

## **4.C.**

### **Child and Family Outcome Study**

## **4.C.1.**

**Living Situations Questionnaire (LSQ): Caregiver**

# **LIVING SITUATIONS QUESTIONNAIRE (LSQ): CAREGIVER**

## Description of the Measure

The Living Situations Questionnaire (LSQ) is a modified version of the restrictiveness of living situations questionnaire (ROLES; Hawkins, Almeida, Fabry, & Reitz, 1992). The LSQ is designed to document the physical setting in which youth lived during a 6 month time period and to document with whom the child was living in that setting. Information gathered from the LSQ can be used to create the same living situation categories assessed in the ROLES, which was developed to operationalize and assess the restrictiveness of children's living situations.

## Reliability and Validity of Original Measure

No formal reliability and validity information is available on the LSQ or the ROLES; however, expected relationships have been found between levels of restrictiveness, as assessed with the ROLES, and programmatic variables. The ROLES was used to document changes in the restrictiveness of placements over time as a quality assurance indicator for children in foster care (Thomlison, 1991) and as a process outcome for a therapeutic case management program for children with severe emotional disturbance (Yoe, Bruns, & Burchard, 1994). A revised version of the ROLES (the ROLES-R) has been used in the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program.

## Subscales, Scoring, and Tabulation

The LSQ contains no subscales. LSQ data can yield a total number of living situations in which a child has lived. Within each placement, one can determine the nature of the caregiver relationship and can also calculate the total number of days (i.e., duration) a child has been in that placement. Note that the version included in the national evaluation has been modified from the original version: a few settings have been removed, added, renamed, and/or collapsed. Also, the settings are no longer listed in the authors' order of relative restrictiveness and the weights for each setting have been removed.

## References and Bibliography

Hawkins, R. P., Almeida, M. C., Fabry, B., & Reitz, A. L. (1992). A scale to measure restrictiveness of living environments for troubled children and youths. *Hospital and Community Psychiatry*, 43(1), 54-58.

Thomlison, B. (1991). Restrictiveness as a measure to monitor children's placements at the program and case level. In C. Liberton, K. Kutash, & R. Friedman (Eds.), *A System of Care for Children's Mental Health: Expanding the Research Base 5<sup>th</sup> Annual Research Conference Proceedings* (pp. 97-104). Tampa, FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Yoe, J. T., Bruns, E. & Burchard, J. (1994). Evaluating individualized services in Vermont: Behavioral and service outcomes. In C. Liberton, K. Kutash, & R. Friedman (Eds.), *A System of Care for Children's Mental Health: Expanding the Research Base 7<sup>th</sup> Annual Research Conference Proceedings* (pp. 9–14). Tampa, FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## LIVING SITUATIONS QUESTIONNAIRE (LSQ)

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**LSQDATE** (Today's Date)

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**CHILDDID** (Macro-assigned ID)

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**LSQRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth without caregiver (independent youth)

**TIMEFRAM** (Assessment Period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**LSQINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**LSQMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**LSQLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

[NOTE TO INTERVIEWER: For each question, you must code the **place** that the caregiver describes using the 14 “Living Situation” codes, and the **adults who have primary responsibility** for the child using the 22 “Lives With” codes, below. If necessary, 2 “Lives With” codes may be selected for each living situation. Please see the pages at the end of the questionnaire for a more detailed description of the codes, including site-specific names of placements.]

**Living Situation:**

- 1 Homeless
- 2 Home (House/Apartment/Trailer)
- 3 School Dormitory
- 4 Camp (Recreational)
- 5 Emergency Shelter
- 6 Foster Home
- 7 Therapeutic/Specialized Foster Home
- 8 Group Home
- 9 Hospital – Medical
- 10 Residential Treatment Center/Therapeutic Camp
- 11 Hospital – Psychiatric or psychiatric unit
- 12 Youth Justice Related (juvenile detention, youth correctional facility)
- 13 Adult Justice Related (jail, prison)
- 14 Other

**Lives With:** (Adult(s) with primary caregiving responsibility for child or youth)

**Biological Family**

- 1 Biological parents
- 2 Biological mother, adoptive father
- 3 Biological mother, with partner
- 4 Biological mother, no partner
- 5 Biological father, adoptive mother
- 6 Biological father, with partner
- 7 Biological father, no partner
- 8 Split parenting

**Adoptive family**

- 9 2 adoptive parents
- 10 1 adoptive parent, with partner
- 11 1 adoptive parent, no partner

**Relative (non-parent)**

- 12 2 grandparents
- 13 1 grandparent with partner
- 14 1 grandparent, no partner
- 15 Other relative, with partner
- 16 Other relative, no partner

**Non-relative**

- 17 Foster parent(s)
- 18 Staff
- 19 Other caregiving adult

**Independent Living**

- 20 Alone
- 21 With friend
- 22 Supervised

[NOTE TO INTERVIEWER: Please indicate all the places the child has lived or stayed during the past 6 months, starting with the current living situation. Prompt respondent to think about all the places the child may have lived or stayed, including brief stays (e.g., overnight stays) at a hospital, a treatment center, a crisis shelter, etc. The only exception is brief stays (of less than 2 weeks) for leisure reasons (e.g., child visited grandparents for spring break). Do not code these leisure stays using a new or different code but simply code these stays the same as the child's primary family living situation (e.g., mother's home). If there is no primary family living situation (e.g., the child lives primarily in an out-of-home placement setting), code the living situation the child will return to after the leisure stay. Each day of the 6-month period must be accounted for (i.e., total of all living situations should be 180 days) and each time period noted should be associated with only one living situation.]

**I'd like to ask you about where (child's name) has lived or stayed in the past 6 months and who have been his/her caregivers in those places. Let's talk about where he/she lives or stays now and then about other places he/she may have lived or stayed.**

| <i>[USE TIMELINE CARD<br/>TO PROMPT RESPONDENT]</i>  | <b>a.</b><br>Living<br>situation<br>code | <b>b1.</b><br>Lives<br>with<br>code | <b>b2.</b><br>Lives<br>with<br>code | <b>c.</b><br>Number of days in living<br>situation in past 6<br>months |
|--|--|-------------------------------------|-------------------------------------|--|
| <b>1a. Where does (child's name) live now?</b><br><b>1b. Who does (child's name) live with now?</b><br><b>1c. For how many days has he/she lived here?</b>           |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>   |  |                                     |                                     |  |
| <b>2a. Where did he/she live before this place?</b><br><b>2b. Who did he/she live with before this place?</b><br><b>2c. For how many days did he/she live there?</b> |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lived there:]</i>   |  |                                     |                                     |  |

CHILD ID: 

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## Living Situations Questionnaire (LSQ)

| <i>[USE TIMELINE CARD<br/>TO PROMPT RESPONDENT]</i>  | <b>a.</b><br>Living<br>situation<br>code | <b>b1.</b><br>Lives<br>with<br>code | <b>b2.</b><br>Lives<br>with<br>code | <b>c.</b><br>Number of days in living<br>situation in past 6<br>months |
|--|--|-------------------------------------|-------------------------------------|--|
| <b>3a. Where did he/she live before this place?</b><br><b>3b. Who did he/she live with before this place?</b><br><b>3c. For how many days did he/she live there?</b> |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>   |  |                                     |                                     |  |
| <b>4a. Where did he/she live before this place?</b><br><b>4b. Who did he/she live with before this place?</b><br><b>4c. For how many days did he/she live there?</b> |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>   |  |                                     |                                     |  |
| <b>5a. Where did he/she live before this place?</b><br><b>5b. Who did he/she live with before this place?</b><br><b>5c. For how many days did he/she live there?</b> |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>   |  |                                     |                                     |  |
| <b>6a. Where did he/she live before this place?</b><br><b>6b. Who did he/she live with before this place?</b><br><b>6c. For how many days did he/she live there?</b> |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>   |  |                                     |                                     |  |

For all variables and data elements:

666 = Not Applicable  
777 = Refused888 = Don't Know  
999 = Missing



CHILD ID: 

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## Living Situations Questionnaire (LSQ)

| <i>[USE TIMELINE CARD<br/>TO PROMPT RESPONDENT]</i>   | <b>a.</b><br>Living<br>situation<br>code | <b>b1.</b><br>Lives<br>with<br>code | <b>b2.</b><br>Lives<br>with<br>code | <b>c.</b><br>Number of days in living<br>situation in past 6<br>months |
|---|--|-------------------------------------|-------------------------------------|--|
| <b>7a. Where did he/she live before this place?</b><br><b>7b. Who did he/she live with before this place?</b><br><b>7c. For how many days did he/she live there?</b>    |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>  |  |                                     |                                     |  |
| <b>8a. Where did he/she live before this place?</b><br><b>8b. Who did he/she live with before this place?</b><br><b>8c. For how many days did he/she live there?</b>    |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>  |  |                                     |                                     |  |
| <b>9a. Where did he/she live before this place?</b><br><b>9b. Who did he/she live with before this place?</b><br><b>9c. For how many days did he/she live there?</b>    |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>  |  |                                     |                                     |  |
| <b>10a. Where did he/she live before this place?</b><br><b>10b. Who did he/she live with before this place?</b><br><b>10c. For how many days did he/she live there?</b> |  |                                     |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>  |  |                                     |                                     |  |

For all variables and data elements:

666 = Not Applicable  
777 = Refused888 = Don't Know  
999 = Missing

CHILD ID: 

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## Living Situations Questionnaire (LSQ)

| <i>[USE TIMELINE CARD<br/>TO PROMPT RESPONDENT]</i>   | <b>a.</b><br>Living<br>situation<br>code | <b>b1.</b><br>Live<br>s<br>with<br>code | <b>b2.</b><br>Lives<br>with<br>code | <b>c.</b><br>Number of days in<br>living situation in past<br>6 months |
|---|--|---|-------------------------------------|--|
| <b>11a. Where did he/she live before this place?</b><br><b>11b. Who did he/she live with before this place?</b><br><b>11c. For how many days did he/she live there?</b> |  |   |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>  |  |   |                                     |  |
| <b>12a. Where did he/she live before this place?</b><br><b>12b. Who did he/she live with before this place?</b><br><b>12c. For how many days did he/she live there?</b> |  |   |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>  |  |   |                                     |  |
| <b>13a. Where did he/she live before this place?</b><br><b>13b. Who did he/she live with before this place?</b><br><b>13c. For how many days did he/she live there?</b> |  |   |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>  |  |   |                                     |  |
| <b>14a. Where did he/she live before this place?</b><br><b>14b. Who did he/she live with before this place?</b><br><b>14c. For how many days did he/she live there?</b> |  |   |                                     |  |
| <i>[Probe for name of place, description of place, and who lives there:]</i>  |  |   |                                     |  |

For all variables and data elements:

666 = Not Applicable  
777 = Refused888 = Don't Know  
999 = Missing

CHILD ID:

## Living Situations Questionnaire (LSQ)

[USE TIMELINE CARD  
TO PROMPT RESPONDENT]

**a.**  
Living  
situation  
code

Live  
s  
with  
code

**b2.**  
Lives  
with  
code

**c.**  
Number of days in  
living situation in past  
6 months

15a. Where did he/she live before this place?  
15b. Who did he/she live with before this place?  
15c. For how many days did he/she live there?

[Probe for name of place, description of place, and who lives there:]

\*Adapted from Fabry, Hawkins, Luster, & Alameida (1990) and Hawkins, Almeida, Fabry, & Reitz (1992).

*[NOTE TO INTERVIEWER: Please use these categories to code the different places where the child has lived. If you are unsure of how a placement should be coded, write a detailed description of the situation in the box provided after each question and bring this item to the attention of your site evaluator.]*

**Living Situations Categories**

1 = No place to stay

Homeless; staying anywhere available from night to night

2 = Home

Living in a house, apartment, or trailer (i.e., living alone, with biological or adoptive parents, relatives or friend[s])

3 = School Dormitory

Living out of the home in boarding school arrangement (i.e., private school or academy without a treatment component)

4 = Camp

i.e., recreational, religious, summer camp



site-specific names

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5 = Emergency Shelter

Living temporarily in a private home or group living arrangement during a crisis situation. Extensive support and supervision provided



site-specific names

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6 = Foster Home

Living in standard foster care arrangement without added support or in-house treatment component



site-specific names

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7 = Therapeutic/Specialized Foster Care

Living in a private home with care provided by foster parents who are trained to care for children with special needs and has an identifiable treatment or support component (e.g., intensive in-home) intervention, case management, physical therapy, etc.)



site-specific names

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8 = Group Home

Alternative living arrangement in which child lives with a small number of other children (e.g., 3–9) with special needs. 24-hour supervision is provided along with long-term treatment and supports



site-specific names

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9 = Hospital (medical)

Living in inpatient unit of medical hospital for treatment of non-mental health related problems



site-specific names

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10 = Hospital (psychiatric)

inpatient unit of psychiatric or medical hospital with 24-hour supervision. Intensive mental health treatment component



site-specific names

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11 = Residential Treatment Center/  
Therapeutic Camp

alternative group living arrangement for children with intensive mental health needs with 10 or more children. Lengths of stay are generally longer than in hospitals. may be for alcohol/drug or non-substance use treatment



site-specific names

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12 = Juvenile Justice Related

Juvenile detention center or incarceration in “youth-only” correctional facility with high structure and supervision.

13 = Adult Justice Related

An adult locked correctional facility with high structure and high supervision (i.e., jail or prison).

14 = Other (*Please specify:* \_\_\_\_\_)

\_\_\_\_\_)

## **Lives With Categories**

### **Biological Family**

- 1 = 2 biological parents  
Living with two biological caregivers
- 2 = Biological mother, adoptive father  
Living with biological mother and adoptive father
- 3 = Biological mother, with partner  
Living with biological mother and mother's partner, who is neither the child's biological or adoptive parent. The partner may be the child's step-parent
- 4 = Biological mother, no partner  
Living with biological mother
- 5 = Biological father, adoptive mother  
Living with biological father and adoptive mother
- 6 = Biological father, with partner  
Living with biological father and father's partner, who is neither the child's biological or adoptive parent. The partner may be the child's step-parent
- 7 = Biological father, no partner  
Living with biological father
- 8 = Split parenting  
Living about half with mother and half with father (usually joint custody situation)

### **Adoptive Family**

- 9 = 2 adoptive parents  
Living with two adoptive parents
- 10 = 1 adoptive parent, with partner  
Living with one adoptive parent and the parent's partner. The partner may be the child's step-parent
- 11 = 1 adoptive parent, no partner  
Living with one adoptive parent

### **Relative (non-parent)**

- 12 = 2 grandparents  
Living with two grandparents
- 13 = 1 grandparent, with partner  
Living with one grandparent and the grandparent's partner.
- 14 = 1 grandparent  
Living with one grandparent
- 15 = Other relative, with partner  
Living with a relative other than a parent or grandparent (e.g., sibling, aunt, uncle, cousin), and the relative's partner. The relative's partner may also be a relative (e.g., caregivers are child's aunt and uncle)
- 16 = Other relative, no partner  
Living with a relative other than a parent or grandparent (e.g., sibling, aunt, uncle, cousin)

**Non-Relative**

17 = Foster parent(s)

Living with one or two foster parents

18 = Staff

Living in a situation in which care is provided by trained professionals or other staff (e.g., doctors and nurses in a hospital, juvenile detention staff, emergency shelter staff)

19 = Other caregiving adult

Living with a non-relative, non-paid adult who acts as a caregiver to the child (e.g., family friend).

**Independent Living**

20 = Alone

Living alone and unsupervised

21 = With friend

Living unsupervised with one or more “unpaid” friends or roommates

22 = Supervised

Living independently but with a person who provides minimal supervision (i.e., with recruited mentor, professional housemate, or other “paid” roommate)

## **4.C.2.**

### **Child Behavior Checklist**



## **4.C.2.a.**

**Child Behavior Checklist 6–18 (CBCL 6–18): Caregiver**

## **CHILD BEHAVIOR CHECKLIST, 6–18 (CBCL 6–18): CAREGIVER**

### Description of Measure

The CBCL 6–18, formerly CBCL 4–18, is designed to provide a standardized measure of symptomatology for children ages 6 through 18. This new version of the checklist has been “updated to incorporate new normative data, include new DSM-oriented scales, and to complement the new preschool forms” (ASEBA CBCL 6–18, 2002). The CBCL 6–18 has been widely used in mental health services research as well as for clinical purposes. The checklist is a caregiver report of social competence and behavior and emotional problems among children and adolescents. It consists of 20 social competence items and 120 behavior problem items that include 118 specific problems and 2 open-ended items for reporting additional problems. The social competence section collects information related to the child’s activities, social relations, and school performance. The behavior problem section documents the presence of symptoms (e.g., argumentativeness, withdrawal, aggression). Caregivers rate their child for how true each item is now or within the past 6 months using the scale 0 = not true, 1 = somewhat/sometimes true, 2 = very/often true. The CBCL 6–18 scores on a number of empirically derived factors (ASEBA CBCL 6–18, 2002). Although it does not yield diagnoses, the CBCL assesses children’s symptoms on a continuum and provides two broadband (i.e., internalizing and externalizing) syndrome scores, eight cross-informant syndrome scores (e.g., attention problems, depressive mood, conduct problems), six DSM-oriented scales, and percentiles for three competence scales (activities, social, school). A Total Problem score can also be generated.

### Reliability and Validity

Achenbach (1991) has reported a variety of information regarding internal consistency, test-retest reliability, construct validity, and criterion-related validity. Good internal consistency was found for the Internalizing, Externalizing, and Total Problems scales ( $\alpha \geq .82$ ). The CBCL demonstrated good test-retest reliability after seven days (Pearson  $r$  at or above .87 for all scales). Moderate to strong correlation with the Connor Parent Questionnaire and the Quay-Peterson scale (Pearson  $r$  coefficients ranged from .59 to .88) suggested the construct validity of the CBCL. The CBCL was, for most items and scales, capable of discriminating between children referred to clinics for needed mental health services and those youth not referred (Achenbach, 1991). A variety of other studies have also shown good criterion-related or discriminant validity (e.g., Barkley, 1988; McConaughy, 1993).

Inter-observer agreement was evident in a meta-analysis of 119 studies that used the CBCL and the form for adolescents, the Youth Self-Report (YSR). In 269 separate samples, statistically significant correlations (using Pearson  $r$ ) were found among ratings completed by parents, mental health workers, teachers, peers, observers, and adolescents themselves (Achenbach, McConaughy, & Howell, 1987).

Preliminary reliability analysis of CBCL 6–18 on a sample from Phase IV, Cycle I grant communities showed good internal consistency for the Internalizing ( $\alpha = .89$ ,  $n = 676$ ), Externalizing ( $\alpha = .91$ ,  $n = 646$ ), and Total Problems ( $\alpha = .96$ ,  $n = 581$ ) scales.

The instrument has been nationally normed on a proportionally representative sample of children across income and racial/ethnic groups, region, and urban-rural residence.

### Subscales, Scoring and Tabulation

The CBCL 6–18 scoring profile provides raw scores, *T* scores, and percentiles for three competence scales, total competence, eight cross-informant syndromes and Internalizing, Externalizing and Total Problems. The cross-informant syndromes scored are 1) aggressive behavior, 2) anxious/depressed, 3) attention problems, 4) rule-breaking behavior, 5) social problems, 6) somatic complaints, 7) thought problems, and 8) withdrawn depressed. There are also six DSM-oriented scales, including 1) affective problems, 2) anxiety problems, 3) somatic problems, 4) attention deficit/hyperactivity problems, 5) oppositional defiant problems, and 6) conduct problems. The DSM-oriented scales “were constructed by having experienced child psychiatrists and psychologists from 16 cultures rate the consistency of checklist items with DSM-IV categories” (ASEBA CBCL 6–18, 2002). Scales are derived from factor analyses of caregiver ratings of 4,994 clinically referred children and are normed on 1,753 children aged 6 to 18. The scoring programs developed by the authors should be used to generate the scores. All grantees will be provided with a copy of the scoring program and accompanying manual, if they do not already have them. Sites should contact their liaisons for more information.

### References

(A comprehensive computer-based bibliography of abstracts for 2,000 studies using the CBCL can be obtained from the author.)

Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist 14-18 and 1991 Profile*. Burlington, VT: University Associates in Psychiatry.

Achenbach, T. M., McConaughy, S. H., & Howell, C. T. (1987). Child/adolescent behavioral and emotional problems: Implications of cross-informant correlations for situational specificity. *Psychological Bulletin*, 101(2), 213-232.

ASEBA (*Achenbach System of Empirically Based Assessment*) CBCL 6-18. Available at: <http://www.aseba.org/PRODUCTS/cbcl6-18.html>.

Barkley, R. (1988). Child behavior rating scales and checklists. In M. Rutter, A.H. Tuma, & I. S. Lann (Eds.), *Assessment and Diagnosis in Child Psychopathology*. New York: Guildford Press.

Drotar, E., Stein, R. E. K., & Perrin, E. C. (1995). Methodological issues in using the Child Behavior Checklist and its related instruments in clinical child psychology research. *Journal of Clinical Child Psychology*, 24(2), 184-192.

McConaughy, S. H. (1993). Advances in empirically based assessment of children’s behavioral and emotional problems. *School Psychology Review*, 22(2), 285-307.

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An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## CHILD BEHAVIOR CHECKLIST (CBCL 6–18)

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**CCBDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
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**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**CCBAGE** (Child's age in years and months)

\_\_\_\_\_ year(s) and \_\_\_\_\_ month(s)

**CCBRESP** (Respondent for the interview)

- 1 = Caregiver (child's caregiver in a family, household environment)  
2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**TIMEFRAM** (Assessment period)

- 1 = Intake  
2 = 6 months  
3 = 12 months  
4 = 18 months  
5 = 24 months  
6 = 30 months  
7 = 36 months

**CCBINTV** (Who administered interview)

- 1 = Person providing services to child  
2 = Data collector

**CCBMETH** (Method of administering interview)

- 1 = In person, hard copy  
2 = Telephone, hard copy  
3 = In person, computer assisted  
4 = Telephone, computer assisted

**CCBLANG** (Language of interview)

- 1 = English  
2 = Spanish  
3 = Other

*Instructions to respondent: I am going to read you a list of items that describe children and youth. For each item that describes your child now or within the past 6 months, please tell me if the item is very true or often true of your child, somewhat or sometimes true of your child, or 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. [CARD]*



# Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only  
ID #

|  |   |   |   |   |
|--|---|---|---|---|
| CHILD'S FULL NAME<br>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.)<br>FATHER'S TYPE OF WORK _____<br>MOTHER'S TYPE OF WORK _____ |   |
| CHILD'S GENDER<br><input type="checkbox"/> Boy <input type="checkbox"/> Girl | CHILD'S AGE   | CHILD'S ETHNIC GROUP OR RACE                        |   |   |
| TODAY'S DATE<br>Mo. _____ Date _____ Yr. _____                               |   | CHILD'S BIRTHDATE<br>Mo. _____ Date _____ Yr. _____ |   | THIS FORM FILLED OUT BY: (print your full name) _____ |
| 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"/>                                | Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Your relation to the child:<br><input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent<br><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.

☐ None

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

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average    Average    More Than Average    Don't Know

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Compared to others of the same age, how well does he/she do each one?

Below Average    Average    Above Average    Don't Know

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <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

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

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average    Average    More Than Average    Don't Know

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Compared to others of the same age, how well does he/she do each one?

Below Average    Average    Above Average    Don't Know

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

☐ None

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

Compared to others of the same age, how active is he/she in each?

Less Active    Average    More Active    Don't Know

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <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

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

Compared to others of the same age, how well does he/she carry them out?

Below Average    Average    Above Average    Don't Know

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <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            |
|--|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Other academic subjects—for example: computer courses, foreign language, business. Do <b>not</b> include gym, shop, driver's ed., or other nonacademic subjects. | 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"/> |
|  |                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                       | <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<br>(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;<br>obsessions (describe): _____          | 0   | 1 | 2                           | 40. Hears sounds or voices that aren't there<br>(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<br>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,<br>other than school (describe): _____ | 0   | 1 | 2                           | d. Problems with eyes ( <b>not</b> if corrected by glasses)<br>(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. 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 | 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 ( <i>don't</i> 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                           | _____  |  |



**CBCL 6-18**

# **CARD 1**

0 = Not true (as far as you know)

1 = Somewhat or sometimes true

2 = Very true or often true

#### **4.C.2.b.**

**Child Behavior Checklist 1½–5 (CBCL 1½–5): Caregiver**

## **CHILD BEHAVIOR CHECKLIST 1½–5 (CBCL 1½–5): CAREGIVER**

### Description of Measure

The CBCL is designed to provide a standardized measure of symptomatology for children ages 1½ through 5. The CBCL has been widely used in mental health services research as well as for clinical purposes. The checklist is a caregivers' report of their child's problems, disabilities, and strengths, parental concerns about their child. Caregivers report on 99 problem items by indicating if statements describing children are not true, somewhat/sometimes true, or very/often true for their child. Caregivers are also asked three questions that allow them to describe problems, concerns and strengths for their child. Using a national normative sample and large clinical samples to derive cross-informant syndromes, the checklist assesses children for seven conditions: 1) emotionally reactive, 2) anxious/depressed, 3) somatic complaints, 4) withdrawn, 5) attention problems, 6) aggressive behavior, and 7) sleep problems. Although it does not yield diagnoses, the CBCL 1½–5 provides a profile of DSM-oriented scales that "experienced psychiatrists and psychologists from ten cultures rated as being very consistent with DSM diagnostic categories" (ASEBA CBCL 1½–5, 2002). Additionally, the checklist yields scores that measure children's internalizing, externalizing and total problems. The CBCL 1½–5 is available in English and Spanish.

### Reliability and Validity

Achenbach (1991) has reported a variety of information regarding internal consistency, test-retest reliability, construct validity, and criterion-related validity. Good internal consistency was found for the Internalizing, Externalizing, and Total Problems scales ( $\alpha \geq .82$ ). The CBCL demonstrated good test-retest reliability after seven days (Pearson  $r$  at or above .87 for all scales). Moderate to strong correlation with the Connor Parent Questionnaire and the Quay-Peterson scale (Pearson  $r$  coefficients ranged from .59 to .88) suggested the construct validity of the CBCL. The CBCL was, for most items and scales, capable of discriminating between children referred to clinics for needed mental health services and those youth not referred (Achenbach, 1991). A variety of other studies have also shown good criterion-related or discriminant validity (e.g., Barkley, 1988; McConaughy, 1993).

Inter-observer agreement was evident in a meta-analysis of 119 studies that used the CBCL and the form for adolescents, the Youth Self-Report (YSR). In 269 separate samples, statistically significant correlations (using Pearson  $r$ ) were found among ratings completed by parents, mental health workers, teachers, peers, observers, and adolescents themselves (Achenbach, McConaughy, & Howell, 1987).

The instrument has been nationally normed on a proportionally representative sample of children across income and racial/ethnic groups. Racial/ethnic differences in total and subscale scores of the CBCL disappeared when controlling for socioeconomic status (SES), suggesting a lack of instrument bias related to racial/ethnic differences.

### Subscales, Scoring and Tabulation

The CBCL provides two broadband scores (i.e., internalizing, externalizing), seven narrow-band scores (e.g., emotionally reactive, withdrawn, aggressive behavior), and a Total Problem Score. Scales are based on ratings of 1,728 children and are normed on a national sample of 700 children. Hand-scored and computer-scored profiles are available. The scoring programs developed by the authors should be used to generate the scores. All grantees will be provided with a copy of the scoring program and accompanying manual, if they do not already have them. Sites should contact their liaisons for more information.

### References

(A comprehensive computer-based bibliography of abstracts for 2,000 studies using the CBCL can be obtained from the author.)

Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist 14–18 and 1991 Profile*. Burlington, VT: University Associates in Psychiatry.

*ASEBA (Achenbach System of Empirically Based Assessment) CBCL 1½–5*. 2002. Available at <http://www.aseba.org/PRODUCTS/cbcl1-5.html>.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 20 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## CHILD BEHAVIOR CHECKLIST (CBCL 1½–5)

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CCBDATE (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

CHILDDID (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

CCBAGE (Child's age in years and months)

\_\_\_\_\_ year(s) and \_\_\_\_\_ month(s)

CCBRESP (Respondent for the interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
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*Instructions to respondent: I am going to read you a list of items that describe children. For each item that describes your child now or within the past 6 months, please tell me if the item is very true or often true of your child, somewhat or sometimes true of your child, or 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. [CARD]*

Please print. Be sure to answer all items.

# CHILD BEHAVIOR CHECKLIST FOR AGES 1½ - 5

For office use only  
ID #

|  |             |   |      |
|--|-------------|---|------|
| CHILD'S FULL NAME  | First       | Middle  | Last |
| CHILD'S GENDER<br><input type="checkbox"/> Boy <input type="checkbox"/> Girl | CHILD'S AGE | CHILD'S ETHNIC GROUP OR RACE                        |      |
| TODAY'S DATE<br>Mo. _____ Date _____ Yr. _____                               |             | CHILD'S BIRTHDATE<br>Mo. _____ Date _____ Yr. _____ |      |

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)

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

Your relationship to child:

☐ Mother ☐ Father ☐ Other (specify): \_\_\_\_\_

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

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- |   |   |   |   |
|---|---|---|---|
| 0 | 1 | 2 | 1. Aches or pains (without medical cause; <b>do not</b> include stomach or headaches) |
| 0 | 1 | 2 | 2. Acts too young for age   |
| 0 | 1 | 2 | 3. Afraid to try new things   |
| 0 | 1 | 2 | 4. Avoids looking others in the eye   |
| 0 | 1 | 2 | 5. Can't concentrate, can't pay attention for long                                    |
| 0 | 1 | 2 | 6. Can't sit still, restless, or hyperactive  |
| 0 | 1 | 2 | 7. Can't stand having things out of place   |
| 0 | 1 | 2 | 8. Can't stand waiting; wants everything now  |
| 0 | 1 | 2 | 9. Chews on things that aren't edible   |
| 0 | 1 | 2 | 10. Clings to adults or too dependent   |
| 0 | 1 | 2 | 11. Constantly seeks help   |
| 0 | 1 | 2 | 12. Constipated, doesn't move bowels (when not sick)                                  |
| 0 | 1 | 2 | 13. Cries a lot   |
| 0 | 1 | 2 | 14. Cruel to animals  |
| 0 | 1 | 2 | 15. Defiant   |
| 0 | 1 | 2 | 16. Demands must be met immediately   |
| 0 | 1 | 2 | 17. Destroys his/her own things   |
| 0 | 1 | 2 | 18. Destroys things belonging to his/her family or other children                     |
| 0 | 1 | 2 | 19. Diarrhea or loose bowels (when not sick)  |
| 0 | 1 | 2 | 20. Disobedient   |
| 0 | 1 | 2 | 21. Disturbed by any change in routine  |
| 0 | 1 | 2 | 22. Doesn't want to sleep alone   |
| 0 | 1 | 2 | 23. Doesn't answer when people talk to him/her  |
| 0 | 1 | 2 | 24. Doesn't eat well (describe): _____  |
| 0 | 1 | 2 | 25. Doesn't get along with other children   |
| 0 | 1 | 2 | 26. Doesn't know how to have fun; acts like a little adult                            |
| 0 | 1 | 2 | 27. Doesn't seem to feel guilty after misbehaving                                     |
| 0 | 1 | 2 | 28. Doesn't want to go out of home  |
| 0 | 1 | 2 | 29. Easily frustrated   |

- |   |   |   |  |
|---|---|---|--|
| 0 | 1 | 2 | 30. Easily jealous   |
| 0 | 1 | 2 | 31. Eats or drinks things that are not food— <b>don't</b> include sweets (describe): _____ |
| 0 | 1 | 2 | 32. Fears certain animals, situations, or places (describe): _____                         |
| 0 | 1 | 2 | 33. Feelings are easily hurt   |
| 0 | 1 | 2 | 34. Gets hurt a lot, accident-prone  |
| 0 | 1 | 2 | 35. Gets in many fights  |
| 0 | 1 | 2 | 36. Gets into everything   |
| 0 | 1 | 2 | 37. Gets too upset when separated from parents   |
| 0 | 1 | 2 | 38. Has trouble getting to sleep   |
| 0 | 1 | 2 | 39. Headaches (without medical cause)  |
| 0 | 1 | 2 | 40. Hits others  |
| 0 | 1 | 2 | 41. Holds his/her breath   |
| 0 | 1 | 2 | 42. Hurts animals or people without meaning to   |
| 0 | 1 | 2 | 43. Looks unhappy without good reason  |
| 0 | 1 | 2 | 44. Angry moods  |
| 0 | 1 | 2 | 45. Nausea, feels sick (without medical cause)   |
| 0 | 1 | 2 | 46. Nervous movements or twitching (describe): _____                                       |
| 0 | 1 | 2 | 47. Nervous, highstrung, or tense  |
| 0 | 1 | 2 | 48. Nightmares   |
| 0 | 1 | 2 | 49. Overeating   |
| 0 | 1 | 2 | 50. Overtired  |
| 0 | 1 | 2 | 51. Shows panic for no good reason   |
| 0 | 1 | 2 | 52. Painful bowel movements (without medical cause)  |
| 0 | 1 | 2 | 53. Physically attacks people  |
| 0 | 1 | 2 | 54. Picks nose, skin, or other parts of body (describe): _____                             |

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



*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 | 55. Plays with own sex parts too much  | 0 | 1 | 2                           | 79. Rapid shifts between sadness and excitement                             |  |
| 0                                 | 1 | 2 | 56. Poorly coordinated or clumsy   | 0 | 1 | 2                           | 80. Strange behavior (describe): _____                                      |  |
| 0                                 | 1 | 2 | 57. Problems with eyes (without medical cause)<br>(describe): _____          | 0 | 1 | 2                           | 81. Stubborn, sullen, or irritable  |  |
| 0                                 | 1 | 2 | 58. Punishment doesn't change his/her behavior                               | 0 | 1 | 2                           | 82. Sudden changes in mood or feelings                                      |  |
| 0                                 | 1 | 2 | 59. Quickly shifts from one activity to another                              | 0 | 1 | 2                           | 83. Sulks a lot   |  |
| 0                                 | 1 | 2 | 60. Rashes or other skin problems (without medical cause)                    | 0 | 1 | 2                           | 84. Talks or cries out in sleep   |  |
| 0                                 | 1 | 2 | 61. Refuses to eat   | 0 | 1 | 2                           | 85. Temper tantrums or hot temper   |  |
| 0                                 | 1 | 2 | 62. Refuses to play active games   | 0 | 1 | 2                           | 86. Too concerned with neatness or cleanliness                              |  |
| 0                                 | 1 | 2 | 63. Repeatedly rocks head or body  | 0 | 1 | 2                           | 87. Too fearful or anxious  |  |
| 0                                 | 1 | 2 | 64. Resists going to bed at night  | 0 | 1 | 2                           | 88. Uncooperative   |  |
| 0                                 | 1 | 2 | 65. Resists toilet training (describe): _____                                | 0 | 1 | 2                           | 89. Underactive, slow moving, or lacks energy                               |  |
| 0                                 | 1 | 2 | 66. Screams a lot  | 0 | 1 | 2                           | 90. Unhappy, sad, or depressed  |  |
| 0                                 | 1 | 2 | 67. Seems unresponsive to affection  | 0 | 1 | 2                           | 91. Unusually loud  |  |
| 0                                 | 1 | 2 | 68. Self-conscious or easily embarrassed                                     | 0 | 1 | 2                           | 92. Upset by new people or situations<br>(describe): _____                  |  |
| 0                                 | 1 | 2 | 69. Selfish or won't share   | 0 | 1 | 2                           | 93. Vomiting, throwing up (without medical cause)                           |  |
| 0                                 | 1 | 2 | 70. Shows little affection toward people                                     | 0 | 1 | 2                           | 94. Wakes up often at night   |  |
| 0                                 | 1 | 2 | 71. Shows little interest in things around him/her                           | 0 | 1 | 2                           | 95. Wanders away  |  |
| 0                                 | 1 | 2 | 72. Shows too little fear of getting hurt                                    | 0 | 1 | 2                           | 96. Wants a lot of attention  |  |
| 0                                 | 1 | 2 | 73. Too shy or timid   | 0 | 1 | 2                           | 97. Whining   |  |
| 0                                 | 1 | 2 | 74. Sleeps less than most children during day and/or night (describe): _____ | 0 | 1 | 2                           | 98. Withdrawn, doesn't get involved with others                             |  |
| 0                                 | 1 | 2 | 75. Smears or plays with bowel movements                                     | 0 | 1 | 2                           | 99. Worries   |  |
| 0                                 | 1 | 2 | 76. Speech problem (describe): _____   | 0 | 1 | 2                           | 100. Please write in any problems the child has that were not listed above. |  |
| 0                                 | 1 | 2 | 77. Stares into space or seems preoccupied                                   | 0 | 1 | 2                           |   |  |
| 0                                 | 1 | 2 | 78. Stomachaches or cramps (without medical cause)                           | 0 | 1 | 2                           |   |  |

*Please be sure you have answered all items.  
Underline any you are concerned about.*

Does the child have any illness or disability (either physical or mental)? ☐ No ☐ Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child:

## LANGUAGE DEVELOPMENT SURVEY FOR AGES 18-35 MONTHS

For office use only  
ID #

The Language Development Survey assesses children's word combinations and vocabulary. By carefully completing the Language Development Survey, you can help us obtain an accurate picture of your child's developing language. *Please print your answers. Be sure to answer all items.*

I. Was your child born earlier than the usual 9 months after conception?

☐ No ☐ Yes—how many weeks early? \_\_\_\_\_ weeks early.

II. How much did your child weigh at birth? \_\_\_\_\_ pounds \_\_\_\_\_ ounces or \_\_\_\_\_ grams.

III. How many ear infections did your child have before age 24 months?

☐ 0-2 ☐ 3-5 ☐ 6-8 ☐ 9 or more

IV. Is any language beside English spoken in your home?

☐ No ☐ Yes—please list the languages: \_\_\_\_\_  
\_\_\_\_\_

V. Has anyone in your family been slow in learning to talk?

☐ No ☐ Yes—please list their relationships to your child; for example, brother, father:  
\_\_\_\_\_

VI. Are you worried about your child's language development?

☐ No ☐ Yes—why? \_\_\_\_\_

VII. Does your child spontaneously say words in any language? (not just imitates or understands words)?

☐ No ☐ Yes—if yes, please complete item VIII and page 4.

VIII. Does your child combine 2 or more words into phrases? For example: "more cookie," "car bye-bye."

☐ No ☐ Yes—please print 5 of your child's longest and best phrases or sentences.

For each phrase that is not in English, print the name of the language.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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



Please circle each word that your child says **SPONTANEOUSLY** (not just imitates or understands). If your child says non-English versions of words on the list, circle the English word and write the first letter of the language (e.g., S for Spanish). Please include words even if they are not pronounced clearly or are in "baby talk" (for example: "baba" for bottle).

## FOODS

1. apple
2. banana
3. bread
4. butter
5. cake
6. candy
7. cereal
8. cheese
9. coffee
10. cookie
11. crackers
12. drink
13. egg
14. food
15. grapes
16. gum
17. hamburger
18. hotdog
19. ice cream
20. juice
21. meat
22. milk
23. orange
24. pizza
25. pretzel
26. raisins
27. soda
28. soup
29. spaghetti
30. tea
31. toast
32. water

## TOYS

33. ball
34. balloon
35. blocks
36. book
37. crayons
38. doll
39. picture
40. present
41. slide
42. swing
43. teddy bear

## OUTDOORS

44. flower
45. house
46. moon
47. rain
48. sidewalk
49. sky
50. snow
51. star
52. street
53. sun
54. tree

## ANIMALS

55. bear
56. bee
57. bird
58. bug
59. bunny
60. cat
61. chicken
62. cow
63. dog
64. duck
65. elephant
66. fish
67. frog
68. horse
69. monkey
70. pig
71. puppy
72. snake
73. tiger
74. turkey
75. turtle

## BODY PARTS

76. arm
77. belly button
78. bottom
79. chin
80. ear
81. elbow
82. eye
83. face
84. finger
85. foot
86. hair
87. hand
88. knee
89. leg
90. mouth
91. neck
92. nose
93. teeth
94. thumb
95. toe
96. tummy

## VEHICLES

97. bike
98. boat
99. bus
100. car
101. motorcycle
102. plane
103. stroller
104. train
105. trolley
106. truck

## ACTIONS

107. bath
108. breakfast
109. bring
110. catch
111. clap
112. close
113. come
114. cough
115. cut
116. dance
117. dinner
118. doodoo
119. down
120. eat
121. feed
122. finish
123. fix
124. get
125. give
126. go
127. have
128. help
129. hit
130. hug
131. jump
132. kick
133. kiss
134. knock
135. look
136. love
137. lunch
138. make
139. nap
140. open
141. outside
142. patty cake
143. peekaboo
144. peepee
145. push
146. read
147. ride
148. run
149. see
150. show
151. shut
152. sing
153. sit
154. sleep
155. stop
156. take
157. throw
158. tickle
159. up
160. walk
161. want
162. wash

## HOUSEHOLD

163. bathtub
164. bed
165. blanket
166. bottle
167. bowl
168. chair
169. clock
170. crib
171. cup
172. door
173. floor
174. fork
175. glass
176. knife
177. light
178. mirror
179. pillow
180. plate
181. potty
182. radio
183. room
184. sink
185. soap
186. spoon
187. stairs
188. table
189. telephone
190. towel
191. trash
192. T.V.
193. window

## PERSONAL

194. brush
195. comb
196. glasses
197. key
198. money
199. paper
200. pen
201. pencil
202. penny
203. pocketbook
204. tissue
205. tooth brush
206. umbrella
207. watch

## PLACES

208. church
209. home
210. hospital
211. library
212. park
213. school
214. store
215. zoo

## MODIFIERS

216. all gone
217. all right
218. bad
219. big
220. black
221. blue
222. broken
223. clean
224. cold
225. dark
226. dirty
227. dry
228. good
229. happy
230. heavy
231. hot
232. hungry
233. little
234. mine
235. more
236. nice
237. pretty
238. red
239. stinky
240. that
241. this
242. tired
243. wet
244. white
245. yellow
246. yucky

## CLOTHES

247. belt
248. boots
249. coat
250. diaper
251. dress
252. gloves
253. hat
254. jacket
255. mittens
256. pajamas
257. pants
258. shirt
259. shoes
260. slippers
261. sneakers
262. socks
263. sweater

## OTHER

264. any letter
265. away
266. booboo
267. byebye
268. excuse me
269. here
270. hi, hello
271. in
272. me
273. meow
274. my
275. myself
276. nighttime
277. no
278. off
279. on
280. out
281. please
282. Sesame St.
283. shut up
284. thank you
285. there
286. under
287. welcome
288. what
289. where
290. why
291. woofwoof
292. yes
293. you
294. yumyum
295. any number

## PEOPLE

296. aunt
297. baby
298. boy
299. daddy
300. doctor
301. girl
302. grandma
303. grandpa
304. lady
305. man
306. mommy
307. own name
308. pet name
309. uncle
310. name of TV or story character

Other words your child says, including non-English words:

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CBCL 1½-5

# CARD 1

0 = Not true (as far as you know)

1 = Somewhat or sometimes true

2 = Very true or often true

### **4.C.3.**

**Caregiver Strain Questionnaire (CGSQ): Caregiver**

# CAREGIVER STRAIN QUESTIONNAIRE (CGSQ): CAREGIVER

## Description of Measure

The CGSQ (formerly the Burden of Care Questionnaire) was developed for use with families of children who have emotional and behavioral problems (Brannan, Heflinger, & Bickman, 1997). Its development followed from the work of previous researchers of strain among family members of adults with severe and persistent mental illness, elderly persons with dementia, and children with chronic illnesses or developmental disabilities. The CGSQ's theoretical underpinnings are based in the ecological perspective of families (Bronfenbrenner, 1979) and, specifically, the Double ABCX model of family stress and coping (McCubbin, & Patterson, 1983). The CGSQ assesses, on a 5-point scale, the extent to which caregivers of children with emotional and behavioral disorders experience additional difficulties, strains, and other negative effects as the result of their caregiving responsibilities. It is currently being used in several studies of children's mental health services.

## Reliability and Validity

The CGSQ demonstrated good reliability and validity in previous research. Confirmatory factor analysis findings from previous research with the CGSQ have supported the existence of three related dimensions of caregiver strain (Brannan, Heflinger, & Bickman, 1998). The three CGSQ subscales demonstrated adequate internal consistency with alpha coefficients ranging from .73 to .91 (Heflinger, Northrup, Sonnichsen, & Brannan, 1998). In addition, the CGSQ subscales were found to correlate with measures of family functioning and caregiver distress in expected ways, providing evidence of construct validity (Brannan, Heflinger, & Bickman, 1998). The predictive validity of the CGSQ is supported by findings that the CGSQ was a good predictor of service utilization patterns above the prediction provided by measures of the child's clinical and functional status (Foster, Saunders, & Summerfelt, 1996; Lambert, Brannan, Heflinger, Breda, & Bickman, 1998).

Preliminary analysis of data on CGSQ from Phase IV, Cycle I communities shows good internal consistency for the three subscales as well. The Cronbach's alphas are: .92 for Objective Strain ( $n = 760$ ), .67 for Subjective Internalizing Strain ( $n = 775$ ), and .82 for Subjective Externalizing Strain ( $n = 773$ ).

## Subscales, Scoring, and Tabulation

The subscales were constructed from the findings from factor analyses. The authors caution that subscale scores should not be calculated if more than 15% of the items for that subscale are missing. Subscale scores are the mean of the items. Higher scores indicate greater strain. The subscales and items that comprise them are described below. The one item that should be reverse coded (subtract the response from 6) is bolded.

- Objective Strain assesses the extent to which observable negative events or consequences related to the child's disorder have been a problem for the family, such as trouble with

neighbors, disrupted family relationships, routines, and social activities, and loss of personal time. Items 1–11.

- Subjective-externalized Strain relates to negative feelings about the child such as anger, resentment, or embarrassment. Items 13, 14, 15, 19.
- Subjective-internalized Strain refers to the negative feelings that the caregiver experiences such as worry, guilt, and fatigue. Items 12, 16, 17, 18, 20, 21.
- Global Strain provides an indication of the total impact on the family. Sum of the mean scores of the three subscales.

### References and Bibliography

Brannan, A. M., Heflinger, C.A., & Bickman, L. (1998). The Caregiver Strain Questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders*, 5(4), 212–222.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Heflinger, C. A., Northrup, D. A., Sonnichsen, S. E., & Brannan, A. M. (1998). Including a family focus in research on community-based services for children with serious emotional disturbance: Experiences from the Fort Bragg Evaluation Project. In M.E. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for Children and Youth with Emotional and Behavioral Disorders and Their Families: Programs and Evaluation Best Practices* (pp. 261–293). Austin, TX: PRO-ED Incorporated.

Foster, E. M., Saunders, R. C., & Summerfelt, W. T. (in press). A comparison of multiple methods of predicting level of care in mental health services. *Evaluation and Program Planning*, 19(2).

Lambert, E.W., Brannan, A.M., Heflinger, C.A., Breda, C., & Bickman, L. (1998). Common patterns of service use in children's mental health. *Evaluation and Program Planning*, 2, 47-57.

McCubbin, H. I., & Patterson, J. M. (1982). The Family Stress Process: The Double ABCX Model of Adjustment and Adaption. In H. I. McCubbin, A. E. Cauble, & J. M. Patterson (Eds.), *Family Stress, Coping, and Social Support* (pp. 169–188). Springfield, IL: Haworth Press, Inc.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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## CAREGIVER STRAIN QUESTIONNAIRE (CGSQ): Caregiver

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**CGSDATE** (Today' Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 Months
- 3 = 12 Months
- 4 = 18 Months
- 5 = 24 Months
- 6 = 30 Months
- 7 = 36 Months

**CGSRESP** (Respondent for the interview)

- 1 = Caregiver (child's caregiver in a family, household environment)

**CGSINTV** (Who administered the interview)

- 1 = Person providing services to child
- 2 = Data Collector

**CGSMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**CGSLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

CHILD ID: 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Caregiver Strain Questionnaire (CGSQ): Caregiver

Please think back over the past 6 months and try to remember how things have been for your family. We are trying to get a picture of how life has been in your household over that time.

For each question, please tell me which response (which number) fits best.

*[CARD #1]*

In the past 6 months, how much of a problem was the following:

|     |   | Not at all | A little | Somewhat | Quite a bit | Very much |
|-----|---|------------|----------|----------|-------------|-----------|
| 1.  | Interruption of personal time resulting from your child's emotional or behavioral problem?  | 1          | 2        | 3        | 4           | 5         |
| 2.  | Your missing work or neglecting other duties because of your child's emotional or behavioral problem?                               | 1          | 2        | 3        | 4           | 5         |
| 3.  | Disruption of family routines due to your child's emotional or behavioral problem?  | 1          | 2        | 3        | 4           | 5         |
| 4.  | Any family member having to do without things because of your child's emotional or behavioral problem?                              | 1          | 2        | 3        | 4           | 5         |
| 5.  | Any family member suffering negative mental or physical health effects as a result of your child's emotional or behavioral problem? | 1          | 2        | 3        | 4           | 5         |
| 6.  | Your child getting into trouble with the neighbors, the school, the community, or law enforcement?                                  | 1          | 2        | 3        | 4           | 5         |
| 7.  | Financial strain for your family as a result of your child's emotional or behavioral problem?                                       | 1          | 2        | 3        | 4           | 5         |
| 8.  | Less attention paid to other family members because of your child's emotional or behavioral problem?                                | 1          | 2        | 3        | 4           | 5         |
| 9.  | Disruption or upset of relationships within the family due to your child's emotional or behavioral problem?                         | 1          | 2        | 3        | 4           | 5         |
| 10. | Disruption of your family's social activities resulting from your child's emotional or behavioral problem?                          | 1          | 2        | 3        | 4           | 5         |

For all variables and data elements

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

In this section, please continue to look back and try to remember how you have felt during the past 6 months.

For each question, please tell me which response (which number) fits best.

*[CARD #1]*

In the past 6 months:

|     |   | Not at all | A little | Somewhat | Quite a bit | Very much |
|-----|---|------------|----------|----------|-------------|-----------|
| 11. | How isolated did you feel as a result of your child's emotional or behavioral problem?                | 1          | 2        | 3        | 4           | 5         |
| 12. | How sad or unhappy did you feel as a result of your child's emotional or behavioral problem?          | 1          | 2        | 3        | 4           | 5         |
| 13. | How embarrassed did you feel about your child's emotional or behavioral problem?                      | 1          | 2        | 3        | 4           | 5         |
| 14. | How well did you relate to your child?  | 1          | 2        | 3        | 4           | 5         |
| 15. | How angry did you feel toward your child?   | 1          | 2        | 3        | 4           | 5         |
| 16. | How worried did you feel about your child's future?   | 1          | 2        | 3        | 4           | 5         |
| 17. | How worried did you feel about your family's future?  | 1          | 2        | 3        | 4           | 5         |
| 18. | How guilty did you feel about your child's emotional or behavioral problem?                           | 1          | 2        | 3        | 4           | 5         |
| 19. | How resentful did you feel toward your child?   | 1          | 2        | 3        | 4           | 5         |
| 20. | How tired or strained did you feel as a result of your child's emotional or behavioral problem?       | 1          | 2        | 3        | 4           | 5         |
| 21. | In general, how much of a toll has your child's emotional or behavioral problem taken on your family? | 1          | 2        | 3        | 4           | 5         |

\*Developed by Brannan, Heflinger, & Bickman, 1990.



CGSQ  
**CARD 1**

1 = Not at all

2 = A little

3 = Somewhat

4 = Quite a bit

5 = Very much

#### **4.C.4.**

**Behavioral and Emotional Rating Scale–Second Edition, Parent Rating Scale  
(BERS–2C): Caregiver**

## **BEHAVIORAL AND EMOTIONAL RATING SCALE— SECOND EDITION, PARENT RATING SCALE (BERS-2C): CAREGIVER**

### Description of Measure

The BERS–2 Parent Rating Scale is based on the original BERS and identifies the emotional and behavioral strengths of children. As with the original BERS, the BERS–2 measures children’s strengths in five domains (interpersonal strengths, family involvement, intrapersonal strengths, school functioning, and affective strengths). Epstein and Sharma (1998) describe strengths-based assessment as “the measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one’s ability to deal with adversity and stress; and promote one’s personal, social, and academic development.” The BERS–2 Parent Rating Scale, designed to be completed by caregivers, contains 57 items that assess six dimensions of emotional and behavioral competence. The Parent Rating Scale has a reading level of fifth grade and can be completed in less than 15 minutes. Behaviors are rated on a 4-point scale: 0 = not at all like your child, 1 = not much like your child, 2 = like your child, and 3 = very much like your child.

### Reliability and Validity

The BERS–2 Parent Rating Scale has been tested for reliability and validity within a series of three studies (Mooney, Epstein, Ryser, & Pierce, 2005). The first study demonstrated high test-retest reliability (coefficients above .80). The second study showed a highly positive correlation between the six BERS–2 Parent Rating Scale subscales and composite scores from the parent forms of the *Social Skills Rating System*. The third study correlated the BERS–2 Parent Rating Scale with the problem scales of the Achenbach’s Child Behavior Checklist. The correlations were negative and moderate to large. BERS–2 Parent Rating Scale can be considered a sound rapid-assessment instrument.

Analysis of completed BERS–2C forms submitted by Phase IV, Cycle I communities revealed high internal consistency for all six subscales. Internal consistency reliability estimates were: .91 for Interpersonal Strength Subscale ( $n = 738$ ), .83 for Family Involvement Subscale ( $n = 691$ ), .82 for Intrapersonal Strength Subscale ( $n = 725$ ), .85 for School Functioning Subscale ( $n = 654$ ), .80 for Affective Strength Subscale ( $n = 745$ ), and .84 for Career Strength Subscale ( $n = 638$ ).

### Subscales, Scoring, and Tabulation

The BERS contains the following five empirically-derived subscales: 1) Interpersonal Strength refers to a child’s ability to control his/her emotions or behaviors in social situations; 2) Family Involvement assesses a child’s participation in and relationship with his/her family; 3) Intrapersonal Strength examines a child’s view of his/her competence and accomplishments; 4) School Functioning assesses a child’s competence in school and classroom tasks; and 5) Affective Strength captures a child’s ability to accept affection from others and express feelings toward others. Awardees will receive a copy of the BERS Examiner’s Manual, which contains

additional information on tabulation and scoring. Sites should contact their liaisons for more information.

### Reference

Mooney, P., Epstein, M. H., Ryser, G., & Pierce, C. D. (2005). Reliability and Validity of the Behavioral and Emotional Rating Scale—Second Edition: Parent Rating Scale. *Children and Schools*, 27(3): 147–155.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## BEHAVIORAL and EMOTIONAL RATING SCALE–Second Edition, Parent Rating Scale (BERS–2C)

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**BRCDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
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| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**BRCRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**BRCINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**BRCMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**BRCLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent: This scale contains a series of statements that are used to rate your child's behaviors and emotions in a positive way. After I read each statement, tell me which description best describes your child's status over the past 6 months. Rate each statement to the best of your knowledge of your child. Rate all 57 items by the following criteria: the statement is very much like your child, like your child, not much like your child, or not at all like your child. [CARD]*

# BERS-2

## Behavioral and Emotional Rating Scale—Second Edition Parent Rating Scale

### Section 1. Identifying Information

Name \_\_\_\_\_ Female ☐ Male ☐ Grade \_\_\_\_\_  
Date Rated \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Rater's Name \_\_\_\_\_  
Age \_\_\_\_\_ Rater's Relationship to Individual \_\_\_\_\_

### Section 2. Score Summary

|                                   | Raw<br>Score | %ile<br>Rank | Scaled<br>Score      |
|-----------------------------------|--------------|--------------|----------------------|
| I. Interpersonal Strength (IS)    | _____        | _____        | <input type="text"/> |
| II. Family Involvement (FI)       | _____        | _____        | <input type="text"/> |
| III. Intrapersonal Strength (IaS) | _____        | _____        | <input type="text"/> |
| IV. School Functioning (SF)       | _____        | _____        | <input type="text"/> |
| V. Affective Strength (AS)        | _____        | _____        | <input type="text"/> |
| Sum of Scaled Scores              |              |              | <input type="text"/> |
| BERS-2 Strength Index             |              | _____        | <input type="text"/> |
| Supplemental                      |              |              |                      |
| VI. Career Strength (CS)          | _____        | _____        | <input type="text"/> |

### Section 3. Interpretation and Recommendations

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### Section 4. Other Pertinent Information

Who referred the student? \_\_\_\_\_  
What was the reason for the referral? \_\_\_\_\_  
Parental permission obtained on (date) \_\_\_\_\_  
BERS-2 results included in staffing or planning conference? ☐ Yes ☐ No

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## Section 5. Parent Rating Items

**Directions:** This scale contains a series of statements that are used to rate your child's behaviors and emotions in a positive way. Read each statement and mark the number that corresponds to the rating that best describes your child's status over the past 3 months. Rate each statement to the best of your knowledge of your child. Rate all 57 items by the following criteria:

3 = If the statement is very much like your child

2 = If the statement is like your child

1 = If the statement is not much like your child

0 = If the statement is not at all like your child

| Statement  |         | IS    | FI    | IaS   | SF    | AS    |
|--|---------|-------|-------|-------|-------|-------|
| 1. Demonstrates a sense of belonging to family                 | 3 2 1 0 |       | _____ |       |       |       |
| 2. Trusts a significant person with his or her life            | 3 2 1 0 |       | _____ |       |       |       |
| 3. Accepts a hug   | 3 2 1 0 |       |       |       |       | _____ |
| 4. Participates in community activities                        | 3 2 1 0 |       | _____ |       |       |       |
| 5. Is self-confident   | 3 2 1 0 |       |       | _____ |       |       |
| 6. Acknowledges painful feelings                               | 3 2 1 0 |       |       |       |       | _____ |
| 7. Maintains positive family relationships                     | 3 2 1 0 |       | _____ |       |       |       |
| 8. Demonstrates a sense of humor                               | 3 2 1 0 |       |       | _____ |       |       |
| 9. Asks for help   | 3 2 1 0 |       |       |       |       | _____ |
| 10. Uses anger management skills                               | 3 2 1 0 | _____ |       |       |       |       |
| 11. Communicates with parents about behavior at home           | 3 2 1 0 |       | _____ |       |       |       |
| 12. Expresses remorse for behavior that hurts or upsets others | 3 2 1 0 | _____ |       |       |       |       |
| 13. Shows concern for the feelings of others                   | 3 2 1 0 |       |       |       |       | _____ |
| 14. Completes a task on first request                          | 3 2 1 0 |       |       |       | _____ |       |
| 15. Interacts positively with parents                          | 3 2 1 0 |       | _____ |       |       |       |
| 16. Reacts to disappointments in a calm manner                 | 3 2 1 0 | _____ |       |       |       |       |
| 17. Considers consequences of own behavior                     | 3 2 1 0 | _____ |       |       |       |       |
| 18. Accepts criticism  | 3 2 1 0 | _____ |       |       |       |       |
| 19. Participates in religious activities                       | 3 2 1 0 |       | _____ |       |       |       |
| 20. Demonstrates age-appropriate hygiene skills                | 3 2 1 0 |       |       | _____ |       |       |
| 21. Requests support from peers and friends                    | 3 2 1 0 |       |       | _____ |       |       |
| 22. Enjoys a hobby   | 3 2 1 0 |       |       | _____ |       |       |
| 23. Discusses problems with others                             | 3 2 1 0 |       |       |       |       | _____ |
| 24. Completes school tasks on time                             | 3 2 1 0 |       |       |       | _____ |       |
| 25. Accepts the closeness and intimacy of others               | 3 2 1 0 |       |       |       |       | _____ |
| 26. Identifies own feelings                                    | 3 2 1 0 |       |       | _____ |       |       |
| 27. Identifies personal strengths                              | 3 2 1 0 |       |       | _____ |       |       |
| 28. Accepts responsibility for own actions                     | 3 2 1 0 | _____ |       |       |       |       |
| 29. Interacts positively with siblings                         | 3 2 1 0 |       | _____ |       |       |       |
| 30. Loses a game gracefully                                    | 3 2 1 0 | _____ |       |       |       |       |
| Column Subtotals   |         |       |       |       |       |       |



- 3 = If the statement is very much like your child  
 2 = If the statement is like your child  
 1 = If the statement is not much like your child  
 0 = If the statement is not at all like your child

| Statement   |         | IS | FI | IaS | SF | AS |
|---|---------|----|----|-----|----|----|
| 31. Completes homework regularly                    | 3 2 1 0 |    |    |     |    |    |
| 32. Is popular with peers                           | 3 2 1 0 |    |    |     |    |    |
| 33. Listens to others                               | 3 2 1 0 |    |    |     |    |    |
| 34. Expresses affection for others                  | 3 2 1 0 |    |    |     |    |    |
| 35. Admits mistakes                                 | 3 2 1 0 |    |    |     |    |    |
| 36. Participates in family activities               | 3 2 1 0 |    |    |     |    |    |
| 37. Accepts "no" for an answer                      | 3 2 1 0 |    |    |     |    |    |
| 38. Smiles often                                    | 3 2 1 0 |    |    |     |    |    |
| 39. Pays attention in class                         | 3 2 1 0 |    |    |     |    |    |
| 40. Computes math problems at or above grade level  | 3 2 1 0 |    |    |     |    |    |
| 41. Reads at or above grade level                   | 3 2 1 0 |    |    |     |    |    |
| 42. Is enthusiastic about life                      | 3 2 1 0 |    |    |     |    |    |
| 43. Respects the rights of others                   | 3 2 1 0 |    |    |     |    |    |
| 44. Shares with others                              | 3 2 1 0 |    |    |     |    |    |
| 45. Complies with rules at home                     | 3 2 1 0 |    |    |     |    |    |
| 46. Apologizes to others when wrong                 | 3 2 1 0 |    |    |     |    |    |
| 47. Studies for tests                               | 3 2 1 0 |    |    |     |    |    |
| 48. Talks about the positive aspects of life        | 3 2 1 0 |    |    |     |    |    |
| 49. Is kind toward others                           | 3 2 1 0 |    |    |     |    |    |
| 50. Uses appropriate language                       | 3 2 1 0 |    |    |     |    |    |
| 51. Attends school regularly                        | 3 2 1 0 |    |    |     |    |    |
| 52. Uses note-taking and listening skills in school | 3 2 1 0 |    |    |     |    |    |
| Column Subtotals                                    |         |    |    |     |    |    |
| Previous Page Column Subtotals                      |         |    |    |     |    |    |
| Total Raw Score for PRS                             |         |    |    |     |    |    |

#### Supplemental Career Strength (CS) Subscale

|  |         |  |
|--|---------|--|
| 53. Can name one career or life goal     | 3 2 1 0 |  |
| 54. Is optimistic about future           | 3 2 1 0 |  |
| 55. Actively plans for his or her future | 3 2 1 0 |  |
| 56. Has a specific vocational skill      | 3 2 1 0 |  |
| 57. Has identified career goals          | 3 2 1 0 |  |

Totals

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1. My child's favorite hobbies or activities are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. My child's favorite sport(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. My child's favorite school subject(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. My child's best friend(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. My child's favorite teacher(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. In the community, my child has worked or volunteered at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The most important people in my child's life are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. The best thing about my child is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BERS-2C**

# **CARD 1**

3 = Very much like your child

2 = Like your child

1 = Not much like your child

0 = Not at all like your child

## **4.C.5.**

**Education Questionnaire–Revised (EQ–R): Caregiver**

## **EDUCATION QUESTIONNAIRE–REVISED (EQ–R): CAREGIVER**

### Description of Measure

The EQ–R was developed to collect, from caregivers, information on their child’s educational status. The EQ–R contains 15 questions with subparts covering topics including school attendance, grade level, school achievement, alternative or special school and classroom placements, and reasons for having an Individualized Education Plan (IEP). Additional questions also provide information on overall academic performance and whether the child has been suspended or expelled from school.

### Reliability and Validity

As a method for collecting descriptive information, conventional assessments of reliability and validity are not appropriate for the EQ–R. However, review and refinement of the measure were conducted for Phase IV, building on the questionnaire used in the Phase I, II, and III evaluations, and feedback from grant communities.

### Tabulation and Scoring

No tabulation or scoring conventions apply to the EQ–R. The items in the EQ–R can be used individually or collapsed as necessary for specific purposes and analyses.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 6 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## EDUCATION QUESTIONNAIRE–REVISED (EQ–R)

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**EQRDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**EQRRESP** (Respondent for the interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth without caregiver (independent youth)

**TIMEFRAM** (Assessment period)

- 1 = Baseline
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**EQRINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**EQRMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**EQRLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

**This set of questions deals with (child's name)'s experiences in school. Some questions may not apply to him/her, but we ask these questions of everyone.**

*[NOTE TO INTERVIEWER: "School" means preschool through post-secondary education (pre-K through post-high school education, e.g., college, university, vocational/trade school.)]*

- 1. Has (child's name) been in school at any time in the past 6 months? This includes preschool, prekindergarten, kindergarten, home schooling, and post-secondary schools such as college, university, or vocational or trade schools.**

1 = No

2 = Yes *[GO TO QUESTION #2]*

- 1a. *[If NO]* Why was he/she not in school?**

1 = Has never been in any type of school or received any schooling *[GO TO QUESTION # 13]*

2 = Dropped out of school before reaching legal age to drop out *[GO TO QUESTION #2c]*

3 = Dropped out after reaching the legal age *[GO TO QUESTION #2c]*

4 = Expelled/Suspended *[GO TO QUESTION #2c]*

5 = Graduated from high school/got GED *[GO TO QUESTION #2c]*

6 = Physical illness and/or injury *[GO TO QUESTION #2c]*

7 = Refused to go to school *[GO TO QUESTION #2c]*

8 = In juvenile detention or jail (and schooling was not provided) *[GO TO QUESTION #2c]*

9 = Asked to leave school (e.g., due to behavior) *[GO TO QUESTION #2c]*

10 = No instruction provided, while waiting for another placement *[GO TO QUESTION #2c]*

11 = Other (Please specify: \_\_\_\_\_) *[GO TO QUESTION #2c]*

- 2. Is (child's name) in school now?**

1 = No *[GO TO QUESTION #2b]*

2 = Yes

- 2a. Which grade is (child's name) in now? If (child's name)'s school does not use grade levels, please estimate as best you can which grade he/she is in.**

1 = Preschool program

2 = Kindergarten

3 = First Grade

4 = Second Grade

5 = Third Grade

6 = Fourth Grade

7 = Fifth Grade

8 = Sixth Grade

9 = Seventh Grade

10 = Eighth Grade

11 = Ninth Grade

12 = Tenth Grade

13 = Eleventh Grade

14 = Twelfth Grade

15 = Receiving adult education to get a GED

16 = Attending vocational or trade school

17 = Attending 2-year college

18 = Attending 4-year college or university

19 = Other (Please specify: \_\_\_\_\_)

*[GO TO QUESTION #3]*

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

**2b. Why is he/she not in school now?**

- 2 = Dropped out of school before reaching legal age to drop out  
 3 = Dropped out after reaching the legal age  
 4 = Expelled/Suspended  
 5 = Graduated from high school/got GED  
 6 = Physical illness and/or injury  
 7 = Refuses to go to school  
 8 = In juvenile detention or jail (and schooling was not provided)  
 9 = Asked to leave school (e.g., due to behavior)  
 10 = No instruction provided, while waiting for another placement  
 11 = Other (*Please specify:*

\_\_\_\_\_ )

**2c. Which grade did (*child's name*) most recently complete?**

**If (*child's name*)'s school does not use grade levels, please estimate as best you can which grade he/she completed.**

- 1 = Preschool program [*GO TO QUESTION #13*]  
 2 = Kindergarten [*GO TO QUESTION #13*]  
 3 = First Grade [*GO TO QUESTION #13*]  
 4 = Second Grade [*GO TO QUESTION #13*]  
 5 = Third Grade [*GO TO QUESTION #13*]  
 6 = Fourth Grade [*GO TO QUESTION #13*]  
 7 = Fifth Grade [*GO TO QUESTION #13*]  
 8 = Sixth Grade [*GO TO QUESTION #13*]  
 9 = Seventh Grade [*GO TO QUESTION #13*]  
 10 = Eighth Grade [*GO TO QUESTION #13*]  
 11 = Ninth Grade [*GO TO QUESTION #13*]  
 12 = Tenth Grade [*GO TO QUESTION #13*]  
 13 = Eleventh Grade [*GO TO QUESTION #13*]  
 14 = Twelfth Grade [*GO TO QUESTION #13*]  
 15 = Received a GED [*END OF QUESTIONNAIRE*]  
 16 = Some vocational or trade school [*END OF QUESTIONNAIRE*]  
 17 = Vocational or trade school [*END OF QUESTIONNAIRE*]  
 18 = Some college [*END OF QUESTIONNAIRE*]  
 19 = 2-year college degree [*END OF QUESTIONNAIRE*]  
 20 = 4-year college or university degree [*END OF QUESTIONNAIRE*]  
 21 = Other (*Please specify:*

\_\_\_\_\_ ) [*GO TO QUESTION #13*]



CHILD ID: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Education Questionnaire–Revised (EQ–R)

**For the following questions, please think about what happened while (*child's name*) was in school during the past 6 months.**

- 3. When school was in session, did (*child's name*) ever miss school for any reason in the past 6 months? This includes excused as well as unexcused absences.**
- 1 = No [GO TO QUESTION #4]  
2 = Yes

[CARD #1]

- 3a. How often was he/she usually absent in the past 6 months? This includes excused and unexcused absences.**

0 = Less than 1 day per month [GO TO QUESTION #4]  
1 = About 1 day a month [GO TO QUESTION #3b]  
2 = About 1 day every 2 weeks [GO TO QUESTION #3b]  
3 = About 1 day a week [GO TO QUESTION #3b]  
4 = 2 days per week [GO TO QUESTION #3b]  
5 = 3 or more days per week [GO TO QUESTION #3b]

- 3b. Was (*child's name*)'s school attendance affected by his/her behavioral or emotional problems?**
- 1 = No [GO TO QUESTION #4]  
2 = Yes
- 3c. Did (*child's name*)'s school provide any support to help improve (*child's name*)'s attendance?**
- 1 = No  
2 = Yes

[CARD #2]

- 3d. To what extent do you think (*child's name*)'s grades or performance at school was impacted by his/her attendance pattern?**

1 = Not at all  
2 = A little bit  
3 = A moderate amount  
4 = Quite a bit  
5 = Extremely

- 4. In the past 6 months, how many different schools did (*child's name*) attend? \_\_\_\_\_ schools**

[CONTINUED ON NEXT PAGE]

---

For all variables and data elements:

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**[CARD #3]**

**4a. In the past 6 months, what kinds of schools and school settings was he/she in?** *[Select all that apply]*

- 1 = Regular public day school
- 2 = Regular private day or boarding school/academy (e.g., private preparatory school, parochial or religious school)
- 3 = Home schooling (e.g., caregiver or other family member provides schooling in the home)
- 4 = Home-based instruction (e.g., teacher comes to home and educates child there, and/or teacher teaches child through distance learning by Internet video-conferencing, or by sending assignments and feedback on work completed through the mail)
- 5 = Alternative program or special education day school, not based in a regular public or private school building (e.g., instruction is provided as part of a day treatment program OR entire school is devoted to meeting the needs of special education students and/or students with emotional or behavioral problems OR Interim Alternative Education Setting or IAES—this kind of setting is often used because of a severe discipline problem such as bringing a weapon or drugs to school or making severe threats against others)
- 6 = Receiving schooling in 24-hour psychiatric and/or medical hospital setting
- 7 = Receiving schooling in 24-hour juvenile justice facility/detention center/jail
- 8 = Receiving schooling in 24-hour residential treatment center/group home/shelter
- 9 = Post secondary school *[IF YOUTH ATTENDED ONLY ONE POST SECONDARY SCHOOL GO TO QUESTION #5c]*
- 10 = Other (Please specify: \_\_\_\_\_)

*[NOTE TO INTERVIEWER: IF MORE THAN ONE SCHOOL OR SETTING INDICATED, ASK #4b]*

**4b. Did (child's name) attend more than one school because of his/her behavioral or emotional problems?**

- 1 = No
- 2 = Yes

**5. In the past 6 months, did (child's name) have a special education plan? This could be an Individualized Education Plan, or IEP.**

- 1 = No *[GO TO QUESTION #5a]*
- 2 = Yes *[GO TO QUESTION #5b]*

*[NOTE TO INTERVIEWER: If necessary, clarify that special education may be provided to many different children for many different reasons. For example, children with developmental disabilities; mental retardation; hearing, vision, or speech difficulties; other physical disabilities; learning disabilities; emotional problems; and/or behavioral problems may receive special education.]*

**5a. What was the reason that (child's name) did not have an IEP?**

- 1 = Doing well and did not need an IEP
- 2 = Never referred, but needs to be
- 3 = Eligibility was under review
- 4 = Was assessed and found ineligible
- 5 = Was never assessed for special education
- 6 = Other special education plan (e.g. 504, behavior management, vocational training, or transition plans)
- 7 = Other reason (Please specify: \_\_\_\_\_)

*[IF CHILD HAS NOT ATTENDED POST SECONDARY SCHOOL IN THE PAST 6 MONTHS, THEN GO TO QUESTION #6]*

**[CARD #4]**

**5b. What were the main reasons that (child's name) had an IEP?** *[Select all that apply]*

- 1 = Behavioral and/or emotional problems
- 2 = Learning disability
- 3 = Physical disability (for example, an orthopedic disability such as a missing limb)
- 4 = Developmental disability and/or mental retardation
- 5 = Vision and/or hearing impairment
- 6 = Speech impairment
- 7 = Other reason *(Please specify: \_\_\_\_\_)*

*[IF CHILD HAS NOT ATTENDED POST SECONDARY SCHOOL IN THE PAST 6 MONTHS, THEN GO TO QUESTION #6]*

**5c. In the past 6 months, did (child's name)'s post-secondary school provide any educational support, such as extra time for tests or tutoring to assist with academic achievement?**

1 = No *[GO TO QUESTION #5d]*  
2 = Yes *[GO TO QUESTION #5e]*

**5d. What was the reason that (child's name) did not receive educational support?**

- 1 = Doing well and did not need any educational support
- 2 = Post-secondary school does not provide any educational support
- 3 = Education support had not been requested
- 4 = Other reason *(Please specify: \_\_\_\_\_)*

*[IF CHILD ONLY ATTENDED POST SECONDARY SCHOOL IN THE PAST 6 MONTHS, THEN GO TO QUESTION #9]*

**5e. What were the main reasons that (child's name) received educational support?**  
*[Select all that apply]*

- 1 = Behavioral and/or emotional problems
- 2 = Learning disability
- 3 = Physical disability (for example, an orthopedic disability such as a missing limb)
- 4 = Developmental disability and/or mental retardation
- 5 = Vision and/or hearing impairment
- 6 = Speech impairment
- 7 = Other reason *(Please specify: \_\_\_\_\_)*

*[IF CHILD ONLY ATTENDED POST SECONDARY SCHOOL IN THE PAST 6 MONTHS, THEN GO TO QUESTION #9]*

**6. Did (child's name) receive special education?**

1 = No [GO TO QUESTION #7]

2 = Yes

**6a. Which best describes the special education classes that (child's name) takes?***[Select all that apply]*

1 = Special education classes where all the children in the class are receiving special education for all or most of the day, often referred to as self contained. Children in these classes may spend a portion of their day in general education classes, such as art, music and P.E.

2 = Special education classes where all the children leave their general education class to receive special education instruction, in specific subjects, for a portion of the day. This is sometimes referred to as resource services or a pullout program.

3 = Special education provided in the general education class, where some children receive special education and others do not. This is sometimes referred to as inclusion.

*[NOTE TO INTERVIEWER: If necessary, please clarify for respondent that these classes may be co-taught by a regular education teacher and special education teacher, or by a teacher and an aide. A special education teacher may come to the class for part of the day to provide specialized instruction.]*

**7. In the past 6 months, did (child's name) have a one-on-one classroom aide for any reason, for any part of the school day? For example, a child might have an aide to help him/her with schoolwork, to help manage the child's behavior, and/or to help the child develop behavioral and social skills.**

1 = No

2 = Yes

*[This does not include out-of-class visits to a counselor.]***8. In the past 6 months, were any of the following disciplinary actions taken towards (child's name)?**

1 = Suspended (in-school and out-of-school) [GO TO QUESTION #8a]

2 = Expelled [GO TO QUESTION #8a]

3 = Suspended AND expelled [GO TO QUESTION #8a]

4 = Neither suspended nor expelled [GO TO QUESTION #9]

**8a. Did (child's name) have a school disciplinary hearing or tribunal?**

1 = No

2 = Yes

**8b. As a result of the suspension and/or expulsion, was a plan developed to manage or improve (child's name)'s behavior or was an existing plan revised or changed?**

1 = No

2 = Yes

**8c. [If Suspended] During the past 6 months, approximately how many days was (child's name) in in-school suspensions? \_\_\_\_\_ days**

*[NOTE TO INTERVIEWER: If necessary, clarify for the respondent that in-school suspension is when children are sent to a suspension room for all or part of the day. A teacher or monitor is assigned to the room, and children may be required to do assignments provided by their regular classroom teachers. The length of a suspension may vary widely but usually it is for a minimum of a day and a maximum of 10 days. The child is expected to return to his/her regular classes after the suspension. In-school suspension is generally considered to be a less severe punishment than out-of-school suspension.]*

- 8d.** [If Suspended] During the past 6 months, approximately how many days was (child's name) in out-of-school suspension? \_\_\_\_\_ days

[NOTE TO INTERVIEWER: If necessary, clarify for the respondent that out-of-school suspension is a temporary period during which a child is forbidden to go to school. The child is generally not required to continue with schoolwork during this time. The length of a suspension may vary widely but usually it is for a minimum of a day and a maximum of 10 days. The child is expected to return to his/her school after the suspension. Out-of-school suspension is generally considered to be a more severe punishment than in-school suspension.]

- 8e.** [If Expelled] During the past 6 months, approximately how many times was (child's name) expelled? \_\_\_\_\_ times

[NOTE TO INTERVIEWER: This is when a child is removed from a school and is not expected to ever return. The child may be sent to an alternative school or a teacher may visit the child to teach him/her at home. It is also possible for a child to have multiple school expulsions. For example, if a child is expelled from one school system and transferred to another system, he/she can be expelled from the second system, resulting in multiple school expulsions. Some school systems may allow a child to return to his/her regular home school later, if the child's behavior or problems have improved.]

- 8f.** [If Expelled] Was any kind of education provided to (child's name) while he/she was expelled? This might include a transfer to another school, home schooling, or home visits by a teacher.
- 1 = No  
2 = Yes

- 9.** Does (child's name) participate in any extracurricular activities at school (such as sports, clubs, band, etc.)?
- 1 = No [GO TO QUESTION #10]  
2 = Yes

[CARD #5]

- 9a.** How often does (child's name) participate in these extracurricular activities at school?

0 = Less than 1 day per month  
1 = About 1 day a month  
2 = About 1 day every 2 weeks  
3 = About 1 day a week  
4 = 2 days per week  
5 = 3 or more days per week

- 10.** In general, does (child's name) get along with his/her friends at school?
- 1 = No  
2 = Yes
- 11.** Does (child's name) have a favorite teacher or another favorite adult at school?
- 1 = No  
2 = Yes

- 12. Which of the following best describes (*child's name*)'s grades or school performance in the past 6 months?**

1 = Failing all or most subjects/classes

2 = Failing about half of his/her subjects/classes

3 = Grade average "D"

4 = Grade average "C"

5 = Grade average "B"

6 = Grade average "A"

7 = School or program does not grade and doing Unsatisfactory (U) or failing

8 = School or program does not grade and doing Satisfactory (S) or doing okay

9 = School or program does not grade and Needs Improvement (N)

10 = Other (*Please describe:* \_\_\_\_\_)

[IF YOUTH ATTENDS POST-SECONDARY EDUCATION THEN END OF QUESTIONNAIRE]

- 13. Has (child's name) attended daycare or an after-school care program at any time in the past 6 months?** 1 = No [GO TO QUESTION #13b]  
2 = Yes [GO TO QUESTION #14]

- 13b. Were any of the reasons that (child's name) was not in daycare or an after-school program related to his/her behavioral or emotional problems?**
- 1 = No [END OF QUESTIONNAIRE]  
2 = Yes [END OF QUESTIONNAIRE]

14. During the past 6 months, on average, how many hours per week did (child's name) attend daycare or an after-school program? \_\_\_\_\_ hours

- 14a. Was (child's name)'s daycare or after-school program attendance affected by his/her behavioral or emotional problems?**
- 1 = No [GO TO QUESTION #15]  
2 = Yes

- 14b. Did (child's name)'s daycare or after-school program(s) provide any support to help improve (child's name)'s attendance?**
- 1 = No  
2 = Yes

15. During the past 6 months, did (child's name) attend more than one daycare center or after-school care program because of his/her behavioral or emotional problems?
- 1 = No  
2 = Yes

EQ-R  
**CARD 1**

0 = Less than 1 day per month

1 = About 1 day a month

2 = About 1 day every 2 weeks

3 = About 1 day a week

4 = 2 days per week

5 = 3 or more days per week



EQ-R  
**CARD 2**

1 = Not at all

2 = A little bit

3 = A moderate amount

4 = Quite a bit

5 = Extremely

EQ-R  
**CARD 3**

- 1 = Regular public day school
- 2 = Regular private day or boarding school/academy (e.g., private preparatory school, parochial or religious school)
- 3 = Home schooling (e.g., caregiver or other family member provides schooling in the home)
- 4 = Home-based instruction (e.g., teacher comes to home and educates child there, and/or teacher teaches child through distance learning by Internet video-conferencing, or by sending assignments and feedback on work completed through the mail)
- 5 = Alternative program or special education day school, not based in a regular public or private school building (e.g., instruction is provided as part of a day treatment program OR entire school is devoted to meeting the needs of special education students and/or students with emotional or behavioral problems OR Interim Alternative Education Setting or IAES—this kind of setting is often used because of a severe discipline problem such as bringing a weapon or drugs to school or making severe threats against others)
- 6 = Receiving schooling in 24-hour psychiatric and/or medical hospital setting
- 7 = Receiving schooling in 24-hour juvenile justice facility/detention center/jail
- 8 = Receiving schooling in 24-hour residential treatment center/group home/shelter
- 9 = Post-secondary school
- 10 = Other (*Please specify*)

EQ-R  
**CARD 4**

1 = Behavioral and/or emotional problems

2 = Learning disability

3 = Physical disability (for example, an orthopedic disability such as a missing limb)

4 = Developmental disability and/or mental retardation

5 = Vision and/or hearing impairment

6 = Speech impairment

7 = Other reason (*Please specify*)

EQ-R  
**CARD 5**

0 = Less than 1 day per month

1 = About 1 day a month

2 = About 1 day every 2 weeks

3 = About 1 day a week

4 = 2 days per week

5 = 3 or more days per week

## **4.C.6.**

**Family Life Questionnaire (FLQ): Caregiver**

## **FAMILY LIFE QUESTIONNAIRE (FLQ): CAREGIVER**

### Description of Measure

The Family Life Questionnaire (FLQ) is administered to caregivers in an interview format. The questionnaire consists of 12 questions that assess the family communication, decision-making, and support and bonding. This questionnaire was designed to assess aspects of family life that may change as a result of changes in children's functional impairment.

### Reliability and Validity

Analysis of 767 completed FLQs submitted by Phase IV, Cycle I communities revealed high internal consistency (Cronbach's  $\alpha = .85$ ). Further, subscales of the CGSQ were found to correlate negatively with the Family Life Questionnaire (FLQ) items as expected suggesting the measure has discriminant validity.

### Subscales, Scoring, and Tabulation

No tabulation or scoring conventions are available for the FLQ. The items in the FLQ can be used individually or collapsed as necessary for specific purposes and analyses.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## FAMILY LIFE QUESTIONNAIRE (FLQ): Caregiver

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**FLQDATE** (Today's Date)

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| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
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**TIMEFRAM** (Assessment Period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**FLQRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 3 = Youth without caregiver (independent youth)

**FLQINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**FLQMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**FLQLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other



CHILD ID:

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Family Life Questionnaire (FLQ): Caregiver

Now I'm going to read you some statements that describe things that some families do together and how some families interact. For each statement, please tell me if your family does this never, not very often, sometimes, most of the time, or always.

[CARD #1]

|     |  | Never | Not<br>very<br>often | Sometimes | Most<br>of the<br>time | Always |
|-----|--|-------|----------------------|-----------|------------------------|--------|
| 1.  | Our family talks about fun things and things that make us laugh.                                     | 1     | 2                    | 3         | 4                      | 5      |
| 2.  | Our family members agree about things such as what to watch on TV or what to eat for dinner.         | 1     | 2                    | 3         | 4                      | 5      |
| 3.  | Our family spends time together as a family.   | 1     | 2                    | 3         | 4                      | 5      |
| 4.  | Our family talks about our problems and troubles.  | 1     | 2                    | 3         | 4                      | 5      |
| 5.  | Our family members rely on each other when problems arise.   | 1     | 2                    | 3         | 4                      | 5      |
| 6.  | Our family does things together outside of our home.   | 1     | 2                    | 3         | 4                      | 5      |
| 7.  | Our family talks about things that make us angry without fighting.                                   | 1     | 2                    | 3         | 4                      | 5      |
| 8.  | Family members can solve problems [child's name] has when they happen.                               | 1     | 2                    | 3         | 4                      | 5      |
| 9.  | Our family deals with crises or major problems without fighting.                                     | 1     | 2                    | 3         | 4                      | 5      |
| 10. | [Child's name] talks with members of our family about things that make him/her happy, sad, or upset. | 1     | 2                    | 3         | 4                      | 5      |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

FLQ

# CARD 1

1 = Never

2 = Not very often

3 = Sometimes

4 = Most of the time

5 = Always

## **4.C.7.**

**Delinquency Survey–Revised (DS–R): Youth**

## **DELINQUENCY SURVEY–REVISED (DS–R): YOUTH**

### Description of Measure

The Delinquency Survey–Revised gathers information reported by youth about their contacts with law enforcement and other delinquent behavior. Questions are directly administered to youth 11 years and older in an interview format because previous research indicates that youth more accurately recall and report their own delinquent behaviors and experiences than do their caregivers or other adults. The questionnaire consists of 29 questions that assess the youth's destructive and violent behavior toward others in the community and contact with law enforcement, including involvement with criminal offenses, arrests, and probation.

### Reliability and Validity

Analysis of 149 completed DS–Rs submitted by Phase IV, Cycle I communities revealed high internal consistency on DS–R items measuring the frequency and type of delinquent behavior in the past 6 months (Cronbach's  $\alpha = .86$ ).

### Subscales, Scoring, and Tabulation

No tabulation or scoring conventions are available for the DS–R. The items in the DS–R can be used individually or collapsed as necessary for specific purposes or analyses. Caution should be exercised in summarizing the number of delinquent acts. For example, note that item 1 refers to whether the youth was with a gang while members of the gang were engaged in illegal activities. Those same delinquent behaviors may be endorsed later in the survey; to sum them would result in counting gang-related acts twice.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## DELINQUENCY SURVEY-REVISED (DS-R)

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**DSRDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
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| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**DSRINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**DSRMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**DSRLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

Now I'd like to ask you about some things you may have done in the past 6 months. Some will not apply to you, but these are standard questions we ask everyone. I'd like to repeat that your answers are confidential and will not be connected to your name.

*[CARD #1][TIMELINE]*

|   |  | No times | 1 time | 2–5 times | 6–10 times | More than 10 times |
|---|--|----------|--------|-----------|------------|--------------------|
| In the past 6 months, how many times have you ..... |  |          |        |           |            |                    |
| 1.  | Been in trouble with the police for skipping school?                                       | 1        | 2      | 3         | 4          | 5                  |
| 2.  | Been in trouble with the police for running away?  | 1        | 2      | 3         | 4          | 5                  |
| 3.  | Taken something from a store without paying for it?  | 1        | 2      | 3         | 4          | 5                  |
| 4.  | Been a bully or threatened other people without use of a weapon?                           | 1        | 2      | 3         | 4          | 5                  |
| 5.  | Participated in gang activities that involved doing things that are against the law?       | 1        | 2      | 3         | 4          | 5                  |
| 6.  | Been so loud or rowdy in public that you got in trouble with the law?                      | 1        | 2      | 3         | 4          | 5                  |
| 7.  | Been so out of your parents'/caregivers' control that the police needed to get involved?   | 1        | 2      | 3         | 4          | 5                  |
| 8.  | Purposely damaged or destroyed (other than with fire) property that did not belong to you? | 1        | 2      | 3         | 4          | 5                  |

8a. *[IF DAMAGED PROPERTY]* Please describe what kind of damage you did.

\_\_\_\_\_

\_\_\_\_\_

|     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 9.  | Hit someone or got into a physical fight?   | 1 | 2 | 3 | 4 | 5 |
| 10. | Broken into a house or building to steal something or just to look around?            | 1 | 2 | 3 | 4 | 5 |
| 11. | Bought, received, possessed or sold any stolen goods?                                 | 1 | 2 | 3 | 4 | 5 |
| 12. | Had sex with someone in exchange for favors, gifts, or money?                         | 1 | 2 | 3 | 4 | 5 |
| 13. | Carried a weapon such as a knife or gun, or an object that could be used as a weapon? | 1 | 2 | 3 | 4 | 5 |

13a. *[IF CARRIED A WEAPON]* What type of weapon did you carry and what was the reason you carried it?

\_\_\_\_\_

\_\_\_\_\_

|   |  | No<br>times | 1<br>time | 2–5<br>times | 6–10<br>times | More than<br>10 times |
|---|--|-------------|-----------|--------------|---------------|-----------------------|
| In the past 6 months, how many times have you ..... |  |             |           |              |               |                       |
| 14.   | Intentionally set a building, car or other property on fire?           | 1           | 2         | 3            | 4             | 5                     |
| 15.   | Taken a car, truck, or motorcycle that didn't belong to you?           | 1           | 2         | 3            | 4             | 5                     |
| 16.   | Sold, distributed or helped make illegal drugs?                        | 1           | 2         | 3            | 4             | 5                     |
| 17.   | Threatened someone with a weapon or used a weapon in a fight?          | 1           | 2         | 3            | 4             | 5                     |
| 18.   | Hurt someone badly enough they needed bandages or a doctor?            | 1           | 2         | 3            | 4             | 5                     |
| 19.   | Taken a purse, money or other things from someone by force or threats? | 1           | 2         | 3            | 4             | 5                     |
| 20.   | Been physically cruel to animals?                                      | 1           | 2         | 3            | 4             | 5                     |
| 21.   | Forced someone to have sex with you when they did not want to?         | 1           | 2         | 3            | 4             | 5                     |

22. In the past 6 months, have you driven a motor vehicle (e.g., car, truck or motorcycle)? 1 = No [GO TO QUESTION #23]  
2 = Yes

|  |  | No<br>times | 1<br>time | 2–5<br>times | 6–10<br>times | More than<br>10 times |
|--|--|-------------|-----------|--------------|---------------|-----------------------|
| [IF YES] In the past 6 months, how many times have you ..... |  |             |           |              |               |                       |
| 22a.   | Gotten a ticket or citation for a traffic violation (driving too fast, driving through a red light, etc.)? | 1           | 2         | 3            | 4             | 5                     |
| 22b.   | Driven a car or motorcycle while under the influence of alcohol or illegal drugs?                          | 1           | 2         | 3            | 4             | 5                     |
| 22c.   | Had a motor vehicle accident?  | 1           | 2         | 3            | 4             | 5                     |

23. Have you ever been stopped or questioned by the police or legal authority because you were suspected of committing a crime? 1 = No [GO TO QUESTION #24]  
2 = Yes

23b. [IF YES] How many times in the past 6 months have you been stopped or questioned by the police or a legal authority? \_\_\_\_\_(times)

24. Have you ever been arrested? 1 = No [GO TO QUESTION #25]  
(By arrested I mean that you were taken or held by a legal authority because you were suspected of committing a criminal act.) 2 = Yes

CHILD ID: 

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Delinquency Survey–Revised (DS–R)

**24a. How old were you the first time you were arrested?** \_\_\_\_\_(age)

*[NOTE TO INTERVIEWER: Prompt if age seems unreasonable, e.g., 1 year old.]*

**24b. In the past 6 months, how many times have you been arrested?** \_\_\_\_\_(times)  
*[IF ZERO, GO TO QUESTION #25]*

**24c. What were the offenses for which you were arrested in the past 6 months?**  
*[Describe all offenses]*

*[NOTE TO INTERVIEWER: Record subject's response verbatim, then code based on arrest categories provided. Prompt if more information is needed to code the arrest charge correctly.]*

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Arrest codes 

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**25. Have you ever been told to appear in court for something you were suspected of doing?** 1 = No *[GO TO QUESTION #26]*  
2 = Yes

**25a. How many times in the past 6 months did you appear in court for something you were suspected of doing?** \_\_\_\_\_(times)  
*[IF ZERO, GO TO QUESTION #26]*

**25b. What were the offenses you appeared in court for in the past 6 months?** *[Describe all offenses]*

*(Interviewer records subject's response verbatim, then immediately codes the offenses based on categories provided. Interviewer prompts if more information is needed to code the offenses correctly.)*

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Offense codes 

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**26. Have you ever been convicted (found guilty or adjudicated) of a crime or offense in court?** 1 = No *[GO TO QUESTION #27]*  
2 = Yes

*(By convicted I mean found to be responsible for a crime by a jury or judge.)*

**26a. How old were you the first time you were found guilty or adjudicated of a crime or offense in court?** \_\_\_\_\_(age)

*(Interviewer prompts if age seems unreasonable, e.g., 1 year old.)*



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|--|--|--|--|--|--|--|--|

Delinquency Survey–Revised (DS–R)

**26b. In the past 6 months, have you been found guilty or adjudicated of a crime or an offense in court?**

1 = No [GO TO QUESTION #27]  
2 = Yes

**26c. What were the offenses you were found guilty or adjudicated of in the past 6 months?**  
[Describe all offenses]

*(Interviewer records subject's response verbatim, then immediately codes the offenses based on categories provided. Interviewer prompts if more information is needed to code the offenses correctly.)*

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Offense codes

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**27. Have you ever been on probation?**

1 = No [GO TO QUESTION #28]  
2 = Yes

**27a. Have you been on probation in the past 6 months?**

1 = No  
2 = Yes

**27b. When did you commit the last offense that resulted in you being on probation?**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**27c. Have you successfully followed your probation agreement?**

1 = No  
2 = Yes

**28. Have you ever been sentenced to a secure facility as a result of being adjudicated or found guilty of a crime?**

1 = No  
2 = Yes

**28a. [IF YES] Have you been sentenced to a secure facility in the past 6 months?**

1 = No  
2 = Yes

**28b. When did you commit the last offense that resulted in you being sentenced to a secure facility?**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

- 29.** *[IF GREATER THAN ZERO TO #24b OR #25a, OR YES TO #26b OR #27a]* **During the past 6 months, as a result of your contact with law enforcement (e.g., police, truant officers, court, judge) which of the following did you do?**

*[Select all that apply]*

- 1 = Met with a probation office or other person representing the juvenile justice system
- 2 = Met with or talk to a mentor
- 3 = Attended crime prevention class or program
- 4 = Received mental health services
- 5 = Received substance abuse treatment
- 6 = Provided community service
- 7 = Returned property or pay money for stolen or damaged property
- 8 = Wore an electronic monitor
- 9 = Other (Please specify: \_\_\_\_\_) *[Probe for other outcomes]*
- 10 = None of the above *[END OF QUESTIONNAIRE]*

- 29a.** *[IF ANY OF 1–9 SELECTED IN QUESTION #29]* **As a result of doing this activity/these activities, did you avoid further involvement in the juvenile justice system? For example, were you able to avoid going to court, being adjudicated in court (found guilty of a crime), or being sent to juvenile jail?**

- 1 = No *[END OF QUESTIONNAIRE]*
- 2 = Yes *[GO TO QUESTION #29b]*

- 29b.** **At what point during your involvement with the juvenile justice system did you do this activity/these activities?**

- 1 = After being arrested.
- 2 = After meeting with a probation officer or other juvenile justice system representative
- 3 = After appearing in court
- 4 = After being adjudicated or found guilty of a crime

DS-R

# CARD 1

1 = No times

2 = One time

3 = Two to five times

4 = Six to ten times

5 = More than ten times

## Offense/Arrest List

- 01 Vandalism, graffiti, or property destruction
- 02 Receiving, possessing or selling stolen goods
- 03 Passing bad checks, forgery, or fraud
- 04 Shoplifting
- 05 Larceny or theft
- 06 Motor vehicle theft
- 07 Robbery
- 08 Simple assault or battery
- 09 Aggravated assault
- 10 Forcible rape
- 11 Murder, homicide or non-negligent manslaughter
- 12 Arson
- 13 Driving under the influence
- 14 Drunkenness or other liquor law violation
- 15 Possession, dealing, distribution or sale of drugs
- 16 Possession or use of drug paraphernalia
- 17 Possession or use of weapons
- 18 Prostitution, pimping, or commercialized sex
- 19 Probation or parole violations
- 20 Illegal gambling
- 21 Burglary or breaking and entering
- 22 Curfew violation
- 23 Truancy
- 24 Running away
- 25 Disorderly conduct
- 26 Gang involvement/activity
- 27 Domestic violence
- 28 Disturbing the peace
- 29 Other

## **4.C.8.**

**GAIN Quick-R: Substance Problem Scale (GAIN): Youth**

## **GAIN QUICK–R: SUBSTANCE PROBLEM SCALE (GAIN): YOUTH**

### Description of Measure

The GAIN Quick–R: Substance Problem Scale (GAIN) “documents participant-reported problems associated with the use and abuse of and dependence on drugs and alcohol” (Dennis & Titus, 2003, p. 9). This questionnaire is drawn from the Global Appraisal of Individual Needs–Quick version (GAIN–Q, [http://www.chestnut.org/LI/gain/GAIN\\_Q/index.html](http://www.chestnut.org/LI/gain/GAIN_Q/index.html)). There are one screener item and 16 core items. Youth are asked to respond in the negative ‘no’ or positive ‘yes’ to each item. The 16 core items parallel those used to obtain a *DSM–IV* diagnosis of substance use. Though typically used to assess issues present during the past 12 months, the GAIN will assess issues that occurred in the past 6 months, the timeframe used throughout the national evaluation.

### Reliability and Validity

The overall alpha coefficient reported by Dennis and Titus (2003) for the 16 core items of the GAIN for adolescents (using a 12-month timeframe) is .82. Two subscales result from the 16 core GAIN items: the nine-item Substance Use and Abuse Index (SAUI–9) and the seven-item Substance Dependence Index (SDI–7). The alpha coefficients for these indices are .63 and .75, respectively.

Reliability analysis of data from Phase IV, Cycle I communities on the GAIN Quick–R revealed good internal consistency for the two subscales. Internal consistency reliability estimates were .82 ( $n = 152$ ) for the Substance Use and Abuse Scale, .85 ( $n = 148$ ) for the Substance Dependence Scale.

### Subscales, Scoring, and Tabulation

Items included in the GAIN are presented in the order of the subscales. The first nine items are summed to generate the SAUI–9 subscale, and the last seven items are summed to generate the SDI–7 subscale. The resulting raw scores are converted to percents of endorsed items using a key provided by Dennis and Titus (2003). An urgency (of the disorder) assignment can be generated from these percent scores (0 to 24% = no or minimal urgency, 25 to 74% = moderate urgency, and 75 to 100% = high urgency).

### References

Dennis, M. L. (1998). *Global Appraisal of Individual Needs*. Bloomington, IL: Chestnut Health Systems.

Dennis, M. L., & Titus, J. C. (2003). *Global Appraisal of Individual Needs—Quick version (GAIN-Q): Administration and scoring guide for the GAIN Quick (version 2)*. [http://www.chestnut.org/LI/gain/GAIN\\_Q/GAIN-Q%20v2%20Instructions%2002-01-03.pdf](http://www.chestnut.org/LI/gain/GAIN_Q/GAIN-Q%20v2%20Instructions%2002-01-03.pdf).

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## GAIN QUICK–R: SUBSTANCE PROBLEM SCALE (GAIN)

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**GQDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment Period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**GQINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**GQMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**GQLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

Now I'm going to ask you some questions about things that you may have done, felt, or had happen to you in the past 6 months as a result of using drugs or alcohol. We realize that this information is personal. Please remember that the answers you give will be kept private (*insert local confidentiality rules here*) and will never be linked to your name. For each question, answer "yes" or "no." As I'm reading a question, if I say something that applies to you, interrupt me and say "yes." You don't need to wait until I've read the whole question. I'll pause after each part of the question to give you a chance to answer. Some of the questions are long or have difficult words. Please let me know if you want me to repeat a question or explain what any of the words mean.

|    |   | Yes | No |
|----|---|-----|----|
| 1. | During the past 6 months, have you used any alcohol, marijuana, cocaine, heroin, or other substances? | 1   | 0  |

[IF "NO," END OF QUESTIONNAIRE]

|     |  |   |   |
|-----|--|---|---|
|     | During the past 6 months . . .   |   |   |
| 1a. | have you tried to hide that you were using alcohol, marijuana or other drugs?  | 1 | 0 |
| 1b. | have your parents, family, partner, co-workers, classmates or friends complained about your alcohol, marijuana, or other drug use?   | 1 | 0 |
| 1c. | have you used alcohol, marijuana, or other drugs weekly?   | 1 | 0 |
| 1d. | has alcohol, marijuana, or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire, or caused other psychological problems? | 1 | 0 |
| 1e. | has alcohol, marijuana, or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems?           | 1 | 0 |

|     |   |   |   |
|-----|---|---|---|
| 2.  | During the past 6 months . . .  |   |   |
| 2a. | have you kept using alcohol, marijuana, or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?   | 1 | 0 |
| 2b. | have you used alcohol, marijuana, or other drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt? | 1 | 0 |
| 2c. | has alcohol, marijuana, or other drug use caused you to have repeated problems with the law?  | 1 | 0 |
| 2d. | have you kept using alcohol, marijuana, or other drugs even after you knew it could get you into fights or other kinds of legal trouble?  | 1 | 0 |



CHILD ID:

|  |  |  |  |  |  |  |  |
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GAIN Quick-R: Substance Problem Scale (GAIN)

|            |   | Yes | No |
|------------|---|-----|----|
| <b>3.</b>  | <b>During the past 6 months . . .</b>   |     |    |
| <b>3a.</b> | <b>have you needed more alcohol, marijuana, or other drugs to get the same high or found that the same amount did not get you as high as it used to?</b>  | 1   | 0  |
| <b>3b.</b> | <b>have you had withdrawal problems from alcohol, marijuana, or other drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or have you used any alcohol, marijuana, or other drugs to stop being sick or avoid withdrawal problems?</b> | 1   | 0  |
| <b>3c.</b> | <b>have you used alcohol, marijuana, or other drugs in larger amounts, more often or for a longer time than you meant to?</b>   | 1   | 0  |
| <b>3d.</b> | <b>have you been unable to cut down or stop using alcohol, marijuana, or other drugs?</b>   | 1   | 0  |
| <b>3e.</b> | <b>have you spent a lot of time either getting alcohol, marijuana, or other drugs, using them, or feeling the effects of them (high, sick)?</b>   | 1   | 0  |
| <b>3f.</b> | <b>has alcohol, marijuana, or other drugs caused you to give up, reduce, or have problems at important activities at work, school, home, or social events?</b>  | 1   | 0  |
| <b>3g.</b> | <b>have you kept using alcohol, marijuana, or other drugs even after you knew it was causing or adding to medical, psychological, or emotional problems you were having?</b>  | 1   | 0  |

For all variables and data elements:

 666 = Not Applicable  
 777 = Refused

 888 = Don't Know  
 999 = Missing

## **4.C.9.**

**Substance Use Survey–Revised (SUS–R): Youth**

## **SUBSTANCE USE SURVEY–REVISED (SUS–R): YOUTH**

### Description of Measure

Information on the Substance Use Survey–Revised assesses the youth’s report of their substance use for alcohol, tobacco and other drugs. Questions are administered directly to youth 11 years and older as previous research indicates youth more accurately recall their own alcohol or other drug usage. The first set of questions measure a youth’s alcohol use, including history and frequency of drinking behaviors, and cigarette use. The next set of questions focus on the youth’s illegal substance use. Youth are asked if they ever used the substance, how old they were when they first tried the substance, how long it has been since they last used the substance, and frequency of use during the past 30 days. The remaining questions assess youth’s use of prescription drugs without a physician’s prescription and abuse of non-prescription or over-the-counter drugs.

### Reliability and Validity

Reliability and validity information for the Substance Use Survey–Revised used in this study is not available.

### Subscales, Scoring, and Tabulation

No tabulation or scoring conventions are available for the Substance Use Survey–Revised. The items in the measure can be used individually or collapsed as necessary for specific purposes or analyses.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 6 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## SUBSTANCE USE SURVEY–REVISED (SUS–R)

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**SSRDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
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| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**SSRINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**SSRMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**SSRLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

This set of questions deals with the use of alcohol, cigarettes and other drugs. The information respondents provide about their use of these substances is very important to the success of this study. We recognize that this information is personal. Please remember that the answers you give will be kept private (*insert local confidentiality rules here*) and will never be linked to your name.

Let's talk about alcoholic beverages first. By an alcoholic beverage, we mean a can or bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink. We are not talking about little sips you may have taken from another person's beverage or wine you may have drunk in a religious ceremony.

1. Have you ever had an alcoholic beverage? 1 = No [GO TO QUESTION #2]  
2 = Yes

- 1a. How old were you when you had your first alcoholic beverage? Please do not include any times when you only had a sip or two from a drink.  Age

- 1b. Have you ever been drunk? 1 = No [GO TO QUESTION #1d]  
2 = Yes

- 1c. How old were you when you first got drunk?  Age

- 1d. How long has it been since you last drank an alcoholic beverage? \_\_\_\_\_ days/weeks/months  
(circle one)  
[IF MORE THAN 6 MONTHS, GO TO QUESTION #2]

[CARD #1] [TIMELINE]

- 1e. In the past 6 months, how often did you drink an alcoholic beverage?

1 = Not at all [GO TO QUESTION #2]  
2 = Less than once per month  
3 = 1-3 times per month (for example, every other weekend)  
4 = 1-2 times per week (for example, every weekend)  
5 = 3-6 times per week  
6 = Daily

- 1f. During the past 30 days, that is since [FILL IN DATE], on how many days did you drink one or more alcoholic beverages?  Day (s)

[IF 0, GO TO QUESTION #2]

- 1g. During the past 30 days, that is since [FILL IN DATE], on how many days did you have 5 or more drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.  Day(s)
2. Have you ever smoked cigarettes? 1 = No [GO TO QUESTION #3]  
2 = Yes
- 2a. How old were you when you first smoked part or all of a cigarette?  Age
- 2b. In the past 6 months, have you smoked part or all of a cigarette? 1 = No [GO TO QUESTION #3]  
2 = Yes
- 2c. During the past 30 days, that is, since [FILL IN DATE], on how many days did you smoke part or all of a cigarette?  Days  
[IF 0, GO TO QUESTION #3]
- 2d. On the days you smoked cigarettes during the past 30 days, how many cigarettes did you usually smoke per day?  Number
3. Have you ever used chewing tobacco or snuff (sometimes called dip)? 1 = No [GO TO QUESTION #4]  
2 = Yes
- 3a. How old were you when you first used chewing tobacco or snuff?  Age
- 3b. In the past 6 months, have you used chewing tobacco or snuff? 1 = No [GO TO QUESTION #4]  
2 = Yes
- 3c. In the past 30 days, on how many days did you use chewing tobacco or snuff?  Days
4. Have you ever, even once, used marijuana or hashish? Marijuana is also called pot or weed. Hashish is also called "hash." 1 = No [GO TO QUESTION #5]  
2 = Yes
- 4a. How old were you when you first used marijuana or hashish?  Age

CHILD ID: 

Substance Use Survey–Revised (SUS–R)

4b. In the past 6 months, have you used marijuana or hashish?

1 = No [GO TO QUESTION #5]  
2 = Yes

4c. In the past 30 days, on how many days did you use marijuana or hashish?

Days

Now I'm going to ask you some questions about drugs you may have used. For each drug I say, please tell me if you've ever used it, even if you only used it one time.

[NOTE TO INTERVIEWER: For each drug or drug class listed in the table, ask (a). For those that the youth has used, ask (b) and (c). If they have used the drug in the past 30 days, ask (d).]

| SUBSTANCE  | a.<br>Have you ever, even once, used [drug name]? |     | b.<br>How old were you when you first used [drug name]? | c.<br>How long has it been since you last used [drug name]? | d.<br>In the past 30 days, on how many days did you use [drug name]? |
|--|---|-----|---|---|--|
|  | No  | Yes | #   | #   | #  |
| 5. Cocaine, including all the different forms of cocaine sometimes called coke, crack or rock  | 1   | 2   |   | Days/Wks/Mos  |  |
| 6. Hallucinogens (These drugs often cause people to see or experience things that are not real. Ex., LSD, mescaline, peyote, "shrooms," or psilocybin) | 1   | 2   |   | Days/Wks/Mos  |  |
| 7. PCP   | 1   | 2   |   | Days/Wks/Mos  |  |
| 8. Ketamine, or Special K  | 1   | 2   |   | Days/Wks/Mos  |  |
| 9. MDMA, often called "Ecstasy" or "X"   | 1   | 2   |   | Days/Wks/Mos  |  |
| 10. GHB  | 1   | 2   |   | Days/Wks/Mos  |  |
| 11. Inhalants  | 1   | 2   |   | Days/Wks/Mos  |  |
| 12. Heroin   | 1   | 2   |   | Days/Wks/Mos  |  |

For all variables and data elements

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

CHILD ID: 

Substance Use Survey–Revised (SUS–R)

| SUBSTANCE  | a.<br>Have you ever, even once, used [drug name]? |     | b.<br>How old were you when you first used [drug name]? | c.<br>How long has it been since you last used [drug name]? | d.<br>In the past 30 days, on how many days did you use [drug name]? |
|--|---|-----|---|---|--|
|  | No  | Yes | #   | #   | #  |
| <b>For these next drugs, please tell me if you've ever used them without a doctor's prescription or if you used more than was prescribed for you.</b>  |   |     |   |   |  |
| <b>13. Amphetamines or stimulants</b><br>(Also called "uppers." Ex. Benzedrine, Biphedamine, Fastin, or Phentermine)   | 1   | 2   |   | Days/Wks/Mos  |  |
| <b>14. Pain killers</b> (Ex. Darvocet, Tylenol with codeine, Percodan, Tylox, Percocet, or Vicodin.)   | 1   | 2   |   | Days/Wks/Mos  |  |
| <b>15. Ritalin, Adderall or Desoxyn</b>  | 1   | 2   |   | Days/Wks/Mos  |  |
| <b>16. Tranquilizers</b> (Ex. Valium, Xanax or Atarax)   | 1   | 2   |   | Days/Wks/Mos  |  |
| <b>17. Barbituates or sedatives</b> (Also called "downers" Like Seconol or Nembutal)   | 1   | 2   |   | Days/Wks/Mos  |  |
| <b>18. Have you ever used nonprescription/over-the-counter drugs for the feeling they cause or taken more than is recommended?</b> (Ex. diet pills, pep pills like No-Doz, and cold or cough medicine that says DM or Tuss on the bottle.) | 1   | 2   |   | Days/Wks/Mos  |  |
| <b>19. Have you used any other drugs?</b>  | 1   | 2   |   |   |  |
| <b>19a. If yes, what drugs have you used?</b><br>_____<br><br>_____<br><br>_____   |   |     |   | Days/Wks/Mos<br><br>Days/Wks/Mos<br><br>Days/Wks/Mos        |  |

For all variables and data elements

666 = Not Applicable  
777 = Refused888 = Don't Know  
999 = Missing



CHILD ID:

Substance Use Survey-Revised (SUS-R)

**20. Have you ever gone to a group meeting or self-help group because of your drinking, smoking, or drug use?**

1 = No [*END OF QUESTIONNAIRE*]  
2 = Yes [*GO TO QUESTION #20a*]

**20a. Have you gone to a group meeting or self-help group in the past 6 months?**

1 = No  
2 = Yes

---

For all variables and data elements

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

SUS-R  
**CARD 1**

1 = Not at all

2 = Less than once per month

3 = 1-3 times per month (for example, every other weekend)

4 = 1-2 times per week (for example, every weekend)

5 = 3-6 times per week

6 = Daily

## DRUG IDENTIFICATION LIST

*[NOTE TO INTERVIEWER: For your purposes only, here are some additional formal and slang names for the drugs you ask youth about in the Substance Use Survey. Before beginning to administer this questionnaire, please identify local names for the drugs and use these local names in addition to, or instead of, the names provided here. Useful Web sites for helping to expand the list provided below include:*

<http://www.whitehousedrugpolicy.gov/streetterms/>  
<http://www.erowid.org/psychoactives/slang/slang3.shtml>  
<http://www.cox-internet.com/dabster/slang.htm/>

### **Marijuana**

Marijuana, hashish, weed, pot or dope, hash oil, grass, blunts

### **Cocaine**

Powder, Crack, Free base, Coca paste, rock

### **Heroin**

### **Hallucinogens**

LSD (also called 'acid'), PCP (also called 'angel dust' or phencyclidine), Peyote, Mescaline, Psilocybin

### **Ecstasy (MDMA)**

E, X, XTC

### **Inhalants**

Amyl nitrite, 'poppers,' 'rush,' correction fluid, degreaser, cleaning fluid, gasoline, lighter fluid, glue, shoe polish, toluene, Halothane, ether, other anesthetics, lacquer thinner, other paint solvents, lighter gases (such as butane or propane), nitrous oxide, 'whippets,' spray paints, other aerosol sprays

### **Pain Relievers**

Darvocet, Darvon, Tylenol with codeine, Percocet, Percodan, Tylox, Vicodin, Lortab, Lorcet, Codeine, Demerol, Dilaudid, Fioricet, Fiorinal, Hydrocodone, Methadone, Morphine, Oxycontin, Phenaphen with Codeine, Propoxyphene, Stadol, Talacen, Talwin, Talwin NX, Tramadol, Ultram

### **Tranquilizers**

Klonopin, Clonazepam, Xanax, Alprazolam, Ativan, Lorazepam, Valium, Diazepam, Atarax, BuSpar, Equanil, Flexeril, Librium, Limbitrol, Meprobamate, Miltown, Rohypnol, Serax, Soma, Tranxene, Vistaril

### **Prescription Stimulants**

Desoxyn, Methedrine, Prescription diet pills (such as Amphetamines, Benzedrine, Biphedamine, Fastin, or Phentermine), Ritalin, Methylphenidate, Cylert, Dexedrine, Dextroamphetamine, Didrex, Eskatrol, Ionamin, Mazanor, Obedrin - L.A., Plegine, Preludin, Sanorex, Tenuate

### **Nonprescription Stimulants**

Uppers, ups, speed, bennies, dexies, pep pills, diet pills, Methamphetamine, meth or crystal meth

### **Ketamine**

Special K, Cat Valium, Vitamin K, Kit kat

**Sedatives or Barbiturates** (downs, downers, goofballs, yellows, reds, blues, rainbows or sleeping pills) Methaqualone, Sopor, Quaalude, Barbiturates (such as Nembutal, Pentobarbital, Seconal, Secobarbital, or Butalbital), Restoril, Temazepam, Amytal, Butisol, Chloral Hydrate, Dalmane, Halcion, Phenobarbital, Placidyl, Tuinal, Luminal, Debutal

**Nonprescription Drugs**

Prolamine, Wake, Caffedrine, imitation speed, look-alikes, Dextromethorphan, or DXM (says DM or Tuss on the bottle)

**Steroids****Gamma hydroxybutyrate**

GHB, Georgia Home Boy, Grievous bodily harm

## **4.C.10.**

**Revised Children's Manifest Anxiety Scale (RCMAS): Youth**

# REVISED CHILDREN'S MANIFEST ANXIETY SCALE (RCMAS): YOUTH

## Description of Measure

The Revised Children's Manifest Anxiety Scale (RCMAS) (Reynolds and Richmond, 1979) assesses the level and nature of anxiety in youth aged 6 to 19 years. It is a 37-item self-report measure that contains four scales: worry/oversensitivity; social concerns/concentration; physiological anxiety; and the lie scale. Each item is a statement that embodies a feeling or action that reflects an aspect of anxiety. The scale takes approximately 10 minutes to administer and the questions will be read aloud to respondents.

## Reliability and Validity

Internal consistency, long-term reliability, and concurrent, convergent, and divergent validity have been demonstrated. Reynolds and Richmond (1978) reported that the items on the RCMAS yield a Kuder-Richardson (KR) reliability estimate of .83, demonstrating internal consistency. A cross-validation assessment conducted with 167 middle and high-school aged children yielded a KR reliability estimate of .85. Comparable internal consistency was also demonstrated with kindergarten-age children. The measure has been shown to have high short-term (i.e., retesting at one and five weeks) test-retest reliability (Pearson correlations from .60 to .88, significant at  $p \leq .01$ ), and fairly high long-term (i.e., retest at 9 months) retest reliability ( $r = .68$ ). The RCMAS is highly correlated with the trait measure of anxiety, STAIC ( $r = .85$ ,  $p \leq .05$ ). A study by Mattison, Bagnato and Brubaker (1988) showed that the RCMAS is able to discriminate between children with a *DSM-III* anxiety disorder and other *DSM-III* psychiatric diagnoses.

Preliminary analysis of data from Phase IV, Cycle I communities on RCMAS revealed good internal consistency for the three subscales and the total scale. Internal consistency reliability estimates were: .73 ( $n = 528$ ) for Physiological Anxiety, .84 ( $n = 528$ ) for Worry and Oversensitivity, .70 ( $n = 513$ ) for Social Concerns and Concentration, .89 ( $n = 507$ ) for Total Anxiety Scale.

## Subscales, Scoring, and Tabulation

Standardized scores are provided, and the sample on which the norms were based included Midwestern and Southwestern African-American and Caucasian males and females. Each item is given a score of one for a "yes" response, yielding a Total Anxiety score (Ag). Three empirically derived Anxiety Subscales scores (Physiological Anxiety, Worry/Oversensitivity, and Social Concerns/Concentration) and Lie Scale scores can be calculated. The Lie scale is best thought of as a social desirability scale as it does not directly and conclusively detect "lying." High scores on the sub-scales can represent different aspects of anxiety. Grantees will receive a copy of the RCMAS Manual, which contains additional information on tabulation and scoring. Sites should contact their liaisons for more information.

## References

Gilroy, S. (2003). *The Revised Children's Manifest Anxiety Scale*. Retrieved December 23, 2003 from <http://www.swin.edu.au/bioscieleceng/neuropsych/victims/resources/assessment/affect/rcmas.html>

Mattison, R.E.; Bagnato, S.J.; and Brubaker, B.H. (1988). Diagnostic utility of the Revised Children's Manifest Anxiety Scale" in children with DSM-III anxiety disorders. *Journal of Anxiety Disorders*, 2(2), 147–155.

Reynolds, C. R. (1981) Long-term stability of scores on the Revised Children's Manifest Anxiety Scale, *Perceptual and Motor Skills*, 53(3), 702.

Reynolds, C. R. and Richmond, B. O. (1978) What I Think and Feel: A Revised Measure of Children's Manifest Anxiety, *Journal of Abnormal Psychology*, 6(2), 271–280.

Reynolds, C. R.; Bradley, M.; and Steele, C. (1980) Preliminary norms and technical data for use of the Revised Children's Manifest Anxiety Scale with kindergarten children, *Psychology in the Schools*, 17, 163–167.

Wisniewski, J. J., Jack, J., Mulick, J. A., Genshaft, J. L., & Coury, D. L. (1987). Test-Retest reliability of the Revised Children's Manifest Anxiety Scale, *Perceptual and Motor Skills*, 65(1), 67–70.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## REVISED CHILDREN'S MANIFEST ANXIETY SCALE (RCMAS)

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**RCDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment Period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**RCINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**RCMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**RCLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent:* I am going to read you some sentences that tell how some people think and feel about themselves. Listen to each sentence carefully. Tell me "yes" if you think the sentence is true about you. Tell me "no" if you think it is not true about you. Tell me an answer for every sentence, even if it is hard to choose one that fits you. There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after I read each sentence, ask yourself, "Is it true about me?" If it is, say "yes." If it is not, say "no."



# "WHAT I THINK AND FEEL"

## (RCMAS)

Cecil R. Reynolds, Ph.D., and Bert O. Richmond, Ed.D.

Published by  
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**wps** 12031 Wilshire Boulevard  
Los Angeles, CA 90025-1251  
Publishers and Distributors

### DIRECTIONS

On the back of this form, there are some sentences that tell how some people think and feel about themselves. Read each sentence carefully. Circle the word **Yes** if you think the sentence is true about you. Circle the word **No** if you think it is *not* true about you. Circle an answer for every sentence, even if it is hard to choose one that fits you. Do not circle both **Yes** and **No** for the same sentence. If you want to change an answer, draw an X through your first answer and then circle your new choice.

There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after you read each sentence, ask yourself, "Is it true about me?" If it is, circle **Yes**. If it is not, circle **No**.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex (circle one):      Girl      Boy

Today's Date: \_\_\_\_\_

School: \_\_\_\_\_

Teacher's Name (optional): \_\_\_\_\_

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Circle one answer for each sentence.

|     |    |  |
|-----|----|--|
| Yes | No | 1. I have trouble making up my mind.                         |
| Yes | No | 2. I get nervous when things do not go the right way for me. |
| Yes | No | 3. Others seem to do things easier than I can.               |
| Yes | No | 4. I like everyone I know.                                   |
| Yes | No | 5. Often I have trouble getting my breath.                   |
| Yes | No | 6. I worry a lot of the time.                                |
| Yes | No | 7. I am afraid of a lot of things.                           |
| Yes | No | 8. I am always kind.   |
| Yes | No | 9. I get mad easily.   |
| Yes | No | 10. I worry about what my parents will say to me.            |
| Yes | No | 11. I feel that others do not like the way I do things.      |
| Yes | No | 12. I always have good manners.                              |
| Yes | No | 13. It is hard for me to get to sleep at night.              |
| Yes | No | 14. I worry about what other people think about me.          |
| Yes | No | 15. I feel alone even when there are people with me.         |
| Yes | No | 16. I am always good.  |
| Yes | No | 17. Often I feel sick in my stomach.                         |
| Yes | No | 18. My feelings get hurt easily.                             |
| Yes | No | 19. My hands feel sweaty.                                    |
| Yes | No | 20. I am always nice to everyone.                            |
| Yes | No | 21. I am tired a lot.  |
| Yes | No | 22. I worry about what is going to happen.                   |
| Yes | No | 23. Other people are happier than I.                         |
| Yes | No | 24. I tell the truth every single time.                      |
| Yes | No | 25. I have bad dreams.                                       |
| Yes | No | 26. My feelings get hurt easily when I am fussed at.         |
| Yes | No | 27. I feel someone will tell me I do things the wrong way.   |
| Yes | No | 28. I never get angry.                                       |
| Yes | No | 29. I wake up scared some of the time.                       |
| Yes | No | 30. I worry when I go to bed at night.                       |
| Yes | No | 31. It is hard for me to keep my mind on my schoolwork.      |
| Yes | No | 32. I never say things I shouldn't.                          |
| Yes | No | 33. I wiggle in my seat a lot.                               |
| Yes | No | 34. I am nervous.  |
| Yes | No | 35. A lot of people are against me.                          |
| Yes | No | 36. I never lie.   |
| Yes | No | 37. I often worry about something bad happening to me.       |

## **4.C.11.**

**Reynolds Adolescent Depression Scale–Second Edition (RADs–2): Youth**

# **REYNOLDS ADOLESCENT DEPRESSION SCALE–SECOND EDITION (RADS–2): YOUTH**

## Description of Measure

The Reynolds Adolescent Depression Scale–Second edition (RADS–2) is a 30-item self-report measure that evaluates four basic domains (consistent with *DSM–IV*) of adolescent depression: Dysphoric Mood, Anhedonia/Negative Affect, Negative Self-Evaluation, and Somatic Complaints. Items are written at a third-grade reading level. It is suitable for youth aged 11 to 20 years old and takes approximately 5 minutes to administer. This scale will be administered by reading the questions aloud to the respondent.

## Reliability and Validity

Validity of the RADS-2 has been examined with respect to content validity, criterion-related validity, construct validity (convergent, discriminant, and factorial), and clinical validity (Krefetz, Steer, Gulab, & Beck, 2002; Reynolds & Mazza, 1998). Reliability and validity studies included a school-based sample of over 9,000 adolescents and a clinical sample of 297 adolescents with *DSM–III–R* or *DSM–IV* diagnoses who were evaluated in both school and clinical settings.

Reynolds (1986) examined the reliability and validity of the RADS in a sample of 89 young adolescents from an inner-city school. The study found an internal consistency reliability of .91 on the initial assessment and .93 for the retest. The test–retest reliability of the RADS was .87. The RADS was able to discriminate depressed and non-depressed adolescents, with a sensitivity rate of 89% and specificity of 90%, and an overall correct classification of 90%. Total scores for the RADS have a correlation of 0.84 with the Beck Depression Inventory ( $p < 0.001$ ) and 0.76 with the Hamilton Depression Rating Scale.

Reliability analysis of data from Phase IV, Cycle I communities on RADS revealed good internal consistency for the four subscales. Internal consistency reliability estimates were: .81 ( $n = 529$ ) for Dysphoric Mood, .68 ( $n = 533$ ) for Anhedonia and Negative Affect, .82 ( $n = 527$ ) for Negative Self-evaluation, .76 ( $n = 530$ ) for Somatic Complaints.

## Subscales, Scoring, and Tabulation

Adolescent depression is scored along four subscales: Dysphoric Mood, Anhedonia/Negative Affect, Negative Self-Evaluation, and Somatic Complaints. Grantees will receive a copy of the RADS–2 Manual, which contains additional information on tabulation and scoring. Sites should contact their liaisons for more information.

## References

Reynolds, W. M. (1986). *Reynolds Adolescent Depression Scale–Second Edition (RADS–2)*. The Psychological Corporation.

Reynolds, W. and Mazza, J. (1998) Reliability and validity of the Reynolds Adolescent Depression Scale with young adolescents. *Journal of School Psychology*, 36(3), 295–312.

Krefetz, D., Steer, R., Gulab, N., and Beck, A. (2002). Convergent validity of the Beck Depression Inventory-II with the *Reynolds Adolescent Depression Scale* in psychiatric inpatients. *Journal of Personality Assessment*, 78(3), 451–460.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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## REYNOLDS ADOLESCENT DEPRESSION SCALE—SECOND EDITION (RADS-2)

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**RADSDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment Period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**RADSINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**RADSMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**RADSLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent:* **This questionnaire is about how you feel. I'm going to read you some sentences and you'll decide how often you feel this way. Decide if you feel this way almost never, hardly ever, sometimes or most of the time. For each sentence, tell me the answer that best describes how you really feel. Remember, there are no right or wrong answers. Just choose the answer that tells how you usually feel. [Show CARD #1]**



### *About Myself*

**Directions:**

On the back of this questionnaire are a number of sentences that people use to describe their feelings. You will be reading each sentence and deciding how often you feel the way the sentence describes.

There are no right or wrong answers. Just choose the answer that tells how you really feel.

**If you need to change an answer, DO NOT ERASE! Make an X through the incorrect answer and circle the correct answer.**

Now please turn the questionnaire over and fill out the information section at the top of the page. Be sure to answer all items.

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# Test Booklet

by William M. Reynolds, PhD

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: ☐ Male ☐ Female Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Grade in School: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_ School/Agency: \_\_\_\_\_  
 Mo. Day Yr.

**Directions:** Listed below are some sentences about how you feel. Read each sentence and decide how often you feel this way. Decide if you feel this way almost never, hardly ever, sometimes, or most of the time. To answer each item, circle the number under the answer that best describes how you really feel. Remember, there are no right or wrong answers. Just choose the answer that tells how you usually feel.

|   | Almost<br>never | Hardly<br>ever | Some-<br>times | Most of<br>the time |
|---|-----------------|----------------|----------------|---------------------|
| 1. I feel happy .....                               | 1               | 2              | 3              | 4                   |
| 2. I worry about school.....                        | 1               | 2              | 3              | 4                   |
| 3. I feel lonely .....                              | 1               | 2              | 3              | 4                   |
| 4. I feel my parents don't like me .....            | 1               | 2              | 3              | 4                   |
| 5. I feel important .....                           | 1               | 2              | 3              | 4                   |
| 6. I feel like hiding from people.....              | 1               | 2              | 3              | 4                   |
| 7. I feel sad .....                                 | 1               | 2              | 3              | 4                   |
| 8. I feel like crying .....                         | 1               | 2              | 3              | 4                   |
| 9. I feel that no one cares about me .....          | 1               | 2              | 3              | 4                   |
| 10. I feel like having fun with other students..... | 1               | 2              | 3              | 4                   |
| 11. I feel sick .....                               | 1               | 2              | 3              | 4                   |
| 12. I feel loved.....                               | 1               | 2              | 3              | 4                   |
| 13. I feel like running away.....                   | 1               | 2              | 3              | 4                   |
| 14. I feel like hurting myself .....                | 1               | 2              | 3              | 4                   |
| 15. I feel that other students don't like me.....   | 1               | 2              | 3              | 4                   |
| 16. I feel upset .....                              | 1               | 2              | 3              | 4                   |
| 17. I feel life is unfair .....                     | 1               | 2              | 3              | 4                   |
| 18. I feel tired .....                              | 1               | 2              | 3              | 4                   |
| 19. I feel I am bad.....                            | 1               | 2              | 3              | 4                   |
| 20. I feel I am no good .....                       | 1               | 2              | 3              | 4                   |
| 21. I feel sorry for myself.....                    | 1               | 2              | 3              | 4                   |
| 22. I feel mad about things .....                   | 1               | 2              | 3              | 4                   |
| 23. I feel like talking to other students.....      | 1               | 2              | 3              | 4                   |
| 24. I have trouble sleeping.....                    | 1               | 2              | 3              | 4                   |
| 25. I feel like having fun .....                    | 1               | 2              | 3              | 4                   |
| 26. I feel worried .....                            | 1               | 2              | 3              | 4                   |
| 27. I get stomachaches.....                         | 1               | 2              | 3              | 4                   |
| 28. I feel bored.....                               | 1               | 2              | 3              | 4                   |
| 29. I like eating meals.....                        | 1               | 2              | 3              | 4                   |
| 30. I feel like nothing I do helps any more .....   | 1               | 2              | 3              | 4                   |



**RADS-2**  
**CARD 1**

1 = Almost never

2 = Hardly ever

3 = Sometimes

4 = Most of the time

## **4.C.12.**

### **Youth Information Questionnaire (YIQ)**

# **YOUTH INFORMATION QUESTIONNAIRE (YIQ): YOUTH**

## Description of Measure

The YIQ contains 25 items that capture a range of issues and information that are important for understanding many facets of the child's life. The information is best obtained directly from the youth either because the youth can provide the most reliable answer or because it is important to have the youth's perspective and perception of the issue. The YIQ includes questions about the youth's acculturation, employment, peer relationships, presenting problems, suicidality, and neighborhood safety. The YIQ is asked of Child and Family Outcome Study participants. A subset of 18 YIQ items (i.e., those data elements that may change over time) will also be asked at each follow-up data collection point (e.g., 6 months, 12 months, 18 months, etc.).

## Reliability and Validity

As a method for collecting descriptive information, conventional assessments of reliability and validity are not appropriate for the YIQ.

## Subscales, Tabulation and Scoring

The YIQ contains no subscales, and no tabulation or scoring conventions apply to the YIQ. The items in the YIQ can be used individually or collapsed as necessary for specific purposes or analyses.

## **4.C.12.a.**

**Youth Information Questionnaire–Baseline (YIQ–I): Youth**

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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## YOUTH INFORMATION QUESTIONNAIRE–INTAKE (YIQ–I)

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**YIQDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment Period)

1 = Baseline

**YIQINTV** (Who administered interview)

1 = Person providing services to child  
2 = Data collector

**YIQMETH** (Method of administering interview)

1 = In person, hard copy  
2 = Telephone, hard copy  
3 = In person, computer assisted  
4 = Telephone, computer assisted

**YIQLANG** (Language version of interview)

1 = English  
2 = Spanish  
3 = Other

I am going to be asking you questions on a range of topics, including things about your health, relationships, safety, and things you may do. It may seem like the questions are unrelated, but all of them are important for understanding youth and their problems. I will begin by asking you about languages you speak.

[NOTE TO INTERVIEWER: For Questions 1–1b, do **not** read the response options to the youth.]

**1. What language or languages do you speak?**

[Select all that apply]

1 = English

2 = Spanish

3 = Other (please specify: \_\_\_\_\_)

**1a. What language do you usually speak with your family?**

1 = English

2 = Spanish

3 = Other (please specify: \_\_\_\_\_)

**1b. What language do you usually speak with your friends?**

1 = English

2 = Spanish

3 = Other (please specify: \_\_\_\_\_)

Now I would like to ask you some questions about your work history.

**2. In the past 6 months, have you had a job, including formal jobs (e.g., working in a restaurant or store) or done other work for which you were paid (e.g., babysitting, mowing lawns)?**

1 = No [GO TO QUESTION #3]

2 = Yes

**2a. In how many of the last 6 months have you worked?**

\_\_\_\_\_ months

**2b. In a typical week, about how many hours do you work?**

\_\_\_\_\_ hours

**3. In the past 6 months, have you done volunteer work?**

1 = No [GO TO QUESTION #4]

2 = Yes

**3a. In how many of the last 6 months did you do volunteer work?** \_\_\_\_\_ months

Now I would like to talk to you about people outside your family and relatives. I'd like you to think about close friends and other people you know, including both kids your age and adults.

[CARD #1]

|    |  | Never | Rarely,<br>almost<br>never | Less than<br>half the<br>time | More than<br>half the<br>time | Usually,<br>almost<br>always | Always |
|----|--|-------|----------------------------|-------------------------------|-------------------------------|------------------------------|--------|
| 4. | How often can you depend on having someone your own age to talk to?  | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 5. | How often can you depend on having an adult to talk to?  | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 6. | If a problem or emergency arises, how often can you depend on having someone your own age to turn to for help and support? | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 7. | If a problem or emergency arises, how often can you depend on having an adult to turn to for help and support?             | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 8. | How often do you have someone your own age to have fun or hang out with when you want to?                                  | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 9. | How often do you have an adult to have fun or hang out with when you want to?  | 1     | 2                          | 3                             | 4                             | 5                            | 6      |

Now I am going to read you some statements. For each of these statements, please tell me whether each statement is True or False in describing your experience.

|     |   | True | False |
|-----|---|------|-------|
| 10. | I felt free to do what I wanted about getting mental health treatment for myself. | 1    | 2     |
| 11. | I chose to get mental health treatment for myself.                                | 1    | 2     |
| 12. | It was my idea to get mental health treatment for myself.                         | 1    | 2     |
| 13. | I had a lot of control over whether I got mental health treatment.                | 1    | 2     |
| 14. | I had more influence than anyone else on whether I got mental health treatment.   | 1    | 2     |

These next questions are about problems you may have experienced. I know it may be difficult or upsetting to answer some of these questions, but they provide information that is very important for understanding what youth like you are experiencing and for providing services that can help youth.

**15. What were the emotional or behavioral symptoms that led to you receiving services?**

*[NOTE TO INTERVIEWER: Write down all the problems that the youth says and then select all that apply. Do not read the response options.]*

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- 1 = Suicide-related problems (including suicide ideation, suicide attempt, self-injury)
- 2 = Depression-related problems (including major depression, dysthymia, sleep disorders, somatic complaints)
- 3 = Anxiety-related problems (including fears and phobias, generalized anxiety, social avoidance, obsessive–compulsive behavior, post-traumatic stress disorder)
- 4 = Hyperactive and attention-related problems (including hyperactive, impulsive, attentional difficulties)
- 5 = Conduct/delinquency-related problems (including physical aggression, extreme verbal abuse, noncompliance, sexual acting out, property damage, theft, running away, sexual assault, fire setting, cruelty to animals, truancy, police contact)
- 6 = Substance use, abuse, and dependence-related problems
- 7 = Adjustment-related problems (including changes in behaviors or emotions in reaction to a significant life stress)
- 8 = Psychotic behaviors (including hallucinations, delusions, strange or odd behaviors)
- 9 = Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, stereotypes, perseverative behavior)
- 10 = Specific developmental disabilities (including enuresis, encopresis, expressive or receptive speech and language delay)
- 11 = Learning disabilities
- 12 = School performance problems not related to learning disabilities
- 13 = Eating disorders (including anorexia, bulimia)
- 14 = Other problems (*Please specify problems:* \_\_\_\_\_)

- 16. Have you ever thought about killing yourself?** 1 = No *[GO TO QUESTION #17]*  
2 = Yes
- 16a. In the last 6 months, have you thought about killing yourself?** 1 = No *[GO TO QUESTION #17]*  
2 = Yes
- 16b. In the last 6 months, did you receive treatment for thinking about killing yourself?** 1 = No  
2 = Yes



17. Have you ever tried to kill yourself? 1 = No [GO TO QUESTION #18]  
2 = Yes
- 17a. How many times have you tried to kill yourself? \_\_\_\_\_ times
- 17b. In the past 6 months, have you tried to kill yourself? 1 = No [GO TO QUESTION #18]  
2 = Yes
- 17c. In the last 6 months, did you receive treatment for trying to kill yourself? 1 = No  
2 = Yes

Now I would like to ask you about safety and violence in your neighborhood.

18. When you're in your neighborhood, do you feel safe? 1 = No  
2 = Yes
19. In the last 6 months, have you seen any non-violent crime in your neighborhood, such as someone selling drugs or stealing? 1 = No  
2 = Yes
20. In the last 6 months, have you seen any violent crimes taking place in your neighborhood, such as someone getting beat up? 1 = No  
2 = Yes
21. In the last 6 months, have you known someone other than yourself, who was a victim of a violent crime in your neighborhood? 1 = No  
2 = Yes
22. In the last 6 months, have you been a victim of a violent crime in your neighborhood? 1 = No  
2 = Yes

Now I'm going to ask you some questions about medications that you may be taking for your emotional or behavioral symptoms.

23. Are you taking any prescribed medication for your emotional or behavioral symptoms? 1 = No [GO TO QUESTION #23a]  
2 = Yes [GO TO QUESTION #23b]
- 23a. In the past 6 months, have you taken any prescribed medication for your emotional or behavioral symptoms? 1 = No [END OF QUESTIONNAIRE]  
2 = Yes [GO TO QUESTION #23b]
- 23b. In the past 6 months, have you had any beneficial effects from these medications? 1 = No [GO TO QUESTION #23d]  
2 = Yes [GO TO QUESTION #23c]
- 23c. What were the beneficial effects?
- \_\_\_\_\_
- \_\_\_\_\_
- 23d. In the past 6 months, have you had any negative side effects from these medications? 1 = No [GO TO QUESTION #23f]  
2 = Yes [GO TO QUESTION #23e]
- 23e. What were the negative side effects?
- \_\_\_\_\_
- \_\_\_\_\_

CHILD ID:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Youth Information Questionnaire–Intake (YIQ–I)

I will now read you several statements. These statements are about any medications that you currently take, or have taken in the past 6 months, for your emotional or behavioral symptoms. For each of the statements, please tell me how strongly you agree that the statement reflects your experience.

[CARD #2]

|      |   | Strongly disagree | Disagree | Undecided | Agree | Strongly agree |
|------|---|-------------------|----------|-----------|-------|----------------|
| 23f. | I understand why I take my medication.              | 1                 | 2        | 3         | 4     | 5              |
| 23g. | I know what my medication is supposed to do for me. | 1                 | 2        | 3         | 4     | 5              |
| 23h. | I had a choice in the medication that I take.       | 1                 | 2        | 3         | 4     | 5              |
| 23i. | take my medication the way I'm supposed to.         | 1                 | 2        | 3         | 4     | 5              |
| 23j. | I feel comfortable about taking medication.         | 1                 | 2        | 3         | 4     | 5              |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

YIQ-I

# CARD 1

1 = Never

2 = Rarely, almost never

3 = Less than half the time

4 = More than half the time

5 = Usually, almost always

6 = Always

YIQ-I  
**CARD 2**

1 = Strongly disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly agree

## **4.C.12.b.**

**Youth Information Questionnaire–Follow-up (YIQ–F): Youth**

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## YOUTH INFORMATION QUESTIONNAIRE–FOLLOW-UP (YIQ–F)

---

**YIQDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment Period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**YIQINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**YIQMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**YIQLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

I am going to be asking you questions on a range of topics, including things about your health, relationships, safety, and things you may do. It may seem like the questions are unrelated, but all of them are important for understanding youth and their problems.

[NOTE TO INTERVIEWER: Question #1 is skipped, as it is not applicable.]

First, I would like to ask you some questions about your work history.

2. In the past 6 months, have you had a job, including formal jobs (e.g., babysitting or in a restaurant or store) or done other work for which you were paid? 1 = No [GO TO QUESTION # 3]  
2 = Yes [GO TO QUESTION #2a]

2a. In how many of the last 6 months have you worked? \_\_\_\_\_ months

2b. In a typical week, about how many hours do you work? \_\_\_\_\_ hours

3. In the past 6 months, have you done volunteer work? 1 = No [GO TO QUESTION #4]  
2 = Yes

3a. In how many of the last 6 months did you do volunteer work? \_\_\_\_\_ months

Now I would like to talk to you about people outside your family and relatives. I'd like you to think about close friends and other people you know, including both kids your age and adults.

[CARD #1]

|    |  | Never | Rarely,<br>almost<br>never | Less than<br>half the<br>time | More than<br>half the<br>time | Usually,<br>almost<br>always | Always |
|----|--|-------|----------------------------|-------------------------------|-------------------------------|------------------------------|--------|
| 4. | How often can you depend on having someone your own age to talk to?  | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 5. | How often can you depend on having an adult to talk to?  | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 6. | If a problem or emergency arises, how often can you depend on having someone your own age to turn to for help and support? | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 7. | If a problem or emergency arises, how often can you depend on having an adult to turn to for help and support?             | 1     | 2                          | 3                             | 4                             | 5                            | 6      |
| 8. | How often do you have someone your own age to have fun or hang out with when you want to?                                  | 1     | 2                          | 3                             | 4                             | 5                            | 6      |

|    |   | Never | Rarely,<br>almost<br>never | Less than<br>half the<br>time | More than<br>half the<br>time | Usually,<br>almost<br>always | Always |
|----|---|-------|----------------------------|-------------------------------|-------------------------------|------------------------------|--------|
| 9. | How often do you have an adult to have fun or hang out with when you want to? | 1     | 2                          | 3                             | 4                             | 5                            | 6      |

[NOTE TO INTERVIEWER: Questions #10–16 are skipped, as they are not applicable.]

Now I need to ask you some questions about suicide. I know it may be difficult or upsetting to answer some of these questions, but they provide information that is very important for understanding what youth like you are experiencing and for providing services that can help youth.

16a. In the last 6 months, have you thought about killing yourself? 1 = No [GO TO QUESTION #17b]  
2 = Yes

16b. In the last 6 months, did you receive treatment for thinking about killing yourself? 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #17 and 17a are skipped, as they are not applicable.]

17b. In the last 6 months, have you tried to kill yourself? 1 = No [GO TO QUESTION #18]  
2 = Yes

17c. In the last 6 months, did you receive treatment for trying to kill yourself? 1 = No  
2 = Yes

Now I would like to ask you some questions about safety and violence in your neighborhood.

18. When you're in your neighborhood, do you feel safe? 1 = No  
2 = Yes

19. In the last 6 months, have you seen any non-violent crime in your neighborhood, such as someone selling drugs or stealing? 1 = No  
2 = Yes

20. In the last 6 months, have you seen any violent crimes taking place in your neighborhood, such as someone getting beat up? 1 = No  
2 = Yes

21. In the last 6 months, have you known someone other than yourself, who was a victim of a violent crime in your neighborhood? 1 = No  
2 = Yes

22. In the last 6 months, have you been a victim of a violent crime in your neighborhood? 1 = No  
2 = Yes



Now I'm going to ask you some questions about medications that you may be taking for your emotional or behavioral symptoms.

- 23.** Are you taking any prescribed medication for your emotional or behavioral symptoms? 1 = No [GO TO QUESTION #23a]  
2 = Yes [GO TO QUESTION #23b]
- 23a.** In the past 6 months, have you taken any prescribed medication for your emotional or behavioral symptoms? 1 = No [END OF QUESTIONNAIRE]  
2 = Yes [GO TO QUESTION #23b]
- 23b.** In the past 6 months, have you had any beneficial effects from these medications? 1 = No [GO TO QUESTION #23d]  
2 = Yes [GO TO QUESTION #23c]
- 23c.** What were the beneficial effects?
- \_\_\_\_\_
- \_\_\_\_\_
- 23d.** In the past 6 months, have you had any negative side effects from these medications? 1 = No [GO TO QUESTION #23f]  
2 = Yes [GO TO QUESTION #23e]
- 23e.** What were the negative side effects?
- \_\_\_\_\_
- \_\_\_\_\_

I will now read you several statements. These statements are about any medications that you currently take, or have taken in the past 6 months, for your emotional or behavioral symptoms. For each of the statements, please tell me how strongly you agree that the statement reflects your experience.

[CARD # 2]

|      |   | Strongly disagree | Disagree | Undecided | Agree | Strongly agree |
|------|---|-------------------|----------|-----------|-------|----------------|
| 23f. | I understand why I take my medication.              | 1                 | 2        | 3         | 4     | 5              |
| 23g. | I know what my medication is supposed to do for me. | 1                 | 2        | 3         | 4     | 5              |
| 23h. | I had a choice in the medication that I take.       | 1                 | 2        | 3         | 4     | 5              |
| 23i. | take my medication the way I'm supposed to.         | 1                 | 2        | 3         | 4     | 5              |
| 23j. | I feel comfortable about taking medication.         | 1                 | 2        | 3         | 4     | 5              |

YIQ-F

# CARD 1

1 = Never

2 = Rarely, almost never

3 = Less than half the time

4 = More than half the time

5 = Usually, almost always

6 = Always

YIQ-F  
**CARD 2**

1 = Strongly disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly agree

## **4.C.13.**

**Behavioral and Emotional Rating Scale–Second Edition, Youth Rating Scale  
(BERS–2Y): Youth**

## BEHAVIORAL AND EMOTIONAL RATING SCALE–SECOND EDITION, YOUTH RATING SCALE (BERS–2Y): YOUTH

### Description of Measure

The BERS–2 Youth Rating Scale is based on the original BERS and identifies the emotional and behavioral strengths of children. As with the original BERS, the BERS–2 measures children’s strengths in five domains (interpersonal strengths, family involvement, intrapersonal strengths, school functioning, and affective strengths). Epstein and Sharma (1998) describe strengths-based assessment as “the measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one’s ability to deal with adversity and stress; and promote one’s personal, social, and academic development.” The BERS–2 Youth Rating Scale, designed to be completed by youth, contains 57 items that assess six dimensions of emotional and behavioral competence. The Youth Rating Scale has a reading level of fifth grade and can be completed in less than 15 minutes. Behaviors are rated on a 4-point scale: 0 = not at all like you, 1 = not much like you, 2 = like you, and 3 = very much like you.

### Reliability and Validity

The BERS–2 Youth Rating Scale has been tested for reliability and validity within a series of three studies (Epstein, Mooney, Ryser, & Pierce, n.d.). The first two studies showed that scores on the BERS–2 have a high positive correlation with scores from the *Social Skills Rating System–Student Form*, and a negative correlation with the problem scales of Achenbach’s *Youth Self Report*. The third study demonstrated high test–retest reliability (coefficients above .80). Another study was conducted to determine if the youth data fit the five-factor structure that had been established with the original BERS (Buckley, Ryser, Epstein, & Reid, n.d.). In this study, the BERS–2 Youth Rating Scale was administered to 1301 youth with and without disabilities. Results indicated the same factor structure holds for the BERS–2 youth self-report as for the original BERS, and BERS–2 Youth Rating Scale can be considered a valid measure of child and adolescent perception of their behavioral and emotional strengths.

Preliminary analysis of data from Phase IV, Cycle I communities on BERS–2 Youth Rating Scale revealed good internal consistency for the six subscales. Internal consistency reliability estimates were: .87 for Interpersonal Strength Subscale ( $n = 528$ ), .75 for Family Involvement Subscale ( $n = 502$ ), .75 for Intrapersonal Strength Subscale ( $n = 520$ ), .82 for School Functioning Subscale ( $n = 512$ ), .77 for Affective Strength Subscale ( $n = 531$ ), .83 for Career Strength Subscale ( $n = 487$ ).

### Subscales, Scoring, and Tabulation

The BERS contains the following five empirically-derived subscales: 1) Interpersonal Strength refers to a child’s ability to control his/her emotions or behaviors in social situations; 2) Family Involvement assesses a child’s participation in and relationship with his/her family; 3)

Intrapersonal Strength examines a child's view of his/her competence and accomplishments; 4) School Functioning assesses a child's competence in school and classroom tasks; and 5) Affective Strength captures a child's ability to accept affection from others and express feelings toward others. Awardees will receive a copy of the BERS Examiner's Manual, which contains additional information on tabulation and scoring. Sites should contact their liaisons for more information.

### References

Buckley, J., Ryser, G., Epstein, M., & Reid, R. (n.d.). *Youth Self-Report of Strengths: Confirmatory Factor Analysis of the Behavioral and Emotional Rating Scale-2 (BERS-2) Youth Rating Scale*.

Epstein, M., Mooney, P., Ryser, G., & Pierce, C. (n.d.). Validity and reliability of the Youth Form of the *Behavioral and Emotional Rating Scale-Second Edition*.

Epstein, M.H., & Sharma, J. (1998). *Behavioral and Emotional Rating Scale: A Strength-based Approach to Assessment*. Austin, TX: PRO-ED.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## BEHAVIORAL and EMOTIONAL RATING SCALE—Second Edition, Youth Rating Scale (BERS–2Y)

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**BRYDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**BRYINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**BRYMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**BRYLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent: I am going to read you a list of statements that describe you in a positive way. Some of the items will describe you very well. Other items will not describe you at all. After I read each statement, tell me which description best describes you now or in the past 6 months. You must answer all 57 items. If you do not know the meaning of some of the words, ask me. Rate all 57 items by the following criteria: the statement is very much like you, like you, not much like you, or not at all like you. [CARD]*

# BERS-2

## Behavioral and Emotional Rating Scale—Second Edition Youth Rating Scale

### Section 1. Identifying Information

Name \_\_\_\_\_ Female ☐ Male ☐ Grade \_\_\_\_\_  
Date Rated \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Rater's Name \_\_\_\_\_  
Age \_\_\_\_\_ Rater's Relationship to Individual \_\_\_\_\_

### Section 2. Score Summary

|                                   | Raw<br>Score | %ile<br>Rank | Scaled<br>Score      |
|-----------------------------------|--------------|--------------|----------------------|
| I. Interpersonal Strength (IS)    | _____        | _____        | <input type="text"/> |
| II. Family Involvement (FI)       | _____        | _____        | <input type="text"/> |
| III. Intrapersonal Strength (IaS) | _____        | _____        | <input type="text"/> |
| IV. School Functioning (SF)       | _____        | _____        | <input type="text"/> |
| V. Affective Strength (AS)        | _____        | _____        | <input type="text"/> |
| Sum of Scaled Scores              |              |              | _____                |
| <b>BERS-2 Strength Index</b>      |              | _____        | <input type="text"/> |
| <b>Supplemental</b>               |              |              |                      |
| VI. Career Strength (CS)          | _____        | _____        | <input type="text"/> |

### Section 3. Interpretation and Recommendations

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### Section 4. Other Pertinent Information

Who referred the student? \_\_\_\_\_  
What was the reason for the referral? \_\_\_\_\_  
Parental permission obtained on (date) \_\_\_\_\_  
BERS-2 results included in staffing or planning conference? ☐ Yes ☐ No

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## Section 5. Youth Rating Items

**Directions:** Below is a list of items that describe you in a positive way. Some of the items will describe you very well. Other items will not describe you at all. Read each item and mark the number that corresponds to the rating that best describes you now or in the past 3 months. You must answer all 57 items. If you do not know the meaning of some of the words, ask the person who is giving you this form.

3 = If the statement is very much like you

2 = If the statement is like you

1 = If the statement is not much like you

0 = If the statement is not at all like you

**COPYRIGHTED MATERIAL. DO NOT DUPLICATE.**

| Statement   |         | IS    | FI    | IaS   | SF    | AS    |
|---|---------|-------|-------|-------|-------|-------|
| 1. My family makes me feel wanted                                   | 3 2 1 0 |       | _____ |       |       |       |
| 2. I trust at least one person very much                            | 3 2 1 0 |       | _____ |       |       |       |
| 3. It's okay when people hug me                                     | 3 2 1 0 |       |       |       |       | _____ |
| 4. I join in community activities                                   | 3 2 1 0 |       | _____ |       |       |       |
| 5. I believe in myself  | 3 2 1 0 |       |       | _____ |       |       |
| 6. I let someone know when my feelings are hurt                     | 3 2 1 0 |       |       |       |       | _____ |
| 7. I get along well with my family                                  | 3 2 1 0 |       | _____ |       |       |       |
| 8. I have a sense of humor  | 3 2 1 0 |       |       | _____ |       |       |
| 9. I ask for help when I need it                                    | 3 2 1 0 |       |       |       |       | _____ |
| 10. I can express my anger in the right way                         | 3 2 1 0 | _____ |       |       |       |       |
| 11. My parents and I talk about how I act at home                   | 3 2 1 0 |       | _____ |       |       |       |
| 12. If I hurt or upset others, I tell them I am sorry               | 3 2 1 0 | _____ |       |       |       |       |
| 13. I care about how others feel                                    | 3 2 1 0 |       |       |       |       | _____ |
| 14. I complete tasks when asked                                     | 3 2 1 0 |       |       |       | _____ |       |
| 15. I get along well with my parents                                | 3 2 1 0 |       | _____ |       |       |       |
| 16. When my feelings are hurt, I stay calm                          | 3 2 1 0 | _____ |       |       |       |       |
| 17. I think about what could happen before I decide to do something | 3 2 1 0 | _____ |       |       |       |       |
| 18. I accept criticism  | 3 2 1 0 | _____ |       |       |       |       |
| 19. I go to religious activities                                    | 3 2 1 0 |       | _____ |       |       |       |
| 20. I keep myself clean   | 3 2 1 0 |       |       | _____ |       |       |
| 21. I ask my friends for help                                       | 3 2 1 0 |       |       | _____ |       |       |
| 22. I have a hobby I enjoy  | 3 2 1 0 |       |       | _____ |       |       |
| 23. When I have a problem, I talk with others about it              | 3 2 1 0 |       |       |       |       | _____ |
| 24. I do my schoolwork on time                                      | 3 2 1 0 |       |       |       | _____ |       |
| 25. I feel close to others  | 3 2 1 0 |       |       |       |       | _____ |
| 26. I know when I am happy and when I am sad                        | 3 2 1 0 |       |       | _____ |       |       |
| 27. I know what I do well   | 3 2 1 0 |       |       | _____ |       |       |
| 28. I accept responsibility for my actions                          | 3 2 1 0 | _____ |       |       |       |       |
| 29. I get along with my brothers and sisters                        | 3 2 1 0 |       | _____ |       |       |       |
| 30. When I lose a game, I accept it                                 | 3 2 1 0 | _____ |       |       |       |       |
| Column Subtotals  |         |       |       |       |       |       |

3 = If the statement is very much like you

2 = If the statement is like you

1 = If the statement is not much like you

0 = If the statement is not at all like you

| Statement   |         | IS | FI | IaS | SF | AS |
|---|---------|----|----|-----|----|----|
| 31. I complete my homework  | 3 2 1 0 |    |    |     |    |    |
| 32. I am liked by others my age   | 3 2 1 0 |    |    |     |    |    |
| 33. I am a good listener  | 3 2 1 0 |    |    |     |    |    |
| 34. I let people know when I like them                                    | 3 2 1 0 |    |    |     |    |    |
| 35. When I make a mistake, I admit it                                     | 3 2 1 0 |    |    |     |    |    |
| 36. I do things with my family  | 3 2 1 0 |    |    |     |    |    |
| 37. I can deal with being told "no"                                       | 3 2 1 0 |    |    |     |    |    |
| 38. I smile a lot   | 3 2 1 0 |    |    |     |    |    |
| 39. I pay attention in class  | 3 2 1 0 |    |    |     |    |    |
| 40. I am good at math   | 3 2 1 0 |    |    |     |    |    |
| 41. I am good at reading  | 3 2 1 0 |    |    |     |    |    |
| 42. I enjoy many of the things I do                                       | 3 2 1 0 |    |    |     |    |    |
| 43. I respect the rights of others  | 3 2 1 0 |    |    |     |    |    |
| 44. I share things with others  | 3 2 1 0 |    |    |     |    |    |
| 45. I follow the rules at home  | 3 2 1 0 |    |    |     |    |    |
| 46. When I do something wrong, I say I am sorry                           | 3 2 1 0 |    |    |     |    |    |
| 47. I study for tests   | 3 2 1 0 |    |    |     |    |    |
| 48. When good things happen to me, I tell others                          | 3 2 1 0 |    |    |     |    |    |
| 49. I am nice to others   | 3 2 1 0 |    |    |     |    |    |
| 50. I use appropriate language  | 3 2 1 0 |    |    |     |    |    |
| 51. I attend school daily   | 3 2 1 0 |    |    |     |    |    |
| 52. I listen during class and write things down to help me remember later | 3 2 1 0 |    |    |     |    |    |
| Column Subtotals  |         |    |    |     |    |    |
| Previous Page Column Subtotals  |         |    |    |     |    |    |
| Total Raw Score for YRS   |         |    |    |     |    |    |

### Supplemental Career Strength (CS) Subscale

|  |         |  |
|--|---------|--|
| 53. I can name at least one thing that I want to do in my life | 3 2 1 0 |  |
| 54. My future looks good                                       | 3 2 1 0 |  |
| 55. I have a plan for my future career                         | 3 2 1 0 |  |
| 56. I have a skill that will help me succeed in a good job     | 3 2 1 0 |  |
| 57. I know what I want to do for a career                      | 3 2 1 0 |  |

Totals



1. My favorite hobbies or activities are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. My favorite sport(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. My best school subject(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. My best friend(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. My favorite teacher(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. In the community, I have worked or volunteered at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The most important people in my life are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. The best thing about me is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BERS-2Y**

# **CARD 1**

3 = Very much like you

2 = Like you

1 = Not much like you

0 = Not at all like you

#### **4.C.14.**

**Columbia Impairment Scale (CIS): Caregiver**

## **COLUMBIA IMPAIRMENT SCALE (CIS): CAREGIVER**

### Description of Measure

The Columbia Impairment Scale (CIS) is a 13-item measure that evaluates four basic areas of functioning: interpersonal relations, broad psychopathological domains, functioning in job or schoolwork, and use of leisure time. The four areas are scored together to determine a global measure of impairment. Within each of the four functioning areas, caregivers are read a description of a problem and asked to rate how much of a problem each is for their child. The CIS can be administered by a trained layperson.

### Reliability and Validity

Reliability and validity were measured on a sample from an ethnically, geographically, and socioeconomically diverse population ranging in age from 9 to 17 ( $n = 121$ ) and a demographically comparable sample of clinical subjects ( $n = 61$ ). Validity was determined by comparing scores from the CIS with those from the clinician-scored Children's Global Assessment Scale (CGAS), with a correlation of  $-0.73$  between the CIS and CGAS (scales for the two measures move in opposite directions). There was high internal consistency across the four conceptual domains measured by the CIS (range: 0.43 to 0.77), and the measure was able to discriminate between clinical and community subjects ( $p < 0.001$ ). The CIS has good test-retest reliability, with an intraclass correlation coefficient = 0.89.

Analysis of 572 completed CIS instruments submitted by Phase IV, Cycle I communities revealed high internal consistency (Cronbach's  $\alpha = .85$ ).

### Subscales, Scoring, and Tabulation

The CIS asks questions covering four basic areas of functioning. Caregivers answer these questions using a Likert scale ranging from 0 (no problem) to 4 (very big problem) and the scores from each of the areas are combined to generate a global measure of impairment.

### References

Bird, H. R., Shaffer, D., Fisher, P., Gould, M. S., Staghezza, B., Chen, J. Y., et al. (1993). The Columbia Impairment Scale (CIS): Pilot findings on a measure of global impairment for children and adolescents. *International Journal of Methods in Psychiatric Research*, 3, 167–176.

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## COLUMBIA IMPAIRMENT SCALE (CIS)

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**CISDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment Period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**CISRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**CISINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**CISMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**CISLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

This set of questions is about problems that some children have in different areas of their life. For each potential problem, please think about (*child's name*) and tell me how much of a problem you think it has been for him/her during the past 6 months. Then, describe the extent of the problem on a scale from 0 to 4, with 0 being “no problem”, 1–3 being “some problem” and 4 being “a very big problem.”

[CARD #1]

|   |  | No<br>problem | Some problem |   |   | A very big<br>problem |
|---|--|---------------|--------------|---|---|-----------------------|
| <b>In general, how much of a problem do you think (<i>child's name</i>) has with:</b> |  |               |              |   |   |                       |
| 1.  | Getting into trouble?  | 0             | 1            | 2 | 3 | 4                     |
| 2.  | Getting along with [his/her] mother or [his/her] female caregiver? | 0             | 1            | 2 | 3 | 4                     |
| 3.  | Getting along with [his/her] father or [his/her] male caregiver?   | 0             | 1            | 2 | 3 | 4                     |
| 4.  | Feeling unhappy or sad?  | 0             | 1            | 2 | 3 | 4                     |
| <b>How much of a problem would you say he/she has:</b>                                |  |               |              |   |   |                       |
| 5.  | With his/her behavior at school (or job)?                          | 0             | 1            | 2 | 3 | 4                     |
| 6.  | With having fun?   | 0             | 1            | 2 | 3 | 4                     |
| 7.  | Getting along with adults other than you or his/her father/mother? | 0             | 1            | 2 | 3 | 4                     |
| <b>How much of a problem does he/she have:</b>  |  |               |              |   |   |                       |
| 8.  | With feeling nervous or worried?                                   | 0             | 1            | 2 | 3 | 4                     |
| 9.  | Getting along with his/her brother(s)/sister(s)?                   | 0             | 1            | 2 | 3 | 4                     |
| 10.   | Getting along with other kids his/her age?                         | 0             | 1            | 2 | 3 | 4                     |
| <b>How much of a problem would you say he/she has:</b>                                |  |               |              |   |   |                       |
| 11.   | Getting involved in activities like sports or hobbies?             | 0             | 1            | 2 | 3 | 4                     |
| 12.   | With his/her schoolwork (doing his/her job)?                       | 0             | 1            | 2 | 3 | 4                     |
| 13.   | With his/her behavior at home?                                     | 0             | 1            | 2 | 3 | 4                     |

\*Developed by Bird et al. (1993).

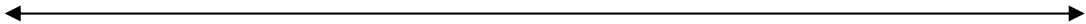


CIS  
**CARD 1**

No problem

Some problem

A very big problem



0

1

2

3

4

## **4.C.15.**

**Vineland Screener**

# VINELAND SCREENER (VS): CAREGIVER

## Description of Measure

The Vineland Screener measures the personal and social sufficiency of individuals from 0 to under 3 and 3 to 5 years of age for the purpose of screening large groups. This measure is to be used for research purposes only. It is administered through a semi-structured interview with a respondent familiar with the activities of the child or adolescent. Administration time is approximately 15 minutes. The Vineland Screener can be administered by trained lay interviewers after a training session of approximately three to four hours. In addition to the training session, instructions for administering the interview will be provided to each community in a data collection manual (Sparrow, Carter, & Cicchetti, 1993).

## Reliability and Validity

The Vineland normative data was obtained from a representative national sample matched to the 1980 census on the basis of gender, race/ethnicity, community size, region of the country, and parents' educational level. This sample of 536 children was also used to derive the norms for the Vineland Screener (Canino, Costello, & Angold, 1999; Coll, Buckner, Brooks, Weinreb, & Bassuk, 1998).

The Vineland Screener is highly correlated with the in-depth Vineland Survey Form, with correlations of at least 0.89 (range: 0.87–0.98) on each domain and the composite score. The instrument has interrater reliability of  $\alpha = 0.98$  among lay interviewers.

## Subscales, Scoring, and Tabulation

The Vineland Screener consists of 15 items in each of three domains: (1) Communication (how the individual speaks and understands others); (2) Daily Living Skills (practical skills needed to get along with others); (3) Socialization (skills needed to get along with others). The Adaptive Behavior Composite is formed by combining scores over these three domains (Sparrow, Carter, & Cicchetti, 1993).

## References

Canino, G., Costello, J. E., & Angold, A. (1999). Assessing functional impairment and social adaptation for child mental health services research: A review of measures. *Mental Health Services Research* 1(2): 93–108.

Coll, C., Buckner, J., Brooks, M., Weinreb, L., & Bassuk, E. (1998) The Developmental Status and Adaptive Behavior of Homeless and Low-Income Housed Infants and Toddlers. *American Journal of Public Health*. 88: 1371–1374.

Sparrow, S., Carter, A., & Cicchetti, D. (1993) *Vineland Screener: Overview, Reliability, Validity, Administration and Scoring*.

## **4.C.15.a.**

**Vineland Screener, 0–Under 3 (VS1): Caregiver**

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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## VINELAND SCREENER, 0–UNDER 3 (VS1)

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**VSDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**TIMEFRAM** (Assessment Period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**VSRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**VSINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**VS1METH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**VSLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*[NOTE TO INTERVIEWER: Please confirm child's age with respondent to ensure that you are administering the correct version of the Vineland Screener. Administer the VS1 if the child is aged 0 up to 3 years.]*

Today we are going to do the Vineland Screener. We are interested in *(child's name)*'s everyday behaviors which help her/him get by in life, what s/he does for her/himself on a **regular basis**, how s/he's developing independence and social skills. There are four areas we'll discuss. Communication, which is what s/he understands and says. Daily Living Skills, which include any self-help activities that s/he may do, like eating and dressing. Socialization, how s/he gets along with others, what s/he does for fun. And finally, Motor Skills, which has to do with important physical skills s/he may have.

I want you to know that there are no right or wrong answers. Some of the items may seem too young or too old for your daughter/son. That's because we need to cover many different items. Keep in mind that we are interested in what s/he **usually** does for her/himself, rather than what s/he **can** do; for example, maybe s/he **can** drink from a cup, but what does s/he **usually** drink from.

*[NOTE TO INTERVIEWER: Read the bolded probe but do not read the unbolded, numbered items. Scoring is based on the items. The probes listed, as well as other questions the interviewer chooses to use, should be used to elicit the information necessary to score the item.]*

**Section I. Communication Domain****[CARD #1]**

|   |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Alertness:</b>   |   |                 |                         |              |                   |               |
| <b>How does <i>(child's name)</i> react when others are around?</b><br><b>What does s/he do when s/he hears a sound?</b>                |   |                 |                         |              |                   |               |
| C1.   | Turns eyes and head toward sound.   | 2               | 1                       | 0            |                   | D             |
| <b>How does s/he react when you walk in the room?</b>   |   |                 |                         |              |                   |               |
| C2.   | Smiles in response to presence of caregiver.<br><i>[NOTE TO INTERVIEWER: For example, the individual smiles when caregiver enters the room or talks to the individual.]</i>               | 2               | 1                       | 0            |                   | D             |
| <b>Understanding:</b>   |   |                 |                         |              |                   |               |
| <b>What does s/he do when you say "come here" or "up"?</b>  |   |                 |                         |              |                   |               |
| C3.   | Raises arms when caregiver says "come here" or "up." <i>[NOTE TO INTERVIEWER: Score 2 even if the individual is responding to caregiver's voice or gesture rather than to the words.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>How many words would you say <i>(child's name)</i> understands?</b>  |   |                 |                         |              |                   |               |
| C4.   | Demonstrates understanding of the meaning of at least 10 words.   | 2               | 1                       | 0            |                   | D             |
| <b>How is <i>(child's name)</i>'s attention when listening to instructions?</b><br><b>A story? For about how long does s/he listen?</b> |   |                 |                         |              |                   |               |
| C5.   | Listens attentively to instructions. <i>[NOTE TO INTERVIEWER: If caregiver says s/he is too young or immature to listen attentively, score 0.]</i>  | 2               | 1                       | 0            |                   | D             |
| C6.   | Listens to a story for at least five minutes.<br><i>[NOTE TO INTERVIEWER: The individual must pay full attention.]</i>  | 2               | 1                       | 0            |                   | D             |

CHILD ID: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Vineland Screener, 0–Under 3 (VS1)

|   |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <i>[NOTE TO INTERVIEWER: If child is not yet speaking, score 0 for items C7–C15 and go to Section II. Daily Living Skills.]</i>   |  |                 |                         |              |                   |               |
| <b>What body parts does (child's name) point to when asked?</b>   |  |                 |                         |              |                   |               |
| C7.   | Points accurately to at least one major body part when asked.  | 2               | 1                       | 0            |                   | D             |
| <b>Speaking:</b>  |  |                 |                         |              |                   |               |
| <b>How would your daughter/son respond if I asked her/his name?</b><br><i>[If says only first name, ask] What does s/he say if asked what her/his <u>whole</u> name is?</i>   |  |                 |                         |              |                   |               |
| C8.   | States own first and last name when asked.<br><i>[NOTE TO INTERVIEWER: If states only first name, score 1.]</i>                                  | 2               | 1                       | 0            |                   | D             |
| <b>Let's talk about (child's name)'s speech.</b><br><b>How understandable is s/he when s/he's talking?</b><br><b>For example, what about saying things like “thaw” instead of “saw” or “wain” instead of “rain.”</b><br><b>Can you think of any sounds s/he has trouble with?</b> |  |                 |                         |              |                   |               |
| C9.   | Articulates clearly, without sound substitutions.<br><i>[NOTE TO INTERVIEWER: If there is one sound substitution, score 1.]</i>                  | 2               | 1                       | 0            |                   | D             |
| <b>What are her/his vocabulary and sentences like?</b>  |  |                 |                         |              |                   |               |
| C10.  | Says at least 50 recognizable words. <i>[NOTE to Interviewer: Do not score 1.]</i>   | 2               |                         | 0            |                   | D             |
| C11.  | Uses sentences of four or more words. <i>[NOTE TO INTERVIEWER: Attempted self-expression, not correct grammar or articulation, is required.]</i> | 2               | 1                       | 0            |                   | D             |
| C12.  | Speaks in full sentences.  | 2               | 1                       | 0            |                   | D             |
| <b>How does (child's name) address siblings, friends?</b><br><b>If asked to name them, how would s/he respond?</b>  |  |                 |                         |              |                   |               |
| C13.  | Uses first names or nicknames of siblings, friends, or peers, or states their names when asked.  | 2               | 1                       | 0            |                   | D             |
| <b>Tell me about some of the things s/he tells you about.</b><br><b>With how much detail does s/he tell you about things?</b>   |  |                 |                         |              |                   |               |
| C14.  | Relates experiences in detail when asked. <i>[NOTE TO INTERVIEWER: The amount of detail, not grammar and articulation, is important.]</i>        | 2               | 1                       | 0            |                   | D             |
| <b>What other kinds of things does s/he tell you?</b><br><b>Any stories, jokes?</b>   |  |                 |                         |              |                   |               |
| C15.  | Tells popular story, fairy tale, lengthy joke, or television show plot.  | 2               | 1                       | 0            |                   | D             |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

999 = Missing

**Section II. Daily Living Skills Domain****[CARD #1]**

|   |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Eating:</b>  |   |                 |                         |              |                   |               |
| <b>What is eating time usually like?</b>  |   |                 |                         |              |                   |               |
| <b>How does (child's name) respond when it is eating time?</b>  |   |                 |                         |              |                   |               |
| D1.   | Indicates anticipation of eating on seeing bottle, breast, or food. <i>[NOTE TO INTERVIEWER: Indicates anticipation by turning head toward food, opening mouth.]</i>  | 2               | 1                       | 0            |                   | D             |
| D2.   | Opens mouth when spoon with food is presented.  | 2               | 1                       | 0            |                   | D             |
| <b>Who helps (child's name) drink from a cup?</b>   |   |                 |                         |              |                   |               |
| D3.   | Drinks from cup or glass unassisted.  | 2               | 1                       | 0            |                   | D             |
| <b>Personal Care:</b>   |   |                 |                         |              |                   |               |
| <b>How is (child's name) at dressing and undressing?</b>  |   |                 |                         |              |                   |               |
| <b>What kind of help does s/he need?</b>  |   |                 |                         |              |                   |               |
| D4.   | Removes front-opening coat, sweater, or shirt without assistance. <i>[NOTE TO INTERVIEWER: Must be removed completely without assistance, does not need to open fasteners by self in order to score 2.]</i> | 2               | 1                       | 0            |                   | D             |
| D5.   | Dresses self completely, except for tying shoelaces.  | 2               | 1                       | 0            |                   | D             |
| <b>How about putting her/his shoes on?</b>  |   |                 |                         |              |                   |               |
| D6.   | Puts shoes on correct feet without assistance. <i>[NOTE TO INTERVIEWER: S/he need not tie or buckle the shoes to score 2.]</i>  | 2               | 1                       | 0            |                   | D             |
| <b>What does (child's name) usually do if her/his pants get wet or soiled?</b>  |   |                 |                         |              |                   |               |
| D7.   | Indicates wet or soiled pants or diaper by pointing, vocalizing, or pulling at diaper.  | 2               | 1                       | 0            |                   | D             |
| <i>[NOTE TO INTERVIEWER: If child has no self-care skills, score 0 for items D8–D15 and go to Section III. Socialization Domain.]</i> |   |                 |                         |              |                   |               |
| <b>What about (child's name)'s toileting skills?</b>  |   |                 |                         |              |                   |               |
| D8.   | Urinate in toilet or potty chair. <i>[NOTE TO INTERVIEWER: If only partial bladder control, score 1.]</i>   | 2               | 1                       | 0            |                   | D             |
| D9.   | Asks to use toilet. <i>[NOTE TO INTERVIEWER: If individual goes on own initiative, score 2.]</i>  | 2               | 1                       | 0            |                   | D             |



CHILD ID: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Vineland Screener, 0–Under 3 (VS1)

|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| D10.   | Cares for all toileting needs, without being reminded and without assistance. <i>[NOTE TO INTERVIEWER: Do not score 1. Must wipe, flush, and wash hands without assistance and without being reminded to score 2.]</i> | 2               |                         | 0            |                   | D             |
| <b>What does (child's name) do if s/he is thirsty and wants a glass of water?<br/>How about getting it her/himself?</b>          |  |                 |                         |              |                   |               |
| D11.   | Gets drink of water from tap unassisted. <i>[NOTE TO INTERVIEWER: Must turn on faucet and fill glass unassisted to score 2.]</i>   | 2               | 1                       | 0            |                   | D             |
| <b>Let's talk about safety issues, like knowing that hot things are dangerous, looking both ways before crossing the street.</b> |  |                 |                         |              |                   |               |
| D12.   | Demonstrates understanding that hot things are dangerous. <i>[NOTE TO INTERVIEWER: For example, the child may ask "is this hot" or "is that safe to touch."]</i>   | 2               | 1                       | 0            |                   | D             |
| D13.   | Looks both ways before crossing street or road.  | 2               | 1                       | 0            |                   | D             |
| <b>How is (child's name) at putting her/his toys away when asked?<br/>What about putting away other things?</b>                  |  |                 |                         |              |                   |               |
| D14.   | Puts possessions away when asked. <i>[NOTE TO INTERVIEWER: If child must be told where to put toys or clothes, score 0.]</i>   | 2               | 1                       | 0            |                   | D             |
| <b>What does (child's name) understand about the function of a clock?</b>  |  |                 |                         |              |                   |               |
| D15.   | Demonstrates understanding of the function of a clock, either standard or digital.   | 2               | 1                       | 0            |                   | D             |

**Section III. Socialization Domain***[CARD #1]*

|  |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Personal Interactions:</b>  |   |                 |                         |              |                   |               |
| <b>How does (child's name) interact with you?<br/>How do you know that s/he knows you from others?</b> |   |                 |                         |              |                   |               |
| S1.  | Looks at face of caregiver.   | 2               | 1                       | 0            |                   | D             |
| S2.  | Distinguishes caregiver from others. <i>[NOTE TO INTERVIEWER: The individual must respond more intensely to the caregiver than to others to score 2.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>What imitation games does s/he play, like waving bye-bye or clapping hands?</b>                     |   |                 |                         |              |                   |               |
| S3.  | Imitates simple adult movements, such as clapping hands or waving good-bye, in response to a model.   | 2               | 1                       | 0            |                   | D             |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

999 = Missing

|   |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>What does s/he do when you are going to pick her/him up?</b>   |   |                 |                         |              |                   |               |
| S4.   | Shows anticipation of being picked up by caregiver. <i>[NOTE TO INTERVIEWER: If the individual orients self toward caregiver, score 2.]</i>   | 2               | 1                       | 0            |                   | D             |
| <b>What does (child's name) do when you tell her/him s/he looks great or just did something well?</b>   |   |                 |                         |              |                   |               |
| S5.   | Laughs or smiles appropriately in response to positive statements.  | 2               | 1                       | 0            |                   | D             |
| <i>[NOTE TO INTERVIEWER: If child is not yet speaking, score 0 for items S6 and S7, and go to item S8.]</i>                                     |   |                 |                         |              |                   |               |
| <b>How does (child's name) talk about her/his feelings?</b><br><i>[Ask about each feeling.] What about if s/he's sad? Angry? Happy? Afraid?</i> |   |                 |                         |              |                   |               |
| S6.   | Labels happiness, sadness, fear, and anger in self. <i>[NOTE to Interviewer: Score 1 if individual labels 1, 2, or 3 feelings.]</i>   | 2               | 1                       | 0            |                   | D             |
| <b>How would (child's name) describe someone without using their name?</b><br><b>(For example, "That's Tony's sister.")</b>                     |   |                 |                         |              |                   |               |
| S7.   | Identifies people by characteristics other than name when asked. <i>[NOTE TO INTERVIEWER: These characteristics may include the person's job, location, relationship to others, or physical characteristics.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>Playtime:</b>  |   |                 |                         |              |                   |               |
| <b>Let's talk about playtime.</b><br><b>Who does (child's name) play with, what does s/he play?</b>   |   |                 |                         |              |                   |               |
| S8.   | Shows interest in children or peers other than siblings.  | 2               | 1                       | 0            |                   | D             |
| S9.   | Has a group of friends. <i>[NOTE TO INTERVIEWER: If the child interacts with others only in a group arranged by another person, score 0.]</i>   | 2               | 1                       | 0            |                   | D             |
| S10.  | Plays with toy or other object alone or with others.  | 2               | 1                       | 0            |                   | D             |
| S11.  | Participates in at least one game or activity with others.  | 2               | 1                       | 0            |                   | D             |
| S12.  | Engages in elaborate make-believe activities, alone or with others. <i>[NOTE TO INTERVIEWER: Elaborate activities are those with more than one role or step; for example, playing house.]</i>                     | 2               | 1                       | 0            |                   | D             |

CHILD ID: 

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Vineland Screener, 0–Under 3 (VS1)

|  |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>What kinds of games does (child's name) play and how is s/he at following rules?</b>                        |   |                 |                         |              |                   |               |
| S13.   | Follows rules in simple games without being reminded.   | 2               | 1                       | 0            |                   | D             |
| <b>How is s/he at sharing with friends?</b>  |   |                 |                         |              |                   |               |
| S14.   | Shares toys or possessions without being told to do so. | 2               | 1                       | 0            |                   | D             |
| <b>How is (child's name) at apologizing?<br/>What would s/he do if s/he stepped on your foot accidentally?</b> |   |                 |                         |              |                   |               |
| S15.   | Apologizes for unintentional mistakes.                  | 2               | 1                       | 0            |                   | D             |

**Section IV. Motor Skills Domain***[CARD #1]*

|   |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <i>[NOTE TO INTERVIEWER: If child walks as her/his primary means of getting around, score 2 for items M1–M4 and go to item M5.]</i> |   |                 |                         |              |                   |               |
| <b>How much assistance does (child's name) need with keeping her/his head up, sitting?</b>  |   |                 |                         |              |                   |               |
| M1.   | Holds head erect for at least 15 seconds without assistance when held vertically in caregiver's arms. <i>[NOTE TO INTERVIEWER: If individual crawls or walks, score 2.]</i> | 2               | 1                       | 0            |                   | D             |
| M2.   | Sits supported for at least one minute. <i>[NOTE TO INTERVIEWER: The individual may be propped up on pillows. If the individual crawls or walks, score 2.]</i>              | 2               | 1                       | 0            |                   | D             |
| <b>Moving:</b>  |   |                 |                         |              |                   |               |
| <b>How does (child's name) usually get around?</b>  |   |                 |                         |              |                   |               |
| M3.   | Crawls across floor on hands and knees, without stomach touching floor. <i>[NOTE TO INTERVIEWER: Must crawl five feet to score 2. If walks, score 2.]</i>                   | 2               | 1                       | 0            |                   | D             |
| M4.   | Walks as primary means of getting around.   | 2               | 1                       | 0            |                   | D             |
| <b>What about walking down stairs?</b>  |   |                 |                         |              |                   |               |
| M5.   | Walks down stairs with alternating feet, without assistance. <i>[NOTE TO INTERVIEWER: The individual may use a railing.]</i>  | 2               | 1                       | 0            |                   | D             |
| <b>How is s/he at running, jumping, climbing?</b>   |   |                 |                         |              |                   |               |
| M6.   | Runs smoothly, with changes in speed and direction.   | 2               | 1                       | 0            |                   | D             |
| M7.   | Jumps over small object.  | 2               | 1                       | 0            |                   | D             |
| M8.   | Climbs on high play equipment.  | 2               | 1                       | 0            |                   | D             |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

999 = Missing

CHILD ID:

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Vineland Screener, 0–Under 3 (VS1)

|  |   |   |   |   |  |   |
|--|---|---|---|---|--|---|
| <b>Now let's talk about (child's name)'s fine motor skills, like picking up small objects, opening doors, and unscrewing jars.</b> |   |   |   |   |  |   |
| M9.  | Picks up small object with thumb and fingers.   | 2 | 1 | 0 |  | D |
| M10.   | Opens doors by turning and pulling doorknobs.   | 2 | 1 | 0 |  | D |
| M11.   | Screws and unscrews lid of jar.   | 2 | 1 | 0 |  | D |
| <b>Hand Coordination:</b>  |   |   |   |   |  |   |
| <b>What does (child's name) do with pencils, crayons?</b>  |   |   |   |   |  |   |
| M12.   | Marks with pencil, crayon, or chalk on appropriate writing surface. <i>[NOTE TO INTERVIEWER: The mark may be a scribble or an unrecognizable form.]</i>             | 2 | 1 | 0 |  | D |
| M13.   | Draws more than one recognizable form with pencils or crayons. <i>[NOTE TO INTERVIEWER: Forms may be simple, such as simple houses, trees, people. No tracing.]</i> | 2 | 1 | 0 |  | D |
| <b>How is (child's name) with building blocks, puzzles?</b>  |   |   |   |   |  |   |
| M14.   | Builds three-dimensional structures, with at least five blocks. <i>[NOTE TO INTERVIEWER: The structure must have height in addition to depth and width.]</i>        | 2 | 1 | 0 |  | D |
| <b>How many kinds of puzzles does s/he play with?</b>  |   |   |   |   |  |   |
| <b>How many pieces?</b>  |   |   |   |   |  |   |
| M15.   | Completes non-inset puzzle, such as a jigsaw puzzle, of at least six pieces. <i>[NOTE TO INTERVIEWER: Do not score 1.]</i>  | 2 |   | 0 |  | D |

\*Developed by Sparrow, Balla, &amp; Cicchetti, 1984.

VS1

# CARD 1

2 = Yes, usually

1 = Sometimes, partially

0 = No, never

N = No opportunity

D = Don't know

## **4.C.15.b.**

**Vineland Screener, 3–5 (VS2): Caregiver**

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## VINELAND SCREENER, 3–5 (VS2)

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**VSDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
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| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDIR** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
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**TIMEFRAM** (Assessment Period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**VSRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**VSINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**VSMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**VSLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*[NOTE TO INTERVIEWER: Please confirm child's age in years and month with respondent to ensure that you are administering the correct version of the Vineland Screener. Administer the VS2 if the child is aged 3 up to 6 years.]*

Today we are going to do the Vineland Screener. We are interested in *(child's name)*'s everyday behaviors which help her/him get by in life, what s/he does for her/himself on a **regular basis**, how s/he's developing independence and social skills. There are four areas we'll discuss. Communication, which is what s/he is reading, writing, and what kinds of things s/he says. Daily Living Skills, which include any self-help activities that s/he may do. Socialization, how s/he gets along with others, what s/he does for fun. And finally, Motor Skills, which has to do with important physical skills s/he may have.

I want you to know that there are no right or wrong answers. Some of the items may seem too young or too old for your daughter/son. That's because we need to cover many different items. Keep in mind that we are interested in what s/he **usually** does for her/himself, rather than what s/he **can** do; for example, maybe s/he **can** tie her/his shoes, but does s/he or someone else **usually** do it for her/him.

*[NOTE TO INTERVIEWER: Read the bolded probe but do not read the unbolded, numbered items. Scoring is based on the items. The probes listed, as well as other questions the interviewer chooses to use, should be used to elicit the information necessary to score the item.]*

**Section I. Communication Domain**

**[CARD #1]**

|  |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Speaking:</b>   |   |                 |                         |              |                   |               |
| <b>Tell me about how <i>(child's name)</i> talks to you, what her/his vocabulary is like, if s/he uses sentences.</b>  |   |                 |                         |              |                   |               |
| C1.  | Says at least 50 recognizable words. <i>[NOTE TO INTERVIEWER: Do not score 1.]</i>  | 2               |                         | 0            |                   | D             |
| <b>How about sentences?</b>  |   |                 |                         |              |                   |               |
| C2.  | Uses sentences of four or more words.   | 2               | 1                       | 0            |                   | D             |
| C3.  | Speaks in full sentences.   | 2               | 1                       | 0            |                   | D             |
| <b>Tell me about some of the things s/he tells you about.<br/>With how much detail does s/he tell you about things?</b>  |   |                 |                         |              |                   |               |
| C4.  | Relates experiences in detail when asked. <i>[NOTE TO INTERVIEWER: The detail, not grammar and articulation, are important here.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>What other kinds of things does s/he tell you?<br/>Any stories, jokes?</b>  |   |                 |                         |              |                   |               |
| C5.  | Tells popular story, fairy tale, lengthy joke, or television show plot.   | 2               | 1                       | 0            |                   | D             |
| <b>How understandable is s/he when s/he is talking?<br/>For example, what about saying things like "thaw" instead of "saw" or "wain" instead of "rain."<br/>Can you think of any sounds s/he has trouble with?</b> |   |                 |                         |              |                   |               |
| C6.  | Articulates clearly, without sound substitutions. <i>[NOTE TO INTERVIEWER: If there is one substitution, score 1.]</i>                | 2               | 1                       | 0            |                   | D             |
| <b>How does <i>(child's name)</i> address siblings, friends?<br/>If asked to name them, how does s/he do?</b>  |   |                 |                         |              |                   |               |
| C7.  | Uses first names or nicknames of siblings, friends, or peers, or states their names when asked.                                       | 2               | 1                       | 0            |                   | D             |



|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>What would (child's name) say if I asked her/his name and address?<br/>What would s/he leave out of her/his address?</b>            |  |                 |                         |              |                   |               |
| C8.  | States own first and last name when asked. <i>[NOTE TO INTERVIEWER: If says only first name, ask what s/he says if asked what her/his <u>whole</u> name is. If states only first name, score 1.]</i> | 2               | 1                       | 0            |                   | D             |
| C9.  | States complete home address, including city and state, when asked. <i>[NOTE TO INTERVIEWER: If states only part of address, score 1. The zip code is not required to score 2.]</i>                  | 2               | 1                       | 0            |                   | D             |
| <b>Reading:</b>  |  |                 |                         |              |                   |               |
| <b>What about reciting the alphabet?<br/>[IF NO] What about singing the alphabet song?</b>   |  |                 |                         |              |                   |               |
| C10.   | Recites all letters of the alphabet from memory. <i>[NOTE TO INTERVIEWER: Letters may be in or out of sequence. If the child sings the "ABC song" but does not say the alphabet, score 1.]</i>       | 2               | 1                       | 0            |                   | D             |
| <b>What does s/he read?</b>  |  |                 |                         |              |                   |               |
| C11.   | Reads at least 10 words silently or aloud. <i>[NOTE TO INTERVIEWER: The individual must clearly show understanding of the meaning of the words, not just pronounce, to score 2.]</i>                 | 2               | 1                       | 0            |                   | D             |
| C12.   | Reads on own initiative.   | 2               | 1                       | 0            |                   | D             |
| <b>Writing:</b>  |  |                 |                         |              |                   |               |
| <b>How about any writing, her/his name? Short notes?</b>   |  |                 |                         |              |                   |               |
| C13.   | Prints or writes own first and last name. <i>[NOTE TO INTERVIEWER: If prints or writes only first name, score 1.]</i>  | 2               | 1                       | 0            |                   | D             |
| C14.   | Prints or writes short notes or messages. <i>[NOTE TO INTERVIEWER: If child has written at least 3 notes or messages, score 2. If written 1 or 2 notes, score 1.]</i>                                | 2               | 1                       | 0            |                   | D             |
| <b>Attention:</b>  |  |                 |                         |              |                   |               |
| <b>What is (child's name)'s attention span like? How long does s/he pay attention if listening to someone speak at school, church?</b> |  |                 |                         |              |                   |               |
| C15.   | Attends to school or public lecture more than 15 minutes. <i>[NOTE TO INTERVIEWER: If the individual attends only to "interesting" lectures, score 1.]</i>   | 2               | 1                       | 0            |                   | D             |

**Section II. Daily Living Skills Domain****[CARD #1]**

|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Personal Care:</b>  |  |                 |                         |              |                   |               |
| <b>How is (child's name) with dressing? Shoes? Fasteners?</b>  |  |                 |                         |              |                   |               |
| D1.  | Removes front-opening coat, sweater, or shirt without assistance. <i>[NOTE TO INTERVIEWER: Does not need to open fasteners by self to score 2. Must be removed completely without help.]</i>                 | 2               | 1                       | 0            |                   | D             |
| D2.  | Puts shoes on correct feet without assistance. <i>[NOTE TO INTERVIEWER: S/he need not tie or buckle shoes to score 2.]</i>   | 2               | 1                       | 0            |                   | D             |
| D3.  | Dresses self completely, except for tying shoelaces.   | 2               | 1                       | 0            |                   | D             |
| D4.  | Fastens all fasteners, including zippers, without assistance. <i>[NOTE TO INTERVIEWER: Do not score 1.]</i>  | 2               |                         | 0            |                   | D             |
| <b>How are (child's name)'s toileting skills?</b>  |  |                 |                         |              |                   |               |
| <b>What about wiping, flushing, washing hands without assistance and without being reminded?</b>           |  |                 |                         |              |                   |               |
| D5.  | Urinating in toilet or potty chair. <i>[NOTE TO INTERVIEWER: If only partial bladder control, score 1.]</i>  | 2               | 1                       | 0            |                   | D             |
| D6.  | Asks to use toilet. <i>[NOTE TO INTERVIEWER: If the individual goes on own initiative, score 2.]</i>   | 2               | 1                       | 0            |                   | D             |
| D7.  | Cares for all toileting needs, without being reminded and without assistance. <i>[NOTE TO INTERVIEWER: Do not score 1. Must wipe, flush, and wash hands, without assistance and without being reminded.]</i> | 2               |                         | 0            |                   | D             |
| <b>What does (child's name) do if s/he is thirsty and wants a glass of water?</b>                          |  |                 |                         |              |                   |               |
| <b>How about helping her/himself from the tap?</b>   |  |                 |                         |              |                   |               |
| D8.  | Gets drink of water from tap unassisted. <i>[NOTE TO INTERVIEWER: Must turn on faucet and fill glass unassisted to score 2.]</i>   | 2               | 1                       | 0            |                   | D             |
| <b>How is (child's name) with taking care of things like blowing her/his nose, covering her/his mouth?</b> |  |                 |                         |              |                   |               |
| D9.  | Cares for nose without assistance. <i>[NOTE TO INTERVIEWER: Do not score 1. The individual must wipe and blow nose without being reminded.]</i>  | 2               |                         | 0            |                   | D             |
| D10.   | Covers mouth and nose when coughing and sneezing.  | 2               | 1                       | 0            |                   | D             |

CHILD ID: 

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Vineland Screener, 3–5 (VS2)

|   |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>What would (child's name) do if you asked her/him to put her/his toys or clothes away?</b>                     |  |                 |                         |              |                   |               |
| D11.  | Puts possessions away when asked. <i>[NOTE TO INTERVIEWER: If the individual must be told where to put toys and clothes, score 0.]</i>       | 2               | 1                       | 0            |                   | D             |
| <b>What does s/he understand about the telephone and clocks?</b>  |  |                 |                         |              |                   |               |
| D12.  | Demonstrates understanding of the function of a clock, either standard or digital.   | 2               | 1                       | 0            |                   | D             |
| D13.  | Initiates telephone calls to others.   | 2               | 1                       | 0            |                   | D             |
| <b>What about the different coins?</b>  |  |                 |                         |              |                   |               |
| D14.  | States value of penny, nickel, dime, and quarter. <i>[NOTE TO INTERVIEWER: If child states value of 1, 2, or 3 of these coins, score 1.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>What's her/his understanding that hot is dangerous?<br/>Not to touch a hot stove or go near the fireplace?</b> |  |                 |                         |              |                   |               |
| D15.  | Demonstrates understanding that hot things are dangerous.  | 2               | 1                       | 0            |                   | D             |

**Section III. Socialization Domain***[CARD #1]*

|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Friendships:</b>  |  |                 |                         |              |                   |               |
| <b>Let's talk about (child's name)'s friendships and what s/he likes to do with her/his friends.</b> |  |                 |                         |              |                   |               |
| S1.  | Has a group of friends. <i>[NOTE TO INTERVIEWER: If the child interacts with others only in a group arranged by another person, score 0.]</i>  | 2               | 1                       | 0            |                   | D             |
| S2.  | Has a best friend of the same sex. <i>[NOTE TO INTERVIEWER: The relationship must be reciprocal—must consider each other their best friend. If the child had such a friend in the past but does not now, score 2.]</i> | 2               | 1                       | 0            |                   | D             |
| S3.  | Participates in at least one game or activity with others.   | 2               | 1                       | 0            |                   | D             |
| S4.  | Engages in elaborate make-believe activities, alone or with others. <i>[NOTE TO INTERVIEWER: Elaborate activities are those with more than one role or step, such as playing school.]</i>                              | 2               | 1                       | 0            |                   | D             |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

999 = Missing

CHILD ID: 

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Vineland Screener, 3–5 (VS2)

|  |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Playtime:</b>   |   |                 |                         |              |                   |               |
| <b>How is (child's name) with sharing with friends and following the rules of a game?</b>  |   |                 |                         |              |                   |               |
| S5.  | Shares toys or possessions without being told to do so.   | 2               | 1                       | 0            |                   | D             |
| S6.  | Follows rules in simple games without being reminded.   | 2               | 1                       | 0            |                   | D             |
| <b>Sensitivity:</b>  |   |                 |                         |              |                   |               |
| <b>How does (child's name) talk about her/his feelings?</b><br>[Ask about <u>each</u> feeling.] <b>What about if s/he's sad?</b><br><b>Angry? Happy? Afraid?</b> |   |                 |                         |              |                   |               |
| S7.  | Labels happiness, sadness, fear, and anger in self.<br>[NOTE TO INTERVIEWER: For example, says, "I'm sad." Child must verbally express all 4 feelings to score 2. If child verbally expresses 1, 2, or 3 of them, score 1.]                     | 2               | 1                       | 0            |                   | D             |
| <b>How would (child's name) describe someone without using their name?</b><br>(For example, "That's Tony's sister.")   |   |                 |                         |              |                   |               |
| S8.  | Identifies people by characteristics other than name when asked. [NOTE TO INTERVIEWER: These characteristics may include the person's job, location, relationship to others, or physical characteristics. For example, "That's Tony's sister."] | 2               | 1                       | 0            |                   | D             |
| <b>How about her/his sensitivity to people's feelings, if s/he saw someone with an unusual handicap, for example?</b>  |   |                 |                         |              |                   |               |
| S9.  | Refrains from asking questions or making statements that might embarrass or hurt others.  | 2               | 1                       | 0            |                   | D             |
| <b>What would (child's name) say if s/he accidentally stepped on your foot?</b>  |   |                 |                         |              |                   |               |
| S10.   | Apologizes for unintentional mistakes.  | 2               | 1                       | 0            |                   | D             |
| <b>Manners:</b>  |   |                 |                         |              |                   |               |
| <b>What are her/his table manners like?</b>  |   |                 |                         |              |                   |               |
| S11.   | Uses appropriate table manners without being told. [NOTE TO INTERVIEWER: Do not score 1. Says please when asking for food, doesn't talk with food in mouth.]  | 2               |                         | 0            |                   | D             |
| <b>What does (child's name) say when you introduce her/him to a friend of yours?</b>   |   |                 |                         |              |                   |               |
| S12.   | Responds appropriately when introduced to strangers.  | 2               | 1                       | 0            |                   | D             |
| <b>What does (child's name) do to end a conversation with someone?</b>   |   |                 |                         |              |                   |               |
| S13.   | Ends conversations appropriately.   | 2               | 1                       | 0            |                   | D             |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

999 = Missing

CHILD ID:

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Vineland Screener, 3–5 (VS2)

|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Responsibility:</b>   |  |                 |                         |              |                   |               |
| <b>What does (child's name) do when you tell her/him s/he can play for 10 more minutes and then has to come in for dinner, or be home at 5:00?</b> |  |                 |                         |              |                   |               |
| S14.   | Follows time limits set by caregiver. <i>[NOTE TO INTERVIEWER: Child must be able to tell time to score 2.]</i>                            | 2               | 1                       | 0            |                   | D             |
| <b>Television:</b>   |  |                 |                         |              |                   |               |
| <b>What kinds of things does s/he watch on TV or listen to on the radio?</b>   |  |                 |                         |              |                   |               |
| S15.   | Watches television or listens to radio for information about a particular area of interest. <i>[NOTE TO INTERVIEWER: N may be scored.]</i> | 2               | 1                       | 0            | N                 | D             |

**Section IV. Motor Skills Domain***[CARD #1]*

|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Moving:</b>   |  |                 |                         |              |                   |               |
| <b>How does (child's name) usually get around?</b>             |  |                 |                         |              |                   |               |
| M1.  | Walks as primary means of getting around.  | 2               | 1                       | 0            |                   | D             |
| <b>How is s/he at running, jumping, hopping?</b>               |  |                 |                         |              |                   |               |
| M2.  | Runs smoothly, with changes in speed and direction.  | 2               | 1                       | 0            |                   | D             |
| M3.  | Jumps over small object.   | 2               | 1                       | 0            |                   | D             |
| M4.  | Hops forward on one foot with ease. <i>[NOTE TO INTERVIEWER: Do not score 1.]</i>  | 2               |                         | 0            |                   | D             |
| <b>What about climbing or walking down stairs?</b>             |  |                 |                         |              |                   |               |
| <b>How much help or supervision does s/he usually require?</b> |  |                 |                         |              |                   |               |
| M5.  | Walks down stairs with alternating feet, without assistance. <i>[NOTE TO INTERVIEWER: The individual may use a railing.]</i> | 2               | 1                       | 0            |                   | D             |
| M6.  | Climbs on high play equipment.   | 2               | 1                       | 0            |                   | D             |
| <b>Tell me how (child's name) is at catching a small ball.</b> |  |                 |                         |              |                   |               |
| M7.  | Catches small ball thrown from a distance of 10 feet, even if moving is necessary to catch it.                               | 2               | 1                       | 0            |                   | D             |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

999 = Missing

CHILD ID: 

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Vineland Screener, 3–5 (VS2)

|   |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Hand Coordination:</b>   |  |                 |                         |              |                   |               |
| <b>How is (child's name) with using pencils, crayons?</b><br><b>What does s/he draw?</b>  |  |                 |                         |              |                   |               |
| M8.   | Marks with pencil, crayon, or chalk on appropriate writing surfaces. <i>[NOTE TO INTERVIEWER: The mark may be a scribble or unrecognizable form.]</i>  | 2               | 1                       | 0            |                   | D             |
| M9.   | Draws more than one recognizable form with pencils or crayons. <i>[NOTE TO INTERVIEWER: Forms may be simple, such as simple houses, trees, or people. No tracing.]</i>                         | 2               | 1                       | 0            |                   | D             |
| <b>How is (child's name) with using her/his hands for opening doors, unscrewing jars?</b> |  |                 |                         |              |                   |               |
| M10.  | Opens doors by turning and pulling doorknobs.  | 2               | 1                       | 0            |                   | D             |
| M11.  | Screws and unscrews lid of jar.  | 2               | 1                       | 0            |                   | D             |
| <b>What about using keys to unlock something and using scissors?</b>                      |  |                 |                         |              |                   |               |
| M12.  | Unlocks key locks.   | 2               | 1                       | 0            |                   | D             |
| M13.  | Cuts out complex items with scissors. <i>[NOTE TO INTERVIEWER: Examples are paper dolls, magazine pictures. The individual may use either children's or adults' scissors to score 2.]</i>      | 2               | 1                       | 0            |                   | D             |
| <b>What does (child's name) like to build with blocks?</b>                                |  |                 |                         |              |                   |               |
| M14.  | Builds three-dimensional structures, with at least five blocks. <i>[NOTE TO INTERVIEWER: The structure must have height in addition to depth and width. It must also represent something.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>How is (child's name) with puzzles?</b>  |  |                 |                         |              |                   |               |
| M15.  | Completes non-inset puzzle, such as a jigsaw puzzle, of at least six pieces. <i>[NOTE TO INTERVIEWER: Do not score 1.]</i>   | 2               |                         | 0            |                   | D             |

\*Developed by Sparrow, Balla, &amp; Cicchetti, 1984.

VS2

# CARD 1

2 = Yes, usually

1 = Sometimes, partially

0 = No, never

N = No opportunity

D = Don't know

## **4.C.15.c.**

**Vineland Screener, 6–12 (VS3): Caregiver**



This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

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## VINELAND SCREENER, 6–12 (VS3)

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**VSDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
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| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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**TIMEFRAM** (Assessment Period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**VSRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**VSINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**VSMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**VSLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*[NOTE TO INTERVIEWER: Please confirm child's age in years and month with respondent to ensure that you are administering the correct version of the Vineland Screener. Administer the VS3 if the child is aged 6 years up to 11 years **AND** the VS2 was administered at baseline.]*

Today we are going to do the Vineland Screener. We are interested in *(child's name)*'s everyday behaviors which help her/him get by in life, what s/he does for her/himself on a **regular basis**, how s/he's developing independence and social skills. There are three areas. Communication, which is what s/he is reading, writing, and what kinds of things s/he says. Daily Living Skills, which include any self-help activities that s/he may do, and any cooking, cleaning. And finally Socialization, how s/he gets along with others, what s/he does in her/his free time.

I want you to know that there are no right or wrong answers. Some of the items may seem too young or too old for your daughter/son. That's because we need to cover many different items. Keep in mind that we are interested in what s/he **usually** does for her/himself, rather than what s/he **can** do; for example, maybe s/he **can** tie her/his shoes, but does s/he or someone else **usually** do it for her/him.

*[NOTE TO INTERVIEWER: Read the bolded probe but do not read the unbolded, numbered items. Scoring is based on the items. The probes listed, as well as other questions the interviewer chooses to use, should be used to elicit the information necessary to score the item.]*

### Section I. Communication Domain

#### [CARD #1]

|   |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Speaking:</b>  |   |                 |                         |              |                   |               |
| Now I'm going to ask you about some of the things s/he says.<br>If I ask her/his name and address, what would s/he say?<br>How complete would the address be? |   |                 |                         |              |                   |               |
| C1.   | States own first and last name when asked.<br><i>[NOTE TO INTERVIEWER: If states only first name, score 1.]</i>   | 2               | 1                       | 0            |                   | D             |
| C2.   | States complete home address, including city and state, when asked. <i>[NOTE TO INTERVIEWER: If states only part of address, score 1. The zip code is not required to score 2.]</i> | 2               | 1                       | 0            |                   | D             |
| Tell me about some of the things s/he tells you about, like what happened at school, what s/he watches on TV.<br>How is s/he with detail?                     |   |                 |                         |              |                   |               |
| C3.   | Relates experiences in detail when asked.<br><i>[NOTE TO INTERVIEWER: The amount of detail, not grammar and articulation, is important.]</i>  | 2               | 1                       | 0            |                   | D             |
| What other kinds of things does s/he tell you?<br>Any stories, jokes?   |   |                 |                         |              |                   |               |
| C4.   | Tells basic parts of popular story, fairy tale, lengthy joke, or television show plot without prompting.  | 2               | 1                       | 0            |                   | D             |

|  |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Reading:</b>  |   |                 |                         |              |                   |               |
| <b>Now let's talk about (child's name)'s reading.</b><br><b>What grade level do you think s/he's reading on?</b>               |   |                 |                         |              |                   |               |
| C5.  | Reads books of at least second-grade level.<br><i>[NOTE TO INTERVIEWER: Ability is more important than interest.]</i>   | 2               | 1                       | 0            |                   | D             |
| C6.  | Reads books of at least fourth-grade level.<br><i>[NOTE to Interviewer: Ability is more important than interest.]</i>   | 2               | 1                       | 0            |                   | D             |
| <i>[NOTE TO INTERVIEWER: If reading at or above fourth-grade level, score 2 for items C7–C11 and go to item 12.]</i>           |   |                 |                         |              |                   |               |
| <b>What about reciting the alphabet?</b><br><i>[IF NO] What about singing the alphabet?</i>                                    |   |                 |                         |              |                   |               |
| C7.  | Recites all letters of the alphabet from memory.<br><i>[NOTE TO INTERVIEWER: Letters may be in or out of sequence. If the child sings the "ABC song" but does not say the alphabet, score 1.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>Tell me some things s/he reads, like common signs, simple stories.</b>  |   |                 |                         |              |                   |               |
| C8.  | Reads at least three common signs. <i>[NOTE TO INTERVIEWER: For example, In, Push, Walk. Must be able to read words if seen out of context. If reads 1 or 2 signs, score 1.]</i>                  | 2               | 1                       | 0            |                   | D             |
| <b>Who does s/he read aloud to?</b>  |   |                 |                         |              |                   |               |
| C9.  | Reads simple stories aloud. <i>[NOTE TO INTERVIEWER: For example, "The Cat in the Hat." If child does read but has outgrown this activity, score 2.]</i>  | 2               | 1                       | 0            |                   | D             |
| <i>[NOTE to Interviewer: If reading on second-grade level, score 2 for items C10–C11 and go to item 12.]</i>                   |   |                 |                         |              |                   |               |
| <b>Writing:</b>  |   |                 |                         |              |                   |               |
| <b>What kinds of things does (child's name) write, notes letters, any reports?</b>   |   |                 |                         |              |                   |               |
| C10.   | Prints or writes own first and last name. <i>[NOTE TO INTERVIEWER: If prints or writes only first name, score 1.]</i>   | 2               | 1                       | 0            |                   | D             |
| <b>About how many words would you say your child writes from memory?</b><br><i>[IF DON'T KNOW] Would you say about 20? 10?</i> |   |                 |                         |              |                   |               |
| C11.   | Prints or writes at least 10 words from memory.<br><i>[NOTE TO INTERVIEWER: If prints or writes some words but fewer than 10, score 1.]</i>   | 2               | 1                       | 0            |                   | D             |

CHILD ID: 

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Vineland Screener, 6–12 (VS3): Caregiver

|   |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Who does s/he write notes or letters to?</b>   |   |                 |                         |              |                   |               |
| C12.  | Prints or writes short notes or messages independently. <i>[NOTE TO INTERVIEWER: If child has written at least 3 notes or messages, score 2. If child has written 1 or 2 notes, score 1.]</i>   | 2               | 1                       | 0            |                   | D             |
| C13.  | Writes beginning letters. <i>[NOTE TO INTERVIEWER: For example, thank-you's, postcards, pen pal letters. If child has written and mailed at least 2 letters of at least 3 sentences each, score 2. Do not score 1.]</i>                     | 2               |                         | 0            |                   | D             |
| <b>What about addressing envelopes?</b><br><i>[IF DOESN'T WRITE LETTERS]</i> <b>How about a birthday card envelope?</b><br><b>What does s/he know about using the ZIP Code?</b> |   |                 |                         |              |                   |               |
| C14.  | Addresses envelopes completely and independently. <i>[NOTE TO INTERVIEWER: If child has completely addressed at least 3 envelopes, score 2. If only the ZIP Code is omitted, score 1. It is acceptable to ask someone for the address.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>Tell me about the reports s/he writes for school.</b><br><b>How long are the reports?</b>  |   |                 |                         |              |                   |               |
| C15.  | Writes reports or compositions. <i>[NOTE TO INTERVIEWER: If the child has written at least 2 reports or compositions of at least 1 page each, score 2. Do not score 1.]</i>   | 2               |                         | 0            |                   | D             |

**Section II. Daily Living Skills Domain***[CARD #4]*

|   |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Personal Care:</b>   |  |                 |                         |              |                   |               |
| <b>Now I'd like to ask you about how (child's name) takes care of certain personal needs.</b><br><b>How are her/his toileting skills?</b><br><b>What about wiping, flushing, washing hands without reminders?</b> |  |                 |                         |              |                   |               |
| D1.   | Cares for all toileting needs, including flushing toilet and washing hands, without being reminded and without assistance. <i>[NOTE TO INTERVIEWER: Do not score 1.]</i> | 2               |                         | 0            |                   | D             |

For all variables and data elements:

666 = Not Applicable  
777 = Refused

999 = Missing

|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>When s/he gets dressed, how is s/he with small buttons, snaps, and you know that little part of the zipper at the bottom of a coat?</b>                   |  |                 |                         |              |                   |               |
| D2.  | Fastens all fasteners, including zippers, without assistance. <i>[NOTE TO INTERVIEWER: Do not score 1.]</i>  | 2               |                         | 0            |                   | D             |
| <b>How is (child's name) at using silverware?<br/>Who usually cuts her/his meat?</b>   |  |                 |                         |              |                   |               |
| D3.  | Uses spoon, fork, and knife competently. <i>[NOTE TO INTERVIEWER: Do not score 1. Child must use knife for both spreading and cutting to score 2.]</i>   | 2               |                         | 0            |                   | D             |
| <b>When you go out for dinner, who orders (child's name)'s meal?<br/>[IF CHILD DOES] How does s/he decide what to order?<br/>How about reading the menu?</b> |  |                 |                         |              |                   |               |
| D4.  | Orders own complete meal in restaurant. <i>[NOTE TO INTERVIEWER: N may be scored. Includes main dish, salad or vegetable, and beverage. If child cannot read the menu, score 0.]</i>                 | 2               | 1                       | 0            | N                 | D             |
| <b>Time:</b>   |  |                 |                         |              |                   |               |
| <b>If I ask her/him what day of the week it is, what would s/he say?<br/>How about on the weekend?</b>   |  |                 |                         |              |                   |               |
| D5.  | States current day of the week when asked.   | 2               | 1                       | 0            |                   | D             |
| <b>How is s/he at telling time on a regular watch?<br/>If it were 20 minutes after the hour, what would s/he say?</b>  |  |                 |                         |              |                   |               |
| D6.  | Tells time by 5-minute segments. <i>[NOTE TO INTERVIEWER: On a standard clock, not digital. For example, the child says, "It's 20 after 2." If child knows half the 5-minute segments, score 1.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>Money:</b>  |  |                 |                         |              |                   |               |
| <b>Let's talk about money.<br/>What does s/he know about the value of all the coins?</b>   |  |                 |                         |              |                   |               |
| D7.  | States value, in cents, of penny, nickel, dime, and quarter. <i>[NOTE TO INTERVIEWER: If child states value of 1, 2, or 3 of these coins, score 1.]</i>  | 2               | 1                       | 0            |                   | D             |
| <b>What's the biggest thing s/he's saved for and bought for her/himself?</b>   |  |                 |                         |              |                   |               |
| D8.  | Saves for and has purchased at least one major recreational item. <i>[NOTE TO INTERVIEWER: For example, leather jacket, bicycle, electronic game.]</i>   | 2               | 1                       | 0            |                   | D             |

|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Telephone:</b>  |  |                 |                         |              |                   |               |
| <b>What about the telephone?</b><br><b>When was the last time, if ever, s/he made a long distance telephone call?</b><br><b>What about calling the operator for assistance call?</b>                                       |  |                 |                         |              |                   |               |
| D9.  | Uses the telephone for all kinds of calls, without assistance. <i>[NOTE TO INTERVIEWER: May ask for dialing instructions. If makes local calls but not permitted to make long distance calls because of cost, score 1. N may be scored.]</i>                                 | 2               | 1                       | 0            | N                 | D             |
| <b>What would s/he do in an emergency?</b><br><b>How about using the telephone?</b>  |  |                 |                         |              |                   |               |
| D10.   | Uses emergency telephone number in emergency. <i>[NOTE TO INTERVIEWER: 0 for operator or 911 is acceptable. The child need not have been involved in an emergency, but must answer correctly when asked, "What number would you call in an emergency?" N may be scored.]</i> | 2               | 1                       | 0            | N                 | D             |
| <b>Domestic Skills:</b>  |  |                 |                         |              |                   |               |
| <b>What does s/he do around the house in terms of cooking and cleaning?</b>  |  |                 |                         |              |                   |               |
| D11.   | Uses stove or microwave oven, without assistance.  | 2               | 1                       | 0            |                   | D             |
| D12.   | Prepares foods that require mixing and cooking, without assistance. <i>[NOTE TO INTERVIEWER: For example, brownies, pancakes, scrambled eggs.]</i>   | 2               | 1                       | 0            |                   | D             |
| <b>What room other than her/his own does s/he clean?</b><br><b>Who needs to remind her/him to clean?</b>   |  |                 |                         |              |                   |               |
| D13.   | Cleans room other than own regularly, without being asked. <i>[NOTE TO INTERVIEWER: For example, kitchen or bathroom.]</i>   | 2               | 1                       | 0            |                   | D             |
| <b>Safety:</b>   |  |                 |                         |              |                   |               |
| <b>There are a couple of things I'm going to ask you about safety.</b><br><b>What does (child's name) know about dealing with strangers?</b><br><b>What if a stranger offered her/him a ride?</b><br><b>Food or money?</b> |  |                 |                         |              |                   |               |
| D14.   | Demonstrates understanding that it is unsafe to accept rides, food, or money from strangers. <i>[NOTE TO INTERVIEWER: Verbalization of understanding is sufficient; the child need not have actual experience with strangers to score 2.]</i>                                | 2               | 1                       | 0            |                   | D             |
| <b>How is s/he with crossing the street alone?</b>   |  |                 |                         |              |                   |               |
| D15.   | Looks both ways and crosses street or road alone.  | 2               | 1                       | 0            |                   | D             |

**Section III. Socialization Domain****[CARD #3]**

|   |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|---|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Friendships:</b>   |  |                 |                         |              |                   |               |
| <b>Tell me about (child's name)'s friendships.<br/>Who are her/his friends and who's her/his best friend?</b>   |  |                 |                         |              |                   |               |
| S1.   | Has a group of friends. <i>[NOTE TO INTERVIEWER: If the child interacts with others only in a group arranged by another person, score 0.]</i>  | 2               | 1                       | 0            |                   | D             |
| <b>What about a best friend?<br/>Does this friend also feel the same way about (child's name)?<br/>How often do they play together?</b>   |  |                 |                         |              |                   |               |
| S2.   | Has a best friend of the same sex. <i>[NOTE TO INTERVIEWER: The relationship must be reciprocal—must consider each other their friend. If the child had such a friend in the past but does not now, score 2.]</i>                | 2               | 1                       | 0            |                   | D             |
| <b>Playtime:</b>  |  |                 |                         |              |                   |               |
| <b>What kinds of games does s/he play and how is s/he at following the rules?</b>   |  |                 |                         |              |                   |               |
| S3.   | Follows rules in simple games without being reminded.  | 2               | 1                       | 0            |                   | D             |
| S4.   | Plays more than one board or card game requiring skill and decision making. <i>[NOTE TO INTERVIEWER: For example, Monopoly, Rummy, checkers. If child plays one board or card game, score 1.]</i>                                | 2               | 1                       | 0            |                   | D             |
| <b>How is s/he at sharing with friends?</b>   |  |                 |                         |              |                   |               |
| S5.   | Shares toys or possessions without being told to do so.  | 2               | 1                       | 0            |                   | D             |
| <b>Let's talk about TV.<br/>Aside from TV shows that are strictly for fun, what are some other things s/he'd watch TV or listen to the radio for, like news, weather reports?</b> |  |                 |                         |              |                   |               |
| S6.   | Watches television or listens to radio for news independently. <i>[NOTE TO INTERVIEWER: Child must independently turn on TV or radio. If child listens to news only for sports scores or lottery, score 1. N may be scored.]</i> | 2               | 1                       | 0            | N                 | D             |

|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

|  |  | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|--|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>Manners:</b>  |  |                 |                         |              |                   |               |
| <b>Let's talk about manners.</b><br><b>You know, like meeting strangers, having conversations.</b><br><b>What does (child's name) say when you introduce her/him to a friend of yours?</b> |  |                 |                         |              |                   |               |
| S7.  | Responds appropriately when introduced to strangers. [NOTE TO INTERVIEWER: For example, says "Hi" or "Nice to meet you."]  | 2               | 1                       | 0            |                   | D             |
| <b>What does (child's name) do to end a conversation with someone?</b>   |  |                 |                         |              |                   |               |
| S8.  | Ends conversations appropriately. [NOTE TO INTERVIEWER: For example, "I'll be seeing you."]  | 2               | 1                       | 0            |                   | D             |
| <b>What does s/he do if the person s/he is talking to starts to look at his watch, yawn?</b>   |  |                 |                         |              |                   |               |
| S9.  | Responds to hints or indirect cues in conversation. [NOTE TO INTERVIEWER: For example, realizing that several yawns may mean, "I want you to leave now." The child must respond in an appropriate manner.]   | 2               | 1                       | 0            |                   | D             |
| <b>How is (child's name) at apologizing?</b><br><b>What would s/he do if s/he stepped on your foot by mistake?</b>   |  |                 |                         |              |                   |               |
| S10.   | Apologizes for unintentional mistakes.   | 2               | 1                       | 0            |                   | D             |
| <b>What would s/he do if s/he blamed someone for something and then later found out it wasn't their fault?</b>   |  |                 |                         |              |                   |               |
| S11.   | Apologizes for mistakes or errors in judgment. [NOTE TO INTERVIEWER: For example, "I'm sorry I said you took my book when you didn't."]  | 2               | 1                       | 0            |                   | D             |
| <b>Sensitivity to Others:</b>  |  |                 |                         |              |                   |               |
| <b>How about her/his sensitivity to people's feelings, if s/he saw someone with an unusual handicap, for example?</b>  |  |                 |                         |              |                   |               |
| S12.   | Refrains from asking questions, making statements, or doing things that might embarrass or hurt others. [NOTE TO INTERVIEWER: For example, "That's ugly" or staring.]  | 2               | 1                       | 0            |                   | D             |
| <b>Whose birthdays does s/he remember?</b><br><b>What does s/he do when it's someone's birthday?</b>   |  |                 |                         |              |                   |               |
| S13.   | Remembers birthdays or anniversaries of immediate family members and special friends. [NOTE TO INTERVIEWER: Child must keep track of the occasion and greet the person appropriately on that day, but need not buy a gift. If child remembers only family members or only friends, score 1.] | 2               | 1                       | 0            |                   | D             |



CHILD ID:

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Vineland Screener, 6–12 (VS3): Caregiver

|  |   | Yes,<br>usually | Sometimes,<br>partially | No,<br>never | No<br>opportunity | Don't<br>know |
|--|---|-----------------|-------------------------|--------------|-------------------|---------------|
| <b>How does (child's name) talk about her/his feelings?</b><br><i>[Ask about <u>each</u> feeling.] What about if s/he's sad?</i><br><b>Angry? Happy? Afraid?</b> |   |                 |                         |              |                   |               |
| S14.   | Labels happiness, sadness, fear, and anger in self. <i>[NOTE TO INTERVIEWER: For example, says, "I'm sad." Child must verbally express all 4 feelings to score 2. If child verbally expresses 1, 2, or 3 of them, score 1.]</i> | 2               | 1                       | 0            |                   | D             |
| <b>What happens if s/he is told s/he can't do something s/he really wants to do?</b><br><b>What does s/he do if someone hurts her/his feelings?</b>              |   |                 |                         |              |                   |               |
| S15.   | Controls anger or hurt feelings when denied own way.  | 2               | 1                       | 0            |                   | D             |

\*Developed by Sparrow, Balla, &amp; Cicchetti, 1984.

For all variables and data elements:

666 = Not Applicable  
777 = Refused

999 = Missing

VS3

# CARD 1

2 = Yes, usually

1 = Sometimes, partially

0 = No, never

N = No opportunity

D = Don't know

## **4.C.16.**

### **Caregiver Information Questionnaire (CIQ)**

## **CAREGIVER INFORMATION QUESTIONNAIRE (CIQ): CAREGIVER**

### Description of Measure

The CIQ is asked of all children and families who participate in the Child and Family Outcome Study. The CIQ contains 47 items that describe the child and family and includes demographic information, risk factors, family composition, physical custody of the child, child's mental and physical health service use history, caregiver employment status, attitudes about coercion in receiving services, and child's presenting problem(s). A follow-up version of the CIQ is asked at each follow-up data collection point (e.g., 6 months, 12 months, 18 months, etc.). The follow-up CIQ is structured with skip patterns that take into account that the respondent at follow-up may be different from the baseline respondent, thus allowing repeat responders to skip over personal questions that do not change over time. Respondents who did not complete the baseline CIQ will answer 39 items and, following the skip patterns, repeat respondents will answer 28 items.

### Reliability and Validity

As a method for collecting descriptive information, conventional assessments of reliability and validity are not appropriate for the CIQ.

### Subscales, Tabulation and Scoring

The CIQ contains no subscales, and no tabulation or scoring conventions apply to the CIQ. The items in the CIQ can be used individually or collapsed as necessary for specific purposes or analyses.

## **4.C.16.a.**

**Caregiver Information Questionnaire–Baseline (CIQ–I):Caregiver**

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 17 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## CAREGIVER INFORMATION QUESTIONNAIRE–INTAKE: Caregiver (CIQ–IC)

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**CIQDATE** (Today' Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**CIQRESP** (Respondent for the interview)

1 = Caregiver (child's caregiver in a family, household environment)

**TIMEFRAM** (Assessment period)

1 = Baseline

**CIQINTV** (Who administered interview)

1 = Person providing services to child  
2 = Data collector

**CIQMETH** (Method of administering interview)

1 = In person, hard copy  
2 = Telephone, hard copy  
3 = In person, computer assisted  
4 = Telephone, computer assisted

**CIQLANG** (Language version of interview)

1 = English  
2 = Spanish  
3 = Other

**I am going to ask you some questions about *(child's name)*'s background and family and about services that *(child's name)* has received. Please answer these questions as best you can, and try to be as complete as possible in your answers. To begin, I'd like to ask you a few general questions about you and *(child's name)*'s family.**

**1. What is your relationship to *(child's name)*?**

- 1 = Biological parent
- 2 = Adoptive/Stepparent
- 3 = Foster parent
- 4 = A live-in partner of parent
- 5 = Sibling (biological, step, etc.)
- 6 = Aunt or uncle
- 7 = Grandparent
- 8 = Cousin
- 9 = Other family relative
- 10 = Friend (adult friend)
- 11 = Other (*Please specify:* \_\_\_\_\_)

**1a. What is your gender?**

- 1 = Male
- 2 = Female

**2. What is your age? \_\_\_\_\_ years**

**3. Are you of Hispanic or Latino cultural/ethnic background?**

- 1 = No [*GO TO QUESTION #4*]
- 2 = Yes

**3a. Which group(s) describes your Hispanic or Latino cultural/ethnic background? Are you .....  
[Select all that apply]**

- 1 = Mexican, Mexican American, or Chicano
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Dominican
- 5 = Central American
- 6 = South American
- 7 = Other Hispanic origin (*Please specify:* \_\_\_\_\_)

**4. Which group(s) describes you? Are you.....  
[Select all that apply]**

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White

*[NOTE TO INTERVIEWER: Do **not** ask if there is another group that describes the respondent. If the respondent is unable to select from options 1–5 and s/he provides an alternate group, record that answer on the line by option 6.]*

6 = Other \_\_\_\_\_

[NOTE TO INTERVIEWER: For Questions 5–5c, do **not** read the response options to the caregiver.]

**5. What language or languages do you and (child's name) speak?**

[Select all that apply]

1 = English

2 = Spanish

3 = Other (Please specify: \_\_\_\_\_)

**5a. When you are at home, or with your family, what language do you usually speak with your child?**

1 = English

2 = Spanish

3 = Other (Please specify: \_\_\_\_\_)

**5b. When you are at home, or with your family, what language does your child usually speak with you?**

1 = English

2 = Spanish

3 = Other (Please specify: \_\_\_\_\_)

**5c. Which is (child's name)'s *most* preferred language?**

1 = English

2 = Spanish

3 = Other (Please specify: \_\_\_\_\_)

**6. What is the highest level of education you have completed?**

[IF FROM KINDERGARTEN TO 11TH GRADE, Enter 0–11 in box] 0–11 = Kindergarten–11th grade

[IF FINISHED HIGH SCHOOL, Select the appropriate category below]

12 = High school diploma or GED

13 = Associate degree

14 = Some college, no degree

15 = Bachelor's degree

16 = Master's degree

17 = Professional school degree

18 = Doctoral degree

**7. Other than a primary caregiver, does (child's name) currently have a close relationship with an adult who provides advice and support?**

1 = No

2 = Yes



**8. Who has legal custody of (child's name)?**

- 1 = Two biological parents OR one biological and one step or adoptive parent
- 2 = Biological mother only
- 3 = Biological father only
- 4 = Adoptive parent(s)
- 5 = Sibling(s)
- 6 = Aunt and/or uncle
- 7 = Grandparent(s)
- 8 = Friend (adult friend)
- 9 = Ward of the State
- 10 = Other (*Please specify:* \_\_\_\_\_)

**9. Including (child's name), what is the total number of children (under age 18) in the household where (child's name) is currently living?**

[RECORD 0, IF NONE]

**10. What is the total number of adults (age 18 or older) in the household where (child's name) is currently living? Include (child's name) in this total if (child's name) is age 18 or older.**

[RECORD 0, IF NONE]

**11. Approximately how many days in the last 6 months did (child's name) live in your household?**

\_\_\_\_\_ days [6 months = 180 days]

**[CARD #1]****12. What is the annual household income of (child's name)'s family?**

**For this question, (child's name)'s family should be considered to be the family with whom he/she has lived for the majority of the past 6 months. For example, if (child's name) has lived with a foster family for most of the past 6 months, we are interested in knowing the foster family's income.**

[NOTE TO INTERVIEWER: Prompt respondent to consider all sources of pre-tax (gross) income, including wages, child support, alimony, and public assistance. The family household income should include the pre-tax incomes of all individuals who live with the child and contribute financially to the child's care.]

- 1 = Less than \$5,000
- 2 = \$5,000–\$9,999
- 3 = \$10,000–\$14,999
- 4 = \$15,000–\$19,999
- 5 = \$20,000–\$24,999
- 6 = \$25,000–\$34,999
- 7 = \$35,000–\$49,999
- 8 = \$50,000–\$74,999
- 9 = \$75,000–\$99,999
- 10 = \$100,000 and over

13. At any time in the past 6 months did you have a paid job, including self-employment? 1 = No [GO TO QUESTION #13e]  
2 = Yes [GO TO QUESTION #13a–d]
- 13a. In how many of the last 6 months have you worked? \_\_\_\_\_ months
- 13b. In an average week, about how many hours do you work? \_\_\_\_\_ hours
- 13c. About how much money do you make per month? \$\_\_\_\_\_
- 13d. How many days in the last 6 months did you miss work due to (child's name)'s problems, if any? \_\_\_\_\_ days [GO TO QUESTION #14]
- 13e. Do you think you would have a paid job if (child's name) did not have problems? 1 = No  
2 = Yes

## [CARD #2]

| 14. How often do you have the following? |  | Never | Sometimes | About half the time | Most of the time | Always |
|--|--|-------|-----------|---------------------|------------------|--------|
| 14a.                                     | Time to spend with your family   | 1     | 2         | 3                   | 4                | 5      |
| 14b.                                     | Money to pay for basic needs, like housing, food or clothing           | 1     | 2         | 3                   | 4                | 5      |
| 14c.                                     | Money to pay for special things like toys, entertainment, or vacations | 1     | 2         | 3                   | 4                | 5      |
| 14d.                                     | Time to spend alone or with friends                                    | 1     | 2         | 3                   | 4                | 5      |

Now I need to ask some questions concerning (child's name)'s history.

15. Has (child's name) ever been physically abused? 1 = No [GO TO QUESTION #16]  
2 = Yes
- 15a. [IF YES] In the last 6 months, has (child's name) been physically abused? 1 = No  
2 = Yes
16. Has (child's name) ever been sexually abused? 1 = No [GO TO QUESTION #17]  
2 = Yes
- 16a. [IF YES] In the last 6 months, has (child's name) been sexually abused? 1 = No  
2 = Yes
17. Has (child's name) ever run away without his/her caregiver knowing where he/she was? [NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.] 1 = No [GO TO QUESTION #18]  
2 = Yes
- 17a. [IF YES] In the last 6 months, has (child's name) run away without his/her caregiver knowing where he/she was? [NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.] 1 = No  
2 = Yes

18. **Has (*child's name*) ever had a problem with substance abuse, including alcohol and/or drugs?** 1 = No [GO TO QUESTION #19]  
2 = Yes
- 18a. **[IF YES] In the last 6 months, has (*child's name*) had a problem with substance abuse including alcohol and drugs?** 1 = No  
2 = Yes
19. **Has (*child's name*) ever talked about committing suicide?** 1 = No [GO TO QUESTION #20]  
2 = Yes
- 19a. **[IF YES] In the last 6 months, has (*child's name*) talked about committing suicide?** 1 = No  
2 = Yes
20. **Has (*child's name*) ever attempted suicide?** 1 = No [GO TO QUESTION #21]  
2 = Yes
- 20a. **[IF YES] How many times has (*child's name*) attempted suicide?** \_\_\_\_\_ times
- 20b. **In the last 6 months, has (*child's name*) attempted suicide?** 1 = No [GO TO QUESTION #21]  
2 = Yes
- 20c. **[IF YES] In the last 6 months, how many times has (*child's name*) attempted suicide?** \_\_\_\_\_ times

**Now I need to ask some questions concerning (*child's name*)'s family and household history. These questions are about (*child's name*)'s biological family and the people who live, or lived, in (*child's name*)'s household. For these questions, when you think about (*child's name*)'s households, do not include residential treatment centers or group homes in which (*child's name*) may have lived.**

21. **Has (*child's name*) ever been exposed to domestic violence or spousal abuse, of which (*child's name*) was not the direct target?** 1 = No [GO TO QUESTION #22]  
2 = Yes
- 21a. **In the last 6 months, has (*child's name*) been exposed to domestic violence or spousal abuse, of which (*child's name*) was not the direct target?** 1 = No  
2 = Yes
22. **Has anyone in (*child's name*)'s biological family ever been diagnosed with depression or shown signs of depression? By biological family, I mean (*child's name*)'s biological parents, grandparents and siblings.** 1 = No  
2 = Yes
- 22a. **Has (*child's name*) ever lived in a household in which someone showed signs of being depressed?** 1 = No [GO TO QUESTION #23]  
2 = Yes
- 22b. **In the last 6 months, has (*child's name*) lived in a household in which one of the household members showed signs of being depressed?** 1 = No [GO TO QUESTION #23]  
2 = Yes
- 22c. **Was the person who showed signs of being depressed involved in providing care and supervision to (*child's name*)?** 1 = No  
2 = Yes

23. Has anyone in *(child's name)*'s biological family had a mental illness, other than depression? By biological family, I mean *(child's name)*'s biological parents, grandparents and siblings. 1 = No  
2 = Yes
- 23a. Other than depression, has *(child's name)* ever lived in a household in which someone had a mental illness? 1 = No [GO TO QUESTION #24]  
2 = Yes
- 23b. In the past 6 months, has *(child's name)* lived in a household in which one of the household members had a mental illness other than depression? 1 = No [GO TO QUESTION #24]  
2 = Yes
- 23c. Was the person with a mental illness involved in providing care and supervision to *(child's name)*? 1 = No  
2 = Yes
24. Has *(child's name)* ever lived in a household in which someone had been convicted of a crime? 1 = No [GO TO QUESTION #25]  
2 = Yes
- 24a. In the past 6 months, have any members of *(child's name)*'s household been convicted of a crime? 1 = No  
2 = Yes
25. Has anyone in *(child's name)*'s biological family had a drinking or drug problem? By biological family, I mean *(child's name)*'s biological parents, grandparents and siblings. 1 = No  
2 = Yes
- 25a. Has *(child's name)* ever lived in a household in which someone had a drinking or drug problem? 1 = No [GO TO QUESTION #26]  
2 = Yes
- 25b. In the past 6 months, has *(child's name)* lived in a household in which one of the household members had a drinking or drug problem? 1 = No [GO TO QUESTION #26]  
2 = Yes
- 25c. Was the person with the drinking or drug problem involved in providing care and supervision to *(child's name)*? 1 = No  
2 = Yes

I will now read you several statements. For each of the statements, please tell me whether each statement is True or False in describing your experience.

|   | True | False |
|---|------|-------|
| 26. I felt free to do what I wanted about getting mental health treatment for <i>(child's name)</i> .   | 1    | 2     |
| 27. I chose to get mental health treatment for <i>(child's name)</i> .                                  | 1    | 2     |
| 28. It was my idea to get mental health treatment for <i>(child's name)</i> .                           | 1    | 2     |
| 29. I had a lot of control over whether <i>(child's name)</i> got mental health treatment.              | 1    | 2     |
| 30. I had more influence than anyone else on whether <i>(child's name)</i> got mental health treatment. | 1    | 2     |

Now I'm going to ask you some questions related to *(child's name)*'s health.

31. In the past 6 months, have you or your family had to pay for at least part of *(child's name)*'s behavioral/emotional services? 1 = No  
2 = Yes
32. Does *(child's name)* have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.? 1 = No [GO TO QUESTION #33]  
2 = Yes
- 32a. Please describe his/her recurring health problems.
- 
- 32b. Is *(child's name)* currently taking medication related to his/her *(name of child's physical health problems)*? 1 = No  
2 = Yes [GO TO QUESTION #32d]
- 32c. In the last 6 months, has *(child's name)* taken medication related to his/her *(name of child's physical health problems)*? 1 = No  
2 = Yes
- 32d. During the past 6 months, have the regular activities *(child's name)* participates in (such as school, social activities, participation in treatment for emotional or behavioral problems, etc.) been disrupted because of problems related to his/her recurring or chronic physical health problems? 1 = No  
2 = Yes
33. In the past 6 months, how many times did *(child's name)* see a doctor or other primary health care provider for a physical health problem? \_\_\_\_\_ times  
[RECORD 0, IF NONE]
34. During the past 6 months, how many times did *(child's name)* have to go to the emergency room to seek treatment for a physical health problem? \_\_\_\_\_ times  
[RECORD 0, IF NONE]
35. During the past 6 months, how many times was *(child's name)* hospitalized for a physical health problem? \_\_\_\_\_ times  
[RECORD 0, IF NONE]
- 35a. [IF 1 OR MORE] What was the total number of days that *(child's name)* was hospitalized for a physical health problem in the past 6 months? \_\_\_\_\_ days

CHILD ID: 

|  |  |  |  |  |  |  |  |
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Caregiver Information Questionnaire–Intake: Caregiver (CIQ–IC)

36. Has (*child's name*) had a routine health exam in the past 6 months? 1 = No  
2 = Yes
37. Does (*child's name*) have a primary health care provider? 1 = No [GO TO QUESTION #38]  
2 = Yes
- 37a. What type of provider is (*child's name*)'s primary health care provider?
- 1 = Pediatrician  
2 = Physician other than a pediatrician  
3 = Physician's assistant  
4 = Nurse practitioner  
5 = No consistent primary health care provider
38. Do you, or any other member of your household other than (*child's name*), have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.? 1 = No [GO TO QUESTION #39]  
2 = Yes

[CARD #3]

- 38a. In the past 6 months, how much has your ability to care for (*child's name*) been affected by the chronic health problems of these household members?

- 1 = Not at all  
2 = A little bit  
3 = A moderate amount  
4 = Quite a bit  
5 = A great deal

Sometimes a doctor or psychiatrist prescribes medication for children to help reduce their emotional or behavioral symptoms. For example, Adderall may be prescribed for Attention Deficit Disorder.

39. Is (*child's name*) currently taking any medication related to his/her emotional or behavioral symptoms? 1 = No  
2 = Yes
- 39a. In the past 6 months has (*child's name*) taken any (other) medication related to his/her emotional or behavioral symptoms? 1 = No [IF NO TO QUESTIONS #39 AND #39a  
THEN END OF QUESTIONNAIRE]  
2 = Yes

---

For all variables and data elements

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

CHILD ID: 

|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
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Caregiver Information Questionnaire–Intake: Caregiver (CIQ–IC)

*[CARD #4]*

| 39b. Who prescribed these medications for (child's name)?<br><i>[Select all that apply]</i> | 39c. In the past 6 months, how many times did you see this doctor for follow-up on these prescribed medications? |        |         |           |         |                   |
|---|--|--------|---------|-----------|---------|-------------------|
|   | Not at all   | 1 time | 2 times | 3–5 times | 6 times | More than 6 times |
| 1 = Primary care physician/family physician   | 1  | 2      | 3       | 4         | 5       | 6                 |
| 2 = Child psychiatrist  | 1  | 2      | 3       | 4         | 5       | 6                 |
| 3 = General psychiatrist  | 1  | 2      | 3       | 4         | 5       | 6                 |
| 4 = Pediatrician  | 1  | 2      | 3       | 4         | 5       | 6                 |
| 5 = Other (please specify: _____)   | 1  | 2      | 3       | 4         | 5       | 6                 |
| 6 = Other (please specify: _____)   | 1  | 2      | 3       | 4         | 5       | 6                 |

*[CONTINUED ON NEXT PAGE]*

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For all variables and data elements666 = Not Applicable  
777 = Refused888 = Don't Know  
999 = Missing

CHILD ID: 

Caregiver Information Questionnaire–Intake: Caregiver (CIQ–IC)

[NOTE TO INTERVIEWER: Do not read the medications in the medication table to the caregiver. Record the caregiver's response and then circle the appropriate responses in the table.]

**39d. [IF YES to either #39 or #39a] Please tell me the medication(s) that (child's name) is currently taking.**

**Please tell me any other medication(s) that (child's name) has taken in the past 6 months but is not currently taking.**

[Select all that apply.] [NOTE TO INTERVIEWER: If child is currently taking a medication, circle "2 = Yes" in the "Taking currently" column **and** in the "Taken in the past 6 months" column. If child has taken a medication in the past 6 months but is **not** currently taking the medication, circle "1 = No" in the "Taking currently" column and circle "2 = Yes" in the "Taken in the past 6 months" column.]

| Medication Category                               | Taking currently |         | Taken in the past 6 months |         |
|---|------------------|---------|----------------------------|---------|
| Abilify (aripiprazole)                            | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Adderall (amphetamine mixed salts)                | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Benzodiazepam                                     | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Carbamazepine (Epitol, Tegretol)                  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Catapres (clonidine)                              | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Celexa (citalopram)                               | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Clonopin  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Concerta (methylphenidate)                        | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Depakote (divalproex sodium)                      | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Desyrel (trazodone)                               | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Dexadrine (dextramphetamine)                      | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Effexor (venlafaxine)                             | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Haldol  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Lexapro   | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Limictal  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Lithium (Eskalith, Lithobid, Loxitane, Lithonate) | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Neurontin (gabapentin)                            | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Orap (pimozide)                                   | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Paxil (paroxetine)                                | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Prozac (fluoxetine)                               | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Risperdal (risperidone)                           | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Ritalin (methylphenidate)                         | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Seroquel (quetiapine fumarate)                    | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Strattera   | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |

For all variables and data elements

666 = Not Applicable  
777 = Refused888 = Don't Know  
999 = Missing



CHILD ID: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Caregiver Information Questionnaire–Intake: Caregiver (CIQ–IC)

| Medication Category           | Taking currently |         | Taken in the past 6 months |         |
|-------------------------------|------------------|---------|----------------------------|---------|
| Symbyax                       | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Tenex (guanfacine)            | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Trileptol (oxcarbamazepine)   | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Wellbutrin (bupropion)        | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Xanax (alprazolam)            | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Zoloft (sertraline)           | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Zyprexa (olanzapine)          | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Other (please specify: _____) | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |

- 39e.** In the past 6 months, has (*child's name*) had any beneficial effects from any of the medications that he/she has taken for his/her emotional or psychological symptoms? 1 = No [GO TO QUESTION #39g]  
2 = Yes [GO TO QUESTION #39f]

**39f.** What were the beneficial effects? \_\_\_\_\_  
\_\_\_\_\_

- 39g.** In the past 6 months, has (*child's name*) had any negative effects from the medications that he/she has taken for his/her emotional or psychological symptoms? 1 = No [GO TO QUESTION #39i]  
2 = Yes [GO TO QUESTION #39h]

**39h.** What were the negative effects? \_\_\_\_\_  
\_\_\_\_\_

### [CARD #5]

I will now read you several statements. These statements are about any medications that (*child's name*) is currently taking, or has taken in the past 6 months, for his/her emotional or behavioral symptoms. For each of the statements, please tell me how strongly you agree that the statement reflects your experience.

|   | Strongly disagree | Disagree | Undecided | Agree | Strongly agree |
|---|-------------------|----------|-----------|-------|----------------|
| <b>39i.</b> I understand why ( <i>child's name</i> ) takes his/her medication.              | 1                 | 2        | 3         | 4     | 5              |
| <b>39j.</b> I know what ( <i>child's name</i> )'s medication is supposed to do for him/her. | 1                 | 2        | 3         | 4     | 5              |
| <b>39k.</b> I had a choice in the medication that ( <i>child's name</i> ) takes.            | 1                 | 2        | 3         | 4     | 5              |
| <b>39l.</b> ( <i>Child's name</i> ) takes his/her medication the way he/she is supposed to. | 1                 | 2        | 3         | 4     | 5              |
| <b>39m.</b> I feel comfortable about ( <i>child's name</i> ) taking medication.             | 1                 | 2        | 3         | 4     | 5              |

For all variables and data elements

666 = Not Applicable  
777 = Refused888 = Don't Know  
999 = Missing

CIQ-IC  
**CARD 1**

1 = Less than \$5,000

2 = \$5,000–\$9,999

3 = \$10,000–\$14,999

4 = \$15,000–\$19,999

5 = \$20,000–\$24,999

6 = \$25,000–\$34,999

7 = \$35,000–\$49,999

8 = \$50,000–\$74,999

9 = \$75,000–\$99,999

10 = \$100,000 and over

CIQ-IC  
**CARD 2**

1 = Never

2 = Sometimes

3 = About half the time

4 = Most of the time

5 = Always

CIQ-IC  
**CARD 3**

1 = Not at all

2 = A little bit

3 = A moderate amount

4 = Quite a bit

5 = A great deal

CIQ-IC  
**CARD 4**

1 = Not at all (less than once every 6 months)

2 = 1 time (once every 6 months)

3 = 2 times (once every 3 months)

4 = 3–5 times (about every 6–8 weeks)

5 = 6 times (once per month)

6 = More than 6 times (more than once per month)

CIQ-IC  
**CARD 5**

1 = Strongly disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly agree

## **4.C.16.b.**

**Caregiver Information Questionnaire–Follow-up (CIQ–F): Caregiver**

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 12 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0257); OAS; 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0257.

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## CAREGIVER INFORMATION QUESTIONNAIRE– FOLLOW-UP: Caregiver (CIQ–FC)

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**CIQDATE** (Today's Date)

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

**CHILDDID** (Macro-assigned ID)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**CIQRESP** (Respondent for the interview)

1 = Caregiver (child's caregiver in a family, household environment)

**TIMEFRAM** (Assessment period)

2 = 6 months  
3 = 12 months  
4 = 18 months  
5 = 24 months  
6 = 30 months  
7 = 36 months

**CIQINTV** (Who administered interview)

1 = Person providing services to child  
2 = Data collector

**CIQMETH** (Method of administering interview)

1 = In person, hard copy  
2 = Telephone, hard copy  
3 = In person, computer assisted  
4 = Telephone, computer assisted

**CIQLANG** (Language version of interview)

1 = English  
2 = Spanish  
3 = Other



**I am going to ask you some questions about (child's name)'s background and family and about services that (child's name) has received. Please answer these questions as best you can, and try to be as complete as possible in your answers.**

- 0. Have you ever answered questions about (child's name) and/or your family for this study before?**      1 = No [GO TO QUESTION #1]  
2 = Yes

**[CARD #1]**

**0a. [IF YES] When did you answer these questions?**

*[NOTE TO INTERVIEWER: Circle all that apply. To prompt the respondent, identify the actual time period for each of the answer choices. For example, "About 6 months ago would have been March 15."]*

- 1 = About 6 months ago
- 2 = About 12 months ago
- 3 = About 18 months ago
- 4 = About 24 months ago
- 5 = About 30 months ago
- 6 = About 36 months ago
- 7 = Other (Please specify: \_\_\_\_\_)

**[GO TO QUESTION #8]**

**To begin, I'd like to ask you a few general questions about (child's name)'s family.**

**1. What is your relationship to (child's name)?**

- 1 = Biological parent
- 2 = Adoptive/Stepparent
- 3 = Foster parent
- 4 = A live-in partner of parent
- 5 = Sibling (biological, step, etc.)
- 6 = Aunt or uncle
- 7 = Grandparent
- 8 = Cousin
- 9 = Other family relative
- 10 = Friend (adult friend)
- 11 = Other (Please specify: \_\_\_\_\_)

**1a. What is your gender?**

- 1 = Male
- 2 = Female

**2. What is your age? \_\_\_\_\_ years**

**3. Are you of Hispanic or Latino background?**1 = No [*GO TO QUESTION # 4*]

2 = Yes

**3a. Which group(s) describes your Hispanic or Latino cultural/ethnic background? Are you...***[Select all that apply]*

1 = Mexican, Mexican American, or Chicano

2 = Puerto Rican

3 = Cuban

4 = Dominican

5 = Central American

6 = South American

7 = Other Hispanic origin (*Please specify:* \_\_\_\_\_)**4. Which group(s) describes you? Are you.....***[Select all that apply]*

1 = American Indian or Alaska Native

2 = Asian

3 = Black or African American

4 = Native Hawaiian or Other Pacific Islander

5 = White

*[NOTE TO INTERVIEWER: Do **not** ask if there is another group that describes the respondent. If the respondent is unable to select from options 1–5 and s/he provides an alternate group, record that answer on the line by option 6.]*

6 = Other \_\_\_\_\_

*[NOTE TO INTERVIEWER: Question #5 is skipped, as it is not applicable.]*

**6. What is the highest level of education you have completed?**





*[IF FROM KINDERGARTEN TO 11TH GRADE, Enter 0–11 in box]* 0–11 = Kindergarten–11th grade

*[IF FINISHED HIGH SCHOOL, Select the appropriate category below]*

12 = High school diploma or GED

13 = Associate degree

14 = Some college, no degree

15 = Bachelor's degree

16 = Master's degree

17 = Professional school degree

18 = Doctoral degree

**7. Other than a primary caregiver, does (child's name) currently have a close relationship with an adult who provides advice and support?**

1 = No

2 = Yes

**8. Who has legal custody of (child's name)?**

- 1 = Two biological parents OR one biological and one step or adoptive parent
- 2 = Biological mother only
- 3 = Biological father only
- 4 = Adoptive parent(s)
- 5 = Sibling(s)
- 6 = Aunt and/or uncle
- 7 = Grandparent(s)
- 8 = Friend (adult friend)
- 9 = Ward of the State
- 10 = Other (Please specify: \_\_\_\_\_)

**9. Including (child's name), what is the total number of children (under age 18) in the household where (child's name) is currently living?**

[RECORD 0, IF NONE]

**10. What is the total number of adults (age 18 or older) in the household where (child's name) is currently living? Include (child's name) in this total if (child's name) is age 18 or older.**

[RECORD 0, IF NONE]

**11. Approximately how many days in the last 6 months did (child's name) live in your household? \_\_\_\_\_ days [6 months = 180 days]****[CARD #2]****12. What is the annual household income of (child's name)'s family?**

**For this question, (child's name)'s family should be considered to be the family with whom he/she has lived for the majority of the past 6 months. For example, if (child's name) has lived with a foster family for most of the past 6 months, we are interested in knowing the foster family's income.**

*[NOTE TO INTERVIEWER: Prompt respondent to consider all sources of pre-tax (gross) income, including wages, child support, alimony, and public assistance. The family household income should include the pre-tax incomes of all individuals who live with the child and contribute financially to the child's care.]*

- 1 = Less than \$5,000
- 2 = \$5,000–\$9,999
- 3 = \$10,000–\$14,999
- 4 = \$15,000–\$19,999
- 5 = \$20,000–\$24,999
- 6 = \$25,000–\$34,999
- 7 = \$35,000–\$49,999
- 8 = \$50,000–\$74,999
- 9 = \$75,000–\$99,999
- 10 = \$100,000 and over

13. At any time in the past 6 months did you have a paid job, including self-employment? 1 = No [GO TO QUESTION #13e]  
2 = Yes [GO TO QUESTION #13a-d]

13a. In how many of the last 6 months have you worked? \_\_\_\_\_ months

13b. In an average week, about how many hours do you work? \_\_\_\_\_ hours

13c. About how much money do you make per month? \$\_\_\_\_\_

13d. In the last 6 months, how many days, if any, did you miss work due to (child's name)'s problems? \_\_\_\_\_ days [GO TO QUESTION #14]

- 13e. Do you think you would have a paid job if (child's name) did not have problems? 1 = No  
2 = Yes

[CARD #3]

| 14. How often do you have the following? |  | Never | Sometimes | About half the time | Most of the time | Always |
|--|--|-------|-----------|---------------------|------------------|--------|
| 14a.                                     | Time to spend with your family   | 1     | 2         | 3                   | 4                | 5      |
| 14b.                                     | Money to pay for basic needs, like housing, food or clothing           | 1     | 2         | 3                   | 4                | 5      |
| 14c.                                     | Money to pay for special things like toys, entertainment, or vacations | 1     | 2         | 3                   | 4                | 5      |
| 14d.                                     | Time to spend alone or with friends                                    | 1     | 2         | 3                   | 4                | 5      |

Now I need to ask some questions concerning (child's name)'s history.

[NOTE TO INTERVIEWER: Question #15 is skipped, as it is not applicable.]

- 15a. In the last 6 months, has (child's name) been physically abused? 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #16 is skipped, as it is not applicable.]

- 16a. In the last 6 months, has (child's name) been sexually abused? 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #17 is skipped, as it is not applicable.]

- 17a. In the last 6 months, has (child's name) run away without his/her caregiver knowing where he/she was? 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.]

[NOTE TO INTERVIEWER: Question #18 is skipped, as it is not applicable.]

- 18a. In the last 6 months, has (child's name) had a problem with substance abuse including alcohol and/or drugs?** 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #19 is skipped, as it is not applicable.]

- 19a. In the last 6 months, has (child's name) talked about committing suicide?** 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #20 and 20a are skipped, as they are not applicable.]

- 20b. In the last 6 months, has (child's name) attempted suicide?** 1 = No [GO TO QUESTION #21a]  
2 = Yes

- 20c. In the last 6 months, how many times has (child's name) attempted suicide?** \_\_\_\_\_ times

**Now I need to ask some questions concerning (child's name)'s family and household history. These questions are about (child's name)'s biological family and the people who live, or lived, in (child's name)'s household. For these questions, when you think about (child's name)'s households, do not include residential treatment centers or group homes in which (child's name) may have lived.**

[NOTE TO INTERVIEWER: Question #21 is skipped, as it is not applicable.]

- 21a. In the last 6 months, has (child's name) been exposed to domestic violence or spousal abuse, of which (child's name) was not the direct target?** 1 = No  
2 = Yes
- 22. Has anyone in (child's name)'s biological family ever been diagnosed with depression or shown signs of depression? By biological family, I mean (child's name)'s biological parents, grandparents and siblings.** 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #22a is skipped, as it is not applicable.]

- 22b. In the last 6 months, has (child's name) lived in a household in which one of the household members showed signs of being depressed?** 1 = No [GO TO QUESTION #23]  
2 = Yes
- 22c. Was the person who showed signs of being depressed involved in providing care and supervision to (child's name)?** 1 = No  
2 = Yes
- 23. Has anyone in (child's name)'s biological family had a mental illness, other than depression? By biological family, I mean (child's name)'s biological parents, grandparents and siblings.** 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #23a is skipped, as it is not applicable.]

- 23b. In the past 6 months, has (child's name) lived in a household in which one of the household members had a mental illness other than depression?** 1 = No [GO TO QUESTION #24a]  
2 = Yes
- 23c. Was the person with a mental illness involved in providing care and supervision to (child's name)?** 1 = No  
2 = Yes

For all variables and data elements

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

[NOTE TO INTERVIEWER: Question #24 is skipped, as it is not applicable.]

- 24a. In the past 6 months, have any members of (child's name)'s household been convicted of a crime?** 1 = No  
2 = Yes
- 25. Has anyone in (child's name)'s biological family had a drinking or drug problem? By biological family, I mean (child's name)'s biological parents, grandparents and siblings.** 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #25a is skipped, as it is not applicable.]

- 25b. In the past 6 months, has (child's name) lived in a household in which one of the household members had a drinking or drug problem?** 1 = No [GO TO QUESTION #32]  
2 = Yes
- 25c. Was the person with the drinking or drug problem involved in providing care and supervision to (child's name)?** 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #26–31 are skipped, as they are not applicable.]

Now I'm going to ask you some questions related to (child's name)'s health.

- 32. Does (child's name) have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?** 1 = No [GO TO QUESTION #33]  
2 = Yes

**32a. Please describe his/her recurring health problems.**

---

- 32b. Is (child's name) currently taking medication related to his/her (name of child's physical health problems)?** 1 = No  
2 = Yes [GO TO QUESTION #32d]

- 32c. In the last 6 months, has (child's name) taken medication related to his/her (name of child's physical health problems)?** 1 = No  
2 = Yes

- 32d. During the past 6 months, have the regular activities (child's name) participates in (such as school, social activities, participation in treatment for emotional or behavioral problems, etc.) been disrupted because of problems related to his/her recurring or chronic physical health problems?** 1 = No  
2 = Yes

- 33. In the past 6 months, how many times did (child's name) see a doctor or other primary health care provider for a physical health problem?** \_\_\_\_\_ times  
[RECORD 0, IF NONE]

- 34. During the past 6 months, how many times did (child's name) have to go to the emergency room to seek treatment for a physical health problem?** \_\_\_\_\_ times  
[RECORD 0, IF NONE]

---

For all variables and data elements

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

CHILD ID:

Caregiver Information Questionnaire–Follow-up: Caregiver (CIQ–FC)

35. During the past 6 months, how many times was (*child's name*) hospitalized for a physical health problem? \_\_\_\_\_ times  
[RECORD 0, IF NONE]

35a. [IF 1 OR MORE] What was the total number of days that (*child's name*) was hospitalized in the past 6 months? \_\_\_\_\_ days

36. Has (*child's name*) had a routine health exam in the past 6 months? 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #37 is skipped, as it is not applicable.]

38. Do you or any other member of your household, other than (*child's name*), have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.? 1 = No [GO TO QUESTION #39]  
2 = Yes

[CARD #4]

38a. In the past 6 months, how much has your ability to care for (*child's name*) been affected by the chronic health problems of these household members?

- 1 = Not at all  
2 = A little bit  
3 = A moderate amount  
4 = Quite a bit  
5 = A great deal

[CONTINUED ON NEXT PAGE]

Sometimes a doctor or psychiatrist prescribes medication for children to help reduce their emotional or behavioral symptoms. For example, Adderall may be prescribed for Attention Deficit Disorder.

39. Is (child's name) currently taking any medication related to his/her emotional or behavioral symptoms
- 1 = No  
2 = Yes

- 39a. In the past 6 months, has (child's name) taken any (other) medication related to his/her emotional or behavioral symptoms?
- 1 = No [IF NO TO QUESTIONS #39 and #39a THEN END OF QUESTIONNAIRE]  
2 = Yes

[CARD #5]

| 39b. Who prescribed these medications for (child's name)?<br>[Select all that apply] | 39c. In the past 6 months, how many times did you see this doctor for follow-up on these prescribed medications? |        |         |           |         |                   |
|--|--|--------|---------|-----------|---------|-------------------|
|  | Not at all   | 1 time | 2 times | 3–5 times | 6 times | More than 6 times |
| 1 = Primary care physician/family physician  | 1  | 2      | 3       | 4         | 5       | 6                 |
| 2 = Child psychiatrist   | 1  | 2      | 3       | 4         | 5       | 6                 |
| 3 = General psychiatrist   | 1  | 2      | 3       | 4         | 5       | 6                 |
| 4 = Pediatrician   | 1  | 2      | 3       | 4         | 5       | 6                 |
| 5 = Other (please specify: _____)  | 1  | 2      | 3       | 4         | 5       | 6                 |
| 6 = Other (please specify: _____)  | 1  | 2      | 3       | 4         | 5       | 6                 |

[CONTINUED ON NEXT PAGE]



*[NOTE TO INTERVIEWER: Do not read the medications in the medication table to the caregiver. Record the caregiver's response and then circle the appropriate responses in the table]*

**39d. [IF YES to either #39 or #39a] Please tell me the medication(s) that (child's name) is currently taking.**

**Please tell me any other medication(s) that (child's name) has taken in the past 6 months but is not currently taking.**

*[Select all that apply.] [NOTE TO INTERVIEWER: If child is currently taking a medication, circle "2 = Yes" in the "Taking currently" column **and** in the "Taken in the past 6 months column." If child has taken a medication in the past 6 months but is **not** currently taking the medication, circle "1 = No" in the "Taking currently" column and circle "2 = Yes" in the "Taken in the past 6 months" column.]*

| Medication Category                               | Taking currently |         | Taken in the past 6 months |         |
|---|------------------|---------|----------------------------|---------|
|   | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Abilify (aripiprazole)                            | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Adderall (amphetamine mixed salts)                | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Benzodiazepam                                     | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Carbamazepine (Epitol, Tegretol)                  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Catapres (clonidine)                              | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Celexa (citalopram)                               | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Clonopin  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Concerta (methylphenidate)                        | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Depakote (divalproex sodium)                      | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Desyrel (trazodone)                               | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Dexadrine (dextramphetamine)                      | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Effexor (venlafaxine)                             | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Haldol  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Lexapro   | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Limictal  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Lithium (Eskalith, Lithobid, Loxitane, Lithonate) | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Neurontin (gabapentin)                            | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Orap (pimozide)                                   | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Paxil (paroxetine)                                | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Prozac (fluoxetine)                               | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Risperdal (risperidone)                           | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Ritalin (methylphenidate)                         | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Seroquel (quetiapine fumarate)                    | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Strattera   | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |

| Medication Category          | Taking currently |         | Taken in the past 6 months |         |
|------------------------------|------------------|---------|----------------------------|---------|
| Symbyax                      | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Tenex (guanfacine)           | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Trileptol (oxcarbamazepine)  | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Wellbutrin (bupropion)       | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Xanax (alprazolam)           | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Zoloft (sertraline)          | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Zyprexa (olanzapine)         | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |
| Other [please specify] _____ | 1 = No           | 2 = Yes | 1 = No                     | 2 = Yes |

**39e. In the past 6 months, has (child's name) had any beneficial effects from any of the medications that he/she has taken for his/her emotional or psychological symptoms?** 1 = No [GO TO QUESTION #39g]  
2 = Yes [GO TO QUESTION #39f]

**39f. What were the beneficial effects?**

\_\_\_\_\_

\_\_\_\_\_

**39g. In the past 6 months, has (child's name) had any negative effects from the medications that he/she has taken for his/her emotional or psychological symptoms?** 1 = No [GO TO QUESTION #39i]  
2 = Yes [GO TO QUESTION #39h]

**39h. What were the negative effects?** \_\_\_\_\_

\_\_\_\_\_

**[CARD #6]**

I will now read you several statements. These statements are about any medications that (child's name) is currently taking, or has taken in the past 6 months, for his/her emotional or behavioral symptoms. For each of the statements, please tell me how strongly you agree that the statement reflects your experience.

|  | Strongly disagree | Disagree | Undecided | Agree | Strongly agree |
|--|-------------------|----------|-----------|-------|----------------|
| <b>39i. I understand why (child's name) takes his/her medication.</b>              | 1                 | 2        | 3         | 4     | 5              |
| <b>39j. I know what (child's name)'s medication is supposed to do for him/her.</b> | 1                 | 2        | 3         | 4     | 5              |
| <b>39k. I had a choice in the medication that (child's name) takes.</b>            | 1                 | 2        | 3         | 4     | 5              |
| <b>39l. (Child's name) takes his/her medication the way he/she is supposed to.</b> | 1                 | 2        | 3         | 4     | 5              |
| <b>39m. I feel comfortable about (child's name) taking medication.</b>             | 1                 | 2        | 3         | 4     | 5              |

CIQ-FC  
**CARD 1**

1 = About 6 months ago

2 = About 12 months ago

3 = About 18 months ago

4 = About 24 months ago

5 = About 30 months ago

6 = About 36 months ago

7 = Other (*Please specify*)

CIQ-FC  
**CARD 2**

1 = Less than \$5,000

2 = \$5,000–\$9,999

3 = \$10,000–\$14,999

4 = \$15,000–\$19,999

5 = \$20,000–\$24,999

6 = \$25,000–\$34,999

7 = \$35,000–\$49,999

8 = \$50,000–\$74,999

9 = \$75,000–\$99,999

10 = \$100,000 and over

CIQ-FC  
**CARD 3**

1 = Never

2 = Sometimes

3 = About half the time

4 = Most of the time

5 = Always

CIQ-FC

# CARD 4

1 = Not at all

2 = A little bit

3 = A moderate amount

4 = Quite a bit

5 = A great deal

CIQ-FC  
**CARD 5**

1 = Not at all (less than once every 6 months)

2 = 1 time (once every 6 months)

3 = 2 times (once every 3 months)

4 = 3–5 times (about every 6–8 weeks)

5 = 6 times (once per month)

6 = More than 6 times (more than once per month)

CIQ-FC  
**CARD 6**

1 = Strongly disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly agree