, in the remaining two months, had only an occasional tantrum, the most appropriate response would be Choice 3 - "Twice a month to once a week."

(Q24) Question 24. Truancy

In order to be coded as truant, the child must be deliberately cutting the majority of the school day without a valid excuse. Skipping one or two classes, even if this happens daily, should NOT be counted here. It can, however, be coded in Question 34, Other Behavior Problems.

DO NOT include absences in school that are the result of running away from the residential program.

(Q25) Question 25. Alcohol or soft drug use

Alcohol consumption is drinking to the point of being inebriated or inappropriate alcohol consumption.

Soft drugs are such drugs as marijuana or hashish. Excessive use is smoking to the extent that it interferes with normal functioning (such as in school).

Do NOT include here incidents of alcohol or drug use simply because they are a violation of facility rules. This item is only concerned with excessive use.

(Q26) Question 26. Hard drug use/excessive alcohol consumption

Examples:

- o Angel dust (PCP)
- o LSD
- o Heroin
- o Cocaine
- o Amphetamines
- o Barbiturates

Code use of these drugs for other than approved medical reasons.

Excessive alcohol consumption is drinking to the point of being inebriated and habitual.

Hard drug use and/or excessive alcohol consumption must be habitual and to the degree that it interferes with child's daily functioning.

(Q27-1) Question 27-1. Verbal abusiveness - Code

Use this to code the frequency of verbal abusiveness.

This includes hostile swearing, name calling and the like which is directed towards others and is abusive in tone. It does NOT include swearing which is simply a part of the child's culture and which is not hostile or verbal outbursts that are not specifically directed toward another person(s).

(Q27-2) Question 27-2. Verbal abusiveness - Describe Problem

Use this space to specify the type of verbal abusiveness.

(Q28) Question 28. Physical fighting or minor assault

Use this item to code physical fighting between persons of approximately equal ability which is unlikely to result in serious harm. This is also the appropriate item to use to code minor assaults like biting, scratching, punching or use of an object (book, cup, brush, broom) that is unlikely to cause serious harm.

(Q29) Question 29. Minor theft

Minor theft is stealing an item or items of less than $50 value such as shoplifting a minor item or stealing records or clothes from other children in the facility.

Intent to steal must be apparent. A child who takes other children's toys because he/she doesn't understand that they do not belong to him/her is not a thief. (If this is a significant problem, however, it may be coded in Question 34, Other Behavior Problems, as a minor incident.)

(Q30) Question 30. Minor vandalism

This includes the destruction of minor items of property with a value of less than $50.

Examples:
- o Spray painting walls
- o Tearing up clothes
- o Breaking dishes or a small window

(Q31) Question 31. Tantrums

A tantrum is defined as a severe anger outburst in which, for example, the child may be screaming, slamming doors, and throwing clothes or books around, resulting in a disruption of the present activity.

If a child's tantrum consists wholly of verbal abuse toward another person(s), code it as either verbal abusiveness or a tantrum but NOT both.

In general, do not code minor incidents like pouting, whining and stamping feet here. It should be a severe enough incident to be disruptive to programming.

(Q32) Question 32. Threatening others or bullying

Code here behaviors wherein the child is verbally threatening others with bodily harm or bullying (pushing, shoving). The child should be perceived as a threat by the target of the bullying. Idle

threats not directed to someone in particular or threatening by a youngster who is so small that no one takes the threat seriously should NOT be coded.

(Q33) Question 33. Resistance to authority

In answering this question, exclude behaviors that are reflected in other questions in this section like truancy, running away, etc. Consider here items like refusal to comply with a request by a staff member and violation of minor rules.

(Q34-1) Question 34-1. Other significant behavior problems - Code

Use this to code the frequency of other significant behavior problems.

This item is available to capture any other significant management problem that has not been captured in previous items. If there is more than one problem, select the more severe issue.

Code only the behavior that is a significant management issue, that is, a behavior that is disruptive to the program or would seriously affect the child's ability to function normally in his/her community. Do NOT code behaviors that are merely irritating or so petty that they do not require any significant staff attention.

Before noting any problem here, scan the Mental Illness section to be sure that the behavior won't be picked up there.

(Q34-2) Question 34-2. Other significant behavior problems – Describe Problem

Use this space to specify the type of behavior problem.

III. MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS

This section deals with psychiatric and emotional disorders or problems of the child that significantly interfere with his or her ability to function normally. These disturbances must be evidenced by actual observable symptoms such as a suicide threat, toewalking, mood swings and the like. Do not make interpretations or inferences about how the child might be feeling, etc.

For purposes of this survey, we make a distinction between behavior problems and emotional problems. Thus, behavior problems or inferences about the possible cause of behavior problems should NOT be coded in this section. For example, if a child's tantrums are caused by underlying depression, but the child does not display other symptoms of depression, do NOT mark depression in this section. Review the items in this section carefully to determine if the child has any observable psychiatric symptoms.

If the child displays psychiatric symptoms, code them regardless of assumptions as to why they may exist. Children that are retarded may display symptoms like head-banging, lack of responsiveness, lability, etc. It is appropriate to code those symptoms in this section because, regardless of the possible reason for their presence, they constitute management or treatment issues for the agency.

A. MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS PRIOR TO PLACEMENT

(Q35) Question 35. Mental illness and psychiatric symptoms prior to placement

Consider only those symptoms that occurred in the 6 month period prior to placement in this facility.

Consider only those symptoms that are documented in the case record or referral material about that time period.

If the case record indicates that there were some psychiatric problems in that period, but there is not enough specific information to determine the severity of the problem, use Choice 5.

(Q36) Question 36.

Indicate whether the child has been hospitalized in a psychiatric facility or a Residential Treatment Facility (RTF).

B. CURRENT MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS

For Questions 37 to 50 Code only those symptoms that have existed in the past 90 days (unless the child has been in placement with you for less than 90 days; if so, consider only those symptoms present since the child was placed here). Do NOT include the existence or severity of a problem prior to this time period.

If there are no significant psychiatric symptoms, skip the entire section.

Be careful not to code the same problem twice. For example, slicing one's wrist may be coded as a suicide attempt or as self-abuse but not both. Talking to trees could be coded as either bizarre behavior or bizarre language but not both.

Documentation in the case record is required in order to select certain choices in all of the following questions in this section. Specifically, documentation is required when selecting choices:

- 4, 5 or 6 in Question 37
- 3, 4 or 5 in Question 38
- 3 or 4 in Questions 39 through 48
- 3 or 4 in Question 50

Thus, with the exception of Questions 37, 38 and 49, it is the last two choices in each question for which documentation is required.

Sufficient documentation consists of at least a detailed description and indication of the frequency or severity of the specific psychiatric symptom exhibited by the child in the 90 day period in question. A mere statement in the record that the child exhibits one or any of the following symptoms does not constitute sufficient documentation for selecting the choices indicated above. For example, if the record states that the child is suicidal, or exhibits bizarre behavior, or is depressed, or is hyperactive, etc. without describing how and to what extent he/she exhibits these symptoms, then there is NOT enough evidence to select the above indicated choices in these questions.

(Q37) Question 37. Suicide threats or attempts

Code here only overt suicide threats, gestures or attempts. Suicidal ideation or talking generally about death or wishing to be dead are NOT to be coded in this item. They may be considered in Question 45,Depression.

If the child makes a threat that is clearly an attention- getting behavior and not taken seriously at all, do NOT code it as a threat.

If the child exhibits more than one of these symptoms (threat, gesture, attempt) code the more severe (they are listed in order of increasing severity).

Choices 4, 5, and 6 must be substantiated by documentation in the case record.

The record must describe the suicidal behavior so as to distinguish whether it would be considered a gesture or an attempt. The number of times that the child exhibits such behavior must be indicated.

(Q38) Question 38. Self-mutilation or self-abuse

This refers to physical actions that are of physical harm to the child. Do NOT code incidents that have already been coded in Question 37.

Examples of self-abuse are:

- slapping or hitting self
- headbanging
- hairpulling
- scratching or biting self
- putting fist through a window with the intent of causing self harm

Self-abuse does NOT include:

- overeating or undereating
- taking drugs for experimental purposes or drinking to excess
- promiscuity or masturbation
- walking at night in a dangerous neighborhood
- "risk-taking" behavior

Choices 3, 4, and 5 must be substantiated by documentation in the case record.

The record must describe exactly what the child does that is self-abusive. In order to mark Choices 4 or 5, this behavior must be likely to cause the child physical harm. "Occasional incidents" are two incidents per month or less. "Frequent incidents" are more than two incidents per month.

(Q39) Question 39. Bizarre behavior

Code here only incidents of exceptionally abnormal, unusual or peculiar behavior. This item does NOT include behavior that is merely annoying or unacceptable, such as typical adolescent attention getting
behavior. It is intended only to capture clinically bizarre actions that would stigmatize the child. Be sure not to code behavior here that you have already coded elsewhere or that is captured in other questions, such as self-abuse, echolalia or bed-wetting.

Examples of bizarre behavior are:

- Oddities of motor movement such as finger flapping, toewalking, tics and other peculiar posturing that are not the result of a physical disability
- Growling or barking
- Talking to trees
- Autistic-type self-stimulatory behavior like continual spinning or rocking or an unusual preoccupation with or attachment to objects

Bizarre behavior is NOT:

- Fighting, swearing, running away
- Sleepwalking or other sleep disorders
- Eating disorders
- Temper tantrums
- Masturbation or promiscuity

Choices 3 and 4 must be substantiated by documentation in the case record.

The record must describe the particular behavior and how much it interferes with daily living activities or attracts attention.

(Q40) Question 40. Bizarre language

It is important to distinguish bizarre language from speech disorders. Lisping, stuttering, mumbling and other speech disorders should not be marked in this section. Additionally, swearing, profanity or babytalk are not to be coded as bizarre language.

Examples of bizarre language are:

o Echolalia - Repetition or echoing of the words or phrases of others, such as when a staff person says to the child, "I'd like to see you for a few minutes" and the child says, "Like to see you for a few minutes. Like to see you for a few minutes."

o Perseveration - Persistent repetition of words, ideas or subjects so that, once the child begins speaking about a particular subject or uses a particular word, it continually recurs. For example, "I think I'll put on my hat, my hat, my hat."

o Neologisms - New words invented by the child, distortions of words, or standard words to which the child has given new, highly idiosyncratic meaning.

o Elective mutism - Continuous refusal to speak by a child who has the ability to understand spoken language and to speak.

Choices 3 and 4 must be substantiated by documentation in the case record. The particular language peculiarity should be described in the record. To use Choice 3, the record must indicate that this language peculiarity interferes with the child's oral communication on a daily basis. For Choice 4, the record must indicate that the child hardly communicates because of his/her muteness or total preoccupation with bizarre language.

Questions 41 to 48 are concerned only with the extent to which a given symptom has interfered with normal daily functioning in the past 90 days. "Normal functioning" is defined as the ability to adequately perform the normal activities of daily living for the child's age group: getting up in the morning, bathing, dressing, eating, participating in school activities, doing chores, interacting with others, and participating in play activities.

A response of 3 or 4 on any item for Questions 41 to 48 must be substantiated by documentation in the case record. The case record must describe the extent to which the following items interfere with the child's daily living activities. In order to select Choice 3, the symptom must interfere with several of the activities on a continual basis. In order to select Choice 4, the symptom must prevent the child from performing most or all of these daily living activities.

(Q41) Question 41. Hyperactivity and/or attention deficits

Hyperactivity is excessive or frenzied physical activity; the child appears to be in constant motion that seems not to be goal-directed.

Hyperactivity is evidenced by:

- Running about or climbing on things excessively
- Inability to sit still
- Extreme restlessness or fidgeting

An attention deficit is a substantially impaired ability to pay attention as evidenced by:

- Extreme distractibility
- Difficulty concentrating on schoolwork or other tasks requiring sustained attention
- Often failing to complete a task

(Q42) Question 42. Withdrawal, extreme passivity, lack of responsiveness to surroundings

This item addresses the child's relatedness to and interaction with his/her environment.

Use Choice 2 if the child functions relatively normally, but is often in a fog, is "spacey," seems to be in a dream world, isolates him/herself from others, and spends a lot of time doing nothing.

Use Choice 3 if the child has obvious thought disorders or is so "out of it" that sometimes he/she does not respond to direct questions.

Use Choice 4 if the child is completely out of touch and is almost completely unresponsive to others or to the environment.

(Q43) Question 43. Psychotic thought disorders

Code here indications of gross impairment in reality testing that are not attributable to mental retardation, such as:

- Hallucination - The child sees things or hears voices that aren't there

- Bizarre delusions - A false belief whose content is patently absurd and has no possible basis in fact, such as the child who thinks he is Christ or has delusions of being controlled or having no insides

- Marked loosening of associations - Thinking in which ideas shift from one subject to another that is completely unrelated without any awareness that the topics are unconnected

- Marked illogical thinking not attributed to mental retardation - Thinking that contains clear internal contradictions or in which conclusions are reached that are clearly erroneous, given the initial premise. For example, "Parents are the people that raise you. Parents can be anything-material, vegetable, or mineral - that has taught you something. A person can look at a rock and learn something from it, so a rock is a parent."

(Q44) Question 44. Nonpsychotic thought disorders

This is a disturbance in thought that is a serious distortion of reality but not so gross that it is psychotic. Examples of nonpsychotic thought disorders include:

o Magical thinking - A belief that one's thoughts, words or actions might cause or prevent a certain outcome that defies the normal laws of cause and effect such as the mother who believes her child will become ill if she has an angry thought; clairvoyance, telepathy, "others can feel my feelings," thought broadcasting

o Recurrent illusions that are inappropriate for the child's age - e.g., "I felt as if my dead mother were in the room with me."

o Ideas of reference- An idea, held less firmly than a delusion, that events, objects, or other people in the child's immediate environment have a particular and unusual meaning specifically for him or her

o Grandiosity - An inflated appraisal of one's worth, power, knowledge, importance or identity

(Q45) Question 45. Depression

Do NOT include here normal periods of "the blues" or normal grief or sadness that is associated with a specific event (such as the recent death of a loved one).

In order to be coded here, the depression must be characterized by one or more of the following observable symptoms:

o Loss of interest or pleasure in usual activities

o Loss of energy or fatigue

o Poor appetite or significant weight loss or increased appetite or significant weight gain

o Difficulty sleeping or excessive sleeping

o Feelings of worthlessness, self-reproach, or excessive inappropriate guilt

o Recurrent thoughts of death, suicidal ideation or wish to be dead

(Q46) Question 46. Lability or emotional instability

Code here sharp swings or repeated, rapid and abrupt shifts in interpersonal behavior, mood, self-image or attitude that appear to have little or no appropriate relationship to environmental circumstances.

For example, if a child seems elated one moment and then, suddenly and inexplicably, flies into a rage, this behavior may be coded as lability.

(Q47) Question 47. Other affective or emotional disorders

Code here only those disturbances in affect or emotion that have not been captured elsewhere in this section.

Examples:

o Flat affect - Consistently shows little or no emotional expression; the voice may be monotonous and the face may be immobile

o Blunted or constricted affect- Marked by a severe reduction in the intensity, expression or range of affective expression

o Inappropriate affect - Affect is clearly discordant with the content of the speech or thought (smiling and laughing when discussing demons that are persecuting the child)

o Extreme anxiety - The child is exceptionally fearful or anxious for no apparent reason

(Q48-1) Question 48-1. Other psychiatric symptoms – Code

Use this to code the frequency of other psychiatric symptoms.

Include a symptom that has not been coded elsewhere either in this section or the behavior section. If there is more than one symptom, select the more severe.

Examples:

o Encopresis - soiling after an age at which continence is expected that is not due to a physical disorder.

o Eating disorders

o Pica - child eats nonfoods like crayons, paper clips, leaves

o Bulimia - serious binge eating accompanied by episodes of starving, induced vomiting, etc.

o Anorexia Nervosa - serious self-starvation to the extent that life may be threatened

o Sleep disturbances

o Nightmares

o Serious insomnia

o Sleepwalking

o Phobias - excessive and unusual specific fears. In coding phobias, consider carefully how they interfere with daily functioning. An excessive fear of dogs is unlikely to interfere with most functioning and should be coded as a 2. On the other hand, agoraphobia (fear of being in open or in public places) may interfere significantly with normal functioning and may (depending upon the individual child) warrant a coding of 3 or 4.

(Q48-2) Question 48-2. Other psychiatric symptoms – Describe Problem

Use this space to specify the type of other psychiatric symptoms.

(Q49) Question 49. Bedwetting (enuresis)

This is defined as repeated involuntary voiding of urine that is not due to a physical disorder after an age at which continence is expected.

(Q50-1) Question 50-1. Ability to relate to peers - Code

This item is concerned with the child's ability to interact with others. Do NOT code hostility, aggressiveness or the like here as these behaviors are picked up in the behavior section.

If Choice 5 is selected, be sure to specify in Q50-2 what the disorder is.

Choices 3 and 4 must be substantiated by documentation in the case record. For choice 3, there must be discussion in the case record about the child's lack of interaction with peers. For Choice 4, the case record must describe the child's unresponsiveness to human beings. For example, if the child is autistic and spends all of his/her time engaged in rocking and is mute and does not substantially respond to conversation from others, then this choice would be selected.

(Q50-2) Question 50-2. Ability to relate to peers – Describe Problem

Use this space to specify the disorder if Choice 5 is selected in Question 50-1.

(Q51-1) Question 51-1. Primary psychiatric diagnosis – Code

Specify the code for the most recent formal diagnosis as it is written in the case record, only if one exists, and only if:

- It was made by a psychiatrist or psychologist
- It is documented in the case record
- It is a current diagnosis (made within the past 2 to 3 years)

If there is no formal diagnosis, leave this question blank.

The primary diagnosis is generally the main focus of attention or treatment and will generally be the first diagnosis listed on Axis I (these classifications onto axes are made by the DSM-III) unless otherwise indicated in the psychiatric report.

If there are multiple Axis II diagnoses, and there are no indications as to which is the primary and secondary diagnosis, use the first Axis I diagnosis listed as the primary diagnosis (Question 51) and the first Axis II diagnosis listed as the secondary diagnosis (Question 52).

In the absence of a clear diagnosis, a written Diagnostic Impression made by the psychiatrist or psychologist is acceptable.

(Q51-2) Question 51-2. Primary psychiatric diagnosis – Write Diagnosis

Use this space to write out the primary psychiatric diagnosis where there is one that meets the conditions specified above in Q51-1.

(Q52-1) Question 52-1 Secondary psychiatric diagnosis - Code

Specify the code for a secondary diagnosis if it exists. This may be:

- a second Axis I diagnosis where no Axis II diagnosis is made
- an Axis II diagnosis

(Q52-2) Question 52-2 Secondary psychiatric diagnosis – Write Diagnosis

Use this space to write out the secondary psychiatric diagnosis where there is one that meets the conditions specified above in Q52-1.

(Q53) Question 53. Psychotropic or anticonvulsant medication

This item will be used solely for planning purposes and will not be considered for rate setting.

Indicate if the child does or does not currently receive prescribed psychotropic (mood altering) or anticonvulsant (anti-seizure) medication.

Examples of psychotropic drugs are:

- Haldol
- Lithium
- Mellaril
- Prolixin
- Ritalin
- Serentil
- Stelazine
- Thorazine
- Tofranil
- Valium

Examples of anticonvulsant drugs are:

- Dilantin
- Phenobarbitol
- Sodium Valproate
- Tegretol

IV. DEVELOPMENTAL DISABILITIES

There are five accepted developmental disabilities in New York State Mental Hygiene Law:

- Mental retardation
- Epilepsy
- Cerebral palsy
- Neurological impairment
- Autism

If the child has indications of any one of these, complete the entire section.

(Q54) Question 54. Mental Retardation

If the child has a diagnosis that is a range of levels, such as Mild to Moderate Mental Retardation or Moderate to Severe Mental Retardation, use Choice 6.

If the child has more than one diagnosis, select the most recent one.

In order to use Choices 2, 3, 4, 5, or 6, a written diagnosis by a psychiatrist or psychologist must be in the case record.

(Q55) Question 55. Epilepsy/Seizure Disorder

In the absence of a formal diagnosis of epilepsy or seizure disorder, if the child is on anti-convulsant medication (see Question 53 for a list) for reasons other than to control the side effects of psychotropic medication, you may code the child under 2 on the scale.

If there is no diagnosis and the child is NOT on anticonvulsant medication, but it appears that the child may be having seizures, use Choice 6.

Choices 2, 3, 4, and 5 require a diagnosis and documentation in the case record.

(Q56) Question 56. Cerebral palsy

Examples of cerebral palsy are:

- spastic quadriplegia
- athetosis
- ataxia

There must be a formal diagnosis in the case record of cerebral palsy (this would include a diagnosis of spasticity, athetosis, or ataxia) to use choices 2, 3, or 4.

(Q57-1) Question 57-1. Other neurological impairments

Specify the code for any other major impairments affecting the central nervous system.

Do not code epilepsy, cerebral palsy or causes for mental retardation (such as Down's Syndrome, hydrocephalus or microcephaly). Also, do not code Organic Brain Syndrome or learning disabilities.

Specify in Q57-2 what the neurological impairment is.

Examples of neurological impairment are:

- spina bifida
- Tourette's syndrome
- multiple sclerosis
- Parkinson's disease
- encephalitis

If the record indicates Minimal Brain Damage or "soft signs", use Choice 3.

(Q57-2) Question 57-2. Other neurological impairments

Use this space to specify the type of other neurological impairment.

(Q58) Question 58. Autism

Acceptable diagnoses for Choice 2 are:

- Autism
- Infantile Autism

Choice 3 may be used if:

- There is a diagnosis of Atypical Pervasive Developmental Disorder
- There is a diagnosis of Childhood Onset Pervasive Developmental Disorder
- There is a diagnosis of Childhood Schizophrenia that appears to be a proxy for Autism
- The record documents indications of autistic symptoms or autistic-like features but there is no formal diagnosis of Autism

V. SKILLS IN ACTIVITIES OF DAILY LIVING

This section should be completed only if one or more items were checked in the DEVELOPMENTAL DISABILITIES SECTION and there are deficits in ADL skills relative to what is expected for that child's age group. Persons should be rated on present, not future anticipated, ability. Rate persons on what they are capable of doing, not on what they may or may not be permitted to do as a result of the facility's policies.

Responses 2, 3, 4 and 5 must be substantiated by documentation in the case record. This documentation can consist of a description of how the child's disability interferes with his/her ability to perform the following activities and/or the activities performed by staff in assisting or training the child in performing these activities.

(Q59) Question 59. Eating

Consider the child's ability to eat a complete meal with little or no spilling using all normal dishes and utensils. Do NOT code any deficit here if the child is a "junk food" eater or is a sloppy eater due to laziness or apathy.

(Q60) Question 60. Dressing and grooming

Consider the child's ability to dress him/herself completely with no assistance in buttoning, putting shoes on correct feet, tying shoe laces, etc. He or she should also be able to bathe unaided, brush his/her teeth, and wash his/her hair.

Do NOT code any deficit here if the child knows how to dress and groom but is merely a sloppy dresser due to laziness or apathy.

(Q61) Question 61. Toileting

To be completely independent, the child should have bowel and bladder control, go to the bathroom independently and be able to choose the correct restroom in a public place.

(Q62) Question 62. Uses telephone

The child should be able to dial the number correctly and carry on a conversation.

(Q63) Question 63. Uses stove to prepare meals

Consider the child's current ability to use a stove, whether or not the program permits the children to cook for themselves. The child should be able to prepare simple meals like hot dogs, soup or eggs or bake something simple like a TV dinner in the oven with little or no help.

(Q64) Question 64. Uses neighborhood stores for shopping

Consider the child's ability to use the community regardless of facility norms. The child should be able to follow simple directions concerning where to go, cross streets obeying lights and signals, make the correct purchase, and make the correct change. Do NOT code a deficit here if the child is not trustworthy in the community because he/she is a shoplifter, etc.

(Q65) Question 65. Uses laundry to wash clothes

This item should also be completed to reflect the child's skill rather than whether or not the facility provides for children to do their own laundry. The child should be able to use a washing machine and dryer to wash a simple load of clothing.

VI. HEALTH PROBLEMS AND PHYSICAL DISABILITIES

Complete this section if the child has any significant physical disabilities or major chronic health problems.

(Q66) Question 66. Vision

Consider the child's vision with correction (glasses or contact lenses).

(Q67) Question 67. Hearing

If the child uses a hearing aid, consider the degree of hearing impairment with the use of a hearing aid.

(Q68) Question 68. Mobility

Code here mobility problems. Consider use of support devices other than wheelchairs under choice 2.

(Q69) Question 69. Speech

Code here speech disorders such as lisping, stuttering or other articulation problems. DO NOT code language problems (echolalia, perseveration, etc.)

(Q70-1) Question 70-1. Other Serious Chronic Health Problem - Code

Use this to code any other serious chronic health problem (for example, a broken leg is not a chronic health problem) that may interfere with the child's normal functioning or require ongoing specialized medical attention. Exclude epilepsy or cerebral palsy.

Choices 3 and 4 must be substantiated by documentation in the case record.

(Q70-2) Question 70-2. Other Serious Chronic Health Problem - Describe Problem

Use this space to specify the type of other serious chronic health problem.

(Q71-1) Question 71-1. Other Serious Chronic Health Problem - Code

Use this to code any other serious chronic health problem (for example, a broken leg is not a chronic health problem) that may interfere with the child's normal functioning or require ongoing specialized medical attention. Exclude epilepsy or cerebral palsy.

Choices 3 and 4 must be substantiated by documentation in the case record.

(Q71-2) Question 71-2. Other Serious Chronic Health Problem - Describe Problem

Use this space to specify the type of other serious chronic health problem.

(Q72) Question 72. Specialized health care

This question is available to indicate if the child receives any specialized health care.

Specialized health includes only those procedures that must be performed by a trained health professional (e.g., doctor, nurse, nurse's aide, physical therapist).

EXCLUDE:

- oral medication
- services for conditions which will be cured within 60 days
- routine custodial care including
  - annual or periodic checkups or evaluations
  - taking blood samples or temperature checks
  - applying salves to burns or skin problems
  - feeding, changing, dressing
  - diagnostic testing
- speech therapy, recreation therapy, occupational therapy

DO INCLUDE:

- physical therapy
- tube feeding, postural drainage, or suctioning
- tracheotomies, colostomies, etc.
- dialysis
- respiratory therapy

(Q73) Question 73. Additional Comments

Any additional concerns or issues.