

In an effort to provide quality care Dr. Kracke & Associates, P.A. regularly ask parents to complete the following Inventory regarding their child or adolescent. This instrument is widely used in university counseling centers and other mental health settings to evaluate a child's or adolescent's progress in therapy over time.

You may be asked to complete this regularly during your child's treatment and will be tracked during the course of therapy with us. If you are interested in knowing your child's score please let your therapist know. Thank you

Child's Name

Date

DIRECTIONS:

- Read each statement carefully.
- Decide how true this statement is for your child during the past **7 days**.
- Circle the number that most accurately describes your child during the past week.
- Circle only one answer for each statement and erase unwanted marks clearly.

PLEASE COMPLETE ALL QUESTIONS

	0	1	2	3	4
	Never or almost never true	Rarely true	Sometimes true	Frequently true	Almost always or always true
My Child					
01. Wants to be alone more than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02. Complains of dizziness or headaches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03. Doesn't participate in activities that were previously enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04. Argues or is verbally disrespectful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05. Is more fearful than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06. Cuts school or is truant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07. Cooperates with rules and expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08. Has difficulty completing assignments, or completes them carelessly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09. Complains or whines about things being unfair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Experiences trouble with her/his bowels, such as constipation or diarrhea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Gets into physical fights with peers or family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Worries and can't get certain ideas off his/her mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Steals or lies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is fidgety, restless, or hyperactive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Seems anxious or nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Communicates in a congenial and appropriate manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Seems tense, easily startled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Soils or wets self.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE COMPLETE ALL QUESTIONS

0	1	2	3	4
Never or almost never true	Rarely true	Sometimes true	Frequently true	Almost always or always true

My Child

- 19. Is aggressive toward adults. 0 1 2 3 4
- 20. Sees, hears, or believes things that are not real. 0 1 2 3 4
- 21. Has participated in self-harm (e.g. cutting or scratching self, attempting suicide). 0 1 2 3 4
- 22. Uses alcohol or drugs. 0 1 2 3 4
- 23. Seems unable to get organized. 0 1 2 3 4
- 24. Enjoys relationships with family and friends. 0 1 2 3 4
- 25. Appears sad or unhappy. 0 1 2 3 4
- 26. Experiences pain or weakness in muscles or joints. 0 1 2 3 4
- 27. Has a negative, distrustful attitude toward friends, family members, or other adults. 0 1 2 3 4
- 28. Believes that others are trying to hurt him/her even when they are not. 0 1 2 3 4
- 29. Threatens to, or has run away from home. 0 1 2 3 4
- 30. Experiences rapidly changing and strong emotions. 0 1 2 3 4
- 31. Deliberately breaks rules, laws, or expectations. 0 1 2 3 4
- 32. Appears happy with her/himself. 0 1 2 3 4
- 33. Sulks, pouts, or cries more than other children of the same age. 0 1 2 3 4
- 34. Pulls away from family or friends. 0 1 2 3 4
- 35. Complains of stomach pain or feeling sick more than other children of the same age. 0 1 2 3 4
- 36. Doesn't have or keep friends. 0 1 2 3 4
- 37. Has friends of whom I don't approve. 0 1 2 3 4
- 38. Believes that others can hear her/his thoughts, or that s/he can hear the thoughts of others. 0 1 2 3 4
- 39. Engages in inappropriate sexual behavior (e.g. sexually active, exhibits self, sexual abuse towards family members or others). 0 1 2 3 4
- 40. Has difficulty waiting his/her turn in activities or conversations. 0 1 2 3 4
- 41. Thinks about suicide, says s/he would be better off if s/he were dead. 0 1 2 3 4
- 42. Complains of nightmares, difficulty getting to sleep, oversleeping, or waking up from sleep too early. 0 1 2 3 4
- 43. Complains about or challenges rules, expectations, or responsibilities. 0 1 2 3 4
- 44. Has times of unusual happiness or excessive energy. 0 1 2 3 4

PLEASE COMPLETE ALL QUESTIONS

0	1	2	3	4
Never or almost never true	Rarely true	Sometimes true	Frequently true	Almost always or always true

My Child

- 45. **Handles frustration or boredom appropriately.** 0 1 2 3 4
- 46. **Has fears of going crazy.** 0 1 2 3 4
- 47. **Feels appropriate guilt for wrongdoing.** 0 1 2 3 4
- 48. **Is unusually demanding.** 0 1 2 3 4
- 49. **Is irritable.** 0 1 2 3 4
- 50. **Vomits or is nauseous more than other children of the same age.** 0 1 2 3 4
- 51. **Becomes angry enough to be threatening to others.** 0 1 2 3 4
- 52. **Seems to stir up trouble when bored.** 0 1 2 3 4
- 53. **Is appropriately hopeful and optimistic.** 0 1 2 3 4
- 54. **Experiences twitching muscles or jerking movement in face, arms, or body.** 0 1 2 3 4
- 55. **Has deliberately destroyed property.** 0 1 2 3 4
- 56. **Has difficulty concentrating, thinking clearly, or attending to tasks.** 0 1 2 3 4
- 57. **Talks negatively, as though bad things are all his/her fault.** 0 1 2 3 4
- 58. **Has lost significant amounts of weight without medical reason.** 0 1 2 3 4
- 59. **Acts impulsively, without thinking of consequences.** 0 1 2 3 4
- 60. **Is usually calm.** 0 1 2 3 4
- 61. **Will not forgive her/himself for past mistakes.** 0 1 2 3 4
- 62. **Lacks energy.** 0 1 2 3 4
- 63. **Feels that he/she doesn't have any friends, or that no one likes him/her.** 0 1 2 3 4
- 64. **Gets frustrated and gives up, or gets upset easily.** 0 1 2 3 4

Guidelines for Interpretation

The TOMAC total score quantifies overall level of emotional and behavioral functioning. A score of 46 or higher is in the distressed range. A score under 46 is considered to be in the normal or non-clinical range. The reliable change index for the TOMAC is 13 points. This means that a child's or an adolescent's score must change by at least 13 points for that change to be considered to be reflective of significant therapeutic change.