

A-TAC: FV
Child and adolescent version

This questionnaire is in particular detail focused on a number of abilities and behaviours in children. All children are different from one another. This means that their abilities in various areas as well as their conduct and behaviour vary a great deal.

To gain as complete a picture as possible of your child, we ask you to answer a considerable number of questions.

Naturally, children function in different ways at different ages. State your perception of your child's functioning as compared to his or her peers. If your child has had a certain problem or specific characteristic during *any period of life*, answer the question with "yes" even if the problem or characteristic is no longer present.

Name of child/youth: _____

Date of birth/personal identity number: _____

Age: _____ **Sex:** _____

Date of interview: _____

Informant (the person answering the questions): _____

Informant's relationship to the child/youth (i.e. mother, father, etc): _____

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A. Motor control		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
1	Does he/she have problems coordinating movements smoothly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to this question:					
A1	Is he/she clumsy?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	Is he/she fumbling?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3	Does he/she have balance problems?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4	Does he/she easily stumble and fall?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	Have the peculiarities or problems relating to motor control caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6	Do the peculiarities or problems relating to motor control cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7	At what age did the peculiarities or problems relating to motor control commence?		Age:		
A8	Are they still present?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

B. Perception		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
2	Does he/she seem disturbed by height differences such as in connection with climbing stairs etc.?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does he/she have difficulty judging distance or size?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is he/she oversensitive to touch or tight clothing?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is he/she particularly sensitive to certain sounds/noise?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is he/she particularly sensitive to certain flavours, smells, or consistencies?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
B1	Does he/she have difficulty comprehending orientation and spatial directions, e.g. puts clothes on backwards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2	Does he/she often bump into other people?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3	Does he/she have poor concepts of time?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4	Does he/she have difficulty imitating other people's movements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5	Does he/she have difficulty recognizing people?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6	Have the peculiarities or problems relating to perception caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7	Do the peculiarities or problems relating to perception cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8	At what age did the peculiarities or problems relating to perception commence?		Age:		
B9	Are they still present?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

C. Concentration and attention	The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
7	Does he/she often fail to pay close attention to details or make careless mistakes in schoolwork, or other activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does he/she often have difficulty sustaining attention in tasks or play activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Does he/she often seem not to listen when spoken to directly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Does he/she have difficulty following instructions and finishing tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Does he/she often have difficulty organizing tasks and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Does he/she often avoid tasks that require sustained mental effort (such as homework)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Does he/she often lose things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Is he/she easily distracted or disturbed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Is he/she often forgetful in daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes" or "Yes, to some extent" to any of these questions:			
C1	Does he/she have difficulty getting started on tasks/activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2	Does he/she have difficulty completing tasks/activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3	Have the peculiarities or problems relating to concentration and attention caused significant impairment in school, among peers or at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4	Do the peculiarities or problems relating to concentration and attention cause him/her significant suffering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5	At what age did the peculiarities or problems relating to concentration and attention commence?	Age:		
C6	Are they still present?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

D. Impulsiveness and activity	The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
16	Does he/she have difficulties keeping his/her hands and feet still or can he/she not stay seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Does he/she get up and move about in class or in other situations when he/she is supposed to remain seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Does he/she often run around or climb excessively compared to peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Does he/she have difficulty playing calmly and quietly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Does he/she often act as though he/she had "ants in his/her pants", i.e. being unable to stay still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Does he/she talk constantly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Does he/she often blurt out answers to questions before they are completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Does he/she have difficulty waiting for his/her turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Does he/she often interrupt, or intrude on, others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does he/she easily get bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes" or "Yes, to some extent" to any of these questions:			
D1	Is he/she unusually intrepid in physically dangerous situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2	Have the peculiarities or problems relating to impulsiveness and activity caused significant impairment in school, among peers or at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3	Do the peculiarities or problems impulsiveness and activity cause him/her significant suffering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4	At what age did the peculiarities or problems relating to impulsiveness and activity commence?	Age:		
D5	Are they still present?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

E. Learning		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
26	Has he/she had more difficulties than expected acquiring reading skills?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Is learning slow and laborious for him/her?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Does he/she have difficulties with basic maths?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
E1	Is he/she a slow reader?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2	Does he/she dislike reading (e.g. does he/she avoid reading books)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3	Does he/she have difficulties solving maths problems, which require him/her to read written material?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E4	Does he/she have difficulties understanding or using abstract terms?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E5	Does he/she have difficulties spelling?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E6	Does he/she get special education in school?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E7	Have peculiarities or problems relating to learning caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E8	Do the peculiarities or problems relating to learning cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9	At what age did the peculiarities or problems relating to learning commence?	Age:			
E10	Are they still present?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

F. Planning and organizing tasks		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
29	Does he/she have difficulty shifting plan or strategy when this is required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Does he/she have difficulty keeping things in order around him/her?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
F1	Does he/she have difficulties understanding consequences of his/her own actions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2	Is he/she dependent and very much in need of support?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3	Does he/she find it difficult to take care of his/her personal hygiene, his/her clothes, and the like?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4	Does he/she have difficulties in postponing rewards until later and finding the meaning in things that are not immediately rewarding?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F5	Does he/she experience simple, everyday activities as tiring or energy consuming?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F6	Have peculiarities or problems relating to planning and organizing tasks caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F7	Do the peculiarities or problems relating to planning and organizing tasks cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F8	At what age did the peculiarities or problems relating to planning and organizing tasks commence?	Age:			
F9	Are they still present?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

G. Memory		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
31	Does he/she have difficulties remembering where he/she put things?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Does he/she have difficulties remembering long or multiple-step instructions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Does he/she have difficulties learning rhymes, songs, multiplication tables etc by heart?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
G1	Does he/she have difficulties remembering information about personal data, such as date of birth, home address etc.?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2	Does he/she have difficulties remembering the names of people around him?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3	Does he/she have difficulties remembering the names of weekdays, months and seasons?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4	Does he/she have difficulties remembering non-personal facts learned at school (e.g. historic events, chemical formulas etc.)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G5	Does he/she have difficulty remembering specific events that he/she recently experienced, e.g. what happened during the day or, what he/she ate a few hours ago etc.?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6	Does he/she have difficulties remembering events that occurred some time ago, such as what happened on a trip, what Christmas presents he/she got etc.?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7	Does he/she have difficulties remembering appointments with peers or what homework he/she has?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G8	Does he/she have difficulties learning the rules of new games, sports etc.?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9	Have peculiarities or problems relating to memory caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10	Do the peculiarities or problems relating to memory cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G11	At what age did the peculiarities or problems relating to memory commence?	Age:			
G12	Are they still present?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

H. Language		The essential aspect of each question is whether the problems/characteristics has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
34	Was his/her language development delayed or doesn't he/she speak at all?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Does he/she have difficulties sustaining a conversation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Does he/she like to repeat words and expressions or does he/she use words in a way that other people find strange?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Does he/she have difficulties with games of make-believe or does he/she imitate others considerably less than other children?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Does he/she talk in too high a pitch or too quietly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Does he/she have difficulties keeping "on track" when telling other people something?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
H1	Does he/she have difficulties expressing him/herself in whole sentences?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2	Does he/she speak in a monotonous or strange voice?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3	Does he/she have difficulties explaining/recounting his/her experiences to other people?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4	Does he/she have difficulties explaining what he/she wants?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5	Does he/she have difficulties speaking fluently, without any pauses?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H6	Does he/she have difficulties pronouncing complex words?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H7	Does he/she explain emotions verbally so that other people have difficulty understanding what he/she means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H8	Does he/she use strange neologisms, old-fashioned words, or too elegant words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H9	Does he/she speak so rapidly that it is difficult to comprehend what he/she is saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10	Have peculiarities or problems relating to language caused significant impairment in school, among peers or at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H11	Do the peculiarities or problems relating to language cause him/her significant suffering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H12	At what age did the peculiarities or problems relating to language commence?	Age:		
H13	Are they still present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

I. Social interaction		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life		
		Yes	Yes, to some extent	No
40	Does he/she have difficulties expressing emotions and reactions with facial gestures, prosody, or body language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Does he/she exhibit considerable difficulties interacting with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Is he/she uninterested in sharing joy, interests, and activities with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Can he/she only be with other people on his/her terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Does he/she have difficulties behaving as expected by peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Do other people easily influence him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:				
I1	Is he/she self-centred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I2	Is he/she perceived as different, odd, or eccentric by peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I3	Does he/she have difficulty understanding other people's social cues, e.g., facial expressions, gestures, tone of voice, or body language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I4	Does he/she have difficulty understanding the feelings of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I5	Does he/she have difficulty showing other people respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I6	Does he/she get overly excited when there are a lot of people around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I7	Does he/she often leave in the middle of a conversation, or abruptly change the topic of a conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I8	Does he/she have difficulty realising how to behave in different social situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I9	Does he/she inadvertently make a fool of him/herself or does he/she make embarrassing remarks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I10	Does he/she often seem to lack common sense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I11	Does he/she have difficulty with eye contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I12	Does he/she think that relationships are not very important or does he/she prefer to be on his/her own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I13	Is his/her body language awkward, gauche, clumsy, strange or unusual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I14	Does he/she have difficulty interpreting what is conveyed through eye contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I15	Is his/her gaze stiff, strange, peculiar, abnormal or odd?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I16	Have peculiarities or problems relating to social interaction caused significant impairment in school, among peers or at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I17	Do the peculiarities or problems relating to social interaction cause him/her significant suffering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I18	At what age did the peculiarities or problems relating to social interaction commence?	Age:		
I19	Are they still present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

J. Flexibility		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
46	Does he/she get absorbed by his/her interests in such a way as being repetitive or too intense?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Does he/she get absorbed by routines in such a way as to produce problems for him/herself or others?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Has he/she ever engaged in strange hand movements or toe-walking when he/she was happy or upset?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Does he/she get obsessed with details?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Does he/she dislike changes in daily routines?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
J1	Have peculiarities or problems relating to flexibility caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2	Do the peculiarities or problems relating to flexibility cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J3	At what age did the peculiarities or problems relating to flexibility commence?	Age:			
J4	Are they still present?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

K. Tics		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
51	Has he/she during any period of life made involuntary sounds such as throat clearing, sneezing, swallowing, barking, or shouting?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Has he/she during any period of life made involuntary facial grimaces or body movements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Does he/she make a lot of noise, e.g. whistle, hum, mumble?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
K1	Does he/she curse or use dirty words in an exaggerated way?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K2	Have peculiarities or problems relating to tics caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K3	Do the peculiarities or problems relating to tics cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K4	At what age did the peculiarities or problems relating to tics commence?	Age:			
K5	Are they still present?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

L. Compulsions		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
54	Does he/she have obsessive thoughts, i.e. thoughts that recur over and over again and that he/she cannot stop, for example about dirt, contagion or that something terrible will happen?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Does he/she have compulsive behaviours such as washing his/her hands, touching things, checking on things, repeating things or procedures, arranging or ordering things, or counting?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
L1	Have peculiarities or problems relating to compulsions caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L2	Do the peculiarities or problems relating to compulsions cause him/her significant suffering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L3	At what age did the peculiarities or problems relating to compulsions commence?	Age:		
L4	Are they still present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

M. Eating habits		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life		
		Yes	Yes, to some extent	No
56	Has he/she ever failed to gain enough weight for more than a year or been underweight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Has he/she appeared to be fearful of gaining weight or becoming fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:				
M1	Has he/she dieted hard enough to cause underweight or no weight gain for any length of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M2	Has he/she exercised excessively or has he/she been overly interested in his/her physical appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M3	Females only: Has she failed to menstruate for at least 3 months due to weight loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4	Has he/she had periods of overeating followed by vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M5	Has he/she ever tried to lose weight in spite of already being thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6	Has he/she ever had anorexia nervosa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7	Have peculiarities or problems relating to eating caused significant impairment in school, among peers or at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8	Do the peculiarities or problems relating to eating cause him/her significant suffering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M9	At what age did the peculiarities or problems relating to eating commence?	Age:		
M10	Are they still present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

N. Separations		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life		
		Yes	Yes, to some extent	No
58	Does he/she have difficulties functioning outside the family home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Does he/she often voice fears that family members may die or get hurt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Does he/she have an unreasonable fear of being alone or home alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Does he/she have difficulty sleeping if family members are not around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Does he/she complain about recurring headaches, bellyaches, nausea or vomiting after being separated from loved ones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:				
N1	Does he/she have difficulty leaving home to go to school for fear of being separated from his/her family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N2	Does he/she have recurring nightmares about being separated from the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N3	Does he/she react unusually strongly when friendships or other close relationships come, or are about to come, to an end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N4	Have peculiarities or problems relating to separation caused significant impairment in school, among peers or at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N5	Do the peculiarities or problems relating to separation cause him/her significant suffering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N6	At what age did the peculiarities or problems relating to separation commence?	Age:		
N7	Are they still present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

O+P. Defiance/Conduct		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
63	Has there ever been a time when he/she was so angry that he/she could not be reached?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Does he/she often argue with adults?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Does he/she often tease others by deliberately doing things that are perceived as provocative?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Is he/she easily offended, or disturbed by others?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Is he/she easily teased?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Does he/she often lie or cheat?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Has he/she ever engaged in shoplifting?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Has he/she ever deliberately been physically cruel to anybody?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Does he/she often get into fights?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Does he/she steal things at home or away from home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
O1	Does he/she often lose his/her temper?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O2	Does he/she often refuse to follow other directives from adults?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O3	Is he/she often vindictive or cruel?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O4	Does he/she often treat people close to him/her badly or without respect?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O5	Does he/she often blame others for his/her own mistakes?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P1	Does he/she often threaten, harass or humiliate others?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P2	Is he/she cruel to bugs/insects?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P3	Is he/she cruel to other animals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P4	Has he/she ever started a fire?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P5	Has he/she ever sexually abused other children?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P6	Has he/she ever been detained by the police?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P7	Has he/she ever used a weapon that could cause serious physical harm?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P8	Has he/she ever robbed anyone or else unlawfully acquired other people's property by means of direct threats?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P9	Has he/she ever purposely attempted to destroy other people's property?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P10	Has he/she ever broken into someone else's home, premises or car?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P11	Is he/she often out late at night without consent (beginning before 13 years of age)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P12	Has he/she ever run away from home and spent the night elsewhere at least twice (or once if it was for an extended period of time)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P13	Is he/she often skipping school (beginning before 13 years of age)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OP14	Have peculiarities or problems relating to defiance/conduct caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OP15	Do the peculiarities or problems relating to defiance/conduct cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OP16	At what age did the peculiarities or problems relating to defiance/conduct commence?		Age:		
OP17	Are they still present?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Q. Anxiety		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
73	Does he/she have panic attacks with sudden strong fear or anxiety?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Does he/she fear leaving the house alone, being in crowds, waiting in line or going on a bus or train?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	Is he/she often particularly nervous or anxious?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
Q1	Is he/she extremely shy and reticent?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	Is he/she silent in situations where you are not expected to be silent?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	Is there anything he/she fears doing in front of other people, i.e. talking, eating or writing (excluding presentations of reports)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	Have peculiarities or problems relating to anxiety caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5	Do the peculiarities or problems relating to anxiety cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6	At what age did the peculiarities or problems relating to anxiety commence?	Age:			
Q7	Are they still present?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

R. Mood		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
76	Does he/she have poor self-confidence?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	Does he/she often complain about bellyaches, headaches, breathing difficulties or other bodily symptoms?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Has he/she had recurrent episodes with extremely high activity level, talkativeness and flight of ideas?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Does he/she have recurrent periods of obvious irritability?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Does his/her self-confidence vary considerably across different situations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to any of these questions:					
R1	Does he/she often appear to be unhappy, sad, or depressed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R2	Does he/she often complain about a feeling of loneliness?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R3	Does he/she often express a feeling of being worthless or inferior to peers?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R4	Has there ever been a period when nothing could make him/her feel happy?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R5	Has he/she been thinking of or talked about committing suicide?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R6	Has he/she tried to commit suicide?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R7	Has he/she often had a feeling of emptiness?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R8	Does he/she feel that his/her qualities and talents are ignored by others?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R9	Have peculiarities or problems relating to his/her mood caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R10	Do the peculiarities or problems relating to his/her mood cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R11	At what age did the peculiarities or problems relating to his/her mood commence?	Age:			
R12	Are they still present?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

S. Concept of reality		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
81	Has he/she ever had visions or seen things that no one else could see?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" or "Yes, to some extent" to this question:					
S1	Has he/she ever perceived him/herself as being followed or haunted by others even though this has not actually been the case?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2	Has he/she ever heard voices or sounds, which no one else could hear?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S3	Have peculiarities or problems relating to concept of reality caused significant impairment in school, among peers or at home?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4	Do the peculiarities or problems relating to concept of reality cause him/her significant suffering?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S5	At what age did the peculiarities or problems relating to concept of reality commence?		Age:		
S6	Are they still present?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

T. Miscellaneous		The essential aspect of each question is whether the problem/peculiarity has been pronounced compared to peers during any period of life	Yes	Yes, to some extent	No
82	Does he/she stutter?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Is he/she or has she/she ever been bullied by other children in school?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Has he/she ever been severely overweight?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Does he/she often have sleeping problems?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Does he/she often have nightmares?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Does he/she often walk in his/her sleep or have nocturnal attacks when he/she cannot be "reached" or comforted?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Has he/she ever deliberately hurt him/herself?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Has he/she repeatedly and purposely hurt him/herself?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Is there anything he/she fears excessively, such as flying, see blood, have an injection, heights, cramped rooms, or certain kind of animals or insects?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Has he/she wet him/herself during daytime on several occasions after the age of 5?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Has he/she soiled him/herself on several occasions after the age of 4 except in connection with gastro-intestinal infection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Does he/she smoke?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Does he/she use any other form of tobacco?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	Has he/she ever used alcohol?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Has he/she ever had a period after age 5 when he/she only wanted to eat particular types of food?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>