



Date Issued	9/1/1998	Owner	Dana James
Last Approved Date	8/23/2022	Policy Area	Wraparound (Wrap, REACH, youth CCS)-Care Cord.
Effective	9/1/2022		
Last Revised Date	8/23/2022		
Next Review	12/31/2024		

#026- Achenbach Assessment Administration

I. RATIONALE

Measurement of parent/caregiver and youth perceived behavioral competencies and challenges allows for outcome monitoring on both the individual Child & Family Team and program levels. Outcome measurement is a core value of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) and allows for analyses that can result in better service delivery and broader program improvements over time. Wraparound Milwaukee's Theory of Change would predict that quality service delivery that matches the strengths and needs of the youth and family would result in an improvement in parent and youth perceived behavioral competencies and challenges over the course of enrollment.

The Achenbach System of Empirically Based Assessment (ASEBA) is an instrument designed to provide standardized descriptions of behavioral functioning. Well constructed and maintaining strong validity and reliability attributes, the Achenbach is a powerful tool to measure improvement in the clinical profile of youth. It can be used in treatment planning, treatment monitoring and assessment of outcomes.

II. POLICY

It is the policy of Wraparound Milwaukee that every youth enrolled in Wraparound/REACH has the appropriate number of completed Achenbach System of Empirically Based Assessments (ASEBA) that include the Child Behavior Checklist (CBCL) and the Youth Self-Report (YSR).

III. PROCEDURE

The following forms are included in the initial enrollment packet of every enrollee in Wraparound/REACH:

- YOUTH SELF REPORT FOR AGES 11-18 (Achenbach) - Attachment 1
- THE CHILD BEHAVIOR CHECKLIST FOR AGES 4-18 (Achenbach) - Attachment 2.
NOTE: If the youth is 18 years old and in an independent living placement, the CBCL tool is recommended but not required.

A. Child Behavior Checklist (CBCL).

- It shall be completed by the primary caregiver who has been involved with the youth for the last 6 months (*i.e., the parent or guardian, foster parent, group home parent, or the RCCCY caregiver.*)
- Additional CBCL's can be completed by other significant adults who have participated in the youth's life.

B. Youth Self-Report (YSR).

- The YSR is completed by every youth, ages 11 to 18 years.
- The YSR is **not** administered to youth under the age of 11 years.

C. General Administration.

1. Completion Time Frame.

- a. Independently, the CBCL and YSR must be completed upon Intake and at disenrollment.

2. Exceptions at Disenrollment.

- a. If evaluations were completed within the last **60 days prior to disenrollment**, no disenrollment evaluation forms are needed.

3. Time Frame for Completion.

- a. CBCL and YSR must be completed within 30 days of each time frame date.
- b. Forms that are not completed within these specified time periods will be considered delinquent.

4. Completion Procedures.

- a. The CBCL and the YSR should be completed independently from each other.
- b. Care Coordinators, together with families, identify an allotted time to complete these tools.
- c. Care Coordinators should remain with the adult or the youth when they are completing the CBCL or the YSR respectively.
- d. The protocols can be read to those completing the tool and explanations of the meaning of questions are allowed.
- e. The responses should wholly reflect the view points of those completing the assessment tools.
- f. Once completed, upload the CBCL and/or YSR **individually** in Synthesis, under the youth's file store.

- i. Select CBCL/YSR as File Type
- ii. File Description would include either 'Enrollment' or 'Disenrollment'
- iii. List Document Author as who completed the tool
- iv. List Document Date as date of tool completion
- g. Wraparound Milwaukee staff will enter into ASEBA within 3 business days and under Eval Tools tab, click survey as completed and upload the results in Synthesis. Report results can be viewed by clicking print.

IV. REMINDERS:

- 1. Assure that the forms are filled out as indicated with all necessary information.
- 2. Keep the original in the agency client chart under the Assessments area.
- 3. 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.
- 4. If you need assistance as to how to help families and youth complete the forms, please see your immediate supervisor.
- 5. A supply of blank forms will be kept at Wraparound Milwaukee.
 - The tools are available in Spanish, if needed.
 - If other languages, besides English and Spanish, are needed, interpretation services should be utilized, see Interpretation/Translation/Printed Materials Protocol under Care Coordinator Frequently Used Forms.

Attachments

[1: Youth Self-Report for Ages 11-18](#)

[2: Child Behavior Checklist for Ages 6-18](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/23/2022
	Brian McBride: ExDir2 – Program Administrator	8/17/2022

Dana James: Integrated
Services Manager- Quality
Assurance

8/17/2022

Dana James: Integrated
Services Manager- Quality
Assurance

8/17/2022

COPY



Please print

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID #

YOUR FULL NAME	First	Middle	Last	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.)		
YOUR GENDER	YOUR AGE	YOUR ETHNIC GROUP OR RACE		FATHER'S TYPE OF WORK		
<input type="checkbox"/> Boy <input type="checkbox"/> Girl				MOTHER'S TYPE OF WORK		
TODAY'S DATE Mo. _____ Date _____ Yr. _____		YOUR BIRTHDATE Mo. _____ Date _____ Yr. _____				
GRADE IN SCHOOL _____	IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK:		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.			
NOT ATTENDING SCHOOL <input type="checkbox"/>						

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
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<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
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<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 listening 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
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<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
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<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
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<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
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 youself:

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 without known medical cause:
0	1	2	25. I don't get along with other kids	0	1	2	a. Aches or pains (not 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 (not 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	84. I do things other people think are strange (describe): _____
0	1	2	58. I pick my skin or other parts of my body (describe): _____	0	1	2	85. I have thoughts that other people would think are strange (describe): _____
0	1	2	59. I can be pretty friendly	0	1	2	86. I am stubborn
0	1	2	60. I like to try new things	0	1	2	87. My moods or feelings change suddenly
0	1	2	61. My school work is poor	0	1	2	88. I enjoy being with people
0	1	2	62. I am poorly coordinated or clumsy	0	1	2	89. I am suspicious
0	1	2	63. I would rather be with older kids than kids my own age	0	1	2	90. I swear or use dirty language
0	1	2	64. I would rather be with younger kids than kids my own age	0	1	2	91. I think about killing myself
0	1	2	65. I refuse to talk	0	1	2	92. I like to make others laugh
0	1	2	66. I repeat certain acts over and over (describe): _____	0	1	2	93. I talk too much
0	1	2	67. I run away from home	0	1	2	94. I tease others a lot
0	1	2	68. I scream a lot	0	1	2	95. I have a hot temper
0	1	2	69. I am secretive or keep things to myself	0	1	2	96. I think about sex too much
0	1	2	70. I see things that other people think aren't there (describe): _____	0	1	2	97. I threaten to hurt people
0	1	2	71. I am self-conscious or easily embarrassed	0	1	2	98. I like to help others
0	1	2	72. I set fires	0	1	2	99. I smoke, chew, or sniff tobacco
0	1	2	73. I can work well with my hands	0	1	2	100. I have trouble sleeping (describe): _____
0	1	2	74. I show off or clown	0	1	2	101. I cut classes or skip school
0	1	2	75. I am too shy or timid	0	1	2	102. I don't have much energy
0	1	2	76. I sleep less than most kids	0	1	2	103. I am unhappy, sad, or depressed
0	1	2	77. I sleep more than most kids during day and/or night (describe): _____	0	1	2	104. I am louder than other kids
0	1	2	78. I am inattentive or easily distracted	0	1	2	105. I use drugs for nonmedical purposes (don't include alcohol or tobacco) (describe): _____
0	1	2	79. I have a speech problem (describe): _____	0	1	2	106. I like to be fair to others
0	1	2	80. I stand up for my rights	0	1	2	107. I enjoy a good joke
0	1	2	81. I steal at home	0	1	2	108. I like to take life easy
0	1	2	82. I steal from places other than home	0	1	2	109. I try to help other people when I can
0	1	2	83. I store up too many things I don't need (describe): _____	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	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.)							
CHILD'S GENDER	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE		FATHER'S TYPE OF WORK _____							
<input type="checkbox"/> Boy	<input type="checkbox"/> Girl			MOTHER'S TYPE OF WORK _____							
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____		THIS FORM FILLED OUT BY: (print your full name)							
GRADE IN SCHOOL _____	Please fill out this form to reflect your 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. Be sure to answer all items.									Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
NOT ATTENDING SCHOOL <input type="checkbox"/>										Your relation to the child:	
											<input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent
											<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____
I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.				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?			
<input type="checkbox"/> None				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.)				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?			
<input type="checkbox"/> None				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.				Compared to others of the same age, how active is he/she in each?							
<input type="checkbox"/> None				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.)				Compared to others of the same age, how well does he/she carry them out?							
<input type="checkbox"/> None				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"/>

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 **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. 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	0	1	2	56. Physical problems without known medical cause :	
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains (not 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 (not 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): _____	

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0	1	2	57. Physically attacks people	0	1	2	84. Strange behavior (describe): _____
0	1	2	58. Picks nose, skin, or other parts of body (describe): _____	0	1	2	85. Strange ideas (describe): _____
0	1	2	59. Plays with own sex parts in public	0	1	2	86. Stubborn, sullen, or irritable
0	1	2	60. Plays with own sex parts too much	0	1	2	87. Sudden changes in mood or feelings
0	1	2	61. Poor school work	0	1	2	88. Sulks a lot
0	1	2	62. Poorly coordinated or clumsy	0	1	2	89. Suspicious
0	1	2	63. Prefers being with older kids	0	1	2	90. Swearing or obscene language
0	1	2	64. Prefers being with younger kids	0	1	2	91. Talks about killing self
0	1	2	65. Refuses to talk	0	1	2	92. Talks or walks in sleep (describe): _____
0	1	2	66. Repeats certain acts over and over; compulsions (describe): _____	0	1	2	93. Talks too much
0	1	2	67. Runs away from home	0	1	2	94. Teases a lot
0	1	2	68. Screams a lot	0	1	2	95. Temper tantrums or hot temper
0	1	2	69. Secretive, keeps things to self	0	1	2	96. Thinks about sex too much
0	1	2	70. Sees things that aren't there (describe): _____	0	1	2	97. Threatens people
0	1	2	71. Self-conscious or easily embarrassed	0	1	2	98. Thumb-sucking
0	1	2	72. Sets fires	0	1	2	99. Smokes, chews, or sniffs tobacco
0	1	2	73. Sexual problems (describe): _____	0	1	2	100. Trouble sleeping (describe): _____
0	1	2	74. Showing off or clowning	0	1	2	101. Truancy, skips school
0	1	2	75. Too shy or timid	0	1	2	102. Underactive, slow moving, or lacks energy
0	1	2	76. Sleeps less than most kids	0	1	2	103. Unhappy, sad, or depressed
0	1	2	77. Sleeps more than most kids during day and/or night (describe): _____	0	1	2	104. Unusually loud
0	1	2	78. Inattentive or easily distracted	0	1	2	105. Uses drugs for nonmedical purposes (don't include alcohol or tobacco) (describe): _____
0	1	2	79. Speech problem (describe): _____	0	1	2	106. Vandalism
0	1	2	80. Stares blankly	0	1	2	107. Wets self during the day
0	1	2	81. Steals at home	0	1	2	108. Wets the bed
0	1	2	82. Steals outside the home	0	1	2	109. Whining
0	1	2	83. Stores up too many things he/she doesn't need (describe): _____	0	1	2	110. Wishes to be of opposite sex
			_____	0	1	2	111. Withdrawn, doesn't get involved with others
			_____	0	1	2	112. Worries
			_____	0	1	2	113. Please write in any problems your child has that were not listed above:
			_____	0	1	2	_____
			_____	0	1	2	_____
			_____	0	1	2	_____