

**Community Child & Adolescent Mental Health Service Project**  
**Dept. of Child & Adolescent Psychiatry, NIMHANS and Dept. of Women & Child Development, Govt. of**  
**Karnataka**  
**Assessment for Children in Institutions/Childcare Agencies**

**1. Basic Information**

**Name:** \_\_\_\_\_ **Name of Institution/Agency:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2. Presenting Problems/Complaints**

**3. Institutional History (where all the child has been /lived, for what periods of time, experiences and difficulties, circumstances of coming to this agency)**

**4. Family Issues Identified (Child's living arrangements/parental relationships/child's emotional relationship & attachment to parents/illness/alcoholism/violence/single-parent other difficult issues within the family).**

**5. Child's Temperament and Personality (Caregiver's description of child's temperament and personality – aggressiveness, sociability, attentiveness, motivation, emotionality...)**

**6. Schooling History (School performance/specific learning disabilities/school attendance)**

### **7. Work Experiences**

(Child labour experiences: why child had to work/ how child found place of work (trafficking?)/where the child was working, hours of work, amount of remuneration received/whether this was regular, any form of abuse encountered at the place of work/ how the owner and others treated child.)

### **8. Physical, Sexual & Emotional Abuse Experiences \*(Ask Child)**

Sometimes people behave in ways that are hurtful to children. Tell me about anyone/ people who have behaved in ways that have:

**8.1. Physically hurt you and caused you injury?**

**8.2. Said things to make you feel hurt/sad/ angry/humiliated?**

**8.3. Touched you in ways that made you feel uncomfortable?( Sexual history- Note child's abuse and other sexual/relationship history )**

### 9: Substance Abuse \*(Ask Child)

- 9.1. Have you ever used any substances such as cigarette/ beedi / gutka/ hans (panparag) /ganja/ solution/ alcohol? (any other—specify)
- 9.2. Which of the above drugs did you use most?
- 9.3. How frequently were you using the drug and since when? (No. of times/ day/week)
- 9.4. Tell me about how this drug use started...including what situations/places you use it.
- 9.5. Did you notice the need to take more and more of the drug as time went on (compared to when you started?)
- 9.6. Whenever you cut down or stopped using the drug, did your body feel bad or uncomfortable—such as sick/ achy/shaking/weak/sweaty...?
- 9.8. Did you spend less time on other things because of your use of the drug (such as school/friends/other daily activities)?
- 9.9. Have the use of drugs ever put you in a difficult situation such as: (Causing health problems (specify) or making you do risky or dangerous things (describe) or Causing legal problems (provide details)

### X: Feelings and Emotions

#### 1. Anxiety

- i) Look at the feelings thermometer and tell me, for most of the time, how worried do you feel? (Mark it).

0	1	2	3	4	5	6	7	8	9	10
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- ii) At which times do you feel really very worried? Describe when/in what situations.

#### 2. Depression and Self-Harm Risks

- i) Look at the feelings thermometer and tell me, for most of the time, how sad/bad do you feel? (Mark it).

0	1	2	3	4	5	6	7	8	9	10
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ii) At which times do you feel really very sad? Describe when/in what situations.

iii) Have you ever felt like life is not worth living/ you don't want this life...? When? Tell me what you do at such times.

### 3. Anger.

i) Look at the 'feelings' thermometer and tell me, for most of the time, how angry (or irritable) do you feel? (Mark it).

0	1	2	3	4	5	6	7	8	9	10
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ii) At which times do you feel really very angry? Describe when/ in what situations/ what do people do to make you angry.

iii) What do you do when you feel very angry?

### XI: Any Other Observations of the Child

Time-place orientation/ cognitive/ thought processes/ cooperativeness, rapport, social responsiveness/ Attentiveness & Activity level/ Speech and language skills:

### XII Summary of Child's Problems

**A. Summary** (Based on the above assessment, summarize the main problems and concerns of the child, including protection and psychosocial issues. Mention key survival challenges and coping strategies).

**Disability (Physical/ Intellectual):**

**Psychiatric Diagnosis:**

**Medical Problem:**

**Context:**

**B. Care Plan** ((List actions taken or planned by the assessment agency/ case worker to assist the child, such as emergency actions/ measures to address immediate concerns, referrals made to other agencies/depth work).