

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

Note: Screening tool adapted from the *Pediatric Symptom Checklist*. See [www.massgeneral.org/psychiatry/services/psc\\_home.aspx](http://www.massgeneral.org/psychiatry/services/psc_home.aspx).

### General Information

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

Child's gender:  Male  Female

Child's age: \_\_\_\_\_

Date completed: \_\_\_\_\_

Person answering questions: \_\_\_\_\_

Person answering questions' 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; Sometimes = 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 people'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 troubles	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						



## 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 **27** (*Do you think this child might have a problem with alcohol or drugs?*) and **28** (*Does this child have a problem with sexual behaviors?*), if any are reported, refer for mental health assessment.

\*\* For question **29** (*Does this child talk about or attempt suicide?*), if any reported, **contact your supervisor** 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.*