

# 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 3 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, nonrhythmic 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 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 completed	_____	_____	_____	_____	_____
30. Has difficulty waiting turn	_____	_____	_____	_____	_____
31. Interrupts or intrude 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	_____	_____	_____	_____	_____

## Child/Adolescent Psychiatry Screen (CAPS) - continued

	None	Mild	Moderate	Severe	Past
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	_____	_____	_____	_____	_____
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 conversation; 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 answering each of these items. Please list any other symptoms that concern you:

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