## Child Behavioral Health Screener (4 - 17 years)

Note: Screening tool adapted from the *Pediatric Symptom Checklist*. See <a href="www.massgeneral.org/">www.massgeneral.org/</a>
<a href="psychiatry/services/psc">psychiatry/services/psc</a> <a href="https://home.aspx">home.aspx</a>.</a>

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	Child's name:			
	Child's gender:   Male	☐ Female		
	Child's age:			
	Date completed:			
	Person answering question	s:	_	
	Person answering question	s' relationship to child:		
	☐ Bio parent	☐ Stepparent or partner	☐ Adoptive parent	
	☐ Foster parent	☐ Kinship/other family member	☐ Other/Unknown	

## Present Behavior

Please select the option that best describes this child. We want to know how this child is doing now or within the past 2 to 4 weeks, and not about problems from long ago.

	Scoring: Never = 0; Sometin	mes = 1; Often = 2		C-1	C-2	C-3	C-4
1.	Fidgety, unable to sit still						
	0 Never	1 Sometimes	2 Often				
2.	Feels sad, unhappy						
	0 Never	1 Sometimes	2 Often				
3.	Daydreams too much						
	0 Never	1 Sometimes	2 Often				
4.	Refuses to share						
	0 Never	1 Sometimes	2 Often				
5.	Does not understand other peop	ole's feelings					
	0 Never	1 Sometimes	2 Often				
6.	Feels hopeless						
	0 Never	1 Sometimes	2 Often				
7.	Has trouble paying attention						
	0 Never	1 Sometimes	2 Often				
8.	Fights with other children						
	0 Never	1 Sometimes	2 Often				
9.	Is down on him or herself						
	0 Never	1 Sometimes	2 Often				
10	. Blames others for his or her tro	ubles					
	0 Never	1 Sometimes	2 Often				
11	. Seems to be having less fun						
	0 Never	1 Sometimes	2 Often				
12	. Does not listen to rules						
	0 Never	1 Sometimes	2 Often				
13	. Acts as if driven by a motor						
	0 Never	1 Sometimes	2 Often				
14	. Teases others						
	0 Never	1 Sometimes	2 Often				
15	. Worries a lot						
	0 Never	1 Sometimes	2 Often				
16	. Takes things that do not belong	to him or her					
. •	0 Never	1 Sometimes	2 Often				
17	. Distracted easily						
• •	0 Never	1 Sometimes	2 Often				
		-					
			Column Totals #1-17				

## Trauma

These next three questions are about violent, traumatic or upsetting events that may have happened to this child or that the child witnessed at any time in their past. Please answer if these **behaviors** have occurred (not the event) within the past 2-4 weeks.

					C-1	C-2	C-3	C-4
18.	Gets very upset if remin	ded of the events						
	0 Never	1 Sometimes	2 0	ften				
19.	More physical complaint stomachaches.	ts when reminded of the	events, such as hea	daches or				
	0 Never	1 Sometimes	2 0	ften				
20.	Can't seem to stop think	ing about the events, ev	en when she or he t	ries not to				
	0 Never	1 Sometimes	2 0	ften				
			Column 1	otals #18-20				
Но	w much do the problems	or difficulties you select	ed earlier interfere w	ith this child's	eve	ryda	y life	∋?
	<ul> <li>Not at all = None;</li> <li>Only a little = Once/we</li> <li>Some = 2 to 4 times/w</li> <li>Almost always = 5 or r</li> </ul>	eek;						
21.	Do the difficulties you ☐ Not at all	selected earlier upset or	distress this child?	☐ Almos	st alv	vays		
22.	Do the difficulties you ☐  Not at all	selected earlier place a b	ourden on you and y	our family?	st alv	vays		
23.	Do the difficulties you ☐  Not at all	selected earlier interfere	with this child's hom	ne life?	st alv	vays		
24.	Do the difficulties you ☐  Not at all	selected earlier interfere	with this child's frier  Some	ndships? Almos	st alv	vays		
25.	Do the difficulties you ☐  Not at all	selected earlier interfere	with this child's activ	vities?	st alv	vays		
26.	Do the difficulties you ☐  Not at all	selected earlier interfere	with school or learn	ing Almos	st alv	vays		
27.	Do you think this child  Not at all	might have a problem w  Only a little	ith alcohol or drugs?	· *	st alv	vays		
28	Does this child have a ☐ Not at all	problem with sexual beh	navior? *	Almos	st alv	vays		
29.	Does this child talk ab	out or attempt suicide? *	*	☐ Almos	st alv	vays		

CAC Use Only
Column 1 (C-1), Total Attention: When total is 7 or greater, scale is elevated. When scale is elevated, please refer for a trauma-informed mental health assessment.
Column 2 (C-2), Total Internalizing: When total is 5 or greater, scale is elevated. When scale is elevated, please refer for a trauma-informed mental health assessment.
Column 3 (c-3), Total Externalizing: When total is 7 or greater, scale is elevated. When scale is elevated, please refer for a trauma-informed mental health assessment.
Total Trauma (C-4): When total is 1 or greater, scale is elevated. When scale is elevated, please refer for a trauma-informed mental health assessment.
* For questions <b>27</b> ( <i>Do you think this child might have a problem with alcohol or drugs?</i> ) and <b>28</b> ( <i>Does this child have a problem with sexual behaviors?</i> ), if any are reported, refer for mental health assessment.
** For question <b>29</b> ( <i>Does this child talk about or attempt suicide?</i> ), if any reported, <b>contact your supervisor</b> and consult with mental health provider on site or the child's mental health provider (if applicable). If the child is in immediate danger of hurting him/herself, follow your agency's policy for acute psychiatric admission for children.

## Instructions

- Complete the screener in-person with the caregiver(s). If the caregiver has brought more than one child for an interview, please complete one screener per child (separately).
- Introduce the screener as a way to collect additional, standardized information that will help you and the family determine what potential services may be most helpful to them.
- Explain the scale for the questions (i.e., what the 0, 1, and 2 mean) and orient them to think about the previous month.
- Read the questions aloud to the caregiver(s), allowing them to time to provide additional information as warranted.
- Score the measure immediately to determine results.
- Ensure you have gone over the results with the caregiver during your face-to-face contact
- If any scores warrant a referral, ensure a referral per guidance above has been made.

\*Unless the caregiver asks, please do not have the caregiver complete the form on their own.