

**PRESCHOOL AND EARLY CHILDHOOD FUNCTIONAL ASSESSMENT SCALE
PARENT REPORT**

This questionnaire inquires about how your child is functioning in various areas of his/her life, including at school, in the home, and in the community. It also asks questions about how your child gets along with others and how he/she handles his/her moods and emotions. Please answer each question.

Introductory comments appear in italics for each group of questions. The abbreviation "NA" is used to indicate "Not Applicable." For each question you are asked to check the box which best answers the questions. Also, for some questions:

- there could be more than one option endorsed, so the instructions state to "check all that apply."
- an option is included which states "other, specify," after which space is provided for you to write comments. This is presented as an option in case none of the options listed describe your child.
- we ask you to comment on your child's behavior so that we can get a sense of what kinds of things he/she does that are a problem.
- responses are required only if they are pertinent to your child (for example, if your child is in preschool/school/daycare). If the questions do not pertain to your child, please check the box Γ provided and go on to the next section.
- 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.

When answering these questions, think about your child's worst behavior in the time frame being asked about (for example, the last month, the last 3 months) even if your child has recently made improvements. Some questions contain the phrase, "in the last ___ month(s)." That is intended as a reminder for you to think about the time frame being asked about. It should be marked here what time frame you are to use:

TIME FRAME: last month last 3 months other, specify _____

FOR AGENCY USE ONLY - NOTES TO THE INTERVIEWER IF ADMINISTERED TO A PARENT:

This interview can be completed by the parent, or can be completed by a staff member by interviewing the parent over the telephone or in person. Throughout the interview, "your child" and "he/she" may be used interchangeably or replaced with the child's name to suit a more flowing and conversational tone. Do not offer "don't know" to the parent as an option. Use it only if the parent truly does not know the answer. For "please explain," ask the parent for examples, frequency, and severity of the behavior that was endorsed. Also ask the parent for examples, frequency, and severity if the parent answers "sometimes."

If the parent is completing the interview him/herself, he/she will follow the directions at the top of this page. If this is being administered to the parent, the staff member should review the directions at the top of this page, and then begin the interview by reading the instructions in italics below to the parent. As you proceed through the interview, read to the parent the introductory comments which appear in italics for each group of questions. For questions with several options, read all of the options to the parent and either check all that apply or check the best response, whichever is indicated in the interview. The asterisk (*) before certain numbers (for example, before questions concerning eating habits, sexual behavior, and suicidal thoughts) means that the information will be used in rating more than one scale when you score the PECFAS.

Indicate the time frame being rated here: last month last 3 months other, specify _____

After reading the instructions below, review with the parent the specific time period which is being inquired about (e.g., since school started until now).

This questionnaire asks about how your child is doing in various areas of his/her life, including at school, in the home, and in the community. It also asks questions about how your child gets along with others and how he/she handles his/her moods and emotions. For some questions, there could be more than one answer, so I will read all of the choices and you can tell me which is the best answer. There might be a few times when I ask you to describe his/her behavior if none of the options listed describe your child. This is so I can get a sense of what kinds of things he/she does that are a problem. When answering these questions, think about your child's worst behavior in the last ___ month(s), even if your child has recently made improvements. Feel free to stop me if you have any questions.

**PRESCHOOL AND EARLY CHILDHOOD FUNCTIONAL ASSESSMENT SCALE
PARENT REPORT**

Child's Name _____ Child's ID # _____ Date ____ / ____ / ____

Staff member responsible for administration _____ Staff ID# _____

Parent/Caregiver Name _____ Relationship to Child _____

Parent/Caregiver Home Phone Number (____) _____ Work Number (____) _____

Parent/Caregiver Address _____

City _____ State _____ Zip _____

GENERAL INFORMATION

G1. Is your child a boy or a girl?
 boy girl

G2. What age is your child?
 3 5 7 9
 4 6 8

G3. Does your child have any of the following problems? (check all that apply.)
 a. attention deficit/hyperactivity disorder i. physical disability, orthopedic or neurological problem
 b. behavioral or emotional problem j. problems which likely resulted from maternal alcohol/drug use (e.g., Fetal Alcohol Syndrome)
 c. learning problems k. medically fragile or other health problems
 d. speech or language problem l. sensory problem (e.g., hearing problem, vision problem, etc.)
 e. slow learning m. don't know
 f. autism n. other, specify _____
 g. schizophrenia o. none (child does not have any of these problems)
 h. mental retardation/developmental delay

G4. How are you related to the child?
 biological mother adoptive father grandparent
 biological father stepmother foster parent
 adoptive mother stepfather other, specify _____

G5. Are you the child's primary caregiver (meaning that the child lives most of the time in your home?)
 yes no
IF NO: Who is the primary caregiver?
Name: _____
Relationship to child: _____

G6. Are the child's mother and father living together?
 yes no
IF NO:
a. Why not?
 parents are divorced
 parents are separated
 mother and/or father is dead
 mother and father were never married
 other, specify _____

- b. Who is the custodial parent or who does the child live with?
 - mother other, specify _____
 - father
- c. Is the child's mother married or have a live-in partner?
 - yes no don't know NA - mother deceased
- d. Is the child's father married or have a live-in partner?
 - yes no don't know NA - father deceased

G7. Has your child lived outside of your home at any time in the last __ month(s)?

- yes no

IF YES: Please answer each question since your child could have lived in more than one place. At any time during the last __ month(s):

- a. Was your child living with others in a private home?
 - yes no

IF YES: (check all that apply)

- 1. living with non-custodial parent
- 2. living with relatives
- 3. other, specify _____

- b. Was your child placed out of home in a residential program? By residential, we mean one where he/she spends the night.

- yes no

IF YES: (check all that apply)

- 1. foster care
- 2. group home
- 3. psychiatric inpatient unit
- 4. residential treatment center
- 5. other, specify _____

- c. Did your child live someplace else and have a telephone number?

- yes no

IF YES: please specify _____

- d. Was your child taken out of the home by Protective Services, Social Services, or the police?

- yes no

G8. What is your child's race or ethnic group? (check all that apply)

- African-American
- Asian or Pacific Islander
- Hispanic (i.e., of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or descent)
- Native American or Native Alaskan _____
- White
- Other _____

G9. Does your child understand and fluently speak the English language?

- yes no

G10. Has your child had any medical problems?

IF YES: What types of problems?

- a. chronic, such as asthma, epilepsy, or skin problems
- b. accidents
- c. operations
- d. frequent complaints of headaches, stomachaches, or other aches
- e. other, specify _____

G11. Did your child not go to school, preschool, or daycare at all during the last ___ month(s)?

- yes no

IF NOT ENROLLED: Why not?

- child refused to attend the program/school
 expelled or asked to leave
 is "home-schooled" and does not attend public school
 child is preschooler and stays at home with caregiver
 other, specify _____

Answer the following questions if your child was in preschool, school, Head Start, or daycare at any time during the last ___ month(s). If child was not in any of these, check here , skip the questions on **SCHOOL/PRESCHOOL/DAYCARE** and go to the next section labeled "**HOME**."

SCHOOL/PRESCHOOL/DAYCARE

S1. What school program/grade is your child in? If this is now summer, please give the last grade your child was in. (check all that apply)

- a. daycare
 1. part-time
 2. full-time
- b. preschool
 1. part-time
 2. full-time
- c. kindergarten
 1. part-time
 2. full-time
- d. special kindergarten (e.g., for developmentally delayed)
 1. part-time
 2. full-time
- e. 1st grade
 f. 2nd grade
 g. grade level _____ are not used at the school
 h. other, specify _____

S2. What school/program does he/she attend?

School _____

City _____

S3. How long has he/she been in this school/program?

- less than 3 months 7-12 months more than 2 years
 3-6 months 1-2 years don't know

If your child is on summer vacation or has been in his/her current grade/program less than a month, check here and rate your child's last ___ month(s) in the previous grade/program.

*S4. Has your child been absent from school/daycare at least twice a month on average during the last ___ month(s), and he/she normally would have been there? Don't count absences due to sickness, vacation, religious holidays, or family activities.

- yes no don't know

IF YES:

- a. How often was he/she absent?
 1. at least one day a week on average
 2. at least one day every two weeks on average
- b. Was your child absent for several days in a row?
 yes no don't know

- c. Was he/she asked to leave?
 yes no don't know
- d. Was he/she suspended or not allowed to go to school/daycare for one day or more because of his/her behavior?
 yes no don't know
- e. Did he/she refuse to go to school/daycare or pretend to go to school/daycare but didn't?
 yes no don't know

S5. Does the school/daycare think your child has a problem with attention deficit or hyperactivity?

- yes no don't know

IF YES:

- a. Does the school/daycare think your child needs some special services for this problem?
 yes no don't know
- b. Does your child receive any special services for this problem at school/daycare? It could be a special school, classroom, or program.
 yes no don't know NA - no services are available
- c. Does your child take medication for this problem?
 yes no don't know
- d. Is your child not keeping up with other kids his/her age in learning things because of this problem?
 yes no don't know
- e. Is his/her behavior still a problem even though he/she may get help for it?
 yes no don't know NA

S6. Does the school/daycare view your child as potentially harmful to others?

- yes no don't know

S7. a. Has your child gotten into trouble at school/daycare because he/she harmed, hit, or was physically aggressive to teachers or other adults? An example would be purposely throwing things at others.

- yes no don't know

IF YES: What did your child do? _____

b. How about other children? Has your child gotten into trouble at school/daycare because he/she harmed, hit, or was physically aggressive to other children?

- yes no don't know

IF YES: What did your child do? _____

S8. At school/daycare, does your child more than most kids his/her age:

- a. not listen to the teacher?
 yes no don't know
- b. ignore instructions when he/she is told to do something?
 yes no don't know
- c. disobey rules?
 yes no don't know

S9. Did he/she receive any special services in school/daycare program during the last ___ month(s) because of his/her behavioral or emotional problems?

- yes no don't know NA - no services are available

IF YES:

- a. What services did he/she receive? (check all that apply)
 - was in a special school
 - was in a special class or program for all or part of the day
 - attended a regular school, but only under special circumstances (such as having a person go to class with your child to make sure he/she acts okay)
 - was taught at home by school tutor
 - other, specify _____
- b. Is his/her behavior still a problem even though he/she may get help for it?
 yes no don't know

- S10. Does the school/daycare think your child needs special help (which he/she is not receiving now) because of his/her behavioral or emotional problems?
 yes no don't know
IF YES: please explain _____
- S11. Have any of the following happened in the last __ month(s) because of your child's misbehavior or bad behavior:
 a. Your child was suspended or kicked out of school/daycare temporarily (i.e., for a specified number of days)
 yes no don't know
 b. You were given a warning that your child would have to leave the program if his/her bad behavior continued
 yes no don't know
 c. Your child had to see the principal or another authority person at school besides the classroom teacher more than once
 yes no don't know NA - not in school setting
- S12. Does your child's behavior get in the way of the teacher teaching other kids or the child care worker taking care of other kids?
 yes no don't know
- S13. Have teachers/child care workers complained about your child's bad or difficult behavior during the last __ month(s)?
 yes no don't know NA
IF YES: What does your child do that is a problem? _____
- S14. Does the teacher/child care worker do special things to keep your child from getting into trouble? Examples are: have the child sit in a special seat or give the child rewards for good behavior.
 yes no don't know NA
- S15. Does your child have problems but they can be managed by the classroom teacher or the child care worker with no other help?
 yes no don't know NA
- S16. Have you been told your child is not keeping up with other kids his/her age in learning things?
 yes no don't know NA - child is not in a learning program
IF YES: How far behind other kids is your child?
 below average, but not behind much in a year
 a year or more behind other children
- S17. Do you think your child needs help for problems at school/daycare?
 yes no
IF YES: Do you think your child or family needs more help than they are getting now?
 yes no
- S18. This is the end of the questions about school. Does your child have any problems in school/daycare which have not been asked about?
 yes no
IF YES: please specify _____

HOME

Now you will be asked some questions about how your child has been doing during the last __ month(s) at home. For the first three questions, some of the scoring choices sound very similar, so please tell me if you want me to repeat them. In every family, children are expected to do some tasks or follow rules on a day-to-day basis.

- H1. Some of these tasks involve taking care of oneself--like brushing teeth, taking a bath, or putting on clothes. Which one best describes how well your child cooperates with getting these sorts of things done?
 uncooperative, refuses, or fails to do tasks persistently (at least daily)
 uncooperative, refuses, or fails to do tasks frequently (often, every couple of days)
 does tasks, but typically needs to be watched or monitored in order to do them (more than most kids his/her age)
 does tasks, but typically balks or resists (more than most kids his/her age)
 none of the above, this is typically not a problem
 the children in our family are not asked to do these types of tasks
 my child is handicapped, he/she is not able to do these types of tasks
 don't know

- H2. Some tasks involve chores in the home--like picking up toys or putting toys away. They vary from family to family. Which one best describes how well your child cooperates with doing these chores?
- uncooperative, refuses, or fails to do chores persistently (at least daily)
 - uncooperative, refuses, or fails to do chores frequently (often, every couple of days)
 - does chores, but typically needs to be watched or monitored in order to do them (more than most kids his/her age)
 - does chores, but typically balks or resists (more than most kids his/her age)
 - none of the above, this is typically not a problem
 - the children in our family are not asked to do these types of chores
 - my child is handicapped, he/she is not able to do these types of tasks
 - don't know
- H3. In most families, there are important rules, such as not going out of the yard without permission, not touching the stove or medicines. Which one best describes how well your child obeys these important rules in the home?
- does not obey important rules to the point that close supervision is necessary
 - does not obey important rules frequently
 - 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
 - my child is handicapped, he/she is not able to follow rules
 - don't know
- *H4. Do you have trouble getting your child to eat?
- yes no
- IF YES:** Which one best describes your child?
- does not eat or refuses to eat so that he/she has to be fed
 - does not want to eat and has to be coaxed
 - is a very finicky eater
- H5. Does your child do 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 her to do.
- yes no
- H6. Could your child's behavior in the home likely result in him/her or others being hurt?
- yes no
- IF YES:**
- a. Please explain (to determine severity and frequency) _____
 - b. Do you have to watch him/her closely or take special steps in order to ensure safety?
 - yes no
- H7. Does your child's behavior or problems at home demand more attention than most kids his/her age?
- yes no
- IF YES:** Which one best describes how much your child demands or needs attention?
- constantly; interferes with caregiver's other responsibilities; hourly
 - consistently demanding; daily
 - insists that caregiver do things for him/her that the child could do without help
 - upset if an adult is not paying attention or interacting with him/her
- H8. Has your child's behavior in the home been so difficult that it is almost an unmanageable situation?
- yes no
- IF YES:**
- a. Please explain _____
 - b. Did your child not live in the home because of his/her behavior in the home, at any time in the last __ month(s)?
 - yes no
- H9. Does your child cling to you so much that it interferes with your work or other things you are supposed to do?
- yes no

H10. Do you receive respite services? Respite services are when another adult is hired to help care for the child for a short period of time so the parents can have a break.
 yes no

H11. Do you receive help from others to handle your child, such as a counselor who comes into the home for more than one hour or so a week?

yes no

IF YES: Do you think that your child would need to be placed outside the home if you did not get this help from others to manage him/her?

yes no

H12. Do you think your child needs help for problems at home?

yes no

IF YES: do you think your child or family needs more help than they are getting now?

yes no

H13. This is the end of the questions about home. Does your child have any problems in your home which have not been asked about?

yes no

IF YES: please specify _____

COMMUNITY

Now you will be asked questions about some things which kids do that often get them into trouble in the community or with the law. Remember to think about what your child has done in the last month(s). This is all confidential, so your child won't get into trouble if you mention something he/she did that is illegal. The only exception is if you say that your child abused another youth, and it has not been previously reported. By law, abuse of children must be reported.

C1. Has your child:

a. shoplifted or stolen something outside the home and your child knows it is wrong?

yes no don't know

IF YES:

1. What kind of things has your child stolen? (check all that apply)

- a. candy, small toys, or small amounts of money
 b. more expensive items or larger amounts of money (\$5.00 or more)

2. How many times do you think your child has stolen things or money?

- a. repeatedly
 b. at least twice
 c. once only
 d. don't know

b. vandalized or damaged property outside the home and your child knows it is wrong?

yes no don't know

IF YES:

1. How many times do you think he/she has done this?

- a. repeatedly
 b. at least twice
 c. once only
 d. don't know

2. Was the damage severe and done on purpose?

yes no don't know

C2. Has your child:

a. "played" with fire, even though he/she knew better?

yes no don't know

IF YES: How many times do you think he/she has done this?

1. repeatedly
 2. at least twice
 3. once only
 4. don't know

b. set something on fire on purpose, even though he/she knew better?

yes no don't know

IF YES: How many times do you think he/she has done this?

1. repeatedly
 2. at least twice
 3. once only
 4. don't know

IF YES TO EITHER a. OR b. ABOVE:

1. set a fire that could have resulted in harming others or their property?

yes no don't know

2. set something on fire on purpose and with the intention of hurting someone or damaging others' property?

yes no don't know

*C3. Has your child done or tried to do inappropriate sexual things around others, other than perhaps "playing doctor" with same-age kids?

yes no don't know

*C4. Has your child been accused of doing inappropriate sexual things with or around others?

yes no don't know

IF YES TO EITHER OF THE TWO QUESTIONS ABOUT SEXUAL ABUSE OR:

a. Did he/she continue doing it after having been told that it was inappropriate?

yes no don't know

b. What did your child do? (check all that apply)

1. showed his/her genitals to other children
 2. got others to show their genitals to him/her, or tried to get other children to do it
 3. imitated sexual posturing (e.g. made sexual thrusting movements) but with clothes on
 4. touched other children's genitals
 5. got other children to touch his/her genitals
 6. sexual posturing or attempts at intercourse, without clothes, with other children
 7. other (specify) _____

c. Was this sexual behavior done in secret and toward another child?

yes no don't know

d. Was your child outside his/her home when he/she did these things?

yes no don't know

e. Was your child's behavior reported to the police or social services?

yes no don't know

f. Was your child a victim of sexual abuse before this behavior started?

yes no don't know

g. Do you have concerns about other children being around your child because of this behavior?

yes no don't know

h. Do other adults have concerns about other children being around your child because of this behavior?

yes no don't know

C5. Does your child play with or do favors for youth who may be doing illegal or delinquent activities, or who frequently get into trouble?

yes no don't know

IF YES: Which one best describes your child?

- does favors or jobs for older children who are involved with illegal or gang activities
 often plays with children who frequently get into delinquent-like trouble
 sometimes plays with children who get into trouble

C6. Has your child been involved with the police or accused of doing anything illegal? (Examples would be breaking and entering, purse snatching, carrying drugs, threatening others to get money).

yes no don't know

IF YES: please explain _____

- C7. Do you think your child needs help for problems with obeying the law?
 yes no don't know
IF YES: Do you think your child or family needs more help than they are getting now?
 yes no don't know

- C8. This is the end of the questions about his/her behavior in the community. Does your child have any problems which have not been asked about?
 yes no
IF YES: please specify _____

BEHAVIOR WITH OTHERS

Now you will be asked questions about how your child has been getting along with others during the last __ month(s). The questions will ask about how he/she gets along with adults as well as other kids.

- B1. Does your child:
- a. act bizarre or extremely odd most of the time?
 yes no don't know
 - b. act so dangerously or disruptively that others could be hurt?
 yes no don't know
 - c. deliberately do mean things to animals, even after being told it is wrong?
 yes no don't know
IF YES:
 - 1. Is he/she very cruel?
 yes no don't know
 - 2. Does he/she do mean things to animals?
 yes no don't know
 - d. throw temper tantrums?
 yes no don't know
IF YES:
 - 1. Which one best describes your child?
 throws a tantrum and stays upset
 gets upset but calms down
 - 2. How often does your child behave in this way?
 more than once a day
 less than once a day
 - e. typically (or most of the time) act belligerent (disrespectful, talks back)?
 yes no don't know
 - f. typically (or most of the time) argue, quarrel?
 yes no don't know
 - g. typically and deliberately try to annoy adults?
 yes no don't know
 - h. get into physical fights?
 yes no don't know
 - i. typically antagonize other kids (e.g., bully, threaten, act mean)?
 yes no don't know
 - j. hang around with a gang or group of kids who harass other kids?
 yes no don't know
 - k. often argue or quarrel, more than most kids his/her age?
 yes no don't know
 - l. have a quick temper or get easily annoyed by other kids, more than most kids his/her age?
 yes no don't know
 - m. tend to be ignored by other kids?
 yes no don't know
 - n. tend to be rejected or not liked by other kids?
 yes no don't know
 - o. pout or sulk a lot?
 yes no don't know

- p. overreact or stay upset if he/she is teased by other kids?
 yes no don't know
- q. often act stubborn?
 yes no don't know
- r. have trouble sharing toys?
 yes no don't know
- s. get too bossy with other kids?
 yes no don't know
- t. play too rough?
 yes no don't know
- u. tease or pick on other kids?
 yes no don't know
- v. act immature for his/her age, causing problems with other kids?
 yes no don't know

*B2. Does your child:

- a. not have any friends because he/she is so disturbed that he/she cannot relate to other kids?
 yes no don't know
- b. mostly play alone because he/she would rather be alone than play with other kids?
 yes no don't know
- c. act so withdrawn and overly timid that he/she does not do typical activities along with other kids?
 yes no don't know
- d. play only with brothers and/or sisters instead of other kids?
 yes no don't know

B3. Do you think your child needs help for problems getting along with other kids?

- yes no don't know

IF YES: Do you think your child or friends need more help than they are getting now?

- yes no

B4. This is the end of the questions about his behavior problems. Does your child have any problems which have not been asked about?

- yes no

IF YES: please specify _____

MOODS & EMOTIONS

Now you will be asked questions about your child's moods and emotions--things like sadness, moodiness, anxiety, worries, and irritability. Remember, think about your child's moods and emotions in the last __ month(s).

M1. Do other people think your child is strange or odd much of the time because of his/her intense or unusual emotional behavior?

- yes no

IF YES: please explain _____

M2. Does your child have emotional flare-ups frequently, more than most kids his/her age?

- yes no

IF YES: please explain _____

M3. Does your child get really upset if he/she has to be away from you, for example, when he/she goes to school or when you go out?

- yes no

IF YES:

a. Please explain _____

b. Is your child so upset about being away from you that he/she cannot be calmed?

- yes no

IF YES: please explain _____

c. Does he/she not play with friends because he/she doesn't want to be away from you (more than most kids his/her age)?

- yes no

- M4. When your child is upset or crying, is it almost impossible to comfort or console him/her, and it is not because of being away from you?
 yes no
IF YES: please explain _____
- M5. Has your child had a really frightening or stressful experience ever? Examples are abuse and witnessing violence.
 yes no
IF YES:
 a. What happened? _____
 b. When did it happen? _____
 c. Is he/she still affected by this experience?
 yes no
IF YES: How? _____
 d. Has your child changed in how he/she reacts emotionally, by becoming much more "timid" about expressing his/her feelings?
 yes no
IF YES: Does your child show very little or no expression of emotions?
 yes no
- M6. Does your child tend to be anxious, worried, fearful, or scared, more than most kids his/her age?
 yes no
IF YES:
 a. Which one best describes how often your child feels this way?
 almost all the time
 at least half the time
 less than half the time, but often/frequently
 less than half the time, but for several days in a row
 occasionally and is not a problem
 b. Would you say that your child's anxiety is more than he/she should, or out of proportion, given his/her age?
 yes no
IF YES: please explain in _____
- M7. Does your child seem very sensitive; for example, does he/she overreact to loud noises or seem to startle easily?
 yes no
IF YES: please explain _____
- M8. a. Does your child seem sad or depressed, more than most kids his/her age?
 yes no
 b. Does your child act like nothing is fun anymore and this is worrying you?
 yes no
IF YES TO EITHER a. OR b. ABOVE: Which one best describes how often he/she feels this way?
 almost all the time
 at least half the time
 less than half the time, but often/frequently
 less than half the time, but for several days in a row
 occasionally and is not a problem
- M9. Does your child:
 a. have trouble sleeping?
 yes no don't know
 b. feel tired a lot?
 yes no don't know
 c. have trouble concentrating and this is a change?
 yes no don't know
 d. have appetite changes that really worry you (e.g., not interested in eating)?
 yes no don't know
IF YES: please explain _____

- e. feel worthless, as if he/she is "no good"?
 yes no don't know
- f. no longer seem to enjoy things that he/she used to enjoy?
 yes no don't know
- g. cry a lot (more than most kids his/her age), and this is a change?
 yes no don't know
- h. often get irritable and this is a change?
 yes no don't know
- i. have muscle tension?
 yes no don't know
- j. often feel "keyed-up"?
 yes no don't know
- k. have frequent nightmares or awakenings (i.e., at least twice a week)?
 yes no don't know
- l. have headaches, stomachaches, or other pains with no medical cause?
 yes no don't know
- m. have nervous habits, such as nail-biting or scratching, and this is a change?
 yes no don't know
- n. not act joyful at least once in a while?
 yes no don't know

M10. Does your child do any of the following things because he/she is afraid, worried, or sad?

- a. is absent from school/daycare (at least 1 day per week)?
 yes no don't know
- b. strongly resists going to school/daycare, but will go if forced?
 yes no don't know NA
- c. goes to school/daycare, but does not participate in the activities or do the work, and this is a change?
 yes no don't know
- d. spends almost no time with other kids and this is a change due to your child being withdrawn?
 yes no don't know
- e. seems to not enjoy being around other kids as much as he/she used to?
 yes no don't know
- f. worries too much about being messy or dirty?
 yes no don't know
- g. overreacts to changes in routines or schedules?
 yes no don't know
- h. doesn't show interest in eating and this is a change?
 yes no don't know

M11. Is your child:

- a. too easily upset if he/she makes mistakes?
 yes no don't know
- b. too sensitive to being corrected or criticized, and reacts as if hurt or sad?
 yes no don't know

M12. Do you think your child needs help for problems with his/her moods?

- yes no

IF YES: Do you think your child or family needs more help than they are getting now?

- yes no

M13. Does your child have any problems with emotions which have not been asked about?

- yes no

IF YES: please explain _____

SELF-HARMING BEHAVIORS

Some children show behaviors that could be harmful to themselves. The next few questions ask about these behaviors. Remember to think about your child's behavior in the last __ month(s).

SH1. Has your child said or done anything that makes you think or wonder whether he/she may be suicidal or having suicidal thoughts?

yes no don't know

IF YES:

a. Does he/she talk about committing suicide or wanting to kill him/herself?

yes no don't know

b. Has your child mentioned how he/she would try to kill him/herself?

yes no don't know

IF YES: please explain _____

c. Does your child really want to die?

yes no don't know

d. Has your child actually made a suicide attempt in the last __ month(s)?

yes no don't know

IF YES:

1. How did your child try to commit suicide? _____

*2. Do you think your child really wanted to die when he/she made the attempt?

yes no don't know

SH2. Has your child done things which could likely cause serious self-harm and he/she was aware of the danger? An example would be jumping out of a moving car.

yes no don't know

IF YES: What has your child done? _____

SH3. Has your child done things to injure him/herself but they are not life-threatening? An example would be making small cuts on his/her arm.

yes no don't know

IF YES: What has your child done? _____

SH4. Does your child have habits that seem to suggest self-harming, such as repeatedly pinching or scratching him/herself?

yes no don't know

IF YES: What does your child do? _____

SH5. Do you think your child needs help for problems with self-harmful behavior?

yes no

IF YES: Do you think your child or family needs more help than they are getting now?

yes no

SH6. This is the end of the questions about his/her self-harmful behavior. Does your child have any other problems which have not been asked about?

yes no

IF YES: please specify _____

THINKING/COMMUNICATION

These questions ask about your child'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 typically make the child look quite different from the average child his/her age. These include problems with meaningful communication and with hallucinations (seeing or hearing things that are not real). Remember to think about your child's behavior in the last __ month(s).

T1. Does your child:

a. not speak or understand English?

yes no don't know

- b. have major communication problems with others who speak the same language? Others cannot understand what your child is trying to say.
 yes no don't know
- c. mostly repeat words that others say (like a parrot)?
 yes no don't know
- d. mostly use words that only have meaning to him/herself?
 yes no don't know
- e. not make any sense when talking, even though he/she is using common words?
 yes no don't know
- f. refuse to talk (and not due to any disability or to lack of familiarity with English)?
 yes no don't know
- g. only talk to his/her caregiver (and not due to any disability or to lack of familiarity with English)? Sometimes this is called "selective mutism."
 yes no don't know
- h. not respond when spoken to (and not due to any disability or to lack of familiarity with English)?
 yes no don't know
- i. see or hear things that are not really there? (Do not answer yes if your child 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.)
 yes no don't know
IF YES:
 1. What does he/she see or hear? _____
 2. Does he/she think that the things he/she sees are real?
 yes no don't know
- j. often express unnatural or strange ideas for his/her age?
 yes no don't know
IF YES: What does he/she say? _____
- k. repeatedly do the same action over and over again, unlike other kids (e.g., repeatedly rocks body or head)?
 yes no don't know
- l. have thoughts over and over again that he/she cannot quit thinking about, and he/she would really like to stop having these thoughts?
 yes no don't know
IF YES: What thoughts does he/she have? _____
- m. do artwork or fantasize about things that are bizarre or gross and you or others are concerned about it?
 yes no don't know
IF YES: What does he/she draw, write, or fantasize about? _____

T2. Does your child often seem to be involved in aimless activity or appear to be off somewhere else?
 yes no don't know

T3. Do you think your child needs help for problems with thinking or communicating?
 yes no
IF YES: Do you think your child or family needs more help than they are getting now?
 yes no

T4. Does your child have any problems with thinking or communication which have not been asked about?
 yes no
IF YES: please specify _____

If your child has no problems with thinking or communication (as asked about in the previous questions), please check here , and then skip to the next section labeled "EFFECTS OF YOUR CHILD'S PROBLEMS ON THE FAMILY." Otherwise, please answer the questions which follow.

- T5. Because of his/her unusual thinking or communication, does your child:
- a. have difficulties in interacting with others, much more than most kids his/her age?
 - yes no don't know
 - IF YES:** Which one best describes how much of the time this happens:
 - almost all the time
 - much of the time, frequently
 - some of the time
 - only occasionally
 - b. behave oddly or unusually, and others notice that your child is very different?
 - yes no don't know
 - IF YES:** Which one best describes how much of the time this happens:
 - almost all the time
 - much of the time, frequently
 - some of the time
 - only occasionally
 - c. have to be watched or closely supervised at all times, much more than most kids his/her age?
 - yes no don't know
 - d. need a special physical environment?
 - yes no don't know

- T6. Because of your child's unusual thinking, communication, or odd behaviors, does he have any of the following limitations?
- a. cannot be in your yard or play area without direct adult supervision?
 - yes no don't know
 - b. cannot be in a "regular" school, preschool, or daycare?
 - yes no don't know
 - c. cannot be in a "regular" class or program?
 - yes no don't know

IMPACT OF YOUR CHILD'S PROBLEMS ON THE FAMILY

Now you will be asked questions about how your child's behavioral or emotional problems negatively impacted on you and other family members in the last __ month(s). This includes the effects of your child's problems or the effects of your efforts to cope with his/her problems. Sometimes the effects are not all negative, however, in these questions, we are asking about the "down side" of these 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.

	<u>Almost all the time</u>	<u>Much of the time</u>	<u>Some of the time</u>	<u>None of the time</u>	<u>Does not apply</u>
11. How much did your child's problems interfere with you:					
a. going to work (you missed days at work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. getting your work done while at work (i.e., amount of work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. doing your job as well as you usually do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. getting along with coworkers (e.g., 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 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"/>
12. How much did your child'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"/>

	<u>Almost all the time</u>	<u>Much of the time</u>	<u>Some of the time</u>	<u>None of the time</u>	<u>Does not apply</u>
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 things or going places because there was less money available for the family (as a result of the child's needs/expenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I3. This is the end of the questions in this section. Do your child's problems negatively impact on you and other family members in ways that have not been asked about?

yes no

IF YES: please specify _____

DEMOGRAPHICS

The next series of questions has to do with information on family members and family resources. Hopefully, these questions will not seem too personal, but for research purposes, we need to get information on what is called "demographics." In the following questions, the terms "mother," "father," and "parents" refer to the persons acting as the child's parents.

D1. What are the sources of income for the child's family? (check all that apply)

- child's mother and father both work to support the family
- child's mother is the primary wage earner
- child's father is the primary wage earner
- child's mother works and receives child support from father
- mother's ex-husband is the primary supporter for the family
- spouse's estate (e.g., social security) is primary source of income for the family
- household receives public assistance
- other, specify _____

D2. What is the highest level of education the child's mother has completed?

- less than 8th grade
- completed junior high or middle school (8th grade)
- completed some high school (9th, 10th, 11th)
- completed high school (12th); graduated or GED
- some college (at least 1 year of college or specialized training)
- completed college (4 year university degree)
- some graduate school
- completed graduate school

D3. What is the mother's working situation?

- working full-time temporarily laid off
- working part-time retired
- homemaker student
- unemployed other, specify _____
- disabled

D4. What is the mother's:

- a. current or usual job title? _____
- b. main job duties? _____

D5. Is the child's mother:

- a. self-employed?
 - yes no
- b. employed by others?
 - yes no
- c. a supervisor?
 - yes no

D6. What is the highest level of education the child's father has completed?

- less than 8th grade
- completed junior high or middle school (8th grade)
- completed some high school (9th, 10th, 11th)
- completed high school (12th); graduated or GED
- some college (at least 1 year of college or specialized training)
- completed college (4 year university degree)
- some graduate school
- completed graduate school

D7. What is the father's working situation?

- working full-time temporarily laid off
- working part-time retired
- homemaker student
- unemployed other, specify _____
- disabled

D8. What is the father's:

- a. current or usual job title? _____
- b. main job duties? _____

D9. Is the child's father:

- a. self-employed?
 - yes no
- b. employed by others?
 - yes no
- c. a supervisor?
 - yes no

We have reached the end of the interview. Thank you for answering the questions. Is there anything you would like to add or ask about before you are finished?

DRAFT