

A Window of Hope...



A world of opportunity

A Window of Hope Counseling Center/- Harold W. Anderson LLC

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Name of person filling out form

Name of patient

Patient's Age

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

Was this evaluation based on a time when the child:

Was on medication

Was NOT on medication

Not sure

| | Never | Occasionally | Often | Very Often |
|--|--------------|---------------------|--------------|-------------------|
| 1. Does not pay attention to details or makes careless mistakes with for example, homework. | | | | |
| 2. Has difficulty keeping attention to what needs to be done. | | | | |
| 3. Does not seems to listen when spoken to directly. | | | | |
| 4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand). | | | | |
| 5. Has difficulty organizing tasks and activities. | | | | |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort. | | | | |
| 7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books). | | | | |
| 8. Is easily distracted by noises or other stimuli. | | | | |
| 9. Is forgetful in daily activities. | | | | |
| 10. . Fidgets with hands or feet or squirms in seat. | | | | |
| 11. Leaves seat when remaining seated is expected. | | | | |
| 12. Runs about or climbs too much when remaining seated is expected. | | | | |
| 13. Has difficulty playing or beginning quiet play activities. | | | | |
| 14. Is "on the go" or often acts as if "driven by a motor" | | | | |
| 15. Talks too much. | | | | |
| 16. Blurts out answers before questions have been completed. | | | | |
| 17. Has difficulty waiting his or her turn. | | | | |
| 18. Interrupts or intrudes in on others' conversations and/or activities | | | | |

Child Symptom Inventory (Cont.)

| | Never | Occasionally | Often | Very Often |
|--|--------------|---------------------|--------------|-------------------|
| 19. Argues with adults. | | | | |
| 20. Loses temper | | | | |
| 21. Actively defies or refuses to go along with adults' requests or rules | | | | |
| 22. Deliberately annoys people | | | | |
| 23. Blames others for his or her mistakes or misbehaviors | | | | |
| 24. Is touchy or easily annoyed by others | | | | |
| 25. Is angry or resentful | | | | |
| 26. Is spiteful and wants to get even | | | | |
| 27. Bullies, threatens, or intimidates others | | | | |
| 28. Starts physical fights | | | | |
| 29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others) | | | | |
| 30. Is truant from school (skips school) without permission | | | | |
| 31. Is physically cruel to people | | | | |
| 32. Has stolen things that have value | | | | |
| 33. Deliberately destroys others' property | | | | |
| 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun) | | | | |
| 35. Is physically cruel to animals | | | | |
| 36. Has deliberately set fires to cause damage | | | | |
| 37. Has broken into someone else's home, business, or car | | | | |
| 38. Has stayed out at night without permission | | | | |
| 39. Has run away from home overnight | | | | |
| 40. Has forced someone into sexual activity | | | | |

| | Never | Occasionally | Often | Very Often |
|--|--------------|---------------------|--------------|-------------------|
| 41. Is fearful, anxious, or worried | | | | |
| 42. Is afraid to try new things for fear of making mistakes | | | | |
| 43. Feels worthless or inferior | | | | |
| 44. Blames self for problems, feels guilty | | | | |
| 45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her" | | | | |
| 46. Is sad, unhappy, or depressed | | | | |
| 47. Is self-conscious or easily embarrassed | | | | |

| | Excellent | Above Average | Average | Somewhat of a problem | Problematic |
|---|------------------|----------------------|----------------|------------------------------|--------------------|
| 48. Overall school performance | | | | | |
| 49. Reading | | | | | |
| 50. Writing | | | | | |
| 51. Mathematics | | | | | |
| 52. Relationship with parents | | | | | |
| 53. Relationship with siblings | | | | | |
| 54. Relationship with peers | | | | | |
| 55. Participation in organized activities (e.g., teams) | | | | | |

Directions for questions 56-93: Please select the answer that best describes your child. Parents/caretakers should fill out this portion.

| | Not at All | Sometimes | Pretty Much | Very Much | All the Time |
|---|-------------------|------------------|--------------------|------------------|---------------------|
| 56. Complains of stomach aches | | | | | |
| 57. Pouts and sulks | | | | | |
| 58. Appears happy | | | | | |
| 59. Unable to make up his/her mind | | | | | |
| 60. Cries often | | | | | |
| 61. Moves slowly | | | | | |
| 62. Complains of headache | | | | | |
| 63. Demonstrates slow speech | | | | | |
| 64. Spends more time with adults | | | | | |
| 65. Talks a lot | | | | | |
| 66. Spends time alone in room | | | | | |
| 67. Carefree in spirit | | | | | |
| 68. Self critical | | | | | |
| 69. Finds it difficult to leave parents | | | | | |
| 70. Enjoys new situations | | | | | |
| 71. Forgetful | | | | | |
| 72. Easily frustrated | | | | | |
| 73. Tires easily | | | | | |
| 74. Gets angry | | | | | |
| 75. Hostile to others | | | | | |
| 76. Sullen | | | | | |
| 77. Bowel problems | | | | | |
| 78. Cheerful in nature | | | | | |
| 79. Nausea or vomiting | | | | | |

| | Not at All | Sometimes | Pretty Much | Very Much | All the Time |
|---|-------------------|------------------|--------------------|------------------|---------------------|
| 80. Temper outbursts | | | | | |
| 81. Neat appearance | | | | | |
| 82. Suicidal thoughts | | | | | |
| 83. Eats poorly | | | | | |
| 84. Falls asleep well | | | | | |
| 85. Refuses to go to school | | | | | |
| 86. Leaves school - "hooks" | | | | | |
| 87. Moody or irritable | | | | | |
| 88. Talks about fear of parents dying | | | | | |
| 89. Works on tasks enthusiastically | | | | | |
| 90. Sleeps through the night | | | | | |
| 91. Awakens in morning earlier than necessary | | | | | |
| 92. Needs help from adults | | | | | |
| 93. Generally outgoing | | | | | |

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

| | Not True or Hardly Ever True | Somewhat True or Sometimes True | Very True or Often True |
|---|---|--|------------------------------------|
| 94. When my child feels frightened, it is hard for him/her to breathe | | | |
| 95. My child gets headaches when he/she is at school | | | |
| 96. My child doesn't like to be with people he/she doesn't know well. | | | |
| 97. My child gets scared if he/she sleeps away from home | | | |
| 98. My child worries about other people liking him/her | | | |
| 99. When my child gets frightened, he/she feels like passing out | | | |
| 100. My child is nervous | | | |
| 101. My child follows me wherever I go | | | |
| 102. People tell me that my child looks nervous | | | |
| 103. My child feels nervous with people he/she doesn't know well | | | |
| 104. My child gets stomachaches at school | | | |
| 105. When my child gets frightened, he/she feels like he/she is going crazy | | | |
| 106. My child worries about sleeping alone | | | |
| 107. My child worries about being as good as other kids | | | |
| 108. When my child gets frightened, he/she feels like things are not real | | | |
| 109. My child has nightmares about something bad happening to his/her parents | | | |
| 110. My child worries about going to school | | | |
| 111. When my child gets frightened, his/her heart beats fast | | | |
| 112. My child gets shaky | | | |

| | ot True or Hardly Ever True | Somewhat True or Sometimes True | Very True or Often True |
|---|-----------------------------|---------------------------------|-------------------------|
| 113. My child has nightmares about something bad happening to him/her | | | |
| 114. My child worries about things working out for him/her | | | |
| 115. When my child gets frightened, he/she sweats a lot | | | |
| 116. My child is a worrier | | | |
| 117. My child gets really frightened for no reason at all | | | |
| 118. My child is afraid to be alone in the house | | | |
| 119. It is hard for my child to talk with people he/she doesn't know well | | | |
| 120. When my child gets frightened, he/she feels like he/she is choking | | | |
| 121. People tell me that my child worries too much | | | |
| 122. My child doesn't like to be away from his/her family | | | |
| 123. My child is afraid of having anxiety (or panic) attacks | | | |
| 124. My child worries that something bad might happen to his/her parents | | | |
| 125. My child feels shy with people he/she doesn't know well | | | |
| 126. My child worries about what is going to happen in the future | | | |
| 127. When my child gets frightened, he/she feels like throwing up | | | |
| 128. My child worries about how well he/she does things | | | |
| 129. My child is scared to go to school | | | |
| 130. My child worries about things that have already happened | | | |
| 131. When my child gets frightened, he/she feels dizzy | | | |
| 132. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (e.g., read aloud, speak, play a game, play a sport) | | | |

| | Not True or Hardly Ever True | Somewhat True or Sometimes True | Very True or Often True |
|--|---------------------------------|---------------------------------------|----------------------------|
| 133. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well | | | |
| 134. My child is shy | | | |

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

| | Yes | No |
|--|-----|----|
| 135. Does your child have thoughts or obsessions about which they can't stop thinking? Obsessions are thoughts, ideas, or pictures that keep coming into your child's mind even though he or she does not want them to. | | |
| 136. Does your child have compulsions or habits which they can't stop doing? Compulsions are things that your child feels he or she has to do although he or she may know they do not make sense. | | |
| 137. Has your child ever experienced any of the following traumatic events: natural disaster (e.g., flood, hurricane, tornado, earthquake), fire, explosion, or industrial accident; transportation accident (e.g., car accident, plane crash); physical assault (e.g., being attacked, beaten up); sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm); captivity or exposure to a war-zone; life-threatening illness or injury; sudden, unexpected death of or injury to someone close to them; or serious injury, harm, or death to someone else that they witnessed or caused? | | |
| 138. Has your child had any unusual experiences such as: hearing voices, seeing visions, having ideas they later found out were not true, mind reading, ESP, thoughts being controlled by others, or seeing things on TV that they think refer to them specifically? | | |
| 139. Are you concerned your child has been drinking alcohol? | | |
| 140. Are you concerned your child has been using marijuana, illegal drugs, or prescription medications for non-medical reasons? | | |
| 141. Are you concerned about your child's overall level of development? | | |
| 142. Are you concerned about your child's development in the areas of speech and language? | | |
| 143. Are you concerned about your child's learning development in the areas of mathematics, reading, etc.? | | |
| 144. Has your child had problems with social interactions (e.g., eye contact, social reciprocity, making and keeping friends); social communications (e.g., delays in language, inability to initiate or sustain a conversation, echoalia); or restricted repetitive and stereotyped patterns of behavior, interests, and activities (e.g., hand or finger flapping; rigid, perseverative play)? | | |
| 145. Has your child had any problems with enuresis (bed-wetting)? | | |
| 146. Has your child had any problems with encopresis (fecal incontinence)? | | |

Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.