

Rating Scales

Child's Name _____

Date _____

Completed By _____

Please circle the number that best describes your symptoms IN THE PAST FEW WEEKS

	None	A Little	Pretty Much	Very Much
1. Depressed or sad mood, tearfulness, cries easily	0	1	2	3
2. Irritable mood, angry	0	1	2	3
3. Decreased enjoyment or interest in usual activities	0	1	2	3
4. Social withdrawal	0	1	2	3
5. Changes in appetite, eating habits or weight	0	1	2	3
6. More lethargic or agitated, changes in activity level	0	1	2	3
7. Low energy or motivation	0	1	2	3
8. Poor concentration or difficulty making decisions	0	1	2	3
9. Thoughts of death or suicide	0	1	2	3
10. Low self-esteem	0	1	2	3
11. Feelings of hopelessness	0	1	2	3
12. Feelings of worthlessness or unnecessary guilt	0	1	2	3
13. Sleep difficulties or changes	0	1	2	3

Please circle the number that best describes your child IN THE PAST FEW MONTHS:

	None	A Little	Pretty Much	Very Much
1. Makes careless mistakes/ poor attention to detail	0	1	2	3
2. Difficulty sustaining attention in tasks	0	1	2	3
3. Does not seem to listen when spoken to	0	1	2	3
4. Does not follow instructions or finish chores or schoolwork	0	1	2	3
5. Difficulty organizing tasks or activities	0	1	2	3
6. Avoids or dislikes tasks requiring sustained attention (i.e. reading, schoolwork)	0	1	2	3
7. Often loses necessary things	0	1	2	3
8. Is easily distracted	0	1	2	3
9. Forgetful in daily activities	0	1	2	3
10. Fidgets, taps hands or feet, squirms in seat	0	1	2	3
11. Leaves seat inappropriately	0	1	2	3
12. Runs about or climbs when in inappropriate situations	0	1	2	3
13. Unable to play quietly	0	1	2	3
14. Is "on the go" or seems driven by a motor	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before question is completed	0	1	2	3
17. Difficulty waiting for turn	0	1	2	3
18. Interrupts or intrudes	0	1	2	3

Please circle the number that best describes your child over THE LAST SIX MONTHS.

	None	A little	Pretty Much	Very Much
1. Often loses temper	0	1	2	3
2. Touchy or easily annoyed	0	1	2	3
3. Angry and resentful	0	1	2	3
4. Argues with adults	0	1	2	3
5. Actively defies or refuses to comply with rules or requests	0	1	2	3
6. Deliberately annoys others	0	1	2	3
7. Blames others for his or her mistakes or misbehavior	0	1	2	3
8. Was spiteful, vindictive or wanted revenge	0	1	2	3
9. Has temper tantrums	0	1	2	3
10. Bedwetting or daytime toileting accidents	0	1	2	3

Please circle the number that best describes your symptoms IN THE PAST FEW WEEKS.

	None	A Little	Pretty Much	Very Much
1. Excessive anxiety and worry about bad things happening	0	1	2	3
2. Seeks reassurance about a variety of concerns	0	1	2	3
3. Irritable mood	0	1	2	3
4. Restlessness, feeling tense or on edge, inability to relax	0	1	2	3
5. Physical complaints with no medical basis (headaches, stomachaches)	0	1	2	3
6. Sleep problems (difficulty falling or staying asleep, refusal to sleep alone)	0	1	2	3
7. Excessive fear of a specific object or situation (e.g. weather, dogs, injections)	0	1	2	3
8. Social anxiety or avoidance of social situations	0	1	2	3
9. Repeated thoughts or images that cause distress	0	1	2	3
10. Repetitive behaviors or mental acts to prevent anxiety or feared events (e.g. handwashing, counting)	0	1	2	3
11. Excessive fear of separation from or losing caregivers	0	1	2	3
12. Reluctance or refusal to sleep away from home	0	1	2	3
13. Has your child ever experienced a panic attack or period of intense fear or anxiety? Y N				
14. Has your child ever experienced or witnessed a traumatic event that involved death, injury or violence? Y N				