

**Client ID:** BURBRA

**Patient:** Burns, Brandon "test"

**ADHD (Inattentive subtype):** 0

**ADHD (Hyperactive/Impulsive subtype):** 0

**ADHD (Combined Inattention/Hyperactivity):** 0

**Oppositional-Defiant Disorder:** 0

**Conduct Disorder:** 0

**Depression:** 1

**Anxiety Disorder:** 0

**Panic Disorder or Significant Somatic Symptoms:** 0

**Generalized Anxiety Disorder:** 0

**Separation Anxiety:** 0

**Social Anxiety Disorder:** 0

**Significant School Avoidance:** 0

**OCD:** 1

**History of Trauma:** 1

**Psychosis:** 1

**Alcohol abuse:** 1

**Drug abuse:** 1

**Developmental Disorders:** 1

**Autism Spectrum Disorders:** 1

**Enuresis:** 1

**Encopresis:** 1

**Vanderbilt-parent Inattentive Subtype:** 0

**Vanderbilt-parent Hyperactive/Impulsive Subtype:** 0

**Vanderbilt-parent Total ADHD Symptom score: 0**

**Vanderbilt-parent Oppositional-Defiant Disorder: 0**

**Vanderbilt-parent Conduct Disorder: 0**

**Vanderbilt-parent Anxiety/Depression: 0**

**Vanderbilt-parent Performance: 0**

**Vanderbilt-parent Average Performance Score: 1.00**

**SCARED-parent Total: 0**

**SCARED-parent Panic Disorder/Signif Somatic Symp: 0**

**SCARED-parent Generalized Anxiety Disorder: 0**

**SCARED-parent Separation Anxiety: 0**

**SCARED-parent Social Anxiety Disorder: 0**

**SCARED-parent Significant School Avoidance: 0**

**HDCL-C: 40**

**Vanderbilt-parent Total ODD Score: 0**

**Vanderbilt-parent Total Conduct Disorder Score: 0**

**Symptom Screening**

Please enter the name of the person filling out this form:

Sample

What is your relationship to the patient (e.g., parent, guardian, teacher)?

Sample

Directions for questions 1-55: Each rating should be considered in the context of what is appropriate for the age of the child. When completing these 55 questions, please think about the child's behaviors in the past 6 months.

	<b>Was on Medication</b>	<b>Was Not on Medication</b>	<b>Not Sure?</b>	
Is this evaluation based on a time when the child			<input checked="" type="checkbox"/>	
	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input checked="" type="checkbox"/>			

2. Has difficulty keeping attention to what needs to be done	<input checked="" type="checkbox"/>			
3. Does not seem to listen when spoken to directly	<input checked="" type="checkbox"/>			
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input checked="" type="checkbox"/>			
5. Has difficulty organizing tasks and activities	<input checked="" type="checkbox"/>			
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input checked="" type="checkbox"/>			
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	<input checked="" type="checkbox"/>			
8. Is easily distracted by noises or other stimuli	<input checked="" type="checkbox"/>			
9. Is forgetful in daily activities	<input checked="" type="checkbox"/>			
10. Fidgets with hands or feet or squirms in seat	<input checked="" type="checkbox"/>			
11. Leaves seat when remaining seated is expected	<input checked="" type="checkbox"/>			
12. Runs about or climbs too much when remaining seated is expected	<input checked="" type="checkbox"/>			
13. Has difficulty playing or beginning quiet play activities	<input checked="" type="checkbox"/>			
14. Is "on the go" or often acts as if "driven by a motor"	<input checked="" type="checkbox"/>			
15. Talks too much	<input checked="" type="checkbox"/>			
16. Blurts out answers before questions have been completed	<input checked="" type="checkbox"/>			
17. Has difficulty waiting his or her turn	<input checked="" type="checkbox"/>			
18. Interrupts or intrudes in on others' conversations and/or activities	<input checked="" type="checkbox"/>			
19. Argues with adults	<input checked="" type="checkbox"/>			
20. Loses temper	<input checked="" type="checkbox"/>			
21. Actively defies or refuses to go along with adults' requests or rules	<input checked="" type="checkbox"/>			
22. Deliberately annoys people	<input checked="" type="checkbox"/>			
23. Blames others for his or her mistakes or misbehaviors	<input checked="" type="checkbox"/>			
24. Is touchy or easily annoyed by others	<input checked="" type="checkbox"/>			
25. Is angry or resentful	<input checked="" type="checkbox"/>			
26. Is spiteful and wants to get even	<input checked="" type="checkbox"/>			
27. Bullies, threatens, or intimidates others	<input checked="" type="checkbox"/>			
28. Starts physical fights	<input checked="" type="checkbox"/>			
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	<input checked="" type="checkbox"/>			
30. Is truant from school (skips school) without permission	<input checked="" type="checkbox"/>			
31. Is physically cruel to people	<input checked="" type="checkbox"/>			
32. Has stolen things that have value	<input checked="" type="checkbox"/>			
33. Deliberately destroys others' property	<input checked="" type="checkbox"/>			
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input checked="" type="checkbox"/>			
35. Is physically cruel to animals	<input checked="" type="checkbox"/>			
36. Has deliberately set fires to cause damage	<input checked="" type="checkbox"/>			
37. Has broken into someone else's home, business, or	<input checked="" type="checkbox"/>			

car					
38. Has stayed out at night without permission	<input checked="" type="checkbox"/>				
39. Has run away from home overnight	<input checked="" type="checkbox"/>				
40. Has forced someone into sexual activity	<input checked="" type="checkbox"/>				
41. Is fearful, anxious, or worried	<input checked="" type="checkbox"/>				
42. Is afraid to try new things for fear of making mistakes	<input checked="" type="checkbox"/>				
43. Feels worthless or inferior	<input checked="" type="checkbox"/>				
44. Blames self for problems, feels guilty	<input checked="" type="checkbox"/>				
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input checked="" type="checkbox"/>				
46. Is sad, unhappy, or depressed	<input checked="" type="checkbox"/>				
47. Is self-conscious or easily embarrassed					
	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
48. Overall school performance	<input checked="" type="checkbox"/>				
49. Reading	<input checked="" type="checkbox"/>				
50. Writing	<input checked="" type="checkbox"/>				
51. Mathematics	<input checked="" type="checkbox"/>				
52. Relationship with parents	<input checked="" type="checkbox"/>				
53. Relationship with siblings	<input checked="" type="checkbox"/>				
54. Relationship with peers	<input checked="" type="checkbox"/>				
55. Participation in organized activities (e.g., teams)	<input checked="" type="checkbox"/>				

Directions for questions 56-93: Please select the answer that best describes your child.

	<b>Not at All</b>	<b>Sometimes</b>	<b>Pretty Much</b>	<b>Very Much</b>	<b>All the Time</b>
56. Complains of stomach aches	<input checked="" type="checkbox"/>				
57. Pouts and sulks	<input checked="" type="checkbox"/>				
58. Appears happy	<input checked="" type="checkbox"/>				
59. Unable to make up his/her mind	<input checked="" type="checkbox"/>				
60. Cries often	<input checked="" type="checkbox"/>				
61. Moves slowly	<input checked="" type="checkbox"/>				
62. Complains of headache	<input checked="" type="checkbox"/>				
63. Demonstrates slow speech	<input checked="" type="checkbox"/>				
64. Spends more time with adults	<input checked="" type="checkbox"/>				
65. Talks a lot	<input checked="" type="checkbox"/>				
66. Spends time alone in room	<input checked="" type="checkbox"/>				
67. Carefree in spirit	<input checked="" type="checkbox"/>				
68. Self critical	<input checked="" type="checkbox"/>				
69. Finds it difficult to leave parents	<input checked="" type="checkbox"/>				
70. Enjoys new situations	<input checked="" type="checkbox"/>				
71. Forgetful	<input checked="" type="checkbox"/>				
72. Easily frustrated	<input checked="" type="checkbox"/>				
73. Tires easily	<input checked="" type="checkbox"/>				

74. Gets angry	<input checked="" type="checkbox"/>				
75. Hostile to others	<input checked="" type="checkbox"/>				
76. Sullen	<input checked="" type="checkbox"/>				
77. Bowel problems	<input checked="" type="checkbox"/>				
78. Cheerful in nature	<input checked="" type="checkbox"/>				
79. Nausea or vomiting	<input checked="" type="checkbox"/>				
80. Temper outbursts	<input checked="" type="checkbox"/>				
81. Neat appearance	<input checked="" type="checkbox"/>				
82. Suicidal thoughts	<input checked="" type="checkbox"/>				
83. Eats poorly	<input checked="" type="checkbox"/>				
84. Falls asleep well	<input checked="" type="checkbox"/>				
85. Refuses to go to school	<input checked="" type="checkbox"/>				
86. Leaves school - "hooks"	<input checked="" type="checkbox"/>				
87. Moody or irritable	<input checked="" type="checkbox"/>				
88. Talks about fear of parents dying	<input checked="" type="checkbox"/>				
89. Works on tasks enthusiastically	<input checked="" type="checkbox"/>				
90. Sleeps through the night	<input checked="" type="checkbox"/>				
91. Awakens in morning earlier than necessary	<input checked="" type="checkbox"/>				
92. Needs help from adults	<input checked="" type="checkbox"/>				
93. Generally outgoing	<input checked="" type="checkbox"/>				

Directions for questions 94-134: Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then, for each statement, select the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	<b>Not True or Hardly Ever True</b>	<b>Somewhat True or Sometimes True</b>	<b>Very True or Often True</b>
94. When my child feels frightened, it is hard for him/her to breathe	<input checked="" type="checkbox"/>		
95. My child gets headaches when he/she is at school	<input checked="" type="checkbox"/>		
96. My child doesn't like to be with people he/she doesn't know well.	<input checked="" type="checkbox"/>		
97. My child gets scared if he/she sleeps away from home	<input checked="" type="checkbox"/>		
98. My child worries about other people liking him/her	<input checked="" type="checkbox"/>		
99. When my child gets frightened, he/she feels like passing out	<input checked="" type="checkbox"/>		
100. My child is nervous	<input checked="" type="checkbox"/>		
101. My child follows me wherever I go	<input checked="" type="checkbox"/>		
102. People tell me that my child looks nervous	<input checked="" type="checkbox"/>		
103. My child feels nervous with people he/she doesn't know well	<input checked="" type="checkbox"/>		
104. My child gets stomachaches at school	<input checked="" type="checkbox"/>		
105. When my child gets frightened, he/she feels like he/she is going crazy	<input checked="" type="checkbox"/>		

106. My child worries about sleeping alone	<input checked="" type="checkbox"/>		
107. My child worries about being as good as other kids	<input checked="" type="checkbox"/>		
108. When my child gets frightened, he/she feels like things are not real	<input checked="" type="checkbox"/>		
109. My child has nightmares about something bad happening to his/her parents	<input checked="" type="checkbox"/>		
110. My child worries about going to school	<input checked="" type="checkbox"/>		
111. When my child gets frightened, his/her heart beats fast	<input checked="" type="checkbox"/>		
112. My child gets shaky	<input checked="" type="checkbox"/>		
113. My child has nightmares about something bad happening to him/her	<input checked="" type="checkbox"/>		
114. My child worries about things working out for him/her	<input checked="" type="checkbox"/>		
115. When my child gets frightened, he/she sweats a lot	<input checked="" type="checkbox"/>		
116. My child is a worrier	<input checked="" type="checkbox"/>		
117. My child gets really frightened for no reason at all	<input checked="" type="checkbox"/>		
118. My child is afraid to be alone in the house	<input checked="" type="checkbox"/>		
119. It is hard for my child to talk with people he/she doesn't know well	<input checked="" type="checkbox"/>		
120. When my child gets frightened, he/she feels like he/she is choking	<input checked="" type="checkbox"/>		
121. People tell me that my child worries too much	<input checked="" type="checkbox"/>		
122. My child doesn't like to be away from his/her family	<input checked="" type="checkbox"/>		
123. My child is afraid of having anxiety (or panic) attacks	<input checked="" type="checkbox"/>		
124. My child worries that something bad might happen to his/her parents	<input checked="" type="checkbox"/>		
125. My child feels shy with people he/she doesn't know well	<input checked="" type="checkbox"/>		
126. My child worries about what is going to happen in the future	<input checked="" type="checkbox"/>		
127. When my child gets frightened, he/she feels like throwing up	<input checked="" type="checkbox"/>		
128. My child worries about how well he/she does things	<input checked="" type="checkbox"/>		
129. My child is scared to go to school	<input checked="" type="checkbox"/>		
130. My child worries about things that have already happened	<input checked="" type="checkbox"/>		
131. When my child gets frightened, he/she feels dizzy	<input checked="" type="checkbox"/>		
132. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (e.g., read aloud, speak, play a game, play a sport)	<input checked="" type="checkbox"/>		
133. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well	<input checked="" type="checkbox"/>		
134. My child is shy	<input checked="" type="checkbox"/>		

Directions for questions 135-146: Please select "yes" or "no" for each question.

	Yes	No
135. Does your child have thoughts or obsessions about which they can't stop thinking? Obsessions are thoughts, ideas, or pictures that keep coming into your child's mind even though he or she does not want them to.	<input checked="" type="checkbox"/>	
136. Does your child have compulsions or habits which they can't stop doing? Compulsions are things that your child feels he or she has to do although he or she	<input checked="" type="checkbox"/>	

may know they do not make sense.		
137. Has your child ever experienced any of the following traumatic events: natural disaster (e.g., flood, hurricane, tornado, earthquake), fire, explosion, or industrial accident; transportation accident (e.g., car accident, plane crash); physical assault (e.g., being attacked, beaten up); sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm); captivity or exposure to a war-zone; life-threatening illness or injury; sudden, unexpected death of or injury to someone close to them; or serious injury, harm, or death to someone else that they witnessed or caused?	<input checked="" type="checkbox"/>	
138. Has your child had any unusual experiences such as: hearing voices, seeing visions, having ideas they later found out were not true, mind reading, ESP, thoughts being controlled by others, or seeing things on TV that they think refer to them specifically?	<input checked="" type="checkbox"/>	
139. Are you concerned your child has been drinking alcohol?	<input checked="" type="checkbox"/>	
140. Are you concerned your child has been using marijuana, illegal drugs, or prescription medications for non-medical reasons?	<input checked="" type="checkbox"/>	
141. Are you concerned about your child's overall level of development?	<input checked="" type="checkbox"/>	
142. Are you concerned about your child's development in the areas of speech and language?	<input checked="" type="checkbox"/>	
143. Are you concered about your child's learning development in the areas of mathematics, reading, etc.?	<input checked="" type="checkbox"/>	
144. Has your child had problems with social interactions (e.g., eye contact, social reciprocity, making and keeping friends); social communications (e.g., delays in language, inability to initiate or sustain a conversation, echoalia); or restricted repetitive and stereotyped patterns of behavior, interests, and activities (e.g., hand or finger flapping; rigid, perseverative play)?	<input checked="" type="checkbox"/>	
145. Has your child had any problems with enuresis (bed-wetting)?	<input checked="" type="checkbox"/>	
146. Has your child had any problems with encopresis (fecal incontinence)?	<input checked="" type="checkbox"/>	