

Screening for Child and Adolescent Mental Health Issues

*(For Parents/ Care-Giver)

For Dept. of Paediatric Oncology, KIDWAI Memorial Institute of Oncology
Developed by Community Child & Adolescent Mental Health Service Project,
(Supported by DWCD)
Dept of Child & Adolescent Psychiatry, NIMHANS

A. Basic Information

Name of Child:

Date:

Age:

Sex:

B. Emotional and Behavioural Issues

Read the item check-list (below) one by one to the parent/ caregiver. Allow the parent/caregiver to answer each question (yes/ no) before proceeding to the next one.

	Items	Yes	No
1.	Does your child often feels worried and tense?		
2.	Does your child often worry how things will be after going back home, how family may feel about him/her; what to say in case they ask about his/her health?		
3.	Does your child often feel upset/ sad as he/she are away from home and miss your family?		
4.	Does your child often worry how things will be after going back to school, how friends may feel about him/her; what to say in case they ask about his/her health?		
5.	Is your child unhappy, sad, and cries easily/ a lot of the time		
6.	Does your child often worry about treatment/pain /injection/ hair loss		
7.	Is your child often anxious/upset before a procedure/treatment(e.g. Bone marrow)		
8.	Does your child tends to spend time alone/Does not play with other children or like to interact socially		
9.	Does your child feel worried upset when you are worried/ upset (due to your health).		
10.	Does your child often feels/ expressed that life is not worth living		
11.	Is your child restless, over-active, inattentive & impulsive		
12.	Does your child get easily angry and irritable/ has temper tantrums; disobedient/ Aggressive and verbally or physically abusive		
13.	Does your child feels like/ has run away from home		
14.	Does your child often feel that since he/she is sick, you (parents) and others must listen to him/her and give him/her everything they ask.		
15.	Does your child refuse to take medications/ does not take them regularly		
16.	Does your child have any questions/ worries about illness		
17.	Have you told the child anything about his/her hospital visits and illness, and why she/needs to take medications?		
18.	Do you have a lot of conflict with your child around diet/drugs/ level of activity etc.		

C. Family Issues Identified (Marital conflict/ loss and grief/ single parent etc.)

All parents worry when they have sick children. In your worry/concerns about the child, do you often insist on- being with him/her all the time? Restrict on His/her activities that normal child may do?

D. Illness and Pain

In your observation which treatment is most difficult/ painful for your child?

***Referred for Counselling Services (Yes/ No):**