

 <b>WRAPAROUND MILWAUKEE POLICY &amp; PROCEDURE</b>	Date Issued: <b>9/1/98</b>	Date Revised: <b>6/6/08</b>	Section: <b>ADMINISTRATION</b>	Policy No: <b>026</b>	Pages: <b>1 of 1</b> (2 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input type="checkbox"/> FISS	Effective Date: <b>1/1/09</b>	Subject: <b>EVALUATION DATA REQUIREMENTS</b>		

## I. POLICY

It is the policy of Wraparound Milwaukee to collect data to evaluate and analyze demographic, financial and clinical aspects of the program, which is representative of the care/services provided, and to provide compelling evidence to the community why a wraparound system of care is a desirable approach to serving emotionally and behaviorally challenged youth and their families.

## II. PROCEDURE

1. The following forms are included in the initial Wraparound enrollment packet of every enrollee:
  - YOUTH SELF REPORT FOR AGES 11-18 (Achenbach) - *Attachment 1*
  - THE CHILD BEHAVIOR CHECKLIST FOR AGES 4-18 (Achenbach) - *Attachment 2*
2. It is recommended that the youth/family complete the forms with guidance from the Care Coordinator, as needed.
3. The evaluation forms are due as indicated below:
  - Youth Self Report – required at Intake, 6 months, 1 year, 2 years, 3 years, etc., and at disenrollment.
  - Child Behavior Checklist – required at Intake, 6 months, 1 years, 2 years, 3 years, etc., and at disenrollment.
4. The forms must then be placed in the Wraparound Milwaukee “Drop Box”.
5. A supply of blank forms will be kept in Room 244 at Wraparound Milwaukee.

### REMINDERS:

1. The Care Coordinator is responsible for completion of these forms in a timely manner. Forms must be submitted to Wraparound Milwaukee within 30 days of the youth’s enrollment date, 6-month forms within 30 days of the 6-month enrollment anniversary, 1-year forms within 30 days of the 1-year enrollment date, etc. Forms that are not submitted within these specified time periods will be considered delinquent.
2. For the evaluations that are due at disenrollment: If evaluations were completed within the last 60 days prior to disenrollment, no disenrollment evaluation forms are needed. For example: A youth has a 1-year anniversary on 4/10 and all the evaluations are completed. The youth then gets disenrolled on 5/31. As the disenrollment date falls within 60 days of the 1-year anniversary, no disenrollment evaluations are needed.
3. If a form is not able to be completed (i.e., a youth is on AWOL status or is not able to complete the YSR due to cognitive disability, or a parent refuses to complete a form, etc.), agencies should either:
  - a. Email Aggie Hale ([ahale@wrapmilw.org](mailto:ahale@wrapmilw.org)) regarding this situation.
  - b. Submit a photocopy of Page 1 of the tool with a notation as to why the tool was not completed.
4. Assure that the forms are filled out as indicated with all necessary information, so as to eliminate having to forward additional information later and to assure the data collection is accurate.
5. Keep a copy in the agency client chart under the Assessments area.
6. If necessary, the youth/family can be reimbursed for completing the forms. To request this reimbursement, the Care Coordinator must submit the request on the Service Authorization Request (SAR) under Discretionary Funds – Incentive Money.
7. If you need assistance in completing the forms, please see your immediate supervisor.

Reviewed & Approved by: \_\_\_\_\_



**Bruce Kamradt, Director**



Please print

# YOUTH SELF-REPORT FOR AGES 11-18

For office use only  
ID # \_\_\_\_\_

YOUR FULL NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

GENDER:  Boy  Girl

YOUR AGE: \_\_\_\_\_ YOUR ETHNIC GROUP OR RACE: \_\_\_\_\_

TODAY'S DATE: Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_ YOUR BIRTHDATE: Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_

GRADE IN SCHOOL: \_\_\_\_\_ IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK: \_\_\_\_\_

NOT ATTENDING SCHOOL:

PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S TYPE OF WORK: \_\_\_\_\_

MOTHER'S TYPE OF WORK: \_\_\_\_\_

Attachment One

Please fill out this form to reflect *your* views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4. **Be sure to answer all items.**

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, cars, computers, crafts, etc. (Do *not* include *nothing* to radio or watching TV.)

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups you belong to.

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of your age, how active are you in each?

Less Active	Average	More Active
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores you have. For example: paper route, babysitting, making bed, working in store, etc. (Include *both* paid and unpaid jobs and chores.)

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of your age, how well do you carry them out?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Be sure you answered all items. Then see other side.**

V. 1. About how many close friends do you have? (Do not include brothers & sisters)

- None     1     2 or 3     4 or more

2. About how many times a week do you do things with any friends outside of regular school hours?

- (Do not include brothers & sisters)     Less than 1     1 or 2     3 or more

VI. Compared to others of your age, how well do you:

- |  | Worse                    | Average                  | Better                   |  |
|--|--------------------------|--------------------------|--------------------------|--|
| a. Get along with your brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I have no brothers or sisters |
| b. Get along with other kids?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| c. Get along with your parents?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| d. Do things by yourself?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

VII. 1. Performance in academic subjects.

I do not attend school because \_\_\_\_\_

Check a box for each subject that you take		Failing	Below Average	Average	Above Average
Other academic subjects—for example: computer courses, foreign language, business. Do <i>not</i> include gym, shop, driver's ed., or nonacademic subjects.	a. English or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any illness, disability, or handicap?     No     Yes—please describe:

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself:

Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you *now or within the past 6 months*, please circle the 2 if the item is **very true or often true** of you. Circle the 1 if the item is **somewhat or sometimes true** of you. If the item is **not true** of you, circle the 0.

0 = Not True			1 = Somewhat or Sometimes True			2 = Very True or Often True			
0	1	2	1.	I act too young for my age	0	1	2	33.	I feel that no one loves me
0	1	2	2.	I drink alcohol without my parents' approval (describe): _____ _____	0	1	2	34.	I feel that others are out to get me
0	1	2	3.	I argue a lot	0	1	2	35.	I feel worthless or inferior
0	1	2	4.	I fail to finish things that I start	0	1	2	36.	I accidentally get hurt a lot
0	1	2	5.	There is very little that I enjoy	0	1	2	37.	I get in many fights
0	1	2	6.	I like animals	0	1	2	38.	I get teased a lot
0	1	2	7.	I brag	0	1	2	39.	I hang around with kids who get in trouble
0	1	2	8.	I have trouble concentrating or paying attention	0	1	2	40.	I hear sounds or voices that other people think aren't there (describe): _____ _____
0	1	2	9.	I can't get my mind off certain thoughts; (describe): _____ _____	0	1	2	41.	I act without stopping to think
0	1	2	10.	I have trouble sitting still	0	1	2	42.	I would rather be alone than with others
0	1	2	11.	I'm too dependent on adults	0	1	2	43.	I lie or cheat
0	1	2	12.	I feel lonely	0	1	2	44.	I bite my fingernails
0	1	2	13.	I feel confused or in a fog	0	1	2	45.	I am nervous or tense
0	1	2	14.	I cry a lot	0	1	2	46.	Parts of my body twitch or make nervous movements (describe): _____ _____
0	1	2	15.	I am pretty honest	0	1	2	47.	I have nightmares
0	1	2	16.	I am mean to others	0	1	2	48.	I am not liked by other kids
0	1	2	17.	I daydream a lot	0	1	2	49.	I can do certain things better than most kids
0	1	2	18.	I deliberately try to hurt or kill myself	0	1	2	50.	I am too fearful or anxious
0	1	2	19.	I try to get a lot of attention	0	1	2	51.	I feel dizzy or lightheaded
0	1	2	20.	I destroy my own things	0	1	2	52.	I feel too guilty
0	1	2	21.	I destroy things belonging to others	0	1	2	53.	I eat too much
0	1	2	22.	I disobey my parents	0	1	2	54.	I feel overtired without good reason
0	1	2	23.	I disobey at school	0	1	2	55.	I am overweight
0	1	2	24.	I don't eat as well as I should	0	1	2	56.	Physical problems <b>without known medical cause:</b>
0	1	2	25.	I don't get along with other kids	0	1	2	a.	Aches or pains ( <b>not</b> stomach or headaches)
0	1	2	26.	I don't feel guilty after doing something I shouldn't	0	1	2	b.	Headaches
0	1	2	27.	I am jealous of others	0	1	2	c.	Nausea, feel sick
0	1	2	28.	I break rules at home, school, or elsewhere	0	1	2	d.	Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____
0	1	2	29.	I am afraid of certain animals, situations, or places, other than school (describe): _____ _____	0	1	2	e.	Rashes or other skin problems
0	1	2	30.	I am afraid of going to school	0	1	2	f.	Stomachaches
0	1	2	31.	I am afraid I might think or do something bad	0	1	2	g.	Vomiting, throwing up
0	1	2	32.	I feel that I have to be perfect	0	1	2	h.	Other (describe): _____ _____

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. I physically attack people
- 0 1 2 58. I pick my skin or other parts of my body  
(describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 59. I can be pretty friendly
- 0 1 2 60. I like to try new things
- 0 1 2 61. My school work is poor
- 0 1 2 62. I am poorly coordinated or clumsy
- 0 1 2 63. I would rather be with older kids than kids my own age
- 0 1 2 64. I would rather be with younger kids than kids my own age
- 0 1 2 65. I refuse to talk
- 0 1 2 66. I repeat certain acts over and over (describe):  
\_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 67. I run away from home
- 0 1 2 68. I scream a lot
- 0 1 2 69. I am secretive or keep things to myself
- 0 1 2 70. I see things that other people think aren't there (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 71. I am self-conscious or easily embarrassed
- 0 1 2 72. I set fires
- 0 1 2 73. I can work well with my hands
- 0 1 2 74. I show off or clown
- 0 1 2 75. I am too shy or timid
- 0 1 2 76. I sleep less than most kids
- 0 1 2 77. I sleep more than most kids during day and/or night (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 78. I am inattentive or easily distracted
- 0 1 2 79. I have a speech problem (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 80. I stand up for my rights
- 0 1 2 81. I steal at home
- 0 1 2 82. I steal from places other than home
- 0 1 2 83. I store up too many things I don't need (describe): \_\_\_\_\_  
\_\_\_\_\_

- 0 1 2 84. I do things other people think are strange (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 85. I have thoughts that other people would think are strange (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 86. I am stubborn
- 0 1 2 87. My moods or feelings change suddenly
- 0 1 2 88. I enjoy being with people
- 0 1 2 89. I am suspicious
- 0 1 2 90. I swear or use dirty language
- 0 1 2 91. I think about killing myself
- 0 1 2 92. I like to make others laugh
- 0 1 2 93. I talk too much
- 0 1 2 94. I tease others a lot
- 0 1 2 95. I have a hot temper
- 0 1 2 96. I think about sex too much
- 0 1 2 97. I threaten to hurt people
- 0 1 2 98. I like to help others
- 0 1 2 99. I smoke, chew, or sniff tobacco
- 0 1 2 100. I have trouble sleeping (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 101. I cut classes or skip school
- 0 1 2 102. I don't have much energy
- 0 1 2 103. I am unhappy, sad, or depressed
- 0 1 2 104. I am louder than other kids
- 0 1 2 105. I use drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 106. I like to be fair to others
- 0 1 2 107. I enjoy a good joke
- 0 1 2 108. I like to take life easy
- 0 1 2 109. I try to help other people when I can
- 0 1 2 110. I wish I were of the opposite sex
- 0 1 2 111. I keep from getting involved with others
- 0 1 2 112. I worry a lot

Please be sure you answered all items.

Please write down anything else that describes your feelings, behavior, or interests:



Please print

# CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only  
ID #

CHILD'S FULL NAME First Middle Last		
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE
TODAY'S DATE Mo. ___ Date ___ Yr. ___		CHILD'S BIRTHDATE Mo. ___ Date ___ Yr. ___
GRADE IN SCHOOL _____	Please fill out this form to reflect <i>your</i> view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. <b>Be sure to answer all items.</b>	
NOT ATTENDING SCHOOL <input type="checkbox"/>		

PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S TYPE OF WORK \_\_\_\_\_

MOTHER'S TYPE OF WORK \_\_\_\_\_

THIS FORM FILLED OUT BY: (print your full name)

Your gender:  Male  Female

Your relation to the child:

Biological Parent  Step Parent  Grandparent

Adoptive Parent  Foster Parent  Other (specify) \_\_\_\_\_

Attachment Two

**I. Please list the sports your child most likes to take part in.** For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Please list your child's favorite hobbies, activities, and games, other than sports.** For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio or TV.)

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. Please list any organizations, clubs, teams, or groups your child belongs to.**

None

	Compared to others of the same age, how active is he/she in each?			
	Less Active	Average	More Active	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. Please list any jobs or chores your child has.** For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

	Compared to others of the same age, how well does he/she carry them out?			
	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)  
 None     1     2 or 3     4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?  
 (Do *not* include brothers & sisters)     Less than 1     1 or 2     3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has no brothers or sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Behave with his/her parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Play and work alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. 1. Performance in academic subjects.     Does not attend school because \_\_\_\_\_

Check a box for each subject that child takes				
	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other academic subjects—for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

2. Does your child receive special education or remedial services or attend a special class or special school?  
 No     Yes—kind of services, class, or school:

3. Has your child repeated any grades?     No     Yes—grades and reasons:

4. Has your child had any academic or other problems in school?     No     Yes—please describe:

When did these problems start? \_\_\_\_\_

Have these problems ended?     No     Yes—when?

Does your child have any illness or disability (either physical or mental)?     No     Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Below is a list of items that describe children and youths. For each item that describes your child, circle the number that best describes your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. Circle the **2** if the item is **very true or often true** of your child. Circle the **0** if the item is **not true** of your child. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. Acts too young for his/her age	0	1	2	32. Feels he/she has to be perfect	
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her	
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her	
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior	
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone	
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights	
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot	
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble	
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sounds or voices that aren't there (describe): _____	
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking	
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others	
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating	
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails	
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense	
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____	
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares	
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids	
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels	
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious	
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded	
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty	
0	1	2	22. Disobedient at home	0	1	2	53. Overeating	
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason	
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight	
0	1	2	25. Doesn't get along with other kids	56. Physical problems <b>without known medical cause:</b>				
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains ( <b>not</b> stomach or headaches)	
0	1	2	27. Easily jealous	0	1	2	b. Headaches	
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick	
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____	
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems	
0	1	2	31. Fears he/she might think or do something bad	0	1	2	f. Stomachaches	
				0	1	2	g. Vomiting, throwing up	
				0	1	2	h. Other (describe): _____	

Please print your answers. Be sure to answer all items.

0 = Not True (as far as you know)    1 = Somewhat or Sometimes True    2 = Very True or Often True

- 0 1 2 63. Would rather be with older people than with people of own age
- 0 1 2 64. Has trouble setting priorities
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 67. Has trouble making or keeping friends
- 0 1 2 68. Screams or yells a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Worries about his/her family
- 0 1 2 73. Meets responsibilities to his/her family
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Irresponsible behavior
- 0 1 2 77. Sleeps more than most other people during day and/or night (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 78. Has trouble making decisions
- 0 1 2 79. Speech problem (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 80. Stares blankly
- 0 1 2 81. Very changeable behavior
- 0 1 2 82. Steals
- 0 1 2 83. Is easily bored
- 0 1 2 84. Strange behavior (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 85. Strange ideas (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Enjoys being with people
- 0 1 2 89. Rushes into things without considering the risks
- 0 1 2 90. Drinks too much alcohol or gets drunk
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Does things that may cause trouble with the law (describe): \_\_\_\_\_  
\_\_\_\_\_

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Passive or lacks initiative
- 0 1 2 97. Threatens to hurt people
- 0 1 2 98. Likes to help others
- 0 1 2 99. Dislikes staying in one place for very long
- 0 1 2 100. Has trouble sleeping
- 0 1 2 101. Stays away from job even when not sick and not on vacation
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Is unusually loud
- 0 1 2 105. Is disorganized
- 0 1 2 106. Tries to be fair to others
- 0 1 2 107. Feels he/she can't succeed
- 0 1 2 108. Tends to lose things
- 0 1 2 109. Likes to try new things
- 0 1 2 110. Makes good decisions
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
- 0 1 2 113. Sulks a lot
- 0 1 2 114. Fails to pay his/her debts or meet other financial responsibilities
- 0 1 2 115. Is restless or fidgety
- 0 1 2 116. Gets upset too easily
- 0 1 2 117. Has trouble managing money or credit cards
- 0 1 2 118. Is too impatient
- 0 1 2 119. He/she is not good at details
- 0 1 2 120. Drives too fast
- 0 1 2 121. Tends to be late for appointments
- 0 1 2 122. Has trouble keeping a job
- 0 1 2 123. He/she is a happy person
124. *In the past 6 months*, about how many times per day did he/she use tobacco (including smokeless tobacco)? \_\_\_\_\_ times per day.
125. *In the past 6 months*, on how many days was he/she drunk? \_\_\_\_\_ days.
126. *In the past 6 months*, on how many days did he/she use drugs for nonmedical purposes (including marijuana, cocaine, and other drugs, except alcohol and nicotine)? \_\_\_\_\_ days.