

Standardized Instruments

Abnormal Involuntary Movement Scale (AIMS)

Examination Procedure

Either before or after completing the Examination Procedure, observe the patient unobtrusively, at rest (e.g. in waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

1. Ask patient to remove shoes and socks.
2. Ask patient whether there is anything in his/her mouth (i.e., gum, candy, etc.) And if there is, to remove it.
3. Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?
4. Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.
5. Have patient sit in chair with both hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position.)
6. Ask patient to sit with hands hanging unsupported. If male, between legs, if female and wearing a dress, hanging over knees. (Observe hands and other body areas.)
7. Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.
8. Ask patient to protrude tongue. (Observe abnormalities of tongue movement.) Do this twice.
9. Ask patient to tap thumb with each finger as rapidly as possible for 10-15 seconds; separately with right hand, then with left hand. (Observe facial and leg movements.)
10. Flex and extend patient's left and right arms (one at a time). (Note any rigidity.)
11. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
12. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
13. Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

Evaluation type (circle one)

- | | | | | | |
|---|-------------------|---|------------------|----|-------------------|
| 1 | Baseline | 5 | Major evaluation | 9 | Stop open meds |
| 2 | 2-week minor | 6 | Other | 10 | Early termination |
| 3 | | 7 | Start Open meds | 11 | Study completion |
| 4 | Start double-bind | 8 | During open meds | | |

Instructions: Complete examination procedure before making ratings.

Rate highest severity observed.

- Code: 1 None
2 Minimal, may be extreme normal
3 Mild
4 Moderate
5 Severe

Facial and Oral Movements

- Muscles of facial Expression (e.g., movement of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing)
1 2 3 4 5
- Lips and Perioral Area (e.g., puckering, pouting, smacking)
1 2 3 4 5
- Jaws (e.g. biting, clenching, chewing, mouth opening, lateral movement)
1 2 3 4 5
- Tongue (Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.)
1 2 3 4 5

Extremity Movements

- Upper (arms, wrists, hands, fingers). Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do NOT include tremor (i.e., repetitive, regular, rhythmic).
1 2 3 4 5
- Lower (legs, knees, ankles, toes). (E.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.)
1 2 3 4 5

Trunk Movements

- Neck, shoulders, hips (e.g., rocking, twisting, squirming, pelvic gyrations)
1 2 3 4 5

Global judgments

8. Severity of abnormal movements:
 1. None, normal
 2. Minimal
 3. Mild
 4. Moderate
 5. Severe

9. Incapacitation due to abnormal movements:
 1. None, normal
 2. Minimal
 3. Mild
 4. Moderate
 5. Severe

10. Patient's awareness of abnormal movements (Rate only patient's report)
 1. No awareness
 2. Aware, no distress
 3. Aware, mild distress
 4. Aware, moderate distress
 5. Aware, severe distress

Dental Status

11. Current problems with teeth and/or dentures
 1. No
 2. Yes

12. Does patient usually wear dentures?
 1. No
 2. Yes

SOURCE: Department of Health and Human Services; Public Health Service; Alcohol, Drug Abuse, and Mental Health Administration; NIMH Treatment Strategies in Schizophrenia Study, ADM-117, Revised November 1985.

SYMPTOM DISTRESS (Adapted from SCL-90 and BSI)

HAND CONSUMER PRINTED CARD CONTAINING THE ITEMS LISTED BELOW Please look at this card. Can you read it okay, or would you like some help? I am going to ask you some questions about how much you were distressed or bothered by some things during the last seven days. I'd like you to tell which of the answers on the card best described how you feel. Okay?

DURING THE PAST 7 DAYS ABOUT HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
a. Nervousness or shakiness inside	1	2	3	4	5
b. Being suddenly scared for no reason	1	2	3	4	5
c. Feeling fearful	1	2	3	4	5
d. Feeling tense or keyed up	1	2	3	4	5
e. Spells of terror or panic	1	2	3	4	5
f. Feeling so restless you couldn't sit still	1	2	3	4	5
g. Heavy feelings in arms or legs	1	2	3	4	5
h. Feeling afraid to go out of your home alone	1	2	3	4	5
i. Feeling of worthlessness	1	2	3	4	5
j. Feeling lonely even when you are with people	1	2	3	4	5
k. Feeling weak in parts of your body	1	2	3	4	5
l. Feeling blue	1	2	3	4	5
m. Feeling lonely	1	2	3	4	5
n. Feeling no interest in things	1	2	3	4	5
o. Feeling afraid in open spaces or on the streets	1	2	3	4	5

Client Name: _____

Date of Rating: _____

CLINICIAN ALCOHOL USE SCALE

Please rate your client's use of alcohol over the past six months according to the following scale. If the person is in an institution, the reporting interval is the time period prior to institutionalization. You should weigh evidence from self-report, interviews, behavioral observations, and collateral reports (family, day center, community, etc.) in making this rating.

- _____ 1 = ABSTINENT Client has not used alcohol during this time interval.
- _____ 2 = USE WITHOUT IMPAIRMENT Client has used alcohol during this time interval, but there is no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use.
- _____ 3 = ABUSE Client has used alcohol during this time interval and there is evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use or evidence of recurrent dangerous use. For example, recurrent alcohol use leads to disruptive behavior and housing problems. Problems have persisted for at least one month.
- _____ 4 = DEPENDENCE Meets criteria for moderate plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of alcohol use, continued use despite knowledge of substance-related problems, marked tolerance, characteristic withdrawal symptoms, alcohol taken to relieve or avoid withdrawal symptoms. For example, drinking binges and preoccupation with drinking have caused client to drop out of job training and non-drinking social activities.
- _____ 5 = DEPENDENCE WITH INSTITUTIONALIZATION Meets criteria for severe plus related problems are so severe that they make noninstitutional living difficult. For example, constant drinking leads to disruptive behavior and inability to pay rent so that client is frequently reported to police and seeking hospitalization.

Client Name: _____

Date of Rating: _____

CLINICIAN DRUG USE SCALE

Please rate your client's use of drugs over the past six months according to the following scale. If the person is in an institution, the reporting interval is the time period prior to institutionalization. You should weigh evidence from self-report, interviews, behavioral observations, and collateral reports (family, day center, community, etc.) in making this rating.

- _____ 1 = ABSTINENT Client has not used drugs during this time interval.
- _____ 2= USE WITHOUT IMPAIRMENT Client has used drugs during this time interval, but there is no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use.
- _____ 3= ABUSE Client has used drugs during this time interval and there is evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use or evidence of recurrent dangerous use. For example, recurrent drug use leads to disruptive behavior and housing problems. Problems have persisted for at least one month.
- _____ 4 = DEPENDENCE Meets criteria for moderate plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of drug use, continued use despite knowledge of substance-related problems, marked tolerance, characteristic withdrawal symptoms. For example, drinking binges and preoccupation with drugs have caused client to drop out of job training and non-drug social activities.
- _____ 5 = DEPENDENCE WITH INSTITUTIONALIZATION Meets criteria for severe plus related problems are so severe that they make noninstitutional living difficult. For example, constant drug use leads to disruptive behavior and inability to pay rent so that client is frequently reported to police and seeking hospitalization.

Circle drugs used: cannabis cocaine hallucinogens opiates PCP

sedatives/hypnotics/anxiolytics stimulants over-the-counter Other _____

CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE (CAFAS J)

Name _____ Child ID # _____ Date / /
 Date of Birth / / Age _____ Sex: ~ boy ~ girl Site ID _____ Child's Zip

TIME PERIOD RATED:
 ~ Last Month
 ~ Last 3 Months
 ~ Other _____

RATER:
 Name _____
 ~ Case Manager (or team leader)
 ~ Treating Therapist
 ~ Intake Worker
 ~ Non-Treating Clinician
 ~ Lay Interviewer/Researcher
 ~ Other _____

ASSESSMENT:
 ~ Intake/Screening
 ~ 3 mo ~ 15 mo
 ~ 6 mo ~ 18 mo
 ~ 9 mo ~ 21 mo
 ~ 12 mo ~ 24 mo
 ~ Exit from Services
 ~ Change in intensity of Service
 ~ Other _____

SOURCES OF INFORMATION (Check all that apply): **ETHNIC GROUP (Check all that apply)**

- | | | |
|--|--|---|
| <p>In-Person Contact with:</p> <ul style="list-style-type: none"> ~ Parent ~ Youth ~ School Personnel ~ Foster (or surrogate) Parent ~ Juvenile Justice, Police ~ Social Welfare (Services) ~ Mental Health Worker ~ Public Health Worker | <p>Telephone Contact with:</p> <ul style="list-style-type: none"> ~ Parent ~ Youth ~ School Personnel ~ Foster (or surrogate) Parent ~ Juvenile Justice, Police ~ Social Welfare (Services) ~ Mental Health Worker | <p>Review of Documents:</p> <ul style="list-style-type: none"> ~ School ~ Juvenile Justice, Police ~ Social Welfare (Services) ~ Mental Health ~ Public Health ~ Other _____ |
|--|--|---|

- ETHNIC GROUP (Check all that apply)**
- ~ African-American
 - ~ Asian/Pacific Islander
 - ~ Hispanic
 - ~ Native American _____
 - ~ White
 - ~ Other _____

YOUTH'S CAREGIVER(S)
(check all that apply):

- ~ Biological Mother
- ~ Biological Father
- ~ Stepmother
- ~ Stepfather
- ~ Adoptive Mother
- ~ Adoptive Father
- ~ Grandparent
- ~ Caregivers Live-in Friend
- ~ Other _____

YOUTH'S LIVING ARRANGEMENT and/or RESIDENTIAL PLACEMENT (check all that apply):

- ~ Family Home (with parent or legal guardian)
- ~ Private Home with Other Relatives
- ~ Private Home with Non-Relatives
- ~ Out of Home
 - ~ Regular Foster Care
 - ~ Therapeutic Foster Care
 - ~ Group Home
- ~ Psychiatric Group Home
 - ~ Psychiatric Inpatient
 - ~ Residential Treatment Center
 - ~ Drug and/r Alcohol Program
 - ~ Juvenile Detention/Jail/ Correctional
 - ~ Youth Crisis Residential
 - ~ Other Residential Setting _____
- ~ Other _____
- ~ Unknown

SERVICES RECEIVED SINCE LAST RATING - Other than Residential (check all that apply):

- ~ Outpatient
- ~ Evaluation, Assessment, Diagnosis
- ~ Medical Monitoring
 - ~ Individual Therapy
 - ~ Group Therapy
 - ~ Family/Parental/Marital Therapy
 - ~ Alcohol/Drug Therapy
 - ~ Other Outpatient _____
- ~ Intensive Community-Based Services
- ~ Day Treatment/Partial Hospitalization
- ~ Home-Based Services
 - ~ Wraparound Services
 - ~ Respite Services
 - ~ Crisis-Stabilization
- ~ Other Community-Based _____
- ~ Case Management
- ~ None
- ~ Unknown

PSYCHIATRIC MEDICATIONS RECEIVED (check all that apply):

- ~ Stimulant (e.g., ritalin)
- ~ Anti-depressant
- ~ Anti-psychotic
- ~ Other _____
- ~ Unknown

YOUTH'S LOCATION(S)
(Check all that apply):

- ~ Living Within Community
- ~ Living Outside Community
- ~ Unknown

ENROLLED IN SCHOOL: **HAS JOB:**

~ Yes ~ Yes
 ~ No ~ No

INSTRUCTIONS: The CAFAS J is used to assess a youth's functional impairment, rated as severe, moderate, mild or minimal/no impairment. If any one item listed under a level of impairment describes the youth's functioning, the youth qualifies for a rating at that level. You should indicate all items that apply at that impairment level. Do this by circling the number to the right of the item description. Do not circle any items that apply to lower levels. Rate the youth's most severe level of dysfunction in the time period specified above (e.g. the last month).

1. For each scale begin your assessment by reviewing items in the severe level. If any item describes the youth's functioning, circle all that apply in that level of impairment, and write the score "30" in the score box on the left.
2. If none of the items at the severe level describe the youth, proceed to the moderate level. If none of the items in the moderate level describes the youth, proceed to the Mild level, and so on. If the youth is described by any of the items in a level, then that level of impairment will apply to the youth. Always start with the severe level and progressively proceed to the minimal/no impairment level, stopping at the level if the youth is described by any one of the items in that particular level.
3. If you believe that the youth should be rated at a level of impairment where no items apply to the youth, write the score in the score box, circle the number corresponding to the "exception" box, and explain the reason for your rating in the space labeled "Explanation."

Youth's Name _____

ID # _____

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
ROLE PERFORMANCE	001 Out of job or school due to behavior (e.g., asked to leave or refuses to attend).	012 Non-compliant behavior with results in persistent or repeated disruption of group functioning or becomes known to authority figures other than classroom teacher (e.g., principal) because of severity and/or chronicity.	022 Non-compliant behavior results in teacher or immediate supervisor bringing attention to problems or structuring youths activities so as to avoid predictable difficulties, more than other youth.	028 Reasonably comfortable and competent in relevant roles.
School/ work Subscale	002 Expelled or equivalent from school.	013 Inappropriate behavior which results in persistent or repeated disruption of group functioning or becomes known to authority figures other than classroom teacher (e.g., principal) because of severity and/or chronicity.	023 Inappropriate behavior results in teacher or immediate supervisor bringing attention to problems or structuring youths activities so as to avoid predictable difficulties, more than other youth.	029 Minor problems satisfactorily resolved.
	003 Judged to be a threat to others because of aggressive potential (i.e., resulting from youths actions or statements); monitoring or supervision needed.	014 Frequently truant (i.e., approximately once every two weeks or for several consecutive days).	024 Occasionally disobeys school rules, with no harm to others or to property, more than other youth.	030 Functions satisfactorily even with distractions.
	004 Harmed or made serious threat to hurt a teacher/peer/co-worker/supervisor.	015 Frequent absences from school (i.e., approximately once every two weeks or for several consecutive days) due to impairing behavior and excluding truancy or physical illness.	025 Problems in school, related to poor attention or high activity level, are present but are not disruptive to the classroom (can be managed in the regular classroom, with the youth able to achieve satisfactorily).	031 School grades are average or above.
	005 Unable to meet minimum requirements for behavior in classroom (either in regular or specialized classroom in public school or equivalent) without special accommodations.	016 At work, missed days or tardiness results in reprimand or equivalent.	026 School/work productivity is less than expected for abilities due to failure to execute assignments correctly, complete work, and in work on time, etc.	032 Schoolwork is commensurate with ability and youth is mentally retarded.
	006 Chronic truancy resulting in negative consequences (e.g. loss of course credit, failing courses or tests, parents notified).	017 Behavior is disruptive related to poor attention or high activity level, resulting in individualized program or specialized treatment being needed or implemented.		033 Schoolwork is commensurate with ability and youth is learning disabled.
	007 Chronic absences, other than truancy, resulting in negative consequences (e.g., loss of course credit, failing courses or tests parents, notified).	018 Receiving a reprimand, warning, or equivalent at work.		034 Schoolwork is commensurate with ability and youth is a slow learner.
	008 Disruptive behavior related to poor attention or high activity level, persists despite the youth having been placed in a special learning environment or receiving a specialized program or treatment.	019 Grade average is lower than AC and is not due to lack of ability or any mental or physical disabilities.		035 Schoolwork is commensurate with ability and youth has a learning impairment due to maternal alcohol and drug use.
	009 Failing all or most classes	020 Failing at least half of courses and this is not due to lack of ability or any mental or physical disabilities.		036 In a mostly vocational program and doing satisfactorily.
	010 Dropped out of school and holds no job.			037 Graduated from high school or received GED.
	011 EXCEPTION	021 EXCEPTION	027 EXCEPTION	038 Dropped out of school and is working at a job or is actively looking for a job.
	Explanation:			039 EXCEPTION
				COULD NOT SCORE: 040

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
ROLE PERFORMANCE	041 Not in the home due to behavior in the home (if youth were in the home, extensive management by others would be required in order for youth to be maintained in the home).	051 Persistent failure to comply with reasonable rules and expectations within the home (e.g., bedtime, curfew); active defiance much of the time.	057 Frequently fails to comply with reasonable rules and expectations within the home.	062 Typically complies with reasonable rules and expectations within the home.
Home Subscale	042 Extensive management by others required in order to be maintained in the home. 043 Deliberate and serious threats of physical harm to household members. 044 Repeated acts of intimidation toward household members. 045 Behavior and activities are beyond caregiver-s influence almost all the time (i.e., serious and repeated violations of expectations and rules, such as curfew). 046 Behavior and activities have to be constantly monitored in order to ensure safety in the home. 047 Supervision of youth required, which does or would interfere with caregiver-s ability to work or carry out other roles. 048 Run away from home overnight more than once, or once for an extended time, and whereabouts unknown to caregiver. 049 Deliberate and severe damage to property in the home (e.g., home structure, grounds, furnishings).	052 Frequent use of profane, vulgar or curse words to household members. 053 Repeated irresponsible behavior in the home is potentially dangerous (e.g., leaves stove on). 054 Run away from home overnight and likely whereabouts are known to caregivers, such as friends home. 055 Deliberate damage to the home.	058 Has to be watched or prodded in order to get him/her to do chores or comply with requests. 059 Frequently balks or resists routines, chores, or following instructions, but will comply if caregiver insists. 060 Frequently engages in behaviors which are intentionally frustrating or annoying to caregiver (e.g., taunting siblings, purposeful dawdling).	063 Minor problems satisfactorily resolved.
	050 EXCEPTION	056 EXCEPTION	061 EXCEPTION	064 EXCEPTION
	Explanation:			COULD NOT SCORE: 065

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
ROLE PERFORMANCE	066 Confined related to behavior which seriously violated the law (e.g., stealing involving confrontation of a victim, auto theft, robbery, mugging, purse snatching, fraud, dealing or carrying drugs, break-ins, rape, murder, drive-by shooting).	073 Serious and/or repeated delinquent behavior (e.g., stealing without confronting a victim as in shoplifting, vandalism, defacing property, taking a car for a joyride).	080 Minor legal violations (e.g., minor driving violations, unruly conduct such that complaint was made, trespassing onto neighbors property, or harassing neighbor).	084 Youth does not negatively impact on the community.
Community Subscale	067 Substantial evidence of, or convicted of, serious violation of the law (e.g., stealing involving confrontation of a victim, auto theft, robbery, mugging, purse snatching, fraud, dealing or carrying drugs, break-ins, rape, murder, drive-by shooting).	074 On probation or under court supervision for an offense which occurred during the last 3 months.	081 Single incidents (e.g., defacing property, vandalism, shoplifting).	085 Typically able to resolve minor problems.
	068 Involvement with legal system (or became a ward of the state or hospitalized) because of physically assaultive behavior or threatening with a weapon.	075 On probation or under court supervision for an offense which occurred prior to the most recent 3 month period.	082 Plays with fire on more than one occasion.	
	069 Involvement with legal system (or became a ward of the state or hospitalized) because of sexually assaultive behavior or inappropriate sexual behavior.	076 Currently at risk of confinement because of frequent or serious violations of the law.		
	070 Deliberate and severe damage of property <u>outside</u> the home (e.g., school, cars, buildings)	077 Has been sexually inappropriate such that adults have concern about the welfare of other children who may be around the youth unsupervised.		
	071 Deliberate firesetting with malicious intent.	078 Repeatedly and intentionally plays with fire such that damage to property or person could result.		
	072 EXCEPTION	079 EXCEPTION	083 EXCEPTION	086 EXCEPTION
	Explanation:			COULD NOT SCORE: 087

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
BEHAVIOR TOWARD OTHERS	<p>088 Behavior consistently bizarre or extremely odd.</p> <p>089 Behavior so disruptive or dangerous that harm to others is likely (e.g., hurts or tries to hurt others, such as hitting, biting, throwing things at others, using or threatening to use a weapon or dangerous object).</p> <p>090 Attempted or accomplished sexual assault or abuse of another person (e.g., used force, verbal threats, or, toward younger youth, intimidation or persuasion).</p> <p>091 Deliberately and severely cruel to animals.</p>	<p>093 Behavior frequently/typically inappropriate and causes problems for self or others (e.g., fighting, belligerence, promiscuity).</p> <p>094 Inappropriate sexual behavior in the presence of others or directed toward others.</p> <p>095 Spiteful and/or vindictive (e.g., deliberately and persistently annoying to others, intentionally damaging personal belongings of others).</p> <p>096 Poor judgment or impulsive behavior resulting in dangerous or risky activities that could lead to injury or getting into trouble.</p> <p>097 Frequent display of anger toward others, angry outbursts.</p> <p>098 Frequently mean to other people or animals.</p> <p>099 Predominantly relates to others in an exploitative or manipulative manner (e.g., uses/cons others).</p> <p>100 Involved in gang-like activities in which others are harassed, bullied, intimidated, etc.</p> <p>101 Persistent problems, difficulties in relating to peers due to antagonizing behaviors (e.g., threatens, shoves).</p>	<p>103 Unusually quarrelsome, argumentative, or annoying to others.</p> <p>104 Poor judgment or impulsive behavior that is age-inappropriate and causes inconvenience to others.</p> <p>105 Upset (e.g., temper tantrum) if cannot have or do something immediately, if frustrated, or if criticized.</p> <p>106 Easily annoyed by others and responds more strongly than other children, quick-tempered.</p> <p>107 Does not engage in typical peer recreational activities because of tendency to be ignored or rejected by peers.</p>	<p>111 Relates satisfactorily to others.</p> <p>112 Is able to establish and sustain a normal range of age-appropriate relationships.</p> <p>113 Occasional disagreements are resolved reasonably.</p>
	092 EXCEPTION	102 EXCEPTION	110 EXCEPTION	114 EXCEPTION
	Explanation:			

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
<p>MOODS/ SELF-HARM Moods/Emotions Subscale</p> <p>(Emotions = anxiety, depression, moodiness, fear, worry, irritability, tenseness, panic, anhedonia)</p> <p>~</p>	<p>116 Viewed as odd or strange because emotional responses are incongruous (unreasonable, excessive) most of the time.</p> <p>117 Fears, worries, or anxieties result in poor attendance at school (i.e., absent for at least one day per week on average) or marked social withdrawal (will not leave the home to visit with friends).</p> <p>118 Depression is associated with academic incapacitation (i.e., absent at least one day a week on average, or if made to attend school, does not do work) or social incapacitation (i.e., isolates self from friends).</p> <p>119 Depression is accompanied by suicidal intent (i.e., really wants to die).</p>	<p>121 Marked changes in moods that are generally intense and abrupt.</p> <p>122 Depressed mood or sadness is persistent (i.e., at least half of the time), with disturbance in functioning in at least one of the following areas: sleeping, eating, concentration, energy level, or normal activities. If only irritability or anhedonia (i.e., marked diminished interest or pleasure in typical activities) is present, there should be disturbance in two or more areas.</p> <p>123 Youth worries excessively (i.e., out of proportion) and persistently (i.e., at least half of the time), with disturbance in functioning manifested by at least one of the following; sleep problems, tiredness, poor concentration, irritability, muscle tension, or feeling keyed up.@</p> <p>124 Fears, worries, or anxieties result in the youth expressing marked distress upon being away from the home or parent figures; however, the youth is able to go to school or engage in some social activities.</p> <p>125 School-age children require special accommodations because of worries or anxieties (e.g., sleeping near parents, calling home).</p> <p>126 Emotional blunting (i.e., no or few signs of emotional expression; emotional expression is markedly flat).</p>	<p>128 Often anxious, fearful or sad, with some related symptom present (e.g., nightmares, stomachaches).</p> <p>129 Disproportionate expression of irritability, fear, or worries.</p> <p>130 Very self-critical, low self-esteem, feelings of worthlessness.</p> <p>131 Easily distressed if makes mistakes.</p> <p>132 Sad, withdrawn, hurt, or anxious if criticized.</p> <p>133 Sad (or depressed or anhedonic) or anxious in at least one setting for up to a few days at a time.</p> <p>134 Notable emotional restriction (e.g., has difficulty expressing strong emotions such as fear, hate, love).</p>	<p>136 Feels normal distress, but daily life is not disrupted.</p> <p>137 Considers self to be an AOK@ person.</p> <p>138 Can express strong emotions appropriately.</p> <p>139 Experience of sadness and anxiety are age-appropriate.</p>
	120 EXCEPTION	127 EXCEPTION	135 EXCEPTION	140 EXCEPTION
	Explanation:			COULD NOT SCORE: 141
<p>MOODS/ SELF-HARM</p> <p>Self-Harmful Behavior Subscale</p>	<p>142 Non-accidental self-destructive behavior has resulted in or could result in serious self-injury or self-harm (e.g., suicide attempt with intent to die, self-starvation).</p> <p>143 Seemingly non-intentional self-destructive behavior has resulted in or could likely result in serious self-injury (e.g., runs out in the path of a car, opens car door in moving vehicle), and youth is aware of the danger.</p> <p>144 Has a clear plan to hurt self, or really wants to die .</p>	<p>146 Non-accidental self-harm, mutilation, or injury which is not life-threatening but not trivial (e.g., suicidal gestures or behavior without intent to die, superficial razor cuts).</p> <p>147 Talks or repeatedly thinks about harming self, killing self, or wanting to die.</p>	<p>149 Repeated non-accidental behavior suggesting self-harm, yet the behavior is very unlikely to cause any serious injury (e.g., repeatedly pinching self or scratching skin with a dull object).</p>	<p>151 Behavior is not indicative of tendencies toward self-harm.</p>

	145 EXCEPTION	148 EXCEPTION	150 EXCEPTION	152 EXCEPTION
	Explanation:			COULD NOT SCORE: 153

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
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SUBSTANCE USE THESE ITEMS APPLY TO YOUTH OF ALL AGES

(Substances = alcohol or drugs)	<p>154 Lifestyle centers on acquisition and use (e.g., preoccupied with thoughts or urges to use substances, uses in the morning).</p> <p>155 Dependent on continuing use to maintain functioning (e.g., likely to experience withdrawal symptoms such as feeling sick, headaches, nausea, vomiting, shaking, etc.)</p> <p>156 Failing or expelled from school related to effects of usage.</p> <p>157 Fired or losing job related to effects of usage.</p> <p>158 Frequently intoxicated or high (e.g., more than two times a week).</p> <p>159 Use of substances results in serious negative consequences (e.g., injured, doing illegal acts, failing classes, experiencing physical health problems).</p> <p>160 Is pregnant or is a parent and is a drug user.</p> <p>161 Is pregnant or is a parent and gets drunk or routinely uses alcohol.</p> <p>162 Has blackouts, drinks alone, or cannot stop drinking once started.</p>	<p>165 Uses is such a way as to interfere with functioning (e.g., job, school, driving) in spite of potential serious consequences (e.g., traffic violations, work or school absences or tardiness, misses out on activities, uses on school days or before work/school).</p> <p>166 Gets into trouble because of usage (e.g., argues, fights with family or friends, in accident, trouble with teachers, picked up by police, breaks rules, misses curfew).</p> <p>167 Behavior potentially endangers self or others because of usage (e.g., injury vulnerable to date rape).</p> <p>168 Friendships change to mostly substance users.</p> <p>169 High or intoxicated once a week.</p>	<p>172 Infrequent excess and only without serious consequences.</p> <p>173 Regular usage (e.g., once a week) but without intoxication or being obviously high.</p>	<p>176 No use of substances.</p> <p>177 Substance use is denied; unable to confirm.</p> <p>178 Has only @tried them; does not use them.</p> <p>179 Occasional use with no negative consequences.</p>
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IF YOUTH IS 12 OR YOUNGER, USE THESE ADDITIONAL ITEMS

163 For 12 years or younger, uses regularly (once a week or more).	170 For 12 years or younger, occasional use without intoxication and without becoming obviously high.	174 For 12 years or younger, has used substances more than once.	
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164 EXCEPTION	171 EXCEPTION	175 EXCEPTION	180 EXCEPTION
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Explanation: COULD NOT SCORE: 181040

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
THINKING School/ work Subscale	<p>CANNOT ATTEND A NORMAL SCHOOL CLASSROOM, DOES NOT HAVE NORMAL FRIENDSHIPS, AND CANNOT INTERACT ADEQUATELY IN THE COMMUNITY DUE TO ANY OF THE FOLLOWING:</p> <p>182 Communications which are impossible or extremely difficult to understand due to incoherent thought or language (e.g., loosening of associations, flight of ideas.</p> <p>183 Speech or nonverbal behavior is extremely odd and is noncommunicative (e.g., echolalia, idiosyncratic language).</p> <p>184 Strange or bizarre behavior due to frequent and/or disruptive delusions or hallucinations; can't distinguish fantasy from reality.</p> <p>185 Pattern of short-term memory loss/disorientation to time or place most of the time.</p>	<p>FREQUENT DIFFICULTY IN COMMUNICATION OR BEHAVIOR , OR SPECIALIZED SETTING OR SUPERVISION NEEDED DUE TO ANY OF THE FOLLOWING:</p> <p>187 Communications do not flow, are irrelevant, or disorganized (i.e., more than other children of the same age).</p> <p>188 Frequent distortion of thinking (obsessions, suspicions).</p> <p>189 Intermittent hallucinations that interfere with normal functioning .</p> <p>190 Frequent, marked confusion or evidence of short term memory loss.</p> <p>191 Preoccupying cognitions or fantasies with bizarre, odd, or gross themes.</p>	<p>OCCASIONAL DIFFICULTY IN COMMUNICATIONS, IN BEHAVIOR, OR IN INTERACTIONS WITH OTHERS DUE TO ANY OF THE FOLLOWING:</p> <p>193 Eccentric or odd speech (e.g., impoverished, digressive, vague).</p> <p>194 Thought distortions (e.g., obsessions, suspicions).</p> <p>195 Expression of odd beliefs or, if older than eight years old, magical thinking.</p> <p>196 Unusual perceptual experiences not qualifying as pathological hallucinations.</p>	<p>198 Thought, as reflected by communication, is not disordered or eccentric.</p>
	186 EXCEPTION	192 EXCEPTION	197 EXCEPTION	199 EXCEPTION
	Explanation:			COULD NOT SCORE:200

RECORD ADDITIONAL COMMENTS, CONCERNS, QUESTIONS, OR EXPLANATIONS HERE:

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
CAREGIVER RESOURCES Material Needs Subscale	201 Youths needs for food, clothing, housing, medical attention, or neighborhood safety are not being met such that severe risk to health or welfare of youth is likely.	203 Frequent negative impact on youths functioning OR a major disruption in the youths functioning due to youths needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	205 Occasional negative impact on the youths functioning due to the youths needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	207 Basic material needs are arranged for or adequately met so that there is no disruption in the youths functioning. 208 Able to use community resources as needed.
	202 EXCEPTION	204 EXCEPTION	206 EXCEPTION	209 EXCEPTION
	Explanation:			COULD NOT SCORE:210

	Severe Impairment Severe disruption or incapacitation (30)	Moderate Impairment Major or persistent disruption (20)	Mild Impairment Significant problems or distress (10)	Minimal or No Impairment No disruption of functioning (0)
CAREGIVER RESOURCES Family/social support	211 Sociofamilial setting is potentially dangerous to the youth due to lack of family resources required to meet the youths needs/demands 212 Gross impairment in parental judgment or functioning (may be related to psychosis, substance abuse, severe personality disorder, mental retardation, etc.). 213 Caregiver is frankly hostile, rejecting, or does not want youth to return to the home. 214 Youth is subjected to sexual abuse in the home by a caregiver. 215 Youth is subjected to physical abuse or neglect in the home by a caregiver. 216 Caregiver kicks youth out of the home due to sexual abuse, physical abuse, or neglect. 218 Failure of caregivers to	222 Youths developmental needs cannot be adequately met because youths needs/developmental demands exceed family resources. 223 Marked impairment in parental judgment or functioning (may be related to emotional instability, psychiatric illness, substance use, physical illness, criminal activities, or other impairing condition). 224 Family conflict is pervasive and continual (characterized by hostility, tension, and/or scapegoating, etc.). 225 Family members are insensitive, angry, and/or resentful to the youth. 226 Marked lack of parental supervision or consistency in care (e.g., frequently does not know whereabouts of youth; does not know youths friends). 227 Failure of caregiver to	230 Family not able to provide adequate warmth, security or sensitivity relative to the youths needs. Support from other sources outside the immediate family are unable to compensate for this inadequacy. 231 Frequent family arguments and/or misunderstandings resulting in bad feelings. 232 Family relations are characterized by poor problem solving, poor communication, or emotional insensitivity. 233 Family not able to provide adequate supervision, firmness, or consistency in care over time relative to the youths needs; no other supports compensate for this deficit.	235 Family is sufficiently warm, secure, and sensitive to the youths major needs. 236 Parental supervision is adequate. 237 Even though there are temporary problems in providing adequate support to the youth, there is compensation from the wider social support system.

	<p>provide an environment safe from possible abuse to a youth previously abused or traumatized.</p> <p>219 Severe or frequent domestic violence takes place in the home.</p> <p>220 Caregiver is openly involved in unlawful behavior or contributes to or approves of youth being involved in potentially unlawful behavior.</p>	<p>provide emotional support to youth who has been traumatized or abused.</p> <p>228 Domestic violence, or serious threat of domestic violence, takes place in the youth-s home.</p>		
	221 EXCEPTION	229 EXCEPTION	234 EXCEPTION	238 EXCEPTION
	Explanation:			COULD NOT SCORE:210

