

### Child/Adolescent Psychiatry Screen (CAPS)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Form Completed By: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

For each item below, check the one category that best describes your child **during the past 6 months**.

**None** = the child never or very rarely exhibits this behavior. **Mild** = the child exhibits this behavior approximately once per week, and few others notice or complain about this behavior. **Moderate** = the child exhibits this behavior at least three times per week, and others notice or comment on this behavior. **Severe** = the child exhibits this behavior almost daily, and multiple others complain about this behavior. **Past** = the child used to have significant problems with this behavior, **but not during the past 6 months**.

		None	Mild	Moderate	Severe	Past
1	Has difficulty separating from parents * (* = or major caregiver/guardian)					
2	Worries excessively about losing or harm occurring to parents					
3	Worries about being separated from parent* (getting lost or kidnapped)					
4	Resists going to school or elsewhere because of fears of separation					
5	Resists being alone or without parents					
6	Has difficulty going to sleep without parent nearby					
7	Physical complaints (headache, stomach ache, nausea) when anticipating separation					
8	Has discrete periods of intense fear that peak within 10 minutes					
9	Has excessive, unreasonable fear of a specific object or situation					
10	Has recurrent thoughts that cause marked distress (e.g., fears germs)					
11	Driven to perform repetitive behaviors (e.g., handwashing, doing things three times)					
12	Has recurrent, distressing recollections of past difficult or painful events					
13	Worries excessively about multiple things (e.g., school, family, health, etc)					
14	Goes to the bathroom at inappropriate times or places					
15	Makes noises, and is often unaware of them					
16	Makes repetitive, sudden, non-rhythmic movements					
17	Fails to pay close attention to details or makes careless mistakes					
18	Has difficulty sustaining attention during play or school activities					
19	Does not seem to listen when spoken to directly					
20	Does not follow through on instructions; fails to finish schoolwork/chores					
21	Has difficulty organizing tasks and activities					
22	Loses things necessary for tasks or activities (toys, pencils, etc.)					
23	Is easily distracted by irrelevant stimuli					

		None	Mild	Moderate	Severe	Past
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 completed					
30	Has difficulty waiting turn					
31	Interrupts or intrudes on others					
32	Episodes of unusually elevated or irritable mood					
33	During this episode, grandiosity or markedly inflated self-esteem (Superhero)					
34	During this episode, is more talkative than usual, seems pressured to keep talking					
35	During this episode, races from thought to thought					
36	During this episode, is very distractible					
37	During this episode, excessively involved in things (too religious, hypersexual)					
38	During this episode, dangerous involvement in pleasurable activity (spending, sex)					
39	Depressed or irritable mood most of the day, most days for at least 1 week					
40	Loss of interest in previously enjoyable activities					
41	Notable change in appetite (not when dieting or trying to gain weight)					
42	Difficulty falling or staying asleep, or sleeping excessively through the day					
43	Others notice child is sluggish or agitated most of the time					
44	Loss of energy nearly every day					
45	Feelings of worthlessness or inappropriate guilt nearly every day					
46	Thinks about dying or wouldn't care if died					
47	Smokes cigarettes, drinks alcohol, OR abuses drugs (Circle all that apply)					
48	Has bad things happen when under the influence of substances					
49	Has made unsuccessful efforts to stop using a substance					
50	Is excessively worried about gaining weight, even though underweight					
51	If female, has stopped having menstrual cycles (after regularly having)					
52	Thinks he/she is fat, even though not overweight (pulls skin and claims is fat, etc.)					
53	Engages in bingeing and purging (eats excessively, then vomits or uses laxatives)					
54	Bullies, threatens, or intimidates others					
55	Initiates physical fights					
56	Uses weapons that could harm others					
57	Has been physically cruel to animals					
58	Has shoplifted or stolen items					
59	Has deliberately set fires					

		None	Mild	Moderate	Severe	Past
60	Has deliberately destroyed others' property					
61	Lies to obtain goods or to avoid obligations					
62	Stays out at night despite parental prohibitions					
63	Has run away from home overnight on at least two occasions					
64	Is truant from school					
65	Loses temper					
66	Actively defies or refuses to comply with adult rules					
67	Deliberately annoys others					
68	Blames others for his/her mistakes or misbehavior					
69	Easily annoyed by others					
70	Is spiteful or vindictive					
71	Has unusual thoughts that others cannot understand or believe					
72	Hears voices speaking to him/her that others don't hear					
73	Does poorly at sports or games requiring physical coordination skills					
74	Has difficulty at school with: reading, writing, math, spelling (circle all that apply)					
75	Had delayed speech or has limited language now					
76	Avoids eye contact during conversations					
77	Does not follow when others point to objects					
78	Shows little interest in others; emotionally out of sync with others					
79	Difficulty starting/stopping conversations; continues talking after others lose interest					
80	Uses unusual phrases, possibly over and over (speaks Disney or movie lines)					
81	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.)					
83	Difficulty with transitions; may be inflexible about adhering to routines or rules					
84	Shows unusual physical mannerisms (hand-flapping, shrieks, objects in mouth, etc.)					
85	Unusual preoccupations (schedules, own alphabet, weather reports, etc.)					

Thank you for each of these items. Please list any other symptoms that concern you:

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