

National Evaluation Caregiver Self-reports

This should be completed by all primary caregivers of youth who are enrolled in the NOMS data collection at the same time as the interview:

- within 30 days after enrollment into services/treatment
 - every 6 months that youth are participating
 - at discharge from services/treatment

** Questionnaires can be conducted as an interview if requested.

Date completed:					
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Created: 06/2016

The Columbia Impairment Scale (C.I.S.)

Caregiver Version

Instructions: To help us improve the quality of the treatment that your child receives, we are asking you to complete the following rating scale (C.I.S.). This will help us determine the area or areas in which your child needs help and the progress that your child makes in these areas. It also will give us information that will assist us in making changes in his/her treatment plan to better meet his/her needs.

There are thirteen areas of your child's behavior for you to rate from 0 to 4 with 0 being no problem and 4 being a very bad problem. Using your best judgment, rate each item by indicating the number that best describes your child's behavior within the past 6 months. You can ask for clarification if you do not understand an item or items.

In general, how much of a problem or difficulty do you think [she/he] has with?	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
1)getting into trouble?	0	0	0	0	0		0
2)getting along with (you/[her/his] mother/mother figure).	0	0	0	0	0	0	0
3)getting along with (you/[her/his] father/father figure).	0	0	0	0	0	0	0
4)feeling unhappy or sad?	0	0	0	0	0		0
How much of a problem or difficulty would you say [she/he] has:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
5)with [her/his] behavior at school (or at [her/his] job)?	0	0	0	0	0	0	0
6)with having fun?	0	0	0	0	0		0
7)getting along with adults other than his/her parents (child's mother and/or father)?	0	0	0	0	0		0
How much of a problem or difficulty does [she/he] have:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
8)with feeling nervous or afraid?	0	0	0	0	0		0
9)getting along with [her/his] sister(s) and/or brother(s)?	0	0	0	0	0	0	0
10)getting along with other kids [her/his] age?	0	0	0	0	0		0
How much of a problem or difficulty would you say [she/he] has:	0 - No problem	1	2	3	4 - Very bad problem	Not applicable	Refused
11)getting involved in activities like sports or hobbies?	0	0	0	0	0		0
12)with [her/his] school work (doing [her/his] job)?	0	0	0	0	0	0	0
13)with [her/his] behavior at home?	0	0	0	0	0		0



O Baseline

O 6 month

O 12 month O 18 month

SOC-Ex Supplement Page 1 of 1

Which assessment?

O 24 month O 30 month O Discharge





Date completed:		/		/		ĺ

Youth ID:									
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Pediatric Symptom Checklist

Caregiver report (P-PSC-17)

Emotional health 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 indicate which statement best describes your child's behaviors and emotions in the past 6 months.

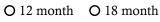
	Never	Sometimes	Often	Refused
1. Fidgety, unable to sit still	0	0	0	0
2. Feels sad, unhappy	0	0	0	0
3. Daydreams too much	0	0	0	0
4. Refuses to share	0	0	0	0
5. Does not understand other people's feelings	0	0	0	0
6. Feels hopeless	0	0	0	0
7. Has trouble concentrating	0	0	0	0
8. Fights with other children	0	0	0	0
9. Is down on himself or herself	0	0	0	0
10. Blames others for his or her troubles	0	0	0	0
11. Seems to be having less fun	0	0	0	0
12. Does not listen to rules	0	0	0	0
13. Acts as if driven by motor	0	0	0	0
14. Teases others	0	0	0	0
15. Worries a lot	0	0	0	0
16. Takes things that do not belong to him/her	0	0	0	0
17. Distracted easily	0	0	0	0

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Date completed:]/			/				
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Caregiver Strain Questionnaire (CGSQ)

Instructions: Please think back over the past 6 months and try to remember how things have been for your family. We are trying to get a picture of how life has been in your household over that time. For each question, please fill in which response fits best.

In the past 6 months, how much of a challenge was the following:	Not at all	A little	Some- what	Quite a bit	Very much	Refused
Interruption of personal time resulting from your child's emotional or behavioral challenges?	0	0	0	0	0	0
Your missing work or neglecting other duties because of your child's emotional or behavioral challenges?	0	0	0	0	0	0
3. Disruption of family routines due to your child's emotional or behavioral challenges?	0	0	0	0	0	0
4. Any family member having to do without things because of your child's emotional or behavioral challenges?	0	0	0	0	0	0
5. Financial strain for your family as a result of your child's emotional or behavioral challenges?	0	0	0	0	0	0
6. Disruption or upset of relationships within the family due to your child's emotional or behavioral challenges?	0	0	0	0	0	0

In the past 6 months:	Not at all	A little	Some- what	Quite a bit	Very much	Refused
7. How sad or unhappy did you feel as a result of your child's emotional or behavioral challenges?	0	0	0	0	0	0
8. How embarrassed did you feel about your child's emotional or behavioral challenges?	0	0	0	0	0	0
9. How angry did you feel toward your child?	0	0	0	0	0	0
10. How worried did you feel about your child's future?	0	0	0	0	0	0
11. How worried did you feel about your family's future?	0	0	0	0	0	0
12. How guilty did you feel about your child's emotional or behavioral challenges?	0	0	0	0	0	0
13. How resentful did you feel toward your child?	0	0	0	0	0	0

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