

**INSTRUCTIONS:** Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item **in the last month**.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day / Month / Year

Your name: \_\_\_\_\_

Your relation to child: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Sex:  Male  
 Female

Child's Grade: \_\_\_\_\_

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not applicable
<b>A. FAMILY</b>					
1. having problems with brothers & sisters	0	1	2	3	<input type="checkbox"/>
2. causing problems between parents	0	1	2	3	<input type="checkbox"/>
3. takes time away from family members' work or activities	0	1	2	3	<input type="checkbox"/>
4. causing fighting in the family	0	1	2	3	<input type="checkbox"/>
5. isolating the family from friends and social activities	0	1	2	3	<input type="checkbox"/>
6. makes it hard for the family to have fun together	0	1	2	3	<input type="checkbox"/>
7. makes parenting difficult	0	1	2	3	<input type="checkbox"/>
8. makes it hard to give fair attention to all family members	0	1	2	3	<input type="checkbox"/>
9. provokes others to hit or scream at him/her	0	1	2	3	<input type="checkbox"/>
10. costs the family more money	0	1	2	3	<input type="checkbox"/>

<b>B. LEARNING &amp; SCHOOL</b>					
1. makes it difficult to keep up with schoolwork	0	1	2	3	<input type="checkbox"/>
2. needs extra help at school	0	1	2	3	<input type="checkbox"/>
3. needs tutoring	0	1	2	3	<input type="checkbox"/>
4. causes problems for the teacher in the classroom	0	1	2	3	<input type="checkbox"/>
5. receives "time-out" or removal from the classroom	0	1	2	3	<input type="checkbox"/>
6. having problems in the school yard	0	1	2	3	<input type="checkbox"/>
7. receives detentions (during or after school)	0	1	2	3	<input type="checkbox"/>
8. suspended or expelled from school	0	1	2	3	<input type="checkbox"/>
9. misses classes or is late for school	0	1	2	3	<input type="checkbox"/>
10. receives grades that are not as good as his/her ability	0	1	2	3	<input type="checkbox"/>

DO NOT WRITE IN THIS AREA	
A. Family	<input type="text"/>
B. Learning & school	<input type="text"/>
C. Life skills	<input type="text"/>
D. Child's self-concept	<input type="text"/>
E. Social activities	<input type="text"/>
F. Risky activities	<input type="text"/>
<b>Total</b>	<input type="text"/>

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<b>C. LIFE SKILLS</b>	<b>Never or Not at All</b>	<b>Sometimes or Somewhat Often or Much</b>	<b>Very Often or Very Much</b>	<b>Not applicable</b>	
1. excessive use of TV, computer, or video games	0	1	2	3	<input type="checkbox"/>
2. keeping clean, brushing teeth, brushing hair, bathing, etc.	0	1	2	3	<input type="checkbox"/>
3. problems getting ready for school	0	1	2	3	<input type="checkbox"/>
4. problems getting ready for bed	0	1	2	3	<input type="checkbox"/>
5. problems with eating (picky eater, junk food)	0	1	2	3	<input type="checkbox"/>
6. problems with sleeping	0	1	2	3	<input type="checkbox"/>
7. gets hurt or injured	0	1	2	3	<input type="checkbox"/>
8. avoids exercise	0	1	2	3	<input type="checkbox"/>
9. needs more medical care	0	1	2	3	<input type="checkbox"/>
10. has trouble taking medication, getting needles or visiting the doctor/dentist	0	1	2	3	<input type="checkbox"/>

**D. CHILD'S SELF-CONCEPT**

1. my child feels bad about himself/herself	0	1	2	3	<input type="checkbox"/>
2. my child does not have enough fun	0	1	2	3	<input type="checkbox"/>
3. my child is not happy with his/her life	0	1	2	3	<input type="checkbox"/>

<b>E. SOCIAL ACTIVITIES</b>	<b>Never or Not at All</b>	<b>Sometimes or Somewhat Often or Much</b>	<b>Very Often or Very Much</b>	<b>Not applicable</b>	
1. being teased or bullied by other children	0	1	2	3	<input type="checkbox"/>
2. teases or bullies other children	0	1	2	3	<input type="checkbox"/>
3. problems getting along with other children	0	1	2	3	<input type="checkbox"/>
4. participating in after-school activities (sports, music, clubs)	0	1	2	3	<input type="checkbox"/>
5. problems making new friends	0	1	2	3	<input type="checkbox"/>
6. problems keeping friends	0	1	2	3	<input type="checkbox"/>
7. difficulty with parties (not invited, avoids them, misbehaves)	0	1	2	3	<input type="checkbox"/>

**F. RISKY ACTIVITIES**

1. easily led by other children (peer pressure)	0	1	2	3	<input type="checkbox"/>
2. breaking or damaging things	0	1	2	3	<input type="checkbox"/>
3. doing things that are illegal	0	1	2	3	<input type="checkbox"/>
4. being involved with the police	0	1	2	3	<input type="checkbox"/>
5. smoking cigarettes	0	1	2	3	<input type="checkbox"/>
6. taking illegal drugs	0	1	2	3	<input type="checkbox"/>
7. doing dangerous things	0	1	2	3	<input type="checkbox"/>
8. causes injury to others	0	1	2	3	<input type="checkbox"/>
9. says mean or inappropriate things	0	1	2	3	<input type="checkbox"/>
10. sexually inappropriate behaviour	0	1	2	3	<input type="checkbox"/>