WRAPAROUND MILWAUKEE **POLICY & PROCEDURE**	Date Issued: **9/1/98**	Reviewed: **5/26/09** By: **PE** Last Revision: **6/15/09**	Section: **ADMINISTRATION**	Policy No: **026**	Pages: **1 of 1** (2 Attachments)
☒ **Wraparound** ☒ **Wraparound/REACH** ☐ **FISS**	Effective Date: **1/1/10**	Subject: **EVALUATION DATA REQUIREMENTS**			

I. POLICY

It is the policy of Wraparound Milwaukee to collect data to evaluate and analyze demographic, financial and clinical aspects of the program/enrollees, which is representative of the care/services provided, and to provide compelling evidence to the community why a wraparound system of care is a desirable approach to serving emotionally and behaviorally challenged youth and their families.

II. PROCEDURE

1. The following forms are included in the initial Wraparound enrollment packet of every enrollee:
   - YOUTH SELF REPORT FOR AGES 11-18 (Achenbach) - *Attachment 1*
   - THE CHILD BEHAVIOR CHECKLIST FOR AGES 4-18 (Achenbach) - *Attachment 2*
2. It is recommended that the youth/family complete the forms with guidance from the Care Coordinator, as needed.
3. The evaluation forms are due as indicated below:
   - Youth Self Report – required at Intake, 6 months, 1 year, 2 years, 3 years, etc., and at disenrollment.
   - Child Behavior Checklist – required at Intake, 6 months, 1 year, 2 years, 3 years, etc., and at disenrollment.
4. The forms must then be placed in the Wraparound Milwaukee "Drop Box".
5. A supply of blank forms will be kept in Room 244 at Wraparound Milwaukee.

REMINDERS:

1. The Care Coordinator is responsible for completion of these forms in a timely manner. Forms must be submitted to Wraparound Milwaukee within 30 days of the youth's enrollment date, 6-month forms within 30 days of the 6-month enrollment anniversary, 1-year forms within 30 days of the 1-year enrollment date, etc. Forms that are not submitted within these specified time periods will be considered delinquent.
2. For the evaluations that are due at disenrollment: If evaluations were completed within the last 60 days prior to disenrollment, no disenrollment evaluation forms are needed. For example: A youth has a 1-year anniversary on 4/10 and all the evaluations are completed. The youth then gets disenrolled on 5/31. As the disenrollment date falls within 60 days of the 1-year anniversary, no disenrollment evaluations are needed.
3. If a form is not able to be completed (i.e., a youth is on AWOL status or is not able to complete the YSR due to cognitive disability, or a parent refuses to complete a form, etc.), agencies should either:
   a. Email Aggie Hale (aggie.hale@milwcnty.com) regarding this situation.
   b. Submit a photocopy of Page 1 of the tool with a notation as to why the tool was not completed.
4. Assure that the forms are filled out as indicated with all necessary information, so as to eliminate having to forward additional information later and to assure the data collection is accurate.
5. Keep a copy in the agency client chart under the Assessments area.
6. If necessary, the youth/family can be reimbursed for completing the forms. To request this reimbursement, the Care Coordinator must submit the request on the Service Authorization Request (SAR) under Discretionary Funds – Incentive Money.
7. If you need assistance in completing the forms, please see your immediate supervisor.
8. Form is available in Spanish, if needed.

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

Please print

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID #

YOUR FULL NAME First Middle Last

PARENTS' USUAL TYPE OF WORK, even if not working now. *(Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)*

FATHER'S TYPE OF WORK _____

MOTHER'S TYPE OF WORK _____

YOUR GENDER ☐ Boy ☐ Girl

YOUR AGE

YOUR ETHNIC GROUP OR RACE

TODAY'S DATE Mo._____ Date _____ Yr. _____

YOUR BIRTHDATE Mo._____ Date _____ Yr. _____

GRADE IN SCHOOL _____

NOT ATTENDING SCHOOL ☐

IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK: _____

Please fill out this form to reflect *your* views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4. ***Be sure to answer all items.***

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

	Compared to others of your age, about how much time do you spend in each?			Compared to others of your age, how well do you do each one?		
	Less Than Average	Average	More Than Average	Below Average	Average	Above Average
a. _____	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐

II. Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, cars, computers, crafts, etc. (Do ***not*** include listening to radio or watching TV.)

☐ None

	Compared to others of your age, about how much time do you spend in each?			Compared to others of your age, how well do you do each one?		
	Less Than Average	Average	More Than Average	Below Average	Average	Above Average
a. _____	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups you belong to.

☐ None

	Compared to others of your age, how active are you in each?		
	Less Active	Average	More Active
a. _____	☐	☐	☐
b. _____	☐	☐	☐
c. _____	☐	☐	☐

IV. Please list any jobs or chores you have. For example: paper route, babysitting, making bed, working in store, etc. (Include ***both*** paid and unpaid jobs and chores.)

☐ None

	Compared to others of your age, how well do you carry them out?		
	Below Average	Average	Above Average
a. _____	☐	☐	☐
b. _____	☐	☐	☐
c. _____	☐	☐	☐

Be sure you answered all items. Then see other side.

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V. 1. About how many close friends do you have? (Do *not* include brothers & sisters)

❒ None ❒ 1 ❒ 2 or 3 ❒ 4 or more

2. About how many times a week do you do things with any friends outside of regular school hours? (Do *not* include brothers & sisters)

❒ Less than 1 ❒ 1 or 2 ❒ 3 or more

VI. Compared to others of your age, how well do you:

	Worse	Average	Better	
a. Get along with your brothers & sisters?	❒	❒	❒	❒ I have no brothers or sisters
b. Get along with other kids?	❒	❒	❒	
c. Get along with your parents?	❒	❒	❒	
d. Do things by yourself?	❒	❒	❒	

VII. 1. Performance in academic subjects. ❒ **I do not attend school because** _____

_____

Check a box for each subject that you take	Failing	Below Average	Average	Above Average
a. English or Language Arts	❒	❒	❒	❒
b. History or Social Studies	❒	❒	❒	❒
c. Arithmetic or Math	❒	❒	❒	❒
d. Science	❒	❒	❒	❒
e. _____	❒	❒	❒	❒
f. _____	❒	❒	❒	❒
g. _____	❒	❒	❒	❒

Other academic subjects–for example: computer courses, foreign language, business. Do ***not*** include gym, shop, driver's ed., or other nonacademic subjects.

Do you have any illness, disability, or handicap? ❒ **No** ❒ **Yes—please describe:**

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about youself:

Be sure you answered all items.

Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you ***now or within the past 6 months***, please circle the ***2*** if the item is ***very true or often true*** of you. Circle the ***1*** if the item is ***somewhat or sometimes true*** of you. If the item is ***not true*** of you, circle the ***0***.

0 = Not True **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

0 1 2 1. I act too young for my age
0 1 2 2. I drink alcohol without my parents' approval (describe): _____
0 1 2 3. I argue a lot
0 1 2 4. I fail to finish things that I start
0 1 2 5. There is very little that I enjoy
0 1 2 6. I like animals
0 1 2 7. I brag
0 1 2 8. I have trouble concentrating or paying attention
0 1 2 9. I can't get my mind off certain thoughts; (describe): _____
0 1 2 10. I have trouble sitting still
0 1 2 11. I'm too dependent on adults
0 1 2 12. I feel lonely
0 1 2 13. I feel confused or in a fog
0 1 2 14. I cry a lot
0 1 2 15. I am pretty honest
0 1 2 16. I am mean to others
0 1 2 17. I daydream a lot
0 1 2 18. I deliberately try to hurt or kill myself
0 1 2 19. I try to get a lot of attention
0 1 2 20. I destroy my own things
0 1 2 21. I destroy things belonging to others
0 1 2 22. I disobey my parents
0 1 2 23. I disobey at school
0 1 2 24. I don't eat as well as I should
0 1 2 25. I don't get along with other kids
0 1 2 26. I don't feel guilty after doing something I shouldn't
0 1 2 27. I am jealous of others
0 1 2 28. I break rules at home, school, or elsewhere
0 1 2 29. I am afraid of certain animals, situations, or places, other than school (describe): _____
0 1 2 30. I am afraid of going to school
0 1 2 31. I am afraid I might think or do something bad
0 1 2 32. I feel that I have to be perfect
0 1 2 33. I feel that no one loves me
0 1 2 34. I feel that others are out to get me
0 1 2 35. I feel worthless or inferior
0 1 2 36. I accidentally get hurt a lot
0 1 2 37. I get in many fights
0 1 2 38. I get teased a lot
0 1 2 39. I hang around with kids who get in trouble
0 1 2 40. I hear sounds or voices that other people think aren't there (describe): _____
0 1 2 41. I act without stopping to think
0 1 2 42. I would rather be alone than with others
0 1 2 43. I lie or cheat
0 1 2 44. I bite my fingernails
0 1 2 45. I am nervous or tense
0 1 2 46. Parts of my body twitch or make nervous movements (describe): _____
0 1 2 47. I have nightmares
0 1 2 48. I am not liked by other kids
0 1 2 49. I can do certain things better than most kids
0 1 2 50. I am too fearful or anxious
0 1 2 51. I feel dizzy or lightheaded
0 1 2 52. I feel too guilty
0 1 2 53. I eat too much
0 1 2 54. I feel overtired without good reason
0 1 2 55. I am overweight
56. Physical problems ***without known medical cause:***
0 1 2 a. Aches or pains (***not*** stomach or headaches)
0 1 2 b. Headaches
0 1 2 c. Nausea, feel sick
0 1 2 d. Problems with eyes (***not*** if corrected by glasses) (describe): _____
0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches
0 1 2 g. Vomiting, throwing up
0 1 2 h. Other (describe): _____

 Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

0 = Not True **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

0 1 2 57. I physically attack people
0 1 2 58. I pick my skin or other parts of my body (describe): _____
_____
0 1 2 59. I can be pretty friendly
0 1 2 60. I like to try new things
0 1 2 61. My school work is poor
0 1 2 62. I am poorly coordinated or clumsy
0 1 2 63. I would rather be with older kids than kids my own age
0 1 2 64. I would rather be with younger kids than kids my own age
0 1 2 65. I refuse to talk
0 1 2 66. I repeat certain acts over and over (describe):
_____
_____
0 1 2 67. I run away from home
0 1 2 68. I scream a lot
0 1 2 69. I am secretive or keep things to myself
0 1 2 70. I see things that other people think aren't there (describe):_____
_____
0 1 2 71. I am self-conscious or easily embarrassed
0 1 2 72. I set fires
0 1 2 73. I can work well with my hands
0 1 2 74. I show off or clown
0 1 2 75. I am too shy or timid
0 1 2 76. I sleep less than most kids
0 1 2 77. I sleep more than most kids during day and/or night (describe): _____
_____
0 1 2 78. I am inattentive or easily distracted
0 1 2 79. I have a speech problem (describe): _____
_____
0 1 2 80. I stand up for my rights
0 1 2 81. I steal at home
0 1 2 82. I steal from places other than home
0 1 2 83. I store up too many things I don't need (describe): _____
_____
0 1 2 84. I do things other people think are strange (describe): _____
_____
0 1 2 85. I have thoughts that other people would think are strange (describe):_____
_____
0 1 2 86. I am stubborn
0 1 2 87. My moods or feelings change suddenly
0 1 2 88. I enjoy being with people
0 1 2 89. I am suspicious
0 1 2 90. I swear or use dirty language
0 1 2 91. I think about killing myself
0 1 2 92. I like to make others laugh
0 1 2 93. I talk too much
0 1 2 94. I tease others a lot
0 1 2 95. I have a hot temper
0 1 2 96. I think about sex too much
0 1 2 97. I threaten to hurt people
0 1 2 98. I like to help others
0 1 2 99. I smoke, chew, or sniff tobacco
0 1 2 100. I have trouble sleeping (describe): _____
_____
0 1 2 101. I cut classes or skip school
0 1 2 102. I don't have much energy
0 1 2 103. I am unhappy, sad, or depressed
0 1 2 104. I am louder than other kids
0 1 2 105. I use drugs for nonmedical purposes (***don't*** include alcohol or tobacco) (describe): _____
_____
_____
_____
0 1 2 106. I like to be fair to others
0 1 2 107. I enjoy a good joke
0 1 2 108. I like to take life easy
0 1 2 109. I try to help other people when I can
0 1 2 110. I wish I were of the opposite sex
0 1 2 111. I keep from getting involved with others
0 1 2 112. I worry a lot

Please be sure you answered all items.

Please write down anything else that describes your feelings, behavior, or interests:

ASEBA

WRAPAROUND MILWAUKEE – Evaluation Data Requirements Policy – Attachment 2

Please print **CHILD BEHAVIOR CHECKLIST FOR AGES 6-18**

For office use only
ID #

CHILD'S FULL NAME First Middle Last

CHILD'S GENDER ☐ Boy ☐ Girl

CHILD'S AGE

CHILD'S ETHNIC GROUP OR RACE

TODAY'S DATE Mo.____ Date ____ Yr. ____

CHILD'S BIRTHDATE Mo.____ Date ____ Yr. ____

GRADE IN SCHOOL ____

NOT ATTENDING SCHOOL ☐

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. ***Be sure to answer all items.***

PARENTS' USUAL TYPE OF WORK, even if not working now. *(Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)*

FATHER'S TYPE OF WORK ____

MOTHER'S TYPE OF WORK ____

THIS FORM FILLED OUT BY: (print your full name)

____

Your gender: ☐ Male ☐ Female

Your relation to the child:

☐ Biological Parent ☐ Step Parent ☐ Grandparent
☐ Adoptive Parent ☐ Foster Parent ☐ Other (specify)____

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. ____	☐	☐	☐	☐	☐	☐	☐	☐
b. ____	☐	☐	☐	☐	☐	☐	☐	☐
c. ____	☐	☐	☐	☐	☐	☐	☐	☐

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do ***not*** include listening to radio or TV.)

☐ None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. ____	☐	☐	☐	☐	☐	☐	☐	☐
b. ____	☐	☐	☐	☐	☐	☐	☐	☐
c. ____	☐	☐	☐	☐	☐	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups your child belongs to.

☐ None

	Compared to others of the same age, how active is he/she in each?			
	Less Active	Average	More Active	Don't Know
a. ____	☐	☐	☐	☐
b. ____	☐	☐	☐	☐
c. ____	☐	☐	☐	☐

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

☐ None

	Compared to others of the same age, how well does he/she carry them out?			
	Below Average	Average	Above Average	Don't Know
a. ____	☐	☐	☐	☐
b. ____	☐	☐	☐	☐
c. ____	☐	☐	☐	☐

Be sure you answered all items. Then see other side.

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Please print. Be sure to answer all items.

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)

❒ None ❒ 1 ❒ 2 or 3 ❒ 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours? (Do *not* include brothers & sisters)

❒ Less than 1 ❒ 1 or 2 ❒ 3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her brothers & sisters?	❒	❒	❒	❒ Has no brothers or sisters
b. Get along with other kids?	❒	❒	❒	
c. Behave with his/her parents?	❒	❒	❒	
d. Play and work alone?	❒	❒	❒	

VII. 1. Performance in academic subjects. ❒ Does not attend school because _____

Check a box for each subject that child takes	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	❒	❒	❒	❒
b. History or Social Studies	❒	❒	❒	❒
c. Arithmetic or Math	❒	❒	❒	❒
d. Science	❒	❒	❒	❒
e. _____	❒	❒	❒	❒
f. _____	❒	❒	❒	❒
g. _____	❒	❒	❒	❒

Other academic subjects–for example: computer courses, foreign language, business. Do ***not*** include gym, shop, driver's ed., or other nonacademic subjects.

2. Does your child receive special education or remedial services or attend a special class or special school?

❒ No ❒ Yes—kind of services, class, or school:

3. Has your child repeated any grades? ❒ No ❒ Yes—grades and reasons:

4. Has your child had any academic or other problems in school? ❒ No ❒ Yes—please describe:

When did these problems start?_____

Have these problems ended? ❒ No ❒ Yes–when?

Does your child have any illness or disability (either physical or mental)? ❒ No ❒ Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Be sure you answered all items.

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child ***now or within the past 6 months***, please circle the ***2*** if the item is ***very true or often true*** of your child. Circle the ***1*** if the item is ***somewhat or sometimes true*** of your child. If the item is ***not true*** of your child, circle the ***0***. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know) **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

0 1 2 1. Acts too young for his/her age
0 1 2 2. Drinks alcohol without parents' approval (describe):_____
_____
0 1 2 3. Argues a lot
0 1 2 4. Fails to finish things he/she starts
0 1 2 5. There is very little he/she enjoys
0 1 2 6. Bowel movements outside toilet
0 1 2 7. Bragging, boasting
0 1 2 8. Can't concentrate, can't pay attention for long
0 1 2 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____
_____
0 1 2 10. Can't sit still, restless, or hyperactive
0 1 2 11. Clings to adults or too dependent
0 1 2 12. Complains of loneliness
0 1 2 13. Confused or seems to be in a fog
0 1 2 14. Cries a lot
0 1 2 15. Cruel to animals
0 1 2 16. Cruelty, bullying, or meanness to others
0 1 2 17. Daydreams or gets lost in his/her thoughts
0 1 2 18. Deliberately harms self or attempts suicide
0 1 2 19. Demands a lot of attention
0 1 2 20. Destroys his/her own things
0 1 2 21. Destroys things belonging to his/her family or others
0 1 2 22. Disobedient at home
0 1 2 23. Disobedient at school
0 1 2 24. Doesn't eat well
0 1 2 25. Doesn't get along with other kids
0 1 2 26. Doesn't seem to feel guilty after misbehaving
0 1 2 27. Easily jealous
0 1 2 28. Breaks rules at home, school, or elsewhere
0 1 2 29. Fears certain animals, situations, or places, other than school (describe): _____
_____
0 1 2 30. Fears going to school
0 1 2 31. Fears he/she might think or do something bad
0 1 2 32. Feels he/she has to be perfect
0 1 2 33. Feels or complains that no one loves him/her
0 1 2 34. Feels others are out to get him/her
0 1 2 35. Feels worthless or inferior
0 1 2 36. Gets hurt a lot, accident-prone
0 1 2 37. Gets in many fights
0 1 2 38. Gets teased a lot
0 1 2 39. Hangs around with others who get in trouble
0 1 2 40. Hears sounds or voices that aren't there (describe): _____
_____
0 1 2 41. Impulsive or acts without thinking
0 1 2 42. Would rather be alone than with others
0 1 2 43. Lying or cheating
0 1 2 44. Bites fingernails
0 1 2 45. Nervous, highstrung, or tense
0 1 2 46. Nervous movements or twitching (describe): ____
_____
_____
0 1 2 47. Nightmares
0 1 2 48. Not liked by other kids
0 1 2 49. Constipated, doesn't move bowels
0 1 2 50. Too fearful or anxious
0 1 2 51. Feels dizzy or lightheaded
0 1 2 52. Feels too guilty
0 1 2 53. Overeating
0 1 2 54. Overtired without good reason
0 1 2 55. Overweight
56. Physical problems ***without known medical cause:***
0 1 2 a. Aches or pains (***not*** stomach or headaches)
0 1 2 b. Headaches
0 1 2 c. Nausea, feels sick
0 1 2 d. Problems with eyes (***not*** if corrected by glasses) (describe): _____
0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches
0 1 2 g. Vomiting, throwing up
0 1 2 h. Other (describe): _____
_____

Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

0 = Not True (as far as you know) **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

0 1 2 57. Physically attacks people
0 1 2 58. Picks nose, skin, or other parts of body (describe): _____

0 1 2 59. Plays with own sex parts in public
0 1 2 60. Plays with own sex parts too much

0 1 2 61. Poor school work
0 1 2 62. Poorly coordinated or clumsy

0 1 2 63. Prefers being with older kids
0 1 2 64. Prefers being with younger kids

0 1 2 65. Refuses to talk
0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____

0 1 2 67. Runs away from home
0 1 2 68. Screams a lot

0 1 2 69. Secretive, keeps things to self
0 1 2 70. Sees things that aren't there (describe): _____

0 1 2 71. Self-conscious or easily embarrassed
0 1 2 72. Sets fires

0 1 2 73. Sexual problems (describe): _____

0 1 2 74. Showing off or clowning

0 1 2 75. Too shy or timid
0 1 2 76. Sleeps less than most kids

0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____

0 1 2 78. Inattentive or easily distracted

0 1 2 79. Speech problem (describe): _____

0 1 2 80. Stares blankly

0 1 2 81. Steals at home
0 1 2 82. Steals outside the home

0 1 2 83. Stores up too many things he/she doesn't need (describe): _____

0 1 2 84. Strange behavior (describe): _____

0 1 2 85. Strange ideas (describe): _____

0 1 2 86. Stubborn, sullen, or irritable
0 1 2 87. Sudden changes in mood or feelings

0 1 2 88. Sulks a lot
0 1 2 89. Suspicious

0 1 2 90. Swearing or obscene language
0 1 2 91. Talks about killing self

0 1 2 92. Talks or walks in sleep (describe): _____

0 1 2 93. Talks too much

0 1 2 94. Teases a lot
0 1 2 95. Temper tantrums or hot temper

0 1 2 96. Thinks about sex too much
0 1 2 97. Threatens people

0 1 2 98. Thumb-sucking
0 1 2 99. Smokes, chews, or sniffs tobacco

0 1 2 100. Trouble sleeping (describe): _____

0 1 2 101. Truancy, skips school

0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 103. Unhappy, sad, or depressed

0 1 2 104. Unusually loud
0 1 2 105. Uses drugs for nonmedical purposes (***don't*** include alcohol or tobacco) (describe): _____

0 1 2 106. Vandalism
0 1 2 107. Wets self during the day

0 1 2 108. Wets the bed
0 1 2 109. Whining

0 1 2 110. Wishes to be of opposite sex
0 1 2 111. Withdrawn, doesn't get involved with others

0 1 2 112. Worries

113. Please write in any problems your child has that were not listed above:

0 1 2 _____
0 1 2 _____
0 1 2 _____

Please be sure you answered all items.