Commonly Used Universal Screeners for School Age Students

CNSL 524

Week 8
Commonly Used Universal Screeners for School Age Students:

<table>
<thead>
<tr>
<th>Screener</th>
<th>Page number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Penn State Worry Questionnaire</td>
<td>1-2</td>
</tr>
<tr>
<td>Center for Epidemiological Studies Depression Scale for Children (CES-DC)</td>
<td>3-4</td>
</tr>
<tr>
<td>Pediatric Symptom Checklist</td>
<td>5</td>
</tr>
<tr>
<td>Strengths and Difficulties Questionnaire (SDQ)</td>
<td>6-13</td>
</tr>
<tr>
<td>Student Engagement Instrument</td>
<td>14-26</td>
</tr>
<tr>
<td>Patient Health Questionnaire-9 (PHQ-9)</td>
<td>27-31</td>
</tr>
<tr>
<td>Child and Adolescent Disruptive Behavior Inventory</td>
<td>32-33</td>
</tr>
<tr>
<td>Revised Children's Anxiety and Depression Scale (RCADS)</td>
<td>34-35</td>
</tr>
<tr>
<td>CRAFFT Interview</td>
<td>36</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder - 7 item (GAD-7)</td>
<td>37-41</td>
</tr>
<tr>
<td>Beck Anxiety Inventory</td>
<td>42-43</td>
</tr>
<tr>
<td>Student Risk Screening Scale</td>
<td>44</td>
</tr>
</tbody>
</table>

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

Table 7.2. Commonly used behavioral and mental health universal screeners
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.

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


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

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

1. I was bothered by things that usually don't bother me.
   Not At All  A Little  Some  A Lot
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

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

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

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.

www.brightfutures.org
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.

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

Total score  

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

If yes, what services?  

©1988, M.S. Jellinek and J.M. Murphy, Massachusetts General Hospital
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
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 *
O Not True
O Somewhat True
O Certainly True

I am nervous in new situations. I easily lose confidence *
O Not True
O Somewhat True
O Certainly True

I am kind to younger children *
O Not True
O Somewhat True
O Certainly True

I am often accused of lying or cheating *
O Not True
O Somewhat True
O 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

Submit

Never submit passwords through Google Forms.
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
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

〇 Strongly Disagree
〇 Disagree
〇 Agree
〇 Strongly Agree

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

〇 Strongly Disagree
〇 Disagree
〇 Agree
〇 Strongly Agree

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

〇 Strongly Disagree
〇 Disagree
〇 Agree
〇 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

Submit

Never submit passwords through Google Forms.

This form was created inside of Methuen Public Schools. Report Abuse - Terms of Service

Google Forms
PHQ-9

* Required

Last Name *
Your answer

First Name *
Your answer

ID *
Your answer

Grade *
○ Grade 9
○ Grade 10
○ Grade 11
○ Grade 12

27
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
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
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

30
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

31
# 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

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

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

<table>
<thead>
<tr>
<th>Answer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely no</td>
<td>○</td>
</tr>
<tr>
<td>Maybe</td>
<td>○</td>
</tr>
<tr>
<td>Definitely yes</td>
<td>○</td>
</tr>
</tbody>
</table>

## PART 2. BEHAVIOR TOWARD PEERS AT SCHOOL

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

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

<table>
<thead>
<tr>
<th>Answer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely no</td>
<td>○</td>
</tr>
<tr>
<td>Maybe</td>
<td>○</td>
</tr>
<tr>
<td>Definitely yes</td>
<td>○</td>
</tr>
</tbody>
</table>

## PART 3. ACTIVITY LEVEL AT SCHOOL

<table>
<thead>
<tr>
<th>Item</th>
<th>Never in past month</th>
<th>1-2 times in past month</th>
<th>3-4 times in past month</th>
<th>2-4 times per week</th>
<th>1 time per day</th>
<th>2-5 times per day</th>
<th>6-9 times per day</th>
<th>10 or more times per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Fidgets with hands or feet or squirms in seat.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18. Leaves seat in classroom when expected to remain seated.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>19. Runs about or climbs on furniture in classroom when expected to</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>remain seated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Has trouble playing or socializing quietly (makes too much noise)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>21. Talks too much during classroom activities.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>22. Acts as if &quot;driven by a motor&quot; or seems &quot;on the go&quot; during</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>classroom activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Blurs out answers before the questions are completed.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>24. Does not wait turn in school activities (games, waiting in lines,</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>academic exercises).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Interrupts or intrudes on others (butts into others' games or</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>conversations).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
25a. Do the behaviors described in items 17 to 25 CURRENTLY cause significant problems for the student's school adjustment?

<table>
<thead>
<tr>
<th>Definitely no</th>
<th>Maybe</th>
<th>Definitely yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I worry about things</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>2.</td>
<td>I feel sad or empty</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>3.</td>
<td>When I have a problem, I get a funny feeling in my stomach</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>4.</td>
<td>I worry when I think I have done poorly at something</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>5.</td>
<td>I would feel afraid of being on my own at home</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>6.</td>
<td>Nothing is much fun anymore</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>7.</td>
<td>I feel scared when I have to take a test</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>8.</td>
<td>I feel worried when I think someone is angry with me</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>9.</td>
<td>I worry about being away from my parents</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>10.</td>
<td>I get bothered by bad or silly thoughts or pictures in my mind</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>11.</td>
<td>I have trouble sleeping</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>12.</td>
<td>I worry that I will do badly at my school work</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>13.</td>
<td>I worry that something awful will happen to someone in my family</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>14.</td>
<td>I suddenly feel as if I can't breathe when there is no reason for this</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>15.</td>
<td>I have problems with my appetite</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>16.</td>
<td>I have to keep checking that I have done things right (like the switch is off, or the door is locked)</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>17.</td>
<td>I feel scared if I have to sleep on my own</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>18.</td>
<td>I have trouble going to school in the mornings because I feel nervous or afraid</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>19.</td>
<td>I have no energy for things</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>20.</td>
<td>I worry I might look foolish</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>21.</td>
<td>I am tired a lot</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td>22.</td>
<td>I worry that bad things will happen to me</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>23. I can't seem to get bad or silly thoughts out of my head</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>24. When I have a problem, my heart beats really fast</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>25. I cannot think clearly</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>26. I suddenly start to tremble or shake when there is no reason for this</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>27. I worry that something bad will happen to me</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>28. When I have a problem, I feel shaky</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>29. I feel worthless</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>30. I worry about making mistakes</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>31. I have to think of special thoughts (like numbers or words) to stop bad things from happening</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>32. I worry what other people think of me</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>34. All of a sudden I feel really scared for no reason at all</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>35. I worry about what is going to happen</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>36. I suddenly become dizzy or faint when there is no reason for this</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>37. I think about death</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>38. I feel afraid if I have to talk in front of my class</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>39. My heart suddenly starts to beat too quickly for no reason</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>40. I feel like I don't want to move</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>43. I feel afraid that I will make a fool of myself in front of people</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>44. I have to do some things just the right way to stop bad things from happening</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>45. I worry when I go to bed at night</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>46. I would feel scared if I had to stay away from home overnight</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
<tr>
<td>47. I feel restless</td>
<td>Never</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
</tbody>
</table>
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.

Copyright John R. Knight, MD, Boston Children’s Hospital, 2016
Reproduced with permission from the Center for Adolescent Substance Abuse Research (CeASAR), Boston Children’s Hospital
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
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

SUBMIT

Never submit passwords through Google Forms.

This form was created inside of Methuen Public Schools. Report Abuse · Terms of Service

Google Forms

https://docs.google.com/forms/d/e/1FAIpQLSe8IVaEdTJ-23PmEIBb39eXgjHRscmUaWzib_UEojJQFXaBEag/viewform?c=0&w=1
Beck Anxiety Inventory (BAI)

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

Items: 21

Reliability:
Internal consistency for the BAI = (Cronbach's a=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:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Mildly, but it didn't bother me much</th>
<th>Moderately – it wasn't pleasant at times</th>
<th>Severely – it bothered me a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>All questions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

**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.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Mildly, but it didn’t bother me much</th>
<th>Moderately – it wasn’t pleasant at times</th>
<th>Severely – it bothered me a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbness or tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling hot</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Wobbliness in legs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Unable to relax</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of worst happening</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizzy or lightheaded</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Heart pounding / racing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Unsteady</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Terrified or afraid</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling of choking</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Hands trembling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shaky / unsteady</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of losing control</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty in breathing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of dying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Scared</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Indigestion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Faint / lightheaded</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Face flushed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Hot / cold sweats</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Student Risk Screening Scale (SRSS) &
Student Internalizing Behavior Screening Scale (SIBSS)

Teacher name:

<table>
<thead>
<tr>
<th>Scale Rating</th>
<th>Description</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Never</td>
<td>For the SRSS and SIBSS separately</td>
<td>9–21 indicates high risk</td>
</tr>
<tr>
<td>1 = Occasionally</td>
<td>4–8 indicates moderate risk</td>
<td></td>
</tr>
<tr>
<td>2 = Sometimes</td>
<td>0–3 indicates low risk</td>
<td></td>
</tr>
<tr>
<td>3 = Frequently</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use the above scale to rate each item for each student.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Steal</th>
<th>Lie, Cheat, Sneak</th>
<th>Behavior Problem</th>
<th>Peer Rejection</th>
<th>Low Academic Achievement</th>
<th>Negative Attitude</th>
<th>Aggressive Behavior</th>
<th>Total</th>
<th>Nervous or Fearful</th>
<th>Bullied by Peers</th>
<th>Spends Time Alone</th>
<th>Low Academic Achievement</th>
<th>Withdrawn</th>
<th>Sad or Unhappy</th>
<th>Complains About Being Sick or Hurt</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4th