

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 10/20/10 By: PE Last Revision: 11/18/10	Section: ADMINISTRATION	Policy No: 026	Pages: 1 of 1 (2 Attachments)
	☒ Wraparound ☒ Wraparound-REACH ☐ FISS ☐ Project O-Yeah	Effective Date: 1/1/11	Subject: EVALUATION DATA REQUIREMENTS		

I. POLICY

It is the policy of Wraparound Milwaukee to collect data to evaluate and analyze demographic, financial and clinical aspects of the program/enrollees, which is representative of the care/services provided, and to provide compelling evidence to the community why a wraparound system of care is a desirable approach to serving emotionally and behaviorally challenged youth and their families.

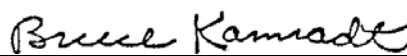
II. PROCEDURE

- The following forms are included in the initial Wraparound enrollment packet of every enrollee:
 - YOUTH SELF REPORT FOR AGES 11-18 (Achenbach) - *Attachment 1*
 - THE CHILD BEHAVIOR CHECKLIST FOR AGES 4-18 (Achenbach) - *Attachment 2*
- It is recommended that the youth/family complete the forms with guidance from the Care Coordinator, as needed.
- The evaluation forms are due as indicated below:
 - Youth Self Report – required at Intake, 6 months, 1 year, 2 years, 3 years, etc., and at disenrollment.
 - Child Behavior Checklist – required at Intake, 6 months, 1 year, 2 years, 3 years, etc., and at disenrollment.
- The forms must then be placed in the Wraparound Milwaukee “Drop Box”.
- A supply of blank forms will be kept in Room 244 at Wraparound Milwaukee.

REMINDERS:

- The Care Coordinator is responsible for completion of these forms in a timely manner. Forms must be submitted to Wraparound Milwaukee within 30 days of the youth’s enrollment date, 6-month forms within 30 days of the 6-month enrollment anniversary, 1-year forms within 30 days of the 1-year enrollment date, etc. Forms that are not submitted within these specified time periods will be considered delinquent.
- For the evaluations that are due at disenrollment:
 - If evaluations were completed within the last 60 days prior to disenrollment, no disenrollment evaluation forms are needed. For example: A youth has a 1-year anniversary on 4/10 and all the evaluations are completed. The youth then gets disenrolled on 5/31. As the disenrollment date falls within 60 days of the 1-year anniversary, no disenrollment evaluations are needed.
 - If the youth’s disenrollment is a Transfer to Wraparound or REACH, disenrollment tools ARE NOT required. Intake tools will be completed for the youth’s new enrollment episode.
- If a form is not able to be completed (i.e., a youth is on Runaway status or is not able to complete the YSR due to cognitive disability, or a parent refuses to complete a form, etc.), agencies should email Aggie Hale (aggie.hale@milwcnty.com) regarding this situation.
- Assure that the forms are filled out as indicated with all necessary information, so as to eliminate having to forward additional information later and to assure the data collection is accurate.
- Keep the original in the agency client chart under the Assessments area.
- If necessary, the youth/family can be reimbursed for completing the forms. To request this reimbursement, the Care Coordinator must submit the request on the Service Authorization Request (SAR) under Discretionary Funds – Incentive Money.
- If you need assistance in completing the forms, please see your immediate supervisor.
- Form is available in Spanish, if needed.

Reviewed & Approved by: _____



Bruce Kamradt, Director



Please print

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID #

YOUR FULL NAME			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)		
YOUR GENDER	YOUR AGE	YOUR ETHNIC GROUP OR RACE	FATHER'S TYPE OF WORK _____		
☐ Boy ☐ Girl			MOTHER'S TYPE OF WORK _____		
TODAY'S DATE		YOUR BIRTHDATE			
Mo. _____ Date _____ Yr. _____		Mo. _____ Date _____ Yr. _____			
GRADE IN SCHOOL _____	IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK:				
NOT ATTENDING SCHOOL ☐					

Please fill out this form to reflect *your* views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4. **Be sure to answer all items.**

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average

Average

More Than Average

☐☐☐☐☐☐☐☐☐

Compared to others of your age, how well do you do each one?

Below Average

Average

Above Average

☐☐☐☐☐☐☐☐☐

II. Please list your favorite hobbies, activities, and games, other than sports.

For example: cards, books, piano, cars, computers, crafts, etc. (Do **not** include listening to radio or watching TV.)

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average

Average

More Than Average

☐☐☐☐☐☐☐☐☐

Compared to others of your age, how well do you do each one?

Below Average

Average

Above Average

☐☐☐☐☐☐☐☐☐

III. Please list any organizations, clubs, teams, or groups you belong to.

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, how active are you in each?

Less Active

Average

More Active

☐☐☐☐☐☐☐☐☐

IV. Please list any jobs or chores you have.

For example: paper route, babysitting, making bed, working in store, etc. (Include **both** paid and unpaid jobs and chores.)

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, how well do you carry them out?

Below Average

Average

Above Average

☐☐☐☐☐☐☐☐☐

Be sure you answered all items. Then see other side.

V. 1. About how many close friends do you have? (Do *not* include brothers & sisters)
☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more

2. About how many times a week do you do things with any friends outside of regular school hours?

(Do *not* include brothers & sisters)
☐ Less than 1 ☐ 1 or 2 ☐ 3 or more

VI. Compared to others of your age, how well do you:

	Worse	Average	Better	
a. Get along with your brothers & sisters?	☐	☐	☐	☐ I have no brothers or sisters
b. Get along with other kids?	☐	☐	☐	
c. Get along with your parents?	☐	☐	☐	
d. Do things by yourself?	☐	☐	☐	

VII. 1. Performance in academic subjects.

☐ I do not attend school because _____

	Failing	Below Average	Average	Above Average
Check a box for each subject that you take				
a. English or Language Arts	☐	☐	☐	☐
b. History or Social Studies	☐	☐	☐	☐
c. Arithmetic or Math	☐	☐	☐	☐
d. Science	☐	☐	☐	☐
e. _____	☐	☐	☐	☐
f. _____	☐	☐	☐	☐
g. _____	☐	☐	☐	☐

Other academic subjects—for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

Do you have any illness, disability, or handicap? ☐ No ☐ Yes—please describe:

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself:

Below is a list of items that describe kids. For each item that describes you **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of you. Circle the **1** if the item is **somewhat or sometimes true** of you. If the item is **not true** of you, circle the **0**.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 1. I act too young for my age |
| 0 | 1 | 2 | 2. I drink alcohol without my parents' approval
(describe): _____ |
| 0 | 1 | 2 | 3. I argue a lot |
| 0 | 1 | 2 | 4. I fail to finish things that I start |
| 0 | 1 | 2 | 5. There is very little that I enjoy |
| 0 | 1 | 2 | 6. I like animals |
| 0 | 1 | 2 | 7. I brag |
| 0 | 1 | 2 | 8. I have trouble concentrating or paying attention |
| 0 | 1 | 2 | 9. I can't get my mind off certain thoughts;
(describe): _____ |
| 0 | 1 | 2 | 10. I have trouble sitting still |
| 0 | 1 | 2 | 11. I'm too dependent on adults |
| 0 | 1 | 2 | 12. I feel lonely |
| 0 | 1 | 2 | 13. I feel confused or in a fog |
| 0 | 1 | 2 | 14. I cry a lot |
| 0 | 1 | 2 | 15. I am pretty honest |
| 0 | 1 | 2 | 16. I am mean to others |
| 0 | 1 | 2 | 17. I daydream a lot |
| 0 | 1 | 2 | 18. I deliberately try to hurt or kill myself |
| 0 | 1 | 2 | 19. I try to get a lot of attention |
| 0 | 1 | 2 | 20. I destroy my own things |
| 0 | 1 | 2 | 21. I destroy things belonging to others |
| 0 | 1 | 2 | 22. I disobey my parents |
| 0 | 1 | 2 | 23. I disobey at school |
| 0 | 1 | 2 | 24. I don't eat as well as I should |
| 0 | 1 | 2 | 25. I don't get along with other kids |
| 0 | 1 | 2 | 26. I don't feel guilty after doing something
I shouldn't |
| 0 | 1 | 2 | 27. I am jealous of others |
| 0 | 1 | 2 | 28. I break rules at home, school, or elsewhere |
| 0 | 1 | 2 | 29. I am afraid of certain animals, situations, or
places, other than school (describe): _____ |
| 0 | 1 | 2 | 30. I am afraid of going to school |
| 0 | 1 | 2 | 31. I am afraid I might think or do something bad |
| 0 | 1 | 2 | 32. I feel that I have to be perfect |

- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 33. I feel that no one loves me |
| 0 | 1 | 2 | 34. I feel that others are out to get me |
| 0 | 1 | 2 | 35. I feel worthless or inferior |
| 0 | 1 | 2 | 36. I accidentally get hurt a lot |
| 0 | 1 | 2 | 37. I get in many fights |
| 0 | 1 | 2 | 38. I get teased a lot |
| 0 | 1 | 2 | 39. I hang around with kids who get in trouble |
| 0 | 1 | 2 | 40. I hear sounds or voices that other people
think aren't there (describe): _____ |
| 0 | 1 | 2 | 41. I act without stopping to think |
| 0 | 1 | 2 | 42. I would rather be alone than with others |
| 0 | 1 | 2 | 43. I lie or cheat |
| 0 | 1 | 2 | 44. I bite my fingernails |
| 0 | 1 | 2 | 45. I am nervous or tense |
| 0 | 1 | 2 | 46. Parts of my body twitch or make nervous
movements (describe): _____ |
| 0 | 1 | 2 | 47. I have nightmares |
| 0 | 1 | 2 | 48. I am not liked by other kids |
| 0 | 1 | 2 | 49. I can do certain things better than most kids |
| 0 | 1 | 2 | 50. I am too fearful or anxious |
| 0 | 1 | 2 | 51. I feel dizzy or lightheaded |
| 0 | 1 | 2 | 52. I feel too guilty |
| 0 | 1 | 2 | 53. I eat too much |
| 0 | 1 | 2 | 54. I feel overtired without good reason |
| 0 | 1 | 2 | 55. I am overweight |
| 0 | 1 | 2 | 56. Physical problems without known medical
cause: |
| 0 | 1 | 2 | a. Aches or pains (not stomach or headaches) |
| 0 | 1 | 2 | b. Headaches |
| 0 | 1 | 2 | c. Nausea, feel sick |
| 0 | 1 | 2 | d. Problems with eyes (not if corrected by glasses)
(describe): _____ |
| 0 | 1 | 2 | e. Rashes or other skin problems |
| 0 | 1 | 2 | f. Stomachaches |
| 0 | 1 | 2 | g. Vomiting, throwing up |
| 0 | 1 | 2 | h. Other (describe): _____ |

Please print. Be sure to answer all items.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. I physically attack people
- 0 1 2 58. I pick my skin or other parts of my body (describe): _____
- 0 1 2 59. I can be pretty friendly
- 0 1 2 60. I like to try new things
- 0 1 2 61. My school work is poor
- 0 1 2 62. I am poorly coordinated or clumsy
- 0 1 2 63. I would rather be with older kids than kids my own age
- 0 1 2 64. I would rather be with younger kids than kids my own age
- 0 1 2 65. I refuse to talk
- 0 1 2 66. I repeat certain acts over and over (describe): _____
- 0 1 2 67. I run away from home
- 0 1 2 68. I scream a lot
- 0 1 2 69. I am secretive or keep things to myself
- 0 1 2 70. I see things that other people think aren't there (describe): _____
- 0 1 2 71. I am self-conscious or easily embarrassed
- 0 1 2 72. I set fires
- 0 1 2 73. I can work well with my hands
- 0 1 2 74. I show off or clown
- 0 1 2 75. I am too shy or timid
- 0 1 2 76. I sleep less than most kids
- 0 1 2 77. I sleep more than most kids during day and/or night (describe): _____
- 0 1 2 78. I am inattentive or easily distracted
- 0 1 2 79. I have a speech problem (describe): _____
- 0 1 2 80. I stand up for my rights
- 0 1 2 81. I steal at home
- 0 1 2 82. I steal from places other than home
- 0 1 2 83. I store up too many things I don't need (describe): _____

- 0 1 2 84. I do things other people think are strange (describe): _____
- 0 1 2 85. I have thoughts that other people would think are strange (describe): _____
- 0 1 2 86. I am stubborn
- 0 1 2 87. My moods or feelings change suddenly
- 0 1 2 88. I enjoy being with people
- 0 1 2 89. I am suspicious
- 0 1 2 90. I swear or use dirty language
- 0 1 2 91. I think about killing myself
- 0 1 2 92. I like to make others laugh
- 0 1 2 93. I talk too much
- 0 1 2 94. I tease others a lot
- 0 1 2 95. I have a hot temper
- 0 1 2 96. I think about sex too much
- 0 1 2 97. I threaten to hurt people
- 0 1 2 98. I like to help others
- 0 1 2 99. I smoke, chew, or sniff tobacco
- 0 1 2 100. I have trouble sleeping (describe): _____
- 0 1 2 101. I cut classes or skip school
- 0 1 2 102. I don't have much energy
- 0 1 2 103. I am unhappy, sad, or depressed
- 0 1 2 104. I am louder than other kids
- 0 1 2 105. I use drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): _____
- 0 1 2 106. I like to be fair to others
- 0 1 2 107. I enjoy a good joke
- 0 1 2 108. I like to take life easy
- 0 1 2 109. I try to help other people when I can
- 0 1 2 110. I wish I were of the opposite sex
- 0 1 2 111. I keep from getting involved with others
- 0 1 2 112. I worry a lot

Please be sure you answered all items.

Please write down anything else that describes your feelings, behavior, or interests:

Please print **CHILD BEHAVIOR CHECKLIST FOR AGES 6-18**For office use only
ID #

CHILD'S FULL NAME First Middle Last		
CHILD'S GENDER ☐ Boy ☐ Girl	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____
GRADE IN SCHOOL _____ NOT ATTENDING SCHOOL ☐	Please fill out this form to reflect <i>your</i> view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.	

PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S TYPE OF WORK _____

MOTHER'S TYPE OF WORK _____

THIS FORM FILLED OUT BY: (print your full name) _____

Your gender: ☐ Male ☐ Female

Your relation to the child:

☐ Biological Parent ☐ Step Parent ☐ Grandparent

☐ Adoptive Parent ☐ Foster Parent ☐ Other (specify) _____

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average	Average	More Than Average	Don't Know
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

Compared to others of the same age, how well does he/she do each one?

Below Average	Average	Above Average	Don't Know
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio or TV.)

☐ None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average	Average	More Than Average	Don't Know
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

Compared to others of the same age, how well does he/she do each one?

Below Average	Average	Above Average	Don't Know
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups your child belongs to.

☐ None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, how active is he/she in each?

Less Active	Average	More Active	Don't Know
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

☐ None

- a. _____
- b. _____
- c. _____

Compared to others of the same age, how well does he/she carry them out?

Below Average	Average	Above Average	Don't Know
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

Be sure you answered all items. Then see other side.

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?

(Do *not* include brothers & sisters)☐ Less than 1 ☐ 1 or 2 ☐ 3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her brothers & sisters?	☐	☐	☐	☐ Has no brothers or sisters
b. Get along with other kids?	☐	☐	☐	
c. Behave with his/her parents?	☐	☐	☐	
d. Play and work alone?	☐	☐	☐	

VII. 1. Performance in academic subjects.

☐ Does not attend school because _____

Check a box for each subject that child takes

Other academic subjects—for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	☐	☐	☐	☐
b. History or Social Studies	☐	☐	☐	☐
c. Arithmetic or Math	☐	☐	☐	☐
d. Science	☐	☐	☐	☐
e. _____	☐	☐	☐	☐
f. _____	☐	☐	☐	☐
g. _____	☐	☐	☐	☐

2. Does your child receive special education or remedial services or attend a special class or special school?

☐ No ☐ Yes—kind of services, class, or school:3. Has your child repeated any grades? ☐ No ☐ Yes—grades and reasons:4. Has your child had any academic or other problems in school? ☐ No ☐ Yes—please describe:

When did these problems start? _____

Have these problems ended? ☐ No ☐ Yes—when?Does your child have any illness or disability (either physical or mental)? ☐ No ☐ Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. Acts too young for his/her age	0	1	2	32. Feels he/she has to be perfect	
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her	
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her	
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior	
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone	
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights	
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot	
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble	
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sounds or voices that aren't there (describe): _____	
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking	
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others	
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating	
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails	
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense	
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____	
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares	
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids	
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels	
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious	
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded	
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty	
0	1	2	22. Disobedient at home	0	1	2	53. Overeating	
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason	
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight	
0	1	2	25. Doesn't get along with other kids	56. Physical problems without known medical cause:				
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains (not stomach or headaches)	
0	1	2	27. Easily jealous	0	1	2	b. Headaches	
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick	
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes (not if corrected by glasses) (describe): _____	
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems	
0	1	2	31. Fears he/she might think or do something bad	0	1	2	f. Stomachaches	
				0	1	2	g. Vomiting, throwing up	
				0	1	2	h. Other (describe): _____	

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body
(describe): _____
- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over;
compulsions (describe): _____
- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or
night (describe): _____
- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____
- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need
(describe): _____

- 0 1 2 84. Strange behavior (describe): _____
- 0 1 2 85. Strange ideas (describe): _____
- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____
- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): _____
- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't*
include alcohol or tobacco) (describe): _____
- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
113. Please write in any problems your child has that
were not listed above:
- 0 1 2 _____
- 0 1 2 _____
- 0 1 2 _____