

CHILDREN'S AFFECTIVE LABILITY SCALE (CAL5) Child Form for children 8 years and older

DIRECTIONS: Fill in the circle on the scale below each question that best describes your mood.

1. I suddenly start to cry for little or no apparent reason.

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

2. It is hard to tell what will set me off into a temper or a fit.

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

3. I suddenly become tense or anxious.

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

4. I have bursts of being overly affectionate for little reason, hugging or kissing more than people than I would expect.

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

5. I suddenly lose interest in what I am doing.

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

6. It is hard to tell what mood I will be in (how I will feel; happy, sad, excited, mad).

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

7. I suddenly lose my temper (yell, curse, or throw something) when others would not expect it.

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

8. I have bursts or increased talking.

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

9. I have short periods when I feel shaky or my heart is pounding, or I have difficulty breathing (not due to asthma or another medical problem).

- Never or rarely
occurs
- 1-3 times during
the month
- 1-3 times a week
- 4-6 times a week
- 1 or more times a
day

ID:

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10. It is hard to tell what will set me off crying.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

11. I have bursts of silliness for little or no apparent reason.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

12. I do an activity and then suddenly stop because I am tired.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

13. You never know when I am going to blow up.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

14. I have periods of time when I talk about the same thing over and over.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

15. I suddenly start to laugh about something that most people do not think is funny.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

16. I suddenly appear sad, depressed, and down in the dumps for no apparent reason.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

17. I have bursts of being nervous or fidgety.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

18. I have bursts of crabbiness or irritability.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

19. I suddenly act overly familiar with people I barely know.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

20. I appear very angry (yell, curse) in response to a simple request.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

Year:

ID:

DATE:

/

/



CHILDREN'S GLOBAL ASSESSMENT SCALE (C-GAS)

Directions: Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g., 35, 58, 62). Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular rating.

- 100-91** Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.) Likeable, confident, "everyday" worries never get out of hand. Doing well in school. No symptoms.
- 90-81** Good functioning in all areas. Secure in family, school and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasionally "blow-up" with siblings, parents or peers).
- 80-71** No more than slight impairment in functioning at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sib) but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others and are not considered deviant by those who know them.
- 70-61** Some difficulty in a single area, but generally functioning pretty well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior, self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her might well express concern.
- 60-51** Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
- 50-41** Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal, and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other anti-social behavior with some preservation of meaningful social relationships.
- 40-31** Major impairment in functioning in several areas and unable to function in one of those areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance; suicidal attempts with clear lethal intent. Such children are likely to require a special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
- 30-21** Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in communication (e.g., sometimes incoherent or inappropriate).
- 20-11** Needs considerable supervision to prevent hurting others or self, e.g., frequently violent repeated suicide attempts OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10-1** Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Last two weeks <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	Most severe past episode <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	Past year highest level of functioning <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Put NEI for Not Enough Information	Put NEI for Not Enough Information	Put NEI for Not Enough Information

Year
 Study ID

Assessment date / /



MODIFIED K-SADS-P DEPRESSION RATING SCALE

Please rate the severity of each symptom during the past two months.

Only rate items 3-10 if they fluctuate with depressed or irritable mood.

For use with the risk calculator, the summary score of each item (including parent and child input) should be summed together. This value should be entered into the on-line form. This modified questionnaire should be administered by a trained clinician.

1. DEPRESSED MOOD

Refers to subjective feelings of depression based on verbal complaints of feeling depressed, sad, blue, gloomy, very unhappy, down, empty, bad feelings, feels like crying. Do not include ideational items (like discouragement, pessimism, worthlessness), suicide attempts or depressed appearance. Some children will deny feeling "sad" and report feeling only "bad" so it is important to inquire specifically about each dysphoric affect. Do not count feelings of anxiety or tension.

In the interview with parent, mother's "gut feeling" (empathic sensing) that child frequently feels depressed can be taken as positive evidence of child's depressive mood if parent is not concurrently depressed.

How have you been feeling?

Would you say that you are a happy or a sad child?

Mostly happy or mostly sad?

Have you felt sad, blue, moody, down, very unhappy, empty, like crying?

(ASK EACH ONE).

Is this a good feeling or a bad feeling?

Have you had other bad feelings?

Do you have a bad feeling all the time that you can't get rid of? Have you cried or been tearful? Do you feel (____) all the time, some of the time? (Percent of time awake: Summation of % of all labels if they do not occur simultaneously).

Does it come and go? How often? Every day?

How long does it last? All day?

How bad is the feeling? Can you stand it? What do you do when you can't stand it?

What do you think brings it on?

Can other people tell when you are sad? How can they tell? Do you look different?

P	C	S	
[]	[]	[]	1 Not at all or less than once a week
[]	[]	[]	2 Slight: Occasionally has dysphoric mood at least once a week for more than 1 hour
[]	[]	[]	3 Mild: Often experiences dysphoric mood at least 3 times a week for more than 3 hours each
[]	[]	[]	4 Moderate: Most days feels "depressed" (including weekends) or over 50% of awake time
[]	[]	[]	5 Severe: Most of the time feels depressed and it is almost painful. Feels wretched
[]	[]	[]	6 Extreme: Most of the time feels extreme depression which "I can't stand."
[]	[]	[]	7 Very Extreme: Constant unrelieved extremely painful feelings of depression

2. IRRITABILITY AND ANGER

Subjective feeling of irritability, anger, crankiness, bad temper, short-tempered, resentment, or annoyance, externally directed, whether expressed overtly or not. Rate the intensity and duration of such feelings.

Do you get annoyed, and irritated or cranky at little things? What kinds of things?

Have you been feeling mad or angry also (even if you don't show it)? How angry? What kinds of things make you feel angry? Do you sometimes feel angry and/or irritable and/or cranky and don't know why?

Does this happen often?

Do you lose your temper? With your family? Your friends? Who else? At school? What do you do? Has anyone said anything about it? How much of the time do you feel angry, irritable, and/or cranky? All of the time? Lots of the time? Just now and then? None of the time?

When you get mad, what do you think about? Do you think about killing others? Or about hurting them or torturing them? Whom? Do you have a plan? How?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all clearly of no clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight and doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Often (at least 3 times/ 3 hours each week) feels definitely more angry, irritable than called for by the situation, relatively frequent but never very intense. Or often argumentative, quick to express annoyance. No homicidal thoughts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Most days feels irritable/ angry or over 50% of awake time. Or often shouts, loses temper. Occasional homicidal thoughts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: At least most of the time child is aware of feeling very irritable or quite angry or has frequent homicidal thoughts (no plan) or thoughts of hurting others. Or throws and breaks things around the house.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Most of the time feels extremely irritable or angry, to the point he "can't stand it." Or frequent uncontrollable tantrums.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Number 6 plus homicidal plan.

3. NEGATIVE SELF-IMAGE

Includes feelings of inadequacy, inferiority, failure and worthlessness, self depreciation, self belittling. **Rate with disregard of how "realistic" the negative self evaluation is.**

How do you feel about yourself?

Are you down on yourself?

Do you like yourself as a person? Why? or Why not?

Describe yourself.

Do you ever think of yourself as ugly? When? How often?

Do you think you are bright or stupid? Why? Do you often think like that?

Do you think you are better or worse than your friends? Is any one of your friends worse than you are?

What things are you good at? Any others?

What things are you bad at? How often do you feel this way about yourself?

What would you like to change about you?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Occasional feelings of inadequacy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Often feels somewhat inadequate, or would like to change his looks or brains or his personality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Often feels like a failure, or would like to change 2 of the above
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Frequent feelings of worthlessness or would like to change all 3. Occasionally says he hates himself
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Pervasive feelings of being worthless or a failure. Says he hates himself

4. FATIGUE, LACK OF ENERGY, TIREDNESS

This is a subjective feeling. (**Do not confuse with lack of interest**) (Rate presence even if subject feels it is secondary to insomnia). Differentiate from drowsiness, sleepiness, etc. which should not be rated here.

Have you been feeling tired? How often?

Do you feel tired?

All of the time?

Most of the time?

Some of the time?

Now and then?

Tell me more about this feeling; is it sleepiness or that you just do not have the energy?

Do you spend much time resting? How much?

Do you have to rest?

Do your limbs feel heavy?

Is it very hard to get going? to move your legs?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or more energy than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Possible less energy than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: At times definitely more tired or less energy than usual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Often feels tired without energy. Has to rest (not sleep) during the day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Almost all the time feels very tired or without energy or spends a great deal of time resting, (not sleeping). Limbs may feel heavy and hard to move
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Constant feeling of extreme fatigue or lack of energy or spends most of the time resting. Limbs feel heavy and hard to move

5. DIFFICULTY CONCENTRATING, INATTENTION, SLOWED THINKING

Complaints (or evidence from teacher) of diminished ability to think or concentrate. **Distinguish from lack of interest or motivation.**

Do you know what it means to concentrate?

Sometimes children have a lot of trouble concentrating. For instance, they have to read a page from a book, and can't keep their mind on it so it takes much longer to do it or they just can't do it, can't pay attention.

Have you been having this kind of trouble?

Is your thinking slowed down?

If you push yourself very hard can you concentrate?

Does it take longer to do your homework?

When you try to concentrate on something, does your mind drift off to other thoughts?

Can you pay attention in school?

Can you pay attention when you want to do something you like?

Do you forget about things a lot more?

What things can you pay attention to?

Is it that you can't concentrate?

or is it that you are not interested, or don't care?

P	C	S	
[]	[]	[]	1 Not at all
[]	[]	[]	2 Slight: Slight and of doubtful clinical significance
[]	[]	[]	3 Mild: Definitely aware of limited attention span but causes no difficulties other than substantially increased effort in schoolwork
[]	[]	[]	4 Moderate: Interferes with school marks. Forgetful
[]	[]	[]	5 Severe: Interferes with school work and most other activities. Can't concentrate even when he wants to. Very forgetful
[]	[]	[]	6 Extreme: Unable to do the simplest tasks, e.g., watch TV, or engage in a conversation

6. PSYCHOMOTOR AGITATION

Includes inability to sit still, pacing, fidgeting, repetitive lip or finger movement, wringing of hands, pulling at clothes, and non-stop talking. **Do not include subjective feelings of tension or restlessness, which** are often incorrectly called agitation. To arrive at your rating, take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.

When you feel so (sad), are there times when you can't sit still, or you have to keep moving and can't stop?

Do you walk up and down?

Do you wring your hands? (demonstrate)

Do you pull or rub on your clothes, hair, skin or other things?

Do people tell you not to talk so much?

Did you do this before you began to feel (sad)?

When you do these things, is it that you are feeling (sad) or do you feel high or great?

P	C	S	
[]	[]	[]	1 Not at all, retarded, or associated with manic syndrome
[]	[]	[]	2 Slight: Increase which is of doubtful significance
[]	[]	[]	3 Mild: Unable to sit quietly in a chair without fidgeting or pulling and/or rubbing
[]	[]	[]	4 Moderate: Frequent temper tantrums, or marked inability to sit in class, almost always disruptive to some degree
[]	[]	[]	5 Marked: Pacing, hand wringing, or very frequent temper tantrums. Increased activity both at home and school
[]	[]	[]	6 Extreme: Almost constantly moving or pacing about or nonstop talking. Agitated in all settings

Make sure it does not refer to content of speech or acts or to facial expression. Refer only to speed and tempo.

7. INSOMNIA

Sleep disorder, including initial, middle and terminal difficulty in getting to sleep or staying asleep.

Do not rate if he feels no need for sleep.

Take into account the estimated number of hours slept and the subjective sense of lost sleep.

Normally a 6-8 year old child should sleep about 10 hours \pm 1 hour;

For 9-12 year olds = 9 hours \pm 1 hour;

For 12-16 year olds = 8 hours \pm 1 hour.

Have you had trouble sleeping? What kind of trouble?

How long does it take you to fall asleep?

Do you wake up in the middle of the night? How many times? Any reason for it (urinating, nightmares)?

At what time do you wake up in the morning?

Is that later or earlier than usual?

Do you wake up before you want, or have to get up? Or before your mother calls you?

Do you feel you would sleep more if you could?

For how long have you been having trouble sleeping?

Are you having this trouble every night? Almost every night? Sometimes? Only now and then?

Do you feel rested when you wake up?

Do you feel not rested through 3 hours after being up?

Have you slept, at some point during the day and been awake during the night, and just could not sleep?

P C S

1 Not at all, or feels no need for any sleep

2 Slight: Occasional difficulty

3 Mild: Often (at least 2 times a week) has some significant difficulty. (At least 1 hour to fall asleep, or bedtime delayed for one hour. No middle or terminal insomnia.)

4 Moderate: Usually has considerable difficulty. (Either at least 2 hours initial insomnia, or any middle or terminal insomnia unrelated to urination, lasting up to half an hour). Feeling of unrestorative sleep

5 Severe: Almost always has great difficulty. Either at least 3 hours initial insomnia or any middle or terminal insomnia lasting over one hour total. Considerable circadian reversal

6 Extreme: Claims he almost never sleeps and feels exhausted the next day or complete circadian inversion

8. TYPES OF INSOMNIA

MIDDLE INSOMNIA: *Difficulty staying asleep, preceded and followed by sleep.*

P: 1 2 3 4

1= Not present

C: 1 2 3 4

2= Doubtful (or < 30 minutes)

S: 1 2 3 4

3= Definitely present, mild to moderate (or 30 minutes to 1 1/2 hours)

4= Definitely present, severe (or over 1 1/2 hours)

NON-RESTORATIVE SLEEP: *Does not feel rested upon awakening.*

P: 1 2 3 4

C: 1 2 3 4

S: 1 2 3 4

DAYTIME SLEEPLESSNESS: *Feels drowsy or sleepy during the day.*

P: 1 2 3 4

C: 1 2 3 4

S: 1 2 3 4

9. ANOREXIA

Appetite compared to usual or to peers. Make sure to differentiate between decrease of food intake because of dieting and because of loss of appetite.

Rate here loss of appetite only.

How is your appetite? Do you feel hungry often?

Are you eating more or less than before?

Do you leave food on your plate?

When did you begin to lose your appetite?

Do you sometimes have to force yourself to eat?

When was the last time you felt hungry?

Are you on a diet? What kind of diet?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all - normal or increased
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: decrease of questionable clinical significance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild decrease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate decrease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Rarely feels hungry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Never feels hungry

10. WEIGHT LOSS

Total weight loss from usual weight since onset of the present episode (or maximum of 12 months). Make sure he has not been dieting. In the assessment of weight loss it is preferable to obtain recorded weights from old hospital charts or the child's pediatrician. Failure to gain 1.5 kg. over a 6-month period for children between 5 and 11 years old qualifies as weight loss, as does loss of percentile grouping over a 6-month period (Iowa tables). Groupings are: Under 3rd %tile: between 3-10; 10-25; 25-50; 50-75; 75-90; 90-97; and over 97th %tile. Rate this item even if later he regained weight or became overweight. If possible, rater should have verified weights available at time of interview.

Have you lost any weight?

How do you know?

Do you find your clothes are looser now?

When was the last time you were weighed?

How much did you weigh then?

What about now? (measure it).

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No weight loss (stays in same percentile grouping)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Weight loss or failure to gain under 1.5 kg. (3.3 lb.) or doubtful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Weight loss plus failure to gain between 1.5 kg-3 kg (3.3-6.6lb.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Weight loss plus failure to gain 3 kg.-4.5 kg. (6.6-9.9 lb.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Weight loss plus failure to gain between 10-24% of ideal body weight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Weight loss of 25% or more of ideal body weight

NOTE: DO NOT RATE POSITIVELY IF CHILD HAS ANOREXIA.

11. SUICIDAL IDEATION

This includes preoccupation with thoughts of death or suicide and auditory command hallucinations where the child hears a voice telling him to kill himself or even suggesting the method.

Do not include mere fears of dying.

Sometimes children who get upset or feel bad think about dying or even killing themselves.

Have you ever had such thoughts?

How would you do it?

Do you have a plan?

Have you told anybody (about suicidal thoughts)?

When did you start to think about suicide?

Have you actually tried to kill yourself? When? What did you do?

Any other thing? Did you really want to die? How close did you come to actually doing it?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Thoughts of his death (without suicidal thoughts), "I would be better off dead" or "I wish I were dead" or only in the context of anger.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Occasional thoughts of suicide but has not thought of a specific method.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Often thinks of suicide and has thought of a specific method.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Often thinks of suicide and has thought of, or mentally rehearsed a specific plan, or has made a suicidal gesture of a communicative rather than a potentially medically harmful type, or has heard a voice telling him to kill himself.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Has made preparations for a potentially serious suicide attempt.

MODIFIED K-SADS MANIA RATING SCALE

BIPOLAR DISORDERS

This rating scale is based on the items from the WASH-U-KSADS (Barbara Geller, M.D.) and the 4th revision of the KSADS-P (Joaquim Puig-Antich, M.D. and Neal Ryan, M.D.).

Please rate the severity of each symptom during the past two months.

Only rate items 4-13 as present if they fluctuate with elated, expansive, or irritable mood.

For use with the risk calculator, the summary score of each item (including parent and child input) should be summed together. This value should be entered into the on-line form. This modified questionnaire should be administered by a trained clinician.

1. ELATION, EXPANSIVE MOOD

	P	C	S	
Elevated mood and/or optimistic attitude toward the future which lasted at least 4 hours and was out of proportion to the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all, normal, or depressed.
Differentiate from normal mood in chronically depressed subjects. Do not rate positive if mild elation is reported in situations like Christmas gifts, birthdays, amusement parks, which normally overstimulate and make children very excited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Good spirits, more cheerful than most people in his/her circumstances, but of only possible clinical significance.
Have (there been times when) you felt very good or too cheerful or high or terrific or great, or just not your normal self?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definitely elevated mood and optimistic outlook that is somewhat out of proportion to his/her circumstances.
If unclear: When you felt on top of the world or as if there was nothing you couldn't do? ...That this is the best of all possible worlds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Mood and outlook are clearly out of proportion to circumstances. Noticeable to others.
Have you felt that everything would work out just the way you wanted? If people saw you, would they think you were just in a good mood or something more than that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Quality of euphoric mood way out of proportion to circumstances.
Did you get as if you were drunk? Did you laugh a lot, get silly? Did you feel super happy? When did this happen? (example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Clearly elated, almost constantly exalted expression, overexpansive.

2. IRRITABILITY AND ANGER

	P	C	S	
Subjective feeling of irritability, anger, crankiness, bad temper, short tempered, resentment, or annoyance, externally directed, whether expressed overtly or not. Rate the intensity and duration of such feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all, clearly of no clinical significance.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight and doubtful clinical significance.
Do you get annoyed and irritated or cranky at little things? What kinds of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Often (at least 3X/3 hrs. ea. week) feels definitely more angry, irritable than called for by the situation, relatively frequent but never very intense. Or often argumentative, quick to express annoyance. No homicidal thoughts.
Have you been feeling mad or angry also (even if you don't show it)? How angry? More than before? What kinds of things make you feel angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Most days irritable/angry or over 50% of awake time. Often shouts, loses temper. Occasional homicidal thoughts.
Do you sometimes feel angry and/or irritable, and/or cranky and don't know why? Does this happen often? Do you lose your temper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: At least most of the time child is aware of feeling very irritable or quite angry or has frequent homicidal thoughts (no plan) or thoughts of hurting others. Or throws and breaks things around the house.
With your family? Your friends? Who else? At school? What do you do? Has anybody said anything about it? How much of the time do you feel angry, irritable, and/or cranky: All of the time? Lots of the time? Just now and then? None of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Most of the time feels extremely angry or irritable, to the point s/he "can't stand it." Or frequent uncontrollable tantrums.
When you get mad, what do you think about? Do you think about killing others? Or about hurting them or torturing them? Whom: Do you have a plan? How?				

3. MOOD LABILITY

Changability of mood; rapid mood variation with several mood states (angry, elated, depressed, anxious, relaxed) within a brief period of time; appears internally driven without regard to circumstances or not related to anything external to the patient. Could be an exaggerated mood change in regard to minor slights, frustrations or positive events.

P	C	S		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Not at all.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Slight: Some moodiness or mood variation possibly out of proportion to circumstances, but of doubtful significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Mild: Definite mood changes, internally driven or somewhat out of proportion to circumstances, occurring several times per day. Noticeable by others, but does not cause impairment in function or relationships.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Moderate: Many mood changes throughout the day, can vary from elevated mood to anger to sadness within couple of hours; changes in mood clearly out of proportion to circumstances and cause impairment in functioning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Severe: Rapid mood swings nearly all of the time, with mood intensity way out of proportion to circumstances.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Extreme: Constant, explosive variability in mood, several mood changes occurring within minutes, difficult to identify a particular mood, changes in mood radically out of proportion to circumstances.

4. DECREASED NEED FOR SLEEP

Less need for sleep than usual in order to feel rested (average for several days when needed less sleep). (Refer to norms on insomnia)

Have you needed less sleep than usual to feel rested? How much sleep do you ordinarily need?
How much do you sleep when you are feeling so good?
When you wake up do you feel good and rested?

When you cannot fall asleep or when you get up through the night, what types of things do you do?
Watch TV? Read? or do you do active things? (e.g., rearrange furniture? clean house? exercise?)
Do you have a lot of thoughts go through your mind when awake?
What kinds of thoughts?
Do you worry? About what types of things?
How long are you awake? How often during the night? During the week?

P	C	S		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	No change or more sleep needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Up to 1 hour less than usual.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Up to 2 hours less than usual.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Up to 3 hours less than usual.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Up to 4 hours less than usual.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	4 or more hours less than usual.

5. RACING THOUGHTS

Subjective experience that thinking was markedly accelerated.

When you were (___), were there times when your thoughts raced through your mind?
Did you have more ideas than usual or more than you could handle?

P	C	S		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Not at all.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Doubtful.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Mild: Occasional racing thoughts at least 3 times per week.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Moderate: Racing thoughts at least 50% of awake time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Severe: Racing thoughts most of the time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Extreme: Almost constant racing thoughts.

6. UNUSUALLY ENERGETIC

	P	C	S	
More active than his/her usual level without expected fatigue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No difference than usual or less energetic.
Have you had more energy than usual to do things? Did people tell you that you were (are) non-stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slightly more energetic but of questionable significance.
Did you agree with them? Did it seem like too much energy? Do you know why? Were you doing too many things? Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Little change in activity level but less fatigued than usual.
When did this happen? (example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Somewhat more active than usual with little or no fatigue.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Much more active than usual with little or no fatigue.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Unusually active all day long with little or no fatigue.

7. INCREASE IN GOAL-DIRECTED ACTIVITY

	P	C	S	
As compared with usual level. Consider changes in scholastic, social, sexual, or leisure involvement or activity level associated with work, family, friends, new projects, interests, or activities (e.g., telephone calls, letter writing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 No change or decrease.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slightly more interest or activity but of questionable significance.
Is there any time when you were more active or involved in things compared to the way you usually are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild but definite increase in general activity level involving several areas.
What about in school, at your club, scouts, church, at home, friends, hobbies, new projects or interests? Were you doing a lot of things? How much of your day has been spent in this? Were you trying to do so many different things that you couldn't keep up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate generalized increase in activity level involving several areas.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked increase and almost constantly involved in numerous activities in many areas.
When did this happen? (example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme, e.g., constantly active in a variety of activities from awakening until going to sleep.

8. MOTOR HYPERACTIVITY

	P	C	S	
Visible manifestations of generalized motor hyperactivity which occurred during a period of abnormally elevated, expansive, or irritable mood. Make certain that the hyperactivity actually occurred and was not merely a subjective feeling of restlessness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or retarded.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight increases which is of doubtful clinical significance.
When you were (___), were there times when you were (high, feeling so good, so angry) that you were always moving, could not stay put, were unable to sit still or you always had to be moving, pacing up and down? Or are you always like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Unable to sit quietly in a chair.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Paces about a great deal.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked: Almost constantly moving and pacing about.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: so hyperactive that s/he would exhaust her/himself if not restrained.

9. GRANDIOSITY

Increased self-esteem and appraisal of his/her worth, power, or knowledge

(up to grandiose delusions) as compared with usual level. Persecutory delusions should not be considered evidence of grandiosity unless that subject feels the persecution is due to some special attributes of his/her (e.g., power, knowledge).

Have you felt more self-confident than usual?

Have you felt much better than others? ...smarter? ...stronger? Why?

Have you felt that you are a particularly important person or that you had special talents or abilities?

What about special plans?

When did this happen? (example)

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or decreased self-esteem.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: somewhat more confident about her/ himself but of doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Definitely overestimates or exaggerates at least two of his talents, prospects or plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Disproportionately inflated self-esteem involving several areas of functioning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Marked, global, over-evaluation of her/ himself and her/ his abilities, but falls short of true delusions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Clear grandiose delusions.

10. ACCELERATED, PRESSURED OR INCREASED AMOUNT OF SPEECH

When you were (___), were there times that you talked very rapidly or talked on and on and couldn't be stopped?

Did people say you were talking too much?

Could people understand you?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all of retarded speech.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight increase which is doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Noticeably more verbose than normal but conversation is not strained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: So verbose that conversation is strained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Marked: So rapid that conversation is difficult to maintain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Extreme: Talks rapidly or continuously and cannot be interrupted. Conversation extremely difficult or impossible.

11. POOR JUDGMENT

Excessive involvement in dangerous activities without recognizing the high potential for painful consequences.

When you were (___), did you do anything that caused trouble for you or your family...or friends?

What about anything that could have?

Did you do things you normally wouldn't do (like giving away a whole lot of things or taking a whole lot of chances)?

Did you think of what would happen before you did it?

Was there anything that you did that you now think you should not have done?

P	C	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Of doubtful clinical significance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: e.g., Calls friends at odd hours.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: e.g., Purchases many things she/he doesn't need and can't afford or gives money away.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: e.g., On impulse, goes to places without plans or money and takes too many chances.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Very Severe: Attempts activities with potentially very dangerous consequences.

12. INAPPROPRIATE LAUGHING, JOKING OR GRINNING.

	P	C	S	
Do you sometimes laugh or act silly? Does this happen for no reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all- laughter appropriate to situation.
Do other people notice? Do you laugh out loud in class? Are the other students quietly doing their work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight- occasional inappropriate laughter of doubtful significance.
Do you sometimes act or talk like a much younger child? Do you use babytalk? Do you ever crawl like a baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild- (e.g., child receives verbal reprimands from teacher for laughing in class 3 times in one week).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate to severe- (e.g., child sent to principal's office or given detention 3 times or more in one week).

13. UNINHIBITED PEOPLE SEEKING, GREGARIOUSNESS.

	P	C	S	
Do you like meeting new people? Are you friendly with people you just met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all or shy.
Do your parents ever complain that you are always bringing new people home? How often does this happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Doubtful- occasionally more talkative or social.
Do you find yourself bringing home "friends" that your parents have never seen before? How often does this happen? Do people comment that you are "the most popular" person at the party? Do you begin conversations with people you have never met? (e.g., at the mall, do you go up and talk to just anyone)? Are you the type of person who never met a "stranger"? Are you the "class clown"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild- definitely present (e.g., parent reprimands child 3 times in one week for talking to strangers).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate to severe- (e.g., child puts self in danger, cannot be left unsupervised for fear that the child will leave with strangers; adolescent brings home new acquaintances once a week).

14. INCREASED PRODUCTIVITY.

	P	C	S	
Are there times when you start many more projects than you could possibly complete in an hour's time (e.g., go to music lesson, rearrange your bedroom, play two different sports, start and art project)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all- or decreased
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Doubtful- may start two projects at one time
Are there times when you feel that you have to produce more than anyone else (e.g., sell 100 times more Girl Scout cookies than anyone else)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild- definitely more productive or initiates several projects at the same time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate to severe- initiates many projects at the same time with unrealistic or unobtainable goals within the time allotted. Won't stop projects to eat or sleep

15. DISTRACTIBILITY (Observed or reported by informant)

	P	C	S	
Child presents evidence of difficulty focusing his/her attention on the questions of the interviewer, jumps from one thing to another, cannot keep track of his/ her answers, and is drawn by irrelevant stimuli he cannot shut off. Not to be confused with avoidance of uncomfortable themes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Not at all.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Slight: Of doubtful clinical significance.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Mild: Present but responds to structuring and repetition.
Have you ever been told that you have trouble sticking to what you are supposed to do? Did you? Can you give me an example? Has a teacher told you that you "always" get distracted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Moderate: Difficult to complete interview because of child's inattentiveness which doesn't respond to structure.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Severe: Impossible to complete interview because of child's inattentiveness.

**SELF-REPORT FOR CHILDHOOD ANXIETY RELATED DISORDERS (SCARED)
CHILD FORM (8 YEARS AND OLDER*)**

First Name

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Last Name

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Darken the circle next to the statement that best describes you now or in the **PAST THREE MONTHS**.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I get frightened, I sweat a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Subject ID# (Repeat on all pages)

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24990



**SELF-REPORT FOR CHILDHOOD ANXIETY RELATED DISORDERS (SCARED)
CHILD FORM (8 YEARS AND OLDER*)**

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
24. I get really frightened for no reason at all.	○	○	○
25. I am afraid to be alone in the house.	○	○	○
26. It is hard for me to talk with people I don't know well.	○	○	○
27. When I get frightened, I feel like I am choking.	○	○	○
28. People tell me that I worry too much.	○	○	○
29. I don't like to be away from my family.	○	○	○
30. I am afraid of having anxiety (or panic) attacks.	○	○	○
31. I worry that something bad might happen to my parents.	○	○	○
32. I feel shy with people I don't know well.	○	○	○
33. I worry about what is going to happen in the future.	○	○	○
34. When I get frightened, I feel like throwing up.	○	○	○
35. I worry about how well I do things.	○	○	○
36. I am scared to go to school.	○	○	○
37. I worry about things that have already happened.	○	○	○
38. When I get frightened, I feel dizzy.	○	○	○
39. 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.)	○	○	○
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	○	○	○
41. I am shy.	○	○	○

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Subject ID# **Assessment Date**

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3 ○ ○ ○ ○ 3 ○ ○ 3 ○ 3 ○ ○ ○ ○

4 ○ ○ ○ ○ 4 ○ ○ 4 ○ 4 ○ ○ ○ ○

5 ○ ○ ○ ○ 5 ○ ○ 5 ○ 5 ○ ○ ○ ○

6 ○ ○ ○ ○ 6 ○ ○ 6 ○ 6 ○ ○ ○ ○

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Year

