

CAFAS® CHECKLIST (ADULT INFORMANT VERSION)

CAFAS® CHECKLIST: SCHOOL SUBSCALE

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

Instructions

The information provided on this checklist will be used in rating the CAFAS® scale. This checklist contains a list of items describing children's behavior in school. Read each item and decide if the item describes the youth. Please mark the "Yes" circle if the statement is true for the child, the "No" circle if the statement is not true for the child, or the "Don't Know" (DK) circle if you do not know whether it is true or false for the child. For a few items, a "Yes" response is followed by a second item that is to be rated only if you responded "Yes." These are indicated by "IF YES," which is indented under the relevant item.

A few questions ask you to choose which items are true from among a list of options which follow. These questions are clearly marked because each response option is indicated by a square. You check the box for the option which best describes the youth.

When answering these questions, think about the youth's worst behavior during the time frame being asked about (for example, the last month, the last 3 months) even if the youth has recently made improvements. The time period to use should be marked here for you:

TIME FRAME: [ ] last month [ ] last 3 months [ ] other, specify \_\_\_\_\_

The questions are divided into 9 categories (for example, "School", "Home", etc.) You may be asked to answer questions relevant to one or more of these categories. These instructions will be repeated for each category.

SCHOOL: Attendance

The youth:

Yes No DK

[ ] [ ] [ ]

1. has been absent from school at least twice a month on average during the last \_\_\_ month(s)

IF YES:

a. How often?

- [ ] 1. more than one day a week on average
[ ] 2. about one day a week on average
[ ] 3. about one day every two weeks on average

[ ] [ ] [ ]

b. Was the youth absent for several days in a row?

c. Why was he/she out of school? (check all that apply)

- [ ] 1. expelled
[ ] 2. suspended
[ ] 3. refused to go to school (and was not sick)
[ ] 4. sick
[ ] 5. on vacation, religious holiday, or family activities
[ ] 6. skipped school or was truant

IF YES:

a. Was he/she absent at least one day every two weeks on average?

b. Did he/she skip school for several days in a row?

[ ] 7. other, specify \_\_\_\_\_

[ ] [ ] [ ]

[ ] [ ] [ ]

d. Which of the following things happened because the youth missed school? (check all that apply)

- [ ] 1. parent was told the youth has been absent a lot
[ ] 2. youth was sent to detention or study hall during or after school
[ ] 3. youth was required to attend Saturday or other make-up sessions
[ ] 4. youth failed or will fail a course, or youth will not get credit for a course

- 5. other consequences, specify \_\_\_\_\_
- 6. none of the above
- 7. don't know

**SCHOOL: Hyperactivity and Attention Deficit**

Yes No DK

2. Does the school think the youth has a problem with attention deficit or hyperactivity?

**IF YES:**

a. the school thinks the youth needs some special services or medication for this problem

b. youth receives special services at school. It could be a special school, classroom, or program.

c. youth takes medication for this problem

d. his/her behavior is still a problem even though he/she may get help for it

**SCHOOL: Behavior**. Answer the following questions according to what the school thinks about the youth's behavior, even if you disagree.

Yes No DK

3. is considered a threat to others by the school

4. harmed or hit an adult or other kid (was physically aggressive)

5. threatened to hurt or physically intimidated an adult or another kid. Intimidate, we mean that another person was fearful because of something the youth said or did)

6. ignores instructions when he/she is told to do something

7. disobeys school rules

8. acts inappropriately in school

9. has problems getting schoolwork done. Examples include: not doing schoolwork, not getting schoolwork done on time, not doing schoolwork correctly, not handling schoolwork

**SCHOOL: Effects of The Youth's Behavior in School**

Yes No DK

10. is in a special school

11. is in a special class or program part of the day

12. attends a regular school, but only under special circumstances. Example: a person goes with the youth to classes to make sure the youth acts okay

13. is not in a special program now, but the school thinks the youth needs special help or special services

14. got suspended (kicked out of school for a specified number of days)

15. got sent to a principal's office or to detention by the classroom teacher more than once

16. had to see the principal or another authority person at school besides the classroom teacher more than once

17. disrupts the class or interferes with other kids' learning

18. teacher has complained to you about the youth's bad or difficult behavior

19. gets help from the classroom teacher who does special things to help the youth. Examples include: a special seating arrangement; giving the youth rewards for good behavior; sending notes home

20. has problems but they can be managed by the classroom teacher with no other help

21. his/her behavior is still a problem even though he/she may get help

**SCHOOL: Grades**

22. Which one best describes the youth's grades?

is failing all or most classes

is in a vocational program and is failing

is failing at least half of his/her classes

grade average is lower than "C" (and youth could do better)

grade average is "C" or above but grades are below what the youth is capable of doing

grade average is "C" or above and matches the youth's abilities

is in a vocational program and is doing okay

don't know

Other comments \_\_\_\_\_

**CAFAS® CHECKLIST: WORK (FROM SCHOOL/WORK SUBSCALE)**

(For youths 14 years or older)

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_/\_\_/\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

**The youth:**

Yes No DK

1. has worked outside the home within the last \_\_ month(s), or he/she has been in a vocational training program (these courses prepare students for jobs such as being a mechanic, a hairdresser, or working in a restaurant).

**IF YES:**

a. was fired or asked to leave job

b. harmed or threatened to hurt a supervisor or co-worker

c. was late for work more than once

d. missed work (and was not sick)

e. got into trouble on the job, was reprimanded, or received a warning

f. did not do assigned jobs correctly or on time

2. is **not** working and is **not** trying to get a job

Add any comments about how the youth is doing work. \_\_\_\_\_

\_\_\_\_\_

DRAFT

## CAFAS® CHECKLIST: HOME SUBSCALE

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

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### HOME: Types of Problems in the Home

#### The youth:

Yes No DK

1. harmed or hurt \_\_\_\_\_ and another household member (was physically aggressive)
2. has physically intimidated or threatened to hurt you or another household member
3. has damaged property in your home, such as the furniture, house, or yard, on purpose

#### IF YES:

- a. the damage is serious. Example: punched holes in the wall
4. repeatedly does things that could be dangerous and knows better. Example: leaves the stove on
  5. does not obey important rules. Examples include: not coming home on time or going where he/she does not have permission to go. Which one best describes how the youth obeys important rules:
    - does not obey important rules and he/she is out of control most of the time. (You may have "given up" on rules because of his/her refusal to obey rules.)
    - does not obey important rules and a lot of help from others outside the home is needed to manage him/her
    - frequently does not obey important rules, but he/she is not out of control or unmanageable
    - does not obey important rules some of the time
    - none of the above; this is typically not a problem
    - we do not have rules in our family
    - don't know
  6. does not follow daily routines. Examples include: going to bed on time; picking up after oneself. Which one best describes how the youth follows routines:
    - typically does not follow routines (almost all of the time) (You may have "given up" on routines because of his/her refusal to follow routines.)
    - persistently (a lot of the time) does not follow routines (more than most kids his/her age, but this is not a major problem)
    - frequently (often) does not follow routines, or the youth follows them but complains or has to be watched, prodded, or frequently reminded to make sure he/she does them
    - none of the above; this is typically not a problem
    - we don't have routines in our family
    - don't know

7. does not do chores. Examples include: doing dishes; taking out the garbage. Which one best describes how the youth does chores:
- typically does not do chores (almost all of the time) (You may have “given up” on chores because of his/her refusal to do chores.)
  - persistently (a lot of the time) does not do chores (more than the typical kid his/her age, but this is not a major problem)
  - frequently (often) does not do chores, or the youth does chores but complains or has to be watched, prodded, or frequently reminded to make sure he/she does them
  - none of the above; this is typically not a problem
  - we don't have chores in our family
  - don't know

Yes No DK

8. frequently curses at you or other family members, even though he/she knows you dislike it
9. frequently does things on purpose to aggravate or frustrate you, more than most kids his/her age. Examples would be teasing siblings or doing the opposite of what you told him/her to do
10. ran away from home overnight or stayed out all night without permission
- IF YES:**
- a. ran away more than once
  - b. ran away for a week or longer
  - c. you did not know where the youth was every time he/she ran away

**HOME: Effects of The Youth's Behavior in the Home**

Yes No DK

11. is not living in the home because of his/her behavior in the home
12. is beyond your control
13. has to be watched to make sure he/she does not do anything in the home

Yes No DK

14. needs so much supervision (watching) that it interferes with your work or other things you are supposed to do
15. you receive respite services (respite services is when another adult is hired to help care for the youth for a short period of time so the parent can have a break)
16. can only be kept in the home because you get a lot of help from others such as a counselor who comes into the home for more than one hour or so a week

Add any comments about how the youth is doing at home: \_\_\_\_\_

\_\_\_\_\_

CAFAS® CHECKLIST: COMMUNITY SUBSCALE (DELINQUENCY)

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

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TIME FRAME:  last month  last 3 months  other, specify \_\_\_\_\_

COMMUNITY: Behaviors Which Negatively Affect Other People or Their Property

The youth:

Yes No DK

- 1. has broken into a house, car, or building
2. has snatched a purse or wallet
3. has tried to get money or other items from others by threatening them
4. has beat someone and tried to rob them
5. has carried held guns
6. has dealt or sold drugs
7. has stolen a car
8. has carried a knife, gun, or other weapon. Examples: a brick or a bat used as a weapon
9. has seriously injured or beaten someone up
10. has threatened someone with a weapon
11. has killed someone
12. has been reported to the authorities for hurting someone, trying to hurt someone, or threatening to hurt someone
13. has gotten any tickets or been cited for driving violations
14. has gotten into trouble for trespassing onto another's property or for harassing others
15. has gotten into trouble for disturbing the peace
16. has shoplifted or stolen something from a store, even though the youth knew better
IF YES:
a. it happened more than once
17. has taken someone's car without permission with an intent to return it
IF YES:
a. it happened more than once
18. has vandalized or damaged property outside the home
IF YES:
a. the damage was severe and done on purpose
b. has done it more than once
19. has played with fire more than once, even though he/she knew better
20. has set something on fire on purpose
IF YES:
a. set a fire that could have resulted in harming others or their property
b. set something on fire on purpose and with the intention of hurting someone or damaging others' property

Yes No DK

21. has been accused of doing inappropriate sexual things

**IF YES:** What was he/she accused of doing? \_\_\_\_\_

22. has actually done inappropriate sexual things. An example is showing his/her sexual parts to others

**IF YES:** What did he/she do? \_\_\_\_\_

23. has sexually assaulted or abused another person, or tried to. Sexual assault means any form of penetration or touching of sexual parts with another person, and one of the following were involved: force, threats of something happening if the person doesn't cooperate, persuasion (if toward a younger child), or the victim was not conscious (for example, asleep or drunk). (Do **not** score "Yes" if the youth was a victim only.)

**IF YES:** what did he/she do? \_\_\_\_\_

Answer the following questions only if you marked "Yes" for any of the community problems asked about in the preceding section.

**COMMUNITY: Effects of The Youth's Behavior.**

Yes No DK

24. has been in a detention home or jail for breaking the law

25. has been accused of breaking the law

26. has been arrested or held in custody by police

27. has been referred to alternative services instead of going to court, to detention, or to jail. Example: did community service

28. was told that he/she will likely go to detention home or jail if he/she gets into any more trouble

29. was reported to police or social services for sexual behavior

30. other adults did not want the youth to be around the children because of his/her sexual behavior

31. is on probation or under court supervision

**IF YES:**

a. the offense happened in the last 3 months

b. violated probation

32. is scheduled to go to court in the future

**IF YES:**

a. the offense happened in the last 3 months

Add any comments about how the youth is doing in the community: \_\_\_\_\_

\_\_\_\_\_

**CAFAS® CHECKLIST: BEHAVIOR TOWARD OTHERS SUBSCALE**

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

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**TIME FRAME:**  last month     last 3 months     other, specify \_\_\_\_\_

**BEHAVIOR TOWARD OTHERS:** These questions ask about how the youth relates to others.

**The youth:**

Yes No DK

- |                       |                       |                       |   |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. acts bizarre or extremely odd most of the time   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. is so dangerous or disruptive that others could be hurt  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. is aggressive toward adults <u>not in the home</u> . Examples include: hits; bites, throws things at others  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. threatens to hit or physically intimidate adults <u>not in the home</u>  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. does mean things to animals  |
|                       |                       |                       | <b>IF YES:</b>  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. is especially cruel  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. does mean things frequently  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. is <u>typically</u> (most of the time) belligerent (disrespectful, talks back)   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. <u>typically</u> (most of the time) argues, quarrels   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. is often spiteful and vindictive. Example: getting back at others by doing annoying things   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. frequently acts angry or has angry outbursts   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. gets into physical fights with other kids   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. tries to con, manipulate, or take advantage of others   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. bullies, threatens, or is mean toward other kids  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. hangs around with a gang or group of kids who harass other kids   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. often argues, quarrels more than most kids his/her age  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. reacts with temper tantrums if frustrated or criticized, more than most kids his/her age  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. has a quick temper or is easily annoyed by other kids   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. tends to be ignored by other kids   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. tends to be rejected or not liked by other kids   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19. teases, picks on other kids   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 20. has mostly younger friends (and acts more immature than the average kid his/her age)  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 21. has poor judgment about sexual matters, like having casual sex, having multiple partners, or not practicing safe sex (using a condom for protection against AIDS) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 22. has poor judgment or takes risks that could result in someone getting hurt or getting into serious trouble (and he/she should know better)                        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 23. is <u>typically</u> (most of the time) impulsive (does things before thinking), more than most kids his/her age   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 24. has poor judgment that causes inconvenience to others (more than most kids his/her age)   |

Add any comments about the youth's behavior toward others: \_\_\_\_\_

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**CAFAS® CHECKLIST: MOODS/EMOTIONS SUBSCALE**

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

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TIME FRAME:  last month     last 3 months     none specify \_\_\_\_\_

**MOODS/EMOTIONS: Focuses on the Youth's Sadness/Depression or Anxiety/Worry.** These questions mostly ask about two groups of emotions:

**The youth:**

Yes No DK

- 1. is viewed by other people as strange or odd much of the time because of his/her intense or unusual emotional behavior
- 2. has very sudden intense mood changes, much more than most kids his/her age
- 3. had a really frightening or stressful experience ever. Examples include: abuse, witnessing violence, and rape
  - IF YES:**
  - a. What happened? \_\_\_\_\_
  - b. Is he/she still affected by this experience?
    - IF YES:**
    - How? \_\_\_\_\_
  - c. Has the youth changed in how he/she reacts emotionally, by becoming much more "timid" about expressing his/her feelings
    - IF YES:**
    - 1. Does the youth show very little or no expression of emotions?
- 4. tends to be anxious, worried, or fearful (more than most kids his/her age)
  - IF YES:**
  - a. worries or fears are way out of proportion (much more than they should be given the circumstances)
  - b. Which one best describes how often the youth feels anxious, worried, or fearful?
    - at least half the time
    - less than half the time, but often/frequently
    - less than half the time, but a few days in a row
    - occasionally and is not a problem

- 5. seems sad or depressed, more than most kids his/her age
- 6. thinks nothing is fun anymore and this is worrying you

**IF YES to question 5 and/or 6:**

- a. Which one best describes how often the youth feels this way?
  - at least half the time
  - less than half the time, but often/frequently
  - less than half the time, but a few days in a row
  - occasionally and is not a problem

Yes No DK

- 7. has trouble sleeping
- 8. feels tired a lot
- 9. has trouble concentrating and this is a change
- 10. has appetite changes that are severe or worry you
- 11. feels worthless, as if he/she is "no good"
- 12. no longer enjoys things that he/she used to enjoy
- 13. cries a lot (more than most kids his/her age), and this is a change
- 14. often gets irritable and this is a change
- 15. has muscle tension
- 16. often feels "keyed up"
- 17. has nightmares
- 18. has headaches, stomachaches, or other pains with no medical cause
- 19. has nervous habits
- 20. has low self-esteem
- 21. is too critical or blaming of him/herself
- 22. is too easily upset if he/she makes mistakes
- 23. is too sensitive to being corrected or criticized

**MOODS/EMOTIONS: Feeling frustrated or unconcerned. Think about whether the youth's feelings of sadness/depression or anxiety/worry interfere in the way of doing what he/she was supposed to be doing.**

Yes No DK

- 24. refuses to go to school
- 25. strongly resists going to school, but will go if forced to
- 26. goes to school, but does not do schoolwork and this is a change
- 27. gets much lower grades than he/she used to
- 28. spends almost no time with friends and this is a change due to the youth being withdrawn
- 29. plays or spends less time with friends than he/she used to
- 30. gets really upset if he/she has to be away from you or home. Examples include: when the youth goes to school; when you go out
- 31. insists on special things such as sleeping in the same room with you or calling home when away from the house

Add any comments about the youth's moods or emotions: \_\_\_\_\_

\_\_\_\_\_

**CAFAS® CHECKLIST: SELF-HARMFUL BEHAVIOR SUBSCALE**

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

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TIME FRAME:  last month     last 3 months     other, specify \_\_\_\_\_

**SELF-HARM: Behavior and Thoughts**

**The youth:**

Yes No DK

1. might be having suicidal or self-harming thoughts

2. talks or thinks about committing suicide

3. has a clear plan to kill him/herself

**IF YES:**

a. What is the plan? \_\_\_\_\_

4. really wanted to die

5. has made suicide attempt in the last \_\_\_ month(s)

**IF YES:**

a. What did the youth do? \_\_\_\_\_

b. Did the youth really want to die when he/she made the attempt?

6. does things which could likely cause serious self-harm. Example: jumping out of a moving car

7. is trying to starve him/herself (as in anorexia)

8. does things to injure him/herself, but they are not life-threatening. Example: making a small cut on his/her arm with a razor blade

9. has habits suggesting self-harming, like pinching or scratching him/herself

Add any comments about the youth's behavior or talk which may suggest a desire to harm him/herself: \_\_\_\_\_

\_\_\_\_\_

DRAFT

## CAFAS® CHECKLIST: SUBSTANCE USE SUBSCALE

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

**INSTRUCTIONS:** The information provided on this checklist will be used in rating the CAFAS scale. This checklist contains a list of items describing children's behavior. Read each item and decide if the item describes the youth. Please mark the "Yes" circle if the statement is true for the child, the "No" circle if the statement is not true for the child, or the "Don't Know" (DK) circle if you do not know whether it is true or false for the child. For a few items, a "Yes" response is followed by a second item that is to be rated only if you responded "Yes."

A few questions ask you to choose which items are true from among a list of options which follow. These questions are clearly marked because each response option is indicated by a . You check the box for the option which best describes the youth.

When answering these questions, think about the youth's worst behavior during the time frame being asked about (for example, the last month, the last 3 months) even if the youth has recently made improvements. The time period to use should be marked here for you:

TIME FRAME:  last month  last 3 months  other specify \_\_\_\_\_

### **USE OF ALCOHOL AND DRUGS: Frequency of Use** These questions ask about whether the youth has used drugs or alcohol in the time period and how much.

#### The youth:

Yes No DK

1. has used alcohol in the last \_\_\_ month(s)

**IF YES:**

a. Which one best describes how often the youth drinks alcohol:

- 2 or more times a week
- 1 time a week
- occasionally (about once a month)
- less than once a month
- only tried it
- don't know

b. Which one best describes how often the youth gets drunk:

- 2 or more times a week
- 1 time a week
- occasionally
- hasn't been drunk
- don't know

2. has used drugs in the last \_\_\_ month(s) (includes street drugs, glue, inhalants, and misuse of prescriptions)

**IF YES:**

a. What kind of drugs? \_\_\_\_\_

b. Which one best describes how often the youth uses drugs:

- 2 or more times a week
- 1 time a week
- occasionally (about once a month)
- less than once a month
- only tried it
- don't know



CAFAS® CHECKLIST: THINKING SUBSCALE

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

INSTRUCTIONS: The information provided on this checklist will be used in rating the CAFAS scale. This checklist contains a list of items describing children's behavior. Read each item and decide if the item describes the youth. Please mark the "Yes" circle if the statement is true for the child, the "No" circle if the statement is not true for the child, or the "Don't Know" (DK) circle if you do not know whether it is true or false for the child. For a few items, a "Yes" response is followed by a second item that is to be rated only if you responded "Yes."

A few questions ask you to choose which items are true from among a list of options which follow. These questions are clearly marked because each response option is indicated by a square. You check the box for the option which best describes the youth.

When answering these questions, think about the youth's worst behavior during the time frame being asked about (for example, the last month, the last 3 months) even if the youth has recently made improvements. The time period to use should be marked here for you:

TIME FRAME: [ ] last month [ ] last 3 months [ ] other specify \_\_\_\_\_

THINKING/COMMUNICATION: These questions ask about the youth's basic ability to think and communicate like other kids. The words "basic ability" are used because in this section we are interested in the kinds of problems that children with serious mental illness look quite different from the average youth his/her age. These include problems with meaning, communication, hallucinations (seeing or hearing things that are not real), delusions (believing things that are obviously not true), and loss of memory.

THINKING/COMMUNICATION: Types of Problems

The youth:

Yes No DK

- 1. has major communication problems, meaning others cannot understand what the youth is trying to say
2. mostly repeats words that others say (like a parrot)
3. mostly uses words that only have meaning to him/herself
4. does not make any sense when talking, even though he/she is using common words (the way the words are put together makes no sense)
5. makes sense when he/she talks, but it is not related to the topic; this is very noticeable to others
6. sees or hears things that are not really there (do not answer yes if the youth only sees or hears things which are religious beliefs or that only happen: at bedtime, when he/she is very sick, or when he/she used drugs or alcohol)
IF YES:
a. thinks that the things he/she sees or hears are real
b. What does he/she see or hear?
7. believes things that are obviously not true, and they are highly unusual beliefs
IF YES:
a. What does he/she believe?
8. believes that just by thinking something, you can make it happen. Example: believing that if you get mad at someone, the bad thoughts could cause an accident
9. acts much more suspicious or "paranoid" than he/she should
10. has thoughts over and over that he/she cannot quit thinking about and he/she would really like to stop having these thoughts

**IF YES:**

a. What thoughts does he/she have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No DK

11. does artwork, writes things, or fantasizes about things that are bizarre or gross, and you or others are concerned about it

**IF YES:**

a. What does he/she draw, write, or fantasize about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. had an accident or major illness and since then his/her ability to remember things is a lot worse

Answer the following questions only if you marked "Yes" for any of the thinking/communication problems asked about in the preceding section.

**THINKING/COMMUNICATION: Effects of The Youth's Thinking/Communication Problems. In answering these questions, think about how the youth's problem with thinking and communication get in the way of doing what he/she is supposed to be doing.**

Yes No DK

13. has difficulties in interacting with others

**IF YES:**

a. Which one best describes how much of the time this happens:

- almost all the time
- much of the time
- some of the time
- only occasionally

14. behaves very oddly, and other youth that the youth is different

**IF YES:**

a. Which one best describes how much of the time this happens:

- almost all the time
- much of the time
- some of the time
- only occasionally

15. has no friendships which would be typical for his/her age

16. has to be watched or closely supervised at all times (unless in a special room)

17. needs a special physical environment

18. cannot be in the neighborhood or community without an adult or supervision

19. cannot be in a regular school

20. cannot be in a regular classroom

Add any comments about the youth's thinking or communication problems: \_\_\_\_\_  
\_\_\_\_\_

## CAFAS® CHECKLIST: FAMILY SUBSCALE

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Staff member responsible for administration \_\_\_\_\_ Staff ID \_\_\_\_\_

Your Name \_\_\_\_\_ Your Relationship to youth \_\_\_\_\_

Your Address \_\_\_\_\_

**EFFECTS OF THE YOUTH'S PROBLEMS ON THE FAMILY.** These questions ask about how the youth's problems negatively affect you and other family members. Sometimes the effects are not all negative. However, in these questions we are asking about the "downside" of the youth's problems.

Your choices for answers are going to be, "Almost all the time," "Much of the time," "Some of the time," and "None of the time." You can also choose "Does not apply," for example, if the question asks about the effect on your other children and you do not have other children.

In answering these questions, think about how the youth's problems affected you and other adult caretakers in the family during the time period being asked about. The time period to use should be marked on the form for you:

**TIME FRAME:**  last month  last 3 months  other, specify \_\_\_\_\_

	Almost all the <u>time</u>	Much of the <u>time</u>	Some of the <u>time</u>	None of the <u>time</u>	Does not apply
1. How much did the youth's problems interfere with you:					
a. going to work (you missed days of work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. getting your work done while at work (if present at work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. doing your job as well as usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. getting along with coworkers (i.e., due to irritability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. getting along with your husband/wife/partner (e.g., argue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. having relaxing or quality time with your husband/wife/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. going out socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. inviting your friends or relatives to your house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. doing household or yard chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. doing leisure activities, such as getting exercise or doing hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. getting along with your other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. having relaxing or quality time with your other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How much did the youth's problems interfere with:					
a. your other children inviting their friends to your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. family members enjoying time spent together or at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. going out to eat or doing other fun things together as a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. taking a vacation or trip as a family (if there had been an opportunity to do so)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. your other children receiving the attention they would usually get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. having an "OK" or pleasant time at dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. getting or doing things because there was less money available for the family (as a result of the youth's needs/expenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add any comments about the effects of the youth's problems on the family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_