



OwlBridge Wellness

Seek Wisdom. Seek Wellness

Child to Young Adult

New Patient Questionnaire

1 Year to 17 Years Old



OwlBridge Wellness

6730 Roosevelt Ave, Suite 201
 Middletown, Ohio 45005
 Phone (513) 279-8035 Fax (513) 318-7386

Child to Young Adult

Symptom Screening

Please enter the name of the person filling out this form:

What is your relationship to the patient (e.g., parent, guardian, teacher)?

Directions for questions 1-55: Each rating should be considered in the context of what is appropriate for the age of the child. When completing these 55 questions, please think about the child's behaviors in the past 6 months.

	Was on Medication	Was Not on Medication	Not Sure?
Is this evaluation based on a time when the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty keeping attention to what needs to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by noises or other stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or beginning quiet play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty waiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Actively defies or refuses to go along with adults' requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Deliberately annoys people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Blames others for his or her mistakes or misbehaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is touchy or easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is angry or resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is spiteful and wants to get even	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Starts physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is truant from school (skips school) without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Is physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Has stolen things that have value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Deliberately destroys others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Is physically cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Has deliberately set fires to cause damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Has broken into someone else's home, business, or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Has stayed out at night without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Has run away from home overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Has forced someone into sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is fearful, anxious, or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Feels worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Blames self for problems, feels guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Is sad, unhappy, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is self-conscious or easily embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Relationship with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Relationship with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Participation in organized activities (e.g., teams)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions for questions 56-93: Please select the answer that best describes your child.

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
56. Complains of stomach aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Pouts and sulks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Appears happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Unable to make up his/her mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Cries often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Moves slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Complains of headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Demonstrates slow speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Spends more time with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Talks a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Spends time alone in room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Carefree in spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Self critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Finds it difficult to leave parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Enjoys new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. Tires easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Gets angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Hostile to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Sullen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Cheerful in nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Temper outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Neat appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Eats poorly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Falls asleep well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Refuses to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Leaves school - "hooks"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Moody or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Talks about fear of parents dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Works on tasks enthusiastically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Sleeps through the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Awakens in morning earlier than necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Needs help from adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Generally outgoing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions for questions 94-134: 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. Then, for each statement, select the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
94. When my child feels frightened, it is hard for him/her to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. My child gets headaches when he/she is at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. My child doesn't like to be with people he/she doesn't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. My child gets scared if he/she sleeps away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. My child worries about other people liking him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. When my child gets frightened, he/she feels like passing out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. My child is nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

101. My child follows me wherever I go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. People tell me that my child looks nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. My child feels nervous with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. My child gets stomachaches at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. When my child gets frightened, he/she feels like he/she is going crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. My child worries about sleeping alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. My child worries about being as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. When my child gets frightened, he/she feels like things are not real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. My child has nightmares about something bad happening to his/her parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. My child worries about going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. When my child gets frightened, his/her heart beats fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. My child gets shaky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. My child has nightmares about something bad happening to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. My child worries about things working out for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. When my child gets frightened, he/she sweats a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. My child is a worrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. My child gets really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. My child is afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. It is hard for my child to talk with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. When my child gets frightened, he/she feels like he/she is choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. People tell me that my child worries too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. My child doesn't like to be away from his/her family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. My child is afraid of having anxiety (or panic) attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. My child worries that something bad might happen to his/her parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. My child feels shy with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. My child worries about what is going to happen in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. When my child gets frightened, he/she feels like throwing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. My child worries about how well he/she does things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. My child is scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. My child worries about things that have already happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. When my child gets frightened, he/she feels dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

132. 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 (e.g., read aloud, speak, play a game, play a sport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. My child is shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions for questions 135-146: Please select "yes" or "no" for each question.

	Yes	No
135. Does your child have thoughts or obsessions about which they can't stop thinking? Obsessions are thoughts, ideas, or pictures that keep coming into your child's mind even though he or she does not want them to.	<input type="checkbox"/>	<input type="checkbox"/>
136. Does your child have compulsions or habits which they can't stop doing? Compulsions are things that your child feels he or she has to do although he or she may know they do not make sense.	<input type="checkbox"/>	<input type="checkbox"/>
137. Has your child ever experienced any of the following traumatic events: natural disaster (e.g., flood, hurricane, tornado, earthquake), fire, explosion, or industrial accident; transportation accident (e.g., car accident, plane crash); physical assault (e.g., being attacked, beaten up); sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm); captivity or exposure to a war-zone; life-threatening illness or injury; sudden, unexpected death of or injury to someone close to them; or serious injury, harm, or death to someone else that they witnessed or caused?	<input type="checkbox"/>	<input type="checkbox"/>
138. Has your child had any unusual experiences such as: hearing voices, seeing visions, having ideas they later found out were not true, mind reading, ESP, thoughts being controlled by others, or seeing things on TV that they think refer to them specifically?	<input type="checkbox"/>	<input type="checkbox"/>
139. Are you concerned your child has been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
140. Are you concerned your child has been using marijuana, illegal drugs, or prescription medications for non-medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
141. Are you concerned about your child's overall level of development?	<input type="checkbox"/>	<input type="checkbox"/>
142. Are you concerned about your child's development in the areas of speech and language?	<input type="checkbox"/>	<input type="checkbox"/>
143. Are you concerned about your child's learning development in the areas of mathematics, reading, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
144. Has your child had problems with social interactions (e.g., eye contact, social reciprocity, making and keeping friends); social communications (e.g., delays in language, inability to initiate or sustain a conversation, echolalia); or restricted repetitive and stereotyped patterns of behavior, interests, and activities (e.g., hand or finger flapping; rigid, perseverative play)?	<input type="checkbox"/>	<input type="checkbox"/>
145. Has your child had any problems with enuresis (bed-wetting)?	<input type="checkbox"/>	<input type="checkbox"/>
146. Has your child had any problems with encopresis (fecal incontinence)?	<input type="checkbox"/>	<input type="checkbox"/>

CLIENT NAME: _____
 CLIENT ID#: _____

DATE: _____
 MD: _____

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Please enter the score for the term which best describes the patient's condition.

0 = not assessed, 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe, 7 = extremely severe

<p>1. SOMATIC CONCERN Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>10. HOSTILITY Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (<i>Rate attitude toward interviewer under "uncooperativeness"</i>).</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>2. ANXIETY Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>11. SUSPICIOUSNESS Brief (<i>delusional or otherwise</i>) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>3. EMOTIONAL WITHDRAWAL Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>12. HALLUCINATORY BEHAVIOR Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>4. CONCEPTUAL DISORGANIZATION Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>13. MOTOR RETARDATION Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>5. GUILT FEELINGS Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>14. UNCOOPERATIVENESS Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>6. TENSION Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>15. UNUSUAL THOUGHT CONTENT Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>7. MANNERISMS AND POSTURING Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>16. BLUNTED AFFECT Reduced emotional tone, apparent lack of normal feeling or involvement.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>8. GRANDIOSITY Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>17. EXCITEMENT Heightened emotional tone, agitation, increased reactivity.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>9. DEPRESSIVE MOOD Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>18. DISORIENTATION Confusion or lack of proper association for person, place or time.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>

Questionnaire for Follow-Up Appointment/OwlBridge Wellness

Over the last two weeks how often have you been bothered by any of the following problems?

Please answer the questions using the following numbers:

0- Not at all

1- Several days

2- More than half the days

3- Nearly everyday

PHQ-9	
Questions	Answer
Little interest or pleasure in doing things	
Feeling down, depressed, or hopeless	
Trouble falling or staying asleep or sleeping too much	
Feeling tired or have little energy	
Poor appetite or overeating	
Feeling bad about yourself-- or that you are a failure or have let yourself or family down	
Trouble concentrating on things, such as reading the newspaper or watching television	
Moving or speaking slowly that other people could have noticed, or the opposite – being so fidgety or restless that you have been moving around a lot more than normal.	
Thoughts that you would be better off dead, or of hurting yourself	
Total	

GAD-7	
Questions	Answer
Feeling nervous, anxious, or on edge	
Not being able to stop or control worrying	
Worrying too much about different things	
Trouble relaxing	
Being so restless that it's hard to sit still	
Becoming easily annoyed or irritable	
Feeling afraid as if something awful might happen	
Total	

(Healthcare professional: Of interpretation of TOTAL, please refer to accompanying score card)

If you checked off *any* problems, how *difficult* have the problems made it for you to do your work, take care of things at home, or get along with other people?
 Not difficult at all ___ Somewhat difficult ___ Very difficult ___ Extremely difficult ___
 Check the correct response

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Total Score	Anxiety Severity
0-5	Mild Anxiety
6-10	Moderate Anxiety
11-15	Moderate-Severe Anxiety
16-21	Severe Anxiety

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

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.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark I. Wolraich, MD.

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NICHQ
National Institute for
Children's Health Quality



NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Somewhat of a Problem			
		Above Average	Average	Problematic	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-26: _____

Total number of questions scored 2 or 3 in questions 27-40: _____

Total number of questions scored 2 or 3 in questions 41-47: _____

Total number of questions scored 4 or 5 in questions 48-55: _____

Average Performance Score: _____

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