



# **pennsylvania**

## **SYSTEM OF CARE PARTNERSHIP**

### **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.**

# 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
2)...getting along with (you/[her/his] mother/mother figure).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3)...getting along with (you/[her/his] father/father figure).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4)...feeling unhappy or sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6)...with having fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
7)...getting along with adults other than his/her parents (child's mother and/or father)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
9)...getting along with [her/his] sister(s) and/or brother(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) ...getting along with other kids [her/his] age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
12)...with [her/his] school work (doing [her/his] job)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13)...with [her/his] behavior at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

Which assessment?  Baseline  6 month  12 month  18 month  
 24 month  30 month  Discharge



Date completed:  /  / Youth ID: Created:  
06/2016

# Pediatric Symptom Checklist

## Caregiver report (P-PSC-17)

**Instructions:** 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feels sad, unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Daydreams too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Refuses to share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does not understand other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feels hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Fights with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is down on himself or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Blames others for his or her troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Seems to be having less fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Does not listen to rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Acts as if driven by motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Teases others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Takes things that do not belong to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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.

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

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

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