

The following table is a snapshot of a work in progress of the American Academy of Pediatrics (AAP) Mental Health Leadership Work Group (MHLWG). It 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 primary care. This process is depicted by algorithms in Appendix 1 and described in Chapter 1, Integrating Preventive Mental Health Care Into Pediatric Practice, and Chapter 2, Pediatric Care of Children and Adolescents With Mental Health Problems. These chapters and Chapter 3, Office and Network Systems to Support Mental Health Care, offer general guidance concerning the selection of tools for use in primary care. A number of chapters offer, in addition, guidance in interpreting results of commonly used screening tools, including a number of those included in the following table.

Several points about the table bear noting.

- ▶ The sequence of tools within each section does not reflect the recommendation or preference of the AAP MHLWG for one tool over another.
- ▶ In a number of instances, there are options for use of 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 will assist readers in locating the tool's full description where it appears in the table.
- ▶ Information about psychometric properties of each tool is available in the latest version of the tool at www.aap.org/mentalhealth.

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Initial Psychosocial Assessment (Algorithm Step 2): Previsit or Intra-visit Data Collection and Screening					
Surveillance	Bright Futures surveillance questions ¹	Unlimited	0–21 y English Spanish	Variable	AAP/MCHB freely accessible Source: https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx
	Bright Futures previsit and supplemental questionnaires ¹	Variable	0–21 y English Spanish	Variable	AAP/MCHB freely accessible Source: https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx
	HEADSSS mnemonic ² <i>Assesses for Home/ environment, Education and employment, Activities, Drugs, Sexuality, Suicide/ depression, and Safety.</i> <i>HEADSSS-3.0 includes media use.</i>	Interview	Adolescents Language of clinician	Part of interview process	Freely accessible Sources: www.bcchildrens.ca/Youth-Health-Clinic-site/Documents/headss20assessment20guide1.pdf http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/content/tags/adolescent-medicine/heedsss-30-psychosocial-interview-adolesce?page=full
	School report cards, end-of-grade tests, Individualized Education Program (IEP), and 504 plan				

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Initial Psychosocial Assessment (Algorithm Step 2): Previsit or Intra-visit Data Collection and Screening					
General psychosocial screening: young children aged 0–5 y	Early Childhood Screening Assessment (ECSA) ³ <i>Assesses emotional and behavioral development in young children and maternal distress</i>	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 Spanish Romanian Reading level: fifth grade	10–15 min to complete Scoring time: 1–2 min Should be administered by health care professional or MHS whose training and scope of practice includes interpreting screening test results and interpreting positive or negative screening results for parents	Freely accessible Source: www.infantininstitute.org/wp-content/uploads/2013/07/ECSA-40-Child-Care1.pdf
	Ages & Stages Questionnaires (ASQ): Social-Emotional, Second Edition (ASQ: SE-2) ⁴ <i>Screens for social-emotional problems in young children; used in conjunction with ASQ or another tool designed to provide information on a child’s communicative, motor, problem-solving, and adaptive behaviors</i>	From 19 items (6 mo)–33 items (30 mo) Parent report	6–60 mo English Spanish Reading level: sixth grade	10–15 min Scoring: 1–5 min (can be scored by paraprofessionals)	Proprietary Source: http://agesandstages.com/products-services/asqse-2
	Brief Infant Toddler Social Emotional Assessment (BITSEA) ⁵ <i>Screens for social-emotional problems in young children</i>	42 items Parent report Child care report	12–36 mo English Spanish	7–10 min	Proprietary 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 <i>Assesses cognitive, language, and motor development</i> Baby Pediatric Symptom Checklist (BPSC) up to 18 mo	Parent questionnaires with embedded subscales 34–47 questions Paper and electronic versions	2–60 mo English Spanish Burmese Nepali Portuguese (Translations not independently validated)	10–15 min	Freely accessible Source: www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Age-Specific-Forms.aspx

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Initial Psychosocial Assessment (Algorithm Step 2): Previsit or Intra-visit Data Collection and Screening					
General psychosocial screening: young children aged 0–5 y	<p><i>Assesses irritability, inflexibility, and difficulty with routines</i></p> <p>Preschool Pediatric Symptom Checklist (PPSC) 18–66 mo</p> <p><i>Assesses for emotional/behavioral symptoms</i></p> <p>Parent’s Observations of Social Interactions (POSI) 18–35 mo</p> <p><i>Screens for ASD</i></p> <p>Family questions</p> <p><i>Assesses stress in family environment (eg, parental depression; discord; substance use; food insecurity; parent’s concerns about child’s behavior, learning, or development)</i></p>				
General psychosocial screening: children aged 6–10 y	<p>Pediatric Symptom Checklist—35 items (PSC-35)^{9,10}</p> <p><i>General psychosocial screening and functional assessment in the domains of attention, externalizing symptoms, and internalizing symptoms</i></p>	35 items Self-administered Parent or youth ≥ 11 y	4–16 y English Spanish Chinese Japanese Pictorial versions available	< 5 min Scoring: 1–2 min	Freely accessible Source: Massachusetts General Hospital Web site at www.massgeneral.org/psychiatry/services/psc_home.aspx
	<p>Pediatric Symptom Checklist—17 items (PSC-17)¹¹</p> <p><i>General psychosocial screening and functional assessment in the domains of attention, externalizing symptoms, and internalizing symptoms</i></p>	17 items Self-administered Parent or youth ≥ 11 y	4–16 y English Spanish Chinese Reading level: fifth grade–sixth grade	< 5 min Scoring: 2 min	Freely accessible Source: https://depts.washington.edu/hcsats/FCAP/resources/PSC-17%20English.pdf
	<p>Strengths and Difficulties Questionnaires (SDQ)¹²</p> <p><i>Assesses 25 attributes, some positive and some negative, divided among 5 scales. Some versions have an impact scale on the second page.</i></p>	25 items Self-administered versions for parent, teacher, or youth aged 11–17 y	3–17 y > 40 languages	10 min	Freely accessible Source: Youth in Mind Web site at www.sdqinfo.org

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Initial Psychosocial Assessment (Algorithm Step 2): Previsit or Intra-visit Data Collection and Screening					
General psychosocial screening: adolescents and young adults aged 11–21 y	PSC-35 ^{9,10}				
	PSC-17 ¹¹				
	SDQ ¹²				
	The Rapid Assessment for Adolescent Preventive Services (RAAPS) ^{13,14} <i>Web-based screening tool developed to identify youths most at risk for school drop-out, using factors such as discrimination, abuse, and access to tangible needs (eg, food, water, electricity) that contribute to morbidity, mortality, and social problems</i>	21 items	Age specific for older child (9–12 y), adolescent (13–18 y), and young adult (18–24 y) Includes audio and multilingual options	Approximately 5 min to self-administer. Scored automatically and pertinent information is downloaded. 30-min demonstration available (www.possibilitiesforchange.com/raaps).	Proprietary. Review and download free of charge at www.raaps.org.
Targeted screening: substance use ^b	Screening to Brief Intervention (S2BI) ¹⁵ <i>Brief screening to determine whether further assessment is necessary</i>	2 items	Adolescents English	1–2 min if responses negative	Freely accessible Source: https://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf
	Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD) ¹⁶ <i>Identifies problematic tobacco, alcohol, and marijuana use in pediatric settings</i>	3 frequency questions (one for each substance) Interview or iPad self-administration (preferred)	12–17 y English	1–2 min if responses negative	Freely accessible Source: www.drugabuse.gov/ast/bstad/#
	NIAAA youth alcohol screening ¹⁷ <i>Screens for friends' uses and own use</i>	2 questions	Adolescents English	1–2 min if responses negative	Freely accessible Source: www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/YouthGuide.aspx
	CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) lifetime use ¹⁸ <i>Screens for substance use</i>	3 screener questions and then 6 items Self-administered or youth report	Adolescents English	1–2 min if responses negative	Freely accessible. Use at this step or in algorithm step 11, later in this table, as brief assessment if S2B1 result is positive. Source: Center for Adolescent Substance Abuse Research Web site at www.ceasar-boston.org/CRAFFT/

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Initial Psychosocial Assessment (Algorithm Step 2): Previsit or Intra-visit Data Collection and Screening					
Targeted screening: adolescent depression ^c	Patient Health Questionnaire-Adolescent (PHQ-A) depression screening ¹⁹ <i>Consists of questions on depression from full PHQ-A (See full PHQ-A tool later in this table.)</i>	Abbreviated 9-item screening specifically for depression	11–17 y English	< 5 min to complete and score	Free with permission Source: www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf
	Kutcher Adolescent Depression Scale (KADS) ²⁰ <i>Screens for depression</i>	6, 11, or 16 items	12–17 y English	5 min Scoring: 1 min	Freely accessible. 6-Item Kutcher Adolescent Depression Scale (KADS-6). http://lphi.org/CMSuploads/Kutcher-Adolescent-Depression-Scale-47583.pdf .
Parent/family general screening	Pediatric Intake Form (Family Psychosocial Screen) ²¹ <i>Screens for parental depression, substance use, domestic violence, parental history of being abused, and social supports</i>	22 items	0–21 y English	Variable	Freely accessible Source: www.pedstest.com/Portals/0/TheBook/FPSinEnglish.pdf
	SWYC ^{6–8}				
	A Safe Environment for Every Kid (SEEK) Parent Questionnaire - R (PQ-R) ²² <i>Includes questions about smoking, guns, food availability, depression, substance use, discipline, and domestic violence</i>	15 yes-or-no questions	0–5 y English Spanish	3 min Scoring: <3 min	Proprietary Source: www.seekwellbeing.org/the-seeking-parent-questionnaire-
	Parents' Assessment of Protective Factors ²³ <i>Self-assessment of parents' resilience, their social connections, concrete support they receive in times of need, and their social-emotional competence of children</i>	46 questions, including 10 background questions	Parents of children from birth–8 y English Spanish	20 min	Freely accessible Source: www.cssp.org/reform/child-welfare/pregnant-and-parenting-youth/Parents-Assessment-of-Protective-Factors.pdf

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Initial Psychosocial Assessment (Algorithm Step 2): Previsit or Intra-visit Data Collection and Screening					
Parent/ family general screening	Health Leads Screening ²⁴ <i>Assesses food insecurity, housing instability, utility needs, strained financial resources, transportation difficulty, exposure to violence, and sociodemographic information</i>	10 questions In each category, alternative questions, plus follow-up questions as indicated	Parents of children of all ages. Multiple languages. Reading level varies by question.	5 min	Freely accessible Source: toolkit available at https://healthleadsusa.org/wp-content/uploads/2016/07/Health-Leads-Screening-Toolkit-July-2016.pdf
	McMaster Family Functioning Scale ²⁵ <i>Assesses family functioning</i>	12 items Self-report	Adolescents and adults Translated into 24 languages	< 5 min	Freely accessible Source: www.clintools.com/victims/resources/assessment/interpersonal/mcmaster.html
	Parent Stress Index (PSI), Third Edition ²⁶ <i>Elicits indicators of stress and identifies parent-child problem areas in parents of children aged 1 mo–12 y</i> PSI-Short Form	120 items plus 19 optional items Parent self-report PSI-Short Form: 36 items Version for parenting adolescents	Parents of children aged 1 mo–12 y English	20–30 min	Proprietary Source: PAR Web site at www.parinc.com/Products/Pkey/337
	Stress Index for Parents of Adolescents (SIPA) ²⁷ <i>Elicits indicators of stress in parents of adolescents</i>	112 items	Parents of pre-adolescents and adolescents aged 11–19 y English	20 min Scoring: 10 min	Proprietary Source: www.parinc.com/Products/Pkey/412
	Caregiver Strain Questionnaire (CGSQ) and CGSQ Short Form 7 (CGSQ-SF7) ²⁸ <i>Assesses strain experienced by caregivers and families of youths with emotional problems</i>	21 items 7 items (CGSQ-SF7) Self-report by parents or caregivers	Parents/ caregivers of adolescents with emotional problems English Spanish	Variable	Freely accessible Source: www.hospicepatients.org/caregiver-strain-questionnaire-robinson.pdf
	Multidimensional Scale of Perceived Social Support Parent Stress Inventory (MSPSS) ²⁹ <i>Assesses social support</i>	12 items Parent report	Adult Multiple languages	2–5 min	Freely accessible Source: www.yorku.ca/rokada/psycstest/socsupp.pdf

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Initial Psychosocial Assessment (Algorithm Step 2): Previsit or Intra-visit Data Collection and Screening					
Parent/ family targeted screening	Patient Health Questionnaire-2 (PHQ-2)— first 2 items from PHQ-9 ³⁰ <i>Screens adults for depression</i>	2 items Parent self-report	Adult English	1 min	Freely accessible Source: www.cqaimh.org/pdf/tool_phq2.pdf
	Patient Health Questionnaire-9 (PHQ-9) ³¹ <i>Screens adults for depression</i>	9 items Parent self-report	Adult English	< 5 min to administer Scoring: < 3 min	Freely accessible Source: www.phqscreeners.com/sites/g/files/g10016261f/201412/PHQ-9_English.pdf
	Edinburgh Postnatal Depression Scale (EPDS) ³² <i>Screens women for depression</i>	10 items Parent self-report	Peripartum women Multiple languages	< 5 min to administer Scoring: 5 min	Freely accessible Source: www.perinatalervicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-(epds)
	Abuse Assessment Screen (AAS) ³³ <i>Screens for domestic violence</i>	5–6 items Parent report	Adolescent girls and adult women English	About 45 sec if all answers are no	Freely accessible Source: http://peaceathome.com/wordpress/wp-content/uploads/2014/10/Abuse_Assessment_Screen_AAS.pdf
	Hunger Vital Sign ³⁴ <i>Identifies food insecurity and its associated social determinants</i>	2 questions	Parents of children from birth–3 y English Russian Somalian Vietnamese Korean Chinese Spanish Arabic Swahili French Nepali	≤ 5 min	Freely accessible Source: http://childrenshealthwatch.org/public-policy/hunger-vital-sign

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Initial Psychosocial Assessment (Algorithm Step 2): Previsit or Intra-visit Data Collection and Screening					
Trauma exposure ^d	The Acute Stress Checklist for Children (ASC-Kids) ³⁵ <i>Assesses acute stress reactions within the first month after exposure to a potentially traumatic event</i>	29 items (25 DSM-related; 4 additional items for clinical use: subjective life threat, family context, and coping) Self-report or may be read aloud to child	8–17 y English Spanish	5 min	Proprietary Source: www.istss.org/assessing-trauma/acute-stress-checklist-for-children.aspx
	Children’s Revised Impact of Event Scale (CRIES)-8 ³⁶ <i>Assesses impact of traumatic events</i>	8 items Self-report	≥ 8 y who can read Multiple languages	< 5 min	Freely accessible Instructions and forms available at Children and War Foundation Web site at www.childrenandwar.org/measures/children’s-revised-impact-of-event-scale-8---cries-8
Global functioning	Brief Impairment Scale (BIS) multidimensional ³⁷ <i>Assesses global functioning in domains of interpersonal relations, school/work, and self-care/self-fulfillment</i>	23 items Parent report	4–17 y English Spanish	10 min	Freely accessible Source: www.heardalliance.org/wp-content/uploads/2011/04/Brief-Impairment-Scale-English.pdf
	Columbia Impairment Scale (CIS)—part of Child/Adolescent Wellness Assessment (CAWA) ³⁸ <i>Assesses global functioning in domains of interpersonal relations, psychopathology, school performance, and use of leisure time; monitors progress after 6 mo of treatment</i>	13 items administered by clinician. “Nonclinical version” can be administered directly by lay or clinical interviewers to parents or youth.	Children and adolescents English	5 min	Freely accessible Sources: Youth version at www.hrcec.org/images/PDF/CIS-Y.pdf Parent version at www.hrcec.org/images/PDF/CIS-P.pdf
	SDQ Impact Scale ¹² <i>Assesses global functioning in domains of home life, friendships, learning, and play</i>	5 items Parent Teacher Youth ≥ 11 y	3–17 y > 40 languages	< 5 min	Freely accessible Source: www.sdqinfo.com

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Brief MH Update (Algorithm Step 6)					
Brief screenings	AAP brief MH update ^{39,40}	Questions selected from a list and sorted by age-group	Birth–21 y English	1–5 min, depending on provider's preference	Freely accessible Source: http://pediatrics.aapublications.org/content/125/Supplement_3/S159
	SDQ Impact Scale ¹²				
Screen for somatization symptom disorder and related disorders	Children's Somatization Inventory (CSI)-24 (CSI-24) ⁴¹ <i>Shortened version of original CSI assesses for the presence of multiple somatic symptoms.</i>	24 items. Interviewer administers orally; child selects response from cards.	Multiple languages	< 10 min	Freely accessible Source (parent and child versions): www.childrenshospital.vanderbilt.org/uploads/documents/CSI-24_English_parent_and_child.pdf
Assessing Emergencies (Algorithm Step 9)					
Suicide assessment	Ask Suicide-Screening Questions (ASQ) ⁴² Note: This tool is not to be confused with the ASQ, a developmental screening tool, or the ASQ:SE-2, described earlier in this table. <i>Assesses for suicide risk among youths with psychiatric concerns in emergency department settings</i>	4 screening items	10–24 y English	20 sec	Toolkit freely accessible at www.nimh.nih.gov/labs-at-nimh/asq-toolkit-materials/index.shtml
	Suicide Assessment Five-step Evaluation and Triage (SAFE-T) ⁴³ <i>Process includes identifying risk factors, identifying protective factors, conducting suicide inquiry, determining risk level/intervention, and documenting.</i>	Protocol with prompts for each step to guide clinical process	Children and adolescents English	Variable	Source: www.integration.samhsa.gov/images/res/SAFE_T.pdf
	Suicide Behaviors Questionnaire-Revised (SBQ-R) ⁴⁴ <i>Assesses 4 dimensions of suicidality</i>	4 items	Adolescents English	5 min	Source: www.cqaimh.org/pdf/tool_sbq-r.pdf

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Assessing Emergencies (Algorithm Step 9)					
Suicide assessment	Columbia-Suicide Severity Rating Scale (C-SSRS) ⁴⁵ <i>Supports suicide risk assessment through a series of questions; answers help users both identify whether someone is at risk for suicide and assess the severity and immediacy of that risk.</i>	6 items within a 2-page form	Adolescents English	5 min Requires training to administer	Freely available Source: http://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf
	Suicidal Ideation Questionnaire (SIQ) and SIQ-Junior (SIQ-Jr) ⁴⁶ <i>Appropriate for individual or group administration in clinical or school settings</i>	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	Proprietary Source: www.parinc.com/Products/Pkey/413
	Child-Adolescent Suicidal Potential Index (CASPI) ⁴⁷ <i>Assesses multiple aspects of suicidal behavior: total score plus 3 subscales</i>	30 yes-or-no items in self-report format	Children and youths 6–18 y English	10 min	Source: Author's contact information available at http://books.google.com/books?id=-r309ILpxTkC&pg=PA95
	PHQ-A ¹⁹ or PHQ-9 ³¹ severity items on suicide				
Delirium assessment	Delirium Rating Scale (DRS) and Revised-98 (DRS-R-98) ⁴⁸ <i>Differentiates between delirium, dementia, depression, schizophrenia, and other conditions</i>	DRS 10 items DRS-R-98 16 clinician-rated items, 13 of which assess the severity of symptoms and 3 of which have diagnostic significance	Children and adolescents English, French, Italian, Spanish, Dutch, Mandarin, Chinese, Korean, Swedish, Japanese, German, and Indian	Both scales > 2 h Scoring: 20–30 min	Freely accessible Source: https://neuro.psychiatryonline.org/doi/pdf/10.1176/jnp.13.2.229?code=neuro-site

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Assessing Emergencies (Algorithm Step 9)					
Illness severity	<p>Childhood Severity of Psychiatric Illness (CSPI-2)⁴⁹ <i>Assesses severity by eliciting risk factors, behavioral/emotional symptoms, functioning problems, involvement with juvenile justice and child protection, and caregiver needs and strengths</i></p>	34 items Individual report	3–21 y English Spanish	<p>3–5 min after a routine crisis assessment. 25–30 min to complete if nothing is known of the child/family. 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.</p>	Freely accessible Available at www.praedfoundation.org
Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: general ^e	ECSA ³				
	ASQ:SE-2 ⁴				
	BITSEA ⁵				
	SWYC ^{6–8}				
	PSC-35 ^{9,10}				
	PSC-17 ¹¹				
	SDQ ¹²				
	School or child care reports				
<p>Behavior Assessment System for Children (BASC)⁵⁰ <i>Assesses adaptive and problem behaviors</i></p>	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 available Must be administered by qualified personnel	Proprietary. Source: Behavior Assessment System for Children, Second Edition (BASC-2). Pearson PsychCorp Web site. Available at http://pearsonassess.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAa30000 .	

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Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: general ^e	<p>Columbia Diagnostic Interview Schedule for Children (DISC) diagnostic predictive scales⁵¹</p> <p><i>Computerized structure interview (yes-or-no) elicits symptoms of 36 mental disorders, applying DSM criteria.</i></p>	<p>22 items (Last item is not scored.)</p> <p>Youth self-administered, 8-item, abbreviated version available through TeenScreen</p>	<p>9–17 y</p> <p>English</p>	<p>Depends on items endorsed</p> <p>Training needed</p>	<p>Free with permission</p> <p>Manual available at www.cdc.gov/nchs/data/nhanes/limited_access/interviewer_manual.pdf</p>
	<p>Patient Health Questionnaire-Adolescents (PHQ-A)⁵²</p> <p><i>Screens for anxiety, eating problems, mood problems, and substance use.</i></p> <p><i>Note: PHQ-A depression screening¹⁹ is a subsection of this comprehensive questionnaire.</i></p>	<p>83 items</p> <p>Self-report</p>	<p>13–18 y</p> <p>English</p>	<p>Variable scoring:</p> <p>< 5 min</p>	<p>Freely accessible</p> <p>Source: www.uacap.org/uploads/3/2/5/0/3250432/phq-a.pdf</p>
	<p>Caregiver Teacher Report Form (C-TRF)⁵³—part of CBCL (See CBCL tool later in this table.)</p> <p><i>Assesses for emotionally reactive behavior, anxious/depressed mood, somatic concerns, withdrawn behavior, attention problems, and aggressive behavior</i></p>	<p>99 items</p> <p>Child care providers</p> <p>Teachers</p>	<p>1½–5 y</p> <p>Multiple languages</p>	<p>Variable hand and computer scoring</p>	<p>Proprietary</p> <p>Source: PAR Web site at www.parinc.com/Products/Pkey/49</p>
Secondary screening: inattention and impulsivity	<p>National Institute for Children’s Health Quality (NICHQ) Vanderbilt Diagnostic Rating Scales⁵⁴</p> <p><i>Elicits symptoms in domains of inattention, disruptive behavior, anxiety, and depression; separate scale assesses functioning in school performance.</i></p>	<p>Parent: 55 items</p> <p>Teacher: 43 items</p> <p>Parent/teacher follow-up: 26 items plus items on medication side effects</p>	<p>6–12 y</p> <p>English</p> <p>Spanish</p>	<p>10 min</p>	<p>Freely accessible.</p> <p>Source: NICHQ Vanderbilt Assessment Scales. NICHQ Web site. Available at www.nichq.org/childrens-health/adhd/resources/vanderbilt-assessment-scales.</p>

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Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: inattention and impulsivity	Conners' Rating Scales-Revised ⁵⁵ <i>Elicits symptoms in domains of oppositionality, cognitive problems/inattention, hyperactivity, anxiety-shyness, perfectionism, social problems, and psychosomatic problems</i>	Parent: 80 items Teacher: 59 items Self: 87 items	3–17 y for parent/teacher 12–17 y for self English Spanish	20 min	Proprietary. Conners 3rd Edition. MHS Assessments Web site. Available at www.mhs.com/product.aspx?gr=cli&prod=conners3&id=overview .
Secondary screening: learning difficulty	Vision and hearing screening if not done previously				
	Collateral reports from school such as <ul style="list-style-type: none"> • Teacher version of SDQ and Pediatric Symptom Checklist • NICHQ Vanderbilt Diagnostic Rating Scales teacher form • Psychological test results, if any • Kaufman Test of Educational Achievement (KTEA) • Kaufman Brief Intelligence Test (KBIT) • Report cards • End-of-grade tests • IEP • 504 plan 				
Secondary screening: aggression and disruptive behavior	NICHQ Vanderbilt Diagnostic Rating Scales ⁵⁴				
	Conners' Rating Scales-Revised ⁵⁵				
	Modified Overt Aggression Scale (MOAS) ⁵⁶ <i>Rates symptoms in domain of disruptive behavior/aggression</i>	4 items Clinician rating of aggression	Adults but has been used for adolescents English	Administered as a semi-structured interview asking adolescent to report on aggressive behavior 10–15 min	Freely accessible Source: https://depts.washington.edu/dbpeds/Screening%20Tools/Modified-Overt-Aggression-Scale-MOAS.pdf

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Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: aggression and disruptive behavior	Eyberg Child Behavior Inventory (ECBI) ⁵⁷ <i>Assesses conduct problems</i>	7-point Intensity scale and yes-or-no Problem scale	Parents of children and adolescents aged 2–16 y Companion tool available for teachers English	5-min administration 5-min scoring	Proprietary Source: www.parinc.com/Products/Pkey/97
	Conduct Disorder Scale (CDS) ⁵⁸ <i>Rates symptoms in domain of disruptive behavior</i>	40 items Parent Teachers Siblings	5–22 y English	5–10 min	Proprietary Source: www.proedinc.com/Products/10355/conduct-disorder-scale-cds-complete-kit.aspx
Secondary screening: low mood and depressive symptoms	Preschool Feelings Checklist ⁵⁹ <i>Assesses for depression in young children</i>	20-item parent checklist	36–66 mo English	10 min	Freely accessible Source: http://studylib.net/doc/7442685/preschool-feelings-checklist
	PHQ-A depression screening ¹⁹ KADS ²⁰				
	Modified PHQ-9 ⁶⁰ <i>Screens for symptoms in domains of depression and suicidality</i>	9 plus severity items	Adolescent English Spanish	5 min Scoring: 1 min	Free with permission (Contact Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. <i>J Gen Intern Med.</i> 2001;16[9]:606–613.) Available in the toolkit at www.gladpc.org
	Center for Epidemiological Studies Depression (CES-D) Scale modified version for children and adolescents ⁶¹ <i>Screens for depression and emotional turmoil</i>	20 items	6–17 y English Spanish French Reading level: sixth grade	5–10 min	Freely accessible Available at www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf
	Children's Depression Inventory (CDI) ⁶² <i>Screens for depression</i>	Parent: 17 items Teacher: 12 items Youth: 27 items (Youth short form: 10 items)	7–17 y English Spanish Reading level: first grade	5–10 min (27-item)	Children's Depression Inventory 2 (CDI 2). Pearson PsychCorp Web site. Available at http://pearsonassess.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8044-762 .

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: low mood and depressive symptoms	Short Mood and Feelings Questionnaire (SMFQ) ⁶³ <i>Screens for depression</i>	13 items Self-report (child and parent)	8–16 y English	< 5 min	Free with permission (Contact http://devepi.duhs.duke.edu/mfq.html .)
	Beck Depression Inventory (BDI)-II ⁶⁴ <i>Assesses for depression</i>	21 items Self-administered or verbally administered by a trained administrator	≥ 14 y English Spanish Reading level: sixth grade	5–10 min Training required	Proprietary Source: form available at www.bmc.org/sites/default/files/For_Medical_Professionals/Pediatrics_MA_Center_for_Sudden_Infant_Death_Syndrome_SIDS/Beck-Depression-Inventory-BDI.pdf
	Beck Depression Inventory-FastScreen (BDI-FS) ⁶⁵ <i>Screens for depression; useful in patients with chronic pain and medical conditions</i>	7 items	≥ 13 y English	< 5 min	Proprietary Source: www.pearsonclinical.com/psychology/products/100000173/bdi-fastscreen-for-medical-patients-bdi.html
Secondary screening: anxiety	Spence Children's Anxiety Scale ⁶⁶ <i>Assesses for anxiety. Subscales include panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, obsessions/compulsions, and fear of physical injury.</i>	Parent: 35–45 Student: 34–45	Parent: 2½–6½ y Student: 8–12 y Variety of languages	5–10 min	Freely accessible Source: Spence Children's Anxiety Scale Web site at www.scaswebsite.com
	Screen for Childhood Anxiety Related Emotional Disorders (SCARED) ⁶⁷ <i>Assesses for anxiety—but not specifically for OCD or PTSD</i>	41 items Parent Youth	≥ 8 y English	5 min Scoring: 1–2 min	Freely accessible Source: www.midss.org/content/screen-child-anxiety-related-disorders-scared
	Generalized Anxiety Disorder 7-item (GAD-7) scale ⁶⁸ <i>Assesses for symptoms consistent with generalized anxiety disorder; may be used to identify anxiety in patients with chronic conditions such as migraine</i>	7 items plus impact scale (1 item) if responses positive	11–17 y English	≤ 7 min	Freely accessible Source: www.mdcalc.com/gad-7-general-anxiety-disorder-7

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: trauma exposure ^f	ASC-Kids ³⁵				
	CRIES ³⁶				
	Trauma Symptom Checklist for Children (TSCC) and Trauma Symptom Checklist for Young Children (TSCYC) ⁶⁹ <i>Elicits trauma-related symptoms</i>	54 items. (TSCC-A is a 44-item alternative version that does not contain sexual concern items.) TSCYC is a 90-item caregiver-report instrument for young children.	TSCC: 8–16 y TSCYC: 3–12 y English Spanish	15–20 min	Proprietary Sources: www.wpspublish.com/store/p/3065/tsc- trauma-symptom-checklist-for-children
	Child PTSD Symptom Scale (CPSS) ⁷⁰ <i>Assesses severity of PTSD in children and adolescents</i>	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 Source: www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/misc/child_ptsd_symptom_scale.pdf
Secondary screening: executive function	Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2) ⁷¹ <i>Assesses executive functioning in the home and school environments. Contributes to evaluation of learning disabilities, ADHD, traumatic brain injury, low birth weight, Tourette disorder, and pervasive developmental disorders/ASD.</i>	86 items Parent Teacher	5–18 y English	10–15 min Scoring: 15–20 min	Proprietary Source: www.wpspublish.com/store/p/3347/brief-2-behavior-rating-inventory-of-executive-function-second-edition
	BITSEA ⁵				
	School reports				
Secondary screening: speech/language	Hearing screening				
	Capute Scales: Clinical Adaptive Test/Clinical Linguistic and Auditory Milestone Scale (CAT/CLAMS) ⁷² <i>Quantitatively measures expressive and receptive language and nonverbal problem-solving skills</i>	100 items	Birth–3 y English	Variable	Proprietary Source: http://products.brookespublishing.com/The-Capute-Scales-Test-Kit-P362.aspx

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: speech/ language	Early Language Milestone (ELM) Scale-2 ⁷³ <i>Assesses language development from birth–age 3 and intelligibility 36–48 mo</i>	43 items	Birth–36 mo and older children whose developmental level falls within that range English	Variable	Proprietary Source: www.proedinc.com/Products/6580/early-language-milestone-scale-elm-scale2.aspx
	Language Development Survey (LDS) ⁷⁴ <i>Identifies language delay</i>	310 words arranged into 14 semantic categories (eg, food, animals, people, vehicles). Parents circle each word the child uses spontaneously and whether the child uses word combinations.	18–35 mo English	10 min	Proprietary Source: www.aseba.org/research/language.html
Secondary screening: capacity for relationships/ attachment	ASQ:SE-2 ⁴				
	PSI-Short Form ²⁶				
	BIS ³⁷				
	EPDS ³² (mother)				
Secondary screening: somatization	CSI-24 ⁴¹				
	Functional Disability Inventory (FDI) ⁷⁵ <i>Provides classification levels for pain-related disability, applicable to a broad spectrum of pain conditions in pediatric patients</i>	15 items	Parent Youth ≥ 8 y Multiple languages	Variable	Freely accessible Source (parent and child versions): www.childrenshospital.vanderbilt.org/uploads/documents/FDI_English_parent_and_child.pdf
Secondary screening: sleep disturbance	BEARS Sleep Screening Tool ⁷⁶ <i>Identifies sleep problems and gathers sleep-related information</i>	5 items corresponding to the mnemonic: B = bedtime issues, E = excessive daytime sleepiness, A = night awakenings, R = regularity and duration of sleep, and S = snoring.	2–12 y English	5 min	Freely accessible Source: http://kelymentalhealth.ca/sites/default/files/Kelty_ProfToolkit_M5_BEARSSleepScreening.pdf

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: substance use	Alcohol Use Disorders Identification Test (AUDIT) ⁷⁷ <i>Assesses risky drinking; not a diagnostic tool</i>	10 items Clinician-administration and self-report options	Preadolescents and adolescents Variety of languages	2 min	Freely accessible Source: www.drugabuse.gov/sites/default/files/files/AUDIT.pdf
	Global Appraisal of Individual Needs (GAIN)–Short Screener (GAIN-SS) ⁷⁸ <i>One of a series of measures to assess the recency, breadth, and frequency of problems and service use related to substance use. Subscales identify internalizing disorders, externalizing disorders, substance use disorders, and crime/violence.</i>	20 items (four 5-item subscales)	Adults Youths aged 10–17 y Self- or clinician-administered	3–5 min	Proprietary. Source: Michael Dennis, PhD, Senior Research Psychologist, Chestnut Health Systems, 720 W Chestnut St, Bloomington, IL 61701. Phone: 309/827-6026. E-mail: mdennis@chestnut.org . View GAIN-SS at https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/gainssmanual.pdf .
Secondary screening: military families	“Cover the Bases” (military children) ⁷⁹ <i>Tool includes PSC-35^{9,10} plus questions specific to the experiences of military families.</i>	Pediatric Symptom Checklist plus 4 questions	Children of all ages in military families English	As for PSC-35 with variable additional time, depending on responses to 4 military-specific questions	Freely accessible Source: www.homebase.org/media/toolkit-for-providerUpdatedLogo.pdf
Secondary screening: sexual behavior or suspected sexual trauma	Child Sexual Behavior Inventory (CSBI) ⁸⁰ <i>Assesses children who may have been or are suspected of being sexually abused. Covers 9 major content domains: Boundary Issues, Gender Role Behavior, Sexual Interest, Sexual Knowledge, Exhibitionism, Self-Stimulation, Sexual Intrusiveness, Voyeuristic Behavior, and Sexual Anxiety.</i>	38-item questionnaire completed by female caregiver	2–12 y Dutch English (USA) French German Latvian Lithuanian Moldovan Polish Spanish Swedish	5–10 min Scoring: 15 min	Proprietary Source: www.parinc.com/Products/Pkey/71

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Brief Primary Care Intervention, Secondary Screening, Collateral Data Collection (Algorithm Step 11)					
Secondary screening: eating/self-regulation	SCOFF (sick, control, one, fat, food) ⁸¹ <i>Screens for disordered eating</i>	5 items	Adolescents as young as 11 y and adults English	Administration: 1 min Scoring: 1 min	No cost Developed at St. George's Hospital, London, UK Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: a new screening tool for eating disorders. <i>West J Med.</i> 2000;172(3):164–165. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070794
	Eating Disorder Screen for Primary Care (ESP) ⁸² <i>Simple questions to screen for eating disorders</i>	5 items	Adolescents and adults English	Administration: 1 min Scoring: 1 min	No cost Developed at University Hospital, London, UK Form available at www.mendedwingcounseling.com/wp-content/uploads/2014/08/ESP.pdf
Diagnostic Assessment (Algorithm Step 15)					
Previous findings	Previous screening results, steps 2 and 11 (general and specific)				
	Interview				
	Observations of patient and family				
	Collateral reports				
	Parent history				
Diagnostic tools	Child Health and Development Interactive System (CHADIS)-DSM ⁸³ <i>Assesses broadly for mental health symptoms and problems in functioning</i>	Electronic Variable number of items that depends on response	Birth and on English, with some tools in Spanish	18–48 min	Proprietary Source: www.chadis.com/clinicians/assessment.html
	UCLA PTSD Reaction Index for DSM-5 ⁸⁵ <i>Assesses exposure to traumatic experiences and impact of traumatic events</i>	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 Scoring: 5–10 min	Proprietary Source: http://tdg.ucla.edu/sites/default/files/UCLA_PTSD_Reaction_Index_Flyer.pdf Adapted version available in AAP <i>Feelings Need Check Ups Too</i> CD-ROM ⁸⁶ to assess trauma exposure

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Diagnostic Assessment (Algorithm Step 15)					
Functional assessment tools	<p>Child and Adolescent Functional Assessment Scale (CAFAS)^{38,87} <i>Assesses the degree of impairment in youths with emotional, behavioral, psychiatric, or substance use problems. Used to assess level of need for services in MH and other systems. Also used in evaluating outcomes for programs, evidence-based treatments and evidence-informed practices.</i></p>	<p>Clinician uses information collected during a routine clinical interview and selects items that describe the youth's problematic behaviors, as well as strengths and goals.</p>	<p>5–19 y English French Spanish Dutch</p>	<p>Based on prior clinical assessment. Scoring requires approximately 10 min.</p>	<p>Proprietary Source: www2.fasoutcomes.com/Content.aspx?ContentID=12</p>
Functional assessment tools	<p>Children's Global Assessment Scale (CGAS)⁸⁸ <i>Assesses overall severity of disturbance and impact on global functioning</i></p>	<p>1 item Rated by clinician 100-point scale with 10-point anchors Note: A “nonclinical version” can be administered by lay interviewers.</p>	<p>4–16 y English</p>	<p>Requires no administration time for clinical version because it is based on prior clinical assessment. Time to integrate knowledge of the child into a single score is estimated to be 5–10 min.</p>	<p>Freely accessible Source: www.rcpsych.ac.uk/pdf/CGAS%20Ratings%20Guide.pdf</p>
	<p>Functional Assessment Interview Form - Young Child⁸⁹ <i>Elicits behavioral concerns, factors that precipitate unwanted behaviors, consequences of behaviors, and functional difficulties</i></p>	<p>9-page questionnaire/interview with caregiver or teacher aimed at developing a hypothesis about problem behaviors</p>	<p>½–5 y English</p>	<p>45–90 min</p>	<p>Freely accessible Source: http://challengingbehavior.fmhi.usf.edu/explore/pbs_docs/functional_beh_assessment/blank_FAI.pdf</p>
	BIS ³⁷				
	CIS ³⁸				

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Family-Centered Care Plan (Algorithm Step 17)					
Transition	<p>The Transition Readiness Assessment Questionnaire (TRAQ)⁹⁰ <i>Identifies areas in which a youth needs education and training to achieve independence in transition-relevant skills; used also to set goals</i></p>	20 items	Adolescents and adults aged 16–26 y with chronic conditions English	< 5 min	Freely accessible Source: www.etsu.edu/com/pediatrics/traq/registration.php
	<p>Self-Management and Transition to Adulthood with Rx = Treatment (STAR_x)⁹¹ <i>Collects information on self-management and health care transition skills, via self-report, in a broad population of adolescents and young adults with chronic conditions</i></p>	18 items in 3 domains	Adolescents and young adults with chronic conditions English	2–3 min 5 min to score	Freely accessible Source: www.med.unc.edu/transition/files/2017/12/STARx-Adolescent-Version.pdf
Care Plan Implementation, Comanagement, and Monitoring (Algorithm Step 18)					
Monitoring	Periodic functional assessment compared with baseline (eg, SDQ Impact Scale, ¹² BIS, ³⁷ CIS ³⁸)				
	PSC-35 ^{9,10}				
	PSC-17 ¹¹				
	SDQ ¹²				
	NICHQ Vanderbilt Diagnostic Rating Scales ⁵⁴				
	ASQ:SE-2 ⁴				
	BITSEA ⁵				
	ECSA ³				
	S2BI ¹⁵				
Functional Disability Inventory ⁷⁵					

MENTAL HEALTH TOOLS FOR PEDIATRICS

Psychosocial Measure	Tools and Description	Number of Items and Format	Age-group and Any Languages Reading Level if Specified	Administration and Scoring Time Training ^a	Source
Care Plan Implementation, Comanagement, and Monitoring (Algorithm Step 18)					
	Fax-back forms returned from MHS				
	Shared care plan				Resources available at https://medicalhomeinfo.aap.org/tools-resources/Documents/Shared%20Plan%20of%20Care2.pdf

Abbreviations not defined within table: AAP, American Academy of Pediatrics; ADHD, attention-deficit/hyperactivity disorder; ASD, autism spectrum disorder; *DSM*, *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association; MCHB, Maternal and Child Health Bureau; MH, mental health; MHS, mental health specialist; NIAAA, National Institute on Alcohol Abuse and Alcoholism; OCD, obsessive-compulsive disorder; PCC, primary care clinician; PTSD, post-traumatic stress disorder; UCLA, University of California, Los Angeles.

^a None unless otherwise indicated.

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

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

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

^e General screening and surveillance tools not used in step 2 may be used at this step. They may be administered by the PCC (or an integrated MHS) or collected from collateral sources.

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

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