

Child's Name: _____

Date: _____

Relationship to Child: _____

Child's DOB: _____

The following statements describe children's behavior. If the statement describes your child's behavior more often than not (i.e., 75% of the time), check the line next to the statement. If not, please leave it blank.

<input type="checkbox"/>	My child fails to initiate or respond in a developmentally appropriate fashion to most social interactions, as manifest by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses (responds to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness).
<input type="checkbox"/>	My child has diffuse attachments as manifest by indiscriminate sociability with a marked inability to exhibit appropriate selective attachments (excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures).
<input type="checkbox"/>	My child experienced abuse or neglect during the first five years of life.
<input type="checkbox"/>	My child had repeated changes in primary caregiver that prevented formation of stable attachments during the first five years of life (changes in daycare, frequent moves, hospitalizations).

<input type="checkbox"/>	My child is superficially engaging and charming (acts cute to get what he/she wants)
<input type="checkbox"/>	My child has a lack of eye contact with parents (unless lying or threatening)
<input type="checkbox"/>	My child resists affection from parents (pushing away or becoming stiff when parent tries to hug)
<input type="checkbox"/>	My child is accident prone and/or complains about every ache and pain
<input type="checkbox"/>	My child is cruel or destructive to self, others, animals or things
<input type="checkbox"/>	My child steals (shows up with things that don't belong to him/her, sneaks things without permission)
<input type="checkbox"/>	My child lies about the obvious and acting amazingly innocent if caught doing something wrong
<input type="checkbox"/>	My child has no impulse control (does dangerous things without thinking about consequences)
<input type="checkbox"/>	My child has learning lags (doesn't do as well as he/she could with even a little more effort)
<input type="checkbox"/>	My child has a lack of cause and effect thinking (doesn't seem to learn from mistakes, even with consequences)
<input type="checkbox"/>	My child has a lack of conscience development (does not feel age appropriate guilt for his/her behavior)
<input type="checkbox"/>	My child has abnormal eating patterns (hoarding, gorging, eating nonfood items)
<input type="checkbox"/>	My child has poor peer relationships (can't keep friends more than a week)
<input type="checkbox"/>	My child has a preoccupation with fire, blood or gore
<input type="checkbox"/>	My child has persistent nonsense questions, incessant chatter or abnormal speech patterns (e.g., mumbling)
<input type="checkbox"/>	My child is inappropriately demanding (demands instead of asking) or clingy
<input type="checkbox"/>	My child has a tremendous need for control and argues for long periods of time about trivial things
<input type="checkbox"/>	My child is bossy with children and adults
<input type="checkbox"/>	My child has made false allegations of abuse or neglect

<input type="checkbox"/>	My child experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. In addition, my child's response involved intense fear, helplessness or horror (may also be disorganized or agitated behavior). If the answer to this item is no, skip to the next page.
Check the following items that are true for your child:	
<input type="checkbox"/>	My child has recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions (may also be repetitive play in which themes of the trauma are expressed).
<input type="checkbox"/>	My child has recurrent distressing dreams of the event (may be frightening dreams without recognizable content).
<input type="checkbox"/>	My child acts or feels as if the traumatic event is recurring (reliving the experience, illusions, and flashbacks).
<input type="checkbox"/>	My child has intense psychological distress at exposure to internal or external cues that symbolize the trauma.
<input type="checkbox"/>	My child has physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
Check the following items that are true for your child:	
<input type="checkbox"/>	My child attempts to avoid thoughts, feelings, or conversations associated with the trauma
<input type="checkbox"/>	My child attempts to avoid activities, places, or people that arouse recollections of the trauma.
<input type="checkbox"/>	My child has an inability to recall an important aspect of the trauma.
<input type="checkbox"/>	My child has a markedly diminished interest or participation in significant activities.
<input type="checkbox"/>	My child shows detachment or estrangement from others.
<input type="checkbox"/>	My child has a restricted range of affect (i.e., unable to have loving feelings).
<input type="checkbox"/>	My child has a sense of foreshortened future (does not expect to have a normal life span).
Please check the following statements only if they were not present before the trauma occurred.	
<input type="checkbox"/>	My child has difficulty falling asleep or staying asleep.
<input type="checkbox"/>	My child is irritable or has outbursts of anger.
<input type="checkbox"/>	My child has difficulty concentrating.
<input type="checkbox"/>	My child is hypervigilant (overly attentive to environmental cues for any signs of danger).
<input type="checkbox"/>	My child has an exaggerated startle response.

My child has developed emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s)
The symptoms are clinically significant as evidenced by either of the following:
 Marked distress that is in excess of what would be expected from exposure to the stressor
 Significant impairment in social or occupational (academic) functioning

My child often has temper tantrums.
 My child often argues with adults.
 My child often actively defies or refuses to comply with adults' requests or rules.
 My child often deliberately annoys people.
 My child often blames others for his or her mistakes or misbehavior.
 My child is often touchy or easily annoyed by others.
 My child is often angry and resentful.
 My child is often spiteful and vindictive.

My child often bullies, threatens, or intimidates others.
 My child often initiates physical fights.
 My child has used a weapon that can cause serious physical harm to others (bat, brick, broken bottle, knife, gun).
 My child has been physically cruel to people.
 My child has been physically cruel to animals.
 My child has stolen while confronting a victim (mugging, robbery, etc.)
 My child has forced someone into sexual activity.
 My child has deliberately engaged in fire setting with the intention of causing serious damage.
 My child has deliberately destroyed others' property (other than fire setting).
 My child has broken into someone else's house, building, or car.
 My child often lies to obtain goods/favors or to avoid obligations
 My child has stolen items of nontrivial value without confronting a victim (shoplifting without breaking and entering, forgery).
 My child often stays out at night despite parental prohibitions, beginning before age 13.
 My child has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).
 My child is often truant from school, beginning before age 13.

My child often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
 My child often has difficulty sustaining attention in tasks or play activities.
 My child often does not seem to listen when spoken to directly.
 My child often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
 My child often has difficulty organizing tasks and activities.
 My child often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
 My child often loses things necessary for tasks or activities (toys, school assignments, pencils, books, or tools).
 My child is often easily distracted by extraneous stimuli.
 My child is often forgetful in daily activities.

My child often fidgets with hands or feet or squirms in seat.
 My child often leaves the seat in class or in other situations where remaining seated is expected.
 My child often runs about or climbs excessively in situations in which it is inappropriate (in adolescents, this may be limited to a feeling of restlessness).
 My child often has difficulty playing or engaging in leisure activities quietly.
 My child is often "on the go" or acts as if "driven by a motor".
 My child often talks excessively.
 My child often blurts out answers before questions have been completed.
 My child often has difficulty waiting for a turn.
 My child often interrupts or intrudes on others (butts into conversations or games).

My child has excessive anxiety and worry occurring more days than not for at least 6 months about a number of events or activities (school, home).

My child finds it difficult to control the worry.

Mark the following symptoms only if they have been present more days than not for the past 6 months.

My child is restless, keyed up, or on edge.

My child is easily fatigued.

My child has difficulty concentrating or mind goes blank.

My child is irritable.

My child has muscle tension.

My child has sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).

My child often has elevated or irritable mood

My child is often very distractible.

My child is often overly active or agitated.

My child has a sense of grandiosity (importance) and inflated self-esteem (i.e., thinking the world owes them).

My child often has racing thoughts and ideas.

My child often engages in activities that are dangerous.

My child often has a decreased need for sleep.

My child is often very talkative and/or has pressured speech.

Mark the following symptoms only if they have been present for at least two weeks.

My child has depressed mood for most of the day, for more days than not, as indicated by either a subjective account or by observation by others.

My child has diminished interest or pleasure in almost all activities.

My child has abnormal irritable mood most of the day, nearly every day.

My child has poor appetite/weight loss or overeating/weight gain nearly every day.

My child has difficulty falling asleep or sleeps too much.

My child has activity disturbance, either agitation or slowing (observable by others).

My child has low energy or fatigue.

My child has feelings of worthlessness or excessive guilt.

My child has poor concentration or difficulty making decisions.

My child has recurrent thoughts of death.

My child is often clingy or demonstrates separation anxiety.

My child often has explosive tantrums that can last for hours with superhuman strength.

My child has frequent mood changes.

My child is hypersensitive to touch or certain textures.

My child often has cravings for carbohydrates (grains, sweets).

My child is often difficult to awaken.

My child often has night terrors (vivid nightmares).

My child often wets the bed.