PRACTICE TOOLS



Mental Health Tools for Pediatrics

The aim of this compilation is to help you determine what tools might be most appropriate for each stage of screening, evaluating, and treating pediatric mental health needs.

The following table is a compilation of tools that are potentially useful at each stage of a clinical process through which mental health content can be integrated into pediatric care. This process is depicted by "Mental Health Algorithm With Detailed Steps," also included in this toolkit. Several points about the table bear noting.

- The sequence of tools within each section does not reflect the recommendation or preference of the American Academy of Pediatrics or the editors for one tool over another.
- In a number of instances, there are options for using a tool at more than one place in the process. In these instances, a full description accompanies the first mention. Subsequent mentions of the tool include only the tool abbreviation and any reference numbers. In addition to facilitating access to further reading, this setup assists users in locating the tool's full description where it appears in the table.
- Included in the table, under the heading of "Parent and Family General Screening," are several tools that screen for social determinants of health. For more social determinants of health tools, see the Screening Technical Assistance & Resource Center at https://screeningtime.org/star-center/#/screening-tools.

Tools and Descriptions	No. of Items and Format	Age-group and Any Languages / Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Initial Psychosocial Assessment (Algori				oource
Surveillance	· ·			
Bright Futures previsit questionnaires ¹	Variable	0–21 y English Spanish	Variable	AAP/Maternal Child and Health Bureau; freely accessible ^b : https://brightfutures.aap.org/materials -and-tools/tool-and-resource- kit/Pages/default.aspx
HEEADSSS 3.0 mnemonic ² Assesses for Home environment, Education and employment, Eating, peer-related Activities, Drugs, Sexuality, Suicide/depression, and Safety from injury and violence and includes media use	Interview	Adolescents Language of clinician	Part of interview process	Freely accessible ^b HEADSS: www.bcchildrens.ca/Youth-Health- Clinic- site/Documents/headss20assessmen t20guide1.pdf MJH Life Sciences; freely accessible ^b HEEADSSS 3.0: https://contemporarypediatrics.com/vi ew/heeadsss-30-psychosocial- interview-adolescents-updated-new- century-fueled-media
School report cards, end-of-grade tests, individualized education program (IEP), and 504 plan	NA			
General psychosocial screening: young				
Early Childhood Screening Assessment (ECSA) ³ Assesses emotional and behavioral development in young children and distress in mothers	40 items, 3-point Likert scale responses, and an additional option for parents to identify whether they are concerned and would like help with an item	18–60 mo English Romanian Spanish Fifth grade level	10–15 min to complete 1–2 min to score Should be administered by health care professional or MHS whose training and scope of practice include interpreting screening results and	Tulane University Institute of Infant & Early Childhood Mental Health; freely accessible ^b : https://medicine.tulane.edu/infant- institute/measures-manuals

Ages & Stages Questionnaires (ASQ°): Social-Emotional, Second Edition (ASQ:SE-2) ⁴ Screens for social-emotional problems in young children and is used in conjunction with ASQ or another tool designed to provide information on a child's communication, motor, problem-solving, and adaptive behaviors	19 items (6 mo)–33 items (30 mo) Parent report	6–60 mo English Spanish Sixth grade level	interpreting positive or negative screening results for parents 10–15 min to complete 1–5 min to score Can be scored by paraprofessionals	Paul H. Brookes Publishing Co Inc; proprietary: http://agesandstages.com/products- services/asqse-2
Brief Infant-Toddler Social and Emotional Assessment (BITSEA) ⁵ Screens for social-emotional problems in young children	42 items Parent report Child care provider report	12–36 mo English Spanish	7–10 min	Proprietary: For more information, contact author (Margaret.Briggs- Gowan@yale.edu or Alice.Carter@umb.edu).
 Survey of Well-being of Young Children (SWYC)⁶⁻⁸ Consists of subscales appropriate to age Milestones Assesses cognitive, language, and motor development Baby Pediatric Symptom Checklist (BPSC), up to 18 mo Assesses irritability, inflexibility, and difficulty with routines Preschool Pediatric Symptom Checklist (PPSC), 18–66 mo Assesses for emotional/behavioral symptoms Parent's Observations of Social Interactions (POSI), 18–35 mo Screens for autism spectrum disorder Family questions 	Parent questionnaires with embedded subscales 34–47 items Paper and electronic versions	2–60 mo Burmese English Nepali Portuguese Spanish (Translations are not independently validated.)	10–15 min	Tufts Medical Center; freely accessible ^b : www.tuftschildrenshospital.org/The- Survey-of-Wellbeing-of-Young- Children/Age-Specific-Forms.aspx

Identifies youths most at risk for dropping out of school and uses		adolescent (13–18 y), and young adult (18–	Scored automatically and generates	charge): https://possibilitiesforchange.org/raaps	
Rapid Assessment for Adolescent Preventive Services (RAAPS) ^{13,14}	21 items Web-based	Age specific for older child (9–12 y),	About 5 min to self- administer	Possibilities for Change; proprietary (download and review free of	
SDQ ¹²	See first mention of SDQ earlier in this table.				
PSC-17 ¹¹	See first mention of PSC-1	7 earlier in this table.			
PSC-35 ^{9,10}	See first mention of PSC-3	5 earlier in this table.			
General psychosocial screening: preado			•	· ·	
Strengths and Difficulties Questionnaires (SDQ) ¹² Assesses 25 attributes, some positive and some negative, divided among 5 scales, and sometimes has an impact scale on the second page	25 items Self-administered Parent, teacher, or youth aged 11–17 y	3–17 y >40 languages	10 min	Youth in Mind; freely accessible ^b : www.sdqinfo.org	
Pediatric Symptom Checklist—17 items (PSC-17) ¹¹ General psychosocial screening and functional assessment in domains of attention, externalizing symptoms, and internalizing symptoms	17 items Self-administered Parent or youth ≥11 y	4–16 y Chinese English Spanish Fifth–sixth grade level	<5 min to administer 2 min to score	Massachusetts General Hospital; freely accessible ^b : www.massgeneral.org/psychiatry/tre atments-and-services/pediatric- symptom-checklist	
behavior, learning, or development) Seneral psychosocial screening: childre Pediatric Symptom Checklist—35 items (PSC-35) ^{9,10} General psychosocial screening and functional assessment in domains of attention, externalizing symptoms, and internalizing symptoms	n aged 6–10 y 35 items Self-administered Parent or youth ≥11 y	4–16 y Chinese English Japanese Pictorial Spanish	<5 min to administer 1–2 min to score	Massachusetts General Hospital; freely accessible ^b : www.massgeneral.org/psychiatry/tre atments-and-services/pediatric- symptom-checklist	
Assesses stress in family environment (eg, parental depression; discord; substance use; food insecurity; parent's concerns about child's behavior, learning, or development)					

factors such as discrimination, abuse, and access to tangible needs (eg, food, water, electricity) that contribute to morbidity, mortality, and social problems		24 y) Audio and multilingual	pertinent information to download 30-min demonstration is available (www.raaps.org).	
Targeted screening: substance used				
Screening to Brief Intervention (S2BI) ¹⁵ Brief screening to determine whether further assessment is necessary	2 items	Adolescents English	1–2 min if responses are negative	Freely accessible ^b : https://drugabuse.gov/ast/s2bi/# Download PDF: https://massclearinghouse.ehs.state. ma.us/PROG-BSAS- SBIRT/SA3542.html
Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD) ¹⁶ In pediatric settings, identifies problematic tobacco, alcohol, and marijuana use	3 frequency items (one for each substance) Interview or tablet self- administration (preferred)	12–17 y English	1–2 min if responses are negative	Freely accessible ^b : www.drugabuse.gov/ast/bstad/#
National Institute on Alcohol Abuse and Alcoholism youth alcohol screening ¹⁷ Screens for friends' uses and own use of adolescent	2 items	Adolescents English	1–2 min if responses are negative	National Institute on Alcohol Abuse and Alcoholism; freely accessible ^b : https://pubs.niaaa.nih.gov/publication s/Practitioner/YouthGuide/YouthGuid e.pdf
Targeted screening: adolescent depress	ion ^e			
PHQ-9 Modified for Adolescents/PHQ- 9 Modified for Teens depression screening ¹⁸ Screens for depression	Abbreviated 9-item screening specifically for depression plus severity items	11–17 y English Spanish	<5 min	Freely accessible ^b : www.uacap.org/uploads/3/2/5/0/3250 432/phq-a.pdf www.aacap.org/App_Themes/AACA P/docs/member_resources/toolbox_f or_clinical_practice_and_outcomes/s ymptoms/GLAD-PC_PHQ-9.pdf
Kutcher Adolescent Depression Scale (KADS) ¹⁹	6, 11, or 16 items	12–17 y English	5 min to administer 1 min to score	Freely accessible ^b 6-Item KADS (KADS-6):

Screens for depression				https://ppn.mh.ohio.gov/portals/0/pdf/K utcher%20Adolescent%20Depression %20Scale%20(KADS).pdf
Parent and family general screening				
SWYC ^{6–8}	See first mention of SWY	Cearlier in this table.		
Safe Environment for Every Kid (SEEK) Parent Questionnaire-R (PQ- R) ²⁰ Includes items about smoking, guns, food availability, depression, substance use, discipline, and domestic violence	15 yes-or-no items	0–5 y English Spanish	3 min to administer <3 min to score	University of Maryland School of Medicine; requires licensing agreement: https://seekwellbeing.org/seek- materials
Parents' Assessment of Protective Factors ²¹ Self-assessment of parents' resilience, their social connections, concrete support they receive in times of need, and their social-emotional competence in raising children	46 items, including 10 background items	Parents of children from birth–8 y English Spanish	20 min	Freely accessible ^b : https://cssp.org/resource/papf- instrument-english
Health Leads screening ²² Assesses food insecurity, housing instability, utility needs, strained financial resources, transportation difficulty, exposure to violence, and sociodemographic information	10 items Alternative items, plus follow-up items as indicated, in each category	Parents of children of all ages Multiple languages Level varies by item.	5 min	Health Leads; freely accessible ^b : https://healthleadsusa.org/resources/ the-health-leads-screening-toolkit
McMaster Family Functioning Scale ²³ Assesses family functioning	12 items Self-report	Adolescents and adults Translated into 24 languages	<5 min	Freely accessible ^b : www.clintools.com/victims/resources/ assessment/interpersonal/mcmaster. html
Parenting Stress Index (PSI), Short Form (PSI/SF) ²⁴ Elicits indicators of stress and identifies parent-child problematic areas in parents of children aged 1	Parent self-report 36 items	Parents of children aged 1 mo–12 y English	<10 min	PAR; proprietary: www.parinc.com/Products/Pkey/337

то–12 у				
Stress Index for Parents of Adolescents (SIPA) ²⁵ Elicits indicators of stress in parents of adolescents	112 items	Parents of preadolescents, adolescents, and young adults aged 11–19 y English	20 min to administer 10 min to score	PAR; proprietary: www.parinc.com/Products/Pkey/412
Caregiver Strain Questionnaire (CGSQ) and CGSQ Short Form 7 (CGSQ-SF7) ²⁶ Assesses strain experienced by caregivers and families of youths with emotional problems	CGSQ: 21 items CGSQ-SF7: 7 items Parent or other caregiver self-report	Parents or other caregivers of adolescents with emotional problems English Spanish	Variable	Freely accessible ^b CGSQ: https://elcentro.sonhs.miami.edu/rese arch/measures- library/cgsq/index.html Freely accessible ^b CGSQ-SF7: https://peabody.vanderbilt.edu/docs/ pdf/cepi/ptpb_2nd_ed/PTPB_2010_A ppendixB_CGSQ-SF7_031212.pdf
Multidimensional Scale of Perceived Social Support (MSPSS) Parent Stress Inventory ²⁷ Assesses social support	12 items Parent report	Adult Multiple languages	2–5 min	Freely accessible ^b : www.yorku.ca/rokada/psyctest/socsu pp.pdf
Parent and family targeted screening				
Patient Health Questionnaire-2 (PHQ- 2) ²⁸ —first 2 items from PHQ-9, described later in this table <i>Screens adults for depression</i>	2 items Parent self-report	Adult English	1 min	Freely accessible ^b : https://apa.org/pi/about/publications/c aregivers/practice- settings/assessment/tools/patient- health
Patient Health Questionnaire-9 (PHQ- 9) ^{29,30} Screens adults for depression	9 items Parent self-report	Adult English	<5 min to complete <3 min to score	Pfizer; freely accessible ^b : www.phqscreeners.com/images/sites /g/files/g10060481/f/201412/PHQ- 9_English.pdf
Edinburgh Postnatal Depression Scale (EPDS) ³¹ Screens caregiver for depression	10 items Parent self-report	Perinatal Multiple languages		Freely accessible ^b : www.perinatalservicesbc.ca/health- professionals/professional- resources/health-promo/edinburgh-

				postnatal-depression-scale-(epds)
Abuse Assessment Screen (AAS) ³² Screens for domestic violence	5–6 items Parent report	Adolescent girls and adult women English	About 45 sec if all answers are no	Freely accessible ^b : www.cdc.gov/violenceprevention/pdf/ ipv/ipvandsvscreening.pdf
Hunger Vital Sign ³³ Identifies food insecurity and its associated social determinants	2 items	Parents of children from birth–3 y Arabic Chinese English French Korean Nepali Russian Somalian Spanish Swahili Vietnamese	≤5 min	Children's HealthWatch; freely accessible ^b : http://childrenshealthwatch.org/public -policy/hunger-vital-sign
Trauma exposure ^f		-		
Acute Stress Checklist for Children (ASC-Kids) ³⁴ Assesses acute stress reactions within the first month after exposure to a potentially traumatic event	29 items (25 <i>DSM</i> - related items; 4 additional items for clinical use: subjective life threat, family context, and coping) Self-report or read aloud to child	8–17 y English Spanish	5 min	Proprietary: https://istss.org/clinical- resources/assessing-trauma/acute- stress-checklist-for-children-asc-kids
Children's Revised Impact of Event Scale, 8-item (CRIES-8) ³⁵ Assesses impact of traumatic events	8 items Self-report	≥8 y who can read Multiple languages	<5 min	Children and War Foundation; freely accessible ^b instructions and forms: www.childrenandwar.org/projectsres ources/measures

Global functioning				
Brief Impairment Scale (BIS), multidimensional ³⁶ Assesses global functioning in domains of interpersonal relations, school/work, and self-care/self- fulfillment	23 items Parent report	4–17 y English Spanish	10 min	Freely accessible ^b : www.heardalliance.org/wp- content/uploads/2011/04/Brief- Impairment-Scale-English.pdf
Columbia Impairment Scale (CIS)— part of Child/Adolescent Wellness Assessment (CAWA) ³⁷ Assesses global functioning in domains of interpersonal relations, psychopathology, school performance, and use of leisure time and monitors progress after 6 mo of treatment	13 items administered by clinician Note: "Nonclinical version" can be administered to parents or youth directly by lay or clinical interviewers.	Children and adolescents English	5 min	Freely accessible ^b youth version: www.hrcec.org/images/PDF/CIS- Y.pdf Freely accessible ^b parent version: www.hrcec.org/images/PDF/CIS- P.pdf
SDQ Impact Scale ¹² Assesses global functioning in domains of home life, friendships, learning, and play	5 items Parent Teacher Youths ≥11 y	3–17 y >40 languages	<5 min	Youth in Mind; freely accessible ^b : www.sdqinfo.org
Brief Mental Health Update (Algorithm S	tep 6)			
Brief screenings				
AAP Brief Mental Health Update ^{38,39}	Items selected from a list and sorted by age-group	Birth–21 y English	1–5 min, depending on provider's preference	Freely accessible ^b : http://pediatrics.aappublications.org/c ontent/125/Supplement_3/S159
SDQ Impact Scale ¹²	See first mention of SDQ Ir	npact Scale earlier in this tabl	е.	
Screening for somatization symptom dis	sorder and related disorders			
Children's Somatic Symptoms Inventory (CSSI)-24 (CSSI-24) ⁴⁰ Shortened version of original Children's Somatization Inventory (CSI) assesses for multiple somatic symptoms. An 8-item version is also available if a briefer version is	24 items Interviewer administers orally; child selects response from cards.	English	<10 min	Freely accessible ^b CSSI-24 (parent and child versions): https://downloads.aap.org/AAP/PDF/ CSSI.pdf Freely accessible ^b CSSI-8 (parent and child versions): https://downloads.aap.org/AAP/PDF/

needed.				CSSI-8_Child_and_Parent.pdf
Assessing Emergencies (Algorithm Step) 9)			
Suicide assessment				
Ask Suicide-Screening Questions (ASQ) ⁴¹ Note: This tool is not to be confused with ASQ, a developmental screening tool, or ASQ:SE-2, ⁴ described earlier in this table. In emergency department settings, assesses for suicide risk among youths with psychiatric concerns	4 screening items	10–24 y English	20 sec	National Institute of Mental Health; freely accessible ^b : https://nimh.nih.gov/research/researc h-conducted-at-nimh/asq-toolkit- materials/index.shtml
Suicide Assessment Five-step Evaluation and Triage (SAFE-T) ⁴² Process includes identifying risk factors, identifying protective factors, conducting suicide inquiry, determining risk level/intervention, and documenting.	Protocol with prompts for each step to guide clinical process	Children and adolescents English	Variable	Freely accessible ^b : https://store.samhsa.gov/product/SA FE-T-Pocket-Card-Suicide- Assessment-Five-Step-Evaluation- and-Triage-for-Clinicians/sma09- 4432
Columbia-Suicide Severity Rating Scale (C-SSRS) ⁴⁴ Tool supports suicide risk assessment through a series of items, and answers help users both identify whether someone is at risk for suicide and assess the severity and immediacy of that risk.	6 items within a 2- page form	Adolescents English	5 min Requires training to administer	Freely accessible ^b : http://cssrs.columbia.edu/wp- content/uploads/C-SSRS_Pediatric- SLC_11.14.16.pdf
Suicidal Ideation Questionnaire (SIQ) and Suicidal Ideation Questionnaire- Junior (SIQ-Jr) ⁴⁵ Appropriate for individual or group administration in clinical or school settings	SIQ: 30 items SIQ-Jr: 15 items	Adolescents and young adults aged 13–18 y SIQ: grades 10–12 SIQ-Jr: grades 7–9 English	10 min	PAR; proprietary: www.parinc.com/Products/Pkey/413
Child-Adolescent Suicidal Potential	30 yes-or-no items	Children and youths	10 min	Proprietary: For more information,

Index (CASPI) ⁴⁶ Assesses multiple aspects of suicidal behavior: total score plus 3 subscales	Self-report	aged 6–18 y English		contact author (http://books.google.com/books?id=- r309ILpxTkC&pg=PA95).
Delirium assessment		1		
Delirium Rating Scale (DRS) and Delirium Rating Scale-Revised-98 (DRS-R-98) ⁴⁷ Differentiates between delirium, dementia, depression, schizophrenia, and other conditions	DRS: 10 items DRS-R-98: 16 clinician-rated items, 13 of which assess severity of symptoms and 3 of which have diagnostic significance	Children and adolescents Chinese Dutch English French German Indian Italian Japanese Korean Mandarin Spanish Swedish	Each scale >2 h to administer 20–30 min to score	Freely accessible ^b : https://neuro.psychiatryonline.org/doi/ pdf/10.1176/jnp.13.2.229?code=neur o-site
Illness severity				
Childhood Severity of Psychiatric Illness (CSPI) ⁴⁸ Assesses severity by eliciting risk factors, behavioral/emotional symptoms, functioning problems, involvement with juvenile justice system and child protective services, and caregiver needs and strengths	34 items Individual report	3–21 y English Spanish	3–5 min to administer or complete after a routine crisis assessment 25–30 min to administer or complete if nothing is known of child and/or family	Praed Foundation; freely accessible ^b : https://praedfoundation.org/crisis- assessment-tool
			Training is generally recommended, and so is demonstration of reliability (ie, certification) before use (by office staff in particular). There are many trainers	

			available and some web-based training options.	
Brief Primary Care Intervention, Second	ary Screening, and Collatera	I Data Collection (Algorithm	Step 11)	
Secondary screening: general ^g				
ECSA ³	See first mention of ECSA	earlier in this table.		
ASQ:SE-2 tool ⁴	See first mention of ASQ:	SE-2 tool earlier in this table.		
BITSEA⁵	See first mention of BITSE	A earlier in this table.		
SWYC ^{6–8}	See first mention of SWY	Cearlier in this table.		
PSC-35 ^{9,10}	See first mention of PSC-3	85 earlier in this table.		
PSC-17 ¹¹	See first mention of PSC-	17 earlier in this table.		
SDQ ¹²	See first mention of SDQ earlier in this table.			
School or child care reports	NA			
Behavior Assessment System for Children, Third Edition (BASC-3) ⁴⁹ Assesses adaptive and problematic behaviors	Parent version: 134– 160 items Teacher version: 100– 139 items Youth version	2–21 y English Spanish	Parent version: 10–20 min Teacher version: 10– 20 min Youth version: 30 min Electronic scoring is available. Must be administered by qualified personnel	Pearson; proprietary: www.pearsonassessments.com/store /usassessments/en/Store/Profession al- Assessments/Behavior/Comprehensi ve/Behavior-Assessment-System-for- Children-%7C-Third-Edition- /p/100001402.html
Columbia Diagnostic Interview Schedule for Children (DISC) diagnostic predictive scales ⁵⁰ Computerized structured interview (yes-or-no items) elicits descriptions of symptoms of 36 mental disorders by applying DSM criteria.	22 items (Last item is not scored.) Youth version (self- administered, 8-item, and abbreviated) is available through TeenScreen.	9–17 y English	Depends on items endorsed Training is required.	Free to use with permission Freely accessible ^b : www.cdc.gov/nchs/data/nhanes/limit ed_access/interviewer_manual.pdf

Caregiver-Teacher Report Form (C- TRF) ⁵¹ —part of CBCL tool, described later in this table Assesses for emotionally reactive behavior, anxious/depressed mood, somatic concerns, withdrawn behavior, attention problems, and aggressive behavior	99 items Child care providers Teachers	1½–5 y Multiple languages	Variable hand and computer scoring	PAR; proprietary: www.parinc.com/Products/Pkey/49
Secondary screening: inattention and im	pulsivity			
Vanderbilt Assessment Scales ⁵² Elicits descriptions of symptoms in domains of inattention, disruptive behavior, anxiety, and depression, and, in a separate scale, assesses functioning in school performance	Parent informant form: 55 items Teacher informant form: 43 items Parent or teacher informant follow-up: 26 items plus items on medication adverse effects	6–12 y English Spanish	10 min	Freely accessible ^b archived versions: www.nichq.org/childrens- health/adhd/resources/vanderbilt- assessment-scales
Conners 3rd Edition (Conners 3) ⁵³ Elicits descriptions of symptoms in domains of oppositionality, cognitive problems/inattention, hyperactivity, anxiety-shyness, perfectionism, social problems, and psychosomatic problems	Parent: 80 items Teacher: 59 items Self: 87 items	3–17 y for parent or teacher 12–17 y for self English Spanish	20 min	Pearson; proprietary: www.pearsonassessments.com/store /usassessments/en/Store/Profession al- Assessments/Behavior/Comprehensi ve/Conners-3rd- Edition/p/100000523.html
Secondary screening: learning difficulty				
Vision and hearing screening if not done previously	NA			
 Collateral reports from school such as Teacher version of SDQ,¹² described earlier in this table, and Pediatric Symptom Checklist (PSC) Vanderbilt Assessment Scales,⁵² described earlier in this table, teacher 	NA			

Preschool Feelings Checklist ⁵⁷ Assesses for depression in young	20-item parent checklist	36–66 mo English	10 min	Freely accessible ^b : https://studylib.net/doc/7442685/pres
Secondary screening: low mood and o	· · · ·	20.00 mg	40 min	Freely eccessible!
Conduct Disorder Scale (CDS) ⁵⁶ Rates symptoms in domain of disruptive behavior	40 items Parent Teachers Siblings	5–22 y English	5–10 min	Pro-Ed; proprietary: www.proedinc.com/Products/10355/c onduct-disorder-scale-cds-complete- kit.aspx
Eyberg Child Behavior Inventory (ECBI) ⁵⁵ Assesses conduct problems	7-point Intensity scale and yes-or-no Problem scale	Parents of children and adolescents aged 2–16 y Companion tool is available for teachers. English	5 min to administer 5 min to score	PAR; proprietary: www.parinc.com/Products/Pkey/97
Modified Overt Aggression Scale (MOAS) ⁵⁴ Rates symptoms in domain of disruptive behavior/aggression	4 items Clinician rating of aggression	Adults but has been used for adolescents English	Semi-structured interview asking adolescent to report on aggressive behavior 10–15 min	Freely accessible ^b : https://depts.washington.edu/dbpeds/ Screening%20Tools/Modified-Overt- Aggression-Scale-MOAS.pdf
Conners 3 tool 53	See first mention of Conne	rs 3 tool earlier in this table.		
Vanderbilt Assessment Scales ⁵²		rbilt Assessment Scales earlie	r in this table.	
Secondary screening: aggressive and	l disruptive behavior			
 End-of-grade tests IEP 504 plan 				
(KBIT) ■ Report cards				
 Kaufman Test of Educational Achievement (KTEA) Kaufman Brief Intelligence Test 				
informant form ■ Psychological test results, if any				

children				chool-feelings-checklist	
KADS ¹⁹	See first mention of KADS earlier in this table.				
PHQ-9 Modified for Teens/PHQ-A18	See first mention of PHQ-9 Modified for Teens/PHQ-A earlier in this table.				
Center for Epidemiological Studies Depression Scale for Children (CES- DC) ⁵⁸ Screens for depression and emotional turmoil	20 items	6–17 y English Spanish French Sixth grade level	5–10 min	Freely accessible ^b : www.brightfutures.org/mentalhealth/p df/professionals/bridges/ces_dc.pdf	
Children's Depression Inventory 2 (CDI 2) ⁵⁹ Screens for depression	Parent: 17 items Teacher: 12 items Youth: 27 items (Youth short form: 10 items)	7–17 y English Spanish Firstgrade level	5–10 min (27-item)	Pearson; proprietary: www.pearsonassessments.com/store /usassessments/en/Store/Profession al-Assessments/Personality-%26- Biopsychosocial/Children%27s- Depression-Inventory- 2/p/100000636.html	
Short Mood and Feelings Questionnaire (SMFQ) ⁶⁰ Screens for depression	13 items Child and parent self- report	8–16 y English	<5 min	Free to use with attribution, for noncommercial purposes: For more information, contact Duke University (https://devepi.duhs.duke.edu/measu res/the-mood-and-feelings- questionnaire-mfq).	
Beck Depression Inventory-II (BDI-II) ⁶¹ Assesses for depression	21 items Self-administered or, by a trained administrator, verbally administered	≥14 y English Spanish Sixth grade level	5–10 min Training is required.	Pearson; proprietary: www.pearsonassessments.com/store /usassessments/en/Store/Profession al-Assessments/Personality-%26- Biopsychosocial/Beck-Depression- Inventory-II/p/100000159.html	
Beck Depression Inventory- FastScreen (BDI-FS) for Medical Patients ⁶²	7 items	≥13 y English	<5 min	Pearson; proprietary: https://pearsonassessments.com/stor e/usassessments/en/Store/Professio	

Screens for depression and is useful in screening patients with chronic pain and medical conditions				nal-Assessments/Personality-%26- Biopsychosocial/Brief/BDI FastScreen-for-Medical- Patients/p/100000173.html
Secondary screening: anxiety				
Spence Children's Anxiety Scale ⁶³ Assesses for anxiety and has subscales covering panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, obsessions/compulsions, and fear of physical injury	Parent: 35–45 items Student: 34–45 items	Parent: 2½–6½ y Student: 8–12 y Variety of languages	5–10 min	Susan H. Spence, PhD; freely accessible ^b : www.scaswebsite.com
Screen for Childhood Anxiety Related Emotional Disorders (SCARED) ⁶⁴ Assesses for anxiety but not specifically for obsessive-compulsive disorder or PTSD	41 items Parent Youth	≥8 y English	5 min to administer 1–2 min to score	Freely accessible ^b : www.midss.org/content/screen-child- anxiety-related-disorders-scared
Generalized Anxiety Disorder - 7 (GAD-7) ⁶⁵ Assesses for symptoms consistent with generalized anxiety disorder and may be used to identify anxiety in patients with chronic conditions such as migraine	7 items, plus impact scale (1 item) if responses are positive	11–17 y English	≤7 min	Freely accessible ^b : www.mdcalc.com/gad-7-general- anxiety-disorder-7
Secondary screening: trauma exposure ^h				
ASC-Kids ³⁴	See first mention of ASC-Kids in this table.			
CRIES-8 tool ³⁵	See first mention of CRIES-8 tool in this table.			
Trauma Symptom Checklist for Children (TSCC) and Trauma Symptom Checklist for Young Children (TSCYC) ⁶⁶ Elicits descriptions of trauma-related symptoms	TSCC: 54 items (TSCC-A is a 44-item alternative version that does not contain sexual concern items.) TSCYC: 90-item report	TSCC: 8–16 y TSCYC: 3–12 y English Spanish	15–20 min	WPS; proprietary: TSCC—www.wpspublish.com/tscc- trauma-symptom-checklist-for- children TSCYC— www.wpspublish.com/tscyc- trauma-symptom-checklist-for-young- children

	by caregivers of young children			
Child PTSD Symptom Scale (CPSS) ⁶⁷ Assesses severity of PTSD in children and adolescents	24 items (17 mapped to <i>DSM</i> symptom criteria; 7, to level of impairment) Interview or self-report	8–18 y English Spanish	Interview: 20 min Self-report: 10 min	Freely accessible ^b : www.aacap.org/App_Themes/AACA P/docs/resource_centers/resources/ misc/child_ptsd_symptom_scale.pdf
Secondary screening: executive function	1			
Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2) ⁶⁸ Assesses executive functioning in home and school environments and contributes to evaluation of learning disabilities, attention- deficit/hyperactivity disorder, traumatic brain injury, low birth weight, Tourette disorder, and pervasive developmental disorders/autism spectrum disorder	86 items Parent Teacher	5–18 y English	10–15 min to administer 15–20 min to score	WPS; proprietary: www.wpspublish.com/brief-2- behavior-rating-inventory-of- executive-function-second-edition
BITSEA⁵	See first mention of BITSEA	A earlier in this table.	•	
School reports	NA			
Secondary screening: speech and langua	age			
Hearing screening	NA			
Capute Scales: Clinical Adaptive Test/Clinical Linguistic and Auditory Milestone Scale (CAT/CLAMS) ⁶⁹ Quantitatively measures expressive and receptive language and nonverbal problem-solving skills	100 items	Birth–3 y English	Variable	Paul H. Brookes Publishing Co Inc; proprietary: http://products.brookespublishing.co m/The-Capute-Scales-Test-Kit- P362.aspx
Early Language Milestone-Second Edition (ELM Scale-2) ⁷⁰ Assesses language development from birth–3 y and intelligibility from 36–48	43 items	Birth–36 mo, and older children whose developmental level falls within that range	Variable	Pro-Ed; proprietary: www.proedinc.com/Products/6580/ea rly-language-milestone-scale-elm- scale2.aspx

то		English			
Language Development Survey (LDS) ⁷¹ Identifies language delay	310 words are arranged into 14 semantic categories (eg, food, animals, people, vehicles). Parents circle each word child uses spontaneously and whether child uses word combinations.	18–35 mo English	10 min	Proprietary: https://aseba.org/research/the- language-development-survey-lds	
Secondary screening: capacity for relat	•			·	
ASQ:SE-2 tool ⁴	See first mention of ASQ:S	E-2 tool earlier in this table			
PSI-Short Form ²⁴	See first mention of PSI-SI	nort Form earlier in this tabl	е.		
BIS ³⁶	See first mention of BIS earlier in this table.				
EPDS ³¹ (mother)	See first mention of EPDS	earlier in this table.			
Secondary screening: somatization					
CSSI-24 ⁴⁰	See first mention of CSSI-	24 earlier in this table.			
Functional Disability Inventory (FDI) ^{72,} ⁷³ Provides classification levels for pain- related disability, applicable to a broad spectrum of pain conditions in pediatric patients	15 items	Parent Youth ≥8 y	Variable	Freely accessible ^b parent and child versions: https://downloads.aap.org/AAP/PDF/ FDI_Child_and_Parent.pdf	
Secondary screening: sleep disturbance	e				
BEARS Sleep Screening Algorithm ⁷⁴ Identifies sleep problems and gathers sleep-related information	5 items corresponding to the mnemonic: B = bedtime issues, E = excessive daytime sleepiness, A = night awakenings, R = regularity and duration of sleep, and	2–12 y English	5 min	Freely accessible ^b : http://depts.washington.edu/dbpeds/ Screening%20Tools/BEARSsleep.doc	

	S = snoring.			
Secondary screening: substance use				1
The CRAFFT (Car, Relax, Alone, Forget, Family or Friends, Trouble) Interview ⁷⁵ Screens for substance use	3 screener items and 6 follow-up items Self-administered or youth report	Adolescents English	1–2 min if responses are negative	Center for Adolescent Substance Abuse; freely accessible ^b (use at this step as brief assessment if S2BI result is positive): https://crafft.org
Alcohol Use Disorders Identification Test (AUDIT) ⁷⁶ Assesses risky drinking and is not a diagnostic tool	10 items Clinician-administered and self-report options	Preadolescents and adolescents Variety of languages	2 min	Freely accessible ^b : https://drugabuse.gov/sites/default/fil es/audit.pdf
Global Appraisal of Individual Needs– Short Screener (GAIN-SS) ⁷⁷ One of a series of measures to assess recency, breadth, and frequency of problems and service use related to substance use and includes subscales covering internalizing disorders, externalizing disorders, substance use disorders, and crime/violence	20 items (four 5-item subscales)	Adults Youths aged 10–17 y Self- or clinician- administered	3–5 min	Proprietary: For more information, contact author (Michael Dennis, PhD, Senior Research Psychologist, Chestnut Health Systems, 720 W Chestnut St, Bloomington, IL 61701/Phone: 309/827-6026/Email: mdennis@chestnut.org). Freely accessible ^b : https://dpi.wi.gov/sites/default/files/im ce/sspw/pdf/gainssmanual.pdf
Secondary screening: military families				
"Cover the Bases" (military children) ⁷⁸ Includes PSC-35, ^{9,10} described earlier in this table, plus items specific to experiences of military families	PSC-35 plus 4 items	Children of all ages in military families English	Same as for PSC-35 with variable additional time, depending on responses to 4 military-specific items	Home Base; freely accessible ^b : www.homebase.org/media/toolkit-for- providerUpdatedLogo.pdf
Secondary screening: sexual behavior o				
Child Sexual Behavior Inventory (CSBI) ⁷⁹ Assesses children who may have been or are suspected of being sexually abused and covers 9 major content domains: Boundary Issues, Gender Role Behavior, Sexual Interest,	38-item questionnaire completed by female caregiver	2–12 y Dutch English (USA) French German Latvian Lithuanian	5–10 min to administer 15 min to score	PAR; proprietary: www.parinc.com/Products/Pkey/71

Sexual Knowledge, Exhibitionism, Self-Stimulation, Sexual Intrusiveness, Voyeuristic Behavior, and Sexual Anxiety		Moldovan Polish Spanish Swedish		
Secondary screening: eating and self-re SCOFF (sick, control, one, fat, food)	egulation 5 items	Youths as young as 11	1 min to administer	Freely accessible ^b :
questionnaire ⁸⁰ Screens for disordered eating	Jitens	y and adults English	1 min to score	Developed at St. George's Hospital, London, England www.ncbi.nlm.nih.gov/pmc/articles/PM C1070794
Eating Disorder Screen for Primary Care (ESP) ⁸¹ Simple questions to screen for eating disorders	5 items	Adolescents and adults English	1 min to administer 1 min to score	Freely accessible ^b : Developed at University Hospital, London, England www.mendedwingcounseling.com/wp- content/uploads/2014/08/ESP.pdf
Diagnostic Assessment (Algorithm Ste	p 15)			
Previous findings Previous screening results, steps 2 and 11 (general and specific)	NA			
Interview	NA			
Observations of patient and family	NA			
Collateral reports	NA			
Parent history	NA			
Diagnostic tools				
Child Health and Development Interactive System (CHADIS) ⁸² Assesses broadly for mental health symptoms and problems in functioning	Electronic Variable number of items that depend on response	Birth and on English tools, with some tools in Spanish	18–48 min	Total Child Health Inc; proprietary: https://site.chadis.com/questionnaires
Achenbach System of Empirically Based Assessment (ASEBA) Child	Parent or caregiver/teacher for	1½–5 y 6–18 y	15–20 min (both age- groups)	Proprietary: CBCL—Preschool (1 ½–5 yrs):

 Behavior Checklist (CBCL)⁸³ DSM-oriented scales assess for 1½–5 y: pervasive developmental problem 6–18 y: somatic problems and conduct problems Both groups: affective problems, anxiety problems, oppositional defiant problems, and attention-deficit/hyperactivity problems 	1½–5 y: 99 items Parent/teacher: 118 items via direct observation Youth self-report	74 languages		https://aseba.org/preschool CBCL—School Age (6–18 yrs): https://aseba.org/school-age
UCLA PTSD Reaction Index for DSM- 5 ⁸⁴ Assesses exposure to traumatic experiences and impact of traumatic events	Child: 20 items Parent: 21 items Youth: 22 items	Child and parent: 7–12 y Youth: ≥13 y Multiple languages	20–30 min to administer 5–10 min to score	Robert S. Pynoos and Alan M. Steinberg; proprietary: http://tdg.ucla.edu/sites/default/files/ UCLA_PTSD_Reaction_Index_Flyer. pdf Freely accessible ^b adapted version within AAP <i>Feelings Need Check</i> <i>Ups Too</i> CD-ROM ⁸⁵ to assess trauma exposure
Functional assessment tools				
Child and Adolescent Functional Assessment Scale (CAFAS) ^{37,86} Assesses degree of impairment in youths with emotional, behavioral, psychiatric, or substance use problems; is used to assess level of need for services in mental health and other systems; and is also used in evaluating outcomes for programs, evidence-based treatments, and evidence-informed practices	Clinician uses information collected during a routine clinical interview and selects items that describe youth's problematic behaviors, as well as strengths and goals.	5–19 y English French Spanish Dutch	Administration time is based on prior clinical assessment. Scoring requires about 10 min.	Functional Assessment Systems; proprietary: www2.fasoutcomes.com/Content.asp x?ContentID=12
Children's Global Assessment Scale (CGAS) ⁸⁷ Assesses overall severity of disturbance and impact on global functioning	1 item Rated by clinician 100-point scale with 10-point anchors Note: "Nonclinical	4–16 y English	Administration requires no time for clinical version because it is based on prior clinical assessment. Time to integrate	Freely accessible ^b : www.thereachinstitute.org/images/C GAS.pdf

	version" can be administered by lay interviewers.		knowledge of child into a single score is estimated to be 5–10 min.	
Functional Assessment Interview Form—Young Child ⁸⁸ Elicits descriptions of behavioral concerns, factors that precipitate unwanted behaviors, consequences of behaviors, and functional difficulties	9-page questionnaire/intervie w with caregiver or teacher, aimed at developing a hypothesis about problematic behaviors	½–5 y English	45–90 min	Freely accessible ^b : http://csefel.vanderbilt.edu/modules/ module3a/handout5.pdf
BIS ³⁶	See first mention of BIS ea	rlier in this table.		
CIS ³⁷	See first mention of CIS ea	rlier in this table.		
Family-Centered Care Plan (Algorithm S	tep 17)			
Transition				
Got Transition website Multiple tools for transition readiness	Varies by tool	Varies by tool	Varies by tool	Freely accessible ^b : www.gottransition.org/6ce/?leaving- full-package
Transition Readiness Assessment Questionnaire (TRAQ) ⁸⁹ Identifies areas in which a youth needs education and training to achieve independence in transition-relevant skills and is also used to set goals	20 items	Adolescents and adults aged 16–26 y with chronic conditions English	<5 min	Freely accessible ^b (register first): www.etsu.edu/com/pediatrics/traq/re gistration.php
Self-Management and Transition to Adulthood with R _X =Treatment (STAR _X) Transition Readiness Questionnaire ⁹⁰ Collects, via self-report, information on self-management and health care transition skills in a broad population of adolescents and young adults with	18 items in 3 domains	Adolescents and young adults with chronic conditions English	2–3 min to complete 5 min to score	Freely accessible ^b : https://med.unc.edu/transition/wp- content/uploads/sites/523/2017/12/S TARx-Adolescent-Version.pdf

Care Plan Implementation, Comanager	nent, and Monitoring (Algorithm Step 18)			
Ionitoring				
Periodic functional assessment compared with baseline (eg, SDQ Impact Scale, ¹² BIS, ³⁷ CIS ³⁸)	See first mention of specific tool earlier in this table.			
PSC-35 ^{9,10}	See first mention of PSC-35 earlier in this table.			
PSC-17 ¹¹	See first mention of PSC-17 earlier in this table.			
SDQ ¹²	See first mention of SDQ earlier in this table.			
Vanderbilt Assessment Scales ⁵²	See first mention of Vanderbilt Assessment Scales earlier in this ta	able.		
ASQ:SE-2 tool ⁴	See first mention of ASQ:SE-2 tool earlier in this table.			
BITSEA⁵	See first mention of BITSEA earlier in this table.	See first mention of BITSEA earlier in this table.		
ECSA ³	See first mention of ECSA earlier in this table.	See first mention of ECSA earlier in this table.		
S2BI ¹⁵	See first mention of S2BI earlier in this table.			
FDI ^{72, 73}	See first mention of FDI earlier in this table.			
Fax-back forms returned from MHS	NA			
Shared care plan	NA	National Resource Center for Patient/Family-Centered Medical Home; freely accessible ^b resources: https://medicalhomeinfo.aap.org/tools - resources/Documents/Shared%20PI an%200f%20Care2.pdf		
Abbreviations not defined within tak	ble: AAP, American Academy of Pediatrics; DSM, Diagnostic and Statist			

^b Tool can be downloaded but may require permission to use commercially.

° A recent, unrelated tool, the Ask Suicide-Screening Questions, is also sometimes abbreviated as ASQ.

^d Bright Futures: Guidelines for Health Supervisions of Infants, Children, and Adolescents, 4th Edition, recommends universal screening, beginning at the age of 11 y, of adolescents for substance use.

^e Bright Futures, 4th Edition, recommends universal screening of adolescents for depression.

^f Use of these tools as part of the initial psychosocial assessment (algorithm step 2) may be appropriate when recent trauma is a concern; alternatively, these tools may be used at step 11 for secondary screening.

⁹ General screening and surveillance tools not used at step 2 may be used at this step. They may be administered by the primary care clinician (or an integrated MHS) or collected from collateral sources.

^h Tools not used at step 2 can be applied at this step.

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Links provided for these commonly used tools go to the author or the owner (or both) of the specific tool to ensure accessibility to the most up-to-date version of the specific tool. Review and comply with any copyright and permissions requirements before use.

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