Brighter Minds Health
Harmony Within Oneself & Family

CLIENT INTAKE FORM

AGES 5 - 11

CLIENT INFORMATION				
How did you hear about our office?				
Full Name:			Preferred Name:	
DOB:	Age:	Sex:	Gender:	Pronouns:
Address:				
Race:		Ethnicity:		Religion:
Guardian Name:			Guardian Phone:	
Guardian Email:				
Primary Care Doctor:		Phone:		Last visit:
Therapist:		Phone:		Last visit:

RESPONSIBLE PARTY INFORMATION		
Father's name:	DOB:	Phone:
Physical address:		Email:
Mother's name:	DOB:	Phone:
Physical address:		Email:
Primary insurance company:		ID#:
Policy Holder's name:		DOB:
Secondary insurance company:		ID#:
Policy Holder's name:		DOB:

EMERGENCY CONTACT INFORMATION (IF DIFFERENT THAN PARENT/GUARDIAN LISTED ABOVE)	
Name:	Phone:
Relationship to client:	
Name:	Phone:
Relationship to client:	

PRESENTING PROBLEM
Describe what problem(s) you are seeking treatment for at this time:

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When did this/these problem(s) begin?
What do you think may have caused these problems?
Why are you seeking treatment today?
What have you tried in the past?
What goals do you hope to achieve with treatment?
List current mental health treatment:

Current medications:	Dose:	Response:

DEVELOPMENTAL HISTORY

Birth Hospital:	**Any problems at/after birth.....** ☐ Yes ☐ No
Any complications:	
Delivery type: ☐ Normal ☐ Forceps ☐ C-Section	*If so, what:*
☐ Full term ☐ Pre-term delivered at ____ weeks	
Developmental delays:	

CHILDHOOD

During childhood/adolescent years, did you experience:

- ☐ Mood problems
- ☐ Anxiety
- ☐ Hyperactivity
- ☐ Poor attention
- ☐ Behavior problems
- ☐ Family problems
- ☐ Legal problems
- ☐ Running away
- ☐ Were you shy
- ☐ Difficulty in school
- ☐ Alcohol/drugs
- ☐ Skipping school
- ☐ Poor grades
- ☐ Problems w/math
- ☐ Problems w/reading
- ☐ Problems w/writing
- ☐ Eating disorder

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PAST MENTAL HEALTH HISTORY

List any past treatment/counseling:

Past mental health medications :	Response/side effects :

Have you ever attempted suicide? ☐ Yes ☐ No
If so, describe methods and dates:

Have you had thoughts of hurting others? ☐ Yes ☐ No

Have you had past psychiatric hospital stays or drug/alcohol abuse treatment? ☐ Yes ☐ No
If yes, location and dates:

Have you ever used...

Tobacco / Nicotine
- ☐ Smoke
- ☐ Chew
- ☐ Vape

How many a day?

- ☐ Alcohol
- ☐ Heroin
- ☐ Marijuana
- ☐ Diet pills
- ☐ Herbal Supplements
- ☐ OTC Medications
- ☐ Caffeine
- ☐ Cocaine
- ☐ Opiates/oxycontin
- ☐ Meth
- ☐ Laxatives
- ☐ Others
- ☐ Ecstasy
- ☐ Sedatives/downers
- ☐ Inhalants

FAMILY HISTORY

Mother's name: Living ☐ Yes ☐ No

Father's name: Living ☐ Yes ☐ No

Sibling(s) + Age(s):

Relationship ☐ Good ☐ Fair ☐ Poor

Has any blood relative had any of the following conditions

- ☐ Depression
- ☐ Anxiety
- ☐ OCD
- ☐ Developmental Disabilities
- ☐ Seizures
- ☐ Schizophrenia
- ☐ Bipolar disorder
- ☐ Dementia
- ☐ Suicide
- ☐ Alcohol/drug abuse
- ☐ Autism
- ☐ ADD/ADHD

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SOCIAL HISTORY

Who do you live with?

Where were you raised?

What grade are you in?

Are you adopted? ☐ Yes ☐ No
if so, at what age?

Are your parents divorced? ☐ Yes ☐ No
if so, what age were you?

Have you been abused? ☐ Yes ☐ No *if so, what age were you?*

Type of Abuse ☐ Physical ☐ Sexual ☐ Verbal ☐ Neglect

Any Significant Trauma? ☐ Yes ☐ No
if so, what was the trauma and how old were you?

LEGAL HISTORY

Do you have any current or past legal history? ☐ Yes ☐ No Pending court date?

☐ Arrest ☐ Conviction ☐ Probation ☐ Parole *Please explain:*

☐ DUI ☐ Assault ☐ Other_____

MEDICAL HISTORY

Any Allergies to Medication? ☐ Yes ☐ No
if so, what medication?

Are you sexually active?
- ☐ Yes
- ☐ No, but I have been in the past
- ☐ Never been sexually active

Partners are... ☐ Male ☐ Female ☐ Both

Do you use birth control? ☐ Yes ☐ No

Females Only : Menstrual Cycle
- ☐ Regular Cycle
- ☐ Irregular Cycle
- ☐ Pelvic Pain
- ☐ PMS

Currently Pregnant? ☐ ☐
Weeks:

Any Current Health Concerns? ☐ Yes ☐ No
If so, what?

Chronic Pain? ☐ Yes ☐ No
If yes, who treats it:

Any Surgeries? ☐ Yes ☐ No
if so, what surgeries?

Please check what applies to you.

☐ Acid Reflux	☐ Head Injury	☐ Lupus
☐ Anemia	☐ Headaches	☐ Nausea/Vomitting
☐ Asthma	☐ Heart Disease	☐ Other _____
☐ Bone Fractures	☐ Heart Rhythm Problems	☐ Seizures
☐ Cancer	☐ Hepatitis	☐ Serious Injuries
☐ Chronic Fatigue Syndrome	☐ High Blood Pressure	☐ Sexual Dysfunction
☐ Colitis/Irritable Bowel	☐ High Cholesterol	☐ Sinus Infections
☐ Constipation	☐ Kidney Disease	☐ Thyroid Problems
☐ Diabetes	☐ Kidney Stones	☐ Ulcers
☐ Fibromyalgia	☐ Loss of consciousness	

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Columbia Depression Scale

AGES 5-11

Parent Form

Child's name: _____ Parent's name: _____

In the last four weeks...

1. Has he/she often seemed sad or depressed? ☐Yes ☐No
2. Has it seemed like nothing was fun for him/her and he/she just wasn't interested in anything? ☐Yes ☐No
3. Has he/she often been grouchy or irritable and often in a bad mood, when even little things would make him/her mad? ☐Yes ☐No
4. Has he/she lost weight, more than just a few pounds? ☐Yes ☐No
5. Has it seemed like he/she lost his/her appetite or ate a lot less that usual? ☐Yes ☐No
6. Has he/she gained a lot of weight, more than just a few pounds? ☐Yes ☐No
7. Has it seemed like he/she felt much hungrier than usual or ate a lot more than usual? ☐Yes ☐No
8. Has he/she had trouble sleeping-- that is, trouble falling asleep, staying asleep, or waking up too early? ☐Yes ☐No
9. Has he/she slept more during the day than he/she usually does? ☐Yes ☐No
10. Has he/she seemed to do things like walking or talking much more slowly than usual? ☐Yes ☐No
11. Has he/she often seemed restless-- like he/she just had to keep walking around? ☐Yes ☐No
12. Has he/she seemed to have less energy than he/she usually does? ☐Yes ☐No
13. Has doing even little things seemed to make him/her feel really tired? ☐Yes ☐No
14. Has he/she often blamed himself/herself for bad things that happened? ☐Yes ☐No
15. Has he/she said he/she couldn't do anything well or that he/she wasn't as good looking or as smart as other people? ☐Yes ☐No
16. Has it seemed like he/she couldn't think as clearly and as fast as usual? ☐Yes ☐No
17. Has he/she often seemed to have trouble keeping his/her mind on his/her schoolwork/work or other things? ☐Yes ☐No

18. Has it often seemed hard for him/her to make up his/her mind or to make decisions? ☐ Yes ☐ No

19. Has he/she said he/she often thought about death or about people who had died or about being dead himself/herself? ☐ Yes ☐ No

20. Has he/she ever talked seriously about killing himself/herself? ☐ Yes ☐ No

21. Has he/she EVER, in his/her WHOLE LIFE, tried to kill himself/herself or made a suicide attempt? ☐ Yes ☐ No

22. Has he/she tried to kill himself/herself in the last four weeks? ☐ Yes ☐ No

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Screen for Child Anxiety Related Disorders (SCARED)

AGES 5-11

Parent Form

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or Very True or Often True" for your child. Choose the responses that describes your child for the **LAST 3 MONTHS.**

0-- Not True/Hardly Ever True
1-- Somewhat True/Sometimes True
2-- Very True/Often True

1. (PN) When my child feels frightened, it is hard for him/her to breathe..... ☐0 ☐1 ☐2
2. (SH) My child gets headaches when he/she is at school..... ☐0 ☐1 ☐2
3. (SC) My child doesn't like to be with people he/she doesn't know well..... ☐0 ☐1 ☐2
4. (SP) My child gets scared if he/she sleeps away from home..... ☐0 ☐1 ☐2
5. (GD) My child worries about other people liking him/her..... ☐0 ☐1 ☐2
6. (PN) When my child gets frightened, he/she feels like passing out..... ☐0 ☐1 ☐2
7. (GD) My child is nervous..... ☐0 ☐1 ☐2
8. (SP) My child follows me wherever I go..... ☐0 ☐1 ☐2
9. (PN) People tell me my child looks nervous..... ☐0 ☐1 ☐2
10. (SC) My child feels nervous with people he/she doesn't know well..... ☐0 ☐1 ☐2
11. (SH) My child gets stomach aches at school..... ☐0 ☐1 ☐2
12. (PN) When my child gets frightened, he/she feels like he/she is going crazy..... ☐0 ☐1 ☐2
13. (SP) My child worries about sleeping alone..... ☐0 ☐1 ☐2
14. (GD) My child worries about being as good as other kids..... ☐0 ☐1 ☐2
15. (PN) When my child gets frightened, he/she feels like things are not real..... ☐0 ☐1 ☐2

16. (SP) My child has nightmares about something bad happening to his/her parents..... ☐0 ☐1 ☐2

17. (SH) My child worries about going to school..... ☐0 ☐1 ☐2

18. (PN) When my child gets frightened, his/her heart beats fast..... ☐0 ☐1 ☐2

19. (PN) My child gets shaky..... ☐0 ☐1 ☐2

20. (SP) My child has nightmares about something bad happening to him/her..... ☐0 ☐1 ☐2

21. (GD) My child worries about things working out for him/her..... ☐0 ☐1 ☐2

22. (PN) When my child gets frightened, he/she sweats a lot..... ☐0 ☐1 ☐2

23. (GD) My child is a worrier..... ☐0 ☐1 ☐2

24. (PN) My child gets really frightened for no reason at all..... ☐0 ☐1 ☐2

25. (SP) My child is afraid to be alone in the house..... ☐0 ☐1 ☐2

26. (SC) It is hard for my child to talk with people he/she doesn't know well..... ☐0 ☐1 ☐2

27. (PN) When my child gets frightened, he/she feels like he/she is choking..... ☐0 ☐1 ☐2

28. (GD) People tell me that my child worries too much..... ☐0 ☐1 ☐2

29. (SP) My child doesn't like to be away from his/her family..... ☐0 ☐1 ☐2

30. (PN) My child is afraid of having anxiety (or panic) attacks..... ☐0 ☐1 ☐2

31. (SP) My child worries that something bad might happen to his/her parents..... ☐0 ☐1 ☐2

32. (SC) My child feels shy with people he/she doesn't know well..... ☐0 ☐1 ☐2

33. (GD) My child worries about what is going to happen in the future..... ☐0 ☐1 ☐2

34. (PN) When my child gets frightened, he/she feels like throwing up..... ☐0 ☐1 ☐2

35. (GD) My child worries about how well he/she does things..... ☐0 ☐1 ☐2

36. (SH) My child is scared to go to school..... ☐0 ☐1 ☐2

37. (GD) My child worries about things that have already happened..... ☐0 ☐1 ☐2

38. (PN) When my child gets frightened, he/she feels dizzy..... ☐0 ☐1 ☐2

39. (SC) My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport)..... ☐0 ☐1 ☐2

40. (SC) My child feels nervous when he/she is going to parties, dances, or any place where there will be people he/she doesn't know well..... ☐0 ☐1 ☐2

41. (SC) My child is shy..... ☐0 ☐1 ☐2

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NICQH Vanderbilt Assessment Scale

AGES 5-11

Parent Form

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the **PAST 6 MONTHS.**

0-- Never 1-- Occasionally 2-- Often 3-- Very Often

1. Does not pay attention to details or makes careless mistakes, for example, homework
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

2. Has difficulty keeping attention to what needs to be done
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

3. Does not seem to listen when spoken to directly
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

5. Has difficulty organizing tasks and activities
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

8. Is easily distracted by noises or other stimuli
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

9. Is forgetful in daily activities
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

10. Fidgets with hands or feet or squirms in seat.
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

11. Leaves seat when remaining seated is expected
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

12. Runs about or climbs too much when remaining seated is expected
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

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13. Has difficulty playing or beginning quiet play activities
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

14. Is "on the go" or often acts as if "driven by a motor"
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

15. Talks too much
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

16. Blurts out answers before questions have been completed
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

17. Has difficulty waiting his or her turn
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

18. Interrupts or intrudes in on others' conversations and/or activities
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

19. Argues with adults
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

20. Loses temper
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

21. Actively defies or refuses to go along with adults' requests or rules
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

22. Deliberately annoys people
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

23. Blames others for his or her mistakes or misbehaviors
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

24. Is touchy or easily annoyed by others
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

25. Is angry or resentful
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

26. Is spiteful and wants to get even
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

27. Bullies, threatens, or intimidates others
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

28. Starts physical fights
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

30. Is truant for school (skips school) without permission
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

31. Is physically cruel to people
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

32. Has stolen things that have value
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

33. Deliberately destroys others' property
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

35. Is physically cruel to animals
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

36. Has deliberately set fires to cause damage
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

37. Has broken into someone else's home, business, or car
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

38. Has stayed out at night without permission
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

39. Has run away from home overnight
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

40. Has forced someone into sexual activity
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

41. Is fearful, anxious, or worried
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

42. Is afraid to try new things for fear of making mistakes
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

43. Feels worthless or inferior
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

44. Blames self for problems, feels guilty
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

45. Feels lonely, unwanted, or unloved: complains that "no one loves him or her"
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

46. Is sad, unhappy, or depressed
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

47. Is self-conscious or easily embarrassed
☐ 0 - Never ☐ 1 - Occasionally ☐ 2 - Often ☐ 3 - Very Often

PERFORMANCE

48. Overall school performance

☐ Excellent (1) ☐ Above Average (2) ☐ Average (3) ☐ Somewhat of a problem (4) ☐ Problematic (5)

49. Reading

☐ Excellent (1) ☐ Above Average (2) ☐ Average (3) ☐ Somewhat of a problem (4) ☐ Problematic (5)

50. Writing

☐ Excellent (1) ☐ Above Average (2) ☐ Average (3) ☐ Somewhat of a problem (4) ☐ Problematic (5)

51. Mathematics

☐ Excellent (1) ☐ Above Average (2) ☐ Average (3) ☐ Somewhat of a problem (4) ☐ Problematic (5)

52. Relationship with parents

☐ Excellent (1) ☐ Above Average (2) ☐ Average (3) ☐ Somewhat of a problem (4) ☐ Problematic (5)

53. Relationship with siblings

☐ Excellent (1) ☐ Above Average (2) ☐ Average (3) ☐ Somewhat of a problem (4) ☐ Problematic (5)

54. Relationship with peers

☐ Excellent (1) ☐ Above Average (2) ☐ Average (3) ☐ Somewhat of a problem (4) ☐ Problematic (5)

55. Participation in organized activities (eg, teams)

☐ Excellent (1) ☐ Above Average (2) ☐ Average (3) ☐ Somewhat of a problem (4) ☐ Problematic (5)

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Young Mania Rating Scale

AGES 5-11

Parent Form

Directions: Please read each question below and mark the answer number which closely describes your child.

1. Mood- Is your child's mood higher (better) than usual?

- ☐ 0. No
- ☐ 1. Mildly or possibly increased
- ☐ 2. Definite elevation- more optimistic, self-confident; cheerful; appropriate to their conversation
- ☐ 3. Elevated but inappropriate to content; joking, mildly silly
- ☐ 4. Euphoric; inappropriate laughter; singing/making noises; very silly

2. Motor Activity/Energy- Does your child's energy level or motor activity appear to be greater than usual?

- ☐ 0. No
- ☐ 1. Mildly or possibly increased
- ☐ 2. More animated; increased gesturing
- ☐ 3. Energy is excessive; hyperactive at times; restless but can be calmed
- ☐ 4. Very excited; continuous hyperactivity; cannot be calmed

3. Sexual Interest- Is your child showing more than usual interest in sexual matters?

- ☐ 0. No
- ☐ 1. Mildly or possibly increased
- ☐ 2. Definite increase when the topic arises
- ☐ 3. Talks spontaneously about sexual matters; gives more detail than usual; more interested in girls/boys than usual
- ☐ 4. Has shown open sexual behavior- touching others or self inappropriately

4. Sleep- Has our child's sleep decreased lately?

- ☐ 0. No
- ☐ 1. Sleeping less than normal amount by up to one hour
- ☐ 2. Sleeping less than normal amount by more than one hour
- ☐ 3. Need for sleep appears decreased; less than four hours
- ☐ 4. Denies need for sleep; has stayed up one night or more

5. Irritability- Has your child appeared irritable?

- ☐ 0. No more than usual
- ☐ 1. More grouchy and crabby
- ☐ 2. Irritable openly several times throughout the day; recent episodes of anger with family, at school, or with friends
- ☐ 3. Frequently irritable to point of being rude or withdrawn
- ☐ 4. Hostile and uncooperative about all the time

6. Speech (rate and amount)- Is your child talking more quickly or more than usual?

- ☐ 0. No change
- ☐ 1. Seems more talkative
- ☐ 2. Talking faster or more to say at times
- ☐ 3. Talking more or faster to point he/she is difficult to interrupt
- ☐ 4. Continuous speech; unable to interrupt

7. Thoughts- Has your child shown changes in his/her thought patterns?

- ☐ 0. No
- ☐ 1. Thinking faster; some decrease in concentration; talking "around the issue"
- ☐ 2. Distractible; loses track of the point; changes topics frequently; thoughts racing
- ☐ 3. Difficult to follow; goes from one idea to the next; topics do not relate; makes rhymes or repeats words
- ☐ 4. Not understandable; he/she doesn't seem to make sense

8. Content- Is your child talking about different things than usual?

- ☐ 0. No
- ☐ 1. He/she has new interests and is making more plans
- ☐ 2. Making special projects; more religious or interested in God
- ☐ 3. Thinks more of him/herself; believes he/she has special powers; believes he/she is receiving special messages
- ☐ 4. Is hearing unreal noises/voices; detects odors no one else smells; feels unusual sensations; has unreal beliefs

9. Disruptive-Aggressive Behavior- Has your child been more disruptive or aggressive?

- ☐ 0. No; he/she is cooperative
- ☐ 1. Sarcastic; loud; defensive
- ☐ 2. More demanding; making threats
- ☐ 3. Has threatened a family member or teacher; shouting; knocking over possessions/furniture or hitting a wall
- ☐ 4. Has attacked family member, teacher, or peer; destroyed property; cannot be spoken to without violence.

10. Appearance- Has your child's interest in his/her appearance changed recently?

- ☐ 0. No
- ☐ 1. A little less or more interest in grooming than usual
- ☐ 2. Doesn't care about washing or changing clothes or is changing clothes more than three times a day
- ☐ 3. Very messy; needs to be supervised to finish dressing; applying makeup in overly-done or poor fashion
- ☐ 4. Refuses to dress appropriately; wearing bizarre styles

11. Insight- Does your child think he/she needs help at this time?

- ☐ 0. Yes; admits difficulties and wants treatment
- ☐ 1. Believes there might be something wrong
- ☐ 2. Admits to change in behavior but denies he/she needs help
- ☐ 3. Admits behavior might have changed but denies need for help
- ☐ 4. Denies there have been any changes in his/her behavior/thinking

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Traumatic Events Screening Inventory

AGES 5-11

Parent Report

1 : Stressful and Scary Events

1.1 Has your child ever been in a serious accident where someone could have been (or actually was) severely injured or died? (for example: serious car or bicycle accident, a fall, a fire, an incident where s/he was burned, an actual or near drowning, or a sever sports injury) ☐Yes ☐No ☐Unsure

If so, Identify the type of accident (s):

How old was your child?

Did anyone die? ☐Yes ☐No ☐Unsure

Who was the victim to your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

1.2 Has your child ever seen a serious accident where someone could have been (or actually was) severely injured or died? (like a serious care or bicycle accident, a fire, an incident where someone was burned, an actual or near drowning, or a severe sports injury? ☐Yes ☐No ☐Unsure

If so, Identify the type of accident (s):

How old was your child?

Did anyone die? ☐Yes ☐No ☐Unsure

Who was the victim to your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

1.3 Has your child ever been in a natural disaster where someone could have been (or actually was) severely injured or died, or where your family or people in your community lost or had to permanently leave their home (like a tornado, fire, hurricane, or earthquake)? ☐Yes ☐No ☐Unsure

If so, Identify the type of disaster(s):

How old was your child?

Did anyone die? ☐Yes ☐No ☐Unsure

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

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1.4a Has your child ever experienced the severe illness or injury to someone close to him/her? ☐Yes ☐No ☐Unsure

If so, what was the person's relationship to your child?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

1.4b Has your child ever experienced the death of someone close to him/her? ☐Yes ☐No ☐Unsure

If so, what was the person's relationship to your child?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

Was the death(s) due to *(check all that apply)*:

☐ Natural causes ☐ Illness ☐ Accident ☐ Violence ☐ Unknown

1.5 Has your child ever undergone any serious medical procedures or had a life threatening illness? Or been treated by a paramedic, seen in an emergency room, or hospitalized overnight for a medical procedure? ☐Yes ☐No ☐Unsure

If so, please describe.

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

1.6 Has your child ever been separated from you or another person who your child depends on for love or security for more than a few days OR under very stressful circumstances? For example, due to foster care, immigration, war, major illness, or hospitalization. ☐Yes ☐No ☐Unsure

If so, who was your child separated from?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

1.7 Has someone close to your child ever attempted suicide or harmed him or herself? ☐Yes ☐No ☐Unsure

If so, what was the person's relationship to your child?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

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2 : Physical Violence Toward Your Child

2.1 Has someone ever physically assaulted your child, like hitting, pushing, choking, shaking, biting, or burning? Or punished your child and caused physical injury or bruises. Or attacked your child with a gun, knife, or other weapon? (This could be done by someone in the family or not). ☐Yes ☐No ☐Unsure

If so, what was the person's relationship to your child?

Was a weapon used? ☐Yes ☐No ☐Unsure

If so, what type?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

2.2 Has someone ever directly threatened your child with serious physical harm? ☐Yes ☐No ☐Unsure

If so, what was the person's relationship to your child?

Was a weapon used? ☐Yes ☐No ☐Unsure

If so, what type?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

2.3 Has someone ever mugged or tried to steal from your child? Or has your child been present when a family member, other caregiver, or friend was mugged? ☐Yes ☐No ☐Unsure

If so, who was mugged?

Was a weapon used? ☐Yes ☐No ☐Unsure

if so, what type of weapon?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

2.4 Has anyone ever kidnapped your child? (Including a parent or relative) Or has anyone ever kidnapped someone close to your child? ☐Yes ☐No ☐Unsure

If someone else, who was kidnapped?

If your child, what was the kidnapper's relationship to your child?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

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2.5 Has your child ever been attacked by a dog or other animal? ☐Yes ☐No ☐Unsure

Was your child seriously physically hurt as a result of the attack? ☐ ☐ ☐

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

3 : Physical Violence Within Family

3.1 Has your child ever seen, heard, or heard about people IN YOUR FAMILY physically fighting, hitting, slapping, kicking, or pushing each other. Or shooting with a gun or stabbing, or using any other kind of dangerous weapon? ☐Yes ☐No ☐Unsure

If so, what were these people's relationship to your child?

Did your child see what happened? ☐Yes ☐No ☐Unsure

Was a weapon used? ☐Yes ☐No ☐Unsure

If so, what type?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

3.2 Has your child ever seen or heard people IN YOUR FAMILY threaten to seriously harm each other? ☐Yes ☐No ☐Unsure

If so, what were these people's relationship to your child?

Was your child present when the threat was made? ☐Yes ☐No ☐Unsure

Did they threaten to use a weapon? ☐Yes ☐No ☐Unsure

if so, what type of weapon?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

3.3 Has your child ever known or seen that a family member was arrested, jailed, imprisoned, or taken away (like by police, soldiers, or other authorities)? ☐Yes ☐No ☐Unsure

If so, what were these people's relationship to your child?

Was your child there when the police came? ☐Yes ☐No ☐Unsure

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

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4 : Physical Violence Outside of Home

4.1 Has your child ever seen or heard people OUTSIDE YOUR FAMILY fighting, hitting, pushing, or attacking each other? Or seen or heard about violence such as beatings, shootings, or muggings that occurred in settings that are important to your child, such as school, your neighborhood, or the neighborhood of someone important to your child? ☐Yes ☐No ☐Unsure

If so, what were these people's relationship to your child?

Did your child see what happened? ☐Yes ☐No ☐Unsure

Was a weapon used? ☐Yes ☐No ☐Unsure
If so, what type?

Where did this happen?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

4.2 Has your child ever been directly exposed to war, armed conflict, or terrorism? ☐Yes ☐No ☐Unsure

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

4.3 Has your child ever seen or heard acts of war or terrorism on the television or radio? ☐Yes ☐No ☐Unsure

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

5 : Sexual Abuse

5.1 Has someone ever made your child see or do something sexual (like touching in a sexual way, exposing self or masturbating in front of the child, engaging in sexual intercourse)? ☐Yes ☐No ☐Unsure

If so, what were these people's relationship to your child?

Was there physical violence? ☐Yes ☐No ☐Unsure

Was a weapon used? ☐Yes ☐No ☐Unsure
If so, what type?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

5.2 Has your child ever been present when someone was being forced to engage in any sort of sexual activity? ☐Yes ☐No ☐Unsure

If so, what were these people's relationship to your child?

Victim:

Aggressor:

Was there physical violence? ☐Yes ☐No ☐Unsure

Was a weapon used? ☐Yes ☐No ☐Unsure

If so, what type?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

6 : Verbal Abuse and Neglect

6.1 Has your child ever repeatedly been told s/he was no good, yelled at in a scary way, or had someone threaten to abandon, leave or send him/her away? ☐Yes ☐No ☐Unsure

If so, what were these people's relationship to your child?

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

6.2 Has your child ever gone through a period when s/he lacked appropriate care (like not having enough to eat or drink, lacking shelter, being left alone when s/he was too young to care for herself/himself, or being left with a caregiver who was abusing drugs)? ☐Yes ☐No ☐Unsure

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure

7 : Other Traumatic Events

7.1 Have there been other stressful things that have happened to your child? ☐Yes ☐No ☐Unsure

If so, briefly describe.

How old was your child?

Was your child strongly affected by one or more of these experiences? ☐Yes ☐No ☐Unsure