

Community Child & Adolescent Mental Health Service Project

Dept. of Child & Adolescent Psychiatry, NIMHANS and Dept. of Women & Child Development, Govt. of Karnataka
Screening Tool for Emotional & Behaviour Problems (Age 7 to 17)

Name:

Address:

Age:

Sex:

Class:

School Name/Area:

Presenting Problems/ Complaints:

Schooling History:

(School performance/ specific learning disabilities/ school attendance)

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)

Observation of the Child:

(Child's version of problem/ cooperativeness/ thought processes/ alertness/ attention & concentration/ general intelligence/ mood/ 3 wish)

Child's Report on Emotional & Behavioural Check-List

Item	Child's Answers		
I. Conduct Issues			
1. I find it difficult to control my anger.	Not True	Somewhat true	Very True
2. I destroy things belonging to others.	Not True	Somewhat true	Very True
3. I disobey my parents or people at school	Not True	Somewhat true	Very True
4. I threaten to hurt people.	Not True	Somewhat true	Very True
II. Attention and Over-activity			
5. I find it hard to pay attention/ concentrate in class.	Not True	Somewhat true	Very True
6. I am always restless and fidgety.	Not True	Somewhat true	Very True
7. I find it difficult to sit in one place.	Not True	Somewhat true	Very True
8. I often get into fights with other children.	Not True	Somewhat true	Very True
III. Anxiety			
9. I worry a lot.	Not True	Somewhat true	Very True
10. I am afraid to go to school.	Not True	Somewhat true	Very True
11. I often get stomach ache/ headache/ fainting fits	Not True	Somewhat true	Very True
12. I worry that something bad will happen to me/ my family.	Not True	Somewhat true	Very True
IV. Depression			
13. I am unhappy, sad, or cry easily.	Not True	Somewhat true	Very True
14. I feel like I am too tired to do things (like playing).	Not True	Somewhat true	Very True
15. I feel I am not as good as other children/ worthless.	Not True	Somewhat true	Very True
16. I get easily angry and irritable	Not True	Somewhat true	Very True

Summary of Child's Problems:
(Primary problem/ Other issues)

Management Plan (Suggestions for Child/ Referral to PHC or NIMHANS if required/ Follow-Up by Teacher):