

C-M-A

Cologne Mutism Anamnesis Questionnaire

Instructions

The C-M-A was developed to identify risk factors in family members and persons concerned, which can be relevant for the development of mutistic symptoms.

The family history (Part 1) records the maternal and the paternal line separately. In the patient history (Part 2) the personal development is described. Please note that some questions allow for multiple answers.

Your data will be used exclusively for diagnostics, counselling and treatment. They are subject to both data protection (DSGVO) as well as medical-therapeutic professional secrecy.

We thank you for your cooperation.

C-M-A

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Cologne Mutism Anamnesis Questionnaire

First name: _____

m	f
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Name: _____

Date: _____

Date of birth: _____ Age: _____

Examiner: _____

Diagnosis: _____

Family history: maternal line

Feature temperament

- 1.) Looking back, how would you describe your temperament as a primary school child?
 - shy/silent
 - comparable with the other children
 - offensive/lively
- 2.) How did you participate orally in the lessons?
 - I rather waited until I was called on
 - I actively volunteered
- 3.) Please rate your social contacts during childhood and adolescence.
 - I was mostly a loner
 - I had a few friends
 - I was well integrated socially
- 4.) Was there a change in your communication behaviour during your further school years?
 - my oral contributions decreased
 - my oral contributions increased
 - my oral contributions remained unchanged rare
 - my oral contributions remained frequent
- 5.) Describe your social interactive behaviour until you graduated from school.
 - my friendships became fewer
 - my friendships remained stable
 - my friendships became more frequent
- 6.) How would you describe yourself today?
 - I continue to be communicatively defensive
 - I am communicatively active
- 7.) Do you have siblings?
 - no
 - yes
 Number and distribution (ex: 1 brother, 2 sisters): _____

8.) Do any of your siblings have a silent/inhibited disposition?

- no
- yes

Who (naming the characteristics)? _____

9.) Please describe the temperament characteristics of your own parents (also in case of death).

Mother: _____

Father: _____

Characteristics from the clinical area

1.) Did you or do you have the following phenomena?

- Social anxiety disorder (social phobia)
- generalised anxiety disorder
- Panic disorder
- Depression
- Obsessive Compulsive Disorder/OCD*
- Addiction (alcohol, drug abuse)
- Other psychiatric diagnoses: _____

2.) Were or are the following phenomena present in your siblings?

- Social anxiety disorder (social phobia) Person/s: _____
- Generalised anxiety disorder Person/s: _____
- Panic disorder Person/s: _____
- Depression Person/s: _____
- Obsessive Compulsive Disorder/OCD* Person/s: _____
- Addiction (alcohol, drug abuse) Person/s: _____
- Other psychiatric diagnoses: _____ Person/s: _____

3.) Were or are the following phenomena present in your own parents?

- Social anxiety disorder (social phobia) Person/s: _____
- Generalised anxiety disorder Person/s: _____
- Panic disorder Person/s: _____
- Depression Person/s: _____
- Obsessive Compulsive Disorder/OCD* Person/s: _____
- Addiction (alcohol, drug abuse) Person/s: _____
- Other psychiatric diagnoses: _____ Person/s: _____

Evaluation maternal line

Trait bearer quiet/inhibited nature: _____

Trait bearer anxiety, depression, compulsions, addictions, other psychiatric diagnoses:

*Obsessive-Compulsive Disorder

- 1.) Looking back, how would you describe your temperament as a primary school child?
- shy/silent
- comparable with the other children
- offensive/lively
- 2.) How did you participate orally in the lessons?
- I rather waited until I was called on
- I have actively volunteered
- 3.) Please rate your social contacts during childhood and adolescence.
- I was predominantly a loner
- I had a few friends
- I was well integrated socially
- 4.) Was there a change in your communication behaviour during your further school years?
- my oral contributions decreased
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- 6.) How would you describe yourself today?
- I continue to be communicatively defensive
- I am communicatively active
- 7.) Do you have siblings?
- no
- yes
- Number and distribution (ex: 1 brother, 2 sisters): _____
- 8.) Do any of your siblings have a silent/inhibited disposition?
- no
- yes
- Who (naming the characteristics)? _____
- _____
- 9.) Please describe the temperament characteristics of your own parents (also in case of death).
- Mother: _____
- Father: _____

Characteristics from the clinical area

1.) Did you or do you have the following phenomena?

- Social anxiety disorder (social phobia)
- Generalised anxiety disorder
- Panic disorder
- Depression
- Obsessive Compulsive Disorder/OCD*
- Addiction (alcohol, drug abuse)
- Other psychiatric diagnoses: _____

2.) Were or are the following phenomena present in your siblings?

- Social anxiety disorder (social phobia) Person/s: _____
- Generalised anxiety disorder Person/s: _____
- Panic disorder Person/s: _____
- Depression Person/s: _____
- Obsessive Compulsive Disorder/OCD* Person/s: _____
- Addiction (alcohol, drug abuse) Person/s: _____
- Other psychiatric diagnoses: _____ Person/s: _____

3.) Were or are the following phenomena present in your own parents?

- Social anxiety disorder (social phobia) Person/s: _____
- Generalised anxiety disorder Person/s: _____
- Panic disorder Person/s: _____
- Depression Person/s: _____
- Obsessive Compulsive Disorder/OCD* Person/s: _____
- Addiction (alcohol, drug abuse) Person/s: _____
- Other psychiatric diagnoses: _____ Person/s: _____

Evaluation paternal line

Trait bearer quiet/inhibited nature: _____

Trait bearer anxiety, depression, compulsions, addictions, other psychiatric diagnoses:

Siblings of the person affected by mutism

1.) How many children do you have in total (number and distribution)? _____

2.) Are there any of the following phenomena among the siblings?

- quiet/inhibited nature Person/s: _____
- Social anxiety disorder (social phobia) Person/s: _____
- Generalised anxiety disorder Person/s: _____
- Panic disorder Person/s: _____
- Depression Person/s: _____
- Obsessive Compulsive Disorder/OCD* Person/s: _____
- Addiction (alcohol, drug abuse) Person/s: _____
- Other psychiatric diagnoses: _____ Person/s: _____

*Obsessive-Compulsive Disorder

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Patient history

- 1.) Were there any complications during pregnancy and/or birth?
 no
 yes APGAR values: _____
 If so, which ones? _____
- 2.) Can ENT findings be named (e.g. middle ear infections, tympanic effusions, polyps)?
 no
 yes If yes, which? _____
- 3.) Were there any hospital stays until the age of 3?
 no
 yes If yes, why? _____
- 4.) Is there multilingualism?
 no
 yes If yes, with which languages? _____
- 5.) Were or are there the following diagnoses from the field of speech therapy/logopaedics?
 SSES¹ /SLI² Dyslalia Stuttering Rhinophonia
 Late Talker Dyslexia Tachyphrasia Dysphonia
 VED³ /speech apraxia Dysgraphia CLAP⁴ Dysarthria
- 6.) When were the first signals of withdrawal behaviour?
 already in the toddler group on entry into school
 prior to kindergarten later:
 on entry into kindergarten _____
- 7.) Do you attribute the mutistic behaviour to a specific event?
 no, my child has been defensive from an early age
 yes If yes, which one? _____
- 8.) Please list the previous therapies in chronological order:
 ▪ Discipline: _____ Time period: _____
 ▪ Discipline: _____ Time period: _____
 ▪ Discipline: _____ Time period: _____
- 9.) Is now spoken in the (formerly) fearful situations?
 no rarely yes
- 10.) Can the following accompanying phenomena be observed?
 Manipulation Enuresis⁶ Pedantry
 Pavor nocturnus⁵ Encopresis⁷ Compulsions/OCD⁸

¹Specific language development disorder ²Specific language impairment ³Verbal developmental dyspraxia ⁴Cleft Lip and Palate
⁵Night terrors ⁶Wetting ⁷Pooping ⁸Obsessive-Compulsive Disorder