

**COMPUTER ASSISTED DIAGNOSTIC INTERVIEW
SUMMARY REPORT**

Date: 6/16/2008

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The Computer Assisted Diagnostic Interview, (CADI), is designed to assist clinicians with the collection and consolidation of pertinent patient information. The CADI is not sufficient by itself for clinical diagnosis of any mental disorders. This information is appropriate to help structure the assessment process and to support recommendations that might be generated. The CADI should be reviewed, with the informant, by a competent professional to cross validate any concerns presented.

Patient : John Stest
Age : 8
Grade : 2

Respondent : Clarence Stest
Relationship : Father

Domains considered in this interview :

Medical History / Systems Review
Developmental History
Social / Emotional Functioning

Depression / Anxiety
Behavior
School History

Possible concerns were reported for the following areas.

Neurological Symptoms / Concerns :

Reference section: Depression/Anxiety

ADHD Related Concerns Reported :

Reference section(s): School History, .

Psychological Dysfunction :

Reference section(s): Depression/Anxiety,

Social/Emotional/Behavioral Difficulty :

Reference section(s): School History, Behavioral concerns,

Stress :

Reference section : Emotional/Social Development.

SAMPLE DATA for evaluation purposes only. Items triggered to illustrate report sections. Actual reports will range 3 – 6 pages depending on information given.

This interview was completed on : 6/16/2008

By: Clarence Stest, on behalf of John Stest, age 8, Currently in grade 2

Emotional and/or social development

Question	Answer
Does your child have difficulty getting up in the morning?	YES
Has your child or family suffered a loss or serious stress recently?	YES
Is the stress school related?	YES
Is the stress physical?	YES
Is there any other stress?	YES

Given the number of concerns reported for emotional functioning, a referral for professional counseling and behavior management is recommended. Recent psycho-social stress was reported. It is important to identify the timing of this stress in relationship to the onset or exacerbation of the presenting complaint to evaluate if this stress has contributed to this complaint.

Comments:

Depression and/or anxiety

Question	Answer
Does your child often want to be alone?	YES
Does your child often seem anxious or nervous?	YES
Does your child avoid family?	YES
Does your child avoid friends or peers?	YES
Does your child complain of being mistreated?	YES
Has your child withdrawn from favorite activities?	YES
Do you feel your child may be depressed?	YES
Does your child's family have a history of depression?	YES
Does your child's family have a history of anxiety?	YES
Has your child recently shown a weight gain?	YES
Has your child recently shown a weight loss?	YES
Has your child started sleeping more than they used to?	YES
Has your child started sleeping less than they used to?	YES
Does your child often complain of stomach aches?	YES
Does your child often complain of headaches?	YES
Does your child often complain of being tired?	YES
Does your child ever express feeling worthless or hopeless?	YES
Does your child ever talk about death or dying?	YES
Has your child ever stated that they wanted to die?	YES
Has your child ever threatened to hurt them self?	YES
Has your child ever stated how they would hurt them self?	YES
Has your child ever hurt their self in the past?	YES
Does your child's family have a history of self harm or suicide?	YES

Given the number of concerns reported for symptoms related to depression and/or anxiety, a referral for professional counseling and evaluation is recommended.

One or more indications above suggests an inclination towards self harm. This is of clinical significance and requires professional evaluation, by a licensed child specialist, to determine the extent, if any, of risk to this child or others.

Comments:

School History

Question	Answer
Has your child ever been kept back a grade?	YES
Does your child receive special education assistance?	YES
Has the teacher expressed concern for your child's progress?	YES
Has the teacher complained about your child's behavior?	YES
Has the teacher reported problems with your child's attention?	YES
Has the teacher reported your child to be overactive?	YES

An attempt to confirm the child's reported school grades and performance is recommended.

Comments:

Behavioral concerns

Question	Answer
Does the child often lose their temper?	NO
Does the child often argue with adults?	YES
Does the child often defy or refuse to comply with requests or rules?	NO
Does the child often annoy others on purpose?	YES
Does the child often blame others for their own mistakes or inappropriate behavior?	NO
Is the child easily irritated or overly moody?	YES
Does the child often appear angry or resentful?	NO
Is the child often spiteful or vindictive?	YES

Given the number of behavior concerns reported, Professional counseling / behavior management should be considered.

Comments:

FURTHER CONSIDERATIONS :

Lethality Index :

One or more indications given suggests an inclination towards self harm. This is of clinical significance and requires professional evaluation, by a licensed child specialist, to determine the extent, if any, of risk to this child or others. It is recommended that the clinician evaluating this report attempt to obtain a written and/or verbal agreement to abstain from self harm. This contracting should encourage the child to remain in visual contact with an adult until professional evaluation has been completed.

Complete review of lines of evidence: Check all that are positive for ADHD

Parent report	<input type="checkbox"/>	Functional and/or academic impairment is evident	<input type="checkbox"/>
Teacher report	<input type="checkbox"/>	Problems were evident before age 7	<input type="checkbox"/>
Target recognition	<input type="checkbox"/>	Problems occur in more than one setting	<input type="checkbox"/>
Target sequencing	<input type="checkbox"/>	No significant emotional or mood problems	<input type="checkbox"/>
Target tracking	<input type="checkbox"/>	Child does not display severe speech/language impairment	<input type="checkbox"/>
Positive family history	<input type="checkbox"/>	Child does not display severe neurological impairment	<input type="checkbox"/>
Child appears to possess average intelligence	<input type="checkbox"/>	Diagnostic impression: ADHD	<input type="checkbox"/> Other <input type="checkbox"/>

Plan of action :

Medication Trial: Med:

Dose

Follow up date:

Instructions to monitor behavior:

Complete Lab work:

Psychological Consult:

Other Action taken:

Clinician Signature:

Date:

Parent or Guardian Signature:

Date: