

PARENT REPORT FORM

Please answer the following questions about your child. These questions are used as a screening for a variety of behavioral, social or emotional problems that children sometimes have difficulties with. Some of the questions are similar to questions asked on the Initial Assessment Checklist. Please answer if your child does any of these things to a degree that you consider to be inappropriate for someone of his/her age and sex.

During the past 6 months, did your child show any of the following:

Enter 1 if present, 0 if absent, and ? if unknown

1. Often loses temper _____
2. Often argues with adults _____
3. Often actively defies or refuses to comply with adults' requests or rules _____
4. Often deliberately annoys people _____
5. Often blames others for his/her own mistakes or behavior _____
6. Is often touchy or easily annoyed by others _____
7. Is often angry or resentful _____
8. Is often spiteful or vindictive _____

Have these behaviors existed for at least the past 6 months? *(Enter 1 if present, 0 if absent, and ? if unknown)* _____

At what age did these behaviors first cause problems for your child? _____

Have these behaviors created problems or impairment for your child in either of the following areas? *(Enter 1 if present, 0 if absent, and ? if unknown)*

Social relations with others _____ Academic performance _____

During the past 12 months, did your child do any of the following:

(Enter 1 if present, 0 if absent, and ? if unknown)

1. Often bullies, threatens or intimidates others _____
2. Often initiates physical fights _____
3. Has used a weapon that can cause serious physical harm to others _____
4. Has been physically cruel to people _____
5. Has been physically cruel to animals _____
6. Has stolen while confronting a victim _____
7. Has forced someone into sexual activity _____
8. Has deliberately engaged in fire setting with the intention of causing physical damage _____
9. Has deliberately destroyed other's property _____
10. Has broken into someone else's house, building or car _____

11. Often lies to obtain goods or favors or to avoid obligations _____
12. Has stolen items of nontrivial value without confronting a victim
(e.g. shoplifting, but without breaking and entering; forgery) _____
13. Often stays out at night despite parental prohibitions.
If so at what age did this begin? _____
14. Has run away from home overnight at least twice while living in parent's home,
foster care, or group home _____

If so, how many times? _____

15. Is often truant from school _____
If so, at what age did he/she begin doing this? _____

Have three of these behaviors occurred during the past 12 months? (*Enter 1 if present, 0 if absent, and ? if unknown*) _____

Has at least one of these behaviors occurred during the past 6 months? (*Enter 1 if present, 0 if absent, and ? if unknown*) _____

Did any of these behaviors occur prior to age 10 years? (*Enter 1 if present, 0 if absent, and ? if unknown*) _____

Have these behaviors created problems or impairment for your child in either of the following areas? (*Enter 1 if present, 0 if absent, and ? if unknown*)

Social relations with others _____ Academic performance _____

Does your child show excessive anxiety and worry about a number of events or activities, such as work activities, school performance, or any other situations? (*Enter 1 if present, 0 if absent, and ? if unknown*) _____

Has this anxiety or worry occurred on more days than not for at least the last 6 months? (*Enter 1 if present, 0 if absent, and ? if unknown*) _____

If the answer to the previous two questions were positive, please answer the following:

Does your child find it difficult to control his/her worry? _____

Has your child's anxiety or worry been associated with any of the following behaviors for more days than not over the past 6 months?

1. Restlessness or feeling keyed up or on edge _____
2. Being easily fatigued or tired _____

- 3. Difficulty concentrating or mind going blank _____
- 4. Irritability _____
- 5. Muscle tension _____
- 6. Sleep disturbance or difficulties falling asleep, staying asleep, or restless and unsatisfying sleep _____

Have these worries created distress for your child or impairment in any of the following areas? *(Enter 1 if present, 0 if absent, and ? if unknown)*

Social relations with others _____ Academic performance _____

Has your child developed any of the following for at least a 2-week period of time? *(Enter 1 if present, 0 if absent, and ? if unknown)*

- 1. Depressed or irritable mood most of the day nearly every day for at least 2 weeks _____
- 2. Markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day for at least 2 weeks _____

If either question 1 or 2 was answered positively please continue with the following:

- 3. Significant weight loss when not dieting _____
 Significant weight gain _____
 Decrease or increase in appetite nearly every day _____
 Failed to meet expected weight gains _____
- 4. Insomnia (trouble falling asleep) or hypersomnia (excessive sleep) nearly every day _____
- 5. Agitated or excessive movement nearly every day _____
 Or lethargic, sluggish, slow-moving, or significantly reduced movement or activity nearly every day _____
- 6. Fatigue or loss of energy nearly every day _____
- 7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day _____
- 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day _____
- 9. Recurrent thoughts of death _____
 Or recurrent thoughts of suicide without a specific plan _____
 Or suicide attempt or a specific plan for committing suicide _____

Have these symptoms of depression created distress for your child or impairment in any of the following areas *(Enter 1 if present, 0 if absent, and ? if unknown)*

Social relations with others _____ Academic performance _____

Any other areas of functioning _____ Explain _____