

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 10/1/12 By: PE Last Revision: 11/1/12	Section: ADMINISTRATION	Policy No: 026	Pages: 1 of 2 (2 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input type="checkbox"/> Project O-Yeah	Effective Date: 1/1/13	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

1. 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*.

NOTE: If the youth is 18 years old and in an independent living placement, the CBCL tool is recommended but not required.
2. It is recommended that the youth/family complete the forms with guidance from the Care Coordinator, as needed.
3. 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.
4. Care Coordination Agency clerical staff will score and enter the [data into Synthesis](#) .
5. A supply of blank forms will be kept in Room 244 at Wraparound Milwaukee.

REMINDERS:

1. The Care Coordinator is responsible for [coordinating efforts with the family/youth so that](#) these forms [are completed](#) in a timely manner. Forms must be completed 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 completed within these specified time periods will be considered delinquent.
2. For the evaluations that are due at disenrollment:
 - a. 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.
 - b. 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.
 - c. [If the youth’s disenrollment is a transfer to the O’YEAH program, disenrollment tools ARE required.](#)
3. 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 a cognitive disability, or a parent refuses to complete a form, etc.), agencies should email Aggie Hale (aggie.hale@milwcnty.com) regarding this situation.
4. Assure that the forms are filled out as indicated with all necessary information.
5. Keep the original in the agency client chart under the Assessments area.
6. 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

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Day Treatment Prior Authorization Policy

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Funds – Incentive Money.

7. If [the Care Coordinator](#) needs assistance in completing the forms, [they should see their](#) immediate supervisor.
8. The tools are available in Spanish, [as](#) needed.

Reviewed & Approved by: _____

Bruce Kamradt

Bruce Kamradt, Director



Please print

YOUTH SELF-REPORT FOR AGES 11-18

For office use only ID #

YOUR FULL NAME First Middle Last

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 MOTHER'S TYPE OF WORK

TODAY'S DATE YOUR BIRTHDATE

GRADE IN SCHOOL NOT ATTENDING SCHOOL IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK:

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.

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

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

None

Less Than Average Average More Than Average

Below Average Average Above Average

- a. b. c.

Comparison checkboxes for sports

Performance checkboxes for sports

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.)

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

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

None

Less Than Average Average More Than Average

Below Average Average Above Average

- a. b. c.

Comparison checkboxes for hobbies

Performance checkboxes for hobbies

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

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

None

Less Active Average More Active

- a. b. c.

Comparison checkboxes for organizations

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.)

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

None

Below Average Average Above Average

- a. b. c.

Comparison checkboxes for jobs

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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I have no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Get along with your parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Do things by yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. 1. Performance in academic subjects.

I do not attend school because _____

Check a box for each subject that you take	Performance			
	Failing	Below Average	Average	Above Average
a. English or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

Please print. Be sure to answer all items.

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 CHILD'S AGE CHILD'S ETHNIC GROUP OR RACE

TODAY'S DATE CHILD'S BIRTHDATE

GRADE IN SCHOOL NOT ATTENDING SCHOOL Please fill out this form to reflect your view of the child's behavior...

PARENTS' USUAL TYPE OF WORK, even if not working now. 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.

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

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

None

Less Than Average Average More Than Average Don't Know

Below Average Average Above Average Don't Know

- a. b. c.

Rating boxes for sports (Less Than Average, Average, More Than Average, Don't Know)

Rating boxes for sports (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.)

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

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

None

Less Than Average Average More Than Average Don't Know

Below Average Average Above Average Don't Know

- a. b. c.

Rating boxes for hobbies (Less Than Average, Average, More Than Average, Don't Know)

Rating boxes for hobbies (Below Average, Average, Above Average, Don't Know)

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

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

None

Less Active Average More Active Don't Know

- a. b. c.

Rating boxes for organizations (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.)

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

None

Below Average Average Above Average Don't Know

- a. b. c.

Rating boxes for jobs (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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has no brothers or sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Behave with his/her parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Play and work alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. 1. Performance in academic subjects. Does not attend school because _____

Check a box for each subject that child takes				
	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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 _____