Child/Adolescent Psychiatry Screen (CAPS)

Child's Name:Form Completed By:	_ Date of Birth :		_	Male	_ Female	
Form Completed By:	_ Relationship to Child:					
For each item below, check the one category that best descr None = the child never or very rarely exhibits this behavior. others notice or complain about this behavior. Moderate = the or comment on this behavior. Severe = the child exhibits this Past = the child used to have significant problems with this be	Mild = the child exhibits this ne child exhibits this behavior behavior almost daily, and r	behavior r at least nultiple o	approx three tile thers co	nes per wee	ek, and oth	ers notic
		None	Mild	Moderate	Severe	Past
1. Has difficulty separating from parents* (* = or major careg						
 Worries excessively about losing or harm occurring to par Worries about being separated from parent* (getting lost of 						
Resists going to school or elsewhere because of fears of:						
5. Resists being alone or without parents*						
6. Has difficulty going to sleep without parent nearby						
7. Physical complaints (headache, stomach ache, nausea) v	hen anticipating separation					
8. Has discrete periods of intense fear that peak within 10 n	ninutes					
Has excessive, unreasonable fear of a specific object or						
10. Has recurrent thoughts that cause marked distress (e.g.,						
11. Driven to perform repetitive behaviors (e.g., handwashin						
12. Has recurrent, distressing recollections of past difficult or 13. Worries excessively about multiple things (e.g., school, fa	painful events					
10. Wornes excessively about multiple tillings (e.g., school, it	arriny, rieditri, etc.)					
14. Goes to the bathroom at inappropriate times or places						
15. Makes noises, and is often unaware of them						
16. Makes repetitive, sudden, nonrhythmic movements						
17. Fails to pay close attention to details or makes careless r	nistakes					
18. Has difficulty sustaining attention during play or school a						
19. Does not seem to listen when spoken to directly	h					
 Does not follow through on instructions; fails to finish sch Has difficulty organizing tasks and activities 	oolwork/cnores					
22. Loses things necessary for tasks are activities (toys, pen	cils. etc.)					
23. Is easily distracted easily by irrelevant stimuli	,,					
24. Is forgetful in daily activities						
25. Is fidgety or squirms in seat						
26. Has difficulty remaining seated						
27. Runs or climbs excessively; is restless						
28. Talks excessively						
29. Blurts out answers before questions have been complete	ed					
30. Has difficulty waiting turn31. Interrupts or intrude on others						
or. Interrupts of intrude off others						
32. Episodes of unusually elevated or irritable mood						
33. During this episode, grandiosity or markedly inflated self						
34. During this episode, is more talkative than usual/seems p 35. During this episode, races from thought to thought	pressured to keep talking					
36. During this episode, races from thought to thought						
37. During this episode, excessively involved in things (too re	eligious, hypersexual)					
38. During this episode, dangerous involvement in pleasurab	ole activity (spending, sex)					
39. Depressed or irritable mood most of the day, most days	for at least 1 wook					
 Depressed or irritable mood most of the day, most days Loss of interest in previously enjoyable activities 	ioi atieast i week					
41. Notable change in appetite (not when dieting or trying to						
42. Difficulty falling or staying asleep, or sleeping excessively						

Page 1 of 2

Child/Adolescent Psychiatry Screen (CAPS) - continued

13	Others notice child is sluggish or agitated most of the time	None	Mild	Moderate	Severe	Past
	Loss of energy nearly every day					
45.	Feelings of worthlessness or inappropriate guilt nearly every day					
	Thinks about dying or wouldn't care if died					
	Smokes cigarettes, drinks alcohol, OR abuses drugs (Circle all that apply)					
	Has bad things happen when under the influence of substances					
49.	Has made unsuccessful efforts to stop using a substance					
	Is excessively worried about gaining weight, even though underweight					
	If female, has stopped having menstrual cycles (after regularly having) Thinks he/she is fat, even though not overweight (pulls skin and claims is fat, etc.)					
	Engages in binging and purging (eats excessively, then vomits or uses laxatives)					
54	Bullies, threatens, or intimidates others					
	Initiates physical fights					
	Uses weapons that could harm others					
	Has been physically cruel to animals					
	Has shoplifted or stolen items					
	Has deliberately set fires					
	Has deliberately destroyed others' property					
	Lies to obtain goods or to avoid obligations Stays out at night despite parental prohibitions					
	Has run away from home overnight on at least two occasions					
	Is truant from school					
65.	Loses temper					
	Actively defies or refuses to comply with adult rules					
	Deliberately annoys others					
	Blames others for his/her mistakes or misbehavior					
	Easily annoyed by others					
70.	Is spiteful or vindictive					
	Has unusual thoughts that others cannot understand or believe					
72.	Hears voices speaking to him/her that others don't hear					
	Does poorly at sports or games requiring physical coordination skills					
	Has difficulty at school with: reading, writing, math, spelling (Circle all that apply)					
	Had delayed speech or has limited language now Avoids eye contact during conversations					
	Does not follow when others point to objects					
	Shows little interest in others; emotionally out of sync with others					
	Difficulty starting, stopping conversation; continues talking after others lose interest					
	Uses unusual phrases, possibly over and over (speaks Disney or movie lines)					
	Does not engage in make-believe play; plays more alone than with others					
82.	Unusual preoccupations with objects or unusual routines (lines up 100's of cars, etc.)					
	Difficulty with transitions; may be inflexible about adhering to routines or rules					
	Shows unusual physical mannerisms (hand-flapping, shrieks, objects in mouth, etc.) Unusual preoccupations (schedules, own alphabet, weather reports, etc.)					
Tha	ank you for answering each of these items. Please list any other symptoms that concer	n you:				
_						

Page 2 of 2

[©] Copyright 2004 Jeff Q. Bostic: This screen may be freely used by individuals, clinicians, or schools, but may not be used for profit or for proprietary purposes.