###### 5pPositive Counseling

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**Parent/Guardian-Rated DSM-5 Level 1 Cross-Cutting Symptom Measure – Minor Age 6-17  
TO BE COMPLETED BY PARENT/GUARDIAN**

Minor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Gender: [ ] Male [ ] Female

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_

*Your relationship to minor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_* How much time do you typically spend with minor? \_\_\_\_\_\_\_\_\_hours/week

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | During the past **TWO (2) WEEKS**, how much (or how often) has child been bothered by the following problems?  **Slight = less than 1 or 2 days, Mild = Several Days, Severe = Nearly every day** | **None** | **Slight** | **Mild** | **Moderate** | **Severe** |
| I | 1 | Complained of stomachaches, headaches, or other aches and pains? | 0 | 1 | 2 | 3 | 4 |
| 2 | Said s/he was worried about his/her health or about getting sick? | 0 | 1 | 2 | 3 | 4 |
| II | 3 | Had problems sleeping – that is, trouble falling asleep, staying asleep, or waking up too early? | 0 | 1 | 2 | 3 | 4 |
| III | 4 | Had problems paying attention when s/he was in class or doing his/her homework or reading a book or playing a game? | 0 | 1 | 2 | 3 | 4 |
| IV | 5 | Had less fun doing things than s/he used to? | 0 | 1 | 2 | 3 | 4 |
| 6 | Seemed sad or depressed for several hours? | 0 | 1 | 2 | 3 | 4 |
| V & VI | 7 | Seemed more irritated or easily annoyed than usual? | 0 | 1 | 2 | 3 | 4 |
| 8 | Seemed angry or lost his/her temper? | 0 | 1 | 2 | 3 | 4 |
| VII | 9 | Starting lots more projects than usual or doing more risky things than usual? | 0 | 1 | 2 | 3 | 4 |
| 10 | Sleeping less than usual for him/her but still has lots of energy? | 0 | 1 | 2 | 3 | 4 |
| VIII | 11 | Said s/he felt nervous, anxious, or scared? | 0 | 1 | 2 | 3 | 4 |
| 12 | Has not been able to stop worrying? | 0 | 1 | 2 | 3 | 4 |
| 13 | Said s/he could not do things s/he wanted to or should have done because they made him/her feel nervous? | 0 | 1 | 2 | 3 | 4 |
| IX | 14 | Said that s/he heard voices – when there was no one there – speaking about him/her or telling him/her what to do or saying bad things to him/her? | 0 | 1 | 2 | 3 | 4 |
| 15 | Said that s/he had a vision when s/he was completely awake – that is, saw something or someone that no one else could see? | 0 | 1 | 2 | 3 | 4 |
| X | 16 | Said that s/he had thoughts that kept coming into his/her mind that s/he would do something bad or that something bad would happen to him/her or to someone else? | 0 | 1 | 2 | 3 | 4 |
| 17 | Said s/he felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off? | 0 | 1 | 2 | 3 | 4 |
| 18 | Seemed to worry a lot about things s/he touched being dirty or having germs or being poisoned? | 0 | 1 | 2 | 3 | 4 |
| 19 | Said that s/he had to do things in a certain way, like counting or saying special things out loud, in order to keep something bad from happening? | 0 | 1 | 2 | 3 | 4 |
| XI | 20 | Had an alcoholic beverage (beer, wine, liquor, etc.)? | 0 | 1 | 2 | 3 | 4 |
| 21 | Smoked a cigarette, cigar, or pipe, or used snuff or chewing tobacco? | 0 | 1 | 2 | 3 | 4 |
| 22 | Used drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? | 0 | 1 | 2 | 3 | 4 |
| 23 | Used any medicine without a doctor’s prescription [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or valium), or steroids]? | 0 | 1 | 2 | 3 | 4 |
| XII | 24 | In the past TWO (2) WEEKS, has s/he talked about wanting to kill him/herself or about wanting to commit suicide? | 0 | 1 | 2 | 3 | 4 |
| 25 | Has s/he EVER tried to kill him/herself? | 0 | 1 | 2 | 3 | 4 |

**Please check any of the statements you believe may be true about Minor:**

Life Changes in the past year:

* Minor has experienced the death of a loved one
* A parents remarried
* Parents divorced
* Move of household
* Trauma (physical and/or emotional)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Experiences

* Minor was raped or sexually assaulted
* Minor experienced trauma
* Minor has reported being bullied
* Teachers complain about minor’s behavior
* Parent travelled for extended period of time work/military. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Minor was arrested. When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent was arrested. When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Minor attempted suicide. When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent attempted suicide. When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep: On average, minor gets \_\_\_\_\_\_\_\_\_\_\_\_ hours of sleep each night

* Minor’s sleeping habits have changed recently
* Minor has trouble getting to sleep
* Minor has trouble staying asleep
* Minor sleeps too much
* Minor doesn’t need much sleep; and seems rested with only a little sleep.

Eating Habits:

* Minor has little or no appetite.
* Minor eats more than usual.

Energy Level:

* Minor has less energy than before.
* Minor appears restless.

Thought Processes:

* Minor has difficulty concentrating.
* Minor has difficulty making decisions.
* Minor has difficulty remembering Short Term
* Minor has difficulty remember Long Term
* Minor is easily distracted.
* Minor is driven to meet my goals.
* Minor reports images in head that s/he can’t stop
* Repetitive behaviors that are difficult to stop
* Minor has excessive fear(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemicals:

* Minor has been caught drinking. When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Minor has been caught smoking cigarettes. When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Minor has been caught using illegal drugs. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medications (please include dosage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Minor’s last report card GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this typical? Y/N explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check if minor has reported the following physical symptoms **in the last two weeks**:

* Rapid Heartbeat
* Excessive sweating
* Trembling
* Shortness of breath
* Unable to catch my breath
* Choking
* Chest Pain/Discomfort
* Nausea
* Abdominal Distress
* Dizzy/Lightheaded/Fainting
* Numbness or Tingling Sensations
* Chills or Hot Flashes
* Restlessness
* Easily Fatigued
* Cycling thoughts