Brighter Minds Health
Smarter Medication Management for Brighter Days

# CLIENT INTAKE FORM

**AGES 12-18**

| CLIENT INFORMATION | | | | |
|---|---|---|---|---|
| How did you hear about our office? | | | | |
| Full Name: | | | Preferred Name: | |
| DOB: | Age: | Sex: | Gender: | Pronouns: |
| Address: | | | | |
| Race: | | Ethnicity: | | |
| 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 complications:

Delivery type: ◯ Normal ◯ Forceps ◯ C-Section

◯ Full term ◯ Pre-term delivered at ____ weeks

Developmental delays:

Any problems at/after birth..... ◯ Yes ◯ No *If so, what:*

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## 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

## 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

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Has any blood relative had any of the following conditions

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

## SOCIAL HISTORY

Who do you live with?
Where were you raised?

Highest Level of Education:

Physical Activity?

Sleep?

Diet?

Are you adopted? ◯ Yes ◯ No *if so, how old were you?*

Are your parents divorced? ◯ Yes ◯ No *if so, how old were you?*

Have you been abused? ◯ Yes ◯ No *if so, how old 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 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? ◯ Yes ◯ No Weeks:

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

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# Columbia Depression Scale

## AGES 12-18

### 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 12-18

### 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 12-18

## 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

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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# Columbia Depression Scale

## AGES 12-18

### Adolescent Form

**In the last four weeks...**

| | |
|---|---|
| 1. Have you often felt sad or depressed? | ☐ Yes ☐ No |
| 2. Have you felt like nothing is fun for you and you just aren't interested in anything? | ☐ Yes ☐ No |
| 3. Have you often felt grouchy or irritable and often in a bad mood, when even little things would make you mad? | ☐ Yes ☐ No |
| 4. Have you lost weight, more than just a few pounds? | ☐ Yes ☐ No |
| 5. Have you lost your appetite or often felt less like eating? | ☐ Yes ☐ No |
| 6. Have you gained a lot of weight, more than just a few pounds? | ☐ Yes ☐ No |
| 7. Have you felt much hungrier than usual or eaten a lot more than usual? | ☐ Yes ☐ No |
| 8. Have you had trouble sleeping-- that is, trouble falling asleep, staying asleep, or waking up too early? | ☐ Yes ☐ No |
| 9. Have you slept more during the day than you usually do? | ☐ Yes ☐ No |
| 10. Have you often felt slowed down...like you walked or talked much slower than you usually do? | ☐ Yes ☐ No |
| 11. Have you often felt restless...like you just had to keep walking around? | ☐ Yes ☐ No |
| 12. Have you had less energy than you usually do? | ☐ Yes ☐ No |
| 13. Has doing even little things made you feel really tired? | ☐ Yes ☐ No |
| 14. Have you often blamed yourself for bad things that happened? | ☐ Yes ☐ No |
| 15. Have you felt you couldn't do anything well or that you weren't as good looking or as smart as other people? | ☐ Yes ☐ No |
| 16. Has it seemed like you couldn't think as clearly or as fast as usual? | ☐ Yes ☐ No |
| 17. Have you often had trouble keeping your mind on your [schoolwork/work] or other things? | ☐ Yes ☐ No |

18. Has it often been hard for you to make up your mind or to make decisions? ☐Yes ☐No

19. Have you often thought about death or about people who had died or about being dead yourself? ☐Yes ☐No

20. Have you ever thought seriously about killing yourself? ☐Yes ☐No

21. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? ☐Yes ☐No

22. Have you tried to kill yourself in the last four weeks? ☐Yes ☐No

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## Screen for Child Anxiety Related Disorders (SCARED)

### AGES 12-18

### Adolescent 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 I feel frightened, it is hard to breathe..... ☐0 ☐1 ☐2
2. (SH) I get headaches when I am at school..... ☐0 ☐1 ☐2
3. (SC) I don't like to be with people I don't know well..... ☐0 ☐1 ☐2
4. (SP) I get scared if I sleep away from home..... ☐0 ☐1 ☐2
5. (GD) I worry about other people liking me..... ☐0 ☐1 ☐2
6. (PN) When I get frightened, I feel like passing out..... ☐0 ☐1 ☐2
7. (GD) I am nervous..... ☐0 ☐1 ☐2
8. (SP) I follow my mother or father wherever they go..... ☐0 ☐1 ☐2
9. (PN) People tell me that I look nervous..... ☐0 ☐1 ☐2
10. (SC) I feel nervous with people I don't know well..... ☐0 ☐1 ☐2
11. (SH) I get stomachaches at school..... ☐0 ☐1 ☐2
12. (PN) When I get frightened, I feel like I am going crazy..... ☐0 ☐1 ☐2
13. (SP) I worry about sleeping alone..... ☐0 ☐1 ☐2
14. (GD) I worry about being as good as other kids..... ☐0 ☐1 ☐2
15. (PN) When I get frightened, I feel like things are not real..... ☐0 ☐1 ☐2

16. (SP) I have nightmares about something bad happening to my parents..... ☐0 ☐1 ☐2

17. (SH) I worry about going to school..... ☐0 ☐1 ☐2

18. (PN) When I get frightened, my heart beats fast..... ☐0 ☐1 ☐2

19. (PN) I get shaky..... ☐0 ☐1 ☐2

20. (SP) I have nightmares about something bad happening to me..... ☐0 ☐1 ☐2

21. (GD) I worry about things working out for me..... ☐0 ☐1 ☐2

22. (PN) When I get frightened, I sweat a lot..... ☐0 ☐1 ☐2

23. (GD) I am a worrier..... ☐0 ☐1 ☐2

24. (PN) I get really frightened for no reason at all..... ☐0 ☐1 ☐2

25. (SP) I am afraid to be alone in the house..... ☐0 ☐1 ☐2

26. (SC) It is hard for me to talk with people I don't know well..... ☐0 ☐1 ☐2

27. (PN) When I get frightened, I feel like I am choking..... ☐0 ☐1 ☐2

28. (GD) People tell me that I worry too much..... ☐0 ☐1 ☐2

29. (SP) I don't like to be away from my family..... ☐0 ☐1 ☐2

30. (PN) I am afraid of having anxiety (or panic) attacks..... ☐0 ☐1 ☐2

31. (SP) I worry that something bad might happen to my parents..... ☐0 ☐1 ☐2

32. (SC) I feel shy with people I don't know well..... ☐0 ☐1 ☐2

33. (GD) I worry about what is going to happen in the future..... ☐0 ☐1 ☐2

34. (PN) When I get frightened, I feel like throwing up..... ☐0 ☐1 ☐2

35. (GD) I worry about how well I do things..... ☐0 ☐1 ☐2

36. (SH) I am scared to go to school..... ☐0 ☐1 ☐2

37. (GD) I worry about things that have already happened..... ☐0 ☐1 ☐2

38. (PN) When I get frightened, I feel dizzy..... ☐0 ☐1 ☐2

39. (SC) I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport)..... ☐0 ☐1 ☐2

40. (SC) I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well..... ☐0 ☐1 ☐2

41. (SC) I am shy..... ☐0 ☐1 ☐2

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# OCI-R

**AGES 12 - 18**

**Adolescent Form**

The following statements refer to experiences that many people have in their everyday lives. Choose the number that best describes **HOW MUCH** that experience has **DISTRESSED** or **BOTHERED** you during the **PAST MONTH**. The numbers refer to the following labels:
0--Not at all 1--A little 2--Moderately 3--A lot 4--Extremely

1. I have saved up so many things that they get in the way.

☐0 ☐1 ☐2 ☐3 ☐4

2. I check things more than often necessary.

☐0 ☐1 ☐2 ☐3 ☐4

3. I get upset if objects are not arranged properly.

☐0 ☐1 ☐2 ☐3 ☐4

4. I feel compelled to count while I am doing things.

☐0 ☐1 ☐2 ☐3 ☐4

5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.

☐0 ☐1 ☐2 ☐3 ☐4

6. I find it difficult to control my own thoughts.

☐0 ☐1 ☐2 ☐3 ☐4

7. I collect things I don't need.

☐0 ☐1 ☐2 ☐3 ☐4

8. I repeatedly check doors, windows, drawers, etc.

☐0 ☐1 ☐2 ☐3 ☐4

9. I get upset if others change the way I have arranged things.

☐0 ☐1 ☐2 ☐3 ☐4

10. I feel I have to repeat certain numbers.

☐0 ☐1 ☐2 ☐3 ☐4

11. I sometimes have to wash or clean myself simply because I feel contaminated.

☐0 ☐1 ☐2 ☐3 ☐4

12. I am upset by unpleasant thoughts that come into my mind against my will.

☐0 ☐1 ☐2 ☐3 ☐4

13. I avoid throwing things away because I am afraid I might need them later.

☐0 ☐1 ☐2 ☐3 ☐4

14. I repeatedly check gas and water taps and light switches after turning them off.

☐0 ☐1 ☐2 ☐3 ☐4

15. I need things to be arranged in a particular way.

☐0 ☐1 ☐2 ☐3 ☐4

16. I feel there are good numbers and bad numbers.

☐0 ☐1 ☐2 ☐3 ☐4

17. I wash my hands more often and longer than necessary.

☐0 ☐1 ☐2 ☐3 ☐4

18. I frequently get nasty thoughts and have difficulty in getting rid of them.

☐0 ☐1 ☐2 ☐3 ☐4

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# Mood Disorder Questionaire

**AGES 12 - 18**
**Adolescent Form**

Please answer each question to the best of your ability.

1. Has there ever been a period of time when you were not your usual self and...

...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? ☐Yes ☐No

...you were so irritable that you shouted at people or started fights or arguments? ☐Yes ☐No

...you felt much more self-confident than usual? ☐Yes ☐No

...you got much less sleep than usual and found that you didn't really miss it? ☐Yes ☐No

...you were more talkative or spoke much faster than usual? ☐Yes ☐No

...thoughts raced through your head or you couldn't slow your mind down? ☐Yes ☐No

...you were so easily distracted by things around you that you had trouble concentrating or staying on track? ☐Yes ☐No

...you had more energy than usual? ☐Yes ☐No

...you were much more active or did many more things than usual? ☐Yes ☐No

...you were much more social or outgoing that usual, for example, you telephoned friends in the middle of the night? ☐Yes ☐No

...you were much more interested in sex than usual? ☐Yes ☐No

...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? ☐Yes ☐No

...spending money got you or your family in trouble? ☐Yes ☐No

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? ☐Yes ☐No

3. How much of a problem did any of these cause you- like being unable to work; having family, money or legal troubles; getting in to arguments or fights?

☐No problems ☐Minor problem ☐Moderate problem ☐Serious problem

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# PC-PTSD-5

**AGES 12 - 18**
**Adolescent Form**

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide

Have you ever experienced this kind of event? ☐ Yes ☐ No

*If yes, answer the questions below.*

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to? ☐ Yes ☐ No

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? ☐ Yes ☐ No

3. Been constantly on guard, watchful, or easily startled? ☐ Yes ☐ No

4. Felt numb or detached from people, activities, or your surroundings? ☐ Yes ☐ No

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? ☐ Yes ☐ No