

**Commonly Used Universal Screeners for
School Age Students**

CNSL 524

Week 8

Commonly Used Universal Screeners for School Age Students:

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Review 2 screeners:

1. What are strengths of each?
2. What concerns do you have for each?
3. What would you want to know more about before implementing one of these screeners?
4. If you had to select one today, which would you choose and why?

Name	Age Levels	Description
Systematic Screener for Behavior Disorders (SSBD), 2004	3-12 Years	Teacher evaluation report. Screener identifies top 3 internalizers and externalizers in class.
Strengths and Difficulties Questionnaire (SDQ), 2002	4-17 Years	Teacher, parent, or student evaluation. 25-item screener measures internalizing, externalizing, and prosocial behaviors.
Social Skills Improvement System (SSIS) Rating Scales, 2008	3-18 Years	Teacher, parent, or student evaluation. Screener measures social skills, problem behaviors (e.g. externalizing, internalizing), and academic competence.
Behavior Assessment System for Children 3: Behavior and Emotion Screening System (BASC-3 BESS), 2015	3-18 Years	Teacher, parent, or student evaluation. 25-30 item screener measures internalizing and externalizing behaviors, school problems, and adaptive skills.
Beck Youth Inventories, Second Edition (BYI-2), 2005	7-18 Years	Self-reported evaluation. 20-item screener measures emotional and social impairment. 5 inventories.
Revised Children's and Adolescent Depression Scale (RCADS)	8-18 Years	Self-reported evaluation. 47-item screener measures separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and major depressive disorder, total anxiety scale, and a total internalizing scale.
Generalized Anxiety Disorder 7-item (GAD-7)	11-17 Years	Self-reported evaluation. Screener measures mild, moderate and severe anxiety. Identifies students in need of further testing and intervention.
Patient Health Questionnaire (PHQ-9)	11-17 Years	Self-reported evaluation. Screener measures presence and severity of depression.
Car, Relax, Alone, Forget, Friends, Trouble (CRAFT)	12-18 Years	Self-reported evaluation. 6-item screener identifies adolescents for high risk alcohol and other drug use disorders simultaneously.
BIMAS Behavior Intervention and Monitoring Assessment System (BIMAS)	5-18 Years	Self-reported evaluation. 34-item screener measures social, emotional and behavioral functioning in children and adolescents ages 5-18.

Table 7.2. Commonly used behavioral and mental health universal screeners

Patient Name: _____

Date: _____

The Penn State Worry Questionnaire (PSWQ)

Instructions: Rate each of the following statements on a scale of 1 ("not at all typical of me") to 5 ("very typical of me"). Please do not leave any items blank.

	Not at all typical of me					Very typical of me				
	1	2	3	4	5	1	2	3	4	5
1. If I do not have enough time to do everything, I do not worry about it.										
2. My worries overwhelm me.										
3. I do not tend to worry about things.										
4. Many situations make me worry.										
5. I know I should not worry about things, but I just cannot help it.										
6. When I am under pressure I worry a lot.										
7. I am always worrying about something.										
8. I find it easy to dismiss worrisome thoughts.										
9. As soon as I finish one task, I start to worry about everything else I have to do.										
10. I never worry about anything.										
11. When there is nothing more I can do about a concern, I do not worry about it any more.										
12. I have been a worrier all my life.										
13. I notice that I have been worrying about things.										
14. Once I start worrying, I cannot stop.										
15. I worry all the time.										
16. I worry about projects until they are all done.										

Scoring the PSWQ

In scoring the PSWQ, a value of 1, 2, 3, 4, and 5 is assigned to a response depending upon whether the item is worded positively or negatively. The total score of the scale ranges from 16 to 80.

Items 1, 3, 8, 10, 11 are reverse scored as follows:

- Very typical of me = 1 (circled 5 on the sheet)
- Circled 4 on the sheet = 2
- Circled 3 on the sheet = 3
- Circled 2 on the sheet = 4
- Not at all typical of me = 5 (circled 1 on the sheet)

For items 2, 4, 5, 6, 7, 9, 12, 13, 14, 15, 16 the scoring is:

- Not at all typical of me = 1
- Ratings of 2, 3, and 4 are not transformed
- Very typical of me = 5

Citation: Meyer TJ, Miller ML, Metzger RL, Borkovec TD: Development and Validation of the Penn State Worry Questionnaire. Behaviour Research and Therapy 28:487-495,1990

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Each response to an item is scored as follows:

- 0 = "Not At All"
- 1 = "A Little"
- 2 = "Some"
- 3 = "A Lot"

However, items 4, 8, 12, and 16 are phrased positively, and thus are scored in the opposite order:

- 3 = "Not At All"
- 2 = "A Little"
- 1 = "Some"
- 0 = "A Lot"

Higher CES-DC scores indicate increasing levels of depression. Weissman et al. (1980), the developers of the CES-DC, have used the cutoff score of 15 as being suggestive of depressive symptoms in children and adolescents. That is, scores over 15 can be indicative of significant levels of depressive symptoms.

Remember that screening for depression can be complex and is only an initial step. Further evaluation is required for children and adolescents identified through a screening process. Further evaluation is also warranted for children or adolescents who exhibit depressive symptoms but who do not screen positive.

See also

Tool for Families: Symptoms of Depression in Adolescents, p. 126.

Tool for Families: Common Signs of Depression in Children and Adolescents, p. 147.

REFERENCES

- Weissman MM, Orvaschel H, Padian N. 1980. Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders* 168(12):736-740.
- Faulstich ME, Carey MP, Ruggiero L, et al. 1986. Assessment of depression in childhood and adolescence: An evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). *American Journal of Psychiatry* 143(8):1024-1027.

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Number _____

Score _____

INSTRUCTIONS

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the *past week*.

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
1. I was bothered by things that usually don't bother me.	_____	_____	_____	_____
2. I did not feel like eating, I wasn't very hungry.	_____	_____	_____	_____
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	_____	_____	_____	_____
4. I felt like I was just as good as other kids.	_____	_____	_____	_____
5. I felt like I couldn't pay attention to what I was doing.	_____	_____	_____	_____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
6. I felt down and unhappy.	_____	_____	_____	_____
7. I felt like I was too tired to do things.	_____	_____	_____	_____
8. I felt like something good was going to happen.	_____	_____	_____	_____
9. I felt like things I did before didn't work out right.	_____	_____	_____	_____
10. I felt scared.	_____	_____	_____	_____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
11. I didn't sleep as well as I usually sleep.	_____	_____	_____	_____
12. I was happy.	_____	_____	_____	_____
13. I was more quiet than usual.	_____	_____	_____	_____
14. I felt lonely, like I didn't have any friends.	_____	_____	_____	_____
15. I felt like kids I know were not friendly or that they didn't want to be with me.	_____	_____	_____	_____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
16. I had a good time.	_____	_____	_____	_____
17. I felt like crying.	_____	_____	_____	_____
18. I felt sad.	_____	_____	_____	_____
19. I felt people didn't like me.	_____	_____	_____	_____
20. It was hard to get started doing things.	_____	_____	_____	_____

Child's Name _____
 Today's Date _____
 Date of Birth _____

Record Number _____
 Filled out by _____

Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

			Never (0)	Sometimes (1)	Often (2)
1.	Complains of aches/pains	1	_____	_____	_____
2.	Spends more time alone	2	_____	_____	_____
3.	Tires easily, has little energy	3	_____	_____	_____
4.	Fidgety, unable to sit still	4	_____	_____	_____
5.	Has trouble with a teacher	5	_____	_____	_____
6.	Less interested in school	6	_____	_____	_____
7.	Acts as if driven by a motor	7	_____	_____	_____
8.	Daydreams too much	8	_____	_____	_____
9.	Distracted easily	9	_____	_____	_____
10.	Is afraid of new situations	10	_____	_____	_____
11.	Feels sad, unhappy	11	_____	_____	_____
12.	Is irritable, angry	12	_____	_____	_____
13.	Feels hopeless	13	_____	_____	_____
14.	Has trouble concentrating	14	_____	_____	_____
15.	Less interest in friends	15	_____	_____	_____
16.	Fights with others	16	_____	_____	_____
17.	Absent from school	17	_____	_____	_____
18.	School grades dropping	18	_____	_____	_____
19.	Is down on him or herself	19	_____	_____	_____
20.	Visits doctor with doctor finding nothing wrong	20	_____	_____	_____
21.	Has trouble sleeping	21	_____	_____	_____
22.	Worries a lot	22	_____	_____	_____
23.	Wants to be with you more than before	23	_____	_____	_____
24.	Feels he or she is bad	24	_____	_____	_____
25.	Takes unnecessary risks	25	_____	_____	_____
26.	Gets hurt frequently	26	_____	_____	_____
27.	Seems to be having less fun	27	_____	_____	_____
28.	Acts younger than children his or her age	28	_____	_____	_____
29.	Does not listen to rules	29	_____	_____	_____
30.	Does not show feelings	30	_____	_____	_____
31.	Does not understand other people's feelings	31	_____	_____	_____
32.	Teases others	32	_____	_____	_____
33.	Blames others for his or her troubles	33	_____	_____	_____
34.	Takes things that do not belong to him or her	34	_____	_____	_____
35.	Refuses to share	35	_____	_____	_____

Total score _____

Does your child have any emotional or behavioral problems for which she/he needs help? () N () Y
 Are there any services that you would like your child to receive for these problems? () N () Y

If yes, what services? _____

Strengths and Difficulties Questionnaire (SDQ)

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

* Required

Last Name *

Your answer

First Name *

Your answer

ID *

Your answer

Student Grade *

Choose ▼



Who is your counselor? *

- Ms. Chausse
- Ms. Cockroft
- Mr. Hamilton
- Ms. Kelley
- Ms. Lanari
- Mr. McCaffery
- Mr. O'Hearn
- Ms. Smith
- Ms. Tatro

I try to be nice to other people. I care about their feelings *

- Not True
- Somewhat True
- Certainly True

I am restless, I can't stay still for long *

- Not True
- Somewhat True



Certainly True

I get a lot of headaches, stomach-aches or sickness *

Not True

Somewhat True

Certainly True

I usually share with others, for example CD's, games, food *

Not True

Somewhat True

Certainly True

I get very angry and often lose my temper *

Not True

Somewhat True

Certainly True

I would rather be alone than with people of my age *

Not True

Somewhat True

Certainly True



I usually do as I am told *

- Not True
- Somewhat True
- Certainly True

I worry a lot *

- Not True
- Somewhat True
- Certainly True

I am helpful if someone is hurt, upset or feeling ill *

- Not True
- Somewhat True
- Certainly True

I am constantly fidgeting or squirming *

- Not True
- Somewhat True
- Certainly True



I have one good friend or more *

- Not True
- Somewhat True
- Certainly True

I fight a lot. I can make other people do what I want *

- Not True
- Somewhat True
- Certainly True

I am often unhappy, depressed or tearful *

- Not True
- Somewhat True
- Certainly True

Other people my age generally like me *

- Not True
- Somewhat True
- Certainly True



I am easily distracted, I find it difficult to concentrate *

- Not True
- Somewhat True
- Certainly True

I am nervous in new situations. I easily lose confidence *

- Not True
- Somewhat True
- Certainly True

I am kind to younger children *

- Not True
- Somewhat True
- Certainly True

I am often accused of lying or cheating *

- Not True
- Somewhat True
- Certainly True



Other children or young people pick on me or bully me *

- Not True
- Somewhat True
- Certainly True

I often offer to help others (parents, teachers, children) *

- Not True
- Somewhat True
- Certainly True

I think before I do things *

- Not True
- Somewhat True
- Certainly True

I take things that are not mine from home, school or elsewhere *

- Not True
- Somewhat True
- Certainly True



I get along better with adults than with people my own age *

- Not True
- Somewhat True
- Certainly True

I have many fears, I am easily scared *

- Not True
- Somewhat True
- Certainly True

I finish the work I'm doing. My attention is good *

- Not True
- Somewhat True
- Certainly True

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Student Engagement Instrument

* Required

Last Name *

Your answer

First Name *

Your answer

ID # *

Your answer

Grade *

- 9
- 10
- 11
- 12

1. My family/guardian(s) are there for me when I need them.

- Strongly Disagree
- Disagree



- Agree
- Strongly Agree

2. After finishing my schoolwork I check it over to see if it's correct.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

3. My teachers are there for me when I need them

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

4. Other students here like me the way I am.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



5. Adults at my school listen to the students.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

6. Other students at school care about me.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

7. Students at my school are there for me when I need them.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



8. My education will create many future opportunities for me.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

9. Most of what is important to know you learn in school.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

10. The school rules are fair.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



11. Going to school after high school is important

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

12. When something good happens at school, my family/guardian(s) want to know about it.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

13. Most teachers at my school are interested in me as a person, not just as a student

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



14. Students here respect what I have to say

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

15. When I do schoolwork I check to see whether I understand what I'm doing.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

16. Overall, my teachers are open and honest with me.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



17. I plan to continue my education following high school.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

18. I'll learn, but only if the teacher gives me a reward.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

19. School is important for achieving my future goals.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



20. When I have problems at school my family/guardian(s) are willing to help me.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

21. Overall, adults at my school treat students fairly.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

22. I enjoy talking to the teachers here.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



23. I enjoy talking to the students here.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

24. I have some friends at school.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

25. When I do well in school it's because I work hard.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



26. The tests in my classes do a good job of measuring what I'm able to do.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

27. I feel safe at school.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

28. I feel like I have a say about what happens to me at school.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



29. My family/guardian(s) want me to keep trying when things are tough at school.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

30. I am hopeful about my future.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

31. At my school, teachers care about students.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



32. I'll learn, but only if my family/guardian(s) give me a reward.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

33. Learning is fun because I get better at something.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

34. What I am learning in my classes will be important in my future.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree



35. The grades in my classes do a good job measuring what I'm able to do

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

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PHQ-9

* Required

Last Name *

Your answer

First Name *

Your answer

ID *

Your answer

Grade *

- Grade 9
- Grade 10
- Grade 11
- Grade 12



Who is your counselor? *

- Ms. Chausse
- Ms. Cockroft
- Mr. Hamilton
- Ms. Kelley
- Ms. Lanari
- Mr. McCaffery
- Mr. O'Hearn
- Ms. Smith
- Ms. Tatro

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things *

- Not at all
- Several days
- More than half the days
- Nearly every day

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Feeling down, depressed, or hopeless *

- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble falling or staying asleep, or sleeping too much *

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling tired or having little energy *

- Not at all
- Several days
- More than half the days
- Nearly every day

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Poor appetite or overeating *

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling bad about yourself or that you are a failure or have let yourself or your family down *

- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television *

- Not at all
- Several days
- More than half the days
- Nearly every day



Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual *

- Not at all
- Several days
- More than half the days
- Nearly every day

Thoughts that you would be better off dead, or of hurting yourself in some way *

- Not at all
- Several days
- More than half the days
- Nearly every day

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? *

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult



Child and Adolescent Disruptive Behavior Inventory

Please mark the answer that best describes the child's behavior in the past MONTH. Please consider the child's behavior ONLY in the school environment.

PART 1. BEHAVIOR TOWARD ADULTS AT SCHOOL

	Never in past month	1-2 times in past month	3-4 times in past month	2-4 times per week	1 time per day	2-5 times per day	6-9 times per day	10 or more times per day
1. Argues with adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Loses temper or gets angry with adults when doesn't get own way (sasses adults, talks back to adults).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Refuses to obey adults' requests or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Annoys adults on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Blames adults for his/her mistakes or misbehavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Becomes annoyed or irritated by the behavior of adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Appears angry or resentful toward adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When angry or upset with adults, attempts to get even with them (vindictive or spiteful toward adults).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8a. Do the behaviors described in items 1 to 8 CURRENTLY cause significant problems for the student's school adjustment?

Definitely no Maybe Definitely yes

PART 2. BEHAVIOR TOWARD PEERS AT SCHOOL

	Never in past month	1-2 times in past month	3-4 times in past month	2-4 times per week	1 time per day	2-5 times per day	6-9 times per day	10 or more times per day
9. Argues with peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Loses temper or gets angry with peers when doesn't get own way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Refuses to cooperate with reasonable requests from peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Annoys peers on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Blames peers for his/her mistakes or misbehavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Becomes annoyed or irritated by the behavior of peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Appears angry or resentful toward peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When angry or upset with peers, attempts to get even with them (vindictive or spiteful toward peers).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16a. Do the behaviors described in items 9 to 16 CURRENTLY cause significant problems for the student's school adjustment?

Definitely no Maybe Definitely yes

PART 3. ACTIVITY LEVEL AT SCHOOL

	Never in past month	1-2 times in past month	3-4 times in past month	2-4 times per week	1 time per day	2-5 times per day	6-9 times per day	10 or more times per day
17. Fidgets with hands or feet or squirms in seat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Leaves seat in classroom when expected to remain seated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Runs about or climbs on furniture in classroom when expected to remain seated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Has trouble playing or socializing quietly (makes too much noise).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Talks too much during classroom activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Acts as if "driven by a motor" or seems "on the go" during classroom activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Blurts out answers before the questions are completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Does not wait turn in school activities (games, waiting in lines, academic exercises).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Interrupts or intrudes on others (butts into others' games or conversations).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PART 3. ACTIVITY LEVEL AT SCHOOL, cont'd.

25a. Do the behaviors described in items 17 to 25 CURRENTLY cause significant problems for the student's school adjustment?

Definitely
no

Maybe

Definitely
yes

Date: _____

Name/ID: _____

RCADS

Please put a circle around the word that shows how often each of these things happen to you. There are no right or wrong answers.

	Never	Sometimes	Often	Always
1. I worry about things				
2. I feel sad or empty				
3. When I have a problem, I get a funny feeling in my stomach				
4. I worry when I think I have done poorly at something				
5. I would feel afraid of being on my own at home				
6. Nothing is much fun anymore				
7. I feel scared when I have to take a test				
8. I feel worried when I think someone is angry with me				
9. I worry about being away from my parents				
10. I get bothered by bad or silly thoughts or pictures in my mind				
11. I have trouble sleeping				
12. I worry that I will do badly at my school work				
13. I worry that something awful will happen to someone in my family				
14. I suddenly feel as if I can't breathe when there is no reason for this				
15. I have problems with my appetite				
16. I have to keep checking that I have done things right (like the switch is off, or the door is locked)				
17. I feel scared if I have to sleep on my own.				
18. I have trouble going to school in the mornings because I feel nervous or afraid				
19. I have no energy for things				
20. I worry I might look foolish				
21. I am tired a lot				
22. I worry that bad things will happen to me				

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23. I can't seem to get bad or silly thoughts out of my head	Never	Sometimes	Often	Always
24. When I have a problem, my heart beats really fast	Never	Sometimes	Often	Always
25. I cannot think clearly	Never	Sometimes	Often	Always
26. I suddenly start to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
27. I worry that something bad will happen to me	Never	Sometimes	Often	Always
28. When I have a problem, I feel shaky	Never	Sometimes	Often	Always
29. I feel worthless	Never	Sometimes	Often	Always
30. I worry about making mistakes	Never	Sometimes	Often	Always
31. I have to think of special thoughts (like numbers or words) to stop bad things from happening	Never	Sometimes	Often	Always
32. I worry what other people think of me	Never	Sometimes	Often	Always
33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
34. All of a sudden I feel really scared for no reason at all	Never	Sometimes	Often	Always
35. I worry about what is going to happen	Never	Sometimes	Often	Always
36. I suddenly become dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
37. I think about death	Never	Sometimes	Often	Always
38. I feel afraid if I have to talk in front of my class	Never	Sometimes	Often	Always
39. My heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
40. I feel like I don't want to move	Never	Sometimes	Often	Always
41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	Never	Sometimes	Often	Always
43. I feel afraid that I will make a fool of myself in front of people	Never	Sometimes	Often	Always
44. I have to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
45. I worry when I go to bed at night	Never	Sometimes	Often	Always
46. I would feel scared if I had to stay away from home overnight	Never	Sometimes	Often	Always
47. I feel restless	Never	Sometimes	Often	Always

The CRAFFT Interview (Version 2.0)

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none.
2. Use any **marijuana** (pot, weed, hash, or in foods) or "**synthetic marijuana**" (like "K2" or "Spice")? Say "0" if none.
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Say "0" if none.

Did the patient answer "0" for all questions in Part A?

Yes ~ Ask CAR question only, then stop **NO** ~ Ask all six CRAFFT* questions below Part B

Part B

C Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using drugs

R Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

F Do you ever **FORGET** things you did while using alcohol or drugs?

F Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

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GAD-7

* Required

Last Name *

Your answer

First Name *

Your answer

ID *

Your answer

Student Grade *

Choose ▼



Who is your counselor? *

- Ms. Chausse
- Ms. Cockroft
- Mr. Hamilton
- Ms. Kelley
- Ms. Lanari
- Mr. McCaffery
- Mr. O'Hearn
- Mr. Sacco
- Ms. Smith
- Ms. Tatro

Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious, and on edge *

- Not at all
- Several days
- Over half the days
- Nearly every day

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Nearly every day

Not being able to stop or control worrying *

- Not at all
- Several days
- Over half the days
- Nearly every day

Worrying too much about different things *

- Not at all
- Several days
- Over half the days
- Nearly every day

Trouble relaxing *

- Not at all
- Several days
- Over half the days
- Nearly every day



Being so restless that it's hard to sit still *

- Not at all
- Several days
- Over half the days
- Nearly every day

Becoming easily annoyed or irritable *

- Not at all
- Several days
- Over half the days
- Nearly every day

Feeling afraid as if something awful might happen *

- Not at all
- Several days
- Over half the days
- Nearly every day



If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? *

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

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Beck Anxiety Inventory (BAI)

About: This scale is a self-report measure of anxiety.

Items: 21

Reliability:

Internal consistency for the BAI = (Cronbach's $\alpha=0.92$)

Test-retest reliability (1 week) for the BAI = 0.75 (Beck, Epstein, Brown, & Steer, 1988)

Validity:

The BAI was moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25) (Beck et al., 1988).

Scoring:

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
All questions	0	1	2	3

The total score is calculated by finding the sum of the 21 items.

Score of 0-21 = low anxiety

Score of 22-35 = moderate anxiety

Score of 36 and above = potentially concerning levels of anxiety

References: Beck, A.T., Epstein, N., Brown, G., & Steer, R.A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897.

Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / cold sweats	0	1	2	3

Student Risk Screening Scale (SRSS) & Student Internalizing Behavior Screening Scale (SIBSS)

Teacher name: _____															
0 = Never			1 = Occasionally			2 = Sometimes			3 = Frequently						
For the SRSS and SIBSS separately						9-21 indicates high risk			4-8 indicates moderate risk			0-3 indicates low risk			
Use the above scale to rate each item for each student.															
Student Name	Student Risk Screening Scale (SRSS) Externalizing Behaviors						Student Internalizing Behavior Screening Scale (SIBSS) Internalizing Behaviors						Total		
	Steal	Lie, Cheat, Sneak	Behavior Problem	Peer Rejection	Low Academic Achievement	Negative Attitude	Aggressive Behavior	Total	Nervous or Fearful	Bullied by Peers	Spends Time Alone	Low Academic Achievement		Withdrawn	Sad or Unhappy