

# Child and Adolescent Inpatient Behavioral Rating Scale

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This instrument is in the public domain.

Comments regarding the content and utility of the rating scale are welcome. Please reference this document and/or provide feedback to:

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# Child and Adolescent Inpatient Behavioral Rating Scale

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# Child and Adolescent Inpatient Behavioral Rating Scale

## Description and Instructions

The purpose of this instrument is to provide a consistent and stable approach for measuring variation in observed behaviors. This behavioral rating scale can be used as a measure to identify changes including trends and patterns in specified behaviors.

The instrument consists of 64 defined behaviors. There is also space to add behaviors that might not be reflected in these scales. The items have been grouped thematically, however behaviors to be observed and rated should be selected from across the instrument; item selection should not be limited by how the items are categorized. For example, the item “Difficulty settling at night” has been placed with behaviors that are often associated with anxiety. However, these behaviors may also be observed with youngsters who manifest other difficulties, such as hyperactivity, depression, or poorly developed social skills.

The purpose of inpatient/residential treatment is the reduction of symptomatology. Consequently, the instrument attempts to measure changes in undesirable (target) behaviors and negative symptoms. Items are not worded to measure improvement of desired behaviors, although a reduction in symptomatology could reflect an increase in positive/desirable behaviors.

With the exception of items 63 and 64, all of the items are rated using a scale of severity: 0 = not present, 1 = mild, 2 = moderate, and 3 = severe. In turn, severity may be said to be a measurement of three dimensions: intensity, frequency and duration. These attributes may be assessed individually or in combination. For example, a temper tantrum could be rated as *severe* if the child is loud, out of control, and not responding to verbal interventions (intensity); there are several tantrums during the day (frequency); the tantrum lasts for an hour or longer (duration); or a combination of these activities. Each item includes specific descriptors to assist in determining how the behavior should be rated.

### ***Instructions:***

This instrument may be used as either a pretreatment/post-treatment measure or as the basis for repeated (weekly, daily, shift-to-shift, or hourly) observations.

### **Pretreatment/Post-treatment Measure:**

Information to complete this instrument is based on the youngster’s behaviors during the first 72 hours after admission (pretreatment) and within 72 hours prior to the youngster’s planned discharge (post-treatment). Information to complete the rating scale is based on:

- Direct observation
- Interview and interactions with the youngster
- Chart notes and verbal feedback from other members of the treatment team

The entire form (all items) should be completed. If the behaviors are not observed, use “Not Present” to rate the item.

*Analysis:* The primary means of comparing pretreatment and post-treatment scores is through the process of “eye-balling” to determine where responses have changed over time. Items can also be graphed and the differences observed through visual comparison. (Note: *This section under construction as regards statistical tests to measure difference between first and second administration.*)

Daily Behavioral Observation – Clinical Indicators:

Behaviors that the treatment team wishes to monitor should be identified at the time of admission and/or during the treatment-planning meeting. Typically, the team will identify those specific behaviors that are related to treatment problems and objectives. Items 65 and 66 provide space to add behaviors which are not included on the checklist, but which the treatment team may chose to monitor using the same scale.

An *indicator* is a measure of performance. An item can serve as an indicator for a treatment objective. To function as a clinical indicator, there must be multiple observations producing data that can be categorized and quantified.

A team member identifies the behaviors to monitor from the Indicator Menu and documents them on a form similar to the one below, after the word ‘Item.’ Typically, one, two, or three items should suffice for each treatment problem and objective.

The following form was designed for documenting shift-to-shift observations. Depending on the behavior, the treatment team may determine that more or less frequent observation is required. For example, observations could be made hourly or twice a shift, in which case the form will need to be revised to accommodate observations at more frequent intervals. In this way, the behavioral rating scale can be used in conjunction with behavior analysis and the assessment of treatment affects. To track the behaviors that are being monitored, a check (✓) or X should be placed in the box corresponding to the date and shift.

CHILD AND ADOLESCENT INPATIENT BEHAVIORAL RATING SCALE (Days of Month 1-16)																Page 1 of 1																
REGISTER NUMBER; LAST NAME, FIRST; UNIT; DATE OF BIRTH; ADMISSION DATE																																
MONTH: _____																																
DAY	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16	
SHIFT	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Item																																
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Item																																
Severe																																
Moderate																																
Mild																																
Not Observed																																
Staff Initials																																

The purpose of the rating system is to provide data on which to base continuing assessments of the youngster's response to treatment. The instrument does not replace the need for analysis of the data. For example, if a pattern of behavior is detected, this may suggest that additional information is required, such as a situational analysis to determine factors that may elicit the behaviors. Finally, the utility of the data can also be enhanced by using the data in conjunction with other sources of information, such as anecdotal reports and the results of other assessment measures.

### ***Measurement:***

#### Utility:

Data/information has utility if it aids in decision-making. During the development of this instrument, feedback was solicited from facility<sup>1</sup> psychiatrists and psychologists regarding information that would be useful in assessing a youngster's progress. This information was used to begin the process of identifying the behavioral indicators and the type of scale to employ. Review of the instrument by a work group and subsequently by facility psychologists suggests that the indicators incorporate the behaviors that are of interest to clinicians.

#### Sensitivity:

Sensitivity refers to the degree an instrument can detect and reflect differences. This is in part an attribute of the item and scale. For example, items that measure similar, yet different behaviors should be worded in such a way that the observer can easily distinguish between the two. The scale should have sufficient gradation to capture differences in behavior along a continuum and at the same time the response set should be mutually exclusive, so that the observer can easily distinguish between the categories.

Several response sets were examined, ranging from the current "mild, moderate, severe" to some having five or six alternatives, such as "very mild" or "most of the time." This information was presented to a work group, which determined that fewer alternatives would probably produce greater agreement between observers (see reliability). To enhance differentiation between the alternatives, definitions were provided and tested to ensure that they are mutually exclusive. This included review by facility psychologists as well as review by direct care staff who serve as the primary observers/raters.

#### Reliability:

Interrater reliability measures the extent that two independent observers agree in their ratings of behaviors when observing the same individual, at the same time. The simplest measure of interrater reliability is the percent of agreement. Pearson's product-moment correlation is another statistic that can be used to measure the strength of the relationship between observers. Kappa is a statistic that can be used to measure agreement between raters on categorical, non-Likert response sets. Because reliability is a measure based on the results obtained through the use of the instrument, reliability assessment can occur as the instrument is being pretested.

Reliability can also be assessed by comparing observer ratings to other assessments. For example, ratings on conduct problem indicators can be compared to daily observational (anecdotal) notes and documentation of restrictive interventions.

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<sup>1</sup> All references are to the Commonwealth Center for Children and Adolescents, Staunton, Virginia.

Interrater reliability is enhanced through training and by providing guidelines from which raters can base their assessments. To that end, descriptive statements are provided for each level in a response set. Observers should refer to these descriptors when preparing to observe and rate a behavior.

Pretesting was conducted by pairing two employees and asking them to rate the same child on concurrent days. Pretesting of some (not all) items suggests a *fair* degree of interrater reliability. The initial results from this process indicate that observers often made similar observations and when there were differences they tended to be separated by one level; that is, there were very few ratings where one observer rated the behavior as not present or mild and the other rated it as severe. As with all observational measures, interrater reliability is enhanced through training and practice..

### Validity:

Validity refers to the extent that the items are measuring what we purport or intend to measure. There are several ways of conceiving and measuring validity as it relates to instrumentation.

- *Face Validity*: refers to the degree that an instrument *appears* to be an appropriate measure for obtaining the information you want to know.
- *Construct Validity*: refers to the extent that the instrument taps into the underlying concepts it is trying to measure. For example, are the behaviors and items related to depression appropriate measures for what we conceive as the abstract state we call depression?
- *Content Validity*: Content validity refers to the degree that the instrument is representative of the topic and process being investigated. For example, are the items that attempt to measure depression inclusive of all or most of the behaviors we associate with depression?
- *Criterion Validity*: Criterion validity refers to the extent that you can infer performance on a task, based on an individual's performance on an instrument that purports to measure activities related to that task. Assessing criterion validity is very important for any instrument that measures performance such as behavioral rating scales.
- *Predictive validity* and *concurrent validity* are most often associated with tests of achievement, where a known outcome can be used for comparison.

One of the first steps in developing the CCCA Behavioral Rating Scales was to examine other psychometric instruments used for screening and assessing the mental health of children. This helped to identify important constructs and item formats. A work group reviewed the instrument during the development process and provided feedback to enhance face validity. The instrument was then reviewed by content experts – unit psychologists – to ensure that the behavioral indicators were inclusive of the behaviors they wanted to monitor (i.e., content validity). Finally, several direct care staff reviewed the instrument and provided feedback regarding the clarity of items. These employees also piloted the instrument and provided feedback based on use. These activities helped to ensure that the instrument is providing valid and reliable information.

## Child and Adolescent Inpatient Behavioral Rating Scale Indicator Menu

<b>Anxiety</b>	Not Present	Mild	Moderate	Severe
<input type="checkbox"/> 1. Hyper vigilant	0	1	2	3
<input type="checkbox"/> 2. Difficulty settling at night	0	1	2	3
<input type="checkbox"/> 3. Repetitive behaviors	0	1	2	3
<input type="checkbox"/> 4. Nightmares/flashbacks	0	1	2	3
<input type="checkbox"/> 5. Low startle threshold	0	1	2	3
<input type="checkbox"/> 6. Panic attacks	0	1	2	3
<input type="checkbox"/> 7. Grandiose	0	1	2	3

<b>Depression</b>	Not Present	Mild	Moderate	Severe
<input type="checkbox"/> 8. Withdrawn	0	1	2	3
<input type="checkbox"/> 9. Sad affect	0	1	2	3
<input type="checkbox"/> 10. Flat affect	0	1	2	3
<input type="checkbox"/> 11. Crying spells	0	1	2	3
<input type="checkbox"/> 12. Tired/loss of energy	0	1	2	3
<input type="checkbox"/> 13. Negative self-statements	0	1	2	3
<input type="checkbox"/> 14. Physical complaints	0	1	2	3
<input type="checkbox"/> 15. Irritable	0	1	2	3
<input type="checkbox"/> 16. Self-harmful statements	0	1	2	3
<input type="checkbox"/> 17. Self-injurious behavior	0	1	2	3

<b>Communication Problems</b>	Not Present	Mild	Moderate	Severe
<input type="checkbox"/> 18. Loud/shouting	0	1	2	3
<input type="checkbox"/> 19. Under-productive speech	0	1	2	3
<input type="checkbox"/> 20. Incoherent speech	0	1	2	3
<input type="checkbox"/> 21. Pressured speech	0	1	2	3
<input type="checkbox"/> 22. Disorganized speech	0	1	2	3
<input type="checkbox"/> 23. Echolalia	0	1	2	3

<b>Psycho-Motor Activity</b>	Not Present	Mild	Moderate	Severe
<input type="checkbox"/> 24. Dizziness and/or difficulty standing	0	1	2	3
<input type="checkbox"/> 25. Exaggerated mannerisms	0	1	2	3
<input type="checkbox"/> 26. Stereotypical movements	0	1	2	3
<input type="checkbox"/> 27. Perseveration	0	1	2	3
<input type="checkbox"/> 28. Tremors and tics	0	1	2	3
<input type="checkbox"/> 29. Psychomotor retardation	0	1	2	3
<input type="checkbox"/> 30. Clumsiness	0	1	2	3

<b>Attention Problems/Hyperactive</b>	Not Present	Mild	Moderate	Severe
<input type="checkbox"/> 31. Difficulty staying on task	0	1	2	3
<input type="checkbox"/> 32. Difficulty following directions	0	1	2	3
<input type="checkbox"/> 33. Distracted by external stimuli	0	1	2	3
<input type="checkbox"/> 34. Distracted by internal stimuli	0	1	2	3
<input type="checkbox"/> 35. Fidgets/Restless	0	1	2	3
<input type="checkbox"/> 36. Hyper-kinetic	0	1	2	3

<b>Conduct Problems/Disruptive Behaviors</b>	Not Present	Mild	Moderate	Severe
<input type="checkbox"/> 37. Cursing	0	1	2	3
<input type="checkbox"/> 38. Argumentative	0	1	2	3
<input type="checkbox"/> 39. Frustration/Tantrums	0	1	2	3
<input type="checkbox"/> 40. Disobedient	0	1	2	3
<input type="checkbox"/> 41. Does not accept responsibility	0	1	2	3
<input type="checkbox"/> 42. Rude	0	1	2	3
<input type="checkbox"/> 43. Manipulates others	0	1	2	3
<input type="checkbox"/> 44. Lies	0	1	2	3
<input type="checkbox"/> 45. Verbally threatens	0	1	2	3
<input type="checkbox"/> 46. Physically intimidating	0	1	2	3
<input type="checkbox"/> 47. Aggressive toward objects	0	1	2	3
<input type="checkbox"/> 48. Aggressive toward people	0	1	2	3
<input type="checkbox"/> 49. Demands must be met immediately	0	1	2	3
<input type="checkbox"/> 50. Passively defiant	0	1	2	3

<b>Social Skills</b>	Not Present	Mild	Moderate	Severe
<input type="checkbox"/> 51. Touches others when/where they don't want	0	1	2	3
<input type="checkbox"/> 52. Teases others	0	1	2	3
<input type="checkbox"/> 53. Does not maintain appropriate social distance	0	1	2	3
<input type="checkbox"/> 54. Engages in attention seeking behaviors	0	1	2	3
<input type="checkbox"/> 55. Interrupts or intrudes	0	1	2	3
<input type="checkbox"/> 56. Difficulty waiting one's turn	0	1	2	3
<input type="checkbox"/> 57. Difficulty picking up social cues	0	1	2	3
<input type="checkbox"/> 58. Sexually inappropriate – directed toward self	0	1	2	3
<input type="checkbox"/> 59. Sexually inappropriate – directed toward others	0	1	2	3
<input type="checkbox"/> 60. Difficulty maintaining personal hygiene	0	1	2	3
<input type="checkbox"/> 61. Incontinence (including bedwetting)	0	1	2	3
<input type="checkbox"/> 62. Bowel management problems	0	1	2	3



**Eating Habits**

<input type="checkbox"/> 63.	Ate most of this meal	Skipped most of this meal	Picky about what he/she ate	Overeats or gorges
Breakfast	1	2	3	4
Lunch	1	2	3	4
Dinner	1	2	3	4
Snack	1	2	3	4

**Sleeping Habits**

<input type="checkbox"/> 64.	1	2	3	4
	Sleeps thru the night w/o incident	Difficulty falling	Awakens early	Restless sleeper

**Other Behaviors (specify)**

	Not Present	Mild	Moderate	Severe
<input type="checkbox"/> 65. _____	0	1	2	3
<input type="checkbox"/> 66. _____	0	1	2	3

## Child and Adolescent Inpatient Behavioral Rating Scale Scoring Guidelines

### Anxiety

1. Hyper Vigilant			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Has expressed distrust and need to watch others; tends to scan the environment.	<b>Moderate:</b> Intermittent periods of watching others or the environment to the extent that the individual is not attending to immediate tasks. May express belief that others are plotting against him/her.	<b>Severe:</b> Watching is pervasive and becomes the primary task to the extent that attention to other tasks is compromised. May associate everyday activities with plots of harm. May not want to interact with others due to these fears.

2. Difficulty Settling at Night			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Procrastinates in completing nighttime routines. Doesn't look forward to going to bed.	<b>Moderate:</b> Resists completing nighttime routines. May request that bedroom or hallway lights be kept on. Still awake an hour or more after lights out.	<b>Severe:</b> Power struggles over going to bed or being in bedroom. Frequent excuses for leaving bedroom at night. Still awake two or more hours after lights out.

3. Repetitive Behaviors			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May display some repetitive or ritualistic behaviors, such as hand washing or lining toiletries in a set pattern.	<b>Moderate:</b> Repetitive/ritualistic behaviors are noticeable and interfere with daily functioning. For example, may become upset if he/she is not allowed to complete the behavior.	<b>Severe:</b> Individual is driven to perform repetitive behaviors throughout the day. For example, there may be rituals associated with most behaviors from hygiene, to eating, to completing school tasks.

4. Nightmares/ Flashbacks			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May awaken suddenly and fearfully from nightmares.	<b>Moderate:</b> May awaken screaming and thrashing about in response to very vivid nightmares.	<b>Severe:</b> Has physical reaction to nightmares and/or flashbacks, which occur on a daily basis, such as crying, shaking, screaming, fast breathing, and/or increased heart rate.

5. Low Startle Threshold			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Individual appears “jumpy” and easily startled by others or events in the environment.	<b>Moderate:</b> Individual is very “jumpy” in response to specific situations.	<b>Severe:</b> “Jumpy” and “nervous” almost all the time. May isolate self from others and situations to reduce fears.

6. Panic Attacks			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Appears to be in physical discomfort, such as sweating, shaking, feeling short of breath, which is not incapacitating.	<b>Moderate:</b> Sudden periods of intense sweating, shaking, feeling short of breathe, or other physical discomfort. Needs reassurance to calm down.	<b>Severe:</b> Sudden periods of intense sweating, shaking, or feeling short of breathe, which is physically incapacitating. Routines are restricted in response to potential panic attacks (for example, refuses to leave room or unit).

7. Grandiose			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally exaggerates self-importance or exploits. Likes to brag about self to others.	<b>Moderate:</b> Often exaggerates or concocts elaborate stories of self-importance and denies grandiosity when confronted.	<b>Severe:</b> Boastful on a daily basis, with elaborate stories of self-importance. Expresses little or no remorse when confronted with exaggeration and will defend in the face of overwhelming evidence to the contrary.

## Depression

8. Withdrawn			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Prefers to stay in room and/or not participate in activities, but will do so with a prompt or reminder. When in a group activity, tends to stay to his/her self.	<b>Moderate:</b> Needs encouragement and/or coaxing to come out of room. Often refuses to attend group activities and will only attend with significant coaxing.	<b>Severe:</b> Wants to stay in the room all the time, even for meals. Refuses to attend groups and most social contact, even after many prompts and/or attempts to reinforce for participating.

9. Sad Affect			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Seldom laughs or smiles.	<b>Moderate:</b> Easily tearful. Frowns most of the time. Limited eye contact.	<b>Severe:</b> Appears perpetually sad, tearful, frowns often. Needs encouragement or coaxing to make eye contact.

10. Flat Affect			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Restricted range of facial gestures, lack of body movement when speaking, speaks softly or with monotone.	<b>Moderate:</b> Very few facial gestures and/or solemn expression most of time. Seldom speaks and speaks softly or with monotone. When asked expresses little interest in things.	<b>Severe:</b> Does not initiate interactions with others. When he/she does interact the individual is virtually expressionless. Limited eye contact. Speaks so softly may be difficult to understand or does not respond at all.

11. Crying Spells			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Periods of tearfulness once or twice a shift	<b>Moderate:</b> Periods of tearfulness three to four times a shift, with crying that may last for 10 minutes or longer.	<b>Severe:</b> Tearful throughout the day. Long periods of crying and sobbing (10 minutes or more).

12. Tired/Loss of Energy			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Expresses little interest in participating in activities. Does not exert much energy when he/she does participate.	<b>Moderate:</b> Low levels of energy as evidenced by: not wanting to get out of bed, lying or sitting in dayroom, and not participating in activities.	<b>Severe:</b> Stays in bed a lot, sleeps a lot, refuses to participate in activities, and tries to lie down whenever he/she is in the dayroom.

13. Negative Self Statements			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally characterizes self in negative terms.	<b>Moderate:</b> Likely to make negative self-statements in response to praise and acknowledgement.	<b>Severe:</b> Makes negative self-statements when conversing with others, regardless of topic. May include statements that "life is not worth living."

14. Physical Complaints			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally complains about personal health. May use complaints as a way of interacting with others.	<b>Moderate:</b> Often asks to see nurse. May use complaints as an excuse not to go to school or participate in activities.	<b>Severe:</b> Expresses concern about a particular health problem on almost a daily basis. May ask to go to the hospital for tests or treatment. Expresses profound worry about health. Asks to be excused from school in the morning and during the day due to health concerns.

15. Irritable			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally annoyed by situations and comments and expresses annoyance by verbally complaining about the situation.	<b>Moderate:</b> Frequently annoyed and may display unpredictable responses to interactions, such as shouting or screaming at another.	<b>Severe:</b> Is short tempered and touchy most of the time. May externalize irritability by verbally and physically lashing out at others.

16. Self-Harmful Statements			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Makes indirect threats of self-harm, such as, "I wonder what you'd do if I hurt myself?" Tends to make such threats when upset or when trying to distance self from others.	<b>Moderate:</b> Expresses desire to hurt self, may state how and why. May use threats to engage others.	<b>Severe:</b> Has plan to engage in self-harm and may have made gestures. Threats become a principle way of interacting with others, for example, may use threats to engage and/or to push others away.

17. Self-Injurious Behavior			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Superficial injuries. For example, injuries that occur when banging hands against the wall or making cuts that do not break the skin.	<b>Moderate:</b> Injuries require treatment by Center nurse. For example, cut breaks skin and requires bandage and disinfectant. May hide injuries and not seek treatment.	<b>Severe:</b> Injuries require treatment by a physician and possible treatment outside of the Center. For example, cuts may require suturing in the emergency room.

## Communication Problems

18. Loud/Shouting			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally raises voice or becomes excited when speaking.	<b>Moderate:</b> Often speaks loudly or shouts when communicating.	<b>Severe:</b> Primary method of communicating is by speaking loudly or shouting. Voice may be hoarse from shouting.

19. Under-Productive Speech			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Often needs coaxing to speak. <i>This is different than speaking softly or in a monotone.</i> )	<b>Moderate:</b> Constantly needs coaxing to speak. Rarely initiates verbal interactions.	<b>Severe:</b> Virtually or entirely mute. Will not respond when spoken to.

20. Incoherent Speech			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Speech may be slurred, mumbled, and at times difficult to understand.	<b>Moderate:</b> Mumbles and mutters often. Speech very difficult to understand.	<b>Severe:</b> Speech does not make sense or speech is so garbled that it not understandable.

21. Pressured Speech			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Not applicable as pressured speech is typically a moderate to severe condition.	<b>Moderate:</b> Speaks rapidly and has difficulty slowing down speech, even when prompted.	<b>Severe:</b> Speaks so rapidly may be difficult to understand; has extreme difficulty trying to stop is unable to stop talking.

22. Disorganized Speech			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May mix words or topics during verbal interactions, so that sentences don't always make sense.	<b>Moderate:</b> Content of speech shifts from subject to subject, in an apparent random fashion. May make up words as he/she speaks.	<b>Severe:</b> Very difficult to converse with the individual as the content of their speech is constantly shifting. Individual may respond in totally irrelevant ways or reach illogical conclusions.

23. Echolalia			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally will repeat a word or phrase spoken by another. Happens once or twice a day.	<b>Moderate:</b> Frequently (several times a shift) repeats words or phrases. Speaks in a mechanical, robot like speech pattern.	<b>Severe:</b> Repeats words or phrases of others several times an hour. Has difficulty being redirected from this behavior.

## Psychomotor Activity

24. Dizziness and/or Difficulty Standing			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Patient verbally complains of dizziness or nausea, but able to ambulate.	<b>Moderate:</b> Patient verbally complains of dizziness or nausea, needs assistance to stand.	<b>Severe:</b> Difficulty getting out of bed or may need to remain in bed. Needs physical assistance to ambulate.

25. Exaggerated Mannerisms			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May display broad and embellished gestures, such as waving hands about when speaking.	<b>Moderate:</b> Often uses overstated gestures and facial expressions when communicating.	<b>Severe:</b> All body movements, at virtually all times appear exaggerated. For example, may take large, high steps as if walking over a puddle of water.

26. Stereotypical Movements			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasional repetitive motor activity, such as teeth grinding, wringing hands, or smacking lips.	<b>Moderate:</b> Persistent motor activity often appears repetitive and nonproductive such as bowing back and force for no apparent reason.	<b>Severe:</b> Repetitive motor activity occurs throughout the day and may interfere with ADL's and/or social communication with others.

27. Perseveration			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May occasionally appear to be stuck on a thought or behavior. For example, an individual may continue a cutting motion with scissors, even after he/she has cut through the paper.	<b>Moderate:</b> Frequently "is stuck" on the same movement or thought, for example talks about the same topic even when prompted to change the subject.	<b>Severe:</b> Perseverative behaviors interfere with ability to engage in other tasks, including activities of daily living and social interactions.

28. Tremors and Tics			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Sudden motor jerk or spasm in face or hands noted once or twice in an hour. For example, may suddenly blink one eye, belch, or utter a noise.	<b>Moderate:</b> Sudden facial and hand muscle spasms, and/or uncontrolled utterances noted more than twice an hour.	<b>Severe:</b> Almost continuous, multiple facial and hand spasms and/or uncontrolled utterances observed. Muscles or limbs may be severely contorted.

<b>29. Psychomotor Retardation</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Some psychomotor stiffness or jerkiness.	<b>Moderate:</b> Notable psychomotor difficulties including stiff or jerky movements, pill-rolling, grimacing, or exaggerated facial expression.	<b>Severe:</b> Most or all physical movement is exaggerated or difficult, e.g. difficulty walking, standing, or exaggerated movements gestures and facial expression.

<b>30. Clumsiness</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Somewhat more clumsy for age, such as a teenager who frequently falls while running.	<b>Moderate:</b> Frequently clumsy, such as falling over objects or knocking over objects several times a day/shift.	<b>Severe:</b> Extremely awkward, frequently bumping into things and people throughout the day/shift.

### **Attention Problems/Hyperactive**

<b>31. Difficulty Staying on Task</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May need prompting to stay on task several times a day.	<b>Moderate:</b> Needs frequently prompting and coaxing to attend to a task, but does not stay on task for more than 10 –15 minutes before needing additional redirection.	<b>Severe:</b> Cannot stay focused on tasks for more than 5 – 10 minutes or cannot engage in the task when directed. When not on task the behaviors are disruptive to others.

<b>32. Difficulty Following Directions</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Difficulty immediately focusing on verbal prompts and directions, but does return to task or response within a minute or two.	<b>Moderate:</b> Responds to multiple prompts with great difficulty and may or may not respond to the redirection. May require physical touch to establish contact.	<b>Severe:</b> Is so preoccupied and/or off task that is unable to respond to prompts and redirection. Physical touch used as primary means of redirection. May not be able to complete a task.



33. Distracted by external stimuli			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Responds to minor interruptions or external activities. For example may be distracted by what another person is doing. Needs occasional prompting to refocus.	<b>Moderate:</b> Responds to objects and activities in immediate surroundings without thinking. For example, may be distracted by objects in the room as well as by people. Needs frequent redirection.	<b>Severe:</b> Response to external stimuli is persistent and prevents individual from completing immediate tasks. For example, will go to the object or person rather than focus on the immediate task. May not respond to prompts.

34. Distracted by internal stimuli			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Appears deep in thought/self-absorbed, with little awareness of surroundings. May appear surprised or startled when addressed.	<b>Moderate:</b> Does not appear aware of surroundings or others in the environment. May engage in behaviors in response to thoughts without awareness of others.	<b>Severe:</b> Individual is so preoccupied by thoughts that he/she has difficulty responding to others or his/her environment. May not respond even when prompted. May converse with self (in response to voices).

35. Fidgets/Restless			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Difficulty sitting still for much more than 15 minutes. Body in frequent motion.	<b>Moderate:</b> Squirms and has difficulty sitting still for more than 5 minutes. Body in frequent random motion.	<b>Severe:</b> Squirms and wriggles constantly. Difficulty sitting still for more than a few minutes. Body in constant, random motion

36. Hyper-kinetic			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Has high levels of energy, which interferes with staying on task. Needs verbal prompts to reengage.	<b>Moderate:</b> Physical motion greatly interferes with staying on task. Needs constant verbal prompts to help focus. May at times need physical prompts to redirect.	<b>Severe:</b> Cannot stay on task due to high levels of physical activity, such as running, jumping, and climbing. Ignores verbal prompts and may need physical touch such as holding to help refocus.

### Conduct Problems/Disruptive Behaviors

37. Cursing			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Curses at both appropriate and inappropriate times, i.e., language is 'peppered' with sporadic cursing.	<b>Moderate:</b> Cursing is a routine part of verbal communication and may interject curse words in most statements.	<b>Severe:</b> Has difficulty not using curse words, even when prompted. Defends use of curse words even when told by others that it is offensive.

38. Argumentative			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Initiates arguments over minor offenses or when given simple directions. Easily becomes defensive.	<b>Moderate:</b> Frequently contests directions and feedback. May raise voice, curse, or appear to be excited.	<b>Severe:</b> Interactions are frequently based on conflict. Verbal communication is characterized by cursing, shouting, "getting in your face," and being highly defensive.

39. Frustration/ Tantrums			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Gives up easily on tasks when the task appears to be demanding. May express frustration by cursing, stomping feet, or leaving activity.	<b>Moderate:</b> May initially refuse and therefore require encouragement to engage in a demanding activity. May externalize frustration through attempts to escape the situation or through acting-out/aggression toward objects.	<b>Severe:</b> Is very avoidant of demanding activities. May externalize frustration through attempts to escape the situation or through acting-out/aggression toward objects and/or others.

40. Disobedient			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally refuses to do as asked, which may be evidenced by being argumentative, cursing, and shouting.	<b>Moderate:</b> Often refuses to do as asked or as suggested and may do exactly the opposite of what was requested. Appears to be reinforced by this behavior.	<b>Severe:</b> Often breaks rules and does not follow-through with expectations. Interactions over disobedient behaviors typically result in conflict and may lead to aggressive behaviors

41. Does Not Accept Responsibility			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> When making a poor or inadequate decision, tends to refuse to accept responsibility and the consequences that result from those choices.	<b>Moderate:</b> Demonstrates poor decision making skills and then minimizes impact on self and others.	<b>Severe:</b> In addition to minimizing the effects of poor choices, when confronted about his/her choices, is likely to blame others for own behaviors.

42. Rude			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally says or does things to be hurtful of others. For example, may ridicule another person.	<b>Moderate:</b> Often engages others by saying and doing things that are hurtful. Demonstrates a lack of sensitivity to the feelings of others.	<b>Severe:</b> Persistently will say or do things to illicit negative behaviors from others. Appears to be reinforced when others become irritated by these behaviors.

43. Manipulates Others			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May occasionally do or say things to influence others to engage in negative behaviors.	<b>Moderate:</b> Appears to be reinforced by ability to manipulate others. Often uses manipulation to obtain personal gain.	<b>Severe:</b> Manipulation gets in the way of developing healthy relationships with others. May take advantage of 'weaker' peers who are easily victimized. Seems to enjoy ability to get others into trouble.

44. Lies			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May use a lie to defend a poor decision or exaggerate a situation. For example, may tell a lie in order to be accepted by a peer.	<b>Moderate:</b> Feels comfortable in telling falsehoods and denies that he/she is lying when confronted.	<b>Severe:</b> Expresses little or no remorse when confronted with a falsehood and will defend the lie in the face of overwhelming evidence to the contrary.

45. Verbally Threatens			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> In response to frustration or anger, will threaten aggression. However, will usually apologize later and can acknowledge that the threat was a response to the situation.	<b>Moderate:</b> Uses verbal threats to intimate others. Demonstrates little or no contrition after the threat is made. Threats are often verbalized through shouting and cursing	<b>Severe:</b> Significant level of harm is implied or evident in the threat, such as “I’ll get you when you least expect it.” Is aware of ability to influence other’s behaviors by being threatening. Threat may be verbalized in a steady, “steely” tone of voice.

46. Physically Intimidating			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Has on occasion used physical presence to frighten or manipulate another. May be used in response to frustration or anger.	<b>Moderate:</b> Seeks out individuals and tends to repeatedly physically intimate another person; i.e., behavior is clearly volitional. Tends to use intimation with individuals who are easily victimized.	<b>Severe:</b> Uses physical intimidation as the primary means of connecting with and/or obtaining gain from another. Uses intimation with whoever he/she wants to take advantage of regardless of age, size, etc.

47. Aggressive toward objects			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May throw, punch, or hit objects out of frustration or anger.	<b>Moderate:</b> Sustained and intense aggression toward objects, usually accompanied by other behaviors, such as shouting, cursing, or crying.	<b>Severe:</b> Aggression toward objects is accompanied by loss of self-control and may result in self-injury, such as from banging hands on the wall.

48. Aggressive toward people			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> When angered or frustrated may lash out at others, such as pushing or shoving.	<b>Moderate:</b> Physical aggression such as punching, kicking, and biting, which is often targeted toward another.	<b>Severe:</b> Aggression does bodily harm to another.

49. Demands must be met immediately			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May fidget, stomp feet, shake, and/or pout when he/she doesn't get demand met immediately.	<b>Moderate:</b> In addition to physical expression, repeats demands over and over in a loud or shrill tone of voice.	<b>Severe:</b> May become verbally threatening, physically aggressive, or may lose self-control in response to not getting demands met immediately.

50. Passively Defiant			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally will refuse to follow directions by ignoring the person providing the guidance.	<b>Moderate:</b> Ignores directions and continues with alternative activities even when asked to stop. Appears to enjoy the frustration this engenders.	<b>Severe:</b> Does not follow directions, engage in scheduled activities or participate as requested. Ignores attempts at redirection. These behaviors often escalate into power struggles and heated arguments.

## Social Skills

51. Touches others when/ where they don't want			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May use physical contact at inappropriate times and does not appear to recognize social cues that the behavior is unwanted. For example, may use a hug as a greeting.	<b>Moderate:</b> Touches another's body in socially unacceptable ways, such as rubbing against a person or grabbing a woman's breasts. Needs verbal redirection to stop the behaviors.	<b>Severe:</b> Continues inappropriate touching even when reminded and may require physical interaction to stop the behavior, such as extending a hand to keep the individual at arm's length.

52. Teases others			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally teases others in a manner that is not always age appropriate. Is fairly redirectable.	<b>Moderate:</b> Often teases others in ways that are clearly not age appropriate. Needs frequent redirection. Teasing is usually not tolerated by peers.	<b>Severe:</b> Continues inappropriate teasing even with frequent prompts. May require physical interaction to stop the behavior, such as use of time out. Peers may respond in an aggressive manner if teasing does not desist.

<b>53. Does not maintain social distance</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Stands or sits very close to another person during interactions. The other person may need to step back or move from the seat in response to the close proximity.	<b>Moderate:</b> Requires frequent prompts regarding being to close. Does not appear to be aware of another's discomfort.	<b>Severe:</b> Continues to intrude into another's personal space, even when reminded and may require physical interaction to stop the behavior, such as extending a hand to keep the individual at arm's length.

<b>54. Engages in attention seeking behaviors</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasional attention seeking requires staff redirection, which the individual accepts without becoming oppositional	<b>Moderate:</b> Attention seeking behavior continues after several prompts and may require physical redirection, such as time out. Behaviors may be tolerated by peers.	<b>Severe:</b> Behaviors interfere with staying on task and require assistance from staff to manage. Peers have difficulty tolerating the behaviors.

<b>55. Interrupts or intrudes</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Interrupts without using appropriate social skills, e.g., without saying, "excuse me." Behaviors are generally tolerated by others.	<b>Moderate:</b> Requires frequent verbal prompts regarding interrupting or intruding on others. Does not appear to be aware of another's discomfort.	<b>Severe:</b> Continues to intrude or interrupt even when reminded and may require physical removal from the area/situation to stop the behavior, such as using time out. Peers have difficulty tolerating the behaviors.

<b>56. Difficulty waiting one's turn</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally disrupts others when speaking or breaks into an activity. At times requires redirection for this behavior.	<b>Moderate:</b> Frequently disrupts others when speaking or breaks into an activity. Requires redirection for this behavior.	<b>Severe:</b> Constantly initiates without regard for the feelings or needs of others. Appears to lack self-control over this behavior, even when prompted.

57. Difficulty picking up social cues			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Needs occasional prompting regarding social behaviors and responding to social cues from others.	<b>Moderate:</b> Often misreads social cues, resulting in need for verbal and or physical redirection, such as separating from peers.	<b>Severe:</b> Maladroit social behaviors and inability to respond to social cues results in negative social consequences, for example, peers may shun the individual or react aggressively.

58. Sexually Inappropriate: Directed toward self			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Frequent masturbation, typically occurring in own room, but without regard to time of day.	<b>Moderate:</b> Self-stimulation may include all erogenous zones, such as genital and anal stimulation. May grab genitals or even masturbate in public areas requiring redirection.	<b>Severe:</b> Frequent self-stimulation may include all erogenous zones and may occur in public areas. Does not appear to be aware of inappropriateness and may need both verbal and physical redirection, such as being taken to room.

59. Sexually Inappropriate: Directed toward others			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally makes sexually inappropriate comments or initiates sexually inappropriate touching of others, such as rubbing against another person.	<b>Moderate:</b> Requires verbal redirection for using sexually inappropriate comments during social interactions. May require verbal and/or physical redirection due to attempting to touch another's private parts.	<b>Severe:</b> Attempts to grope another person requiring physical separation from others. May be hypersexual, with these behaviors occurring frequently throughout the day/shift.

60. Difficulty with personal hygiene			
0	1	2	3
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> Occasionally needs prompting to complete daily hygiene. For example, may need to send back to the bathroom to take a shower or brush teeth.	<b>Moderate:</b> Needs frequent prompting, on a daily basis, to complete personal hygiene, such as bathing and brushing teeth. Does not pick up social cues that poor hygiene is undesirable.	<b>Severe:</b> Requires physical assistance and direction in completing personal hygiene. Cannot complete daily hygiene activities without this assistance.

<b>61. Incontinence (including bedwetting)</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> One incident of wetting bed or clothes this shift, including previous nightshift.	<b>Moderate:</b> Two incidents of wetting bed or clothing this shift, including previous nightshift. Verbalizes urges to urinate.	<b>Severe:</b> Three or more incidents of wetting bed or clothing this shift, including previous nightshift. Verbalizes urges to urinate and may frequently need to leave an activity due to these urges.

<b>62. Bowel management problems</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Not Present:</b> Behavior was not observed.	<b>Mild:</b> May need to leave activities unexpectedly due to urge to move bowels; Or expresses problem with constipation.	<b>Moderate:</b> Began bowel movement in clothing before he/she could reach the bathroom; Or did not have a bowel movement this or the previous shift.	<b>Severe:</b> Had bowel movement in clothing; Or did not have a bowel movement this or the previous shift and has not responded to use of laxative, fiber diet, and/or exercise in order to relieve constipation.

### Eating and Sleeping Behaviors

<b>63. Eating Habits</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Ate Most of Meal:</b> Eats all or most of the portions served with the meal.	<b>Skipped Most of Meal:</b> Ate only one or two items and/or did not eat all of each portion served, so that most of the food was left on the plate.	<b>Picky About What he/she Eats:</b> Has very limited range of foods that he or she will eat. May eat snacks in lieu of meals served or request extra portions of a particular item.	<b>Overeats or Gorges:</b> Eats quickly and often asks for extra servings. May ask for or take extra portions from peers. May ask for additional food and snacks throughout the day.

<b>64. Sleeping Habits</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Sleeps thru the night w/o incident:</b> When 15 minute bed checks are made, child usually appears to be deeply asleep. If awakens to use the bathroom, typically falls back to sleep quickly.	<b>Difficulty falling asleep:</b> Has difficulty falling asleep. May be up an hour or two after lights out. May result in being sleepy and/or irritable later in the day.	<b>Awakens early:</b> Awakens early and cannot fall back to sleep. May result in being sleepy and/or irritable later in the day.	<b>Restless sleeper:</b> Difficulty falling and staying asleep. Is often up and out of room during the night and is awake when bed checks are made. May result in being sleepy and/or irritable later in the day.



