

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

American Academy
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DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality

McNeil
Consumer & Specialty Pharmaceuticals

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____



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4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
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35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
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52. Relationship with parents	1	2	3	4	5
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Average Performance Score: _____



SCARED – Child and Teen Version
(Birmaher, Kheterpal, Cully, Brent and McKenzie, 1995)



Name: _____ Date: _____

Directions: Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months . Please respond to all statements as well as you can, even if some do not seem to concern your child.		0 Not True Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	For Office Use Only				
					1	2	3	4	5
1.	When I feel frightened, it is hard to breathe.	○	○	○					
2.	I get headaches when I am at school.	○	○	○					
3.	I don't like to be with people I don't know well.	○	○	○					
4.	I get scared if I sleep away from home.	○	○	○					
5.	I worry about other people liking me.	○	○	○					
6.	When I get frightened, I feel like passing out.	○	○	○					
7.	I am nervous.	○	○	○					
8.	I follow my mother or father wherever they go.	○	○	○					
9.	People tell me that I look nervous.	○	○	○					
10.	I feel nervous with people I don't know well.	○	○	○					
11.	I get stomachaches at school.	○	○	○					
12.	When I get frightened, I feel like I am going crazy.	○	○	○					
13.	I worry about sleeping alone.	○	○	○					
14.	I worry about being as good as other kids.	○	○	○					
15.	When I get frightened, I feel like things are not real.	○	○	○					
16.	I have nightmares about something bad happening to my parents.	○	○	○					
17.	I worry about going to school.	○	○	○					
18.	When I get frightened, my heart beats fast.	○	○	○					
19.	I get shaky.	○	○	○					
20.	I have nightmares about something bad happening to me.	○	○	○					
					1	2	3	4	5

SCARED – Child and Teen Version

		0 Not True Or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	For Office Use Only				
					1	2	3	4	5
21.	I worry about things working out for me.	0	0	0					
22.	When I get frightened, I sweat a lot.	0	0	0					
23.	I am a worrier.	0	0	0					
24.	I get really frightened for no reason at all.	0	0	0					
25.	I am afraid to be alone in the house.	0	0	0					
26.	It is hard for me to talk with people I don't know well.	0	0	0					
27.	When I get frightened, I feel like I am choking.	0	0	0					
28.	People tell me that I worry too much.	0	0	0					
29.	I don't like to be away from my family.	0	0	0					
30.	I am afraid of having anxiety (or panic) attacks.	0	0	0					
31.	I worry that something bad might happen to my parents.	0	0	0					
32.	I feel shy with people I don't know well.	0	0	0					
33.	I worry about what is going to happen in the future.	0	0	0					
34.	When I get frightened, I feel like throwing up.	0	0	0					
35.	I worry about how well I do things.	0	0	0					
36.	I am scared to go to school.	0	0	0					
37.	I worry about things that have already happened.	0	0	0					
38.	When I get frightened, I feel dizzy	0	0	0					
39.	I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	0	0	0					
40.	I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	0	0	0					
41.	I am shy.	0	0	0					
					1	2	3	4	5

SCARED Scoring – This page is for office use only – do not distribute to child/teen

Name: _____ Date: _____

Domains To calculate domain scores listed below: 1. Transfer the <i>value</i> (0, 1, or 2) from each endorsed item into the blank space in the “For Office Use Only” section on pages 1 and 2. 2. Sum the <i>values</i> in the appropriate boxes (1-5) at the bottom of pages 1 and 2. 3. Transfer the numbers to the columns on this table as indicated, add page 1 & 2 to obtain domain scores. 4. Add all of the domain scores to obtain the Total SCARED Score.	Transfer from Page 1	Transfer from Page 2	Page 1 + Page 2 =Domain Score
1. Panic Disorder/ or Significant Somatic Symptoms.			
2. Generalized Anxiety Disorder			
3. Separation Anxiety Disorder			
4. Social Anxiety Disorder			
5. Significant School Avoidance			
Total SCARED Score = Sum of Domain Scores			

Interpretation Guidelines:

A total score of **≥ 25** may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.
 A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.
 A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.
 A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.
 A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.
 A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.
**For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pgh. (10/95). E-mail: birmaherb@msx.upmc.edu

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____

Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "v" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead, or of hurting yourself				
Add collums		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying score card)

TOTAL: _____

<p>10. If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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