

PECFAS® PARENT REPORT SCREENER

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

Location _____ Rater Name _____

Informant _____ Relationship to Child _____

Child's Date of Birth ____/____/____ Age in months _____ Sex: G boy G girl

Race: G Caucasian/White	G Arab American	Ethnicity:	Is your child being screened your:
G African American/Black	G Multi-Racial	Is child Hispanic/Latino/Chicano?	G oldest of _____
G Asian or Pacific Islander	G Other	G yes G no G unknown	G youngest of _____
G Native American/Alaska	G Unreported		G only
			G middle of _____

Instructions to Interviewer:

The PECFAS Screener was developed to use with caregivers of preschool aged children to assist with the early identification of emotional and behavioral problems. Concerns identified are intended to be followed up with a more complete parent interview (e.g., PECFAS Interview: Parent Report), with appropriate referral and follow up. The PECFAS Screener is not meant to replace a more complete assessment or interview process. The time frame to use when answering the questions (e.g., behavior occurred during last 3 months) needs to be defined for the caregiver.

After the interview, place screening recommendations/suggestions here:

DRAFT

Instructions to Caregiver:

The purpose of this very brief questionnaire is to check on how your child is developing socially and emotionally. It looks at how your child handles his/her behaviors, moods and emotions at home, at daycare or school, and with others in general. As you answer the questions, please think about your child's behaviors during the past ____ months. We do not expect that all the questions will apply to every child. Please stop me if you have any questions.

- Does your child attend daycare or preschool? (If No, Skip to Question #3)
 " Yes " No

IF YES: Have any of the following happened in the last six (6) months because of your child's behavior?

- Your child was suspended or kicked out of school/daycare temporarily (i.e. for a specified number of days)

3. Have you been told that your child is not keeping up with other kids his/her age in learning things?
 "" Yes "" No "" don't know "" N/A - child is not in a learning program
 IF YES: How far behind other kids is your child?
 "" below average, but not behind as much as a year "" a year or more behind other children
4. Does your child cling to you so much that it interferes with your work or other things you are supposed to do?
 "" Yes "" No
5. For your child's behavior at home, do you think your child or family needs more help or support than they are now getting?
 "" Yes "" No
 IF YES: please explain _____
6. Is your child exposed to youth who may be getting into "trouble" in the neighborhood or with the police?
 "" Yes "" No "" don't know
 IF YES: Which one best describes your child?
 "" does favors or jobs for older children who are getting into trouble.
 "" often plays with children who frequently get into delinquent-like trouble.
 "" sometimes plays with children who get into trouble or harass other children
7. In order to keep you child "out of trouble", do you think your child or family needs more help or support than they are now getting?
 "" Yes "" No "" don't know
 IF YES: please explain _____
8. Does your child:
- (a) Deliberately do mean things to animals, even if 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 often?
 "" Yes "" No "" don't know
- (b) 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
 "" Other (describe) _____
- (c) Shove, hit, or hurt other kids?

9. Has your child deliberately played with fire more than once, even after being told it's wrong?
 " Yes " No " don't know
 IF YES:
 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 _____
10. Do you think your child needs support or help getting along with others?
 " Yes " No " don't know
 IF YES: please explain _____
11. Do other people think your child is different or odd because of intense or unusual emotional behavior?
 " Yes " No
 IF YES: please explain _____
12. Does your child do the same actions over & over again like rocking, or excessive thumb sucking (more than other kids)?
 " Yes " No
 IF YES: please explain _____
13. Has your child had a really frightening or stressful experience ever? (Example: fire getting lost, witnessing or experiencing violence, experiencing the death or loss of someone close to them.)
 " Yes " No
 IF YES: 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
14. Does your child:
 (a) Have frequent nightmares or awakenings (at least twice a week?)
 " Yes " No " don't know
 (b) Have headaches, stomach aches, or other pains with no medical cause?
 " Yes " No " don't know
15. Do you think your child needs support or help in dealing with his/her moods?
 " Yes " No
 IF YES: please explain _____
16. Does your child have habits that seem to suggest self-harming behavior, such as repeatedly pinching or scratching him/herself?
 " Yes " No " don't know
 IF YES: Do you think your child needs support or help dealing with self-harmful behavior?
 " Yes " No
17. Do you have any concerns about how your child uses language to communicate?

18. Are you concerned about your child's thinking or thought pattern(s)?
 " Yes " No
 IF YES: Do you think your child or family needs support or help with this?
 " Yes " No
 IF YES: please explain _____

19. Has your child's behavior interfered with your . . .

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	If Yes, rate from 1 - 5, with 5 being the most severe.				
(a) Work in the home (e.g., housework chores, activities)	"	"	"	1	2	3	4	5
(b) Going to work (e.g., you missed days at work)	"	"	"	1	2	3	4	5
(c) Getting your work done while at work	"	"	"	1	2	3	4	5
(d) Doing your job as well as you like	"	"	"	1	2	3	4	5
(e) Getting along with co-workers	"	"	"	1	2	3	4	5
(f) Getting along with your spouse (e.g. argue)	"	"	"	1	2	3	4	5
(g) Going out socially without your child	"	"	"	1	2	3	4	5
(h) Inviting your friends or relatives to your house	"	"	"	1	2	3	4	5
(I) Going out to eat or doing other fun things as a family	"	"	"	1	2	3	4	5
(j) Family finances (e.g., such as extra costs for daycare, doctor's medicine, treatment)	"	"	"	1	2	3	4	5

IF YES: Please explain _____

Ask only if there are other siblings in the family

20. Has your child's behavior interfered with . . .

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	If Yes, rate from 1 - 5, with 5 being the most severe.				
(a) You getting along with your other children	"	"	"	1	2	3	4	5
(b) Your other children receiving attention they would usually get	"	"	"	1	2	3	4	5
(c) Your other children inviting their friends to your home	"	"	"	1	2	3	4	5

21. Do you have any concerns about any of the following? (Check all that apply)

- | | |
|---|---|
| " a. Attention deficit or hyperactivity | " i. Problems which likely resulted from maternal alcohol/drug use (e.g., Fetal Alcohol Syndrome) |
| " b. Behavioral or emotional problems | " j. Medically fragile or other health problems |
| " c. Learning problems | " k. Sensory problem (e.g., hearing problem, vision problem, etc.) |
| " d. Speech or language problems | " l. Any history of mental health concerns in your family? (i.e. major depression, schizophrenia, bipolar disorder) |
| " e. Slow learner | " m. Other, specify _____ |
| " f. Autism | |
| " g. Mental retardation/developmental delay | |